Eleven nursing students participated in a realistic emergency simulation to gain first-hand experience—but not as clinicians. “For a nursing student to understand what it’s like to be immobilized, to be strapped to a backboard and transported by gurney, to feel helpless and out of control, to understand what it’s like to be a patient—that’s why we have them participate in these drills,” says Elizabeth Friberg, associate professor. “It’s an incredible chance for them to develop genuine empathy and understanding.”
Feature

8 WHAT’S COOL IN NURSING?
Born out of need and compassion, out of science and ingenuity, UVA nurses and scholars are forging change.

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PHOTOGRAPHY
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FROM THE DEAN

What in Nursing Needs Improving?

These days, the word ‘innovation’ is on everyone’s lips, almost to the point of fatigue. So we’re taking a linguistic cue from students to express what’s so special about UVA Nursing without ever uttering the “i-word.”

But knowing what’s cool in nursing begins with understanding what’s not. So what in our world needs improving?

■ RN retention. Nurse turnover, which stands at 20 percent nationally, is among the costliest problems in healthcare.

■ The work environment. The nation’s RNs feel overworked, under-recognized, and underappreciated, as we argued in a recent editorial in the Richmond Times Dispatch (http://www.nursing.virginia.edu/fontaine-white-oped).

■ The pipeline. A massive wave of retirements has made nursing faculty scarcer, a fact that affects our ability to accommodate the tidal wave of interest from prospective students.

■ Our care model. Not offering a universally positive culture of safety, quality, and compassion in US hospitals means we’re putting patients and caregivers in harm’s way.

At UVA, nestled alongside a major medical center and teaching hospital, we understand all too well the challenges and anxieties in today’s healthcare environment. We also understand that while a great deal of messy and complex work remains, answers are emerging—and UVA nurses are part of that dialogue. Our clinicians, professors, scholars, and students—ever resourceful—offer thoughtful ways to address what’s cool through science, technology, compassion, and novel, evidence-based practice. Their ideas, new methods, and scholarship—from the big questions to the smallest details—are the focus of this Virginia Nursing Legacy.

This is also the focus of Ken White, our new associate dean for strategic partnerships and innovation. Ken’s work takes him all over Grounds—from the McIntire School of Commerce and Darden School of Business (where he runs the healthcare club for budding administrators) to the corridors of UVA Medical Center. With Ken’s help, we’re harnessing new and fresh ideas, and we’re putting them to the test. And, if they work, making them live.

This Virginia Nursing Legacy offers a glimpse of what’s cool around UVA nursing, like:

■ Tapping into the experience and knowledge of long-time RNs interested in bedside teaching while dealing simultaneously with the nursing faculty shortage we face

■ Providing a testing ground for new and novel best care practices on the Innovations Unit, led by CNL alumnus Joel Anderson, RN

■ Planting mistakes on purpose in the “Room of Errors,” a site created to creatively teach safety while driving home the interprofessional message to RNs, MDs, and the entire care team

There is no forward momentum without risk and some degree of trial and error. I’m excited to show you our progress while sharing with you the biggest challenges we face in our shared profession.

I hope this Virginia Nursing Legacy prompts you to consider: What’s your cool idea for nursing?

I’d love to hear about it.

Dorrie Fontaine

Dorrie Fontaine, RN, PhD, FAAN
Sadie Heath Cabaniss Professor of Nursing and Dean
Joining Forces in Care

$1.08 MILLION GRANT FORTIFIES RN/MD TEAMS CARING FOR COMPLEX PATIENTS

IT’S THE DOWNSIDE TO OUR COLLECTIVELY LONGER lives: With many Americans living well into their 70s, 80s, and 90s, three out of every four healthcare dollars are spent keeping our multiple chronic conditions—from heart disease to diabetes and high blood pressure—in check.

More chronic conditions mean more complex cases for the doctors and nurses coordinating our care. And that’s exactly the reason the Center for ASPIRE team, UVA’s interprofessional hub, garnered a million-dollar grant to practice and train clinicians in collaborative care of patients with multiple chronic conditions, especially veterans.

“We already know that these vulnerable groups are at increased risk for medical errors and poor outcomes,” says ASPIRE director Valentina Brashers, MD, “so it’s imperative to keep clinicians’ coordination skills in peak condition. We also know that interprofessional teams with this level of practice and education offer more seamless, coordinated, safe care. With this training, they’ll be uniquely poised to deal with the complexities of chronic disease.”

The three-year grant from the US Health Resources and Services Administration will first bring together advanced practice nursing students and medical residents to learn side by side in workshops and simulations. Then they will work together to apply their knowledge in the clinical setting.

In its latter phases, the ASPIRE team will measure the curriculum’s impact on learners’ interprofessional competency. They then plan to share their novel curricular content with other nursing and medical faculty around the United States interested in incorporating the practices at their own facilities.

Improving communication and teamwork skills among the nation’s clinicians has shown to directly affect the quality and safety of care and the resilience of caregivers. Along with the directive received from the National Institutes of Medicine to boost these skills, the UVA team believes its work will enable the continuation of interprofessional education’s momentum around the country and across the globe.

The group’s work is already under way, with Christine Kennedy, associate dean for academic programs, as the grant’s principal investigator and more than a dozen nursing and medical faculty involved in its implementation.
Worth Noting

In Brief

PAMELA CIPRIANO, associate research professor, has been elected president of the American Nurses Association (ANA), the professional organization that represents the interests of the nation's 3.1 million registered nurses. In this role, she will advocate for nursing issues on Capitol Hill and serve as ANA spokesperson to nursing and healthcare professionals, schools, and students. She will also meet with public officials on policy, regulatory, and legislative issues.

KELLY MCCASKILL has joined the School as executive director of development. Most recently, she led fund-raising and alumni affairs for the George Mason College of Humanities and Social Sciences. A UVA alumna, McCaskill has worked in fund-raising and alumni relations in the Washington, DC area for more than 17 years. She replaces Amy Karr, who has led the nursing development team for the past four and a half years. Karr, who has been named assistant vice president and campaign director for UVA Health System Development, will continue to provide long-range oversight and direction to the nursing team.

Associate professor KAREN ROSE (PHD ’06), who researches best practices for supporting family caregivers of persons with Alzheimer’s and dementia, has been named a fellow of the Gerontological Society of America. The society is devoted to research, education, and clinical practice in aging. Rose’s work on Alzheimer’s disease earned her a $428,000 grant from the National Institutes of Health. She has recently been named as the School’s assistant dean for research and innovation.

CHRISTINE KENNEDY, the Madeline Higginbotham Sly Professor of Nursing, has been named the School’s associate dean for academic programs. She brings a wealth of teaching, research, and mentoring experience from two decades at the University of California. An internationally known expert in pediatric nursing and children’s behavioral health, Kennedy’s research—which focuses on how young children develop health habits—has garnered more than $10 million in funding for a dozen studies.

JOHN TEEHAN has been named the School’s new associate dean for administration. He previously served as UVA’s assistant vice provost for administration. Teahan brings a great amount of knowledge and experience in human resources, budget, finance, and policy development, as well as a personal style that will complement the School’s goals and healthy work environment.

ENROLLMENT SNAPSHOT 2014–15
417 undergraduates; 393 graduates

- Since 2010, the School of Nursing has grown 15%, from 705 to 810 students
- The RN to BSN program grew 79% between 2010 and 2014.
- Since 2010, DNP students are up 52%.

Christine Kennedy is well known for her research in children’s behavioral health.
ASSOCIATE PROFESSORS EMMY DR AND ELAYNE PHILLIPS

ASSOCIATE PROFESSORS EMMY DR AND ELAYNE PHILLIPS ARE UVAs LATEST AMERICAN ACADEMY OF NURSING (AAN) FELLOWS, ONE OF THE HIGHEST PROFESSIONAL HONORS A NURSE MAY RECEIVE. DRakes and Phillips’ inductions bring the School of Nursing’s number of AAN fellowships to 26.

Drake is an associate professor in the Department of Family, Community & Mental Health Systems and teaches courses on maternal child health. She holds a doctorate in nursing and specializes in high-risk pregnancies, infant development, breastfeeding, and technology. She has served on the national board of the American Association of Women’s Health, Obstetrics and Neonatal Nurses and is an active member of Sigma Theta Tau International. In 2013, she received the Excellence in Education Award from the American Association of Women’s Health, Obstetrics and Neonatal Nurses. Drake is widely published and the recipient of a National Institutes of Health grant to study a novel e-screening for postpartum depression.

Phillips returned to the School of Nursing this year, after six years as director of research for UVAs International Healthcare Worker Safety Center. She holds a PhD in nursing and served as a professor in UVAs Nursing and Medical Schools between 1982 and 1991. Phillips has also taught at Johns Hopkins and the University of North Carolina, and worked as a community health nurse and an operating room nurse. In 2008, Phillips was awarded a $323,000 National Institute of Occupational Safety and Health research grant on “The impact of the Needlestick Safety and Prevention Act on hospital worker injury.” She has spoken across the United States and collaborated internationally with groups from Mexico to Japan, working to protect healthcare workers from needlestick and similar injuries.
Laughon Honored for Improving Forensic Dye

Nursing researcher Kathryn Laughon’s novel technique to improve the collection of all possible evidence in cases of sexual assault has earned the 2014 Ann Burgess Forensic Nursing Research Award from the International Association of Forensic Nurses.

Laughon—a forensic nurse examiner and associate professor—received a $250,000 Department of Justice grant to continue her work to test a novel dye that highlights sexual assault injuries more effectively in women of color. Her study is under way with colleagues from UVA’s departments of biomedical engineering and chemistry.

After a rape, many forensic nurses document injuries by using a dye that highlights lacerations and abrasions, which enables examiners to document two to three times as many injuries as an unassisted visual exam. But the traditionally used dye—a dark blue—doesn’t show on many women of color.

“Given that research has shown that fewer injuries are documented in women of color—possibly because the current techniques are not effective in this group—fluorescent dye may offer a better way and provide a critical step in assessing what happened, and documenting it,” says Laughon.

Of the nearly 18 million American women who are victims of rape or attempted rape, many are women of color. Nearly 19 percent of black women report experiencing rape or attempted rape during their lives, as do 34 percent of American Indian/Alaskan women and 24.4 percent of women of mixed race. A fluorescent dye would be equally effective in all women, ensuring that everyone receives the same quality of care. And when injuries are documented, cases are more likely to be prosecuted and to end in a conviction.

A forensic nurse examiner at UVA Medical Center, Laughon conducts evidence collection and provides care to survivors of sexual assault. She is past president of the board of the Nursing Network on Violence Against Women, and co-chairs the expert panel on violence for the American Academy of Nursing.

IN THEIR OWN WORDS

Each year, School of Nursing students have the opportunity to share their experiences through the Annual Celebration of Reflective and Creative Writing. Here are some of their insights.

“What if I looked at my patients in the same way that I want to see the world? What if ... looking into their eyes became something more than a passive, lifeless experience of the world? ... Despite their poor condition, would they feel more human in that moment? More loved and understood? I would like to think so, so this is how I want to look at my patients. As people. People with an anatomy and a soul, people who long to feel alive.” —from “Eyes,” by Jonathan McMann (BSN ’14)

“That clinical day, I realized for the first time in my nursing career, how vital the nurse is in assessing, monitoring, and advocating for the patients. ... The beautiful thing about healthcare is that we are a team. I was not alone.” —from “Gut Feelings,” by Darcy Alimenti (BSN ’14)

“I had taken care of Jim for almost 2 years and the more I got to know him, the more I enjoyed his company. Jim offered me so much more than friendship and a great patient-nurse relationship. It was through the course of caring for Jim that I began to see the perspective of the patient and their loss of control. I will always remember him as the patient who changed my heart.” —from “Maintaining Control: A Personal Narrative,” by MSN student Stephanie Gedeon
As a young child, Erika Fernandez left Cochabamba, Bolivia, with her family to seek a better life in the United States. Both of her parents worked selflessly, believing that “each dish washed, each lawn mowed, and each house cleaned” would pay off in better education and more opportunities for their children. Fernandez credits her successes to her parents’ dedication, hard work, and belief in the value of education. Bolstered by her parents’ support, Fernandez’s academic and professional journey led her to UVA’s School of Nursing as a second-year transfer student from Northern Virginia Community College.

“I’ve found something that I want to do for the rest of my life,” says Fernandez. “From my very first fundamental skills class with Professor Reba Childress, I felt at home in the School of Nursing, learning from this professor’s knowledge, focus, and approachability. The best thing about UVA is the support and encouragement the nursing faculty gives to its students.”

Inspired by professor Susan Bauer-Wu and Dean of Students Theresa Carroll “to pursue leadership opportunities and involvement,” Fernandez has sought ways to share her passion for the nursing profession and for higher education. She has invested countless hours mentoring young women, tutoring children, and taking part in events to inspire high school students to pursue higher education. She has been active in the Young Women Leaders Program, the Latino Student Alliance, and the National Society of Collegiate Scholars. This summer she was a speaker at the Girl Scouts Step into Your Future Leadership Conference.

Why does she find it valuable, in the midst of her own academic career, to take time for such activities?

“Sometimes it only takes one person to tell you: ‘Hey, life can throw obstacles at you, but you can overcome them. You can do anything,’” says Fernandez. “I was lucky. I’ve always had support from my parents and in high school from my English teacher. But I ask myself, ‘What about those kids who don’t have that?’ I want to reach out to those kids. I want to get them excited about their education. It’s easy to give up on a kid who has given up on himself. But if you keep at it, keep throwing out those ‘I believe in yous,’ it starts to be a part of them and they believe it too.”

This fall, Erika began her third year as recipient of the Gordon C. Burris Parents Committee Scholarship, which recognizes citizenship, leadership, and academic achievement. She is also president of Multiculturalism in Nursing Today and holds leadership positions in the Compassionate Care Initiative, Pancakes for Parkinson’s, Student Nurses Without Borders, and the Student Nursing Association of Virginia.

“If you keep at it, keep throwing out those ‘I believe in yous,’ it starts to be a part of them and they believe it too.”
What’s Cool in Nursing?


Nurses have always been innovators, turning scarcity into possibility, pain into comfort, wrestling systems into place to serve patients and families, offering clarity, hope, and calm where there is none. And from the classroom to the unit, Virginia nursing innovations are humming with energy—and progress.

But even the best innovations occasionally hit snags. That’s where Ken White (ACNP ’13)—the School of Nursing’s new associate dean for strategic partnerships and innovation and UVA Medical Center Professor of Nursing—takes charge. It’s White’s job to untangle the technical, administrative, or intellectual issues that can stymie sound ideas—a force powerful enough to command big change yet humble enough to grapple with the host of small details that UVA nurses and scholars face.

“I see myself as equal parts teacher, mentor, cheerleader, roadblock-remover, and connection-maker,” says White. “But at the end of the day, my job is really about removing barriers and getting people together so they can do what they do best.” That he does so with humility, warmth, and connectivity only sweetens the deal.

“I like to joke that Ken has no natural enemies,” says Dean Dorrie Fontaine, “because he’s got this uncanny ability to bring people and systems together in ways that, to others, might seem impossible. This means that the work of innovation not only gets done, but it gets done thoughtfully. And the people involved feel nurtured and supported, which is critical to our focus on healthy work environments. Ken’s guiding philosophy—as a servant leader—really resonates around here, and makes him a special kind of nurse champion.”

For his part, White prefers to champion others. But with his help, and born out of a universe of need and compassion, science and ingenuity, UVA nurses and scholars are forging change in real ways, in real time, on real issues to make changes that matter in Virginia—and beyond.

On these next few pages, meet the latest crop of UVA nurse innovators.
MISTAKES WITH PURPOSE

The “Room of Errors”

No hand sanitizer. No gloves. Dissonant alarms, a syringe wrapper, and a stuffed toy pressing on a catheter.

When UVA nurse Kirsten Cooney (CNL ’07) and Dr. Noreen Crain walk into the simulated pediatric ICU, they tick off problems as the tiny mannequin’s chest rises and falls. The pair has seven minutes to identify a room full of mistakes.

Separately, each notes about 30, but together they identify 54 issues.

“And that,” says Julie Haizlip, MD, creator of UVA’s Room of Errors, “is exactly the point.”

“There’s data that shows that purposefully honing collaborative skills yields dividends in patient safety and quality,” says Haizlip, a nursing and pediatrics professor who developed the project with Sandy Neumayr, UVA PICU nurse manager. “This is an effective way to emphasize and measure the value of interprofessional collaboration, and to understand that we are better caregivers when we work together.”

Research has shown that 70 percent of errors in the hospital are due to poor communication. Training people from different professions together improves their ability to communicate, problem solve, and collaboratively make decisions. Working as a team also lessens stress in what is often a high-octane environment.

The novel learning exercise will be expanded to other units later this year, and has received applause from participants.

“We’re always taught the right way to do things,” says UVA nurse Patrick Ahearn, “so it’s really helpful to not only see how much you learn—and learn from each other—but also to have it flipped to see what can go wrong.”

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Measuring Agitation

**The hypothesis:** Alzheimer’s patients’ nighttime agitation may correlate with incontinence episodes

**The researchers:** Karen Rose (PhD ’06) and John Lach, UVA School of Engineering (with Janet Speck and John Stankovic from the University of Iowa), are the first team to study agitation and incontinence patterns in Alzheimer’s patients in homes with sensor technology

**The study:** Compares repetitive and fitful motions at night (measured by UVA-invented, wristwatch-sized TEMPOs, bed, and acoustic sensors) with bed-wetting accidents to see which comes first and to look for identifiable patterns

**The data:** When placed in charger, TEMPO uploads agitation data; Alzheimer’s patients monitored for 5 to 7 days

**The goal:** To reduce the frequency and severity of Alzheimer’s patients’ agitation and caregiver burden and prevent institutionalization

**The costs:** NIH grant of $428,000; TEMPOs are $500 each (components are often assembled in-house by engineering students), and are water resistant

**The results:** Expected in 2015
When the Callahans’ son was born at 29 weeks, the three-pound infant stretched from his father’s palm to just past his wrist. Greg and wife KaDe, who live in Bedford, Va., spent six months at UVA’s neonatal intensive care unit with little Alex, who endured intestinal surgeries, tracheal and stomach tubes, and, after developing pneumonia, a ventilator. “It’s complete helplessness,” says KaDe. “There’s this little life, and it didn’t go the way you’d planned, and you’re completely exhausted, and there’s not a thing you can do but pray.”

KaDe, a schoolteacher, remained with Alex, but it wasn’t long before Greg had to return to work, visiting only on weekends. So when the Callahans heard about nursing professor Beth Epstein’s (BSN ’94, PhD ’07) NICU-Skype pilot, their answer was unequivocal. “I said, ‘sign me up—please,’” says Greg.

Epstein, a longtime NICU nurse who teaches ethics and studies trust, says while the NICU environment attempts to be family friendly, it is inevitably a restless place of bleating monitors, tubing, and harried footsteps. There are few opportunities to sleep over, chairs are uncomfortable, and parents—who like to stay close by the incubators—often feel underfoot. “It takes a significant amount of trust to get through a NICU stay,” explains Epstein. “It can be a hard, bitter pill for a parent. And there is a lot of despair—especially for parents who can’t be there.”

Epstein’s pilot takes aim at that despair. Using videoconference program Skype on an iPad atop a tripod, hospital caretakers introduce themselves, answer questions, and make observations, giving parents organized and predictable ways to interact with caregivers and see their baby—the next best thing to being there.

A few kinks remain, such as picture quality, Internet speed, and device storage, and getting staff used to the additional equipment is taking some time. But Epstein believes the connectivity will benefit NICU providers, as well as parents and babies.

The Callahans—who brought one-year-old, 23-pound Alex home earlier this year—do too. “It made Greg feel like he wasn’t just stuck at home, which made a big difference,” says KaDe. “We have to believe in our hearts too that it made a difference for Alex to get to hear his daddy’s voice each day. I know it made a difference for his daddy.”
In the hospital setting, sometimes deceptively simple ideas yield major returns.

Case in point: UVA RN Amy Simpkins’ idea for an inpatient welcome kit—including sleep masks, earplugs, toiletries, paper and pencil, maps, and a few other things—an intervention that addresses multiple patient needs and has already been shown to increase satisfaction.

“If we get this right, we will be able to impact the patient care experience for the better—and become dramatically more efficient in the process.”

“Who we’re faced with a problem, we solve it here,” says Joel Anderson (MSN ’08), director of the year-old Innovations Unit. “We analyze it, look at best practices, and research solutions. We implement and assess effectiveness. If it’s successful, we take the process live elsewhere. And we take weeks to do this—not months, or years.”

“We don’t want patients to ask for their needs to be addressed,” he adds, “but to provide resources that anticipate their needs.”

Conceived by Lorna Facteau, UVA Medical Center chief nursing officer, as a place to vet staff ideas aiming to solve care challenges, the Innovations Unit offers a test site with directives around three ideas: improving communication and collaboration, enhancing the patient care environment, and developing care that is more efficient and less wasteful. Ken White, the School’s associate dean for strategic partnerships and innovation, acts as liaison and mentor with a broad perspective on nursing education.

Other projects in the queue: how best to support new nurses to prevent first-year burnout, how to optimize nurse shift managers’ roles, and how to make medical rounds more patient-centered and inclusive.

The latter is, says Anderson, among the Innovation Unit’s toughest challenges. Complicated by doctors’, nurses’, and pharmacists’ out-of-sync work schedules and care demands, rounds—usually done in the morning—are also affected by family members who most often visit their loved ones in the hospital in the afternoon, hungry for information.

“We’ve observed all the different ways rounding occurs and identified the challenges,” says Anderson, “and we’re trying to figure how to optimize the experience so that the teams can efficiently contribute to the care plan with the patient’s engaged input. If we get this right, we will be able to impact the patient care experience for the better—and become dramatically more efficient in the process.”
Tapping RNs to Teach

Traditionally, it’s clinical instructors who guide BSN students through their first hospital exposure. But while US nursing schools continue to hire faculty at a feverish pace—18 new full- and part-time professors have joined UVA nursing in 2014 alone—there’s no end to the nursing faculty shortage in sight.

Enter UVA nursing clinical instructors and Medical Center clinical nurse specialists Kim Elgin and Kathleen Rea, who had an idea to expand and diversify the School’s pool of educators using native talent.

“Many RNs at the Medical Center have the kind of authority, knowledge, and poise to be some of the best, most impactful teachers around,” explains Rea. “Our idea was to teach them to teach, and then carefully measure their effect on students’ skills and learning.”

With seed money from the Margaret G. Tyson Innovative Teaching Fund, Elgin and Rea began with 13 highly experienced UVA RNs nominated by their managers for the first Clinical Scholars Program. After sharpening their classroom-to-clinical techniques, these RNs-turned-instructors tackled their charge: to reinforce evidence-based practice and offer individualized learning for the School’s newest second-year student clinicians.

“Our idea was to teach them to teach, and then carefully measure their effect on students’ skills and learning.”

The results? Students gave consistently high marks to the instructors, lauding their approach and critical thinking, and four graduates even took jobs on units alongside former teachers. But equally important was the shift among the new teachers themselves, who reported feeling more satisfied and appreciated. It cemented Elgin and Rea’s hunch that experienced RNs are untapped goldmines and powerful conduits for student learning.

With support from UVA Chief Nursing Officer Lorna Facteau and Dean Dorrie Fontaine, the program will extend through 2015, and, Elgin and Rea hope, beyond.

“While it’s fine to follow predictable pathways to find the best instructors in healthcare, as traditional sources dry up, we have to think on our feet,” says Elgin. “And sometimes, the best solution is right there, in plain sight.”

AVERAGE AGE OF A NURSING PROFESSOR: 61.3 YEARS (AACN)
NUMBER OF PROSPECTIVE NURSING STUDENTS TURNED AWAY DUE TO A LACK OF FACULTY, CLINICAL SITES AND CLASSROOM SPACE: 79,659 (AACN)

Kathleen Rea (left) and Kim Elgin help nurses expand their skills in instructing nursing students in clinical settings.
IN THE BUSINESS WORLD

CEO Is “A Nurse First”

Nursing has always informed the way Shelley Boyce (BSN ’83) does business. Not just because she’s as agile in anatomy and physiology as she is economics and Excel but because it gave her the “EQ”—emotional intelligence—she needed to succeed.

“That’s just what nursing school does,” says Boyce, founder and CEO of MedRisk, a multimillion-dollar company based in King of Prussia, Pa., with more than 500 employees, “and that’s something not frequently taught in business or medical school: How to be an empathic listener, a problem solver, a good coach and mentor; how to be a leader but not a dictator; and how to think on your feet. Being a nurse first contributed a lot to my knowledge and understanding of business but also to my style—and how I run my business.”

That enterprise—which surpassed the $100 million mark in 2013—began in 1994 when Boyce, armed with a hunch, traded stock options and a six-figure job for an idea: to create a provider network of physical and occupational therapists and chiropractors to get injured workers back on their feet. Today, while keeping sharp focus on MedRisk’s goals and priorities, Boyce says finding and keeping good people is a big part of what she does. So is trusting her instincts about what innovations will work, and how.

“I very much rely on putting the right people in the right place and giving them the support and autonomy to make decisions and mistakes they can learn and grow from,” she says. “Nursing school teaches you a lot of that. You don’t work in isolation, everyone’s got a role to play, and no matter your position, everyone’s critical to success.”

“Innovation is good problem-solving, and that’s just what nurses do best,” she adds. “We’re always thinking about alternate ways of doing things or doing things that are new and better. And we’re always professional learners—for my part, I can never learn enough.”

“Being a nurse first contributed a lot to my knowledge and understanding of business but also to my style—and how I run my business.”
Translating Distress into Language

When assistant professor Jessica Keim-Malpass (CNL ’08) set out to research young women’s online cancer diaries, she knew little about the universe of illness blogs. Poring over them, themes emerged: Grinding pain and fatigue. Money worries. Grief over infertility. And the feeling that they’d never be the same again.

Through it all, Keim-Malpass, who teaches pediatrics and oncology, was struck by the bloggers’ frankness and connectedness—even their humor.

“I am so tired I weigh the pros and cons of getting up to pee,” wrote one blogger on www.stupidcancer.org. “I would like my red blood cells back, please.”

It’s an accepted fact that expressive writing can have healing power. The Internet’s expanse magnifies this effect, enabling bloggers to share intimate experiences across time and space and to cultivate new identities as ways to absorb the reality of their disease, says Keim-Malpass.

There’s a lot of good in that. Disease is demystified; options and courses of treatment are better understood. Online connectivity chips away at perceived stress and depression and improves feelings of social support, especially among young women, who—in the midst of their teens, 20s, and 30s—unexpectedly find themselves seriously ill.

“These individuals are healthy before cancer hits, so they come from a different place than some other cancer patients,” says Keim-Malpass. “We underestimate the network they have outside our four walls. The things clinicians think are important aren’t always.”

Although an oncology nurse herself, Keim-Malpass was often shocked by the trauma and stress cancer survivors reported. Their blogs serve as an archive for future patients—and as valuable insight for clinicians as well.

“Docs and nurses often pooh-pooh these sites, and forums get a bad rap,” explains Keim-Malpass. “These bloggers are a little rogue, and very different from other cancer patients. As clinicians, we must seek to engage and understand these individuals in their world—not the other way around.”
Since the Institute of Medicine's call to bolster interprofessional education (IPE), nursing and medical schools have wholeheartedly embraced the idea. They have good reasons: Sound collaborators provide better, safer care; are more respectful colleagues; and are less likely to burn out.

But how do you know if you're teaching IPE well? How can you tell if its lessons are sticking?

These are the questions that professors Valentina Brashers, MD; John Owen; Leslie Blackhall, MD; and Jeanne Erickson asked more than a decade ago, when UVA began its focus on IPE. For Brashers—founder of the Center for ASPIRE, the hub of all IPE projects on Grounds—it wasn't enough to offer interprofessional courses. She and her colleagues wanted to measure students' IPE proficiency, understand the before-and-after effect, and to quantifiably understand what interprofessional aptitudes look like.

And she wanted to be the first academic to do it.

"It's not enough to say, 'You have to listen respectfully,' or 'You need to communicate effectively,"' explains Brashers. "You have to know what that really means, and to understand the specific behaviors and skills behind it."

With support from the Josiah Macy Jr. Foundation, Brashers and her team developed checklists to detect IPE competencies. Built around four mock scenarios with actors playing simulated patients, students are observed and rated: Were introductions made? Did they repeat back what they'd heard, or interrupt? Did each appear to comprehend the role of the other?

"If you're an auto mechanic trained to work on cars, you're an island," notes John Owen, associate director of ASPIRE. "But in healthcare, it takes a team. If you don't know what everyone's skillset is, it makes it difficult to work together. So students are rated not only on how well they convey information but also on how well they obtain and respond to information from their colleagues."

The team also measures the before-and-after effect of IPE courses. Across the board, data shows measurable improvement, information that's fueled expansion.

It has also made them in-demand speakers. Brashers and her team have spoken and published on the topic more than a dozen times, proof of the model's power.

"You're moving learning into the workplace and practice setting," says Owen, "something you don't get when students watch a PowerPoint. The closer you move your learning to the practice environment, the transfer of learning dramatically improves. It just makes sense."
Nurse scientist Susan Kools joined UVA this summer as the Madge M. Jones Professor of Nursing and director of inclusion, diversity, and excellence. Kools has spent most of the last two decades at the University of California, San Francisco, studying developmental issues and reducing alienation among adolescents in foster care. Her current research focuses on improving outcomes as young people age out of the system.

An American Academy of Nursing Fellow, Kools has received more than $5.6 million in federal grants and collaborates across disciplines with practitioners, scientists, and policymakers. She has received numerous awards and has served the American Association of Critical Care Nurses’ advisory group on cultural competencies for graduate nursing education.

You study adolescents. Why?

I find them fun, interesting, passionate—and misunderstood. They get a bad rap, but we have all been adolescents. It’s a creative and intellectual time: kids are trying new things, shaping their identities. Yes, they can be a bit intimidating, but it’s my job to reframe this stage of development in a positive light.

Why look at adolescents in foster care?

This group has very poor outcomes as adults: chronic unemployment, high rates of incarceration, dropping out of high school, and early pregnancies. A quarter of young people who age out of foster care are homeless at least once during their first year. These are kids that we have decided will have a better chance away from their family of origin. But, when they don’t have meaningful and sustained social connections during adolescence, things do not go well.

Do they open up to you?

If you are genuinely interested in their experiences, teenagers will generally tell you. You may have to go back again and again, but they have a lot to say. Young people in foster care don’t want people to perceive them negatively. And it’s unfair when people do.

What misconceptions do they face?

There’s an automatic assumption of delinquency and mental issues. One 15-year-old girl went to a new school, where word got out that she was in foster care. The kids asked her: “What did you do? Did you rob a store? Kill someone? Were you in a psych ward?”

I hear that kind of blaming the victim over and over. A lot of these young people keep their foster status hidden because of the stereotypes. And it’s not just peers; caregivers make assumptions too. It’s very hard to have normal developmental experiences when things are interpreted this way.

What has been the effect of your work?

I’ve brought an awareness of the human experience of foster care through my research. I’m an advocate for increasing support and services to young people aging out of foster care beyond 18—for things like college, ongoing mental health support, insurance, and transitional housing. I also look at the context for care and try to explain normative adolescent development, so that automatic stereotyping and stigmatization doesn’t happen.

With foster care, we have an idea of what it should look like, but we don’t give the foster parents and caregivers the support they need to keep the placement together. After a week or so, the adolescent may start testing them: “Do you really mean this is my home? What kind of person are you? Do you really care about me, even when I act this way?”—and then things often fall apart. As nurses, we can help caregivers reframe these behaviors and interactions and intervene more appropriately.

These young people have tremendous strength and resilience and the potential and promise to have good adult lives, if only we can make the right things happen along the way.
personal connections and developing relationships. As a nurse practitioner at UVA’s Emily Couric Clinical Cancer Center in the High Risk Breast and Ovarian Cancer Clinic, she reaches out daily as an advocate for patients who, because of their family history, are at high risk for developing breast or ovarian cancer.

Keeping the Connections

Nachama Sternlicht Haas Invests in Relationships

“My name, ‘Nachama,’ is Hebrew and means ‘to comfort,’ which is core to nursing,” she says passionately. “The more I can empathize with my patients and connect with them, the stronger my ability to provide a truly comprehensive approach to their medical needs.”

Cultivating relationships is also why she has generously supported the School of Nursing’s Annual Fund since graduating. Joining the Dean’s Circle, the School’s leadership annual giving society, expands her commitment to patient advocacy by directly supporting both the education and training of future generations of nurses and the faculty who work hard to educate them.

Nachama especially recalls a time when nursing pathophysiology professor Tina Brashers, MD, advocated for her. As a nursing undergraduate, Nachama also wanted to explore the world of business by taking a marketing course. The course was offered only in the McIntire School of Commerce, and, as a nursing student, it was difficult for her to enroll. Brashers made a phone call on Nachama’s behalf, which ensured her a slot in the marketing class.

“She believed in me,” Nachama says. “I’m passionate, I’m enthusiastic, and I’m hard working. Dr. Brashers saw that, and she advocated for me. Now, I want to invest back. The School of Nursing invested in me, and, as a result, I am investing in the future of those relationships, so they can help educate other young men and women to believe in themselves.”

As a Jewish woman, Nachama learned from a young age to give tzedakah, a Hebrew term that literally means “justice” or “righteousness,” but is often used to mean “charity.” “As a Jew, it’s a mitzvah [good deed] to give tzedakah,” she says. “It’s fundamental. You learn as a child that you give. It’s part of my roots, my personal fabric. It just feels right.”

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FROM THE PRESIDENT

TRANSITION AND CHANGE OCCUR frequently in our lives—providing opportunities for growth and new challenges. In our professional lives, technology and innovation have driven many of the advances that have enhanced patient safety and quality of care.

It’s hard now to imagine a school of nursing without computers and the Internet. Yet, while visiting the Grounds recently, I was moved by a feeling of timelessness. Regardless of graduation year, strolls on the Lawn have provided the same historic sense of honor and beauty to this day.

The mission of our School of Nursing Alumni Association is also constant:
• To serve as a resource for nursing alumni by providing organizational support for individual and group endeavors that promote the professional and social bond existing among its membership.
• To work closely with and assist the University of Virginia School of Nursing through financial and organizational support to assist scholastic/professional endeavors for alumni, students, and faculty.

Moving forward, we will continue to serve you while incorporating technology and innovation to fulfill this mission in new ways—striving to continually enhance your relationship with the School of Nursing.

As I transition into my role as President, I want to thank Sharon Cumby Fay (BSN ’76, MSN ’80) for her exceptional contributions on the Alumni Council over the past six years. Her passion and leadership have built a strategic foundation for our future work. And she has helped us remain ever mindful of our mission.

Please feel free to contact me or any member of the Alumni Council with comments and suggestions on how to best serve you.

Judy Etheridge Bilicki (BSN ’81)
Falls Church, Virginia

“While visiting the Grounds recently, I was moved by a feeling of timelessness.”

IN THE NATION’S CAPITAL

In June, UVA nursing alumni and friends came together for a presentation by Dean Dorrie Fontaine, hosted by the UVA Club of DC in partnership with the Nursing Alumni Association.
Alumni Council Welcomes New Members

Active, connected, and engaged: the Nursing Alumni Council is always looking for ways to involve more UVA nursing graduates. To that end, Amanda Caroline Faircloth (BSN ’00) and Carleen Barnocky Kelley (BSN ’81) have been tapped to serve three-year terms as alumni engagement coordinators. Faircloth will focus on alumni volunteer outreach, while Kelley will work on special projects.

After graduation, Faircloth accepted a position in the ICU at Johns Hopkins Hospital and went on to earn a master’s degree in nurse anesthesia at Duke University. She has worked as a nurse anesthetist at Memorial Sloan-Kettering Cancer Center, and currently provides anesthesia services at Virginia Commonwealth University (VCU) Medical Center. Faircloth also serves as adjunct faculty in the VCU nurse anesthesia program, where she is the international coordinator for VCU-China relations. In 2011, she earned her doctorate in nurse anesthesia practice from VCU and will graduate with a doctorate in health-related sciences in December.

Kelley cares for 1,200 students in grades 9–12 as the school nurse at Our Lady of Good Counsel High School in Rockville, Maryland. She has held nurse educator and clinical nurse specialist positions at Anne Arundel General and Arlington Hospitals, Washington Hospital Center, and the Surgery Center of Maryland. Her daughter Erin is a third-year nursing student, and her son Brian is a first-year, both at UVA. Kelley received her master’s degree in trauma/critical care nursing from the University of Maryland in 1990.

ALUMNI ACHIEVEMENT AWARD

Michele Torrance Tarbet (BSN ’74)

Michele Tarbet
served as senior vice president and chief executive officer of Sharp Grossmont Hospital, a 536-bed acute care facility in La Mesa, Calif., that houses the busiest emergency department in San Diego County. After a brief but courageous battle with brain cancer, Tarbet passed away in July 2014 surrounded by her family and hospice staff.

During her two decades of leadership, the hospital was redesignated with Nursing Magnet Recognition in 2011. In addition, Sharp Grossmont (as part of Sharp Healthcare) was selected as a 2007 Malcolm Baldrige Award recipient, the highest presidential honor for quality and organizational excellence in the United States. Tarbet also helped lead the way for Sharp Grossmont Hospital to become a designated STEMI Center and a Joint Commission Stroke Center of Excellence. Tarbet was also the driving force behind the purchase of two hospice houses to serve the terminally ill.

Tarbet served on the School of Nursing Advisory Board from 2000–2006 and on the UVA Alumni Board of Managers from 2008–2014.

2014 Faculty Award Winners

These UVA School of Nursing faculty leaders are recognized by the Nursing Alumni Association for their excellent work and contributions to the School and the nursing profession.

Distinguished Professor Award
Catherine Kane
Associate Professor of Nursing & Psychiatric Medicine

Excellence in Teaching Award
Beth Epstein (BSN ’94, PhD ’07)
Associate Professor of Nursing

Faculty Leadership Award
Gina DeGennaro (MSN ’00, DNP ’11)
Assistant Professor of Nursing
Coordinator, Clinical Nurse Leader Program

From left, Gina DeGennaro, Beth Epstein, and Catherine Kane
DISTINGUISHED ALUMNI AWARD

Linda Boggs Norman (BSN ’69)

LINDA NORMAN has been active in nursing practice and nursing education for more than four decades. She is recognized as a national and international leader in nursing and health profession education. After a two-decade career at the Vanderbilt School of Nursing, Norman was named Valere Potter Menefee Professor of Nursing and dean in July 2013. In her role as associate dean, Norman led initiatives to create “blended learning” programs combining distance and face-to-face learning and was heavily involved in establishing academic programs in quality improvement, disaster management, and interprofessional learning.

Norman continues to publish in established journals and has been responsible for more than $7.5 million in external funding in support of pioneering curriculum designs. A sought-after consultant in curriculum and evaluation, she currently serves as the director of evaluation at the Robert Wood Johnson Foundation, Northwest Health Foundation, and Partners Investing in Nursing’s Future Program. In 2004, the American Academy of Nursing inducted her as a fellow in recognition of her myriad contributions to the field.

DECADE AWARD

Laura Vento (CNL ’08)

Laura Vento spent two years with the Peace Corps before charting a path into nursing in UVA’s CNL program. Her work as a nurse took her from UCLA to UC San Diego Medical Center, where she’s currently a clinical nurse leader. But a family crisis cemented Vento’s commitment to ensuring that patients receive appropriate and explicit discharge instructions—work that has earned young Vento accolades in the process.

After her father received a liver transplant and a world-renowned hospital sent him home with inadequate wound care instructions and a discrepancy related to his antirejection medications, she knew there was a better way. As a nurse, she knew she was positioned to advocate for a better discharge process for patients, and spearheaded a grant-funded project to improve the process using a best practice called “teach back,” a method that ensures patients’ understanding when they’re asked to repeat instructions back to the care provider. This highly collaborative process involved hospitalists, nursing administration, and statisticians.

In 2011, Vento was named Nurse of the Year from UC San Diego Health System.

Vento spearheaded a grant-funded project to improve the discharge process using a best practice called “teach back.”

HONORING OUR ALUMNI

Our School of Nursing alumni are diverse and multitalented, holding a great variety of positions across the globe. Each year, the School of Nursing Alumni Association offers the opportunity to honor individual alumni for their contributions and service to the profession.

To recognize an outstanding alumna/us for next year’s awards, please contact the Alumni & Development Office at nursing-alumni@virginia.edu or (434) 924-0138. Nominations are due March 15, 2015.
Reunions 2015
SCHOOL OF NURSING EVENTS

THOMAS JEFFERSON SOCIETY REUNION
Honoring the BSN and Diploma Classes of 1965
May 7–9

RECEPTION
Pavilion IX, West Lawn
Friday, May 8
3:00–4:30 p.m.

SCHOOL OF NURSING TOURS
McKim Hall, McLeod Hall, and the Claude Moore Nursing Education Building
Saturday, May 9
9:00–10:15 a.m.

TJ REUNION LUNCHEON
Saturday, May 9
Noon–2:00 p.m.
Boar’s Head Inn Pavilion

UNDERGRADUATE CLASS REUNIONS
June 4–7

DEAN’S OPEN HOUSE
Pavilion IX, West Lawn
Friday, June 5
4:30–5:30 p.m.

REUNION LUNCHEON
McLeod Hall Patio
Saturday, June 6
Noon–1:30 p.m.
Tours to immediately follow

For more information on nursing alumni events, contact Karol Kozak, director of alumni and donor relations, at (434) 924-1589 or kkozak@virginia.edu.

To register for the TJ or June Reunion events, please contact the U.Va. Alumni Association at (434) 243-9000 or visit www.virginiareunions.com.

Do you have photographs, letters, or other memorabilia from your time as a UVA nursing student or from the early days of your nursing career? Consider donating these items to the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry to add to your reunion experience and to help preserve nursing history. Contact the Center’s staff at nursinghxc@virginia.edu or (434) 924-0083.

June Reunions brought together six past presidents of the Nursing Alumni Association. Pictured above, from L to R: Linda Custard Gillikin (BSN ’69), Sue Childers Taylor (BSN ’69, PNP ’71), Susan Gregory Landin (BSN ’69, PNP ’75, MSN ’78), Patricia Booth Woodard (BSN ’69), newly elected president Judy Etheridge Bilicki (BSN ’81), and immediate-past president Sharon Cumby Fay (BSN ’76, MSN ’80).
Celebrating and Remembering

June Bartley DIPLO ’49 (above left) and Jean King Frisk DIPLO ’49 (above right) reunited in Silver Spring, MD, to celebrate 65 years since their graduation from the first accredited UVA nursing class and both of their 90th birthdays. They enjoyed looking at photos from their UVA days and reminiscing about their years spent together in Charlottesville. Frisk also celebrated with her large extended family.

1970s
Thomas Langston BSN ’76 retired from the US Air Force as a colonel in August 2012 after 30 years of active duty. During his career Tom held positions at 12 separate assignment locations, including Korea and Alaska. He also deployed to Saudi Arabia and Afghanistan, providing essential nursing services during those conflicts. Tom is the patient safety manager at the Hampton VA Medical Center. He and his wife, Susan (BSN ’72), live in Yorktown, VA.

Jan L. Hundley BSN ’77, a psychiatric clinical nurse specialist from Boynton, VA, has recently published three children’s books for use as bibliotherapy in the clinical setting. The books are Vali, A Special Calf; A Llama That Swims; and Grownups Have Problems, Too.

1980s
Renee Rinaldi Everett BSN ’80 was married in July 2013. Renee received the Outstanding Faculty Award from the May 2014 graduating class of Mississippi College School of Nursing, where she is an instructor.

1990s
Tami H. Wyatt MSN ’93, ED ’02, PhD ’05, of Maryville, TN, is an assistant professor at the University of Tennessee College of Nursing and was recently named a fellow in the American Academy of Nursing.

Lisa Kelley BSN ’99 and husband Joe Miller (Darden ’05) welcomed son John “Jack” Richard Miller on May 5, 2014. They reside in Charlotte, NC, where Lisa is an oncology nurse practitioner at Oncology Specialists of Charlotte and Joe is an investment banker with SunTrust.

In Memoriam

1940s
Edith Boltwood DIPLO ’40 of Columbus, OH, died July 5, 2014.
Hetty-Wray Hurd Dandridge DIPLO ’43 of Charlottesville, VA, died July 18, 2014.
Delma Nickell DIPLO ’43 of Greensboro, NC, died March 12, 2014.
Agnes Turner DIPLO ’43 of Charlottesville, VA, died April 11, 2014.
Ellen “Ruby” Delhart White DIPLO ’43 of Englewood, FL, died August 18, 2014.

1950s
Joyce L. Hartmann DIPLO ’50 of Newport News, VA, died July 5, 2014
Dana Hale Scott DIPLO ’51 of Richlands, VA, died June 2, 2014.
Elizabeth M. Foreman DIPLO ’52 of Greenville, NC, died August 6, 2014.

1960s
Georgianna Beckham Duke BSN ’60 of Lancaster, SC, died March 6, 2014.
Reva Jenkins DIPLO ’65, BSN ’76 of Culpeper, VA, died May 20, 2014.

1970s
Michele Tarbet BSN ’74 of Rancho Santa Fe, CA, died July 11, 2014.
Marie Anderson BSN ’75 of Naples, FL, died May 5, 2014.

1980s
Christine Gustafson BSN ’82 of Bogart, GA, died August 13, 2014.

Share your accomplishments, achievements, and good news with your UVA nursing classmates. Please submit your class note to nursing-alumni@virginia.edu.
It wasn’t long after graduating that Elizabeth Mikula found herself working as a researcher. As a staff nurse in pediatric cardiology at Children’s National Medical Center, she was recruited to coordinate a project to develop and test a protocol that could be used in community hospitals for screening newborns for critical congenital heart disease (CCHD).

“I think I was just in the right place at the right time,” Mikula says. “At that time there wasn’t a screening method for all babies in the newborn nursery, and there were babies who were being missed, babies who were sent home and got really sick and maybe died.”

The screening uses pulse oximetry, a noninvasive, painless procedure, to measure oxygen saturation in the newborn’s upper and lower extremities. If the reading indicates a lower-than-expected oxygen saturation, the infant can be referred for additional evaluation (usually an echocardiogram) to determine if there is a structural deformity of the heart.

The protocol Mikula developed is now recommended as part of the uniform screening panel for all newborns in the United States, and her toolkit of best practices is being implemented worldwide.

“UVA really fostered my innovative spirit,” says the Roanoke native. “Throughout my time at the University we were always encouraged to think about things in innovative ways. We were exposed to research early in our BSN program, and we came out of school prepared to ask questions that could lead to new practices and improve patient outcomes.”

Mikula now works at Henrico Doctor’s Hospital in Richmond where, in addition to coordinating the Commonwealth of Virginia’s implementation of the CCHD protocol, she also works to improve patient care throughout the hospital as director of quality management.

“We focus a lot on outcomes,” Mikula says of her quality assurance work. “We’re working with staff nurses to make sure they know what their hospital-acquired condition rates are. That wasn’t always on the forefront of the staff nurse’s mind, but it’s becoming more of a focus, which is a wonderful thing, because the public should know how well we do with taking care of patients.”
BY THE NUMBERS
WHERE IN THE WORLD ARE OUR ALUMNI?

OUR 2014 BSN GRADS:

- 2,773 MILES
  - job farthest away
    (in Seattle, Wash.)
- 84% had jobs within 2 months
- 4 started careers in the military
- 86 UVA School of Nursing
  2014 BSN GRADUATES
- 31 accepted jobs at
  UVA Medical Center
  (includes CNL graduates)
- 55% of ALL graduates
  live/work in VIRGINIA
- 10,675 TOTAL UVA NURSING ALUMNI
  live in 26 COUNTRIES

Anguilla
Australia
Bahamas
Canada
Cayman Islands
China
Costa Rica
Czech Republic
Denmark
France
Honduras
Indonesia
Kenya
Lebanon
Nepal
Netherlands
New Zealand
Nigeria
Norway
Republic of Korea
Panama
Saudi Arabia
Taiwan
Thailand
United Kingdom
United States

9,520 MILES AWAY
alumnus the farthest
from Charlottesville (New Zealand)
FY 2014 Annual Report

These charts and graphs provide a snapshot of fiscal year 2014, which ran from July 1, 2013, to June 30, 2014. Thank you to everyone who helps support the School of Nursing!

ENDOWMENTS

Through new gifts and investments, the School of Nursing endowment reached $50 million. These funds represent permanent support for the School.
WHY DID YOU GIVE TO UVA NURSING?

We asked—and you answered.

For the first time in School history, the Nursing Annual Fund broke the $400,000 mark, an impressive 25 percent increase from just four years ago.

And participation among the newest crop of graduates is strong, with nearly 9 in 10 of our fourth-years offering pledges of support.

So why did they give? The faculty, the friends, the facilities, and the fun! These photos show their responses. A special shout-out to BSN 2014 graduates and our generous donors who together made this record year possible.

NURSING ANNUAL FUND 2010–14

Generous donors to the Nursing Annual Fund helped the School of Nursing hit a new record, surpassing $400,000 for the first time in School history.
“It is sad when children die; but that sadness is dwarfed by the joy we all feel when they live.”

“ISN’T IT SAD WHEN KIDS DIE?”

Everyone in my field is asked this question. I am no different. On the subway, at dinner with new friends, at a cocktail party, someone who doesn’t know me will ask, on hearing that I am a pediatric critical care nurse, if I feel sad when children die. I wonder what they envision my days at work look like.

Pediatric care provides nurses with the unique opportunity to care for one interconnected system: the child and his or her family. My experiences have shown me countless times that children and families are one cohesive unit and should be treated as such. In seeing this bigger picture, one can notice that all interactions are affected by a child and his or her family’s view of health and healthcare. These opinions and beliefs are frequently formed in the primary care setting, the first interaction with the healthcare system, through building trusting relationships and assigning value to preventative care measures.

It is this philosophy that has driven my practice. It is my dedication to both patients and their families that makes me research best practices in academic periodicals to find ways to improve my skills. This dedication drives me to be an active participant in research studies at the bedside and increase peer-to-peer teaching among my colleagues. This philosophy drives me to learn from the experiences of my patients and their families.

This is why I am becoming a nurse practitioner. Working together with the interconnected unit of child and family, coupled with the knowledge and clinical reasoning I will gain from my graduate study, I know I can help shape a future generation of healthier children. With a career as a primary care nurse practitioner, I hope to empower these children and their parents to create a healthier nation.

So, when people question my empathy, I simply reply: “It is sad when children die; but that sadness is dwarfed by the joy we all feel when they live.” It is my career goal to help more children live full, happy, healthy lives—one child at a time.

Carolyn’s essay earned her the UVA Nursing Alumni Association Scholarship for 2014. Any UVA nursing graduate who is returning to school for an additional degree is eligible to apply for this annual scholarship. Applications are due June 1. Apply online at nursing.virginia.edu/alumni/resources/scholarships/. Funding for the scholarship is made possible by generous gifts from alumni and friends to the Nursing Annual Fund.
In the early 20th century, the polio epidemic took a major toll on pediatric patients at UVA Hospital and around the country. At the time, physicians typically treated polio cases by binding up a child’s affected limbs, ultimately leaving them withered and limp. In the early 1940s, UVA physicians began a study examining a new approach to the treatment of patients on polio wards in the Departments of Orthopedic Surgery and Pediatrics. The one-year experiment was based on approaches advocated by Elizabeth Kenny, an Australian nurse who had worked on her own to treat polio patients in the outback. Sister Kenny promoted a controversial new approach of applying hot packs and passively exercising muscles affected by polio instead of immobilizing them.

Student nurses, above, worked in UVA’s Sister Kenny Unit, tending to young patients with polio. And while physicians abandoned the “Kenny Method” by the study’s end, they retained a number of its principles, like the practice of not binding a child’s limbs and adopting physical routines for muscle rehabilitation. These treatment modifications were used successfully in many hospitals until the discovery of the polio vaccine in the 1950s.

APRIL
TBD  Catherine Strader McGehee Memorial Lecture

MAY
8    End of examinations, spring semester
7–9  Thomas Jefferson Society Reunions: Classes of 1965 and earlier
8    Thomas Jefferson Society School of Nursing Open House
9    Thomas Jefferson Society SON Building Tours
9    Thomas Jefferson Society School of Nursing Luncheon
16   Pinning & Hooding Ceremonies, School of Nursing
17   Final Exercises

JUNE

For details on Bjoring Center for Nursing Historical Inquiry events, please call (434) 924-0083. For details on admissions information sessions, call (888) 283-8703. For all other events, please contact the School of Nursing Alumni and Development Office at (434) 924-0138. For a full list of School of Nursing events, please visit www.nursing.virginia.edu/calendar.