Going Beneath the Surface
Deepening Our Commitment to Diversity
November 1, 2014 Second-year students celebrated UVA School of Nursing’s first White Coat Ceremony with their parents and professors. The occasion—a ritual formerly reserved for medical students—was among 100 such ceremonies that took place in nursing schools across the country, thanks to coordinated support and funding from the Arnold P. Gold Foundation and the American Association of Colleges of Nursing. Going forward, it will be an annual tradition for second-year nursing students at UVA. While the donning of the coat symbolizes a commitment to the nursing profession, “It’s what’s inside—compassion, engagement, and respectfulness—that really counts,” said Dean Dorrie Fontaine.
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8 Going Beneath the Surface: Deepening Our Commitment to Diversity

Today’s definition of diversity recognizes differences on the outside—as well as others that are harder to see.

By Christine Phelan Kueter
Consider this …

We have been speaking about diversity for a long time, and especially in the context of well-known challenges in healthcare for patients and clinicians. Many racial and ethnic minorities have shorter life spans, less access to care, and suffer disproportionately from chronic disease. Research validates that patients and families and even our healthcare students find strength in and resonance with providers and teachers who look like them. We tend to understand things best from those who know where we’re coming from.

We also know that modern society has never been less homogenous, a fact reflected in our patient and student populations, and that in another generation or two, America will be majority minority. So it’s high time to dig deeper, start new conversations, and broaden the way we talk and think—and what we do about diversity.

That’s exactly what we’re doing here. Energized by the arrival of Professor Susan Kools in 2014, this issue of *Virginia Nursing Legacy* offers new ways to consider diversity, inclusion, and excellence. And Susan—an endowed professor and a renowned pioneer in this new way of thinking—is guiding our questions as we seek to truly reframe the way we think about the kind of institution we are, the place we want to be, and who we ultimately serve.

Just like our cover’s simple, ordinary tree, yet with beautiful blossoming roots below, we pledge to deepen our ordinary conversation about diversity, and let the wisdom of new thinking and ideas emerge and grow. And if that bare tree represents the old view of diversity—somewhat sparse and, yes, waiting for leaves—the roots below show the complex, colored metaphor that is our deeper version of it.

This will be our work in the years to come. Do you have thoughts to add to our tree? I hope you’ll share them with me at dorrie.fontaine@virginia.edu.

Dorrie Fontaine

Dorrie Fontaine, RN, PhD, FAAN
Sadie Heath Cabaniss Professor of Nursing and Dean
To Vaccinate or Not to Vaccinate?

While Virginia was one of the first states in the nation to mandate the HPV (human papillomavirus) vaccine for sixth-grade girls in 2008, since then opt-outs have been more the rule than the exception.

In 2014, just 27.9 percent of Virginia’s adolescent girls received the three-series vaccine, compared with a national vaccination rate of 38 percent. The reason for such low rates? Partly, it’s the controversy that has swirled around the vaccine since its inception, which is largely focused on the discomfort of vaccinating children as young as nine for a disease that’s transmitted through sexual activity.

“There is a lot of squeamishness about the topic, and that doesn’t help with vaccine initiation or completion,” explains assistant professor of nursing Jessica Keim-Malpass (CNL ’08), “and even if the vaccine is the best tool we have to prevent cervical cancer, it can be a hard sell to parents.”

Even if the vaccine is the best tool we have to prevent cervical cancer, it can be a hard sell to parents.

HPV is the most common sexually transmitted disease in the United States, infecting a majority of American adults. Often it resolves on its own. When it doesn’t, it increases the risk of developing a variety of cancers, especially cervical. Several vaccines exist to guard against HPV. All come as a course of three shots. The Center for Disease Control recommends that both girls and boys receive the series of vaccines.

Understanding who’s getting vaccinated and who’s not, along with why and how they get the vaccine, may be the best path toward wider use. Armed with a $138,000 grant from the National Cancer Institute, Keim-Malpass and her colleague, assistant professor Emma Mitchell (MSN ’08, PhD ’11), are creating a map of compliance rates across the Commonwealth to identify pockets of vaccinated and nonvaccinated individuals. They want to learn if the HPV vaccine is most successfully administered alongside other, more accepted routine vaccinations for prepubescents, like the flu shot and tetanus booster. In addition, they want to better understand the role of health communications and policy in driving HPV vaccination.

“We’re interested in learning about the barriers and supports to vaccine uptake so that, from a public health perspective, we can boost those levels,” says Mitchell. “But we’re also interested in uptake rates among vulnerable populations, including children with medically complex conditions and minority groups.”

Most important of all, perhaps, they hope to glean the provider’s role in recommending the HPV vaccine.

“The number one thing parents say is, ‘My child’s not sexually active, and she doesn’t need it,’” explains Keim-Malpass, “so we teach our students how to have those conversations with families who might react negatively.

“As both a pediatric and oncology nurse, I’m 100 percent pro the use of the HPV vaccine, but people have the right to decide for themselves,” Keim-Malpass adds. “It seems like a far-removed concept, and unless you’ve seen someone with cervical, rectal, penile, or anal cancer, you have little context. It’s not the immediate protective impact—like a flu shot. People aren’t motivated. And that’s what we have to change.”
In Brief

Associate professor **Randy Jones** (BSN ’00, MSN ’02, PhD ’05) has been named to the American Association of Nurses’ Institute for Nursing Leadership. Jones is one of 17 nurse academics chosen for the group, which aims to forge positive change through care and policy by placing more nurses on national governing boards, commissions, and task forces.

**Linda Bullock**, associate dean for research and Jeanette Lancaster Alumni Professor of Nursing; and **Karen Rose (PhD ’06)**, assistant dean for research and innovation, were honored by the Virginia Nurses Association. Bullock received the Leadership Excellence Award for a Nurse Researcher. Rose received the Leadership Excellence Award for a Nurse Educator. The Virginia Nurses Association is the Commonwealth’s largest professional group, representing the state’s 100,000 RNs.

**Dean Dorrie Fontaine** received the UVA Health System’s 2015 Martin Luther King, Jr. Award. The award recognizes exceptional abilities in areas of cultural competence, healthcare disparities, and/or fostering an environment of caring, diversity, and inclusivity.

A number of nursing faculty members are moving into enhanced leadership roles, including the following:

**Karen Rose (PhD ’06)**, associate professor and assistant dean for research and innovation, now directs the School’s PhD program

**Beth Epstein (PhD ’07)** will chair the Department of Acute & Specialty Care

**Richard Westphal (PhD ’04)** will head the Department of Family, Community & Mental Health Systems

**Susan Kools**, director of inclusion, diversity, and excellence, now also leads Global Initiatives.

**Breaking Ground in San Sebastian**

Soon, the rural community of San Sebastian, El Salvador, will have its own healthcare clinic, thanks to Nursing Students Without Borders (NSWB) and the Charlottesville-based nonprofit Building Goodness Foundation. Over the past 14 years, the groups have raised $96,000 of their $120,000 goal for the project to provide free, quality healthcare to Salvadorans who would otherwise go without. NSWB was founded at UVA in 1999. Today there are at least nine chapters across the country. Follow their progress on Facebook: Nursing Students Without Borders at UVA.

**UVA School of Nursing’s graduate programs rank among the top 3 percent in the nation, according to the latest U.S. News & World Report.** Overall, UVA ranked 16th in the United States, among 503 nursing graduate programs. In specialty areas, UVA’s Clinical Nurse Leader program ranked number two in the nation, with Psychiatric-Mental Health coming in at number eight and the Family Nurse Practitioner program ranked among the top 20. Among public institutions, UVA’s program ranked number nine.

“This is good news,” said Dean Dorrie Fontaine. “In light of the challenges we face—including decreasing state aid, a decline in federal research dollars, and a fiercely competitive online education environment—our nursing programs have held their own—and prospered. Our people, programs, and environment are exceptional. We prepare some of the world’s best, most compassionate, safest, most interprofessionally agile nurses.”

**Tyra Photography**
Improving Care by Boosting Resilience

Can learning how to be more attentive and resilient be a route to increasing efficiency, reducing medical redundancy, and boosting clinicians’ compassion at the bedside? Third-year nursing student Jane Muir thinks so.

Muir’s hunch—that learning specific ways to be attentive and tune into others will engage specific neural pathways and augment the quality and efficiency of developing clinicians’ care—will soon be put to the test. Muir, recently named one of RightCare Alliance’s 11 “Young Innovator” grantees by the Lown Institute, is, along with her mentor, Kluge Professor Susan Bauer-Wu, and medical school partner Andy Starr, MD, developing a series of workshops on mindfulness, communication, wisdom, and self-care for 30 UVA nursing and medical students. Their hope is that insights from the training will enable them to be role models for their peers and have a lasting impact on their future clinical practice.

“By introducing clinicians early on to self-reflection and mind-body practices, we think they will be more tuned in, less easy to distract, less emotionally reactive and stressed,” says Muir. “Using and understanding contemplative practices may allow clinicians to be more present for their patient, so they can pick up on more subtle cues and avoid overuse of tests and an overreliance on medication.”

“Our hope is to bring caregivers back to the basics and away from this go-go-go society, where autopilot is the rule and not the exception. We want to change the culture of healthcare, form new habits in the brain, and make people more compassionate to themselves and their patients.”

A Close Look at Policymaking in Action

Assistant professor Camille Burnett led a contingent of nursing students to Capitol Hill to observe National Cancer Prevention Day as guests of the Less Cancer Foundation. Students heard testimony from cancer researchers, physicians, and nurses, and had a chance to ask questions of clinicians and legislators. “The need for this understanding and preparedness is essential,” says Burnett, who teaches health policy and community health courses. “The way forward for nurses is as influencers of health policy.”
WHAT THEY SAID

UVA faculty are part of conversations shaping the nursing profession. See more publication highlights on page 26.


Forging Lasting Change

RESEARCH AIDS CHILDREN TRAUMATIZED BY VIOLENCE

G ood work has staying power. That’s true of Barbara Parker’s nursing research, which today informs the way Baltimore police officers and social workers handle children in cases of uxoricide (when one parent kills the other).

In the early 1990s, UVA nursing professors Parker and Rick Steeves (FNP ’94) interviewed 86 adults who had suffered the death of one parent at the hands of the other. They examined effective strategies for coping, forgiving, and communicating in ways to help these formerly traumatized children avoid long-term psychological and social distress.

The overarching take-away, says Parker, who retired as a professor emerita in 2012, is that victims find the greatest relief when they talk about what happened. That insight and others from the team’s research have now become part of a protocol adopted by Baltimore police and social workers dealing with uxoricide.

“So often we do research and people talk about it but nothing really happens as a result,” says Parker. “It’s very rewarding to see changes actually happen as a result of the work we did.”

Up-Close Learning, from a Distance

UVA AND SWEDISH NURSING STUDENTS COMPARE NOTES

W hat’s it like living in a society with socialized medicine? Why do Swedish clinicians dress at work, and not at home? Are American and European medical record-keeping systems at all alike?

Those were some of the questions lobbed between a class of UVA nursing students and their counterparts at Lund University in Sweden as part of a virtual exchange for a Foundations of Nursing course.

The aim of the exchange, says nursing professor Elizabeth Friberg (DNP ’10), is to boost cultural competency and offer students and professors a glimpse of nursing and healthcare systems from both sides of the ocean. It’s also a chance for American students to better understand socialized medicine and education, and note differences and similarities in nursing protocol here and abroad.

“We talk a lot about cultural competeny,” says second-year UVA student Claire O’Friel, “which is especially important with today’s diverse populations. When you hear how other countries handle issues, it makes you feel good about what you’re doing. It reinforces the standards of care.”

It also offers lessons on possible innovations.

“There, nurses wear no jewelry at all,” says second-year student Ashley Belfort, “and here, we keep ours to a minimum. We keep our nails unpolished and cut short, which they do, too. But they get dressed at work in hospital-laundered scrubs, and with hospital-disinfected shoes for infection control. I think that makes a lot of sense.”
Monique Jesionowski (DNP ’17)

FROM IRAQ TO VIRGINIA: ONE NURSE’S PATH TO HER FUTURE

Selected for a military scholarship, US Army Nurse Corps Captain Monique Jesionowski is pursuing a dual Adult-Gerontology Acute Care Clinical Nurse Specialist/Nurse Practitioner program. She is married as well, with two young children.

I had just joined Army ROTC in college when 9/11 happened, and it hit me hard. Initially, I joined to help pay for college, but now my motivation had changed. My friends and I wanted to serve our country, to be a part of something bigger than ourselves. Some left ROTC, but many more joined with the same sense of patriotism. ROTC built my confidence and the Army helped grow me as a leader.

When I was deployed in Iraq, providing healthcare to detainees was so different from a typical hospital. We had to take a military policeman with us at all times. We couldn’t leave the detainees with any object—even a plastic fork—that could potentially be dangerous. We had language and cultural barriers. Some of the Iraqi police didn’t respect us because we were women. Some were afraid of us. I remember once trying to use a wound vacuum on a patient who was convinced that it was some kind of torture device. It made me realize how foreign American medicine could be. We used our interpreters to break down the barriers and help build trust.

We also had to put our personal feelings aside. I lost a friend to an IED, but I learned to focus on my nursing care, to do my part of the mission; to give the same standard of care to a detainee as to a US soldier. It was not my place to judge. When you are on a deployment, you know your role and what you want to accomplish together. You can endure heat, sandstorms, 60-plus-hour work weeks, mass casualties, and all kinds of drama, because you believe in your leaders. More importantly, you work hard for your team.

After Iraq, I was an ER clinical staff and infection control nurse, an officer in charge of an aeromedical isolation team and medical containment suite, and an ROTC brigade nurse counselor. Being back in school means I’m back at the bedside, learning all the latest, evidence-based, standards of care. I like looking at interconnected systems and thinking: “I can change that. I can have an impact.” I want to make things better, not just do things the way they have always been done. Now, I want to give back and help mentor junior nurses to do the same.

I love how the UVA faculty supports us. They respect us as peers and work to give us the most current information available. They want us to succeed, and they value our opinions. I’m especially excited that my DNP cohort is involved in ASPIRE’s Culture of Safety Inter-Professional Education with medical residents. I want to learn the very best civilian practices to take back to the military. And I want to share military practices that might be useful in civilian situations. I believe that, to make things better, you have to look at healthcare from a variety of viewpoints. I’m very happy to be part of these conversations.
minus. Not failing, but not far from it.

That’s the grade Dean Dorrie Fontaine gave the School for diversity at her last annual address. A hard thing to admit until you realize that Fontaine meant to stir a rally. Make waves. Draw a line in the sand demarcating the School of Nursing’s where-to-from-here. And aim for real change.

“There’s nothing magical that happens when you assemble a group of different-looking, different-acting, different-thinking people together,” says Fontaine. “It’s what happens after they’re together—that kind of environment they’re absorbed into, whether they’re treated with respect, valued as partners and collaborators, and supported in a way that makes them feel cherished. That’s the true test of any effort to diversify.”
Since it emerged as a buzzword, diversity’s old meaning has amassed more heft. Today’s definition recognizes differences that appear on the outside—like skin color or one’s language of origin—as well as the kinds that are harder to see: life experience, socio-economics, affinity with a particular group, or exposure to a population or circumstance. It’s also become about the space that’s created for individuals through real engagement, inclusion, and acceptance—what UVA Darden School of Business professor and internationally renowned author Martin Davidson calls “leveraging difference.” Davidson has actively consulted with the School of Nursing dean, faculty, and staff to help them think out of the usual diversity box, facilitating workshops to approach diversity not as a burden but as an opportunity to excel.

“Diversity’s a lot more than improving headcount,” explains Susan Kools, the Madge M. Jones Professor of Nursing and the School’s first director of inclusion, diversity, and excellence, “and really has become a way to appreciate human variation in its richest, broadest sense.”

When you come across those who aren’t like you, Kools explains, your world view expands, as does your ability to accept, respect, and empathize—behaviors integral to good nursing.

“How and who we attract for students, staff, and faculty is part of it,” adds Fontaine, “but what matters the most is how we engage and support our people once they’ve landed here.”

Welcome to diversity, take two.
Building Experience Abroad

“I like to think working in Central America made me more culturally sensitive, especially to my patients not born in America,” explains Steven Yoder (RN to BSN ’16). Yoder, shown above placing stitches in a patient’s arm, lived in Nicaragua for six years. “I know what it’s like not to have the local language,” says Yoder. “I know what it’s like to be a foreigner. It’s one of the biggest things my experience has taught me.”

IN PURSUIT OF BETTER

On paper, UVA’s diversity metrics aren’t out of line with its peers. For the past half-dozen years, the School of Nursing has been home to students from a huge variety of racial, ethnic, gender, and sexual orientation backgrounds, a group that consistently makes up about a quarter of the student body. The same ratio holds true for nursing faculty, 24 percent of whom come from underrepresented groups.

But for Fontaine and Kools—who together established the role of inclusion, diversity, and excellence director in late 2014 and who are crystallizing a vision for attracting, supporting, and retaining a rich variety of individuals to embolden and enliven the School’s faculty, staff, and student body—it’s not enough to be in line with others. Their aim is to do better, going beyond the surface of numbers.

The very profession, says Kools, depends on it.

Part of the reason diversity in nursing is so critical now, she explains, is due to seismic shifts in the makeup of America’s population—predicted to be “majority minority” by the year 2043—and the need for the nursing workforce to reflect the population at large.

But Kools’ deeper conviction lies in the essential connections between quality of care, health outcomes, and workforce diversity—that you can’t reduce disparities without a widened view of the world derived through acquaintance, acceptance, and understanding.

“We know that having nurses from underrepresented groups caring for minority patients reduces disparities,” explains Kools, “but even more important is the fact...
that doesn’t show—an empathy derived from caring for her mother and her deep understanding of illness and grief after losing her elder sister to cancer—that has everything to do with the tenor and quality of her care.

“When it comes down to it, I can understand where a lot of people come from,” explains Henry. “If a single mom comes in with small children, if a small child comes in with her grandparents, if a child has cancer, or if a person comes in who’s homeless, I can understand those things in a very real, very basic way because I’ve been there. I can say to a patient, ‘I understand,’ along with, ‘I’m here to help.’”

UNCOMMON EXPERIENCE

Henry, born in Miami to a Puerto Rican mother and a Dominican father, spent her early years between her grandparents’ home and the one she lived in with her mom and Henry’s older sister, Raquel. The sisters shared everything, including a ferocious protectiveness of their mother, who was locked in an abusive relationship before striking out on her own, her two young children in tow.

But there were harder times yet to come. Henry was just six when Raquel, then seven, was diagnosed with Stage IV neuroblastoma, a cancer that spread from her adrenal gland to her bone marrow. After years of treatment at an Orlando cancer center—and navigating the terrifying waters of illness with limited English—Raquel died at 10. Henry was only nine.

From there, Henry and her mother bounced between Florida and Puerto Rico before settling in Miami, where Henry—now in 10th grade, working two jobs, and attending school part time—began to consider college. UVa’s programs attracted her. When she was accepted with a generous financial aid package, Henry leapt.

“The fact that I’m here in Virginia, that I came to a place where I knew no one, not even one person from high school, well,” she laughs, “it’s a long way from home. And while I wish I were closer to my mom, helping and protecting her, at the same time, being here is a new start for me. I’m getting this great education while at the same time becoming more independent and establishing myself as a person.”

“In some ways, I wouldn’t say I’m too different from the other members of my class,” Henry adds, “because everyone goes into nursing with the initial motivation of wanting to care for people, and do it well. We all definitely have that in common.”
EXPOSURE, ON PURPOSE
Not every nursing student arrives at UVA with such an intense backstory. For most, exposure to a wide variety of people, environments, and ideas comes through regular, intimate, and purposeful contact with populations and concepts they may never before have encountered or considered. That introduction, says instructor and PhD student Michael Swanberg, RN, is one of the most profound parts of his job.

Swanberg, who studies Charlottesville’s perplexingly high African-American infant mortality rates, teaches courses in maternal-child health, oversees a 15-week OB rotation at UVA Medical Center, and teaches mindfulness and meditation to the female inmates at Fluvanna County Correctional Center. It’s work he’s eager to share.

“Part of being a nurse researcher is asking, ‘Who am I, and what are the preconceived ideas I bring to my practice?’” explains Swanberg. “For these students, exposure to a variety of populations opens up a different view of the world. Nursing can be so eye-opening—and for me, it’s such a privilege and an honor to be the conduit.”

Under his wing, students rotate through the prison’s prenatal care clinic, where they care for expectant moms. They write in journals about it. Swanberg also shows them the inequities that exist on their own turf, too.

“From the 8th floor of UVA Medical Center,” says Swanberg, “I can see the three neighborhoods where infant mortality rates in Charlottesville are four times higher for African-American babies than any other group. In the shadow of the hospital, the Rotunda, and the Lawn—what a paradox.”

For students like Ben Nissley (BSN ’10, FNP ’16), it’s an unfamiliar world that’s always been in plain view. “It wasn’t too long ago that I thought we were approaching a postracial society,” said Nissley, born and raised in Charlottesville, “so when I see how white infant mortality compares to black infant mortality, it absolutely blows my mind. It has opened my eyes to where people are coming from.” It’s also whet his appetite for research.

“One of the principles at the very core of who I am, and the kind of practitioner that I want to be, is justice—so when I look at this,” says Nissley, “how could I not care? How could this not be important to me?”

It’s a ferocity Swanberg sees often.

“I see a light go on—and to see that fire, that I see
something in a way that I never thought of before,” says Swanberg, “has such power. Growing up in a privileged world, invisible disparities are all around, but until we're aware, we don't know. And you can't change what you don't know.”

DECISION HELP
Other faculty members like assistant professor Yasemin Turkman heal disparities by studying them. The group Turkman’s looking at in particular—women diagnosed with triple negative breast cancer (TNBC), which composes about 15 percent of all breast cancers—is a case in point.

“Given that TNBC behaves differently than other breast cancers and disproportionately affects minority populations, it's critical to understand the psychosocial impact a diagnosis exerts so we know how to get them the best care possible,” says Turkman. “I want to design interventions to help women manage their fears and uncertainty and support their decision making so they can find the best quality of life.”

Women with TNBC tend to be 40 or younger, have aggressive, advanced tumors, and experience dismal five-year survival rates. African-American women are two to three times more frequently diagnosed with TNBC than Caucasians, often discovering their cancer at a more advanced stage with a higher risk of recurrence and lower survival rates. Although breast cancer remains the leading cause of female cancer deaths in women 40 and older, no targeted therapeutic regimen exists to battle TNBC.

Clinical trials, says Turkman, are clearly needed, but poor patient participation has slowed progress given

Yasemin Turkman (above) studies triple negative breast cancer, which is more common in African-American women. Through personal interviews, Turkman gains insights for developing a tool to help these patients make informed decisions about their care.

Learning about the disparities in infant mortality among blacks and whites has inspired Ben Nissley (opposite) to become more interested in research to change the odds.
Inside, Looking Out

“Each Friday we care for patients at the Fluvanna Correctional Center for Women, and we’ve gained a tremendous amount of insight,” says Elizabeth Holohan (BSN ’16). “At the prison, we are surrounded by hundreds of convicted offenders who have access to healthcare and resources within those prison walls. As we drive home, we can’t help but think about the millions of people in our country, including many of the people in the houses we drive past, who do not.”

complicated historical and psychosocial layers: women with TNBC often come from lower socioeconomic classes, have less access to mammograms, face more diagnostic and treatment delays, and may feel unease and distrust, given the history of minority involvement in medical research.

Turkman hopes to develop a decision aid for TNBC patients that might “balance their sense of urgency with verifying their knowledge, clarifying their values, and eventually offering greater confidence in their treatment decisions.

“I hope to help women with TNBC manage their fear and uncertainty,” adds Turkman, “and to convey to clinicians that these women often have unique concerns.”

A BETTER GRADE

In the end, diversity in 2015 looks a lot different than it did a decade—or even one year—ago. And if Dean Fontaine gave the School a C minus last year, its diversity grade is already on the incline, under Kools’ capable and experienced guidance. And it all begins with the way diversity is defined.

“We are shifting our diversity paradigm,” says Kools, “as we move from demographics to a broader understanding of diversity and inclusion as measures of our excellence and the foundation of our community of scholars.”

Changes to come include the following:

• Holistic admissions that take into account the experience and promise of prospective students—from their life stories to the social, racial, and economic factors that inform who they are, alongside their academic and extracurricular performance
• A renewed commitment to improving faculty diversity so that students see mentors and role models who look like them, who represent the face of nursing that we aspire to have
• Nurturing new faculty from a rainbow of backgrounds interested in scholarship in health inequities, a focus on the underserved, and novel skills and experiences that fortify their work with diverse populations.

“It’s about infusing our climate with the values of inclusivity and respect as well as expecting respectful engagement from one another,” says Kools. “That’s part of what we’re after when we create healthy work, learning, and care environments, but this effort also informs the philosophy and tone of our teaching and the promotion of inclusive practices in teaching, research, and clinical practice that are based on cultural humility—not just cultural competence.”

So while it does matter that we assemble a cast of individuals from different places, who look different, think differently, and have dramatically different backgrounds, it’s what we do with them once they’re here that counts.

“That’s where the magic really happens,” says Fontaine.
Yoga for All
MODIFIED POSES MAY OFFER RELIEF FOR THOSE LIVING WITH CHRONIC DISEASE

Could a modified Downward-Facing Dog pose be used as a therapeutic pose in chronic low back pain? Help improve mobility for the obese? Ease the discomforts of patients wrestling with COPD? Investigators from nursing and biomedical engineering aim to find out.

In this first-of-its-kind study, the research team—led by PhD nursing candidate and registered nurse Tamara Fischer-White and engineering graduate student Kelley Virgilio, along with seasoned faculty mentors in their respective schools—is investigating whether computer models can provide evidence-based support for yoga therapy as a health-enhancing option for those seeking relief from chronic disease who might otherwise find traditional yoga impossible.

While pharmaceuticals are often a primary source of relief for the 50 percent of Americans with chronic health conditions, there’s growing interest among patients and providers for nondrug relief as well. As a case in point, witness the growing popularity of the School’s new Foundations in Medical Yoga course for health professionals and students, taught by Ina Stephens, MD, and Mala Cunningham, PhD. And while yoga is well known to relieve stress and promote wellness, individuals with chronic diseases may avoid it because they perceive it’s beyond their reach.

Armed with a $40,000 Jefferson Trust grant, Fischer-White and Virgilio first cataloged the impact of selected yoga poses on muscle groups in healthy bodies. They are now using simulations to test and determine how muscle weakness caused by chronic illness influences one’s ability to achieve poses and are developing modifications to open yoga up for all.

“This is a chance to bring yoga’s benefits to an entirely new set of individuals,” explains Fischer-White. “By evaluating gradients of poses—enabling someone who is obese to do an adaptation of Tree Pose, for example—we will measure the effect, the muscles engaged, and calculate the impact and exertion of the involved joints.”

“We are using motion-capture technology to develop a healthy control musculoskeletal model, and then incorporating functional differences from chronic diseases to provide the evidence for safe and effective yoga,” adds Virgilio.

The team is currently developing its control model to explore the effects of chronic disease during yoga practice. They expect to publish their work soon, offering a dataset for use in planning and implementing further yoga-related studies.
For a pregnant woman experiencing violence at home, it may be easier to share her fears electronically than to have a nurse come to her house asking questions. It’s possible, as well, that her real-time online sharing could yield a truer picture of abuse patterns and triggers.

To put this idea to the test, assistant professor Camille Burnett has received a $321,000 minority supplement grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, one of the National Institutes of Health. The grant allows Burnett to fully evaluate the effect of a high-tech domestic violence screening tool developed by nursing colleague Linda Bullock in 2012.

Bullock, associate dean for research and Jeanette Lancaster Alumni Professor of Nursing, has spent the last two years developing the high-tech screening device and training home visiting nurses to administer it to more than 4,000 at-risk pregnant women in rural and urban Virginia, Baltimore, and Missouri. Bullock and her Johns Hopkins University research partner, Phyllis Sharps—both recipients of a $4 million NIH grant for this work in 2012—await Burnett’s analysis before making their final practice and policy recommendations about how to best support pregnant women at risk for abuse.

At the outset of their DOVE study—a rough acronym for “domestic violence enhanced home intervention”—Sharps and Bullock hypothesized that the use of mobile tablets would increase the number of women who identify themselves as victims of abuse by as much as a third, opening a conduit for appropriate interventions to improve their situations.

Burnett’s analysis and follow-up will, the trio believes, offer definitive positive evidence of that effect, as well as new information on the best ways to help pregnant women and their children who are at risk for abuse.

Research has long shown that women who suffer abuse prior to pregnancy are more likely to be abused during pregnancy, and those abused during pregnancy have a higher risk of abuse in the early weeks after the baby is born.

With her two-year grant, Burnett will conduct a quantitative and qualitative analysis of the DOVE intervention, interviewing its administrators and the women who use the intervention in order to provide valuable feedback for Bullock and Sharps. She will also share her analysis with policymakers who will, with $1.5 billion in funding for visiting nurse programs and prenatal care from the Affordable Care Act, determine the best ways to support abused women and their unborn and small children.

“Camille’s work is critical to our collective success,” Bullock said. “With her careful analysis fortified by metrics, we believe we’re on the right path to making a difference for our nation’s most vulnerable women, who, with their unborn and small children, are at great risk of abuse.”

“Sharps and Bullock hypothesized that the use of mobile tablets would increase the number of women who identify themselves as victims of abuse by as much as a third, opening a conduit for appropriate interventions to improve their situations.”

For a pregnant woman experiencing violence at home, it may be easier to share her fears electronically than to have a nurse come to her house asking questions. It’s possible, as well, that her real-time online sharing could yield a truer picture of abuse patterns and triggers. To put this idea to the test, assistant professor Camille Burnett has received a $321,000 minority supplement grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, one of the National Institutes of Health. The grant allows Burnett to fully evaluate the effect of a high-tech domestic violence screening tool developed by nursing colleague Linda Bullock in 2012.

Bullock, associate dean for research and Jeanette Lancaster Alumni Professor of Nursing, has spent the last two years developing the high-tech screening device and training home visiting nurses to administer it to more than 4,000 at-risk pregnant women in rural and urban Virginia, Baltimore, and Missouri. Bullock and her Johns Hopkins University research partner, Phyllis Sharps—both recipients of a $4 million NIH grant for this work in 2012—await Burnett’s analysis before making their final practice and policy recommendations about how to best support pregnant women at risk for abuse.

At the outset of their DOVE study—a rough acronym for “domestic violence enhanced home intervention”—Sharps and Bullock hypothesized that the use of mobile tablets would increase the number of women who identify themselves as victims of abuse by as much as a third, opening a conduit for appropriate interventions to improve their situations. Burnett’s analysis and follow-up will, the trio believes, offer definitive positive evidence of that effect, as well as new information on the best ways to help pregnant women and their children who are at risk for abuse.

Research has long shown that women who suffer abuse prior to pregnancy are more likely to be abused during pregnancy, and those abused during pregnancy have a higher risk of abuse in the early weeks after the baby is born.

With her two-year grant, Burnett will conduct a quantitative and qualitative analysis of the DOVE intervention, interviewing its administrators and the women who use the intervention in order to provide valuable feedback for Bullock and Sharps. She will also share her analysis with policymakers who will, with $1.5 billion in funding for visiting nurse programs and prenatal care from the Affordable Care Act, determine the best ways to support abused women and their unborn and small children.

“Camille’s work is critical to our collective success,” Bullock said. “With her careful analysis fortified by metrics, we believe we’re on the right path to making a difference for our nation’s most vulnerable women, who, with their unborn and small children, are at great risk of abuse.”

“Sharps and Bullock hypothesized that the use of mobile tablets would increase the number of women who identify themselves as victims of abuse by as much as a third, opening a conduit for appropriate interventions to improve their situations.”
Warming Up to New Ideas
UNDERGRADUATE RESEARCH CHANGES BUSINESS AS USUAL AT UVA MEDICAL CENTER

When clinicians at UVA Medical Center have questions that need answers, they don’t have to look far for eager investigators.

Today, thanks to a framework established by the Distinguished Majors and STAR programs, every UVA nursing undergraduate conducts research, either individually or as part of teams led by doctoral students, UVA Medical Center clinicians, and research faculty. Increasingly, these students are connecting the dots between questions that arise in clinical practice to answers based on thoughtful and evidence-based inquiry.

“Nurses must be incessant question-askers,” says Bethany Coyne (BSN ’94, MSN-FNP ’99, PhD ’12), an assistant professor who teaches an undergraduate nursing course and mentors student researchers. “Our students get that, and take up the charge beautifully.”

BEGIN WITH A QUESTION
Are blood pressure assessments more accurate when taken after five minutes of rest? Do peripheral intravenous catheters need to be routinely changed every three to four days?

With a wide variety of challenges and questions posed by UVA Medical Center nurses, physicians, and others, nursing students tackle everything from reviewing literature to designing studies and completing applications for institutional review. They wade into professional journals, interview scholars, and recruit study participants. Ultimately, many become agents of change themselves.

That was the case with a group of undergraduates, paired with Clara Winfield (RN to BSN ’10) from UVA Medical Center, who evaluated the effect of warming patients prior to surgery. Hypothermia during and after surgery is associated with a host of serious problems—including increased blood loss, poor wound healing, and even cardiac arrest. Something as simple as maintaining a healthy core temperature before, during, and after surgery can reduce the length and cost of hospital stays and prevent perioperative infections, the group found.

But how long should a patient be warmed? And what’s the best way to do it?

Students found that patients preferred forced-air warming gowns over cotton blankets. They also found that 30 minutes of prewarming before surgery is optimal, but 10 minutes is enough to reduce risks of hypothermia. These guidelines are now in place at UVA Medical Center.

LESS CAN BE MORE
That’s not the only time in 2014 that nursing students changed Medical Center protocol. In a study on peripheral intravenous (PIV) catheter replacement—a device that the majority of hospitalized patients receive—the team concluded that there was no significant difference in infection or inflammation between adult patients who had their lines changed routinely every 72 to 96 hours and those who didn’t.

The students’ recommendation? To eliminate routine changes unless a problem is detected. That’s a shift in protocol at the Medical Center that increases patient comfort and satisfaction, reduces costs, and eases a bit of the burden on the nursing staff.

Not every investigation generates change. But exposure to how questions are asked, researched, and answered builds the students’ comprehension, reinforcing why nurses are in prime position as change-makers, Coyne says.

It also can change their trajectories. “I can’t tell you the number of times undergrads have said to me, after working in research, ‘I think this might be the direction I’d like to go,’” says Linda Bullock, associate dean for research, “and that’s precisely our aim. We often remind our students that they have to sample everything on the buffet but don’t have to go back for seconds in areas they don’t find compelling. School is the time to try everything, which helps them understand that our shared profession is wide open with possibility.”

That’s true for fourth-year BSN student Teri Harris, one of four undergraduates who worked on the PIV study.

“In nursing,” says Harris, “things tend to percolate in the background, making me wonder if there’s a project to be done. I definitely think research will be part of my future.”
always knew that I wanted a career in public service,” says Misty Sprouse, “but I wasn’t certain what area to choose. Then, when I was a sophomore in high school, I lived through a trauma that changed my life. My 15-year-old brother was hit by a drunk driver, while riding his bicycle. He was pronounced dead at the hospital. I remember everything about that night. The warmth, compassion, and comfort that a nurse provided to our family helped me decide on the direction my life would take.”

Today, Sprouse, who has worked in healthcare since she was 17, is part of UVa’s MSN/Psychiatric-Mental Health Nurse Practitioner program. Her academic performance has been strong, earning her a spot in the Sigma Theta Tau National Nursing Honor Society. Sprouse is supported, in part, by a scholarship funded through the Lettie Pate Whitehead Foundation.

The Foundation, honoring Letitia Pate Whitehead, a philanthropist and businesswoman from Virginia, provides scholarship support for deserving female students with financial need at more than 200 colleges, universities, and schools. In the past 10 academic years alone, the Foundation has granted $1,863,329 for 605 scholarships and fellowships in the School of Nursing. The Foundation has also provided funding in UVa’s School of Medicine, supporting young women with promising careers in both schools.

“It’s awe-inspiring to look back at all of the students who have gone on to become skilled and caring nurses and physicians, thanks to the vision and generosity of the Lettie Pate Whitehead Foundation,” says Dean Dorrie Fontaine. “The Foundation has made a tremendous investment in the young women of our Schools of Nursing and Medicine.”

Going forward, the Foundation is deepening its commitment and increasing its scholarship support for nursing students.

“It’s gratifying to see the quality and personal commitment of the UVA nursing students, including many second-career students,” says Herbert Claiborne Jr., MD, chair of the Lettie Pate Whitehead Foundation. “I am confident that they will become the compassionate, caring, and skilled nurses we desperately need in healthcare today.”

Family nurse practitioner Brooke Giles Bailey (BSN ’09, MSN ’14), a past recipient of Lettie Pate Whitehead support who is currently practicing at Southern Albemarle Family Practice in Esmont, Va., reflects on the importance of a Lettie Pate Whitehead scholarship to her education:

“Growing up in a small community in rural Central Virginia made a big impact in my life, giving me the chance to know people on a personal level. Support from the Lettie Pate Whitehead Foundation allowed me to focus on my nursing education and develop the skills I needed to be actively involved in the healthcare needs of individuals within my community. My current job allows me to care for and know families on a personal level and lets me give back to my community as it once did for me. I love being able to support and care for members of my community, which would have not been possible without the Lettie Pate Whitehead Foundation.”
FROM THE PRESIDENT

REUNIONS—IT’S THAT TIME OF YEAR! Time to celebrate achievements, reconnect with friends, and learn about the most recent activities within the School of Nursing. Our Alumni Association is here to serve you by providing opportunities for social and professional networking, while also supporting scholastic and professional endeavors for alumni, students, and faculty. Reunions weekend provides just one of many opportunities to accomplish this mission.

The School of Nursing Alumni Council recently held a planning session to develop strategic priorities that will guide our work over the next two years. As we continually strive to provide new and innovative resources, we encourage you to become involved and participate in ways that will benefit you individually. Please consider attending an alumni event, follow news from the School of Nursing on social media, receive updates through the Charts & Paths e-newsletter, nominate fellow alumni for awards, or reach out to any member of the Alumni Council with questions or suggestions on how we can better serve you.

We look forward to connecting with you in the coming months.

Best regards,

Judy Etheridge Bilicki (BSN ’81)
Alexandria, Virginia

OUR MISSION

While providing opportunities for alumni to maintain and build on their relationship with the UVA School of Nursing, the mission of the University of Virginia School of Nursing Alumni Association shall be as follows:

• To serve as a resource for nursing alumni by providing organizational support for individual and group endeavors that promote the professional and social bonds existing among its members
• To work closely with and assist the School of Nursing through financial and organizational support to assist scholastic/professional endeavors for alumni, students, and faculty

SETTING PRIORITIES

At its winter retreat, the Alumni Council selected its priorities for the next two years:

• Celebrate the centennial anniversary of the Association in 2016, recognizing 100 years of service to nursing alumni and the School
• Foster an environment in which alumni have opportunities to share their expertise with current students and those seeking career development
• Increase presence on social media to communicate with alumni, sharing School news, upcoming events, opportunities for involvement, and information to help advance the Association’s mission
• Promote the Compassionate Care Initiative, one of the School’s key priorities and strengths, teaching resilience and compassion in healthcare, with UVA alumni, industry peers, and other constituencies
• Share the impact of the Alumni Association’s philanthropy on scholastic and professional endeavors for students, alumni, and faculty

Want to get involved with the Nursing Alumni Association? Contact Karol Kozak at kkozak@virginia.edu or (434) 924-1589.
Special Support for Alumni

Returning to school? UVA nursing alumni returning for an additional nursing degree or certification at any institution are eligible to apply for the annual Nursing Alumni Association Alumni Scholarship. Funding is made possible through the generous gifts made to the Nursing Annual Fund. Apply by June 1 using the form at nursing.virginia.edu/alumni/resources/scholarships/. This $3,000 scholarship will be distributed in August 2015.

The Tabitha S. Grier Medical Assistance Fund provides valuable support to nursing alumni facing medical expenses not covered by insurance, Medicare, or Medicaid. Apply by August 1 using the form at nursing.virginia.edu/alumni/resources/grier-fund.
How Do We Mark 100 Years?

Fifteen years after UVA’s School of Nursing opened in 1901, a group of nursing alumni formed the School of Nursing Alumni Association. Celebrate the UVA School of Nursing Alumni Association’s Centennial in 2016.

We want to hear from you!

• What is your favorite memory as a nursing student?
• As a graduate, how do you want to stay connected to the School of Nursing?
• What advice do you have for new graduates and nurses returning for an advanced degree?

Send your answers to nursing-alumni@virginia.edu, and stay tuned for more information on how we’ll celebrate 100 years of alumni support.

Dunbar Joins Alumni Council

Catherine Page Dunbar (BSN ’11) has been elected as the next alumni engagement coordinator for the School of Nursing Young Alumni (SONYA). She will focus on expanding the engagement of young alumni in key territories, such as Charlottesville, Richmond, and Washington, D.C.

As a student, Dunbar was very active, serving as vice president of Nursing Student Council, vice chair for investigations, and School of Nursing representative for the Honor Committee. After graduation, she worked in the high-risk perinatal center at Holy Cross Hospital in Silver Spring, Md., and was active with the UVA Club of D.C. Dunbar recently returned to Charlottesville to enter the School’s MSN-FNP program. She currently works at UVA Medical Center’s Women’s Place.

Dunbar succeeds Allie Tran (BSN ’10), who served a three-year term on Council planning the first “SONYA” events targeted at new graduates and formalizing a committee of young alumni focused on engagement. After four years in the MICU at UVA Health System, Tran accepted a position as a travel nurse at Brigham and Women’s Hospital in Boston.

Want to get involved with SONYA in your area? E-mail nursing-alumni@virginia.edu.

Nursing Alumni in Burma

A group of seven alumni and friends traveled to Burma to provide services in a local orphanage, a free clinic, a rural charity hospital, and a remote village community. Four nursing alumni conducted health assessments, conducted basic hygiene lessons, distributed deworming medication, and trained midwives and nursing assistants.

Nursing alumni participants include the following:
• Anne Gates (BSN ’94) West Chester, Pa.
• Jeni Hauver (BSN ’98) Durham, N.C.
• Lynn Mallonee (BSN ’70, MSN ’83) Portsmouth, R.I.
• Catherine Zuver (BSN ’68) Charlottesville, Va.

This marks the third service trip co-sponsored by UVA Cavalier Travels and the School of Nursing Alumni Association. Stay tuned for more information on the September 2015 trip to Burma. Contact Cavalier Travels at (866) 765-2646 or cavaliertravels@virginia.edu.
THOMAS JEFFERSON SOCIETY REUNION
Honoring the BSN and Diploma Classes of 1965

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

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

SCHOOL OF NURSING REUNION LUNCHEON
12:00–2:00 p.m.
Boar’s Head Inn, Pavilion

JUNE REUNIONS WEEKEND

Friday, June 5
HEALTHCARE LEADERSHIP:
CHALLENGES IN A POST-ACA WORLD
10:30–11:45 a.m.
Join School of Nursing Dean Dorrie Fontaine as she moderates a discussion on the changing American healthcare landscape, how our system of care has evolved, and where it’s headed. UVA experts—Pamela Sutton-Wallace, UVA Medical Center chief executive officer; Kenneth White, School of Nursing associate dean for strategic partnerships and innovation; and School of Medicine professor Dan McCarter, MD—will share in the discussion, lending their perspectives on changing cultures, patient experience, quality, safety, and changes in the operational environment of healthcare organizations.

Saturday, June 6
SCHOOL OF NURSING REUNION LUNCHEON
12:30–2:00 p.m.
McLeod Hall Patio
Building tours to follow

To register for the Thomas Jefferson Society Reunion or June Reunion events (including the ones listed here), please contact the UVA Alumni Association at 1-855-UVAWKND. For more information on nursing-specific events, please contact Karol Kozak at (434) 924-1589 or kkozak@virginia.edu.
ELLY PALMER (MSN-CNL ’09)
Emphasis on the Positive

Every week, Elly Palmer sends out a newsletter to her staff. She manages a team of about 48 people, many of whom she has interviewed and hand-picked to be part of MedStar Georgetown University Hospital’s Thoracic Medical/Surgical Intermediate Care Unit.

Palmer’s newsletter always begins with something positive. “About a year ago, an incredibly sick woman came to our unit and stayed with us for five months,” Palmer says. “Today, she walked onto the unit with her daughter. She was absolutely glowing, so happy and healthy.”

Palmer made sure to get a picture of the woman with some of the nursing staff who cared for her. The picture will go in this week’s newsletter, one of the many ways Palmer strives to recognize her nurses and the impact they have on peoples’ lives.

A Charlottesville native, Palmer has always had a strong connection and loyalty to UVA. She received her undergraduate degree in art history from the University, but following graduation, decided she wanted to be a nurse. UVA School of Nursing’s Clinical Nurse Leader (CNL) degree was a perfect fit, and Palmer credits Dean Fontaine, Dorothy Tullman, Kathleen Rea, Tina Brashers, and her mother, Consi Palmer (BSN ’75, MSN ’05), a former clinical instructor, among the mentors who helped chart her journey.

After completing her nursing degree, Palmer worked as a nursing associate in MedStar Georgetown University Hospital’s intermediate care unit for two years. In July 2012, her manager transitioned to a new role.

“I had been curious about ways to use my CNL and researching different opportunities,” Palmer says. “This door opened and I went with it.”

Palmer’s role includes administrative tasks, such as completing payroll and coordinating the unit, and management aspects, such as motivating her nurses and addressing their concerns. But one of Palmer’s favorite parts of the role is when she does a round of the unit’s patients each day.

“I love that contact with the patients, and I think that it is always a grounding experience for me,” Palmer says. “That’s why I’m doing what I’m doing.”

As a manager, Palmer concedes that nurses are more and more pressed for time as the healthcare profession evolves to meet growing demands. “We’re being asked to do more with less, and it is my responsibility to explain resources and time management. I know everyone can’t do a million things at once.”

Still, Palmer, who was named MedStar Georgetown’s 2014–15 Associate of the Year, is committed to surrounding herself with people and projects that inspire her.

“I love a story,” Palmer says. “I love learning people’s stories. When I reach the end of the day and feel like I’ve gained insight on my patients’ or nurses’ lives—that to me is a really good day.”
In Memoriam

**1990s**

Leonard Murdock Jr. (BSN ’92) is a commander in the US Public Health Service and recently celebrated 20 years of active duty.

Alex Berg (MSN ’94) of Largo, FL, is the new director of transitional care for Able Care Connect, which focuses on providing transitional care management for older adults who need assistance after a hospital discharge.

Jennifer Hutchinson (BSN ’97, MSN ’02) was selected by the Society of Pediatric Nurses for the 2015 Corinne Barnes Award for her research project, Relationship of Caregiver Health Literacy to Readiness for Discharge Following a Child’s Hospitalization.

**2000s**

Lindsay Touchette Roach (BSN ’05) married David Roach in August 2014 in Charlottesville, VA. Lindsay’s sister, Leigh Anne Viemeister (BSN ’02), served in the wedding party.

Elizabeth “Libby” Muldoon Williams (BSN ’07) and Doug Williams were married in September 2014 in Annandale, VA. The couple resides in Arlington, VA, where Libby works in communications for a nonprofit in Washington, DC, and Doug works as a senior consultant in nearby Vienna, VA.

Susan Conaty-Buck (MSN ’03, DNP ’09) was appointed assistant professor at the University of Delaware School of Nursing, where she is helping establish a DNP program. She will be presenting Practice Resources for NPs: Navigating the World of Mobile Apps at the annual meeting of the American Association of Nurse Practitioners in June.

Guinevere Zimmerman (BSN ’14) works with four recent alumni at MedStar Georgetown University Hospital’s Hematology/Oncology/Bone Marrow Transplant Unit. Bethany Payne (BSN ’14), Michelle Maires (BSN ’13), Meghan Kelly (BSN ’13), and Macey Keifrtier (BSN ’12), who just passed her oncology nursing certification exam.

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**Goodbye to a Good Friend: Jim Roberts**

When Jim Roberts passed away on March 8, the School of Nursing lost a loyal advocate and generous benefactor. Following a legendary legal career, Roberts, the father of a UVA nursing alumna, became the School of Nursing’s Advisory Board chair. As chair of the Theresa A. Thomas Memorial Foundation, he also helped establish an endowed professorship and scholarships to benefit the School’s faculty and students. In addition, he worked closely with the School’s former dean, Jeanette Lancaster, to plan and fundraise for the Claude Moore Nursing Education Building. Roberts served two terms on UVA’s Health Foundation board, partnering with Dean Dorrie Fontaine to champion the interests of the School, while also advocating for the Health System overall. A tireless and passionate advocate for nursing, Roberts played a fundamental role in transforming nursing education at UVA.
ABOARD THE AFRICA MERCY

Watching Transformation

I remember the first time I saw a patient go to surgery with his arm stuck in a bent position … and return with it splinted straight. I remember when a patient woke up from surgery and her hand reached for her face to confirm that her tumor had been removed. I remember the stick that helped a child with bowed legs walk … and I remember seeing it left behind in the ward as straight legs walked home. I remember these amazing scenes from several years ago, yet I find myself just as excited when I see similar things today. Watching transformation happen never gets old!

I always dreamed of being a nurse, and I knew I wanted to take those skills to Africa. I had no idea I would be living on a ship. But when I realized I could be a nurse without compromise to my principles of patient care, joining Mercy Ships was an easy decision.

I first came to Mercy Ships in 2011 in Sierra Leone, and I have followed the ship to Togo and Republic of Congo. Now docked in Madagascar (an island nation off the coast of East Africa) until June 2016, the Africa Mercy is the world’s largest non-governmental hospital ship, dedicated to bringing hope and healing to some of the poorest counties in Africa. Mercy Ships stand in the gap created by broken healthcare systems and offer specialized surgeries. At the same time, we train local healthcare professionals to help bridge that gap. The Africa Mercy has a crew of 400 people from more than 40 nations—not only nurses and doctors but also educators, engineers, housekeepers, and many others (including crew members’ children).

As a nurse, I see hundreds of lives transformed as they come and go from the 82 patient beds. That is what keeps me here. The tangible expressions of hope patients receive from their surgical care is life changing.

The patients we care for may come in with a head wrapped in a scarf to cover a tumor, with extra layers of clothes on a hot day to cover a contracted joint, or with a wet skirt from leaking urine after obstructed childbirth. They arrive with downcast eyes and fragile hearts, produced by years of shame and rejection from their village or even family members. The task can seem daunting … but this is where the transformation starts.

The open ward layout, much like the village setting, allows them to act as a community, and acceptance is immediate. Patients realize they are not the only ones with their conditions. Surgeries happen, tube feedings are given, vital signs are observed, and dressings are changed. Patients are comforted, eyes start to gaze upward and then meet ours, and smiles are shared.

I like to picture it this way—we love them back together. Everyone involved in their care—nurses, rehab therapists, and chaplains—fills their hearts back up, replacing shame and rejection with hope and love.

Find out more about Mercy Ships at www.mercyships.org.

Stacia Julian (BSN ’05), ward nurse and plastics team leader aboard the Africa Mercy, a floating hospital.
Publication Highlights and Scholarship from 2014


Just inside the entrance to McLeod Hall lies a treasure trove of documents and objects that trace the history of nursing in the United States. Founded in 1992 by Dr. Barbara Brodie, the Center is one of only three active nursing history research centers in the country. Researchers use these precious resources from the past to help inform ideas for the future of nursing.

**BY THE NUMBERS**

**THE ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY**

- **8,408 miles** the most traveled artifact in the collection, an album of photographs from Grey’s Hospital, South Africa
- **1861** marks the date of the collection’s earliest document, a United States Sanitary Commission report on Army hospital conditions
- **26,250** the approximate number of documents in the collection (housed in 525 acid-free manuscript boxes)
- **143** square footage of storage space for the entire Bjoring collection
- **17,000** the approximate number of photographs in the collection
- **1858** the date of the oldest artifact, a metal shipping box for medical supplies, marked “Chubb & Son Makers, 57 St. Paul’s Churchyard, London” (from the Aline Jeannette (Vier) Shrum Collection)
- **18** the number of collections related to World War II
- **2012** the year the Center is named in honor of Eleanor Crowder Bjoring, a leading scholar in nursing history and a generous supporter
A former U.S. Navy corpsman, Thomas Watters was admitted as the School’s first male student in 1963. Men had not been admitted into most American nursing programs for more than 75 years. In the 1940s, male registered nurses from the nation’s few co-educational and all-male schools formed the Men’s Nurses Section of the American Nurses Association and campaigned to change perceptions about men in nursing. By 1960, the only barrier to including male nursing students at UVA was a question of where they would live, because the nursing residence hall was strictly for women. Eventually, an agreement was reached to house them with male interns for the UVA Hospital.

Watters proved to be an outstanding student and was tapped by his classmates to serve as class president in his senior year. He earned his diploma in 1966 and joined the US Army to pursue a nurse anesthetist program. Watters received his nurse anesthesia diploma in 1971 and his degree in psychology from the University of Maryland in 1979. He retired from the Army as a major in 1983 and currently practices part time as a nurse anesthetist in South Hill, Virginia.
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<td>Deadline: Nursing Alumni Association alumni scholarship applications</td>
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For a full list of School of Nursing events, www.nursing.virginia.edu/calendar.