July 16, 2015: Cory Caldwell (CNL ’17) discusses the dangers of sun damage with help from an ultraviolet (UV) camera, a nondiagnostic test that helps participants see underlying damage from UV rays. The screening was held at a new clinical site—Mountain Empire Older Citizens Inc. agency in Big Stone Gap, Va.—developed by the UVA School of Nursing with the UVA Cancer Center Without Walls Community Advisory Board and the Cancer Control and Population Health Core of the UVA Cancer Center for use of the camera.

(Feature)

8 NURSING CREATIVITY: INNOVATION IN HOW WE TEACH
Taking classrooms from “sage on the stage” to “guide on the side”
BY CHRISTINE PHILLIP MCKEEN

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“Caring enough to change the lives around you …”

What can you learn from a creative teacher?

If teaching is truly an act of love and care, then nurturing faculty creativity is an essential value as we strengthen the School’s noted healthy work and learning environments. In this issue of Virginia Nursing Legacy, we focus on a few of the ways our imaginative professors inspire and motivate our students, pushing them toward deeper understanding with ingenuity both in and outside the classroom.

And the results are powerful.

With our campaign for faculty support, we continue to recruit and hire only the most inspirational and creative professors, whether seasoned or novice, encouraging them to use the same spirit of energy, care, and innovation they developed in clinical settings to freely design remarkable experiences for students. We’ve revamped some of our spaces, too—like our resilience rooms—to provide the physical stage for the best teaching and learning.

But it’s not just the lecture, the class, the assignment, or the space; it’s creating the environment where learning is fun, fluid, flexible, and always student- and patient-centered. Frankly, having taught for nearly four decades, this is hard, but when it’s done well, it’s also incredibly rewarding.

Classroom techniques that dazzle today may be gone tomorrow, but one thing that never changes is the mutual satisfaction teachers and students feel when they’re truly cared about. Seventeen years ago, I wrote a paper for the Journal of Cardiovascular Nursing celebrating the delicate relationship students often form with a sensitive, compassionate teacher. In the article, which I wrote at my own mentor’s request, I noted that the most important question for a student will always be this: Is my teacher someone who cares about me, about my well-being, and about helping me to become the best nurse I can?

At our School, the answer is a resounding “yes.” Our professors are role models, expert clinicians, and scientists who cheerlead, challenge, push, applaud, and encourage UVA students toward excellence in every setting. We teach with love, care, and creativity, and that work shows in our exceptional nurse graduates, who will continue to pay forward the kindness and support they received at UVA.

Which, really, is just what the 21st century needs.

Dorrie Fontaine
Sadie Heath Cabaniss Professor of Nursing and Dean

Hospitals are full of obstacles to a good night’s sleep: unfamiliar bedding, noise, challenges with personal cleanliness, distressing neighbors, and temperature extremes among them. Yet it’s well documented that sleep is critical to healing—promoting renewal and the growth of red blood cells—and that light—too much of it, or exposure at rest and nighttime—may impede getting that much-needed rest.

Lisa Letzkus, a doctoral nursing student mentored by professor and associate dean Christine Kennedy, recently began studying a novel red-light nursing intervention that she thinks may help patients get more shut-eye during hospitalization.

The project extends the work of her dissertation, “Improving Outcomes Following Pediatric Brain Injury,” which earned her the 2015 Suzi Burns Grant from the School of Nursing and UVA Medical Center.

Letzkus’ new endeavor is based on the fact that red light, more than any other color, promotes sleep. White and yellow light, conversely, tend to rouse and stimulate—and tend to be used most commonly in hospitals. “While we nurses cannot control noise levels, improve insulation, or the thickness of the walls,” Letzkus says, “we can control other environmental factors that promote healing and rest. And lighting is definitely something nurses can control.”

Letzkus—whose project earned her a one-year fellowship with the UVA Center for Design and Health—will study the effect of red light on sleep and sleep disturbance among adult and pediatric inpatients staying at UVA Medical Center. Using Actiwatches, wrist-worn devices that record the intensity of room lighting as well as the rhythm and duration of patients’ sleep and wake cycles, Letzkus will replace regular recessed floodlights with a single red-colored bulb on one unit. On another unit, bedside nurses will wear $10 “bug lights,” necklaces that emit only low-level red and white light for quiet rounding, while caring for pediatric patients during their rest time.

Letzkus and research colleague Beth Quatrara (DNP ‘10), the director of nursing research at UVA Medical Center, will also interview the patients about their perceptions of sleep and the red lights, and query unit nurses caring for them. Before their full-scale study, Letzkus and Quatrara will conduct a feasibility study with 20 adult and 20 pediatric inpatients to assess the effectiveness of the Actiwatches.

With promising data close at hand, the duo expects to develop a larger, more robust, and randomized trial in the near future. If their hypothesis proves true, Letzkus hopes the results will change the way the UVA Medical Center and other healthcare facilities are lit, especially during nighttime rounds.

Dorrie Fontaine, dean of the School of Nursing and also a scholar on sleep promotion, calls the Center for Design and Health fellowships a “true collaborative opportunity to make meaningful change, in this case ensuring sleep promotion, by tapping experts across disciplines, from the Medical Center, the School of Architecture, and the School of Nursing.”

For Letzkus, it’s a chance to reconsider best practices when building hospitals and clinics. “There needs to be really thoughtful collaborations when buildings and hospital rooms are being developed, to revisit every possible scenario so that the patient receives the very best care,” Letzkus says. “We do need light options that work, but sometimes we don’t need the maximum amount of light, and in some things, like light, we should do with the least amount possible.”
### In Brief

**AACN President-Elect among New Faculty**

**Deborah Dillon**, assistant professor, comes from University Hospitals of Cleveland, where she worked as an acute-care nurse practitioner.

**Ashley Hurst**, assistant professor and the inaugural Thomas G. Bell Fellow in Biomedical Ethics in the School of Medicine, taught courses in Virginia's Department of Religious Studies, worked on UVA Medical Center's ethics and moral distress consult services, and between 1997 and 2009 practiced law in Atlanta.

**Jennifer C. Katzell**, assistant professor, specializes in women's health obestics and gynecology, having practiced at clinics in Idaho and California.

**Virginia Libaron** (BSN ’96), assistant professor, is a former Fulbright Scholar, Dana Farber Cancer Institute postdoctoral fellow, and research fellow at Harvard Medical School, where she studied pain, symptom management, palliative care, and health disparities.

**David Mercer** (BSN ’91, MSN ’01), assistant professor of acute and specialty care, joins the teaching faculty full-time after more than 20 years as a wound, ostomy, and continence nurse practitioner at UVA, with specialties in wound management, colorectal care, and skin integrity (including reducing pressure ulcers).

**Maureen Metzger**, assistant professor, recently completed her postdoctoral fellowship at the University of North Carolina at Chapel Hill; she was an oncology nurse at Dana Farber, Brigham and Women's Hospital, and Good Samaritan Memorial Hospital, with a focus on palliative care, chronic illness, and communications.

**Barbara Mann Wall**, the Thomas A. Saunders II Professor of Nursing, focuses on the interplay of secular and religious institutions as well as disaster nursing, and will direct the Blandon Crowder Opioid Center for Nursing Historical Inquiry, beginning in December.

**Clareen Wiens**, associate professor, is president-elect of the American Association of Critical-Care Nurses and brings 40 years' experience as a staff nurse, nurse manager, clinician, and researcher at Virginia Commonwealth University's Center for Integrative Pain Management and School of Nursing.

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**UVA Darden School of Business Executive Education program and School of Nursing have established the Leadership Partners in Healthcare Management Program, an initiative that gives nurse and physician managers opportunities to build leadership skills together, with an interprofessional focus. After the deal was inked in June between Dean, **Dorrie Fontaine** of the School of Nursing and **Robert F. Bruner**, now the former dean of the Darden School, the first cohort of students begins in January 2016.**

**Research associate professor of nursing Pamela Grinnin, president of the American Nurses Association through 2016, was named one of Modern Healthcare’s “Top 25 Women in Healthcare” for 2015. The sixth biennial list, which honors highly accomplished female healthcare executives, received nearly 200 nominations.**

**Resilient Nurses, a radio documentary series supported by UVA’s Compassionate Care Initiative, has aired on more than 100 National Public Radio stations countrywide. Listen to the first two segments—“Facing Challenge and Change” and “How Nurses Regain Their Courage”—at www.humanmedia.org/nurses, or check your local NPR station for air dates.**

The School was awarded membership in the **National Hartford Centers of Gerontological Nursing Excellence**, the nation’s premier organization committed to the health of older adults, in recognition of UVA’s established and growing commitment to gerontological nursing. The affiliation will further faculty development, research, and leadership in gerontology and fortify UVA’s role in discussions about policies affecting older adults as well as the work of the School’s recently established Aging Research Team, which annually provides a Naomi Rhodes Sims Scholar Award in Aging Research to a PhD nursing student interested in the specialty. Projects currently under way include the link between urinary incontinence and nighttime agitation, vascular dementia risk among African-Americans, a psychosocial analysis of blogs by caregivers of family members with dementia, nutritional concerns of caregivers for persons living with dementia, and a novel tool designed to assess the quality of life for both African-American and Latino caregivers and their loved ones with dementia.

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**MAGNET**

**UVA Medical Center Earns Top Honor for Nursing Care**

This past May, UVA Medical Center received word that it had achieved Magnet designation from the American Nurses Credentialing Center (ANCC), joining just 7 percent of American hospitals (19 in Virginia) with the honor.

Magnet hospitals—aptly named for attracting and retaining top RN talent—include healthcare organizations with “quality patient care, nursing excellence and innovations in professional nursing practice.” Studies show Magnet hospitals have a lower risk of 30-day patient mortality and higher patient satisfaction with nurse communication, availability of help, and receipt of discharge information.

ANCC surveys—who last spring conducted a several-day on-site review and numerous interviews with nursing administrators, managers, and staff—lauded UVA Medical Center for its exemplary professional practice, interdisciplinary collaborations, and the way UVA nurses seek new knowledge, innovations, and improvements.

ANCC reviewers gave shout-outs to two programs in particular: UVA’s Be Safe program, which enables staff to identify patient or staff safety issues and uses a real-time, problem-solving process to address them; and the moral distress consult service for RNs, the brainchild of nursing professors Elizabeth Epstein (BSN ’94, PhD ’07) and Mary Faith Marshall (BSN ’80) in partnership with the Health System’s Professional Nursing Staff Organization.
THE PUBLIC HEALTH NURSES FOR A HEALTHY VIRGINIA SUMMIT, held at the School in June, rallied more than 40 nurse managers, educators, faculty members, and students from across the Commonwealth to discuss top priorities for the state’s public health activities. Attendees included the Virginia Department of Health’s director of public health nursing, Joanne Wakeham, and summit organizers PARELA KUSKOFF, the Theresa A. Thomas Professor of Nursing; DORIS GLICK, UVA nursing professor emerita; and James Madison University nursing professor Maria Gilson deValpine.

MILLEDGE HALL’s five-floor transformation is now complete after a six-year process and the installation of more than 25 miles of electrical wire, 7.5 miles of conduit, and 3,000 pieces of drywall—yielding state-of-the-art classrooms and two residence rooms for group and individual meditation, yoga, and Tai Chi practices.

School of Nursing Dean DORRINE FONTAINE was inducted into the Raven Society, UVA’s oldest and most prestigious honor society, last April.

This past summer, SUSAN KOOLS—the School’s Mudge M. Jones Professor of Nursing and director of inclusion, diversity, and excellence—launched an analysis of the Clinical Nurse Leader (CNL) program curriculum, with an eye toward offering more diversity and inclusive course content. The analysis, which entails a systematic review of course syllabi, is just one action being taken as part of the Dean’s initiative on Inclusion, Diversity, and Excellence Achievement (IDEA), launched this academic year after being introduced to School faculty and staff last spring. Kools, assisted by second-year BSN student ASIA WRIGHT, is beginning with the CNL program, but ultimately plans to expand the analysis to every program. “Exposure to content and clinical experiences that best reflect the myriad people we serve makes us better nurses and is a concrete strategy to reduce health disparities and promote health equity,” Kools says. Wright is eager to participate because, as she says, “As future nurses, we will all come in contact with patients from all backgrounds, and as a student it is important to be prepared to care for all populations.” Better integration of diverse perspectives and materials will promote nursing excellence, adds CNL program coordinator EMMA MITCHELL (MSN ’08, PhD ’11): “CNLs act as change agents in their settings, and so are poised to influence others on the healthcare team. Having a strong background in cultural humility helps prepare them to be strong patient advocates.”

Nurses and Disasters—a new book by ARLENE KEELING (BSN ’74, MSN ’87, PhD ’92), the Centennial Distinguished Professor of Nursing, and BARBARA MANN-WILL, the newly named Thomas A. Saunders III Professor of Nursing—“describes and analyzes the collaborative nursing response to a variety of historic and recent global disasters that occurred between 1908 and 2012.”

After 35 years in nurse medical clinics in San Salvador, El Salvador, she finally reported back to the United States in 2010, thanks to funding from UVA’s Nursing Students Without Borders program. Today, she’s on the faculty at the Peace Corps Learning Center, as well as at UVa’s Teen Health Program and Van duer Clean Water Project in Cambodia.

Now, she says, she’s back “home”—at her alma mater—“going as far as I can with my nursing education.” “You would think with all my experience, there’s not much else to learn, but there is...and UVA’s DNP program is really pulling it all together for me,” Carhart says. “I always had an interest in returning to UVA...the professors have the guidance and knowledge to really support us and make us successful.”

Besides the faculty, Carhart lauds the rich interaction with her DNP classmates, who, like her, bring an immense diversity of experience and interests.

Attending on an Air Force scholarship while on active duty, Carhart’s scholarly research project focuses on why the HPV (human papillomavirus) vaccination rate among adolescent females is so much lower in Virginia—the only state that mandates the vaccine—than it is nationally (28 vs. 38 percent). With a countrywide goal of 80 percent by 2020, she’s already chosen to give back, too. Carhart supports the School through giving and recently served on her class’s 20-year reunion gift committee.

WHERE I AM NOW IS BECAUSE OF THE SCHOOL OF NURSING.”

—Mia Carhart
Taking classrooms from “sage on the stage” to “guide on the side”

It’s the bird’s-eye view of nursing. Nursing from 10,000 feet. Or nursing’s Google Earth.

Liza Wayland calls it the “big eye opener.” For Wayland’s final Cells to Society class project last fall, she and fellow third-year students Josh Moore, Kate Ferner, and Katie Carrancho followed the strict dietary guidelines that patients diagnosed with coronary artery disease (CAD) receive. For two weeks, the group planned, budgeted, grocery-shopped, cooked, and ate together. While Moore whittled fat, ate more vegetables, and instituted strict portion control, Carrancho went vegan—no meat, no eggs, no dairy. Wayland and Ferner shot video diaries of the two, and kept food logs, receipts, and cost charts. Their final assignment—which included a four-minute video and a children’s pop-up book, complete with an evil queen and an intrepid hero—was pithily titled Aorta Eat Right.

Adherence, the students found, was tough. It was also complicated, time-consuming, and much more expensive than the usual, carbohydrate-heavy student diet. The project gave the undergraduates a real appreciation of the difficulties CAD patients face, along with an empathy the students were able to tap when seeing their first patients in clinicals last spring.

“Y ou go to the hospital and people say, ‘Y ou need to eat healthfully,’ but it’s so much harder” than those issuing the mandate realize, explains Wayland, of Richmond. “No day as a nurse is going to be the same as any another day, so it’s important that we have those kinds of creative activities that get us ready for something new, because every single day we’re going to have to get creative about explaining things to our patient. If you can learn how to present information in a creative, memorable way, one that actually is fun to learn, that is interesting—that makes you say, ‘Wow, I didn’t know that’—it sticks with you. And that, of course, is precisely the point. Mr. Jefferson himself would certainly concur.

These days, roundtable discussions and role-playing with standardized patients are the rule rather than the exception. Ditto for field trips, film screenings, streamed lectures, and in-class problem solving. A year after the painstaking overhaul of the undergraduate curriculum, there’s more room for UVA nursing students to engage with their full imaginations and to digest knowledge, skills, perspective, and strategies as they become caregivers energized by challenge.

“For nursing professors, knowledge that sticks is best,” says School of Nursing Dean Dorrie K. Fontaine, “and how we get there—through assignments that students love and remember, interprofessional exercises that bring students together to imagine and role play, and professors who make concepts come alive—has everything to do with the quality of the nurses we’re cultivating.” Students seem to agree.

“Nurses, although we have to be technically sound, also have to get very creative with how to approach patients,” says Moore, who grew up in Richlands, Va. “No day as a nurse is going to be the same as any another day, so it’s important that we have those kinds of creative activities that get us ready for something new, because every single day we’re going to have to get creative about explaining things to our patient. If you can learn how to present information in a creative, memorable way, one that actually is fun to learn, that is interesting—that makes you say, ‘Wow, I didn’t know that’—it sticks with you.

“When you get creative, it’s more interactive too,” Moore continues. “It’s not just one person giving and one receiving, it’s a mutual understanding that one group is relating to another. And it works.”
Old Path, New Way

Given healthcare’s ever-shifting terrain and nursing’s expanding role in it, course content in nursing school has always been in near-constant flux. But until 2013, a formal BSN overhaul hadn’t taken place at UVA in more than a decade. The review process, which began in 2010, included a thoughtful reordering of existing courses—exposing students to leadership, ethics, and resilience topics during their first clinical experience, for instance—as well as an expansion of key scientific elements—such as Chemistry for Health Sciences—beforehand. New and revised courses debuted over the past three fall semesters.

“For us, it wasn’t just about cleaning house as much as rearranging it,” explains Karen Rose (PhD ’06), who directs the PhD program and served on the BSN curriculum review committee. “We already have top-quality raw materials in our students and faculty. With the new curriculum, we’re using them to their best, most powerful effect.”

The new curriculum didn’t tack on more requirements so much as it amplified the emphasis on inculcating key competencies like communication, collaboration, resilience, and compassion. So although much of what’s covered in traditional nursing classes remains—including anatomy, microbiology, maternal and child health, and Foundations of Nursing Care courses—faculty members like assistant professor Donna Schminkey (BSN ’88, PhD ’14) have student groups engage and present material to their peers in new and different ways, rather than solely relying on lectures and readings. In her pathophysiology class, for example, students rapped, performed skits, wrote poems and songs, and made videos to explain topics ranging from scleroderma to sprained ankles to sepsis during a semester peppered with other collaborative, creative assignments. The strategy not only made learning fun and memorable but also pulled students off the sidelines and into front-and-center roles in the uptake of skills and knowledge.

“We can’t prepare students for every eventuality they’ll face in nursing,” acknowledges Schminkey, “but we can up their participation in learning by putting the onus on them to really understand the material, practice it, be creative with it, and work out the bumps and scrapes along the way together with their peers. And they’ve taken up the challenge beautifully.”

Teamwork and compassion skills saturate assistant professor Anita Thompson-Heisterman’s (BSN ’84, MSN ’90) reimagined Foundations of Nursing Care class, too, where lessons sometimes come in the form of metaphors—the telephone game, for instance, in which a medical-jargon-laden patient-charting message is whispered around the room and gets invariably misconstrued by the time it reaches the last person. Thompson-Heisterman also takes her students to UVA’s M运动’ Moorven Farm for a daylong mindfulness workshop to learn and practice meditation and deep breathing skills, relaxation techniques, active listening, and purposeful pauses.

“Other times, Thompson-Heisterman leads on contemporary films and mainstream books to stir class discussion. The movies Crash (2004) and Josie’s Story (2009), for instance, sparked lively conversations about trauma, bias, medical errors, and the American healthcare system. Films contextualize and contemporize issues in ways textbooks and reading can’t, Thompson-Heisterman says—and their value isn’t lost on students.

“If you hand a student an article, the brain isn’t as stimulated as it would be doing something creative,” says Jackie Bae, a third-year BSN student. “Sure, you could read and spit the information back out, but it’s not something that really gets taken in. So, yes, nursing is still about facts—you have to give a patient this drug and into front-and-center roles in the uptake of skills and knowledge. But nursing is still about facts—you have to give a patient this drug and into front-and-center roles in the uptake of skills and knowledge. As rearranging it, “explains Karen Rose (PhD ’06), who directs the PhD program and served on the BSN curriculum review committee. “We already have top-quality raw materials in our students and faculty. With the new curriculum, we’re using them to their best, most powerful effect.”

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enormous perspective they’ll need—not only in caring for patients but also in working with colleagues and managing their own mental and physical well-being.

REAL courses, as the acronym implies, meld research, ethics, advocacy, and leadership topics so “those subjects aren’t just things that PhD nurses think and talk about,” says associate professor Mary Gibson (BSN ’75, MSN ’86). Gibson, who co-taught REAL with assistant professor Pamela DeGuzman (BSN ’96, MSN ’09, PhD ‘12) and instructor Michael Swanson, invites speakers to discuss library use and literature reviews as well as resilience and emotional intelligence. She also has convened a顾boundy-like gameshow on American Psychological Association style to sharpen students’ knowledge of writing rules.

Gibson also ensures students are exposed to the history of their profession so they get a much-needed perspective. Last year, she took students to the historic Exchange Hotel (in nearby Gordonsville, Va.), where some 70,000 Civil War soldiers were treated and which is now home to the Civil War Medical Museum.

Understanding how it was, Gibson says, enables a fuller understanding of why things are. “We as teachers need to develop activities and strategies to tap students’ creative and innovative thinking,” explains Gibson. “Just like Civil War caregivers improvised care using available resources like horsehair, our future nurses will have to do more with less. We want to get their attention and engage their brains to recognize more than just facts and formulas. They need on-the-ground experience and better firsthand knowledge of how things are now in healthcare.”

“That’s why creative ways work,” she adds. “They grab.”

Enlightened learning

Showing, Not Telling

Experiential learning is often a profound driver of long-term retention. From the time rookies practiced starting IVs on one another and giving injections using oranges, hands-on approaches to teaching have proven effective—with nearly endless opportunities for student nurses to learn the ropes of the profession.

This tactic is exactly what prompts nursing professor Valentina Brashers to use breath mints each semester to make a point about patient prescriptions. Brashers uses bottles of Tic Tac, which nursing and medical students take according to instructions before reconvening to discuss their difficulties and observations.

“In our world, medication adherence is a sizable issue,” explains Brashers, noting that poor medication adherence costs about $100 billion in the United States each year, according to the Journal of the American Medical Association. The hands-on exercise helps students “develop an appreciation of how difficult it can be to be a patient, too.”

The same ethos drives the lessons in assistant nursing professor Edie Barbero’s gerontology classes. Over Thanksgiving break last year, students in one class “disabled” themselves to mimic some of the complexities of growing older. They wore mittens while attempting buttons and zippers, taped their knuckles to simulate arthritis, and smeared petroleum jelly on plastic-wrapped spectacles to imitate macular degeneration. Experiences like these, says Barbero, “drive the messages deeper.”

It’s a method Harmon continues to use today. And although departing from a lecture format was a “leap of faith,” and a bit scary” for Harmon, the data she and Hills collected over eight semesters was striking. Of 147 undergraduate students, those in the flipped class scored more than 10 percent (and nearly 100 points) higher on the psychiatric-mental health portion of the NCLEX exam, and reported they studied more at home compared with those in the traditional course. The majority of “flipped” students also reported enjoying the collaborative projects and feeling better prepared for tests and in-class engagement with their peers.

Harmon’s and Hills’ findings on the effectiveness of a flipped classroom will be published in the Archives of Psychiatric Nursing.

“Many of our nurse educators teach as we were taught, and think of ourselves as gatekeepers of knowledge as we evaluate, synthesize, organize, and deliver large amounts of material to relatively passive students,” says Harmon.
But there are certain competencies that we want students to have that the didactic lecture techniques don’t deliver.” Flipping the class and taking a team-based learning approach “requires active participation by all members, [and] allows them to apply communication, team-building, [and] research findings,” Harmon adds. “I’ve been very impressed.”

The Road to Remembering

Many lessons in nursing—like what it’s like to follow dietary guidelines after a heart disease diagnosis—are easy to conceptualize but difficult to impart. And in a culture in which students constantly receive complex information in entertaining, bite-sized chunks across a dizzying array of technologies, it’s even more critical that the lessons of their discipline are heard, received, and, most importantly, remembered. That’s precisely what compelled Karen Rose and assistant professor Linda Eastham (MSN ’82, NP ’87) as they developed the course Cells to Society. For years, Cells to Society was a two- to three-day School of Medicine course that immediately preceded the annual White Coat Ceremony. But last fall, the class—now a semester long—debuted as a central component of the revamped undergraduate nursing curriculum. Using a single chronic illness (CAD) as a vehicle, the seminar looks at the physiology of a heart attack and surgery patients to class to tell students about their experiences. They organized panelists that included pharmacists, palliative care doctors, nurse practitioners, telehealth experts, and dieticians. The students watched and discussed films like Escape Fire (2012), picked up the Affordable Care Act, explored the meaning of terms like “patient-centered care,” and talked extensively about the intimate relationships between health and a person’s geography, money, and education.

Through it all, students dug deep, asked questions, and, ultimately, put boots to the ground. They compared food and prices at downtown Charlottesville bodega Reidi’s Market with those of Walmart or Kroger—which would require car travel. Students considered generic versus brand-name prescription costs and figured out how to get medications filled using only public transportation. For their culminating projects, they assembled into groups, picked a single learning objective, and delivered a product—such as a paper, presentation, or video. Even in its infancy, the new Cells class leaves an indelible mark. “Now when I approach a patient, I will think about Cells to Society,” says third-year BSN student Josh Moore. “My nursing professors, they’re doing something right, because there is even at this point in my career a lot I can already do, have the confidence to do, techniques that’s staying with me, keeping me engaged, and focused on being the best nurse that I can be.”

“They’re teaching us,” Moore adds, “and we’re learning. And the passion just flows out of them.”

The First Death

For the first time, I was present as one of my patients died. I had been working in intensive care all year, and many of the people I’d cared for were dead now. But this patient died with my hand on his forehead. I was with him and saw the monitor that indicated his heart quit, its rate dropping from 130 beats a minute to 90, 70, 40, 30. Asystole. It was peaceful. He had a do-not-resuscitate order, and the family was expecting it. As far as dying in an intensive care unit goes, it was a good death. Within the first days of nursing school, we students began to draw lines between our personal and clinical selves. In physical assessment class, we learned the term “professional hands.” You have to put on your professional hands when you examine a patient. No trembling, no insecure fingers. You need your hands to say: I am competent, you are safe. We tried out our professional hands on each other. Our group of 30-plus—all but three women and most comfortable with bodies as just bodies—paired off and stripped down to shorts and bras, then palpated livers, percussed abdomens, looked deep into ears and eyes, felt necks and shoulders and chests and armpits for lymph nodes, moved breasts aside as if he had lamps beneath his skin, or maybe glowsticks because light leaves in all kinds of ways but it doesn’t look like that. It looks like a spinning ceiling fan. It looks yellow.

Bateman has wanted to be a nurse since volunteering at a hospital in Connecticut during high school. She wrote this poem after working in the neonatal intensive care unit.

Reprinted here are two of the four winning entries in the UVA School of Nursing’s 13th annual student writing contest held last spring. Sponsored by the Compassionate Care Initiative, the contest offers students the ability to share their experiences with one another and the world through reflective writing. Each winner received a check and a small gift, thanks to the School’s annual fund and the generosity of its alumni, along with guidance in getting their work published in a nursing journal.

The Walls of Your Room Are Jaundiced

By Callie Bateman (BSN ’16)

The walls of your room are jaundiced. A couple weeks ago I learned against them and laughed because you tied glowsticks to the ceiling fan, videotaped them spinning around until the colors faded. You looked ridiculous staring up at them like that, with your mouth hanging open.

This morning I went to the hospital and stood over the yellowed body of my newborn patient while his chest stuttered and after a few minutes, I watched it stop.

That night you ask me if I saw the light leave his eyes, as if he had lamps beneath his pupils or maybe glowsticks because light leaves in all kinds of ways but it doesn’t look like that. It looks like a spinning ceiling fan. It looks yellow.

Bateman has wanted to be a nurse since volunteering at a hospital in Connecticut during high school. She wrote this poem after working in the neonatal intensive care unit.

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Bateman has wanted to be a nurse since volunteering at a hospital in Connecticut during high school. She wrote this poem after working in the neonatal intensive care unit.
Resiliency at the School of Nursing is more than simply bouncing back from isolated instances of adversity. It’s about the ability to be one’s best self in the ongoing challenges of being a nurse, physician, or other health care provider. It means thriving—embodifying a sense of well-being, connectedness, joy, and meaning—within the everyday work environment.

From undergraduate to PhD students, compassion is a vital thread woven into every nurse’s education at the University of Virginia, and considered a nonnegotiable ingredient in patient care—not just the cherry on top. And although it’s often missing in today’s added, stress-filled healthcare environments, when present, compassion is a brilliant and powerful force. It’s also a force that can stave off burnout and ignite collaboration.

Such was the case with Greene County, Va., resident Mel Haney, who derived immense comfort from the exceptional palliative care his wife, Muriel, received before she passed away in 2012. The immense comfort from the exceptional palliative care his wife, Muriel, received before she passed away in 2012. The occasion inspired him to make a gift to the School of Nursing, with the aim of ensuring that instruction in compassion is a vital thread woven into every nurse’s education at the University of Virginia, and considered a nonnegotiable ingredient in patient care—not just the cherry on top. And although it’s often missing in today’s added, stress-filled healthcare environments, when present, compassion is a brilliant and powerful force. It’s also a force that can stave off burnout and ignite collaboration.

“Compasionate care at the end of life makes such a difference, not only for the patient, but for the family,” says Haney. “This conference is my way of giving back, to educate the whole clinical team involved in palliative care and hospice, and inspire nursing and medical students to improve the quality of life for patients and families.”

First held in November 2013, the second conference took place in April 2015 in McLeod Hall, with sessions on everything from breaking bad news to helping children grieve, and from the ways different racial and cultural groups deal with end-of-life issues to the comfort therapy animals offer the dying and their loved ones. Cumulatively, the events have drawn hundreds of health professionals to the School.

“This conference is a wonderful coming together of the community—different organizations and professions—all committed to education and compassionate care at the last phase of life,” says conference coorganizer Susan Bauer-Wu, the Tussi and John Kluge Professor of Contemplative End-of-Life Care and director of the Compassionate Care Initiative. “Mr. Haney’s generous gift allows us to continue this unprecedented collaborative event in perpetuity, having a positive ripple effect for many years to come.”
Can At-Home HPV Tests Save Lives?

Study aims to see if at-home HPV tests might reduce rural Virginia’s cervical cancer rates

F irst came at home pregnancy tests. Today, there are mail-in tests for HIV, genetics, and determining paternity. Even sexually transmitted diseases, diabetes, and thyroid dysfunction can be screened from the privacy of one’s own home. But privacy isn’t always the chief concern of those who turn to at-home diagnostics. In some cases, a lack of access to clinics, doctors, or nurse practitioners is the reason people—particularly residents of rural areas—go without screening. It’s why, says School of Nursing assistant professor Emma Mitchell, rates of cervical cancer—a disease easily detected through a routine Pap test—is roughly 22 percent to 33 percent higher in Southwest Virginia than elsewhere in the Commonwealth.

“Cervical cancer is really a cancer of disparities,” explains Mitchell, who received $40,000 from UVA Cancer Center and the National Cancer Institute for a study on at-home HPV (human papillomavirus) tests, work she is doing with the help of UVA Cancer Center outreach partners Nila Saliba and Mountain Empire Older Citizens Inc. care coordination director Judy Miller. “In Virginia, women who live in poor, rural areas have vastly different health outcomes than women just hours away in more affluent and urban areas. Our ultimate goal with this study is to help women get tested for specific strains of HPV, which can help us assess risk for developing cervical cancer quickly and easily in the comfort of their own homes—and if they need follow-up care, to help them understand it’s imperative not to wait.”

Current screening guidelines recommend Pap tests—which involve a trip to a medical doctor or nurse practitioner’s office, where cervical cells are collected and then a sample sent to a lab that can detect abnormal cells under a microscope (cytology)—every three years for women ages 21–39. Screening with cytology and HPV DNA testing (called cotesting) are recommended every five years for women ages 30–65. Between 50 million and 60 million Pap tests are done each year in the United States, about 3.5 million of which require follow-up. But many women don’t get these tests at all, often due to a dearth of providers. In Southwest Virginia, for example, women are 5 percent to 16 percent less likely to have had a Pap test over the past three years than women elsewhere in the state. In these cases, the at-home test may offer a real solution.

The self-collection test involves inserting a pliable collection brush into the vagina (much like a tampon), turning the handle five times, and then extracting it. The kit comes with a screw-top test tube in which the specimen is sealed. Patients then use an enclosed mail-in box to send the test to a lab, where the specimen is analyzed for the presence of HPV DNA, just as it would be after an in-office cotesting screening. Science has already supported that clinical collection and self-collection have comparable sensitivity and specificity. Mitchell began studying use of the at-home tests this past summer. She received feedback from the Cancer Center Without Walls Community Advisory Board before meeting with a group of lay navigators employed by health departments in Health Districts 1 and 2 to get feedback about the test’s acceptability and feasibility in the region. With help from UVA students Emily Sun helped assistant professor Emma Mitchell advance her research and the RN profession. Randy Jones (BSN ’00, MSN ’02, PhD ’05) with his racial disparities work. Whetting her appetite for behind-the-scenes analysis and patient interaction, the internship allowed Jones to become literate in complex cancer lingo while assisting with recruitment of study subjects and data mining in UVA Medical Center’s EPIC files.

“Research is so vast and extensive,” says Jones, of San Pedro, Calif., “and to me, it was also important to be able to get to interact with patients, because I didn’t just want to be sitting behind a desk.” Meanwhile, Emily Sun (BSN ’18), of Fairfax Station, Va., worked with assistant professor Emma Mitchell (MSN ’08, PhD ’11)
“We have to be able to bounce back from all the things that we see as nurses, and this summer’s really made me see that,” says Evie Stinger (BSN ’17), of Lovettsville, Va., who interned this past summer with Susan Bauer-Wu, the Tussi and John Kluge Endowed Professor in Contemplative End-of-Life Care and director of the Compassionate Care Initiative.

Other interns, like Ericka Fernandez (BSN ’17), cultivated patience and compassion as they interacted with study subjects who were occasionally unreliable. “At times, it could be frustrating,” confesses Fernandez, who worked with Bullock on a study assessing phone versus in-person support on the health outcomes of 125 pregnant teenagers and adolescent parents and their babies. Fernandez’s role entailed conducting phone interviews in English and Spanish. “The girls would say they’d call, and then they wouldn’t,” Fernandez explains. “It really made me step back and think about their lives, the fact that they’re teen girls, and that they’re working full time and are new parents. They have a lot going on.”

Nurturing that kind of insight and empathy is precisely the point, says Bullock.

ANDy and Jessica Kerko-Malpass (CNL ’08, PhD ’11) on a social media analysis of the HPV vaccine and hypoplastic left heart syndrome (a serious condition in which a left ventricle is missing, causing circulation and blood oxygen problems). Sun labels the experience fun and eye opening: “Going into this, I had no idea how important, profound, and detailed nursing research can be,” she says. “And now, we are all literature review and spreadsheet experts!”

We are all members of an amazing group of more than 11,000 UVA nursing alumni—each making a difference in our own way.

At the request of the UVA Alumni Association Young Alumni Council, we recently asked a group of nursing alumni to share their best advice and words of encouragement for our incoming students. The response was so great that we would like to extend that opportunity to all interested alumni. If you would like to pass along some words of wisdom to the Nursing Class of 2019, please send your comments to nursing-alumni@virginia.edu. Thank you!

As we approach 2016, one of the Alumni Council’s top priorities will be the Nursing Alumni Association’s centennial. We look forward to recognizing the association’s 100 years of service and support to the School of Nursing and its alumni. We hope to see you at one of our events in the coming year.

Best regards,

Judy Etheridge Bulicki (BSN ’81)
Alexandria, Virginia

The Nursing Alumni Association recognizes three faculty leaders annually for their contributions to the School and the nursing profession.

Distinguished Professor Award
Kathryn Laughon (BSN ’98, MSN ’99)
Associate Professor of Nursing

Excellence in Teaching Award
Rebecca Harmon (PhD ’03)
Associate Professor of Nursing

Faculty Leadership Award
Randy Jones (BSN ’00, MSN ’02, PhD ’03)
Associate Professor of Nursing

BSN Program Director

In 2016, the School of Nursing Alumni Association (SONAA) will celebrate 100 years of service and support to the School and its alumni. Help us celebrate! Here are three ways you can take part:

Send us your photos: What photo best captures your experience at the School of Nursing?

Send us your memories: What is your favorite memory at the School of Nursing? E-mail it to us or share it on our Facebook page (University of Virginia School of Nursing).

Come to an event: See the calendar of events on the back cover and keep an eye out for your invitation.

Send your advice: What is your best piece of advice for current students and new graduates?

Send any or all of the above to nursing-alumni@virginia.edu or to the UVA School of Nursing, Alumni and Development Office, P.O. Box 801015, Charlottesville, VA 22908. We can scan and return original photos to you. ■
Recognizing Extraordinary Alumni

Each year, the School of Nursing Alumni Association honors individual alumni for their contributions and service to the nursing profession. If you would like to nominate an outstanding alumna/alumnus for next year’s awards, please contact the Alumni and Development Office at nursing-alumni@virginia.edu or (434) 924-0138. Nominations are due March 15, 2016. A description of the awards is available at www.nursing.virginia.edu/alumni/resources.

Distinguished Alumni Award

Nancy Howell Agee (BSN ’79)
President and CEO
Carilion Clinic
Roanoke, Va.

Nancy Agee has spent her more-than-30-year career with the Carilion Clinic. Carilion (previously known as the Carilion Health System) is an integrated, nonprofit healthcare organization serving more than one million people in western Virginia. Today, the clinic includes a comprehensive network of seven hospitals, primary and specialty practices, and complementary services.

Agee joined Carilion immediately after graduating with honors from the UVA School of Nursing in 1979. She served in various management roles before becoming a vice president in 1996. In 2001, she was named executive vice president and chief operating officer. Ten years later, she was appointed to her present roles, chief executive officer and president. Under her guidance, Carilion has undergone a reorganization that has made it the patient-centered clinic it is today.

In her spare time, Agee nourishes her twin passions of healthcare and higher education through service to numerous organizations. She currently serves on the prominent American Hospital Association Board of Trustees. A past chair of the Virginia Hospital and Healthcare Association, she has also served on The Joint Commission’s Board of Commissioners, Radford University’s Board of Visitors, and the leadership bodies of many other healthcare, business, and community organizations.

Agee also holds a master’s degree from Emory University. She and her husband, Steve, have one son, Zach.

Decade Award

Elizabeth Bradshaw Mikula (BSN ’05)
Regulatory Compliance Coordinator, Quality Department
Henrico Doctors’ Hospital
(HCA Virginia network hospital)
Richmond, Va.

Nursing Alumni Network in Richmond, Reston, and Charlottesville

The School of Nursing hosted three networking receptions for alumni in the spring of 2015. Dean Dorrie Fontaine joined nursing alumni attending Black Alumni Weekend (April 11), and Associate Dean Ken White (ACNP ’13) met alumni in Richmond (March 19) and Reston (April 17).

For information on nursing alumni events, contact the Alumni and Development Office at (434) 924-0138. To register for your reunion weekend, contact the UVA 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 School of 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 nurs-hxc@virginia.edu or (434) 924-0083.
2015 Nursing Graduates

75% of BSN and CNL graduates received a job offer prior to graduation.

95% were employed within 3 months of graduation.

56% of CNL graduates (20 of 36) and 31% of BSN graduates (36 of 117) took a job at UVA Medical Center.

81% growth from 2014 to 2015 in BSN or CNL graduates who took a job at UVA Medical Center (31 in 2014 vs. 56 in 2015).

In Memoriam

Phyllis H. Sieger (DiPLo ’39)
Charlottesville, VA
May 5, 2015

Georgenell Eaton Liesman (DiPLo ’40)
San Antonio, TX
April 2, 2015

Laura Fern Hessels Miers (DiPLo ’45)
Oakland, VA
March 25, 2015

Mary Jane B. Kite (Cnl ’08, PhD ’11)
Charlottesville, VA
May 31, 2015

Mary Lynn J. Richards (DiPLo ’45)
Huntsville, TX
April 20, 2015

Josephine V. Parkinson (DiPLo ’46)
White Oak, PA
May 13, 2015

Agnès Washington Hougas (DiPLo ’47)
Amantillo, TX
May 29, 2015

Myrtle J. Douwer (DiPLo ’53)
Henniker, NH
July 25, 2015

Elizabeth S. Walters (DiPLo ’55)
Mechanicsburg, PA
June 25, 2012

Mildred J. Fitzpatrick (DiPLo ’59)
Charlottesville, VA
August 18, 2015

Annabel Rose (DiPLo ’11)
Baltimore, MD
September 1, 2015

In Memoriam

Margaret G. Tyson
Innovative Teaching Awards

The Margaret G. Tyson Innovative Teaching Awards, funded by members of the Class of 1960 in honor of their 50-year reunion, support projects or course development activities that result in excellent, innovative, or cost-effective teaching methods.

2015–16 Recipients

Piloting a Medical Spanish Course in the School of Nursing

Randy Jones (BSN ’94, MSN ’02, PhD ’05)
Associate Professor of Nursing

Teaching the Next Generation of Lifesavers (CPR in Schools)

Vickie Southall
Assistant Professor of Nursing

SHARE your good news and accomplishments with your UVA nursing classmates! Submit class notes to nursing-alumni@virginia.edu.
FY 2015 ANNUAL REPORT

These charts and graphs provide a snapshot of fiscal year 2015, which ran from July 1, 2014, to June 30, 2015. Thank you to all who support the School of Nursing!

Thank you to all who support the School of Nursing! The School of Nursing is grateful to the more than 1,500 individuals, families, and organizations that made philanthropic contributions to the School in fiscal year 2015. A consistent influx of annual support means more students graduate with lower debt loads; we’re able to employ the best possible nursing faculty to teach and perform consequential research; and more patients are served, comforted, and healed every year. Each gift is meaningful and important to the life and future of our School.

Revenues

Graduate Tuition and Student Fees 25%
Endowment 18%
Sponsored Programs 18%
Medical Center 9%
State Support 12%
Instruction 47%
Other 1%

$16 million

Expenditures

Instruction 47%
Academic Support 16%
Scholarships and Fellowships 13%
Student Services 6%
Medical Center 6%
Research 17%
Public Service 1%
Development 4%

$15.8 million

Endowment

Through new gifts and investments, the School of Nursing endowment reached $54.99 million in fiscal year 2015. These funds represent permanent support for the School.

Nursing Annual Fund FY 2011–15

Generous donors to the Nursing Annual Fund gave nearly $428,000 in fiscal year 2015. This total represents the fourth consecutive year of Annual Fund growth and an almost 30 percent increase over Annual Fund giving five years ago.

Endowment 7-Year Total: Nearly $3.7M in new gifts and commitments

NURSING ANNUAL FUND

FY 2015 TOTAL: Nearly $30.3M in new gifts and commitments since Dean Fontaine took the helm

FY 2015

FY 2014

FY 2013

FY 2012

FY 2011

FY 2010

FY 2009

$75.69 million

$40.08 million

$47.25 million

$92.36 million

$54.89 million

7-Year Total: FY 2009–15: Nearly $30.3M in new gifts and commitments since Dean Fontaine took the helm
After graduating from the UVA School of Nursing, Dawn Jones accumulated 14 years’ experience in critical care nursing before starting her second career as a lawyer. Formerly a senior attorney at King & Spalding and associate general counsel for Grady Health System in Atlanta, Ga., she established her own firm in 2014, in which she combines her love of nursing, medicine, and science with the practice of law. She stays connected to UVA and the School of Nursing by attending reunions, Black Alumni Weekends, and Atlanta-area alumni events, as well as supporting the School and University financially.

On her early career: “I always wanted to be a nurse. By the time I graduated from UVA, I’d set a five-year plan for completing my clinical nurse specialist (CNS) master’s degree. I took my first graduate course at UVA, then transferred to Georgetown to continue my studies while working full time in the university hospital’s medical ICU. After finishing my master’s degree, I moved to Atlanta and became a night-shift nurse at Grady Memorial Hospital’s trauma center, where I cared for patients with postoperative complications and people involved in motor vehicle accidents, gunshot wounds, stab wounds, and suicide attempts. I was also a part-time nurse at an Emory University medical ICU. I worked at Grady full time while completing my law degree.”

On her transition to law: “Dorrie [Fontaine] led the Critical Care CNS graduate program when I was at Georgetown, and she always had us thinking outside the box. In one class, she invited some folks from the Department of Health and Human Services (DHHS) to speak to us. Before that, I’d always looked at improvements in patient care from the bedside viewpoint, but that class gave me new perspectives on how a nurse could impact patient care and outcomes in other ways, on a national scale. Years later, I was reminded of that class as I watched worrisome hospital staffing and budget cuts—not only threatening my own job security but, more importantly, negatively impacting the quality of care. Yet my concerns, voiced to the administration orally and in writing, seemed to have little effect. I decided to become a lawyer to help patients countrywide from a broader platform. Initially, I thought I would work for DHHS, but in law school my interest in government law waned while my interest in litigation practice grew.”

On her solo practice: “I started my own firm because I wanted more control over the types of cases and work I took on and, having spent my entire legal career doing defense work, I wanted to get courtroom trial experience and the opportunity to work on the plaintiff’s side. In my practice, I assist lawyers with legal research and writing, expert witness identification and development, and review and analysis of medical records for potential claims or defenses. After an extremely successful first year, I’m expanding to take on personal injury and medical malpractice cases. My biggest challenge is knowing when to stop working, because business is booming!”

On the nursing school’s impact: “The most important lesson the UVA School of Nursing taught me is to care—whatever the context. Nursing is part of who I am, not just what I did, and it’s been pivotal to the legal work I’ve done and continue to do. Each of my former legal employers hired me specifically because of my nursing experience. And that experience has served me well in the practice of law. I’m able to interpret medical records, and analyze claims or defenses, in a way nonnurses and nondoctors can’t. More recently, my nursing background has led to unexpected relationships, clients, and connections that prove a nursing and law degree is a uniquely valuable combination. There’s quite a bit of synergy between the two professions, especially in my torts litigation practice. I’m thankful I was a nurse first, because it made me the lawyer I am today. And I’m a better lawyer because I was a nurse.”

Advice to new graduates/current students: “Take nothing for granted, including those things you may think of as ‘little’. Everything you do is impactful. Today, I miss the opportunities to connect with patients and their families through the everyday ‘chores’ I used to have to do at the bedside. Those little things matter. On top of all the learning, don’t ever forget it’s a human being in front of you—someone with needs like yours.”

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CALENDAR OF EVENTS

OCTOBER 2015

17  Homecomings: Alumni Brunch (Pavilion IX)
20  Nursing History Forum: Generalized Nursing: The Solution to the Difficulty of Public Health Work? presented by Jaime Lapeyre, lecturer, University of Toronto, and 2015 Brodie Fellow
20  Admissions: PhD and MSN–DNP Programs Information Session
23–25  UVA Family Weekend: School of Nursing activities include recognition and White Coat ceremonies, Sigma Theta Tau induction ceremony, and screening of The American Nurse
28  Zula Mae Baber Rice Memorial Lecture by Marcus Engel: “The Other End of the Stethoscope”
31–Nov. 1  Empowering Those Who Care for Others: Innate Compassion Training weekend retreat with John Makransky (register by Oct. 16 at www.compassion.nursing.edu/events)

NOVEMBER

4  Admissions: RN to BSN Program Information Session
10  Nursing History Forum: The Evolution of School Nursing panel presentation
11–14  Train-the-Trainer Interprofessional Faculty Development Program (Center for ASPIRE, School of Nursing, School of Medicine)
25–29  Thanksgiving break

DECEMBER

2  Admissions: RN to BSN Program Information Session
18  End of fall semester examinations

JANUARY 2016

20  Spring 2016 semester begins

FEBRUARY

6  Alumni Council winter meeting
27  Southern Nursing Research Society Conference: Alumni Reception (Colonial Williamsburg Lodge, Williamsburg, VA)

MARCH

5–13  Spring break
11  Virginia Council of Nurse Practitioners Conference: Alumni Reception (The Homestead, Hot Springs, VA)
11–12  Agnes Dillon Randolph International Nursing History Conference 2016 Randolph Award recipient and keynote speaker: Anne Z. Cockerham, associate dean of midwifery and women’s health at Frontier Nursing University (address: “Mary Breckinridge: Steady in the Saddle; Leadership and the Frontier Nursing Service”)
18–19  Advisory Board spring meeting (including emeritus board members)

APRIL

16  Alumni Council spring meeting
18  Catherine Strader McGehee Memorial Lecture

MAY

5  Northern Virginia/Washington, D.C., Alumni Reception (location TBD)
13  End of spring semester examinations
21  School of Nursing Pinning and Hooding ceremonies
22  Final Exercises/School of Nursing ceremonies

JUNE


INSIDE:

For more information and a full listing of School of Nursing events, visit www.nursing.virginia.edu/calendar.