

FALL 2015

vanderbiltnurse



The Frailty Factor

Geriatric Trauma Research
Impacts Clinical Care and Outcomes



CHANGING LIVES

Even though her patients are young, Olivia Stranges takes time to listen and always values their input. At the end of every day, she knows that she's helped someone feel better. As the first recipient of the Camille Legeay Cook Scholarship, Olivia is pursuing a pediatric specialty degree without the burden of debt many of her classmates face. She is grateful for the generosity that allows her to focus on what's really important.

For more information on School of Nursing scholarships, contact Sydney Haffkine at (615) 322-8851 or sydney.haffkine@vanderbilt.edu.



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SCHOOL OF NURSING
VANDERBILT UNIVERSITY

MISSION AND VALUES
STATEMENT

We value excellence and innovation in preserving and advancing the art and science of nursing in the scholarly domains of education, research, practice and informatics. These values are pursued through the integration of information technology and faculty-student interactions and transactions, while embracing cultural and academic diversity.



The Frailty Factor 10

Learn how an older adult's cognitive and physical state impacts recovery from trauma

vanderbiltnurse

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make connections@vusn

We want to reach out to you. Pick one or all of the ways below to stay in touch with your classmates, faculty and School:

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Dear Alumni, Colleagues and Supporters,

Fall 2015 at Vanderbilt University School of Nursing began with welcoming a new group of MSN, DNP and PhD students. We have been busy orienting the students and integrating them with our returning students. We have 821 nursing students this year—625 enrolled in the MSN program, 165 in the DNP program, and 31 in the PhD program, a very robust and energetic group of students. VUSN remains one of the largest professional schools on the Vanderbilt campus. We are poised to provide exceptionally well educated advanced practice nurses and nurse scientists who will be instrumental in improving and changing the health care system of the future. Please also note on page 24 of this issue of *Vanderbilt Nurse* the outstanding new faculty that have joined us this year.



In this issue you will also learn of the widespread contributions that the PreSpecialty level students made to several agencies in Nashville. There were many other projects that the 140 students were engaged in designing and implementing. Unfortunately, we could only highlight a few. We are very proud of not only the activities that the students conducted to improve the health status of the community, but also the integration of action research and evidenced-based practice in their work. They demonstrated the value that the educational activities of School of Nursing brings to the community. Nursing education is a value added attribute to every community where it is located.

VUSN is very happy to be engaged as a partner with the new freestanding birth center operated by a joint venture with VUMC and Baby+Company. It is particularly rewarding that Baby+Company is led by one of our own nurse-midwifery graduates. We have a history of encouraging our students and graduates to be entrepreneurial, and Cara Osborne is certainly an outstanding example of such ability.

On the other end of the age spectrum, this issue contains a description of one of research projects from a VUSN faculty member who is engaged in the Hartford Center of Geriatric Nursing Excellence. Dr. Cathy Maxwell's research on trauma care of the geriatric population focuses on the specific needs of elders. This research is unique as most of the trauma literature is focused on the pediatric and young- to middle-adult population.

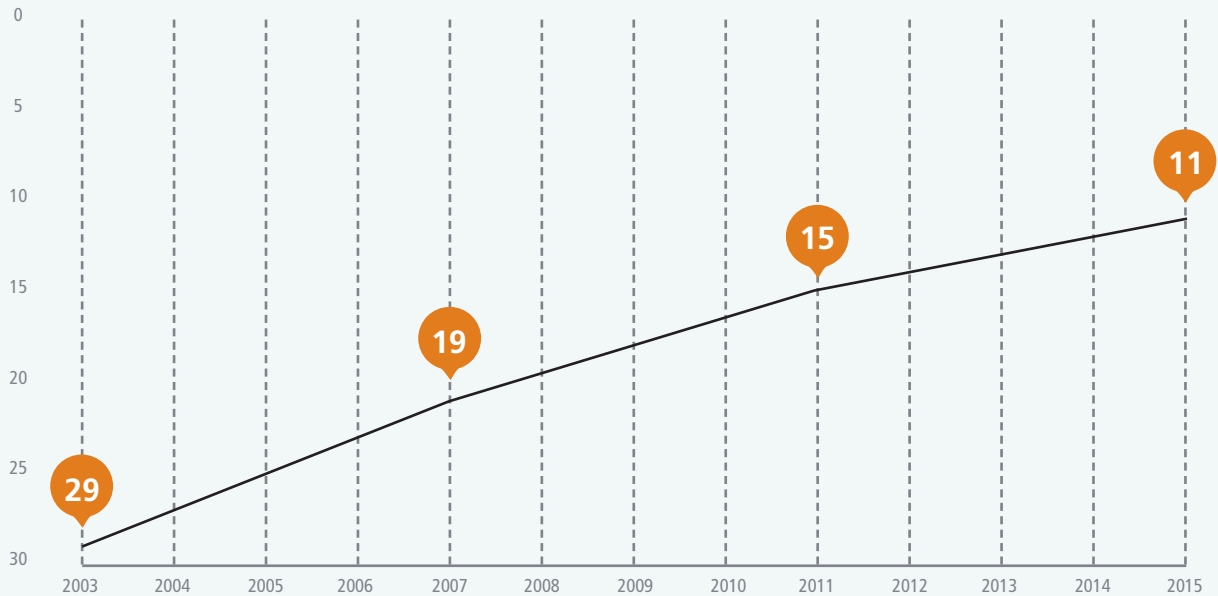
We have started this academic year with enormous momentum and look forward to the results it will bring to nursing and health care delivery. Please review the VUSN website regularly to learn about the activities, accomplishments and upcoming events.

Sincerely,

A handwritten signature in black ink that reads "Linda Norman". The signature is written in a cursive, flowing style.

Linda Norman, DSN, RN, FAAN
 Valere Potter Menefee Professor of Nursing
 Dean of the Vanderbilt University School of Nursing
linda.norman@vanderbilt.edu

Vanderbilt University School of Nursing rises to No. 11 in *U.S. News & World Report's* 2016 Best Graduate Nursing School Rankings



The rank of No. 11 is the highest ranking in the School's history and a reflection of the dedication of faculty, staff and students.

Eight specialties were recognized as being among the best in the country

#3
Nurse-Midwifery

#4
Psychiatric/Mental
Health Nurse Practitioner

#7
Family Nurse Practitioner

#10
Healthcare Leadership
(Nursing Administration)

#3
Nursing Informatics

#5
Adult-Gerontology Acute Care
Nurse Practitioner

#9
Pediatric Primary Care
Nurse Practitioner

#12
Adult-Gerontology Primary
Care Nurse Practitioner

Note: U.S. News & World Report does not rank all the specialties that VUSN offers.



DANIEL DUBOIS

Community health is anchored in evidence and often delivered in one-on-one interactions like this one with student Sara Bates King developing a rapport with a patient.

PreSpecialty Students Reach Out Via Community Health Experiences

Vanderbilt University School of Nursing (VUSN) students in the PreSpecialty year gain clinical experiences with many different populations in Nashville and surrounding communities. Students are immersed in community programs that offer educational opportunities and allow VUSN to make a marked difference in improving the health of residents in Middle Tennessee. Community need, faculty expertise and student interest are all factors when determining community health projects. Following is a sampling of recent projects.

➤ Health Education for Local School Children

Students participated in multiple projects at Taylor-Stratton, Fall Hamilton and Park Avenue Elementary Schools, which serve disadvantaged areas in Metro-Davidson County. Throughout the school year, VUSN students led projects such as developing and staffing health fairs to educate the elementary school students about issues such as nutrition, exercise and hygiene. For elementary school students who have asthma, VUSN students conducted asthma education sessions focusing on empowering public school students to recognize their symptoms, notify an adult when they have symptoms and to avoid specific triggers. The VUSN students also conducted puberty education sessions to prepare elementary school students for the changes occurring to their bodies. The nursing students reached out beyond the walls of the school by sending home newsletters with healthy living tips to families and inviting them to various health fairs throughout the year.

➤ School-Based Asthma Program for At-Risk Children

VUSN faculty and students identified the need for asthma education at Warner Elementary School (PreK to 4th grade) located in Nashville's largest public housing area. Youngsters who had higher rates of absenteeism due to their condition were identified and parental consents were obtained. Each VUSN student was paired with an elementary student for weekly meetings held at lunchtime. The VUSN students developed age-appropriate teaching plans on the topics of pathophysiology of asthma, triggers and avoidance, medications and emergency responses. The VUSN students-as-mentors used creative, engaging, hands-on, visual, colorful and meaningful teaching tools and activities. Pre- and post-tests showed improved scores in two-thirds of the participants. Information for parents and families was sent home in individualized folders, a celebration was held and a certificate was awarded to each student upon completion of the initiative.

➤ Health and Wellness at a Residential Alcohol and Drug Treatment Center

VUSN students implemented a series of interventions focused on empowerment toward self-efficacy and improved health outcomes for women and their children in a residential alcohol and drug treatment program called Renewal House. Interactive interventions addressed residents' gaps in knowledge of: community resources and barriers to optimal health; food labels and meal planning; dance and yoga; healthy relationships and boundary setting; the power of positive thought and positioning; and medication cards. This empowerment has the potential to increase the residents' overall well-being, as well as their contribution to the betterment of their families and communities.

➤ Health and Wellness for International Adolescents

VUSN students implemented a series of interventions focused on 1) enhancement and/or improvement of health behavior

choices and 2) exposed international adolescents from an inner city agency to health care as a potential profession. Role-play, game and demonstration-format interventions addressed gaps in knowledge of: community resources and barriers to optimal health; bullying; self-image; basic physiology and lifestyle impact on asthma, type II diabetes, hypertension and atherosclerotic heart disease. Additionally, adolescents were offered a hands-on experience in VUSN's simulation lab. These interventions have the potential to increase the adolescents' overall well-being, as well as their contribution to the well-being of their families, peers and communities.

➤ Personalized Health Education for Seniors

At Parthenon Towers, a 295-apartment complex for people who are 50 years or older or who are disabled and lower-income eligible, VUSN students developed an open-ended survey focused on common health and social concerns of elders. VUSN students interviewed residents to set goals and followed up with regular interactions. The students also developed individualized sessions of personally identified health education needs on a variety of topics such as dietary guidelines for age and gender; shopping and eating healthfully on a fixed income; medication reconciliation and medical side effect profile/interactions; issues surrounding regular access to health care providers and less use of emergency care. The students also emphasized healthy exercise year-round and developed a low impact walking program in Centennial Park, located adjacent to the Parthenon Towers facility.

After completion of a thorough Community Assessment, another student team developed curriculum and educational strategies that resulted in a six-week Teaching Academy. John Walker, the social worker at Parthenon Towers, was instrumental in facilitating the process of engagement between the students and the residents. Topics included nutrition, exercise, relationship health, financial health, cardiac health, diabetes, sexual health and emotional health. The culmination of the

Teaching Academy was a Health Fair where the participating residents in the Academy received a Certificate of Completion.

➤ Empowering Elderly Residents through Socialization

VUSN students interviewed residents, Service Coordinators and Management Leaders to identify the major health issues impacting the elderly and disabled aggregates living at Trevecca Towers, a group of high-rise apartment complexes with 500-plus units. The students identified social isolation as a common determinant of health affecting the health status. Following a community assessment and a review of the literature, students developed an eight-week plan consisting of different social activities that also promoted health for the residents such as a healthy heart food tasting with heart education material and discussions, an Easter egg dying activity that brought many residents together actively talking and sharing memories of holiday traditions, a Contra line dance day and a yoga session. Residents tried new activities and engaged with each other with active discussions and interactions. The long-term relationships and trust developed over time also provide students with opportunities to

engage with management and facilitate understandings of the relationships between health, policy and legislation in a Section 8 housing development.

➤ Bridging the Gap between Health Care and Homeless

VUSN students recently worked with homeless populations at Room in the Inn (RITI)—a population that includes those without shelter, homeless Veterans and those homeless recently discharged from the hospital in need of respite care. The students evaluated the residents health care disparities and needs. The students then applied evidence-based knowledge and best practices to achieve reasonably sustainable outcomes. The result of their work was organized into a project that focused on addressing disparities and meeting needs. The students conducted brief health assessments and transferred key pieces of information, such as chronic illness, allergies and medication to a laminated health card that the participants could keep on themselves at all times. The students also helped each participant complete advanced directives which were added to the RITI database.

[Room in the Inn client Emmett Crutcher and PreSpecialty Student Nathan Johnson work together on an advanced directive.](#)



DANIEL DUBOIS

Nurse-Midwifery Program Lands High Honor from ACNM

Vanderbilt University School of Nursing's Nurse-Midwifery Program received a Lifetime Golden Commendation from the American College of Nurse Midwives (ACNM)—one of only four educational programs in the country to achieve this recognition.

"We are delighted that our Nurse-Midwifery program is honored in this way," said Linda Norman, DSN, R.N., Valere Potter Menefee Professor of Nursing and dean of VUSN. "For our faculty, it's simply all about the students. As a result, we are preparing the most competent and capable nurse-midwives in the country."

The recognition is given only to programs that demonstrate innovative methods of midwifery education, educate a diverse group of students and increase access to care for women with community involvement from faculty and students. To achieve the Golden Commendation, the program must also be at least 20 years old. The award was presented by Michael McCann, CNM, ACNM regional representative.

Michelle Collins, Ph.D., CNM, directs the Nurse-Midwifery specialty, which is made up of nine faculty and 37 currently enrolled students. The program was established in 1995 and has been distinguished as the No. 3 ranked Nurse-Midwifery Program in the country for the past five years by *U.S. News & World Report*.

SUSAN URMY



Michael McCann, CNM, (center), the ACNM's regional representative, surrounded by members of the VUSN Nurse-Midwifery faculty, came to Nashville to bestow the Golden Commendation.

Vanderhoef to Direct Psychiatric Nurse Practitioner Program



Assistant Professor Dawn Vanderhoef, PhD, DNP, PMHNP/CNS-BC, has been named director of the Psychiatric Mental Health Nurse Practitioner Program at the Vanderbilt

University School of Nursing (VUSN). The program is one of the School's largest specialties and is ranked as the No. 4 Psychiatric Mental Health Nurse Practitioner program in the country, according to the most recent *U.S. News and World Report's* Best Graduate Schools edition.

"Dawn is recognized as a clinical expert on integrated health care models and an innovator in bringing technology

into the academic nursing curricula. She is a knowledgeable national presenter and admired by students and colleagues alike. She is the ideal leader for this program," said Linda Norman, DSN, RN, FAAN, Vanderbilt University School of Nursing Dean and Valere Potter Menefee Professor of Nursing.

Vanderhoef has more than 20 years of psychiatric nursing experience. She was a faculty member at VUSN from 2003 to 2010. In 2013, she returned to VUSN from the University of Minnesota School of Nursing where she served as the co-principal investigator on a HRSA grant on "Enhancing Interprofessional Integrative Psychiatric/Mental Health Nurse Practitioner Education to Address Health Care of Persons with Psychiatric Disorders and Other Chronic Conditions (2013)." She also actively practices at Centerstone Community Health Center and has pub-

lished extensively in the areas of educational innovation.

She recently received the Award for Excellence in Education from the American Nurses Psychiatric Association (APNA), a recognition given to someone who has imparted knowledge, skill and clinical analysis in the field by demonstrating innovative approaches, collaboration with other disciplines and positive mentoring.

Vanderhoef earned her BSN from University of Wisconsin - Milwaukee, a MSN from the Psychiatric Mental Health Nurse Practitioner Program at VUSN, a DNP and PhD from the University of Tennessee Health Science Center and a Post-Master's Certificate as a Family Psychiatric Mental Health Nurse Practitioner from VUSN.



SUSAN URMY

Allison Myers, left, from the Center for Digital Storytelling, helps 17-year-old Graciela Rayome edit her video about living with type 1 diabetes.

VUSN Video Workshop Helps Teens Cope With Type 1 Diabetes

A group of adolescents gathered at the downtown Nashville Public Library in July for a three-day Digital Storytelling Workshop to learn how to write, edit and produce a video about managing their type 1 diabetes. The project is part of research conducted by Shelagh Mulvaney, PhD, associate professor of Nursing, and her team, into the design, development and testing of a Web- and mobile phone-based self-care support system for this population.

“A great deal of the recent discussion in science and technology has been focused on ‘design research’ as it relates to identifying and implementing the best methods of integrating patients into the health care design process, but little is known about what actually engages people in behavior change and support systems,” said Mulvaney.

Engaging teens in telling first-person stories about overcoming a challenge in self-care helps that individual, and even more importantly, may help other adolescents who view the stories that model positive coping and problem-solving. The stories are embedded within a digital program that guides individual self-care problem-solving.

Adolescents with type 1 diabetes are at high risk for poor self-care and glycemic control partly due to the complexity and frequency of the tasks, as well as psychosocial and developmental barriers to self-care.

“In order to address the needs of adolescents with type 1 diabetes we created an Internet adherence problem-solving intervention, named YourWay that integrates first-person diabetes stories as part of the learning experience,” said Mulvaney.

The workshop is the first time Mulvaney and her team used an approach that allows the teens to actually create the digital stories themselves through photo editing and audio recording at the new Teens and Technology Space (Studio NPL).

Research shows that for the storyteller, the story creation process can be a meaningful

opportunity to improve self-awareness through reflection on one’s own life events and emotional responses. For adolescents with type 1 diabetes, it offers a chance to reflect on particular obstacles they have faced in their self-care and the steps they took to overcome them.

Allison Myers from the Berkeley, California-based Center for Digital Storytelling, taught the teens how to tell a compelling story, focus the message, and narrate and edit using the latest software technology. The workshop was organized by Vanderbilt team member Sarah Vaala, PhD, an expert in children’s media.

Sixteen-year-old participant Claire Trabue was diagnosed with diabetes when she was 2 and explained that diabetes has not been focus of her life. Her video reflects an epiphany while attending a summer camp for girls with diabetes.

“A lot of the girls didn’t treat their body the right way. They didn’t accept their condition and it was an awakening that gave me a lot of perspective,” said Trabue, whose video features friends, neighbors and family members who have supported her.

“My parents are constantly nagging me about my diabetes... ‘remember to do this, don’t forget to do that,’” said Jack Sevelius, a 14-year-old participant who loves junk food. “My parents know I can eat sweets and stuff, and at the end of my film I tell them I will include them more in what I do. I know the nagging is because they love me.”

The results of the research, funded by the National Institutes of Health, will help identify useful patient-centered design research methods and create an engaging and effective program that can be disseminated nationally. The final aim of the grant is to eventually conduct a randomized trial of the self-care intervention.



Susie Adams, PhD, APRN,
PMHNP, FAANP



Kelly Wolgast, DNP, MSS, RN,
FACHE

Faculty and Alumni Selected as Fellows in the American Academy of Nursing

Vanderbilt University School of Nursing (VUSN) Professor and Faculty Scholar Susie Adams, PhD, APRN, PMHNP, FAANP, and Assistant Professor and Director of the Healthcare Leadership Program Kelly Wolgast, DNP, MSS, RN, FACHE, have been selected as Fellows in the American Academy of Nursing. Additionally, three VUSN alumni were selected: Cecilia Page, DNP '13, BSN '79, University of Kentucky HealthCare; Patrick Palmeri, MSN '00, Universidad Privada del Norte; and Mary Lambert, DNP '11, Kentucky State University/Vanderbilt University Medical Center. This recognition reflects consistent contributions they have made to the profession of nursing throughout their respective careers.

“Susie is nationally known for her leadership in advanced practice psychiatric nursing, her service on behavioral health and advanced practice nursing advisory groups and task forces, her media presentations and publications on mental health topics. Kelly has spent much of her career leading and serving our country through her military service in Afghanistan, Germany, Hurricane Katrina disaster relief aftermath and as an executive nurse leader in U.S. Army health system throughout the country,” said Linda Norman, Dean of VUSN and Valere Potter Menefee Professor of Nursing.

Adams is serving a two-year term as the president of the American Psychiatric Nurses Association. She also served on the Institute of Medicine Committee that recently released: “Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards.” She was named Nursing

Faculty Scholar for Community Engaged Behavioral Health at VUSN in 2014, where she partners with existing and new agencies affiliated with the school to evaluate evidence-based health practice, analyze outcomes and disseminate findings.

She served as specialty director for the School’s Psychiatric Mental Health Nurse Practitioner (PMHNP) program for nearly two decades, growing the program to become one of the most popular specialty tracks at the School which was recently ranked No. 4 by *U.S. News and World Report* among PMHNP programs. Locally, she has focused her efforts on the well-being of women with substance abuse and co-occurring mental health disorders. Since 1997, she has served on the board of the Mental Health Cooperative, a multi-site network that provides a continuum of services for individuals and families with serious mental illness.

Before becoming a member of VUSN faculty in 2011, Wolgast served in the U.S. Army for more than 26 years, beginning as a clinical staff nurse in Medical/Surgical and Emergency nursing in Frankfurt, Germany, and rising to Chief Nurse Executive, U.S. Army Medical Command headquartered at Joint Base San Antonio, Texas. She also deployed to New Orleans in support of Operation Katrina humanitarian relief operations and to Afghanistan in support of Operation Enduring Freedom. Wolgast currently leads the VUSN Healthcare Leadership specialty which was recently ranked No. 10 in the nation in the *U.S. News and World Report* best nursing programs edition.

Wolgast is active in numerous organizations such as the American Organization of Nurse Executives and is also a Fellow in the American College of Healthcare Executives. She earned her Master of Science of Nursing from VUSN, where she was the 1993 Founder’s Medalist.

The 2015 class was officially inducted as a Fellow in the American Academy of Nursing at the organization’s Health Policy Conference in October in Washington, D.C.

Usher Named Alumni Relations Director



Betsey Usher was named Director of Alumni Relations at the Vanderbilt University School of Nursing. She will be responsible for developing and implementing activities to engage VUSN alumni and to link alumni with students. She has served at several positions at the school for past eight years, first as coordinator of the school's Centennial celebration, and then as events manager. She also co-oversees social media strategies. She also worked with VUSN alumni in the mid-1990s where her major assignments were managing Reunion and the School's annual Pasta Premier dinner. Usher has a BA in political science from the College of Notre Dame of Maryland and a MEd in Higher Education Administration from Peabody. She is a board member for All About Women, tutors for the Nashville Literacy Council and served on the School of Nursing's Strategic Planning Committee.

Simulation Expert Shares Educational Strategy for Debriefing

Marjorie Miller, MS, RN, Certified Healthcare Simulation Education, nursing education consultant and lead faculty with the California Simulation Alliance, recently presented "Debriefing Dynamics: Essential Elements of Simulation Debriefing" to Vanderbilt University School of Nursing (VUSN) faculty and staff members. In the workshop, Miller discussed simulation as an educational strategy and emphasized the importance of debriefing, a process that clarifies the learning and reflection essential to simulation success.

Based on adult learning theories, the most valuable simulations involve specific steps. The pre-briefing stage covers the basic assumptions, confidentiality and understanding that the simulation is fictional. The next step is to create a positive learning environment that includes psychological and professional safety and ground rules for participants. Once the simulation has occurred, the final stage—debriefing—involves highlighting thinking, identifying and closing performance gaps and creating new mental models to apply to clinical settings.

Members of the VUSN audience participated in three different simulation scenarios, and Miller coached the volunteers in the different roles involved. One simulation scenario involved a video of a health care team medicating a baby with Supraventricular Tachycardia (SVT). A breakdown in communication between the providers during the simulation resulted in a medical error. The debriefing session included faculty volunteers playing the role of either the parent, nurse, nurse practitioner or pharmacist in the SVT scenario. Key takeaways from the simulated health care team focused on more specific communication and better prioritizing patient and family needs. The debriefing stage's success was based on an impartial debriefer guiding the discussion.

Miller's presentation was part of a faculty development program provided by VUSN's Academics and Informatics areas.

The American Association of Nurse Anesthetists Awards VUSN with Post-Doc Fellowship

The American Association of Nursing Anesthetists (AANA) Foundation recently awarded the Vanderbilt University School of Nursing (VUSN) support for a two-year, full-time, in-residence postdoctoral fellowship for a health services research topic related to anesthetic operative phenomena.

"The AANA Foundation is providing this support at an important time in health care delivery," said Ann Minnick, PhD, RN, FAAN, Julia Eleanor Chenault Professor of Nursing and senior associate dean of Research for VUSN. "We are honored to be chosen for this fellowship and look forward to the high-impact research it produces."

This is the first time the AANA Foundation has offered a post-doctoral fellowship of any kind to a university, and the first time a Foundation fellowship is available to doctoral nurse researchers whether or not they are certified nurse anesthetists.

"We are aggressively funding this effort to conduct health services research and it made sense to turn to Vanderbilt that has an excellent track record in this arena," said Lorraine Jordan, PhD, CRNA, CAE, FAAN, AANA Foundation chief executive officer. "We have opened it up to a larger cadre of individuals that are interested in doing this type of research, specifically in nursing, who have the forte to understand what advanced practice nurses do—particularly those in anesthesia."

The American Association of Nurse Anesthetists Foundation is a charitable organization devoted to anesthesia research, education and development. During its 30-year history, the Foundation has awarded more than \$3 million to more than 2,800 individuals through scholarships, fellowships and research grants.

Vanderbilt University School of Nursing's Post-Doctoral program enables fellows to extend knowledge in their research area, conduct interdisciplinary research projects and establish peer networks.

contact



For more information on the American Association of Nurse Anesthetists (AANA) Foundation Health Services Research Postdoctoral Fellowship, visit: www.nursing.vanderbilt.edu/postdoc/aana.html



the
FRAILTY
factor

BY KATHY RIVERS
PHOTOGRAPH BY DANIEL DUBOIS

Little did Marilyn Kronsbein realize that her annual outdoor Christmas light decorating project in 2013 would land her in the Vanderbilt University Medical Center Trauma Department. A series of surgeries, plus months of follow-up and rehabilitation, have kept her from returning home for nearly two years.

Long-admired by her family for her self-sufficiency and strength in fighting a 50-year-long battle with rheumatoid arthritis, the then 75-year-old fell from a step ladder at her home on that late November day. With a broken leg bone protruding from her skin, she dragged herself over garden mulch, the shortest route to calling to her husband who was working inside.

"I don't remember much of the pain, but I do remember seeing my leg and seeing my foot dangle when they put me in the ambulance," said Kronsbein, now 77, who lives with her husband in an assisted living complex in Murfreesboro, Tennessee.

AS A FORMER TRAUMA NURSE

Assistant Professor Cathy Maxwell, PhD, RN, has seen first-hand the frequency and severity of injured elders in the Trauma Department. As a nurse researcher, she is advancing the field of geriatric trauma with a recent research study about frailty and a quality improvement project regarding palliative care consultations.

Prior studies show that frailty and cognitive decline predict poor outcomes of hospitalization after injury. But evidence-based knowledge about their influence on outcomes after hospitalization is lacking. Maxwell and her team hypothesized that pre-injury physical frailty and cognitive decline would predict functional decline and overall mortality in geriatric trauma patients at six months and one year after hospitalization. This research is yielding results that will provide pertinent information for individualized, goal-directed care. VUMC Trauma physicians, residents, nurse practitioners and nurses are already using this research to inform their older patients.

GERIATRIC TRAUMA

The prevalence of geriatric trauma is increasing in the United States as baby boomers reach age 65. According to the U.S. Census Bureau, the percentage of adults 65 and older will climb from 13.7 percent in 2013 to 21 percent in 2040.

“We clearly have seen a progressive increase in the number of geriatric patients that are being admitted to our trauma centers across the country,” said Richard Miller, MD, professor of Surgery and

Chief of the Division of Trauma and Surgical Care, who partnered with Maxwell for this work. “Approximately 25 percent of trauma admissions across the country are from the geriatric population.”

Studies also show that the incidence and distribution of traumatic injury in older adults differ from young adults. Adults 65 and older are hospitalized for injury more than younger adults, even when the injury is less severe, and only 18 percent of older adults are discharged back to their home, or independent living, after a trauma injury.

“Older adults present differently than young, healthy trauma patients. Their ability to tolerate stress and survive is dependent on several factors, like comorbidities and pre-existing problems such as heart disease, diabetes and degenerative joint disease,” said Miller. “One-third of our patients have at least one or two of those problems which may be partly why they were injured in the first place. The No. 1 injury in older adults is falls, often related to their underlying diseases combined with being malnourished and dehydrated. Often these patients are living independently when they really should have assistance with activities of daily living.

Miller provides the example of occult hypo perfusion, which is elevated blood lactate levels without signs of shock. In a trauma setting, occult hypo perfusion illustrates the important nuances of care for older adults versus younger adults. Though the American Heart Association

defines normal systolic blood pressure as under 120, Miller points out that older adults in trauma care may have a systolic blood pressure of 150 or 160, and that frequently when these older patients have a blood pressure of under 120, they may go into shock.

“It wasn’t unusual to see a patient come in for an injury, and we would get them stabilized. There would be a honeymoon period of a day or two and then the patient would crash, need a respirator or have a heart attack,” said Miller.

Maxwell approached Miller while she was a postdoctoral fellow at Vanderbilt School of Nursing. The two conducted an evaluation of geriatric patients in a prospective study. The interdisciplinary collaboration has continued since.

RESEARCH FOCUS

The Injured Older Adult Pre-injury Impairment study is a prospective cohort study with patients 65 and older admitted to Vanderbilt University Medical Center’s Level 1 Trauma Center between October 2013 and March 2014. Specifically, research assistants interviewed caregivers of 188 patients within 48 hours of hospital admission to determine pre-injury cognitive and physical frailty status using brief screening instruments. Variables such as demographics, injury severity and comorbidities were obtained from the medical record. Follow-up phone calls were made at 30 days, 90 days, six months and one year to determine post-hospitalization status and outcomes.

“A comprehensive geriatric assessment provides an in-depth evaluation of frailty, but those take up to one hour to conduct,” said Maxwell. “I wanted a measure that could be conducted by bedside nurses and administered in a much shorter amount of time. I was interested in measures that could trigger further assessment and follow-up.”

The research team tested five different screening instruments—the AD8 Dementia screen, Informant Questionnaire on Cognitive Decline in the Elderly,

Vulnerable Elder Survey, Barthel Index and Life Space Assessment. Each of the screens could be administered in less than five minutes.

“The physical frailty instruments differed in perspective, but all predicted mortality and decline,” said Maxwell.

According to prior research, frailty is defined as a condition of vulnerability characterized by inconsistency and instability after a stressor event. This is often the result of physiologic cumulative decline over a lifetime. Often frail older adults have reached a stage in which an external stressor of injury is a tipping point that initiates subsequent decline that can lead to death.

Studies show that dementia is present in up to one-third of hospitalized older adults, and delirium, or acute confusion, is reported in up to 37 percent of injured patients. Risk factors for delirium include pain, infection, sedative use, surgery, electrolyte disturbances, hypoxic events and nutritional deficiencies. The occurrence of delirium in injured older adults further complicates recovery. Interventions to prevent and treat delirium may include multiple components such as early mobilization, reducing sleep interruption, regular communication, contact with family, and provision of familiar objects.

Maxwell’s physical frailty assessment consisted of 38 questions and the cognitive impairment assessment consisted of 24 questions. It typically took 30 minutes to get informed consent and go through every one of the instruments. After discharge, Maxwell conducted 30-day, 90-day, six-month and one-year follow-up calls.

CHALLENGES

“We identified potential patients through Vanderbilt’s Star Panel, which allows access to electronic clinical information in real time, to see who was coming into the trauma unit. A research assistant would go to the trauma unit every day and approach new patients—or their families—for enrollment. If we were able to get them enrolled and screened within 48

hours of admission, they were included in this study,” said Maxwell.

This geriatric population had unique challenges, such as finding primary surrogates (caregivers or family members) who could answer the questions on behalf of the patient. Delirium and dementia can make communications between the patient and health care provider difficult.

One hundred percent of the screens were conducted with primary surrogates, but only 41 percent were combined with a patient screen due to a multitude of reasons such as patients having cognitive impairment, being in pain or on pain medication or being sedated. And, sometimes patients wanted to participate in the study, but didn’t feel like answering the questions themselves. There were 27 patients who wished to be in the study, but had to be excluded because surrogates were not available (an inclusion criterion).

INITIAL FINDINGS

Maxwell has mapped the initial functional trajectories. All three groups—frail, pre-frail and non-frail—declined 30 days after hospitalization. The non-frail group rebounded and often returned to their baseline before one year. The pre-frail group sometimes rebounded and returned to their baseline. The frail group did not return to baseline at all and 25 percent of these patients died within one year following hospitalization.

“We are realizing that as most people age, they have not thought about how close they might be to the end of their life. Ninety percent of our patients were living in a home setting—a lot of them by themselves. Many fell or tripped over something in their home. Their injuries are typically viewed as fairly minor among trauma providers, however, the injury, among our frail

Questions Used to Screen for Frailty and Cognitive Impairment

Frailty:

1. Fatigues easily?
2. Inability to walk up one flight of stairs?
3. Inability to walk one block (or ¼ mile)?
4. Has 5 or more illnesses?
5. Has lost weight (more than 5-10%) in the last 6 months?

Cognitive Impairment:

From the perspective of a patient surrogate: Think back 5 to 10 years ago, just answer yes or no whether your loved one has had a change.

1. Problems with judgment or decision making?
2. Less interest in hobbies or activities?
3. Repeat the same things over and over (questions, stories, statements)?
4. Trouble learning to use a tool, appliance or gadget (computer, microwave, remote control)?
5. Forget the month or the year?
6. Trouble handling complicated financial matters (balancing checkbook, paying bills)?
7. Trouble remembering appointments?
8. Daily problems with memory or thinking?

For Maxwell’s study, frailty was defined as answering yes to three or more of the above frailty questions, and possible cognitive impairment was defined as answering yes to two or more questions.

“The nurse identifies the trigger. The doctor initiates the referral, and the palliative care doctor or nurse practitioner closes the loop.”

MOHANA KARLEKAR, MD

patients, tipped them over into decline.”

The initial findings indicate that physical frailty is the primary predictor of decline and one-year mortality, even more so than age, comorbidities and injury severity.

“From what we saw in this study, we felt the next step needed to be aimed at getting palliative care to these patients, how to approach this, and how receptive patients and family caregivers would be to this,” said Maxwell.

PROACTIVE PALLIATIVE CARE

Armed with this information, Maxwell once again partnered with Richard Miller, as well as Mohana Karlekar, MD, medical director of VUMC Palliative Care, and Teresa Hobt-Bingham, MSN, RN, Trauma Patient Care Center Manager, for a quality

improvement project titled “Geriatric Trauma and the Need for Proactive Palliative Care.”

The challenge: frailty is a primary predictor of poor outcome in older adults, however few hospitals screen for baseline frailty when a patient is admitted to a hospital. Furthermore, frailty is a poorly understood concept among both providers and the public. Frailty and dementia in older adults are not traditional triggers for palliative care consultations. In the VUMC Trauma Department, where the project was conducted, typically only 13 percent of the geriatric trauma patients received palliative care consultations during the 2011 to 2014 time frame.

The team wanted to determine if trauma nurses at the bedside could screen injured older adults (or their surrogates) for frailty and possible dementia; if screening for these impairments would trigger more palliative care consultations; and if screening and early palliative care consultation benefited providers, patients and families. They termed this “proactive” geriatric palliative care.

CONSULTATIONS

Karlekar, assistant professor of Medicine, has a deep interest in how trauma and geriatric care intertwine. She defines palliative care as care of the seriously ill or injured and makes a point that it is not restricted to end-of-life care.

“Palliative care is a new specialty that cares for those seriously ill. This specialty focuses on three things: 1) Improving symptoms to help maximize quality of life; 2) Helping patients transition to hospice as appropriate; and 3) Helping establish ‘goals of care,’ a plan of care that is consistent with a patient’s wishes and is medically possible,” said Karlekar. “In our

geriatric trauma patients, we want to facilitate a better understanding of frailty, as well as associated issues that may arise going forward so that patients and families are better informed and prepared for future potential medical complications.”

The VUMC Palliative Care team consists of six physicians and two nurse practitioners, each of whom provide consultations.

“An admission to the trauma ICU is a wake-up call, a harbinger that bad things may happen,” said Karlekar. “We frequently see older adults in trauma care for falls. If a healthy 40-year-old falls, they don’t end up in the trauma unit.

“We on the palliative care team prefer to get involved in the process early so that ideally we can talk with patients to better understand how they define their quality of life. Our goal is not to change any immediate decision making, but rather give patients and their families an idea of what the major clinical trajectories may look like which will hopefully allow them to make better decisions for themselves. Our hope is that patients will be better informed and not have to make complex end-of-life decisions in crisis,” she said.

As part of the palliative care consultations in the VUMC Trauma Unit, the initial findings from the frailty and cognitive impairment study are already put into practice. They are important message points shared with patients and their families.

NURSE BUY-IN

Bedside nurses in the Vanderbilt Trauma Unit played a crucial role in this study, according to Karlekar, Miller and Maxwell.

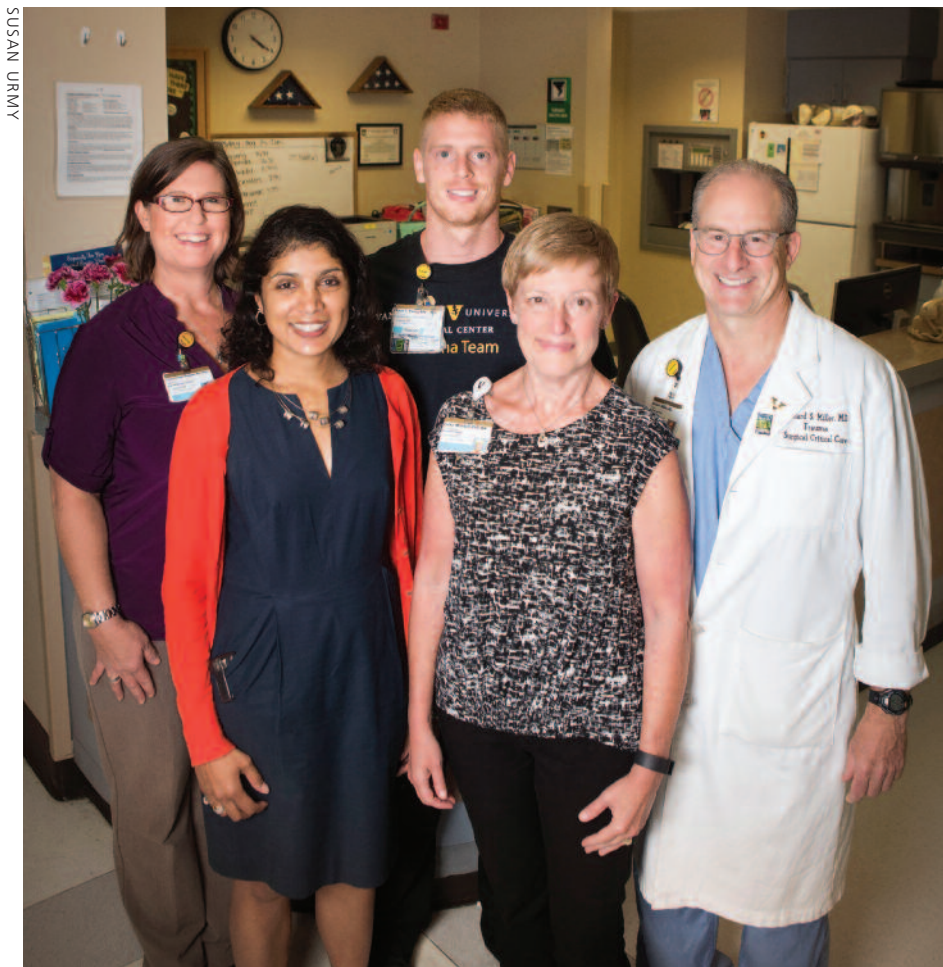
“A lot of trauma patients in general have devastating injuries that are really going to affect their quality of life from here on out,” said Hobt-Bingham. “Cathy had already conducted her study on this. Her next step was to see if our nurses were willing to do the bedside screenings.”

“I knew our Trauma Department Nurse Unit Board would agree to do this, provide positive reinforcement and get

Steps to Reduce Risk of Falls Among Older Adults

- Exercise to build balance, strength and flexibility
- Discuss current health conditions
- Get vision and hearing checked annually
- Review medications with doctor or pharmacist
- Perform a walk-through safety assessment of the home
 - o Lighting
 - o Stairs
 - o Bathrooms
- Talk to family members and enlist support from others
- Driver safety programs

Source: National Council on Aging



Interdisciplinary collaboration among all involved was crucial to this research. Team members include: (front row) Mohana Karlekar, MD, Cathy Maxwell, PhD, and Richard Miller, MD, (back row) Teresa Hobt-Bingham and Ryan Vance, RN.

their peers excited and involved,” said Hobt-Bingham. “We role-played the questions and answers at the unit board meeting and staff meetings. At no more than 90 seconds, it was so fast and easy.”

In addition to the questions, the nursing team worked on framing the narrative of how to approach the palliative care conversation, which can be difficult. “We used scripting, such as: ‘Mrs. Smith, I would like to ask you some questions as it will help us plan for your mother’s care,’” said Hobt-Bingham.

“The approach of nurse-empowered

interventions really transcends,” said Karlekar. “The nurse identifies the trigger. The doctor initiates the referral, and the palliative care doctor or nurse practitioner closes the loop.”

Among 70 patients who were screened by bedside nurses, 23 percent screened positive for both frailty and possible dementia. Project leaders met with physicians and trauma staff through the project for feedback and suggestions for improvement at regular intervals. Charge nurses rounded on older patients on a daily basis to prompt bedside nurse screening. Medical receptionists distributed and collected screening instruments each day.

During this project, 36 percent of patients screened positive for frailty and 34 percent for pre-frailty. Thirty-four

percent screened positive for possible dementia. Palliative care consultations increased to 32 percent.

Even though the project has concluded, bedside nurses opted to continue screening older patients while Maxwell tracks admissions, screenings, and percentage of palliative care consultations.

“I have continued to round on the Trauma Unit and follow the nurse screening that still continues,” said Maxwell. “I see how everyone’s role contributes to the overall success of this project. For instance, the six medical receptionists are very engaged in this work. In many cases, they prompt the bedside nurses to screen and the receptionists help streamline the process so that forms are not lost or misplaced.”

NEXT STEPS

The project leaders for both studies are preparing various manuscripts and presentations to share more of the findings with peer organizations. Maxwell recently presented at the American Association for the Surgery of Trauma (AAST) and Karlekar will lead an interdisciplinary presentation at the American Academy of Hospice and Palliative Medicine in March 2016.

Maxwell is already pursuing a new grant regarding early geriatric palliative care for injured older adults to explore patient, caregiver and provider perceptions and preferences, quantify outcomes of proactive geriatric palliative care, and examine receptivity to this innovative approach.

“I want Vanderbilt to be the epicenter of this plan of action on the long-term outcome of geriatric trauma patients,” said Miller. “We have enough powerful data to show that we will make a huge difference in the way we manage geriatric trauma patients across the country.”



For a video example of an introductory palliative care consultation visit nursing.vanderbilt.edu

EXPERTS *of* NORMAL

After co-authoring a landmark study demonstrating the safety and effectiveness of birth center care, Cara Osborne, SD, CNM, took the data published in the *Journal of Midwifery and Women's Health (JMWH)* in 2013 one step further. She put the findings right into practice.

With the help of a financial backer, Osborne opened a birth center in Rogers, Arkansas, and founded Baby+Company—the name behind a group of boutique birthing centers that offer highly personalized care. One in Cary, North Carolina, came next in 2014, followed by centers in Denver and Nashville, where she earned her MSN in Nurse-Midwifery from Vanderbilt University School of Nursing (VUSN) in 2001. A center in Charlotte, North Carolina, will be opening this fall.

BY NANCY HUMPHREY
PHOTO BY DANIEL DUBOIS

Certified Nurse-Midwife
Taneesha Reynolds examines
expectant mother Lauren
Jordan at Baby+Company's
Nashville location.



“It’s been a bit of a wild ride,”

Osborne said. “Our study (in *JMWH*) replicated the original national birthing center study, published in the *New England Journal of Medicine* in 1989, and confirmed that safety and efficacy hadn’t changed over the period of time.”

The *JMWH* study, “Outcomes of Care in Birth Centers: Demonstration of a Durable Model,” examined the records of 15,574 women who planned and were eligible for giving birth at a birth center at the onset of labor. Eighty-four percent gave birth at a birth center, 4 percent were transferred to a hospital prior to birth center admission, and 12 percent were transferred in labor after admission. Ninety-three percent of those women had a spontaneous vaginal birth; 1 percent, assisted vaginal birth; and 6 percent, a cesarean birth.

The results of the study, also called National Birth Study II, were “particularly remarkable in an era characterized by increases in obstetric intervention and cesarean birth nationwide,” the authors wrote.

Osborne, who had her two sons at birth centers, said she stands behind birth center care “both personally and professionally. It’s a great option for women.”

THE BUSINESS MODEL

Baby+Company offers a unique birth experience, combining highly personalized clinical care delivered in a home-like environment with the benefits of partnership with academic medical centers with a long history of excellence in women’s services.

In Nashville the business model operates like this: Baby+Company builds, equips and manages the facility. Vanderbilt University Medical Center (VUMC) provides the faculty CNMs and seamless patient transfer to VUMC when a higher level of care is needed.

Baby+Company delivers the type of care that the data in the study heralded.

Maternity care is provided by certified nurse-midwives, who offer personalized support and clinical care from the first prenatal appointment through birth. After birth, the midwives even visit the new mother’s home to check on the mother and baby and are available for consultation as needed, through the standard six-week postpartum office visit. While the centers operate independently, they are each located very close to those partnering medical centers.

“I believe, and midwives at birth centers do too, that birth is normal physiology,” Osborne said. We should approach it with the expectation that things will proceed normally and that the body will do its work. Then we can recognize when things are not going well and intervene accordingly; rather than approaching it from the standpoint of expecting complications, for things not to go normally, and being surprised when they do.”

Baby+Company Nashville is located in a renovated commercial site on West End Avenue, just over 1 mile from VUMC. It’s currently the only freestanding birth center in Nashville.

Each center has several comfortable and beautifully decorated birth suites with spacious showers and tubs, classrooms for prenatal education, yoga and new mom groups. There’s also a communal kitchen and living room available for the laboring mom’s family who are awaiting the birth of a new family member.

Margaret Buxton, DNP, MSN (VUSN ‘98), CNM, and a nurse-midwife with the West End Women’s Health Center (Vanderbilt University School of

Nursing’s nurse-midwifery practice group that deliver women at Vanderbilt University Medical Center) for the past 12 years, is now the clinical director of Baby+Company Nashville.

She said that a thriving nurse-midwifery program at Vanderbilt—both an educational program at VUSN and the 20-year-old West End Women’s faculty practice with more than 20 midwives delivering more than 1,000 births a year—was a perfect breeding ground for a company like Baby+Company to offer women another option.

“Eighty percent of pregnancies are normal health events,” Buxton said. “The birth center offers a participatory model of care where we get to know our patients over time. Vanderbilt recognizes nurse-midwives as valuable team members, experts of normal (pregnancy and delivery). And there’s been a huge growth of women seeking care at Vanderbilt who aren’t high risk. In fact, they’re very low risk,” she said.

“Vanderbilt, the tertiary hospital for the region’s high-risk cases, recognized that they have this thriving nurse-midwife practice (West End Women’s) and they want to keep it going. But for women looking for a low-intervention approach to childbirth, Vanderbilt saw the value of the midwifery model of care, saw the demand in the community and began thinking about a birth center, not as an alternative, but in addition to, hospital-based care.”

The cesarean section rate for women receiving care in birth centers averages 6.1 percent. By comparison, the CDC’s vital statistics report indicates the state of

... birth is normal physiology. We should approach it with the expectation that things will proceed normally and that the body will do its work.” *Cara Osborne, SD, CNM*

Tennessee has a cesarean rate of 26.8 percent among low risk women who deliver at a hospital.

Joining Buxton at Baby+Company are VUSN faculty nurse-midwives Lauren Drees, CNM, and Taneesha Reynolds, CNM. The medical director is Richard Lotshaw, MD, professor of Clinical Obstetrics and Gynecology at VUMC. Under the agreement, if complications arise or a patient wants an epidural, she will be transferred to VUMC.

The birth center will be staffed by at most five nurse-midwives, delivering 400 to 500 babies a year. “Research shows that birth centers don’t really feel like birth centers when you get above 500 births a year. You lose the intimacy,” Buxton said. “The birth center model targets the woman who believes in the importance of education and who wants to participate in her health care. The midwife builds a trusting relationship that’s collaborative.”

The cost of a Baby+Company birth is about half of the cost of a hospital birth. The fee includes the birth, all prenatal care, the required prenatal classes and all postpartum care up to 6 weeks, including a postpartum home visit. The specific out-of-pocket cost for patients will depend on the specifics of their health care plan. Clinical services available at Baby+Company include prenatal, labor and delivery, postpartum, and newborn care, as well as annual exams, pre-conception and birth control. More than 90 patients signed up for prenatal care prior to the center’s opening.

EDUCATING THE NEXT GENERATION OF NURSE-MIDWIVES

VUSN has one of the largest nurse-midwifery educational programs in the country. It’s ranked No. 3 by *U.S. News & World Report*. The doctorally prepared, practice-active faculty uses a mix of traditional classroom settings, simulated experiences and clinical training to fully prepare nursing students for a career in this field.

VUSN nurse-midwifery students benefit from low faculty-to-student ratios,

mentoring and personalized attention. Now, in addition to clinical training at West End Women’s, the students will also be able to rotate through Baby+Company for an additional training experience.

“It is crucial for all of our students to get valuable, hands-on clinical opportunities as part of their education. Our relationship with Baby+Company opens up several more preceptorships for our nurse-midwifery students and in a setting that is growing in popularity as an option for women,” said Mavis Schorn, PhD, CNM, RN, senior associate dean for Academics at VUSN.

MORE OPTIONS

Consistent with the patient-centered approach of the nurse-midwifery model, women in Nashville who want to be delivered by Vanderbilt certified nurse-

midwives have several options. They can receive care from VUSN Faculty Practice nurse midwives located at a variety of community sites and deliver at Vanderbilt University Hospital or receive care and deliver at Baby+Company. In addition, nurse-midwives practicing with Vanderbilt University School of Medicine work with physicians to care for high-risk patients. These patients are also delivered at Vanderbilt University Hospital.

“Vanderbilt has long been a supporter of nurse-midwifery care, and now there are midwives at every level,” said Sharon Holley, DNP, CNM, and clinical director at West End Women’s Health. “The birth center focuses on low risk and low inter-

The Baby+Company delivery model of evidence-based, high-value care—is the brainchild of VUSN alum Cara Osborne.



SUSAN URMAY

vention, while the VUSN Faculty Nurse-Midwife practice on West End cares for women who have low- to medium-risk pregnancies. These two practices will be working very closely together and support one another if patients desire to transfer.”

Last year, West End Women’s Health delivered about 25 percent of the births at Vanderbilt Hospital. There continues to be a strong commitment to midwifery care within the hospital setting. The group’s cesarean rate ranged from 13 to 15 percent, compared to the national cesarean section rate of 32.8 percent, and the epidural rate was about 40 percent, compared to national rates between 60-70

Clinical Director Margaret Buxton, CNM and graduate of the VUSN nurse-midwifery program, is a passionate advocate of the birth center model of care.

Our relationship with Baby+Company opens up several more preceptorships for our nurse-midwifery students and in a setting that is growing in popularity as an option for women.” *Mavis Schorn, PhD, CNM*

percent. Now with the addition of Baby+Company there is midwifery care available outside the hospital as well.

OSBORNE’S TRAJECTORY

Osborne’s passion for the birth center model of care started early in her career. After earning her MSN degree in Nurse-Midwifery at Vanderbilt in 2001, she worked at a birth center in Wellesley, Massachusetts, and began working on her doctorate in maternal and child health at Harvard with a focus on perinatal epidemiology. While at Harvard she was part

of a research team looking at birth outcomes in hospital and birth center settings, and worked for the Clinton Foundation in Jamaica, helping the government build a program to manage perinatal transmission of HIV.

In 2005, she joined Vincent Obstetrics at Massachusetts General Hospital, a Harvard training site. She took a break from clinical practice in 2007, joining the midwifery training program at Frontier Nursing Service in Kentucky, and ultimately accepted an academic appointment at Eleanor Mann School of Nursing at the University of Arkansas.

“I like being a clinically practicing midwife,” Osborne said. “When someone asks me what I do, (instead of saying she’s the owner of five birth centers) I say I’m a midwife. I have also really enjoyed taking on the academic part of it. I’m driven by the evidence-base in my own clinical practice. Trying to do what I can to help show the value of midwifery in the American health system, and to demonstrate the outcomes that are possible with a low intervention model of care, is rewarding. It’s been a step-by-step evolution and I couldn’t have imagined when I was a brand new student midwife that all this was down the road.”

The business side of things is still new for Osborne.

“The size of the business remains to be seen. The important part for me is having centers that deliver exceptional clinical care, working with strong hospital and physician partners. Our focus, for now, is on these five centers and making sure that we run them safely, effectively and efficiently.”

“I truly believe this is an option that women all over the U.S. would like to have. I hope that we can replicate and



SUSAN URMY

grow, but we are taking it one step at a time.”

Osborne said that national data from Listening to Mothers, a national survey of women’s expectations and satisfaction around the birth experience, shows that about 25 percent of women would like to have a birth center option, if available. “But the regulatory environment in a lot of states makes it hard to get one off the ground,” she said.

“I’m struck by how important it is to have this skill set (regulatory and business knowledge). If we are going to expand access to this model of care, it has to pay for itself and be a viable business. It’s been a challenge for birth centers, because as a high-value, low-intervention model, the model of care doesn’t do well under a fee-for-service framework, which is how most payers operate. Figuring out how to overcome that is an important part of making this model work. You don’t necessarily learn that in school,” Osborne said.

“Vanderbilt’s School of Nursing had a great focus on critical thinking and on decision-making skills. There’s an acknowledgement that you can’t learn everything, and that everything isn’t in the book. You’ve got to be able to problem solve and work your way through whatever presents itself. I feel like my education prepared me well. But instead of just solving problems in my personal clinical practice, I now have a different set of problems to solve.”



JOE HOWELL

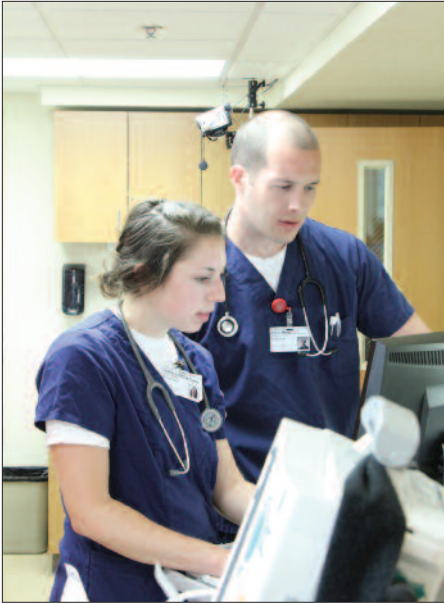


JOE HOWELL



JOE HOWELL

Baby+Company’s Nashville site has been designed to enhance the comfort and experience of its clients. Top right: The center’s living room for family members and friends looks out over West End Avenue. Middle and bottom right: Each birthing suite has comfortable furnishings and soothing neutral hues.



Making an Impact

Vanderbilt University School of Nursing is a collective of nurse scholars and educators who are constantly moving forward on behalf of our students and the profession of nursing through teaching, research, practice and informatics. The following pages include a sampling of some of these accomplishments from 2014.



Currently Funded Grants and Contracts

We are proud of the many grants awarded recently to
VUSN faculty. See below for a listing.

Research Grants

Jie Deng

*Establishing Lymphedema and
Fibrosis Measures in Oral Cancer
Patients*

National Institutes of Health –
National Institute of Dental and
Craniofacial Research
3/1/2015 – 2/28/2019
\$2,408,422

Todd Monroe

*Age-Related Differences in
Psychophysical and Neurobiological
Response to Pain*

National Institutes of Health-
National Institute on Aging
04/1/2014 – 3/31/2016
\$431,750

Shelagh Mulvaney

*Using Social Learning to Improve
Adolescent Diabetes Adherence
Problem Solving*

National Institutes of Health-
National Institute of Diabetes and
Digestive and Kidney Diseases
12/1/2012 – 8/31/2016
\$1,798,029

Sheila Ridner

*A Randomized Trial Evaluating
Bioimpedance Spectroscopy versus
Tape Measurement in the Prevention
of Lymphedema following
Locoregional Treatment for Breast
Cancer*

ImpediMed, Inc.
6/1/2015 – 5/31/2019
\$1,431,741

Sheila Ridner

*Promoting Adherence to
Lymphedema Self-Care Breast
Cancer Survivors*

Supported by the Research Scholar
Grant, Number RSG-13-022-01-
CPPB, from the American Cancer
Society
1/1/2013 – 12/31/2016
\$720,000

Sheila Ridner

*Feasibility and Preliminary Efficacy
of Yoga in Head and Neck Cancer
Survivors*

National Institutes of Health-
National Cancer Institute
8/1/2013 – 07/31/2015
\$367,123

Micah Skeens

*Adherence in Pediatric Bone
Marrow Transplant Patients*

Micah Skeens, MS, was supported
by a Doctoral Degree Scholarship
in Cancer Nursing, DSCN-14-
075-01-SCN from the American
Cancer Society
7/1/2014 – 3/30/2016
\$30,000

Terrah Foster-Akard

*Impact of a Palliative Care Research
Cooperative (PCRC)-Supported
Legacy Interventions in Pediatric
Palliative Care*

National Institutes of Health-
National Institute of Nursing
Research
9/26/2014 – 06/30/2018
\$1,857,880

Clinical-Community Partnerships Grants

Bonita Pilon

Clinics at Mercury Courts
The Memorial Foundation, Inc.
1/1/2013 – 12/20/2015
\$45,000

Bonita Pilon

*Inter-professional Collaborative
Practice: The Mercury Courts
Model*
Health Resources & Services
Administration-Bureau of Health
Professions
9/1/2012 – 9/29/2015
\$1,394,204

Pam Jones

*Maternal Infant Health Outreach
Worker (MIHOW) Program
Evaluation*
Catholic Charities
10/1/2013 – 9/29/2016
\$367,800

Tonya Elkins

*Maternal Infant Health Outreach
Workers*
Charles M. and Mary D. Grant
Foundation
9/1/2014 – 8/31/2016
\$70,000

Pam Jones

*Nashville After Zone Alliance
(NAZA)*
Metro Nashville & Davidson
County
7/1/2012 – 6/30/2017
\$960,000

Leah Branam

*Communities And Students Together
for Learning-Enhanced Service
(CASTLES)—Metro Community
Enhancement Fund*
Metro Nashville & Davidson
County
7/1/2015 – 6/30/2016
\$60,600

Leah Branam

*Communities And Students Together
for Learning-Enhanced Service
(CASTLES)—Building Academic
Achievement*
United Way
7/1/2015 – 6/30/2016
\$18,900

Leah Branam

*Communities And Students Together
for Learning-Enhanced Service
(CASTLES)—Community Health
Engagement*
United Way
7/1/2015 – 6/30/2016
\$28,000

Leah Branam

*Communities And Students Together
for Learning-Enhanced Service
(CASTLES)—Promoting Youth
Physical Activity*
United Way
7/1/2015 – 6/30/2016
\$30,000

Welcome New Faculty

Stellar faculty are crucial to achieving the School's mission

RESEARCH



Deonni Stollendorf, PhD, RN, Assistant Professor of Nursing

Dr. Stollendorf is dedicated to determining if innovations in health care are sustainable to enhance organizational performance related to patient safety and the quality and effectiveness of care. She came to VUSN in 2013 as a Veterans Administration Quality Scholar Post-Doctoral Fellow. Her PhD dissertation was titled “The sustainability of innovations in hospitals: A look at rapid response teams” from research conducted at the University of North Carolina at Chapel Hill, North Carolina. As part of her doctoral work, she was a pre-doctoral fellow in Health Care Quality and Patient Outcomes at the University of North Carolina – Chapel Hill. She has published articles in the *Joint Commission Journal on Quality and Patient Safety*, *Military Medicine*, *Journal of Nursing Law*, *Japan Journal of Nursing Science* and *Curationis*. She is an adult nurse practitioner who started her career as an Intensive Care Unit nurse, followed by 10 years as a travel ICU nurse and then as a nurse educator. She earned a master’s degree in advanced general nursing from Rand Afrikaans University in Johannesburg, South Africa, and her bachelor’s level nursing degree from the University of the Orange Free State, Bloemfontein, South Africa.



Ruth Wolever, PhD, Associate Professor, Director of Health Coaching: Research, Practice & Education

Dr. Wolever joined VUSN as an Associate Professor and is dually appointed to the Department of Physical Medicine and Rehabilitation and serves in the Osher Center for Integrative Medicine and Health. She is a clinical health psychologist with 21 years of experience designing, implementing, and evaluating behavior change programs for patients and those at risk for chronic disease. She is a nationally recognized expert on Health and Wellness Coaching and one of the

elected leaders of the National Consortium for Credentialing Health and Wellness Coaches, a non-profit organization which has launched the first national certification for health and wellness coaches. Prior to joining Vanderbilt, Wolever was the Founding Research Director for Duke Integrative and an Associate Professor in the Department of Psychiatry and Behavioral Sciences. At Duke, she collaboratively developed, led and studied 19 distinct programs targeting stress and behavior change using cutting edge conceptual models and techniques. Wolever is also a national leader in the study of mindfulness-based approaches to self-regulation and lifestyle change (particularly stress and eating behaviors, binge eating, weight loss and weight loss maintenance), as well as innovative treatments for medication adherence, insomnia, tinnitus, and other stress-related disorders. Her clinical research has been funded by the National Institutes of Health (NCCAM, Office of Women’s Health, NHLBI, and NIDCD), Centers for Medicare and Medicaid Services, industry, and philanthropy.

ACADEMIC



Holly Bechard, MSN, APRN-BC, Instructor

Bechard is a new faculty member in the PreSpecialty component of the MSN program. She is a family psychiatric and mental health nurse practitioner who has been employed at Genesis Psychiatric Services in Middle Tennessee, where she provides medication management and brief psychotherapy to patients across the lifespan. She also served as a nursing instructor at Lipscomb University School of Nursing for four years, where she oversaw adjunct clinical nurse faculty involved in leading psychiatric clinicals and was heavily involved in the development of the new nursing education curriculum. She earned an MSN from Vanderbilt and a BA in Psychology from Lipscomb University. She is pursuing her Doctor of Education degree at Lipscomb University.



Jennifer Hensley, EdD, CNM, WHNP-BC, LCCE, Associate Professor

Dr. Hensley is a certified nurse-midwife and women’s health nurse practitioner with more than 37 years of nursing and teaching experience and is teaching in the Women’s Health Nurse Practitioner specialty. Since 2004, she has served as Nurse-Midwifery specialty director for the University of Colorado Denver, Aurora, and as the Women’s Health Nurse Practitioner specialty director since 2011. Her recent funded scholarship has included a 2014 Practice Survey of Colorado Nurse-Midwives, risk factors in the development of chorioamnionitis and the treatment of restless legs syndrome during pregnancy and lactation. She has published extensively, contributing to book chapters on women’s health and family planning to the undergraduate text “Maternal-Newborn Nursing & Women’s Health,” and a chapter on sexual dysfunction in the graduate text “Principles and Practice of Pharmacology.” Dr. Hensley has also published in journals such as the *Maternal Child Nursing/the American Journal of Maternal Child Nursing*, the *Journal of Obstetrics, Gynecology, and Neonatal Nursing*, and the *Journal of Midwifery & Women’s Health*. She earned her associate degree in Nursing from El Camino College, a BSN from Biola University, and an MSN and EdD from the University of Southern California.



Robin Hills, DNP, WHNP-BC, MC-C, CNE, Assistant Professor

Dr. Hills is teaching in the Women’s Health Nurse Practitioner specialty and is a board-certified women’s health nurse practitioner with more than 20 years of experience in nursing and education. She recently served as a DNP curriculum consultant for the University of Florida College of Nursing and for the Virginia Commonwealth University (VCU) School of Nursing. She served on the VCU School of Nursing faculty for 10 years, specifically as the Women’s Health Program Coordinator.

As a health advocate for underserved women, she was invited to provide to the Virginia General Assembly expert testimony on bills that would improve the health of that population. Her scholarly contributions include numerous publications and presentations on topics such as: evaluating a quality improvement program for cervical cancer screening, menopause and harnessing the power of team-based learning. Her DNP is from the University of Virginia (UVA) School of Nursing, where she won the Outstanding DNP Capstone Award. Dr. Hills was also awarded the highly competitive American Nurse Practitioner Foundation Doctoral Study Scholarship, the UVA School of Nursing—Rodriguez Nursing Student Research and Leadership Scholarship, and the Virginia Council of Nurse Practitioners Scholarship. She earned her MS and BS in Nursing from VCU.



**Kanah May Lewallen
DNP, AGPCNP-BC,
Instructor**

Dr. Lewallen is teaching in the adult health courses in the PreSpecialty and Specialty levels at VUSN. She is an Adult-Gerontology Primary Care nurse practitioner who has worked in post-acute/long-term care facilities since 2009 and taught in the AGPCNP program. Her current clinical practice is with Vanderbilt Senior Care. Her current research/scholarly interests include: the role of the APRN in post-acute/long-term care, delirium, and providing advanced practice nursing students opportunities for clinical experience in geriatrics and post-acute/long-term care. Dr. Lewallen earned an MSN from VUSN and a DNP from Belmont University. She is president of the Middle Tennessee chapter for the Gerontological Advanced Practice Nurse Association and chair of the Association's Post-Acute/Long-Term Care Special Interest Group.



**Jessica Anne Rogers DNP,
MSN, FNP-BC, WHNP-BC,
Instructor**

Dr. Rogers is a Family Nurse Practitioner and Women's Health Nurse Practitioner who teaches in the Women's Health Nurse Practitioner specialty. She also assists in the Family Nurse Practitioner specialty. She earned a DNP, an MSN and a Post-Master's Certificate from the Vanderbilt School of Nursing, where she distinguished herself with

outstanding student awards in both specialties. Her DNP capstone project was titled "Identification of Primary Care Providers' Perceived Barriers to Screening for Urinary Incontinence in Women." During her Post-Master's education, she was one of the initial coordinators responsible for developing the Sexual Assault Awareness program. She also served as co-collaborator on the revision of Sexual Assault Center of Nashville's Crisis Line. Rogers has served as a guest lecturer at Union University School of Nursing and attended the Society of Urologic Nurses and Associates' recent advanced practice symposium. She earned a BSN from Samford University in Alabama.



**Kyla Stripling, MMHC,
MSN, APRN, ACNP-BC,
Instructor**

Stripling is an Acute Care Nurse Practitioner specializing in Spine Neurosurgery at Vanderbilt University Medical Center and is teaching in the PreSpecialty component of the MSN program. She earned her Master of Science in Nursing from Vanderbilt University and completed her undergraduate degree at Florida State University. She serves as Advance Practice Provider Team Leader for the Neurosciences and had a prior clinical appointment at Belmont University School of Nursing. She has clinical experience in ambulatory and acute settings within Oncology, Neurology and Internal Medicine. Her recent clinical research interests include post-operative lumbar surgical pain outcomes. She serves as co-chair for Advanced Practice Nurse Clinical Practice Grand Rounds Steering Committee.



**Timothy L. Wilson, DNP,
PMHNP, FNP, Instructor**

Dr. Wilson is a Psychiatric-Mental Health Nurse Practitioner and Family Nurse Practitioner and practices in both capacities at a local hospital. He earned his Doctor of Nursing Practice degree from the Vanderbilt University School of Nursing in 2014 and his DNP scholarly project was titled "HIV Stigma within Healthcare Settings: Implications for Retention-in-Care in Middle Tennessee." Additionally, Wilson completed an MSN from VUSN in the Psychiatric-Mental Health Nurse Practitioner Program, a Family Nurse Practitioner Post-Master's certificate at Middle Tennessee State University, a

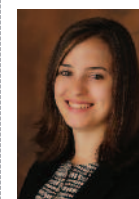
Master of Science degree in management and organizational change from the New School for Social Research in New York, and a Bachelor of Arts degree, with honors, from Rutgers University in New Jersey. He is pursuing a PhD in Nursing at Oregon Health & Science University where he was named a 2015-2016 Hearst Scholar in OHSU's Hartford Center for Gerontological Nursing Excellence. Prior to nursing, Wilson had a successful career providing quality, strategy and leadership initiatives for several Fortune 100 Companies.

CLINICAL



Andrea Mana, MSN, CNM

Mana is a certified nurse-midwife at the Vanderbilt University School of Nursing's West End Women's Health Center. She has served as nurse in the Vanderbilt University Medical Center's Labor and Delivery department for more than three years. There, she handled triage and high-risk antepartum cases as well as implemented education for registered nurses as part of the Baby-Friendly Hospital Initiative. This initiative seeks to create an environment conducive to breastfeeding and maternal-infant bonding in the hospital setting. Her graduate clinical experiences include women's clinics, medical centers and Fort Carson, Evans Army Community Hospital in Colorado Springs. She earned a MSN in Nurse-Midwifery in 2014 and a BSN, with honors, from Hope College in Holland, Michigan.



**Amanda Perry, MSN,
CNM, RN**

Perry is a certified nurse-midwife at the Vanderbilt University School of Nursing's West End Women's Health Center. She received her BSN from Belmont University in 2010 and started working as a registered nurse in the Pediatric Emergency Department at the Monroe Carell Jr. Children's Hospital at Vanderbilt. During her five years at the hospital, she rose to the charge nurse role. She functioned as a preceptor, worked with a variety health care team members, consulting specialties, and provided education to families. She graduated with a MSN in Nurse-Midwifery, finishing her coursework in December 2014.

Selected Works

We are proud of the **GROUNDBREAKING** work of our faculty and congratulate them on their many publications.

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Johnson R, Cook T. Pharmacy deserts: A Perspective of low-income community residents. Minority Health and Health Disparities Grantees' Conference; December 2014; National Harbor, MD.

Kapu A, **Jones P.** Structural empowerment: Outcomes of adding advanced practice providers to interprofessional teams. Center for the Advancing Provider Practices; November 2014; Chicago, IL.

Karp SM, Lutembacher M, Wallston KA. Psychometric evaluation of the Parenting Sense of Competence Scale in a heterogeneous sample of mothers of infants. State of the Science; September 2014; Washington, DC.

Karp SM, Lutembacher M, Dietrich MS. Associations among maternal characteristics, attitudes towards infant feeding and reported feeding practices. American Public

Health Association-Maternal Child Health Section; November 2014; New Orleans, LA.

Karp SM, Lutembacher M, Dietrich MS. Examining infant growth trajectory in the first six months of life. State of the Science; September 2014; Washington, DC.

Kennedy B. Interpreting and using student evaluations for teaching effectiveness. National League for Nursing; September 2014; Phoenix, AZ.

Ketel C. Development of an internet-based population management program to improve communication within an IPCP team providing primary care. National League for Nursing; October 2014; Nashville, TN.

Ketel C, Trangenstein T. Evaluation of an internet-based patient engagement and education program. National League for Nursing; October 2014; Nashville, TN.

Cortes T, Olsan T, Mackin L, Pedack A, Deechakawan W, **Kim J.** Advanced practice nursing education for quality improvement in services to older adults - Health Resources and Services Administration (HRSA) Quality Improvement Symposium. Gerontological Advance Practice Nurses Association; September 2014; Orlando, FL.

Lindstrom K. Hospice 101: When to refer to hospice. American Academy of Nurse Practitioners; June 2014; Nashville, TN.

Love R. Building a blueprint for evaluation of DNP project outcomes. National Organization of Nurse Practitioner Faculties; April 2014; Denver, CO.

Love R. Growing pains: Trials, tribulations, and pearls of advancing DNP programs. International Society of Psychiatric Nursing; March 2014; Greenville, SC.

Lutenbacher M. Depression and vitamin D in the perinatal period. Western Institute of Nursing; April 2014; Seattle, WA.

Lutenbacher M. Using academic-clinical partnerships to enhance communities: Integrating nursing students into quality transitional care teams. Association of Community Health Improvement; March 2014; Orlando, FL.

Lutenbacher M. Gestational weight gain in women participating in a clinical trial to improve birth outcomes. Southern Nursing Research Society; February 2014; San Antonio, TX.

Lutenbacher M, Karp SM, Moore E. Reflections of Black women who choose to breastfeed: Influences, challenges and supports. American Public Health Association - Maternal Child Health; November 2014; New Orleans, LA.

Lutenbacher M, Williams S. Reflections of key stakeholders on the systematic statewide implementation of an evidence-based nurse home visitation program targeting high risk pregnant women. State of the Science; September 2014; Washington, DC.

Maxwell CA, Mion LC, Mukherjee K, May A, Miller RS. Pre-injury cognition and physical function of injured older adults: Does a brief screening instrument identify patients at risk?. American Association for the Surgery of Trauma; September 2014; Philadelphia, PA.

Maxwell CA, Dietrich MS, Minnick AF, Mion LC. Pre-injury physical function of injured older adults: Patient vs. proxy responses. State of the Science; September 2014; Washington, DC.

McClure N. Creating and sustaining academic clinical partnerships to improve outcomes in pediatric asthma patients; Teach it and they

will come (but not back to the Association of Asthma Educators; August 2014; San Antonio, TX.

Miller A. User centered design: designing usable software. Society for Technology in Anesthesiology; January 2014; Orlando, FL.

Miller S. Collaborative, high-volume, repetitive simulations: Strategies for success. National League for Nursing; October 2014; Nashville, TN.

Mion LC. Facilitating person-centered care for the prevention of delirium in hospitalized persons with dementia. Alzheimer's Association; July 2014; Copenhagen, Denmark.

Moore E, Watters R, Wallston KA. Teaching EBP: Measurement of attitudes, support, self-efficacy and behavior. National League for Nursing; September 2014; Phoenix, AZ.

Moore G. Childhood trauma and access to trauma-informed care. Thistle Farms National Conference; October 2014; Nashville, TN.

Monroe TB. Does interdisciplinary care improve prescribing practices and medication outcomes in nursing home residents: A case study. National Academies of Practice; April 2014; Washington, DC.

Monroe TB. Psychophysics and neurobiology of pain in women with Alzheimer's Disease. Association of Translational Science; April 2014; Washington, DC.

Monroe TB. Complementary and alternative medicine in long-term care. American Pain Society; April 2014; Tampa, FL.

Morris M. Perceptions of low income mothers about good parenting. Southern Nursing Research Society; February 2014; San Antonio, TX.

Mulvaney SA. Blending mobile and web technologies to improve outcomes in diabetes. International Society for Research on Internet Interventions; October 2014; Valencia, Spain.

Mulvaney SA. Leveraging internet and mobile technologies to support adolescent self-management. American Association of Diabetes Educators; August 2014; Orlando, FL.

Mulvaney SA. Use of common technologies for problem solving in adolescents with type 1 diabetes. American Diabetes Association; April 2014; San Francisco, CA.

Norman L, Gelmon S, Jellinek P. Key ingredients: What we've learned and more. Partners Investing in Nursing's Future; November 2014; Phoenix, AZ.

Nelson B. Clinical decision support to improve preventive care in juvenile systemic lupus erythematosus. Pediatric Rheumatology Symposium; April 2014; Orlando, FL.

Norman L. Developing interprofessional education collaboration across multiple institutions Universities, Professional Schools, Clinics, & Health Systems. American Interprofessional Health Collaborative; March 2014; Nashville, TN.

Parish A, Monroe T, Mion LC. Nurses' perceptions of pain in long term care residents with dementia: A focus group study. State of the Science; September 2014; Washington, DC.

Phillippi JC. Learning through a new lens. National League for Nursing; October 2014; Nashville, TN.

Phillippi JC. Connection and convenience: Facets of effective prenatal care. State of the Science; September 2014; Washington, DC.

Phillippi JC, Buxton M, Overstreet M. Interprofessional simulation of a retained placenta and postpartum hemorrhage for nurse-midwifery & nurse-anesthesia students. National League for Nursing; October 2014; Nashville, TN.

Phillippi JC, Schorn, MN. Facilitators of prenatal care access. International Confederation of Midwives; June 2014; Prague, Czech Republic.

Pilkenton D. Teaching labor support: An intradisciplinary simulation. American College of Nurse Midwives; May 2014; Denver, CO.

Pilkenton D, Collins M, Holley S. Intradisciplinary simulation on labor support: Therapeutic use of self and effective communication. National League for Nursing; October 2014; Nashville, TN.

Pilon B. Successful models for academic affiliated advanced practice nursing in the US; Evaluating a nurse-led collaborative practice team; Understanding how U.S. advanced practice nurses have used clinic associations to advocate for greater autonomy and expanded scope of practice. International Council of Nurses; August 2014; Helsinki, Finland.

Pilon B. Nurse managed health centers and data—Past, present and future in a collaborative practice world. National Nursing Centers Consortium; June 2014; Alexandria, VA.

Rhoten BA. Body image and sexuality after treatment for head and neck cancer. Oncology Nurses Society; November 2014; Nashville, TN.

Bernas M, Feldman J, Lasinski B, **Ridner SH.** Primary lymphedema. National Lymphedema Network; September 2014; Washington, DC.

Lasinski B, **Ridner SH.** Impact of lymphedema self-care on patient

outcomes. National Lymphedema Network; September 2014; Washington, DC.

Ridner SH. Living with lymphedema with BIS; The fibrosis lymphedema continuum in patients with head and neck cancer. Macquarie University Faculty of Human Sciences.; September 2014; Sydney, Australia.

Ridner SH. A longitudinal study of body composition in head and neck cancer patients undergoing radiation-based therapy utilizing DEXA and CT imaging (MASCC-0 221). Multinational Association of Supportive Care in Cancer; June 2014; Miami, FL.

Ridner SH. Body image-related issues for breast cancer survivors with lymphedema (MASCC-0093). Multinational Association of Supportive Care in Cancer; June 2014; Miami, FL.

Ridner SH. Feasibility of digital photo analysis for objective measure of postural changes after surgical management of head and neck cancers (MASCC-0612). Multinational Association of Supportive Care in Cancer; June 2014; Miami, FL.

Ridner SH. Barriers to lymphedema self-care (MASCC-0030). Multinational Association of Supportive Care in Cancer; June 2014; Miami, FL.

Ridner SH. Internal lymphedema correlates with subjective and objective measures of dysphagia in head and neck cancer (MASCC-0112). Multinational Association of Supportive Care in Cancer; June 2014; Miami, FL.

Ridner SH. Using MRI to characterize lymphatic structure and function without exogenous contrast agents. International Society for Magnetic Resonance in Medicine; May 2014; Rome, Italy.

Ridner SH. Visualization of healthy and compromised lymphatic systems using noninvasive magnetic resonance imaging. Tennessee Physical Therapy Association (TPTA); March 2014; Nashville, TN.

Robbins HM, Stewart LS, Morris MH, Alexander EH, Williams DJ, Barton MP. OB Blitz: A strategy for teaching essentials prior to clinical engagement. American Association of Colleges of Nursing; November 2014; Baltimore, MD.

Schorn MN. Inter-Professional Education (IPE): Synchronous, asynchronous, clinical practice, simulation across disciplines, across universities; Role of the basic scientist in inter-professional education. International Association of Medical Science Educators; June 2014; Nashville, TN.

Schorn MN. Institutional learning about, from and with each other for IPE curriculum implementation. All Together Better Health; June 2014; Pittsburg, PA.

Scott P. The benefit of consistency to the care of newborns with neonatal abstinence syndrome. Pediatrics Advanced Practitioner Conference; February 2014; Orlando, FL.

Sheppard M. Assessment of off-label usage of antipsychotics in middle Tennessee nursing homes. American Psychiatric Nurses Association; October 2014; Indianapolis, IN.

Sheppard M. Dementia and antipsychotics in the long term care setting: A quality improvement initiative Meharry Vanderbilt Consortium Geriatric Education Center and Q-Source Collaboration; April 2014; Memphis, TN; Tennessee Nursing Home Quality Care Collaborative Learning Session Three; May 2014; Nashville, TN; Tennessee Nursing Home Quality Care Collaborative Learning Session Three; May 2014; Knoxville, TN.

Sheppard M. Assessment of off-label usage of antipsychotics in middle Tennessee nursing homes. Sigma Theta Tau, International Honor Society of Nursing; May 2014; Nashville, TN; American Academy of Geriatric Psychiatry; March 2014; Orlando, FL; International Society of Psychiatric Nurses; March 2014; Greenville, SC.

Shifrin M. Cardiac catheterizations: Patients, procedures, and potential problems; The advanced pulmonary assessment. American Association of Critical Care Nurses; September 2014; Nashville, TN.

Shifrin M. An evidence-based approach to end-of-life nursing education in intensive care units. Chatham University; September 2014; Pittsburgh, PA.

Sinclair V. Resilient coping findings in a large, community-based twin study. Society of Behavioral Medicine; April 2014; Philadelphia, PA.

Smallheer B. Back up that case: A new perspective on the reverse case study; Developing and managing an integrated simulation between various levels of nursing student education. American Association of Colleges of Nursing; November 2014; Baltimore, MD.

Smallheer B. Back Up That Case: A New Perspective on the Reverse Case. Improvement Science Summit on Research Methods Theme: Building Evidence to Impact Outcomes; August 2014; San Antonio, TX.

Smallheer B. Video Recorded versus Instructor Proctored Evaluation for Student Check-offs. Annual International Nursing Association for Clinical Simulation and Learning; June 2014; Orlando, FL.

Smallheer B. Developing and Managing an Integrated Simulation Within and Between Various Levels of Nursing Student Education. Annual International

Nursing Association for Clinical Simulation and Learning; June 2014; Orlando, FL.

Smith M. Implementing an academic-clinical partnership to promote successful transition of heart failure patients from hospital to home. American Association of Heart Failure Nurses; June 2014; Los Angeles, CA.

Goggins KM, Kripalani S, **Wallston KA.** For whom do nurses over-report health literacy?. Health Literacy Research Conference; November 2014; Bethesda, MD.

Scott AM, Kripalani S, **Wallston KA,** Cavanaugh K, Osborn CY, **Mulvaney S,** Rothman RL. Measures to assess a health literate organization. American Association for Communication in Healthcare; October 2014; Orlando, FL.

Wallston KA. Food insecurity, diabetes self-care, and glycemic control. Society for General Internal Medicine; April 2014; Denver, CO.

Wallston KA. QI assessment survey. Care Coordination Institute; April 2014; Columbia, SC.

Wallston KA. Expressive writing in breast cancer survivors with lymphedema. Society of Behavioral Medicine; April 2014; Philadelphia, PA.

Wallston KA. Disparities in the treatment of depression among low-income racially and ethnically diverse patients with Type 2 diabetes; Relationship between depressive symptoms, antidepressant use, and patient attitude and behaviors among low-income patients with Type 2 diabetes. Society of General Internal Medicine; April 2014; San Diego, CA.

Wands LM, **Wallston KA.** Self-care behaviors among women with fibromyalgia or multiple sclerosis; Patient-Provider discussions of self-

management of fibromyalgia and multiple sclerosis. State of the Science; September 2014; Washington, DC.

White RO, **Wallston KA**, Kripalani S, Trochez KM, Rothman RL. Interpreter use, health communication, and diabetes factors among Latinos with limited English-proficiency. American Academy of Communication in Healthcare; October 2014; Orlando, FL.

Watters R. Quality improvement in healthcare: An interdisciplinary approach. Elsevier Faculty Development; January 2014; Las Vegas, NV.

Weiner E. Keynote: Bipartisan politics can work! How HIT is helping to transform health care. National League for Nursing; October 2014; Nashville, TN.

Weiner E, Carrigg C, **Gordon J**, McNew R, **Miller S.** Orientation to the virtual world of Second Life. National League for Nursing; October 2014; Nashville, TN.

Wells N. Transforming staff nurses professional practice through immersion in evidence-based practice. Summer Institute on Quality Improvement; August 2014; San Antonio, TX.

Wells N. Controlling pain in the ambulatory setting using a standard opioid protocol. MASCC/ISOO; June 2014; Miami Beach, FL.

Widmar SB. Interventional procedures and common complications. American Association of Critical Care Nurses; September 2014; Nashville, TN.

Widmar SB. Advanced practice institute-dedicated procedural cadaver lab. American Association of Critical Care Nurses; May 2014; Denver, CO.

Widmar SB, Dietrich MS, Minnick AF. How self-care education in ventricular assist device programs is organized and provided. MyLVAD (Patient and Provider VAD Internet Resource of MedStar Washington Hospital); September 2014; Washington, DC.

Bryant S, **Wilbeck J.** Simulation strategies for improved intra-professional collaboration. National League for Nursing; October 2014; Nashville, TN.

Wilbeck J. And the answer is - FLUID!. American Academy of Nurse Practitioners; September 2014; June 2014; Nashville, TN.

Wilbeck J. Strategies to enhance success among dual specialty advance practice nursing programs. National Organization of Nurse Practitioner Faculties; The lack of consensus regarding the scope of practice for the academically Prepared Family/Emergency Nurse Practitioner; April 2014; Denver, CO.

Wilbeck J, Gooch M. Utility of phone simulations across nurse practitioner programs. National League for Nursing; October 2014; Nashville, TN.

Myers J, Baumgartner R, **Williams T.** Leadership Excellence in Advanced Practice (LEAP!): Implementing a group mentoring program for advanced practice professionals. ANCC; October 2014; Dallas, TX.

Williams T. Results of a one-year advanced practice provider mentoring pilot program. American Academy of Nurse Practitioners; June 2014; Nashville, TN.

Wolgast K. Patient centered transition for children and youth with special health care needs. Doctors of Nursing Practice, Inc.; October 2014; Nashville, TN.

Wolgast K. Examining facilitators and barriers to transition care out-

come for children and youth with special healthcare needs. Children's Hospital Association 2014 Transforming Children's Health Care - Together: Care Coordination in a Complex Environment Conference; May 2014; Atlanta, GA.

Young C. HIV pharmacology. American Nurses Credentialing Center; April 2014; Nashville, TN.

FACULTY HONORS & AWARDS

Akard TF. Hospice and Palliative Nurses Association, Hospice and Palliative Nurses Association Poster Award, 2014; Council for the Advancement of Nursing Science, Brilliant Investigator Award Nominee, 2014

Deng, J. Elsevier and Editors of Applied Nursing Research, Excellence in Reviewing Award, 2014; March of Dimes, Nursing Research Award, 2014

Fogel, S. American Academy of Nursing, Fellow in the American Academy of Nursing, 2014

Gilmer MJ. Hospice and Palliative Nurses Association, Hospice and Palliative Nurses Association Poster Award, 2014; and 2015 HealthCare Heroes Award, Nashville Business Journal **Gordon J.** Credo Award, Vanderbilt University Medical Center, 2014

Hande K. Sigma Theta Tau International Iota Chapter, Best Poster, 2014

Hamrin V. Excellence in Practice Award, American Psychiatric Nurses Association, 2015

Keck B. University of Alabama Birmingham School of Nursing, DNP Outstanding Poster Presentation, 2014; DNP 'Most Informational' Poster Presentation, 2014

Kim J. Gerontological Advanced Practice Nurses Association, Excellence in Leadership Award, 2014; NYU College of Nursing, Susan Kun Leddy Memorial Fund Scholarship, 2014; inducted into the National Academies of Practice (NAP), Fellow, 2014

Lauderdale J. Levi Watkins Jr. Faculty Award, Vanderbilt University Medical Center, 2015

Maxwell CA. National Institute on Aging, Butler-Williams Scholars Program, 2014

Minnick, A. (co-award with Linda Norman and Beth Donaghey) American Academy of Nursing, Nursing Outlook, 2014 Nursing Outlook Excellence in Education Award, 2014

Norman LN. University of Virginia School of Nursing, Distinguished Alumni Award, 2014

Parish A. Inducted into the National Academies of Practice (NAP), Fellow 2014

Phillippi JC. American College of Nurse Midwives Foundation, Excellence in Teaching from the American College of Nurse-Midwives Foundation, 2014

Pilon, B. Alexander Heard Distinguished Professor Award, Vanderbilt University, 2014

Rhoten, BA. American Nurses Association, American Nurses Advocacy Institute Fellow, 2014

Smallheer, B. March of Dimes, Nurse of the Year, 2014

Weiner, E. Institute of Medicine, Induction into the Institute of Medicine

APPOINTMENTS

Buerhaus P. AcademyHealth, Board of Directors, 2014-2018

Collins M. Directors of Midwifery Education, Secretary, 2015-2016; American Society for Colposcopy and Cervical Pathology, Member, Mentorship Committee, 2014-2015

Deng J. National Lymphedema Network, Chair, Scientific Conference Committee, 2016 NLN International Conference, 2014-2016

Fogel S. Gay and Lesbian Medical Association; Health Professionals Advancing LGBT Equality, Vice President of Lesbian Health Fund, 2014-2015

Lauderdale J. Council on Workforce Innovation 2014 Health Care Diversity Forum, Advisory Council Member, present

Wolgast K. American College of Healthcare Executives Middle Tennessee Chapter, Chair, Membership Committee, 2014-2015.

NEW EDITORSHIPS

Kennedy B. Editorial Board Member, *Journal of Perinatal & Neonatal Nursing*, 2014-present

STUDENT JOURNALS

Jackson J, Santoro M, Ely T, **Boehm L**, Kiehl A, Anderson L, Ely E. Improving patient care through the prism of psychology: Application of Maslow's hierarchy to sedation, delirium, and early mobility in the intensive care unit. *Journal of Critical Care*. Feb 2014; 29(3), 438-444.

Al-Natour A, **Gillespie GL**, Wang L, Felblinger, D. A comparison of intimate partner violence between Jordanian nurses and Jordanian women. *Journal of Forensic Nursing*. Jan 2014; 10(1), 13-19.

Gillespie GL, Fisher BS. Healthcare employees' work-related victimization and use of preventive measures. *Journal of Hospital Administration*. May 2014; 3(5), 170-181.

Gillespie GL, Gates DM, Kowalenko T, Bresler S, Succop P. Implementation of a comprehensive intervention to reduce physical assaults and threats in the emergency department. *Journal of Emergency Nursing*. Apr 2014;40(6)586-591.

Gillespie GL, Farra SL, Gates DM. A workplace violence educational program: A repeated measures study. *Nurse Education in Practice*. Jan 2014;14(5)468-472.

Hittle K, Bolick B, Kline-Tilford A, Keesing H. NAPNAP position statement on age parameters for pediatric nurse practitioners. *Journal of Pediatric Health Care*. July 2014; 28(4), A15-16.

Husson NM, Zulkosky KD, Fetter M, Kamerer J. Integrating community health simulation scenarios: Experiences from the NCSBN national simulation study. *Clinical Simulation in Nursing*. Mar 2014;11(11)e1-e6.

Husson NM, Zulkosky KD. Recruiting and training volunteer standardized patients in the NCSBN national simulation study. *Clinical Simulation in Nursing*. Jan 2014;9(9)487-489.

Zulkosky KD, Kamerer J, Fetter ME, **Husson NM**. Role of clinical faculty during simulation in national simulation study. *Clinical Simulation in Nursing*. Feb 2014;10(10)529-531.

Jeffery AD, Pickler RH. Barriers to nurses' adherence to central venous catheter guidelines. *Journal of Nursing Administration*. July 2014; 44(7), 429-435.

Jeffery AD, Mutsch KS, Knapp L. Knowledge and recognition of SIRS and sepsis and pediatric nurses. *Pediatric Nursing*. Mar 2014;40(6)271-278.

Holden RJ, Schubert CC, **Mickelson RS**. The patient work system: An analysis of self-care performance barriers among

elderly heart failure patients and their informal caregivers. *Applied Ergonomics*. Feb 2014;47 133-150.

Myers L. Best practices in developmental screening and referral for young children. *The Nurse Practitioner*. Jan 2014;39(12)1-6.

Myers L. Exploring public health nursing at the community and systems level. *Journal of Nursing Education*. Jan 2014;53(9)S118.

Thompson DG, **Tielsch-Goddard A**. Improving management of patients with autism spectrum disorder having scheduled surgery: Optimizing practice. *Journal of Pediatric Health Care*. Aug 2014; 28(5), 394-403.

BOOKS

Jeffery A, Jarvis R. *Staff Educator's Guide to Clinical Orientation: Onboarding Solutions for Nurses*. Indianapolis, IN; Sigma Theta Tau International; 2014.

PRESENTATIONS

Barut J, Lambert K. Creating a 'culture' of recovery: Connecting cultural contexts and recovery for psychiatric mental health nurses. American Psychiatric Nurses Association; February 2014; Indianapolis, ID.

Barut J, Woodard J. How to lead effective therapeutic groups: Development of an orientation module through a nurse driven collaboration between educators and bedside nurses. American Psychiatric Nurses Association; February 2014; Indianapolis, IN.

Barut J, Brammer S. The power of stories: Perspectives of a nurse and a person with lived experience on storytelling as a therapeutic intervention. American Psychiatric Nurses Association; January 2014; Nashville, TN.

Boehm L. Assessing and managing delirium in the ICU. American

Association of Nurse Anesthetists; January 2014; Minnesota Hospital Association, MN.

Myers L. Speed-dating for public health nursing; Partnering to provide public health nursing at the 'top of the world'. American Public Health Association - Public Health Nursing Section; March 2014; New Orleans, LA.

Myers L, Holmes S, Hartmann J. Best practices in developmental screening and referral for health care providers. MN LEND-Leadership Education in Neurodevelopmental and Related Disabilities; February 2014; Minneapolis, MN.

Myers L, Stadick J, Helget J. Engaging alumni in a nursing skills day. Professional Nurse Educator Group (PNEG); February 2014; Rochester, MN.

Myers L, Zust B, Meyer H. Innovative ways to implement undergraduate research in a nursing department. Professional Nurse Educator Group (PNEG); February 2014; Rochester, MN.

Phillips J. Alarm safety at the front line; Process improvement at the unit level; Handoff communication: A key to patient safety. American Association of Critical Care Nurses; February 2014; Valley Forge, PA; Phillips Medical Device Company; February 2014; Phoenix, AZ.

Phillips J. Process improvement at the unit level; Medication safety: Way beyond the five rights. Wolters-Kluwer Publishers; February 2014; Las Vegas, PA.

Reed C. Valuing interruptions during nursing work. Arkansas Nurses Association; February 2014; Little Rock, AR.

70s

Carolyn Burr, BSN '71, lives in Newark, New Jersey, and was featured in *Rutgers Today* for her determination to help pregnant women infected with the HIV virus avoid sharing it with their newborns, all while dealing with her own multiple sclerosis diagnosis. She received the Excellence in HIV Prevention Award from the Association of Nurses in AIDS Care.

Susan Loeser Howington, BSN '71, retired from Jewish Hospital in Louisville, Kentucky, after more than 41 years as an ICU and a PACU nurse. She volunteers at a free community health clinic, the Kentucky Humane Society, and Supplies Over Seas. Her son lives in Denver, and daughter and son-in-law are in Louisville. Howington and her husband, a retired reporter, enjoy traveling and hiking.

Patsy Trimble Yarbrough, BSN '75, was a finalist in *The Tennessean's* Salute to Nurses for her work in the Vanderbilt Eskind Pediatric Diabetes Clinic in Nashville.

G. Rumay Alexander, MSN '77, was appointed to the Nurse-Family Partnership board of directors. Alexander is a professor and director of the Office of Multicultural Affairs at the University of North Carolina Chapel Hill School of Nursing.

Alice Howze Martin, BSN '78, has been named Chief Deputy Attorney General for the State of Alabama. She lives in Florence, Alabama.

Thayer Wilson McGahee, BSN '78, has been named dean of the University of South Carolina Aiken School of Nursing after serving as interim dean from 2013 to 2015. She currently holds the lone Wells Hanly/Bank of America Endowed Chair for Nursing, and is a Cockcroft Fellow. She lives in Augusta, Georgia.

Marie Phillips, BSN '79, was a finalist in *The Tennessean's* Salute to Nurses for her work at Vanderbilt University School of Nursing's school-based health clinic at Park Avenue Elementary School in Nashville.

Randolph Rasch, MSN '79, has been named dean of the Michigan State University College of Nursing. He had been professor and department chairperson in the School of Nursing at the University of North Carolina at Greensboro.

80s

Ginger Trundle Manley, MSN '81, BSN '66, wrote "Disarmed: An Exceptional Journey" about her 48-year marriage. Copies are available at Parnassus Books in Nashville, Grassland Foodland Market in Franklin, and through online booksellers. Manley retired from her position as Certified Diplomate in Sex Therapy, Vanderbilt Comprehensive Assessment Program and lives in Franklin, Tennessee.

Jim Pace, MSN '81, has been named New York University College of Nursing's Senior Associate Dean for Academic Programs. He is a Clinical Professor of Nursing and a Fellow in the American

Academy of Nurse Practitioners and the American Academy of Nursing.

Molly Walker, BSN '82, was awarded the March of Dimes Nurse of the Year in Women's Health, in November 2014. She is a nurse-midwife, sharing her time between co-facilitating Centering Pregnancy and as a clinician at a Federally Qualified Health Center (FQHC) clinic. She is also a sexual assault nurse examiner for Monmouth and Mercer Counties in central New Jersey.

Doug Arrington, MSN '88, is in the DNP program at The University of Texas at Arlington. He expects to graduate in May; his project is "Beliefs and Barriers to the Implementation of Evidence Based Practice by Primary Care Providers." He also works full time as Principal Health Consultant for Hayes Management Consulting in Dallas.

90s

Nancy Brook, MSN '91, has been appointed to the National Nurses in Business Association Business Advisory Board. She is Adjunct Faculty at Stanford Hospital and Clinics in Palo Alto, California, and holds master's degrees in both Nursing and Counseling Psychology.

Rebecca Wingard, MSN '91, is vice president of Quality Initiatives for Fresenius Medical Care in Nashville. She received The American Association of Kidney Patients Medal of Excellence for her work with kidney patients and their families.

Anna-Gene Chalfant O'Neal, MSN/MBA '92, BSN '88, was honored by *The Tennessean* as Nurse of the Year at the Salute to Nurses awards ceremony. Her work as President/CEO of Alive Hospice in Nashville was also featured in an article in *The Tennessean*.

Christopher Hulin, MSN '95, lives in Portland, Tennessee, and was named president of the Middle Tennessee School of Anesthesia. He previously served as the school's Dean/Program Administrator.

Linda Beuscher, MSN '96, was awarded the Rebecca Culpepper Education and Mentorship Award from Vanderbilt University Medical Center for her leadership at the Center for Quality Aging where she has trained and mentored more than 15 research assistants over the last eight years. Beuscher is assistant professor and co-director for the Hartford Center of Geriatric Nursing Excellence at VUSN.

2000s

Baby+Co. founded by **Cara Osborne**, MSN '01, opened in Nashville as a four-suite outpatient birthing center for low-risk pregnant women. The company is based in Cary, North Carolina, and is in partnership with Vanderbilt University Medical Center and the School of Nursing. She lives in Bentonville, Arkansas.

Jennifer Mitchell, MSN '05, is assistant director for Advanced Practice at the Vanderbilt-Ingram Cancer Center, after serving as Health Operations Systems Consultant for

Vanderbilt University Medical Center Operations Systems Engineering.

Katie DeFries, MSN '08, is the 2014 recipient of the University of Southern Indiana Distinguished Nursing Alumna Award. She is a neonatal intensive care nurse at Deaconess Women's Hospital and worked as a health care missionary in Africa.

Cameron McGregor, MSN '08, was appointed as System Vice President, Neuroscience and Oncology Institutes for Premier Health in Dayton, Ohio. She is also a Fellow of the American College of Healthcare Executives.

Erin Tolbert, MSN '08, an emergency department nurse practitioner, founded MidLevelU, an online resource for nurse practitioners and physician assistants (www.midlevelu.com). She appears on Fox News to discuss health issues and lives in Nashville.

Dani Williamson, MSN '09, opened Integrative Family Medicine in 2014 in Franklin, Tennessee. Her emphasis is thyroid health, running a Hashimoto's Thyroiditis support group with over 500 patients, and a Facebook community with more than 2,200 members. Dani co-authored the book "Hashimoto's Thyroiditis Healing Diet Plan." Her website is www.daniwilliamson.com.

Rene Allen Love, DNP '10, MSN '98, former director of the VUSN Psychiatric Mental Health Nurse Practitioner (Lifespan) Program, was selected as a Fellow of the

American Association of Nurse Practitioners. She has relocated to the University of Arizona, and assumed the position of DNP program director.

Patricia Sengstack, DNP '10, VUSN lecturer, co-authored "Mastering Informatics: Companion CNE Course," published by Sigma Theta Tau International to both teach informatics and provide continuing nursing education credit. She lives in Damascus, Maryland.

Marcia Spear, DNP '10, MSN '99, published "Leadership and Emotional Intelligence: Does It Matter?" in *Plastic Surgical Nursing*, an electronic journal of American Society of Plastic Surgical Nurses. She lives in Lebanon, Tennessee.

Katherine Evans, DNP '12, has been named president-elect of Gerontological Advanced Practice Nurses Association (GAPNA). She is the Doctor of Nursing Practice Program Coordinator for Georgia State University in Atlanta, and a nurse practitioner with Optum.

Mary Kate FitzPatrick, DNP '12, has been named chief nursing officer at the University of Vermont Medical Center. She had been clinical director for Neurosciences and Women's Health and Neonatal Nursing Divisions at the Hospital of the University of Pennsylvania.

Sara Doschadis Atteberry, MSN '13, and her organization, Sing Me a Story Foundation, were featured on the *Today Show* website. She and her husband, Austin, who live in

Nashville, founded Sing Me a Story to help sick children and their siblings put their unique thoughts to music with the help of professional song writers.

Lydia Rotondo, DNP '13, is interim associate dean for Education and Student Affairs at the University of Rochester School of Nursing. She had been serving as Doctor of Nursing Practice program director.

Dawn Vanderhoef, Post-Masters '13, MSN '00, received American Psychiatric Nurses Association's Excellence in Education Award, given at their annual conference in October. She is the new director of VUSN's Psychiatric Mental Health Nursing program.

Cindy Cunningham, Post-Masters '14, was named as Delaware's top mental health nurse by the Delaware Nurses Association. She lives in Dover and is on staff at the La Red Health Center.

Janna Jones Kersh, MSN '14, is a certified nurse-midwife at Beaufort Memorial Obstetrics & Gynecology Specialists in South Carolina.

Marcy Stoots, DNP '14, has been named general manager of Electronic Health Record Apps for Geisinger Health System's xG Health, directing development, strategy and implementation of interoperable software apps for acute and chronic care management. She lives in Dunedin, Florida.

Timothy Wilson, DNP '14, MSN '13, is in the PhD program at Oregon Health & Science University as a William Randolph Hearst PhD Student Scholar at OHSU's Hartford Center for Gerontological Nursing Excellence.

IN MEMORIAM

Mary Jane Anderson Stiver, BSN '48, died July 3 in Newton, North Carolina.

Rose Marie Hulse, BSN '50, died Jan. 8 in Bowie, Texas.

Barbara Begley Housman, BSN Class of '65 member, died Feb. 25 in Staten Island, New York.

Nancy Greer Lagrew, BSN '79, died Feb. 10 in Irvine, California.

Sally Ann Jaggard Killian, former faculty, died April 13 in Nashville, Tennessee.

Geraldine Labecki, former associate dean, died June 2 in Essex, Connecticut.

Terri (Mary Theresa) Urbano, former faculty member, died on August 27 in Nashville.

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2015 Commencement and Investiture

Vanderbilt Commencement and VUSN's Academic Hooding Ceremony took place on May 9. This year's ceremony recognized 54 DNP students, 348 master's-prepared graduates and two who earned their PhD degrees in the Science of Nursing.



For more pictures, visit VUSN at flickr.com/photos/vanderbilt-nursing-school



1. Morgan McDowell, an exemplary student and active member of the student-led Graduate Council, was selected as the 2015 banner bearer.

2. School of Nursing Founder's Medalist Morgan De Kleine is congratulated by Chancellor Nicholas Zeppos and VUSN Dean Linda Norman.

3. DNP graduates Paula Tucker, left, and Sandra Brown, right, smile for the camera on alumni lawn.

4. MSN Graduate Joseph Bailey graduated with dual specialties and was hooded by Ginny Moore, DNP, Women's Health Specialty Director, right, and Leslie Hopkins, DNP, Adult-Gerontology Primary Care Specialty director.



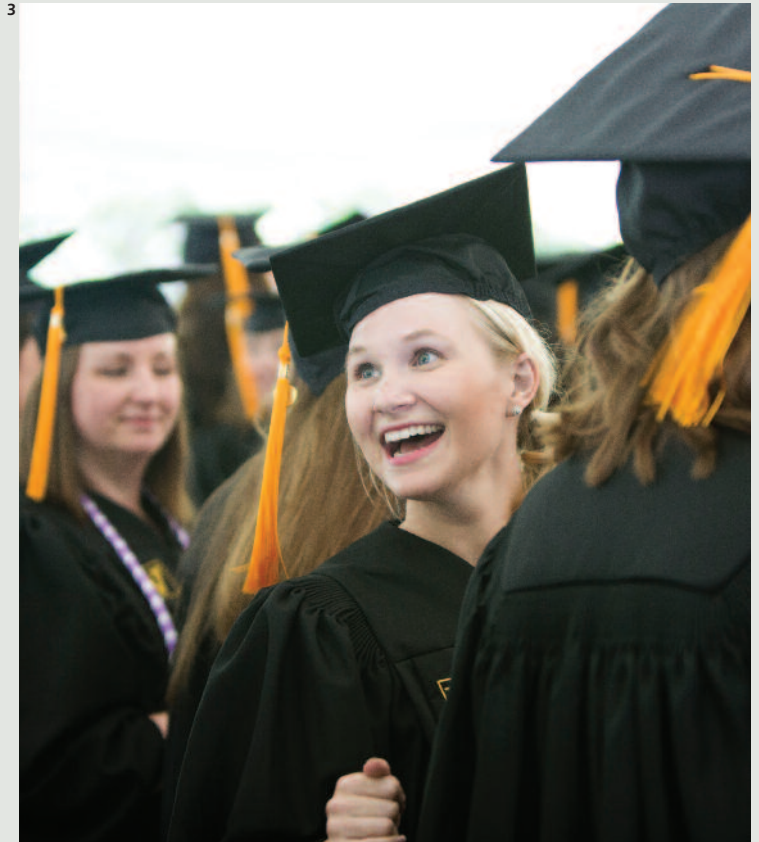


1. Megan Humphreys, left, and Kia Xiong, right, on the Branscomb Quadrangle Lawn.

2. Vania Brown and Maureen Charles take a selfie before the procession on to Alumni Lawn.

3. Jennifer Eaton smiles at her family who are there to support her at the Investiture Ceremony.

4. Sheila Umayam and John Stigall at the reception following the Investiture Ceremony.



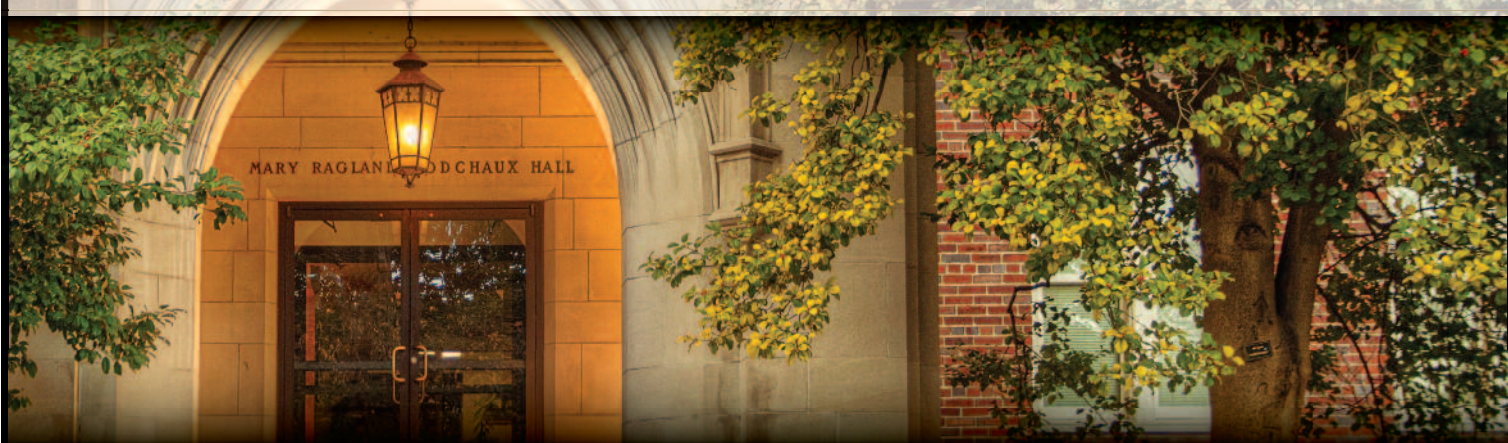
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