

SPRING 2012

vanderbiltnurse

IN THIS ISSUE:

NEWS AROUND THE SCHOOL 4
ON A PATIENT'S WORST DAY 14
INFORMATICS 101 20

The Art of Aging

GERIATRIC NURSING:
WEAVING CARE AND
DIGNITY TOGETHER

"My scholarship gave me the opportunity to pursue my education and put my strength of helping people to work."

—Laureal Jones, MSN '11

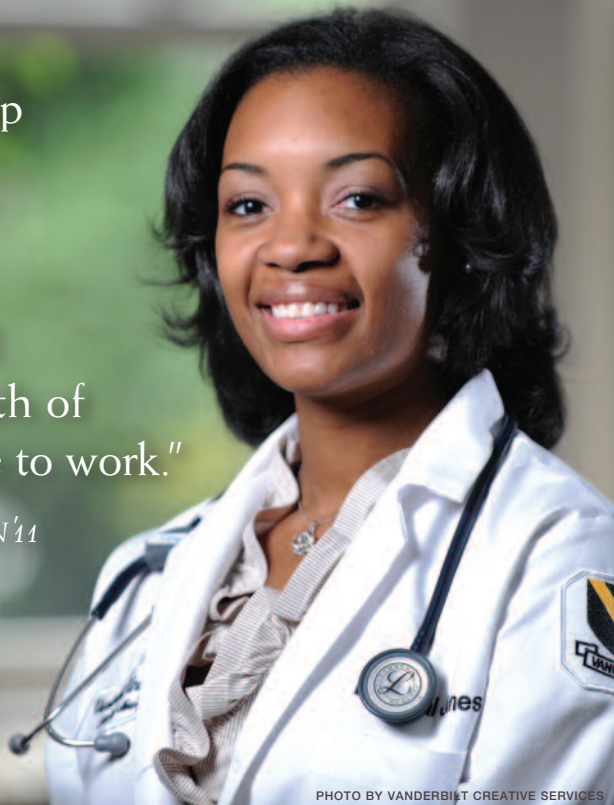


PHOTO BY VANDERBILT CREATIVE SERVICES

LAUREAL JONES didn't consider a nursing career until she had her second son at Vanderbilt University Medical Center.

"A midwife delivered him, and the whole experience inspired me to go into nursing," Jones says. "I'm specializing in women's health so I can empower women and help them make informed decisions about their health care."

Jones' Vanderbilt education was made possible in part by support provided by the William Randolph Hearst Foundations.

"I appreciate being chosen to receive this scholarship," Jones says. "It's helping me set a positive example for my boys."

If you'd like to support dedicated nursing students like Laureal through scholarship endowment, please contact Sydney Haffkine at (615) 322-8851 or sydney.haffkine@vanderbilt.edu. You may also visit vanderbilthealth.org/givetonursing to learn more.

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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 Art of Aging 8

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SPRING 2012 CONTENTS

features

8 The Art of Aging

Learn how geriatric nurse practitioners weave together dignity, function and quality of life for seniors

14 On a Patient's Worst Day

See how Acute Care Nurse Practitioner Intensivists are filling vital needs in critical care

20 Informatics 101

Meet Trish Trangenstein, who believes turning data into knowledge is changing health care and empowering patients

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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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departments

2 Message from the Dean

Colleen Conway-Welch explains the value of VUSN programs

4 News around the school

Research, outreach, initiatives at VUSN and from Vanderbilt University Medical Center

7 Research news

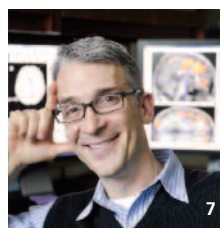
Todd Monroe wants to improve pain management in patients with Alzheimer's disease

24 Class notes

Promotions, personal achievements, moves, marriages, babies, and the latest news from classmates

29 Photo gallery

Enjoy photos from Graduation and December 2011 Pinning



ANNE RAYNER



 web link

To view the Dean's video greeting visit vanderbilt.edu/vanderbiltnurse

In 2011, U.S. News and World Report ranked us as the top 15th graduate nursing school in the country – up four positions from the previous ranking three years earlier.

Welcome to the Spring issue of *Vanderbilt Nurse* magazine. We have been able to accomplish many things at Vanderbilt University School of Nursing together, but when it comes down to it, my job is simple. It's about doing anything and everything to ensure the ever-increasing value of a Vanderbilt University School of Nursing degree.

Whether it's a nursing alum who graduated with a bachelor's degree or someone who is doing post-doctoral work, everything I do as dean – and everything our faculty strive for – is focused on continuously increasing the value of your VUSN education. Let me assure you, we never rest!

In 2011, *U.S. News and World Report* ranked us as the top 15th graduate nursing school in the country – up four positions from the previous ranking three years earlier. A jump of this size is extraordinary and put us in the top 5 percent of nursing schools. Each of our individual specialties has a reputation among the finest in the country, thanks to the hard work of our faculty. We have almost 1,000 students. Our nursing research is continues to expand and dig deeper to provide answers to advance the science of our profession. Our faculty practice provides learning opportunities for our students and vital community outreach.

Part of ensuring value is working toward the Institute of Medicine's "Future of Nursing" recommendations. I encourage you to visit the Institute of Medicine web site listed below and read the entire report. One of those recommendations is to "prepare and enable nurses to lead change to advance health." That's really what this issue of *Vanderbilt Nurse* is all about.

In addition to sharing the latest nursing workforce study results from our own Peter Buerhaus, we take a closer look at what VUSN programs are doing to advance health. In this issue's article, "The Art of Aging," we provide a snapshot of the meaningful work our faculty is doing with the ever-growing senior population. We show how our Acute Care Nurse Practitioner Intensivist program is preparing our students to assume new levels of leadership when it comes to urgent and complex care. In her Q&A, Informatics Program Director Trish Trangenstein describes how nursing informaticists are, and will be, transforming data into knowledge that will revolutionize health care delivery.

I always love to hear from you, so please feel free to provide feedback. Happy reading!

Sincerely,

Colleen Conway-Welch, PhD, CNM, FAAN, FACNM
 Nancy and Hilliard Travis Professor and Dean of the School of Nursing
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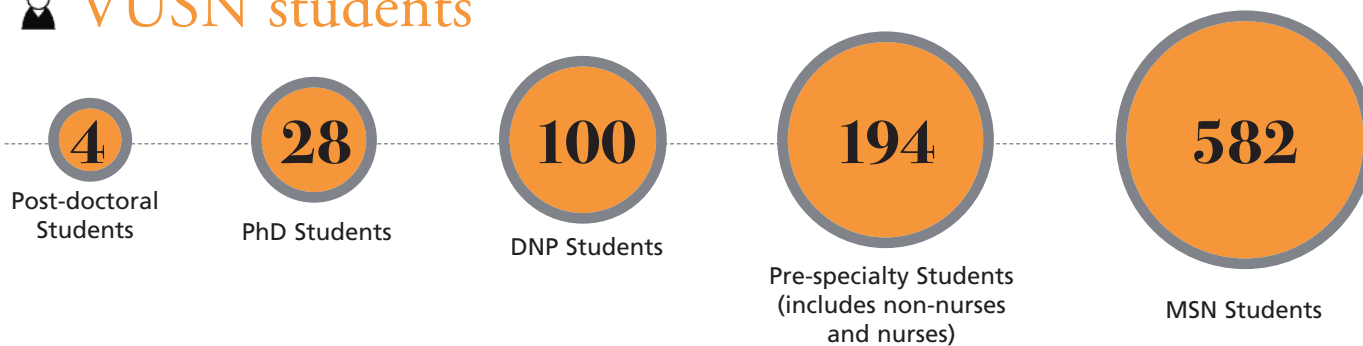
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iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

by the numbers

Vanderbilt University School of Nursing is the 15th top nursing school for a graduate education according to *U.S. News and World Report*, and it is the largest professional school at Vanderbilt University with nearly 1,000 students.

VUSN students



MSN Specialties



Source: VUSN Admissions Fall 2011

DANIEL DUBOIS



MORE YOUNG PEOPLE CHOOSE NURSING CAREERS

Significantly more young people are becoming registered nurses, reversing a 10-year decline in the number of nurses entering the profession and easing some concerns about a looming nursing shortage in the United States, according to a study released in the December 2011 issue of *Health Affairs*.

Findings show a 62 percent increase in the number of 23- to 26-year-olds who became registered nurses between 2002 and 2009, a growth rate not seen in this age group since the 1970s, according to the research team of RAND Corporation's health economist David Auerbach, PhD, Vanderbilt University School of Nursing's Peter Buerhaus, PhD, RN, and Dartmouth College professor of economics Doug Staiger, PhD.

Flu lapa looza

Flulapalooza Sets Guinness Record

Vanderbilt University Medical Center holds the world record for the most vaccinations given in eight hours, according to Guinness World Records. There were 12,850 flu shots given during the October 2011 record attempt, dubbed Flulapalooza.

During a special announcement in December, Jeff Balser, MD, PhD, vice chancellor for Health Affairs and dean of the School of Medicine, was presented with the official certificate and Bruce Gellin, MD, deputy assistant secretary for Health and director of the National Vaccine Program Office of the U.S. Department of Health and Human Services, provided a video message.

VUMC more than doubled the previous world record, 6,215, held by San Diego's Kaiser Permanente.

Free flu vaccines were given to University and Medical Center faculty, staff, volunteers and students during a daylong event on Oct. 12. Forty-four nurses in four lines worked simultaneously inoculating participants.

Rather than a steady decline as previously projected, the nurse workforce is now expected to grow at roughly the same rate as the population through 2030.

In addition, more people are becoming nurses in their late 20s or early 30s, spurred by two-year associate degree programs and accelerated nursing degrees targeted to those in other fields. The recession and the decline in manufacturing jobs also have triggered interest in nursing, since health care is one of a handful of industries that is continuing to grow and hire.

“We may have reached a tipping point in the nursing shortage in the sense that we now, for the first time in more than a decade of research, are projecting growth in the total size of the registered nurse workforce,” said Buerhaus. “These early signs are positive, but we need to continually grow the supply of nurses to effectively match the expected growth in demand over the coming years.”

According to the study, there were 165,000 registered nurses between the ages of 23 and 26 in the workforce in 2009, up sharply from a low of 102,000 in 2002. The data show that declining entry among young registered nurses appears to have reversed. If these nurses remain in the profession until they reach middle age, this could be the largest cohort of young nurses to ever enter the field.

Ten years ago, researchers predicted the United States could face a shortage of 400,000 registered nurses by

2020 due, in large part, to fewer young people entering the profession.

There was a dramatic drop in the number of young women becoming registered nurses as they pursued other careers. The average age of working registered nurses increased from 37.4 to nearly 42 years, and experts were concerned there would not be enough replacements for retiring nurses.

The reason for this sharp turnaround is due to a number of factors.

Aggressive national recruitment efforts, such as the \$50 million “Campaign for Nursing’s Future” launched by Johnson & Johnson in 2002, have attracted people to the profession. Federal funding for nurse workforce development tripled from \$80 million in 2001 to \$240 million in 2010, though it’s unclear whether that will continue.

Researchers caution that the dynamics of the nursing

RUDOLPH TALKS ABOUT COMBINING NURSING AND HEALTH CARE

This January, Elizabeth G. Rudolph, JD (VU ‘89), MSN (VUSN ‘85), RN, shared her insights about how nurses can merge their health care expertise with the legal world with VUSN students and community members. Rudolph is founder and president of Jurex Center for Legal Nurse Consulting, which certifies nurses as professional legal nurse consultants.

Rudolph’s presentation was sponsored by the Patricia Townsend Meador Endowed Fund, which honors the memory of Patricia Meador (BSN ‘78) and enhances the Doctor of Nursing Practice program.

workforce are more complex than sheer numbers.

“It is great to have the quantity, but if we don’t educate nurses for the positions that the health care delivery system requires, then this is a problem that needs to be addressed,” Buerhaus said.

The research team investigated recent employment trends in the number and age of registered nurses based on more than 35 years of annual

survey data from the Census Bureau’s Current Population Survey and the American Community Survey. Support for the study was provided by the Gordon and Betty Moore Foundation.

VUSN Nurse-Midwives Named Best in the Country

The Vanderbilt University School of Nursing Nurse-Midwifery Practice has been recognized for its excellence in care by the 2010 American College of Nurse-Midwives Benchmarking Project.

Specifically, VUSN was named best practice in the nation for its highest rate of postpartum visit attendance and its lowest rate of induction. They also received runner-up honors for having one of the

highest rates of length of stay following maternal vaginal birth (less than 12 hours) and for having one of the top breastfeeding continuation rates.

“This success comes from many factors – excellent nurse-midwives, a strong support structure and our collaborating teams with the School of Medicine – all coming together to focus on the health of these mothers and their babies,” said Bonnie Pilon, PhD,

DSN, senior associate dean for Clinical and Community Partnerships for the Vanderbilt School of Nursing.

The VUSN practice is comprised of the Franklin Road Women’s Health Clinic and the West End Women’s Health Clinic with 19 providers caring for more than 2,800 patients with a variety of health care needs, including nurse-midwifery services.



VUSN School-based Nutrition Program Honored at White House

Fall-Hamilton Elementary School was honored at a reception last fall hosted by First Lady Michelle Obama at the White House in Washington, D.C. The event was part of the Healthier U.S. School Challenge Program, an initiative of the United States Department of Agriculture that sets benchmarks encouraging schools to create healthier school environments through increased physical activity and better nutrition.

Benchmark levels are bronze, silver and gold. Fall-Hamilton has earned the bronze and silver benchmarks and is working on the gold this school year.

POST-MASTER'S IN UROLOGY

Vanderbilt University School of Nursing has started offering a post-master's certificate in Urogynecology – a growing subspecialty among women's health nurse practitioners. This education focuses on pelvic floor dysfunction which can cause physical problems and affect quality of life.

"This is a wide open field as our population ages. These issues can be quite complicated and it's important for mid-level providers to thoroughly understand the options for patients," said Amy Hull, MSN, WHNP-BC, APN, program coordinator. "Relying on on-the-job training in this area just isn't ideal."

The VUSN program is a nine-hour course of study with a mix of traditional teaching, lab time and a 280-hour preceptorship. The first class of students will finish in December. VUSN leaders and Hull are working together to further enhance the program and possibly add more simulated learning experiences

"The key for us has been adopting a coordinated school health model," said Theresa Hook, RN, a community-based case worker for Vanderbilt University School of Nursing's Faculty Practice, who attended the event. "It means that you must involve the students and their families, teachers, school health services, nutrition personnel, school custodians and mental health professionals in such a way that the students can be the best they can be and have the best chance at learning."

Fall-Hamilton Elementary is a Davidson County Metro school that has 325 students in grades pre-K through fourth – 87 percent are below the poverty line and depend on the school for two meals each school day.

Through a series of community partnerships and grants, the school has been able to provide healthier food options to children, including offering only whole grain foods and providing fruits and vegetables for afternoon snacks three days a week. The school's morning public address announcements include a healthy tip for the day.

Hook and VUSN Community Health Nurse Practitioner students measure the students' body mass index (BMI) each year and the healthy trend is improving. For instance, in the 2003-2004 school year 42 percent of students had an unhealthy BMI, which was down to 34 percent last school year.

"Starting children eating healthy and being physically active at an early age can set them up for a lifetime of good health. They are malleable and interested to learn," said Hook.

Benner Wants to Transform Nursing Education

Nursing education needs some sweeping changes, according to Patricia Benner, PhD, RN, who spoke as part of the Vanderbilt University School of Nursing Centennial Lecture Series at Langford Auditorium last fall.

Benner, professor emerita in the Department of Social and Behavioral Sciences at the University of California, San Francisco, spoke extensively about her work findings from the Carnegie Foundation for the Advancement of Teaching National Nursing Education Study, part of a larger project that also looked into teaching methods and student needs in the studies of clergy, engineering, law and medicine.

"We have fallen behind in that level of science — social science, natural sciences — that we are teaching at the undergraduate level," said Benner. "The practice has become more complex and the answer has to be teaching a more situated clinical science, much like the Carnegie Study into medicine concluded."

The comprehensive Carnegie Study determined that students need three apprenticeships, starting with a cognitive framework to foster knowledge of science, theory and principles required for practice. Additionally, a practice framework is needed that focuses on clinical reasoning and know-how in a clinical setting over time. Finally, nursing education needs a structure where the student learns to embody and enact the notions of "good" to the practice.

Spotlight on Nursing Research//Pain Management and Alzheimer's Disease

JOE HOWELL



Todd Monroe is on a quest to figure out if and how people with Alzheimer's disease feel pain.

Thanks to a grant from the John Hartford Foundation and the Atlantic Philanthropies, Vanderbilt University School of Nursing's Monroe, PhD, RN, is studying women with mild to moderate Alzheimer's disease and healthy women to see how they respond to thermal pain stimulus. The team uses functional Magnetic Resonance Imaging (fMRI) technology to examine structural changes in the brain and to elucidate the pathways in the brain responsible for the sensory and emotional responses to pain.

After an initial visit and interview with the subject and her caregiver, the subject will travel to Vanderbilt University Medical Center for an fMRI. While in the fMRI machine, a small metal cube that heats up and cools down is attached to the palm of the hand while researchers take pictures of the brain to record the pain pathways.

"We chose the palm of the hand because there are many nerve endings in that region making it a sensitive area good for research. In the current study we are primarily assessing the response to acute

pain. First, the sensory information travels to the spinal cord and then to the brain via specific pain pathways. Basically, once the information reaches the brain it is further processed by many brain regions which help the person to rate the level of stimulus sensitivity and unpleasantness," said Monroe.

Thermal stimulus was chosen to ensure the pain is being delivered systematically and in a standardized manner. Moreover, the nerve fibers evoked by experimental acute thermal pain may one day translate into clinically meaningful findings.

The study subject group is focused on women for several reasons. First, women are considered an under-researched group by the National Institutes of Health. Second, when compared to men, the research literature suggests that women report and/or experience pain more over their lifetime.

"Many nurses may recall learning about pain in physiology classes and the many different types of pain fibers. The most commonly studied fibers are the C-fibers and A-fibers," said Monroe. "A-fibers are associated with acute pain and C-fibers are associated with chronic pain. In the current study, we hope to look at

differences between these two fibers and their associated brain activation patterns. Ultimately structural changes in the brain in people with dementia may create difficulty in communicating. Thus, the person may be suffering but unable to clearly communicate their distress."

Monroe was drawn to Vanderbilt for his post-doctoral work because VUSN and the Vanderbilt University Institute of Imaging Science (VUIIS), combined, offered a multidisciplinary, collaborative training opportunity.

"I am extremely grateful for the opportunities that both Dean Colleen Conway-Welch and VUIIS Director John Gore have given me here at Vanderbilt.

The support and training that I have received from the School of Nursing's Senior Associate Dean of Research Ann Minnick, Independence Foundation Professor Lorraine Mion, and the Director of the Vanderbilt Psychiatric Neuroimaging Program Ronald Cowan have provided me with a solid foundation to successfully move forward."

This study looks at people who can still communicate, but Monroe hopes it will lead to future opportunities for research in advanced, non-communicative dementia patients – much like his own grandmother who died from end-stage Alzheimer's disease and who also was diagnosed with cancer.

"As nurses, we think about behaviors in people who have difficulty communicating," said Monroe. "We respond to behaviors. We usually verify behaviors by what the patient tells us. For example, a person may grimace and say 'that hurts' – obviously in people who cannot communicate this becomes a challenge. But, to use basic science to help address this challenging question – it's very gratifying."

– KATHY RIVERS

contact

The study's pilot phase has ended and recruitment is under way for the 64 subjects. For more information contact Todd.monroe@vanderbilt.edu

the

ART

of aging

BY LESLIE HILL
PHOTOGRAPH BY LAUREN OWENS

Frances Raines knows the secret to successful aging.

“Keep busy,” says the 97-year-old resident at Bethany Health & Rehabilitation nursing home, flashing a knowing smile that momentarily erases the wrinkles on her face.

With a bright red crochet hook and yards of sky blue and royal purple yarn, Raines keeps busy through her stitches, even though macular degeneration clouds her vision.

“I feel with my fingers and count 1, 2, 3, then 1, 2, 3,” she explains, proudly showing off the calluses on her hands.

Her nurse practitioner, Jenny Kim, MSN, GNP-BC, marvels that she is able to keep track of the stitches without seeing them.

“Well, you never count above three!” Raines quips.

Last summer, Mrs. Raines crocheted a blanket for each of Kim’s three children, and their photo now sits proudly on her bedside table. “I started out making one for the youngest, but I got halfway through and said this wouldn’t do. I had to go and make one for each of them.”

“I was just humbled and in tears,” Kim recalls. “I brought them home to my kids and explained that she had macular degeneration and that it was just an incredible gift. Now I bring them in to see her and they ask me how she is, and it’s been neat to see the relationship evolve.

“That’s what I love about geriatric nursing – the relationship you can have with the patient, how much trust they put in you and how much you appreciate them and can learn from them. It really is a partnership.”



› Quality of Life ‹

We've known for many years that children are not just "shorter adults" and need their own brand of medicine in pediatrics. In the same way, the elderly are not just "older adults" and have their unique medical needs. As our bodies age, the physiology changes, impacting how medications are absorbed and how disease presents itself, for example. Priorities also change, with less focus on a cure or perfect health and more on maintaining function and quality of life.

"Geriatric nursing is about promoting a patient's function, maintaining their independence as much as possible and doing anything we can to improve their quality of life, with the caution that you understand how they define quality of life, because we all define it differently," said Kim, geriatrics focus area coordinator for the Adult Nurse Practitioner Program at Vanderbilt University School of Nursing.

Geriatric nurses can't focus on the physical – perfect blood pressure readings or a cure for a chronic illness. Values are instead placed on comfort and function.

"We have our values in a different place. We're maximizing functionality, quality of life and dignity," said Abby Parish, DNP, APN-BC, adult/geriatric instructor. "It's really an honor to have the opportunity to preserve those things for people. Just as a midwife thinks it's an honor to bring people into the world, I think we have a similar honor to help them leave this life in the manner they would have wanted."

› Huge Demand ‹

The baby boomer generation has just started to turn 65 (the threshold for "old age"), and every day until 2030 about 10,000 more will cross that threshold, according to the Pew Research Center. The Census Bureau estimates that by 2050, 20 percent of the U.S. population will be 65 and over.

In general, the baby boomers have had more access to health care and will live longer, straining a medical system that isn't prepared to meet their needs. One of the biggest demands is for educated geriatric nurses.

"We don't have a workforce of geriatric specialty nurses to accommodate the number of baby boomers who are entering the system," Parish said. "They're a very strong generation and will demand good geriatric care. There are going to be a lot of innovations that are driven by that generation."

To meet the demand, a retooling is under way in nursing education. Starting this fall, there will no longer be a geriatric nurse practitioner specialty. Instead, two specialties will include more gerontological content – adult/geriatric primary care nurse practitioner and adult/geriatric acute care nurse practitioner. Additionally, geriatric core competencies are being integrated into other specialty programs.

Jenny Kim, like her VUSN colleagues, loves caring for seniors. Kim feels honored to be a part of their lives.



DANIEL DUBOIS

“Historically, geriatrics has not been thought of as a very exciting or glamorous specialty, and we know not enough people are going to choose to specialize in it. That’s why geriatric competencies are being embedded in other specialties so that those providers are better equipped to handle what’s coming,” Parish said.

› Tough Decisions ‹

Critical thinking and mental flexibility are key skills for geriatric nurses. They spend much of their time in a gray area trying to make distinctions in a patient’s disease process – is it age-related or pathologic? Parish said many things the public thinks are hallmarks of aging, like incontinence or depression, are almost always treatable. But other issues, like kidney function and eyesight, are harder to tease out.

Layered on top of that is the atypical presentation of disease in the elderly. Symptoms of a urinary tract infection in a 35-year-old include burning and not being able to empty the bladder. A 90-year-old may not exhibit any of these symptoms and instead have a change in mental status or function, the only clue being that she can no longer give herself a bath or fix herself breakfast.

“You can’t expect the common signs and symptoms, and that’s where critical thinking comes into play,” Kim said. “In geriatrics we don’t blindly follow protocols. Everyone is different and it’s really person-centered care.”

Once the problem is identified and the nurse is forming a treatment plan, there’s a golden rule for geriatric nurses – more medication, more problems.

With aging, stomach absorption, metabolism and liver and kidney function all change, altering a medication’s life cycle through the body. Almost all people require lower doses of medications as they grow older, and geriatric nurses are constantly readjusting dosages.

“The knee-jerk reaction is to add meds, and that’s a hard mold of thinking to get out of. But many times the medica-

tion is the problem and just taking away something can alleviate a problem,” Kim said.

At age 90, Frances Fults, another resident at Bethany nursing home, decided to quit taking all of her medications. “And I felt so much better,” she said. “I didn’t recognize anybody when I was taking all that stuff.” Now, with rosy cheeks and perfectly set hair, she can get herself around the halls in her wheelchair and participate in all the activities.

“Our society seems to emphasize curing and acute care, when many times it’s not what these patients need. They need someone to tell them it’s ok to not want to go get open heart surgery or take your cholesterol medication anymore. You’re not giving up; you’re just choosing a different path. A lot of times they’re just looking for that validation from us, and we have to be comfortable with that,” Kim said.

Another gray area for geriatric nurses is the line between dementia and delirium, and this is one of the lessons taught during scenarios in VUSN’s Skills and Simulation Lab.

“Many of our patients have mild dementia and then have an episode of acute confusion. Students sort out that this is not their baseline, but it is a change in status and they need to look for the cause. Is it hydration issues, medication or infection?” explained Sally Miller, MS, RN, assistant professor of Nursing and Skills and Simulation Lab manager. “We want them to not just expect dementia and accept this as the status quo for older adults.”

The Simulation Lab is a safe place for nursing students to put nursing theory into practice, and with the push to include more geriatric core competencies for all students, common issues for older adults have been worked into the scenarios.

“With just a few props, like a gray wig, glasses or hearing aid, we can make sure students are seeing the care of patients through a ‘geriatric lens,’” Miller said. “In the lab, we can be sure every student takes

GERIATRIC NURSING FACTS

According to the Administration on Aging, a division of the Department of Health and Human Services:

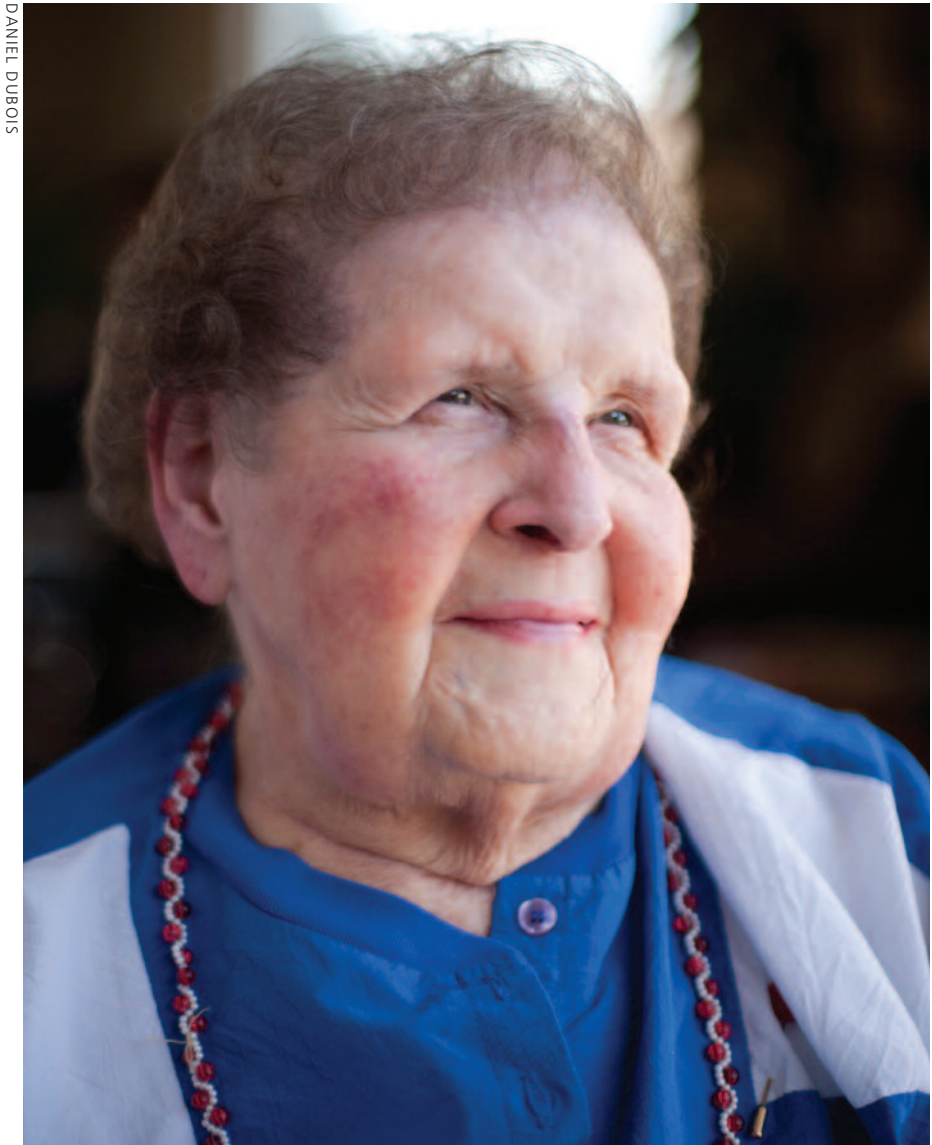
- The population 65 years or older numbered 39.6 million in 2009, the latest year for which data is available. They represented 12.9 percent of the U.S. population, about one in every eight Americans.
- Older women outnumber older men at 22.7 million older women to 16.8 million older men.
- About 30 percent (11.3 million) of non-institutionalized older people live alone (8.3 million women, 3 million men).
- By 2030, there will be about 72.1 million older people, almost twice their number in 2008.
- In 2007, about 12.9 million people age 65 and older were discharged from short-stay hospitals. This is a rate of 3,395 for every 10,000 people age 65+ which is about three times the comparable rate for people of all ages (which was 1,149 per 10,000).
- The average length of stay for people age 65+ was 5.6 days; the comparable rate for people of all ages was 4.8 days.
- In 2009, almost all (93.5%) non-institutionalized people 65+ were covered by Medicare.

According to an Institute of Medicine report, the geriatric population uses:

- 26 percent of physician office visits
 - 35 percent of hospital stays
 - 34 percent of prescriptions
 - 38 percent of EMS responses
- Also:
- 80 percent have a chronic illness
 - Less than 1 percent of nurses and pharmacists specialize in geriatrics

The American Nurses Credentialing Center highlights the lack of nurses trained in geriatric skills:

- More than 157,200 registered nurses have completed a master’s level program to become certified nurse specialists (CNS), nurse practitioners (NPs), or both.
- Only 3 percent of all advanced practice nurses (CNS and NP) are certified in geriatric nursing.
- 25 percent of nursing programs in this country lack a gerontological faculty member.



DANIEL DUBOIS

Eunice Carroll, an 86-year-old resident at Bethany nursing home, loves life. She is happiest when reading or discussing books with friends.

care of an older adult with acute confusion superimposed on dementia, or fluid overload with a history of heart failure. These are complications that are common in the geriatric population, but that doesn't mean a student is guaranteed to see them in clinical rotations. Going forward, all students need those lessons even if they're not going into geriatric practice."

› Patient Advocacy ‹

That's the science of geriatric nursing, but there is also an art – knowing

when to take off your stethoscope and just sit down and have a conversation with your patient, carefully monitoring the family support system for caregiver fatigue, and being able to discuss how patients define an acceptable quality of life and how they envision their final days.

"A myth is that we assume all people in their 80s and 90s are ready to die, but the longer I've been in geriatrics, I've been reminded that that's not true. There are some people who are very scared to die, and we have to be there to care for those emotional needs," Kim said.

Parish, who works on a nursing home floor where nearly all residents have dementia, spends much of her day advocating for patients who can no longer speak for themselves. She says the most important thing for aging adults is to put advance directives in writing – a durable power of attorney for health care and a living will.

"I think we all have really different end-of-life wishes. Some people want any intervention that modern medicine can provide for them regardless of what state they're in, and others feel there is a threshold at which they no longer consider life worth living. To have the people around you know exactly what that threshold means for you is so important," she said.

As a patient ages, family and friends become an integral part of the care team. Most often, it's a female relative who will take on the caregiver role, and geriatric nurses are trained to assess a caregiver's abilities and burden and watch for stress and fatigue.

"At an assessment, we're often looking not only at the person but also at their caregiver, because if the caregiver is too burned out to provide care, then we're going to see an impact on the patient's outcomes. We view them almost as a unit," Parish said.

Eunice Carroll, an 86-year-old resident at Bethany nursing home, has a wonderful advocate in her son. When she was put on a new medication for shoulder arthritis and quickly went downhill, he was able to connect her change in status to the new medication.

"I was out of it for two days completely," Carroll recalled. "My daughter-in-law had to feed me at the hospital. My

head felt like it was going round and round and round.”

A Metro Nashville Public School teacher who retired after teaching for 38 years, Carroll is now back to winning at Bingo and reading the books she swaps with Kim – “mysteries, historical books, and of course love stories.”

For patients who are homebound with limited access to medical care, the VUSN House Calls Program is filling the gap. Begun as an outreach to the medically underserved in South Nashville, the program provides house calls to residents living in Davidson and Wilson counties. Two nurse practitioners make eight to 10 visits per day, managing a caseload of about 300 patients.

“It’s especially important for the frail elderly who have limited mobility and access. It’s hard for them to get into a medical office and these patients would sometimes utilize the ER for primary care,” said Joy Lowe, MSN, FNP, GNP-BC, clinical director of Geriatrics Services.

“Being able to go into their home, we get a feel for what their environment and living conditions are. We can evaluate their safety and see what medications they’re taking. It’s medical as well as psycho/social care giving.”

Lowe and her colleague Patricia Michael, MSN, FNP, mainly see hypertension, congestive heart failure, COPD and diabetes in their patients. In the winter, upper respiratory infections, pneumonia and flu are common. They order tests, prescribe medications, coordinate services and make referrals to providing continuing health management for these patients.

In addition to primary care, they provide transitional care for patients who come home from the hospital but are not up to baseline yet, as well as palliative care for patients who want to die at home.

“I have certainly learned much more from them than they have gotten from me,” Lowe said. “It’s a privilege to offer care to someone at the end of their life after they have given so much all their life.”

› A Dignified Generation ‹

Many who choose geriatric nursing have had some formative experience with a grandparent or older adult and want to repay that.

“For me, it’s about the generations who have given so much to us, and it seems so important to give back to them a great quality of life,” Parish said. “I think American culture undervalues older adults, at least in comparison with many other world cultures. Those of us who are in geriatrics, we love it and can’t understand why everyone wouldn’t want to pick it.”

Kim worked in a care home for the elderly before her sophomore year of

college doing basic skills like bathing and dressing. She loved hearing the residents’ stories and getting their perspective on life in mid-century America.

“Part of me just really grieved the fact that not a lot of people appreciated this field of nursing or these people,” she said.

Geriatric nurses will freely admit it isn’t a glamorous specialty, but they feel called to care for their elders and ensure good quality of life for them.

“Dignity really sums up everything we do,” Parish said. “We are caring for a very dignified generation right now, and we want to preserve their independence and dignity as long as we can.”

GERIATRIC RESEARCH

“Is this a house of corrections or a house of comfort?” asked the attending physician, a native of Britain, noting that American nurses have such strange practices, tethering their patients.

Those comments, delivered to a group on medical practice rounds that included a young Lorraine Mion, PhD, RN, FAAN, shaped the whole course of her research into the prevention of adverse consequences that occur during hospitalization for geriatric patients.

“The use of physical restraints is the antithesis of what we promote in good nursing practice. It was something we were doing because we believed it was doing good for our patient by preventing falls, but really we were doing more harm by forcing people to be tied down in their bed,” said Mion, now Independence Foundation Professor of Nursing at VUSN.

A fall can be devastating for a geriatric patient, resulting in injuries that severely impact their func-

tion and independence.

One of the primary reasons given for using restraints is to prevent falls.

When the Joint Commission and Centers for Medicare & Medicaid Services (CMS) encouraged the use of bed alarms as a fall prevention measure, Mion knew from clinical observation that bed alarms malfunctioned frequently or created so many false alarms that nurses began to ignore them. A hospital study she conducted through the National Institutes on Aging revealed that nurses receiving frequent reminders to use bed alarms brought no difference in fall or fall injury rates.

The Institute for Healthcare Improvement created a list of fall risk indicators, which includes being 85 and older, osteoporosis, taking an anticoagulant or taking two or more antihypertensive medications. Mion took this list and compared it with 780 patients who fell, to test for a correlation of fall injury with IHI’s indicators. There was no significant relation-

ship found in any of the indicators.

Mion says recommendations from governing bodies push for the use of more technology and intervention – the use of bed alarms or very low beds, for example – with little evidence to back up the additional energy and expense.

“It is really important that we examine our practices to determine the benefit, whether there were adverse consequences, and the cost,” said Mion.



JOE HOWELL



Susan Hellervik, ACNP
Critical Care

SUSAN HELLERVIK

On a Patient's Worst Day

Acute Care Nurse Practitioners in Action

BY PAUL GOVERN
PHOTOGRAPH BY DANIEL DUBOIS

MINUTES FROM NOW, the newly conscious patient will flail softly in her bed and try to pull out her breathing tube. A nurse will be there to stay her hand. Right now, though, she's slipping toward death. As she was being turned in her bed, her heart rate plummeted, and it hasn't returned. She's gone rigid and lifeless.

It's mid-morning in the Medical Intensive Care Unit at Vanderbilt University Hospital. A code is called, and doctors, nurses and nurse practitioners come rushing down wide hallways.

T hirteen

health care providers are swarming the bedside. A critical care medicine fellow has planted himself at the foot of the bed to direct the code. The activity is intense but everyone appears calm.

The patient's mother, walking with a cane, is helped out of the room by a young family member, and as they thread their way, the younger woman uses a hand to shield the old woman's eyes from the scene at the bedside.

In the thick of the activity is the patient's frontline provider, intensivist nurse practitioner Susan Hellervik, ACNP-BC (VUSN '09). In spring of 2009 she was among the inaugural graduates of VUSN's new intensivist track for acute care nurse practitioners. Prompted by new resident work-hour restrictions, VUH and hospitals across the country are increasingly turning to ACNPs as intensive care providers. Two-thirds of Vanderbilt's MICU patients are managed by resident physicians, but the rest, including this patient, are managed by intensivist ACNPs.

The patient receives rapid chest compressions for artificial circulation. To help restore a viable heart rate, she gets an emergency injection of epinephrine.

Life measurably returns. Those jolting paired electric paddles familiar from TV shows never appear. Within minutes, most of the responders have peeled away.

"We train nurse practitioners so they can help people on the worst day of their lives," said Josh Squiers, MSN, ACNP, program coordinator for the School of Nursing's ACNP intensivist track.

There's new demand for, and a deep shortage of, intensive care specialists in the U.S. ACNPs by now are welcomed with open arms as intensivists by critical care medicine. However, hospitals have found it takes 12 to 18 months of training to turn a typical ACNP graduate into a fully functioning and adequately autonomous member of an intensive care team.

C. Lee Parmley, MD, JD, lobbied for an intensivist track at VUSN. He's professor of Anesthesiology and executive medical director of critical care at Vanderbilt. "We traditionally operated with interns, residents and fellows, but new work-hour restrictions for those trainees have gutted that staffing," he said.

That's not to say that intensivist ACNPs are simply an alternative staffing solution. They have their own role to play in a model of care that's becoming ever more team-based. According to Parmley, with more intensivist ACNPs at work at VUMC, "there's a more consistent level of care throughout the month, care is more standardized, and it's better from a patient safety standpoint."

The intensivist ACNPs are pleased to be working at the top of their license, with the full support of attendings, unit medical directors and the hospital. They man-

age Vanderbilt's sickest patients in close collaboration with fellows (physicians in transition from residency to independent practice) and attending physicians. "We help physicians, so they can see more patients and we can assist managing details," said Teresa Simpson, ACNP-BC (VUSN '09), who works in the Cardiovascular ICU. "We're responsible for the multi-disciplinary approach, monitoring everything from bowel movements to discharge planning. I'm supposed to know the patient better than anyone."

In the past two years VUH has doubled its complement of ACNPs. According to April Kapu, ACNP-BC, assistant director of Advanced Practice Critical Care for VUH, the hiring was precipitated by the new resident work-hour restrictions and with the opening of a new VUH critical care tower, which doubles the number of critical care beds.



L to R: The team of C. Lee Parmley, Joan King, Josh Squiers and Nathan Ashby collaborated to bring this specialized intensivist opportunity to Vanderbilt to ensure students are getting the education and training they need.



JOE HOWELL



“Beyond filling that potential gap in coverage, beyond helping decrease length of stay and being productive from a revenue standpoint, intensivist ACNPs are providing the continuity and consistency we need to help ensure the quality of our care,” Kapu said.

Intensivist ACNPs at VUH order and interpret labs, order medication, write progress notes and perform routine invasive procedures. On some units they work beside residents and interns, and on others — including the CVICU, the MICU and soon the surgical ICU — they form their own service, working independently of house staff. They have faculty appointments in the School of Medicine and receive administrative and practice oversight from VUH Nursing. Their work is billed through Vanderbilt

Medical Group. They cover most Vanderbilt ICUs 24 hours a day, seven days a week. Many of the ACNPs are credentialed to perform bronchoscopies, place central lines and intubate.

They meet with family members and gather consent for treatment, and they arrange consults with specialists of all stripes.

This year, 12 of the 72 ACNP students at VUSN have chosen the intensivist subspecialty track.

“We use different clinical rotations and an emphasis on intensive simulations, so that our students are prepared to join intensivist teams straight from graduation,” said professor and ACNP Program Director

Teresa Simpson is an ACNP Intensivist working in the Vanderbilt Cardiovascular Intensive Care unit where she is a combination of decision-maker, facilitator and clinician on behalf of her patients.

Joan King, PhD, ACNP-BC, ANP-BC, FAANP. She and colleagues piloted the track in the fall of 2008, and soon after won a three-year, \$872,000 supporting grant from the Health Resources and Services Administration. The track benefits from ongoing partnerships with critical care faculty in the School of Medicine, and makes extensive use of patient care simulation capabilities at the Vanderbilt Center for Experiential Learning.

“We’ve emphasized fast decision-making and the team dynamics found in the ICU. Patients today are sicker, technology is more complex, and the payment model is changing. If you can be faster and improve outcomes, it makes a big difference.” - Joan King

Graduates of the track are recruited by top flight hospitals. For employers, these ACNPs represent a unique skill set, reduced orientation requirements and better patient outcomes.

“We’ve emphasized fast decision-making and the team dynamics found in the ICU. Patients today are sicker, technology is more complex, and the payment model is changing. If you can be faster and improve outcomes, it makes a big difference. There’s an increasing reliance on

teamwork, and employers will find that our graduates are much more prepared for integration with the intensivist team,” King said.

Many of the graduates happen to be former ICU staff nurses. Maria Troche, ACNP-BC (VUSN ‘11) completed orientation in the VUH Burn Center in November.

“I’ve been in codes up here, and without the [intensivist track’s] extra clinical hours and simulations, I don’t think I could have reacted as well as I did,” she said.

Mindy French, ACNP-BC (VUSN ‘10), works on the SICU.

“Doing the ICU rotations and the simulations makes you more comfortable and confident to do procedures and run codes. The simulations were amazingly beneficial,” she said.

White wavy lines snake across a black background: in the CVICU, a bank of monitors at the nurses’ station displays the electrical readout from each patient’s heart. During morning rounds, that includes Teresa Simpson, a heart transplant surgeon, a heart failure specialist, a critical care medicine specialist, a critical care medicine fellow and a staff nurse stands in the hallway talking in a circle. In a nearby room a semi-conscious end-stage heart-failure patient awaits a donor heart. He’s on a ventilator. His blood continues to flow thanks to two ventricular assist devices, which form a piece of bedside machinery the size of a steamer trunk. With kidneys failing, he’s on dialysis as well.

To an outsider, the discussion in the hallway is opaque. But a few things are clear. The patient’s spiking white blood cell count presents some added concern, because if outright systemic infection were to develop it would bump the patient from his place atop the heart recipient list.

“In this job, you get to see patients turn around from that to talking,” Simpson said, sitting at her workstation. She’s examining routine X-rays, checking lungs for something called overload and making sure chest tubes and catheters are in correct position. Many patients spend only a day on the unit, but other cases are far less straightforward.

“At Vanderbilt we take on the sickest of the sick, so we have quite a large population that needs finessing,” she said.

Simpson recalls the switch to intensivist ACNP as a stark change from her former staff nursing days. “You move into a different role of autonomy. I remember thinking, now it’s *me* giving that order.’ If it doesn’t work out right it comes back to me.”

The previous day, Simpson’s work had put her in the middle of a discussion between a cardiac surgeon who wanted to proceed with a treatment and a nephrology consultant who wanted to wait.

Taped to the wall in the workroom that Simpson shares with fellows and intensivist ACNPs is a cartoon drawing of

Program Coordinator Josh Squiers, left, watches as VUSN students Ariel Waters, center, and Dalton Pickney work on a critical care scenario in the simulation lab.



JOE HOWELL

ACNP Fellowship: The Next Step

Vanderbilt University Medical Center has developed a pilot Acute Care Nurse Practitioner (ACNP) Intensivist Fellowship program unlike any other in the country. The program is jointly run through the Vanderbilt University School of Nursing and the Department of Anesthesiology - Division of Critical Care Medicine.

"Much like physicians prepare for their subspecialty with a fellowship, the new ACNP Fellowship provides an opportunity for master's-prepared nurses to further refine skills and knowledge in experiential learning environments," said Josh Squiers, MSN, ACNP-BC, who co-directs the Fellowship, with Nathan Ashby, MD, assistant professor of Anesthesiology and Critical Care.

Specifically, the program combines an Intensive Care Unit-focused fellowship with the School of Nursing's Doctor of Nursing Practice (DNP) program. Students can pursue their DNP degree and work at the Medical Center. The result is an advanced critical care curriculum at the doctoral level.

"Our DNP program is about preparing practice scholars as leaders in bringing evidence-based knowledge into practice," said Donna McArthur, PhD, FNP-BC, FAANP, the Doctor of Nursing Practice program director. "The intensivist fellows practice on multidisciplinary teams, develop competencies in performing advanced procedures and skills, participate in research initiatives within the intensive care units... and when they have successfully completed the program, they are clinical scholars who will have a profound impact on patient outcomes."

"My role is to try and provide participants with very concentrated, face-to-face learning. The student looks at the patient from different angles and forms a plan working with multiple disciplines," said Ashby, ACNP Fellowship co-

director. "It's about making connections to see how this pathology affects patients and multiple different phases."

There is an important teaching component to the fellowship, one that the fellowship directors hope to grow over time. For instance, the first ACNP Fellow Briana Witherspoon recently participated in a clinical conference for the master's-level ACNP Intensivists. With experience writing notes herself in the fellowship program, Witherspoon was the ideal person to critique the students' notes from the hourlong clinical case conference.

"My favorite part is meeting with the directors and discussing articles – determining their strength and how to apply those findings into my practice," said Witherspoon, a nurse practitioner in the Neurology ICU at Vanderbilt. "The program molds to my personal needs. I pick my weaknesses and the directors arrange ways for me to make them strong."

Both Squiers and Ashby believe the culture at VUMC, one of the largest employers of nurse practitioners in the country, makes this pilot possible.

"The patient demand in Intensive Care Units is more than what any one group can fill. Nurse practitioners are going to be how you fill that need. You need to give them the best training possible," said Ashby.

There are several practice models for nurse practitioners in the Intensive Care Units throughout the Medical Center. Some integrate nurse practitioners and residents. Some are non-teaching services that handle less critically ill patients, and others are the team like in the Cardiac Surgery ICU.

All involved in developing the ACNP Fellowship program have discussed future ways to interact with VUSN's ACNP master's curriculum. The pilot program plans to enroll up to four more students in August 2012.

a fish eyeing a worm on a hook. The caption reads, "Don't be baited." Its inside meaning for the people in the workroom is, don't be baited into open conflict for no good reason.

"A lot of this job is conflict – dealing with conflict, heading off conflict. Sometimes you just have to be more assertive," she said.

Intensivist ACNPs in Vanderbilt's MICU and SICU respond to cardiac/respiratory arrest codes on their own and other units, and they staff a consultation service called the Rapid Response Team, for patients anywhere in the hospital who, though not yet coding, appear potentially headed for danger.

When the code was running on her

patient that morning in the MICU, Hellervik was asking herself lots of questions.

"I was asking myself, 'what's the most quickly reversible thing that may have caused this? 'Was the patient's ventilation adequate, for example?' And while I was sequencing through those potential causes, I was checking to see that she was receiving good chest compression and that all other aspects of advanced cardiac life support were being implemented correctly," she said.

The fast pace and criticality of intensive care decision-making is apparently a big part of the job appeal. As Maria Troche put it, "The ICU is just fun, it's an adrenaline rush. I just like the intensity.

There's always something complex, something challenging."

"I like the fast pace, thinking on your feet," Simpson said.

Mindy French put it most simply: "I like the sick people."

When it comes to protocol, when it comes to routine specialized management, intensivist ACNPs can't help but be more studied and experienced than their resident counterparts on rotation in the ICU. Under health care reform, pressure to improve quality and reduce length of stay will only increase, making intensivist ACNPs that much more highly sought. Vanderbilt plans to hire more intensivist ACNPs as the units expand and patient acuity rises.



an interview with
Trish Trangenstein

What does the term “nursing informatics” mean?

Nursing informatics is a specialty recognized by the American Nurses’ Association. Nursing informatics transforms electronic information into knowledge and eventually knowledge into wisdom needed to improve outcomes. Nursing outcomes can only be improved if you can apply wisdom across any number of areas, and a person needs advanced knowledge to interact with a spectrum of professionals in this way. Nursing informatics is about getting the right knowledge and the right information to the right person at the right time to make the right decisions for patients and families.

Can you provide a real-life example?

One great example is work done at Vanderbilt

University Medical Center regarding Ventilator-Acquired Pneumonia (VAP), where there are many regular procedures that need to be done. Vanderbilt created a dashboard – one computer screen with all the most important data put into visual form. So, if one of the procedures that a patient needs is completed, it’s green on the dashboard. If it’s coming due, it’s yellow, and if it’s past due, it’s red. This new system reduced the number of patients acquiring VAP across six intensive care units by 41 percent during a 10-month period and saved between \$1.9 million and \$3.5 million in health care costs.

What about examples in small hospitals or rural areas?

Smartphone applications or

“apps” can really have a profound effect among rural populations. We realize that health care access in rural areas is not the same as in urban areas. We can use some of the same Web conferencing technology or video over smartphones to help diagnosis remotely. For example, if a patient has a wound, they can take a picture and send it to their health care provider for guidance.

How has this field changed in the last 10 years?

It’s having a broader impact, particularly with federal government reimbursement incentives, a lot more entities are adopting electronic health care records. Some of the larger institutions have done their own “home-grown” EHRs, but we as a field are getting better at collecting the data and exchanging health care data and using it to improve outcomes. We still have a ways to go.

What does the term “meaningful use” mean?

Meaningful use is a term that came out of the American Recovery and Reinvestment Act of 2009. It means that the Centers for Medicare and Medicaid Services (CMS) are going to change reimbursement strategies and incentivize the adoption of electronic health records as a way

to improve health information exchange and eventually improve outcomes. Data and knowledge, which is the core of nursing informatics, is the only way to measure and achieve those outcomes. It’s like in any busy practice – when you can analyze your business data and then transform that to knowledge, you can leverage what you are doing to improve outcomes. When you have health care data on paper, you cannot look at hundreds or thousands of records across multiple health care entities. There is always something missing. Electronic data, like electronic health care records, can look across a much broader spectrum.

How is meaningful use going to become a reality?

The first three stages add incentives in the form of money to adopt electronic health records (EHRs), but organizations can’t just adopt. EHRs need to be certified. The first stage is collecting electronic data and being able to exchange it. The second stage is about getting the consumer involved in advanced clinical processes, like disease management, and the third stage is where organizations will be able to show improved outcomes such as less morbidity and less cost. After the first three stages are complete, likely by 2018,



We are on the crux of such radical change in health care delivery and if you want to be in the middle of it, you want to be in nursing informatics.

CMS will reduce reimbursements for organizations that don't comply.

Are there outside drivers influencing this?

Yes. The whole mobile "apps" capabilities are going to impact that. You can download an app to help you administer CPR or maintain a healthy diet. You can even buy a car that can provide your health information while you drive. All of this data needs to be collected into your electronic health record so you end up charting and trending over time – add to that, remote monitoring and sensing. There is a shift in balance about where the data is coming from and who is controlling the data.

Sounds like you envision more consumer input in health care going forward?

I think what you are going to find is more consumer monitoring – perhaps small monitors the size of a Band-Aid that can measure physiological variables. I'm not sure how much is going to be passive monitoring versus you have to do something about it or send it somewhere. Data about a person's daily health could be enormously helpful. Now

we just have data on episodic illnesses or health issues. The hope would be that this technology and information would allow us to catch potential problems before hospitalization is necessary. If it looks like someone with diabetes has a bad cold that is now turning into pneumonia, we could intervene sooner. Keeping patients out of the hospital saves health care dollars.

What do you anticipate 10 to 20 years from now?

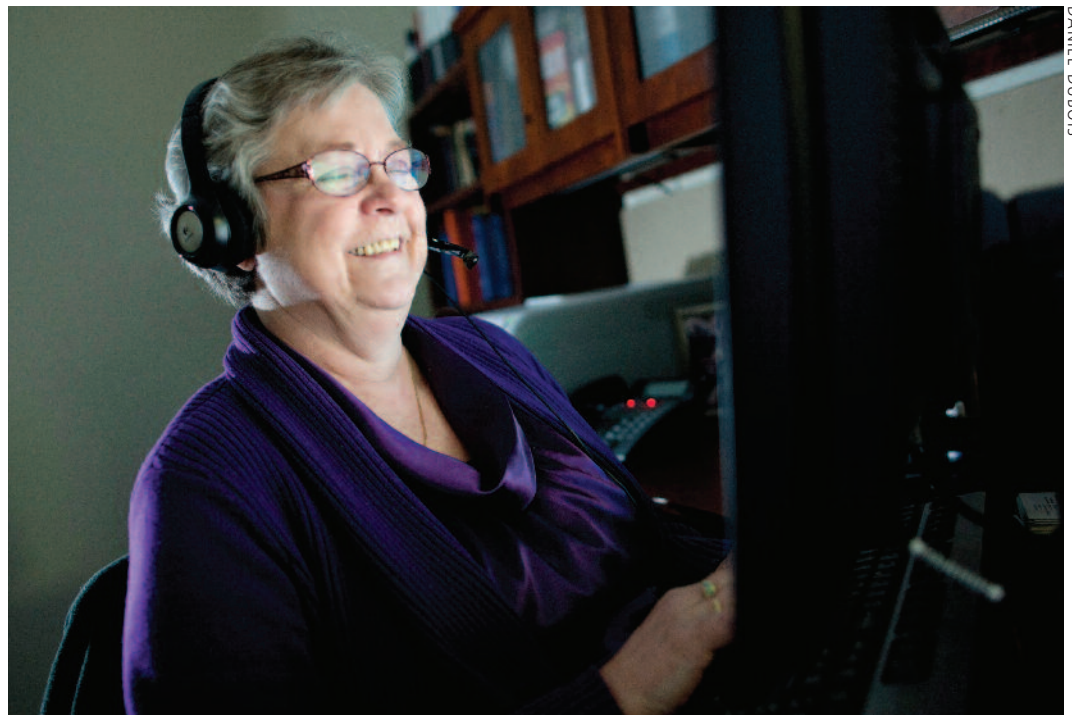
I think what we are going to see is a lot more passive

monitoring devices that are non-intrusive, a lot more remote sensing devices at home for elderly or those who want to stay in their home and stay out of extended care. I see a lot more open exchange of health care data rather than it being put in a limited repository that is hard to access. There will be a lot more of looking for patterns, data mined to find the best outcomes that will lead to some new discoveries. VUMC is very big into personalized medicine – tailoring medicine for the patient – and the

more data we have to analyze, the better off we are all going to be.

What qualities does someone need to be successful in this field?

You have to enjoy technology. You have to have that mindset and enthusiasm of enjoying new things. This work also requires a lot of attention to detail because you are looking into an application and following pathways to find issues. Most of my students say that you have to have a sense of humor and patience. You also need to



DANIEL DUBOIS

be willing to compromise because even if you come up with the ideal solution it may not get stakeholder approval. And, you have to be able to translate between clinical providers and technology experts. Nursing informaticists really walk between both worlds a bit.

What is the compensation?

A recent survey of nurses showed the mean nursing informatics salary as slightly under \$100,000 per year. In the last few years, we have also started seeing titles like “informatics nurse specialist” and “nursing chief informatics officer.”

What types of projects are VUSN nursing informatics graduates doing?

Our graduates might design screens for data entry and monitor various applications like bar code medication systems. They could be looking at metrics and determining benefits of new initiatives like reducing falls or pressure ulcers. There are also big opportunities in training and helping the end-user to use various applications such as integrating new technologies like smartphones and laptops into the whole enterprise.

How do you get interested in this area?

I started on the education side at the University of Cincinnati. I had an interest in technology and did my dissertation work on Atari so I could work and play games. I became the direc-

tor for Academic and Technologic Resources and noticed that decision-making was not that different going from the clinical to technologic side.

What will happen in the future of the field?

That’s a difficult question because I don’t think any of us imagined a World Wide Web or mobile applications monitoring and making real-time decisions. Data in health care is important and right now, it’s provided by the health care provider or hospital. I think we are going to see a fundamental shift to more consumer-provided data. Patients are already monitoring their own blood glucose levels. There might be a sensor on someone’s bed at home to see how many times they get up and that information is sent to a database. The areas of remote sensing and monitoring are big growth areas. Smart technology will allow a patient to have a pill bottle that has a cap on the top that changes color based on whether it’s time to take the medicine or not. These things are going to make things easier for the consumer.

What do you want everyone reading this to know about nursing informatics?

We are on the crux of such radical change in health care delivery and if you want to be in the middle of it, you want to be in nursing informatics. There will be more data coming from different places and it’s exciting to

see it coming together to help patients and providers and make health care delivery better.

web link

Visit Vanderbilt Nurse online at vanderbilt.edu/vanderbiltnurse for more links and information about nursing informatics.

Conceptual Approach to Meaningful Use

Stage 1. Electronic capture

1. Coded format
2. Track key conditions
3. Care coordination
4. Quality measures and public health info

Stage 2. Advanced clinical processes

1. Disease management and clinical decision support
2. Bi-directional communication with public health
3. Medication management
4. Support for patient access to their health information
5. Transitions in care
6. Quality measurement
7. Research

Stage 3. Improved outcomes (quality, safety, efficiency)

1. Decision support for national high priority conditions
2. Patient access to self-management tools
3. Access to comprehensive data
4. Improving population health outcomes

Source: Centers for Medicare & Medicaid Services



Betsy Hood Procter, BSN '40, and her husband, Robert Procter, celebrated their 71st wedding anniversary on Dec. 28, 2011.

40s

Bettie Ann White Cleino, BSN '44, MSN, PhD, was inducted into the Alabama Nursing Hall of Fame on Oct. 13, 2011. She believes her nursing career was set in motion by the advanced education she received at Vanderbilt University School of Nursing. In her acceptance speech, Cleino quoted Lulu K. Hassenplug by saying, "We must never be content with current practice, but ever be striving for improvement." In November 2011, Cleino celebrated her 90th birthday and is still going strong, working as a parish nurse for Christ Episcopal Church in Tuscaloosa, Ala.

Martha Crews McBurney, BSN '47A, is thankful that she and her husband are healthy and able to travel. They recently took a cruise around South America, accompanied by their son and daughter-in-law, and plan to travel as long as possible. She turned 89 in December.

50s

Florence Rogers Van Arnam, BSN '52, was the recipient of the 2012 Matheson Award for her tireless efforts on preserving

history and culture in Gainesville, Fla. Most of the recognition is for 30 years of work with the Robb House Medical Museum and as chairman of Historic Preservation with the Gainesville Chapter, National Daughters of the American Revolution. Van Arnam credits the knowledge she gained at Vanderbilt with development of the medical museum.

Janie Capps Macey, BSN '54, MSN '74, PhD, said, "Now that I am 80 years old I find 'the old gal ain't what she used to be.'" She spends her time playing duplicate bridge, working crossword puzzles to keep her mind alert, and walking her dog, Oreo, for exercise. She hopes her classmates are doing well.

60s

Carol Komara, BSN '62, MSN, is president of the Kentucky Board of Nursing and will continue to serve until 2013.

Ginger Trundle Manley, BSN '66, MSN '81, lives in Franklin, Tenn. She taught a six-session program entitled, "The Journey through Aging and Sexuality," for the Osher Lifelong Learning



Virginia George, BSN '47B, MSN, MA (Peabody '72), celebrated her 88th birthday on Feb. 3. She is a VUSN professor emerita and has established the Virginia George Scholarship for VUSN students.



Nancy Blackistone Mims, BSN '55, (now and as a VUSN student in 1954) lives in Fort Worth, Texas, and reports that her health is excellent due to exercise and diet. She still lives alone, though close enough to her family to be able to visit frequently. She calls her computer a "life-saver."

Institute at Vanderbilt in January and February. Sex education for older adults is an emerging field and covers physical, emotional, relationship and lifestyle issues that affect all older persons whether partnered or living single. She also started her fourth year of writing a monthly question-and-answer column about sexuality and aging called "Assisted Loving" in a local paper.

Karen Fishman, BSN '68, sold her house and downsized into a condominium in 2011. She lives in Chesterfield, Mo., loves her new home and is a healthy breast cancer survivor of three-and-a-half years. She is considering retirement in 2012.

Charlene Tosi, BSN '68, lives in Fenton, Mich. In the spring of 2012, she will be publishing a book about women's archetypes based on Jungian psychology. In fall 2012, she will launch her book, "Discover Your Woman Within," which will be available as an e-book on Amazon as well as in print. The book describes the archetypes of women in order to better balance and live full lives. She is the founder of Woman Within Training. For more information: char@tosi.biz

70s

Cheryl Cox, MSN '72, RN, PhD, is a full member of the Department of Epidemiology

and Cancer Control at St. Jude Children's Research Hospital in Memphis, Tenn. Prior to joining St. Jude's in 2002, she was a professor in the College of Nursing at Illinois (Chicago) and then Massachusetts (Boston and Lowell) for 20 years collectively. She is busy as a researcher on two R01s and an R21. She sits on the Health Services Methodology Study section (Nursing and Related Clinical Sciences) at the National Institutes of Health. Her 23-year-old daughter, Abigail, is a vocalist with a five-member acoustical group, The Happy Maladies, in Cincinnati. Cox is considering retirement in 2014.

Diane Ribblett Settlege, BSN '73, is pleased that her daughter continued the family tradition of meeting a spouse at Vanderbilt and marrying. Her daughter, Jessica Lauren Settlege, BA '08, married David Prang Oetting Jr., BA '08, on Sept. 29, 2010. Diane married Steven Paul Settlege, BE '73, in 1973. Her husband's parents, Paul Herman Settlege, BA '49, MA '51, PhD '53, and Ruby Doris Taylor, BA '48, married in 1948.

Anne Moore, BSN '76, MSN '81, published an article in the 2011 Annual Primary Care edition of *Women's Health Care Journal*, entitled "The Importance of Collaboration in Treating Chronic Disease: A Focus on PCOS and Group Medical Visits."

Ann B. Hamric, BSN '70, PhD, RN, FAAN, has recently taken a new position as Associate Dean of Academic Programs at Virginia Commonwealth University in Richmond, Va. She is happy to be back in Richmond and enjoys her new job.



Melanie Thoenes, BSN '77, graduated with a DNP from the University of South Florida College of Nursing in December 2010 and her Master of Science degree in August 2008.

80s

Anne C. Page, BSN '80, is a peri-anesthesia specialist at Beaumont Hospital, Royal Oak, Mich. She holds both CAPA & CPAN certification. She has the ideal job blending direct patient care in Anesthesia with Quality Improvement projects and staff development. Anne and her husband, Philip BE/ME '80, are the parents of Eloise Page Spetko, BA Mathematics '06. Anne met fellow '80 BSN classmates Judy Baird Cunningham, Anne Chandler McAlister and Pamela Petros Litchford in Sanibel Island, Fla., for a reunion to celebrate their 30th in November 2010.

Chris Skinner Fox, BSN '80, completed the DNP on Oct. 18, 2011, from Rocky Mountain University of Health Professions. She continues to work as a self-employed CRNA primarily in Office Anesthesia and Obstetrics. She hopes to be a clinical instructor in the future. Fox celebrated 30 years of working in anesthesia this past February.

Lori Goldenberg, BSN '80, founded Electrolysis & Medical Skin Care of Western Connecticut in April 2011, in

Ridgefield, Conn. The organization specializes in permanent hair removal and medical aesthetics. She also works for a Dermatology practice in the Hartford, Conn., area, and loves being in private practice. Her website is www.electrolysisct.com

Allison France Episkopos, BSN '83, lives in Westminster, Colo., and is a school nurse at Stargate School for gifted and talented students, in Thornton, Colo. She also trains nursing students from the Denver School of Nursing as part of their pediatric experience. She and her youngest son Andrew recently volunteered at the Rocky Mountain Multiple Sclerosis Center, a Vanderbilt-organized community service event. They learned a great deal about MS and met some fantastic Vanderbilt alumni. Her eldest son Chris is a medical student at Barts and the London School of Medicine and Dentistry in London.

Nancy Ellsworth, BSN '84, has been working in Atlanta at Reproductive Biology Associates for 10 years in the fabulous, fast-paced world of IVF (Reproductive Endocrinology). She loves her job and is proud when people ask her where she went to nursing school. Happily married for seven years, she and her husband live with their two dogs (their children with fur coats).

Susan Moseley Gent, MSN '88, DNP '11, RN, NE-BC, married high school sweetheart Ed Gent on Nov. 12, 2011. Gent is the administrative director for VMG Nursing & the Center for Advanced Practice Nursing and Allied Health at Vanderbilt.

90s

Wendy Marquardt Olson, MSN '91, recently returned to work as the Director of Human Resources for Northwestern Lake Forest Hospital in Lake Forest, Ill.

Susan Christos McKenney, MSN '92, earned her Board Certified-Advanced Diabetes Management Certification in 2009. She works as a family nurse practitioner in a faculty position at the Hendersonville Family Health Residency Program. She has developed coordinated group visits regarding weight management at the Pardee Flat Rock Family Health Center in North Carolina for two years. She and her husband, Neal, have two sons: Mitchell (11) and Bryson (9).

Kelly Ambrosi Wolgast, MSN '93, RN, MSN, MSS, CHE, FACHE, a VUSN Founder's Medalist, retired at the rank of colonel after 26 years of active duty with the U.S. Army. She is now assistant professor at Vanderbilt University School of Nursing in the Health Services



Gigi McMurray, MSN '96, FNP, started working at GracePointe Healthcare with clinics in March 2011 as a family nurse practitioner. GracePointe is one of the only self-pay model clinics in the Middle Tennessee area with low rates to fit the needs of those without insurance or those with high deductibles.

Management program and lives in Brentwood, Tenn. Her new email is kelly.a.wolgast@vanderbilt.edu.

James R. (Randy) Post, MSN '95, LTC, AN, PhD, FNP-BC, was recently re-assigned to Center for Nursing Science and Clinical Inquiry (CNS&CI) at San Antonio Military Medical Center (SAMMC, formerly Brooke Army Medical Center). Additionally, he serves as a provider at the McWethy Troop Medical Center.

Mark Young, MSN '96, LTC(P), AN, USAR, completed a 12-month mobilization as Commander of the 7239th Medical Support Unit at the



ter, Madelyn (4), and stepson, Tyler (15).

Irene Spence, MSN '98 ACNP, started a new job with Skyline Neuroscience Associates in October 2011. Before that, she worked in the Saint Thomas Hospital Intensive Care Unit in Nashville. She has a daughter,

Call for Nursing Alumni Award Nominations

The Vanderbilt University School of Nursing recognizes distinguished alumni, faculty and friends for their significant contributions to the school and the nursing community at large. The School of Nursing Alumni Association Board of Directors welcomes your nominations for Alumni Awards. The awards will be given at the School of Nursing Reunion Brunch on Saturday, Oct. 27.

All nominees, except for the Friend of Nursing and Honorary Alumnus categories, must be a graduate of the Vanderbilt University School of Nursing (BSN, MSN, PhD or DNP). When submitting a nominee, please include a letter of nomination stating the reasons for your nomination, a copy of the nominee's resume and letters of recommendation for the nominee. The deadline for submission is Wednesday, Aug. 1. All honorees are chosen by the Nursing Alumni Association Board of Directors from nominations made by alumni and colleagues.

The Alumni Award for Clinical Achievement in Nursing

The Alumni Award for Clinical Achievement in Nursing is presented annually to a graduate of the Vanderbilt University School of Nursing for outstanding contributions in clinical, patient-centered practice.

The Alumni Award for Excellence in Nursing

The Alumni Award for Excellence in Nursing is presented annually to a graduate of the Vanderbilt University School of Nursing who is a national or international leader in nursing issues. The honoree is chosen by the Nursing Alumni Association Board of Directors from nominations made by alumni and colleagues.

Friend of Nursing

The Friend of Nursing Award recognizes significant local or national contributions or both to the profession of nursing from an individual who is not a nurse or Vanderbilt University School of Nursing alumnus.

The President's Award of Distinction

The President's Award of Distinction is presented to a graduate of the Vanderbilt University School of Nursing who is recognized for distinguished contributions to nursing and to the community. The honoree is chosen by the President of the Nursing Alumni Association Board of Directors.

Honorary Alumnus

The Honorary Alumnus is awarded from time to time by the Vanderbilt School of Nursing Alumni Association in recognition of significant contributions to the School of Nursing by an individual whose academic credentials were obtained elsewhere.

Please send via mail or email by Aug. 1 to Susan Shipley.

Nursing Alumni Awards Nomination
Vanderbilt University School of Nursing Alumni Association
2525 West End Ave., Suite 450
Nashville, TN 37203
susan.shipley@vanderbilt.edu

Fort Hood, Texas, Medical Soldier Readiness Processing Center. He received the Meritorious Service Medal. Early this year, he returned to a full-time civilian position as a nurse practitioner with the Vanderbilt University Occupational Health Clinic and transferred with a U.S. Army Reserve assignment to the 3274th US Army Hospital, Fort Bragg, N.C.

Dawn M. Fitzpatrick, MSN '98, RN, IQCI, and her husband celebrated their 18th wedding anniversary. She has worked at the Tennessee Valley Healthcare Services Veterans Administration as a utilization management manager for four years.

Katie Cope Murchison, BSN '99, MSN '00, resides in Chattanooga, Tenn., with her husband and daughter Abby (5). She specializes in Reproductive Endocrinology with The Fertility Center of Chattanooga and Knoxville.

Mary Katherine Thrash White, MSN '99, a pediatric nurse practitioner, teaches at Kennesaw State University's BSN program.

2000s

Gary Grover, MSN '00, relocated a year ago to begin a new job at Skaggs Hospital in Branson, Mo. He works in the Pulmonary and Sleep Medicine Clinic with a dedicated physician, Mohammed Bakry, MD, and feels they are making a difference in the care given to those in their service area.

Paige Adams, MSN '01, opened a family medical practice, The Center for Proactive Medicine, in 2008. The practice focuses on wellness promotion



Missi Willmarth, MSN '05, DNP '10, along with husband, Kevin, welcomed Rory Holden Willmarth on Sept. 5, 2011. Big brother Brooks is "over the moon" for his new little brother. Willmarth has also recently joined Lexington Women's Health in full scope midwifery practice.

and disease prevention. She sees a lot of patients with autism and natural hormone deficiency, and has incorporated aesthetics into her practice to help people feel good from the inside out. Her patients have positively changed their lifestyle using basic principles of health promotion that began with Adams' educational experience at VUSN.

Caroline Connor, MSN '01, recently accepted a new position at the University of California at San Diego. She works as a women's health nurse practitioner for the

Department of Reproductive Medicine and loves it.

Peter Richards, MSN '01, has recently accepted a full-time tenure track faculty position at Black Hawk College in Moline, Ill. He teaches a myriad of classes in the Health Information Management program, such as Medical Law and Ethics, Pharmacology, Advanced Medical Terminology and clinicals for the Medical Assistant program. He is looking into developing a curriculum for a program called "Women in the Workplace," issues that are distinctly focused on women's issues, locally and globally.

Charlotte Ellerby, MSN '02, and **Anitra Ellerby-Brown**, MSN '08, have started a new business that was featured on News Channel 5 in Nashville called Medicine in Motion of Middle TN. They want to share their website, www.medicineINmotionTN.com and local media coverage, www.newschannel5.com/story/15213518/two-sisters-working-to-revive-the-house-call, with the VUSN community.

Nicki North Baxley, MSN '02, and her husband, Doug, had their second son, Anders Ryan, in April 2011. Brother North is excited to be a big brother. She works as a women's health nurse practitioner at Parkwest Gynecology in Knoxville, Tenn.

Liz Nacozy Wessel, MSN '06, lives in Huntsville, Ala., with husband, James, and their two daughters, Anne (3) and Molly (18 mos.) She is staying home with the girls. She misses working as an RN and PNP, but gets to use many of those same skills as a mom.



Nichole Berglund-Clark, MSN '04, celebrated the one-year anniversary of her own nurse practitioner clinic, Hope Medical Clinic, on July 1, 2011. The clinic was voted the No. 1 medical clinic for Van Buren County (Arkansas) in November 2011.

Celia Forno, MSN '05, PNP-BC, works for Sea Mar, a clinic in the Pacific Northwest that focuses on serving the migrant farm worker population. Since graduating, she has specialized in pediatric psychology, and worked in Arizona and the Pacific Northwest. Trained in addiction medicine, she has worked with indigent clients for the majority of her career, and has served as a consultant and liaison at large medical centers. She loves what she does and is grateful for her training at Vanderbilt.

Cynthia Malowitz, MSN '05, is an Adult/Geriatric nurse practitioner. Her company, Bay Area Quick Care, was voted No. 1 "Best of the Best" Minor Emergency Clinic for the second year in a row. They just expanded to 2,700 square feet and hers is the first clinic in Corpus Christi, Texas, to have flat screen televisions in all the exam rooms. She has added a physician and two medical assistants to her staff.

Abby Parish, MSN '05, won the Research Award at the

Geriatric Advanced Practice Nursing conference.

S. Abigail Watkins-Morgan, MSN '05, RN, WHNP-BC, was recently awarded the National Association of Nurse Practitioners in Women's Health Award for her work in Botswana over the past two years.

Sherry Miller, MSN '06, RN, FNP-C, CCRN, CCNS, practices as a FNP at the Comprehensive Heart Failure Clinic at Saint Thomas Hospital in Nashville. She helps provide patients the advanced therapy of aquapheresis, an ultrafiltration of sodium and water from their bodies when they are resistant to diuretic therapy. She has been married for 32 years and is mother to two adult children, and grandmother to four grandchildren with a fifth due in May. She earned her Clinical Management Post Master's FNP 2009 from another institution.

Holly Garrison, MSN '08, and David Miller were married on September 24, 2011, in Memphis, Tenn. The couple resides in Nashville. Holly works as a primary care pediatric nurse practitioner with Centennial Pediatrics and David works as a graphic designer with Alphagraphics.

Jennie Ellen Harper, MSN '08, ACNP, works for Tennessee



Alia Nunn, MSN '08, is an Adult/Geriatric Nurse Practitioner. She is passionate about her job working with oncology and hematology patients at Tennessee Oncology. She also loves spending time with her husband, Jay, and their active toddler, Aveleen Marie.



Lisa Pearson, MSN '09, has been busy since graduation. She continues her work as assistant director of Nursing at South Davis Community Hospital, and has been blessed to welcome two babies to the family. She and her husband adopted a son, Jaxson, in November 2010. Six weeks later, she learned she was pregnant. The family welcomed daughter, Aynsley, to the family in September 2011.

Oncology on the Sarah Cannon Research Institute's Drug Development Unit in Phase I oncology trials in Nashville. She also recently earned her Advanced Oncology Certified Nurse Practitioner certification.

Tara Sanders, MSN '09, ACNP-BC, RN, MA, RD, left her job as an intensivist at Duke University to join the Cardiovascular Thoracic Surgery Service at the University of Texas Southwestern in Dallas.

Katie Cole, MSN '10, ACNP-BC, is an intensivist nurse practitioner at Vanderbilt University

Medical Center in the Surgical Intensive Care Unit.

Alane O'Connor, DNP '10, FNP-BC published her health policy article, "Nurse practitioners' inability to prescribe buprenorphine: Limitations of the Drug Addiction Treatment Act of 2000," in the October 2011 edition of *The Journal of the American Academy of Nurse Practitioners*.

Nicole Delimont, MSN '11, is employed as an FNP at Katy Trail Community Health in Sedalia, Mo., seeing Spanish-, Russian- and English-speaking patients.

Laureal Janeice Jones, MSN '11, is a first lieutenant in the U.S. Air Force. She is stationed at Peterson Air Force Base in Colorado Springs, Colo.

Cari Trappe, MSN '11, has started work with Carithers Pediatric Group, a practice located in Jacksonville, Fla., and is looking forward to growing with the practice.

IN MEMORIAM

Elizabeth (Betsy) Sanders Hood Procter, BSN '40, died on Feb. 10, 2012, in Cary, N.C.

Doris McGill Fraser, BSN '41, died on Oct. 22, 2011, in Billings, Mont.

Marie Jung Riggs, BSN '42, died on Dec. 11, 2011, in Lexington, Ky.

Marion Pauline Mooney, BSN '44, died on Sept. 3, 2011, in Rutherfordton, N.C.

Dr. Ann Lucille Flanagan Steck, BSN '48, died on Oct. 20, 2011, in Austin, Texas.

Marjorie Louise Wolf Rumpf, BSN '50, died on Sept. 6, 2011, in Carlisle, Pa.

Robbie Jean Sullivan Harris, BSN '52, died on Dec. 21, 2011, in Lexington, Tenn.

Jo Ann "Jo" Hardin, BSN '54, died on Sept. 9, 2011, in Nashville, Tenn.

Winifred Pugh Williams, MSN '60, died on Sept. 24, 2011, in San Antonio, Texas.

Reba Virginia (Ginny) McQueen, BSN '61, died on Nov. 9, 2011, in Fayetteville, Ark.

Dora Frances (Dody) Fannin Forman, BSN '62, died on Feb. 1, 2012, in Danville, Ky.

Carol Rae Flesher, MSN '98, died on Jan. 30, 2012, in Gridley, Ill.

SEND ALUMNI NEWS AND PICTURES TO

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congratulations

ALUMNI AWARD RECIPIENTS FOR 2011

The Alumni Award for Excellence in Nursing:

Donna Behler McArthur, PhD, MSN '77, FNP-BC, FAANP

The Alumni Award for Clinical Achievement in Nursing:

Kate Moore, DNP, MSN '96, ARNP-BC, RN

Friend of Nursing:

Robert E. McNeilly Jr. (Bob), BA'54, MAT'55

Honorary Alumnus:

Barbara A. Murphy, MD

The President's Award of Distinction:

Claudia Stoffel, MSN, BSN'72

The President's Award of Distinction:

Gail Kuhn Weissman, EdD, BSN '60, RN, FAAN



Martha Hawkins, DNP '10, CPNP, APRN, (center) teaches in the new BSN program at Lindsey Wilson College in Columbia, Ky. She continues to travel with an international mission team, and in July 2011 had the opportunity to take two of her students along with her to El Salvador. She recently returned from a trip to Belize with six students and another faculty member.

2011 Reunion

Last fall nearly 100 VUSN nursing alumni gathered for a fun-filled weekend of tours, presentations and receptions during Vanderbilt's Reunion Oct. 21-23.

To see more pictures visit Vanderbilt Nurse online at vanderbilt.edu/vanderbiltnurse.

1. VUSN Quinqs (those who graduated from VUSN 50 years ago) L to R: Judith Caplinger Richardson, BSN '61, Sue Philbin Walsh, BSN '61, Barbara Gildersleeve, BSN '61, Marceleen Rodes Alford, BSN '62, Poppy Pickering Buchanan, BSN '61, Jo Kroger, BSN '61, and Audrey Smith Clemons, BSN '61

2. Claudia Stoffel, BSN '72, and her husband, Dwight Stoffell. She was honored with the President's Award of Distinction at the Reunion Brunch.

3. L to R: Gail Wodwaska Briolat, MSN '01, Amy Foster, MSN '01, and Threasa Londry Walser, MSN '01.

4. Marceleen Rodes Alford, BSN '62, at the Quinq Luncheon.

5. Classmates Sara Wells-McCook, BSN '67, Marilyn Hobbs McAtee, BSN '66, and Linda Mabry, BSN '66, at the Reunion Brunch.

6. Sherri Wines, BSN '86, catches up with Dean Colleen Conway-Welch during a morning reception.

Photography by Leigh Barker



Vanderbilt University School of Nursing

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