

vanderbiltnurse

SPRING 2006

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centering
pregnancy

An innovative approach
to delivering healthy babies



ANNE RAYNER

dean's note

Greetings from just one of the many newly renovated areas of Godchaux Hall. I'm happy to report that the first phase of the Godchaux Hall renovation is complete. This fall, faculty and staff moved into beautifully refurbished

space on the top three floors. Floors one through three are currently under construction.

I'm actually standing in our new behavior sciences lab that features special audio/visual equipment, two-way mirrors, and a living room-like setting to help better facilitate focus group meetings and other research efforts. It's just one example of what we will have to celebrate when the renovations are complete in fall 2006.

As I pause to write this column, I'm reflecting on the many activities under way at our school. In the following pages you will learn how VUSN students, faculty and alumni are making a difference on campus, down the street and even half way around the world. We are moving forward in our practice areas with many exciting approaches to care in local communities and employer-based clinics. We are focusing on ways to further grow our research capabilities. We have just welcomed our first class of David Lipscomb B.S.N. students as part of new partnership and effort to address the nursing shortage on the baccalaureate level. The B.S.N. will be given by David Lipscomb University after completion of our "bridge." (See page 3.) Our Middle Tennessee Medical Reserve Corps continues to build momentum and first went into action on Labor Day weekend when Katrina evacuees were brought to Nashville. We also helped with some of the canine evacuees! Additionally, we hosted a contingent from the Pan American Health Organization to discuss becoming one of an elite group of collaborating centers.

This is a very special issue of *Vanderbilt Nurse* for me personally because it includes a feature on our talented nurse midwives. I started my career as a nurse midwife in Sante Fe, N.M. I loved the entire process of working with mothers and their babies. Our nurse midwives are as cutting edge as ever with new patient-centered programs and insights. I know you, too, will enjoy riding along with dedicated faculty member and cancer survivor Joan King as she shares the amazing account of her recent cross-country Tour of Hope bike trip. Poppy Buchanan's story of the Ndathi, Kenya, clinic illustrates to us all that a Vanderbilt alum can really do anything.

I hope you this issue of the magazine that provides a snapshot of many of the activities from the thousands of remarkable people associated with Vanderbilt University School of Nursing.

Calleen Conway - Sketch

Nancy and Hilliard Travis Professor and Dean of the School of Nursing

Editor
Kathy Rivers

Director of Publications
Medical Center News and Public Affairs
Wayne Wood

Copy Editor
Nancy Humphrey

Design
Diana Duren/Corporate Design, Nashville

Contributing Writers
Poppy Buchanan
Doug Campbell
Stephen Guillot
Heather Hall
Joan King
Irene McKirgan
Barbara Peterson
John Walsh

Photography/Illustration
Donna Jones Bailey
Kats Barry
Neil Brake
Mary Donaldson
Dana Johnson
Justin Moore
Anne Rayner

Cover Illustration
Roxana Villa

Editorial Office
Office of News and Public Affairs
CCC-3312 Medical Center North
Vanderbilt University
Nashville, Tennessee 37232-2390

VUSN Alumni Association
2525 West End Ave., Suite 450
Nashville, Tennessee 37203
615.343.7640
www.vanderbilt.edu/nursing

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Vanderbilt Nurse Information Officer
461 21st Ave. S. Nashville, Tennessee, 37240
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IMPORTANT DATES TO REMEMBER

May 12	Commencement
May 18	Spring Faculty and Staff Award Ceremony
Aug. 6	Pinning
2008-2009	VUSN Centennial Celebration



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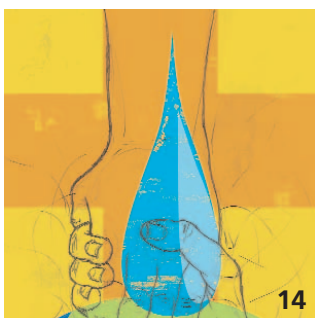
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DONNA JONES BAILEY

VINE HILL CLINIC EXPANSION

The Vine Hill Community Clinic, operated by the Vanderbilt University School of Nursing, is doubling its size and has extended hours of operation to help more patients and enhance patient care.

"Our demand is more than we can meet," said Terri Crutcher, M.S.N., R.N., (M.S.N. '94) clinical director of the Primary Care Faculty Practice. "We are very committed to serving the underserved population in our community. With more space, we can serve more patients."

The clinic currently cares for about 10,200 TennCare enrollees, and expects to see numbers rise as TennCare cuts are finalized and other patients look for options in Nashville and across Davidson County.

"We want patients to have a primary care home, so that they can decrease the number of emergency room visits they make," said Crutcher.

Vine Hill currently treats about 65 scheduled patients a day with episodic illness, chronic illness, minor injuries and physicals including well-woman exams.

With plans to add 3,500 square feet of space, managers say they will be able to handle up to 90 patients a day.

Renovation plans include increasing square footage on the first and second floors, making way for more exam rooms, adding offices for providers and space for patient support services. The expansion is possible with help from a grant from the Memorial Foundation.

In addition to the physical expansion, the clinic has started seeing patients on the weekends - Saturdays from 10 a.m. to 5 p.m. and Sundays from noon to 5 p.m. The weekend care clinic is on a walk-in basis.

- KATHY RIVERS

Vanderbilt's Ph.D. Open House Showcases New Program Options

VUSN recently held a Ph.D. in Nursing Science Open House that attracted a diverse group of attendees. Potential applicants represented a range of research interests and academic health centers, research universities, community colleges, U.S. Armed Forces and the Veteran's Administration. "We were very impressed with the quality of potential students - an important indicator for research-focused doctoral programs," said Melanie Lutenbacher, Ph.D., APRN, associate professor and director of the Ph.D. in Nursing Science Program. "The purpose of our program is to prepare nurse scholars for research and teaching careers in health care through intense mentoring, individualized programs of study and a vast array of interdisciplinary opportunities."

The open house also showcased some changes to the program in preparation for the 2006 entering doctoral class. The new Fast Track Ph.D. Program is designed to accelerate VUSN's traditional Ph.D. degree - which will continue to be available - while meeting all requirements for both the school's M.S.N. and Ph.D. programs. The Fast Track Ph.D. Program is nationally competitive and will allow students to receive both the M.S.N. and

Ph.D. degrees. Students may simultaneously apply to the M.S.N. and Ph.D. programs and must meet all admission criteria for both programs.

The Ph.D. in Nursing Science Program is also introducing a new curriculum for fall 2006. All students will complete a set of core courses but will also have the opportunity to choose from two specialty tracks: clinical research or health services research. Redesigning the curriculum represents another important step in the ongoing evaluation of the program as well as its ability to respond to the needs of the health care field.

"I am very excited about our newly revised curriculum, particularly the health services research track," said Senior Associate Dean for Research Peter Buerhaus, Ph.D., R.N. According to Buerhaus, a nationally recognized leader in health services research, many of the Ph.D. students have taken advantage of the vast array of resources at Vanderbilt in health services research working with faculty throughout the Vanderbilt community. "The health services research track allows us an opportunity to formalize and expand what we have been doing for years. The environment and resources at Vanderbilt in health services research are significant and have had national impact. Any student interested in pursuing a health services research career would be remiss to not seriously consider Vanderbilt," said Buerhaus.

For more information on the Ph.D. in Nursing Science Program, visit www.mc.vanderbilt.edu/nursing/phd/ admissions or call The VUSN Office of Admissions at (615) 322-3800. Applications are being accepted for fall 2006 admission.

- IRENE MCKIRGAN



VUSN Adopts Elevate

With its thriving clinical program, strong research enterprise and nationally recognized education programs, Vanderbilt University Medical Center recently embarked on the next phase of its evolution called **elevate**.

Elevate is a multi-year program geared toward improving the experience of patients in VUMC's hospitals and clinics as well as improving the work-related satisfaction of staff and faculty.

Developed by the Studer Group and proven successful at the University of Chicago and elsewhere, **elevate** relies on a series of simple principles — including balanced goals, leadership development, staff satisfaction, customer service and patient satisfaction — to reshape an organization's outlook on, and commitment to, quality and customer satisfaction.

"I want to develop a Mayo-like brand," said Harry Jacobson, vice-chancellor for Health Affairs, referring to the Mayo Clinic's worldwide reputation as the ultimate in providing customer satisfaction in the health field.

Institutional goals under **elevate** include: reducing job turnover by 10 percent; raising overall job satisfaction by five points; performing above the 50th percentile in all publicly reported clinical quality measures; and increasing sponsored research dollars by 10 percent.

Elevate programs at the Vanderbilt School of Nursing are under way. Faculty and staff are engaged in leadership training and are looking at ways to enhance communication within VUSN and between VUSN and other groups.

"There are more than 200 faculty and 70 staff members who tirelessly work together to make VUSN one of the top nursing schools in the country," said Colleen Conway-Welch, Ph.D., Dean of the Vanderbilt University School of Nursing. "We do many, many things very well and are embracing the **elevate** program to further enhance our operations, research and offerings to students."

– DOUG CAMPBELL AND KATHY RIVERS

LIPSCOMB STUDENTS ARRIVE AT VUSN

In an effort to address the nursing shortage, Linda Norman, D.S.N., senior associate dean of Academics at Vanderbilt University School of Nursing, has spearheaded a new program which allows David Lipscomb University and Fisk University students to take classes at VUSN. The students must meet high performance standards during five semesters of pre-nursing courses at their home institution and will spend three semesters at VUSN. Upon completion, the students will graduate with a B.S.N. from their home institution.

In January, faculty and staff welcomed the first Lipscomb students – who arrived on campus eager to delve further into their studies and various school offerings. Jenni Anderson, a 21-year-old junior, said, "I've been here just three days, but am already impressed with the new teaching styles." Lipscomb senior Michael Jool plans to make the most of this experience and hopes to become a VUMC staff nurse.

"We are really excited to see where this program takes us," said Norman. "It allows us to give our partner universities a nursing degree program without them having the startup and growing pain issues," said Norman. "We also feel like it's part of our mission with the Medical Center in helping have more staff-prepared nurses available."

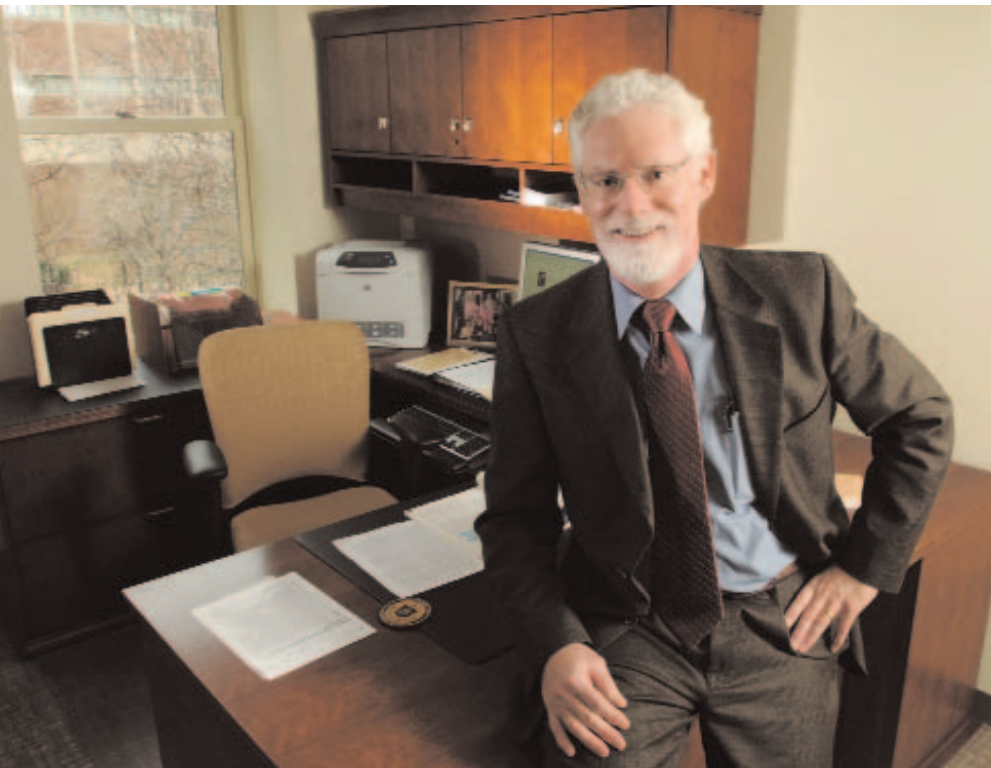
The Medical Center offers a partial loan forgiveness program if students agree to work at VUMC for two years. So far, 28 of the 30 Lipscomb students are doing just that. During their tenure at VUMC, the staff nurses can accrue additional benefits of receiving 12 credit hours per year toward their master's courses at no charge.

– KATHY RIVERS

DANA JOHNSON



Peter Buerhaus, Ph.D., R.N., senior associate dean for Research and Valere Potter professor



ANNE RAYNER

New Study Shows Increasing Nursing Staffing Improves Safety and Quality in Hospitals

A study in the January/February 2006 issue of the journal *Health Affairs* concludes that increasing the number of registered nurses and hours of nursing care per patient would save 6,700 lives and 4 million days of patient care in hospitals each year.

The research by UCLA's Jack Needleman, Ph.D., and Vanderbilt University School of Nursing's Peter Buerhaus, Ph.D.,

R.N., also finds that for hospitals that use both R.N.s and licensed practical nurses (L.P.N.s), greater use of R.N.s appears to pay for itself in fewer patient deaths, reduced lengths of hospital stay, and decreased rates of hospital-linked complications such as urinary tract infection, and shock and/or cardiac arrest and upper gastrointestinal bleeding.

"We're entering the ninth consecutive year of a national nursing shortage," said Buerhaus, professor and senior associate dean for research at VUSN. "We hope this study stimulates a fresh debate on the contributions of nurses in improving the quality of hospital care."

"All hospitals are feeling pressure to improve quality and contain costs. For hospitals where nurse staffing is low, this study makes an unequivocal business case for using more R.N.s in nurse staffing and a strong case based on value to patients for increasing the hours of nursing care," said Jack Needleman, an associate professor at the School of Public Health, University of California, Los Angeles (UCLA).

In 2002, U.S. general hospitals employed 942,000 full time R.N.s and 120,000 full-time L.P.N.s. The study simulated the effect of several options that would increase nurse staffing to a "feasible" level for most hospitals. Key findings include:

- Greater use of R.N.s translates into fewer patient deaths, reduced hospital stays and decreased rate of hospital-linked complications.
- Increasing the number of hours of nursing care provided by both R.N.s and L.P.N.s would result in fewer deaths, avoidable complications and days of care.
- Expanding both the proportion of R.N.s and number of hours provided by L.P.N.s to reach the top quarter of hospitals (a combination of the other two options) saves the most lives and greatest number of patient days.

– KATHY RIVERS

Colleen Conway-Welch, Ph.D., left, Antonio Hernandez, PAHO regional adviser on Health Services Engineering, center, and Joxel Garcia, M.D., PAHO deputy director.

MARY DONALDSON



VUSN Seeks Collaboration with PAHO

Vanderbilt University School of Nursing is on the path to becoming a Pan American Health Organization (PAHO) Collaborating Center.

PAHO has a rich tradition of working across borders, cultures and disciplines in its quest to facilitate health care access for all. The organization's Collaborating Centers play key roles in promoting research and health-related activities throughout the Northern Hemisphere and in connection with the World Health Organization.

Only seven of the 60 PAHO Collaborating Centers in North America are housed in schools of nursing.

Led by Dean Colleen Conway-Welch, Ph.D., VUSN recently hosted a site visit from several PAHO officials as part of the Collaborating Center review process.

"PAHO is an incredibly powerful organization that partners with institutions and organizations to focus on the quality of health care in Central and South America. We are privileged to have their attention regarding our areas of expertise," said Conway-Welch.

The two-day visit included presentations on VUSN's capabilities in informatics, research, practice management, emergency management and academics as well as highlighting Vanderbilt's resources in global health.

Joxel Garcia, M.D., M.B.A., deputy director for PAHO and former commissioner of health for Connecticut, focused on three main issues: leadership/management

training; distance learning, and disaster management. VUSN showcased programs such as the Vine Hill clinic's digital retinopathy screenings, successful distance learning program and the nursing shortage research work of Peter Buerhaus, Ph.D., senior associate dean of Research and Valere Potter professor in Nursing.

"This has been a very rewarding, insightful experience where we were exposed to leaders in nursing, ethics, policy and public health," said Garcia. "It's the beginning of many possibilities of collaboration with Vanderbilt School of Nursing to the betterment of health in the Americas."

Becoming an official PAHO Collaborating Center is a rigorous two-year process that involves additional site visits by PAHO technical staff and detailed project planning.

— KATHY RIVERS

James and Janet Carell recently donated \$500,000 to establish The James & Janet Carell/Tina Marie McIntosh, M.S.N., Practitioner Scholarship at VUSN. Pictured at the celebration are (L to R); Duran McIntosh, Tina McIntosh, (the Carell's daughter and VUSN M.S.N. 2005 graduate), Dean Colleen Conway-Welch, Jan Carell and Jim Carell.



DANA JOHNSON

Clickers in the Classroom

The Vanderbilt University School of Nursing’s “Introductory Nutrition” course successfully introduced Classroom Response Systems (CRS) as a teaching tool for the popular undergraduate course.

Each of the 208 students in varied degree programs has a hand-held remote-control-style device known as a “clicker” that transmits into a receiver at the front of the room. As registered dietitian and instructor Jamie Pope goes into details about fat, protein, carbohydrates and dietary guidelines, she pauses to ask the audience multiple choice questions along the way.

Instead of raising hands, students use their clickers to answer the questions. About 10 seconds later, the results flash up on the screen showing results in the form of percentages. This approach continually allows students to participate and receive instant feedback. It also allows Pope and her co-instructor, Bettina Lippert, R.N., R.D. and recent graduate of VUSN’s Acute Care Nursing Practitioner program, to better gauge and emphasize key talking points throughout the lecture.

“It helps foster participation and involvement in large classes and gives us a way to assess understanding and even the behavior, opinions and attitudes about the specific topic we are covering,” said Pope.

During a recent lecture, the class was learning about food safety. Lippert wanted to know how much to emphasize a particular point about raw food preparation and consumption. After asking the class to respond, she learned only 17 percent of the students had tried raw oysters, so she briefly touched on the issue of oysters and focused on safe food storage which is relevant to the majority of students living in dormitories.

“In a lecture hall of over 200 students, it can be a bit intimidating to answer some of the more personal questions, but clickers encourage students to respond,” said Lippert.

For example, when asking about washing hands, 5 percent of the class admitted they had washed their hands only one time that day. “That’s the type of instant information we need to identify an issue and better educate,” said Pope. “If we had to rely on students raising their hands to answer a question like that, no one would have answered truthfully, especially in front of their peers.”

Peabody College Senior Christen Mogavero agrees. “The clickers help break up the content of a two-hour lecture and end up increasing opportunities for class discussion.”

The CRS for “Introductory Nutrition” are available through a partnership between VUSN, Thomson Learning (the publisher of the course textbook) and Turning Point Software. The students were required to purchase the clickers along with their textbook. Average cost of the clicker device is approximately \$18.

“Nutrition classes are already popular,” said Pope. “Integrating Student Response Devices in this class is just another way the School of Nursing is trying to enhance the learning process.”

– KATHY RIVERS



ANNE RAYNER

Students demonstrate a classroom response system.



ANNE RAYNER

VUSN Develops Interactive Emergency Response Modules

With grants from the U.S. Department of Health and Human Services' Bioterrorism Training and Curriculum Program and from The Agency for Healthcare Research and Quality, VUSN has developed "Nursing Curriculum for Emergency Preparedness," an interactive CD that role plays various real-life scenarios of mass casualty care.

Betsy Weiner, Ph.D., R.N., senior associate dean for Educational Informatics, has led the effort to design courses which include modules on dealing with mass casualty events, incident management, a biological case and a radiological case.

"These modules are also unique in that they use the 'How People Learn' framework, designed by John Bransford for the National Research Council" said Weiner. "In addition, they meet the competencies as designed by the International Nursing Coalition for Mass Casualty Education, a group hosted by the VUSN."

The modules are very easy to use. For instance, the biological case unfolds a mass casualty scenario that starts at the home of a mother who notices her young child is ill and getting sicker, even after visiting his pediatrician earlier that day. The mother takes her son to the emergency room at a local hospital. Meanwhile, health care workers at another area hospital notice one or two extraordinary cases in adults that involve the same symptoms as the child across town.

The scenario grows from there and at critical points throughout the video the narrator asks viewers to make choices that lead to different consequences. One element of this particular module involves a ready-made plan for setting up a vaccine clinic in non-health care facilities with details on room setup, traffic flow, different vaccination stations, etc.

"Our students will directly benefit from the current content in emergency preparedness," said Colleen Conway-Welch, Ph.D., Dean of the School of Nursing. "This project is just another example of how we are leading nursing schools in how to develop and deliver emergency response education. We are setting the standard for others."

"We are moving forward with additional funding efforts for the last two modules in the series, and have started working with our PAHO contacts to translate the modules in Spanish, Japanese, and French," said Weiner.

Current modules can be accessed at www.incmce.org where users can create their own user name and password.

– HEATHER HALL AND KATHY RIVERS



Maria Overstreet, M.S.N., assistant professor of Nursing, listens to Sim baby's heartbeat with Lipscomb student Michael Jool.

VUSN GETS NEW DELIVERY

VUSN has welcomed a baby to campus. It's a simulated or "Sim" baby that further integrates technology into the pediatric primary and acute care practitioner curriculums. Sim baby is a 6-month-old baby that is a pliable, life-like doll hooked up to a state-of-the-art computer system.

"Our new Sim baby allows us to create an emotional, visual and physical reality for our students while our instructors can create a virtually limitless array of symptoms," said Maria Overstreet, M.S.N., assistant professor of Nursing.

Instructors use the computer program to manipulate different symptoms in the baby such as fast breathing, high temperature, variable heartbeats, blue lips, etc., as an important teaching aid for students.

"Our students feel that they are putting themselves in a very real situation, and we instructors have the opportunity to present certain situations with no chance for harm to a real patient," said Overstreet.

NURSES REMAIN ATOP HONESTY AND ETHICS LIST – HOLD SUBSTANTIAL LEAD OVER OTHER PROFESSIONS

Gallup's annual poll on the honesty and ethics of people in different professions finds that nurses continue to be rated most positively, by a substantial margin. The survey shows that 82 percent of respondents categorized nurses as having very high or high ethics.

Nurses have been ranked the most ethical profession six of the last seven years, passed only in 2001 by firefighters in the wake of the terrorist attacks.

Suzanne Tilley, the nurse practitioner at the Dickson County Board of Education Clinic, examines patient Raigan Allbert, 20 months old, held by her mother, Jill.



DANA JOHNSON

New Approach to Health Care in Dickson

When faced with rising health care costs of its employees and their dependents, the Dickson County Board of Education (DCBE) did something no other school system in Tennessee has tried. It partnered with Vanderbilt School of Nursing to provide on-site health care services to the public school system's 900 active employees and their 500 dependents in order to save the employer and the employees' money.

The clinic is conveniently housed next to the Dickson County High School on the DCBE campus. Clinic staff consists of Suzanne Tilley, APRN, BC, provided by VUSN, and a full-time receptionist paid for by the Dickson County Board of Education.

Up and running since August, the clinic offers a wide variety of free on-site services. Employees can get comprehensive physicals, primary care and "sick" visits including prescriptions, injury screening

and on-the-job injury management, wellness and prevention screening and health care. Dependents can receive primary care, sick care, well-child visits, immunizations, TB skin testing, pneumonia vaccinations for at-risk, and other services.

"Primary care at work makes good sense and good 'cents'" said Bonnie Pilon, D.S.N., senior associate dean for Practice. "The employee and their dependents have almost immediate access to care at little to no cost and can be seen around their work schedule, keeping them healthier and more productive. The employer pays a fixed cost for the service and thus has a much more predictable health care budget, and saves money on expensive emergency room visits. And, from a public health perspective, when nurse practitioners promote healthy lifestyles – from nutrition to smoking cessation – at work, the workforce benefits in measurable ways. We have seen this in our other employer clinics, and I believe we'll see similar results in Dickson over time. It

takes about two years for new trends to emerge. We'll be working closely with DCBE to study the impact of this clinic on the health of their employees and dependents."

"The popularity of the clinic has really taken off," said Tilley. "We see up to 25 patients a day and at this point have about four people a week who are making this clinic their primary care provider for their health care needs."

Tilley sees a wide variety of patients. On a random January afternoon, she is checking out Chelsea Daniel, a 16-year-old high school student who was injured in a car accident two weeks ago and is still suffering from bruises. Her mom, Cindy Gilliland, works for DCBE and is impressed with the clinic. "Chelsea's getting high-quality care without missing any school, and I'm not missing any work."

Jill Gilbert, a third-grade teacher is concerned about her 20-month-old daughter's oozing eyes. Gilbert says she's trying the clinic for the first time because going to her pediatrician would require an hour or so to get through to make an appointment and a half day to take her daughter there and back. Within a few minutes, Tilley determines her young patient has an ear infection. Gilbert walks out of the clinic relieved and armed with a diagnosis that means her daughter can begin treatment right away.

Sherman Cline, finance director for Dickson County Schools, said "All of our employees love the clinic. It's been a big success all the way around and certainly from a cost perspective. We estimate that our clinic has saved us \$500,000 already."

Tilley said they clinic will be adding a registered nurse in the first quarter of 2006 to help with the increase in patient load.

Cline said that in addition to the care current offered, he hopes the clinic can offer healthy lifestyle classes such as weight management and smoking cessation in the future.

– KATHY RIVERS

VUSN Launches VandyCalls Program

The Vanderbilt School of Nursing is dedicated to bringing health care to wherever it's needed. Many people, particularly seniors, have a difficult time physically getting to health care visits. That's why the School of Nursing recently launched its "VandyCalls" pilot program at Trevecca Towers in Nashville.

The innovative house call program was developed by the School of Nursing's Faculty Practice management team, led by Bonnie Pilon, D.S.N., senior associate dean for Practice. The group saw a need to bring services to people with physical, economic or logistical obstacles to getting important health care needs met.

"The idea for VandyCalls has been a true evolution. Three years ago, two of my Health Systems Management graduate students developed a business plan for delivering reimbursable and private pay care options for home assessments and non-traditional home health care using advanced practice nurses," said Pilon. "The idea of nurse practitioners doing 'house calls' seemed to be another value added service that we might provide within a package of services initially developed through the graduate student assignment. About 18 months ago, we met a company trying to start a nurse practitioner house calls program in South Florida," she said. "I left those discussions thinking 'our ideas of three years ago must be on target if the private market is moving in that direction; we should move forward with a pilot.' Dean Colleen Conway-Welch and the University Community Health Services board were supportive, so we began to plan our program."

Details started coming together late this summer when VUSN partnered with Trevecca Towers to conduct a three-month test of the program, as part of a larger medical center initiative at Trevecca under the Senior Care Services program, led by Vickie Harris.

The clinic is located in the three-building complex that houses 650 senior

and disabled residents. The average age of the residents is 84. Residents can call to schedule a future appointment or call for same day visits. Either way, Family Nurse Practitioner Wanda Lancaster, armed with her contemporary version of a traditional doctor's bag, will come to the patient's home ready to diagnose problems, prescribe medication, draw blood, treat acute illnesses and chronic diseases, give shots or handle other medical needs.

"It's a very effective approach that integrates a high-level of care that is as convenient as possible for the patient," said Lancaster.

Clinical Director for Employer Health and VandyCalls Caroline Portis-Jenkins, APRN, BC, is one of the graduate students who first analyzed the feasibility of the program, along with Laura Beth Brown, M.S.N., who directs Vanderbilt Home Health. Portis-Jenkins points out that VandyCalls is very different from traditional home health care.

"Our program is based on having a full-time family nurse practitioner, like Wanda, who can deliver the type of health care typically associated with a traditional visit to the medical provider's office. That's a different approach than home health care which usually involves

registered nurse managed care acting under physician orders, as well as home therapies such as physical therapy and infusion therapy. Home care can be thought of as extending hospital-level professional nursing care into the home. Our program extends the medical provider's office into the home for diagnosis and treatment appropriate to the home environment."

Lancaster has stayed busy since the program launched. She sees up to nine patients a day and the phone keeps ringing with requests from new patients.

Long-term goals for VandyCalls include branching out into other targeted areas of Davidson and Williamson counties and getting involved in private-pay community case management.

— KATHY RIVERS

Wanda Lancaster, F.N.P., checks Bonnie Thornton's blood pressure during a check-up in her apartment at Trevecca Towers.



DANA JOHNSON

Joan King, Ph.D., M.S.N., R.N.C., a cancer survivor and director of the Vanderbilt University School of Nursing's Acute Care Nurse Practitioner Program, was chosen to ride across the country alongside seven-time Tour de France winner and cancer survivor Lance Armstrong in a campaign called the Bristol-Myers Squibb Tour of Hope. King and 24 other teammates chosen nationwide, were divided into groups of six and took turns pounding the pavement 24 hours a day logging in about 100 miles per group. This is her story.

the beginning of a **journey**

I have just returned from a once-in-a-lifetime experience of riding across the United States in nine days with 24 other bikers in order to encourage the public to know their cancer risk factors, and to support cancer clinical research trials. It was all part of the Bristol-Myers Squibb Tour of Hope which partners with Lance Armstrong and Trek Travel to make this event possible. It was an incredible experience. Fourteen of us are cancer survivors, and six other team members were cancer caregivers. We also had four physicians who worked with cancer patients or cancer research, and one R.N. who participates in cancer research. >>>

STORY BY JOAN KING, PH.D., M.S.N., R.N.C
PHOTOGRAPHY BY KATS BARRY



My participation in the Tour of Hope validated my original conviction for joining the cross-country trek: "Having Cancer is Not the End of the Road, but the Beginning of a Journey."

Our adventure started in San Diego on Sept. 29 when Lance Armstrong led us out of the city. We biked together for 14 miles and then regrouped in a parking area, where Squad A continued biking for another 76 miles, and the remaining three squads boarded "rock star" buses and were transported to our next transition site.

My squad was called Esperanza (Spanish for Hope) which we chose in memory of one of my team members. Her daughter, Hope, died four years ago of leukemia at the age of 3. Throughout our journey Esperanza became an inspiration to us all. I feel truly blessed to have been part of the Tour of Hope and especially my team.

I had the incredible opportunity to meet other cancer survivors and listen to their stories of courage and determination. At almost every transition point, we were met by cancer survivors, cancer caregivers and children who were eager to talk to us. One day, we had just ridden 108 miles, my first time to have ever ridden 100 plus

miles. As we entered the town, 400 children from Palo Verde Elementary school welcomed us in with screams of excitement. It gave all of us just enough adrenaline to tag off to the other squad. In Calera, Ala., Marly Landis brought her 8-year-old son down from Nashville to see us ride in at 2 a.m.! Marly wanted her son to see cancer survivors being strong and active since his great-grandfather and one of his schoolmates had just died of cancer. So regardless of where we started or ended a stage, we had well wishers there cheering us on and off our bikes.

In addition we had an incredible support crew. Just for Team Esperanza, we had three cooks (one a former Tennessee Titans player), our own massage therapist who knew exactly where the pressure points were, five drivers and five navigators who were responsible for driving all of the support vehicles, one mechanic, our own coach and our own manager. Multiply that by four, and you can begin to understand the logistical

finesse it took to support 25 bikers across the United States.

A typical day for Team Esperanza started with a 7 p.m. wake up call that summoned us to dinner outside by our support vehicles. Our chefs prepared fantastic meals and ensured that we consumed enough calories to keep up the riding. By 8 p.m., we were loaded onto the large bus and driven to the transition point. On the drive, our coach briefed us on weather conditions and shared the topographical map of our course. We would then off load the bikes, get fitted with our radios, and have lights and battery packs attached to the bikes. Then we would visit with the well-wishers until we received a radio alert that Squad C was coming in.

At that point, we would designate one of the Team Esperanza riders to be the "tag," and we would physically tag the other team before we started our ride. We would then ride for the next five or more hours. Our formation included a lead car in front of us, the coach's car behind us, followed by the mechanic's car, the team van and the supplies car. Upon finishing our stage, the large bus would be waiting for us. We would eat a snack, get a massage, and take a nap until we arrived at our hotel. We usually got about two to three hours of sleep on the bus and at least six more hours of sleep at the next hotel. Basically we were on the bikes for five or more hours per day, off for 15 hours and then back on the bike. After about three days, the entire team got into the rhythm of the schedule, and we looked forward to our communal meals.

The riding was challenging, but exciting. With a caravan of five vehicles supporting us, I felt safe and confident



Pictured lower left: Members of the 2005 Tour of Hope before they hit the road in San Diego to start their ride across America to raise awareness for the need for cancer research funding. Joan King, pictured right.



that we could conquer the road ahead of us. One of the most memorable night rides was a 40-mile descent as we headed toward Salt Flat, Texas, in the middle of the night. I was glad it was dark, so I couldn't read my computer and determine how fast we were going, but we came down off the mountain in under 90 minutes. I couldn't see a great deal, so I just drafted behind my team mate Jeff, and listened to Johnny Cash blasting away through the lead car's loud speakers. As we came across one portion of the descent, the town was visible in the distance with its twinkling lights. It was a very surreal experience; one that I will never forget.

Once we crossed the Mississippi River, we encountered considerable rain, especially on the last two days of the Tour. Three of us wiped out going across slippery railroad tracks, but no one was truly hurt, just bruises that couldn't deter us from the sense we were ever so close to the finish line! Team Esperanza had the privilege of being the last squad out on the road, and we celebrated with champagne as we came off our bikes in Rockville, Md. Unfortunately the rain continued throughout the night and flooded the Ellipse, our final destination. However, our chief logistical navigator, Gina Adduci from Trek Travel, quickly worked with local authorities, and helped organize an eight-mile ceremonial ride. We biked with Lance Armstrong into the District of Columbia, up to the nation's Capitol and then over to the Marriott Hotel for a brief closing ceremony.

While the ceremony was much shorter than previously arranged, it did not dampen our spirits. Twenty-five of us had successfully pedaled 3,300 miles in nine

days spreading a message of hope to all cancer patients, their families and to cancer survivors. In addition, we hope that our own stories will spur others on and encourage patients facing cancer to consider cancer clinical research trials. What we know about cancer today comes from research that was done yesterday. What we will learn about cancer for the future, will come from research done today.

Being part of the Tour of Hope was an incredible blessing. In many ways, it resembles the team approach needed in treating cancer. As a cancer patient, you need the oncologist, the surgeon, the radiologist, the nurse practitioner, and other health care professionals, but the team is

bigger than those visible individuals. Behind the scenes there are the scientists exploring new avenues of treatment, support people, techs, volunteers and family, who make a difficult time in one's life, bearable and even hopeful.

My participation in the Tour of Hope validated my original conviction for joining the cross-country trek: "Having Cancer is Not the End of the Road, but the Beginning of a Journey." As cancer patients and cancer survivors, we don't know where the journey will lead us. With faith in God, the support of a strong oncology team and family support, each cancer patient can journey ahead knowing that "the Team" is with them all the way. **VUSN**

THE TOUR PARALLELS HAVING CANCER

Having Cancer is a team approach	The Tour is a team approach
Oncologists	Coach
Surgeons	Manager
Radiologists	Massage therapist
Nurse Practitioners	Drivers and Navigators
Nurses	Chefs
Technicians	Mechanics
Scientists	Bus Drivers
Researchers	TREK Travel, Bristol-Myers Squibb
Pharmaceutical Companies	Spectrum
Volunteers	Staff support



Justin

HELPING THOSE IN need

As Hurricane Katrina came roaring over the Louisiana and Mississippi coastlines, the Middle Tennessee Medical Reserve Corps (MTMRC) was a newly formed organization in the process of establishing a volunteer base of medical and non-medical professionals to assist the local community in times of need.

With more than 200 registered volunteers at the time, the MTMRC was beginning to process volunteer applications, establish some basic recruitment/training sessions for prospective and new volunteers, and set up an initial operational framework for

the organization's future. In essence, it was a neophyte organization staffed with limited part-time personnel and volunteers just barely off the ground. No one envisioned the flurry of activity that would move the MTMRC into the country's largest response and recovery operation in our nation's history and at the same time establish the Middle Tennessee Medical Reserve Corps as one of the nation's larger medical reserve corps operations with more than 1,800 registered volunteers within the month following Hurricanes Katrina and Rita's devastation of the Gulf Coast region. The Medical Reserve Corps (MRC) concept was founded in 2002 as

a part of the President's USA Freedom Corps to promote volunteerism and service, and was specifically created to address the medical needs of the local community. As medical response became more recognized as an essential requirement within the

STORY BY STEPHEN GUILLOT AND JOHN WALSH
ILLUSTRATION BY JUSTIN MOORE FOR THE HURRICANE RELIEF PROJECT



No one envisioned the flurry of activity that would move the MTMRC into the country's largest response and recovery operation in our nation's history



MIDDLE TENNESSEE MEDICAL RESERVE CORPS OBJECTIVES:

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Provide surge capacity capability for the community via the use of volunteer health care providers

Provide supplemental health care provider capability for the Middle Tennessee region in times of emergency or disaster

Participate in a coordinated fashion with other community organizations responding to local emergency situations

Train health care providers and other volunteers to respond better to the needs of the community in both emergency and non-emergency situations.

Create an environment in which the skills of volunteers can be matched to the needs of the community

Use volunteers to improve the health of residents of the Middle Tennessee community

Foster a culture of community awareness among members of the Middle Tennessee health care community

++++

overall national response plan, the medical reserve corps concept developed as a national movement designed to incorporate medical and public health professionals such as nurses, physicians, pharmacists, dentists, veterinarians and epidemiologists, as well as skilled community members such as interpreters, chaplains, office workers, and legal advisers into a core volunteer base available to fulfill the medical needs of the local community during a natural or man-made disaster.

The Medical Reserve Corps is headquartered within the Office of the U.S. Surgeon General. The program's initial funding provided three-year seed grants to qualifying communities, universities and non-profit charitable organizations for the purpose of establishing medical corps units throughout the country. The Middle Tennessee Medical Reserve Corps resulted from a grant written in 2002 by Betsy Weiner, Ph.D., senior associate dean for Educational Informatics at the Vanderbilt University School of Nursing (VUSN), and Dr. Stephanie Bailey, director of the Metro Nashville/Davidson County Health Department. Housed in the National Center for Emergency Preparedness (NCEP) within VUSN, the MTMRC is committed to becoming an effective medical response component for public health and emergency preparedness health care professionals for the entire Middle Tennessee region.

The MTMRC was established to supplement existing emergency response personnel in times of increased need,

increasing surge capacity, as well as providing a way for members to help the community throughout the year. In case of activation during an actual incident, volunteers would be able to assist with triage and on-site medical care in established facilities that would otherwise overwhelm local resources. For example, in wake of the Gulf Coast hurricanes, MTMRC members assisted with triage and basic medical care in Nashville Red Cross shelters. During that same time, our MTMRC members assisted with sorting and developing a database of donated medical supplies.

During non-disaster periods, volunteers will be provided opportunities to serve by assisting with emergency preparedness drills and other community health related events. As a professional who understands the critical value of the nursing profession and its indispensable status during a crisis, Colleen Conway-Welch, Ph.D., Dean of Vanderbilt University School of Nursing, has been a driving focus behind the growth and direction of the Middle Tennessee Medical Reserve Corps.

Key Components

Since the MTMRC may address a wide range of medical response needs, the organization's capabilities reflect a number of key components found in a typical response operation. As the MTMRC Medical Director, Bobby Frist, M.D., leads a team of medical and support personnel who possess years of technical and educational experience. Its main components consist of individually organized units that can function independently or as part of a coordinated integrated system. These specialty teams include the medical specialty corps – chaplains, logistical experts, pharmacologists, students, interpreters, veterinarians and administrative staff. Each fulfills a specific role in the response operation when the MTMRC is activated during a call-up or disaster incident.

When fully operational, each specialty

(continued next page)

In early September, I read an e-mail: "MTMRC is requesting students to help answer phones." I immediately called Stephen Guillot, director of the Middle Tennessee Medical Reserve Corps (MTMRC) and the National Center for Emergency Preparedness (NCEP) at VUSN and volunteered. Fifteen minutes later, I was in the MTMRC office with a blank schedule and a phone list.

I had been working with Steve and Kari Hmelo, a fellow nursing student, to recruit other nursing students. Following the aftermath of Hurricane Katrina, the Red Cross requested the MTMRC staff medical personnel at a local shelter for Gulf Coast evacuees. Shelters are required to have an R.N. on duty to stay open, and the Red Cross requested a nurse practitioner or doctor on-site to assess evacuees' conditions.

Within a few hours, the next few days' worth of schedules were full thanks to the number of nurses and doctors who were willing to volunteer their time on short notice.

I arrived early the next morning and met John Walsh, assistant director of the MTMRC and NCEP, who was off to set up a warehouse at the Municipal Auditorium – the central donation site for medical and other supplies to assist with relief efforts, which was also staffed by MTMRC members. I printed off another blank schedule. The phone was ringing off the hook and the MTMRC voicemail was filling faster than I could check it. And, so the week continued. We worked 14-plus hour days coordinating all the logistics.

Our requests for additional help were answered as MTMRC membership expanded from 257 to more than 1,500 in less than one week. New members needed licensure verifications completed before they could report for assignments. Hundreds of calls rolled in every day. Meanwhile, I saw pictures of the devastation on the evening news and was thankful to be able to help.

At the end of week one I had quite a dilemma: Should I move forward with plans to take the NCLEX and then transfer to an R.N. position? Or, delay the test and continue helping MTMRC? I decided to continue my little detour. After all, at least I had a choice in the matter unlike Katrina evacuees who had their plans vanquished.

In the weeks that followed I spent hours on end in that office and loved every minute of it. Well, almost every minute. There was much to be done: scheduling the Creevewood Baptist Church Shelter; staffing the donations site; registering, organizing and credentialing volunteers; manning the phones; recruiting and scheduling students to help in the office. During the weeks that followed, the MTMRC scheduled 305 individuals to fill 608 shifts for a total of more than 3,049 total hours.

The entire Middle Tennessee community came together in a time of need to make it all work. Vanderbilt University School of Nursing staff came in after hours and worked during lunch. Students came in on their days off and the general public pitched in. The stories that came back from our doctors and nurses in the field were heartbreaking and amazing at the same time. Everyone gave what they could and as a result, lives were saved and changed.

I believe that our experiences shape who we are. I can say without a doubt that working with the MTMRC has become a part of who I am. I have discovered that success is not always the end goal. Sometimes a surprise detour can be more rewarding than anything I might have scheduled.

Detour

BY COURTNEY D. BAXTER, R.N.
VUSN MSN ANP-CV (2007)
MTMRC

ANNE RAYNER



For more information to register to assist in disaster relief, please log on to www.mtmrc.org or e-mail MTMRC@vanderbilt.edu.

MTMRC Student Corps

The Middle Tennessee Medical Reserve Student Corps held its first planning meeting in December 2005, with representatives from many area medical and nursing schools in attendance. Students participated in the development of the structure and mission of Student Corps. The goal: establish trained teams of local volunteer medical, nursing and other students who can contribute their skills and expertise throughout the year as well as during times of community need.

The Student Corps plans to hold events once a quarter beginning in March. Events will provide emergency medicine training, opportunities to assist the community with provision of medical support, and create rapid response capabilities in the event of local mass casualty.

Whether caused by natural means or man-made initiatives, disasters often bring consequences that require considerable need for high level technical skills in delivering an effective medical response.

team will incorporate a specific managerial matrix consisting of protocols, training requirements, equipment and staffing responsibilities. Part of the processing of new members is the assessment of skill levels and proper assignment to a relevant specialty team. Upon first exposure to the MTMRC, most people assume only skilled medical professionals have a role in the membership. However, to field a comprehensive response team during an incident requires including many people from a variety of backgrounds capable of managing and supporting the efforts of the medical specialists. In times of emergency, support personnel from the electrician to the logistician become critical components in the organization's ability to provide effective medical services.

Future Outlook

Currently there are four active medical reserve corps units operating within Tennessee, Memphis, Chattanooga, Knoxville and Nashville (Middle Tennessee). Each has developed its own specialty focus and mission objective, and

as more in-depth attention is given to the medical response function, the need for greater coordination between these organizations is becoming more obvious. Current plans call for more statewide cooperation and integration of operational services so that each organization can be better utilized in the event of a mass casualty incident. Merging and overlapping services and personnel provides a better response platform during crisis situations.

Credentialing is always an issue when it comes to emergency response, and verification of professional licensure is critical in determining that properly trained personnel are on-site to handle medical emergencies. One of the MTMRC's fundamental responsibilities is to ensure activated professionals maintain minimal skill levels and are competent to perform the services required of a specialist. Part of the application process for licensed professionals is checking the various licensing boards within each profession to verify the applicant's current status. Maintaining those records for all



NEIL BRAKE



DANA JOHNSON

volunteers is a continuous job, and we are currently working with various areas within state government to help establish an efficient statewide system addressing all volunteers.

MTMRC also facilitates the National Disaster Medical System (NDMS) application process to allow Middle Tennessee members to deploy nationally.

With the MTMRC continuing to develop over the next months, training volunteers will become a priority. Using performance-based outcomes to exercise and drill the volunteers is another method the Middle Tennessee Medical Reserve Corps will use to test its organizational and operational protocols and its personnel, in meeting a series of pre-determined competencies. These competencies will drive the direction and the level of training, both individually and within the framework of the specialty requirements.

Although there is much work to do in the coming months, the Middle Tennessee Medical Reserve Corps is well on its way to becoming one of the nation's most comprehensive medical reserve corps, both in its scope of services and preparedness level. The challenges we face in the future will certainly test our resolve and require a high degree of management skill in containing and organizing an effective response to a significant incident.

Whether caused by natural means or man-made initiatives, disasters often bring consequences that require considerable need for high level technical skills in delivering an effective medical response. The Middle Tennessee Medical Reserve Corps is working to meet those needs. **vusn**

Pictured previous page:

(left) New Orleans area residents needing medical attention were brought to Nashville area hospitals, including Vanderbilt University Medical Center.

(right) Debi Hopper Nemetz, R.N., checks an area of infection on hurricane evacuee Earl Johnson's arm, outside the shelter at Creeewood Baptist Church.

We are faced with many choices. Some are trivial and others may be life altering. When I was given the chance to join the rest of our team in New Orleans, I boarded the plane for Louisiana – even though I would be delaying taking my nurse practitioner boards.

Once on-site, my group was assigned to relieve a team already helping at West Jefferson Medical Hospital. At the time there were only three functioning hospitals in the metropolitan area, none of which were actually in New Orleans. So we packed up, moved out, and headed with our police escort from Baton Rouge to New Orleans.

Passing through New Orleans at 90 mph I saw the Superdome and the extensive damage to the city.

We arrived at the base of operations outside the hospital. The emergency department normally treated 75 to 100 patients a day, but lately they were seeing 300 or more patients a day. Our mission was to assist the emergency department by triaging all patients and treating a portion of them in order to lessen the load and strain on the emergency department. This entire situation was exacerbated since many of the hospital staff had lost their homes to the hurricane.

The first several days I worked in the critical care unit, emergency department and post-anesthesia care unit. I quickly adjusted to their hospital's policies and norms and was managing a balloon pump patient on my third day. The staff was very friendly and appreciative.

The rest of my deployment was spent working in the tents, which the patients likened to the TV Show "MASH." Most patients were local residents but some traveled from surrounding parishes because this was one of the only functioning hospitals for miles. Our home base contained several tents which were designated as a triage tent, a green tent, a yellow tent, and a red tent, along with a logistics tent which included a functioning pharmacy. We were lucky to have laboratory and radiology services available through the hospital. I worked mostly in the yellow tent with a physician, team of nurses and paramedics. The red tent is where we saw nightly myocardial infarctions, an occasional cardiac arrest, and even a stabbing.

In the yellow tent, we saw a wide range of patients. Some were there simply for medication refills: they needed their insulin, or they had lost their blood pressure medicine. We treated a lot of cellulitis – possibly due to exposure to contaminated water and chemicals. I saw several patients with lacerations and orthopedic injuries related to clean-up activities. Another common complaint was respiratory problems as mold infiltrated the air.

Then came Hurricane Rita, which I met up close and personal. We prepared by sleeping in full uniform, including our boots, ready to leave at a moment's notice should we have to evacuate. It was a windy night, trees blowing all around, limbs falling, and rain pouring. We lost power and spent most of night in the dark. We all survived and the next morning we were back to treating patients.

My time in New Orleans was very rewarding. While it was sad to hear patients talk about how they had lost everything, it was moving to listen to hear them talk about the importance of their family and how they were going to rebuild. I was grateful to use my skills as a nurse and nurse practitioner to make a positive impact on this horrible disaster.

Michael Gooch (pictured above far left) is a member of TN-1 DMAT (Disaster Medical Assistance Team), a division of FEMA-Homeland Security, based out of Erlanger Medical Center in Chattanooga.

Choices and Rewards

BY MICHAEL GOOCH, M.S.N.,
R.N. (M.S.N.'05) FLIGHT NURSE –
VANDERBILT LIFEFLIGHT





West End Women's Health Center Offers New Approach to



prenatal care

M

argaret Buxton, a certified nurse-midwife at the Vanderbilt University School of Nursing's West End Women's Health Center, is helping to bring a new approach in prenatal care to Middle Tennessee.

Buxton is the only nurse-midwife in the state trained in an innovative prenatal approach called "centering pregnancy."

"The nine months leading up to birth can be a lonely and isolating experience for many mothers," said Buxton. "Centering pregnancy replaces the traditional one-on-one visits in an examination room with a health care practitioner. Instead, we hold group meetings where moms-to-be and their partners receive care and education and form a sense of community with other group members. It's been an amazing process to be a part of."

Centering Pregnancy maintains all the elements of high-quality prenatal care, blending them into a supportive and empowering experience for expectant mothers. Buxton formed her first group this fall after receiving comprehensive training from the Connecticut-based Centering Pregnancy and Parenting Association. Buxton meets with each pregnant woman for her initial prenatal visit, which included taking a complete medical history and physical. Her current group includes eight expectant mothers with similar due dates. The group started meeting when members were

STORY BY KATHY RIVERS
PHOTOGRAPHY BY DANA JOHNSON



Centering Pregnancy maintains all the elements of high-quality prenatal care, blending them into a supportive and empowering experience for expectant mothers.

between 12 and 16 weeks along. They met monthly for the first four months, and now biweekly as their due dates approach.

Each class starts with the expectant mothers taking their own blood pressure, monitoring weight gain, checking urine samples and recording data on medical charts under Buxton's guidance. For some members, the self-care portion is the most enjoyable part of the class because it makes them feel all the more involved and aware of their baby's progress.

"I like being in more control and really enjoy getting to do most of my own measurements," said Lucky King, 23, a first-time mother. "My husband attends class with me and it's gotten him much more involved in how things are progressing than he would be at a traditional prenatal appointment."

Next, Buxton leads the group and provides expertise. Discussion topics include nutrition, common pregnancy complaints, selecting pediatric care, sibling concerns, baby care, exercise, postpartum care, sexuality, birth control, childbirth preparation and parenting issues. For one class, group members decided to each bring in their favorite pregnancy book to share with the group. Many of the first-time moms found that activity particularly helpful.

Buxton doesn't lecture; instead, she facilitates discussion by asking open-ended questions framed in a variety of ways. Some members quickly chime in while others are reserved. Two members already have young children and their input is particularly helpful when discussing the different approaches to feeding a newborn, the topic of a recent class. Members cite different personal experiences, concerns and humorous anecdotes, which contribute to a lively discussion that involves everyone. By the end of the meeting, Buxton becomes more listener than leader.

"We enjoy the dialogue which runs the gamut," said Leia and Richie Buchanan. "It helps us to hear stories from other parents in the group and we

West End Women's Health by the Numbers

- 8** full-time certified nurse midwives
- 2** part-time certified nurse midwives
- 1** full-time women's health nurse practitioner (gyn. specialist)
- 2,700** patients in FY 2004
- 514** babies delivered in FY 2005

know we're learning a lot that's helping us get prepared.

The meetings last about an hour and a half and members are invited to stay if there is a concern that wasn't answered during group time.

"I already have two children and wanted to do something differently for the third," said Sara Ross, 36. "I've had a positive experience with centering pregnancy. We all have a very strong connection with Margaret and feel great about the continuity of care through the nurse midwives at West End Women's Health."

"Each person brings richness to the group and to the prenatal experience," said

Buxton. "It's been a very rewarding experience for me, too, as a health care provider."

"This is our first child, but I really do feel prepared for the birth of our son," said Leia Buchanan. Her husband adds, "I feel like I've gone to the classes and I'm ready to take the final exam."

"It's a different philosophy of care, and I love it. I hope it takes off all over Nashville," said Ross.

Centering Pregnancy was started 10 years ago by Sharon Schindler Rising, M.S.N., C.N.M., and today there are more than 50 programs in the country.

VUSN



Lucky King, right, and her husband, John, share in the discussion during a Centering Pregnancy class at the West End Women's Health Center.

West End Women's Health Center Adds staff

The VUSN-operated West End Women's Health Center hired four new certified nurse-midwives, bringing the total number of



DANA JOHNSON

From left, Teresa Keller, Tonia Moore, Michelle Collins and Linda Hughlett are new certified nurse-midwives at the West End Women's Health Center.

membership in this group practice to 11.

Teresa Keller, Tonia Moore, Michelle Collins and Linda Hughlett joined the Nurse-Midwifery practice this fall. Bonnie Pilon, D.S.N., senior associate dean for Practice, said the nurse-

midwives have seen a steady increase in patients, and hiring new practitioners will allow them to handle the influx.

"We continue to see a greater number of women who are looking for more choices when considering birth options, and the West End Women's Health Center is one of only two sites in Nashville that offer nurse-midwifery care," said Pilon. "We now have more than a dozen nurse-managed clinics serving Middle Tennessee and this is another example of how the School of Nursing is reaching out to meet the needs of people in Nashville and many other communities," she added.

The additional nurse-midwives will also be on hand to help the practice as it establishes a new center in partnership with the Department of Obstetrics

and Gynecology, under the direction of Nancy Chescheir, M.D., professor and chair of the department. VUSN will operate an OB assessment center on the fourth floor of the Medical Center, and assist with patient flow and resident training in the Continuity Clinic located in The Vanderbilt Clinic.

"We are excited about the move toward a more integrated partnership with the Department of Obstetrics and Gynecology," said Deborah Wage, certified nurse-midwife and division director for Nurse Midwifery. "Nationally, this seems to be the current trend and at Vanderbilt we tend to be on the cutting edge to best enhance our collective mission of education and service."

- HEATHER HALL


To find out more about the Vanderbilt Nurse-Midwives log on to: www.vanderbiltnursemidwives.org.

A Post Card From

CHINA

STORY BY BARBARA A. PETERSEN, Ed.D, C.N.M.,
FACNM, VUSN NURSE-MIDWIFERY FACULTY

I HAD THE WONDERFUL OPPORTUNITY TO TRAVEL TO THE PEOPLE'S REPUBLIC OF CHINA FOR 12 DAYS IN OCTOBER AS A MEMBER OF THE MIDWIFERY DELEGATION SPONSORED BY PEOPLE TO PEOPLE AMBASSADORS PROGRAM. 🌿



I was part of a delegation of 16 nurse-midwives from across the United States who represented practice, education, military service and professional organizations. This journey to China was designed to encourage women's health professionals in the United States to connect with professionals in other countries, so we could connect and exchange information. It was a mind-expanding experience for me on many different levels.

We visited universities, hospitals and villages to discuss the role and scope of Chinese midwives, nursing education, and ethnic, religious and cultural influences on health care in China. We particularly focused on the models of care to best meet the needs of women and infants in urban and rural China and the use of contraceptives and public education.

The delegation traveled to Beijing, X'ian and Kunming to meet with administrators, educators, health department representatives, midwives, physicians, nurses and students. We visited large provincial state-of-the-art hospitals, a village home, health center and elementary classroom, private corporate hospitals, university nursing and medical schools and a hospital that blends traditional Chinese Medicine with western medicine.

Western technology
in obstetrics is
valued and imitated
in this country.



Pictured here: (above) Chinese nurses in the Neonatal Intensive Care Unit.

In the last decade of the 20th century, China's government has transitioned from a centralized authority to a semi-open-door policy. As a result, there is an eagerness to interact with countries.

These far-reaching transitions yield dramatic changes in people's daily lives and long-held values of humility, patience, 'face,' and family. People are encouraged and rewarded for being competitive, progressive, actively facing challenges and affirmatively adapting to changes individually and across society. One is asked to review data or 'truth,' instead of simply following leaders and elders.

While family is the central unit of society with a single-child policy, familial relationships are changing from control to equality; from obedience to democracy. Harmony is the goal. Where arranged marriages were the norm just a generation ago, free-choice in marriage is approved. Western weddings with photographs and western dress has replaced the traditional ethnic garb. Given the single-child policy, the child becomes the focus of the couple and the extended family, rather than the elders and dwindling extended family serving as the focus. One child means no cousins, aunts, uncles nor a willingness to serve elders or society. One authority questioned, "Can these children be expected to serve their fellows when every want has been catered to all of their years?"

These changes provided a first-hand glimpse of the struggle and contradictions between tradition and modern goals. During meetings with deans, government

health officials, nurses, physicians and midwives we discussed the place of obstetrical care. There is an over-supply of physicians prepared at various levels. Midwives, when used, are registered nurses who have obstetrical experience and attend births in the institution where they gained their experience. These midwives follow the direction of the physician and practice in the hospital delivery area. Physicians provide antepartum care in the hospitals and clinics.

Women are told that Caesareans are safer and easier so the C-section rate is up to 70 percent and escalating. Breastfeeding information is provided, although the majority of women formula feed their infants. Western obstetrics technology is valued and imitated in this country. In a city hospital of traditional Chinese medicine blended with Western medical technique, obstetrics was practiced with minimum use of traditional medicine and

herbs; epidural anesthesia was used for pain management. Nursing and Medical textbooks are translated into English and classroom teaching is conducted in English.

Within an hour of the visiting an urban hospital, we were in a village where people live much as their ancestors did a hundred years ago. We traveled from the city via an impressive highway under construction with large cranes en route to the village where farmers work the land exclusively with hand implements. We visited one home equipped with a television nearby a courtyard pool where a laundress washed clothing by hand. The village had a health center for primary care, staffed by the village doctor and local nurses. Although the goal is to have every birth occur in 'modern regional hospitals,' births do occur in the home with traditional midwife attendants.

Through the trip we discovered that although we are very different, our common goal of promoting women and infant health instilled respect and great interest among group participants. For example, Kathleen Kett, C.N.M., a member of our delegation, gave a presentation on "Water Birthing Concepts in Wisconsin, USA." The room was standing room only as she reviewed data about water birth processes, practices and outcomes in her nurse-midwifery practice. The professionals from surrounding hospitals asked many questions about the specifics of water birth and its effects on the baby and family.

The exchange became enthusiastic when water birth was compared with a procedure we had observed in the Chinese Newborn Nurseries. The Chinese method for water birth places infants in a deep water bath through the use of a suspension floatation ring tube, similar to what many of us used as children in swimming pools. Parents learn from the nursery staff how to practice this baby immersion via the floatation ring. Infants can move their legs back and forth with the attention and encouragement of family. Our Chinese counterparts were impressed that we

identified the similarity between the uses of water in patient care and that there was something that they had, that we did not have, in the United States.

Today's China is an interesting mix of open markets, government control and new-found focus on the individual. In 2008, the Olympics will be held in Beijing, opening much of China to tourists from the world. This incentive has contributed to a national goal of development of an infrastructure of highways, education facilities, houses and health facilities.

I think everyone in my group and our Chinese colleagues really benefited from learning how we handle what I believe is one of the most important functions in health care: bringing healthy babies into the world. **VUSN**

Pictured here:

(left) Barbara Peterson visits with some Chinese midwives.

(right) A typical scene of a mother and her children running errands.



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INTO AFRICA: Nurses can do anything

AN ESSAY BY POPPY BUCHANAN

Poppy Pickering Buchanan earned her B.S.N. from Vanderbilt University School of Nursing in 1961. She worked in public health and taught briefly at VUSN. She is married, the mother of two daughters and seven grandchildren. Buchanan has always thought that nurses are a special breed of people who can do anything. The following is an example of this belief.

I've always loved adventure and traveling, but I had no idea how a trip to Kenya in 1999 would change my life. While visiting some medical missionary friends, I met Susan Kaburu, the matron in charge of a local 37-bed health center.

Susan is a nurse midwife, trained and experienced in all areas of nursing. She believes that she is called to be a missionary to her own people, through her work. Her main problem at that time was the lack of basic supplies such as bandages, sutures, gloves, suction tubing, etc. In response to a "divine nudge" I told her to make a list of the supplies needed, and I would do my best to get them to her. She came with a detailed list on lined paper ending with a generator, an X-ray machine and an ambulance.

For two years, I worked with my family, friends and a non-profit organization in Michigan to raise money, and eventually fulfilled every one of Susan's requests. I was fortunate enough to be in Kenya when the first X-ray was made with the newly rebuilt machine. With Susan's leadership, these supplies and equipment enabled the health center to become a hospital.

Susan became concerned about some management issues with the hospital's new business owners and asked for an accounting of the expenses. As a result of her requests, Susan was viewed as insubordinate and dismissed. She was devastated but found temporary employment at a Nairobi Hospital.

I believed that Susan was more than qualified to have her own clinic and to continue the work she was called to do. My family and friends were enthusiastic about continuing the efforts in Kenya. So I contacted Susan and told her that if she would consider opening her own clinic, we would support her any way we could. Four months passed before I got a call from her saying that she had opened her clinic in the Central Highlands of Kenya.

Home to Ndathi

Susan had gone back to her family farm in Ndathi (n-DA-tee), a growing farming community in a remote area four hours outside of Nairobi with bad roads, little sign of any medical outreach and lots of people who needed medical attention. She had turned a small, freestanding structure on her family's one-acre farm into a community clinic serving a population area of 20,000 people. She was trying to provide for the basic health needs of about 15 to 18 patients a day – children and adults who would walk great distances for help. She was seeing people with

Pictured below:

(left) The first baby delivered at the clinic prepares to return home with mom.

(right) Samaria Health Clinic is located on a potato field in Ndathi and serves 20,000 people from surrounding areas.





Pictured here:
(left) The village children greet health care workers.

(right) Susan Kaburu, owner and clinic nurse, is often the first smiling face her patients see after walking many miles for care.

malaria, TB and AIDS, upper respiratory problems, injuries due to accidents (fingers cut off with machetes) and intestinal problems due to contaminated water. She was doing a great job with what she had but was not set up to deliver babies safely. Due to the high risk of complications and maternal death, pregnant women were coming to get help from Susan. One woman was literally dropped off at the front door bleeding to death. With the use of a flashlight and a hemostat, Susan was able to find the bleeder and clamp it off. The patient was transported to the nearest hospital about two hours away and returned home after six weeks in the hospital.

So, my dear friend Cindy Alexander (VU BS '82, MBA and JD '92) who makes each trip with me, and I traveled to Ndathi to see the clinic. After discussions with Susan, the three of us stepped off the measurements in a potato field and discovered there was enough room to build another structure that would provide space for safe healthy deliveries. We told Susan to go ahead and build the new clinic. We would work with our family and friends to figure out how to pay for it.

“We Treat. God Heals.”

This new building, Samaria Health Center was dedicated in January 2005. The clinic was the first of its kind in that part of Kenya. Under the leadership of a dynamic young pastor, the community had already built a church, reinstated public elementary education and now they had the health center: all necessary for the development of the community. Written in Kikuyu on the front of the new building is the clinic's motto: “We treat. God heals.” This wonderful building out in the middle of nowhere has a labor room, a delivery room, a maternity room, pharmacy, waiting

area/education area for classes, kitchen and general examination room.

Susan and Agnes, the second nurse midwife added to staff, have established a prenatal care program and delivered 10 babies so far. We were there for the first delivery at night with light from solar powered batteries and a backup generator (instead of from flashlights). Having light at night allows the clinic to stay open 24 hours a day which is so important because patients walk long distances, and the clinic should be open and staffed when they arrive.

In the United States, we hear about the tragedy of AIDS and other things that affect mortality in Africa. Just the normal living in Kenya is very difficult. The clinic's aim is to help people live productive lives on their farms, to sustain their families. It takes all their effort to have food to live and to sell a little extra at market to get some cash for school supplies for their children. Even with this struggle, these landowners are middle-class Kenyans. These wonderful people have had their independence since 1962, are educated and ambitious. Just like we Americans, they want to raise their children and give them a good life. They are very capable people who have banded together to form cooperatives for their water supply and farming interests. They pride themselves on doing whatever they can by themselves and are full of hope for the future.

Sustainable Community Development

This clinic isn't owned by us, it's owned by Susan. The goal is for the clinic to be self-sustaining in the next 10 to 20 years. The patients are expected to pay if they can and often pay in the form of vegetables, chickens and other produce. Contributions are still vital to clinic operations. The clinic offers and encourages the use of bed nets, masks to use when using

insecticides and fertilizers, and hypochlorite (Clorox) to clean up water supplies, all at very low cost or free.

Susan is a member of a cluster of entrepreneurial nurse midwives who have opened their own basic health care clinics in seven of the eight districts of Kenya. Cindy and I had the opportunity to meet with some of these nurses to discuss what they are doing and how we might help them in their work. They believe that the greatest need at this time is for more education for themselves and training programs for community health workers – professionals who would go out from each clinic to take health care and education to the people who cannot get to the clinics. It all sounds like the work done by the public health nurses in the United States after World War II.

Sustainable community development is happening in this remote area of Kenya through improved health care, education and co-op formation. The Kenyans are very patient with slow progress, believing that they can be more accountable to themselves and to others if they plan and work at their own speed. We let them decide what is needed and how we can help.

We're not an organized charity or a group affiliated with any church organization. We're just a group of family, friends and concerned people who found there was a need, and have had a chance to meet that need. The money that has been used to build and sustain the clinic is a small amount by American standards. We have been blessed to be a part of what's happening in a tiny spot on this earth 8,000 miles from our home. I believe that the time has come for individuals to do what they are called to do to meet the global needs of today. I know nurses can do anything. **VUSN**

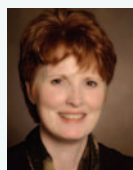
Susie Adams, M.S.N., R.N., director of the Psychiatric Mental Health Nurse Practitioner Program, is also a full-time doctoral student at the University of Kentucky. Her dissertation, "Factors Associated with Retention of Previously Incarcerated Women in a Community-Based Residential Treatment Program" is being conducted at The Next Door in Nashville.

"Dyspnea Self-Management Strategies," a study by **Tom Christenbery, Ph.D., R.N.**, was published in the November/December 2005 issue of *Heart and Lung*. The study looks at the sensation of labored and difficult breathing as it relates to chronic obstructive pulmonary disease and presents an understanding of self-management perceptions and frequency.



Tom Cook, Ph.D., R.N., assistant professor of Nursing, has been appointed to the School Food and

Nutrition Committee of the Institute of Medicine's Food and Nutrition Board. The committee evaluates food safety and nutrition issues and provides scientific analysis for policy makers.



Susan Cooper, M.S.N., assistant dean for Practice at the Vanderbilt University School of Nursing (VUSN),

was asked by Tennessee Gov. Phil Bredesen to serve as a special policy adviser for one year to work with the administration on the state's health care safety net for recently disenrolled TennCare patients and other uninsured Tennesseans.

Cooper was also recently honored with the Tennessee Nursing Association's Louise Browning Political Nurse Award which is given to a TNA member who demonstrates excellence in professional and technical involvement in government affairs, promoting nursing awareness and participation in policy development and political action, educating nurses about legislative issues and the political process.

The Manchester Who's Who Registry of Executives and Professionals recognized **Karen D'Apolito, Ph.D., R.N.**, program director with the Neonatal Nurse Practitioner Specialty, for a long list of professional accomplishments during her career. D'Apolito has also been actively speaking about later work involving opium-addicted infants. Recently, she gave an inservice to foster parents regarding drug withdrawal signs and symptoms in newborn infants at A Angel Adoptions in Birmingham, Ala.



This fall, **Carol Etherington, M.S.N.**, assistant professor of Nursing, was

among four inductees into the YWCA's (Young Women's Christian Association) Academy for Women of Achievement that honors women who serve as role models to young women.

Etherington was chosen for her tireless efforts in the Nashville community and beyond for more than three decades. She is the immediate past-president of the USA board of Medecins Sans Frontieres (MSF), or Doctors Without Borders. She has traveled to Bosnia, Cambodia, Angola, Sierra Leone, Kosovo,

Tajikistan, Honduras and Poland during times of war or natural disasters.

Mary Jo Gilmer, Ph.D., M.B.A., has been appointed to the Children's Project on Palliative/Hospice Services (ChiPPS) leadership team. ChiPPS works to concretely enhance the science and practice of pediatric hospice and palliative care, and to increase the availability of state of the art services to families. The project seeks to make the best-known practices in the field of pediatric palliative care more widely available to care providers.

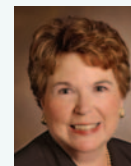


The International Association of Emergency Managers has designated **Steve Guillot**, director of the National Center for Emergency Preparedness, as a Certified Emergency Manager. This is the highest honor of professional achievement and a designation held by only 550 men and women in the emergency management profession.



Nancy Lorenzi, Ph.D., professor of Biomedical Informatics, assistant vice chancellor for Health Affairs at Vanderbilt University Medical Center and clinical professor of Nursing, has been selected as a member of the Honor Society of Nursing, Sigma Theta Tau International. She was inducted during a special ceremony at the society's biennial convention held in

November in Indianapolis. Lorenzi's many interdisciplinary contributions in medical informatics and her career-long dedication to health sciences information have made her a role model for nurses all over the country.



Linda Norman, D.S.N., senior associate dean at VUSN, was recently honored with a special

trailblazer award from National Black Nurses Association President Bettye Davis-Lewis at their Annual Institute and Conference in Chicago. Norman was recognized for her work to increase the diversity of the nursing workforce. She was responsible for developing an educational partnership with Fisk University that allows a Bachelor of Science in Nursing degree to be awarded by the historically black university, with the nursing courses provided by Vanderbilt.

Jim Pace, D.S.N., MDiv., A.N.P. was elected as a Fellow to the American Academy of Nurse Practitioners. The FAANP program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through nurse practitioner practice, research, education or policy.



Barbara Petersen, Ed.D., R.N., C.N.M., has stepped down as program director of the nurse-mid-

wifery program after 10 years. Since founding the program in 1995, she has been instrumental in obtaining \$5.4 million in DHHS Division of Nursing fund-

ing awarded to the school and has developed one of the strongest nurse-midwifery programs in the country. She is staying at VUSN as full-time faculty.

Jamie Pope, M.S., registered dietitian and nutrition instructor at Vanderbilt University's School of Nursing, and Martin Katahn, Vanderbilt University professor emeritus of Psychology, have released an updated version of their New York Times best-selling book, "T-Factor Fat Gram Counter." The original version was released in 1989 and has sold more than 6 million copies.



After a comprehensive national search, **Mavis Schorn**, M.S., C.N.M., has been appointed the new program director for the VUSN's nurse-midwifery program. Schorn received her B.S.N. from the University of Texas, her M.S. from Texas Women's University, and certificate of midwifery at Baylor College of Medicine. She is currently a doctoral candidate at the University of Kentucky. She came to VUSN in 2002 with a strong background in clinical practice and has since taken on the academic role and progression in scholarly work.

Karen Starr, M.S.N., senior associate in the Division of Addiction Medicine in the Department of Psychiatry, associate professor of Nursing, has received the annual Voice of Recovery Award from the Tennessee Association of Alcohol, Drug and Other Addiction Services (TAADAS) given to those who give their time, dedication and expertise in service to those in need of

assistance with substance abuse and addiction. Starr also retired from the Army Nurse Corps (Reserve) as a Lieutenant Colonel after 28 years of service.

Deborah Wage, M.S.N, C.N.M., was appointed director of the nurse-midwifery practice and became an assistant professor at VUSN. Wage was also recognized by Ob/Gyn residents as "Midwife of the Year" for 2005.

Cindy Waller, M.S.N, R.N., and doctoral student at VUSN, has been appointed to the Society of Chest Pain Centers and Providers' Accreditation Review Committee (ARC) that grants chest pain center accreditation status to hospitals. Waller is the only nurse on the committee and will work closely with physicians who write guidelines for chest pain care throughout the country.

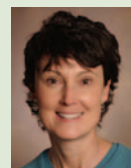
NEW VUSN FACULTY



Ann Minnick, Ph.D., R.N., has joined Vanderbilt University School of Nursing as the Julia Eleanor Chenault Professor of Nursing.

A national leader in research, Minnick most recently served as Associate Dean of Research and Support Services at Rush University College of Nursing where she was responsible for conducting and promoting research related to nursing and health care systems. She has held a variety of academic, service and research positions. Her current research concerns are issues related to health service delivery, nursing human resources and patient-centered care.

She has led numerous national grants that have influenced the environment of nursing practice and helped advance the nursing profession. She has consulted with educational and service institutions as well as state, federal and international projects. She is the author of more than 60 articles and research reports. She has mentored nurses and other health care professionals in educational and service settings. Recently, she received the SAGE award which is presented annually by the Illinois Nursing Leadership Consortia in recognition of outstanding advisement and mentorship of nurse leaders in academic, clinical and policy roles.



Barbara Johnson, R.N., C.P.N.P., has joined Vanderbilt University School of Nursing faculty as an assistant professor. She also works in the VUMC Division of Pediatric Endocrinology. Johnson received her B.S.N., M.S.N. and post master's certificate all from VUSN. She previously worked at VUSN from 1980 to 1999, and was on the faculty for seven of those years. In 1999, she moved to Memphis where she worked in a private pediatric endocrine practice as a PNP.



Clare Thomson-Smith, J.D., M.S.N., is serving as interim director for the Center for Advanced Practice Nursing and Allied Health while Susan Cooper is contracted to the Governor's office as special policy adviser, and has taken on teaching duties in the Health Systems Management Program at VUSN. Thompson-Smith is a graduate of the Vanderbilt Law School and the Family Nurse Practitioner Program and post master's specialization in health systems management at VUSN, and was a Founder's Medalist. She most recently served as an associate at Gideon & Wiseman, PLC, specialists in medical malpractice defense, in Nashville, since 2002. She also worked as the Weekend Administrator for Vanderbilt Children's Hospital in order to stay close to her nursing roots, after she joined Gideon & Wiseman.

A special reunion



Kimberly Box, M.S.N. '01, and her husband John welcomed their first child, Hayden Phillip born May 5, 2005, in Nashville. Kimberly is a nurse practitioner with Cumberland Pain Associates in Nashville.

Stephanie Davis Burnett, B.S.N. '81, was installed as president of Association of Rehabilitation Nurses (ARN) which promotes and advances rehabilitation nursing practice through education, advocacy,

collaboration and research to enhance the quality of life for those affected by disability and chronic illness. Burnett works at University of Alabama - University Hospital Spain Rehabilitation Center in Birmingham as the hospital education coordinator. She has been involved in rehabilitation nursing for 23 years and has served on the Rehabilitation Nursing Certification Board (RNCB), and ARN Nominating Committee, conference planning committee, and as director-at-large.

Cristi Campbell, M.S.N. '98, and husband, Rich Campbell, M.S.N. '98, married while students at VUSN. Cristi is an assistant professor at Missouri Western State University and Rich works at Heartland Occupation Medicine. The couple lives in Cameron, Mo., with their four children, Kaylin, Kylie, Tyler and Karli.

Mary Jane Gilmer, M.S.N. '90, has joined the faculty of Health and Sports Science for the Eastern Institute of Technology in Hawke's Bay, New Zealand.

Rachel S. (Goldstein) Zetouni, M.S.N. '95, married Ron Zetouni on June 5, 2005, in Chicago. She earned her undergraduate degree from Wake Forest University and her law degree from Wake Forest University School of Law. She is an attorney for The Karp Law Firm in Palm Beach Gardens, Fla. The couple live in West Palm Beach.

Michael Gooch, M.S.N. '05, was elected to the Health Occupations Students of America (HOSA) Board of Directors which serves as the corporate/legal entity for the organization. Gooch will serve

On Oct. 14, Dean Colleen Conway-Welch hosted a luncheon for 15 members of the VUSN class of 1955, also known as "Quinqs."

Pictured are: (Top left) Alice Pennington (class of 1980, Elizabeth Turrentine's daughter) and Elizabeth Turrentine ; (Top right) Evelyn Blaylock, (Bottom) Nancy Payne and Elizabeth Turrentine.

as the health care industry representative on the board for a two-year term. HOSA's mission is to promote career opportunities in the health care industry and to enhance the delivery of quality health care to all people.

Jack Hydrick II, M.S.N. '99, has opened his own practice, Barfield Family Walk-In Clinic, in Murfreesboro, Tenn. He previously worked in rural Virginia after graduation and also has worked at the VUSN-run Vine Hill Clinic.

Leslie Jeter, B.S.N. '86, was appointed to the American Association of Nurse Anesthetists (AANA).

Paul Kadetz, A.N.P. graduate student and a staff R.N. at VUMC, volunteered as a registered nurse in New Orleans for a grass roots medical organization that operates a free medical clinic in the Ninth Ward. He represented Vanderbilt as the only nurse practitioner graduate student at the clinic.

Osman Kaynak, B.S.N. '89, and Katherine Alton Kaynak announce the births of Aliya Marjorie and Taner Jack, Sept. 7, 2005. They live in Vienna, Va.

Carol Komara, B.S.N. '62, received an appointment from Kentucky Gov. Ernie Fletcher to serve for four years on the Kentucky Board of Nursing, representing the education sector. Komara is also a member of the VUSN alumni board.

Samantha M. Macaluso, M.S.N. '91, married Todd Kibbe on April 30, 2005. She works at Rhode Island Hospital.

Constance Mcadams-Tadros, B.S. '49, M.S.N. '74, Peabody Ph.D. '79, recently sold her inn on Prince Edward Island in Canada and has moved to Alexandria, Egypt. She credits her education at VUSN as guiding her in the right direction for her life.

Meredith Schrader, M.S.N. '98, and husband, Erik Florentz, welcomed twins Carmen Elizabeth and Seth Alexander on Dec. 28, 2005.

Carrie Jackson Scruggs, BMU '96, M.S.N. '98, and her husband, Lewis "Lanier" Scruggs III welcomed the couple's second child, Jackson Sidney Scruggs, on Feb. 24, 2005. He joins his older brother, "Lewis" Lanier Scruggs IV. Scruggs is working as a nurse practitioner for a cardiology group in Athens, Ga.

IN MEMORIAM

Lorene Wilson Reynolds, B.S. '42, Huntsville, Ala. She worked as a public health nurse after graduation and was a founding member of Trinity United Methodist Church. She also volunteered for the American Red Cross and was active in the Madison County Medical Auxiliary. Survivors include her daughters Miriam R. Keat and Ann R. Speed; sons John W. Reynolds and James A. Reynolds, M.D., and five grandchildren.

Catherine Lamb 2005-2006 NEF Awardee Master's Candidate, Midwifery

The Nurses Educational Funds (NEF) is a non-profit organization that seeks and distributes funds to baccalaureate-prepared registered nurses who are pursuing graduate study. Out of hundreds of applications, Catherine was one of only 16 recipients to receive the coveted scholarship.



Growing up, I remember considering an array of options for what I wanted to be when I grew up. I think the longest lasting profession was that of a rock star! Despite witnessing first hand the caring and compassion my mother showed as a nurse, I chose to pursue biology/pre-med as my undergraduate major at the University of Cincinnati. After completing my first year, it finally hit me. My true calling was not in medicine, but was right before my eyes throughout my entire childhood – nursing! I yearned for the opportunity to truly care for patients and to make an impact on the health care system. After my transfer to nursing, I quickly realized my desire to work with women, especially during childbirth, as a Certified Nurse-Midwife. After investigating my options, I learned of an exceptional program at Vanderbilt University that combines both Nurse-Midwifery and Family Nurse Practitioner. Upon completion of my undergraduate studies, I accepted a position as a labor and delivery nurse at The Ohio State University Medical Center. Being a large university-based medical center, we cared for a variety of socioeconomic classes. It was through my job as a labor and delivery nurse that I first realized my long-term career goal of caring for underserved pregnant teens. After two years working as a registered nurse, I followed my dream and began graduate school at Vanderbilt University with a Nurse-Midwifery/Family Nurse Practitioner focus.

I believe I can make a significant contribution to the nursing profession through my work in a public health clinic serving low income and teenage patients. My educational preparation as a certified nurse-midwife and a family nurse practitioner will allow me to care not only for the pregnant patient, but the entire family unit, before, during and after birth. As a provider of comprehensive pre- and postnatal care, I hope to educate underprivileged mothers on health promoting behaviors to increase healthy pregnancy outcomes for the betterment of society. By providing continuous care, I hope to build strong relationships based on caring, understanding and trust.

– CATHERINE LAMB

Vanderbilt University School of Nursing

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Statistics about the nursing shortage in America are alarming. One recent report estimates that more than 1 million new and replacement nurses will be needed by 2012. As we enter the ninth year of the nationwide shortage, it's more important than ever to consider investing in the School of Nursing through the Vanderbilt Planned Giving Program.

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By creating a Charitable Gift Annuity in support of the Vanderbilt School of Nursing, you will be directly contributing to the future of nursing in Middle Tennessee and earning a high rate investment return. Payments are guaranteed and secure for life and you will have a significant tax deduction as well.

If you're at least 65 and have \$10,000 or more to invest in VUSN over the next several years, please call, write or e-mail us. We will help find a plan that puts your money to work for the Vanderbilt School of Nursing and you!

If you would like more information on making any type of gift to the Vanderbilt School of Nursing, please contact Wendy O'Neil, Director of Development, at (615) 322-8851 or Toll-free (800) 288-0028.