VANDERBILT
Nurse

Saving Lives
AT 2,000 FEET

FALL 2002
FROM THE Dean

Resources for Research
I want to take this opportunity to share some exciting news in the life of the Vanderbilt School of Nursing.

On September 19, 2002, the School was informed that it is the first school of nursing to receive a National Institute of Health/National Center for Research Resources grant. This grant will allow us to renovate space in Godchaux Hall to provide infrastructure and integrated work space for faculty and students engaged in research and graduate education.

The goal of the renovation is to create an environment in which VUSN’s current and evolving research mission will flourish and grow for years to come. The project will accomplish three specific aims:

1. Renovate existing space to re-organize faculty, staff and doctoral education into three areas tentatively named the Center for Research on Clinical Interventions, the Center for Education and Research on Quality Improvement and Outcomes, and the Interdisciplinary Center for Workforce Studies.

2. Increase the productivity of faculty conducting research by creating and sustaining a comfortable research environment.

3. Promote the development of interdisciplinary research and collaboration with investigators from other professional schools and disciplines across VU and with the Meharry Medical College Alliance.

Not only will the renovation of Godchaux Hall improve the space available for scholarly activities surrounding teaching, practice and research, but the improved learning environment will help our students absorb more quickly the knowledge needed to guide the practice of nursing, improve nursing education, promote interdisciplinary scholarship and respond to the health needs of society.

Vanderbilt Nurse

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DEPARTMENTS

From the Dean inside front cover
On the Cutting Edge 2
Around the School 4
Students 13
Alumni News 14
Class Acts 16
Julia Hershford Society inside back cover

FEATURES

Lives in Chaos 2
VUSN professors and students give healthcare professionals a new weapon in fighting domestic abuse

High Anxiety 5
For VUSN alumna and LifeFlight nurse Marcie Carter, saving lives is all in a day’s work

In the Heart of the Mountains 10
Students, faculty and alumni learn about one-on-one care in the Andean Mountains of Peru

The Unspoken Addiction 15
Two VUSN alumnae publish on the little-known disease of sexual addiction


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Lives in Chaos

VUSN Professors and Students Teach Health Care Professionals How to Recognize Domestic Violence

Meeting the unique physical and mental health care needs of women and their children who have sought sanctuary in a domestic violence shelter is a challenge. It’s whatlette Covington, BSN’69, MSN’89, VUSN assistant professor in the family nurse practitioner program (right), has used to develop a targeted practice model that may help other advanced practice nurses in caring for this underserved population.

While working during the past two years with the Nashville YWCA Domestic Violence Shelter, Covington and VUSN faculty, Partee with VUSN family nurse practitioner students, worked to create a handbook to guide health care professionals in the screening and responding to patients with domestic violence.

“We wanted to work in a setting that’s both a sanctuary in a domestic violence setting and treat women who have involved in their mental and physical abuse,” says Covington. She says her work is focused on the guidance, supporting and enabling women toward taking initiative and refusing to make independent decisions. Along the way, the VUSN nurses have observed the circumstances that set domestic violence victims and their children apart.

“I thought I knew a lot about domestic violence,” says Covington. But once she started providing care 12 hours a week to shelter residents, she says her eyes were opened to the complexity of the issue.

“The average woman leaves her abuser seven times before she finally leaves him for good,” says Covington, adding that many abused women feel they have little or no control over their lives. Complicating her decision to leave is that she may be unable to escape an abuser without significant risk. And once she leaves, she may lack the financial resources or job skills to live independently. “We’re trying to not just help those women who are abused, but help them break the cycle of violence,” she says Partee.

That’s where health care professionals can play a key role — if they know how to recognize domestic violence and talk with patients about it. “Abused women use the emergency department a lot because their lives are in such chaos. They can’t schedule a doctor’s appointment because they have no transportation or aren’t allowed to go out,” says Covington. Although battered women comprise 20–30 percent of ambulatory care patients, only 1 in 20 is correctly identified as such by medical practitioners. (Hyman et al., “Laws Mandating Reporting of Domestic Violence: Do They Promote Patient Well Being?” Journal of the American Medical Association, June 1995).

To help educate medical professionals, six VUSN family nurse practitioner students, working with Covington and Partee, created a handbook that specifically targets domestic abuse screening in health care settings.

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The following is a questionnaire from the Domestic Violence Resource handbook created by VUSN faculty and students working at the Nashville YWCA Domestic Violence Shelter. Designed to be posted or made available for patients to fill out, it can serve as an assessment tool and provide an arena through which health care professionals can talk with patients about domestic violence.

Do you feel anxious or nervous when you are around your partner?

Is your partner constantly putting you down or telling you that you are worthless?

Does your partner check up on what you have been doing and not believe your answers?

Does your partner do or say things that make you feel guilty or that cause problems in the relationship?

Has your partner ever threatened to harm you, your children or someone close to you?

Have you ever been pushed, slapped, shoved, kicked and punched or physically harmed in any way by your partner?

Has your partner ever imposed restrictions on your behavior (kept you from going out or doing things that you wanted to do)?

Do you lie or deny abuse to your friends, family, and health care providers?

Have you ever felt forced to engage in unwanted sexual acts/contact with your partner or other people?

Has your partner ever directed offensive sexual language or behavior toward you? Or spoken negatively to other people about you in a sexual manner?

Have you ever had thoughts about hurting yourself or others as a result of the discomfort in your relationship with your partner?

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The practice model that emerged from their shelter work has been presented at meetings of the American Academy of Nurse Practitioners and the National Organization for Victim Assistance, as well as at the Nurse Practitioner Symposium and the Health Care and Domestic Violence/Family Violence Prevention Fund Conference.

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The work we’re doing is important because victims of domestic abuse are an underserved population that needs the kind of health care services we can provide,” says Covington. “They don’t have access to regular, consistent health care professionals to make them their input will be an important element in our planning.”

The committee will counsel the department on bioterrorism preparedness and response programs, states’ preparedness programs, lessons learned from the anthrax mail attacks, research and development efforts, development of new products related to terrorism, and public health emergency response planning. “If anything good came out of Sept. 11, and it’s hard to imagine it did, it’s the ability to repair infrastructure and strengthen our public health system and bring it up to a first-class operation that will benefit everyone,” says Conway-Welch.

The council plans to meet next in January, with quarterly meetings to follow after that, officials said. Topics for the January agenda include updates on vaccine preparations, hospital readiness, drug availability and other related issues.

Conway-Welch Named to Advisory Council on Public Health Preparedness

Department of Health and Human Services Secretary Tommy G. Thompson has named Dean Colleen Conway Welch as a member of his Advisory Council on Public Health Preparedness, which will advise the department on appropriate actions to prepare for and respond to public health emergencies, including acts of terrorism. Conway-Welch is the only council member representing the discipline of nursing. The group held its first meeting August 26-27 in Washington, D.C.

“This diverse group of very experienced professionals will be an invaluable resource in the ongoing effort to strengthen our nation’s bioterrorism preparedness and response,” Thompson says. “As we continue to build our public health capabilities for emergencies, their input will be an important element in our planning.”

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Norman Named to National Advisory Council

Linda Norman, senior associate dean of academic at VUSN, has been named to a three-year term on the National Advisory Council on Nursing Education and Practice (NACNP).

“From my position with the committee, I have the opportunity to see the national picture when it comes to the needs of nurses and nurse education,” says Norman. “It allows me to offer the VUSN perspective, what’s going on in nursing and what the priorities should be. At the same time, it gives us the opportunity to see what others are doing as well as the emerging issues within the nursing profession.”

The council advises and makes recommendations to Secretary of Health and Human Services Tommy G. Thompson and Congress on policy regarding the Public Health Service Act Title VIII, including nurse workforce, education and practice improvement issues. It may also make specific recommendations on the Bureau of Health Professions’ Division of Nursing programs. According to Norman, the NACNEP played a significant role in the crafting of the Nurse Reinvestment Act, a federal initiative to institute and retain nurses.

From her seat on the council, Norman has two priorities. “The first is patient safety and how error reduction is taught in schools of nursing,” says Norman. “The second is the nursing shortage which is occurring in all areas, not just staff nurses and faculty. While we’re seeing a severe shortage in staff nursing, the shortages will eventually hit advanced practice nursing as well and this is a concern to VUSN.”
Conway-Welch, Jacobson

Welcome New VUSN Class

Nearly 250 new students were given a warm welcome at VUSN’s Fall Orientation August 20-22. The students were briefed on everything from Vanderbilt’s academic programs and current research initiatives to how to get their photo ID badges. Dean Colleen Conway-Welch, in her welcoming remarks, challenged the students to excel at Vanderbilt and later in their careers.

“Your dad always told me to ‘shoot for the top.’ There’s more room there,” she said. “You are shooting for the top.” Conway-Welch cautioned the group, however, that being at the top requires hard work. “This is a different program than most,” she says.

“You will work very hard. You will wonder why you ever decided to do this. But we will help you through.”

Money and glamour didn’t get you here today. I’m extremely pleased you are here today and welcome you to the Vanderbilt family.”

Dr. Harry R. Jacobson, vice chancellor for Health Affairs, also welcomed the incoming class. “You’re about to enter a profession that demands expertise and a detail for excellence,” Jacobson said. “Money and glamour didn’t get you here today. We can always call back the emergency room if we have a question, but for the most part, we have to be pretty confident that we have a helicopter because it’s just the two nurses there. We can always call back to the emergency room if we have a question, but for the most part, we have to be pretty confident that we can take care of whatever type of patients we receive, whether they be trauma, medical, pediatric or elderly. It is quite a bit of responsibility.”

Marcie Carter is high on nursing — and nursing on high.
Marcie Carter came to VUSN knowing that she wanted to be a LifeFlight nurse. She remembers the benefits her sister experienced after being airlifted by fixed-wing aircraft from a small Louisiana hospital to a larger one following an auto accident. “Knowing how much of a difference they made for her was something that probably planted the seed for my wanting to do this type of work,” she says.

LifeFlight, the critical care transport service of Vanderbilt University Medical Center, averages about 1,800 flights per year utilizing two American Eurocopter BK-117 twin-engine helicopters that cruise at 150 miles per hour. LifeFlight serves the area within a 170-mile radius of Vanderbilt, extending north into Kentucky and south into Alabama. Each flight has a pilot and two flight nurses on board and can transport up to two full-sized patients. Dr. John Morris, professor of surgery and director of trauma at VUMC, oversees the program.

LifeFlight was a perfect fit for someone with Carter’s experience and interests. After graduating with a bachelor’s degree in 1990, Carter spent three months traveling in Australia and New Zealand. The former biology major then worked for about a year as a research assistant for Dr. Denise Wetzel in the Psychiatry Division of Psychoneurosychology at Vanderbilt. She knew she wanted a career in health care, but one that would allow her to skydive, bicycling and other recreational activities. Nursing seemed to fit the bill.

Carter spent two years earning her MSN in the Bridge program at Vanderbilt, graduating in 1994. “The Nursing School program was really good in giving us the ability to think critically and make decisions based on our assessments of patients,” Carter says, adding that her acute critical care clinical classes also prepared her well. “I remember taking classes on death and dying. They were very good, especially for the route that I went.”

She worked for three years as an intensive care nurse in the neurology intensive care unit at Vanderbilt and another year at the Vanderbilt Hospital Emergency Room. Marcie also gained valuable experience working in the Pediatric Emergency Room.

“One of the requirements for being a flight nurse is that you have to have a minimum of three years of either intensive care unit or emergency room experience,” Carter says. “I think the experience I had in the neuro intensive care unit after finishing nursing school was definitely important in my being hired as a flight nurse.”

**AGGRESSIVE PROCEDURES**

“We have a lot of autonomy in the helicopter because it’s just the two nurses there,” Carter says. “We can always call back to the emergency room here if we have a question, but for the most part we have to be pretty confident that we can take care of whatever type of patients we receive, whether they be trauma, medical, pediatric or elderly. It is quite a bit of responsibility.”

Nurses often have to conduct aggressive airway interventions, including rapid sequence induction with oral intubation, nasal intubation, or, in the event no other airway can be secured, either needle or surgical cricothyrotomy. Flight nurses can also perform needle chest decompression, chest tube placement and pericardiocentesis (inserting a needle into the pericardium, the membranous sac enclosing the heart, to remove fluid buildup). They also conduct central IV placement, blood transfusion with packed red blood cells carried on board and transportation of patients requiring intra-aortic balloon pump assistance.

Carter says flight nurses sometimes have to perform escharotomies for circumferential burns. In the latter procedure, if the patient has been burned so badly that the pulse to the arm or leg is lost, nurses cut the skin enough to provide sufficient elasticity for the blood flow and pulse to return to the injured extremity.

All of the procedures can be performed in the aircraft during transport, thereby providing the highest level of care possible in the most efficient manner. Sometimes, even the simplest interventions are rendered difficult.

“I recently had a bumpy flight where I had to give an IV to an 18-month-old child,” Carter says. “That’s hard because you’ve got a very small target and you’re bumping around. Putting an IV in can sometimes be difficult even in an emergency room setting, but put yourself in a small environment and close space and add some roller coaster rides in there and it can be really difficult. But honestly, I think everybody here just tunes that out and does their job.”

LifeFlight carries a defibrillator on board. Medications are given per protocols with medical control advice and assistance always available via telephone or radio. The Emergency Department attending physicians at Vanderbilt provide medical control.

**SUMMER IS TRAUMA SEASON**

The busiest trauma season is the summer months because people are moving about, children and teens are out of school, and the days are warmer and longer. Unfortunately, serious accidents are more common, too. Automobile wrecks, farm mishaps and swimming or horseback riding accidents produce critically injured victims. Weekends are usually busier than weekdays.

The winter is a slower trauma season, Carter says, but there are still plenty of hunting accidents, burn victims, respiratory problems, aneurysms and, in January, around the holiday seasons, suicides. Life-Flight also transports a number of people who are injured while putting up Christmas lights, falling from rooftops or off ladders.

The pilots have landed helicopters in fields and road intersections, on bridges and even in people’s front yards in an effort to get the victim to the hospital as quickly as possible. On the outbound flight, one flight nurse sits up front with the pilot to provide an extra set of eyes in the event of an unfamiliar landing site, such as a pasture. In such cases, pilots are usually in radio contact with officers or emergency medical service attendants on the ground to locate a suitable landing zone. LifeFlight hosts Tail Watch classes that instruct police officers, firefighters and emergency medical service personnel to set up a helicopter landing zone and work safely and effectively around the aircraft.

“Our pilots are absolutely incredible,” Carter says. “One of my favorite places to land used to be a bridge near Trousdale Hospital. The hospital didn’t have a helipad at the time and there’s a bridge not too far from there where we could land. Officers would shut down the bridge on either side for us.”

**A LOVE OF TEACHING, LEARNING**

Carter imparts her knowledge and experience by teaching the clinical portion of acute critical care classes at VUSN in both the fall and spring semesters. She has also taught a trauma elective at the Nursing School.

“I love it,” she says. “Some of the students

**One of Carter’s colleagues describes the stress that can build up after a series of trying flights as “filling your cup.” It is important to empty it.**
come up with wonderful questions. If you want to be in a learning environment, then it’s really good to be a part of teaching because I learn as much from the students as they do to teach them.

LifeFlight hosts at least 12 courses a year for area medical workers. During the five-year period from 1996 to 2001, more than 3,000 emergency medical technicians, paramedics, first responders and nurses received training as part of LifeFlight’s EMS Night Out program.

Several LifeFlight personnel are continuing their own education in the Bridge program at VUSN. Linda Pascoe, chief flight nurse and program manager of LifeFlight, is earning an MSN in informatics. Flight nurse Neil Worrill will receive her MSN in the family nurse practitioner program. Lisa Stephens, another flight nurse, is earning the MSN in women’s health. Maggie Handlon, a former flight nurse who still subs occasionally, obtained her MSN and is a nurse practitioner with internal medicine at Vanderbilt.

*WE SEE A LOT OF DEATH*

Because of the critical nature of the trauma patients they transport, sometimes even the best medical interventions are not enough to save a life.

“We see a lot of death,” Carter says. “That can be very hard. I try not to attach myself emotionally to the patient but sometimes you can’t help it. If we go to pick up a patient who ends up being a trauma arrest or who dies prior to us getting there, it’s part of our job to talk to the family and answer any questions they have. We also talk to the outside facilities, whether it is a hospital or EMS, to make sure they are okay with everything that’s happened and answer any questions they may have.”

“An integral part of the job is that we’re not only taking care of the patient but also the whole family. When a patient has expired, our focus turns to the family. We always want to make sure that they know that everything possible was done.”

One of Carter’s colleagues describes the stress that can build up after a series of trying flights as “filling your cup.” It’s important to empty it.

“Sometimes emptying it for me is going skydiving and just clearing my mind,” Carter says. “When you skydive, you can’t think of anything else because if you do, then you probably won’t make it for the next jump. We all work hard at what we do, but we all have things we do outside of work to help empty that cup.”

Carter is a member of the Misty Blues all-women’s jump team. She has performed exhibition jumps as far away as Seattle, where the team parachuted from a helicopter at the Seafair Festival. While in nursing school, she helped set a then-world record as one of 2,700 people who jumped and then linked hands in the air.

A fitness buff, Carter also cycles regularly. For two years, she was part of a LifeFlight team associated with the Tour de Cure, an annual three-day road biking event sponsored by the American Association of Diabetes that starts in Murfreesboro and ends at the Chattanooga Aquarium. The two-day event requires riders to bike about 75 miles a day, with an overnight stop in Sewanee.

LIFEFIGHT SAVES LIVES

Flights that save a life make LifeFlight invaluable.

“I feel like we make a huge difference in people’s lives,” Carter says. “If we can be there in the beginning of someone’s unfortunate happening, whether it be a medical problem or a trauma, we can make a difference in a stronger way. It is so rewarding to know that you have actually impacted somebody’s life in a good way and to see those rewards.”

Not too long ago, Carter received a call from a man who had to be transported by LifeFlight after an automobile accident several months earlier. He had stopped by Vanderbilt Hospital and phoned her.

“He didn’t remember much at all of the events surrounding his accident or the transport, but he looked about 100 percent better than when I had last seen him,” Carter said. “Of course I had seen him at his worst. It was really wonderful to have him come back and say, ‘Thank you.’”

A mother wrote LifeFlight a thank you note after both she and her daughter had to be transported because of an automobile accident last April. Her card, in part, said, “[My daughter] slept with the teddy bear she received on the flight from the nurses and she named it ‘Stuggles.’ A mother can never thank one enough for the care given to the most precious thing, my child.”

Left: LifeFlight nurses Carter and Chris Redicker (in Mack) and Rutherford County EMS’s transfer a patient to the helicopter.

To the Rescue

I flew to Paris in a LifeFlight helicopter early last summer. Paris, Tennessee, that is.

Vanderbilt photographer Neil Birok and I spent a day in LifeFlight’s Ride-A-Long program. We met LifeFlight nurse Marcie Carter at 7:00 one morning and were in the flights quarters high atop Vanderbilt University Hospital.

Shortly after arriving, Neil and I viewed a 20-minute instructional video about the two victims and then participated in a helicopter and helpful safety orientation. We learned how to put on and adjust our flight helmets, where to plug in the headphones and earphones, which seat we are to occupy on a flight, and how to operate the seat buckles.

Flight coordinators in the Emergency Office of Communications, located in Medical Center North, held all calls for LifeFlight. They initiate a flight by radio to the nurses on duty. A loud ringing tells the nurses to listen up. Nurses carry a radio with them at all times.

The instrucional video stressed that it is a good idea to eat breakfast before flying. Marcie echoes the need for breakfast and gives us a pager that will notify us within a flight.

Marcie decides I will be on the first flights they take and Neil will be on board for the second. We don’t know about Neil, but to be truthful I am just aseen as apprehensive.

Neil and I have just purchased breakfasts to go and are approaching the elevator where the pager beeps. We ride the elevator to the flight quarters and race down the corridor. I am already putting on my flight helmet and preparing to run up the metal stairs to the helipad when I notice Marcie and her fellow LifeFlight nurse, Chris Redicker, calmly sitting at their desks. They chuckle at our haste and say that the beep was just a test page that is conducted each morning. We relax, eat our sausage and egg biscuits and wait for the first call.

About 11 a.m., Marcie informs me we have a flight. Approximately seven minutes later we are in the air, fitting off the pad in reverse. Pilot Mike Cobb explains that they fly off in reverse so that if an engine or other piece of equipment is not performing properly, it’s easy to simply go forward and lower back down on the pad.

Soon we are soaring along at 2,500 feet on a perfectly sunny day, headed for Henry County Hospital, flying at 138 miles per hour with nary a bump. A flight nurse always rides in the cockpit on the trip out to help the pilot spot any obstacles when landing. Chris is in the cockpit and Marcie and I are in the area where victims are treated.

The first report we receive in flight is that a 43-year-old woman, nine months pregnant, had been pinned under her car in a one-automobile accident. We are told that her car had slammed into a tree and that a child riding with her had been ejected. That meant we might well be transporting the most precious thing, my child.

A mother wrote LifeFlight a thank you note after both she and her daughter had to be transported because of an automobile accident several months earlier. He had stopped by Vanderbilt Hospital and phoned her.

“He didn’t remember much at all of the events surrounding his accident or the transport, but he looked about 100 percent better than when I had last seen him,” Carter said. “Of course I had seen him at his worst. It was really wonderful to have him come back and say, ‘Thank you.’”

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Later that afternoon, Neil goes on a flight to transport a much more seriously injured victim. He is a young man who had been riding an all-terrain vehicle at about 40 miles per hour before crashing into a barbed-wire fence. He was critically injured and was being transported by LifeFlight to Vanderbilt Hospital and phoned her.

“He didn’t remember much at all of the events surrounding his accident or the transport, but he looked about 100 percent better than when I had last seen him,” Carter said. “Of course I had seen him at his worst. It was really wonderful to have him come back and say, ‘Thank you.’”

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VANDERBILT NURSE

Murdie Horst
I can enhance clinical care. Also learned lessons in how attending to the emotional and spiritual needs of patients can enhance clinical care.

The experience served as an affirmation of the importance of one-on-one care and the underpinnings of good nursing, says Roberta Bradley, assistant professor of nursing at VUSN. “You’re working through interpreters, so patient interactions take twice as long. That allows you to soak up what’s going on. It provides twice as much time to look at patients and their families,” she explains.

“Such trips are a wonderful opportunity to deliver care to a needy population and to see how priorities differ in another culture, how people get by day-to-day,” says Bradley. “It’s an opportunity to hone clinical skills and to see variation in patients. At the same time, the students see the worst-case scenarios, problems that have been neglected for a long time, so they can see first-hand the kinds of things we’re trying to prevent.”

Musculo-skeletal complaints, including back pain and arthritis, are common, as are perinatal problems. In the hospital, you look at charts and monitors, and it can be easy to forget the patient,” says Traci Warner, MSN’02, one of the trip’s organizers. “That’s where nursing students have the advantage. In a setting like Peru, you have to use your eyes. You have to listen to heart and lung sounds. You have to really see the patient.”

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The VUSN students joined other medical and nursing students from Harvard and Emory in the Summer Medical Institute project. The group ran eight mobile clinics serving the Peruvian and Quechua villagers. They treated patients with the help of translators, sometimes needing two — one to translate Quecha to Spanish and one to translate the Spanish to English.

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Traci Warner and Jocelyn Greene with an obstetrical patient and their child at the Chumorro clinic.

“the patients differed in their economic circumstances, but you can’t diminish the importance of caring,” says Greene. “That’s the heart of nursing.”

TEACHING AND LEARNING

Immersion in a different culture can be a valuable experience for nurses, says Colleen Conway-Welch, VUSN dean. “It allows them to appreciate the diversity of the world’s population and the need to understand health status and health care through differing and sometimes opposing cultural values,” she says. “The experience leaves them better prepared to provide culturally competent care to diverse populations.”

Angela Board, MSN’02, couldn’t agree more. Prior to going to Peru, Board had been on several mission trips and worked as a nurse and Spanish translator at Metro Nashville General Hospital. She says lessons she learned while working on a domestic violence project helped her in Peru. “One woman came to us and said her husband had hit her and that she’d been having headaches and passing out,” says Board. “[Domestic violence] is difficult to deal with in a culture where it is culturally accepted.”

In addition to working with patients, Board provided basic medical Spanish classes for others on the trip and was able to share valuable cross-cultural lessons. “During my work at Metro General and on a mission trip to Honduras, I learned about el mal de ojo — the evil eye,” says Board, explaining that some Hispanics believe it’s a curse that one person can cast on another to cause illness. “One way it can happen is if someone commits a plagues another person’s child, but doesn’t touch that child,” says Board. “The solution? Offer the compliment, but be sure to follow it with even the slightest touch.”

VUSN’s emphasis on patient education was integral to the trip. “Basic concepts of health and illness are foreign to the Quechua people,” says Warner. “Ideas such as hand-washing and washing food before you eat it are new.” Lucy, a Peruvian woman who speaks English, Spanish and Quechua, supported the work of the VUSN nurses by teaching patients basic health concepts about nutrition, preventing parasites and reducing the spread of STDs.

Many patients were more familiar with the care provided by native healers. “When they see a healer, they don’t tell him what’s wrong; the healer is supposed to know,” says Warner. “So they didn’t understand why we asked so many questions about, for instance, their headaches. Sometimes the patients would just switch the subject.”

In addition to musculo-skeletal complaints, pustular rashes and rashes, patients presented with urinary tract infections, dental problems, varicose veins and ulcers. “A common complaint from both men and women was that their headaches. Sometimes the patients would just switch the subject.”

Another person traveling a long way to attend VUSN is Brooks McClendon of Tulsa, Okla. She, however, did not have to move to Nashville like Nodestine. McClendon, who has a bachelor’s degree in nursing, is pursuing her neonatal nurse practitioner degree through the distance-learning program. She will visit the Vanderbilt campus several times throughout the year and do her clinicals in Tulsa — the reason she chose Vanderbilt.

“Most schools won’t let you start the degree like that,” she says. — Jon Connor

Students travel far to attend VUSN

Registered nurse Annie Nodestine traveled a long way from home to attend Vanderbilt University School of Nursing. Nodestine grew up on a Navajo Indian reservation in Chinle, Ariz. She is pursuing her MSN degree and plans on going back to Arizona to help the people she’s always known.

“I’ve lived on the reservation all my life. I was ready to do something different,” she says. Excited and a bit nervous, she is already homesick. “It is really different here,” she says of Nashville. “I really miss home.” Nodestine and her 8- and 9-year-old sons just moved to their new home in student housing. “They like it here,” she said.

She is looking forward to December 2003 when she will graduate with her master’s degree and, more importantly, move back home. Nodestine will work for Indian Health Services at Chinle Hospital, her employer for the last 10 years. She applied to Vanderbilt after working with Vanderbilt School of Medicine graduate Dr. Jill Moses in Chinle. Moses is the daughter of Vanderbilt Cancer Center’s director Dr. Hal Moses. “Jill and I are good friends,” Nodestine said. “She talked me into applying here.”

Another person traveling a long way to attend VUSN is Brooke McClendon of Tulsa, Okla. She, however, did not have to move to Nashville like Nodestine. McClendon, who has a bachelor’s degree in nursing, is pursuing her neonatal nurse practitioner degree through the distance-learning program. She will visit the Vanderbilt campus several times throughout the year and do her clinicals in Tulsa — the reason she chose Vanderbilt.

“Most schools won’t let you start the degree like that,” she says. — Jon Connor

Caines Wins Adolescent Health Fellowship

Karen Caines, a doctoral student at VUSN, has been accepted as a fellow in the University of Minnesota Leadership Education in Adolescent Health Fellowship Training Program. This opportunity will provide Caines with the experience of being mentored by the leading researchers in healthy youth development. The team in Minnesota has worked very closely with Caines to develop a tailored program of study and practice for the next two years. She relocated to the Twin Cities in August.
The Unspoken Addiction

Sexual addiction is a problem, and Carol Coleman-Kennedy and Amanda Pendley aren’t denying it. In fact, they are some of the few people in their field who are willing to discuss it.

“Sex is everywhere — on billboards, the media and the computer — and it contributes to sexual addiction,” says Pendley.

“It’s okay to have sexual images anywhere, anyhow, but once the word addiction is put out there, people don’t want to talk about it,” Pendley and Coleman-Kennedy, who both graduated in 1999 with MSNs in adult psychiatry, are the authors of a 28-page article on sexual addiction published in the October- November issue of the Journal of American Psychiatric Nurses. The article, which the pair wrote for a course at the School of Nursing, describes in detail how to recognize, assess and diagnose sexual addiction during a substance addiction assessment. Substance addiction can sometimes be a symptom of an underlying sexual addiction, Pendley and Coleman-Kennedy say. They think it is vital that their nurse practitioner peers know how to recognize the symptoms of the disease.

“It is important to get the word out there, because unless the providers know how to diagnose it and see sexual addiction as something that is real, they can’t do anything about it,” says Pendley, now an NP with the Trover Foundation Center for Behavioral Health in Madisonville, Ky. “When sexual activities interfere with a person’s normal, functioning life — work, marriage, et cetera — there is a problem.”

Coleman-Kennedy, now the director of Dignity Group Psychotherapy Inc., in Little Rock, Ark., agrees. She feels society is apathetic to their families’ problems with them. Their specific interest in sexual addiction, Coleman-Kennedy says health care professionals, clergy — it crosses all types,” says Coleman-Kennedy. “It was tough, and it was so much work, but it was worth it,” Pendley says.

Both Pendley and Coleman-Kennedy attribute their interest in addictions to their families’ problems with them. Their specific interest in sexual addiction, however, originated from their attending a three-day conference in St. Louis, sponsored by the National Council on Addiction and Compulivity. “Sexual addiction was fascinating to us because we had never heard of it before,” says Pendley.

So when the two decided to take Prof. Larry Lancaster’s “Writing for Publication” class in July 1999, it wasn’t difficult for them to choose sexual addiction as the topic for their mandatory manuscript. However, while sexual addiction was a very pressing topic, it was also a controversial one. Some of their peers doubted that Pendley and Coleman-Kennedy would get their article published, Pendley says, but Pendley and Coleman-Kennedy weren’t going to give up that easily.

“Amanda and I are resilient, self-reliant and independent people. If you throw a hurdle in front of us we’ll find a way to get around it,” Coleman-Kennedy says.

They submitted their article to the Journal of American Psychiatric Nurses right after graduation. When it came back, it had received good response. The article next went through peer evaluations for about a year, and then it was sent back to Pendley and Coleman-Kennedy for “a few minor revisions.”

Sexual addiction affects 20 million Americans, according to Pendley and Coleman-Kennedy’s research. Sexual addiction can affect anyone, Pendley says. “It doesn’t matter who you are, how much money you make or what you do. Professionals, clergy — it crosses all types,” says Pendley.

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Sexual addiction adds to the emotional pain there, also. “You have to see the person and the disease as two separate things.” Sexual addiction is a topic that is normally not touched in nursing schools, Pendley and Coleman-Kennedy say. It usually gets “shoved under the carpet,” says Pendley. But considering the recent sexual misconduct of Catholic priests and former president Bill Clinton, both agree that their nursing peers and the public might start to listen.

“I think it is information that we need now, especially with all that has been going on,” says Coleman-Kennedy. “[The timing] is just right.”

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Pendley and Coleman-Kennedy say health professionals must learn to recognize the disease in order to get the proper treatment for their patients. They hope their article will increase public awareness about sexual addiction.

“Once you bring it to the public eye, people will realize that it is a real disorder, and they shouldn’t be ashamed of their behavior,” Pendley says. “It is an impairment in people’s lives.”

— Kelly Nolan
Class Acts

The Vanderbilt University School of Nursing student body, at their 1959 banquet at the Belle Meade Country Club.

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