

vanderbiltnurse

FALL 2005

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PATHWAY TO HEALING

A look at a Vanderbilt nurse and her 30-year journey with a patient



dean's note

From the cover of the magazine to the following pages, we've given the *Vanderbilt Nurse* magazine a brand new look and feel. We reached out to you, our alumni and our readers, to ask how we could better serve you with this magazine and we hope we've done just that in this issue.

Inside the magazine, you'll find stories written by current faculty and alumni, a Vanderbilt University School of Nursing bridge student, and other talented writers. We'll take you on a journey of healing looking at the relationship between alumnae and current faculty member Carol Etherington, M.S.N. '75 and a patient she treated three decades ago who was the victim of violence. We take a look at the work done by several VUSN alumni working as Medical Legal Examiners for victims of rape in Nashville and the emerging role of Forensic Nursing, and we have a special series of stories about complementary health options being offered by several VUSN alumni and leaders in their fields, bringing the message of holistic health and healing to patients. One of the things I take great pride in at the School of Nursing is our bridge program, allowing students from a variety of non-nursing backgrounds to enter our program and leave as Advanced Nurse Practitioners. We highlight the colorful journey of one of our current bridge students in this issue, in his own words.

It's been a busy spring and summer here at Vanderbilt, as we celebrated the graduation of the class of 2005, and we are eagerly awaiting the arrival of fall and a new group of excited students. I'm pleased to say we are on track to meet our projected goals for admission this year as we do our part to help accommodate the influx of students answering the call for more nurses in the wake of a continued nursing shortage nationwide. VUSN Senior Associate Dean of Research, Peter Buerhaus, Ph.D., R.N., will highlight his recent findings concerning the shortage in this issue.

We're still in the midst of a major renovation project of Godchaux Hall; many of you may be amazed to see what we found hidden in the building during the overhaul of our historic building. We're deeply thankful to the Godchaux family for their continued support of the renovation process and invite you to come see our new, old building when the work is completed!

I hope you enjoy the new *Vanderbilt Nurse* and we hope to hear more from each of you as we renew our efforts to spotlight the great work each of you is doing in your own communities every day.

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vanderbiltnurse

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NEW FRIST NURSING INFORMATICS CENTER OPENS

Vanderbilt University School of Nursing recently opened the new, state-of-the-art Frist Nursing Informatics Center. The facility was made possible by the financial support of some longtime friends of the School, Patricia Champion Frist and her husband, Thomas Frist Jr., M.D., chairman and chief executive officer of Columbia/HCA Healthcare Corp., both of whom are graduates of Vanderbilt University. "I am honored to be associated with the nursing program here," Patricia Champion Frist said. The new Nursing Informatics Center is located on the second floor of Patricia Champion Frist Hall. The building was a partially funded gift from the family in 1998.

Dean delivers State of the School Address

"It's been a good year," declared Nancy and Hilliard Travis Professor of the School of Nursing, Colleen Conway-Welch, Ph.D., R.N., in her annual State of the School of Nursing address and awards ceremony.

Enrollment numbers in the school reached another record high level this year and this fall's numbers already indicate that the school should meet the budgeted numbers. With the influx of students, the school has purchased state-of-the-art, new equipment to enhance the learning environment. VUSN has been using SimMan™, a simulated training manikin that talks, breathes, moans, and even dies, just like a real patient for years. Now, the school will add an additional SimMan, SimBaby, a birthing simulator, new crash cart, and new hospital beds to its learning skills labs.

VUSN announced it has approved plans to offer a joint master of science in nursing and master of theological studies or master of divinity degree in partnership with the Vanderbilt Divinity School. "We have several students already interested in such a program and it will continue to evolve," said Jim Pace, M.S.N. '81, M.Div. '88, D.S.N., R.N., professor of Nursing and director of the new palliative care focus in the Adult Nurse Practitioner Program. Students will apply to both schools and have to be accepted to both schools, meeting the same requirements and admissions standards for both programs.

The practice operation announced several new plans in the works for expansion, amidst continued success among the VUSN community-based clinics and services. A grant has been submitted to more than double the clinic space of the school's Vine Hill Community Clinic. The school's practice administrators have been shifting gears and making plans for a massive influx of patients due to TennCare disenrollments. Vine Hill currently cares for 10,200 TennCare enrollees.

The new "Vandy Calls" program began this summer. It operates with a Nurse Practitioner doing "house calls" out of a new community clinic at Trevecca Towers. About 700 independent dwellers with an average age of 84 live in the Towers and will be able to take advantage of the services offered in the new, on-site clinic. The Dayani Center and Vanderbilt Senior Care Services will also offer services. The "Vandy Calls" program will also serve the broader community through the "house calls" system. "It's another way the Vanderbilt School of Nursing is reaching out to the underserved in our community, going to the homes of elderly or homebound patients in Davidson County, who can't get out to their provider's office and often miss those important tests and follow-up care they need," said Pilon.

The Vanderbilt Nurse-Midwives practice continues to thrive. The school's Nurse-Midwives will be the new, round-the-clock attending practitioners in the new OB



KATIS BARRY

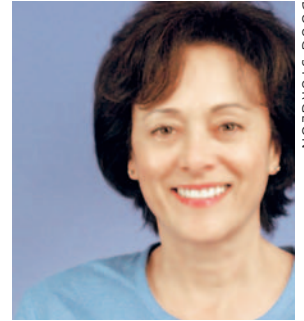
Dean Colleen Conway-Welch, Ph.D., discusses progress and new plans with VUSN faculty and staff.

Evaluation Center at VUMC. "We've been using the facility here at VUMC for our deliveries for years in close partnership with the Medical Center, but this moves us more intimately into the system and into the mainstream," said Bonnie Pilon, D.S.N., senior associate dean for Practice at VUSN. The program has recruited four new Nurse-Midwives expected to begin soon. The practice is the second highest volume delivering service at VUMC.

Several awards were handed out to VUSN faculty and staff at the annual address. Susan Cooper, B.S.N. '79, M.S.N. '94, R.N., director of the Center for Advanced Practice Nursing and Allied Health at VUMC, assistant dean for Practice, and assistant professor of Nursing, was given the Dean's Award for Outstanding Service to Faculty and Students. Lynda LaMontagne, Ph.D., R.N., professor of Nursing was given the Dean's Award for Recognition of Faculty Achievement in Scholarly Endeavors. Judy Sweeney, B.S.N. '70, M.S.N. '75, R.N., director of the Pre-Specialty Program, was given the Ingeborg Mauksch Award for Excellence in Faculty Mentoring. Janie Daddario, M.S.N., R.N., director of the Women's Health Nurse Practitioner Program, was given the Excellence in Teaching Award for teaching in the lecture or small group setting. Dawn Vanderhoef, M.S.N. '00, R.N., instructor in Nursing, was given the Excellence in Teaching Award for teaching in the clinical setting. Renee McLeod, D.N.S., R.N., director of the Pediatric Nurse Practitioner Program, was given the Excellence in Teaching Award for Educational Innovation. Jennifer Ezell, M.S.N. '99, R.N., assistant professor of Nursing, was given the VUMC Faculty Nurse Award. Phronietta Kendrick, an office assistant for more than 25 years at VUSN, was given the School Life Staff Award.

— HEATHER L. HALL

Jana Lauderdale, Ph.D., R.N., has been named the school's first Assistant Dean for Cultural Diversity. Lauderdale has worked with VUSN for a number of years as an adviser on cultural diversity issues that affect nursing education, and will continue to build on the work that has already been taking place. Fifteen percent of master's students and 19 percent of doctoral students at VUSN are minorities, representing Asian, African-American, Native American, Hispanic, and several other ethnicities. VUSN is also home to 10 international students from seven different countries.



DOUG STURGEON



DANA JOHNSON

The first phase of the renovation of Godchaux Hall, involving the upper floors of the building, is nearing completion. During the construction, workers uncovered this newspaper from 1925, tucked away inside the old brick walls seen here, on one of the upper floors of Godchaux Hall. It was apparently common to use newspaper as additional insulation and filler during those days. The second phase of the project, involving the lower floors of the building, is scheduled to begin in November. The work is expected to last until May 2006, when the entire building should be completed.



HEALTH CARE LEADERS RE-EVALUATE PATIENT SCHEDULING AND NURSE STAFFING PRACTICES

Research from the Vanderbilt University School of Nursing is featured in recent published findings in the Joint Commission Journal on Quality and Patient Safety aimed at reevaluating patient scheduling and nurse staffing practices.

The article titled “Managing Unnecessary Variability in Patient Demand to Reduce Nursing Stress and Improve Patient Safety,” is the result of a joint effort by Peter Buerhaus, Ph.D., R.N., Valere Potter professor in Nursing and Senior Associate Dean of Research, and co-authors Donald M. Berwick, M.D., M.P.P., President and CEO, Institute for Healthcare Improvement (IHI); Frank Davidoff, M.D., Executive Editor, IHI; Eugene Litvak, Ph.D., Director, Program for Management of Variability in Health Care Delivery, Boston University; Michael C. Long, M.D., Adjunct Associate Professor of Operations Management, Boston University; and Michael McManus, M.D., M.P.H., Senior Associate in Medicine, Anesthesia and Critical Care, Children’s Hospital Boston.

They issued a call to action for more aggressive research to identify and eliminate inefficient scheduling practices in health care, in order to better manage nurse staffing. “Because we are not making rapid enough progress needed to replace the large number of older, and soon to be retiring registered nurses, we must anticipate a future in which there will not be enough RNs available to provide adequate or safe staffing,” said Buerhaus. “Thus, we need to be sure that management is doing all that is possible to reduce the load on nurses and use nursing resources wisely in times of scarcity.”

According to Litvak, lead author of the article, “Taking care of sick people is a very demanding job even when patient demand is stable. We should not create an additional burden on nurses by subjecting them to artificial swings in the number of patients they are taking care of. Reducing such artificial stresses would also have significant impact on quality of care, timely access to care, and patient throughput.”

– HEATHER L. HALL



ANNE RAVNER

Series examines impact, perceptions of nursing shortage

The shortage of registered nurses in the United States, which began in 1998, has now become the longest nursing shortage in half a century. Peter Buerhaus, Ph.D., R.N., Valere Potter Professor in Nursing and Senior Associate Dean of Research, says though the shortage is finally showing signs it may be easing, it raises several questions concerning how nurses working on the front lines perceive the shortage.

In the first of a six-part series in the March/April issue of *Nursing Economic\$,* a journal for health care leaders, Buerhaus revealed nurses’ perception of the shortage and its impact on patient care, safety and job satisfaction, among other things, by comparing data from two national, random surveys: one completed in 2002 at the height of the current shortage and the second survey conducted in 2004.

Buerhaus and Vanderbilt co-authors Linda Norman, D.S.N., R.N., senior associate dean for Academics, and Robert Dittus, M.D., Joe and Morris Werthan Professor of Investigative Medicine and director of the Center for Health Services Research, found that in some areas, perceptions of R.N.s changed significantly from 2002 to 2004. “For example, the percent of R.N.s who identified salary and benefits as a main reason for the shortage dropped from 58 percent in 2002 to 41 percent in 2004, and fewer R.N.s in 2004 than in 2002 perceived undesirable work hours and a negative work environment as main reasons for the nursing shortage,” stated Buerhaus.

Also collaborating with Buerhaus on the research paper are Beth Ulrich, Ed.D., R.N., senior vice president of Professional Services, Nursing Spectrum/NurseWeek, and Karen Donelan, Sc.D., senior scientist in Health Policy at Massachusetts General Hospital.

Buerhaus said most R.N.s continue to see the shortage as a major problem affecting nursing practice. In the 2004 survey, R.N.s reported the shortage has had a negative impact on early detection of patient complications, maintaining patient safety and time for team collaboration. They also reported the shortage has created a major problem for the quality of their work life and the amount of time spent with patients.

So, what do R.N.s think will help most in solving the answer to the shortage crisis? Buerhaus said the surveys are consistent from 2002-2004, showing the majority of nurses think continuing to improve the work environment, increasing salaries and benefits, and raising the status of nurses in hospitals are the best solutions. “Better hours, financial aid, increased capacity to educate more R.N.s and using support staff also received support from roughly one-third of R.N.s in both surveys,” added Buerhaus.

The study is part of a larger project evaluating the Johnson & Johnson Campaign for Nursing’s Future, a \$30 million national initiative aimed at increasing the number of people becoming nurses, retaining nurses in clinical practice and increasing the capacity of the nation’s nursing education system.

– HEATHER L. HALL

Lymphedema study reveals lingering problems for patients

Patients who are diagnosed with lymphedema as a result of treatment for breast cancer face a much different battle than patients who are diagnosed with breast cancer alone, according to findings from a comparison study by a researcher and faculty candidate at the Vanderbilt University School of Nursing.

"There were some rather distinct differences in psychological and physical symptoms experienced by women with chronic lymphedema than those who didn't have it," said Sheila Ridner, Ph.D. '03, M.S.N. '00, R.N., research associate in Nursing and primary investigator in the study.

Ridner examined and interviewed 149 breast cancer patients. Seventy-four had been previously diagnosed with lymphedema and the other 75 did not have the condition. Lymphedema is the accumulation of fluid in the arm on the same side in which a patient was treated for breast cancer. Ridner said it's not a condition caused by a problem that occurs during surgery or radiation; it results from damage to the lymphatic system that can happen as a consequence of standard breast cancer treatment. "Why some women develop it and others do not is not well understood," she said.

Ridner measured the arms of each person for comparison. Fluid in an arm affected by lymphedema was measured using a Lymphometer, which works by placing electrodes on the patient's hand and foot to determine the amount of fluid in the arm.

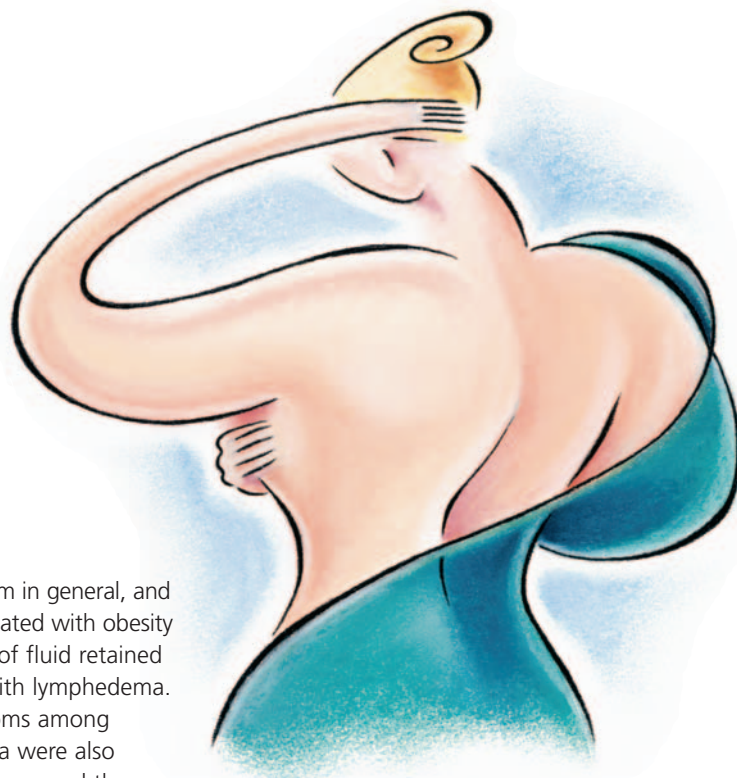
When looking at differences in physical symptoms, Ridner noticed body mass index, or BMI, played a role for some patients with lymphedema. "Women with a larger BMI who had lymphedema had more difficulty keeping the arm size under control medically and experienced more complications. They had more symptoms and they were more intense," said Ridner. She said there are several possible physiological explanations. For starters, being larger

puts more stress on the arm in general, and high blood pressure associated with obesity can increase the amount of fluid retained in the arm of someone with lymphedema.

Psychological symptoms among patients with lymphedema were also measurably different. "I measured the volume in both of their arms and also asked them to tell me what they thought the difference to be. Even if the arm was medically controlled, the bigger the difference the women perceived between the lymphedema arm and their other arm, the more symptoms were reported," Ridner said. Other psychological issues ranged from a loss of confidence in their body image to overall psychological distress. "This is a chronic illness, that, in addition to the arm swelling, brings other issues that need to be addressed," said Ridner.

She said oncology nurses and other health care providers can help patients tackle some of those issues. "There is a gap. And the gap, I think, has to do with what we perceive as helpful education may not be the education they need," said Ridner.

Although there is no known preventive measure for patients to avoid developing lymphedema after treatment for breast cancer, Ridner said the risk increases with more aggressive treatment in cases of advanced disease. "Women who have



sentinel node biopsy and do not have radiation to the axilla have a decreased risk of developing lymphedema."

Ridner's next research projects involve measuring fluid in the arms of patients with lymphedema using several different tools, and examining the differences before and after therapy to determine how blood flow might be effected. She also plans to examine whether fluid measurement correlates with symptoms and is currently recruiting healthy women for an arm measurement study.

— HEATHER L. HALL



HEATHER HALL

Karen D'Apolito, Ph.D., R.N., Neonatal Nurse Practitioner Program Director watches Diane Boyd, R.N., bottle feed a newborn in the Neonatal Intensive Care Unit at the Monroe Carell Jr. Children's Hospital at Vanderbilt.

STUDY EXAMINES NEW OPTION FOR BABIES BORN ADDICTED TO NARCOTICS

Researchers in the schools of Medicine and Nursing are examining whether a new treatment option could mean less severe withdrawal symptoms for the estimated 350,000 babies reportedly born addicted to narcotics each year.

The research is part of a multi-center, national study at eight sites over five years. Peter R. Martin, M.D., professor of Psychiatry and Pharmacology and director of the Division of Addiction Medicine, and Karen D'Apolito, Ph.D., R.N., assistant professor of Nursing and director of the Neonatal Nurse Practitioner Program at VUSN, are co-principal investigators on the project.

"Right now, pregnant women who have an opioid addiction are treated with methadone. Currently, this is the standard treatment for opioid dependency during pregnancy and the safest available option for newborns, because it reduces drug use by women during pregnancy and prevents potential miscarriage," said D'Apolito.

But, she said, the current treatment using methadone has not proven to be the best option for the newborns. "After birth, the babies have severe withdrawal signs and symptoms. In some cases, seizures may develop. These babies require pharmacologic treatment that prolongs hospitalization," D'Apolito added.

Preliminary research suggests giving pregnant women buprenorphine instead of methadone could offer a better outcome for the newborns. Babies followed in uncontrolled studies and case reports have shown milder withdrawal symptoms with buprenorphine than with methadone. "It may be a good thing for the baby in utero and also great for the mom. She eats better, feels better, and can stop using illicit drugs," said D'Apolito.

Buprenorphine has been approved for use in women who are not pregnant, but researchers said this study could help encourage Food and Drug Administration approval for use of the drug for opioid addiction during pregnancy.

— HEATHER L. HALL

Study investigates music's ability to soothe

Can the soothing sounds of classical music or the upbeat rhythm of rock and roll ease the symptoms associated with radiation therapy for cancer patients undergoing treatment? That is what research from the Vanderbilt University School of Nursing and the Vanderbilt-Ingram Cancer Center has sought to uncover for the last several years.

The study involved 63 cancer patients undergoing daily radiation therapy at the Cancer Center who agreed to participate in music therapy intervention during the course of their treatment. Patients first met with a music therapist, during which time the patient could choose the music to be played during the intervention. Patients were then told they could use the music as often as they wanted over the course of their radiation, using a tape cassette provided as part of the study.

"A few previous studies have looked at this using music as a background in the radiation department, but we wanted to be more specific in this study and allow patients to select the music," said Nancy Wells, D.N.S.c., R.N., director of Nursing Research at VUMC and research professor of Nursing. Music therapy experts say allowing patients to listen to music they prefer has been shown to provide more positive outcomes.

Wells partnered with Carol Eck, M.B.A., R.N., administrative director of the Cancer Patient Care Center, Sheryl Redlin-Frazier, R.N., an ob/gyn and gyn/oncology nurse

educator at VUMC, Gloria Isaacs-Downton, a certified music therapist, and Michael Clark, director of music therapy at Tennessee Tech University and primary investigator on the study.

Patients were reviewed at the beginning, middle, and again at the end of treatment for effects the music intervention might have had on anxiety, depression, distress, fatigue and pain over the course of their radiation therapy. "Patients who did listen to the music more often reported a greater decline in distress over time," said Wells. "Distress declined and remained steady." Wells noted that anxiety levels also declined over time, but surprisingly, she said there was no impact on pain. "We found no significant effect on pain, which contradicts the previous literature in this area, and could be due to our small sample size," Wells said. Depression and fatigue also did not appear to be impacted by listening to music in this study.

Isaacs-Downton said many patients chose to listen to popular styles of music like country or gospel, some chose jazz music, and a few chose classical. "It really varied. Some people asked me for classic rock and a few asked for music in the style of Metallica," which she said was surprising. Although this study did not look at whether the type of music that was selected had an impact on the patients' symptoms, Isaacs-Downton said 60 beats per minute is the optimal choice for healing.

"Your body adjusts to the tempo of the music. So, generally speaking, if you want the heart rate to be at 60, you want to adjust the music to that pace." She said listening to non-vocal music has also been shown to help people relax more, and the optimal choice among music therapists is to perform the music live, rather than recorded. "Because the music therapist can change what they are playing to reflect the changing mood of the patient," said Isaacs-Downton.

Because of constraints involved with radiation therapy, patients were not able to listen to the music by headset during their actual radiation treatment. However,

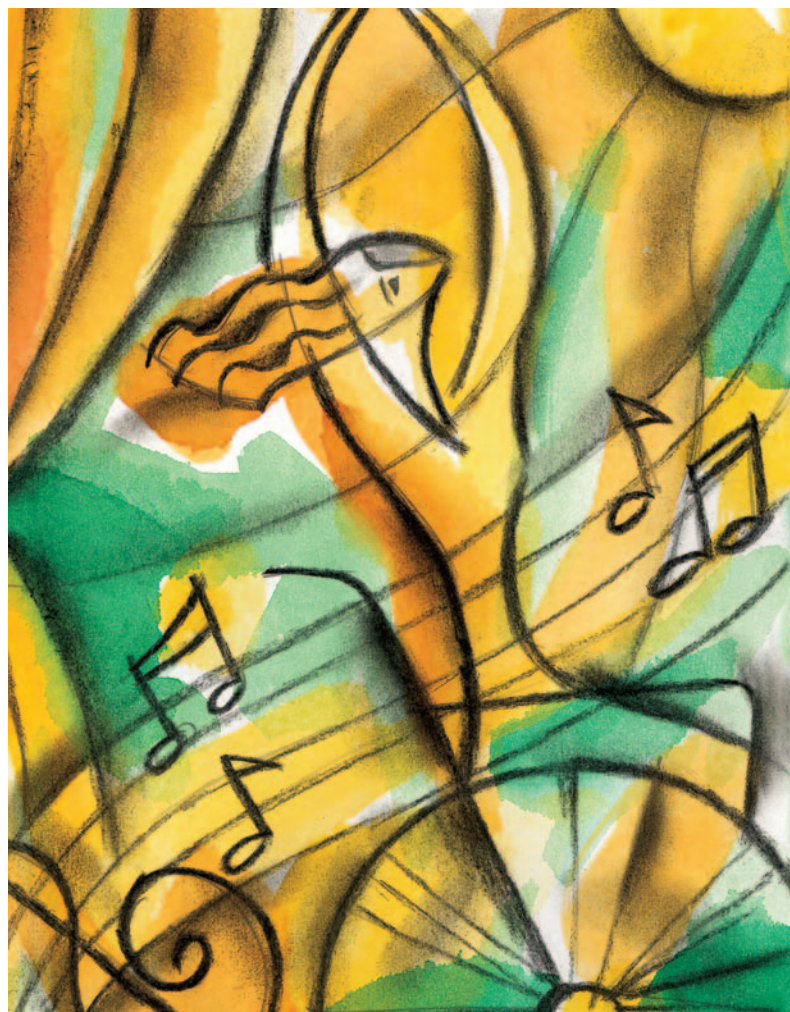
they were able to listen to the music immediately before or after treatment, in the car on the way to their clinic appointment, or during other times of stress or heightened emotions related to their cancer treatment. "Using music not only helps to relax patients, but it provides a distraction before and after treatment. While in this study the patients could not use the headsets during the actual treatment, I frequently see patients receiving chemotherapy listening to music during their treatment," said Eck.

Clark said in the future he hopes more research will uncover the direct physiological effects music is believed to have on the brain. "Much basic research has already identified rhythm as, perhaps, the most influential component of music. It's much

more than soothing. The rhythm of music is known to be able to 'prime' motor areas of the brain, and to drive the coordination required for complex motor activities. The emotional component of music also facilitates brain functioning because of the influence of 'emotion networks' in the brain on other areas," said Clark.

Patients also noted that they used other relaxation techniques during the course of their treatment, including deep breathing, imagery and muscle relaxing exercises. Funding for the study was provided by the American Music Therapy Association (Arthur Flagler Fultz Research Fund), Sigma Theta Tau's Iota Chapter, and the VUSN/VUMC Joint Center for Nursing Research.

— HEATHER L. HALL





NEIL BRAKE

Dean Colleen Conway-Welch, Ph.D., R.N., and Bobby Frist, M.D., volunteer medical director of the Medical Reserve Corps, suit up in protective equipment during a biohazard training demonstration for nursing students at VUSN with Nashville Firefighters.

Local agencies join VUSN in creating Medical Reserve Corps

The mayor of Nashville, the police chief, local Red Cross leaders, officials from the Department of Health and the Office of Emergency Management visited in Nashville the Vanderbilt University School of Nursing to help spread the word about the joint effort to form a Middle Tennessee Medical Reserve Corps (MTMRC).

The MTMRC will establish teams of local volunteers, from health care professionals such as physicians, nurses, pharmacists, dentists and veterinarians, to other needed roles such as interpreters, chaplains, office workers and legal advisers in the community. They will be trained to respond as a group in the event of a man-made or terrorist mass casualty event in the Middle Tennessee region.

"I want to emphasize that we have opportunities for anyone who wants to help. Tasks like guiding people and handling paperwork will be just as critical as providing medical treatment or giving vaccinations," said Colleen Conway-Welch,

Ph.D., R.N., Nancy and Hilliard Travis professor and Dean of the School of Nursing.

Volunteer Medical Director Bobby Frist, M.D., said he is honored to be working with the organization. "Thanks to the dedication of an advisory board consisting of members of local hospitals, professional schools, community associations and private industry, we have been able to develop a comprehensive credentialing process and training program for volunteers," said Frist.

Once credentialed, volunteers will go through orientation addressing the various needs for disaster preparedness and response. They will be placed on a list, ready to be called to duty at a moment's notice. Frist urged his colleagues in the medical community, both currently practicing, retired or in training, to participate in the MTMRC. "We need your help in making sure our region is fully prepared to handle response and recovery efforts following a disaster or major crisis."

Nashville Mayor Bill Purcell applauded the work of the School of Nursing and the local agencies working together for the good of the city. "This is about strengthening partnerships and identifying resources in a way that we have never done before," said Mayor Purcell. "The reality is disaster preparedness is not just a job for police officers, firefighters, paramedics or the ER," he added. "I encourage everyone to answer the call and help strengthen our community resources with this."

The MTMRC is a component of Citizen Corps.gov, a national network of volunteers dedicated to ensuring hometown security. MTMRC units are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies, supplementing existing emergency and public health resources.

The Middle Tennessee group is currently accepting and training volunteers from all walks of life. To find out more about the program and how to volunteer visit: www.mtmrc.org.

– HEATHER L. HALL

Students pen program for new exhibit at Adventure Science Center

Students from another Community Health class at the Vanderbilt University School of Nursing had a big hand in the new “BodyQuest” exhibit at the Adventure Science Center in Nashville.

About 20 nursing students were asked to write the scripts that will become the program to guide visitors in each section of the permanent adventure through the human body and its functions. The exhibit displays six body systems in an interactive, fun learning environment for kids and kids at heart. The nursing students researched and wrote small presentations to explain each system, from the immune system, to the digestive system, respiratory, circulatory, muscular and skeletal, and the nervous system.

“It’s something that’s permanent and it will be here. It’s exciting to be a part of something that so many children will benefit from,” said nursing student Erica Pennington. Fellow student Nick Nichols had wide eyes exploring the exhibit himself on opening night. “I think it will be very effective. The interaction is awesome. I’ve never seen anything like it. Young children, teenagers, even moms and dads can connect with it,” he said.

Kelly Alsup, an educator at the Adventure Science Center, said they turned to Vanderbilt nursing students for help for their health expertise. “They bring a different viewpoint. We also wanted to inspire kids to go into a health career, and our hands-on mini-medical center will hopefully inspire them.” Nursing student Mary Sanford Hay said working on the project wasn’t as easy as it sounds. “The hardest part was making it so a kid would understand.”

Children can check on “Pat,” the patient in the new exhibit, learn how to take his blood pressure, give an injection, and read his temperature while wearing a real hospital mask and shoe covers. The life-like, oversized beating heart experiences a heart attack every hour, the floors of the exhibit light up with neon nerve pathways connecting each body system, the digestive system even shows kids how food travels through the body and beyond. Some of the students said they call it “really gross anatomy.” There is a locker room with tips on staying safe, a giant brain kids can walk inside of and learn about how the different parts of the brain control different body functions, and even an ambulance for kids to crawl inside.

Community Health instructor Martha Conrad, B.S.N. ’78, M.P.H., R.N., who is also a volunteer at the Adventure Science Center, said working with the Center was a perfect fit for the students. “This is hopefully the cutting-edge movement. It’s perfect for community health.”

– HEATHER L. HALL

Nursing students Tamara Batson and Stacey Fuqua try their hands at pumping blood through the giant heart at the new “BodyQuest” interactive exhibit at Nashville’s Adventure Science Center.



KATS BARRY

STUDENTS GATHER GOODS IN DONATION DRIVE FOR NURSES FOR NEWBORNS

Several Community Health students from the Vanderbilt University School of Nursing spent the summer gathering goods for the Nashville-based Nurses for Newborns program.

The students spent several weeks setting up donation stations outside Nashville grocery stores encouraging shoppers to make a special purchase of some baby items like diapers, formula, and baby wipes to donate to Nurses for Newborns.

Nurses for Newborns is a national program offering home visits to educate at-risk families and help prevent infant mortality, child abuse and neglect. The home-based program teaches positive parenting skills and offers support to newborns in need.

Stacey Klinger, office manager for Nurses for Newborns said the nursing students have done an outstanding job. “We have such a small office staff, it’s difficult for us to get out into the community and raise that awareness. We’re so appreciative of everything they’re doing. Everything that is donated is turned around almost immediately for our families in need,” said Klinger. She said the agency is currently serving more than 350 families.

– HEATHER L. HALL



HEA

a pathway to

LING

A look at a Vanderbilt nurse and
her gift of healing

The nursing profession has put me at ground zero of life dramas for more than three decades, and what a gift that has been. I have worked around the globe with thousands of patients. Their unique situations, extreme tragedies and triumphs and their life-and-death stories have been an integral part of shaping my life. The most defining event in my career came not in Bosnia, Africa, or in New York City after the 9/11 attacks; rather, it came on an early fall night in Nashville 30 years ago.

STORY BY CAROL ETHERINGTON, M.S.N. '75
PHOTOGRAPHY BY DEAN DIXON AND NEIL BRAKE

“I became... convinced that nursing needed a presence in that world in order to care for and advocate for innocent citizens in crisis.”

During the spring semester of my graduate nursing program at Vanderbilt I initiated a clinical placement with the Metropolitan Police Department, riding with detectives who investigated major crimes. After a few months, I became more and more enmeshed in the world of law enforcement, convinced that nursing needed a presence in that world in order to care for and advocate for innocent citizens in crisis.

During that year, it became clear that providing care for victims was an essential part of a city’s responsibility. The mayor and the police chief agreed and on Oct. 1, 1975, I launched a police-based crisis response program. Coincidentally, on that same date, an exceptionally brutal crime took place in downtown Nashville that proved to be life-altering for all the people involved.

“Earlie” and Len, a couple from a small Tennessee town, had come to Nashville to attend a series of gospel concerts. Len, 54, had undergone surgery some weeks before so Earlie, 48, was moving their suitcases from the car to their room at a downtown motel. Suddenly, two men came from behind and pointed a gun at Earlie, forcing her into the room and demanding money. Len and Earlie offered them all they had, which was modest – their watches and a small amount of money. The men then separated Len and Earlie from one another. The couple who just a short time earlier had anticipated a relaxing few days of music was beaten, raped, subjected to

other vicious, invasive assaults and left for dead.

Earlie and Len were taken to area hospitals. Their family was notified and through the police department, so was I. I met many family members for the first time outside an ICU unit and tried to restate the information I had just heard from a doctor – that Earlie had a very guarded prognosis due to the extent and nature of her injuries. Len had sustained less physical injury and would be released later in the week.

Most of my first days on this case were spent in and out of the hospital with Earlie and her family. My role as “police nurse” was welcomed by the medical staff and the police personnel to act as the primary intervener with the victim. As Earlie began to recover, she and I decided together when and how things would unfold related to police procedures. During her hospital stay, one of the key investigative pieces was viewing mug shots and giving as much detail to investigators as possible. In those first days after the crime, Earlie and I formed a close and special bond. For most everyone around her, there was a fear that they would say or do something that might trigger an emotional trauma for her. To know when and how to talk directly about the crime however, and to help her verbalize what she was thinking and feeling was precisely my job. Earlie was the first of many crime victims who would tell me that it was difficult, but a relief to be able to do that.

As the weeks unfolded that beautiful fall, Earlie surprised everyone with her strength and will. She moved to a private room from the ICU, and later transferred to a hospital closer to her hometown to

complete her recovery. Len had been released within days of his admission, bruised and traumatized by the event but ready to face the future. What he had to face was the kind of thing people never think they will have to do – find a way to describe a nightmare that defies description, opening your life to strangers who, while there to help, nevertheless bring a constant reminder of what happened. In the months that followed, Earlie and Len came to the police station, talked with investigators and district attorneys time and time again – and never complained about how long it was taking to apprehend the perpetrators.

Finally, some eight months after the crime, two men were charged. Their records indicated that they were also being sought in other jurisdictions for similar charges. The legalities were complex, but ultimately, two men whom I will call Carl and Leslie pled guilty and were sentenced to life in prison. In the state of Tennessee, “life” means 30 years.

As time passed, the aftermath took its toll on everyone in different ways and at different times. Len had been battling heart disease for a number of years even prior to the assault and his health continued to deteriorate. He died in 1982.

Earlie became a beacon of light to many other victims of violence who came after her, especially victims of rape. In 1976, with Earlie and several other women, we formed the first rape trauma recovery group in this region, meeting in the living room of VUSN’s Godchaux Hall. All had been victims of stranger rapes with the threat of death involved, and it was important to convene in a “neutral” and nurturing place perceived as safe. After

For over three decades Earlie and her family could have pulled away from all of us, but instead they remained steadfast in trying to educate the general public about victims and victims' rights, and they have supported untold numbers who are going through the living hell of being a victim of violence.



NEIL BRAKE

several years such groups were a standard part of the services offered by Victim Intervention. Earlie began with these groups as a recovering participant. By the early '80s she was a core leader in them and often accompanied us to the hospital emergency rooms to intervene with victims. For more than three decades Earlie and her family remained steadfast in trying to educate the general public about victims and victims' rights, and they have supported untold numbers who have been victims of violence.

In the mid '90s, we found out that one of the two assailants, Leslie, had been murdered inside prison. The other, Carl,

would be coming up for parole in 2000. Earlie was notified of this because of new laws requiring that victims of violent crimes be notified of the specific date a perpetrator comes up before the Parole Board. I, along with family members and a police counselor, attended this hearing to request that his parole be denied. It was.

In late 2004 however, another notice came from the board. This time it was to announce that Carl had served his time and would be released in early 2005. After three decades, the fear of retaliation was a reality and the family was once again faced with pain from the past and fear for the future. Earlie, now 78 years old, said to me,

"I know he has to get out, and I know he has served his time, but so have I."

While I was now long away from the world that placed me in the middle of this case, I knew that I would need to visit the man in prison. The idea of finding him after he was paroled seemed difficult and potentially dangerous. I called my longtime colleague and friend, Amy Griffith, who has been the director of the Victim Intervention Program for the past 18 years and asked her if she would consider going with me to interview Carl to find out what he was thinking. I offered my opinion that this might reassure Earlie, her family and ourselves that he posed no

“The prevailing thought several decades ago was to lock ‘em up and throw away the key – for life. But 30 years passes fast, and the lifers are returning to our communities and our towns.”

threat to any of us. She offered her opinion that she thought I had lost my mind.

Fortunately, she changed her mind from this first reaction and agreed to go. Within 10 days we had completed the required procedures to visit the man in prison, including the most important hurdle – getting his permission. As we walked through the gates I was reminded again of how heavy and final the thick metal doors sound as they slam shut. Going into a place like the Tennessee State Prison feels to me like going deeper and deeper into a place of no return.

Amy and I walked down a long corridor and I began to question whether this was a good idea. But before I could talk myself out of it, we entered a small gray concrete room that had three chairs and one wooden table. Carl stood at the end of it. He was a relatively thin man wearing a baseball cap, and seemed more wary of us than we were of him. We introduced ourselves as counselors who have worked extensively with victims and that we were interested in offenders who were being released. I also explained that

as a nurse, I wanted to inquire about his experiences related to health care during his incarceration. Over a 45-minute conversation, we learned that he has multiple health problems but does not know how or where he will receive care once released. We learned that he would like to return to his family in another state but he does not think they will want him back. We learned that he believes he was a very stupid and very angry young man who should never have come to Tennessee, should never have taken up with the wrong crowd. He acknowledges that he was guilty of all types of bad judgment and that he was guilty of a statutory rape charge but he categorically denies that he participated in any assault in a downtown Nashville motel. Carl did not admit it, but there was almost a palpable anxiety on his part when talking about succeeding out in the “free world.” When Carl came into prison there were no computers, ATMs, or cell phones. There were three channels on television, no cable and nothing that remotely resembled video games. The country had

just pulled out of Vietnam and Elvis was still alive.

To our knowledge, Carl was released, as planned, in early 2005 to a local agency that would assist him in getting housing and work. He was given approximately \$75 by the state of Tennessee to start his life again.

In April of this year, Earlie spoke at the annual Victims Rights Week Ceremony. With a strong and compelling voice she said, “Once I was a victim, but I long ago gave up that role. I am a survivor.” She thanked a lot of people for being so supportive, and she especially thanked the nurse who sat at her bedside so many years ago. As I listened to her, I reflected on how much she and her family have taught me – lessons that I have been able to use with other victims of violence around the globe.

Many services have begun over these past two decades to support and mentor

Pictured here:

Etherington and “Earlie” with Earlie’s horse, Roxy.

Taking a walk down memory lane – literally.



PHOTOS BY NEIL BRAKE

About the author: Carol Etherington, M.S.N., R.N., is an assistant professor of Nursing at VUSN. She has been a full-time faculty member since 1995 and an adjunct faculty member since 1981. She is the immediate past-president of MSF-USA, Doctors Without Borders.



victims. While we have a very long way to go to improve our response to victims of violence, there are now resources available at national and local levels. The larger task is, as it has always been, to prevent such violence. With staggering percentages of parolees who re-offend within a short time of their release, it is hollow rhetoric to lament recidivism rates or the cost of housing prisoners when we do not invest in programs, professionals and creative solutions to rehabilitate them. The prevailing thought several decades ago was to lock `em up and throw away the key – for life. But 30 years passes fast, and the lifers are returning to our communities and our towns.

It will seem strange indeed for those of us who hold strong professional identities as victim advocates to take up activist roles regarding prisoners' physical and mental health and reentry into society. What better way, however, to help victims than to prevent people from continuing to commit crime and violence against them. Somehow the national conscience on this issue is missing. Somehow it seems the next season of my nursing career is to work toward finding it. Earlie says she will help.

All my life's a circle
I can't tell you why
Seasons spinning round again
Years keep rollin' by*

– HARRY CHAPIN



STORY BY HEATHER L. HALL
PHOTOGRAPHY BY DEAN DIXON

BIG CITY CRIME doesn't sleep in the Music City

It's late on a hot summer night in Nashville. Aside from a few late night dwellers, most of the city is already safely sound asleep. But not everyone made it home safely in Nashville on this night. A woman has been raped. She walked into Nashville General Hospital, where all rape victims in Nashville are treated and the Metro Police Department's Sex Crimes Unit has received the call. That means its time to wake up the on-call Nurse Practitioner working on the Medical Legal Exam (MLE) Team.

Nine Nurse Practitioners work in an on-call basis on contract, much like a freelancer, for Nashville's General Hospital on the MLE Team. They all happen to be graduates of the Vanderbilt University School of Nursing. Sandy Myers, M.S.N. '93, B.S.N. '77, a Family Nurse Practitioner, is coordinator of the MLE Team at the hospital. She's also on faculty at VUSN and precepts Vanderbilt students. She spelled out what it takes to earn a position on the MLE team. "The person must have a master's degree as a Nurse Practitioner or Nurse-Midwife and have GYN or pelvic exam experience," said Myers.

Debbie Snedegar, M.S.N. '92, a Family Nurse Practitioner, has a day job working in a Vanderbilt Medical Group clinic in Green Hills handling primary care patients.

The Nurse Practitioners on the Medical Legal Exam Team are, from left to right, front row: Cindy Henderson, M.S.N. '93, Sandy Myers, M.S.N. '93 B.S.N. '77, Susan Johnson, M.S.N. '00. Middle row, left to right: Laurie Shackelford, M.S.N. '93, Debbie Snedegar, M.S.N. '92, Merrill Stoppelbein, M.S.N. '94, Suzanne Cole, M.S.N. '96. Back row, left to right: Hannah Tiblier, M.S.N. '92, B.S.N., '86, Beverly Byram, M.S.N., '92

She spends one weekend a month, from 6 p.m. to 6 a.m., and one weekday night on-call with the MLE team evaluating and treating women 16 and older who have been sexually assaulted. "It is common to be called at 2 or 3 in the morning," said Snedegar. "The exams have to be done within a 72-hour period after the assault because of the viability of sperm."

Snedegar, Myers and the other examiners on the team meet victims of sexual assault, along with detectives from the Sex Crimes Unit in the emergency department. There, the Nurse Practitioner interviews the victim, performs a physical exam which includes looking at the body for signs of trauma, and collecting specimens for Nashville's Metro Police. The NP also treats the victim for sexually transmitted diseases, prescribes emergency birth control, and offers emotional support. The victim is also connected with crisis intervention for further counseling.

Snedegar says she's seen quite a few date or acquaintance-related assaults in her nine years performing sexual assault examinations. Victims' stories still linger, fresh in Snedegar's mind. "The cases that are the most difficult are the ones that involve battery. You can still see their face, battered, when you come home at night." Snedegar says she tries to use what she's learned for her own safety. "It has made me more aware, personally, as a woman. You hear the gamut of every possible story and situation. You may not hear about it as much in Nashville, but it's here."

Nursing goes to Court

One of the most important elements to the role of the nurse on the MLE Team is their testimony in the courtroom. “If the NP’s case makes it to court, then you have to testify,” said Snedegar. “It’s about getting predators off the street and assisting in seeking some sort of closure for the victim; it is very rewarding when this happens.”

Keith Sutherland, a detective in the Adult Sex Crimes Unit who works directly with Snedegar and other NP’s on the MLE team, has seen countless rape cases make it to the courtroom in his seven years on the job. He says they couldn’t get a conviction without the expertise of the nurses. “We rely on them to collect both serological and physical evidence that may be used in court. When we go to criminal court we rely on their testimony heavily,” said Sutherland. “They alone can testify to their Medical Legal Exam and how they collect the evidence. In some cases, they may testify for hours just about their examination procedures.”

Victimized Children

It’s unthinkable to most people, but children are also victims of sexual assault. Statistics show about one of every four girls and one of every seven boys will experience sexual abuse by the age of 18. Even pre-school aged children are sexually abused.

In Nashville, there is a safe place, where these young victims can be treated. OUR KIDS® Center opened in 1987, and employs Nurse Practitioners and other medical, social and psychological professionals who are specially trained to handle the forensic evaluation and related needs of children in suspected sexual abuse cases.

“I love the resiliency of children. Children are amazingly resilient beings, and with the support of families they can overcome almost anything,” said Julie Rosof-Williams, a Nurse Practitioner at OUR KIDS®, and director of VUSN’s Forensic Nurse Program.

Rosof-Williams and two of the other Nurse Practitioners at OUR KIDS® are also alumni of VUSN. There are a total of four NP’s at the Center.

The Forensic Nurse

Forensic Nursing, at the most basic level, is the application of forensic science combined with a clinical nursing practice that can be applied to public or legal proceedings in law enforcement. It has been around, officially, since the early ’90s, when The International Association of Forensic Nurses was established by a group of 70 nurses who gathered for the first national convention of sexual assault nurses.

Today, the role of the Forensic Nurse is still emerging, and Vanderbilt is leading the way. VUSN created a sub-specialty in Forensic Nursing in the Adult Nurse Practitioner Program last year. Only a handful of schools across the country have formalized nursing programs in forensics. “It gives them an overview of Forensic Nursing. One of the strengths of this program is that a nurse will graduate as a Nurse Practitioner, but will have some basic skill sets in forensics they could rapidly build upon,” said Rosof-Williams, director of the program. Students in the Forensic Nursing Program at VUSN leave with a general knowledge of interviewing victims, evidence management, crisis intervention, the criminal court system, and injury assessment and management.

Stacy Mullet, a student in Vanderbilt’s Adult Nurse Practitioner Program with a focus in Forensics, said she has already had some hands-on experience. “I worked with Julie at Our Kids and saw first hand how they handle child sexual assault victims.” Mullet also worked in the Nashville Medical Examiners Office and sat in on autopsies. She said both experiences will carry through to her work as an Adult Nurse Practitioner. “It really taught me to be cognizant that things aren’t always what they seem.”

Before enrolling in the program at Vanderbilt, Mullet said she never knew forensic nursing was even an option. “Honestly, when I started, I didn’t realize how encompassing it was. I didn’t even know this was in existence,” said Mullet. She entered the master’s program at Vanderbilt having already worked as a Registered Nurse for eight years in Florida and Georgia. Mullet is taking the program through the distance option, while she’s currently living in Kentucky. She plans to move to North Carolina when she’s finished, where she’d like to begin a career in primary care. “I think my experience with the forensics program will probably make me more aware of domestic violence issues and elder abuse,” said Mullet. After getting her feet wet in primary care, she aspires to one day work in medical crime scene investigation.

Rosof-Williams says forensic nursing encompasses a lot of different areas. “Pretty much every nurse practices some form of Forensic Nursing. You could say nurses who work in the ED, organ transplant, end of life issues, or trauma all address forensic issues in their practice.” But demand has driven the need for more specialized nurses. It’s opened the door to new roles like Nurse Coroners, an elected position, to nurses who specialize in domestic violence, abuse, and other roles. “What we’re seeing is an issue of access to health care that is sensitive to survivors’ medical, emotional and spiritual needs, and still stands up in court,” said Rosof-Williams. But she’s the first to admit some important questions will have to be answered as the role evolves – where will the Forensic Nurse be housed? And who will pay for their services?

No matter where this new trend in nursing leads, it’s clear everyone benefits when Forensic Nurses are on the case, except maybe the criminal played a role in putting away. – HEATHER L. HALL



Landy.

complementary health

AN INTEGRATIVE APPROACH TO HEALING

There's a tranquility not typically associated with medical care in the spaces where Frances Edwards and Joan Furman work.

As private, independent providers of holistic health care, the two women have their own practices where they meet with patients who seek alternatives to the often rushed atmosphere and narrow definitions that can permeate clinical care.

Both see a range of patients from those dying of AIDS to those undergoing joint replacement surgeries. Others are in physical or emotional pain and alienated and frustrated with the options biomedical models of care have to offer.

While Edwards, B.S.N. '53, M.S.N. '76 and Furman, M.S.N. '75 come to their own practices through different routes, they both agree on one thing. "It's about treating the whole patient," says Edwards. "When I was at VUSN in the 1950s, that's what we were taught. To listen, to communicate, to support patients and give them what they need to heal themselves and stay healthy."

At 74, Edwards has been exposed to many different techniques of healing, but is now using energy therapy techniques such as Reiki, Healing Touch and the Bowen Method to assist patients undergoing surgery or recovering from illness. "I learned no one can heal you. You have to heal yourself. My role is to be a conduit for that healing energy. It is important to work with patients where they are and allow them to tell us what's important to them."

"Energy-based therapy is an Eastern health model and has not been well received in the U.S.," says Edwards, explaining lack of information and stereotypes

STORY BY MARDY FONES

ILLUSTRATION BY PHILIPPE LARDY

VANDERBILT LAUNCHES NEW CENTER FOR INTEGRATIVE HEALTH

Vanderbilt University Medical Center will soon launch the Vanderbilt Center for Integrative Health. Paul Keckley, Ph.D., assistant professor of Medical Education and Administration is the Project Coordinator. “We’ll be one of the premier institutions in bringing integrative care to those who use these kinds of treatment modalities,” he said.

The multi-disciplinary Center will focus on three primary areas: clinical, research and education. The Center will address supporting integrative health options in clinical areas related to primary care, chronic disease management, pain management, women’s health and oncology. The research area will focus on reducing patient anxiety or stress related to their care, and allowing patients to have more control over their care, which in turn can lead to a more positive outcome. The research arm will also look at supplements and nutraceuticals. The education side will incorporate the latest information about integrative health into grand rounds and the classroom, and will become a part of the curricula for medical and nursing students.

— HEATHER L. HALL

“People need more than another technique, another procedure or another medication. They need someone to listen, to really listen.”

foster distrust. “All cultures have an energy method of healing. The Eastern cultures are the ones you hear most about, but the American Indian Shaman has given us some of the American methods of healing.”

Furman began her career in VUMC’s newborn intensive care unit. During a Kellogg Fellowship, she examined health care delivery in 13 different countries. The fellowship, along with the growing AIDS crisis in the 1980s led her to reconsider biomedical approaches to care. “I saw that there are limitations to our health care system. Essentially, we see death as a failure. In fact it’s an inevitable part of life, the other end of the spectrum from birth. The challenge for me was to make sense of the western biomedical model in light of the philosophy of the total person,” says Furman.

“When you understand that the body and mind function together with the spirit, you recognize that they can’t be separated, that people’s well being is on a continuum from the structure of a person to consciousness.”

Edwards’ practice reconciles these seemingly divergent positions with health assessments that seek to understand not only a patient’s physical health but mental, emotional and spiritual. She applies this knowledge to therapies she uses to assist patients in facilitating their own healing. “Western medicine doesn’t have a monopoly on healing,” says Edwards.

At times, her practice takes her into the surgical suite with patients where she uses her hands to help them access energy to ease the trauma of surgery and speed healing and recovery. She follows patients into recovery and beyond, acting as an advocate and helping ease pain with energy accessed through touch.

“The energy work helps patients relax and feel less anxious,” says Edwards. “Then they need less pain medication.” She says she used the same techniques on herself when she underwent a heart catheterization. “Before they put the IV in I said ‘hold on’ and I used my other hand to smooth down the energy where the needle was going. When they got ready to do the cath, I put one hand under my hip and the other just above

the site to redirect the energy,” says Edwards. “When it was over, I had no bruising and no pain.”

Furman, a certified Advanced Practice Holistic Nurse and Reiki Master Teacher, uses a variety of treatment modalities, including touch therapies such as Reiki and healing touch, acupressure, reflexology and craniosacral therapy, as well as guided imagery, experiential therapy, relaxation and meditation instruction. “Integrative care says the patient is at the center and is making choices,” says Furman. “People need more than another technique, another procedure or another medication. They need someone to listen, to really listen,” she added.

“There have been so many advances in Western medicine since I was in nursing school, you can’t blame them for not paying attention to these alternative approaches,” says Edwards, pointing to the reimbursement and economic pressures that diminish the amount of time spent with patients. “The truth is, it takes more than just a physician to meet the needs of patients, and it requires multiple disciplines to support them and their families. You can’t just look at the patient and their health issues; you have to consider all aspects.”

Furman says she sees an emerging trend, especially among younger providers, to approach individuals in a more holistic manner. “They are becoming more aware of the continuum from the structural body to the consciousness, and even the National Institutes of Health support research focuses on the whole person,” says Furman. “Holistic care isn’t about alternative techniques. It’s a philosophy of care that acknowledges the wholeness of the patient and the provider and values that relationship.”

“Having said that, it’s not about competition and not about hierarchy. We need to put all that aside and recognize that a human being is a whole array of components and patients and providers can be educated to make choices,” she says.

The following stories represent a sampling of some complementary health options offered by Vanderbilt alumni.



Faith & Healing

“In health care we’ve spent a lot of time dividing the mind, body and spirit into separate compartments,” says James Pace, M.S.N. ‘81, M.Div. ‘88, D.S.N., R.N., a professor of nursing at VUSN. “But to affect change you must band those forces together. Patients and families already are doing that. For those of us in health care, there’s an increased willingness to look at these total measures.”

Some call it holistic care, others complementary care. The most recent iteration is integrative care. No matter the terminology, the premise is the same – acknowledge the whole patient and approach treatment with an attitude that incorporates all the forces upon which the patient and his or her family draw to find health, peace and grace.

It isn’t a new approach. For centuries, churches and communities cared for one another through a combination of support, treatment and prayer. But increasing technological advances have splintered these approaches. According to Pace, driven by research and evolving attitudes, the reacceptance of the role of faith in health is re-emerging.

Pace approaches the issue from his unique perspective as a nurse, researcher and Episcopal priest. He also coordinates VUSN’s Adult Nurse Practitioner Palliative Care Program which draws on a broad-based philosophy of care. “Look at one of the traditional positions for prayer – hands meeting over the heart and pointed upward. In terms of energy, just the way the person is postured makes him or her receptive to many types of energy exchange,” says Pace. “No matter what tradition you come from, the common ingredient of prayer is the calling forth of internal strengths and tapping into God’s grace and healing.”



Even so, the science of health care demands researched-based, measurable, repeatable data about the impact of prayer, meditation and other approaches before it accepts its validity. A 2001 study published in *American Family Physician* found 99 percent of surveyed family physicians believe religious beliefs can heal; 75 percent believe other people’s prayers can promote healing. The author went so far as to recommend viewing “infrequent religious attendance” or “poverty of personal faith” as a risk factor equivalent to tobacco or alcohol abuse.

The *American Journal of Cardiology* in May published a study linking Transcendental Meditation (TM) with decreased blood pressure. The study cites

TM and other forms of meditation as a resource for reducing risk of death from all causes, but specifically hypertension. Results reported in 2001 in the *British Medical Journal* found when others prayed for patients with bloodstream infections, the patients had shorter hospital stays and recovered more quickly than those who were not prayed for.

Pace explains that prayer and other integrative therapies, ranging from acupuncture to massage, music therapy to aromatherapy and chiropractic to pet therapy, are all a part of the many resources that support people throughout their lives. “Many people engage in these therapies, but they may not share it with their health care professional.”

“Nurses have to be the leaders, to create a safe place to open a dialogue about patients’ use of integrative therapies.”

According to Sheryl Redlin-Frazier, an obstetrician/gynecology and gynecology/oncology nurse educator at VUMC, not revealing certain integrative therapies could lead to litigation because patients are reluctant to reveal their use of supplements that may conflict with prescription medication. They may fear reporting the use of an integrative therapy will negatively affect a providers’ attitude toward them and the care they receive.

“Nurses have to be the leaders, to create a safe place to open a dialogue about patients’ use of integrative therapies,” explains Redlin-Frazier. “If we don’t, it will become a case for litigation against practitioners who don’t ask the right questions. It’s our responsibility to know what patients are doing and to document that you counseled the patient.”

The pressure to provide Westernized, research-based data documenting the efficacy of integrative care further complicates the perception, says Redlin-Frazier. In a 1993 study she did with gynecology/oncology patients, she found 60 percent were using some sort of integrative therapy. More recent studies, she says, put that number as high as 83 percent.

“Spirituality and prayer have a role to play,” says Redlin-Frazier. That role incorporates both the patient’s use of it as therapy as well as the nurse’s responsibility to acknowledge and respect the nature of that faith.

“When you engage in prayer with someone, you meet on a common ground. You’re oriented toward a common goal and power, even if you share different beliefs,” says Pace.

parishioners who are nurses, physicians and social workers, focus on the health and well being of the Madison, Tenn. church’s 900 families.

Their strategy is one of body, mind and spirit, a linking of the total person under the auspices of a faith community. “We’ve become a specialized society, so many people think you go to church for a spiritual pick-me-up, just like you see medical specialists. But everything is connected and our ministry builds on that,” says Welsh. When visiting a parishioner, she may check vital signs and medications, but also offer to pray with him or her. “People’s homes are sacred places and when you’re allowed to come into them, you bring with you a piece of their faith and family, representing the church’s care and concern.”

“One of the biggest things I do is refer parishioners to community resources,” says Welsh. “Every month I send out information letters and packets that let people know what’s available. There are lots of resources out there; the key is helping people connect to ones that fulfill their needs.”

“One of the roles of the parish nurse is to do health education from a faith and values perspective,” says Sharon Adkins, MSN ‘88, who directs the Parish Nursing Program at VUMC. “The goal is to get people to change a behavior or adopt another within the context of the support of a community, to help them think of their body as a gift from God and the stewardship they have for that body.”

The parish nurse role reclaims the historic roots of health and healing found in many religious traditions. Living out the early work of monks, nuns, deacons and deaconesses, traditional healers and the nursing profession itself, parish nurses bring their clinical expertise to their knowledge



NEIL BRAKE



Parish Nursing

It’s a quiet Tuesday morning at St. Joseph Church’s Parish Life Center, but the office of parish nurse Carol Welsh is humming with activity. She listens attentively to a parishioner’s questions about new medication for hypertension and reinforces physician instructions about diet and exercise. In between, she returns phone calls – one to visit a church member who lives alone and was just released from the hospital; another who wants to register for arthritis self-help classes.

“Parish nursing is a ministry, one of many ministries a church might have,” says Welsh, who was previously a cardiac nurse specialist and completed VUMC’s Parish Nurse Program (CPNHM). She and the ministry’s staff of 22, including

of the community and faith. “People need help navigating through the health care system. They come out of the hospital quicker and sicker,” says Adkins who has trained more than 140 parish nurses. “Hospitals have become intensive care units, so when patients are released, they and their caregivers need more support.”

VUMC’s Parish Nurse Program includes a weeklong training course approved for 42 contact hours, as well as monthly networking meetings and quarterly continuing education programs. Adkins says the American Nursing Association has recognized parish nursing as a specialty practice and a revised “Scope and Standards of Faith Community Nursing” has just been published.

Depending on the needs and resources of a faith community, some parish nurses are full-time paid staff with regular office hours. Others are volunteers or part-time. It’s not a one-size-fits all, says Adkins, and the Parish Nurse Program works with faith communities of all denominations. “We work with them to help them rediscover their roots in traditions of health, to help them rediscover the connection between faith and health,” she says, pointing out, “In the Christian tradition, Christ admonished his disciples to preach, teach and heal.”

Beyond health education, advocacy and health assessment is the parish nurse’s role in sharing time and space with those who need help, in whatever way it’s needed, says Adkins. “We’re there to be ‘present’ with someone, wherever they are in their journey of faith and health. We don’t answer theological questions, but we can help guide people to resources that can help.

“Most of the things that make people sick or disconnected from family and community can be addressed in a faith community,” she observes, adding, “We aren’t humans having a spiritual experience, we are spiritual beings having a human experience.”



Reiki Therapy

Deb Slater’s professional life is about pain. As a nurse in a pain management practice in Chattanooga, she says she was looking for a way to augment the relief from intractable pain in patients presenting to her. She’s found that in the practice of Reiki.

Reiki is an energy healing method based on ancient Buddhist scriptures. At its core is the premise that disease or imbalance occurs when there is a blockage at an energy center. Reiki practitioners are conduits for healing energy that enters the top of the practitioner’s head and leaves through his or her feet.

The practitioner places his or her hands in a series of positions on the clothed recipient’s body to facilitate self-healing and a reduced sense of anxiety. The hands are, in essence, a pathway for universal energy that goes naturally to any area of the recipient’s body where it is needed.

As a student of the inaugural Palliative Care Adult Nurse Practitioner Program at VUSN, Slater has brought her Reiki training to classes and shared its basics with fellow students. Because of the conservative nature of the community where she lives and works, Slater says she’s cautious about talking about her use of Reiki with patients.

“A nurse who possesses knowledge of healing energy can pass it on all day every day but I don’t go to patients and say ‘your chakras (the body’s energy centers as recognized in Eastern healing traditions) need balancing,’” explains Slater. Instead, she looks for opportunities to integrate Reiki into her daily practice. While checking a patient’s pulse, she may place her other hand on the patient’s shoulder, allowing energy to flow freely.

“While examining a patient or writing a prescription, I’m using intent and



PHOTOS BY DANA JOHNSON



Reiki energy to empower patients to restore their own healing resources,” says Slater who provides complete Reiki treatments at no charge after hours to those who request them. “When I’m caring for a patient who is dying, I pass energy to them,” says Slater. “Most people aren’t aware of what it is I’m doing, but I believe that dying individuals who are facing complex issues on the physical, emotional and spiritual plane benefit from receiving universal life energy.”

Slater became a Reiki Master in 2001 after completing a year and a half of training. In that time, she says she’s learned to be intuitive about who may be receptive to an open conversation about the healing potential of touch. She says it’s become an important tool she can use to support the chronic pain patients with whom she works.

“Instead of doing something to the patient, I can do something for the patient through touch and evoke a sense of calm,” says Slater. “It’s one way I can help to promote comfort and to relieve anxiety.”



FRANCIS GARDLER

“Based on that assessment, I gear my acupuncture treatments and provide important dietary and lifestyle instruction,” she says, explaining the lack of nutrition counseling is a shortcoming of Western medicine. “Not addressing nutrition is like taking a car to a mechanic after you put sand in the tank.” She may ask patients to give up caffeine, sugar, fast food and smoking. Based on Eastern principals, she discourages the consumption of iced drinks and fried foods in favor of whole foods and warm or room temperature beverages.

Slayton says nutrition is important, but may not be the first thing she will address. “The first thing may be spirit. We are bombarded with negative messages and if we don’t have a way of filtering these things spiritually, it can become ingrained as a belief about ourselves, others or the world in which we live.” Slayton’s approach to care addresses both the disease prevention and treatment aspects of acupuncture as well as its potential for tackling the spiritual needs of patients. “An Acupuncturist, who practices holistically, should not only address the physical complaints, but also challenge the patient to look within-identifying things that are blocking them from living at their full potential.”

“The ultimate manifestation of health occurs when an individual is able to live purposefully by utilizing his or her gifts and talents to help others and has a sense of fulfillment and well-being as a result.”

Integrating Western and Eastern medical practices isn’t always easy, says Slayton, who draws on her intuition, along with both types of training. Always watchful for symptoms and indicators that could mean a patient would be better treated with Western medicine, she says she’s quick to refer acute or emergent care to physicians, emergency departments or immediate care centers. “My sense is that Western medicine is about the big guns. They deal better with acute care,” she observes. “Eastern medicine is often better

flows throughout the body via pathways called meridians, which are associated with each organ in the body. Acupuncture practitioners treat patients using hair-thin needles to puncture the skin at specific locations called acupuncture points.

Slayton says the hair-thin, 36 gauge needles used in acupuncture act as a conductor to the Qi, which is electromagnetic and stimulates healing and promoting a general sense of well-being. One component of an overall program of Chinese medicine, acupuncture can include herbal preparations and Asian approaches to physiology, nutrition, diagnosis and disease.

Since completing a three-year program at an acupuncture school in Florida, Slayton says she combines her nursing skills with acupuncture and training in Chinese approaches to nutrition and disease. “I spend a lot of time with patients when I first meet them, doing a thorough assessment of their history, both physical and emotional,” says Slayton. Her exam looks at many aspects of the patient, including their body structure, facial features, color, voice, smell, temperature, pulse and personality.



Acupuncture

A sense that health care isn’t addressing the deeper needs of people – it is an awareness that Tami Slayton, B.S.N. ‘86, master of acupuncture and licensed acupuncturist, felt personally and professionally in 1995. “I was unfulfilled as a nurse and felt that we weren’t addressing the deeper needs of our patients. At the time, I was going through a difficult divorce and became physically ill. I ultimately realized that the illness was a manifestation of something more profound that no pill could ever cure.” That’s when Slayton began to study holistic nursing and healing touch. Eventually she began practicing acupuncture.

Acupuncture is a technique originating in China more than 2,000 years ago. It is based on the concept of balanced Qi (pronounced ‘chee’) or vital energy that

equipped to promote wellness and treat chronic issues.”

Westerner’s passion for immediate results and malaise when it comes to taking responsibility for prevention is another point where the two practices conflict. “The Western mind wants instant fixes. From an Eastern approach, each patient and treatment is different. I usually recommend four to six treatments done a week apart,” says Slayton.

Despite the wide gulf separating the typical trip to the internist and acupuncturist, she’s optimistic that the two approaches can find common ground. “In the past few years, there’s been an opening up, a greater acceptance about acupuncture,” says Slayton. “People who have had experience with both worlds can help create a bridge to a clearer understanding.”



Patient & Family - Centered Care

There is a key piece to offering integrative care, and it doesn’t draw from ancient Eastern practices and it doesn’t require complex technological procedures. It’s called patient-and family-centered care, and it speaks to the most basic needs of patients and their families. It’s a realization that Terrell Smith B.S.N., M.S.N., VUMC’s director of Patient and Family-Centered Care, learned first hand during the last weeks of her mother’s life.

While staying at her mother’s bedside, Smith admits she gained insight into the challenges families face during a hospitalization. “Whether you’re in the hospital with a 5-year-old or a 95-year-old, the need for communication with all members of the team to support the family member is essential,” says Smith.

And there’s a payoff to that approach in the form of greater patient and family

satisfaction that leads to increased compliance and the ordering of fewer follow-up tests as well as a decreased likelihood of malpractice suits. “Research shows that when families and patients are part of the team, outcomes are better,” she says simply.

In a hospital or clinic, that means filling in patients and families, not only about the intricacies of care but about the details of coping with hospitals – how to get to the cafeteria, the resource library. It means communication with patients and families, and isn’t built on a vocabulary of control – must, prohibit, forbid. In their place, she says, information should be presented with explanations that enable patients and families to understand why an activity or policy is in place and how they may be able to support care. “Patients and their families are the final checkpoint for safeguards,” says Smith. “When we encourage them to be involved, everyone benefits.

“Health care providers need to understand that the nurse and physician are small blips in a family’s life. The rest of the time they fend for themselves,” says Smith. “That means we need to use every minute of time we have to teach and empower about how they can take care of

themselves and loved ones.” Toward those goals she recommends the following:

- Show respect for individuals and learn about their traditions, beliefs and values.
- Acknowledge that the definition of family can vary. It may include partners, stepparents, grandparents and others who may not strictly meet societal definitions of family.
- Let family share observations and ideas for the plan of care.
- Inform patients and families about resources during hospital stays – having a cot brought into the patient’s room, location of the nearest ATM – and afterward – support groups, community organizations.
- Treat families with dignity and respect, recognizing their strengths. “People are resilient but you have to spend time with them to give them the resources they will need,” says Smith.

complementary health care on the rise

Thirty-six percent of adults in the U.S. use some form of complementary and alternative medicine (CAM), according to a government survey of 31,000 people age 18 and older. CAM is defined by the National Center of Complementary and Alternative Medicine as a group of diverse medical and health care systems, practices and products that are not presently considered conventional practice. When prayer is used specifically for health reasons, the number of U.S. adults using some form of CAM rises to 62 percent. While 55 percent said they were most likely to use CAM because they thought it would help them when combined with conventional medical treatments, 26 percent used CAM because a conventional medical professional suggested they try it.

According to the survey, the 10 most commonly used CAM therapies are:

Prayer for own health	43%
Prayer by others for the respondent’s health	24%
Natural products (such as herbs, other botanicals, and enzymes)	19%
Deep breathing exercises	12%
Participation in prayer group for own health	10%
Meditation	8%
Chiropractic care	8%
Yoga	5%
Massage	5%
Diet-based therapies (such as Atkins, Pritikin, Ornish, and Zone diets)	4%



crossing the
BRIDGE
to a career in nursing

STORY BY VICTOR CZERKASIJ
PHOTOGRAPHY BY ANNE RAYNER

Midlife crises exist. They don't always include younger women or faster cars, but for my wife, it would have made life simpler. At 40, I abruptly quit a successful career (go ahead, Google me), bought pajamas and built a tree house. Yes, just like that. For six months I watched my boys go to school while my wife wondered if she'd married a box of Cracker Jacks: he's a little sweet and a little nuts, but you call this a prize?

It's funny. When I was 17, I lost \$10 and 10 minutes filling out an application to a nursing program. As life would have it, I later served as Dean of Admissions at that university, and helped launch many careers in health care. But what would I do for my second act?

For whatever reason, my best friends have always been MDs, and the best is John Chung, a dermatologist. He watched me putter about my farm, tending to my beehives and fishing in the pond. One Saturday morning, he diagnosed my condition. "Where you belong is health care," he said. "You love people, you're not afraid and you make things better."

I laughed. "John, I passed out at Nikolaus' birth, remember? My last words were 'Take the camera, I'm going down.' Besides, I'm too old to go back to school." He didn't

laugh. “Spend a week at my practice, start Micro this fall, and aim to become a nurse practitioner from Vanderbilt.” I did, and found it was the best prescription he ever wrote.

What have I learned, now that my classmates and I have completed our first year? I’ve met some neat people. Johnny Cash once played my guitar. “Son,” he growled, “It’s out of tune.” Sinbad heard me tell a joke. “Keep your day job.” Muhammad Ali gave me a wink... it was all he could do. Once I sat between my wife and Heather Locklear (long story). Hey, did you catch me on my brother’s “Extreme Makeover” on the ABC network? But in my peds rotation I met “Emily,” a tiny Trisomy 21 2-month-old, abandoned by her mother, unknown by her father, and suffering from a UTI, VSD and bacterial meningitis. My nurse instincts wondered what would happen to her. I don’t know, but for two days I held her and promised to never forget her. Nursing will do that to you.

Life has had its terror. In San Francisco, we got knocked about by a 6.2 earthquake. In Miami, I ignorantly drove straight into a riot between Overtown and Liberty City. “Hey, must be a sale on TVs!” We then moved to Kauai (what could happen on an island?), after which a category five hurricane came through the front door. Rudely, it then took the back door, roof and some walls. Arriving to live in Chattanooga, we ran for cover as a tornado roared only a few houses down. Yet the greatest terror has been my nursing instructor asking the question that has nearly derailed many a promising career: “Did you leave the side rails up?” Nursing can do that to you.

I’ve traveled the world and lived many a wish. Africa and the Serengeti. Spitting cobras curled in my shoe; being sniffed by a wild elephant; Stalking cheetah stalking zebra. A snowstorm on a Canadian Rockies glacier. Diving sunken ships among coral reefs in the South Pacific. Running from a ‘roo in the Outback. A banana leaf lunch somewhere

in Asia. The Masters and Mickelson. Quiet and alone on Anne Frank’s bed in Amsterdam. But the contentment of friends on a sunny day at Centennial Park, stressing over HEHI (Human Experience of Health and Illness), well, nothing compares. Nursing has done that for me.

There has been bitterness. Finding my grandfather’s concentration camp death certificate stamped “Died of pneumonia,” while knowing he was murdered just weeks before liberation. Moving grandma upstate to a retirement center after 9/11. We could smell the plumes of smoke in Manhattan. “It’s too much,” she said. “It’s just too much.” I returned weeks later for her funeral.

And more than anything, I’ve known joy. Honey from the hive, eggs from the barn, and watching a newborn goat walk. Driving in from Nashville every Friday night. Watching my children sleep. The arms of a woman who was my best friend before she became my wife. And getting to say, “You’re being discharged.” Nursing really does that to you.

So, what’s happened since? Never did get a fast car, but there sure are a lot of younger women around: 130 of them, and all my friends. We’re halfway through the program and thanking the Good Lord and Judy Sweeney for bringing us this far. As for a midlife crisis, not everyone has to change his or her career. But if you do, think of nursing. And if nursing, then it’s Vanderbilt.



Victor Czerkasij (Chur’ ka-see) has been a teacher, chaplain, consultant, administrator, author and speaker. He currently holds three degrees but is most looking forward to R.N., M.S.N. He really does live on a farm in Cleveland, Tenn., with his wife Rene, an occupational therapist, and boys Alexander 12, and Nikolaus, 10. He’s also promised not to go back to college until the boys do.

Pictured below are:

Top: Czerkasij with Ray Hawes, who he baptized.

Bottom left: Czerkasij with his wife, Rene, and their two sons, Alexander and Nikolaus.

Bottom right: Czerkasij and his son Alexander pull honey from their bee farm.



PHOTO COURTESY OF SOUTHERN ADVENTIST UNIVERSITY/GARRETT NUDD



Donald Thompson, M.S.N. '78, a Family Nurse Practitioner graduate, has authored two computer software learning programs which have been published by the Health Sciences Consortium. "Med Math Master Review: Pharmacology Math and Medication Administration in Nursing," and "ABGee! The Arterial Blood Gas Learning Program," run on any Windows PC and can be obtained online at www.healthsciencesconsortium.org. Thompson currently resides in Raleigh, N.C.

Carin Schofield, M.S.N. '98, VUSN adjunct faculty member, is working as a part-time Nurse Practitioner at the "Partners in Healing" clinic in Tullahoma, Tenn. Schofield and other providers at the clinic offer free health care to the "working uninsured" and their families. Schofield says this is made possible through prescription assistance programs offered by major pharmaceutical companies and work with local medical-related businesses that provide medical equipment, referrals and physical therapy for patients, in addition to the physicians and other specialists who offer free services or reduced costs.



Carolyn Moore honored at recent dedication

Carolyn Moore, B.S.N. '57, M.S.N. '59, was recently honored at the dedication of the new Health Sciences Center at the University of Arkansas - Fort Smith which has been named in her honor.

The Carolyn McKelvey Moore School of Nursing makes up the second floor of the 66,000-square-foot facility. Moore, who has been the senior vice president for institutional advancement and executive director of Sparks Health System in Fort Smith since July 2002, led the creation and development of the Associate Degree Nursing program at UA Fort Smith in 1968, which has since prepared more than 2,700 students to become registered nurses, and later led in the development of other health careers programs. She also taught for the school.

Today, the Carolyn McKelvey Moore School of Nursing at UA Fort Smith includes practical nursing, associate degree (registered) nursing, and a bachelor's degree completion program in nursing.

Moore also served UA Fort Smith, formerly Westark Community College and Westark College, as its vice chancellor for institutional advancement and executive director of the UA Fort Smith Foundation Inc. from July 1987 until July 2002. She also acted as interim chair of the Division of Health Careers for nine months in 1999 in addition to her regular duties.

Prior to a brief stint from 1984 to 1986 as dean of instruction at Northeast Texas Community College, she held the position of chair and program initiator of the Division of Health Occupations at Westark. Upon leaving the institution in July 2002, Chancellor Joel R. Stubblefield named the nursing school in her honor.

Moore received the Community Medical Leadership Award from Leadership Fort Smith in 2004 and was recently instrumental in the development of the Good Samaritan Clinic and securing considerable funding for it. She has also been a planned giving consultant for two-year colleges around the nation and has served on numerous community boards.

Amanda (Mandy) Amelang Harper

B.S. '98, M.S.N. '00, and Chris Harper announce the birth of their first child, Noah Harper, born Sept. 1, 2004. The Harper's live in Richmond Hill, Ga. Mandy is employed as a Neonatal Nurse Practitioner in Savannah, Ga.

Beth Jean (BJ) McElvy

Strickland, B.S.N. '76, MA '85, M.S.N. '92, has joined LifePoint Hospitals, Inc. in Brentwood, Tenn. as director of Clinical Risk Management. The company owns 50 hospitals in 20 states.

Karen Jill Hirschhorn

M.S.N. '96, was married to Paul Walker at Temple Israel in New York, N.Y. on March 27. The 35-year-old is currently working as a Psychiatric Nurse Practitioner at St. Mary's Hospital for Children in Bayside, Queens and has a private practice in Manhattan.

Lisa Kluepfel, M.S.N. '99, is working as a Psychiatric Nurse Practitioner in a post-traumatic stress disorder clinic at the

Bronx VA Hospital in Bronx, N.Y. She is also a clinical instructor at the Columbia University School of Nursing. Kluepfel lives in Hoboken, N.J. with her rotweiler-mix named Max.

Heidi Falconer, B.A. '95, M.S.N. '98, and Bill Falconer, B.A. '95, announce the birth of their son, William "Liam" Rains on Feb. 4, 2004. The family lives in Ft. Smith, Ark.

Chris Devanny Brown, B.S.N. '75, was named Georgia School Nurse of the Year for 2004-2005. She is the School Nurse for Carrollton City Schools in Carrollton, Ga. Brown is the only nurse for Carrollton's five city schools with 3,500 students and approximately 400 faculty and staff. Some of the students she treats are handicapped and range in age from 3 to 21. She sees students every day for illness and injuries, counsels in health-related needs, and teaches health and nutrition classes for

all age groups. Brown also teaches CPR/AED and First Aid classes to faculty in the school system, and performs numerous in-service programs regarding various health conditions like diabetes, asthma, or epilepsy. She has been a school nurse for 18 years.

Mark Andrew Murr, M.S.N. '98, and his wife Lisa announce the birth of their second child, Emilie Reagan. The couple has a 3-year-old son named Lincoln. After completing his M.S.N. at VUSN, Murr enrolled in law school at the University of Louisville, where he received his J.D. with honors. He is currently practicing law in Knoxville, Tenn. at the firm Leitner, Williams, Dolley & Napolitan.

Meredith Schrader, M.S.N. '98, was married to Erik Florentz on April 2.

Ty Williams, M.S.N. '03, was recently offered a position as an Acute Care Nurse

Practitioner in the Department of General Internal Medicine/ Employee Health Services at Cedars-Sinai Medical Center in Los Angeles. Prior to this new position, Williams worked as a Clinical Nurse IV/Assistant Manager of the General Surgical Service Line at Cedars-Sinai. "My new duties involve caring for anyone hurt or injured during working hours, anybody who's hurt on the job and doesn't require an ER visit. I carry the needle-stick pager, am on advanced practice nursing and other medical center committees, and will work to increase the visibility of Nurse Practitioners," said Williams.

He was a Nancy and Hilliard Travis Scholar while studying at Vanderbilt. Williams entered the program through the bridge option, coming to the nursing school from a career behind the scenes in film and television, Broadway and national tours. He said his Vanderbilt education helped him reach this new stage in his

career. "The name of Vanderbilt makes an impression. According to my manager, the reputation is an asset that helped me obtain this position."

Williams lives in Los Angeles with Peter, his partner of 10 years, and their three puppies – Max, Sam and Watson.

Connie Miller, M.S.N. '97, was recently given a "Local Hero Award" from the Health Care for the Homeless Clinicians' Network, for her role as Clinical Director of the Cheyenne Crossroads Clinic in Wyoming.

The Local Hero Award was developed in 1996 to recognize creative and visionary work that positively affects the health and quality of life of homeless people. According to Paul W. Wright, B.A., B.S.W., Cheyenne Crossroads Clinic Program Director, Miller is an ideal role model for clinicians who serve homeless people across the country. "Connie Miller demonstrates a deep understanding and respect for her patients,

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Janice Lynn wins publishing contract

Janice Lynn, M.S.N. '98, who has been a Family Nurse Practitioner at Woodbury Medical Clinic in Woodbury, Tenn., for nearly seven years, recently entered and won a writing contest for her fictional romance novel titled "Jane Millionaire." The award from the *Romantic Times* magazine comes with a publishing contract from Dorchester Publishing. The contest was mirrored after the hit TV show "American Idol." Contestants' novels were critiqued online by three judges, and finalists were eliminated in five rounds until one writer was left standing. "I never expected to win; I just hoped to make it beyond the first round and not be the first one kicked off the 'island.' I'm amazed and honored to have won the contest and the publishing prize – me, a small-town girl from Tennessee," said Lynn.

She said writing helps her unwind from work. "For me, writing is how I de-stress. I wanted an escape and I started out writing romance and love the escape it offers. It's one of the few books you can pick up and know you're always going to have a happily ever after at the end."

Lynn and her husband have four children – Jessie, Jacob, Abby and James. They plan to celebrate the release of her book together, when it comes out Nov. 29. You can read excerpts from "Jane Millionaire" and some of Lynn's other works online, or find out how to get a copy of the book at: <http://www.janicelynn.net/>.

continued from previous page

modeling the values of dignity, integrity, service and compassion. She shows a respect and responsiveness to her patients' needs and values, ensuring that patient values guide clinical decisions. Through her exemplary patient care, Connie embodies the spirit of the mission to improve the mental and physical health of those who are homeless."

Miller also sees patients one day a week at the local county jail and volunteers at the Cheyenne Community Clinic, a clinic serving the uninsured. She enjoys time on her ranch, located between Denver, Colo., and Cheyenne, with her husband and two teenage sons. The have 15 head of charolais cattle, six horses, five dogs, four cats, and two dozen chickens, turkeys, pheasants and ducks they count among their extended family.



IN MEMORIAM

Kimberly Richardson Lunn, M.S.N. '97, March 19, in Blue Springs, Mo. She is survived by husband Jason Lunn; son, Colton Lunn, and her parents, brother, grandmother and several other family members.

Cheryl Hatley, M.S.N. '97, on April 8. She was a graduate of the Acute Care Nurse Practitioner Program. She worked as an ACNP at Saint Thomas Hospital and Vanderbilt University Medical Center. She is survived by a daughter, Kristin, and several family members.

Elizabeth Ann Scroggs

Shapiro, on April 16. She was a former VUSN instructor and head nurse in a surgical unit at Vanderbilt University Medical

Center. She was a 57-year resident of Nashville, and was married to the late John Lawton Shapiro, M.D., a 35-year Vanderbilt University School of Medicine faculty member.

Mrs. Shapiro was a VUMC volunteer for over 50 years and a Nashville Cancer Society visitor for over 30 years. She was a staunch supporter of the VUSM through her membership in the Canby Robinson Society and her work on behalf of the John L. Shapiro Scholarship Fund, established in memory of her late husband.

Mrs. Shapiro is survived by her children and grandchildren. The family asks that donations in her memory be made to the Elizabeth Shapiro Family Fund at the Community Foundation of Middle Tennessee, 3833

Cleghorn Avenue, Nashville, Tenn., 37215. They will be distributed among her favorite charities.

Stay in touch with VUSN and your classmates at www.dore2dore.net, Vanderbilt's free, online alumni community.

Remembering Rebecca Culpepper

Rebecca Clark Culpepper, who worked as a nursing professor and hospital administrator at Vanderbilt from 1977 to 1995, died March 24 after a long illness. She was 70.

"Becky was a great friend, mentor and colleague for me and for Vanderbilt nursing," said Chief Nursing Officer Marilyn A. Dubree, M.S.N., R.N. "Her leadership was instrumental in helping to build a strong foundation for nursing practice, education and leadership."

"Becky Culpepper was a Renaissance woman," said Colleen Conway-Welch, Ph.D., R.N., Nancy and Hilliard Travis professor and dean of the School of Nursing. "She was a very able and knowledgeable leader, very intuitive about patients' needs and colleagues' professional and personal needs, and very caring of people. She was an acknowledged leader in the area of nursing administration and an unfailing source of wise counsel for us at the School of Nursing."

The School of Nursing and the VUMC Department of Patient Care Services plan to establish a joint annual scholarship of \$1,000 in Mrs. Culpepper's memory, to be called the Rebecca Culpepper Award.

In 18 years of service at the Medical Center, Mrs. Culpepper's chief roles included assistant hospital director, assistant clinical professor of Nursing Administration, director of Staff Development for the Department of Patient Care Services and director of the Center for Nursing Continuing Education. Upon retirement from Vanderbilt in 1995, Mrs. Culpepper established Culpepper & Associates, working as a consultant for Vanderbilt and other hospitals.

Mrs. Culpepper is survived by her husband, H. Royce Culpepper Jr., and their four children, H. Royce III, DeMoyné, Bruce and Mathew.





KATS BARRY



KATS BARRY

Class of 2005 tips mortar boards to Vanderbilt

Though they officially closed the books on their nursing education at Vanderbilt in August of last year and most are already working in a variety of advanced practice nursing roles across the country, graduates from VUSN returned to campus for commencement ceremonies in May, to tip their mortar boards to the University that opened the door to a world of opportunities.

Terri McLeroy didn't have to travel far to return for the celebration. She is the director of Nursing and manager of the Sub-Acute Care Unit in Vanderbilt's Medical Center North. She went back to school to earn her master's degree from VUSN while continuing to work at the Medical Center. She completed the Health Systems Management Specialty, and said it has had a positive impact on her career. "It has made me a stronger manager, a stronger leader. It showed me the business side of the skills. You think more as an executive when you finish the program."

McLeroy said it wasn't easy juggling her work while taking classes. She often found herself running from a classroom at VUSN to Medical Center North and back again. In the midst of keeping up the frenzied pace, her husband passed away. McLeroy said it was a devastating blow, but despite her pain, she didn't want to give up on her goal. "I have two, high-school aged daughters and I wanted to show my children that this is possible, that you can go back to school and get a degree while managing a career and a family." McLeroy said VUSN helped her work out a part-time arrangement and

helped her through each hurdle, and her boss and the unit at VUMC were very supportive. She said graduation day was a time to celebrate the accomplishment. "I think putting on the cap and gown signifies the amount of work and somewhat of a sacrifice that I made, and my family made with me, to achieve this goal."

McLeroy marked another important milestone in her life here at Vanderbilt after graduating. On June 10, she married David Hartman, who works at the Monroe Carell Jr. Children's Hospital at Vanderbilt, in the hospital's chapel.

John Lavender almost didn't make it to commencement day. The 60-year-old student and minister was burning the candle at both ends when he entered the Family Nurse Practitioner Program. He was already a registered nurse and a pastor at Emmanuel Sabbath Assembly in Huntsville, Ala., where he was busy preaching and leading community projects, while trying to manage his own diabetes. He quickly realized that adding school was too much. He backed out,

Pictured here:

John Lavender receives his professional hood from Randolph Rasch, Ph.D., M.S.N. '79, Family Nurse Practitioner Program Director.

Lavender celebrates graduation with his granddaughters, Gabrielle and Aaliyah.

but returned a little over a year later to finish the program.

"I had so many irons in the fire I decided I better not get into it then. I didn't think I was ever going to come back. But I did and I stuck with it," said Lavender. "I have a deep sense of accomplishment." Lavender passed his certification examinations. He hopes to begin working in a community clinic in Huntsville, and plans to continue his ministry.

A total of 229 graduates from the School of Nursing earned degrees in the master's program. Those who returned for commencement were recognized during a special ceremony held on the lawn at Branscomb Quadrangle.

Pictured below:

Terri McLeroy grins from ear to ear as she receives her professional hood during graduation.

McLeroy married David Hartman at Vanderbilt the month after graduation.



KATS BARRY



ANNE RAVNER

Candace Riehl gets a congratulatory kiss from her husband as their children look on.

Below: Riehl and Dean Colleen Conway-Welch smile from the stage on Alumni Lawn.



KATS BARRY



DANA JOHNSON

2005 Founder’s Medalist overcame obstacles to become a nurse

When the Founder’s medal was placed around the neck of 42-year-old Candace Riehl, a graduate in the Women’s Health Nurse Practitioner Program, she celebrated more than just that moment. This marked the completion of a long journey that all started with the lasting impression of one nurse and the drive of a determined nurse to be.

Riehl became pregnant as a teenager and dropped out of high school. Not long after, she decided to enter the Army

Reserve, where she served, with honors, for more than a decade. Riehl got out of the military just before the first U.S. war in Iraq and worked at various jobs while going back to school to get her GED. During that time, she met and married her husband in St. Louis. The couple had a daughter after a difficult breech, Caesarean section. About a year after the birth, Riehl picked up a job at a 7-Eleven store, and soon decided she wanted more.

“I said to myself, ‘I am smarter than this.’” She thought about what she would like to do with her life, and kept coming back to the experience she had as a young, pregnant teenager. She always remembered the Nurse-Midwife who cared for her at the free clinic where she delivered her first child. Riehl’s tough second pregnancy was still very fresh in her mind when she realized her calling was to be a nurse-midwife.

“I knew I wanted this kind of care to be available to many people and I decided the only way to do that was to be a nurse,” said Riehl. “I kept thinking ‘a long journey starts with the first step.’ I knew I had a long walk to take, I had to take the ACT tests, remedial math, remedial reading,” said Riehl. So she set out to conquer those small steps first. She earned an Associate of Applied Science in Nursing degree at St. Louis Community College in 1992, and went on to earn a certificate for Nurse-Midwifery at the Parkland School of Nurse-Midwifery in Dallas in 1995. She moved to Mayfield, Ky. in 1996, where she began her first clinical practice in Nurse-Midwifery, helping other woman to have a positive birth experience. During her journey, Riehl and her husband also welcomed two more children into their family, both delivered by nurse-midwives.

Riehl began precepting Nurse-Midwifery students, many from right here at Vanderbilt in her clinical practice. “I was validating graduate students’ skills and I realized I really ought to get a graduate degree, too,” said Riehl. After looking around at some programs, she found

Vanderbilt was the only place that would allow her to pursue her degree while maintaining her full clinical practice and managing a family. She enrolled in the Women’s Health Nurse Practitioner Program through the distance option, continued to deliver babies, and even precepted students, some from Vanderbilt, as an adjunct faculty member of VUSN.

The woman who was once a high school dropout was now pulling a 4.0 at VUSN. “To have a 4.0 from Vanderbilt, it was such a huge accomplishment. I mean, I didn’t even have a bachelor’s degree when I started,” Riehl said. Riehl thought her chance at becoming a Founder’s Medalist wasn’t meant to be. She had forgotten about the application she submitted when her husband called her at work a few weeks before commencement. “He was shouting ‘you did it, you did it!’ and I was thinking ‘great, what did I do now,’ and he played the message for me,” said Riehl. “I was flabbergasted I was even a candidate,” she said. “I am so completely honored. Who would’ve ever thought? You can do it. Don’t ever quit. Set your goals high, and keep your eyes on the prize,” beamed Riehl.

She hopes to continue to be a mentor for other nurse-midwives and is planning for her future- a future that could be spent with limited mobility. Riehl was diagnosed with relapsing-remitting multiple sclerosis in 1998. She has suffered two flare-ups since being diagnosed; both times she had to be hospitalized. But Riehl, who continues to practice in Kentucky, says she’s able to live a full life between relapses, and is now considering pursuing a doctoral degree, maybe even from Vanderbilt, where she can leave her own lasting impression on some other nurse in the making.



DANA JOHNSON



The nursing school awarded diplomas to 32 students in the Acute Care Nurse Practitioner Program, 30 in the Adult Nurse Practitioner Specialty, 53 in the Family Nurse Practitioner Program, 14 in Health Systems Management, 22 in the Neonatal Nurse Practitioner Program, four in the Nurse-Midwifery/Family Nurse Practitioner Specialty, 10 in the Nurse-Midwifery Program, 20 students from the Psychiatric/Mental Health Nurse Practitioner Program, 27 in the Pediatric Nurse Practitioner Specialty, 16 in the Women's Health Nurse Practitioner Program, and one in the Women's Health/Adult Nurse Practitioner Specialty.

Photography by Kats Barry except where indicated.

pay it [forward]

Doreen Wise, B.S.N. '68, founder and CEO of Medical Research Consultants in Houston found her calling in legal nurse consulting, long before the term even existed. She now runs a successful business providing medical information for attorneys, and insurance and pharmaceutical companies. "Our 'firm' specializes in trying to make sense out of the total craziness of mass torts," said Wise.



with each passing year I realize what a gift it was. Neither my master's, nor my doctoral work was as challenging for me or transformed my capability as notably as my experience at Vanderbilt."

Though she keeps busy in the courtroom, Wise has never forgotten about the place she first became a nurse – Vanderbilt. "Vanderbilt is just such an exceptional place, and I think

As an active supporter of VUSN, Wise has chosen to "pay it forward," helping other young nursing hopefuls afford the same opportunities she was given.

To talk to someone about a planned gift to VUSN, call the Office of Planned Giving at (615) 343-3113.