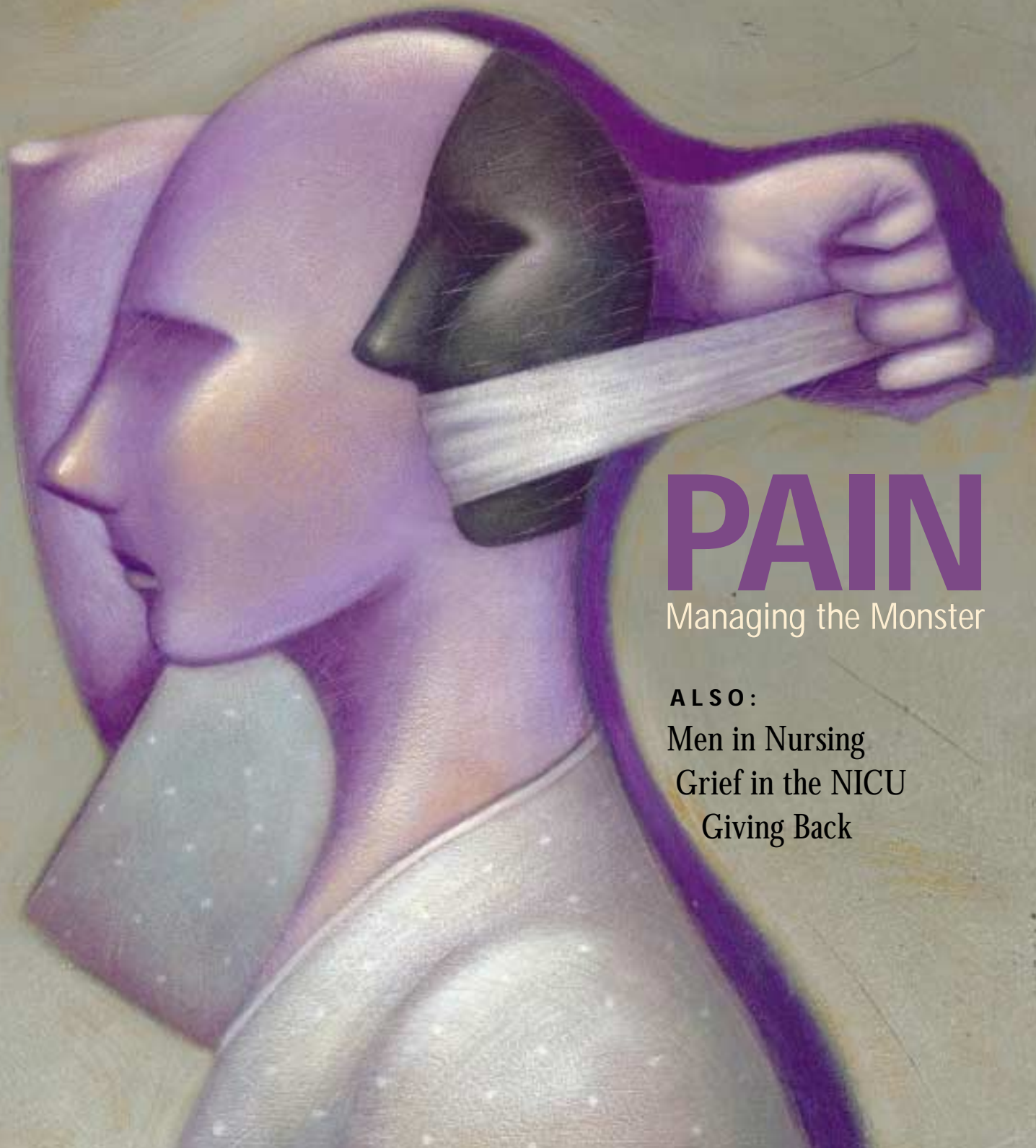


# Nurse

VANDERBILT



## PAIN

Managing the Monster

**ALSO:**

Men in Nursing

Grief in the NICU

Giving Back

I admit it—when I took over the job of editor for the *Vanderbilt Nurse*, I knew very little about nursing. As a child of the TV age, my images of nurses consisted mainly of what I had seen on television, from the days of the helpful but unobtrusive women on programs such as “Marcus Welby, M.D.,” ready to hand over a scalpel when needed then return to their places in the scenery, to “Julia” (a groundbreaking series, actually, in that it revolved around a nurse, not a doctor, and an African American nurse, at that), on through to the sexpot soap-opera nurses (how do they ever treat patients when they seem to spend so much time canoodling in the supply closets?). The most flattering view of nurses I recall was on the television series “M\*A\*S\*H\*,” where the wisecracking nurses still played second fiddle to the doctors, but were at least depicted as deeper and more compelling characters than in most other most other programs. Modern television shows such as “E.R.” offer a more realistic view of nurses, but their characters are still secondary players in the dramas of the E.R. doctors’ lives. Then there are the recent depictions of male nurses in the movie “Meet the Parents” and the sitcom “Scrubs” which are less than flattering not only of male nurses, but of nursing in general, as Peter Buerhaus notes in an interview on page 4.

Boy, have I learned a lot. First of all, I had no idea there was such a thing as “nursing research.” Now, I am astounded every day by the breakthroughs originating at VUSN, including the work being done by nurses involved with the Pain and Symptom Management Program, which you can read about



A scene from NBC's television drama “E.R.” (photographed January 1, 1996).

in this issue. Informatics? I hadn't a clue what that was, and now realize how progressive the program at Vanderbilt is. The Faculty Practice Network—in offering alternatives in childbirth in Bedford County and elsewhere (see page 5), in caring for underserved populations from children to the elderly, and more—continues to impress me with its dedication to advancements in treating not just symptoms, but patients as human beings.

These are only some of the things that make me excited about coming to work every day. Although I'm not a student at VUSN, the students, faculty, staff and alumni are constantly teaching me new things about the ever-changing face of nursing. I hope that

the *Vanderbilt Nurse* conveys some of that excitement and energy to you in each issue.

I welcome your comments and letters about what you see in the *Nurse* and about what you would like to see. Let me know what you have to say by writing me at

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Laurie Parker



Visit the newly redesigned VUSN website  
at [www.mc.vanderbilt.edu/nursing/](http://www.mc.vanderbilt.edu/nursing/)

## Nurse

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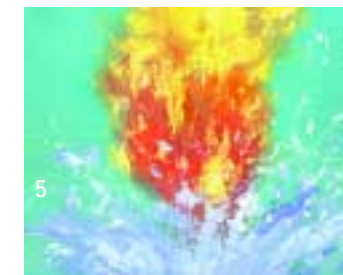
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## FEATURES

**Pain—Managing the Monster** 8  
*Nurses at Vanderbilt's Pain and Symptom Management are changing the way we think about pain and palliative care*



**A Grief Unobserved** 12  
*Dealing with death in the NICU*

**Question: Answer** 4  
*Peter Buerhaus talks about how old stereotypes about male nurses may be giving way in the face of the nursing shortage*



**Giving Back** 18  
*Alumnae thank VUSN for helping them follow the road less traveled*



**ABOUT THE COVER:**  
Artist Jon Krause's work has appeared in major publications such as *Barron's*, the *Wall Street Journal*, the *New York Times* and the *Utne Reader*. A native of Philadelphia, Krause teaches at the Tyler School of Art in Elkins, Penn.

## DEPARTMENTS

From the Editor	inside front cover
On the Cutting Edge	2
Around the School	5
Students	15
Class Acts	20
The Last Word	20

## Nurses Head Back to College for a Little Refresher

Hospitals and clinics across the nation are struggling to cope with a shortage of nurses, caused in part by an aging nursing population and low numbers of young people joining the profession. But here at Vanderbilt, the School of Nursing and the Medical Center are creating a new way to tackle the problem by offering an RN Refresher Course to help nurses who want to come back to the profession after being out of practice.

The course is designed for people who want to reactivate their nursing licenses, people who haven't worked as nurses for five years or more, or nurses who have been out of the clinical setting and need to refresh their skills. Ginny Moore, MSN'01, continuing education coordinator for VUSN, organized the course after being approached by the Medical Center. "We were asked to develop this course by the hospital because of the large number of calls they were receiving from nurses who wanted to get back into nursing, who knew they needed to take a refresher course but hadn't been able to find anything anywhere around. So this met a need for a lot of people," says Moore.

The refresher course lasts two weeks. In the first week, students spend each day focusing on a different body system. They spend the morning in lectures and the afternoon working in the lab. The second week is spent shadowing nurses in various departments in the Medical Center. "If they are taking the course to reactivate a lapsed or inactive nursing license, they have to take both weeks. Some people though, have just been out of nursing for a little while and just need to take the first week," Moore says.

The next RN Refresher Course begins on Monday, December 15th. Many hospitals, as part of their nursing recruitment efforts, are willing to cover the costs associated with the course. Anyone interested in registering for the course should call (615) 343-3294.



## VUSN-Meharry Joint Project Takes Flight

Researchers at VUSN plan to improve health care for low-income patients with type 2 diabetes by taking a lesson from an unlikely source—the aviation and engineering industry. The team of researchers is compiling checklists and protocols similar to those used by the airline industry to streamline delivery of care for chronic illnesses like diabetes.

The clinical improvement project is a joint endeavor with the Meharry-Vanderbilt Alliance, bringing together VUSN and the Nashville Consortium of Safety Net Providers. Cathy Taylor, assistant professor of nursing at VUSN and director of the Disease Management Program with the Alliance, is the program director. Bonnie Pilon, senior associate dean for practice management, is the principal investigator, and Amy Minert Salunga is the clinical coordinator for the project. The team is hopeful that applying the aviation principles to health care delivery will begin to turn diabetes care in VUSN's faculty practice clinics around.

"Looking at the application in these other settings, they've been able to reliably get the outcomes they expect. We can do that, too," Taylor says. "If we can do it for diabetes, we can do it for cardiovascular disease, we can do it for cancer, we can do it for pre-natal care. This is the foundation...taking what we have learned and beginning to develop and apply the intervention that will ultimately lead us to the outcomes we know are possible."

## Seeing the Signs of Substance Abuse

The School of Nursing is pooling resources with Meharry Medical College, as part of the Meharry-Vanderbilt Alliance, to introduce substance abuse intervention education for residents, nurse practitioners and other health care professionals in a primary care setting.

Research shows that 20-25 percent of the population drinks alcohol at high-risk levels, but might not obviously meet the criteria for substance dependency. That's why a national research project, Project Mainstream, has been organized to address the needs of these high-risk patients by teaching future primary care professionals how to identify the problem and perform an intervention. The Meharry-Vanderbilt Alliance was chosen as one of 15 sites nationwide to participate in the project. An interdisciplinary teaching team trained 200 nurse practitioner students and 45 VUSN faculty members this spring and 70 residents at Meharry this summer.

This fall, all VUSN advanced health assessment in clinical reasoning courses have integrated the substance abuse intervention training into their curriculum, and Meharry's new residents now receive the training as part of their orientation.

## Norman Named to Visiting Professorship in England

Linda Norman, senior associate dean for academics, has been named a visiting professor by Bournemouth University in Bournemouth, England. Norman was most recently in Bournemouth in October, when she addressed students on "The Future of the Global Nursing Workforce: A U.S. Perspective."

## VUSN Sets the Standard



CLAY STURGEON

A nursing terminology conference originating at VUSN is playing a key role in establishing a new National Health Information Infrastructure called for by U.S. Secretary of Health and Human Services Tommy

Thompson. Nursing leaders and experts from five continents gathered at Vanderbilt this summer to continue their work on developing universal standards for nursing health care data.

Judy Ozbolt, Independence Foundation Professor of Nursing and professor of biomedical informatics, has been organizing annual nursing terminology summits at Vanderbilt since 1999. "The standards will increase patient safety, promote quality improvement, facilitate clinical research based on patient care records, and make it easier to get reimbursement from Medicare, TennCare, and private insurers," says Ozbolt. In the past, Ozbolt says, several sets of terms were proposed as possible standards for recording nursing information, but they were incompatible and overlapping. "Even worse, there was no way to integrate these terms with the information physicians and others use in caring for patients, and there was next to no nursing participation in the voluntary organizations that were developing standards for information in other areas of health care," Ozbolt says.

Due to the organization of the yearly summit conferences and the new standards the group has developed, nurses now serve leadership roles in the major standards organizations. Their work has contributed substantially to the final draft standard model for nursing terminology accepted at the International Standards Organization.

## Write Your Heart Out, You'll Feel Better

For ages, men and women have been writing in journals or keeping diaries to release pent-up feelings about daily problems. Now, a series of studies at VUSN is examining whether something similar to the age-old "Dear Diary" can make a difference—not just in your emotional health, but your physical health as well.

Ken Wallston, professor of psychology in the School of Nursing, Peabody College and the College of Arts and Science, and a John F. Kennedy Center associate; Lois Wagner, MSN'84 and Ph.D. candidate, senior associate in pediatrics and clinical instructor in nursing; and Kathleen Woolf, clinical instructor in nursing, are conducting several research studies to look at whether expressive

writing can have an impact on the emotional and physical health of patients with chronic illnesses—specifically patients with HIV or diabetes and people looking for a way to stop smoking.

ability study involving patients with diabetes, in which Woolf will also take part, is funded through a grant from the National Institute of Diabetes and Digestive and Kidney Diseases awarded to the Vanderbilt Diabetes Research and Training Center. Wallston and co-investigators Joe Hepworth, research associate professor of nursing, Barbara Forbes, MSN'87, of the Kim Dayani Center, and Cynthia Moriarty, M.D., of Meharry Medical College have been awarded another grant from the National Cancer Institute to expand the research using expressive writing with people trying to quit smoking. Wallston says this technique of expressive writing has never before been applied to people wrestling with health

*"This is speculation, but there seems to be a tie-in between one's emotions and one's immune system."*

behaviors that are difficult to change, but he says, "This intervention is potentially applicable to a lot of areas where people might be seeking to change their behavior."

writing can have an impact on the emotional and physical health of patients with chronic illnesses—specifically patients with HIV or diabetes and people looking for a way to stop smoking. According to Wallston, "This is speculation, but there seems to be a tie-in between one's emotions and one's immune system. If you can get people to feel better after writing about their stressful or emotional event, it can possibly change their immune system," he says.

Wallston and Wagner were awarded a grant from the National Institute of Mental Health for the HIV study, on which Wallston is principal investigator with Wagner as co-investigator and project director. The pilot and feasi-



—Reporting by Heather Hall

## Question: ANSWER

*Peter Buerhaus, senior associate dean for research, was one of the far-sighted researchers who first recognized the growing crisis of the nursing shortage. He offers the Vanderbilt Nurse his perspective on one trend that might not only lessen the severity of the shortage, but could also change the face of modern nursing.*



Peter Buerhaus

**PB:** Historically about two to three percent of all RNs in the country have been men. Today that is about 100,000 men. There has been a slow, steady increase in the number of men in nursing, but not anything really dramatic until recently. There seems to be, with this current shortage and the downturn of the economy over this past year, a renewed interest of men in nursing, and that's not surprising. I've seen this before in previous shortages that also intersected with a bad economy. Not only do women go into nursing more, but there's also an increase in men, as well. We'll likely see more men going into professions that have been traditionally dominated by women.

**VN:** Why do you think having men in nursing is important?

**PB:** It strikes me that any profession is better off with a balance of people, of gender and cultures. Anytime there's a profession dominated by one gender, it probably is not realizing all the potential of that profession. Some people have suggested that if more men were in the profession, you would see larger earnings. You would see greater attention by hospitals toward improving the work environment because supposedly, "well, men wouldn't put up with this." Whether or not any of that's true, I don't know.

**VN:** Could you talk a little about the gender roles that may have kept some men from becoming nurses?

**PB:** Our culture has erected taboos about men going into nursing. To be very blunt about it, I think for a

long time, if you wanted to go into nursing and you were a man, people assumed you must be gay. I think that idea was pretty strong for a long time.

It started to fall apart with the Vietnam War. Men who were medics, medical corpsmen and pharmacy aides came back and had their college education paid for. They didn't want to be doctors, but they wanted to be in healthcare, so they went into nursing. In my class, in 1972 to '76, out of 65 people, there were 15 men, which was a big percentage at the time.

And I think steadily over time, it's been increasingly accepted for men to go into nursing. We [at VUSN] have done some work with the Johnson and Johnson Campaign for Nursing's Future, helping plan a survey of American public perception of the nursing profession. We found that not only does the public really admire, trust and respect nurses—about 97 percent of the public hold those views—but almost 90 percent said it would be fine if a daughter or a son wanted to be a nurse.

I think it would be helpful for the public to receive care from men. I don't think nursing has to be just about women. I think there are a lot of men who care about other people, who want to do good.

**VN:** What do you think are some good ways to get more men into the profession?

**PB:** A lot of it is happening—educating people about the possibilities in nursing, letting people know that this is a very secure job. It's highly resistant in economic downturns and fluctuations. Our work and studies done by others suggest that the demand for health

care and the demand for nursing is just going to accelerate. In 2010, the baby boomers' average age is going to be 65. The consumption and demand for health care is going to shoot up.

Our workforce is aging, too. Our nursing profession is probably the first or second most aging workforce in the country. We're not replacing our nurses who are baby boomers. They are going to start retiring and going out of the workforce. We're going to have rising demand, the RNs left will be older, and the shortage will continue to exist for a long time. When we have shortages, wages rise, opportunities expand and job security is incredibly good. Those are three good reasons to get into nursing. Those are economic reasons, but it's also a very satisfying position. You can be proud of what you do during the day.

**VN:** So what do you see as the changing role for men in nursing, in the future?

**PB:** I think as more men come into nursing, you'll see more men occupying positions of authority and responsibility, and in management, which could be good. But [it] could also backfire because I think that some women could say, "hold on, is this just because he's a man that he's getting promoted?" However, I think a lot of men will want to be good clinical providers, rather than managers, and would be first-rate clinicians. Some men could go on to be nurse practitioners, and there I think they could expand their roles any number of ways.

—Kelly Nolan

## Faculty Practice Network Offers Bedford County Moms New Options

Until very recently, pregnant women in Bedford County, Tenn., were without a single OB/GYN provider. The VUSN Faculty Practice Network has changed that situation by opening a new nurse-midwifery clinic at Bedford County Medical Center (BCMC).

The practice will be staffed by VUSN, but run by BCMC, which will underwrite the cost. Bill Macri, CEO of BCMC, says "Statistics show somewhere around 60 percent of women are delivering outside the city."

Macri says the hospital had been looking for options to introduce new obstetrical services and approached Vanderbilt. "The certified nurse-midwives at Vanderbilt have been very successful. They fill a niche in obstetrics that is appealing to a great number of women, and we think it's going to work out really well here in Shelbyville," says Macri. He says having VUSN facilitate the staffing was a big advantage for not only BCMC, but their community as a whole. "What Vanderbilt

brings to us is the experience and the expertise to provide a high level of service," says Macri.

VUSN will provide two full-time nurse-midwives to run the clinic. Two other CNMs will work as on-call or relief help if needed.

"It's a good thing for moms, babies, Vanderbilt, Bedford County and for the School of Nursing," says Bonnie Pilon, senior associate dean for practice management.

## Department of Homeland Security Prepares VUSN for Disaster

Nursing students suited up in personal protection equipment earlier this year, led by a guest from the Department of Homeland Security. Fortunately, it was all part of a three-day course in Emergency Response Management and not a real disaster.

Captain Veronica Stephens, M.S.N., R.N., Director of Operations for the Science and Technology Directorate in the Department of Homeland Security, taught the course to healthcare providers and other professionals interested in learning how to carry out nursing responsibilities in disaster preparedness and response. Stephens says the Emergency Response course here at VUSN is one of the first in the nation to be offered for credit. She says it's only a matter of time before every school of nursing develops a similar course to be offered to all nursing students, and that she sees a day in the near future when a degree in Emergency Response for mass casualties or disasters will be commonplace.



Emily Durbin, a student in the Vanderbilt School of Nursing, attempts to take Nancy Donelson's blood pressure while wearing personal protection equipment.

### JCNR Stats

By early May of this year, the staff of the JCNR had managed ten academic training grants, six research training grants, twenty research grants and nine other projects. Ten training grants are pending or planned, eight research grants are pending or planned and three other internal projects are pending or planned.

## VUSN Sharing Resources with Rhodes College Under New Alliance

Beginning this fall, the Vanderbilt University School of Nursing is offering a Liberal Arts-Nursing Program in partnership with Rhodes College in Memphis. The alliance has designed a nursing program that will allow students to spend the first four years of their academic career in the liberal arts program at Rhodes, and the last two years at VUSN studying one of the nursing specialties. Students enrolled in the program will earn their bachelor's degree from Rhodes and come to VUSN with the required pre-requisites needed to earn a Master of Science in Nursing degree from Vanderbilt.



ANNE RAYNER

## VUSN Receives First Post-doctoral Fellowship

Cathy Taylor, assistant professor of nursing, was awarded VUSN's first post-doctoral fellowship for her research aimed at helping health care providers who serve minority populations overcome organizational problems that prevent them from giving the best possible care to the vulnerable groups they serve, particularly African Americans with diabetes. The fellowship is sponsored by Pfizer.

## Etherington Travels to Geneva for International Nightingale Award

Carol Etherington, MSN '75, assistant professor of nursing, was presented with the prestigious 2003 International Achievement Award from the Florence Nightingale International Foundation at the group's annual meeting in Geneva, Switzerland. She was chosen for the award among all other nurses here in the US and internationally for her impact and outstanding contributions in advocacy for vulnerable and victimized populations.

## ACNP Graduates to Get Early Shot at Middle Tennessee School of Anesthesia

VUSN has signed an agreement with the Middle Tennessee School of Anesthesia (MTSA) to offer graduates of the Acute Care Nurse Practitioner Program early interviews and potential acceptance into MTSA's highly competitive Certified Registered Nurse Anesthetist (CRNA) program. ACNP graduates interested in entering the program will be granted interviews before MTSA's general admission process begins in January each year, giving them a head start in the admissions and acceptance process. Graduates will earn a master of science degree with a focus in Anesthesia from MTSA. VUSN Dean Colleen Conway-Welch says she is pleased to be collaborating with MTSA. "It is a cost-effective way to enhance the educational offerings of both schools without duplicating efforts, and will result in increased access for patients needing quality anesthesia care," says Conway-Welch.

## New State Laws Affect Nursing Practice

The Tennessee State Legislature passed three laws this year that directly affect nursing practice. One new law, which went into effect July 1, requires that any prescribing advanced practice nurse have a registered DEA number and that the APN's name and DEA number be listed on any medication the nurse prescribes. The second allows licensed nurses to make

death pronouncements in hospitals when the attending physician is not present, as long as the doctor agrees in writing to sign the death certificate. The third new law will help to remedy the state's poor record in child advocacy and safety by requiring the use of car booster seats for children under age nine or less than five feet tall. The legislation had been strongly supported by staff in the Vanderbilt Emergency Department and by Judge Barbara Haynes, president of the Vanderbilt Children's Hospital Board of Directors.



NEIL BRAKE



ANNE RAYNER

VUSN instructor Jennifer Ezell, left, learns firsthand how her students will be able to practice intubation and establishing an airway on SimMan™ in a training session in a Godchaux Hall skills lab, while instructor Terri Donaldson, right, looks on.

## VUSN Students Can Learn a Lot from a Dummy

Starting this fall, students in the School of Nursing are learning how to perform procedures on a man they call "Sim." That's short for SimMan™, a simulated training mannequin that talks, breathes, moans and even dies just like a real patient.

SimMan™ allows students to learn and practice airway placement, external defibrillation, IV placement with replaceable skin and veins, injections, and chest compressions. Students can check a pulse or blood pressure, and listen to lung, heart, and bowel sounds. The simulator can even cough, vomit and moan.

Maria Overstreet, who was instrumental in bringing SimMan™ to VUSN, is using him in her classes this fall. "I think it offers a more personalized approach. He responds to your voice," she says. "You can take tubes out, place a central line or a chest tube, and even intubate. It's realistic," says Overstreet. She says the simulator will allow instructors to program the mannequin to test students on specific procedures and different scenarios.

"For instance, say we want him to display a certain heart rhythm, like ventricular tachycardia. If it shows up on the monitor and they don't catch it, we will know. It will provide training that, in the past, students would do on a mannequin; faculty couldn't really evaluate their performance, because there was no way to record each of their

interventions," Overstreet adds.

Here's how the technology works: Plug SimMan™ into the wall, and he lives and breathes with the help of a computer program. Instructors can control him by using a mouse or a remote control. Each function can be programmed and set to occur at any point in the examination or procedure being performed by a student, and instructors can tailor the programs to their own specific scenario. SimMan™ also comes with an event log that can be saved or printed to track each student's performance and skill level. A monitor is equipped to show respiratory rate, arterial waveform, heart rate and temperature readings. Optional devices such as trauma modules can be purchased to provide additional training resources. Laerdal™, the company that makes SimMan™, is already distributing infant and child simulators, as well as a pregnancy simulator that actually delivers a "sim" baby. SimMan™ can also run off a battery pack, making him portable for scenarios in the field. The military is currently using more than 300 SimMan™ units for training missions all over the world.

Marion Young, a marketing manager with Laerdal™, says about 165 other nursing schools are currently using the SimMan™ technology, as well as about 25 medical schools.

—Heather Hall

## Vanderbilt Among Top 15 Schools of Nursing in NIH Funding

The National Institutes of Health (NIH) has released a per school ranking of schools of nursing awarded research funding by the medical research center, placing VUSN at number 14.

VUSN was given seven total awards from the NIH in 2002, totaling \$2,673,374, a substantial jump from the \$1,077,403 in NIH funding and a ranking of number 34 in 2001, with six awards. VUSN has consistently moved up on the list of schools receiving NIH funding, from 48th place in 1999 to its current spot in the top 15. The figures place VUSN just behind Yale University at number 13, and above the University of Missouri-Columbia, the University of Alabama at Birmingham, Case Western Reserve and Indiana University-Purdue University at Indianapolis, among others. Ninety schools of nursing are listed as having received NIH funding.

## Sigma Theta Tau Induction and Birthday Party



CLAY STURGEON

VUSN's Iota chapter of Sigma Theta Tau, the international nursing honor society, celebrated its 50th birthday June 14th with an induction of new members and a party at the Vanderbilt Marriot Hotel. The guest speaker was Daniel Pesut, professor and chair of the Department of Environments for Health at the Indiana University School for Nursing, author of *Clinical Reasoning: The Art and Science of Critical and Creative Thinking*, and winner of the 2002 Luther Christman Award from the American Assembly for Men in Nursing. (left to right: Trish Trangenstein, VUSN professor of nursing informatics; Pesut; and Senior Associate Dean for Educational Informatics Betsy Weiner)

# PAIN

## Managing the Monster



BY MARTY FONES

Illustration by Jon Krause

*Brenda Hasty knows about pain. A six-year breast cancer survivor, she learned recently that the disease, a particularly aggressive form of cancer, had metastasized to her bones. "The pain had stolen my quality of life," says Hasty, 52, a songwriter and businesswoman. "It affected me more than even my mastectomy. I was taking Percoset for it but throwing up every hour. The vomiting was making me weak. I lost my appetite and was dehydrated."*

Fortunately for Hasty, the Pain and Symptom Management Program (PSMP) at the Vanderbilt-Ingram Cancer Center (VICC) was there. "I called, and within an hour I was able to see Karen Larson," says Hasty. Larson, MSN'96, is coordinator of the symptom control clinic. "We met in a pleasant, quiet room, not at all like sitting in a treatment room in a gown. I spent two hours with her and felt like she listened to everything I said. We talked about my medications and she understood why I was having so much trouble.

"When I left, I had a pain treatment plan and prescriptions for several duragesic patches. She said, 'Try this one, and if it doesn't work try that,' then she gave me a prescription for Dilaudid for breakthrough pain," says Hasty, who also was reassured by Larson's affirmation that the palliative radiation she was undergoing was a path to pain relief. "To me, being a part of my own pain management plan is important. Now I have a backup plan and I know if there's a problem, she's a phone call away. I feel like I have a partner through this journey."

The Pain and Symptom Management Clinic, of which Larson's program is a part, was launched in April. It brings together the disparate aspects of clinical and psychosocial care that cancer patients and their families need. Spearheaded by Barbara Murphy, M.D., a VICC oncologist, the PSMP calls on the holistic, multidisciplinary skills of its nurses and nurse practitioners. "Maybe we can't cure someone, but we may be able to eliminate their pain and relieve their anxiety," says Murphy, who sees nurses as integral to

PSMP success. "We can keep them comfortable and give them the tools they need to maintain quality of life."

### PAIN MANAGEMENT 101

People who have had cancer often experience multiple symptoms related to their disease and treatment — pain, fatigue, nausea, vomiting, bowel problems and mental changes during and after treatment. Anxiety, depression and spiritual crises are less tangible but frequent side effects.

"Alleviating or reducing the discomfort of uncontrolled symptoms can dramatically improve quality of life," says Larson. "But it's important to remember that pain is as distinctive as the individual experiencing it. Pain is whatever the patient says it is. Ours is a holistic approach, and as nurse practitioners we're uniquely positioned to be the people who provide integrated care, who manage symptoms and look at quality of life issues." Larson typically spends an hour or more with each new patient, listening to that patient's stories and using the information to formulate a personalized pain management plan.

When Jerry Messinger, 60, came to Larson, he was five years out from treatment for neck and throat cancer. In addition to pain caused by fibrosis in the tissues of his neck as a result of radiation, unremitting fatigue was taking a toll. "It got to the point where I was lying in bed 10 to 15 days a month," says Messinger.

"I have seven grandchildren and was too tired to play with them. I wasn't able to do the things I like, such as work in our video store or go to trade shows."

Following a lengthy intake during which Larson gathered information about Messinger's treatment, lifestyle and pain, she put together a plan that includes Ritalin for fatigue. "I take it in the early part of the day. Later on, I take Roxanol for pain," says Messinger. The latter drug eases the pain he experiences in swallowing, a side effect of the chemotherapy and radiation. "I feel like I've gotten my life back. I couldn't be more pleased," he says.

During her sessions, Larson has the latitude to explore patients' physical, emotional and psychological well-being. "I want to know what's important to them. I ask, 'What is it that you'd really like to be able to do that you can't do now because of pain?' I try to get a feel for their disease process, what their side effects are." Each patient-reported item, in combination with the patient's record, feeds into the pain management plan's design.

"One patient, a man with terminal pancreatic cancer, was having so much pain he couldn't attend the annual fishing trip with his college buddies," says Larson. "We got the pain under control. It gave him the hope and mobility he needed to go on that trip."

Some patients are unwilling to take narcotics, out of fear of becoming addicted.

*"...it's important to remember that pain is as distinctive as the individual experiencing it. Pain is whatever the patient says it is."*

"There are patients who are terrified of it and need education about narcotic pain control. Others refuse to take several pills several times a day," says Larson, recalling one man who was in intense pain but also was narcotic adverse. "We prescribed a duragesic patch for him that could be reapplied every 72 hours. Later he called me and said, 'I forgot I had pain.'"

Larson's arsenal for relieving pain, side

Editor's note: PSMP patient Brenda Hasty lost her battle with cancer before publication of this article.

Fall 2003

*continued on page 16*



# Know Your ENEMY

BY MARTY FONES

Illustration by Jon Krause

*"Nurses come to research about pain and symptom management with a broader perspective than physicians," says Nancy Wells, research associate professor at VUSN and director of nursing research at Vanderbilt University Hospital and the Vanderbilt Clinics.*

**P**hysicians typically favor quantitative research that answers questions such as, "Does this drug work?" says Wells. "Nurses are drawn to research that stretches beyond treatment endpoints, seeking answers that have a holistic aspect. And when physicians and nurses work together, the research can be both powerful and clinically relevant.

"Nurses look at patients not simply with an eye for how a tumor is responding to a particular therapy. We look at how treatment and its side effects impact patients' lives before, during and after diagnosis," says Wells. "We see the whole person, and we're interested in everything that matters to him or her."

#### OPIOID OPTIONS

It is a relatively new idea in cancer treatment that pain is what the patient says it is. That philosophy, however, is now axiomatic in helping patients with terminal cancer live out their lives in relative comfort. Wells, with Dr. Barbara Murphy, a VICC oncologist and head of the PSMF, piloted a study that

*"Nurses are drawn to research that stretches beyond treatment endpoints, seeking answers that have a holistic aspect."*

examined the feasibility of nurses performing opioid titration calculations necessary to customized pain relief. "In addition to assessing whether nurses can execute the titrations accurately, the study looked at whether there was added benefit leading to better pain control when nurses and patients communicate [about patients' pain] on a regular basis as well as receive personalized pain management," says Wells. The pilot study was underwritten via funds from VICC.

Murphy calculated the baselines for the titrations. She then worked with Stacey Douglas, MSN'01, to establish techniques and guidelines which Douglas, an experienced oncology nurse, followed when one of the 20 study patients requested greater pain relief.

But before those research criteria could be assessed, says Wells, resistance to the use of opioids for pain control at or near the end of life had to be addressed.

"Nurses, doctors and pharmacists, as well as the public, have strong and sometimes wrong beliefs about opioids," says Wells. She says overcoming these long-standing perceptions is fundamental to good pain and symptom management.

"Fear of addiction is the largest barrier,

but it's more complex than simply fear. Our belief system about opioids is so strong it isn't on a rational or logical level," says Wells. That aversion is particularly strong among older people, who may have been influenced by an outdated understanding of addiction. Their fears are further exacerbated by their misunderstandings about the pain relief potential of a new generation of opioids. "The aversion can be so strong it gets in the way of the possibility of maintaining good pain control," says Wells.

To address this irrational fear head on, Wells and Douglas made education an essential component of the titration study. "You don't become addicted to pain medication unless you're using it for psychological reasons. Yes, there can be tolerance, which means you need more to get the same level of relief," says Wells, explaining that some patients resist using opioids because they fear having no pain relief options left as the disease progresses. "We even run into that [belief] from health care professionals. What needs to be under-

stood is that there is no ceiling for opioids when they are properly titrated.

"There is physical dependence if you take an opioid for any length of time. If you abruptly withdraw it, you can have physical side effects. However, if needed, dosages can be titrated down with minimal side effects."

On the other hand, she explains, over-the-counter medications such as Tylenol and Motrin do have maximum dosages after which they are no longer effective. A new generation of opioid-based medications takes a combination approach. For instance, Percoset is a combination of Tylenol and oxycodone, a synthetic morphine. When properly prescribed, it can provide significant pain relief.

#### LISTENING TO THE PAIN

Listening and educating, says Douglas, are paramount skills nurses must bring to the practice of titrating opioids and pain management.

"I made weekly calls to patients, talking with them about their levels of pain and the barriers that pain creates," says Douglas, who assessed patients' pain levels based on scripted questions such as, "How many rescue doses did you take?" and by using standard pain scales.

Frequently, the barrier to control was behavior or lifestyle driven, says Wells. A patient may avoid taking a prescribed opioid out of fear it could diminish job performance or cause him or her to miss a social opportunity. Some worry the medications would cause them to sleep away their final days. For others, the perceived threat and stigma of addiction outweighs any potential benefit of dying relatively pain-free.

Douglas worked with patients to overcome resistance while adjusting the dosages based on Murphy's calculations. Staying in frequent telephone contact with the study's patients was integral. "I always called 24 hours after I changed a titration to see how the patient was doing," says Douglas, who recalls one study participant in his 50s who experienced pain related to peripheral neuropathy as a result of chemotherapy for head and neck cancer.

"He had been on all sorts of pain medications," says Douglas. "He was compliant about taking them as prescribed and particularly liked the close monitoring he received. Even so, he was a challenge because his condition was complex and he had so many things going on medically. Other people weren't as easy to work with and remained resistant to using opioids. In the course of the study, I met some very nice people who were noncompliant, despite our attempts to educate them."

The pilot study was completed in 2001. To deepen the results from the pilot, Wells and Murphy have applied for \$1.2 million in funding from the National Cancer Institute. The goal of a new, four-year study is to broaden the setting to up to 12 hospitals in the VICC Affiliate Network. Unlike the pilot, the second study will include a control group that receives standard pain and symptom management. Their level of pain and symptom relief will be measured against that of a second group whose opioids are titrated as needed and who have regular contact with a nurse focused exclusively on their pain and symptom management. If funded, the new study will begin recruiting patients in summer 2004.

"When we analyzed the data from the pilot, we learned not only that pain levels did go down, but patients' level of distress and number of side effects also went down," says Wells. "Based on these findings, we know nurses can be depended upon to do the titrations accurately and that their active involvement in pain management is beneficial for patients." ♦



# A Grief UNOBSERVED

## DEALING WITH DEATH IN THE NICU

BY HEATHER HALL

*On any given day, 25 to 30 nurses, many of them VUSN alumni, take care of more than 50 infants in Vanderbilt University Medical Center's Neonatal Intensive Care Unit, often referred to as the NICU. It's a job in which, despite heroic efforts and the best of care, the loss of a newborn is known to be an unfortunate part of the day's work. Because of this, helping nurses cope with the grief they experience from those losses is not something that has ever been formally addressed at Vanderbilt... until now.*

*Above: A baby's home in the NICU, called a "Giraffe bed".*

VUSN alumna Angel Ewing, MSN, a 2000 graduate of the NNP specialty, is one of the case managers for the NICU. When she first came to work at the bedside of premature babies, she spent a lot of time handling bereavement care. "I did not grieve openly much. I was doing a lot of the care for the babies, taking them to the morgue, and I was sort of detached, which surprises me because I am a very emotional person. But I felt like I had to do my job, and you don't really have the time to stand there and feel what you're feeling. So you put it away," says Ewing.

Jamie Nelson, MSN '96, went straight to work as a Neonatal Nurse Practitioner in VUMC's NICU after graduation. She says that although she, too, experienced the loss of preemies over the years, only recently has it affected her deeply. That's because Nelson delivered her first child in July, and her pregnancy affected her job in the NICU.

"It's amazing how different it is," she says. "To have been at the certain gestational stage when some infants were being born or resuscitated... I was 26 weeks when I had to resuscitate on transport a 24-weeker. I was crying before we got back with the infant," says Nelson. "Pregnancy makes you crazy emotionally anyway, but then you see how this could well be you, something that you could have to deal with personally. I think until I became pregnant it was always at arm's length, because that wasn't me and it wasn't my child," Nelson adds. She says being pregnant helped her to be more insightful, but she says it mostly made her job harder. "It made the job just that much scarier and more real."

Ewing says she has witnessed nurses grieving in very individual ways. "I saw that everybody sort of did their own thing when babies would die. Some nurses would openly express it, others wouldn't. But there wasn't any formalized thing to help anybody deal with it," says Ewing. "The prevailing attitude was that 'this is the job, just suck it up.' But what I found over time was that you're really not sucking it up. You're putting it away and burying it, and it's going to come out in some way or you're going to burn out and not be able to do it anymore."

After one particularly hard night of resuscitating a NICU baby she had taken care of

for some time, the baby died near the end of Ewing's shift. She didn't grieve over the loss. She was tired and went home to get some sleep before another night on the job.

"When I woke up, I was physically stiff and sore and felt like I had been beaten up. I just lost it and burst into tears. I sobbed and I sobbed for a long time," says Ewing. She says she grieved not only for the loss of the previous night, but for all the preemies she had lost over the years.

That's when Ewing decided something had to be done to address grief and other issues surrounding the particularly stressful environment for nurses in the NICU. She began researching grief and loss in the workplace. Ewing discovered something called disenfranchised grief, which is grief that a person feels she doesn't have a right to feel, so, in turn, she doesn't grieve. Ewing says NICU nurses experience disenfranchised grief because it is part of the job, and also because there is a stigma attached to openly grieving in the workplace and losing a level of professionalism.

Ewing started Partners in Caring, a collaborative support program designed to provide resources, education and reinforcement for NICU nurses and other staff. As part of the program, guest lecturers come to the NICU to speak to the staff about grief, spirituality, how to cope, ethical issues in the NICU and how to maintain professionalism in the midst of all of those stressors. Mary Jo Gilmer, co-director of the Pediatric Advanced Comfort Care program at VUMC and associate professor at VUSN, gave a presentation with open discussion this year called "Things I Wish I'd Learned in Nursing School." She spent time focusing on how nurses can develop as professionals while maintaining sensitivity and encouraged the NICU staff to lean on one another for support.

"If we feel like we need to absorb all of this grief ourselves, we'll drown," Gilmer says. "We need partners."

Gilmer says about half of the children who die do so in infancy, so NICU nurses are exposed to such deaths often. Pediatric Intensive Care Nurses (PICU) nurses also

have to deal with disenfranchised grief, when an older child in their care dies. Gilmer says the program Ewing started is a step in the right direction. "It's tremendous, and very much needed."

Until about a year ago, grief and palliative care were not addressed in the educational process at VUSN. Gilmer says this might be in part because nurses are generally what she calls "fix-its," and if nurses can't "fix it," they don't want to talk about it. That philosophy applies to end-of-life care and to how NICU nurses often mask or suppress their grief. "It's kind of putting the seasons out of order. We don't want to think about babies dying, but they do. And they die sort of an invisible death, because no one wants to acknowledge it," Gilmer says. Recently, however, two new courses have been added to the VUSN curriculum to address the issue. Advanced Illness and Palliative Care for Nurse Practitioners and Interdisciplinary Aspects of Death and Dying are taught by Jim Pace, MSN '81, professor of nursing.

Others involved in the Partners in Caring program included VUMC Chaplain Ray Nell

*"We don't want to think about babies dying, but they do. And they die sort of an invisible death, because no one wants to acknowledge it."*

Dyer; VUSN's Linda Riley, who spoke about disenfranchised grief and caregiver grieving; Dr. Brian Carter, associate professor of neonatology; and Colin Armstrong, a psychologist with the Kim Dayani Center Health Promotion Center.

Ewing says she thinks the grief program has made a difference for her and other NICU nurses. "We're talking about it more. It's something they weren't doing much when I first got here. I've had some [nurses] express to me that it felt like a release just to be able to talk about it," says Ewing.

She says Partners in Care plans to repeat some topics and add new ones, and to continue offering the program to NICU nurses every year. She says they hope to expand the program to the PICU in the future, and possibly to other areas at VUMC. ♦





## VUSN Celebrates Record High Enrollment

The School of Nursing greeted a record number of new faces at Orientation on Monday, August 25. A total of 264 new students enrolled at VUSN for the 2003-2004 academic year, compared to 243 last year. Linda Norman, senior associate dean for academics, says the three-semester "bridge," or pre-specialty program, through which students with a non-nursing background enter the ANP programs, is the area that is seeing the most growth. The enrollment in the pre-specialty area has increased from last year's 124 new students to 148 this year.

Norman says the increase in enrollment by students with no prior nursing experience is due, in part, to the general public becoming more aware of the multiple roles of advanced practice nurses, through campaign efforts like the Johnson & Johnson Company's quest to find more nurses, and countless media reports about the nationwide nursing shortage. The School hired four new part-time clinical faculty members to meet the demands of a larger class this year. Despite adding faculty, Norman says 38 applicants, all interested in the pre-specialty bridge program, are on a waiting list and cannot be accommodated by VUSN this fall. "They met all of the necessary requirements, but we just do not have space for them," Norman says. "Some of our specialty programs moved to a waiting list by January 15, and all were full by the end of May," she adds.

Dr. Harry R. Jacobson, vice chancellor for health affairs, and University Chancellor

Gordon Gee joined Dean Conway-Welch at Orientation to welcome the new students, as did the VUSN specialty program directors. Later that night, Conway-Welch opened her home to students and faculty for a barbeque dinner, giving everyone the chance to meet before classes began.

The new VUSN students range in age from 20 to 62 and are a diverse group of Hispanic, African American, Asian, Native American, Caucasian and other ethnicities. With the option of distance learning for many of the specialty programs, students from as far away as South Dakota, Texas, Colorado and beyond have enrolled. The



distance option brings students to campus three to four times a semester for a four-day block of classroom work, while the remainder of the coursework is provided on a weekly CD-ROM that can be viewed by the students at home.

Chris Steward, 51, is among the crowd of new nursing students on campus this fall. He has practiced oral surgery and general dentistry in Cave City, Ky., a small community about 90 miles north of Nashville, for the past 20 years. He says he has cut his practice back to three days a week in order to enter Family Nurse Practitioner program and that he made the decision so that he could better serve his rural community. "My practice profiles are different than when I started 20 years ago. I deal with more medically compromised people. I have a desire to learn more so I can be a better benefit for the patients I work with," says Steward. He says he chose VUSN because of the flexibility of the program and the reputation of the school. "Their sterling reputation for excellence in health care education is the best in the nation—whether you want to be a nurse practitioner or physician or anything else," Steward says. The bridge program was an additional enticement. "It's a unique program. They can accommodate people who are working or already have an occupation," Steward adds.

Vaughn Sinclair, BSN '74 & MSN '78, associate professor at VUSN, is glad to welcome

her daughter to the School of Nursing. Ginny Sinclair enrolled in the Psychiatric/Mental Health Nurse Practitioner program, the same specialty in which her mother has been practicing and teaching for years. Ginny completed her undergraduate studies at Duke and chose Vanderbilt for its unique nursing program. "I liked Vanderbilt the best because of the reputation of the program. The curriculum seemed well put together and the two-year bridge program was a big factor. I have no undergraduate nursing experience," she says.

Vaughn said she's thrilled her daughter is choosing the same career path. "Generally, kids don't want to follow in their Mom's footsteps, but her natural gifts are as a therapist," she says. And she couldn't be happier that her daughter is at Vanderbilt. "I love seeing more of her," she says. Vaughn will teach her daughter in one course, but not until

Ginny's second year, so they both have some time to get used to the idea. "I'll have to get somebody else to grade her papers," Vaughn says. Ginny hopes to work as a therapist in the outpatient setting once she has completed her degree.

VUSN offers incoming students a new specialty option this year. The Clinical Management focus in the Health Systems Management specialty will prepare advanced practice nurses for clinical management positions in the hospital setting. Norman says the new focus was created in conjunction with the Nurse Management group in the Medical Center. Also new are courses in palliative and end-of-life care, as well as an Acute Care option for students in the Pediatric Nurse Practitioner program. The Acute Care option was added to better meet the needs of the new Monroe Carell Jr. Children's Hospital at Vanderbilt. ♦



## Pinning, Sunday, August 10

Colleen Conway-Welch, dean of the School of Nursing, congratulates Elizabeth Adams, family nurse practitioner specialty graduate, at the pinning ceremony August 10. The ceremony drew record crowds to Langford Auditorium to see 189 graduate students receive their pins and officially become advanced practice nurses.



## Founder's Medalist

Dean Colleen Conway-Welch gives the School of Nursing Founder's Medal to Deanna Pilkenton during commencement ceremonies May 9. Pilkenton was one of 11 graduates of the midwifery program. The School also awarded degrees to 43 family nurse practitioners; 30 acute care nurse practitioners; 19 neonatal practitioners; 18 graduates each from the psychiatric, adult, and women's health nurse practitioner programs; 16 pediatric NPs; seven graduates in health services management; and one dual MSN/MBA student.

## VUSN Goes Wireless

VUSN has joined the wireless wave. Beginning this fall, VUSN offers students wireless network access in several locations, including the atrium, Frist Hall student lounge, Annex hallway and sitting area, and Godchaux Hall Living Room and first floor. Students with laptop computers outfitted with a wireless card can take advantage of wireless coverage not only at VUSN, but also at other locations around the Medical Center and the rest of the Vanderbilt campus. Students in the Pediatric Nurse Practitioner program are also taking advantage of the wireless revolution with PDA versions of standard textbooks. These mobile versions of textbooks can be downloaded to student's PDAs so that they have volumes of diagnostic and prescriptive information at their fingertips. A Tech Tools link ([www.mc.vanderbilt.edu/nursing/tools/techttools.html](http://www.mc.vanderbilt.edu/nursing/tools/techttools.html)) on the School Web site keeps students up-to-date on this and other technology developments at VUSN.

## Take it away, boys

For Greta Fowinkle, MSN'94, music was an important tool in coping with the rigors of radiation therapy following two lumpectomies for breast cancer.

She participated in a study led by Nancy Wells, research associate professor at VUSN and director of nursing research at Vanderbilt University Hospital and the Vanderbilt Clinics. The study explored music's potential to help cancer patients cope with the side effects of radiation therapy. Wells' inquiry led to a study funded by the American Music Therapy Association (AMTA) and the Vanderbilt chapter of Sigma Theta Tau.

"Music therapy is an alternative approach that has been shown to have substantial benefits in reducing anxiety, depression and pain, in addition to improving physiological parameters such as heart rate and blood pressure, in diverse patient populations," says Wells. The study was implemented via a multidisciplinary group, including nurses, music therapists and other health care providers.

In the process of the study, subjects such as Fowinkle selected compilations of music of their own choosing and were given audiotapes to listen to between radiation treatments. "We wanted to know whether the music could reduce patients' emotional response and physical symptoms over the course of the radiation," explains Wells.

Fowinkle chose to have two different tapes. "I used one to help me relax, sort of new age music, and another, rock 'n'roll, to listen to while I exercised," she says. "While you're undergoing treatment, you have so much on your mind. The music provided an escape, a safe harbor I could look forward to. When it comes to getting through cancer treatment, you have to use all the tools you have. For me, music was one of those, and being in the study made that happen."

Wells says for some study participants, findings echo Fowinkle's experience. Says Wells, "[Patients] self-reported less stress related to treatment, but music doesn't seem to be a factor in relieving the fatigue that is part of radiation therapy." The results will be presented at the November meeting of the AMTA.

*continued from page 9*

effects and symptoms is a diverse one, including intrathecal implantable pumps that deliver pain relief directly to the spinal cord. "Sometimes we work closely with Anesthesia to provide nerve blocks," says Larson. "Those of us who work in this field use a lot of other medications as adjunctive therapies,

such as anti-inflammatories and Tylenol that can boost pain relief. Pain as a result of

injury to the nerves that can occur in chemotherapy may be helped using non-narcotic medications such as Neurontin, an epilepsy medication, as well as older antidepressants such as Desipramine.

"Throughout my 23-year-nursing career, I've been disappointed that people continue to die in pain and to have unrelieved suffering," says Larson. "We have the means to control pain and alleviate it, but sometimes, because of lack of patient education, belief systems or the inexperience of health care providers, patients don't get their needs met. At PSMP, we're riding the crest of a wave toward better quality of life and giving people choices. Good pain management and symptom control are possible."

### FINDING SOLUTIONS THAT WORK

Sometimes pain and symptom relief can emerge from less clinical sectors such as yoga, massage, hypnosis and acupuncture. "We have a series of 30 audiotapes called Health Journeys that patients can use during chemotherapy and radiation," says Larson. "They include music, calming messages, breathing exercises and progressive relaxation."

The PSMP also has on staff a nutritionist, psychologists and others who work collaboratively to foster patients' quality of life during and after cancer treatment. There's also a parish nurse, Shelley Feisinger. Feisinger has completed Vanderbilt's Center for Parish Nursing and Health Ministries program. Directed by Sharon Adkins, MSN'88, a clinical faculty member at VUSN, the program helps nurses who are committed to spirituality to blend it into the clinical setting.

It's a natural fit, says Adkins. "When people

get sick, they don't just get sick in their bodies. That means the psycho-emotional-spiritual aspects of us are every bit as important as what's going on at the cellular level.

"Parish nurses bring a clinical skill set, yet they also continue to study and learn more about the spiritual side of patient care," says

*"At PSMP, we're riding the crest of a wave toward quality of life and giving people choices. Good pain management and symptom control are possible."*

Adkins. "Nurses engender trust. People will open up and talk to us about things they would not bring up to chaplains or physicians. It's a role that gives nurses an entree others wouldn't have."

The most important skill, says Feisinger, who previously was a home care nurse, is a willingness to listen. Sometimes patients are angry or afraid. Others worry that their disease is some kind of divine retribution.

"There are no concrete answers," she says. "I let patients tell me what they think, and then we discuss why they feel that way. They may say, 'I'm angry and I don't understand why this is happening.' They say they don't feel close to God or they don't feel He is with them. On the other hand, some patients find it a relief to talk about everything and anything but their cancer."

Feisinger connects with patients in a variety of ways. She maintains a presence at the VICC and talks with nurses who may direct her to a patient who is having a difficult time or is angry or isolated. She carries a basket containing spiritually encouraging items such as prayer cards and angel figures, which can open conversations. If talk turns to prayer, she's available, although the chaplaincy staff steps in to handle sacramental duties such as communion and last rites. "I was present in the infusion room when a couple asked a chaplain to assist them in reaffirming their vows," she says. She also provides spiritual support to staff when they request it.

"Cancer throws everything out the window. Your life is turned around and is never the same. No matter whether you're cured or in remission, there's a chance it will come back," says Feisinger. "Yet patients persevere." ♦

## A Letter from Kathy Fowler, MSN'97, Newly Elected VUSN Alumni Board President

I am honored to be serving as president of this year's VUSN Alumni Association Board of Directors. We have had two strong years of leadership under our past president, Elizabeth Phillips Farra, BA'90, MSN'93. During her tenure, there was tremendous organizational progress in our association as well as a newly established student award and scholarship for exemplary service to the school and community. We continue to have a very bright, dynamic board of directors and I am looking forward to using their talents to strengthen our association and the School through vital committee work.

Each member on the board has joined one of three committees: Development, Student Relations and Alumni Relations. This year, the Development Committee will focus its fundraising efforts on Vanderbilt's "Shape the Future" campaign and on reaching the \$100,000 goal for the new Alumni Association Scholarship, the Student Relations Committee will assist the board with activities related to students such as the Career Day Forum, and the Alumni Relations Committee has already begun making plans for 2004 extraVUGanza weekend. It should prove to be a productive year!

Please feel free to contact me if you want to be involved with our Association — it is yours as well as mine — or if you have any ideas or suggestions. My email address is [coopfowler@comcast.net](mailto:coopfowler@comcast.net).



DANIEL DUBOIS

## Alumni Association Creates New Scholarship

Recognizing the need both to draw the best students and to help those students offset the cost of a VUSN education, the Alumni Association has created a new scholarship. The VUSN Alumni Association Scholarship will, when fully funded, be awarded to a rising second year student in any specialty. The recipient will be chosen from faculty nominations on the basis of demonstrated need. To be considered for nomination, he or she must exemplify compassionate care of patients and demonstrate teamwork in the clinical and classroom settings.

The Association plans to raise \$100,000 to fund the scholarship. Forty thousand dollars have been donated thus far, with VUSN alumnae Virginia George, BSN'47 and professor emerita, and Virginia Crenshaw, BSN'42, making significant contributions toward the goal. If you would like to contribute to the VUSN Alumni Association Scholarship fund, please contact Alice Parkerson, Director of Development, by e-mail at [Alice.Parkerson@vanderbilt.edu](mailto:Alice.Parkerson@vanderbilt.edu), or by calling 1-800-288-0028 or 615-322-8851.

## VUSN extraVUGanza Weekend Moves to October 2004

At the March 2003 meeting of the VUSN Alumni Association Board of Directors meeting, an important strategic decision was made concerning extraVUGanza weekend. A vote was passed to have this important event held every other year, beginning in 2004.

However, an annual Quinq luncheon will be held to honor those alumni who celebrate their 50th (or more!) anniversary of graduation from VUSN each October. Stay tuned for further details.

This change was made for a multiple of reasons, one of which is to accommodate today's challenging and hectic lifestyle. Everyone has multiple responsibilities — children's schools, athletic teams, professional commitments, etc. To better accommodate our alumni, the Development and Alumni Relations office is committed to "coming to you" through events in varying cities.

If you would like to open your home to a casual gathering of other VUSN alumni in your area, please contact Alice Parkerson, Director of Development, by e-mail at [Alice.Parkerson@vanderbilt.edu](mailto:Alice.Parkerson@vanderbilt.edu), or by calling 1-800-288-0028 or 615-322-8851.



NEIL BRAKE  
Dean Conway-Welch, center, celebrates with VUSN alumnae at the Quinq luncheon, held at the Nursing School, on October 10, 2003.

# Giving Back

Alumnae Thank VUSN for Helping Them Follow the Road Less Traveled

BY SHELTON CLARK, BA'85



## Up Through the Ranks

*Colonel in the Air National Guard. Desert Storm veteran. Attorney. Risk management expert. Now, Robin Diamond, MSN'78, adds president-elect of the VUSN Alumni Board to her already impressive resume.*

Diamond is quick to acknowledge the work of past Alumni Board presidents including Elizabeth Farrar and current president Kathy Fowler and hopes to “continue what’s already been started. She says, “with increased commitment to school and students—whether it’s giving students ideas on what they can do when they graduate, or putting together a scholarship, which is what we did this past year.”

Diamond hopes to involve even the most recent alumni in support for VUSN. “They’ll understand as they get into the workforce how important their Vanderbilt education really is and what it means,” Diamond says. “People who’ve been out for many years hopefully already understand that. I think you have to have strong people on the Alumni Board to present that, and to remind people of the value Vanderbilt has always had for those of us who were lucky enough to go there.”

Diamond’s involvement on the alumni level completes a circle. Diamond was working at the Veterans Administration at Mountain Home in Johnson City, Tenn., in the late 1970s when then-dean Sara Archer came to visit applicants for graduate studies at VUSN. “I applied for and was actually lucky enough to get that scholarship,” Diamond says. Not only did her time at Vanderbilt provide her with professional guidance, but Diamond found personal growth, as well. “That has really connected me closer than anything to the whole notion of trying to give back

what has been offered to me,” she says.

“Also, when I was [at Vanderbilt], I made the decision to attend law school,” Diamond adds. “I had talked to some Vanderbilt professors who had gone to law school. Right after I finished my master’s degree and was working as a nurse, I entered the YMCA Night Law School [in Nashville, now renamed the Nashville School of Law].”

Newly armed with a law degree, Diamond practiced with the Tennessee Department of Mental Health and Mental Retardation for three years before going into hospital administration. Again, a Vanderbilt connection led her to pursue an opportunity, this time in the military. “Another nurse who’d graduated from Vanderbilt was in the Tennessee Air National Guard. She talked with me about the careers available in the military,” Diamond says. “So, I decided that would be something worthwhile for me to



get into.” She was in Tennessee’s Air National Guard from 1985 until 1994 and served in active duty in Desert Shield/Desert Storm. She is still active in the Guard and has risen to the rank of colonel.

Drawing both on her nursing background and legal experience, Diamond entered the field of risk management, working with physicians and hospitals. “I help them look at their legal risk of being sued and teach them ways to decrease their risk,” she says. “And hopefully, the quality of care of their patients is increased, and the way they provide care is safer to the consumer.”

It is no secret—even to those not directly involved in medical careers—that the health-care industry has seen dramatic changes over the past quarter-century. Those changes are one reason Diamond offers her active support for VUSN. “Now nursing requires much more knowledge in many areas beyond traditional nursing skills,” she says. “You have standards, compliance—whether it’s with the Joint Commission or the federal government or regulatory compliance. It’s a big part of a nurse’s or a physician’s life. So nurses and physicians look to their peers who have this type of experience in education to help them along.” ♦

## The “Pass It On” Scholarship

One alumna has chosen to show her gratitude to VUSN by establishing the “Pass It On” Scholarship. The donor, who chooses to remain anonymous, says that a scholarship awarded to her as a nursing student changed her life by allowing her to receive a college education. Now she wants to give other prospective students the same chance she was offered.

The scholarship will be awarded with the recipient’s full understanding that the recipient will, at some time after graduation, provide financial, emotional, and/or moral support to other nursing students seeking to further their educations. The recipients do not have to report how they intend to honor this requirement. However, each recipient will be required to write a letter for the scholarship file, to be shared with future recipients of the scholarship, describing the impact the scholarship has had on them personally.

## Industrial Strength

*“The opportunities are endless,” says Becky Bolce, BSN’84, a strategic initiative clinical scientist for Centocor, a biopharmaceutical company in San Francisco.*

“Nursing can really open doors into many areas, not only in health care, but in business and other fields, too. There’s a lot of value in having a nursing background, then utilizing those and other skills or interests to give you an edge in the business world.” Because of this belief, and the effect VUSN had on her own career, Bolce continues to support her alma mater through alumni giving.

Bolce’s career started out conventionally. After graduating from VUSN, she worked as a staff nurse in solid organ transplants at the University of Cincinnati. She earned her master’s degree there, then joined UC’s transplant team and ran a pre- and post-transplant clinic. “In that role, I started doing research with a monoclonal antibody called

OKT3, which reversed rejection in transplant patients. In doing that research, I got interested in industry and was recruited to go to Ortho Biotech.” She moved from Ortho Biotech, a Johnson & Johnson company, to Centocor, another J&J company, in 2001. Having switched, in her words, “diseases of interest,” she now works in research of the spinal disease ankylosing spondylitis.

Bolce is almost evangelistic in her zeal for considering the possibilities outside of traditional health care settings. “The Vanderbilt education provided me the background and the interest to go on and continue my education and get my master’s in nursing, and to be a part of a team at a higher level—running a pre- and post-transplant clinic, being involved with direct accountability and

responsibility for the patients, and educating the staff on how to take care of them,” she says. “Having direct experience working with patients within a hospital system provided me the background to succeed in an industry where I’m specifically interacting all day long with international-level leaders in health care. Knowing the language and understanding what physicians go through in particular areas of medicine helps you adjust how you interact with them, and it allows you to be more successful. Not only can you understand them,” she adds with a mild chuckle, “but it also allows you to have a little empathy and sympathy. It allows you to know what may be important to them, because you were a part of that team once. You’re not an outsider. I think that’s been incredibly beneficial to the pharmaceutical industry.” ♦

## Wise Decisions

*Doreen Wise, BSN’68, founder and CEO of Medical Research Consultants in Houston, is grateful for the serendipitous benefit of “idiot-level guidance counseling.”*

“I grew up in an era when the guidance counseling for those of us in National Honor Society [who were girls] consisted of, ‘Let’s see. You’re a really good student. You could be a nurse or a teacher,’” says Wise. “Sad, but true.”

Wise didn’t want to be a teacher, so she took the default choice. “But the exciting thing about people who received that kind of counseling is that those of us who might have picked another field have stayed in nursing and done some really creative things,” she says.

“In my opinion, health-care administrators don’t yet have a clue how to make the highest and best use of nurses. I’m a baby boomer, and I think we’re idealistic. We felt like we could really change health care for the better

by being who we were and in caring the way we do about patients.”

After leaving VUSN, Wise worked in clinical practice, then taught at the University of Texas for 12 years. While at Texas, she got a call from a Vanderbilt friend, attorney Steve Hanks, who needed some medical advice for a deposition. Out of that working relationship, her business was born. “That was long before there was anybody called a ‘legal nurse consultant,’” Wise says. “He gave me the idea, and I kind of took it and ran with it.” MRC provides accurate medical information for attorneys, insurance companies and pharmaceutical houses. “Our firm,” Wise says, “specializes in trying to make sense out of the total craziness of mass

torts.” Wise also started two non-profit organizations, Gabriel’s Gift and Admission Control, that are run out of MRC’s office.

An active supporter of VUSN, Wise’s take on alumni involvement is that “it’s of critical importance. To avoid the communication breakdown between the so-called ‘ivory tower’ and the real world, it’s essential. We continue to learn from the best and the brightest from the School of Nursing, and we who are out in the real world can also inform the academic process through our experiences.

“Vanderbilt is just such an exceptional place, and I think with each passing year I realize what a gift it was,” says Wise. “Neither my master’s nor my doctoral work was as challenging for me, or transformed my capability as notably, as my experience at Vanderbilt. Viewed back through the prism of life having had its way with us for 35 years, that’s pretty special.” ♦



GITTINGS & LORNING EXPRESS

Please note: Class Notes appear only in the printed version of this publication.



## The Last Word

*Vanderbilt University School of Nursing has always been a leader. Our graduates are innovators in every aspect of nursing, from patient care to nursing education, from informatics to research. Our reputation and the value of a VUSN degree continue to grow.*

Vanderbilt has launched a new campaign to provide for the future of the entire University. The overall campaign goal of \$1.25 billion encompasses fundraising initiatives mounted by every school and college. The Vanderbilt University Medical Center, which includes the School of Medicine and the School of Nursing as well as the hospitals, is responsible for \$625 million, or one-half of the total goal.

In today's world of nursing shortages, VUSN has done very well in recruitment and retention of students. But the competition for these students increases every year and class size is directly linked to available scholarship support. The major source of this support is from philanthropy. The average VUSN graduate leaves the school with approximately \$80,000 in student loan debt, which is why campaign plans for VUSN include a primary focus on scholarship support.

The campaign's success will also help with much-needed renovations to Godchaux Hall, providing infrastructure and integrated workspace for faculty and students engaged in research and practice. This renovation will not only improve the space available for research, but the results of the studies undertaken will generate knowledge needed to guide the practice of nursing, improve education, promote interdisciplinary scholarship and respond to the health needs of society.

I hope that, as you reflect on your years at VUSN and how your education shaped your lives, you will make the decision to continue that legacy by helping others shape the future of nursing

*Colleen Conway-Walsh*

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## DID YOU KNOW...

...90 percent of all VUSN students require **FINANCIAL ASSISTANCE?**

...the **AVERAGE DEBT** of a VUSN student upon graduation is **\$80,000?**

...the **AVERAGE SCHOLARSHIP** amount awarded per student is **\$4,000?**

...the cost of three semesters' **TUITION** at VUSN is nearly **\$30,000?**

...there are currently **ONLY SIX FULL SCHOLARSHIPS** available at VUSN?



## THE "SHAPE THE FUTURE" CAMPAIGN CAN CHANGE ALL THAT?

As the demand for quality-educated advanced practice nurses increases, it raises questions about the future of healthcare delivery—not only for us, but also for our children and grandchildren. To ensure they have not only adequate, but top-notch care, the School must find ways to provide financial assistance for the next generation of students. Endowed scholarships ensure a permanent source of funding, making a Vanderbilt nursing education available to all deserving applicants—and shaping the future of nursing.

To find out how you can support scholarships at VUSN, contact Alice Parkerson, Director of Development, at [alice.parkerson@vanderbilt.edu](mailto:alice.parkerson@vanderbilt.edu) or by calling 1-800-288-0028 or 615-322-8851.