

VANDERBILT Nurse



SMALL PATIENTS,
Big Ideas

SUMMER 2002



VUSN Reacts to the Nursing Shortage

The Vanderbilt University School of Nursing, along with countless other schools of nursing across the country, is stepping back to assess the impact of the nursing shortage on our faculty, student enrollment and the discipline of nursing in general and here. Since VUSN is a part of the Medical Center, we have the additional responsibility to help find solutions to the impact of the nursing shortage here. VUMC and other medical centers across the country are expecting their nursing schools to not only interpret the problem of a national nursing shortage, but to find ways to address this growing problem as it becomes a crisis.

These are some creative ideas that have been generated by collaboration between VUSN and VUMC Patient Care Services:

- Develop a “critical pathway” for recruiting enrolled pre-specialty students as care partners and as RNs after they have completed the pre-specialty (Bridge) year and passed the NCLEX.
- Join VUH in recruitment activity by emphasizing the partnership between VUSN and VUH. Provide potential hospital nurses advancement opportunities by taking advantage of the proximity and programs in the School.
- Inform students about opportunities at VUH by recruiting to the School while emphasizing the opportunity for RNs and BSNs to work as staff nurses while enrolled at VUSN.
- Explore the possibility of partnering with other liberal arts undergraduate schools who wish to grant a BSN by making our Bridge/ pre-specialty content available to them.

- Explore the opportunity for graduates who were not nurses on entrance to the program to work as both staff nurses and nurse practitioners at VUH or clinics immediately after graduation to gain additional experience beyond their master’s preceptorship and qualify for or maintain NP certification at the same time.
- Offer a refresher course on a flexible basis for returning RNs.
- Investigate ways to “take work out” of nursing via a combination of people, processes and technology with a focus on eliminating variation and re-work.
- Research the role (current and desired) of the advanced practice nurse in the life of an academic health science center. We have begun this \$100,000 research effort in partnership with the School of Medicine, VUH and the vice chancellor’s office.
More about VUSN and VUMC and the nursing shortage (as well as the impending faculty shortage) will follow!

Colleen Conway-Welch

Letters to the Editor



I’ve just finished reading a co-worker’s Spring 2002 issue of the *Vanderbilt Nurse* and was very moved as well as informed by its content. I was thoroughly impressed

by the quality of writing and design.

I’d love to receive my own subscription if you would add me to the mailing list. I think this would be a wonderful resource for me even though I am not a nurse.

Kudos to you all!!!
Pat Seitz
Nashville, Tenn.

Editor’s note: Thank you very much for your support. There is no charge for a subscription. We will be happy to send the Vanderbilt Nurse to anyone who wishes to be added to our mailing list.

VANDERBILT Nurse

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FEATURES

Low Nurse Staffing Can Be Harmful to Patients **2**

Peter Buerhaus’ study is published in the New England Journal of Medicine

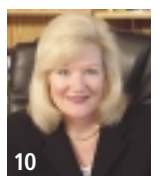
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VUSN research benefits the youngest patients



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Three Degrees of Dedication **15**

Founders Medalist Lori Burch Ferranti is truly a woman of letters — MBA, MSN and Ph.D.



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ABOUT THE COVER:

Photographer Jeff Frazier, who has worked with clients such as IBM and the *New York Times Magazine* and personalities ranging from Nixon to Johnny Cash, captured this image of VUSN researcher Linda Riley and a young patient at Vanderbilt Children’s Hospital. www.jefffrazier.com

Buerhaus' NEJM Study Links Staffing with Patient Care



Peter Buerhaus, (left) senior associate dean of research, coauthored the study.

A study by a VUSN researcher linking nurse staffing and patient care is gaining significant support, especially since its appearance in the *New England Journal of Medicine* in May (<http://content.nejm.org/cgi/content/abstract/346/22/1715>).

The study, originally released in April 2001 by the U.S. Department of Health and Human Services, is co-authored by Peter Buerhaus, senior associate dean for research and Valere Potter Professor of Nursing at VUSN, and Jack Needleman, assistant professor of economics and health at the Harvard School of Public Health.

The findings from the study, the most comprehensive to date on the topic, show that low nurse staffing directly impacted patient outcomes including urinary tract infections, shock and bleeding.

"It is the largest and most sophisticated

study to date assessing the relationship between nurse staffing and quality of patient care," says Buerhaus. "The Harvard-Vanderbilt study has received considerable attention in the health policy community. The comment of one U.S. Senate staffer summarizes the reaction of many: 'Because of this study, those of us in the policy community interested in improving the quality of hospital care now realize that we can't focus solely on the role of physicians; we must also consider the role of nursing and the issues that affect hospital nurse staffing.'"

Buerhaus and Needleman sought to provide evidence that nursing staff levels matter in what happens to patients. Their study highlights the need for a change in public policy, enabling hospitals to enrich staffing levels to the point where the adverse patient outcomes found could be reduced.

The researchers, utilizing data from more than 5 million patient discharges from 799 hospitals in 11 states in 1997, found that there were consistent relationships between nurse staffing variables and five adverse patient outcomes — urinary tract infections, pneumonia, shock, upper gastrointestinal bleeding and length of hospital stay — in

medical and major surgery patients.

The study also showed higher RN staffing was associated with a 3 to 12 percent reduction in certain adverse outcomes, and higher staffing at all levels of nursing was associated with a 2 to 25 percent reduction in adverse outcomes.

This report comes nearly one year after Buerhaus released a study in the *Journal of the American Medical Association* projecting that the pool of registered nurses will fall drastically by the year 2020.

"This is an emerging crisis," says Buerhaus. "The demand for health care will increase at a high rate, yet the RN workforce will be decreasing. Clearly, this will create a threat to the access and quality of health care."

According to the Harvard-Vanderbilt study, the costs associated with patient complications can be substantial. Reductions in the rates of adverse outcomes reduce hospital costs as well as significant financial and psychological costs to patients and their families.

"The publication of this study in the *New England Journal of Medicine* is providing credibility that nurse staffing has an important effect on the risk that a patient will experience an adverse complication during a hospital stay," Buerhaus says. "Improving patient safety is a critical issue and our study puts the impact of staffing mix and levels before the nursing profession, hospital industry, insurers and policy makers."

Mary Foley, president of the American Nurses Association, says the study lends weight to the argument that nurses are a vital part of patient care. "I hope it puts to rest the myth ... that we just don't have the data to prove that there's a relationship between care and nurses. I hear that from health planners, health policy makers and particularly from some members of the long-term and acute care industry. ... [This report is] validating. It's timely and confirms conclusively that there's quite a difference."

The Harvard-Vanderbilt study was one of six studies formally presented to Congress by the Department of Health and Human Services in 2001, and was ranked as one of the top 18 studies done for the DHHS.

—Jessica Pasley

Cultural Barriers Can Affect Health Care

As the demographics of the United States have changed over the past decade, so have patient populations. Lori Cabbage, VUSN lecturer and family nurse practitioner at the Vine Hill Clinic, addressed the problems of working with an increasingly diverse population during a recent Ethics Grand Rounds at the School of Medicine. The title of the session was "Does Difference Matter? Culture, Ethnicity, Religion and Patient Preferences."

Cabbage said it is becoming increasingly important to incorporate cultural diversity and ethnicity into nursing and medical school curriculums, something that both Vanderbilt schools are doing.

Jean Gauld-Jaeger, director of patient affairs, said the Medical Center began offering interpreter services in 1993. She said that interpreters must be able to communicate effectively with both the patient and his or her family to explain procedures, diagnoses and discharge instructions, as well as specifics on follow-up appointments, financial concerns and third-party reimbursement.

Staff must also determine an interpreter's competence when a family brings their own interpreter to the hospital. This became apparent when a Bosnian woman suffered a serious stroke and was hospitalized at Vanderbilt University Hospital. "The husband understood his friend to say that he had to move his sick wife to a new hospital every two days," Gauld-Jaeger said. "The doctor had actually told the husband that his wife was doing extremely well, that she would only need two more days in the ICU, then would be moved to a regular unit. It came out all scrambled and created a great deal of anxiety for this patient's husband."

Cabbage said cultural considerations can play a large part in helping or hindering diagnosis. One common concern is that some women prefer female nurses and physicians. "We have also learned that the use of touch is not acceptable in all cultures," she said. "We need to evaluate what is acceptable for each patient." If it becomes necessary to seek the help of a physician, Cabbage said the Vine Hill practice tries to see that the women are treated by women residents or attending physicians at VUH. — Nancy Humphrey



VUSN lecturer and family nurse practitioner Lori Cabbage discusses a plan of treatment with one of her patients at the Vine Hill Clinic.

New IV Pump Helps Prevent Drug Dosage Errors

Years of collaboration between Vanderbilt University Medical Center and California-based intravenous infusion pump maker Alaris Medical Systems have resulted in a new IV pump that automatically checks drug and dosage information to alert nurses to any potential medication error. Vanderbilt is the second medical center in the world to use the new pump. Roughly 95 percent of Vanderbilt University Hospital patients are placed on an IV pump at some point during their hospital stay.

"I think this is the most powerful patient safety advance I've ever seen." —IRENE HATCHER, BSN'62, MSN'97

"I think this is the most powerful patient safety advance I've ever seen," says Irene Hatcher, BSN'62, MSN'97, adjunct instructor of nursing and coordinator of clinical pathways and case management, one of those at Vanderbilt who helped develop the Alaris pump. VUMC has been aiding development of the pump for eight years, with contributions coming from nurses, physicians, bio-

medical informatics and the pharmacy.

Unlike conventional pumps, the new pump gives nurses, at the point of drug administration, a safety feature that alerts the user to any dosage that appears wrong. As the nurse enters dosage information on the pump's keypad, a drug library is at work in the background, checking minimum and maximum doses. The limits for a given drug can be set differently for different areas of the hospital — adult intensive care, adult general care, pediatric intensive care and so

on. For each drug, the pump can accept both "soft" dosage limits that the nurse can override and "hard" dosage limits that cannot be overridden.

Other advantages of the new pump are easier use (fewer keypunches and decision points) and a lightweight design. The new pump is also modular, allowing it to be configured to deliver from one to four channels (conventional pumps come in one-, two- and four-channel varieties). Biomedical



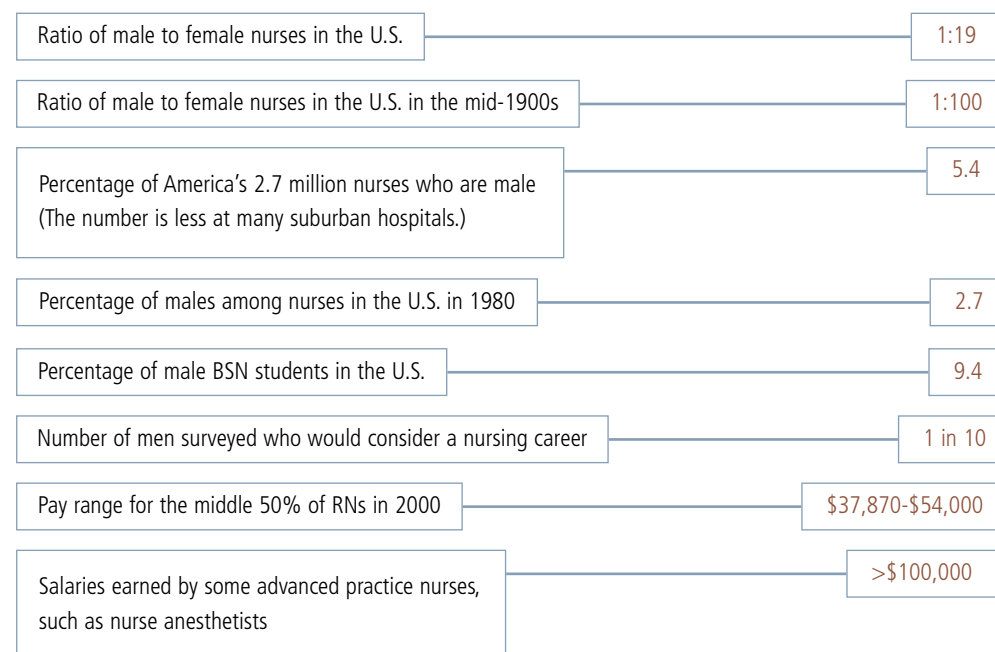
The new IV pump was tested by nurses in the VUH trauma center and pediatric intensive care unit.

electronics is working on a solution for wireless reprogramming of pumps in VUH supply rooms. It is anticipated that one day, doctors will be able to program the pump themselves when they order the medication electronically.

The pump and its safety software have been in testing in the VUH trauma unit and pediatric intensive care unit for more than a year. Hatcher says the pump is having a considerable positive impact on nurse job satisfaction in those areas. Vanderbilt Medical Group began using the pumps in outpatient areas in March and throughout VUH shortly thereafter.

— Paul Govern

Bridging the Gender Gap



(sources-Buerhaus, *Chicago Daily Herald*, DHHS, U.S. Dept. of Labor)

Spring Faculty Assembly Awards

The faculty of VUSN honored their own on May 29 with the Spring Faculty Awards. The following friends and faculty of the school were given special recognition:

The Dean's Award for Outstanding Service to Faculty and Students — Libby Dayani, BSN'71, MSN'72, immediate past president of the Julia Hereford Society

The Dean's Award for Recognition of Faculty Achievement in Scholarly Endeavors — Janet S. Carpenter, assistant professor of nursing

Ingeborg Grosser Mauksch Award for Excellence in Faculty Mentoring — Joe Hepworth, research associate professor/statistician

School of Nursing Excellence in Teaching Award for Teaching in the Lecture or Small Group Setting — Susie Adams, specialty director for psychiatric/mental health nursing, associate professor of nursing

School of Nursing Excellence in Teaching Award for Teaching in the Clinical Setting — Theresa Inott, MSN'95, instructor in clinical nursing

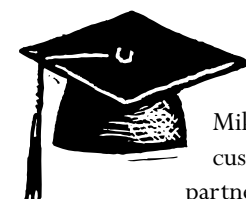
School of Nursing Excellence in Teaching Award for Educational Innovation — Carolyn Bess, BSN'69, MSN'71, academic level director for the RN pre-specialty, associate professor of nursing

School Life Staff Award — Carolyn Arakelian, administrative assistant, finance and administration

William J. Darby Award (given by the Medical Center in recognition of translational research that provides significant advances in medical practice or health care services) — Peter Buerhaus, senior associate dean for research, Valere Potter Professor of Nursing

Joe B. Wyatt Distinguished University Professor Award (a university-wide award in honor of former chancellor Joe B. Wyatt; for accomplishments that span multiple academic disciplines and for the development of significant new knowledge from research or exemplary innovation in teaching) — Judy Ozbolt, Independence Foundation Professor of Nursing, professor of biomedical informatics

VUSN and Fisk Possible Partners in BSN Program



Dean Conway-Welch and Vice Chancellor for Public Affairs Mike Schoenfeld are discussing the possibility of partnering with Nashville's historic Fisk University in a new baccalaureate nursing program. Fisk's president, Carolyn Reid-Wallace, approached Conway-Welch with the idea in response to a desire in the Fisk community for a BSN program. Although the curriculum is still evolving, a basic structure is emerging, says Conway-Welch. VUSN would contract to teach its Bridge content (which is recognized by the Tennessee Board of Regents as BSN-equivalent) to Fisk students, who would take all other courses at Fisk. The BSN degree would be conferred by Fisk. According to Conway-Welch, one of the reasons VUSN is interested in the program is that it would give VUSN an opportunity to recruit Fisk graduates, who would likely represent a significant number of minorities, into the Vanderbilt MSN-Ph.D. program. The national percentage of minorities who hold the Ph.D. in nursing is currently very low.

Private Stories/Public Actions

Rev. Becca Stevens (far left), founder and executive director of the Magdalene Project, and two of the program's graduates spoke to a full house at the School of Nursing May 20. The program provides shelter and support to women with a history of prostitution and drug addiction. The event was part of the School's recognition of V-Day, a nationwide effort to help prevent violence against women.

Grimes Named Professor, Emerita

Barbara Fox Grimes, BSN'59, (center) associate professor of nursing, was named professor of nursing, emerita, at the May 10 Commencement ceremony. Grimes has been a prominent and active member of the VUSN faculty since 1967. Among her many other achievements, Grimes co-authored a computer-based assessment tool for basic knowledge of pharmacology, which is currently being used for the NCLEX review.



JOHN RUSSELL

Faculty News

Peter Buerhaus, senior associate dean for research and Valere Potter Professor of Nursing, has been honored with the first Nurse Researcher Award granted by the American Organization of Nurse Executives. The AONE Institute for Patient Care Research and Education honored Buerhaus for his work on the nursing workforce. Buerhaus's research has influenced public policy on the nursing profession, and he is widely regarded as an expert on the nursing shortage.

Colleen Conway-Welch, dean of the School of Nursing and the Nancy and Hilliard Travis Professor of Nursing, is one of 14 health care and business executives assembled by U.S. Rep. Van Hilleary to advise him on health care policy in his campaign for governor of Tennessee. **Conway-Welch** also addressed more than 100 nurses attending the Nurse in Washington Internship roundtable dinner recently. She was invited to speak to the group about the need for nurses to unite as a profession to seize opportunities for involvement in policy-making.

Kathleen Dwyer, associate professor of nursing, has been given a grant by the National Institute for Nursing Research for her study entitled "Living with Cancer: Evaluation and Refinement of a Model." The project will intensively study colorectal

and lymphoma cancer patients from their last day of treatment until 12 months post-treatment. The study will run from September 2002 to June 2005.

Vaughn Sinclair, BSN'74, MSN'78, associate professor in the practice of nursing, has obtained grant funding from the National Multiple Sclerosis Society to pilot a cognitive-behavioral program for women with multiple sclerosis (MS). The program, entitled "Beyond MS," is a group-based intervention designed to help women with MS refine their coping skills and enhance their quality of life. Sinclair and **Jennifer Scroggie, MSN'97**, another faculty member in the psych-mental health specialty, co-lead the groups. The program will be offered to approximately 30 women this year.

Ken Wallston, professor of psychology in nursing, has been elected Member Delegate to the Executive Committee of the Society of Behavioral Medicine. His term will run through 2005. Wallston is also beginning two new research projects having to do with the effects of expressive writing on persons with chronic illnesses. Working with Wallston on these projects are **Lois Wagner, BSN'84**, **Joe Hepworth**, research associate professor, and **Kathleen Wolff, MSN'83**. Both Wagner and Wolff did their master's theses at VUSN under Wallston's direction.

Nurses Get High Marks for Honesty, Ethics

According to a 2001 *USA Today* poll, only firefighters receive higher marks for ethics and honesty than nurses. Americans who were asked to rate people in various professions on their honesty and ethical standards gave the following "very high" or "high" ratings:

firefighters	90 percent
nurses	84 percent
U.S. military	81 percent
police officers	68 percent
pharmacists	68 percent
medical doctors	66 percent
clergy	64 percent
engineers	60 percent
college instructors	58 percent
dentists	56 percent

Source: *USA Today*/CNN/Gallup Poll of 1,025 adults, November 26-27. Margin of error: +/- 3%.



NEIL BRAKE

SMALL PATIENTS, *Big Ideas*

VUSN RESEARCH BENEFITS YOUNG PATIENTS AND THEIR FAMILIES

Pediatric nursing often requires more of its practitioners than adult care does. Younger patients aren't always able to articulate their needs. Their symptoms and reactions may differ from those of adults. They don't have the experience and understanding adult patients do, which means a pediatric nurse must be able to speak to children honestly, but caringly, about their illnesses and treatment in ways a child can grasp. A pediatric nurse has to rely on knowledge, instincts and heart to give these children — and their families — the best care possible.



BY SHELTON CLARK

Photos by Jeff Frazier



Researchers at VUSN are finding better ways to meet not only the medical needs of children, but also the emotional and psychological needs of young patients and their families. Some of that research deals with the celebratory but unsure beginnings of a mother and her newborn, and some deals with the tragic realities of life-threatening illnesses. All of it promises to help children, their parents and the nurses who care for them.

MOMS AND NEWBORNS: DOING WHAT COMES NATURALLY

Bette Moore came to Vanderbilt after many years as a lactation consultant. Intrigued by the problems that so many healthy newborns and their mothers had with breastfeeding, she began seeking answers. “If [breastfeeding] is behavior that’s necessary for the baby’s survival, why are they having so much trouble doing it? It seems like it should be hard-wired in there,” she says. “That’s what got me started looking at that early time post-birth and what was possibly being done to babies immediately after birth that was disrupting their ability to perform these behaviors that we know they should instinctually have.”

“I had heard from other lactation consultants anecdotally that if babies were having problems breastfeeding, placing babies skin-to-skin with the mother seemed to help,” says Moore. “My thinking was that if we

started immediately post-birth, it might help prevent some problems from occurring.”

Moore’s work, a meta-analysis of skin-to-skin contact (sometimes called “kangaroo care”) for healthy term infants, maintains that interventions that encourage longer skin-to-skin contact between mothers and newborns help infants in a number of ways. The prestigious *Cochrane Review* will publish Moore’s meta-analysis this fall and Moore will follow up with a randomized clinical trial for her Ph.D. dissertation later in the year.

“We think human infants have the same species-specific behavior as newborn kittens or newborn puppies — that, if left undisturbed on the mother’s abdomen immediately after birth, they will crawl up to the mother’s nipple and self-attach,” Moore says. “By allowing babies to perform this innate behavior, by giving them the opportunity to do it immediately after birth, we expect to enhance breastfeeding outcome.”

Moore hopes that enhanced skin-to-skin

contact will become a more common intervention — less of an intervention than separating the mother and baby — in hospitals. She admits this might be something of a hard sell. “Neonatal nurses understand the importance of early contact,” she says. “Oftentimes, they give the swaddled baby to the mother to hold for about a half-hour immediately after birth. The problem is that they don’t realize the significance of skin-to-skin contact.”

“By placing the baby skin-to-skin,” Moore explains, “the baby has many more olfactory cues, tactile cues and thermal cues that help guide it toward the nipple. The baby is guided by olfaction, by smelling the mother’s colostrum.”

Another problem is timing, says Moore. “Babies have a recovery period after delivery. They don’t start making movements toward the nipple until about 30 minutes post-birth; they don’t latch on spontaneously until about 55 minutes post-birth,” she says.

This behavior runs counter to the routine in most hospitals, where babies are taken to the transition nursery for recovery about an hour post-birth. “During that vital time when babies are innately pre-programmed to do this, they’re in the nursery,” says Moore. “It’s a timing problem, and it’s also an education problem that nurses don’t know that babies need to be skin-to-skin

“Mothers need to know that they should be separated from their babies as little as possible.”

with the mother for longer periods.”

Moore believes that hospitals need to reexamine their policies on taking the baby to the nursery so soon after birth. “Mother-baby separation was started in hospitals without much evaluation of whether it would

Bette Moore (left) hopes that enhanced skin-to-skin contact between mothers and newborns will become common practice in hospitals.

have any detrimental effect. We often thought babies needed to be in the nursery, to be observed by expert nurses, to make sure they became stabilized medically before they were allowed to stay with their mothers,” she says. “Now we have found that separating the mothers and babies, especially for more vulnerable babies, may cause some physiologic instability.”

“Mothers need to know that they should be separated from their babies as little as possible,” says Moore. “Separation produces a distress response in all newborn mammals, including humans.” In early human evolution, the baby, in order to survive, had to be in close proximity for the mother to breastfeed and protect the newborn from predators. “If you remove a newborn from the mother, the newborn will exhibit immediate distress

VUSN researchers are finding better ways to address the physical, mental and spiritual needs of children with life-threatening conditions.

care for normal newborns changed. At many hospitals in California, where Moore previously worked, “babies were not assigned a nursery nurse and a post-partum nurse,” she says. “One nurse took care of the mother-baby couple. Here, we still [mostly] have both nursery nurses and post-partum nurses. I’d like to see single-nurse care start off immediately post-birth, along with allowing mothers to keep their babies in skin-to-skin contact as much as they desire and avoid separation unless there’s a clear medical need.”

Moore’s metanalysis involved two years of

research. The full review of the metanalysis details 38 clinical outcomes. In addition to submitting the metanalysis to the *Cochrane Review*, she also presented the results at this spring’s meeting of the International Conference of Maternity Care Researchers at Wrightsville Beach, North Carolina.

A TEAM APPROACH TO LIFE-THREATENING ILLNESS

“Caring for children and their families is a passion of mine,” says VUSN Assistant Professor of Pediatrics Mary Jo Gilmer, “and that’s what I’ve been doing my whole professional life.”

Working with Dr. Jim Whitlock and Dr. Brian Carter of the Medical Center, Gilmer

is looking for ways that the health-care industry can improve palliative care for patients with life-threatening illnesses and their families.

“We wanted to develop ways to help these families,” Gilmer says. “Part of that was involving an interdisciplinary team that not only includes physicians and nurses, but social workers, child life therapists, pastoral care counselors, ethicists, pharmacists and families. Two parent representatives are also

key members of the team.

“I wanted to follow up on long-term care of children and their families and the lack of continuity of care that I have seen,” says Gilmer. As a nurse with 27 years of experience in working with children and their families in a variety of venues, Gilmer noticed a need for better-coordinated services and a more caring perspective in end-of-life issues.

“When we think of palliative care, we think of comfort measures and end of life. That is the common view of palliative care — a handoff from the curative mode to the caring mode,” Gilmer says. “We’re looking more towards a seamless continuity of care from the very beginning, when a child is first diagnosed with a life-threatening condition, addressing not only their physical needs, but their mental and spiritual elements as well. We don’t want them to feel that if they can’t be cured the health care team has abandoned them.”

Another factor, Gilmer says, is that with children, there may be comparatively few indicators that death is near. “Children are resilient and can do very well in the face of life-threatening conditions.”

Gilmer says documentation of what actually happens in the care of children is a crucial step. “We say, ‘If it’s not documented, it’s not done.’ We plan to begin interviews this summer with families whose children died in the Medical Center, to try to learn what we’re doing wrong and what we can do better.”

The third part of the research is surveying staff and health care providers, says Gilmer, “once again, interdisciplinary — to determine their basic knowledge level, asking questions such as ‘What does palliative care mean? Are there differences in managing chronic pain and acute pain? Is the grief that men feel versus the grief that women feel different? How do they express it?’”

Ph.D. candidate Linda Riley, who has spent almost 30 years in the nursing profession, has focused her research on the difficult subject of complicated bereavement. “I used to work for a transplant agency where my job was to develop a support program for parents whose children or whose family members were tissue and organ donors,” she says. “That interest brought me back into academia, because I wanted to learn more about ways

to help people who have had a loss that was unexpected or sudden. In my clinical experience, I found that many parents had a very difficult time adjusting to the loss of a child,” says Riley.

“There are many definitions of complicated grief. I think it’s difficult for everyone to agree on one,” she adds. “One of the best definitions is any grief that’s complicated by personal or situational factors that compound the pain of the normal grief.”

The majority of research on bereavement has focused on the loss of a spouse. Parents, however, often have more intense initial grief reactions and their pain seems to last far longer than the one to two years society expects someone would need to be back to normal. “More research is needed to examine the unique factors that complicate parents’ grief responses,” says Riley.

Her review of previous research has shown Riley that parents are very clear about their needs when they have a child who is seriously ill. “They want to feel that the health care professionals are competent and that their child is being taken care of by people who are current and well-informed,” she says. In addition, Riley says, parents have a desire for communication and information. “They want to be involved and to know what to expect next. They also want control, to be active participants in what decisions need to be made.

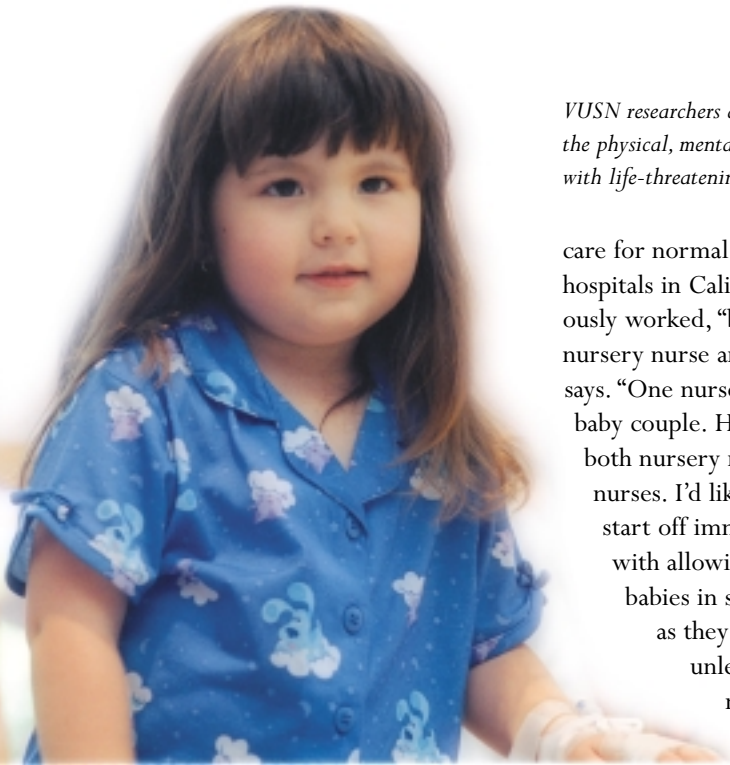
“I think of these needs as the ‘big C’s’: they want competency, they want communication and they want control. They also need to know that it’s compassionate care that their children are receiving, provided by people who really care about what is best for that child,” says Riley. “We’re learning to include the families in this process, to center our caring on the child while including the family, as well. That’s what Vanderbilt calls ‘integrative’ or ‘family-centered’ care. That’s where we need to focus our time and energy and our attention.”

And how is the excruciating grief of a parent who has lost a child lessened? “When all efforts for a cure have been exhausted, it helps when there is a smooth transition to supportive, palliative care,” says Riley. “Because it is hard to define this point in a child’s illness, it is important to create a continuum of caring for the child. If pallia-

tive care is integrated with efforts to cure, you don’t just suddenly cross a line between the two.”

As Riley completes her dissertation research on complicated grief, she has a greater appreciation for her profession. “It’s been an eye-opening experience for me,” she says. “This doctoral program gave me the tools to focus on an area of interest and to become a researcher. I hope my research will allow me to help grieving parents by creating a program of bereavement care designed to meet their unique needs.” ♦

“Caring for children is a passion of mine,” says Mary Jo Gilmer, right, with a young patient.



cries — its heart rate will go up, its respiratory rate will go up, it will lose energy that’s needed for growth by crying,” explains Moore.

“Skin-to-skin contact also helps with thermoregulation,” she notes. “I’ve found in doing the *Cochrane Review* study that babies maintain a more stable temperature in skin-to-skin contact with the mother than they do in the bassinette.”

Early skin-to-skin contact can also lead mothers to breastfeed their babies longer. Moore says she found that mothers who had early skin-to-skin contact with their babies breastfed an average of 42 days longer than mothers who did not have the opportunity to hold their babies skin-to-skin immediately post-birth and breastfeed.

“Many women — especially in our culture

“We’re learning to include the families in this process, to center our caring on the child while including the family, as well.”

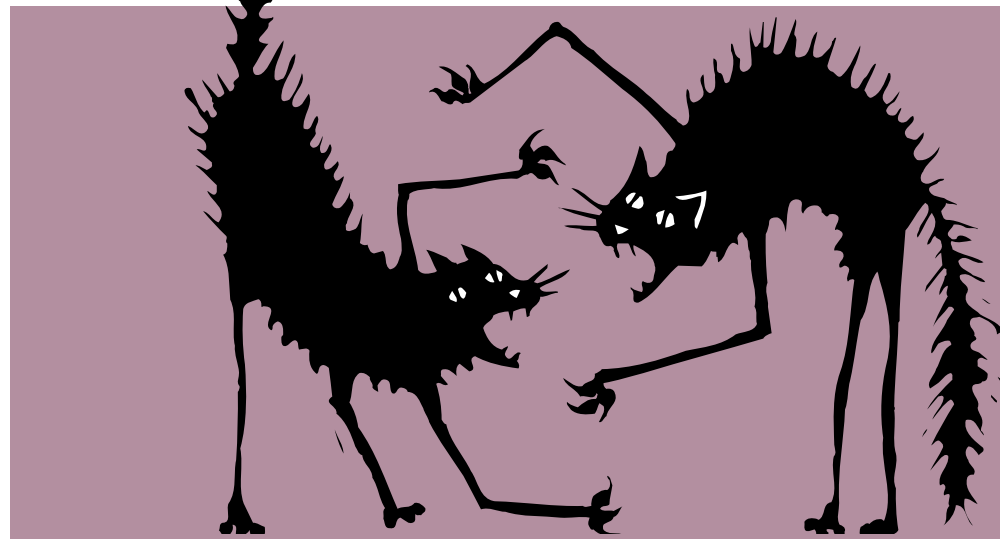
— don’t have confidence about their ability to breastfeed,” says Moore. “Often by the time I got to my patients as a lactation consultant, 24 to 48 hours post-birth, the babies were crying and not nursing, the mothers were crying, and they had lost confidence already. Early skin-to-skin contact intervention, with babies being able to successfully nurse immediately post-birth, should enhance the mother’s confidence and ability.”

Moore would like to see routine hospital



The people you work with and for can make or break a job. When those people are women, adhering to certain unspoken rules can mean the difference between a good place to work and guerrilla warfare.

WORKING WOMEN'S



dirty little secret

BY MARDY FONES

“I noticed at work, women sabotaged and undermined one another,” says Susan Murphy, BSN’69. “It seems women consistently fail to support other women and even actively undermine their authority or credibility.”

Case in point from Murphy’s working life — the most senior woman in the firm was living with the company’s CEO. Women in the firm took every opportunity to shoot her down, even clueing in new hires about the woman’s living arrangement and first job with the company — as a secretary. What they didn’t mention was that the secretarial job was summer employment while the woman was in college and that she had an M.B.A. from Harvard.

The fact is, women’s workplace animosity toward other women is Affirmative Action’s dirty little secret, a politically incorrect by-product of women’s changing status and one most women refuse to acknowledge. Yet, with 53 percent of the U.S. workforce female, says Murphy, it is an issue that can undermine productivity, accelerate turnover, erode service and drain a company’s bottom line.

Murphy and her cohort Pat Heim, along with writer Susan K. Galant, have explored this dynamic in *In the Company of Women: Turning Workplace Conflicts into Powerful Alliances* (Penguin Putnam, 2001). Selected by Harvard Business School as a Book of the Month, *In the Company of Women* has garnered positive coverage in *Time* magazine, the *San Francisco Chronicle*, the *Boston Globe* and by the BBC. The book is currently being translated into French and German for international distribution.

An in-depth analysis of the anatomy of women’s relationships at work, it’s a how-to manual by two Fortune 500 company veterans. Its concepts are thought provoking and smart business. “If we learn to be colleagues, we can move mountains,” says Murphy. “If we don’t, we can remain stuck where we are.”

WHEN THE CHIPS ARE DOWN

“It’s axiomatic that women live in a web of relationship at work,” says Murphy, whose careers in nursing, for-profit health care and as a motivational speaker have paralleled women’s social, political and occupational advancements. But that web becomes

entangled with what she and Heim call “cat fights.” These are interpersonal/political battles between women at work that arise when one is promoted, gets a plum assignment or is perceived as stepping out of the web. The group dynamic is threatened, say Murphy and Heim. The power base shifts. Someone moves ahead. One person feels threatened. The other is low on chips.

“Everyone with whom you interact keeps a chip bankbook on you,” says Murphy. “All day long, you are gaining and losing chips with your direct reports, peers and higher-ups. And one of the most important rules is that we always make the chips equal in the end.” For women, chip acquisition occurs in a variety of ways — small talk, sharing intimacies, providing opportunities to excel or to bask in the corporate spotlight.

The chip exchange is constantly balancing and rebalancing the golden triangle of relationships, power and self-esteem around which women build their working lives. When one of these is out of kilter, look out, says Murphy. “Women have good memories. We tend to hold grudges for a long time ... so chip deficits can last a lifetime if they’re not rectified.”

Along with attentive chip management, according to Murphy, is adherence to what she and Heim have dubbed the “Power Dead Even Rule.” “For a positive relationship [to exist] between two women, the self-esteem and power of one must be, in the perception of each woman, similar in weight to the self-esteem and power of the other.” So how can a woman advance her career while keeping the power dead even up and down the line of report?

It’s surprisingly easy, says Murphy, if you handle it proactively and with sensitivity. Techniques include taking the time and initiative to greet employees and co-workers warmly and often, getting to know them and their families, allowing for input and consensus, and using body language and facial expressions that demonstrate a supportiveness.

Fundamental to this balance is avoiding excessive displays of power such as expensive jewelry, bragging about skills or achievements, or borrowing men’s head-on communication style when talking to women. Instead, with other women, make requests, not demands, to keep the power and chip count in balance,



Hate conflict?

Not many people relish it, especially women, but it can be inevitable at work. Rather than sulking or sniping, call a truce and negotiate.

Identify the Issue — Determine whether you’re dealing with a content conflict or relationship conflict, then respond appropriately.

Be Flexible — Watch your colleague and determine if she is a direct or indirect communicator, then flex to fit her style.

Be Observant — Crossed arms mean defensiveness, so work to draw her out. A shrill voice is best countered by making your voice more calm and caring.

Reduce Defensiveness — say “I feel ...” instead of “You are ...”

Listen Actively — Validate your colleague’s feelings and concerns by substituting “Help me understand” for “Why did you?”

Keep Your Sense of Humor — Take your job seriously and yourself half as seriously.

Give Up Grudges — When disagreements are resolved, shake hands and move on.

The boss— It's a tough job, but someone has to do it, so why not do it smarter? Here are 10 ways Susan Murphy, co-author of *In the Company of Women: Turning Workplace Conflict into Powerful Alliances*, says women managers can keep the Power Dead Even Rule and still have a productive work environment:

Give Feedback— Let employees know how they're doing. Feedback is the soil in which topnotch employees and managers grow.

State Your Feelings— Starting a conversation with "I'm delighted" or "I'm frustrated" sets the foundation for clear communication.

Focus on the Goal, Not the Mistake— "I need you to be at your desk by 8 a.m." is a more productive approach than "You're late again."

Ask Employees to Restate What You've Said— It's the only way to be sure they've heard your intended message.

Move On— Once you've given the necessary feedback, drop the issue and be prepared to praise positive change.

Avoid the Sandwich— Sticking negative feedback between two bits of positive feedback confuses employees, or they may focus only on the positive.

Be Consistent— Consistency and objectivity in distributing positive and negative feedback are crucial.

Maintain a Chip Surplus— Look for opportunities to earn goodwill by teaching an employee a new skill, approving time off or just listening and caring.

Use Positive Reinforcement— When you praise positive behavior, it's likely to be repeated.

Beware of Upside-Down Consequences— Overloading top performers with work conveys the notion that the harder you work, the more work you'll be expected to do, and that can lead to slacking off.

all the while holding employees to deadlines, goals and objectives.

Paramount, say Heim and Murphy, is for women to openly talk about the tendency for cat fights to occur when power is out of balance. Equally important is acknowledging that among a group of women, communication demands a decidedly different approach than the one men use.

"If you're working just with women, you can flex your style. If you're working with men, you can be more direct," says Murphy. "When you're addressing a mixed-gender group, direct your style more toward the male side, then follow up with the women using a more conciliatory tone. You can do that because you'll have already built up trust with them. It's one of the reasons it's so important to talk about these concepts with women beforehand."

IN THE COMPANY OF NURSES

The predominance of women in health care, particularly in nursing, says Murphy, makes it fertile ground for the application of the lessons and tenets of *In the Company of Women*. But it doesn't always work that way, for many reasons.

"Women don't like to be told what to do and get upset when other women flaunt their power," says Murphy, who worked in intensive care—she was made an ICU charge nurse just three months out of Vanderbilt. She also worked in a surgical ICU at Mass General before a back injury sidelined her hospital work. Later she worked for for-profit health care giant AMI for 13 years. "Many nurses absorb the directives and criticisms of the doctors with whom they work because they have to, but then they pass the grief along to the junior nurses," says Murphy.

"Many nurses absorb the directives and criticisms of the doctors with whom they work because they have to, but then they pass the grief along to the junior nurses."

"The younger nurse has the power of education, and in our society, youth is looked upon as power. She may have an eagerness that has been burned out of the older nurse. So the older nurse feels her power is being threatened," says Murphy, who recommends that hospitals and other health care entities openly discuss this dynamic with nursing staffs to create a more collaborative environment.

That's where mentoring relationships in which a more experienced nurse can share hands-on patient care knowledge become crucial. "Nursing school professors can go a long way toward helping students learn the value of experience," says Murphy. ♦



COURTESY OF ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL



St. Jude's is a leading research hospital in pediatric oncology/hematology.

Reconnect with old classmates, catch up on the latest VUSN news and get the latest in job updates by checking out the Alumni and Development web site at www.mc.vanderbilt.edu/nursing/alumni/alumni.html

PNP Graduates Granted Fellowships in Pediatric Hematology/Oncology

Emily Kyzer and Stephanie Solomon, both recent graduates of the pediatric nurse practitioner program, have been granted Robbie Simpson Memorial Fellowships in pediatric hematology and oncology by internationally renowned St. Jude's Children's Research Hospital in Memphis, Tenn.

Kyzer and Solomon applied for the fellowships following their sub-specialty rotations at St. Jude's earlier this year. "This is an exciting opportunity to gain more experience and education in pediatric hematology and oncology," says Kyzer. "I was thrilled to be accepted."

Simpson Fellowships are intended to give APNs further knowledge and experience in the diagnosis, management and long-term follow-up of pediatric hematology and oncology patients. Fellows are also expected to examine the APN's role in providing comprehensive care for these children and to acquire an understanding of research-based clinical practice. Kyzer and Solomon will be analyzing standard protocol, current research and other sources of evidence related to childhood malignancies. The three-month fellowships will run from September through November of this year.



Save the Dates!
OCTOBER
25-26, 2002

extra VU ganza
Homecoming*Friends Reunion*Alumni
VANDERBILT UNIVERSITY SCHOOL OF NURSING

VUSN Welcomes Its Alums Home

Events will include:

- * Dean's State of the School address
- * LuLu Hassenplug Lecture
- * Alumni Awards Luncheon
- * Tours of Vine Hill Clinic, Godchaux Hall and Frist Hall
- * Displays of student poster projects with students on hand to answer questions and talk to alums
- * Evening reception at the dean's home
- * These are only a few of the events going on during extraVUganza!

All Vanderbilt alumni, friends and fans are invited to the biggest VU alumni weekend ever, including:

- * Homecoming parade, tailgate and football game
- * Reunions for professional/graduate schools and undergraduate class years ending in "2" and "7" (including class parties)
- * Exciting activities, dinner and dancing for all alumni
- * Educational events with VU professors
- * And much more!

If you are a VUSN alum from years ending in "2" or "7" and would like more information about your class reunion, please contact our alumni coordinator at sonia.fernandez@vanderbilt.edu or (615) 343-3304.

The Shape of Things to Come

The following statistics are based on all applicants to VUSN for the 2000-2001 and 2001-2002 academic years and the AACN survey of all 2001-2002 graduates of nurse practitioner programs.

ALL VUSN Applicants	AACN graduate survey		
	2000-2001	2001-2002	2001-2002
Gender			
Male	10.3%	11.3%	
Female	89.7%	88.6%	
Race:			
Asian	2.6%	1.2%	4.4%
Black	5.0%	9.6%	6.4%
Hispanic	2.9%	2.4%	3.6%
Native American	0.0%	1.2%	0.6%
Other	0.9%	2.4%	1.2%
White	84.4%	77.5%	81.9%
Unknown	4.1%	5.7%	1.8%
Age:			
Average:	27	32	
Range:	19-58	20-58	
<20	0.3%	0.0%	
20-25	59.1%	60.8%	
26-30	16.8%	15.5%	
31-40	13.2%	13.1%	
41-50	6.8%	8.7%	
>50	2.9%	2.1%	
Unknown	0.9%	0.1%	
Avg. GPA	3.30	3.25	
Range	1.91-4.0	2.00-4.0	
Avg. GRE	1587	1579	
Range	810-2150	1980-2270	

A Match for Kevin

More than 1,700 potential donors were registered with the National Marrow Donor Program with the help of nine students from VUSN. The Feb. 16 bone marrow drive was organized by Hunters Bend Elementary School in Franklin, Tenn., to help fourth-grader Kevin Bolt, who has chronic myeloid leukemia. First-year students Lesley Young, Julie Perry, Nikki Ngom, Melissa McGuire, Mary Kauszler, Misty Paris and Ann Erin served as volunteer health screeners for the crowds of people waiting in the school cafeteria hoping to provide a tissue match for Kevin. Before the day was over, they had screened more than 1,100 possible donors. Students Meredith Inman and Ann Henriksen registered an additional 600 people the next morning at New Hope Church of Brentwood, Tenn. "We had many more people than anticipated, but everyone worked together. We couldn't have done it without their help," says Hunters Bend PTO president Kristy Gailani.

Although the drive did not produce a match for Kevin, who has a very rare marrow typing, it is possible that it could still lead to a match for someone else in need of a bone marrow transplant. For more information on the program, contact the National Marrow Donor Program at www.marrow.org or 1-800-MARROW2 (1-800-627-7692), or go to Kevin's site at www.kevinbolt.org.



Career Forum

On May 9th, the VUSN Alumni Association hosted a Career Forum providing graduating students with the opportunity to have an open discussion with alumni on the nursing profession. Students learned first-hand about the expectations placed upon new advanced practice nurses entering the field. Everything from resume preparation to interviewing techniques to compensation and benefits was covered during the program. Fifteen alumni returned to share their experiences with over 60 soon-to-be VUSN grads.

Left: Susanna Trabue, MSN'98 (far right), gives advice to two students who attended the Career Forum.



Three Degrees of Dedication

In May 2001, Lori Burch Ferranti received her master of business administration degree from Vanderbilt's Owen Graduate School of Management. This May she graduated from the the School of Nursing with a master of science in nursing degree.

And in 2003 she is expected to participate in her third Vanderbilt Commencement when she receives her Ph.D. from the School of Engineering.

"The joke around my house is 'when am I going to start working?'" laughs Ferranti, who is the 2002 VUSN Founder's Medal recipient.

"I just finished my first year in the Ph.D. program. I believe that will be it for me. I have crammed a lot into the last few years."

Which is probably one of the reasons she was chosen to receive the School of Nursing's highest honor during Graduation ceremonies on May 10. The Founder's Medal signifies first honors and is conferred annually on the student who, in the judgment of the faculty, has achieved the strongest record in the areas

of professional and academic performance.

"It's quite an honor, especially considering the rest of my classmates' intelligence and compassion," Ferranti says. "At first I really didn't believe it. But the hardest part was keeping it a secret from my classmates."

Ferranti's academic background is extraordinary. While completing her coursework, she has maintained a 4.0 GPA. Prior to enrolling in graduate programs at Vanderbilt, she spent 10 years as a nurse in rural communities near Boston and at Hospice of Boston and Massachusetts General Hospital.

She now hopes to put her MBA, with a concentration in operations and an emphasis on health care, combined with her MSN specializing in health systems management and her upcoming Ph.D. in management of technology, to good use. Ferranti's goal is to improve the outcome and quality of care for patients in rural communities by emphasizing the need for better communication among health care providers.

— Jessica Pasley



Dean Colleen Conway-Welch awards Lori Burch Ferranti the Founder's Medal for the School of Nursing during the Commencement ceremony.

Students in the Spotlight

The superlative level of scholarship of VUSN students was demonstrated by a number of impressive presentations made at regional, national and international conferences this year:

Tom Christenbery presented a paper on breathing retraining strategies to the Southern Nursing Research Society. He also held a poster presentation entitled "Breathing Retraining Strategies for Persons with COPD: A Pilot Study" at the meeting of the American Thoracic Society.

Erin Long has received the Helen Haller Award, a Diamond Jubilee Scholarship in the amount of \$1,750. The scholarship is awarded to the most outstanding graduate applicant.

Bette Moore presented a paper on the effects of early skin-to-skin contact on breastfeeding and other outcomes in mothers and healthy newborns

at the annual conference of La Leche League International and at the International Conference of Maternity Care Researchers. Her metanalysis of the subject was published in the *Cochrane Review* (see p. 6).

Sheila Ridner conducted a poster presentation entitled "Psychological Distress: A Concept Analysis" at the annual meeting of the Southern Nursing Research Society.

Lois Wagner presented a poster session on "The Effects of Writing About Stressful Experiences on Symptom Reduction Among Healthy Individuals: A Pilot Study" to the Society of Behavioral Medicine.

Graduate School Tuitions Set

The cost of attending Vanderbilt's graduate and professional schools has been set for the 2002-2003 academic year. The tuition for the master's program at the School of Nursing, which operates on a three-semester year, is \$29,484. Tuition is \$28,350 at the Law School, \$28,700 at the School of Medicine, and \$28,900 for the full-time MBA program at the Owen Graduate School of Management.

Vanderbilt is one of a small number of universities that practice "need-blind" admissions, in which a student's financial situation is not a factor in admissions decisions. In addition, Vanderbilt has an extensive program of need- and merit-based financial aid.

Tuition increases at private research universities have ranged from 3.9 to 7.1 percent this year.

Class

ACTS

Susan Applegarth Murphy, BSN'69, recently co-authored the book, *In the Company of Women: Turning Workplace Conflicts into Powerful Alliances*. The book has been featured in *Time* magazine, the *San Francisco Chronicle*, the *Boston Globe*, and on "Good Morning, America" and the BBC. It was selected by Harvard Business School as the book of the month. (See p.10.)

Wendy J. Wolf, BSN'74, has been named to the board of directors of the law firm of Lashly & Baer, P.C., in St. Louis, Mo. Wolf's work focuses on litigation with an emphasis on medical malpractice defense of health care institutions.

Valerie Asbury, BSN'81, is vice president of national accounts for Johnson & Johnson. She works with the company's many subsidiaries, focusing on customers who make clinical decisions or purchase products in the hospital sector. Asbury is also an advisor to the company's \$20 million "Campaign for Nursing's

Future," a nationwide effort to increase awareness of the profession and encourage recruitment. (For more information, visit www.discovernursing.com.)

Leslie Homra, BSN'82, has been named vice president of clinical services for The Center for Health Care Planning, a Nashville-based consulting firm that provides strategic facility planning and market needs analysis services to health care operations.

Teresa Neely White, BSN'87, and her husband, Stuart, welcomed their fourth child, Reagan Walker White, on October 4, 2001. The family lives in Nashville.

Michone Leigh McKelvey Williams, BSN'89, and her husband, Darren, join their daughters, Sarah and Delaney, in announcing the birth of their son, Harper Lee, born April 3, 2002. The family lives in Columbia, S.C.

Liesel Wellman, MSN'95, has joined the OB/GYN staff of the Arnett Clinic in Lafayette, Ind.

Susan K. Godwin, MSN'97, and Bryan Patterson of Savannah, Tenn., were married on April 6, 2002. Susan is currently a family nurse practitioner at Med-South Healthcare, P.C., in Savannah.

Cara Caskey Osborne, MSN'01, is working as a nurse midwife at the Birthplace at Wellesley in Wellesley, Mass. She will begin studies for her doctorate in public health at Harvard University this fall.

In Memoriam

Lucy Aulsebrook, May 28, 2002, in Nashville. A former tenured faculty member at VUSN, Aulsebrook was professor of anatomy, emerita.

Lillian M. Wike, August 16, 2001, in Gardiner, Maine. Wike was a professor at VUSN from 1957 to 1959.

VUSN Commencement

May 10, 2002
photos by John Russell

Right: Conway-Welch addresses VUSN faculty and graduates.

Below left: Judy Ozbolt, Independence Foundation Professor of Nursing (far right), with new graduate Concetta Monon and guest.

Below right: Elizabeth Farrar, president of the VUSN Alumni Association, welcomes the newest alumni.



THE VANDERBILT UNIVERSITY School of Nursing

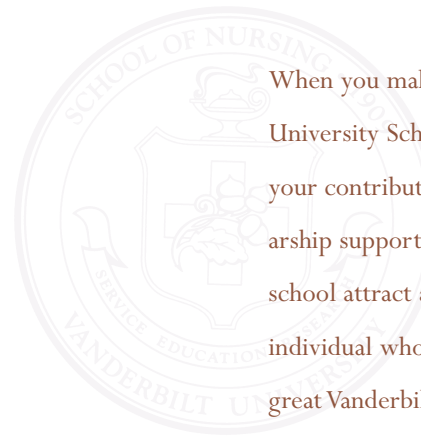
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