

ASU Nursing

Summer 2008

Y E S T E R D A Y . . . T O D A Y . . . T O M O R R O W

50th Gala Dream Event
Concludes Celebration

Native American Students
Unite for Nursing

Studying Walking in Older
Hispanic Women to Fight CHD

Reaching out to Other
Healthcare Disciplines

Nursing Leaders Discuss DNP

ASU to Host Child-Teen
Mental Health Institute

MHI First Grads Ready to Rock

Back to the Future for RN-BSN

DNP students are acquiring
evidence-based knowledge
and skills to meet the
challenge of increased
complexity of patient care.



College of Nursing
& Healthcare Innovation

ARIZONA STATE UNIVERSITY

Dream • Discover • Deliver



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ASU Nursing

ASU Nursing is published twice yearly by the College of Nursing & Healthcare Innovation at Arizona State University for alumni, friends of the college, national nursing leadership, students, faculty, and the media.

MISSION

Our mission is to produce a professional publication of high-quality editorial content and creative design to communicate the educational, research, and evidence-based clinical initiatives of the College of Nursing & Healthcare Innovation to its key audiences.

COLLEGE OF NURSING & HEALTHCARE INNOVATION

Dean and Distinguished Foundation Professor in Nursing

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On the cover:

This issue focuses on the Yesterday, Today and Tomorrow of ASU Nursing. To illustrate the lead article in the Tomorrow section, ASU DNP students Diane Nuñez and Chris Peluso use humor to engage with eight-year old patient Cade Harrop.

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Dean's Message



Landmark 50th Anniversary Year Launches a New Decade of Innovation and Positive Deviance

This was a historic year for our rapidly growing college. We had the opportunity to reflect on and enjoy a timeless production of the past 50 years of our college's accomplishments with its pioneering leadership, faculty, staff, students, and alumni during a memorable event in April at the Arizona Biltmore. We also celebrated the launching of multiple innovations that you will read about in this edition of *ASU Nursing*, including our new Hartford Center of Geriatric Nursing Excellence; the preparation of over 150 evidence-based practice mentors from across the globe who are implementing and sustaining evidence-based interventions to improve patient, system and provider outcomes; the funding of several new NIH and HRSA grants to generate cutting-edge research to inform evidence-based practice and provide unique academic and certificate programs that are the first in the nation; the implementation of our new Doctor of Nursing Practice and interdisciplinary PhD program; the establishment of the Bernita Steffl and Nancy Melvin Professorships to honor two of our former faculty for their extraordinary leadership; the conducting of ASU's first clinical trials by our Center for Healthcare Innovation & Clinical Trials; new partnerships with global colleges; and a nearly tripling of development dollars from last year.

Because we have accomplished nearly all of our 2005-2010 strategic planning goals in less time than projected, we will embark on a new strategic planning initiative for the next decade this fall. So many of our alums and individuals in and outside of our community have asked me how our college has accomplished so much over the

past few years. I truly believe that it gets back to the 'dream.' It is because all of us continue to share an exciting innovative vision for our college and are not afraid to take risks to accomplish it, combined with the solid foundation that we stand on as a result of the tireless efforts of those who came before us, and the amazing teamwork by a group of the most caring and dedicated faculty, staff and alums. Progress usually slows, and change efforts typically fail when focus turns from the dream to the challenges and setbacks being encountered. Here at our college, we keep our dream bigger than our fears, doubts and obstacles, which keeps us forging ahead with innovation at a rapid pace. "Innovation workouts" have become commonplace in our culture, where dreams are fostered and strategies for accomplishing them are cultivated.

We, as well as most other colleges of nursing throughout the United States, are faced with daunting challenges right now, including having to produce substantially more graduates than ever before, due to the severe nursing shortage that will result in more patient complications and deaths; state budget cuts; and growing competition for clinical sites. These challenges will require the most innovative solutions, including new models of teaching and clinical care, greater financial investments from public-private partnerships, enhanced giving by our alums and donors, and entrepreneurial ideas that lead to new revenue streams that keep our college financially strong.

At our college, we are in the business of innovation. As one example of how we teach and instill innovation, a group of our Master of Healthcare Innovation students recently published an article entitled "Positive Deviance: Innovation from the Inside Out" in the journal *Nurse Leader*. In that article, the students talk about deviants as those who stray from the norm and are typically perceived as troubling disrupters. In contrast, they describe positive deviants as individuals who exhibit characteristics of the deviant (e.g., those whose behaviors differ from the standard), but whose actions enable them to achieve what others view as unachievable. The students also emphasize that innovative cultures are often deviant cultures. However, in the article, they also note that it is often the positive deviants and deviant cultures that launch the most creative solutions to complex problems because new ideas from the team are welcomed and cultivated. As I reviewed this article, and also listened to the speeches of our students at graduation, I realized and became deeply touched that, after only three short years of a new mission, philosophy, value set and strategic plan, we have truly undergone a transformational change to a positive deviant culture where innovations are not only tolerated, but encouraged and nurtured to fruition. Here's to the next decade of dreaming, discovering and delivering – there is no limit to what we can achieve together!

Fond regards,

Bernadette Mazurek Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP
Dean and Distinguished Foundation Professor in Nursing



Deans Emeriti Juanita Murphy and Barbara Durand and current Dean Bernadette Melnyk (left to right) share a humorous moment onstage at the Gala for the 50th Anniversary of the ASU nursing college.

Dream Award – Ann Van Slyck, BSN, Class of 1968; MSN, 1973

In presenting the award, Dean Melnyk said, “Ann knew at an early age she wanted to be a nurse. She did not let family struggles prevent her from realizing her dream of caring for others. Her vision carried her through undergraduate and graduate school, then on as a bedside nurse through the ranks to Chief Nursing Officer, and then to start and lead her own successful company...I am delighted to have come to know Ann as a fellow nurse, who knows how to dream a big dream and then go after it one bite at a time!”

Ann was the first nurse in Arizona to receive the Arizona Hospital Association Salsbury award for Outstanding Contributions to Health Care, awarded in 1985. While Ann has been honored by ASU before in other ways, we feel she truly embodies our vision of the Dream.” Van Slyck did not attend the gala due to health reasons. Her husband Tom accepted the award on Ann’s behalf.

Ann was the founding board member of the Health Care Coalition, Arizonans to Protect Quality Health Service, and a member of the American and Arizona Organization of Nurse Executives and the American and Arizona Nurses Associations. She was awarded the Distinguished Alumni Award from the Arizona

*Dream * Discover * Deliver*

INAUGURAL AWARDS

Top Off 50th Anniversary Gala Celebration

The College of Nursing & Healthcare Innovation concluded its 50th anniversary celebration with a gala dinner attended by nearly 400 alumni, community partners, faculty, staff and students at the Arizona Biltmore Resort & Spa.

DVD presentations on the college’s history, alumni stories, and taped interviews with all five deans of the college also contributed to the commemorative tone for the evening.

Colleen Keller, Class of 1975, professor of nursing and director of the Hartford Center of Geriatric Nursing Excellence at ASU and Joey Ridenour, Class of 1969, executive director of the Arizona Board of Nursing, co-chaired the Steering Committee for the anniversary program.

Phoenix Mayor Phil Gordon spoke at the dinner about the City’s partnership with ASU that brought the nursing college to downtown, and the importance of nurses to the health of city, county and state residents.

Presentation of the inaugural Dream, Discover and Deliver awards by Dean Bernadette Melnyk to three distinguished alumni highlighted the evening. The awards were colorful, tear-drop shaped hand-blown glass sculptures atop engraved marble bases.

State University College of Nursing Alumni and the Arizona State University Distinguished Achievement award. Ann holds Advanced ANA Certification in Nursing Administration, and is a member of Sigma Theta



Colleen Keller (left) welcomes 50th Anniversary Steering Committee Co-chair Joey Ridenour to the podium at the opening of the gala celebration.

Tau. In 1992, she was elected to fellowship in the American Academy of Nursing. From 1994 to 1997, Ann served on the Board of Directors of the tertiary teaching healthcare system in Phoenix. In 1996, Ann was appointed to the American College of Health Care Executive (ACHE) and in 1997 to ACHE Regent's Advisory Council in Arizona. She has published extensively in hospital and nursing journals on Patient Acuity/Classification, Staffing, Productivity, Costing and Pricing for Nursing Services.

Discover Award – Suzanne Bakken, BSN, Class of 1974

“Suzanne’s work is full of discovery,” Dean Melnyk said in presenting the Discover Award. “A nurse after my own heart, Suzanne directs the Center for Evidence-based Practice at Columbia University.”

Bakken is the Alumni Professor of Nursing and Professor of Biomedical Informatics at Columbia University. Following master’s and doctoral study in

nursing at the University of California, San Francisco, she completed

a National Library of Medicine postdoctoral fellowship in Medical Informatics at Stanford University. She currently directs the Center for Evidence-based Practice in the Underserved and the Reducing Health Disparities Through Informatics pre- and post-doctoral training program; both funded by the National Institute of Nursing Research (NINR). Her most recent NINR-funded research project, Mobile Decision Support for Advanced Practice Nurses, is a randomized controlled trial that is testing the impact of PDA-based decision support for depression screening, smoking cessation, and obesity management on guideline adherence. Other research and training efforts are currently funded by the National Cancer Institute, National Library of Medicine and the Health Resources Services Administration. Bakken has published more than 140 peer-reviewed papers. She is an elected fellow of the American Academy of Nursing, the American College of Medical Informatics, and the Institute of Medicine.



Thomas Van Slyke, Linda Burnes Bolton, and Suzanne Bakken (left to right) wait onstage to receive their Dream, Discover and Deliver Awards presented at the 50th Anniversary Gala. Mr. Van Slyke accepted on behalf of his wife, Ann, who was unable to attend for health reasons.

Deliver Award – Linda Burnes Bolton, BSN, Class of 1970

“Linda’s commitment to the delivery of excellent patient care takes many forms. Her research, teaching, and clinical expertise include functional health literacy and quality of care for African Americans and other ethnic and racial communities,” Dean Melnyk noted. “Linda ensures the delivery of care through leadership roles, including as chair of the National Advisory Committee for the Robert Wood Johnson Foundation initiative to Transform Care at the Bedside.”

Bolton is Vice President for Nursing and Chief Nursing Officer and Director of Nursing Research at Cedars-Sinai Medical Center in Los Angeles. She is one of the Principal Investigators at the Cedars-Sinai Burns & Allen Research Institute. Her research, teaching, and clinical expertise includes: functional health literacy for African Americans and other ethnic and racial communities; quality of care in racially and ethnically diverse communities; cultural diversity in leadership; eliminating structural and racial barriers as a solution to eliminating health disparities; and, cultural diversity and health-care overall. Bolton is the Immediate Past President of the American Academy of Nursing and is a member of the American Nurses Association, the American Organization for Nurse Executives, the Association of California Nurse Leaders; the Center for Nursing Leadership, the National Black Nurses Association and the National League for Nursing.

Bolton’s dedication to the delivery of excellent care has led her to hold board and officer positions for several national organizations and to receive numerous awards for her scholarly and world community service, including receiving the Lifetime Achievement Award from the American Organization of Nurse Executives. She also holds positions as an Associate Clinical Professor at the University of California San Francisco School of Nursing and University of California Los Angeles School of Nursing, where she received her doctorate of philosophy in population health & behavioral science.

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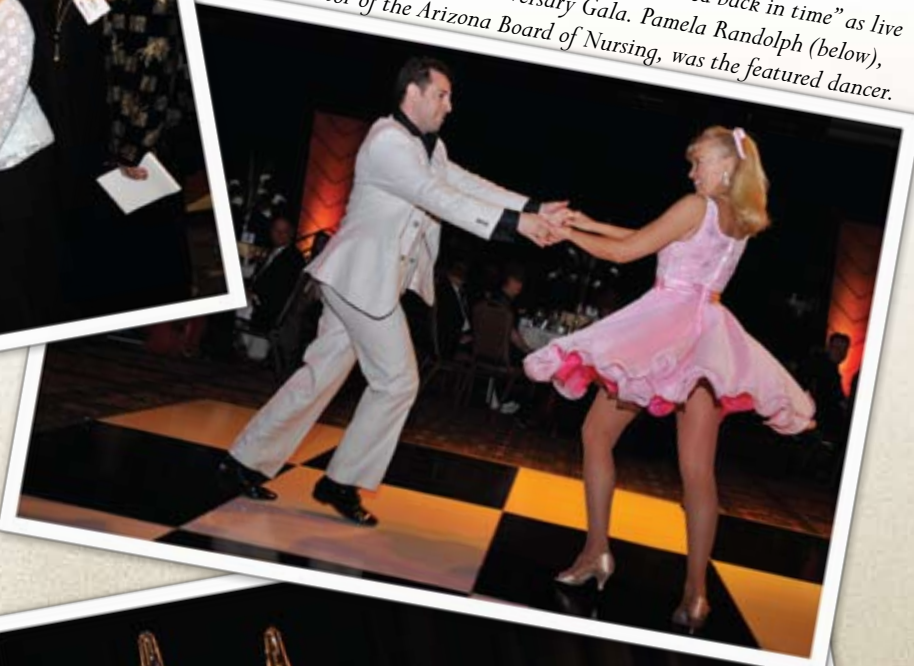
Faculty, emeriti, and alumni from classes in the decade of the 1970s take time out from reminiscing to have their photo taken at the gala.

College History

The ASU College of Nursing & Healthcare Innovation opened Sept. 22, 1957, with six students and three faculty members who were housed in the basement of Matthews Library on the Tempe campus. Today the college has nearly 1,850 students, 140 faculty, and more than 8,000 graduates.

Since 1957, the college has made significant strides in expanding curricula, promoting research and serving the community. The college recently launched more innovative curricula, including cutting-edge research and clinical practice doctoral and master's programs, such as the interdisciplinary Master in Healthcare Innovation.

Professional dance company Dance with Chad, "rocked back in time" as live entertainment at the 50th Anniversary Gala. Pamela Randolph (below), associate director of the Arizona Board of Nursing, was the featured dancer.



The tear-drop shaped hand-blown glass Dream, Discover and Deliver Distinguished Alumni Awards sit on a table with crystal vases presented to the three ASU nursing deans in attendance at the gala.



Pre-doctoral scholar Carol Rogers (second from left) joins BSN Junior nursing students (from left to right) Kelsie Sharp, Jenna Wagner, and Sabrina Wedin at the golden anniversary dinner at the Arizona Biltmore.

Five academic nursing clinics and a mobile van operated by the college provide practice opportunities for both faculty and students, while serving the most underserved communities in Maricopa County. The college now operates five centers established since 2005 for scholarship, research and mentoring: the Center for the Advancement of Evidence-based Practice, the Hartford Center of Geriatric Nursing Excellence, the Center for Improving Health Outcomes in Children, Teens & Families, the Center for Healthy Outcomes in Aging, and the Center for Healthcare Innovation & Clinical Trials. ■

50 YEARS OF ASU NURSING

Through the Eyes and Experiences of Others

Nursing students, faculty and alumni have watched their college begin in a building basement and climb to one of the top-ranked graduate colleges of nursing in the country.

A new era in education was ushered in at Arizona State University when the College of Nursing was founded 50 years ago.

With just three faculty members and six students who graduated from the first class, the new program began in the basement of Matthews Library on the Tempe campus.

Incredible strides have been made throughout those 50 years while the college continues to attract talented professionals whose tenure often spans decades.

New academic programs that offer students the chance to earn research and clinical practice doctoral degrees, innovative centers that take on modern-day challenges of healthcare such as evidence-based practice, and expanding partnerships that provide clinical experiences for students are hallmarks of the College of Nursing & Healthcare Innovation that began under the leadership of its first dean - Loretta Bardewyck, a fearless individual who traveled the world as a nurse and eventually landed in Phoenix.

Bardewyck, who passed away last year, established the nursing program at ASU in 1957. She worked with a budget of about \$22,000 that first year. Her salary was \$9,000 while a beginning instructor made only about \$4,000 per year. "I could write a book on the experiences I had trying to recruit faculty," said Bardewyck during a taped interview in 2003.

Retired faculty member Ellamae Branstetter also was there from the beginning. "We had a great time," Branstetter says. "We didn't have a lot of students, but we had enough to keep us busy."

Moving Up

The college did not stay in the basement for long, moving to an annex house in 1959. "It was modified somewhat so students could come and go and faculty could come and go," Branstetter said.

Although the college was small at that time, Branstetter enjoyed the friendly atmosphere that being in a small group brings. Much of that cohesiveness was due to the leadership of Loretta Bardewyck. "She was the kind of person who gave an assignment and expected you to

do it. Students had confidence in her. People liked her," Branstetter said. "It was a nice place to work."

Students were eager to learn nursing skills as they traveled to hospitals such as Good Samaritan Hospital and St. Joseph's for their clinical experience. "There weren't that many hospitals in Phoenix at that time," Branstetter said.

The nursing program was growing and with it came a new masters program that Branstetter, as director of graduate programs, launched in 1969. Initial specialties or advanced practices in which students could earn Master of Science degrees in Nursing were public health, child health, psychiatric health, and medical/surgical nursing.

Native Americans also were able to gain access to nursing education thanks to Branstetter's efforts. She was instrumental in securing a "Participatory Education in Healthcare Delivery" grant in 1977 that established the first academic nursing center at a university in the United States. The center was located in Scottsdale as it is to this day. "We worked with the Yaqui Indians there," Branstetter said.

With the establishment of the center, an underserved population gained access to healthcare and nursing students were able to practice their skills under faculty supervision. Today, the college operates five nursing centers in the Valley, still serving underserved and uninsured populations, as well as businesses and insured clients.

Right Dean for the Right Time

Clinical Associate Professor Barbara Fargotstein started at ASU as a nursing student and graduated with her Bachelor's in Nursing Science in 1969 and with her MS in Nursing in 1971 as a member of the first master's program cohort. Nursing students were able to earn bachelor's and master's degrees, but doctoral programs had not been added to curriculum offerings at that time. Fargotstein recalls that students and faculty were a close-knit group at the college.

"There was a certain sense of community among students and faculty. I still find that as an undercurrent today, but students and faculty are more torn in different directions," Fargotstein says. "It was a slower



LORETTA BARDEWYCK
Director (1957-1965)
Dean (1965-1971)



JUANITA MURPHY
Dean (1971-1983)

1961
First Class of Six
Students Graduate

1969
New Master of Science
Program Launched

1983
Office of Student
Services Established

1960

1970

1980

1957
First
Nursing
Course
Held in the
Basement of
Matthews Library

1959
College Moves
to Annex House



1966
Tempe
Building
Dedication



1967
Ellamae
Branstetter
Appointed
as Director
of Graduate
Program



1971
First Masters Program
Cohort Graduates Five
Students



1977
First Academic
Nursing Center
Established



pace then. Now you have to have your running shoes on to keep up with the change.”

Change is a constant in healthcare and it also has become a constant in the college. Fargotstein considers herself fortunate to have known and worked with all five deans. She remembers Bardewyck as instrumental in establishing the nursing program as an independent school separate from the College of Liberal Arts and Sciences.

Juanita Murphy, who was dean from 1971-1983, was the perfect person to focus on scholarship and research. “She really set the stage for faculty to get their doctorates, conduct more research and gain additional funding,” Fargotstein says. Janelle Krueger (dean from 1984-1992) facilitated diversity by bringing minority students - particularly Navajo students - into nursing. The American Indian Students United in Nursing program began at ASU in 1990 with a grant from the Indian Health Service.

Krueger was adept at reaching out to many different community advocates and partners. “She was very effective at building partnerships,” said Mary Killeen, PhD, RN, who started at ASU as a nursing student in 1975 and eventually went on to become a faculty member, associate dean for academic affairs, and now senior associate dean for evaluation and educational excellence.

Barbara Durand expanded the baccalaureate program and was able to bring the doctorate of nursing degree program to fruition during her tenure as dean from 1992-2004. She also made it a point to support her faculty and keep them informed.

Durand recalls working in a collaborative environment with other deans and Lattie Coor, who was president of ASU at the time. She remembers a lot of support, but also many people who repeatedly questioned nursing because it was the most expensive program on campus. Durand explained the cost by telling others about the clinical aspect of the program, amount of supervision that students need, safety factors and skills learned that made the program expensive.

“Finally, I said to University Provost Milt Glick, ‘I know how to make it not the most expensive program on campus. Start a school of medicine, then we’ll be number two,’” Durand said. “People needed

a lot of education about professional practice and that was what nursing involved.”

The college also made *U.S. News & World Report* rankings during Durand’s tenure for the first time with a ranking of No. 40 out of 365 masters programs in the country. “That was just huge for us,” she declared. Dean Durand also worked to take ASU nurses to the next level through an RN to BSN program and strengthened nurse practitioner programs.

Innovation in Technology

Advancing technological needs were addressed with the addition of more computers and simulated patients – manikins with heart sounds and other bodily functions. “We worked really hard to be in the 20th and almost the 21st century using computers and technology,” Durand said.

“Through the years, technology has grown significantly in the college with simulation labs, Blackboard for teaching, a data lab to support research activities, wireless networks, online meetings and e-mail,” noted Ed Greenberg, recently retired director of Data Management and Information Systems at the college.

Jean Stengel, retired director of student services, notes that technology innovations through the years have changed how faculty teach nursing skills. Emphasis is still on the clinical aspect of working with real patients, but simulation gives students the chance to prepare and receive the most benefit from clinical experiences.

Simulation provides students with the chance to encounter situations that they would only be able to observe in a clinical setting such as a patient with a serious bleeding problem. In simulation, students decide what care is required and can actually receive medical orders and hang blood. Playing the role of a family member may help them experience what it feels like to be the spouse of a person whose death is imminent. Students can make clinical decisions, communicate with family and healthcare team members, and practice professional skills such as advocacy and honesty.

Simulation provides students the chance to talk about experiences or scenarios they had such as what it felt like to be a close family member



JANELLE KRUEGER
Dean (1984-1992)

1990
American Indian Students
United for Nursing Established



BARBARA DURAND
Dean (1992-2004)

2004
Graduate Program Ranked No. 39
by *U.S News & World Report*



BERNADETTE MELNYK
Dean (2005-Present)

2008
Phase II Expansion
Groundbreaking

1990

2000

1991
Escalante
Health
Center
Opens

1991
Breaking the Cycle
Community Clinic
Opens

1994
Honors
Program
Established



2004
Doctorate
of Nursing
Degree Program
Introduced

2006
Move to ASU's
Downtown
Phoenix
Campus

2006
Renamed the
College of Nursing
& Healthcare
Innovation

2007
Graduate
Program
Ranked No. 32
by *U.S News & World Report*

of a person who is near death.

“We video all of it,” said Beatrice “Bunny” Kastenbaum, clinical associate professor and simulation educational director. “We have a chance to sit down with the group and instructor and talk about the whole experience.”

But the basic aspects of care and compassion have been a constant throughout nursing history. “The thing that has not changed is the importance of the one-on-one with patients and the care aspect,” Stengel noted.

Thanks for the Memories

Student experiences in the simulation lab, in classrooms, or with real patients are among the most treasured remembrances of years past at the nursing college. Participating in the learning process and celebrating “ah ha!” moments with them when a concept or practice finally makes sense and watching as critical thinking skills blossom are just a few memories that Fargotstein finds inspiring. “When they pull all of those elements together, that is the highlight of working with the students,” Fargotstein said.

Senior Associate Dean Killeen counts student experiences as some of her fondest memories.

“I love undergraduate teaching,” Killeen stated. “It’s exciting watching the students change over a semester, especially in clinical settings.”

Kastenbaum, an alumna who has been with the college for 25 years, recalls wonderful moments with students when they provide care that goes above and beyond what is expected of them. One patient who was terminally ill had a daughter who would not leave her mother’s bedside for three or four days at a stretch. Kastenbaum told the student that her job was to help the daughter trust her so much that she could feel OK about going home to take a shower and a nap. “The next morning when the student went in, the daughter gave her a hug and said, ‘I’m going to go home and sleep,’” Kastenbaum said. “Those are the moments that I treasure.”

Participating in innovative teaching efforts such as the continuous progress curriculum was a highlight for Jean Stengel, retired director

of Student Services. The method identified criteria students needed to meet in order to master skills.

“It was very exciting,” Stengel said. “We team-taught and so we had a very close relationship with faculty and students.”

Bright Future for Nursing

Now that the college has moved to the Downtown Phoenix Campus, it continues to grow and change under the leadership of Dean Bernadette Melnyk.

“This is brand new. It’s urban and it’s evolving,” Killeen says.

Melnyk, who became dean in 2005, is an innovator who has expanded nursing educational and research programs, added interdisciplinary graduate offerings, and developed new centers of excellence that focus on evidence-based practice; healthcare innovation and clinical trials; child, adolescent and family health; and geriatric nursing. She also was instrumental in changing the name of the college from the College of Nursing to the College of Nursing & Healthcare Innovation to emphasize its innovative spirit and philosophy of dreaming, discovering and delivering.

“She’s really incredible. She juggles so many things,” Killeen said. “In the three years she has been here, the changes and advancement in the college have been phenomenal.”

Areas that have grown tremendously are the expansion of faculty and number of students enrolled in nursing. More than 1,800 students, 11 percent of whom are men, currently are studying to become nurses in the college, a far cry from the early days when just six students took classes in a basement. As the College of Nursing & Healthcare Innovation moves into the next era, new ground has been broken on a second building in the heart of downtown Phoenix that will welcome the next generation of students.

The college’s tagline of “Dream•Discover•Deliver” is clearly more than words. It is a culture and a way of life. ■

Article contributed by Julie Newberg, ASU Media Relations.

Gala Honors Faculty by Establishing Endowed Professorships

The 50th Anniversary Gala for the ASU College of Nursing & Healthcare Innovation not only celebrated the past. It also honored two highly respected faculty through the establishment of the Nancy Melvin Professorship in Pediatric Nursing and the Bernita (B) Steffl Professorship in Geriatric Nursing.



Nancy Melvin

Funding for the professorships will attract distinguished senior faculty to the college.

Proceeds from the 50th Anniversary Gala have been donated to the professorships.

Professor Nancy Melvin served on the faculty of the college from 1975 to 1998 and was a major influence in directing the careers of many pediatric nurses. She was a pioneer as a nurse and educator at Arizona State University and was the first faculty to receive a federal research grant. Professor Melvin, who is deceased, set high standards for her research and earned the loyalty of her

students through dedication to their success. The Nancy Melvin Professorship embodies the same pioneering spirit dedicated to taking a leadership role in educating nursing professionals for the challenges of pediatric practice and providing purposeful research to improve outcomes in children.

An ASU nursing faculty member from 1961 to 1988, Professor Bernita “B” Steffl merged her commitment to academic excellence with a deep devotion to the impact her work could have on the lives of aging people. The ASU College of Nursing & Healthcare Innovation has led the development of new strategies in geriatric health for a generation through the leadership of professors like B Steffl through the current faculty. Today, the College is addressing the unique health issues and disparities facing our aging population by educating more geriatric faculty through the new Hartford Center of Geriatric Nursing Excellence. The B Steffl Professorship will help support the goal of educating specialized faculty to prepare professional nurses with expertise in meeting the healthcare needs of an increasingly aging population both in the community and in long-term care facilities.



Bernita “B” Steffl

“These professorships honor past accomplishments of two of our most distinguished faculty but they also are a cornerstone of our college’s future,” Dean Bernadette Melnyk said. “Attracting senior faculty through these endowments will strengthen the initiatives of our Center for Improving Health Outcomes for Children, Teens & Families and Hartford Center of Geriatric Nursing Excellence, respectively, to continue the work of Nancy Melvin and B Steffl.”

The professorships will enable the college to continue to expand its areas of excellence by recruiting the nation’s best faculty, and to make a significant impact on the health of our children and older adults, according to Dean Melnyk.

Contributions for each of the professorships at \$500 and above will receive special recognition in the new Nursing building, currently under construction and set to open in August 2009, Development Director Laurel Van Dromme said. Gifts of \$1000 and more will be recognized in a larger way. Pledge payments can be made over time.

Contributions to these valuable professorships can be made by check, credit card, transfer of stocks and securities, and/or inclusion in estate plans. Please return the envelope insert in this issue with your instructions. Checks should be made payable to ASU Foundation, noting the professorship(s) in the memo line. Please return the envelope insert or send your gift to:

Laurel Van Dromme, Director of Development
ASU College of Nursing & Healthcare Innovation
500 N. 3rd Street, Phoenix, AZ 85004-0698.

Gifts also can be made online by visiting www.asufoundation.org and highlighting “Support ASU.” Click on “Give Now,” select “Nursing & Healthcare Innovation,” then select the professorship of your choice.

If you have any questions or wish to designate your gift elsewhere in the College of Nursing & Healthcare Innovation, please contact Laurel Van Dromme at 602-496-0879, laurel.vandromme@asu.edu, or at the above address.

Note: The ASU Foundation reaches out to alumni and donors via mail, professionally trained ASU student callers and directors of development. If you have any questions or comments about solicitations that you receive on behalf of ASU College of Nursing & Healthcare Innovation, please contact Laurel Van Dromme at the postal or e-mail address above. All funds will be deposited with the ASU Foundation, a separate nonprofit organization that exists to support ASU. ■

An Alumni Reflection: Suzanne Bakken, BSN, 1974

My time at ASU laid a firm foundation for my future role as a nursing informatics researcher. I transferred in as a junior in January of 1973 from California State University, Long Beach. During the first week of school, rather than learning about body systems, we were introduced to classic Systems Theory and its concepts of inputs, processes (throughputs), outputs, and equilibrium.

These concepts may be familiar to readers from Donabedian's application to quality of care assessment. During that period of time, ASU's nursing curriculum was competency-based and implemented as self-paced, programmed instruction (SPI). Students were encouraged to learn in the methods that best suited their learning style, whether it was viewing programmed instruction slides and a workbook in the learning laboratory or reading a book. This meant that students took a variable amount of time for a course since you could move to the next module as soon as you were ready to do so. "Systems" thinking and active, independent learning continue to be a part of my daily professional life. The only exams we experienced during the program were the quizzes that accompanied the SPI. Our only exam prior to taking the State Boards was a set of tests from the National League for Nursing that we took over the course of a day or two.

The grading also was quite unique. If you met all competencies, you received a B for the course. To get an A, you needed to negotiate an independent assignment with the course instructor. For me, this meant that I usually wrote an extra paper. This early experience in searching and synthesizing healthcare literature provided important foundational skills for my role as a researcher since I spend a lot of my time either writing or supervising the writing of papers and grants.

I remember participating in an amazing senior project. In 1974, Phoenix had a very low number of residents with CPR skills despite the efforts of the local American Heart Association. My classmate, Denise LaHaie, worked for Goldwater's Department Stores. We worked with the Heart Association and Goldwater's to do a community-level marketing campaign that included television and radio appearances by my classmates Denise and Ann (I was much too shy

despite my prior experience as the Fan Appreciation Day "hat" model for the New York Mets Baseball team) and advertisements. We trained Goldwater employees in CPR and held large sessions for the public. More than 200 people showed up for our first session at Goldwater's.

We learned so many things about community engagement. We also learned about "damage" control. As students, we did not do the formal lectures, only the small group training for skill development and certification. One of the instructors did not believe that lay persons should do cardiac compressions and said so during her lecture, which was being recorded by television crews. We worked to make sure that particular "sound byte" did not make the news and also corrected this misperception in our individual group teaching.

I have fond memories of many faculty members because of their passion for excellence and caring. I mention only a few: Sharon Nelson, consummate oncology nurse and mother of five; Shannon Perry, who was our obstetrics instructor and commuting partner to the Indian Health Services Hospital; Bonnie Jennings, who came rushing to help when my first patient died; and Elizabeth Holman, an outstanding public health nursing instructor who also knew the great, cheap places to get Mexican food.

I have no doubt that the emphasis on systems thinking and self-directed learning, rather than a task-orientation, that characterized the curriculum during my years at ASU played a significant role in my development as an expert critical care clinician and subsequently as a researcher and educator. ■



Suzanne Bakken, PhD, RN, FAAN

American Indian Students United for Nursing (ASUN)

Program Plays Important Role in College's Diverse Culture



Shavonna Towne, a Navajo from Chinle, Ariz., graduated as an ASUN scholar in 2005 and now works as a pediatric nurse.

Like other colleges of nursing, the ASU College of Nursing & Healthcare Innovation has the organizational units you would expect – undergraduate, graduate and doctoral educational programs, research centers, a simulation center, labs, and so on. However, it has a unique part that most colleges of nursing do not have – the American Indian Students United for Nursing Project, or more commonly known as ASUN. The project is funded by a grant from the Indian Health Service.

ASU is one of six nursing colleges in the nation with an ASUN chapter. Other universities with similar programs but with varying names include Minnesota, Montana, North Dakota, South Dakota and Oklahoma. The nursing colleges are located in those states with the largest Native American populations. Arizona is an ideal location for ASUN since the state has the nation's largest Native American population of 300,000, representing 21 tribes. About 1,300 Native American students are enrolled at ASU.

ASUN seeks to support and add to curriculum material and clinical opportunities that focus on American Indian health issues. The ASU College of Nursing & Healthcare Innovation provides ASUN students with the best of two worlds: the resources of a large metropolitan university and the closeness of a small college. Scholarships, which include tuition and living expenses, are available at the baccalaureate and master's levels. Post-graduate service is required for all recipients with the Indian Health Service, increasing the number of nurses providing care to Indian peoples.

ASUN has positively impacted many lives as evidenced by the 47 Native American nursing students who have graduated since the program began in 1990.

Unplanned Opportunity

The program started quite by accident. In 1989, faculty Jan Pflugfelder was working on a grant to increase minority students in the graduate psychiatric program. Pat Moore, chair of the community health division at the time, sent her an RFP (Request for Proposals) from the Indian Health Service for a program to encourage more Native Americans to become nurses. "I took the RFP to Dean Janelle Krueger who was very excited and supportive," Pflugfelder said. "Dean Krueger actually wrote the proposal with support from myself and others, since this was my first experience with RFPs."

According to Pflugfelder, ASU was awarded the five-year grant in 1990 and she was appointed director of the ASUN Project. The grant has been renewed several times in the past 18 years.

Early on, Pflugfelder had the honor of informing one of the Native American students that she had been accepted into the Major or Upper Division of the BSN program. "She smiled and said how great it felt," Pflugfelder related. "Then she left for home. I was struck at the time how if she had been an Anglo student, I would have expected jumping, yelling, tears, and hugs. Over the years working with Native peoples, I came to understand their cultural differences. There have been many [Native American] students who sacrificed so much to come to school. Some left their little children with extended family and came to this 'other country' of differences in language and culture to reach their goal."

Pflugfelder served as director of ASUN through June 2002 and ranks the experience as highly significant in her career. "On the one



hand, I learned about grants, grant writing, and administrating a program, the former ASUN director explained. "However, it was more significant to learn about the traditional cultures and how some of my own beliefs matched them. In my personal growth, I felt validated and strengthened. I will treasure many of the friendships that developed over those years." Since leaving ASU, Pflugfelder has been working full-time as a psychiatric nurse practitioner in Phoenix.

Native American Becomes Second Director

Bev Warne, MS, RN, and an ASU alumna, became the second director of the ASUN project in 2002. She brought a wealth of faculty and other related experience to the position from Mesa Community College. A member of the Oglala Lakota tribe in South Dakota, Warne developed a Community Health Advocacy Program for Native Americans at the community college. She previously served as a public health nurse for the Salt River Indian Community and a clinical nurse at Phoenix Indian Medical Center.

Under Warne, the purpose of ASUN stayed the same: To increase the number of American Indians studying nursing at ASU and the number of nurses providing care to American Indians.

Warne's passion for the program has been in mentoring. "My current position is a wonderful opportunity to mentor Native American and other nursing students," Warne said. "There is a mixture of pride and humility as I see the growing numbers of Native Americans entering the nursing profession and other health professions."

Stephen Livingston, BES, is Student Success Coordinator of ASUN



Angela Fallon (at podium) speaks to Native American junior high school students about careers in nursing. Fallon, a 2003 ASUN scholar is a member of the Tohono O'odham tribe. She now works as a public health nurse at the Sells Indian Health Service Hospital in Arizona.

and an enrolled member of the Red Band of the Chippewa tribe in Minnesota. He helps in recruiting, advising and mentoring students.

Alumni and Students Explain Impact

The best way to understand what ASUN does and its impact is through its alumni and students.

Jewel Bishop, an ASUN BSN Scholar, graduated in 1998, earned her MSN in adult health with a nurse educator certificate this year, and has been accepted into the PhD program. She is a member of the Akimel O'odham from the Gila River Indian Community.

Bishop said ASUN and nursing instructors Rojann Alpers, Barbara White and Beatrice Kastenbaum affirmed her by saying, "Don't be



ASUN scholarship student, Arthur "JR" Cartwright, graduated in 2006. A member of the Turtle Mountain Chippewa tribe, he now works for the Indian Health Service in Nebraska.

afraid." "This is important in an academic/scientific community that is 100 percent unfamiliar and intimidating for the new student," Bishop explained. "ASUN also connects Native students with the work in Native communities. As a student extern in the Indian Health Service, I was able to work with public health nurses conducting a Head Start screening in a small reservation community. My early experiences with Indian Health were all facilitated by ASUN."

Her most memorable ASUN activity was the Reading Day blessing, according to Bishop. "The 16-week semester is wild," she said. "Everyone is running from clinical sites to classes, study groups, and the library. During the semester, there is very little time to connect with fellow students and friends in the college of nursing. On Reading Day, time is set aside to be still and give thanks for all of your blessings. It is a very special time of peace, reflection, and inspiration with classmates and instructors."

Bishop said she is continuing on into the PhD program with the ultimate goal of teaching nursing at the university level. "My NED instructors have equipped me with the tools to design and implement a variety of teaching methods," the incoming PhD student said. "They also have inspired me with a vision for educating the next generation of nurse scholars and clinicians."

ASUN understands the issues of the Native community and the vital role of Native nurses, Bishop said. Currently, ASUN is involved in partnership between experienced nurses in the Indian Health Service, the Phoenix chapter of Native American Nurses Association, and nursing students at all levels including new graduates. "Indian Health Service Chief Nurse Sandy Haldane had a vision for such a mentorship project," the incoming PhD student added. "ASUN Director Beverly Warne took the vision and implemented a mentorship program that is now one of the largest mentorship programs in the Indian Health Service."

Shavonna Towne, a Navajo from Chinle, Ariz., graduated in 2005 and is working as a pediatric nurse at the Chinle Service Institute. The oldest of seven children, Towne was attracted to nursing by an aunt who worked as a LPN. "With my parents far away, the mentoring and counseling I received from Bev Warne and Stephen Livingston enabled me to get through a few difficult times," Towne said. "ASUN became my second family and I always will regard Bev and Stephen as part of my family."



Bev Warne, MS, RN, has been director of ASUN since 2002.

Gloricita Johnson, a Navajo from Fort Defiance near Window Rock in Arizona and December 2007 BSN graduate, echoed Towne's reflections of what ASUN meant to her. "Entering a diverse culture at ASU and being the

first member of my family to go to college made it important to have a home away from home," Johnson said. "'Talking Circles' and 'Meetings of the Mind' in which senior students tutor juniors entering the major program offered Native American students an opportunity to exchange information and provided cultural support." Johnson said the experiences ASUN provided also made her more cultural sensitive to other minorities. "I learned so much at ASU and through ASUN that my career goal is to integrate Traditional and Western Medicine to provide the best care for my people," Johnson added.

Tony Nazario is a member of the Potawatomi tribe in Kansas and an incoming senior in the BSN class of 2009. He was attracted to nursing since his mother is a nurse and saw nurses as always caring for others. "ASUN is providing connections and communications for me that are important in my education," Nazario stated. "Bev Warne and Stephen Livingston are always there when you need advice and answer promptly by e-mail when you need some tutoring." After graduation, he plans to return to the Topeka, Kansas area to be near his extended family.

Arthur "JR" Cartwright, a member of the Turtle Mountain Chippewa tribe, was an ASUN scholarship student who graduated in December 2006. He currently is a Lieutenant Junior Grade in the Commis-



Gloricita Johnson, a member of the Navajo tribe, graduated in December, 2007. Her career goal is to integrate traditional Native American and Western medicine.

sioned Corps and works in the medical/surgical unit at the Indian Health Service in Winnebago, Neb. Cartwright hopes to continue his education and become a nurse practitioner. "The resources, staff, and experiences shared by ASUN students made a difference in my career," Cartwright said. "I want to thank everyone at ASUN and the College of Nursing for a wonderful experience. I encourage all students and faculty to see what ASUN is all about — their doors are always open."

Despite the many positive changes in nursing education, the total number of Native American nurses in the United States has only changed from 0.4 to 0.6 percent in the past 15 years. The need and purpose remain the same today for ASUN as in 1990 — To increase the number of Native Americans studying nursing at ASU and the number of nurses providing quality care to Native Americans. ■

Students and family members join a "Talking Circle," a support and cultural activity facilitated by a traditional healer, Rachel Carroll, Northern Cheyenne (second from left).



ASU Nursing Awarded NINR Grant

Program is studying an intervention to promote physical activity among Hispanic women to reduce cardiovascular risks.

The National Institute of Nursing Research (NINR) has awarded a grant to researchers at the ASU College of Nursing & Healthcare Innovation to develop and evaluate the efficacy of a theory-based social support intervention program entitled *Mujeres en Acción: Walking in Hispanic Women*.

Factors that contribute to high rates of cardiovascular disease in Hispanic women include a 71.9 percent prevalence of overweight and obesity and a corresponding 74 percent lack of physical activity. An older Hispanic woman is at particular physical risk after age 60 when leisure-time physical activity decreases.

Colleen Keller, PhD, RN, FNP, FNAP, ASU Foundation Professor in Women's Health, and director, Hartford Center of Geriatric Nursing Excellence and Center for Healthy Outcomes in Aging, is principal investigator. Co-investigators include Julie Fleury, PhD, RN, FAAN, associate dean for research, and director, PhD in Nursing & Healthcare Innovation; Catrine Tudor-Locke, PhD, FACSM, associate professor and director, Walking Behavior Laboratory, Pennington Biomedical Research Center in Baton Rouge; Michael Belyea, PhD, research professor at ASU; Felipe Castro, MD; Dean Coonrod, MD, and Blanca Flor-Jimenez, MA/OM, CCRN.

The research team is conducting a pilot project to evaluate the efficacy and feasibility of a theory-driven social support intervention program, "*Mujeres en Acción por Su Salud*" (Women in Action for Their Health) to promote the initiation and maintenance of regular physical activity and reduce cardiovascular risk among Hispanic women.

Healthy People objectives for adults include increasing the number of participants in physical activity. Studies indicate the majority of

Hispanic women report no leisure time physical activity. Physical activity both prevents and helps to treat many established cardiovascular disease (CHD) risk factors, including obesity and its associated risks. Data from the National Health Interview Survey showed that overweight was 1.36 times higher in Hispanics, with Hispanics 2.09 times more likely to report inadequate levels of physical activity compared with non-Hispanic whites. Other data indicate that approximately 39 percent of Hispanic women are overweight, with 47 percent having a BMI greater than 27. Among older Hispanic women, the prevalence of obesity is 47.9 percent, compared with 21.5 percent in non-Hispanic whites. Given this data, there is growing concern over the substantial public health burden of sedentary lifestyle among Hispanic women, according to Dr. Keller.



Blanca Flor-Jimenez, OBGyn clinical research coordinator at Maricopa Integrated Health System (center) and ASU pre-doctoral geriatric scholar Adriana Rivera Perez (right), talk with a potential participant in the Mujeres en Acción: Walking in Hispanic Women research study. Flor-Jimenez and Rivera Perez are members of the ASU College of Nursing & Healthcare Innovation research team.

The Research Approach

Few interventions have specifically addressed the unique concerns of Hispanic women related to the adoption and maintenance of physical activity. The study's intervention has been developed based on formative research, partnership with community members, and builds directly upon the strengths of successful interventions, consistent with recommendations for research on physical activity in community settings. The significance and innovation of the study have been strengthened in six critical ways:

- inclusion of approaches found effective in other intervention studies with Hispanic women, with attention to how the proposed research addresses the limitations of previous research;

- use of a theory-driven approach to intervention, using social support as a theoretical mediating variable;
- use of a *promotora* (lay health advisor) model and a community advisory group to incorporate attention to cultural and social approaches and resources;
- attention to feasibility and acceptability of the theoretical mechanism to improve risk outcomes;
- use of objective measures of physical activity in Hispanic women; and
- the examination of clinical and empirical CHD outcomes on health disparities in Hispanic women.

The study fills the gap in the research on moderate intensity walking in older Hispanic women by testing theoretical constructs such as social support that are salient and employ cultural strengths of women and neighborhood relationships and settings.

Theoretical Perspective

Mujeres en Acción theoretical framework illustrates the mechanisms through which social support may positively influence regular physical activity and resulting cardiovascular health outcomes. The framework is consistent with Cohen's specification of the promotion of healthful lifestyle as one mechanism through which social support may impact health. In the study, the focus is on mechanisms that link social resources to the promotion of healthful lifestyles, specifically regular physical activity. Social support is defined as aid and assistance exchanged through social relationships and interpersonal transactions. It has been widely documented as a mediator of both behavioral and cardiovascular health outcomes. For many women, lifestyle changes such as physical activity occur in a context of friends, family members, and social contextual settings that contribute to the behavior change process. Integration in a social network has been shown to provide a sense of purpose, recognition of self-worth, ability to meet expectations, motivation for self-care, and identification and use of resources. Social support systems are consistent with both cultural factors and social norms linked to health behavior change.

Preliminary Research

The study builds on the investigators' ongoing research focusing on the development, implementation, and evaluation of culturally relevant theory-based interventions for cardiovascular health among Hispanic women. Preliminary work with the Hispanic community has provided insight into the theoretic

cal basis for social support as a culturally specific intervention mechanism, the relevance of community-based walking programs emphasizing lifestyle activity, development of culturally relevant intervention materials, and feasibility of recruitment and retention of community-dwelling Hispanic women.

Community Advisory Group (*Prosumer Mujeres*)

The investigators have developed a partnership with community-dwelling Hispanic women through a community advisory group, designed to explore the concerns and needs of Hispanic women related to physical activity. The group is comprised of older Hispanic women who live in the community served by recruitment setting and surrounding neighborhoods, and has effectively provided theoretical support for employing a social support model to guide the pilot intervention.

Research Design and Methods

A randomized controlled trial will be used with follow-up at 6 and 12 months after completion of the intervention. The *Mujeres en Acción* intervention group will receive the 24-week culturally derived social support intervention, while Attention Control women will receive weekly newsletters focusing on adult health and safety issues on the same schedule.

The sample will consist of 88 women who self-identify as Hispanic or Latina, aged 45-70, who are served by one of several large Phoenix community health centers affiliated with Maricopa Integrated Health System. Maricopa Integrated Health System provides services regardless of the patient's ability to pay. A large percentage of their clientele are low-income patients, many of whom do not have private health insurance. MMC has an obstetric and gynecologic clinic, the Women's Care Center, with more than 14,000 visits annually by women who seek care for gynecologic exams and concerns. The two major ethnic groups represented in this setting are Anglo (< 25 percent) and Hispanic/Latino (75 percent), including Mexican Nationals and Mexican Americans.

Approximately 30 percent of the women receiving care at the Women's Care Center speak only Spanish. Criteria for study inclusion include the ability to participate in moderate-intensity physical activity but currently sedentary. Literacy is not a requirement because all written material can be presented verbally. English fluency is not required, given the multicultural and multilingual resources of the research team.

Role of *Promotora*

The role of the *promotora*, or lay health advisor, is increasingly recognized as an

Dean Conrod, MD, talks with a patient at the Maricopa Integrated Health System Hospital. Dr. Conrod is a member of the ASU interdisciplinary team for the Walking in Hispanic Women study.



acceptable and effective mechanism for promoting physical activity. *Promotoras* will be recruited from among those whose roles in the Hispanic community are as leaders and advisors. Investigators have extensive experience in *promotora*-led interventions and will apply this experience to the *Mujeres en Acción* intervention.

Intervention Structure

Mujeres en Acción will be implemented over 24 weeks, including 12 weeks of weekly groups sessions, and 12 weeks of follow up and booster sessions. Based on preliminary research, group walking and intervention sessions will be held weekly, over 12 weeks, for approximately one hour per

Blanca Flor-Jimenez is site coordinator for the ASU nursing interdisciplinary research study.

session. *Mujeres en Acción* activities during weeks 12–24 will be conducted by study *promotoras* and will include booster intervention sessions, held monthly, focusing on enhancing social support resources for physical activity and weekly telephone calls from the *promotoras*. The purposes of the booster sessions and the telephone calls are to provide support in meeting walking goals, to identify resources for physical activity, and to use the group setting (booster sessions) and individual contact (telephone calls) to reinforce progress and supportive resources developed.

Weekly intervention meetings will include a group walk designed to model moderate-intensity walking in a supportive group setting. Walks will be consistent with each participant's needs and ability. Initially, group walks will last 10 minutes, in addition to stretching, "warm-up" exercises, and "cool down" exercises, and increase in duration weekly.

Mujeres en Acción incorporates an innovative approach that acknowledges and builds on social support resources among Hispanic women. The study will determine the feasibility and impact of the *Mujeres en Acción* as a theory-driven intervention. Findings will provide meaningful insights to researchers who seek to develop effective, culturally relevant intervention programs to meet the needs of underserved minority women. Dr. Keller said the research's trajectory is to develop a larger randomized controlled trial for the next phase of her research program.

"This grant is indicative of the emphasis we have placed on strengthening our research mission with a focus on improving research infrastructure and providing outstanding research support and mentorship for faculty and students," said Julie Fleury, associate dean for research. "Funding for NIH grants has increased to \$2.5 million since 2005."

As part of its strategic plan, the college launched new centers of excellence including the Center for the Advancement of Evidence-based Practice, the Center for Improving Health Outcomes in Children, Teens & Families, the Hartford Center of Geriatric Nursing Excellence, the Center for Healthy Outcomes in Aging, and the Center for Healthcare Innovation & Clinical Trials. These centers provide strong mentorship and support from nationally and internationally known scholars, interdisciplinary collaboration, and cutting-edge educational resources. ■

ASU Names Colleen Keller First Foundation Professor in Women's Health

Director of College of Nursing & Healthcare Innovation's Geriatric Centers is Recognized

Colleen Keller, PhD, RN-C, FNP, FNAP, professor, College of Nursing & Healthcare Innovation, has been appointed ASU's first Foundation Professor in Women's Health.

Dr. Keller has more than 20 years of research and practice devoted to the

care of women and cardiovascular risk reduction, focusing on diverse and underserved women. She is director of the new Hartford Center of Geriatric Nursing Excellence (HCGNE) in the ASU College of Nursing & Healthcare Innovation, one of nine such centers in the United States. Professor Keller also is director of the Center for Improving Healthy Outcomes in Aging, a research center of excellence in the college.

Dr. Keller has led ongoing research studies for women's health. She is principal investigator of a NIH/NINR study to implement a social support intervention for older Hispanic women that impacts weight management and co-investigator for *Creando Posibilidades*, a NIH/NINR RO1 funded grant with Dr. Karen Stein, University of Michigan, a study that examines risk factors for disordered behavior in Hispanic college women.

Dr. Keller joined ASU in 2005 from the University of Texas Health Science Center at San Antonio where she was co-director of the National Center of Excellence in Women's Health and held an endowed professorship. She previously served on the ASU nursing faculty from 1988 to 1994 and started her career in Phoenix as a critical care nurse at the Arizona Heart Institute.

A graduate of ASU with a Bachelor of Science in Nursing, Dr. Keller received a PhD in Community Health Education from the University of New Mexico and a MS in Nursing (medical-surgical) from Ohio State University. She holds certifications as an advanced practice nurse, family nurse practitioner, and critical care nurse. Dr. Keller has received numerous nursing educational and research awards in her career. She most recently received the Hartford Senior Geriatric Nurse Research Award at the Western Institute of Nursing 2008 Conference.



Dr. Colleen Keller

Reaching Out to Other Healthcare Disciplines

Clinical Research Management

The clinical research industry is growing 5-9 percent annually according to CenterWatch, an industry analyst. Battelle Memorial Institute projects clinical research management positions to double by 2015 following a cumulative increase of 16 percent since 2003.

The robust development of the bioscience research infrastructure in Arizona has created a need for individuals with graduate degrees who can manage complex, federally, and internationally regulated clinical research operations and support the growing life science industries in the state. However, many bioscience and biomedical product development companies that are expanding in Arizona have had to recruit from out-of-state due to the lack of an educated and skilled workforce.

The College of Nursing & Healthcare Innovation at ASU plans to meet the need of the bioscience and clinical research industries in Arizona and the nation by launching the first advanced degree

and graduate certificate program in Arizona to formally educate clinical research managers, according to Linda Mottle, MSM, RN, CCRP, director, Center for Healthcare Innovation & Clinical Trials at the college.

The Master's of Science in Clinical Research Management, scheduled to start fall semester of 2009, offers full- or part-time program options with a "hybrid online format," which includes an on-campus immersion each

August, providing students face-to-face contact with each other and program faculty. Prominent clinical research industry leaders will present lectures at immersion sessions.



Multi-disciplinary Approach

The CRM Master's degree takes a multi-disciplinary educational approach for the management of the growing clinical research industry. Students accepted into the program will learn developing clinical research technologies and methodologies, project management processes, study designs, trends in global trial operations, complex regulatory requirements for healthcare regulated product development, and clinical research process improvement techniques.

The CRM program is intended for students from diverse backgrounds including nurses, allied health professionals, and other life science disciplines. The program focuses on current best practices for global clinical research management, global virtual team operations, clinical research processes and changing regulations, and human subject ethical considerations. Graduates will be prepared to manage complex clinical research operations at multiple global sites in a subset of specialized position functions, including regulatory affairs, clinical research operations, auditing, monitoring, technology adoptions, and resource management.

The MS in CRM consists of 33 graduate credit hours, including two three-credit capstone clinical research management projects instead of a thesis. Capstone projects will be presented to fellow students, faculty and clinical research stakeholders from Arizona at the end of the program via face-to-face or online advanced technology communication platforms, such as Macromedia Breeze, web or pod casting.

Core Curriculum

Required three-credit core courses include Principles of Epidemiology for Healthcare, Principles of Regression and Correlation, Data Management & Technology Implementation, Responsible Conduct of Research, Clinical Research Management & Regulatory Affairs, Clinical Research Operations, Project Management (Offered by ASU West Campus School of Global Management and Leadership), Innovation and the Individual, Healthcare Policy & Innovation, and Capstone Clinical Research Management Project - I, II.

Two formal, pre-approved, three-credit capstone projects at contracted and mentored clinical research sites that reflect program outcome competencies are developed sequentially throughout the program courses and reflects the comprehension and integration of course work. Students will develop a detailed, sophisticated clinical research management operations plan, a process improvement initiative, and/or clinical research study implementation plan in conjunction with their site mentor and organization, in a “live” work environment outside or in Arizona, that addresses a real clinical research management challenge or product development process.

Graduates of the Master’s of Science in Clinical Research Management will have career opportunities in pharmaceutical, bioscience, medical device, bio-tech, federal regulatory agencies, or federally sponsored research programs. CRM graduates also can choose a more traditional position managing clinical trials conducted within individual medical facilities, large medical group practices, or specialty clinics that conduct clinical trials.

Admission Requirements

Applicants to the MS CRM program will be accepted each spring semester for fall program start for either full-time or part-time admission. Admission to the first cohort for fall semester 2009 begins in January 2009.

Graduate Certificate Offers Opportunity to Enhance Knowledge and Skills

The ASU College of Nursing & Healthcare Innovation also sees a need for multi-disciplinary healthcare professionals already working in clinical research to enhance or update their knowledge and skills. To meet this need, the college will offer a 15-credit online distance education and immersion graduate certificate in clinical research management starting January 2009 with an application deadline of December 1, 2008.

Healthcare professionals from fields outside of nursing are eligible for admission for the graduate certificate in CRM. The certificate program takes a multi-disciplinary approach in providing an education strong in clinical research operational and financial practices, ethical and regulatory aspects of research, and overall management of clinical drug, biological, and medical device trials.

Similar to the Master’s in CRM, the online certificate includes an annual three-day weekend immersion and practicum session at the ASU Downtown Phoenix Campus for orientation to the certificate program. The immersion session includes online lecture modules, discussion forums, required readings, small group, and self-study assignments, according to Mottle.

Methods of Evaluation

Each of the five 3-credit courses in the certificate curriculum has a final project based upon course competencies. These projects are designed to be the foundation for the capstone final project that will demonstrate an integration of program competencies. Individual course and capstone pre-approved projects will be presented to classmates and faculty via electronic submission, web/pod casting and/or teleconferencing.

Part-time students who take one course per semester complete the graduate certificate in 18-20 months, or five semesters. Students who take two courses per semester complete the certificate in 12 months or three semesters, CRM program director Mottle said. Currently, the deadline is December 1 of each year for the following spring semester start.

Toby Anchie, RN, MAEd, Executive Director of Research & Development at St. Joseph’s Hospital and Medical Center in Phoenix and an Executive Board Member for the Center for Healthcare Innovation & Clinical Trials, stated that the new innovative clinical research management programs with their focus on high-level operational and global team operations, are critically needed. “The fact that they are offered in an online distance education format for all areas of healthcare is essential to meet the growing industry needs within Arizona, nationally, and globally,” Anchie said. “The program encourages using inter-disciplinary expertise to advance the conduct of clinical research in a more effective, efficient and evidence-based manner that helps promote improved patient outcomes.”

Supporting Continued Growth

The Arizona Bioscience Roadmap developed by Battelle Memorial Institute states that bioscience companies, like any knowledge-based industry, need a supply of qualified, educated workers. To meet the demands of newly emerging fields like clinical research management, new curricula and programs need to be developed by educational institutions working in close partnership with the bioscience industry.

The introduction of the Clinical Research Management education program at ASU is the right direction on the road to continued growth of the bioscience industry in Arizona, according to Mottle. “Current times require an innovative educational solution to improve the clinical and translational research process and outcome indicators, which ultimately impact the health of people around the globe,” Mottle concluded.

For additional information, contact Fran Rees at Frances.Rees@asu.edu, call 1-602-496-0935, or go to <http://nursing.asu.edu/chict/>.



Reaching Out to Other Healthcare Disciplines



International Health for Healthcare Professionals Graduate Certificate Crosses Borders

Healthcare providers are seeing a more ethnically diverse patient population, and often cross borders themselves to provide care in developing countries, as well as during disasters, such as occurred recently in China and Myanmar (Burma). Lack of knowledge related to international healthcare delivery, cultural health taboos and other culture care issues in the U.S. and abroad, however, drive the need for educational preparation in culturally responsive care and global health policies and procedures. To meet these needs and develop leaders in the provision of healthcare on a global scale, the ASU College of Nursing & Healthcare Innovation has introduced an innovative educational offering, the International Health for Healthcare Professionals Graduate Certificate.

Interdisciplinary Graduate Certificate Program

“Students in our graduate certificate program receive a comprehensive educational experience in the provision of holistic, culturally responsive care to patients they see in their practice in the U.S., or if they volunteer for programs that provide healthcare outside of the U.S, such as the Flying Samaritans or Doctors without Borders,” said program director Carol Baldwin, PhD, RN, CHTP, CT, AHN-BC. Dr. Baldwin has extensive international experience having lived in Korea and Japan for several years. She continues to travel frequently to Mexico, South America, Western Europe and Asia to establish research collaborations with international colleagues that enrich students’ learning in the Graduate Certificate program.

The 16-credit hybrid online distance education and immersion graduate certificate targets primary care and other health professionals who provide care for increasingly diverse client populations. The program

includes an overview of international health issues in developed and developing countries within the presence and absence of natural and human-made disasters, such as hurricanes and war. It incorporates language, cross-cultural communication and immersion experiences, advantages few other certificate programs offer.

After completing the required four online courses, students participate in a five-week, four-credit capstone course that incorporates experiential learning. The capstone project is designed to apply concepts learned in the core courses and present evidence of knowledge in 1) international health systems, professions and research, 2) cultural diversity in clinical practice, 3) principles of evidence-based practice, and 4) epidemiology. Students work individually on a project and prepare a portfolio using cross-cultural communication and diversity in clinical practice skills acquired during the program. The summary portfolio includes a critical appraisal of culturally responsive health promotion intervention approaches and will outline a specific plan for implementation and evaluation of the intervention in each student’s clinical or private practice setting, or global health proposal.

The Case for Culturally Responsive Healthcare

An example of the need to provide care from a diverse, culturally responsive perspective from local to global can be found in the southwest. Mexican Americans represent the largest Hispanic subgroup, comprising 64.3 percent of the Hispanic population that is expected to be 25 percent of total U.S. population by 2020. Despite the growing Mexican American population, there have been no programs that provide the kind of didactic training and immersion experiences to prepare nurses and other healthcare providers in the cultural, folk

practices and linguistic understanding unique to persons of Mexican, as well as Latin American origin.

Global Need among Health Professionals

Most Western Europeans speak English but their healthcare delivery and policies differ from the U.S. Western European nationals are experiencing healthcare delivery issues related to immigration akin to those in the U.S. For example, Ireland is seeing an influx of immigrants from Poland and South Africa, which requires that Irish nurses learn culture care for their growing diverse population. There are American citizen healthcare providers who also wish to focus on the health provision and policy issues in Western Europe, particularly military doctors and nurses stationed in these countries, and U.S. military healthcare professionals stationed in the Middle East and Asia.

The technical agreement between the College of Nursing & Healthcare Innovation and the Pan American Health Organization (PAHO) facilitates connections for this certificate/immersion program for health professionals. ASU has also established agreements with Dublin City University, Ireland, Tech de Monterrey, Mexico, and Szechuan University in China and the University of Guanajuato in Mexico. The college also recently developed a nursing school agreement with National Cheng Kung University in Taiwan. As the ASU College of Nursing & Healthcare Innovation develops additional international partnerships, those countries will be added as Capstone immersion offerings. Students will be expected to cover costs of the immersion program in their country of interest. The possibility for health professionals who voluntarily provide care in developing countries, volunteer for programs such as Project Hope, or who have provided care to foreign nationals during overseas U.S. military or Peace Corps service to use these experiences as their Capstone immersion is under consideration.

Admission Criteria

To be eligible for admission for the international graduate certificate, students must be baccalaureate-prepared nurses or health-related professionals (e.g., social worker, physician, or pharmacist) with a bachelor's or master's degree or medical degree from a regionally accredited university or equivalent. Applicants must also submit a Goal Statement outlining the rationale for why the student desires admission and future career goals once the certificate is completed. For more admission information, contact an academic advisor by e-mail at GPONursing@asu.edu or call at 602-496-0857.

An additional advantage of the international graduate certificate is that students may count nine hours credit from this program toward a master of science, post-master's nurse practitioner certificate, Doctor of Nursing Practice, or PhD in Nursing & Healthcare Innovation

degree. International Health is a concentration for the PhD, and the Cultural Diversity in Clinical Practice is a required course for RN to PhD students.

Impact on Students

Rachel Baird-Carlton, MSN, FNP-BC, director of the FNP program at Grand Canyon University in Phoenix and a DNP student at ASU with experience in international medical missions, enrolled in the certificate program when first offered in fall 2007. "I am now offering

my FNP students the opportunity to do medical work in other countries (Guatemala this summer)," Baird-Carlton explained. "Without the knowledge gained in the International Health graduate certificate courses at ASU, I would be missing a valuable piece of the puzzle when instructing my students."

Monique Germain, MS, RN, assistant professor and advisor for international students, Chicago State University, currently enrolled in the international graduate certificate, has been impressed with the program. "When I complete the certificate program, I plan to apply the knowledge acquired to implement change and improve health outcomes in less fortunate countries,"

Germain said. "Healthy People 2010 addresses many objectives on poverty, disaster preparedness, response and management, as well as maternal-child health. I envision creating programs that focus on health prevention and the policies that address the need for health promotion interventions."

ASU Emphasizes Global Initiatives

The international graduate certificate is part of ASU's emphasis on global initiatives for a healthcare workforce that can meet the challenges for addressing international health issues in an informed, evidence-based, and culturally responsive manner, said David Hrabe, PhD, RN, Interim Associate Dean for Academic Affairs.

Healthcare providers in several countries, including Mexico and China, also have expressed interest in taking the courses to improve their healthcare delivery to travelers who are U.S. citizens and/or expatriate retirees.

Disasters, disease, and the need for healthcare have no borders. The increasing diversity in the U.S. population and expanding U.S. presence in other nations require that healthcare professionals become global leaders in the provision of culturally responsive care. They also must be educated in global health policy and systems that are mobilized in the presence of natural and human-caused crises in order to help people in need. The Graduate Certificate in International Health for Healthcare Professionals has been developed to meet this need, and transcend borders through the provision of global health promotion and care. ■



Zaida Morales (left) and Dr. Carol Baldwin (right) talk with Rachel Baird-Carlton, a former student in the International Health for Healthcare Professionals Graduate Certificate program about its benefits for her students at GateWay Community College.



EBP Conference IX Continues to Increase Impact on Healthcare

The 9th National/International Evidence-Based Practice Conference held earlier this year continued to increase its positive impact on healthcare in several ways. The conference titled “Translating Research into Best Practice with Vulnerable Populations: Acting on the Evidence to Impact Outcomes,” featured 82 podium presentations by prominent speakers from 28 states and attracted attendees from five other nations including Canada, Ecuador, Ireland, Japan and Mexico.

“This conference is designed to facilitate point of care providers in implementing and sustaining EBP. Every year, it is so exciting to hear what wonderful work clinicians, educators, and administrators are doing to improve patient and systems outcomes through EBP. Whether advancing EBP across the U.S. or the globe, participants of this conference truly are focused on collaborating and practicing innovatively so they can provide best care,” said Ellen Fineout-Overholt PhD, RN, FNAP, director of the Center for the Advancement of Evidence-based Practice (CAEP) at Arizona State University.

Diana J. Mason, PhD, RN, FAAN, editor-in-chief, *American Journal of Nursing*, delivered the conference opening keynote address “EBP: Why Policy and Politics Matter.” Mason’s remarks focused on the state of nursing research and the politics that serve as barriers to use of evidence in clinical practice. She also pointed out the inflation-adjusted decrease in funding for the research as a major problem. “We need a five-year plan to increase funding that on a current dollar value is less today than in 2006,” Mason said.

The editor also discussed the results of a study (Pravikoff, Tanner and Pierce, *AJN*, September 2005) of barriers against the use of evidence that nurses impose on themselves in practice or have imposed on them. “The study findings show that 81 percent of nurses never use a medical library, 56 percent never consult a medical librarian, and

69 percent never or rarely do database searches in their care for patients,” Mason said. “Institutional barriers include the lack of value for the use of research evidence in practice, the failure to understand how to use a database, and the diffidence to accessing research materials.”

Mason concluded that many nurses and their institutions may not use or value the use of evidence in practice but that the growing mandate for evidence-based practice and the Magnet program are changing those positions.

Lance S. Patak, BSN, MBA, CCRN, chairman of the board and CEO, Vidatak and CEO and co-founder, Biomedical Research Exchange, Inc., delivered a motivating conference endnote presentation, “From Research to Practice Change: One Nurse’s Journey.” Patak traced his development of a medical product for mechanically ventilated patients through the use of research-based evidence and patient involvement. “Practitioners can facilitate or impede patients’ ability to communicate,” Patak said. “Our bedside practice should empower patients and optimize their ability to communicate.” Patak worked closely with patients, other



Keynote speaker Diana J. Mason.



Endnote presenter Lance S. Patak

healthcare practitioners, and the Joint Commission on Accreditation of Healthcare Organization to develop the Vidatak E-Z Board, a communications board now in use in 1,000 hospitals around the world in 15 languages.

Patak encouraged the more than 300 conference attendees to take a similar path to the use of evidence and patient involvement to develop their own innovations. "While your perception of what is possible has changed, the 'possible' has remained constant," Patak concluded.

The conference focused on five specialty track areas: acute/critical care; aging; children, teens and families; EBP implementation; and psychiatric mental health. Specialty track plenary speakers included Bart Demaerschalk, MD, MSc, FRCPC, Director, Cerebrovascular Diseases Center, Co-Director, MERIT Center, Mayo Clinic Arizona; Veronica Feeg, PhD, RN, FAAN, Professor, College of Nursing and Health Science, University of Florida; and Shirley Smoyak, PhD,

RN, FAAN, Professor, Continuous Education and Outreach, Rutgers State University, among others.

Chiyo Matsuoka, PhD, RN, MSW, associate professor of gerontological nursing at the College of Nursing Art & Science at the University of Hyogo in Japan traveled the longest distance to attend the conference and perhaps best explained how the conference impacted practice. "The conference made a difference in my research plan to translate EBP into geriatric clinical practice," she observed. "I had planned on targeting clinical nurses in my plan but have now revised my research to include the entire nursing department."

Presentation and Poster Awards

An independent panel of judges representing a cross section of conference attendees presented podium and poster awards as follows:

PODIUM AWARDS

Acute/Critical Care

- Rebecca Kjonegaard, MS, RN, CIC
Sharp Grossmont Hospital
- Major King, PhD, CNS, Vista Calif.
- Larry Verity, PhD, FACSM
San Diego State University

Aging

- Jane Kerzan, RN, MSN, CNA, BC
Sun Health Del E. Webb Hospital
- Tammi Szaronos, RN, BSN, CCRN
Sun Health Boswell Hospital
- Angela Allen, CRRN, BSN, MAT, EdS, EA
ASU College of Nursing & Healthcare Innovation

Children, Teens & Families

- Ann Maradiegue, PhD, CFNP
George Mason University

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KATHLEEN WILLIAMSON JOINS CAEP AS ASSOCIATE DIRECTOR

Kathleen Williamson, PhD, RN joined the Center for the Advancement of Evidence-based Practice (CAEP) as Associate Director in January.

"I applied for the associate director position and things happened fast," Williamson said. "I decided it was the right thing for me since what I was doing at Florida State University led me to ASU." Her research interests at FSU included developing a simulation program, Personal Digital Assistant (PDA) use in the graduate and undergraduate nursing programs, developing innovative ways to integrate EBP into the undergraduate nursing program, working with the Research Council at the local hospital, and developing ways to infuse EBP into the bedside nurses' practice and throughout the organization.



The position in CAEP at the ASU College of Nursing & Healthcare Innovation seems a natural fit for Williamson. "EBP has

been intuitive for me and I have always embedded EBP in my clinical and teaching practice settings," she noted. "It is how I practice and is who I am."

Kathie Williamson is one of six nurses in her immediate family. She is in the third generation of nurses (grandmother, mother, aunt, brother and cousin). Her 91 year-old grandmother, Irene Firmender, was the first. "Grandma has influenced each of us to be productive members of the nursing profession; her caring and giving inspires each of us to this day," the new associate director for CAEP said.

Dr. Ellen Fineout-Overholt, CAEP director, agrees with her new associate director's assessment. "Kathie is so in sync with the goals of our center that it seems natural that she is part of the CAEP Team."

Nursing Leaders



MICHELLE BEAUCHESNE,
NORTHEASTERN
UNIVERSITY

Michelle A. Beauchesne, DNSC, RN, CPNP, FNAP, FAANP, Associate Professor and Coordinator of the Pediatric Nurse Practitioner (PNP) Program at Northeastern University in Boston, is an expert PNP in the care of children and families with neurodevelopmental disabilities. She is the current president of the National Association of Pediatric Nurse Practitioners.



GERALDINE BEDNASH,
AMERICAN ASSOCIATION
OF COLLEGES OF NURSING
(AACN)

Geraldine (Polly) Bednash, PhD, RN, FAAN, has served as Executive Director of the American Association of Colleges of Nursing (AACN) since late 1989. In her role, Dr. Bednash oversees the educational, governmental affairs, research, publications, and other programs of the organization that is the national voice for baccalaureate and graduate-degree education programs in nursing.



JESSICA HECKEL,
UNIVERSITY OF SOUTH
FLORIDA

Jessica Heckel is a student in the DNP program at the University of South Florida. A graduate of Vanderbilt University in 2002 with an MSN, she has worked in primary care as a Pediatric Nurse Practitioner before joining the University of Florida's Child Protection Team for which she examined children when there were concerns about abuse or neglect.



CYNTHIA MCCORMACK,
PHOENIX VA HEALTH
CARE SYSTEM

Cynthia McCormack, PhD, RN, MS, is Associate Director for Patient Care Services, Phoenix VA Health Care System. As AD/PCS and Nurse Executive, she leads a staff of more than 900 professional and support personnel, including Nursing, Social Work, Nutrition and Food Service, Supply, Distribution and Processing (SPD), Clinical Informatics, Voluntary Service, and the Chaplains.

The increasing complexity and continuing changes in the nation's healthcare system require that nurses in specialty positions have the highest level of scientific knowledge and clinical expertise. In 2004, members of the American Association of Colleges of Nursing acted to meet these needs when they endorsed a change in the preparation of advanced practice nurses

Discuss the DNP



**RENEE MCLEOD,
ARIZONA STATE
UNIVERSITY**

Renee McLeod, DNSc, RN, CPNP, Clinical Professor of nursing, has recently been named Director, Office of Translational Technologies and Organizations at the ASU College of Nursing & Healthcare Innovation. She previously served as Director of Graduate and Advanced Practice Programs and led the launch of new innovative master's programs, strengthened existing curriculum, and planned and implemented the DNP program at ASU.



**BERNADETTE MELNYK,
ARIZONA STATE UNIVERSITY**

Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP, is Dean and Distinguished Foundation Professor in Nursing at the ASU College of Nursing & Healthcare Innovation. She is noted for her dedication to improving the health of children and teens; educational and research innovation, interdisciplinary healthcare, and evidence-based practice to deliver quality patient outcomes. Dr. Melnyk is a member of the United States Preventive Services Task Force.



**RANDOLPH RASCH,
VANDERBILT UNIVERSITY**

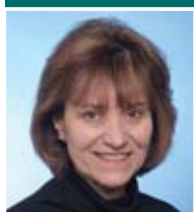
Randy Rasch, PhD, RN, FNP, FAANP, has served as Professor and Program Director of the Family Nurse Practitioner Program at Vanderbilt University School of Nursing since 2002. As an African American, Dr. Rasch has had several firsts in nursing. He was the first African American male in his undergraduate program; the first African American male public health nurse in Michigan; the first African American male masters-prepared family nurse practitioner, and the first African American male to hold the PhD in nursing.



**CHERYL CUMMINGS
STEGBAUER, UNIVERSITY
OF TENNESSEE, MEMPHIS**

Cheryl Cummings Stegbauer, PhD, BSN, MS, FNP, is Professor and Associate Dean for Academic Programs in the College of Nursing at the University of Tennessee Health Science Center, Memphis. Her faculty role in the UT College of Nursing includes teaching Philosophy of Science for DNP and PhD students as well as serving as Faculty Advisor for DNP doctoral students. She is Director of the MSN and DNP advanced practice programs.

from a masters to the doctoral level by 2015. Some colleges of nursing have implemented or are preparing to implement the Doctor of Nursing Practice (DNP) in their curriculums. The following roundtable discussion among seven nursing leaders and a student examines the status of the transition to the DNP and its impact on the nursing profession and healthcare system.



BEAUCHESNE



BEDNASH



HECKEL



MCLEOD



MCCORMACK



MELNYK



RASCH



STEGBAUER

ASU Nursing Magazine:

Why have many colleges not implemented the DNP program? What do you see as the next milestone/step in the transition? Will implementation be universal by 2015?

Geraldine (Polly) Bednash, AACN:

We are at the tipping point in the adoption process of the Doctor of Nursing Practice (DNP). More than 300 colleges are at some point in planning and/or implementing the program.

Randy Rasch, Vanderbilt University

The struggle is a developmental thing and some colleges are concerned that the DNP will draw students from PhD programs.

Polly Bednash, AACN

People are always hesitant. However, there has been a 30 percent increase in PhD enrollment since the DNP was launched.

Randy Rasch, Vanderbilt

There are 19 states that require a master's degree for nurse practitioners to obtain their licensure. We need to deal with that for NPs who obtain a DNP.

Polly Bednash, AACN

We have had many conversations about the issue of the states that require a master's degree for NPs. I do not see changing state requirements as a major problem.

Overall, there has been an enormous positive response to the DNP. In our 2007-2008 Report, 63 institutions are listed as having a DNP program in place and another 53 that are in process of adding the DNP. This transition to the DNP is moving much faster than anticipated.

Cheryl Stegbauer, University of Tennessee, Memphis

You have to remember that schools are not alike in the ability to offer doctoral degrees, so they have their own reasons for being where they are in progress toward DNP implementation. Leadership transitions also impact the timing of implementation.

Renee McLeod, Arizona State University

Some nursing colleges have strong research faculty but do not have strong clinical faculty. Some institutions do not have doctoral degrees and others may be adopting the DNP as their first doctoral offering. These various reasons impact where each school may be on the DNP implementation continuum.

Michelle Beauchesne, Northeastern University

One third of the schools face bureaucratic issues to add the DNP program to their curriculum. In addition, there are always a small group of followers who wait to see what lessons others learn first. The number of colleges that do not plan to add the DNP program because they are non-believers is very small. The data will show other institutions that the Doctor of Nursing Practice is the right direction for their institutions, students and patients.

Bernadette Melnyk, Arizona State University

An important step in the transition will be the measurement of outcomes. We need to implement a rigorous evaluation plan so that evidence can be gathered on the key differences in outcomes of DNP graduates in comparison to masters-prepared advanced practice nurses regarding clinical practice and patient outcomes.

“There has been a 30% increase in PhD enrollment since the DNP was launched.”

ASU Nursing Magazine:

Why should masters-prepared nurse practitioners covered by the ‘grandfather’ clause return to school to obtain a DNP degree?

Jessica Heckel, DNP student, University of South Florida

I decided to pursue a DNP to expand my critical thinking and to grow as a clinician. The degree builds on my foundation as an advanced practice nurse by requiring me to use EBP in my practice.

Michelle Beauchesne, Northeastern University

I think some individuals may be satisfied with being grandfathered. However, if you’re in a different group, where you’re early or mid-career, and you are planning on job mobility and would like to have an advanced career trajectory, then I think there’s no doubt that the DNP needs to be in your future. In preparation for this roundtable, I reread my colleague Michael Carter’s chapter on doctoral education in the Anders book on nursing ideas. I thought he said it very nicely where he talked about some of the roles that we have today, and that these were unthinkable five or ten years ago. Individuals are being challenged every day, in what they are doing in their healthcare environments. They need the education and leadership skills. They also need to know how to put evidence into practice.

There will be some that will be comfortable being grandfathered in, and you got me thinking, “Do I need to think about a DNP?” I went to Boston College and got my doctorate as a full-time nurse practitioner. I was the only one in my program that was getting paged during classes. I went there because of the clinical nature of that research program, and so I really don’t foresee that I need a DNP at all, but you’ve got me a little worried there with this blend of programs because my research came from my practice. I went back to my practice and got a doctorate to be in practice. I only ended up in education because I was recruited. There are going to be a lot of people who think like me. I’m going to lobby for not getting another degree at this point! And you can print that in your journal!

Renee McLeod, Arizona State University

When I’m talking to potential students, or colleagues are talking to me about do I really need to go back and get the DNP, one of the things that I emphasize is that there are many programs out there, all with different focuses. You would go back at this point, not necessarily to have more initials behind your name, because there are courses that you want to take, and that this is somehow going to reenergize your practice. You are going to bring something back from having had that opportunity and see this degree as giving you a seat at the table in your institution, your practice, or your state that maybe you have been unable to have. The DNP also gives you value-added skills. Right now, we can’t tell people that just because you get this degree

you’re going to make a higher salary, or that there’s going to be a return on investment. I’m not sure how that’s going to play out yet. The return right now needs to be in feeling better educated, more confident, and re-energized in your practice.

Cheryl Stegbauer, University of Tennessee, Memphis

First of all, it’s the word “grandfathering.” I am not sure how it’s being used right now in the discussion. “Grandfathering” typically means granting legal permission and is a regulatory term. That’s how I understood it.

I believe it would be in the distant future if states ever required a doctoral degree. Then people would have to be grandfathered, if that’s how the term is being used.

Cynthia McCormack, Phoenix VA Medical Center

The process of caring for patients is constantly evolving and practitioners must keep abreast of these changes in order to provide competent, high-quality care. The DNP, with its focus on the development and use of evidence-based practice, ensures that practitioners have all the tools they need to assess current evidence for implementation as well as identify gaps.

ASU Nursing Magazine:

As reported in the *Wall Street Journal*, the National Board of Medical Examiners has agreed to develop a voluntary DNP certification exam based on the same exam physicians take to qualify for a medical license. What are the pro’s and con’s?

Polly Bednash, AACN

First of all, the exam is being created by the National Board of Medical Examiners, on behalf of the American Board on Comprehensive Care, which is a part of the Council for the Advancement of Comprehensive Care. At our organization, we sent a letter out to all of our members about this work, stating that we continue to be absolutely committed to the work that we’ve been leading for three and a half years to develop a consensus on the regulation of advanced practice nurses: the individuals in the four direct care roles of nurse practitioner, nurse anesthetist, nurse midwife, and clinical nurse specialist. We will continue to support that the national council of state boards of nursing and the state boards themselves have the existing specialty nursing certification exams used as the authoritative measure for granting entry or authority to practice. We have rejoined the council that has created this exam because we’d like to monitor it and see what impact it may have on both being able to validate skills and knowledge; second, to be able to be sure that we maintain the integrity of the work done through the consensus process and that it’s not harmed in any way.

Some of my colleagues, physician friends, have said to me they believe that this exam would have the ability to call into question whether or not advanced practice nurses have the knowledge to be able to practice in equal roles in the world. I know that the people who are creating the specialty nursing exams believe that they are doing that right now. We certainly do not believe that it (this exam) should have any role in regulation of advanced practice nurses. It might be an augmenting tool for recognition, but right now, I don't think we know what the impact is going to be.

Cheryl Stegbauer, University of Tennessee, Memphis

I had a very interesting conversation around this question. I had spoken with a nurse practitioner who had been in practice for years prior to going into a DNP program, post-masters, and then had graduated and was practicing. I talked to this person about the question of the National Board of Medical Examiners exam being put forth, and the question was, "Do you really think it will help in terms of insurance reimbursement?" The person said, you will not believe the conversation I had several years ago. The person had been in a state and was getting reimbursement from one of the well-known insurance carriers. Then she went to another state and was refused reimbursement by the same company. When a call was made to discuss why she was being refused reimbursement, the response was because nurse practitioners don't have one examination, such as the National Board of Medical Examiners examination. So it has been suggested that this DNP examination may help in terms of reimbursement.

Michelle Beauchesne, Northeastern University

We as nurses need to speak up and say that this is not an entry-level degree at this point; whereas it is an entry-level degree for Pharm-D's, physicians, and audiologists. We do have one exam, we have the NCLEX; that is our entry-level exam into the nursing profession. Our exams as nurse practitioners are more at the level of physicians being board-certified into specialties. We don't have one specialty exam either. I think the public really needs to understand that as of right now that this is not a new role, that it's an academic degree that is actually more commensurate with the education that we've had.

That is why this "Dr. Nurse" article presented a limited view. Regardless of what the issue was, people don't understand that our NCLEX is our entry-level into the profession. Whether we agree with that or not, that's how we left it all these years. This is not an entry-level role. It is advanced practice. It is at the level of board certification for physicians. I'm a pediatric nurse practitioner, maybe that's why I'm speaking so strongly. I could fail some kind of exam like this, and it doesn't really acknowledge my specialty education in the advanced practice role. It also confuses the issue because it's not a new role, and that's what all the literature says.

Randy Rasch, Vanderbilt University

I'd like to talk on that, too, and say specifically, that if you look at that exam, what it covers is primary care across the lifespan, and

right now I think there has been no issue to really address what nurses completing a clinical portion of a specifically clinical DNP program are eligible to take that exam. Some of the talk I've heard so far is that all DNPs would have to take the exam. That means that you will have people taking an exam for which they have not been prepared. I think those are all issues that we haven't dealt with, and raise real concerns in terms of credibility.

“Having these DNP programs is going to increase our ability to have more faculty, and therefore to have more students in our programs to help the nursing shortage.”

Renee McLeod, Arizona State University

As Michelle has so eloquently pointed out, the NCLEX is our entry into practice. So, what about the student who is an Neonatal Nurse Practitioner – how could they possibly pass that exam? We would be setting them up immediately for failure, and what does that say when we have students graduating from our program that fail this exam? What is the message to the public? Is it that we don't know what we're doing? I think it sets a terrible precedent.

Michelle Beauchesne, Northeastern University

The DNP was never based on that we weren't providing quality or safe care – that was never one of the drivers that has been listed. Lucy Marion and colleagues wrote an eloquent article a few years ago and they talked about the drivers, and that had to do with parity in practice – with audiology and Pharm-D having the doctorate. There are new challenges in healthcare so we need new and more knowledge. We have 40 years of evidence that we are providing safe, quality care. And this type of article and this type of publicity (Wall Street Journal article) brings it into question. That's not what the issue has ever been. Just like certificate-prepared nurse practitioners, they're providing safe care, but there were more things that were occurring and we wanted to be at a different level, and that was the impetus for the masters being even-keel. That is very important to point out—safety and quality were not the drivers at that point. The more knowledge/education and translation of evidence into practice that we have, care will be safer and of a higher quality, but the baseline was competence already.

Renee McLeod, Arizona State University

Our advanced practice is still specialty practice, it's not generalist. And that exam is a generalist exam.

Cheryl Stegbauer, University of Tennessee, Memphis

I think perhaps it is a generalist in primary care.

Cynthia McCormack, Phoenix VA Med Center

Pro's: NP's will have the ability to practice in a more independent role. NP's will be able to bill for their services. Con's: There is always the concern that NP's will lose their "nurse" identity.

ASU Nursing Magazine:

The DNP program may require some nurse practitioners to reduce practice hours while they study for their degree. Will this exacerbate the shortage of nurse practitioners?

Randy Rasch, Vanderbilt University

I don't think so. I think what we are seeing with a range of programs is that many of them will provide an option for nurse practitioners to obtain the degree without significantly affecting their practice, especially with blocked curricula and on-line distance options. The question is, when you say "nursing shortage," those nurse practitioners don't address what we usually are speaking of in terms of the "nursing shortage" anyway. They're not in that role.

Renee McLeod, Arizona State University

I actually think that the goal of the DNP was to improve the nursing shortage because we hope that it's going to increase faculty. How DNP faculty will be treated at the university level is another issue, but one thing that is having an impact on our nursing shortage is the lack of nursing faculty. Having these DNP programs is going to increase our ability to have more faculty, and therefore to have more students in our programs to help the nursing shortage.

Michelle Beauchesne, Northeastern University

There is no other profession that I know of that once you are entered into the profession, that you take time off and work for free. We need to look at graduate education in a different way. A medical resident would in no way ever consider providing the kind of care and service for free that we require many of our graduate nurses to do. We need to stop thinking that being altruistic means that we have to volunteer, and that if we get paid for our clinical experience, it doesn't count as clinical hours. Our international colleagues have things such as "study days" that are built into their employment or their work, and they have mentors on the job, which really suits this idea that if you're already in advanced practice, you want to improve your skills and you want to go back to that job. It's really an opportunity for us as a profession to re-look at graduate education.

Bernadette Melnyk, Arizona State University

As we have talked, a lot of graduates from our traditional master's programs have not been steeped in evidence-based practice, including

outcomes management, which is key to improving quality of healthcare and patient outcomes. I believe that there is no reason why DNP students couldn't function for so many of their DNP program hours where they're currently in practice in order to improve the care they are delivering with their patient population.

Michelle Beauchesne, Northeastern University

I mean, how great would that be? I really support trying to think outside of the box like that.

Cheryl Stegbauer, University of Tennessee, Memphis

There's another piece that would be helpful, and it connects with one of the earlier questions. It gets to being made to sit for a certification exam while in the DNP program, prior to the DNP being granted, after one has completed the entry into advanced practice phase. If someone enters the DNP program post-bachelors, they could be board-eligible while in the program and then continue on to the DNP.

Polly Bednash, AACN

Cheryl, we've had conversations about that at the Alliance for Advanced Practice Nursing, and there is uniform opposition to any attempts to move people out with a certification part-way through the program, particularly if we believe that the program's integrity is based on the whole, not parts, and that the certification is to be used as the authority to practice. I think conversations about the costs associated with attending school and getting support are very important to have. But the solution isn't to break out the program into something that looks like the old associate degree – baccalaureate two-plus-two option. It is in fact going to be disastrous because you will get people who will exit and have authority to practice who will never return for the DNP and we will end up with the same situation that we have now with the entry-level programs. The program is either a whole entity or it isn't, and the content being added through the DNP is either relevant or it isn't. I think that if it's relevant, then it has to be there and you have to have the whole, in order for the individual to be eligible to practice.

Renee McLeod, Arizona State University

I'm not sure that until the laws change, we are going to be able to allow people to sit through – it's not going to be the whole. Right now, the masters is still the entry into practice in many states, so until the DNP becomes the official entry into practice, you can't look at it as a whole.

Michelle Beauchesne, Northeastern University

I want to clarify that question, because I think we're talking about apples and oranges right now, too, because question four specifically asked about nurse practitioners who are going back.

Cheryl Stegbauer, University of Tennessee, Memphis

It may be semantics because several of the DNP documents from national organizations are talking about entry into advanced practice. I fully understand that entry into nursing is NCLEX board certification and RN licensure. But there is a different entry level when talking about advanced practice.

Cynthia McCormack, Phoenix VA Medical Center

The DNP is more likely to have a positive impact on recruitment and retention of professional nurses. Why? The more opportunities there are for nurses to advance their skills and knowledge, the more attractive the profession will be. For example, in the Phoenix VA Health Care System, we have several NP's pursuing the DNP while working full time. We've used a number of creative strategies to minimize any impact on patients as well as on the NP's themselves. We allow these NP's to use their 40 hours of "education" time to complete work on their projects. Because of this, thus far, no practice hours have been decreased.

ASU Nursing Magazine:

Do you believe the DNP will enhance the professional standing of the nursing profession in the healthcare system and among patients? What I'm looking for here is what do you see—not only enhancement, but where do you see the differences, and how nurse practitioners or advanced practice nurses will function with the DNP in comparison to the master's degree?

Michelle Beauchesne, Northeastern University

My answers differ for the healthcare system and for patients. It's not going to make a major difference in title, or how consumers or patients think of advanced practice nurses because I don't think they're quite as engrossed in the title. Performance, or outcome – what we do – will make a big difference with our patients. The title, however, and the recognition for our education and our parity will make an enormous difference within the healthcare system and with our colleagues. The more we have equity and parity with our colleagues, the more likely it will be that nurse practitioners can be official team leaders, not just the real team leaders without the title, but official team leaders on the team, and much more prominent in the healthcare arena. The answer is it will make an enormous difference to be recognized for educational level and skills, especially for those people that don't have those additional skills and obtain them. Our patients are still savvy, and they're really looking for outcome regardless of title. It will not make as much difference with patients as it will with our colleagues.

Cheryl Stegbauer, University of Tennessee, Memphis

Down the road when we have numbers, the DNP degree will perhaps give a different recognition to the profession. I think that's important because several disciplines, such as physical therapy, that have not had doctoral preparation in the past, are developing professional doctorates. So I think that the time is here.

Bernadette Melnyk, Arizona State University

Right! I agree with you on parity, but I also believe that preparation of advanced practice nurses at the DNP level will make a positive difference in patient outcomes. I really see these DNP graduates being substantially more steeped in EBP and looking at their practices in different ways to find solutions to pressing problems to improve the quality of healthcare that they are delivering to their patients. We will need to gather data to support these different outcomes.

Michelle Beauchesne, Northeastern University

I agree—it's going to improve our outcomes. But I'm not sure it's going to make us that much more appreciated than the relationship to the title. So I think I was answering a different question.

Renee McLeod, Arizona State University

What it does do is give us a seat at a table to which we are not often invited to make decisions. For instance, I have a PhD, but it's very much a clinical emphasis, like Michelle's. I am viewed here in the community as a doctorally-prepared clinical practitioner, and I am sitting on our pharmacy and therapeutics committee. I'm on the boards of our medical board and I think I'm viewed as that clinical expert who has the credentials to sit in those leadership places. I do believe that the DNP is going to open those seats at the tables where we've often been excluded and allow us to have a voice to make decisions. So I do think it will change the standing of the nursing profession in the healthcare system.

Michelle Beauchesne, Northeastern University

My patients call me "Michelle" and they don't even know what my degrees are right now!

Randy Rasch, Vanderbilt University

Patients tend to call us "doctor" anyway, and whenever I've checked it out with them, it isn't an issue of them being confused that we're physicians. They just expect that the level of care we are giving clearly suggests that we've had that kind of education. The patients I've cared for have never really been confused about whether or not I was a nurse or a physician. So I don't think that's an issue for them. But I do think that as the other driver for the DNP is that you know what we do in nursing – we overkill. Many of our programs were already preparing people at that kind of level but we were giving the master's degree for it.

The thing that I see that maybe is the most important piece of this is clearly explicating the ability to use evidence as the basis for practice. My own personal view is that on this issue when they ask, “Well what’s the difference between the PhD and DNP?” I always say the PhD is a focus on research- you have to know the state of the science in this area, and your question is what’s the next step for moving the science forward. The DNP requires you to know the state of the science for all of those aspects of patient care that you’re supposed to do. Whether or not it’s ready to be applied in practice, how you translate it into practice and put it in systems to see that translation has been effective.

“The DNP can potentially improve the nursing shortage because this kind of learning and growing stimulates excitement about nursing and rejuvenates the learner.”

One thing that really concerns me is this idea that only a PhD-prepared person discovers new knowledge. Again, I think that says something about what we think about nursing practice. I think that in practice, excellent clinicians should know what we know, and what we don’t know, and be prepared to discover new knowledge from practice and learn to develop that knowledge from practice into evidence so that it’s a different way of developing knowledge. That is one area that we have not done a good job in terms of nursing education. Really letting our students know “this is what we know about it, this is what we don’t know about it, and you may be the one that discovers something important about it.” I think that is something that we’ve got to make sure that we get with that approach into these programs.

Bernadette Melnyk, Arizona State University

We need to make a clear differentiation between the PhD and DNP. PhD prepared nurses typically generate external evidence through rigorous research, whereas DNP prepared nurses should be expert in moving the evidence from well designed studies into practice in the form of evidence-based care. DNP graduates also should generate outstanding internal evidence through outcomes management to improve quality of healthcare and enhance patient outcomes. DNP and PhD prepared nurses should work together to translate evidence into practice more rapidly as the majority of research findings never make it to point of care providers to improve patient outcomes.

Jessica Heckel, DNP student, University of South Florida

The DNP will enhance our professional standing. It will improve outcomes and further strengthen patients’ opinions of us.

Regarding the nursing shortage, the DNP can potentially improve the nursing shortage because this kind of learning and growing stimulates excitement about nursing and rejuvenates the learner. It encourages thinking outside of the box and searching for ways to improve outcomes

through system changes. To me, implementing this program nationally is going to create more participation in nursing.

In relation to the earlier discussion about the PhD and DNP, our institution has both programs. Some of our classes have both PhD and DNP students. I think we have really learned a lot from each other and it stimulates thought in a different direction than we may have gone as clinicians or researchers. Additionally, I see some of the PhDs wanting to go into the DNP program, and vise-versa. I believe the DNP will elevate nursing as a profession and promote our role to patients and other healthcare providers.

Polly Bednash, AACN

It is an interesting question as to whether or not folks would have a better opinion of us, either as health professionals or as patients, if we have a DNP. I’d like to believe that it would have an effect on that but it won’t be just because you have the degree, but rather because it would change your practice in some significant way. Advanced practice nurses create evidence, and they also are the critical body of people who translate evidence into practice. The fact that we have so much evidence left on the bench means that these clinicians are going to play a critical role in being sure that the practice is the state of the art in every way possible.

“The more opportunities there are for nurses to advance their skills and knowledge, the more attractive the profession will be.”

I would hope that through those kinds of changes in practice you would see a growing awareness of the importance of NPs. We know already that people love us; people love what we do, employers love us, patients love us, and they respect what we do. I hear every day from employers who want to know if we’re going to produce more nurse practitioners in particular because they want more nurse practitioners. I think that what we’re going to do is get some additional leverage in the system out of the additional knowledge and skills that we will bring to practice through acquiring this degree.

Cynthia McCormack, Phoenix VA Medical Center

I agree the DNP will enhance the professional standing of the nursing profession among patients by ensuring provision of evidence-based, cutting-edge care.

Bernadette Melnyk, Arizona State University

This has been a stimulating conversation. I want to thank each and every one of you for participating. Thanks so much for your time and insightful comments. ■

MASTER OF HEALTHCARE INNOVATION

First Graduates

Ready to Rock Healthcare



“I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past.” — Clara Barton

As another hot Arizona summer comes to a close, a group of Positive Deviants are disregarding precedent and creating something new at Arizona State University (ASU) College of Nursing & Healthcare Innovation. The Master in Healthcare Innovation (MHI) program is set to graduate its first group of 14 transformational leaders, and they are prepared and motivated to change the world.

Under the direction of Drs. Kathy Malloch and Tim Porter-O’Grady, the program focuses on fostering leaders of innovation from a multi-disciplinary group of students. The graduates from this program will

be prepared to lead change in the healthcare system by thriving in chaos, challenging norms, cross-pollinating across industries, and tapping into the myriad of skills of all healthcare workers. “MHI students will necessarily ask better questions, explore more options for quality and the associated evidence to get the best solution in the shortest time,” declared Malloch, PhD, MBA, RN, FAAN. “Further, MHI graduates will not be content with one great solution, they will always be looking for the next best solution for patient safety and quality.”

According to Porter-O’Grady, DM, EdD, APRN, FAAN, program

co-creator, “The intent of the MHI program is to produce leaders of innovation who can create the conditions, relationships, infrastructure, and organizational constructs for inculcating innovation into the very life and work of healthcare organizations. The focus of the leader of innovation is on the organization and its people, preparing both for life in an organization driven by the constant need for continuous relevance and adaptation.” MHI produces leaders for the future, recognizing that change is the only constant in the universe. Those that manage change well, actually thrive in it.

Application of Skills Outcome Driven

Since its inception in the fall of 2006, the MHI students and faculty have influenced the community, the students, the hospitals, and the healthcare systems in numerous ways. Students are able to synthesize Innovation Theory into practical applications and apply their learnings in practice settings. Whenever possible, students immediately tailor class projects to their current line of work. The final program project, the Capstone, reflects student competence as leaders of innovation. The Capstone is not an invention, but rather it is a reflection of leadership skills necessary to create the infrastructure for successful innovation. This instant real-world application of skills is outcome driven. “What is great about the MHI program is we can apply the content to our area of interest,” noted Dan Weberg, an emergency department nurse and August graduate. “The focus on real-time application supports retention of course content and our ability to enact change sooner. It is really an exciting process!”

MHI student JoAnn Woodward, a women’s health nurse practitioner at a non-profit health agency, is using the tools developed in the program to educate not only her patients but her colleagues, as well. “It is one of my goals to educate my colleagues through informational sessions,” JoAnn said. She also plans to develop and implement portable patient controlled electronic charts in which patients have a place for open dialogue with their providers. It is projects like these that will change the way healthcare is delivered to the community.

The MHI graduate is prepared to tackle the tasks that people say



Kathy Malloch

cannot be done, and implement and monitor change as it spreads throughout an organization or population. One such impossible task was given to the class. Working in two groups, they were charged with completing an article for publication in a major peer-reviewed journal within two weeks. They did it! “When we were given the assignment, the tension in the room was palpable.

Very few students were published and

the members in each group had never worked or written together. Faculty never doubted our abilities to find innovative solutions to the challenge,” reports Caryn Unterschuetz, BSS, RN, and August 2008 MHI Grad.



Tim Porter-O’Grady

Different Students in Different Kind of Program

Accomplishments like these are not a rarity in the MHI program. “The MHI program has the potential for innovating the way students learn about leadership and innovation as it does its part in creating new models for learning, and serves to mentor more traditional clinical programs into different frames and mechanisms for adjusting and responding to ever-changing health system needs and student learning requirements,” said Porter-O’Grady. Publishing articles in major peer-reviewed journals like “Caring for Innovation and Caring for the Innovator” in *Nursing Administration Quarterly* and “Positive Deviance: Innovation from the Inside Out” in *Nurse Leader*, are major accomplishments that spread the ideas of the MHI students to peers and the public.

The MHI program is comprised of a multi-disciplinary group of stu-

Dan Nienhauser has an MBA, but now calls himself a “Healthcare Recombinist” after completing the Master of Healthcare Innovation program at ASU. His career goal is to change the healthcare world.

dents, where nurses and non-nurses learn together and thrive in the program. The non-healthcare students bring a different perspective of the healthcare system and they possess a passion for changing how the health system operates. MHI student Dan Nienhauser has already earned his Master's in Business Administration (MBA) and has held administrative positions in several large companies, but he was seeking something different, something that would give him the tools to change the world. Dan now calls himself a 'Healthcare Recombinist.' "After being able to more fully understand my capabilities and shortcomings through the MHI program, I hope to leverage my contacts and diverse knowledge base to challenge health providers globally. I plan to assess and improve health provider culture and attitudes, bring an understanding of cross functional adventuring and waste identification, and improve brainstorming skills to effect sustainable change," Dan said with a smile. It is clearly evident that the MHI students have a sense that they can change the world.

The MHI program is breeding a new kind of leader. Students like Nienhauser, Allison Hall, an engineer, and Julie Lyons, a journalist by trade, hope to work with health systems to change the way they look at, and do business in today's changing healthcare climate. Other students are working in their current positions to enact transformational change, even after just their first semester in the program. Belinda Jarmillo was named to the position of Master Change Facilitator in her hospital shortly after entering the MHI program. Crystal Jenkins has used MHI tactics in her new role as senior clinical manager of the new I-CARE ICU in the Banner Health System. She now directs an innovative program that uses video and telemetry technology to add an extra set of eyes to the hospital's most critical patients, thus increasing patient safety. Using the theory learned in the program, Jenkins is able to create the conditions, framework, and circumstances that help innovation and innovators translate their work into actual patient safety outcomes. This groundbreaking program has already had an impact on the community, hospitals, healthcare, and the college.

ASU Nursing Dean Bernadette Melnyk is enthusiastic about the program. "I am thrilled with the fact that we are graduating our inaugural class of pioneering MHI students. Our program is rapidly gaining attention and visibility throughout the state of Arizona and the nation as one that produces graduates who are creating innovative solutions to pressing healthcare problems and starting entrepreneurial companies that are sure to boom in the marketplace."

Impact Spreads to DNP Program

The MHI curriculum has been adapted for the Doctor of Nursing Practice (DNP) students as well. "The first DNP cohort has just completed the MHI course and the feedback about their learning experience was phenomenal. "The course provides an chance for DNP students who are already clinical leaders to further develop their own personal leadership skills including resilience, risk taking, personal balance, emotional/spiritual intelligence, and the integration of quantum leadership principles into their clinical settings," said Sandra Davidson, the newly named MHI director. Several of the MHI students are working as teaching assistants and faculty associates to help spread innovative leadership concepts to the DNP program.

Even the faculty in the program are being influenced to think dif-

ferently about how they teach, and deliver content. Cristi Coursen, PhD, RNP, and MHI faculty observed, "For me, the most exciting thing was interacting with students not only from nursing, but from other disciplines, who showed such passion for healthcare policy issues, and their ability to convey that within a mostly online teaching environment. It was a very energized group!" She continued, "I received, and was very appreciative of, students' willingness to provide me with the constructive feedback that I requested, in order to continue to improve the course content and online teaching methods."

First Cohort Ready to Graduate

Out of the 24 students currently in the program, 14 graduate in August, while another 29 will be admitted in the fall. The program is growing, and that is clearly a good thing. Several of the graduating students have expressed an interest in teaching in the program and continuing to improve the MHI experience, and it is this constant evolution that will inspire the healthcare revolution. The energy is palpable and contagious when sitting in a room with these students and faculty. One thing is for certain: the best is yet to come. Many of the graduates are interested in the new ASU College of Nursing & Healthcare Innovation PhD track, while others are working on their nursing education certificate. The MHI program is designed to lead healthcare into the future, and MHI students are prepared to enter the world and dramatically change it. Look for these graduates in August and be prepared to encounter their enthusiasm for innovation in the future. ■

Article contributed by Dan Weberg, RN, BSN, CEN and a student in the Master of Healthcare Innovation program.



MHI student Crystal Jenkins uses tactics learned in the MHI program in her role as senior clinical manager of the new I-CARE ICU in Banner Health System.

EVIDENCE-BASED CHILD & TEEN MENTAL HEALTH

Inaugural Institute FOR PRIMARY CARE PROVIDERS

The College of Nursing & Healthcare Innovation is hosting the first National Institute for Primary Care Providers on mental health issues in children and adolescents. The purpose of the October 8-10 program in Scottsdale, Ariz. is to expand the mental health knowledge and skills of healthcare providers, including general practice physicians, family practice physicians, family nurse practitioners, pediatric nurse practitioners, social workers, and psychologists to meet a critical child and teen mental health need in the nation.

The Evidence-Based Child & Teen Mental Health National Institute for Primary Care Providers is part of an education project funded by the Health Resources and Services Administration to alleviate the pressing demand for providers who can competently assess and manage mental health problems in children and adolescents.

“The ultimate goal of this Institute is to help frontline primary care providers to meet the mental health needs of underserved diverse children and families from across America,” said Bernadette Melnyk, dean and ASU Foundation Distinguished Professor in Nursing. “The program offers a unique opportunity for healthcare providers from various disciplines to come together to help close the gap in child and adolescent mental health services.”

The Arizona Children’s Association, the National Association of Pediatric Nurse Practitioners (NAPNAP) Keep Yourself/Your Children Safe and Secure (KySS) program, the College of Public Programs School of Social Work, the Center for Improving Health Outcomes in Children, Teens & Families, and the Pediatric Nursing Certification Board are co-sponsoring the Institute.

Child Psychopharmacology Workshop Precedes Institute

Jean Frazier, MD, will speak and conduct a half-day workshop preceding the Institute that will focus on medication assessment and use in primary care settings. Dr. Frazier is director of the Child and Adolescent Neuropsychiatric Research Program and the co-director of the Center for Child and Adolescent Development at Cambridge Health Alliance in Cambridge, Mass. In addition, she is director of Child Psychopharmacology at Cambridge and maintains a clinical appointment at McLean Hospital. An associate professor of psychiatry at Harvard Medical School, Dr. Frazier completed a research fellowship in the Child Psychiatry Branch of the National Institute of Mental Health (NIMH) in Bethesda, Md., which focused on the treatment and neurobiology of childhood onset schizophrenia.

Dr. Frazier specializes in early onset psychotic disorders and how scientific methodology can be implemented for early identification, intervention and prevention. She is currently involved in neuro-imaging research designed to study possible clinical and biological



Jean Frazier

correlates of the psychotic process in youths with schizophrenia or bipolar disorder, a collaborative enterprise between Cambridge and McLean Hospitals. In addition, Dr. Frazier is principal investigator at the Cambridge site for several medication trials for youths with bipolar disorder, including one funded through the NICHD, as well as treat-



Nancy Noyes

ment trials for youths with schizophrenia spectrum disorders and for those in the autism spectrum.

Nancy Noyes, RN, MS, CS, CPNP will co-present the psychopharmacology workshop with Dr. Frazier. Noyes is clinical director of the Child & Adolescent Neuro-Psychiatric Research Program, located in Medford, Mass., and has a private practice.

Dean Melnyk, PhD, RN, CPNP/NNP, FAAN, FNAP will speak on assessment of mental health disorders in primary care. As chair of NAPNAP’s KySS program, Dr. Melnyk regularly conducts continuing education workshops for NPs and primary care physicians on how to screen for and provide early interventions for children and adolescents with mental health problems. Nurse practitioners at these workshops have routinely asked for more educational offerings on child and adolescent mental health disorders in the form of a graduate continuing education certificate program or a post-master’s online CFP/MHNP program, launched by the college this year. Most recently, Dr. Melnyk edited the *KySS Guide for Child and Adolescent Mental Health Screening, Early Intervention and Health Promotion* (Melnyk & Moldenhauer, 2006), an outcome of findings from the National KySS Survey and KySS Summit as well as numerous requests from pediatricians and NPs for better screening tools, reproducible early intervention programs and educational materials to address mental health problems in primary care settings. In addition, she is currently spearheading a grant funded by the Commonwealth Fund to strengthen PNP curriculums in mental health screening and early intervention in 21 schools of nursing throughout the country. As a result of her recognized efforts and expertise in this area, Dr. Melnyk served as an invited member of the American Academy of Pediatrics Mental Health Task Force and received NAPNAP’s Loretta Ford Distinguished Fellow Award this past year.

Research Evidence Indicates Critical Need

The prevention and treatment of mental health and behavioral disorders in childhood and adolescence are major public health problems in the U.S. today. Although one in four children and adolescents, or 15 million in the U.S., have a mental health problem that interferes with their functioning at home or at school, studies indicate that only 20 to 25 percent of these children receive any treatment. No other conditions are close in magnitude to the deleterious effects on children. The cost to society is high in human and fiscal terms. Substantial health disparities also exist in the receipt of mental health

“The ultimate goal of this Institute is to help frontline primary care providers to meet the mental health needs of underserved diverse children and families.”

services, with a disproportionate number of Hispanic and African-American children affected. Furthermore, there is a shortage of 30,000 child psychiatrists across the U.S., which is contributing to the severe gap in mental health services for children and youth.

Primary care settings represent a significant and natural point of contact for children and their families. As such, pediatric PCPs are in a unique position to identify and manage common mental health problems/disorders in children and adolescents as approximately 75 percent of children with mental health disorders are seen in primary care settings. Accurate assessments and early intervention by PCPs could promote children’s mental health as well as play a critical role in affecting present and future mental health problems because half of all lifetime mental health disorders occur before 14 years of age.

PCPs Note Deficiencies in Care

In a recent telephone survey conducted by the Annenberg Public Policy Center with over 700 primary care physicians, findings indicated that: 1) most PCPs believed that it was their responsibility to tend to the physical and mental health of their patients, 2) the majority of PCPs did not ask about mental health during routine adolescent exams, and 3) only half of the PCPs reported feeling capable of handling mental health disorders.

PCPs do not typically receive the education they need to recognize mental health disorders or to practice using guidelines that integrate mental health and primary care. Although estimates of child behavior problems range from 11 to 22 percent, the recognition of these problems by PCPs has ranged from 5 to 9 percent. In September 2006, the APA released a report that acknowledged the pressing need for further mental health training of healthcare professionals in mental health screening and intervention.

Among the recommendations from its Working Group on Psychotropic Medications for Children and Adolescents were calls for continuing education for child and adolescent practitioners as well as training for faculty in evidence-based strategies in the treatment and management of childhood disorders.

Workshops and Institute Speakers

Seven other nationally recognized experts in child and adolescent mental health comprise the faculty for the psychopharmacology workshop and Institute as follows:

- **Linda Alpert-Gillis, PhD**
Director, Child and Adolescent Mental Health Program, University of Rochester Medical Center; Director, Strong Behavioral Health, Child and Adolescent Outpatient Services, Rochester, N.Y.; Associate Professor of Psychiatry, Pediatrics & Clinical Nursing, University of Rochester Medical Center
- **Holly Brown, MS, RN, NPP**
Assistant Professor of Clinical Nursing, University of Rochester School of Nursing; Nurse Practitioner, Hillside Children’s Center (Psychiatry), Rochester, N.Y.
- **Robert D. Holdsambeck, EdD**
Licensed Psychologist, Board Certified Behavior Analyst; Board of Directors, Cambridge Center for Behavioral Studies; Owner, Holdsambeck and Associates, Inc., Lompoc, Calif.
- **Peter S. Jensen, MD**
President & CEO, The REACH Institute, Resource for Advancing Children’s Health, New York, N.Y.
- **David L. Kaye, MD**
Director of Training, Division of Child and Adolescent Psychiatry, Millard Fillmore Hospital; Professor of Clinical Psychiatry, University of Buffalo, Buffalo, N.Y.; Medical Director, Children’s Hospital Division of Child and Adolescent Psychiatry, General Outpatient Clinic, Buffalo, N.Y.; Co-Author, Child and Adolescent Mental Health (Core Handbook Series in Pediatrics)
- **Bernadette Melnyk, PhD, RN, CPNP/NNP, FAAN, FNAP**
Dean, ASU College of Nursing & Healthcare Innovation, Phoenix, Ariz.; Director, NAPNAP’s KySS Campaign - Promoting the Mental Health of Children & Teens; Editor, The KySS Guide for Child & Adolescent Mental Health Screening, Early Intervention & Health Promotion
- **Randall Ricardi, DO**
Phoenix Children’s Hospital, Department of Psychiatry, Phoenix, Ariz.; Adjunct Faculty, Arizona State University, College of Nursing & Healthcare Innovation



Peter Jensen

The October 8 – 10 program is being held at the Westin Kierland Resort & Spa in Scottsdale. For information on the conference, call 1-480-965-7431, e-mail ACE@asu.edu, or visit <http://nursing.asu.edu/ace>. ■



Also funds expansion of healthcare services for child and adolescent mental health, community health and obesity prevention treatment

UnitedHealthcare Awards Grant to Launch ASU Mobile Wellness Unit

UnitedHealthcare, a UnitedHealth Group company, has awarded grants totaling \$700,000 to the College of Nursing & Healthcare Innovation at ASU that will enable the college to launch a mobile health van and other key programs that will bring essential primary care health services to underserved communities in the greater Phoenix metro area. In addition, the funds will support initiation of services to prevent and treat pediatric obesity as well as initiate a clinic and internet-based mental health service program to improve access to care for depression and anxiety disorders in children and adolescents as part of a broader community health and wellness initiative by the ASU nursing college.

The funding also will help launch programs to promote Community Health & Wellness and expand the capacity of the college's five Nurse-Managed Health Centers (NMHC) to prepare healthcare workers who will provide services in areas of the state where the demand for healthcare and healthcare providers goes unmet. The infrastructure of the community health service will coordinate NMHC services and integrate them with other safety net healthcare and social service systems, including the Federally Qualified Community Health Centers.

"We applaud UnitedHealthcare's support of ASU services to address unmet clinical health challenges in underserved communities," said Denise Link, DNSc, WHCNP, associate dean for Clinical Practice and Community Partnerships and clinical associate professor of the ASU College of Nursing & Healthcare Innovation. "UnitedHealth Group clearly recognizes the important role that nurse practitioners play in expanding access to essential healthcare services. Not only will this grant help us provide much needed care, it also will assist ASU in advancing new models of cost-effective care delivery and opportunities to educate future health professionals to serve the citizens of our state."

"Arizona State University College of Nursing plays a critical and highly effective role in providing essential clinical services in Arizona, so we are pleased to support those vital efforts," said Benton Davis, CEO of UnitedHealthcare of Arizona. "We especially appreciate

ASU's leadership in encouraging and nurturing the planning for this project and supporting public/private partnerships that help improve access to healthcare for all Arizonans."

The Office of Clinical Practice & Community Partnerships will:

- Operate a community health nursing service to provide consumer health education programs, health screening and preventive health services on location at pre-K through 12 schools, community colleges, worksites and community centers using a combination of resources at the sponsoring sites and the ASU Nursing/UnitedHealthcare Wellness on Wheels (WOW) van;
- Provide mental health services to children and adolescents through a tele-health service and a program for the prevention and treatment of child and adolescent depression and anxiety disorders;
- Develop an interdisciplinary childhood obesity prevention and treatment program. The Office of Clinical Practice & Community Partnerships will coordinate the services offered by the NMHC and formalize linkages that integrate the NMHC services with other safety net healthcare and social service systems, including the Federally Qualified Community Health Centers; and
- Provide support to maximize the capacity of the five existing ASU nurse-managed health centers to make mental and physical health services available to diverse populations of insured and uninsured individuals. Installation of a state-of-the-art electronic health record (EHR) and electronic practice management (EPM) product will be instrumental in this provision of care for the providers.

The project also expands the capacity of the ASU nursing college to provide much-needed clinical experiences for undergraduate nursing students and more doctoral nursing students, who will be primary care providers, particularly in areas of Arizona where there is a shortage of healthcare providers.



Community Health Services

Establishing a separate staff to respond to the community’s requests for healthcare will expand the ASU nursing college’s ability to provide needed care, add services and enable the NMHCs to increase their capacity to provide primary care. Registered nurses will be available to respond to requests for community-based health services such as vaccination clinics, periodic screening programs, community health education programs, and health fairs in neighborhoods, schools, community centers, shopping centers and worksites. Sally Kennedy, PhD, RN, FNP-C, clinical assistant professor of nursing will be responsible for coordinating the staffing and deployment of the WOW van to locations that not only need services and staff to provide them, but also need space for delivery of care. “We are anxious to demonstrate that nurse practitioners and mobile health are key links in the solution to improving quality, cost-effective healthcare for all peoples,” Kennedy said.

Services to Improve Access to Mental Healthcare

One out of 4 children and teens has a mental health problem and less than 25 percent receive any treatment. One-third of the counties (i.e., 5 of 15) in Arizona have no child psychiatrists. In order to have access to mental healthcare, many children and adolescents must travel long distances, adding to the costs of care. To increase the capacity of providers to make mental health services available to children and adolescents, facilitate access to mental healthcare, and to minimize the direct and the overall cost of obtaining care, the Office for Clinical Practice & Community Partnerships will establish a child/adolescent mental health service that will deliver care via Internet videoconferencing as well as launch an innovative program for the prevention and treatment of child and adolescent depression and anxiety disorders, two of the most common mental health problems in children and teens.

Obesity Prevention and Treatment Program

To improve access to treatment for overweight children and adolescents and to improve their physical and mental health outcomes, the College of Nursing & Healthcare Innovation plans

a prevention and treatment clinic for overweight and at-risk for overweight children and teens that uses a multi-disciplinary team, comprised of a pediatric/family nurse practitioner, nutritionist, exercise physiologist, and a mental health provider. This clinic, located at the ASU Health Center on the Downtown Phoenix Campus, will integrate an evidence-based cognitive-behavioral skills building, exercise, and nutrition educational program called COPE/Healthy Lifestyles into its treatment program, which has been pilot tested three times with overweight youth. Findings from these three pilot studies by ASU Dean Bernadette Melnyk and colleagues indicated that not only did the COPE/Healthy Lifestyles Program result in weight loss, but also that youth who received COPE made healthier lifestyles choices and had less anxiety and depressive symptoms than those who received a placebo-control program.

Anticipated Impact of the Project

To build capacity to address the unmet healthcare needs of Arizona residents, the goal of the Office of Clinical Practice & Community Partnerships is to develop interdisciplinary health services that will be able to provide high quality, evidence-based, efficient, timely and cost-effective healthcare to groups where services are needed and at the same time provide important educational opportunities for future members of the healthcare workforce.

The van and the other new health initiatives will be staffed by ASU nurse practitioners, faculty, and nursing and related health profession students, under the direction of the college. The van will provide a broad range of preventive screening and primary care services, including treatment for mild to acute illness, management of chronic conditions, immunizations, wellness programs, and other healthcare services.

In order to provide critical linkage between the mobile van services and other healthcare settings, the van will be equipped with state-of-the-art electronic health records and a computerized health data system that incorporates evidence-based decision support software.

The mobile healthcare van is available to serve any and all Arizonans and their children, uninsured or insured, regardless of benefit coverage or health plan affiliation.

“United Healthcare is a leader in Arizona and we deeply appreciate their support,” said Dean Melnyk, PhD, RN, CPNP/NNP, FAAN, FNAP, dean of the College of Nursing & Healthcare Innovation. “We look forward to a continuing partnership with United Healthcare to extend these vital programs to improve the health of Arizonans in the future.”

UnitedHealth Group offers benefits to nearly 1.2 million Arizonans, and contracts with about 7,400 physicians and 80 hospitals throughout the state. ■



Sally Kennedy

Back to the Future

FOR RN TO BSN

If an educational program has experienced dynamic change, it is the RN to BSN program at the ASU College of Nursing & Healthcare Innovation. It was present in a sense at the birth of the college in 1957 when three diploma-prepared RNs in its first class were among the first six students to graduate from the college.

The program is ready to go through another change, but to understand it, you have to go back in the college's history to understand where it is heading and why.

You must go back to 1969 to when the college first established a dedicated RN-BSN program. Mary Killeen, senior associate dean for evaluation and educational excellence and former associate dean for academic affairs, experienced it first hand. She was a diploma-prepared nurse who enrolled in 1977 at ASU to pursue her BSN.

"RN's then were integrated or mainstreamed with other students," Killeen explained. "We had to revalidate everything we were doing as nurses from vital signs and Maslow to critical care." According to Dr. Killeen, the college's reason for this approach was that it was good for pre-licensure students to hear examples from experienced RNs.

"Some faculty seemed to want to catch me and other RNs not knowing something," Killeen said. "RN students felt the lack of respect and sought out supportive faculty for their courses. My impression was that if this was what education was about, I didn't want any more."

Getting to a Place to Do Something

Despite the challenging experience, Mary Killeen decided to get to a place where she could do something to improve the learning experience for the returning RN. A PhD in nursing education administration and tenure track position at ASU put her in a place to do just that.

Fast forward to 1998—Mary Killeen is associate dean for Undergraduate Programs and Continuing and Extended Education. With critical and consistent support from then Dean Barbara Durand, Killeen, along with colleague Pauline Komnenich, wrote the first of two grants to support and rethink the RN experience in the BSN program. The Health Resources and Services Administration (HRSA) Bureau of Health Professions (BHP) concurred and funded the project.

Changes sought by the three-year project were revolutionary:

- RN learning needs were recognized as different from traditional pre-licensure students;
- RNs no longer had to repeat course content they had in their original educational program;

- New content that RNs had not previously taken was presented in classes;
- Some faculty had a preference for working with RN students and were recognized as being better suited to guide and enhance their learning leading to faculty who specialized in returning RN education;
- RNs were included in Lighting the Lamp induction ceremony to reignite their commitment to nursing; and
- Emphasis was placed on the unique needs and challenges of working with RN students and the need to recognize and respect their prior education and professional practice experience and build on this valuable foundation.

It would be easy to say that the rest is history. The RN-BSN revolution now turned into an evolution of innovation. The grant fostered an ethic of proactive change to meet RN student learning needs.

Enter Karen Saewert in fall 1998, a 1977 BSN graduate of the College of Nursing & Healthcare Innovation.

David Hrabe, current interim associate dean for academic affairs at the college, was in the University of Arizona PhD program with Saewert and mentioned the RN-BSN opportunity at ASU. "I thought of returning 'some day' as faculty at ASU," Saewert said. "That 'some day' was 21 years later in October 1998 when I was appointed project coordinator for the HRSA/BHP RN-BSN program grant."

The Task Force for Flexibility

Dean Durand formed the Program Design for Flexibility Task Force to implement improvements in the RN-BSN as well as advance practice nursing programs. With Saewert as chair, the task force included Hrabe, Killeen, Pat Moore, Jean Stengel, Fran Thurber, Lynn Vigil, Evelyn Cesarotti, Sylvia Root, and Dana Rosdahl. The changes they implemented in fall 2000 made college history.

The task force developed practices considered non-traditional by its own college standards. The curriculum now offered RNs changes that truly met their needs:



Mary Killeen

- Semesters started three weeks in advance of four-year BSN students;
- Courses lengths varied from 4 to 6 to 8 to 12 weeks;
- The RN-BSN program became the first dedicated online offering at ASU nursing.

Task force changes were not internal only. They reached out to community colleges in Maricopa County to enhance trust and improve communications. “Our basic tenet was we could not expect to improve the ASU RN-BSN program if we did not reach out to community college directors of nursing programs who best knew their graduates,” Dr. Killeen observed. “One solution was to establish a bi-annual lunch to promote communication, sharing, trust and collegiality.” In 2006, the formation of the ASU/Maricopa Nursing Alliance led to further efforts to streamline and facilitate transition to the RN-BSN program.



Karen Saewert

Looking Back 10 Years

In her 10 years with the program, Karen Saewert has a firm grasp of what the program has accomplished. “We have made changes in the RN-BSN program which ensure better outcomes for graduates and ultimately their patients,” Saewert noted. “No one owns best practices and we have experienced an evolution of dreaming, discovering, and delivering in the past 10 years that is distinctly ours.”

According to Saewert, students have always been #1 and have given life

to the education process and helped us make the program better. “We renew the students and they renew us,” Saewert said. “I regard students in the program as my colleagues.”

Saewert acknowledged Dr. Killeen for her support and advocacy that promoted the critical internal support and latitude needed for her to be able to advance the program’s creative initiatives. The programs successes were not accomplished in isolation from its talented, highly involved, and committed core faculty; a strong nursing education community network; and central and foremost, the RN students themselves.

Saewert has witnessed many changes in her decade with the RN-BSN program. She listed increased student information proficiency, interest and readiness to pursue graduate and advanced practice education, an increased representation of ‘recareering’ second-degree RN students, and rich student diversity.

“My greatest rewards have come in watching students fulfill their potential, do great things in their careers, and reignite their commitment to nursing,” Saewert noted.

Student Perspective

Steven Dahlstrom is a good example of the type of students attracted to the RN-BSN. He earned an associate of arts degree, studied in England, and graduated with a BA in business administration in

marketing and management in 1993. He even had a short stint in retail business. But something was still lacking in his career. In 2005, he enrolled in nursing and graduated with honors from GateWay Community College with an AAS in 2007 and now works at Banner Good Samaritan on a general medical/surgical floor specializing in pulmonary care.

“I decided to continue with my education in the RN-BSN program at ASU because I want to teach and be more active at the local, state, and national levels to help advance the nursing profession and enhance the public view and assessment of nurses and nursing today,” Dahlstrom said. “The RN to BSN program thus far has provided the opportunity to challenge and evaluate the profession and our role as nurses in the changing healthcare environment. The focus is to take a step back from the daily tasks of being a RN and examine the profession from a broader and more global perspective.”

Dahlstrom added that the program also provides the opportunity to spend time in other areas of the profession with both community and leadership and management practice rotations, which offer RN students the experience in communicating with others to enhance personal practice.

More Change Ahead

Now, the RN-BSN program is ready to enter a new era. Program director Saewert is moving to a new position as associate director of evaluation for the Office of Evaluation and Educational Research in Nursing. A successor is in the process of being recruited. And, Mary Killeen is in her new senior associate dean position.

Other major changes ahead include efforts to increase enrollment, comprehensive use of online technologies for flexible program delivery, and enhanced outreach to increase program access by more RNs.

Dreams for the Future

Saewert has mixed feelings about leaving a program in which she has a deep and passionate commitment reflecting heartfelt work to ensure that it reflected high standards for practice and education. “It is difficult to leave what you love but I am excited and challenged by the prospect of having another opportunity to make a difference and build something new,” Saewert stressed. “My dream for the program is that the legacy of excellence in RN education of the last decade will thrive, and, in 10 years the RN-BSN program will be accessible nationally and globally.”

Saewert captures the essence of the spirit of the RN-BSN program by referring to what Florence Nightingale said in 1872:

“For us who nurse, our nursing is a thing, which, unless in it we are making progress every year, every month, every week; take my word for it, we are going back.”

For Mary Killeen, Karen Saewert, other faculty, and especially for students, the RN-BSN program has been the torch that ignited their renewal and helped them to remember why they became nurses in the first place, reinforcing that each person involved has the power to improve experiences for future students. ■

New Era Begins with Expansion

The College of Nursing & Healthcare Innovation marked the start of its Phase II expansion on the Downtown Phoenix Campus by breaking ground in late spring for a five-story, 84,000 square foot facility at Third and Fillmore streets.

The new building will include a 200-seat auditorium, student facilities and faculty office and research space. Silver LEED certification will be sought from the United States Green Building Council when construction is complete for fall semester 2009.

The college moved to the new downtown campus from Tempe in August 2006 into a renovated 90,000 square foot building adjacent to the Phase II site.

As one of the largest nursing colleges in the country with nearly 1,850 students, the College of Nursing & Healthcare Innovation continues to create innovations in nursing through programs that focus on evidence-based practice to reduce medical errors, new centers such as the Hartford Center of Geriatric Nursing Excellence and degrees such as the Master of Healthcare Innovation, Melnyk said at the groundbreaking ceremonies.

“We are setting a new innovative standard for colleges across the country,” she added. Dean Melnyk expressed her gratitude to ASU President Michael Crow, Mayor Phil Gordon, Phoenix City Council members, the Arizona Board of Regents and the citizens of Phoenix for the newest addition to the college.

True to her penchant for innovation, Dean Melnyk broke ground by operating a commercial grade back hoe.

The groundbreaking also marked a historic convergence of events that were brought about by the citizens of Arizona – Arizona State University was created 50 years ago by

a public vote. Almost half a century later, the people of Phoenix approved the creation of the Downtown Phoenix Campus by approving a \$223 million bond slated to create the campus. “The wisdom of the people prevailed,” Crow noted.

Crow also praised nurses as the backbone of the healthcare industry — the women and men who provide care 24 hours a day. “Nursing is at the end of the day, the core profession in healthcare,” Crow said at the groundbreaking.

Arizona Board of Regents member Ernest Calderon lauded nurses throughout history who selflessly gave of themselves for the good of others. He told the audience that many in power today have forgotten to care for the needy regardless of their plight or origin. “Today we not only shovel the earth, but we also plant the seeds of hope,” Calderon said.

Building the new nursing building will benefit the economy by creating temporary jobs for construction workers and permanent employment in the city, Phoenix Mayor Phil Gordon said in his remarks to the more than 300 attending the groundbreaking.

“This is about improving the health of Arizonans and downtown economic development,” Gordon said.

Nursing graduate student Dan Weberg, who will be in the first class to graduate in the new Master of Healthcare Innovation program, talked about the future of the college and its groundbreaking programs in areas such as the simulation program where students gain hands-on experience.

“We are truly pioneering the future,” Weberg said. And in a telling prediction of the college’s years to come, Weberg summed it up succinctly. “We are the ones who will change the (healthcare) world.”



Dean Melnyk breaks ground in a big way.

...continued from page 21

EBP Implementation Strategies:

- Sandra Drozd-Burke, PhD, RN
Mennonite College of Nursing, Illinois State University
- Elizabeth Carlson, DNS, RN
Mennonite College of Nursing, Illinois State University

Psychiatric Mental Health

- Jacqueline Rhoads, PhD, ACNP-BC, ANP-C
LSU Health Sciences Center School of Nursing

POSTER AWARDS

Moving Evidence to Action

- Inga Zadvinskis, MSN, APRN, BC
Riverside Methodist Hospital

Evidence Makes a Difference

- Melissa Deal RN, BC, MSN
Catawba Valley Medical Center

Evidence to Guide Practice

- Karen Balakas, PhD, RN, CNE
Barnes-Jewish College of Nursing

“It has been so exciting and rewarding to see this conference grow from an attendance of 40 when we started in 1999 to over 300 attendees from across the globe,” Bernadette Melnyk, PhD, RN, CPNP/NNP, FAAN, FNAP, Dean, ASU College of Nursing & Healthcare Innovation, observed. “The conference has become known as one that draws clinicians and researchers together for the ultimate purpose of improving the quality of healthcare and patient outcomes through EBP.”

EBP National/International Conference X will be held February 18-20, 2009 at the Renaissance Hotel & Spa in Glendale, Ariz. The conference theme is “Translating Research into Best Practice with Vulnerable Populations: Innovations in Evidence-based Practice.” Please visit the conference website <http://nursing.asu.edu/caep/conference/index.htm> for more information.

“Being Present” at Death

It is difficult to die of cancer. Death also can be nearly as painful for a caregiver who is not prepared to be intimately involved in the dying process. However, a research fellowship awarded to Dana Rosdahl, PhD, APRN-BC, assistant professor at the College of Nursing & Healthcare Innovation at Arizona State University provides hope that there may be a way to lessen the pain for both patient and caregiver.

One of only two such fellowships awarded in 2008 by the Oncology Nursing Society, the study is titled “Co-mindfulness Meditation in Cancer Patients and Caregivers.” The purpose of the study is to support short-term oncology research and training.

The pilot study will use qualitative and quantitative methods to test mindfulness meditation within a dyad consisting of a Stage 4 cancer patient and their caregiver in a home environment. During the intensive three-month study, five dyads (pairs) will receive training from a mindfulness meditation specialist. The specialist will train the caregiver in techniques to “be present” for the cancer patient.

Mindfulness meditation is also known as insight because the intention is to gain insight as to the true nature of reality. While concentration involves the practitioner focusing

their attention on a single object, in mindfulness meditation practice, every aspect of experience is welcomed and appreciated.

With concentration practice, attention is given to a target that keeps us anchored in the present moment, Rosdahl said. The target can be a physical object, or more commonly, breath.

Rosdahl explained that mindfulness meditation differs from concentration in one important way. Where concentration involves the practitioner focusing their attention on a single object, in mindfulness meditation practice, every aspect of experience is welcomed and appreciated. Caregiver participants take on the role of impartial observer of everything that passes before their consciousness. The intention is not to be focused, but rather to be mindful, that is, to be fully awake and aware of what is going on in the present moment with the patient for whom they are serving as caregiver.

In the study, each dyad will take part in eight 20-minute tape recorded sessions over two weeks. Heart rates of caregivers and patients will be electronically monitored to measure stress before and after sessions.

Rosdahl became interested in the research when working as an intensive care nurse in



a hospital. “I witnessed many patients who died alone when they had no caregivers available or when family and friends chose not to be present during death,” Rosdahl said. “Often, hospital staff were too busy attending to other patients and could not take the time to serve as surrogate caregivers. I felt there had to be a better way for family and friends to be trained to participate in a way that benefited the dying patient as well as themselves.”

The long-term trajectory of the research is to develop an intervention for all hospice patients and their caregivers and to foster more openness to death.

For more information, readers may consult *Four Most Important Things* by Ira Byock, MD and *Last Rights* by Stephen P. Kiernan.

Grants Newly Funded & Active

Carol Baldwin, PhD, RN, CHTP, AHN-BC, has received Year Two funding from the National Institute of Cardiovascular Heart Disease to complete her study “Spanish Translation and Validation of Sleep Measures.”

Angela Chia-Chen Chen, PhD, RN, PMHNP-BC, received a NIH P20 award for her study entitled “Longitudinal Pathways Linking Acculturation and Family Factors to Risky Sexual Behavior, Substance Use and Depressive Symptoms Among Mexican American and Chinese American Youth” as part of the newly funded SIRC Center.

Maureen Campesino, PhD, RN, PsyNP, received a grant from the National Institutes of Health/National Cancer Institute for her study, “An Exploration of Perceived Racial/Ethnic Discrimination in Cancer Care Delivery.” The goal of this two-year study is to explore and analyze Mexican American and African American patient perceptions of cancer care delivery and to understand how socio-demographic characteristics affect perceptions of and responses to cancer care delivery.

Debra Hagler, PhD, APRN, BC, CCRN, CNE, is principal investigator and project director for a study entitled “Leveraging Educational Technology for Evidence-based Practice.” The project is funded by the Health Resources and Services Administration (HRSA). The project goal is to improve the quality and delivery of nursing education through expanding use of educational technology for pre-licensure students. **Beatrice Kastenbaum**, RN, MSN, CNE, and **Ruth Brooks**, RN, RNC, MS are project co-directors.

Colleen Keller, PhD, RN, FNAP, funded on a NIH/National Institute of Nursing Research (NINR) grant titled “*Mujeres en Acción: Walking in Hispanic Women.*” Her co-investigators are **Julie Fleury**, RN, PhD, FAAN, **Michael Belyea**, PhD, **Catrine Tudor-Locke**, PhD, FACSM, **Felipe Castro**, MD, Dean Coonrod, MD, and Blanca Flor-Jimenez, MA/OM, CCRN. (See page 13 for article.)

Mary Mays, PhD, was funded on her grant proposal “Support Groups for Adolescents with Substance-Abusing Parents: Instrument Conversion Project” from the Center for Improving Health Outcomes in Children, Teens & Families through competitive selection by the Institute for Social Science Research’s Catalyst Grant Program. Co-investigators are Drs. **Bonnie Gance-Cleveland**, **Mary Gillmore**, **Flavio Marsiglia**, **Angela Chia-Chen Chen**, and **Michael Belyea**.

Dana Rosdahl, PhD, APRN, BC, was competitively selected for a grant award by the Oncology Nursing Society for her study entitled, “Co-Mindfulness Meditation in Cancer Patients and Their Caregivers.” Rosdahl was also one of a team of five awarded a Competitive Seed Grant from the Institute of Social Science Research for a study conducted with the College of Music entitled, “Oxytocin: Fueling Music’s Power in Human Emotions, Memory and Restoration.”

Gabriel Shaibi, PhD, PT, principal investigator, was funded through the Raul H. Castro Institute for his study, “Evaluating a Community Based Diabetes Prevention Program for Overweight Latino Youth.”

Colleen Keller, PhD, RN, FNAP, and **Nelma Shearer**, PhD, RN, received funding for five years from the John A. Hartford Foundation for their proposal entitled “Building Academic Geriatric Nursing Capacity in Arizona and the Southwest.” The funding enabled the establishment of a Hartford Center of Geriatric Nursing Excellence at the ASU College of Nursing & Healthcare Innovation.

Arizona State Department of Health & Human Services funded the “Active Aging to Promote Wellness Project.” This project grant supported a strength training program at the Escalante Health Center, Senior Wellness Program. Project Director is **Charlotte Armbruster**, MS, RN, CS; **Diane Núñez**, MS, RN, ANP, BC, was the grant writer.

Colleen Keller, PhD, RN, FNAP, is co-investigator of “Identity Impairment: The Cognitive Foundation of Risk Behaviors in Hispanic Women” recently funded by National Institutes of Health/National Institutes of Nursing Research. The project runs through 2011, with Karen Stein of the University of Michigan as principal investigator.

Anne Wojner Alexandrov, PhD, RN, CCRN, FAAN, received a HRSA grant to improve education and training in the recognition and treatment of stroke by healthcare providers.

Bernadette Melnyk, PhD, RN, CPNP/NNP, FAAN, FNAP, received a HRSA grant to launch a new child-family psychiatric nurse practitioner program, including a child-adolescent mental health graduate certificate program. Co-investigators on the project are **Michael Rice**, PhD, PsychNP, FAAN, and **Ann Guthery**, MS, RN, PsychNP.

Leigh Small, PhD, RN, CPNP-PC, received a grant from the National Institute of Diabetes, Digestive and Kidney Diseases to study a new primary care intervention for the treatment of overweight preschool children. Co-investigators include Dean **Bernadette Melnyk**, **Mary Mays**, Dr. **Catrine Tudor-Locke**, associate professor, ASU Department of Exercise and Wellness, and Dr. **Jeffery Hampl**, associate professor, ASU Dept. of Nutrition.

Nelma Shearer, PhD, RN, has received a NIH/NINR grant entitled “Health Empowerment Intervention with Homebound Older Adults.” Shearer is principal investigator of the study to pilot test the theory-based Health Empowerment Intervention to optimize the protocol and explore its impact on health outcomes and theoretical mediators of health empowerment and goal attainment.

Roundtable Luncheon Series Announced

The ASU College of Nursing & Healthcare Innovation is hosting four roundtable programs during the 2008-2009 academic year for alumni and students at the college's Nursing & Healthcare Innovation Building in downtown Phoenix.

Faculty and one guest speaker will lead discussions on the following healthcare topics:

September 22, 2008, 7:30 - 9:30 am

Colleen Keller, PhD, RN-C, FAHA, director, ASU Hartford Center of Geriatric Nursing Excellence and Center for Healthy Outcomes In Aging

"Covering the Gray: Knowledge Development for Healthy Aging"

November 13, 2008, 4:00 - 6:00 pm

Daniel J. Pesut, PhD, RN, CNS, BC, FAAN, Professor of Nursing, Associate Dean for Graduate Programs at Indiana University School of Nursing, and president (2003-2005) of the Honor Society of Nursing, Sigma Theta Tau International

January 7, 2009, 7:30 - 9:30 am

Bonnie Gance-Cleveland, PhD, RNC, PNP, director, ASU Center for Improving Health Outcomes In Children, Teens & Families

"Pediatric Nursing Education and Research"

March 25, 2009, 4:00 - 6:00 pm

Ellen Fineout-Overholt, director, ASU Center for the Advancement of Evidence-based Practice

"Evidence-Based Practice Report"

The series will be held at the Nursing & Healthcare Innovation Building, 500 N. 3rd Street, Conference Rooms 344 - 348 (3rd floor), Downtown Phoenix Campus.

Refreshments will be provided. Cost is \$20 per program or \$70 for all four programs.

Seating is limited, please register early by contacting: nursingalumni@asu.edu. More information will be forthcoming on <http://nursing.asu.edu>.

Hartford Center at ASU Builds Gero Capacity

Established in 2007, the Hartford Geriatric Center for Nursing Excellence is off to a fast start in achieving its goal of building the next generation of scholars and teachers in geriatric nursing.

Six pre- and post-doctoral scholars in geriatrics have been selected since the center was established at the ASU College of Nursing & Healthcare Innovation, including:

Diane Nuñez, MS, ANP, BC

Hartford Center Evercare Pre-doctoral Scholar
Research Focus: Chronic Disease Disability Prevention

Adriana Rivera Perez, RN, MS

AAN Building Academic Geriatric Nursing Capacity (BAGNAC) Pre-doctoral Scholar
Geriatric Research Focus: Motivation for Physical Activity in Older Hispanic Women

Carol Rogers, RN, MSN, APRN, BC, CNOR

AAN BAGNAC Pre-doctoral Scholar
Geriatric Research Focus: Exercise for Adaptation to Aging

Angela Allen, RN, BSN, MAT, EdS, EA, CRRN

Hartford Center Pre-doctoral Scholar
Geriatric Research Focus: Sleep Promotion in Long-term Care, Assisted Living, or Rehabilitation Settings

Kathy Ward, RN, MSN

Hartford Center Sun Health Pre-doctoral Scholar
Geriatric Research Focus: Optimizing Health of Older Adults through Health Empowerment Intervention

Hye Yeom, PhD, RN, AAN BAGNAC Claire M. Fagin Fellow

Geriatric Research Focus: The Effects of a Multi-model Physical Activity Training (MPAT) Intervention on Mobility in Sedentary Older Korean Americans



Hye Yeom, Post-Doctoral Fellow

A primary mission of the ASU Hartford Center is to expand the number of high quality nursing faculty that serve the ethnically and socio-economically diverse populations of the Southwest. In support of this mission, the center offers pre-doctoral and post-doctoral opportunities with an emphasis on increasing geriatric nursing capacity by preparing geriatric nursing faculty with a commitment to academic careers.



Author! Author! Author!

The *American Journal of Nursing* has awarded College of Nursing & Healthcare Innovation faculty **Kathy Malloch**, first director of the Master of Healthcare Innovation (MHI) program, and **Tim Porter-O'Grady**, MHI faculty and leadership scholar, a "Book of the Year Award."

The award is for *Managing Success in Health Care*, St. Louis: Elsevier Mosby, in the "Nursing Management and Leadership" category. The co-authors have written six books together and also received a book of the year award in 2005 for *Quantum Leader: The NewWorld of Work*. Sudbury: Mass., Jones & Bartlett.

Malloch, PhD, MBA, RN, FAAN is a nationally recognized expert in healthcare leadership and the development of effective evidence-based processes and systems for patient care.

Porter-O'Grady, DM, EdD, APRN, FAAN has been in healthcare in roles from staff nurse to senior executive in a variety of settings. He is currently senior partner in an international healthcare consulting firm

specializing in health futures, organizational innovation, conflict and change, and health service delivery models. Porter-O'Grady has published extensively in healthcare with 15 books to his credit, including the six that he co-authored with Malloch. He has consulted internationally with more than 900 institutions and has lectured in more than 1,000 settings worldwide.

The MHI program is the first interdisciplinary program of its kind accessible anywhere in the U.S. While innovation content and coursework are interspersed within many collegiate programs, Malloch said no other program completely dedicated to healthcare innovation currently exists. The program offers a futuristic, multidisciplinary and educational approach to the development of healthcare leaders who base decisions upon the best evidence available.

Shannon Dirksen, PhD, RN, associate professor of nursing joined Malloch and Porter-O'Grady in receiving an AJN Book of the Year Award for *Medical-Surgical Nursing: Assessment & Management of Clinical Problems* (7th ed.) St. Louis: Elsevier Mosby. Co-authors include Lewis, S., Heitkemper, M., O'Brien, P., & Bucher, L. (Eds.) (2007).

Achievements and Awards

The **2007 Mayo Clinic** cohort of ASU nursing graduates had a 100 percent pass rate on their National Council Licensure Examination (NCLEX). The **2007 Banner cohort of graduates** also achieved a 100 percent pass rate on their NCLEX. Two members of the original cohort graduated in May 2008 and have not taken the exam yet. **Marcia Jasper**, RNC, BSN, MS is site coordinator.

Escalante Health Center achieved a 100 percent pass on their recent site visit from the Arizona Department of Health Services. The nurse-managed health center has been granted a two-year outpatient treatment facility license.

The ranks of ASU's Certified Nurse Educators grew this year, with the addition of **Gary Brown, Therese Speer, Kay Jarrell, Janice Priest, Jonna Anderson, Debbie Ilchak, Brenda Morris** and **Judy Sayles**, bringing the total number of ASU faculty who have earned their CNE to 16. ASU accounts for over half the CNEs in the entire state, reflecting the college's commitment to providing excellence in education. Certification recognizes academic nursing education as a specialty area of practice and an advanced practice role within professional nursing, communicating that the highest standards of excellence are being met.



Debbie Ilchak

100 percent pass rates for certification were achieved by the **2007 graduates** of the following programs: Neonatal Nurse Practitioner program, **Kimberly Horns**, program director; for the 11th year in a row, the Pediatric Nurse Practitioner program, **Leigh Small**, program director; for the fifth year in a row, the Adult Nurse Practitioner program, **Cristi Coursen**, program director; as well as the Psychiatric Nurse Practitioner program, **Michael Rice**, program director.



Kimberly Horns

Carol Baldwin, PhD, RN, CHTP, AHN-BC, received the Nurse Mentor and Leader Recognition Award from the Global Caring Nurses Foundation. Baldwin also was presented the ASU College of Nursing & Healthcare Innovation Research Dissemination Award.

Shirley Brydie, PhD, RN, clinical assistant professor, was sworn in as Recording Secretary of the 2008 STTI Beta Upsilon Board of Directors.

Angela Chia-Chen Chen, PhD, RN, PMHNP-BC, was competitively selected for the Sigma Theta Tau International's Chiron mentoring program.

Shannon Dirksen, PhD, RN, received the 2007 Recognition of Teaching Excellence by undergraduate nursing students. Dirksen also received an *American Journal of Nursing (AJN)* Book of the Year award.

Bronwynne Evans, PhD, RN, was inducted in the inaugural cohort of the National League for Nursing's Academy of Nursing Education. The fellows, selected by the NLN Board of Governors, the oversight body for the Academy, were chosen for their sustained and significant contributions to the field of nursing education. Evans also was invited to be a member of the NLN's think tank focused on expanding diversity in the nurse educator workforce.



Bronwynne Evans

Cecelia Fiery, MA, assistant director of Student Services and ASU/MCCD Nursing Alliance advisor, received a certificate of appreciation from the Bilingual Nursing Fellowship Programs at GateWay and South Mountain Community Colleges in recognition of her valuable contributions.

In addition to receiving NIH/NCI funding on her study on cancer care delivery, **Maureen Campesino**, PhD, RN, PsyNP, began serving as an advisory board member of Concilio Latino de Salud in Phoenix. This nationally recognized community-based organization has been providing health education and advocacy for Arizona Latinos for over 20 years.

Ellen Fineout-Overholt, PhD, RN, FNAP, and **Bonnie Gance-Cleveland**, PhD, RNC, PNP, have been selected as new fellows of the American Academy of Nursing. Installation will take place at the AAN annual meeting in November 2008.

Lynn Fox, PhD, RN, IBCLC, earned certification as an International Board-Certified Lactation Consultant through the International Board of Lactation Consultant Examiners. The certification involved 2,500 hours of teaching mothers how to breastfeed and a six-hour written examination.

Bonnie Gance-Cleveland, PhD, RNC, PNP, has been inducted into the National Academies of Practice, an honor bestowed on less than one percent of nurses throughout the country. Gance-Cleveland also was



Bonnie Gance-Cleveland

presented the ASU nursing college Outstanding Researcher Award in 2007.



Debra Hagler

Debbie Hagler, PhD, APRN, BC, CCRN, CNE, received the 2008 Circle of Excellence in Education Award from the American Association of Critical-Care Nurses. The Elsevier Excellence in Education Award recognizes nurse educators who facilitate the acquisition and advancement of the knowledge and skills required for competent practice and positive patient outcomes in the care of acutely and/or critically ill patients and their families. Hagler

received her award in May 2008 in Chicago at the 35th Annual National Teaching Institute & Critical Care Exposition. Hagler also is being recognized on the American Association of Critical-Care Nurses website with other Circle of Excellence Award recipients.

Kay Jarrell, MSN, is profiled in the recently published Mary Jo Clark Community/Public Health Nursing textbook as an advocate/interpreter for the homeless.

Kay Jarrell



Colleen Keller, PhD, was named ASU's first Foundation Professor in Women's Health. See sidebar on page 15 of this issue.

Susan Mattson, PhD, RNC, CTN, FAAN, received the Distinguished Professional Service award from the Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN). The award was presented at AWHONN's National Meeting held in Los Angeles in June. The most prestigious award bestowed by the organization, it is presented for outstanding contributions to women's and infants' health. Mattson is a charter member of that organization (since 1969) and has served as an officer at all levels.

Renee McLeod, DNSc, APRN, CPNP, was elected to the National Association of Pediatric Nurse Practitioners Executive Board as Clinical Practice Chair. She also was elected as a member of the nominations committee of the National League for Nursing.

Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP, Dean and Distinguished Foundation Professor in Nursing, has been appointed to the Institute of Medicine's Healthcare Professional Provider Sector working group on Evidence-based Medicine. She also was appointed to the U.S. Preventive Services Task Force. This task force, housed within the Agency for Healthcare Research & Quality, is a national independent panel of experts in

primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. Recommendations of the task force are influential in formulating national standards and policies for healthcare delivery. Melnyk is one of only two nurses among the 16-member panel. In addition, Dean Melnyk was presented the Loretta Ford Distinguished Fellow Award at the National Association of Pediatric Nurse Practitioners (NAPNAP) Conference for major contributions to the health of children and appointed to the Nursing Science of Children and Families Study Section of the National Institutes of Health.

Brenda Morris, EdD, RN, was competitively selected for the Leadership for Academic Nursing Program, offered by the American Association of Critical Care Nurses.

Diane Nuñez, MS, ANP, BC, doctoral student and ASU faculty member, has been designated by the Association for Prevention Teaching and Research (APTR) and the Office of Disease Prevention and Health Promotion (ODPHP) as a Paul Ambrose Scholar. In June, Nuñez joined 49 other health professions students from across the country with similar interests in prevention education and health promotion for a leadership symposium in Washington, DC. Her work includes the development of a theory-based Chronic Disease Disability Prevention (CDDP) program for older adults to improve functional health and quality of life, specific to the use of evidence-based self-help programs as tertiary prevention in clinical practice settings serving adults with rheumatologic disease. Nuñez' mentors for this scholarly effort are Colleen Keller and Barbara Ainsworth, PhD, MPH, of the ASU department of Exercise and Wellness. Nuñez also was recognized as the 2007 Emerging Scholar of Evidence-based Practice by the ASU College of Nursing & Healthcare Innovation.



Diane Nuñez



Gail Petersen

Gail Petersen, RN, MS, received a HIV prevention integration award for Breaking the Cycle Community Health Care (BTC), housed at Grace Lutheran Church of Phoenix, from the Arizona Family Planning Council. Continuation funds to sustain the HIV testing integration project delivered in tandem with family planning services at the nurse-managed center were specifically granted to expand testing to meet the 2006 CDC Recommendations for HIV Testing of Adults,

Adolescents and Pregnant Women in Health-Care Settings. BTC anticipates testing 400 clients with the supplemental funding this calendar year. **Denise Link**, DNSc, WHNP-BC, CNE, FNAP is principal investigator on the project.

Fran Rees, MBA, passed two national certifications for clinical research administrators. The first certificate, for Basic Human Research, was provided by the Collaborative Institutional Training Initiative (CITI), and concentrated on human subject protection and regulations governing human subjects in research. The second certificate, provided by the National Council of University Research Administrators (NCURA) focused on the process of preparing for, conducting, and closing out a clinical trial.



Kathryn Records

Kathryn Records, PhD, RN, was appointed a member of the Editorial Advisory Board, *Journal of Obstetric, Gynecologic & Neonatal Nursing*, in January 2008. This 12-member board assists the editor and associate editor in the selection and dissemination of scholarship affecting the care of women, childbearing families, and newborns.

Doctoral student **Adriana Rivera Pérez**, was awarded the Ruth L. Kirschstein National Research Service Award (NRSA) for her proposal

“Motivation for Physical Activity in Older Hispanic Women.” Her sponsors/mentors on the grant are Drs. Julie Fleury and Colleen Keller. Rivera Pérez also accompanied Dr. Carol Baldwin on a student recruitment and collaborative research trip to Guanajuato, Mexico in April 2008 where she presented her research, “*Métodos visuals para detectar el significado de la actividad física y la dieta en el contexto social y cultural.*” Ms. Rivera Pérez received a recognition award for her presentation from Dr. Francisco José Díaz Cisneros, Director General of the Comisión Estatal del deporte y Atención a la Juventud.

Karen Saewert, PhD, RN, CPHQ, CNE, was elected as chair of Evaluation of Learning Advisory Council (ELAC) of the National League of Nursing.

Michele Sazama, graduate nursing student, was competitively selected to receive a prestigious one-year fellowship by the American Association for the Study of Liver Diseases (AASLD). One of only five such fellowships offered nationwide, the program is both academic and clinical in nature; it is designed by quarters with required reading,

seminars, and mentorship from physicians and nurse practitioners, and includes doing research, publishing, and seeing patients.

Kimberly Shea, PhD, RN, received an affiliate faculty appointment to the ASU Department of Biomedical Informatics.

Leigh Small, PhD, RN, CPNP, was invited to serve as faculty at the Leadership Academy, Maternal-



Kimberly Shea

Child Nursing, presented by Sigma Theta Tau International.

Nelma Shearer, PhD, RN, was selected by the American Nurses Foundation to serve on their National Research Grant Review Committee.

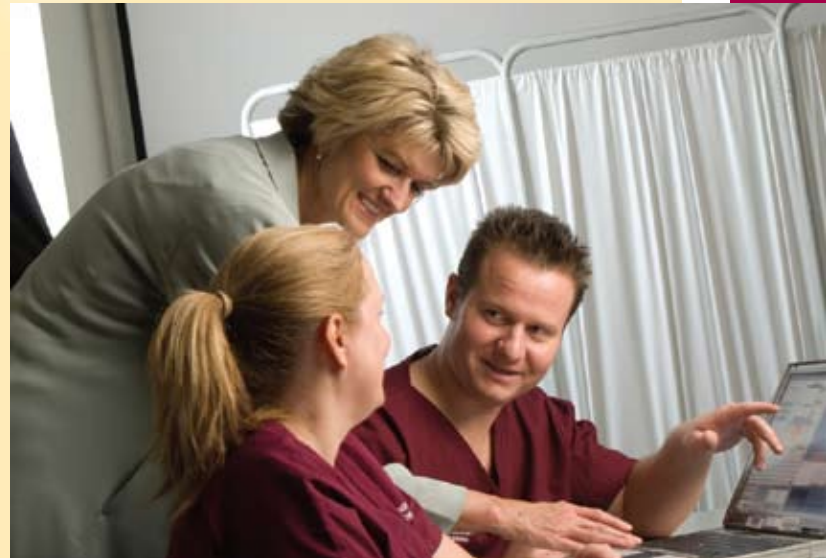


Nelma Shearer

Manuela Vital, a graduate nursing student, was accepted into the Beta Upsilon Chapter of Sigma Theta Tau International. Dr. Carol Baldwin was her sponsor.

Graduate student **Daniel Weberg** was appointed to Sigma Theta Tau International’s board of directors for Nursing Knowledge International.

Barbara Wilson, PhD, RNC, successfully defended her dissertation, titled “The influence of hospitals, providers, and patients on birth outcomes following labor induction.” She graduated with her PhD in Nursing from the University of Arizona in May. Wilson was a recent recipient of U of A’s Beverly McCord Doctoral Scholarship. In addition, she was named an Outstanding Mentor in the Graduate Nurse Educator Program at ASU’s College of Nursing & Healthcare Innovation.



Barbara Wilson with students.

Ken Wysocki, MS, RN, CFNP, was awarded a fellowship from the National Institute of Nursing Research, National Institute of Health, Summer Genetics Institute, Bethesda, Md. Wysocki also has served as the review editor at *Smart Ideas Magazine* since November 2007.



Ken Wysocki

Publications and Representative Presentations

- Anderson, J., Devine, C. A.** (2008). *Learner-centered approach to teaching basic health assessment skills*. Poster presentation, National League for Nursing, Faculty Leadership Conference, Orlando FL. Also presented at Mosby's Faculty Development Institute Conference, San Francisco, CA.
- Anderson, J., Speer, T., Priest, J. Wilson, B., Peluso, C.** (2008). *Student satisfaction and team development outcomes with pre-assigned learning communities/clinical groups*. Poster Presentation, National League for Nursing, Faculty Leadership Conference, Orlando, FL.
- Armbruster, C., Núñez, D.** (2008, March). *Social impact assessment: How does it impact community health programs?* Joint Conference of the ASA and NCOA, Washington, DC.
- Armbruster, C., Núñez, D.** (2007). *Social impact assessment of an academic nursing center: The Escalante Health Center*. Poster presentation, ACHNE Annual Institute.
- Baldwin, C.M., Bell, I.R., Giuliano, A.R., Mays, M.Z., Arambula, P., Alexandrov, A.W.** (2007). Differences in Mexican American and non-Hispanic White veterans' homocysteine levels. *Journal of Nursing Scholarship, 39*, 235-242.
- Baldwin C.M., Figueredo, A.J., Wright, L.S., Wong, S.S., Witten, M.L.** (2007). Repeated aerosol-vapor JP-8 jet fuel exposure affects neurobehavior and neurotransmitter levels in a rat model. *Journal of Toxicology and Environmental Health, Part A, 70*, 1203-1213.
- Baldwin, C.M., Wendel C., Grant, M., Hornbrook, M.C., Ramirez, M., McMullen, C., Herrinton, L., Mohler, M.J., Krouse, R.S.** (2008). *Spiritual quality of life of long-term colorectal cancer survivors with permanent intestinal stomas*. Paper presented at the 14th Annual HMO Research Network Conference, Minneapolis, MN.
- Baldwin, C.M., Valenzuela, N., Melnyk, B., Fineout-Overholt, E., Moturu, S., Cometto, M.C., Avila, G.E.** (2007). *Educational needs of nurses for evidence-based practice in the Pan Americas*. Paper presented at the IX Conferencia Iberoamericana and Latin America-Europe Meeting on Nursing Education, Toledo, Spain.
- Bartlett, R., Holditch-Davis, D., & **Belyea, M.** (2007). Problem behaviors in adolescents. *Pediatric Nursing, 33* (1), 13-18, 35-36.
- Brewer, M.,** Jamerson, P., and the Child Health Corporation of America Nurse Researchers group. (2008). *Fall-related practices in pediatric hospitals*. Poster presentation, Western Institute of Nursing, Orange County, CA.
- Brewer, M., Melnyk, B.M.** (2007). Effective coping/mental health interventions for critically ill adolescents: An evidence review. *Pediatric Nursing, 33*(4), 361-371, 373.
- Boynton, J., Records, K., Keller, C.** (2008). Exercise during pregnancy: Specificity of ACOG recommendations. In K. Records (Chair), *What we know about weight management and physical activity in perinatal women*. Symposium conducted at the Western Institute of Nursing 41st Annual Conference, Orange County, CA.
- Byrd-Williams, C.B., **Shaibi, G.Q.,** Davis, J.N., Weigensberg, M.J., Lane, C.J., Kelley, L.A., Goran M.I. (2008). Cardiorespiratory fitness predicts longitudinal changes in adiposity in overweight Hispanic boys but not in girls. *Obesity, 16*, 1072-1077.
- Campeino, M.** (2008). *Exploring perceived racial/ethnic discrimination in cancer care delivery among elderly Mexican Americans*. Paper presentation at the 33rd Annual Conference of the National Association of Hispanic Nurses, "Hispanic Nurses: Shaping Healthcare Across Communities," Boston, MA.
- Campeino, M.** (2008). *Unraveling the complexities in health care disparities*. Invited presentation to Cochise College Department of Nursing, Sierra Vista, AZ.
- Campeino, M.** (2007). *Spirituality & Latinos: A framework for understanding culture*. Paper presented at the 18th International Nursing Research Congress Focusing on Evidence-Based Practice, Sigma Theta Tau International, Vienna, Austria.
- Carlock, D., **Anderson, J.** (2007). Teaching and assessing the database searching skills of student nurses. *Nurse Educator, 32*(6), 251-255.
- Carlock, D., **Anderson, J.** (2008). *Using pretests and posttests to assess database searching instruction*. Poster presentation, Medical Library Association Conference, Chicago IL.
- Chen, A.** (2007). *Differential response to trauma in the New Orleans ethnic minority community after Hurricane Katrina*. Podium presentation, International Council of Nurses, Yokohama, Japan.
- Chen, A.,** Keith, V., Airriess, C., Li, W., Leong, K.J. (2007). Economic vulnerability, discrimination, and Hurricane Katrina: Health among black Katrina survivors in eastern New Orleans. *Journal of the American Psychiatric Nurses Association, 13*, 257-266. (JAPNA Nominee for Presentation at the Council of Science Editors, Fogarty International Center and National Library of Medicine Presentation, October 22, 2007, National Institutes of Health, Bethesda, MD).
- Chen, A.,** Keith, V., Leong, K.J. Airriess, C., Li, W., Chung, K.Y., Lee, C.C. (2007). Hurricane Katrina: Prior trauma, poverty and health among Vietnamese survivors. *International Nursing Review, 54*, 324-331.
- Cho, J., Holditch-Davis, D., **Belyea, M.** (2007). Gender and ethnic differences in looking and talking behaviors of mothers and their 3-year-old prematurely born children.

Journal of Pediatric Nursing, 22(5), 356-367.

Choi, M., Phillips, R.L., Figueredo, A.J., Insel, K., Min, S.K. (2008). Construct validity of the Korean Women's Abuse Intolerance Scale. *Nursing Research*, 57(1), 40-50.

Crist, J., Woo, S., **Choi, M.** (2007). A comparison of the use of home care services by Anglo American and Mexican American elders. *Journal of Transcultural Nursing*, 18(4), 339-348.

Crogan, N.L., **Evans, B.C.**, Bendel, R. (2008). Storytelling intervention for patients with cancer: Part I – Development and implementation. *Oncology Nursing Forum*, 35(2), 257-264.

Dirksen, S.R., Epstein, D. (2008). Efficacy of an insomnia intervention on mood, fatigue, and quality of life in breast cancer survivors. *Journal of Advanced Nursing*, 61(6), 664-675.

Dirksen, S. R., Epstein, D., Hoyt, M. (2007). *Insomnia severity in veterans with prostate cancer*. Communicating Nursing Research Conference 40, 302.

Dirksen, S. R., O'Brien, P., Lewis, S., Heitkemper, M., & Bucher, L. (2007). *Clinical companion to medical-surgical nursing (7th ed.)*. St. Louis, MO: Elsevier Mosby.

Emerson, R.J., **Records, K.** (2007). Design and testing of classroom and clinical teaching evaluation tools for nursing education. *International Journal of Nursing Education Scholarship*, 4(1), Article 12.

Epstein, D., Dirksen, S.R. (2007). Randomized trial of cognitive-behavioral intervention for insomnia in breast cancer survivors. *Oncology Nursing Forum*, 34(5), E51-59.

Evans, B.C., Coon, D.W., Crogan, N.L. (2007). *Personalismo* and breaking barriers: Accessing Hispanic populations for clinical services and research. *Geriatric Nursing*, 28(5), 289-296.

Evans, B.C., Crogan, N.L. (2007). Translating a food satisfaction instrument into Spanish. *Journal of Transcultural Nursing*, 18, 233-237.

Evans, B.C. (2007). Student perceptions: The influence of a nursing workforce diversity grant on retention. *Journal of Nursing Education*, 46(8), 354-359.

Fox, L. (2008). *Retooling teaching strategies to engage Generation X and Millennials*. Central Arizona Lactation Consultant Association, Phoenix, AZ.

Gance-Cleveland, B. (2008). *Motivational interviewing as a strategy to address health disparities*. Podium presentation. 33rd National Primary Care Nurse Practitioner Symposium, Keystone, CO.

Gance-Cleveland, B. (2008). *Evidence-based approaches for obesity prevention and intervention: HEAT, mood, movement and machines*. Networking session. National School-Based Health Care Convention, Los Angeles, CA.

Gance-Cleveland, B. (2008). *Taking on the challenge: Nurses leading the fight against diabetes and obesity*. USPHS Scientific and Training Symposium, Tucson, AZ.

Gance-Cleveland, B. (2008). *Promoting health in the community*. Podium presentation, WIN 41st Annual Communicating Nursing Research Conference – The Circle of Nursing Knowledge: Education, Practice and Research, Garden Grove, CA.

Gance-Cleveland, B. (2008). *CBPR: Obesity prevention*. Podium presentation. NAPNAP's 29th Annual Conference – In Harmony with the Latest Strategies in Health Care, Nashville, TN.

Gance-Cleveland, B. (2008) *Teaching principles of motivational interviewing*. Podium presentation, NAPNAP's 29th Annual Conference – In Harmony with the Latest Strategies in Health Care, Nashville, TN.

Germain, M., Baldwin, C.M., Moturu, S., **Schultz, A.A.** (2008). *Two regions affected by a natural disaster that explicate disparities in health systems, professions and research: Implications for international health*. Poster presentation at the STTI 19th International Nursing Research Congress Focusing on Evidence-Based Practice, Singapore.

Goodwin, J.L., **Silva, G. E.**, Kaemingk, K.

L., Sherrill, D. L., Morgan, W.J., Quan, S.F. (2007). Comparison between reported and recorded total sleep time and sleep latency in 6-11 year-old children – The Tucson Children's Assessment of Sleep Apnea Study (TuCASA). *Sleep and Breathing*, 11(2), 85-92.

Grando, V.T., Rantz, M., Maas, M. (2007). Nursing home staff's views on performance reports: A follow-up study. *Journal of Gerontological Nursing*, 33(1), 40-47.

Kastenbaum, R., **Fox, L.** (2007). Do imaginary companions die? An exploratory study. *Omega, Journal of Death and Dying*, 56(2), 123-152.

Keller, C., Fleury, J., Rivera, A. (2007). *Dieta en mujeres americanas mexicanas (Diet in Mexican American women)*. *Western Journal of Nursing Research*, 18(3), 428-36.

Keller, C., Fleury, J., Perez, A. (2008). *Culturally specific strategies for retention and adherence to physical activity interventions in Hispanic women* (chapter).

Keller, C., Fleury, J., Rivera, A. (2007). *Using visual methods for uncovering context*. Sigma Theta Tau 39th Annual Conference, Baltimore, MD.

Keller, C., Fleury, J., Rivera, A., Ainsworth, B., Vaughan, L. (2008). Using visual methods to uncover context. *Qualitative Health Research*, 18(3), 428-436.

Keller, C., Records, K., Ainsworth, B., & Coonrod, D. (2008) Weight management interventions in postpartum women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 37(1), 71-9.

Keller, C., Records, K., Ainsworth, B., & Permana, P. (2008). *Interventions for weight management in postpartum women*. Western Institute of Nursing 41st Annual Conference, Orange County, CA.

Kennedy, S., Rosdahl, D. (2008). *Problem-based learning using threaded Blackboard discussion vs. Wiki discussion*. 34th Annual Meeting of the National Organization of Nurse Practitioner Faculties, Louisville, KY.

Kerby, R., **Brewer, M.** (2008). *Developing and implementing an evidence-based pediatric*

fall risk assessment and prevention program. Poster presentation, Society of Pediatric Nursing, Denver, CO.

Kenny, K. (2007). *Peer review: Making the process work for advanced practice nurses in a large tertiary care system*. American Academy of Nurse Practitioners 22nd National Conference, Indianapolis, IN.

Killeen, M.L., Saewert, K.J. (2007). Socialization to professional nursing. In J. L. Creasia & B. Parker (Eds.), *Conceptual foundations: The bridge to professional nursing practice (5th ed.)*. St. Louis: Mosby.

Koebnick, C., **Shaibi, G.Q.**, Kelly, L.A., Roberts, C.K., Lane, C.J., Toledo-Corral, C.M., Davies, J.N., Weigensberg, M.J., Goran, M.I. (2007). Leptin-to-adiponectin ratio as independent predictor of insulin sensitivity during puberty in overweight Hispanic adolescents. *J Endocrinol Invest*, 30, RC13-RC16.

Krouse, R.S., Grant, M., Wendel, C.S., Mohler, M.J., Rawl, S.M., **Baldwin, C.M.**, Coons, S.J., McCorkle, R., Ko, C.Y., Schmidt, C.M. (2007). A mixed-methods evaluation of health-related quality of life for male veterans with and without intestinal stomas. *Diseases of the Colon and Rectum*, 50(12), 2054-2066.

Lekovic, G.P., Han, P.P., **Kenny, K.**, Dickman, C.A. (2007). Bone dowels in anterior lumbar interbody fusion. *Journal of Spinal Disorders & Techniques*, 20(5), 374-379.

Leong, K.J., Airriess, C., Li, W., **Chen, A.**, Keith, V. (2007). Resilient history and the rebuilding of a community: The Vietnamese American community in New Orleans East. *The Journal of American History*, 94(3), 79-88.

Li, W., Airriess, C., **Chen, A.**, Leong, K. J., Keith, V. (2007). *Surviving Katrina and its aftermath: A comparative analysis of evacuation and community mobilization by Vietnamese Americans and African Americans in an eastern New Orleans suburb*. Invited oral presentation at Disaster and Migration Conference: Hurricane Katrina's Effects on New Orleans' Population, New Orleans, LA.

Mark, B., Hughes, L., **Belyea, M.**, Chang, Y., Hofmann, D., Jones, C. (2007). Does

safety climate moderate the influence of staffing adequacy and work conditions on nurse injuries? *Journal of Safety Research*, 38, 431-446.

McGrath, J.M., **Records, K., Rice, M.** (2008). Maternal depression and infant temperament characteristics. *Infant Behavior and Development*, 31(1), 71-80.

McMullen, A., Yoos, H., Kitzman, H., Halterman, J., Anson, E., **Sidora-Arcoleo, K.** (2007). Asthma care of children in clinical practice: Do parents report receiving appropriate education? *Pediatric Nursing*, 33(1), 37-44.

Melnyk, B.M. (2007). *Evidence-Based Practice Workshop* (invited seminar), Guanajuato, Mexico.

Melnyk, B.M. (2007). (1) *Igniting evidence-based practice in clinical settings: Basics & beyond* (invited workshop), (2) *Improving mental & physical health of Hispanic adolescents* (invited speaker), and (3) *Nurse practitioner educators' knowledge, beliefs and practices about evidence-based practice* (invited speaker), 18th STTI Research Congress, Vienna, Austria.

Melnyk, B.M. (2007). (1) *Transition of care: The parental perspective* (invited speaker), (2) *Innovations to decrease parental stress* (invited speaker), and (3) *Evidence-based clinical practice in pediatric critical care: A strategy to improve child & family outcomes* (invited speaker), 5th World Congress on Pediatric Critical Care, Geneva, Switzerland.

Melnyk, B.M. (2007). (1) *Vision to action: The design and implementation of theory-based interventions* (invited presenter) and (2) *Evidence-based practice workshop* (invited seminar), Sigma Theta Tau International's 39th Biennial Convention, Baltimore, MD.

Melnyk, B.M. (2007). The evidence-based practice mentor: A promising strategy for implementing and sustaining EBP in healthcare systems [Editorial]. *Worldviews on Evidence-Based Nursing*, 4(3), 123-125.

Melnyk, B.M. (2007). Evidence digest. The latest evidence on the outcomes of mentoring. *Worldviews on Evidence-Based Nursing*, 4(3), 170-173.

Melnyk, B.M. (2007). The latest evidence on hourly rounding and rapid response teams in decreasing adverse events in hospitals. *Worldviews on Evidence-Based Nursing*, 4(4), 220-223.

Melnyk, B.M. (2007). The child & adolescent mental health crisis: Closing the gap. *Imprint*, 54(3), 58-63.

Melnyk, B.M. (2007). Evidence digest. Hot off the press: The latest systematic reviews to guide best practice. *Worldviews on Evidence-Based Nursing*, 4(2), 116-119.

Melnyk, B.M., Fineout-Overholt, E., Feinstein, N.F., Sadler, L.S., & Green-Hernandez, C. (2008). Nurse practitioner educators' perceived knowledge, beliefs, and teaching strategies. *Journal of Professional Nursing*, 24(1), 7-13.

Melnyk, B.M., Fineout-Overholt, E., Hockenberry, M., Huth, M., Jamerson, P., Latta, L., Lewandowski, L., **Gance-Cleveland, B., Small, L.** (2007). Improving healthcare and outcomes for high-risk children and teens: Formation of the national consortium for pediatric and adolescent evidence-based practice. *Pediatric Nursing*, 33(6), 525-529.

Melnyk, B.M., Small, L., Morrison-Beedy, D., Strasser, A., Spath, L., Kreipe, R., Crean, H., **Jacobson, D., Kelly, S., O'Haver, J.** (2007). The COPE Healthy Lifestyles TEEN Program: Feasibility, preliminary efficacy, & lessons learned from an after school group intervention with overweight adolescents. *Journal of Pediatric Health Care*, 21(5), 315-322.

Núñez, D., Armbruster, C. (2007). *Social impact assessment of an academic nursing center on older adult physical functioning*. Poster presentation. American Public Health Association (APHA) International Conference, Washington, DC.

Olds, D.L., Kitzman, H., Hanks, C., Cole, R., Anson, E., **Sidora-Arcoleo, K.,** Luckey, D., Henderson, C., Holmberg, J., Tutt, R., Stevenson, A., Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning: Age 9 follow-up of a randomized trial. *Pediatrics*, 120:e832-e845.

- Perez, A., Fleury, J., Keller, C.** (2008). *Motivation for physical activity in older Hispanic women*. Western Institute of Nursing 41st Annual Conference, Orange County, CA.
- Porter-O'Grady, T., Malloch, K.** (2007). *Managing for success in healthcare*. St. Louis: Elsevier.
- Priest, J., Anderson, J., Speer, T., Wilson, B., Peluso, C.** (2008). *Pre-assigned clinical groups student satisfaction and team development outcomes*. Poster presentation, Mosby's Faculty Development Institute Conference. San Francisco, CA.
- Records, K.** (2007). Commentary on the article "Abused African American women's processes of staying healthy." *Western Journal of Nursing Research*, 29(3), 387-388.
- Records, K., Rice, M.** (2007). Psychosocial correlates of depressive symptoms during the third trimester of pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 36(3), 231-242.
- Records, K., Rice, M., Beck, C.T.** (2007). Psychometric assessment of the PDPI-R. *Journal of Nursing Measurement*, 15(3), 189-202.
- Records, K., Keller, C.** (2008). *Overweight and obesity in postpartum Hispanic women*. Western Institute of Nursing 41st Annual Conference, Orange County, CA.
- Records, K., Rice, M.** (2008). Lifetime physical and sexual abuse and the risk for depression symptoms in the first 8 months after birth. Council for the Advancement of Nursing Science, Washington, DC.
- Records, K., Rice, M.** (2007). Psychosocial correlates of depressive symptoms during the third trimester of pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 36(3), 231-242.
- Rice, M., Melnyk, B., Guthery, A., Campesino, M.** (2008). Competency assessment of child psychiatric mental health skills in distance education. Bureau of Health Professions, Health Resource Services Administration, Washington, DC.
- Rice, M., Moller, M., DePascale, C., Skinner, L.** (2007). APNA and ANCC collaboration: Achieving consensus of future credentialing for advanced practice psychiatric and mental health nursing. *Journal of the American Psychiatric Nurses*, 153-159.
- Rice, M., Moller, M., Paulson, D.** (2007). *APNA and ANCC collaboration: Achieving consensus of future credentialing for advanced practice psychiatric and mental health nursing; Logical job analysis*. American Psychiatric Nurses Association, Kissimmee, FL.
- Rice, M., Records, K.** (2007). *HIPAA'S Impact on clinical investigations*. Communicating Nursing Research. Western Institute of Nursing, Portland, OR. 40:15. 296.
- Rosdahl, D., Kennedy, S.** (2008). *The value of nurse practitioner students acting out assigned clinical scenarios to enhance clinical decision making*. 34th Annual Meeting of the National Organization of Nurse Practitioner Faculties, Louisville, KY.
- Ryan, T., **Brewer, M., Small, L.** (2008). Over-the-counter cough and cold medication use in young children. *Pediatric Nursing*, 34(2), 174-184.
- Schultz, A. A.** (2007). Implementation: A team effort. *Nursing Management*, 38(6), 12, 14.
- Seton-Craig, D., Records, K., & Keller, C.** (2008). The impact of exercise on depression: A literature review and implications for pregnancy. In K. Records (Chair), *What we know about weight management and physical activity in perinatal women*. Symposium conducted at the Western Institute of Nursing, 41st Annual Communicating Nursing Research Conference, Garden Grove, CA.
- Shaibi, G.Q., Cruz, M.L., Weigensberg, M.J., Toledo-Corral, C.M., Lane, C.J., Kelly, L.A., Davis, J.N., Koebnick, C., Ventura, E.E., Roberts, C.K., Goran, M.I.** (2007). Adiponectin independently predicts metabolic syndrome in overweight Latino youth. *Journal of Clinical Endocrinology & Metabolism*, 92, 1809-1813.
- Shaibi, G.Q.** and Goran, M.I. (2008) Examining metabolic syndrome definitions in overweight Hispanic youth: A focus on insulin resistance. *Journal of Pediatrics*, 152, 171-176.
- Shaibi G.Q., Roberts, C.K., Goran, M.I.** (2008). Exercise and insulin resistance in youth. *Exercise and Sports Sciences Reviews*, 36, 5-11.
- Shea, K., Effken, J.** (2008). Enhancing patients' trust in the virtual home health nurse. *CIN: Computers, Informatics and Nursing*. May/June.
- Shea, K.** (2007). *Social relations modeling in telehomecare*. American Medical Informatics Association: Research Conference Proceedings: Biomedical and Health Informatics from Foundations to Applications, Chicago, IL.
- Shea, K.** (2008). Sociotechnical influences on outcomes in telehomecare, *Telemed J E Health*. 14(suppl.1), 42-43.
- Shearer, N., Cisar, N., & Greenberg, E.** (2007). Telephone-delivered empowerment intervention with patients diagnosed with heart failure. *Heart & Lung*, 36(3), 159-169.
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Appointments

Transitions

Evelyn Cesarotti, PhD, FNP, GNP, associate professor, has been named director, Advanced Practice Programs and Graduate Education for the ASU College of Nursing & Healthcare Innovation effective July 1.



Evelyn Cesarotti

Cesarotti has served in a number of positions in the college since coming to ASU in 1992. Since 2005, she has served as site coordinator of the nursing program at the ASU West Campus and as Specialty Coordinator of the MS Community/Public Health Program. In addition, she has been instrumental in the development of the Geriatric Nurse Practitioner program that will admit students in 2009.

Renee McLeod is transitioning from her role as director of Advanced Practice and Graduate Programs to direct a new Office of Translational Technology in the college. In her new role, she will work with multiple entities in the college as well as across the university and country to launch innovations in health technology. McLeod also will continue teaching in the MHI and DNP programs.

Since her appointment in January 2005, McLeod has established multiple programs and expanded Graduate Programs to include a new DNP program with BSN-DNP and Post-Master's DNP in eight specialties; three new masters programs, and four certificate programs.

Brenda Morris has been promoted to senior director of Baccalaureate Programs. She has served as the Pre-licensure Baccalaureate Program director for the past three years. A College of Nursing & Healthcare Innovation faculty member since 1994, Morris also has served as site coordinator for the Polytechnic and West Campuses. In her new role, Morris will be administratively responsible for the pre-licensure BSN program, the RN/BSN program, as well as the planned second degree program.



Brenda Morris

Karen Saewert has accepted an appointment as the new Associate Director of Evaluation for the Office for Educational Evaluation and Research in Nursing (CEERN). She has served as director of Nontraditional Baccalaureate Program Tracks (RN-BSN) since 1998.

Saewert holds international certification in healthcare quality management, and is nationally credentialed as a Certified Nurse Educator with demonstrated competencies in continuous quality improvement in the academic nurse educator role. She holds an elected office as Chair Elect (2007-2009)/Chair (2009-2011) for the NLN Evaluation of Learning Advisory Council. As an EBP mentor engaged in ongoing Center for the Advancement of Evidence-Based Practice-related educational and research initiatives, she brings resources and attention to the integration of evidence-based principles and practices to program evaluation and accreditation.

Business Support Services

Robert Digan has joined the College of Nursing & Healthcare Innovation as director, Fiscal and Business Services. He previously worked as assistant director of finance for the Decision Theater at ASU. A Certified Public Accountant and Certified Cash Manager, Digan began his career in public accounting and then worked in chief financial officer capacities for various public and private companies.

Elizabeth Fernanadez has been named contracts coordinator, Business Support Services. A graduate of the University of Texas at El Paso, she previously worked as a medical practice administrator.

Ali Hajaig has been appointed senior business manager of the Academic Nursing Centers. Hajaig has a Master's in Public Administration from ASU and has served as a manager for an advanced urgent care clinic. He will support the five nurse-managed health centers administered by the college.



Robert Digan

Information Technology Changes

Ed Greenberg, PhD, associate research scientist and director, Data Management & IT Systems, retired after 28 years at ASU. He will return in the fall on a part-time basis as director of the Office of Research & Scholarship's Data Lab. Greenberg joined the college in 1996 as an associate research scientist. In this role, he served as the college's resident statistician, providing statistical methods assistance to faculty in their preparation of grant applications and conducting and advising on analysis of their research data. Greenberg also mentored nursing graduate students on data management and statistical methods related to their thesis research.

In January 2006, Greenberg was appointed director of Data Management and Information Systems. In this role, he was responsible for college-wide coordination, planning and implementation of information technology in support of the college's mission and leadership for the Office of Research & Scholarship Data Lab.

From 1980 to 1996, Greenberg worked as an academic computing support specialist and then as manager in the ASU Information Technology Department (now University Technology Office).

Steve Martin is succeeding Greenberg as director of Information Systems. He has more than 20 years of IT experience and has been serving as network and server administrator since late 2007. Martin previously managed a desktop system support team and provided network administration support in the ASU School of Life Sciences.



Steve Martin

Andrew Smith has joined the College as senior computer database specialist. He has extensive experience in database and web-based application development and administration. Smith is a graduate of ASU with a BS in Computer Science. He previously worked in the College of Liberal Arts and Sciences at ASU.

Retirements



Alyce Schultz

Alyce Schultz, PhD, RN, FAAN, clinical professor at the College of Nursing & Healthcare Innovation since 2005, retired June 30. As an expert in EBP, Alyce has made outstanding contributions to the Center for the Advancement of Evidence-Based Practice and community partnership initiatives.

Susan Mattson, PhD, RNC, CTN, FAAN, associate professor, has retired after 15 years at the ASU College of Nursing & Healthcare

Innovation. While at ASU, she received funding for research about intimate partner violence in the Latino community, was inducted into the American Academy of Nursing in 2004 for work on cultural competency and insuring excellence in providing nursing care to women and infants, and was awarded the Distinguished Professional Service Award from the Association of Women's Health, Obstetric, and Neonatal Nurses for nursing activities and service.



Susan Mattson

CHI&CT Clinical Research Coordinator

Sharon Goldsworthy, MC, LPC, CRC has been named clinical research coordinator for the Center of Healthcare Innovation & Clinical Trails. Goldsworthy has extensive experience in clinical oncology research. She has broad research and healthcare management experience, including developing complex healthcare delivery regionalized systems in private and public sectors, developing new clinical research operational capacity and management practices at Premier Oncology, and years in the leadership team in the managed care arenas. She also has her BA and Master's in Counseling from ASU.



Sharon Goldsworthy

Goldsworthy will implement industry/grant sponsored med-

ical device/drug clinical trials primarily at the ASU Health Center at the Downtown Phoenix Campus and work closely with its staff. She also will develop the SOPs for clinical research, establishing project management tools and controls, and continuous quality improvement oversight processes to meet FDA regulations.

MHI Program Change

Sandra Davidson, RN, BSN, MSN, CNE, clinical associate professor, has been named program director for the Master of Healthcare Innovation program, succeeding Kathy Malloch. Malloch launched and implemented the unique interdisciplinary degree program in August 2006. The first cohort of students graduates this August. Malloch mentored Davidson for the director role, and will remain as senior faculty for the program.



Sandra Davidson

Marketing and Communications



Latezia Fletcher

Latezia Fletcher has joined the College of Nursing & Healthcare Innovation as Marketing Communications Specialist. A graduate of ASU with a BS and MS, she was Program Coordinator for Student Enrollment Services and Undergraduate Admissions at the Downtown Phoenix Campus since 2006, responsible for duties relating to student recruitment, retention, communications and events. She will be responsible for writing, editing and project management in her new assignment.

Fletcher previously worked in various staff capacities at the ASU Polytechnic and Tempe Campuses, and did an internship at the Herberger College of Fine Arts.

Office of Research & Scholarship

Audrey Brockhaus has been named BA grants specialist in the Office of Research and Scholarship. A graduate of Michigan State, Brockhaus has worked in marketing and events, journalism and human resources.

ASU College of Nursing & Healthcare Innovation

Innovative Offerings

Educational innovation in an evidence-based practice environment is a core principle of Arizona State University College of Nursing & Healthcare Innovation strategy. As part of the implementation of this strategy, the college is pleased to offer the following programs that can make a difference in your work and career.

Child Psychopharmacology Workshop October 8, 2008

Evidence-Based Child & Teen Mental Health: First National Institute for Primary Care Providers October 9–10, 2008

The institute will focus on the latest evidence-based assessment, management and prevention of common mental health disorders in children and adolescents. The Institute will provide a unique combination of didactic and facilitated skill-building sessions to give primary care providers the essential knowledge and skills necessary to provide early identification and intervention.

Continuing Education: This program is approved by the National Association of Pediatric Nurse Practitioners (NAPNAP) for 16.0 NAPNAP contact hours (of which 3.5 are pharmacology [Rx] content), and the National Association of Social Workers—Arizona Chapter (NASW-AZ) for 16.0 continuing education contact hours.

Int'l Institute for Theory-Based Interventions December 1-3, 2008

Contact Hours: 13.5*

Designing, Conducting, Analyzing and Funding Intervention Studies: A Research Intensive Workshop December 3–5, 2008

This three-day workshop at the ASU Downtown Phoenix Campus is for doctorally-prepared nurses, advanced practice nurses, doctoral students, and professionals from other health disciplines who seek to acquire or enhance their knowledge and critical skills to design, conduct, analyze and fund intervention studies.

Contact hours: 18.75*

TO REGISTER FOR THE PROGRAMS LISTED ABOVE, CONTACT:

The Academy for Continuing Education
ASU College of Nursing & Healthcare Innovation
PO Box 873008 • Tempe, AZ 85287-3008
Phone 480-965-7431 E-mail: ACE@asu.edu
Web site: <http://nursing.asu.edu/ace>

** Contact hours will be provided by the Arizona State University College of Nursing & Healthcare Innovation, Academy of Continuing Education (ACE). ACE is an approved provider of continuing nursing education by the Arizona Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

Clinical Practice EBP Mentorship Program September 8-12, 2008

This is a five-day immersion program held on the ASU Downtown Phoenix Campus to prepare staff nurse teams and advanced practice nurses as leaders and mentors in changing organizational cultures through the promotion, implementation, and sustainability of evidence-based practice.

Contact hours: 35.25*

TO REGISTER FOR THE EBP MENTORSHIP PROGRAM, CONTACT:

The Center for the Advancement of Evidence-based Practice
ASU College of Nursing & Healthcare Innovation
500 N. 3rd Street • Phoenix, AZ 85004-0698
Phone: 602-496-2237
E-mail: Deborah.Relph@asu.edu
Web site: <http://nursing.asu.edu/caep/mentorship/index.htm>



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A Glimpse of the Future



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