

ASU Nursing

Spring 2009

LIGHTING THE LAMP FOR INNOVATION

Deans Discuss Economy's Impact

ASU *'State of Nursing Research'*

Research Studies Mexican-American Elder Care

Finding Links to Chinese-American Teen Mental Health

HRSA Funding Fuels Educational Innovation

Building Native American Nursing Capacity

Challenging Healthcare to be Innovative

Taking Health Promotion to the World



Lighting the Lamp marks entry into the upper division or major of students' nursing education and signifies commitment to future practice and patient care. The 'light of innovation' must burn as brightly to help improve quality patient outcomes.



College of Nursing
& Healthcare Innovation

ARIZONA STATE UNIVERSITY

DREAM • DISCOVER • DELIVER

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ASU Nursing

ASU Nursing is published twice a year 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

Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP

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The College of Nursing & Healthcare Innovation at Arizona State University operates under a 10-year accreditation through June 2014 granted by the Commission on Collegiate Nursing Education for its baccalaureate and master's degree programs and also is approved by the Arizona Board of Nursing.

On the cover:

This issue provides an overview of ASU nursing innovative research and educational initiatives.

Special thanks to Mrs. Juanita Francis and the F2 Family Foundation for helping to make possible the printing and mailing of this issue of *ASU Nursing*. Mrs. Francis is a nurse, active in community healthcare initiatives and serves on the boards of directors for The Wellness Community – Arizona and Arizona State University Foundation.

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Dean's Message



To paraphrase Thomas Paine during the American Revolution, "...these are the times that try nursing leaders' souls." Like Paine and other patriots, we cannot escape from the difficult decisions facing us in the current economic crunch. However, what we can do is rise to the challenge of finding innovative solutions to the financial challenges that are confronting nursing leaders in both public and private academic institutions as well as healthcare settings across the nation. You will read about some of these solutions in our thoughtful roundtable discussion with four other nursing deans in this publication.

In Arizona, our public university system has been hit hard with budget reductions due to our state's financial situation. Given the reductions to our University, our college's budget was reduced by approximately 9 percent during this academic year. This reduction called for a three part strategy: 1) enhancing revenues from every possible direction, including grants from federal sources and foundations, entrepreneurial initiatives in niche markets, public-private partnerships, and enhanced development efforts, 2) increasing efficiencies across all areas, and 3) reducing costs, through such mechanisms as restructuring our five academic nurse practitioner managed health centers.

As a result of the budget situation, we made the decision to reduce traditional baccalaureate enrollment at both our Polytechnic and West campuses from 80 to 40 students. The decrease in enrollment at these sites will result in our college admitting 220 traditional baccalaureate nursing students instead of 300 every year, which is still the largest traditional baccalaureate program in the state and one of the largest programs in the country. The preparation of traditional baccalaureate nursing graduates is very expensive, in large part due to clinical ratios of one faculty to 10 students. In addition, due to the high acuity level of patients and understaffing in hospitals, many clinical sites are now saying that they will not provide clinical experiences for more than eight of our students at a time. The bottom-line reality is that the costs associated with preparing pre-licensure baccalaureate nursing students are exorbitant, and our state funding only covers approximately 25 percent of the cost of their educational preparation.

In 2005, former Governor Janet Napolitano sponsored a bill passed into law by our legislature to provide the public universities and community colleges in Arizona their share of a total of \$4 million for each of five years to double their enrollments. However, the portion of funds that our college received from that bill was substantially less than the cost to educate an additional 160 nursing graduates per year here at ASU. Our university, under the outstanding leadership of our President, Dr. Michael Crow, made a multi-million dollar investment in our college so that we could rapidly grow our program to help reduce the serious nursing shortage in our state. Our faculty worked hard to double enrollment, which resulted in our admitting 300 students per year. Despite the very large number of students being admitted to our bachelor's program, I am proud to say that our students have maintained a 90-95 percent pass rate on the nursing licensure exam, consistently higher than the Arizona and national pass rates on this exam, due to the outstanding education being provided by our top-notch faculty.

Even under the current budget reductions, our college has maintained its tremendous positive momentum in educational innovations (including a newly launched Doctor of Nursing Practice program), research and evidence-based practice initiatives, and healthcare services. We are staying focused on our bold strategic plan, continuing to move forward, and being proactive through these challenging economic times. We also are choosing to stay appreciative of our wonderful college, especially our terrific faculty, staff, students and alums who are determined to continue flourishing and accomplishing amazing things regardless of the current financial "character-builders" that we are experiencing.

During change and uncertain stressful economic times, silver linings can be found, and we are determined to continue to find them. However, I can assure you of a few things that will not change at the ASU College of Nursing & Healthcare Innovation.

We will NOT:

- Produce quantity without quality as each of our students will continue to receive an outstanding education,
- Abandon our dreams and exciting vision to be a world-class enterprise of discovery,
- Slow down our awesome research momentum,
- Discontinue the outstanding evidence-based healthcare services we provide to highly vulnerable populations, and we will NOT
- Stop innovating!

Fond regards,

A handwritten signature in black ink that reads "Bernadette".

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

**LINDA CRONENWETT,
UNIVERSITY OF NORTH
CAROLINA**



Linda Cronenwett, PhD, RN, FAAN, is the Dean and Professor of the School of Nursing, University of North Carolina at Chapel Hill and Associate Chief Nursing Officer for Academic Affairs at the University of North Carolina Hospitals. She is a member of the Department of Veterans Affairs' Special Medical Advisory Group, the Boards of Directors of the Institute for Healthcare Improvement, the North Carolina Institute of Medicine, and the North Carolina Center for Hospital Quality and Patient Safety. She is currently the principal investigator of a national initiative, Quality and Safety Education for Nurses funded by the Robert Wood Johnson Foundation. Through organizational initiatives, she works to improve healthcare education to ensure that future professionals will be committed to and capable of creating and constantly improving the safety and quality of the healthcare delivery systems in which they work.

MAUREEN R. KEEFE, UNIVERSITY OF UTAH



Maureen R. Keefe, PhD, RN, FAAN, joined the University of Utah in 2001 as the Dean of the College of Nursing. She is a tenured Professor and holds the Louis H. Perry Presidential Endowed Chair. Since joining the University of Utah she has provided state-wide leadership for the nursing shortage and led a successful campaign to renovate the College of Nursing building and expand enrollments.

Dr. Keefe is a nationally known researcher working in the area of maternal child healthcare. Her NIH funded work focuses on new models of care for families with colicky or irritable infants. She has authored several articles, books and publications for families on the topic of infant care and development. She also serves on the University of Utah Hospital & Clinics Board and the Utah Women's Forum, and was appointed to the HRSA National Advisory Council for Nursing Education and Practice.

JACQUELINE DUNBAR-JACOB, UNIVERSITY OF PITTSBURGH

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, is the Dean at the University of Pittsburgh School of Nursing, as well as Professor of Nursing, Epidemiology and Occupational Therapy, and the Director of the School of Nursing's Center for Research in Chronic Disorders. She is a nurse/psychologist who has been involved in the study of patient adherence to treatment in individual studies and multi-center trials, addressing a variety of patient populations including rheumatological conditions, cardiovascular risk factors, diabetes, HIV/AIDS, cancer screening, depression, and transplantation. She is currently funded by the NIH with a P01 project grant on the translation of interventions for adherence and quality of life and a P30 center grant focused on adherence to treatment in chronic disease.

Her current leadership roles include chair, Scientific Advisory Board for NIH Roadmap Initiatives for the Patient Reported Outcomes Measurement Information System; chair, Advisory Board for Bayer Institute for Health Care Communication; and member, Leadership Council, Pennsylvania Center for Health Careers Workforce Investment Board.

BERNADETTE MELNYK, ARIZONA STATE UNIVERSITY

Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP, has been Dean at the Arizona State University College of Nursing & Healthcare Innovation since 2005. She is noted for her dedication to improving the health of children and teens; educational and research innovation, interdisciplinary healthcare, and evidence-based practice (EBP) to deliver quality patient outcomes. Dr. Melnyk's research areas include EBP; child, teen and family mental health; and innovative educational projects. Her record of scholarship includes more than 120 publications, including recently published books on evidence-based practice and Child and Adolescent Mental Health Screening, Early Intervention and Health Promotion.

She was named a distinguished practitioner in the National Academies of Practice and is the recipient of the Audrey Hepburn Award by Sigma Theta Tau International for global contributions to children's health and the Jessie M. Scott Award by the American Nurses Association for advancing healthcare through the integration of research, education, and practice. In 2008, Dean Melnyk received the prestigious Loretta Ford Award from the National Association of Pediatric Nurse Practitioners (NAPNAP).



Dr. Melnyk also is founder and chair of a national mental health promotion campaign for children and teens called KySS (Keep Your Children/Yourself Safe and Secure), sponsored by NAPNAP, and past president of the National Association of Faculties of Pediatric Nurse Practitioners. Dean Melnyk is a member of the U.S. Preventive Services Task Force, the leading independent panel of experts in prevention and primary care, which recommends clinical preventive services. Dr. Melnyk also is a member of the Institute of Medicine Healthcare Professionals Sector convened by IOM's Roundtable on Evidence-based Medicine.



Deans Across the U.S. Discuss Economic Challenges to Nursing Education

Colleges of nursing, whether they are state or private, face mounting challenges of budget reductions due to the deepening economic recession. Five deans representing state and private universities gathered by conference call to discuss the challenges they face now, their strategies for adapting to the changes, and the opportunities that might develop from the current challenging climate. Host Dean Bernadette Melnyk of the Arizona State University College of Nursing & Healthcare Innovation facilitated the discussion.

Bernadette Melnyk, Dean, ASU College of Nursing & Healthcare Innovation:

At Arizona State University, we have taken about an \$88 million cut to date. Arizona legislators right now are reviewing further budgets, and we are looking at another very substantial cut between the three public universities here in Arizona that is in the range of a little more than \$100 million. That would be between a 15-20 percent reduction. So, it is a very deep cut. Our College of Nursing has been reduced by about nine percent to date, and has actually experienced less of a reduction than many of the other colleges at Arizona State.

In response to state funding cuts, I have implemented three key strategies. First, I have looked at ways to increase revenue streams. We have created some niche markets for continuing education programs, such as evidence-based practice and child psychiatric mental health; we draw people from all across the country to those particular offerings. The second strategy we have implemented is to get our five nurse

practitioner-managed health centers closer to being self-sustaining and less dependent on the college for resources. Lastly, we've also increased efficiency across some of our programs, such as a redesign of our baccalaureate program that goes into effect August 2009. The curriculum restructuring should result in a \$400,000-500,000 salary savings for us next year.

If we get hit much harder, I may have to look at reducing some of our part-time faculty associates. I have not had to lay off anyone within the college so far, but I don't know how much more we can sustain in substantial budget cuts to avoid that.

Maureen Keefe, Dean, School of Nursing, University of Utah:

Have you been able to hold your enrollment so far?

Dean Melnyk, ASU: We reduced traditional baccalaureate yearly admissions from 300 to 220. Interestingly, in the past month, we

BETTY JACOBS, GEORGETOWN UNIVERSITY

Bette Jacobs, PhD, RN, FAAN, has served as dean of Georgetown University School of Nursing & Health Studies (NHS) since 1999. During her tenure, Dr. Jacobs has overseen substantial growth in the school's research portfolio, the recruitment of high profile scholars, and the continued development of four academic departments in Health Systems Administration, Human Science, International Health, and Nursing. Dr. Jacobs has led the school through significant improvements in key facilities, including the addition of the O'Neill Family Foundation Clinical Simulation Center and the Discovery Center. In 2006, NHS and Georgetown University Law Center announced their co-founding of the Linda and Timothy O'Neill Institute for National and Global Health Law.

In addition, Jacobs continues to publish in her field, which involves children with disabilities, maternal health, healthy equity, and health among American Indian communities. She is currently among a group of researchers on a five-year R01 grant from the National Institute of Child Health and Human Development to study, "Preventing Child Neglect in High Risk Mothers." From 1997-2000, Jacobs was president of the National Alaska Native American Indian Nurses Association.





CRONENWETT



KEEFE



JACOBS



DUNBAR-JACOB



MELNYK

have had a couple of healthcare systems announce layoffs and, for the first time in years, some of our graduates are now struggling to find positions.

ASU Nursing Magazine:
Dean Keefe, what is happening in your state and with your college, and how are you responding to it?

Dean Keefe, University of Utah: Utah has projected a decrease in state revenue, and that has prompted our legislature that goes into session this week to take a hard look. We had a wild swing from last year, when revenue projections were up to close to \$400 million and now, this year, revenue projections are down \$400 million, so the severity has been difficult for us. The legislature put out a four percent base cut last fall for this fiscal year, and they are back in session now, looking at an additional base cut this year, and then talking about July 1, fiscal year 2010, having an additional reduction of 15 percent.

So the proposal on the table is for an additional 15 percent in next year's budget, which brings us to 19 percent. When I look at our state portion of the budget, which is about \$5.5 million, that means close to a million dollar loss in the base, and the base funds are of course what we use for our faculty salaries. So we're really struggling about the message back to the Legislature about not being able to maintain that class size—do you cut graduate vs. undergraduate? We used a similar strategy [as ASU] to look at revenue generation opportunities vs. the budget cuts. We're trying to be proactive with the worst case scenario proposal that would get us down an additional 15 percent, but hoping that it's not that severe or extreme. We have looked at program fees, our tuition, even looking at putting a tuition differential on our upper division nursing program. We also looked at distance delivery fees and whether we need to increase those. Our faculty practice has actually been doing well with clinical revenue, and we are committed to being able to support the research infrastructure. It's just a critical time to be writing grants and negotiating contracts. We're also looking on the reduction side, at what specialty

tracks have low enrollment, where we might not run a cohort in the coming year. We might do an alternate year enrollment for some.

Dean Melnyk, ASU: We went forward with a successful program fee proposal to our Board of Regents this past year, so that has been another strategy that we've used. The graduate program fee right now on our graduate and DNP program is \$2,000 a semester, and all those program fees come back to the college. We put a program fee on our traditional baccalaureate program as well, that was just passed by the Regents, and that is \$750 a semester for our traditional baccalaureate students and our RN-to-BSN students. Even with these program fees, our costs remain in the lower third of our peer and aspirational peer colleges.

Dean Keefe, University of Utah: We'll be looking at our local markets and our distance markets and what they will bear; with distance delivery, we don't have state boundaries or lines anymore.

Dean Melnyk, ASU: Maureen, do you charge in-state tuition for your distance programs, or are you still charging out-of-state?

Dean Keefe, University of Utah: The University does have a guideline for students, so students who are out of state, especially in our PhD program are charged out-of-state tuition. We have a graduate tuition benefit program, so if we give these graduate students some scholarship support or some funding. They can become a TA, RA, or a graduate fellow, with no work obligation, and that actually converts their tuition from out-of-state to in-state, and helps those students.

ASU Nursing Magazine:
Dean Cronenwett, would you tell us about what is happening in North Carolina and your college?

Linda Cronenwett, Dean, School of Nursing, University of North Carolina, Chapel Hill: We were similar and had a task force on the nursing shortage in 2005, and we were all charged to double our enrollments in both the

UNC system and at the community colleges, so we began a gradual transition of admitting twice a year when we had only admitted once a year, and we went from graduating 125 pre-licensure graduates a year to 194 last year. Two years ago, I didn't get quite the amount that I was supposed to get and we got a 1 percent cut.

Then last year we had another 1 percent cut. This year, we've taken a 6 percent non-recurring cut. The big question for next year is with the scenarios we're building at the moment -- 3, 5, and 7 percent cuts. Now, that's not on top of the 6 percent -- the 6 percent this year was non-recurring. It is obvious from this year's reductions that we cannot sustain a 5 or 7 percent recurring cut next year. The only way I can get to that level is by cutting enrollments. But so far, the university says that we cannot cut enrollments to cover the cuts in costs. We are not allowed to have any additional fees. Baccalaureate students must have the same tuition no matter what their major is and the same with our PhD students. They must have the same tuition as everyone else going through the Graduate School. We have tightened some workload policies. We have eliminated some discretionary events and travel and we moved some TA positions onto other sources of funding. We can make a 3 percent cut. If we aren't allowed to cut enrollment we are saying that we'd prefer to take a one-week furlough if the university did that as a whole. We don't want to get into permanent cuts if we can help it.

Dean Melnyk, ASU: At ASU, vice-presidents, provosts and the president himself will be taking 15 days of furlough between now and the end of June, nine-month academic faculty will be taking nine days, and staff who work 12 months a year full-time will be taking 10 days of furlough between now and the end of June. It's pretty substantial. It will reduce costs \$25 million and it helped us avoid laying off 800 people throughout the university. Again, if the legislators come back and do what they're proposing to do, we will have to look at additional things on top of this \$25 million furlough. So, it's very serious in Arizona. Just as Utah we went from being in the black to now being in the red of the same amount. We were \$800 million in the black the year before, and this past year our state is looking at a \$1.6 billion deficit.

ASU Nursing Magazine:

Dean Jacobs, do you want to talk from a private university standpoint; how the economy is affecting Georgetown University and your School of Nursing strategies?

Dean Bette Jacobs, School of Nursing and Health Science, Georgetown University: No matter where you live, the faculty always think that the grass is greener on the other side.

For years, the Medical Center at Georgetown people have whined because we do not receive state funds. The thinking is that if you have state funds, it's like a nice ATM card. You all know that not to be true. Similarly, there's the reverse thought-process when you have an endowment or higher tuition. The fact of the matter is when you have a large business, things are complicated, and they're especially precarious in these times.

Our "product line" in a private university is probably a little bit different because there is no mandate to provide a workforce for anyone. We provide an education so there are some similarities and some differences in terms of having a good educational product for the people who choose to come to Georgetown and study nursing, to examine where they will be situated, and to look at the value proposition. So, in some ways my experience is similar. I always keep my programs running a strong margin and I always do recession-proofing. Now we're in a recession I think will most likely be deep. The easy solutions are always when you have ample money and more opportunity (in good times). It's harder to plan for hard times, and I think we're certainly there.

“We have not had to lay off anybody within the college so far, but I don't know how much more we can sustain in substantial budget cuts to avoid that..”

This institution considered those same factors and everyone has had across the board cuts, taking out the bulk of non-essentials. However, across the board cuts only last for so long, even if you're well run and you have a 60 percent margin. If it takes a large amount of money to solve an institution's problems then the value proposition just has to change. My quest is to grow the base in spite of the fact that one of our college's signatures is selectivity. Keeping things small appeals to a lot of people. I'd say that (growth) is one of the major risks of this particular organization. So, we will walk some similar paths that you have, and some that are relatively different. I do see that of course every time there is a big change in anything, there are opportunities. It's just that they don't usually look like that at the time. These will be interesting days, deliberating how to organize collectively for the profession of nursing and how to shape the future.

Dean Melnyk, ASU: Bette, Harvard and Yale's endowments are down 30-40 percent right now. Our endowment is down about 30 percent here at ASU. What about Georgetown's drop in endowment? Is that really having a major impact on you as a private school right now?

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ASU Nursing NIH, Educational and Community Grants Total Increases

Strengthened research and scholarship infrastructure enables college to move forward as a leader in research and evidence-based practice.

Bernadette Melnyk became the fifth dean in the history of the ASU College of Nursing & Healthcare Innovation in January 2005. Consistent with her research and evidence-based practice (EBP) background and expertise, she worked closely with faculty and formulated a vision for ASU to become a world renowned nursing college known for its excellence, innovation and visionary leadership in research and EBP.

The ASU College of Nursing & Healthcare Innovation has intensified its research focus since 2005, resulting in more than \$13 million in active and recent funding for NIH, educational program, and community grants. NIH grants alone total more than \$6 million compared to \$200,000 in 2004. The college's success has contributed to Arizona State University breaking into the Top 20 list in 2008 for research expenditures for universities without medical colleges.

and support that enables faculty to concentrate on their research methodologies, findings and analyses rather than on administration.”

Dean Melnyk, who previously was Associate Dean for Research at the University of Rochester School of Nursing, has continued her own research in child and adolescent mental health and EBP since joining ASU in 2005 and is both a pediatric and psychiatric nurse practitioner.

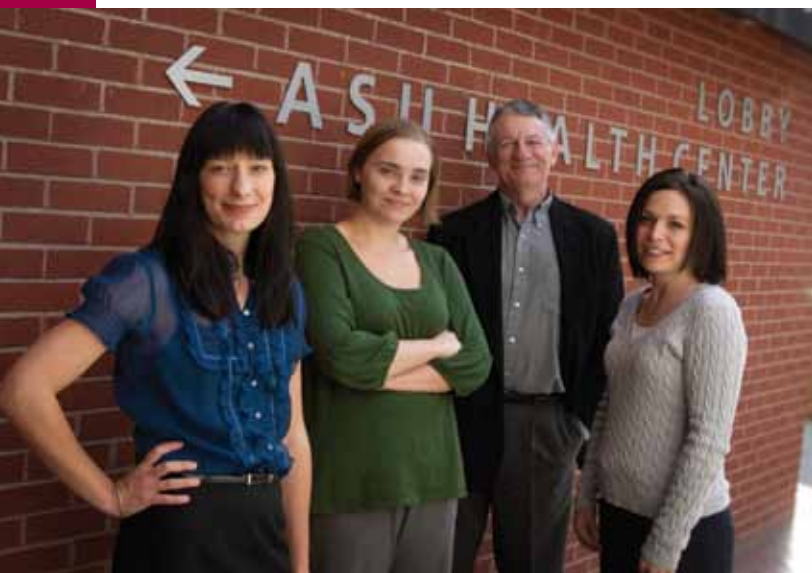
Centers Play Important Role

The establishment of core research and evidence-based practice centers focused on key areas of state and national priorities has been part of the strategic thrust in the college. The centers of excellence include the Center for Improving Health Outcomes in Children, Teens & Families; the Center for Healthy Outcomes in Aging; the Center for Healthcare Innovation & Clinical Trials; and the Center for the Advancement of Evidence-Based Practice (CAEP). The college also has one of the few Hartford Geriatric Centers of Nursing Excellence, which works to build geriatric faculty capacity and collaborates with the research center for aging. The centers also provide mentorship to faculty as well as students and generate evidence to improve quality healthcare and patient outcomes in each of the concentrations.

The College of Nursing & Healthcare Innovation also launched the healthcare innovation and clinical trials center in 2007 to form a channel through which entrepreneurs can bring to market innovative healthcare products and systems in order to build an integrated research-to market-to bedside stream to improve patient outcomes.

Dean Melnyk describes the center for EBP as a pioneering center that is leading the nation and globe in assisting healthcare organizations and clinicians in system-wide implementation and sustainability of evidence-based practice. “CAEP’s mission is to accelerate the translation of evidence-based research into clinical practice,” Director Ellen Fineout-Overholt said. “We strive to decrease the 17 years

Ellen Fineout-Overholt



Grants Coordinator Bethany Johannessen (left) and her Office of Research and Scholarship team (left to right) of Audrey Brockhaus, Jim Peacock, and Debra Fisher have provided infrastructure support to enable faculty to focus on research rather than administration.

“Our success can be attributed to the tremendous efforts of existing and newly recruited faculty and the building of a very strong research and scholarship infrastructure,” Dean Melnyk said. “The Office of Research and Scholarship provides the data and process infrastructure

time it averages to translate evidence into better patient outcomes at the bedside.”

Range of Research Projects Broad

The range of faculty research projects is broad, according to Associate Dean for Research Julie Fleury. Active research projects range from child obesity among young children to Spanish Translation and Validation of Sleep Measures to mental and behavioral problems



Julie Fleury

among children of Chinese immigrants to removing barriers to exercise and physical activity among older Hispanic women. “Our research reach is diverse as it is broad,” Dr. Fleury noted. Many of our initiatives are intended to reduce the higher incidences of health disparities among minority populations in the Southwest, including Arizona.

Fleury, who was appointed associate dean for research in

January 2007, said the college’s research success has been in large part due to the hard and sustained efforts of faculty determined to succeed in obtaining research funding. “Faculty have submitted and resubmitted, been responsive to reviewer comments, and worked together to be successful,” Dr. Fleury said. “The continued development of our research infrastructure is a significant support to faculty as it allows faculty to focus their attention more closely on the science of their application, provides access to editing resources, and fosters peer review of research during the development process.”

The Associate Dean believes the ASU nursing college has achieved extramural funding comparable to the majority of our peer institutions, but with NIH no longer ranking institutions, it is challenging to document. ASU achievements also are reflected in numerous awards for research excellence, peer reviewed publications, presentations at the national and international levels, and establishment of a

Hartford Center for Geriatric Nursing Excellence. Dr. Fleury said, “Working with faculty on conceptualizing, framing, refining their research problem and approach is the most satisfying aspect of my role as associate dean for research.”

In looking to the future, Dr. Fleury focuses on how ASU nursing is developing as a college, how faculty are moving forward on their programs of research, how teams of faculty are coming together to conduct research, and community partnerships.

Educational Excellence and Faculty Mentorship a Catalyst

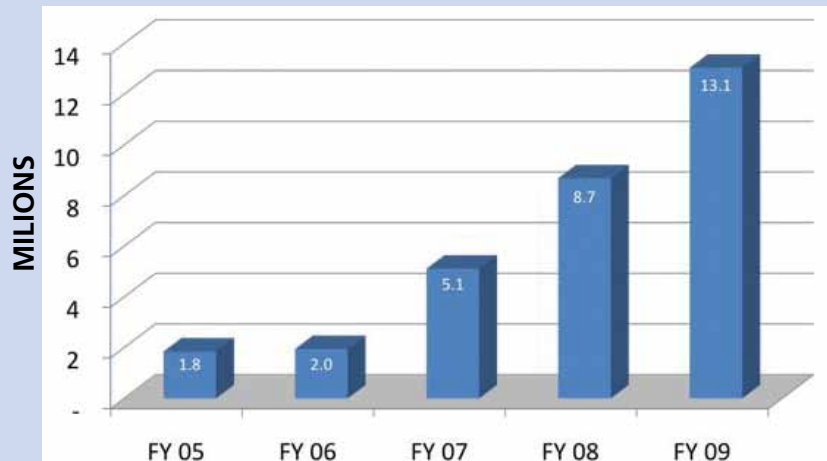
Faculty also have obtained a large number of HRSA funded grants for innovative educational programming and cutting-edge teaching initiatives. Largely responsible is the outstanding infrastructure for educational excellence and faculty mentorship spearheaded by Senior Associate Dean Mary Killeen, Dr. Debbie Hagler, Dr. Pauline Komnenich and Barbara White. In addition, Dr. Denise Link, associate dean for clinical practice & community partnerships, and Laurel Van Dromme, senior director of development, have been instrumental in obtaining community grants.

Consistent with the nursing college’s cultural tagline of “Dream·Discover·Deliver,” Dean Melnyk thinks big when it comes to obtaining funding to support research, educational and evidence-based clinical practice efforts that improve patients’ lives and students’ educational experiences. She says, “I believe you can achieve your dreams if you take risks, believe in your dreams, and persist through the character-builders until the dreams become reality.”

For more information on other ASU nursing research and EBP initiatives, visit <http://nursing.asu.edu/ors/index.htm>.

Total Dollar Amount of Currently Active Projects (Direct + Indirect Costs)

AWARD TOTALS



■ = AWARD TOTALS



Finding Solutions

Working with Mexican-American Families to Gather Data to Keep Elders Living at Home

Caregivers of all ethnic groups pay a heavy price for caregiving in terms of physical and emotional costs, specifically in the Hispanic population who are at risk for health disparities. They often neglect their own healthcare needs, experience more insomnia and depression, and have a more negative perception of their health than non-caregivers.

Thirteen percent of Hispanic households currently provide care to an adult aged 50 or older, but with an imminent and dramatic shift in demographics, a burgeoning number of Hispanic families soon will be placed in a caregiving role.

Mexican-Americans, the largest ethnic minority in the U.S., comprise 66 percent of the 42 million Hispanics in the U.S. Given current trends away from traditional values among Mexican-American families to provide care in the home for the elderly, the total of Hispanic nursing home residents is likely to increase exponentially, putting additional pressure on an already extended U.S. healthcare system unless effective informal care interventions can be identified. Currently, the population of nursing homes in the nation totals 1.8 million residents, not including assisted-living facilities.

In 2002, the National Institute of Nursing Research designated health disparities of minority groups as a major national priority.

The NIH Office of Behavioral and Social Sciences also included “improving research on social and cultural influences on health” on its agenda for research.

NIH Acts to Help Resolve Emerging Problem

To help address this emerging problem, the National Institutes of Health awarded ASU College of Nursing & Healthcare Innovation Associate Professor Bronwynne Evans, PhD, RN, FNGNA, ANEF, a \$1.79 million award for a R01 grant titled “The Caregiving Trajectory for Community Dwelling Mexican-American Elders.” Co-investigators include: Drs. Michael Belyea, David Coon and Felipe Castro from ASU, and Neva Crogan from the University of Arizona.

Significance of Study

This study adds to the science in the area of informal caregiving for older Mexican-Americans by examining the caregiving trajectory as a basis for identifying ways to reduce caregiver burden and avoid nursing home admission. Admission to nursing homes is a family crisis that may be deferred with adequate intervention with the

Cultural broker Mary Holguin (left) talks with Maria Espinoza about living with her son's family in Tempe, Arizona.

increasing numbers of caregiving Mexican-American families. By 2030, one-quarter of the Hispanic population will be 80 or over, an age when the risk of disability, the key factor in nursing home admission, increases dramatically.

It also is significant because of the rapidly changing demographics of the Mexican-American population, increasing levels of disability in elders, and gradual acculturation that results in Mexican-American families who are less able or willing to continue informal care. Healthcare providers should prepare themselves to address the health issues of this group, the fastest growing population in the country, whose life expectancy will increase to 87 years by 2050, surpassing all other ethnic groups, according to the Alzheimer's Association.

Given this dramatic shift in demographics, two outcomes are possible. A burgeoning number of Hispanic families will be placed in a caregiving role with little preparation or a generation of elders will be admitted to nursing homes that are unprepared to provide cultural support.

"We are delighted that our interdisciplinary research team has been given the opportunity to explore the 'Momento Crucial' or 'crucial moments' in the informal caregiving trajectory of Mexican-American families," Dr. Evans commented. "Although little is known about these families, such crucial events shape the experience of caregiving and often determine whether or not a family can continue care or must place an older family member in a nursing home. Using life course perspective and its focus on transitions, turning points, and adaptive strategies, our team will identify these momentous events as a prelude to development of targeted interventions which can mitigate those events and support the family in their caregiving efforts. We look forward to working with community agencies that serve Hispanic clients, Spanish-speaking cultural brokers who will spearhead our data collection and Spanish-language media which can assist with encouraging the Mexican-American community to participate in the study."

La Familia and Caregiving Culture

Caregiving issues are paramount for Hispanic families because continuing informal care for parents is central to their culture. In addition, the caregiving trajectory of Hispanic families is complicated by factors such as immigration, acculturation, and specific cultural guidelines, such as those associated with *la familia* where the family is

the main source of social interaction, transcending socioeconomic status or gender. *La familia* affects caregiving, making the caregiving trajectory quite different than that of Anglo families.

Acculturated, younger caregivers are more likely to acknowledge possible benefits of formal services and access them through better language skills than older, less acculturated caregivers. However, the concept of *la familia* still persists even with increasing acculturation and socioeconomic status, so most Mexican-Americans remain strongly committed to informal caregiving. In fact, Hispanic caregivers are almost twice as likely to reduce work hours or quit work to provide care as Anglos.



Bronwynne Evans, PhD, RN, FNGNA, ANEF, is Principal Investigator for the grant.



Anna Espinoza, Christine Wheless, and Mary Holquin, members of the *Momento Crucial* team, review a list of research study participants.

Need for Additional Research

The study addresses a gap in the research as relatively little is known about caregiving in Mexican-American families. Most of what we do know is from the care recipient perspective, not the caregiver.

Although the specific stresses associated with caregiving in Mexican-American families remain to be documented, membership in an ethnic group predicts differences in caregiving strain, depression, lack of formal services, and diminished physical health. Such differences are thought to be critical elements in the decision to admit an elder to a nursing home, particularly for caregivers with closer ties to tradition, that is, those who are less acculturated.

David Coon, PhD, professor of psychology who recently transferred to the College of Nursing



Co-investigator Michael Belyea and PI Bronwynne Evans, discuss recruiting methods for an ASU \$1.8 million NIH RO1 grant to study the caregiver trajectory for Mexican-American elders.

& Healthcare Innovation, noted that the project uses the voices of today’s Mexican-American family caregivers to uncover key points for intervention by a variety of professionals and/or trained peers. “It is a pleasure to work in an interdisciplinary team dedicated to community-based research that will examine the strengths of Mexican-American family caregivers as well as the challenges they face,” Dr. Coon said. “And, in turn, that will effectively use that information to move caregiver intervention research forward to address gaps in service needs.”

Organizing Framework

This project is a longitudinal mixed-methods descriptive study designed to intensively explore the natural course of caregiving, caregiving burden and strain, caregiver gain, and admission to nursing homes among Mexican-American families. One hundred ten caregiver-care recipient cases will be enrolled and followed for 15 months at two sites.

Interviews and standardized questionnaires will be completed at baseline and every 10 weeks, with an additional measurement point if nursing home admission occurs. The project will compare and contrast transitions and turning points in the caregiving trajectory (taking into account acculturation, the nature of the caregiver-care recipient relationship, gender, functional and cognitive status, and depression); identify factors that support caregiving; and determine what factors are most important in delaying institutionalization. This in-depth, systematic research into the caregiving trajectory should prove useful in designing interventions that are timed to occur simultaneously with known crisis points and help keep

elders at home or to help families acknowledge when formal nursing home care should be sought.

Both sites have recently begun data collection. “A complex longitudinal study of this magnitude takes a lot of time and effort to set up. It’s a lot like starting a small business, along with additional oversight for human subject protection, research protocols, and data analysis and interpretation. But with all that work comes a real sense of excitement at the potential for generating evidence-based, culturally responsive interventions that will have broad impact in our border population,” said Dr. Evans.

Conclusions

“This study is significant because it supports a strong national commitment to include more minorities in clinical research, to reduce health disparities in rapidly-growing populations, and to develop cultural competence in healthcare delivery,” Associate Dean for Research Julie Fleury said. “This study will add to the science by intensive exploration of cultural and contextual influences on the caregiving role, family transitions, turning points, and adaptive strategies that influence the ability of Mexican-American families to continue informal, community caregiving for elders.”

Systematic research that examines the trajectory of caregiving, with its transitions and turning points, may prove useful in clinical practice to guide the design of evidence-based, customized, patient-centered interventions to keep elders at home longer, or to help families acknowledge when formal nursing home care should be sought. Most importantly, the research results can help improve the delivery of quality, culturally appropriate healthcare in the most effective way. ■



Anna Espinoza, cultural broker for the Momento Crucial study, talks with Diego Espinoza about caregiving for his mother Maria.

CONFLICT/ CULTURE



Research Finds Parent–Child Differences in Cultural Orientation and Supportive Parenting Linked to Adolescent Depressive Symptoms in Chinese-American Families

In the U.S., about 25 percent of today’s immigrants originate from Asia. Asian Americans are the second fastest growing minority group, with Chinese as the leading Asian group. According to U.S. Census data, Chinese immigrants totaled more than 1.5 million in 2006, the third largest immigrant group, which represented 4.1 percent of foreign-born populations in the United States.

Research findings suggest that Asian American youth report higher levels of depressive symptoms than their white counterparts. Asian American youth, however, are less likely to receive services for emotional problems because they are often perceived as model minorities who have no problems. Minimal current data on the incidence of depression among Chinese-American teens is available since studies that report statistics about depression usually aggregate all Asian groups, primarily due to sample size.

Immigrants, adults and children alike, are faced with external and internal pressures to assimilate to the host culture. However, even though immigrant parents and their children both experience the forces of assimilation, children often assimilate at a faster rate than their parents, an outcome called ‘dissonant acculturation.’ Differential modes and rates of acculturation can result in parent–child differences in cultural orientation (generational dissonance), defined as “the degree to which individuals are influenced by and actively engage in the traditions, norms, and practices of a specific culture.” Based on theories and empirical evidence, Chinese immigrant parents who are widely separated from their children in terms of cultural orientation may be more inclined to use unsupportive parenting practices because of the lack of shared understanding between parents and children, which in turn may increase depressive

symptoms in adolescents. This longitudinal study is build upon and will extend current knowledge in this area.

Case for a Person-centered Approach

Many past studies on generational dissonance have used a variable-centered approach in analysis of parent-child differences in cultural orientation. Although these studies have sometimes yielded interesting findings, the variable-centered approaches they used may not be optimal for capturing the multi-dimensional nature of cultural orientation and modeling of the potentially complex, non-linear relationships between generational dissonance and outcomes.

Commonly used variable-centered approaches in studies of generational dissonance involve use of difference scores and continuous variable interactions. As typically employed, these approaches focus on a single dimension of cultural orientation. However, it has been suggested that cultural orientation is best conceptualized as multi-dimensional.

Alternative, and even complimentary, to variable-centered analysis is a person-centered approach. Taking a holistic-interactive metatheoretical perspective, a person-centered approach has potential advantages for research on adolescence and families. A central aspect of a person-centered perspective is the emphasis placed on understanding the individual as a functioning whole, rather than on the individual characteristics or variables themselves. A thoughtfully employed, person/family-centered approach has the potential to provide a more nuanced understanding of cultural orientation and generational dissonance.

Present Study

This study was dually funded and a collaborative effort by researchers at three universities. The American Nurses Foundation funded Angela Chia-Chen Chen, assistant professor, College of Nursing & Healthcare Innovation, Arizona State University, Phoenix. Su Yeong Kim, PhD, assistant professor, Department of Human Ecology, Division of Human Development and Family Sciences, University of Texas, Austin was funded by the Jacobs Foundation. Drs. Chen and Kim served as the Principal Investigators for their research respectively. Scott Weaver, PhD, assistant professor, Department of Psychology, Georgia State University, has assisted with data analysis and manuscript writing.

This study investigated a model of the indirect relation of genera-

tional dissonance in Chinese American parent-child dyads on adolescent depressive symptoms through supportive parenting. Of the past research on generational dissonance, the few studies focusing on Chinese immigrant populations in North America have consistently found evidence for the influence of generational dissonance on parenting and adolescent adjustment. This consistency might stem from the ubiquity of parent-child differences in Western and Chinese orientations and the cultural distance between Western and Chinese parenting styles and expectations of child behavior.

Recent empirical research on North American Chinese immigrant families lends support for a linkage between parent-child cultural differences and parenting difficulties.

For example, one 2006 study found that less endorsement of Chinese values and Chinese language use by children was associated with greater intensity of conflicts with their parents when their fathers highly endorsed Chinese values and mothers reported high Chinese language use, respectively. Conversely, greater Chinese language use by children was positively related to conflict intensity when mothers were low in Chinese language use and children's endorsement of Chinese values was not related to conflict intensity when fathers indicated low endorsement of Chinese values.

“An important aim of this study was to add depth to the understanding of family processes in Chinese immigrant families through studying which configurations of generational consonance and dissonance correspond with more or less supportive parenting,” Dr. Chen said. “Based upon past research, we hypothesize that parent-child dyads with more dissimilar cultural orientations will be characterized

by less supportive parenting than generationally consonant dyads. Less supportive parenting (according to measures of warmth, inductive reasoning, and monitoring) is then expected to relate to concurrent and longitudinal increases in adolescent depressive symptoms.”

Method

Four hundred and fifty-one Chinese American families residing in Northern California participated in the study. Adolescents (53.8 percent female) had a mean age of 13.0 years at the first wave and 17.05 years at the second wave. Adolescent children were primarily (75 percent) U.S. born. Most parents (87 percent of fathers, 90 percent of mothers) were foreign born. Mean age at the time of immigration was 30.45 years for fathers and 28.30 years for mothers. Length of time



Angela Chia-Chen Chen

in the U.S. was an average of 17.46 years for the fathers and 15.74 years for the mothers. Most adolescents (85 percent) resided with both parents, with 10.7 percent living with only their mothers, 1.2 percent living with only their fathers, and the remaining adolescents living in other family structure configurations.

Procedure

In 2002, Wave I participants were recruited from seven middle schools in major metropolitan areas of Northern California. Each eligible family was sent a letter describing the study. After obtaining consent from the family, participants received a packet of questionnaires, which research staff collected two to three weeks later. Eighty percent of Wave I participants returned complete surveys at Wave 2 in 2006. We found that attriters were similar to completers on family income, parental education and other demographic factors.

Both English version and Chinese version questionnaires were provided to participants. In order to ensure comparability of the two versions, questionnaires were translated into Chinese and then back translated into English. The majority of adolescents used the English version, while over 70 percent of fathers and mothers completed the Chinese version questionnaires.

Measures: Cultural Orientation and Language

Parents and adolescents' orientation towards American and Chinese cultures was assessed by the Vancouver Index of Acculturation. The 20-item VIA comprises two scales, American and Chinese cultural orientation, each covering 10 identical domains, such as tradition and values. Parents and adolescents indicated their agreement with these items on a response scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Language proficiency in reading/writing and speaking/understanding both Chinese and English was assessed with four items (e.g., how well do you speak and understand Chinese). Parents and adolescents self-reported their perceived ability on a response scale ranging from 1 (not well) to 5 (extremely well).

Attitudes held towards the importance of family obligations were measured with a 12-item version of a scale developed by Fuligni and colleagues. Family obligations represent an important aspect of cultural orientation for Chinese families, particularly as they relate to the Confucian virtue of filial piety. Parents and their adoles-

cents indicated how important it is to them that the target adolescent is respectful towards the family, provides current support to the family, and will provide future support to the family.

Supportive Parenting

Supportive parenting was measured by three parenting dimensions: parental warmth, inductive reasoning, and monitoring. Adolescents indicated how often they perceived warmth and affection from their mother and/or father with an eight-item measure (e.g., act loving, affectionate, and caring towards you) adapted from the Iowa Youth and Families Project. Inductive reasoning (e.g., does your parent give you reasons for his/her decisions?) and monitoring during the day (e.g., does your parent know where you are and what you are doing?) were based on adolescents' reports on both parents.

Depressive Symptomatology

Symptoms of depression were measured with the Center for Epidemiological Studies Depression Scale (CES-D), which has seen extensive use with adolescents in different racial/ethnic groups. With 20 items, the CES-D comprises four subscales: depressed affect, somatic symptoms, lack of well being, and interpersonal difficulties. Adolescents indicated how often they had experienced each symptom during the past week on a scale ranging from 0 (rarely or none of the time) to 3 (most of the time).

Discussion

A primary aim of this study was to obtain a better understanding of whether supportive parenting mediates relations between parent-child differences in cultural orientation (generational dissonance) and depressive symptoms among 451 first and second generation Chinese American parents and adolescents. The study findings provide some support for the notion that generational dissonance is



related to unsupportive parenting and concurrent levels of depressive symptomatology. In general, having a parent with a bicultural profile seemed to be most advantageous if adolescents similarly had a bicultural profile. Importantly, it is not a bicultural mother or father per se that is most saliently linked with more supportive parenting, but rather it is the combination of a biculturally oriented parent with a biculturally oriented adolescent. This configuration might be optimal, because it involves the least distance between parent and child in both Chinese and American cultures while still facilitating a family environment in which potentially protective aspects of Chinese cultural values and traditions are held and valued equally by parent and child.

This finding is consistent with the research team's hypotheses and past research. When immigrant parents and their children have difficulty conversing in the same language, hold different cultural norms for behavior, and differ in the emphasis that they place on family obligations, the likely concomitant increases in parent-child conflict may affect parental display of warmth and support. Additionally, assimilated Chinese children may hold different, more American views of what constitutes supportive parenting from their more traditionally Chinese parents. However, it would be erroneous to interpret these findings as suggesting that it is the absolute degree of similarity/dissimilarity between parents and their adolescents' cultural orientation that is the most important cultural determinant of supportive parenting and adolescent depressive symptomatology.

Although not all instances of generational dissonance may lead to greater conflict and less supportive parenting, our results suggest that Chinese-American adolescents who feel less supported by their parents are more likely to exhibit more concurrent depressive symptoms.

Another interesting finding was that parent-child dyads characterized by the least supportive parenting and highest depressive symptoms involved parents who were minimally proficient in English and children who were minimally proficient in Chinese.

The study findings also suggest differences between fathers and mothers. For instance, father's supportive parenting was lower when adolescents were least oriented to Chinese culture (more American) if their fathers had a Chinese cultural affinity (bicultural or more Chinese). Mothers, in contrast, were perceived to be less supportive if they held a strong Chinese orientation regardless of adolescent's cultural orientation.

Conclusion

The findings of this study hold potential implications for culturally sensitive mental health services for Chinese-American immigrant families. Consistent with other studies, mental health providers need to focus on intergenerational relationships and assess for generational cultural dissonance and conflict when working with Chinese-American immigrant families. With greater specificity in understanding the relationship of mother-child and father-child cultural dissonance to parenting and depressive symptoms in this study, the results also highlight potentially different implications of generational cultural consonance and dissonance in the mother-child relationship versus the father-child relationship.

Although the sample size is substantial compared to similar studies in the past, the size for the dyad groups is not sufficient to test the model separately for adolescent boys and girls. As parenting style often varies for boys and girls in Chinese culture, this would be an important endeavor for future studies. ■

Table 1. Total and Chinese Foreign-Born Populations, 1960 to 2006

YEAR	FOREIGN BORN	CHINESE BORN (a)		
		Rank(b)	Share of All Foreign Born	Number
1960	9,738,091	21	1.0%	99,735
1970	9,619,302	14	1.8%	172,132
1980	14,079,906	10	2.6%	366,500
1990	19,797,316	6	3.4%	676,968
2000	31,107,889	3	3.8%	1,193,685
2006	37,547,315	3	4.1%	1,551,316

Source: <http://www.migrationinformation.org>

HRSA Grants Launch Two Innovative Educational Projects

The Health Resources and Services Administration (HRSA) has awarded two three-year grants totaling \$2.1 million, which enable the ASU College of Nursing & Healthcare Innovation to launch two innovative educational program initiatives.

HRSA, part of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to healthcare services for the uninsured, isolated or medically vulnerable. The agency also funds education projects to lessen the critical shortage of nurses and enhance nursing professional development.

“HRSA’s support of projects to improve nursing education and patient outcomes is the heart and soul of innovation in healthcare,” Dean Bernadette Melnyk said. “The agency’s financial support helps to develop the most effective educational programs which can be adopted by other colleges.”

Program First of its Kind

In the first grant award, the ASU nursing college received funding from HRSA for the “KySS Fellowship for NPs in Underserved U.S.: Improving Child & Teen Mental Health.” Dean Bernadette Melnyk is principal investigator/project director and Ann Guthery is co-project director.

The grant funds the development and implementation of a KySSSM (Keep Your Children/Yourself Safe and Secure) Fellowship online continuing education program aimed at preparing primary care pediatric and family nurse practitioners (PNPs and FNPs) to accurately screen, identify and deliver early evidence-based interventions for children and adolescents experiencing common mental health problems. The fellowship program, the first of its kind in the United States, is a collaborative effort between the ASU College of Nursing & Healthcare Innovation and the National Association of Pediatric Nurse Practitioners’ (NAPNAP) KySS Program, a national initiative which promotes the mental health of children and teens.

APN Mental Health Knowledge and Skills

The initiative will enhance advanced practice nurses’ (APNs), knowledge and skills to screen, accurately identify, and implement early evidence-based interventions with diverse children and teens who have common mental health problems. The continuing education offering provides an internet-based fellowship program that integrates APNs’ current experiences to provide opportunities to put



into practice knowledge gained from online educational modules. Faculty mentorship by experts in child and adolescent mental health is a key strength of the program, which also is designed for other healthcare professionals, including physicians, physician assistants and social workers.

Fifteen million, or one in four children and adolescents in the United States, have mental health problems that interfere with their functioning at home or at school. Only 20 to 25 percent of these children receive treatment, according to the American Psychological Association. Primary care providers, such as PNP, FNPs, and physicians, are in a unique position to identify and manage common behavioral and mental health problems among children and teens, as approximately 75 percent of children with mental health disorders are seen in primary care settings.

Significant health disparities exist in the receipt of mental health services, with a disproportionate number of Hispanic and African-American children affected. The situation is critical with only 7,000 child-teen psychiatrists in the U.S., or 7.5 per 100,000 population. The American Academy of Child and Adolescent Psychiatrists projects the shortage to increase to 33 percent by 2020.

CE Program Prepares APNs

The KySS Fellowship program consists of 20 internet-based modules designed to be completed at the participant’s own pace and will be complemented by clinical learning activities and post-tests. Upon satisfactory completion of the entire fellowship program, participants will receive a KySS Fellowship Certificate of Completion from the ASU College of Nursing & Healthcare Innovation and NAPNAP. The program launched on April 1 with a rolling application and admission process.

NAPNAP is the only national organization dedicated to improving the quality of healthcare for infants, children and adolescents and to advancing the PNP’s role in providing that care. NAPNAP serves almost 7,000 members nationwide.

Second Project Leverages Technology for EBP

The second HRSA grant awarded to the College of Nursing & Healthcare Innovation is entitled “Leveraging Educational Technology for Evidence-Based Practice” (LET-EBP). Its goal is to improve the quality and delivery of nursing education through expanding use of educational technology for pre-licensure students. Debra Hagler, PhD, RN, ACNS-BC, CNE, clinical professor, coordinator of Teaching Excellence, is principal investigator/project director and Beatrice Kastenbaum, RN, MSN, CNE, clinical associate professor, coordinator, Educational Simulation Program and Ruth Brooks, RN, MSN, CNE, clinical associate professor, director, Learning Resources Center, are co-project directors.

The Institute of Medicine Roundtable on Evidence-Based Medicine has set a goal for 90 percent of clinical decisions to be supported by the best available evidence by 2020.

This innovative approach expands use of educational technology to promote student learning through dedicated development of faculty expertise, creation of effective instructional design, mentorship for clinical preceptors, and collaboration with interdisciplinary partners.

Efforts to address the nursing shortage by increasing student enrollment have led to challenges in contracting enough appropriate clinical learning sites, impacting clinical practice opportunities.

The project goal is to employ educational technology simulation for focused learning in conjunction with planned clinical experiences and to expand clinical experiences for students while providing culturally responsive evidence-based clinical decision making.

Expanding Clinical Opportunities

As part of the Leveraging Educational Technology project, more than 1,000 ASU undergraduate pre-licensure students will practice evidence-based clinical decision making in the context of caring for patients from a variety of ethnic cultures. Nursing faculty from the college and from other regional programs will learn to apply best evidence to develop teaching plans that support technology-enhanced learning activities. Staff nurse preceptors in clinical agencies will support students in learning evidence-based clinical practice at the bedside. Multidisciplinary healthcare team members will explore the use of simulation and other educational technologies to support health education and patient safety initiatives.

Through support to these four groups of participants, LET-EBP expands and enhances the infrastructure and knowledge resources for effective nursing education.

Arizona is challenged by a more rapid population increase in rural and urban areas, a more rapid increase in ethnic diversity with accompanying health disparities, and a relatively more acute nursing workforce shortage than most areas of the United States.

Since the grant funding began in mid-2008, more than 500 students have benefited from the increased simulation time and/or enhanced resources. Six ASU faculty have been selected as Simulation/Educational Technology mentors and are working on innovative teaching projects with technology across the undergraduate curriculum. Two faculty from other colleges or universities that serve diverse student populations have received registration fee waivers to attend workshops on simulation and learn how to advance their own program’s simulation use.

Dr. Hagler said the project team is collaborating with several other educational institutions, the State Board of Nursing, and professionals from other areas on projects related to the grant.

“One of the most important aspects of the project so far has been the faculty development in technology use, which is promoting amazing creativity in teaching and learning here,” Dr. Hagler said. “Our faculty are designing ways to help nursing students achieve competence and maintain safety in caring for increasingly complicated patients who range from infants to elders.”

According to Kastenbaum, multi-patient simulations are proving important in helping seniors prepare for the challenges they will face after graduation, especially in view the increased difficulty of finding quality precepted clinical placements for these students.

“Although students always have ideas about ways to improve simulation, one comment from a student captured what we are trying to accomplish in this project,” she said. “The student said, ‘I realized the importance of patient prioritization and also the difficulty in prioritizing while dealing with multiple patients. I can honestly say that this simulation experience has been the most realistic and the one I have personally valued the most.’” ■



HRSA project team members Beatrice “Bunny” Kastenbaum, Ruth Brooks and Debra Hagler.

The Indian Health Service (IHS) has awarded a \$1.7 million, 5-year grant to the ASU College of Nursing & Healthcare Innovation to continue the American Indian Students United for Nursing (ASUN) Project. ASU was the only college of nursing to be awarded a grant for a baccalaureate program in a highly competitive application process.

ASUN's purpose is to support students as well as 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 program dedicated to Native American nursing students. Scholarships, which include tuition and living expenses, are available at the baccalaureate level. Post-graduate service is required for all recipients with the Indian Health Service, increasing the number of nurses providing care to Indian peoples.

Arizona is an ideal location for ASUN since the state is home to over 300,000 Native Americans representing 22 tribes, one of the country's largest Native populations. ASU has about 1,400 Native American enrolled students.

"ASUN has positively impacted many lives as evidenced by the 47 Native American nursing students who have graduated since the program began in 1990," said Bev Warne, BSN, MS, director of the ASUN project, and a member of the Oglala Lakota Tribe in South Dakota. "ASUN graduates have provided a combined total of more than 100 years of nursing care to Indian peoples."



"We were happy to hear of the award," said Dr. Peterson Zah, former president of the Navajo Nation, and Advisor to ASU President Michael Crow on American Indian Affairs. "ASUN provides much needed educational support and encouragement for underrepresented Native American students in a highly competitive

Stephen Livingston, ASUN Student Success Coordinator



Indian Health Service Awards \$1.7 Million Grant for American Indian Student Program

field. Simply put, we need more nurses working in Indian Country. The grant will allow ASUN and College of Nursing to successfully train highly qualified, much needed, individuals to provide effective healthcare for our Native people."

Stephen Livingston, BES, is Student Success Coordinator of ASUN and an enrolled member of the Red Lake Band of the Chippewa Tribe in Minnesota. He assists Warne and is responsible for recruiting, advising and mentoring ASUN students.

Despite the many positive changes in nursing education, the Indian Health Service projects the shortage of Native American nurses in the United States to increase dramatically from its current 19 percent in part due to the median age of 47 of RN's in the nation. Carol Dahozy, IHS nurse consultant for the Phoenix area, said, "We have much more work to do to provide culturally sensitive, effective healthcare for Indian peoples."

The Arizona Board of Nursing (ABON) lists 559 RNs as identifying themselves as Native Americans of the 65,582 active Arizona registered nurses. The total is unofficial since more than 6 percent of active RN's in Arizona did not declare their ethnicity to ABON.

Warne said the IHS funding is essential for ASUN to continue its efforts to increase the number of American Indians studying nursing at ASU and the number of nurses providing quality care to American Indians.

The College of Nursing & Healthcare Innovation at ASU is one of the most diverse and innovative colleges of nursing in the United States. For the 2007-2008 academic year, nearly 30 percent of its enrolled students were from minority populations. The college ranks in the top eight (8) percent of 396 graduate nursing programs in the nation, according to the 2008 *U.S. News & World Report College Rankings*.



Bev Warne Receives Lifetime Achievement Award

Warne also serves in a community volunteer capacity with a number of organizations, including as a long-time board member with Native American Connections. She received a Diploma in Nursing from St. John's School of Nursing in Rapid City, S.D., and a Bachelor of Science and a Master of Science in Nursing from Arizona State University.

As director of the ASUN project, Warne's mission is to increase the number of American-Indian

nurses who provide healthcare for American-Indian peoples throughout the country. The project has been funded since 1990 by a grant from the Indian Health Service (IHS), which offers scholarships for American-Indian students who are admitted into the Upper Division Nursing Program. Warne, a member of the Lakota Tribe, has been director of the ASUN project since 2002 and was instrumental recently in obtaining renewal of the \$1.7 million IHS grant for five years.

As ASUN director, Warne is responsible for the overall programmatic and financial management of the project, for its day-to-day operation, and for the evaluation components. ASUN provides student retention activities with academic support and cultural/social events. The ASUN project works collaboratively with ASU and community resources such as the American-Indian Student Support Services and the Phoenix area Native American Nurses Association.

"My family's support and encouragement have enabled me to continue my work with the American Indian community," Warne said. She has been married to Jim Warne, Sr. for 45 years and they have two sons, all ASU alums. Her sons Jim Warne, Jr. (PhD candidate) and Don Warne, MD, MPH, are both committed to American Indian health issues. Jim Jr. is the director of the Center for American Indian Rehabilitation at San Diego State University and president of Warrior Society Development, LLC. Don is the director of the Aberdeen Area Tribal Chairman's Health Board and CEO of the American Indian Health Management and Policy, an American Indian-owned consulting company.

Warne has previously been recognized for her work through the Arizona Public Health Association's Award for Excellence in Nursing (1990); the ASU Native American Alumni Association Award for Outstanding Leadership and Community Service (1999); the Native American Nurses Association's Nursing Hall of Fame Award (2005); and the Global Nursing Foundation's Mentorship Award (2006).

After 47 years as a nurse and educator, Warne plans to retire at the end of June this year.

"I cannot thank and recognize Bev Warne enough for all she has done to ensure the success of our ASUN program and our Native American students," Bernadette Melnyk, dean of the College of Nursing & Health Innovation said. "Bev will always be a member of our college family." ■

Beverly Warne, RN, MSN, project director of the American Indian Students United for Nursing (ASUN) at the Arizona State University College of Nursing & Healthcare Innovation, has received the Kenneth C. Ware Lifetime Achievement Award from the Phoenix Indian Center. The center, the oldest and first Native American non-profit organization in the nation, presents the award to outstanding members of the Native American community.

Warne has long been an advocate and communicator of traditional American-Indian values and beliefs. She taught Nursing and American-Indian Culture courses for 17 years at Mesa Community College (MCC) bringing richness to the program because of her traditional background and lifestyle. At MCC, she served as the American-Indian Nursing Club advisor, the Cultural Division Committee Chairperson, and as a facilitator for the Maricopa Community College District cultural orientation program. She joined ASU in 2002.

Roundtable article continued from page 5

Dean Jacobs, Georgetown University: Of course, but it depends on how much you rely on endowment to fund operations, and I guess the good news for Georgetown is that nobody invested conservatively, so the endowment is down about 22 percent like most people's. Harvard or Dartmouth I believe use about 30 percent endowment revenue to cover operating costs, and that's a huge impact. I have used only about 10 percent of endowment to cover operating costs. That is significant, but I like to keep a balance of revenue that goes both to current use and to endowment; and because we were in a growing mode, that balance has always been careful.

ASU Nursing Magazine:

Dean Dunbar-Jacob, what's happening in Pennsylvania right now, and how is it impacting the school there at Pitt?

Jacqueline Dunbar-Jacob, Dean, School of Nursing, University of Pittsburgh: Well, Pennsylvania is also one of the hard-hit states. With the economic crisis, the projections are that when we come to the end of the fiscal year, the state is going to be somewhere around \$1.9 billion in deficit. The University of Pittsburgh is what's called a "state-related" school, which means that we are partially dependent upon state funds and partially dependent on ourselves to raise funds. Now, the reality is that the percent of the university budget that comes through the state is not particularly high, although it's significant. Last fall, maybe November or so, the governor actually called back money from places where money had been distributed, and now this month has called back more. So on the one hand, we're taking cuts this year out of a budget that we thought we had for this year, and the extent of those budget cuts is roughly 5 percent of the annual budget. A major portion of the first cuts were taken out of central administration and the university. The rest of the cuts that are coming total about 5 percent of this year's budget.

What we are doing to accommodate the immediate cuts is not filling vacant positions. Since we did not have time to plan for this strategically, that is the most reasonable thing for us to do this year. Now we have been asked to prepare budgets for next year, and for fiscal year 2010, have been asked to prepare two budgets; one is for a 5 percent budget cut and one for a 10 percent budget cut. And, we will learn at some point which of those budgets will be (put in place). For us, it means from a little over a half a million dollars up to a little over a million dollars in cuts, and we're having conversations now to determine how best to distribute those. We have two or three open positions we haven't filled and we will most likely eliminate those

positions for next year. We are trying to make some decisions about discontinuing some of the smaller programs. We've been advised to keep our enrollment where it is and to increase it if possible. We do have areas where we have potential to increase enrollment, but we're not sure what the market of potential students is going to look like next year, given everyone else's personal budgets. We have seen a bit of a drop in undergraduate applications—the pool is maybe 5-10 percent lower than it was last year.

Dean Melnyk, ASU: How many are you admitting, Jackie, to your traditional baccalaureate program?

Dean Dunbar-Jacob, University of Pittsburgh: The cap the university has set for freshman admissions is 110. And we're getting close to 1,000 applicants a year. Our sophomore class this year is around 140.

Dean Melnyk, ASU: Are you seeing any drops in graduate, DNP and PhD programs because of the economic climate? We admitted another post-masters to DNP class of 40 this January, and we had 10 drop, mostly because of the economic climate --husbands potentially losing jobs and so on. Are you seeing that in your states?

Dean Dunbar-Jacob, University of Pittsburgh: We have not seen students drop out of programs that have enrolled, but we've not seen growth. We've seen a bit of a redistribution of graduate students between the DNP and PhD, so that our PhD program is down by maybe 20 percent, but is compensated for by enrollment in the DNP program, so we're not seeing an overall change and we're not seeing people leave once they come in.

Dean Jacobs, Georgetown University: At Georgetown, we are moving very cautiously before we start a DNP program. Our second degree program is very strong. For basic nursing preparation, I believe that is going to stay vibrant for a good while. And, as long as we have programs that fit the investment of the healthcare systems, I think that's going to stay pretty good.

Dean Keefe, University of Utah: I think when you look across the board at the University of Utah you do see a slight increase in applicants, which I think is a pretty traditional trend. In other words, in tighter economic times, you actually see enrollment and applications to colleges and universities go up nationally. So, we have seen a little increase. We had flat enrollment prior to the economic downturn and now it's bumped up a bit. I would say our graduate enrollment is particularly strong and some of what's helped that is the specialty focus PhD. With the Hartford Center, we did a gerontology cohort in the PhD in addition to the more generic one. We also have both the post-masters and post-baccalaureate DNP, and those cohorts are strong. The place where I struggle is the RN to BSN. I think you see the marketplace and the economy affecting those students, where

they decide they can't afford to go back to school, or they drop out because they're working fulltime and going back to school. So, there are selected areas like the RN to BSN where we do see that enrollment affected negatively.

We are doubling the size of our program this year, interestingly enough – the RN to BS. It's partly because of the economic situation is weak in some other areas, and there are more people looking to make a career transition into something a little more stable.

Dean Melnyk, ASU: We've had an increase in RN to BSN numbers as well, and have very strong applicant numbers in our graduate, DNP and PhD programs right now. However, the hospitals are considering dropping some of their tuition assistance for their employees, which will probably impact enrollment here. They haven't yet done that yet, but they are definitely considering it. For the first time in years, some of our new baccalaureate graduates are struggling to get positions quickly because more seasoned RN's are coming back into the workforce due to the economic situations of their spouses and their families.

ASU Nursing Magazine:

What about the other states, are your hospitals slowing down in terms of either hiring or laying off nurses?

Dean Cronenwett, University of North Carolina: We aren't (seeing layoffs) at UNC and Duke medical centers. I just had lunch with both CNOs and they are still desperately wanting nurses and wondering how they're going to fill the positions. Between the two, they plan to open over 250 beds next year. Maybe the environment will change and suddenly North Carolina will be able to recruit from other places that are laying them off. However right now, they're mostly concerned about their expansions and how they're going to fill the positions.

Dean Dunbar-Jacob, University of Pittsburgh: In Pennsylvania, we actually have both situations going on. We have some hospitals that are recruiting desperately for the lower-level and entry positions, and the same hospitals and other hospitals are laying off at other levels.

Dean Keefe, University of Utah: In Utah, we're starting to see the next model of new hospital expansions, and new medical center complexes worried about how to staff those units. Although part of it is a lag or a delay, I would almost say it's a distribution model. It's important for us to get our hands around what is happening. Is it the end of the nursing shortage or do we just have pockets where we

need to redistribute the workforce? We see some of those pockets in our state.

ASU Nursing Magazine:

What good do you see coming out of these hard economic times for our nursing programs and the nursing profession?

Dean Cronenwett, University of North Carolina: The message to our tenured and tenure-track faculty that your job is to bring in external funding to support your salary in these difficult economic times has been easier to give, and we've had more grants going in the past two years than we've had in a while. I think it's a little bit clearer how important their role is so maybe that will have a good long-term outcome. Of course, that only counts if we have a success rate that's good, but perhaps all our chances will improve with the stimulus package.

Dean Keefe, University of Utah: I would say two things. It has really helped refocus our core missions and educational programs and look at cost efficiency where we may have drifted without strategic thought in the core mission, as well as research and practice. So, it's an important time to analyze cost and efficiency. The second thing I think it's done is help us look at our partnerships. The VA Nursing Academy has been a critical partnership as well as the University Hospital and how they can help us with funding clinical faculty positions. Those partnerships are becoming more and more important and will continue to be in the future.

Dean Melnyk, ASU: I couldn't agree with you more on that, Maureen. Our partnerships have been very critical during this time. We have begun dedicated education unit models as well, and some hospitals have provided funds for full FTE's for me in certain areas. So, partnerships are really critical. I think what's been really helpful about this whole situation is that I've brought in faculty to help them understand and plan budgets at the program level, and people weren't really attuned to the costs of the programs before. That's going to strengthen faculty altogether in terms of their role.

ASU Nursing Magazine:

Thank you, everyone. Best wishes as you go forward with your initiatives.

ASU and Idea Crossing to Host Healthcare Innovation Challenge

The ASU College of Nursing & Healthcare Innovation's Center for Healthcare Innovation & Clinical Trials (<http://nursing.asu.edu/research/chict/index.htm>) will host the first national Healthcare Innovation Challenge® next year in partnership with Idea Crossing, Inc., a Los Angeles-based firm that helps organizations design and administer online competitions.

The Healthcare Innovation Challenge® will be the first healthcare related innovation competition of its kind. Innovation, entrepreneurship, and collaboration will come together in a forum designed to transform the quality, efficiency, safety and effectiveness of healthcare, according to Linda Mottle, director of the ASU center.

“The purposes of the challenge are to foster inter-industry student collaboration, attract tomorrow’s leaders, and help solve real-world healthcare challenges from the ground up,” Mottle said. “We are excited to bring this type of competition into the healthcare arena with the ultimate goal of stimulating innovation and entrepreneurship in the field.”

The competition is designed to bring together the most innovative student teams from across disciplines to solve real-world healthcare challenges. The online challenge will be conducted January 1 to May 1, 2010, and features competition among university transdisciplinary student teams. Students will compete in several categories identified as top priority areas in the healthcare system, such as:

- Information technology adoption into the healthcare process,
- Healthcare finance, and
- Developing mechanisms utilizing Internet Social Networks/Health 2.0 platforms to advance healthcare.

The competition is open to teams of 3-5 graduate and undergraduate students. Teams will be able to register online and receive periodic updates, competition instructions, guidelines, and reference

materials. After release of the specific challenge questions framed by major sponsors, teams will submit a three-page concept paper to be evaluated online by independent expert judges representing healthcare, academic, and business entities. The top teams selected by the judges will present their proposals in Phoenix in May 2010. A prize will be given to the top team. Sponsors may work with teams to advance their research and development ideas.

Healthcare-related companies may choose from various sponsorship levels designed to highlight their company and become actively involved in healthcare innovation. Sponsors will gain fresh solutions to healthcare problems, build company awareness, and have an opportunity to recruit top talent in the field.



Healthcare educators can take advantage of the challenge to infuse healthcare innovation into an exciting learning opportunity for students. Institutions of higher learning with healthcare-related programs may sponsor competing teams if they choose. Competing teams’ concept plans will be distributed for public use under a Creative Commons license.

Idea Crossing helps organizations capture the world’s imagination and use it to solve strategic challenges. Idea Crossing designs and produces idea contests or innovation competitions using its customizable software platform called Challenge Accelerator®.

“The Healthcare Innovation Challenge differs from our previous partner challenges,” Idea Crossings CEO Anil Rathi noted. “First, it is cross-disciplinary and seeks participation from many professions. The second difference of this initiative is that strategic solutions generated by the student teams will generally be open to any innovator as publicly available intellectual property, rather than the sole intellectual property of sponsors.”

Established in June 2007, the ASU Center for Healthcare Innovation & Clinical Trials fosters excellence in collaboration, outreach, research, and educational (CORE) activities to support and promote clinical research that advances healthcare through innovative products, processes and educational programs. The center also offers quality educational programs that support the clinical and translational research industry, including a Graduate Certificate and MS degree in Clinical Research Management.

The center also operates as a Clinical Research Organization and assists researchers and sponsors in bringing healthcare products to market through clinical trials and product development partnerships. ■

Above: Coordinator Fran Rees (left) suggests an idea regarding the Healthcare Innovation Challenge® to Susan Goldsworthy, clinical research coordinator, and Linda Mottle (standing), director of the Center for Healthcare Innovation & Clinical Trials.



Anil Rathi, CEO,
Idea Crossing

Building a Foundation for World Health Promotion and Disease Prevention

The world of healthcare is challenging with its vast differences in delivery systems, professional education requirements, views of health and illness, culturally responsive care, and quality outcomes. Across the 195 countries in the world, healthcare is the one discipline that defies globalism. The magnitude of the challenge to help promote and improve physical and mental health outcomes worldwide can be daunting to an educational institution even as large as the ASU College of Nursing & Healthcare Innovation.

For the past three years, the ASU nursing college has risen to that challenge and made substantial progress. First, the Office of World Health Promotion and Disease Prevention (WHP&DP) was established as the conduit for its initiatives with Carol Baldwin, PhD, RN, AHN-BC, as director. The initial strategy focused on building collaborations through ASU's strategic partners in Sichuan, China; Dublin, Ireland; Monterrey, México and, more recently, Australia and Singapore. The focus then turned to implementing partnerships with schools of nursing and educational associations worldwide. To date, the college has established connections and collaborations in 16 nations in East and Southeast Asia, Western Europe, Latin America and the Middle East.

According to Dean Bernadette Melnyk, PhD, RN, CPNP/NPP, no organization has the resources to succeed in implementing a global healthcare initiative on its own. "In our case, we have focused on collaborative partnerships that benefit our partners, their nations' diverse and culturally sensitive healthcare needs, as well as our own college, state and nation," Dean Melnyk said. "It is a strategy that builds on itself with one partnership often connecting into other relationship opportunities."

PAHO Provides Foundation

The foundation for this global initiative began with a technical agreement between the college and the Pan American Health Organization (PAHO) in early 2006. This agreement has provided linkages to nursing programs throughout Latin America. The agreement fosters education in the principles of evidence-based

practice (EBP) and enables ASU participation in PAHO-endorsed conferences. These conferences offer the opportunity to develop long-term exchange and research relationships with major PAHO-required EBP pre-colloquia and research presentations.

An ASU College of Nursing & Healthcare Innovation contingent attended the XI Pan American Nursing Research Colloquium in Quito, Ecuador last November, the third consecutive year in which ASU participated in the PAHO event.

Dean Melnyk, Ellen Fineout-Overholt, director of the Center for the Advancement of EBP at ASU, WHP&DP Director Baldwin, and faculty associate Manuela Vital presented a half-day EBP pre-conference workshop in Quito attended by more than 70 health providers from across Latin America. The following two days, individual EBP Summit meetings were held with nurses from Argentina, Chile and Colombia.

Dean Melnyk and WHP&DP Director Baldwin also met with Dr. Jean Yan, Chief Scientist, Department of Human Resources for Health Systems and Services at the World Health Organization to discuss future involvement. Adjunct faculty member Alyce Schultz, PhD, RN, also met with nursing faculty from Brazil, Chile, Colombia, Mexico and Portugal interested in Magnet Status for their hospitals.

In Step with ASU Global Initiatives

The University has been a valuable resource for building worldwide nursing partnerships. In early 2006, ASU President Michael Crow and Dublin City University (DCU) President Ferdinand von Prondzynski signed a letter of agreement to form

Left: ASU world health initiatives have developed opportunities for collaborative research. In this photo, Stuart F. Quan, MD, University of Arizona Professor Emeritus of Medicine and an internationally recognized sleep researcher, Carol Baldwin of ASU, and Sergio Márquez-Gamiño of the University of Guanajuato in Mexico discuss sleep apnea research.



Carol Baldwin, ASU director, World Health Promotion and Disease Prevention



collaborative initiatives. Nursing was the first among ASU colleges to work with its DCU counterpart. The deans from the two colleges of nursing met at ASU and committed to advancing EBP and research initiatives.

According to Dr. Baldwin, the exchange program with Dublin City University School of Nursing (DUSN) has been mutually beneficial and continues to be very active. Several faculty members from Dublin have attended Research Intensive Workshops and EBP Mentor Programs offered at ASU. EBP workshops and research presentations have been held at DUSN and its affiliated hospitals. In June 2007, the nursing colleges established research collaborations and made ASU nursing educational programs more accessible to Dublin nursing faculty and students. In late 2008, ASU nursing leadership and several faculty met in Phoenix with Anthony Staines, MD, director of educational programs at the DCU School of Nursing, to assist in the plan to restructure the DUSN curriculum.

University of Guanajuato – ASU Partnership Formed

In late 2008, ASU and the University of Guanajuato, México agreed to expand global exchanges through an agreement that is advancing culturally responsive healthcare in the two countries. The institutional agreement not only covers health promotion initiatives, but calls for the development of academic exchanges, joint research and conference activities across university disciplines.

At the signing, ASU President Michael Crow said, “In addition to enhancing cross-cultural understanding, our agreement with the University of Guanajuato supports our mission of global engagement through potential collaboration in health promotion, human services, engineering, biosciences, liberal arts, law and all of the other outstanding academic, research and service programs our respective universities have to offer.”

Steps leading up to the universities’ institutional agreement serve as a good example of the process necessary to build relationships for promoting world health activities. WHP&DP Director Baldwin, the first and only nurse recruited as an ASU Southwest Borderlands Scholar with the college, met with Dr. Sergio Arias-Negrete, director of International Academic Relations and Dr. Sergio Márquez-Gamiño, professor at the Institute for Human Research León campus, in 2007 at the University of Guanajuato. These meetings resulted in on-going research collaborations, EBP and other trans-disciplinary educational activities. Collaborative studies have since been presented at conferences in the United States and Asia, as well as Mexico. These ongoing collaborations helped lead to the signed agreement. The University of Guanajuato has its main campus in Guanajuato City with additional campuses in Leon, Celaya and Irapuato with a school of nursing on each campus.



Da Hsuan Feng (back row, middle), senior vice president, National Cheng Kung University of Taiwan met with administrators, faculty and staff while visiting ASU. Representatives meeting with Dr. Feng to discuss potential strategic initiatives included (back row from left) Associate Director Kim Arcoleo, Center for Healthcare Innovation & Clinical Trials, Dr. Feng, Interim Associate Dean for Academic Affairs David Hrabec; (front row from left) Policy Research Specialist Mengying Li, ASU Office of Global Engagement, Assistant Professor Angela Chia-Chen Chen, and Agency Contracts Specialist Elizabeth Fernandez.

According to Dr. Baldwin, the agreement between the universities has strengthened the relationship between the ASU nursing college and the nursing program in Leon. Two senior faculty members from Guanajuato have completed the EBP Mentor Program at ASU. Luxana Reynaga Ornelas, MS, RN, a faculty member with the nursing school in Leon, is the first student from Latin America to enroll in the ASU PhD in Nursing & Healthcare Innovation Program. Professors Reynaga Ornelas and Anita Caudillo Cisneros, MS, RN, PhD(c), have been inducted into the Beta Upsilon Chapter of Sigma Theta Tau International at ASU. Professor Caudillo Cisneros was named director of the School of Nursing and Obstetrics at the Leon campus earlier this year – a position in Mexico equivalent to dean in the U.S.

Newest Partnerships in Brazil, Colombia and Ecuador

The ASU nursing college’s involvement with PAHO continues to pay dividends. The colloquium in Ecuador led to the establishment of its most recent partnerships. During the conference, ASU Dean Melnyk and Monica Lana, director of the School of Nursing at the University of the Americas in Quito, agreed to establish EBP and research collaborations.

Other opportunities for extending collaborations occurred during the 2009 International EBP conference held last month in the Phoenix area. Dean Isilia Aparecida Silva, PhD, RN of the University of Sao Paulo School of Nursing in Brazil and Olga Janneth Gomez, MS, RN, nursing faculty with the National University of Colombia in Bogota were chosen as invited scholars

to attend the conference. During Dean Silva's week-long visit, she was appointed adjunct faculty with the college. Dean Silva and Dean Melnyk signed a letter of agreement which establishes collaborative research and educational activities that will ultimately lead to a comprehensive agreement between the universities. Plans have already been made for sleep research and EBP workshops between the two schools.

Dean Silva, a certified midwife, also met with Joan Dodgson, PhD, MPH, RN, associate professor, who has become an active member of the WHP&DP initiatives after joining ASU from the University of Hawaii early this year. The two nursing leaders share a common research interest and plan to discuss research collaborations on breastfeeding and infant nutrition with other nurse researchers from the Sao Paulo University School of Nursing later this year.

Immersion is an important factor in developing strong healthcare relationships worldwide. For example, Professor Olga Gomez is the first month-long visiting scholar with the nursing college. In commenting on her time at ASU, Professor Gomez said, "My immersion with the nursing college has been a wonderful opportunity. I plan to adapt all my learning about EBP, curriculum and program evaluation, research and other collaborative activities into our school's educational offerings, clinical activities, informational web-site, and with our research care group."

First Nursing Partnership in Asia Formed

Dr. Baldwin has been innovative in finding other resources to build a sound base for WHP&DP initiatives. For example, she worked closely with Assistant Professor Angela Chia-Chen Chen, PhD, RN, PMHNP-BC, a fellow faculty member originally from Taiwan. Dr. Chen received her BSN in her native country and kept in contact with the director of the department of nursing at the National Cheng Kung University (NCKU) in Tainan, in southern Taiwan. Dr. Chen informed her former dean of ASU nursing's interest in working with colleges outside the U.S.

Separate circumstances brought Da Hsuan Feng, PhD, senior executive vice president of NCKU, for a visit to ASU in April 2008 under the auspices of the ASU Office of Global Engagement (OGE). Drs. Chen and Baldwin took this opportunity to provide Vice President Feng with information about the nursing college, its world health initiatives, and the desire to establish a school-to-school collaboration.

This interchange led to action. Within a month, Dean Melnyk and Director Mei-Chih Huang of the NCKU Department of Nursing



ASU Dean Bernadette Melnyk (left) welcomed Dean Isilia Aparecida Silva of the Sao Paulo School of Nursing in Brazil and Olga Janneth Gomez (right), nursing faculty with the National University of Colombia in Bogota as invited scholars for the 10th Annual EBP Conference in Phoenix.

signed a letter of intent for faculty educational, research and EBP collaborations between the nursing programs. An additional benefit of the ASU – NCKU relationship is matching funding to an NCKU nurse researcher who has similar interests and wishes to collaborate with an ASU nurse researcher who is funded. The NCKU investigator would request funding from their government to undertake the study among participants in Taiwan.

Future Opportunities in Asia

ASU's strategic agreement with Sichuan University in China recently provided an opportunity to begin building a relationship with the partners' respective nursing programs. Dean Melnyk and Drs. Baldwin and Fineout-Overholt held a conference call in late 2008 with Jiang Xiolian, PhD, RN, Director of Research and International Programs for the Sichuan University School of Nursing to address EBP mentoring and systematic review exchanges, earthquake disaster nursing preparation

included in the International Health for Health Professionals graduate certificate offered by ASU, and sleep research collaborations. In early 2009, ASU OGE hosted a visit of 25 educators from Sichuan who visited the nursing college for the first time since establishing a partnership with ASU three years ago.

Dr. Dodgson provides another example of building connections through connections. She brought her collaborative ties with the School of Nursing in Hong Kong when she joined the ASU. Dr. Dodgson plans to meet with the director of the department of nursing in Hong Kong this June and will present a collaborative letter for signing. The faculty also will receive information about the extensive and growing array of educational and collaborative activities that are contributing to health promotion and disease prevention worldwide.

The WHP&DP is working through the nursing college's Center for Healthcare Innovation & Clinical Trials on an agreement with Pusan National University in South Korea as well. Clinical Associate Professor Linda Mottle, MSM-HAS, RN, CCRP has taught clinical research workshops for five years in South Korea to healthcare professionals from 22 universities and trial centers. She also serves on the advisory board for Inje University and the Clinical Trials Committee at Pusan.

In Summary

Measurable progress has been made in building ASU nursing's base of global partnerships during the past three years and more agreements that will expand opportunities for collaborative health promotion and disease prevention opportunities are in progress. A broad and strong base has been built through the efforts of the College of Nursing & Healthcare Innovation and ASU.

ASU Nursing Building Blend of Dynamic Special Programs

Bringing Latest Evidence to Clinical Practice

Nearly 250 healthcare professionals from across the nation and world gathered for the 10th Annual Evidence-Based Practice Conference in Phoenix in mid-February. The Center for the Advancement of EBP (CAEP) at the College of Nursing & Healthcare Innovation at Arizona State University hosted the conference.

“Despite challenging economic times, nurses and other healthcare providers demonstrated that they are committed to quality patient care to learn the latest in what is working in practice settings to achieve the best outcomes,” said CAEP Director Ellen Fineout-Overholt. “In order for healthcare to be transformed, clinicians across the nation must adopt the EBP paradigm. This transition is even more essential with the reduction of resources experienced in recent months.”

Ned Calogne, MD, MPH, chair of the U.S. Preventive Services Task Force, presented the keynote address “From Research to Practice in Health Care and Public Health.” The U.S. Preventive Services Task Force is the leading independent panel of experts in prevention and primary care.

Kathy Malloch, PhD, MBA, RN, FAAN, clinical professor and faculty in the Master of Healthcare Innovation Program at the ASU nursing college delivered the plenary keynote “The Role of Technological Innovation in Quality Healthcare.”

David Ferrin, principal partner, FDI-Simulations, Inc., gave the endnote presentation “The Proof is in the Pudding: Simulation as an Evidence-based Design Approach to Improve Healthcare Outcomes.”

1st Invitational Geriatric Conference Attracts Full House

The ASU College of Nursing & Healthcare Innovation attracted a full house to its inaugural Invitational Geriatric Conference titled Healthy Outcomes in Aging in Phoenix last fall. More than 100 geriatric clinical nurses, nursing educators, and other healthcare professionals attended the program.

According to Colleen Keller, ASU Professor of Nursing and ASU Foundation Professor in Women’s Health, the conference achieved its goal of stimulating discussion in the interdisciplinary aspects of promoting healthy aging in the Southwest.

Karen Marek, a noted national expert on healthcare for older adults and professor and director of the Self-Management Science Center at the College of Nursing at the University of Wisconsin – Milwaukee, gave the keynote “Enhancing Self-Management in Chronically Older Adults.”

Other speakers included: Sandra Jacobson, MD, geriatric neuropsychiatrist, Center for Healthy Aging, Sun Health Research Institute; Cheryl Der Ananian, PhD, assistant professor, ASU Department of Exercise and Wellness; Carol Johnson, PhD, professor ASU Department of Nutrition; and David Coon, PhD, professor,

ASU College of Interdisciplinary Arts & Sciences. Dr. Coon has since joined the College of Nursing & Healthcare Innovation faculty.

The conference was sponsored by the U.S. Health Resources and Services Administration, the John A. Hartford Foundation Center of Geriatric Nursing Excellence, the ASU nursing college’s Center for Improving Health Outcomes in Aging, and Sun Health.

First National Evidence-Based Child-Teen Mental Health Institute for Primary Care Providers Held

The ASU College of Nursing & Healthcare Innovation hosted the first National Institute for Primary Care Providers (PCPs) on mental health issues in children and adolescents last fall. The purpose of the program was to answer calls from the U.S. Government health agencies and leading professional healthcare associations to expand the mental health knowledge and skills of primary care providers to meet a critical child and teen mental health need in the nation. The institute was made possible through a grant funded by the Health Resources and Services Administration (HRSA).

Several nationally recognized child-teen mental health experts spoke at the Institute. Peter S. Jensen, MD, presented “REACHing Depressed Youth: Applying GLAD-PC in Your Practice.” Dr. Jensen is president and CEO, The REACH Institute, Resource for Advancing Children’s Health, New York. David L. Kaye, MD., discussed “Hansel and Gretel and the Primary Care Provider: Recognizing and Addressing Trauma in Children.” Dr. Kaye is director of training, Division of Child and Adolescent Psychiatry, Millard Fillmore Hospital and professor of clinical psychiatry, State University of New York (SUNY) at Buffalo School of Medicine. ASU Dean Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP opened the Institute with a presentation titled “Nuts and Bolts of Mental Health Screening in Primary Care Settings.”

Child Psychopharmacology Workshop Precedes Institute

Jean Frazier, MD, conducted a half-day workshop preceding the Institute 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. Nancy Noyes, RN, MS, CS, CPNP, co-presented the psychopharmacology workshop with Dr. Frazier. Noyes is clinical director of the Child & Adolescent Neuro-Psychiatric Research Program, located in Medford, Mass.

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

The second annual Institute will be held in October 2010 in Phoenix, Ariz. ■

An Alumni Reflection —

Pamela Eckerman Harris PhD, MPH, BSN, '79

I remember the conversation I had with my mother – a diploma prepared RN, about wanting to change my college major from physics to nursing. I told her I wanted to go to ASU's nursing school but I didn't want to use the degree for "traditional nursing." Now, 30-plus years later I almost laugh at that term. What does traditional nursing even mean? My mother was a "traditional nurse." In the course of her 40-year career she used her nursing skills in a doctor's office, in a six bed rural hospital, in one of the first assisted living facilities in the country, in a large urban hospital, and of course in raising seven children.

At the time of that conversation I had decided I wanted to be an epidemiologist and I knew the ASU Nursing Program course work in anatomy and physiology, biology, chemistry and statistics would serve me well as a background. And I was right about that but so wrong about "traditional nursing."

Today it never ceases to amaze me how many different places you find nurses. I regularly work with nurses in the legal field, practicing medicine, in clinical nursing, in academia at all levels and in occupational settings as managers, consultants and business owners. I think I considered clinical nursing skills as traditional but today I love to see how nurses use their nursing backgrounds in all kinds of practices and fields.



I hire nurses in my company - TrueNorth Compliance, Inc. TrueNorth provides an internet-based service that helps other companies capture and manage data related to environmental, safety and health compliance. So you might think our nurses are involved only in the medical data side of our business but our nurses have a wealth of

skills in addition to understanding how medical data behaves and how to manage healthcare providers. I don't know if it is the education or the experience of working with patients but our nurses have communication skills that work well whether they are dealing with an upset client, telling a doctor they failed to follow regulatory qualification standards (always a challenge), answering questions from an anxious employee, or speaking on behalf of one of our clients to a regulator.

I am grateful these nurses had a traditional nursing background. It has made my job so much easier and allows us to provide a rich service offering that sets us apart from our competitors. Even though I added graduate school to my nursing education I still use my nursing skills and knowledge more often than any other part of my education. Today I am indebted to ASU for providing me my traditional nursing background. I think my mom would be very proud. ■

"PLANNING AHEAD"

By Maxine Scott – BSN '73, MSN '84



I practiced as a school nurse in Mesa (Arizona) Schools for almost 30 years until 2001. During that time, I cared for thousands of students, many of them young women as new mothers. Writing and directing care plans for them, as well for my own family and friends as the needs arose, instilled in me a real satisfaction for planning ahead.

In keeping with this character trait, my husband Harry and I created a trust in our will to ensure our plans are honored after we pass. In addition to making provisions first for our children, we included the College of Nursing & Healthcare Innovation and two other charities in our trust.

Harry and I chose our charities carefully. We want to make an impact with our giving. We believe supporting the college achieves our goal in two ways: through education and nursing. Our gift will not only benefit nursing students, but also their patients long into the future!

I view my trust as an extension of my lifelong desire to help people. Our trust will help to care for others in the future, and I find satisfaction in knowing that now! We chose not to restrict how the college makes use of the trust, so that it may be applied by the Dean where the need is greatest. What we may think is essential or innovative for the college now may be different in the years ahead.

Like my fellow nurses, I have seen death up-close and know how difficult a time it can be for the patient and family, from determining end-of-life care issues to settling estates. As a nurse, I like to plan ahead and as a parent, I want to spell out my wishes to the kids and avoid ambiguity. Our trust ensures our wishes are guaranteed

...

Today in retirement, Maxine Scott and her husband Harry help their daughter, who raises horses, at shows. They enjoy traveling in their RV to the shows.

Maxine Scott's story provides a personal view of a continuing commitment to ASU and nursing. There are also other ways that have been established to make your decision easier.

A "Tribute Walkway" will be part of the Nursing & Healthcare Complex when the second building is completed for fall semester 2009. The project honors two cherished faculty members:

- The Nancy Melvin Professorship in Pediatric Nursing, and
- The Bernita "B" Steffl Professorship in Geriatric Nursing.

Nancy Melvin was a pioneer as a nurse and educator at ASU. She was the first nurse practitioners in Phoenix and one of the first nursing faculty to receive a six-digit federal research grant. As a

professor, Nancy Melvin set high standards for research and earned the loyalty of students through dedication to their success. 'B' Steffl merged her commitment to academic excellence with a deep devotion to the impact of her work on the lives of the aged.

Alumni and friends of the college can buy an engraved space on the winding Tribute Walkway that will help to fund the professorships. The funds will enable the college to attract distinguished senior faculty to the college. A \$500 donation will afford you a tribute space engraved in your or a loved one's name. Parents also can honor their graduates with a lasting memento on "Tribute Walkway." Dedication of the building and walkway will take place later this year.

Our website www.nursing.asu.edu/tributewalkway can direct you through other ways to continue your commitment. Gifts may be made online, pledged over time, and via check or credit card. Please make checks payable to ASU Foundation, and indicate the professorship of choice on the memo line. To make a gift, please complete the attached form and send to:

Tribute Walkway

ASU College of Nursing & Healthcare Innovation
500 North Third Street
Phoenix, AZ 85004

Director of Development

Laurel Van Dromme

can help you plan ahead

like Maxine and Harry

Scott. Contact Laurel at

602.496.0879, laurel.vandromme@asu.edu, or

500 N 3rd Street, Phoenix,

AZ 85004.

To make a donation online, please use the link below to give by credit card, and then click "Nursing & Healthcare Innovation, College of" and then select one of the professorships:

<https://secure.asufoundation.org/giving/online-gift.asp>

For more info, please visit <http://nursing.asu.edu/tributewalkway> ■



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You may change your address in three ways:

1) E-mail: — send changes to Zaida.Morales@asu.edu

2) Phone — Call us at 1-602-496-0918

3) Mail - Send form below to:

ASU Nursing, 500 N. 3rd St., Phoenix, AZ 85004

Change of Address Form

Name and title on mailing label: _____

New address: _____

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Phone: _____

Please also let us know if you do not want to continue receiving the magazine.

Nursing Alumni Report

FROM THE ALUMNI PRESIDENT:

Carol Rogers, BSN '02, MS '06

Dear Fellow ASU Nursing Alumni,

This is an exciting year, filled with new programs and opportunities for our alumni members. Your board is very enthusiastic and working hard to provide stellar networking opportunities while meeting new goals. Some of those goals include increasing membership, providing service to members, enhancing our involvement in selecting our book scholars and building those relationships, and developing a professional scholarship program and a student/alumni mentorship program. We also have been supporting the Innovations in Nursing & Healthcare Roundtable Lecture series at the College of Nursing & Healthcare Innovation through our attendance, marketing, and informational materials. As a new program, we enjoyed a stimulating discussion about innovation and creativity by the nationally acclaimed speaker, Dr. Daniel Pesut.

Our annual homecoming luncheon was a lot of fun in 2008. We enjoyed a high tea theme and launched the Loretta Hanner-Bardewyck Lecture Series. Our inaugural speaker was the internationally known Dr. Doris Milton who illuminated the current research supporting the use of complementary and alternative healthcare treatments. Alumni had the opportunity to network with colleagues and meet our book scholars and the Alumni Association Medallion Scholars who are majoring in nursing.

To support our new initiatives, we need to ramp up our fund raising efforts. We began those efforts with the silent auction at the homecoming luncheon and have plans for a spring fundraising and social event. Be sure to mark May 9th on your calendar for the Spring Silent Auction & Florence Nightingale /Nursing Icons Birthday Party. We will be featuring international items from various collectors as well as local delights, *objets d'art*, weekend get-aways, "white elephant" treasures, and door prizes.

We are excited about the energy, direction, and new initiatives to better serve our alumni members, recruit new members, and support our college. I look forward to seeing you at our 2009 events! See the calendar of events for dates and events and go to our Alumni Association website for additional information at <http://www.asu.edu/alumni/chapters/academic/nursing>.

Best Wishes,
Carol

NEW HEALTHCARE FRONTIERS EMERGE

By Heather Healy, MS, FNP-BC; Director, Saint Alphonsus Express Care; BSN '96, MS-FNP '06

Convenience at what cost to quality of care? That is the question many people are beginning to ask as the new frontier in retail healthcare emerges. It was a big question that I asked myself when I moved to Idaho and took a position to build such a clinic. Just after



ASU alumni Heather Healy (nursing) and Tom Reinhardt (business) worked together to launch five retail healthcare centers in Idaho.

graduating with my master's degree in nursing, I began to work with a team in Boise, Idaho to build five retail clinics in a market that had a shortage of family practice physicians and few nurse practitioners. The past several years were good to nurse practitioners in Idaho; we won independent practice similar to Arizona. However, the community was not sure that we could provide quality care and they were even more skeptical that we could do it in a grocery store.

As the project began, I was excited to work with Tom Reinhardt, Director of Business Development at Saint Alphonsus and an ASU alumnus. He brought his knowledge of business and corporate development from the W. B. Carey School of Business and I brought my 15 years of experience in nursing.

Together, we have seen great growth and change. Since the launch of our Express Care retail clinics, we have hired 18 nurse practitioners (most from out-of-state), integrated six of them into independent practice across our network, seen over 14,000 patients, and have created a culture of quality and change. The community has accepted us and the care that we provide. We hear daily how thankful they are to be seen on a Sunday or a Tuesday night. For those patients who cannot afford an emergency room visit, we offer an affordable alternative. For the mom who wants to be able to talk to her teenage daughter, we offer a trained provider who has the skills and expertise to not only look in her ears or perform her sports physical, but also to open the doors to better communication.

The nursing program at ASU instilled in me great respect for myself and my abilities, and the abilities of my fellow nurses. I was able to take that with me to Idaho and begin a journey of change and high quality of care to Idahoans. I could not have achieved so much so quickly without the great education and commitment from our college.

AONE LIFETIME ACHIEVEMENT AWARD

Ann Van Slyck, BSN '68, MS '73, Receives Honor

Ann Van Slyck, RN, MSN, CNAA, FAAN, is the recipient of the AONE 2009 Lifetime Achievement Award. This award honors an AONE member who is recognized by the broader nursing community as a significant leader in the nursing profession and who has served AONE in an important leadership capacity, demonstrating the qualities of leadership and service to the nursing profession by their professional and personal example. Van Slyck, a pioneer in variable

Appointments and Achievements

College Adds Four Senior Faculty

The ASU College of Nursing & Healthcare Innovation has added four new distinguished scholars who have a broad range of knowledge, research and professional experience.

Associate Professor **Gerri Lamb**, PhD, RN, FAAN, joins the college from Emory University where she was the Independence Foundation and Wesley Woods Chair of Nursing. She also previously served as an associate dean at the University of Arizona College of Nursing. In research and scholarship, Lamb has “two major



Gerri Lamb

passions – to advance knowledge and measurement of nursing care coordination and to design new programs for interdisciplinary education.”

Recognized for her leadership and research on care coordination, case management, and transitional care, Dr. Lamb also has unique experience teaching interdisciplinary courses on designing innovative and safer healthcare systems.

Lamb graduated with a MN in Nursing from the University of Rochester and a PhD in Clinical Nursing Research from the University of Arizona.

Professor **Linda Larkey**, PhD, CRTT, has been named the Scottsdale Healthcare Chair of Biobehavioral Oncology Research at the College of Nursing & Healthcare Innovation.

Dr. Larkey has a BA degree in Business Administration/Human Resources Management from Ottawa University and MA and PhD degrees from ASU in Organizational and Intercultural Communication.

Dr. Larkey has been principal investigator for more than 12 research grants, many of which have been funded by the National Institutes of Health. Her primary research interests are testing theory-based methods of communicating health messages to underserved, multicultural populations, improving minority recruitment to cancer prevention trials, and examining mind-body methods of alleviating persistent symptoms in cancer survivors.

“My work fits well into the broad areas of center research within the College. The potential for collaboration among like-minded, caring, and competent researchers

Linda Larkey



is great and I look forward to supporting other researchers at all levels within our group of research faculty and students.”

Professor **David Coon**, brings diversity with degrees in Foreign Service & Public Affairs and Linguistics & Cross Cultural Communication from the University of Oklahoma, experience as a Research Fellow for Psycholinguistics & Sociolinguistics at Australian National University, a MEd in Counseling from University of Oklahoma, a PhD in Counseling Psychology from Stanford University, and experience serving as a post-doctoral fellow in geropsychology at the Stanford University School of Medicine.



David Coon

Dr. Coon has directed and currently directs a number of intervention projects focused on midlife and older adults and family caregivers, with an emphasis on programs serving diverse populations. He also is a Fellow of the Gerontological Society of America and recently received the Gwen Yeo Award for Excellence in Research, Education and Community Service in Ethno-geriatrics presented by the Stanford University School of Medicine Geriatric Education Center for his work with patients and caregivers from diverse communities.

Coon said, “The college’s faculty and staff provide a unique opportunity to further my work in building interdisciplinary teams to design, test and translate into the community, interventions with older adults and their families.”

Associate Professor **Joan Dodgson** PhD, MPH, RN, has focused her research broadly within the areas of perinatal health promotion, community-based strategies, and affects of culture and context on health disparities related to infant feeding in underserved populations.

Dr. Dodgson shared the following remarks regarding her new appointment with the college, “I have enacted my role as teacher and mentor by examining the complexities inherent in teaching and learning cross-culturally both in my teaching and research roles. I am looking forward to contributing in all aspects of my faculty role in whatever ways are most helpful.”

Joan received a MN in Nursing – Maternal Child Health from UCLA, a PhD in Nursing and a MPH in Public Health – Maternal Child Health from the University of Minnesota.



Joan Dodgson

Leigh Small Elected to National Academies of Practice

Leigh Small, PhD, RN, CPNP-PC, assistant professor, Arizona State University College of Nursing & Healthcare Innovation, has been elected to the National Academies of Practice, one of the most prestigious honors in nursing to which only 150 professionals in each field are invited.

A graduate of the University of Rochester School of Nursing, Small joined ASU in 2004. She serves as Specialty Graduate Concentration Coordinator for the Pediatric Nurse Practitioner Program.

Dr. Small's primary area of research is Childhood Overweight and Obesity Prevention and Treatment in Pre-school and Young School-age Children (4-8 years). She is Principal Investigator on a National Institute of Diabetes & Digestive and Kidney Diseases research study titled "PLAY: Parents Leading Active Youth!"



Leigh Small

The National Academies of Practice was founded in 1981 to advise governmental bodies on problems of healthcare. More recently it has focused on developing the interdisciplinary field. It was then, as it is today, the only interdisciplinary group of health care practitioners dedicated to addressing the problems of healthcare.

Distinguished Practitioners are individuals who have spent a significant portion of their professional career as practitioners in the direct delivery to, and practice of healthcare to the consumer; Distinguished Scholars are elected for their academic careers; both are judged by the Academy to which they pertain to have made significant and enduring contributions.

Phase II Expansion on Schedule

Construction of the Phase II building of the Nursing & Healthcare Innovation complex at the ASU Downtown Phoenix Campus is on schedule and budget, according to Brad Marshall, project superintendent, DPR Construction, said.

The 84,000 square foot building is to be completed July 16 with move-in starting the next day. The building will include classrooms, research space, faculty offices, and a 200 seat innovation auditorium, which will be ready for fall semester use.

The five-story building will feature an intricate glass curtain wall with copper exterior skin. Floors four and five are currently

being built out to accommodate the increase in the number of nursing student at the downtown campus.

The building is being constructed to meet Leadership in Energy and Environmental Design (LEED) Silver requirements.



ASU Hartford Center Announces Three Doctoral Scholarships

The Hartford Center of Geriatric Nursing Excellence at the College of Nursing & Healthcare Innovation has announced doctoral scholarships, including:

Susan Harding, RN, BAN
Juanita F. Murphy Nursing Scholarship

Since completing her Bachelor of Arts in Nursing in 2004 from Gustavus Adolphus College in St. Peter, Minn., Susan Harding has been working as an oncology nurse at Scottsdale Healthcare, certified in both chemotherapy and oncology. Last year, she was honored to be nominated by her colleagues to receive the "Patient Care Excellence Award" at Scottsdale Healthcare, and completed the Nurse Educator Certificate from ASU. Susan is currently the acting chair of Unit Based Patient Care Council at work and serves as vice president of Graduate Nurses Organization at ASU. She plans to contribute to optimal patient outcomes and the professional image of DNP's not only in her personal nursing practice but also by participation in scholarly writing and conferences. Susan is mentored by Hartford Center of Geriatric Nursing Excellence faculty Diane Nunez and Marianne McCarthy.



Susan Harding

The Juanita Murphy Scholarship Award is being presented for the first time. The award, given to a student who demonstrates excellence in academic achievement, community involvement, and interest in geriatric care, is named for Juanita Murphy, the second dean of the ASU College of Nursing.

Anne-Marie O'Brien, RN, MSN, WHNP-BC
College of Nursing & Healthcare Innovation Hartford Center of Geriatric Nursing Excellence Sun Health Pre-Doctoral Fellowship:

While working as a women's health nurse practitioner in reproductive medicine, Anne-Marie O'Brien has worked with many patients struggling with overweight and obesity. Her initial work

will be to conduct studies that more fully identify the myriad social and contextual factors associated with overweight and obesity in the postmenopausal woman. Expanding her scope of inquiry to consider factors beyond women's diets and physical activity, her research may uncover how personal relationships, roles, and/or environment mediate the development of overweight and obesity. Anne-Marie is mentored by Dr. Colleen Keller.



Anne-Marie O'Brien

Janet Purath, PhD, ANP-BC

First Geriatric ASU Nursing Hartford Post-Doctoral Scholar

Janet Purath, PhD, ANP-BC is the first ASU College of Nursing & Healthcare Innovation post-doctoral scholar. She currently teaches at Washington State University. Her career goals are to be an outstanding geriatric researcher and to use science to help improve the lives of older adults. Her long-term goal is to be a geriatric nurse scholar who improves geriatric nursing curricula so that it comes alive for students. Her goals for the John A. Hartford Fellowship are to refine her research and methodological skills to be an independent nurse researcher and an active member of a collaborative team. Dr. Purath is mentored by Drs. Colleen Keller, Nelma Shearer and Barbara Ainsworth.



Janet Purath

An adult nurse practitioner, Dr. Purath's current research interests are physical activity interventions for community-based older adults, assessment of physical function in the primary care setting, and physical activity with immigrant groups. Her funded project is entitled "Evaluating the Use of Objective Fitness Measures to Increase Physical Activity in Community Dwelling-Older Adults."

Three ASU Nursing Faculty Elected AAN Fellows

Three ASU nursing faculty have been elected Fellows of the American Academy of Nursing, including:

Ellen Fineout-Overholt, PhD, RN, FNAP, FAAN

Clinical Professor and Director, Center for the Advancement of Evidence-Based Practice (EBP)

Dr. Fineout-Overholt is noted for her commitment to healthcare providers (i.e., nurses, doctors, and other healthcare providers) to care for patients using a philosophy called evidence-based practice (EBP) that blends the best scientific information available, the experience of the provider, and what patients value and prefer in order to accomplish the best health outcomes. To achieve that purpose, she promotes EBP with clinicians across the country and world, both in the hospitals and communities. The ASU clinical professor has co-authored a widely used book on evidence-based best

practices in nursing and healthcare and co-edits a regular column on EBP for a major nursing journal.

Bonnie Gance-Cleveland, PhD, RNC, PNP, FNAP, FAAN

Associate Professor and Director, Center for Improving Health Outcomes in Children, Teens, & Families

Dr. Gance-Cleveland has extensive experience in school-based healthcare. Her current research focuses on substance abuse and obesity prevention in school settings. Dr. Gance-Cleveland has presented nationally on her research related to the role of the nurse practitioner in school health issues and prevention of high-risk youth behaviors and childhood obesity.

Jaynelle Stichler, DNSc, RN, FACHE, FAAN

Faculty Associate, Master of Healthcare Innovation Program; Associate Professor, San Diego State School of Nursing, College of Health & Human Services

Dr. Stichler is the founding co-editor of *Health Environments Research & Design (HERD) Journal* and has a column appearing in the *Journal of Nursing Administration* that focuses on nursing leadership in healthcare facility design. Dr. Stichler is noted for her research on the effect of work environments on the patient and provider experience and organizational performance.



New AAN Fellows, from left to right, Bonnie Gance-Cleveland, Jaynelle Stichler, Ellen Fineout-Overholt.

Nurse Managed Health Centers Launch EMR System

The ASU Nurse Managed Health Centers recently launched the first phase of the Electronic Medical Records Centricity System. The purposes of the new system are to promote optimum patient care in a team nurse managed environment, increase patient safety through portability emphasizing privacy, and learn how healthcare providers adapt to the electronic record system.

Funding was provided in part by grants from the Agency for Healthcare Quality Research and United Healthcare. The ASU implementation team was headed by **Dr. Denise Link** with team members **Ali Hajaig, Denise Evans, Leslie Nowak** and **Andrew Smith**. ■

ASU NURSING NEWSBYTES

Brenda Hosley, PhD, RN, has joined the ASU nursing faculty as a Clinical Assistant Professor. She will teach in the undergraduate program...**Gail Hock**, RN, MSN, received funding from the Women of the Evangelical Lutheran Churches of America (WELCA) for



Gail Hock

her "You Go Girl" proposal to support sports physicals for underserved middle school girls. This is the third consecutive year

WELCA has

supported the College of Nursing & Healthcare Innovation's outreach services for underserved women and girls...**Kathi Lindstrom**, PhD, has been competitively funded for a pre-doctoral fellowship award entitled "Education and Skill-Building for Caregivers of Hospice Patients" from the NIH/ National Institute of Nursing Research.



Kathie Records

Kathie Records, PhD, won the Research/ Advancing the Profession Award presented by the March of Dimes in Phoenix...

Bella Panchmatia, Mayo Clinic Campus site coordinator, announced that all 18 in the 2008 graduating cohort passed their NCLEX exams...

Kimberly Arcoleo, PhD, and **Gabriel Shaibi**, PhD, have been named to the Southwest Interdisciplinary Research Center as Early Career Fellows in Health

Disparities Research and received NIH P20 grants. They are faculty members of the Center for Improving Health Outcomes in Children, Teens & Families of the College of Nursing & Healthcare Innovation.



Dave Hrabe

The Health Resources and Services Administration has funded

David Hrabe, PhD, RN, and **Pauline Kommenich**, PhD, for the Nurse Faculty Loan project...**Denise Link**, PhD, **Gail Hock**, RN, MSN, and **Ali Hajaig**, MBA, have received Title X Federal funding for their HIV Integration grant. The grant funds universal screening for HIV at the Breaking The Cycle Health Center in Phoenix...

David Coon has received funding from U.S. Administration on Aging for an evidence-based intervention from the Alzheimer Disease Demonstration Grants to the States (ADDGS). The program is named REACH Out...**Kay Jarrell** has been promoted to clinical associate professor. She has made outstanding teaching, scholarship and service contributions to ASU nursing college over the past seven years.

Kathy York, administrative associate, Office of Evaluation & Educational Excellence, was selected as the 2009 recipient of the Non-Advising



Kathy York

Staff Advising Support Award which will be presented by the Council of Academic Advisors Advising Awards Committee at ASU. The award is presented annually to a staff member who does not work in advising but has demonstrated a continuing commitment of support to the advising community and the mission of advising.

Faculty Emeritus **Susan Mattson**, PhD, has received the Trans-cultural Nursing Scholar Award from the Trans-cultural Nursing Society for her many and varied contributions to international nursing...Over 94 percent of the 148 **Spring 2008 graduates** of the College of Nursing & Healthcare Innovation passed the NCLEX exam on the first time.

Diane Nuñez, MS, RN, APN-BC, has been awarded the Lattie and Elva Coor Fellowship. The purpose of the Fellowship Program is to improve health outcomes in disadvantaged groups in central Phoenix to demonstrate ASU's social embeddedness and commitment to the community. Lattie Coor is a former President of ASU.



Diane Nunez

...continued from page 28

Van Slyck Wins Award

billing for nursing services based on patient acuity, has more than 35 years of experience in nursing administration. She is the former president, CEO and founder of Van Slyck & Associates, Inc., a nurse staffing service and software company that has achieved national acclaim for its work in assisting acute and specialty hospitals to improve performance outcomes. In 2006, she sold Van Slyck & Associates to Eclipsys Corporation.



ASU Nursing Offers Four Child and Adolescent Mental Health Programs to Meet Your Needs

Match your passion to meet child, teen and family needs for improved, evidence-based mental health outcomes with the ASU College of Nursing & Healthcare Innovation's comprehensive psychiatric nurse practitioner educational offerings.

Need

Child and adolescent mental health needs are great but healthcare providers in this specialty are few:

- Teen suicides increased for the first time in 7 years in 2008.
- There is a critical shortage of child psychiatrists and nurse practitioners in the nation. Nationally there are only 7,000 child psychiatrists or one for every 15,000 youths under age 18.
- Only 20-25 percent of the 15 million children with mental health and behavioral problems receive treatment.
- Child mental health problems become lifelong if treatment is not received by age 14.

A Solution

To help address this critical healthcare need, the College of Nursing & Healthcare Innovation offers:

- A comprehensive online distance learning program to prepare advanced education nurses to meet the mental health needs of culturally diverse children.
- The program equips PNPs, FNPs and related healthcare providers with added knowledge and skills to assess and intervene early.
- The program provides four options to fit your career goals and busy schedule.

Your Value and Opportunity

Primary care providers, such as nurse practitioners and pediatricians, see 75 percent of children and teens with mental health disorders in their practices. They are in a unique position to manage mental health and behavioral problems among children.

Your Choices

The program includes the following full- and part-time options:

- Post-bachelor's and post-master's to the DNP Child-Family Psych NP,
- Post-master's Child-Family Psych NP,
- Post-master's certificate in Child and Adolescent Mental Health, and
- KySSSM online Fellowship Program, with guided mentorship from experts in child mental health.

Your Decision

Applicants who have a MS in Nursing and work as a pediatric nurse practitioner, pediatric clinical nurse specialist, or health-related professionals (e.g., physicians, social workers and physician assistants with experience in child-teen behavioral and mental health) can contact

Program Coordinator Susan Callahan by e-mail at:

Susan.Callahan@asu.edu

or call **1-602-496-0869** for information, advisement, application requirements and deadlines.

ASU College of Nursing
& Healthcare Innovation

ARIZONA STATE UNIVERSITY



ASU College of Nursing & Healthcare Innovation

The College of Nursing & Healthcare Innovation at Arizona State University is one of the largest and most innovative colleges of nursing in the nation. We strive to provide excellent educational offerings, including the following continuing educational programs in 2009:

MAGI's 2009 Clinical Research Conference – East

May 31-June 3, 2009, Miami, Florida
<http://magiworld.org/events/2009-East/>

Teaching Excellence in Simulation Education (TESE)

June 2-4, 2009, Phoenix, Arizona
<http://nursing.asu.edu/ace/courses/tese/index.htm>

Clinical EBP Mentorship Program®

June 8-12, 2009 and
September 14-18, 2009, Phoenix, Arizona
http://nursing.asu.edu/caep/mentorship/clinical_practice.htm

Nurse Educator EBP Mentorship Program

July 27-30, 2009, Phoenix, Arizona
<http://nursing.asu.edu/caep/mentorship/nurseeduc.htm>

NET SMART (Neurovascular Education and Training in Stroke Management and Acute Reperfusion Therapy)

Online – ongoing enrollment
<http://www.netsmart-stroke.com/HOME.html>

For additional information, contact:
Academy for Continuing Education

ASU College of Nursing
& Healthcare Innovation
PO Box 873008
Tempe, Arizona 85287-3008
Phone: **480.965.7431**
Fax: **480.965.5623**
E-mail: ace@asu.edu
Website: <http://nursing.asu.edu/ace>