

Innovations

in nursing & health

dream • discover • deliver



Preparing Primary Care Providers for the Future

In this issue...



3

The College of Nursing & Health Innovation outlines its strategy and goals through 2015.

9

Leadership, graduates, students and a national nursing education leader provide incisive comments on the Doctor of Nursing Practice program.



21

Kinesiology finds a welcome home in the College of Nursing & Health Innovation.



29

ASU partners with Quintiles to bring clinical research studies to the state.



- 1 Dean's Message – A Healthy Transformation
- 3 Creating a Strategic Plan Strong Enough to Succeed and Change
- 6 The Reformation of Health Professions Education

Focusing on the DNP Program

- 9 Grading the DNP Program
- 12 DNP Graduates Reflect on the Value
- 15 Students Look at the DNP
- 20 The National View: DNP—Reaching the Tipping Point
- 21 Kinesiology Integration into College Broadens Scope
- 25 Every Step Counts to Improve Health of Latino Children

- 29 ASU Alliance with Quintiles Boosts Biopharma in Arizona
- 31 Innovation Powers Interprofessional PhD in Nursing program
- 35 Renowned Geriatric Researcher Moves West
- 37 Building the Next Generation of Geriatric Nurse Educators/Researchers
- 39 International Health Capstone Projects Success Beyond Borders
- 40 Leaders Chosen to Connect Alumni
- 41 Annual Fund Campaign and Alumni Updates
- 43 News That Matters
- 48 Professional Achievements

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On the Cover:

Nurse Practitioner (and ASU alumna) Dale Ann Dorsey, examines a young patient in her practice, while the boy's mother looks on.

Innovations in nursing & health

Innovations in Nursing & Health is published twice a year by the College of Nursing & Health Innovation at Arizona State University for alumni, friends of the college, national nursing and health promotion leaders, students, faculty, and the media.

MISSION

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

COLLEGE OF NURSING & HEALTH INNOVATION

Dean and Distinguished Foundation
Professor in Nursing
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The College of Nursing & Health 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.

The Dietetic Concentration of the BS in Nutrition has been granted Accreditation by the Commission on Accreditation for Dietetics Education of the American Dietetic Association (ADA). The Dietetic Internship program also is currently Accredited by the Commission on Accreditation for Dietetics Education of The American Dietetic Association (ADA), 120 S. Riverside Plaza, Suite 2000. Chicago, IL 60606-6995, 312/899-0040 ext. 5400.

Correction: The wrong photograph was published on page 38 of the Spring 2010 issue of *Innovations in Nursing & Health*. The photo should have been of nursing student Andrea Johnson who was awarded two scholarships for the 2009-2010 year. The photo was of another student. Our apologies to Andrea and our readers.



Dean's Message

Transforming healthcare and improving health

Never in my career have I seen such tremendous opportunities for nurses and health promotion professionals to have the ability to play such key roles in transforming healthcare and improving population health. With the recent healthcare reform bill that places greater emphasis on wellness and prevention along with the implementation of evidence-based practices, the new report from the Institute of Medicine recognizing the critical role that nurses have in the American healthcare system, the emphasis on comparative effectiveness research by the National Institutes of Health, the Agency for Healthcare Research & Quality, and the newly established Patient Outcomes

Research Institute, opportunities abound for our health professions to dream, discover and deliver innovative interventions and new models of care to promote the highest level of health for Americans and people across the globe. A featured story in this issue of *Innovations in Nursing & Health* on our recent doctor of nursing practice program and graduates, who are sure to be leaders of transformational change as the new healthcare reform bill is implemented, highlights the innovations that they are already beginning to make in our healthcare system.

In lieu of the recent developments along with our visionary goals for healthcare and health

innovation, our college has launched a bold new strategic plan for 2010-2015. As we envisioned an even bigger dream than we had in our last strategic plan and the impact that we could have on transforming healthcare and promoting the highest level of health for the public through our innovative work into the future, we sought critical input into our strategic plan from community and healthcare leaders across the U.S. We also recognized that if we, as healthcare providers and health promotion professionals, are to be agents of change and influence others to engage in healthy behaviors, we must model them ourselves on a daily basis. As a result, we have launched a new initiative called Healthy Arizona

NOW with a mission to improve physical and mental health outcomes across the lifespan for the people of Arizona through culturally responsive, evidence-based healthcare and health promotion services, community engagement, and top notch public educational programs. This new initiative was featured at our Sun Devil Home-



coming parade this fall with over 800 faculty, staff, students and Arizonans committing to make one healthy lifestyle change and participating in the parade. We are partnering with multiple organizations in our state on this initiative and will be monitoring outcomes, so we know exactly how our effort is making a difference in the health of Arizonans. Our dream is that other states will adopt the model that we are establishing here in Arizona, which will create a Healthier America.

With the new prediction from the Centers for Disease Control that one out of three Americans will have diabetes by 2050, we must create a sense of urgency and give individuals and families the tools needed to make small incremental behavior changes to improve their health. Because we recognize that the behaviors of individuals (e.g., overeating, lack of exercise, smoking, non-adherence to medication regimes and screening, suicidal gestures) underlie the

leading causes of death (e.g. cardiovascular disease, cancer) in Arizona and the United States, we also have just established our Southwest Consortium for Health Promotion and Behavior Change, a research center of excellence that will develop and test innovative interventions to facilitate healthy behaviors across the life span as well as conduct comparative effective research along with implementation studies that will extend the science by determining factors and the best interventions that influence the uptake of evidence-based behavior change interventions



into clinical practice to improve care and patient outcomes. We also recognize that a healthy adulthood begins with a healthy childhood; however, overweight/obesity has reached epidemic proportions in our children and adolescents. The lack of mental health services for children and youth also is alarm-

ing, given that less than 25 percent of those affected receive any treatment. To continue to bring a sense of urgency and national visibility to these problems in our children and youth, we will be sponsoring a high profile forum with distinguished panelists in Washington, D.C. on January 20 at the National Press Club entitled *America's Children in Peril: Solving the Obesity and Mental Health Epidemics* to be moderated by *U.S. News and World Report*.

Solutions to the magnitude of health issues that our country faces will require that our healthcare professions break down silos and focus on transdisciplinary education and research as well as teamwork and collaboration in clinical practice and other initiatives. With our newly funded

Josiah Macy, Jr. grant award that you also will read about in this issue, we are creating an innovative curriculum for primary care providers to work in underserved areas that will educate DNPs, PharmDs and MDs together for a substantial part of their education. Currently, more than 65 million Americans live in primary care health professions shortage areas. Further, health professions students continue to have minimal contact with each other due to seemingly insurmountable conflicts in time, schedules, accreditation, and credentialing requirements. Even the most progressive programs are able to bring together students only a few times during their four or more years of education and often base matching of students on scheduling demands rather than comparable learning needs. We believe it is time to address and overcome the obstacles to meaningful and ongoing interprofessional experiences as the most sustainable solutions to healthcare reform will no doubt come from transdisciplinary efforts, not solo initiatives.

The success of any strategic plan, in large part, depends upon execution. In his book, *Execution*, Jack Welch contends that the major role of any leader is knowing how to execute because meaningful change comes only with execution. Our college indeed recognizes how critical execution is to the accomplishment of our bold new strategic plan as we have already embarked on that process. We have dreamed what we will accomplish; we will risk take as we discover the best tactics for success, and we will deliver our 2010-2015 goals!

Fond regards.

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN

Dean and Distinguished Foundation Professor in Nursing

The ASU College of Nursing & Health Innovation

2010-2015 Strategic Plan:

On Target to Deliver Innovations with Major Impact

The architectural design and building of a skyscraper is similar to a strategic plan. The architect of the skyscraper must be visionary to build the structure to stand strong but flexible enough to move with the winds of changing weather.

Building a Visionary and Firm but Flexible Strategy

The new five-year strategic plan for the College of Nursing & Health Innovation at Arizona State University is like that tall building. The 2010-2015 Strategic Plan provides visionary and firm direction for future successful growth and major innovations. However, it has the flexibility to adapt to the inevitable changes that cannot be predicted, but for which we must be ready.

First Fruits

Our 2005-2010 Strategic Plan followed this blueprint successfully. The college grew tremendously in size, scope and depth. Most importantly, it did so with a distinctive difference compared to its peers due to the extraordinary efforts of faculty, staff, students and leadership. True to our name, we have made the word '*innovation*' come alive as some of the fruits of the first five years below indicate:

- Creation of a culture of dreaming, discovering and delivering,

which encourages innovation, entrepreneurship, and risk-taking

- Innovation and evidence-based practice embedded throughout all academic programs
- A Center for the Advancement of Evidence-based Practice that has made us a global leader in EBP
- A Technical Cooperative Agreement with the Pan American Health Organization/World Health Organization to advance quality of healthcare through EBP in the Pan Americas
- A hybrid distance learning Doctor of Nursing Practice program with baccalaureate-entry option
- A Center of World Health Promotion & Disease Prevention
- Research Excellence: Centers for Improving Health Outcomes in Children, Teens & Families, Center for Healthy Outcomes in Aging, the Hartford Center of Geriatric Nursing Excellence, and the Healthy Lifestyles Research Center, all with opportunities for pre- and post-doctoral fellowships
- Efforts of our nationally/internationally recognized researchers

enabled the college to break into the Top 15 (#11) for NIH nursing research awards for the first time and tackle some of the nation's most pervasive health problems

- A Center for Healthcare Innovation & Clinical Trials that is helping to bring new healthcare products to market and the formation of a new alliance with Quintiles, a global Clinical Research Organization to help accelerate development of the clinical research enterprise in Arizona
- Creation of Evaluation and Education Excellence (E3), which has the mission to create and sustain a culture of continuous improvement in the education of professionals and to promote extraordinary student learning through faculty development.

Firsts in the U.S.:

- A transdisciplinary Master of Healthcare Innovation degree program
- Graduate/post-master's certificates in EBP and child-adolescent mental health
- An EBP Mentoring Program and national/international EBP conference
- The KySSsm online faculty mentored continuing education fellowship in child and adolescent mental health
- Social embeddedness in the community with four Nurse

Practitioner-managed health centers to provide residents with affordable, convenient care and approximately 700 clinical sites for outstanding student clinical experiences

- A Southwest Borderlands Initiative to address issues of Latinos who live in Arizona or along its borders
- The only transdisciplinary PhD in Physical Activity, Nutrition and Exercise in the western United States, a unique PhD in Nursing and Healthcare Innovation program, and a PhD program in Kinesiology
- The only academic collaboration by the FDA with a college of nursing and health in the U.S. that has resulted in a MS in Regulatory Science and Health Safety
- A funded Macy grant to prepare DNP, MDs and PharmDs together for a substantive part of their curriculum.

With the integration of Exercise and Wellness, Health Sciences, Kinesiology, and Nutrition programs, the college has experienced dynamic growth and change since 2009. It now has unique interprofessional academic programs for students, innovative transdisciplinary research, and comprehensive health services for the public. The merger of these programs increases the breadth and depth of collaborations that have already existed between these programs in student education, externally funded research, peer-reviewed publications, and in community and global initiatives.

On Target for the Future with a New, Exciting Vision



Bernadette Mazurek Melnyk
*Dean and Distinguished Foundation
Professor in Nursing*

After months of intensive visioning, construction and input from faculty, staff, community and national leaders, the 2010-2015 Strategic Plan has been completed and is ready for implementation. It is a living futuristic document that is visionary yet flexible to change in order to capture opportunities to succeed. Much like its predecessor, it is futuristic, bold and innovative. Our outstanding faculty, staff and students in the college will guide the strategic plan through all kinds of weather or "character-builders" during the next five years to ensure its success. As with our previous strategic plan, we are confident that we will continue to dream, discover and deliver innovations that will produce major positive outcomes in education, research, EBP, healthcare delivery and health outcomes across the U.S. and globe.



Craig D. Thatcher
Executive Dean

The College of Nursing & Health Innovation Strategic Plan for 2010-2015

The Vision

A world renowned college known for its excellence, innovation and visionary leadership in transdisciplinary research and evidence-based:

- interprofessional health education and clinical practice
- baccalaureate, master's and doctoral education
- culturally responsive clinical, community, and worksite practice, and
- healthcare and health promotion policy

The Mission

The mission of the ASU College of Nursing & Health Innovation is to:

- Educate professional nurses and selected transdisciplinary healthcare professionals at the baccalaureate, graduate, doctoral and post-doctoral levels using a learner-centered, life-long learning approach to provide the highest quality of healthcare to individuals, groups, and communities, as well as to effectively respond to the changing healthcare needs of society.
- Conduct cutting-edge research that positively impacts healthcare and patient outcomes across the life span as well as strengthens the knowledge base of the discipline to benefit the health of individuals, groups and communities.
- Provide high quality healthcare services to the community through a range of nursing and health promotion activities with diverse populations in a variety of settings.
- Launch innovative programs and entrepreneurial initiatives that enhance the quality of healthcare across a variety of clinical settings
- Provide national/international leadership in evidence-based practice.

Our mission is pursued in an environment in which students are valued for their individual strengths and diversity, supported by a faculty and staff committed to academic excellence and innovation, and in which collaboration and partnership across disciplines and with the community are viewed as essential.

2010-2015 Goals

- Lead innovation and transdisciplinary collaboration through all educational, research, entrepreneurial, community, worksite and clinical practice initiatives
- Provide state, national and global leadership in education, evidence-based practice, research, health promotion, health and wellness policy, innovation and entrepreneurship for healthcare, community, worksite and academic institutions

- Provide outstanding learner-centered, evidence-based and innovative academic and continuing education programs that achieve national recognition
- Ensure that all students are provided with a rigorous and comprehensive core of knowledge and professional skills that provide future success
- Establish and sustain the College's Centers of Excellence as national and global leaders in advancing science and promoting the highest quality of culturally responsive evidence-based healthcare and health promotion services
- Sustain a healthy and diverse work environment that embraces an interprofessional culture of dreaming, discovering and delivering in which each person's contributions are respected and evident

Culture Forms the Foundation

Even the best strategic plan will fall short if it does not have the right culture and environment to nourish it. The College of Nursing & Health Innovation has a culture based on 'dreaming, discovering and delivering,' which provides a strong foundation for the plan to be successfully implemented.

For example, the culture of the college encourages students, faculty and staff to have big dreams or goals and believe in them. That provides an environment that encourages innovative thinking and entrepreneurship—being on the cutting edge and visioning solutions to the most complex healthcare and health promotion problems before others see answers. Discovery and risk-taking also are part of the way of life at the college. The college leadership not only encourages taking risks, they mentor it. In addition, the college takes an evidence-based practice (EBP) approach to education, healthcare and health promotion in a rich transdisciplinary environment throughout all of its academic programs.

The End is the Beginning

With the completion of the 2010-2015 Strategic Plan, the work begins. "Strategic plans are accomplished by keeping the dream bigger than the fears and obstacles and persisting through the character-builders until success is achieved," Dean Melnyk said. "Like the architects' building, the plan must be strong enough to stand the test of time but flexible enough to react to changes. A strategy is a journey of delivering on your goals, or dreams, but also discovering new opportunities or challenges along the way."

To that end, the College of Nursing & Health Innovation has increased its efforts to sustain the momentum of what has been built over the past five years. Innovation workouts are held regularly to advance the dreams of faculty and staff. These sessions produce more ideas for future initiatives and help dreams to become a reality. ■



Bringing Reform to Health Professions Education

Serious shortages of primary care providers come as no surprise, especially to patients who have waited for weeks for an appointment or long hours in a waiting room. It is a situation that is expected to worsen over the next several decades, especially in light of the passing of the new healthcare reform bill and population increases.

Workforce shortages in rural and medically underserved areas are particularly alarming. Currently, more than 65 million Americans live in primary care health professions shortage areas. Arizona ranks 39th in the U.S. in its primary care physician to population ratio. Like the rest of the US, the state has been limited in expanding the pipeline to primary care practice due to well-documented issues, including disparities in payment of primary care providers compared

Above: Clockwise from top: Dean Stuart D. Flynn, Gerri Lamb, PhD, Dean Philip D. Schneider, Dean Bernadette Melnyk.

to specialists, perceptions of lifestyle demands, and geographic limitations of rural practice.

Preparation of health professionals must keep pace with the dynamic changes in healthcare if primary care provider shortages are to be decreased if not eliminated.

Three leading Arizona colleges have joined efforts to create a new interprofessional educational model that will develop the critically needed next generation of primary care providers. The Josiah Macy, Jr. Foundation of New York is funding the two-year planning initiative to develop an integrated core curriculum to prepare primary care nurse practitioners, physicians and pharmacists to work closely together to serve the needs of rural and underserved areas in Arizona and the United States.

The College of Nursing & Health Innovation at Arizona State University and the University of Arizona Colleges of Medicine and Pharmacy in

Phoenix have formed the Arizona Consortium for Innovative Health Professional Education (IHPE) as the working project group for the initiative. The Institute for Advanced Telemedicine and Telehealth, co-located with the colleges in downtown Phoenix, will provide state-of-the-art distance learning technology to support the educational curriculum. It is a joint investment of the State of Arizona and the U.S. Government to create a technology-enhanced education center of the future.

“Our project team is committed to developing a new model of interprofessional health professions education to prepare the primary care providers of the future and equip them with the necessary skills to deliver the highest quality of care to high-risk populations in rural and underserved Arizona and America,” ASU College of Nursing & Health Innovation Dean Bernadette Melnyk, PhD, said. “Preparation of nurse practitioners,



Grant principals gather at the College of Nursing & Health Innovation to work together laying the foundation for an interprofessional educational model to develop a more effective generation of primary care providers..

physicians and pharmacists for a large part of their curriculum together will enhance teamwork, collaborative care, and patient outcomes.”

Foundation Supports Improvement in Public Health

The Josiah Macy, Jr. Foundation, founded in 1930, is dedicated to supporting innovations in health professional education that will improve the health of the public. “This grant expresses several of the current funding priorities of our foundation,” said George E. Thibault, President of the Josiah Macy, Jr. Foundation. “Interprofessional education is one of the important paradigm shifts to better prepare a health professional workforce to function in a delivery system that values teamwork and collaboration. We are also committed to finding strategies to increase the number of health professionals choosing careers in primary care and to better prepare health professionals to deal with special populations’ needs. This grant has the potential to make important contributions in all these areas, and we are very excited to work with the Arizona Consortium.”

One objective of the project is to develop an accelerated curriculum to decrease the economic burden of tuition on students, according to Dean Melnyk. The Affordable Care Act increases the importance of addressing the primary care provider shortage since 30 million more patients will have access to healthcare. The Association of American Medical Colleges estimates that the nation will have a shortage of approximately 21,000 primary care professionals by 2015 if measures are not taken now.

Insufficient Interprofessional Preparation

At the same time, there are few academic programs today that provide sufficient preparation that assist students to master the unique demands of primary care practice for rural and underserved populations. Teamwork, collaborative decision-making, evidence-based practice — all important

competencies to achieve high quality and safe outcomes in every health-care setting — are pivotal to success for rural practice. Yet, health professions students continue to have minimal contact with each other due to seemingly insurmountable conflicts in time, schedules, accreditation, and credentialing requirements. Even the most progressive programs are able to bring together students only a few times during their four or more years of education and often base matching of students on scheduling demands rather than comparable learning needs.

The three deans believe it is time to address and overcome the obstacles to meaningful and ongoing interprofessional experiences. “We are working together on a new curriculum model that will capitalize on the strengths of each of our programs and reduce the usual barriers, explained Gerri Lamb, PhD, co-Principal Investigator on the project. “We’re very excited about using new distance learning technologies as a way to engage faculty and students and resolve scheduling issues and concerns about aligning accreditation and credentialing guidelines.”

The Latest Evidence on Interprofessional Education and Transdisciplinary Teams

A recently published Cochrane systematic review assessed the effectiveness of interprofessional education (IPE) interventions compared to education interventions in which the same health professionals learn separately from one another. Evidence from four of six studies supported that IPE resulted in positive outcomes on the culture of the clinical setting, management of care, collaborative team behavior and reduction of clinical errors. Even with a growing body of evidence that transdisciplinary teams enhance quality of care, decrease patients’ length of stay, lower costs and reduce medical errors, interprofessional education is not the norm for most health professions colleges.



A group of nursing, medical and pharmacy students discuss interprofessional collaboration in a breakout session at a recent workshop.

Collaboration with Area Health Education Center in Rural Health

Each of the three colleges collaborates with the Area Health Education Center (AHEC) to assist students to develop knowledge and expertise in the unique challenges of working in rural and underserved areas, along with the relevant health and access issues these populations face. The collaboration offers opportunities for scholarship and support for clinical experiences in the rural or medical services areas. Project teams from AHEC and the colleges design each student's clinical experience and pair them with two mentors — a rural preceptor and an academic faculty member.

The ASU and University of Arizona deans have committed their leadership and faculty to prepare the next generation of healthcare providers in a collaborative way. "For too long, we have trained health professionals independently with minimal interaction," said Philip J. Schneider, MS, Associate Dean for the University of Arizona College of Pharmacy. "It is not surprising that health professionals do not work collaboratively when they graduate because they are not educated together. Creating a new academic program like IHPE in Phoenix provides a revolutionary approach to educate physicians, nurse practitioners and pharmacists."

Integrated Curriculum Model

The partners' goal is to design an integrated curriculum in four phases over two years. The model includes both core and specialty components that all students in the DNP, MD, and PharmD programs would take together. For students electing to specialize in primary care of rural and underserved populations, common content and clinical experiences include the design of healthcare homes in urban and rural areas, health promotion and behavior change, chronic illness care, integration of mental and physical healthcare, medication management and error reduction, and more advanced leadership content and experience in teamwork, quality improvement, informatics and distance technology.



Workshops for students in various health professions, like this recent event in Phoenix, provide an opportunity to ask questions, learn from one another, and set the stage for effective professional collaboration in their careers.

Dean of the University of Arizona College of Medicine-Phoenix Stuart D. Flynn, MD, feels that the strong schools of nursing, pharmacy and medicine in Arizona provide the perfect setting for powerful interprofessional training. "The College of Medicine embraces the opportunity to train the next generation of physicians to practice in a patient-centered medical home environment where healthcare is delivered by a diverse, highly functional team of providers trained to understand, value, and utilize the role of their colleagues," said Flynn. "The Macy grant will allow us to further develop our curriculum which will be delivered in classroom, simulation, and patient care settings. This project provides a foundation for primary care providers to serve as leaders in healthcare reform and empower the way in which 'value' in healthcare is measured." ■



The DOCTOR of NURSING PRACTICE at ASU –

Preparing expert evidence-based clinicians to reform healthcare

Innovation is a guiding principle of the College of Nursing & Health Innovation's strategy so it came as no surprise when the college was among the first group of colleges of nursing to launch a Doctor of Nursing Practice (DNP) program in January 2008. Now more than two and one-half years later, it has 49 graduates, or seven percent of the 660 DNP graduates in the U.S.

"Our DNP program has experienced substantial success and growth in a short time," Dean Bernadette Melnyk said. "It is an outstanding example of a learner-centered program that produces the highest caliber of expert evidence-based practitioners."

In October 2004, American Association of Colleges of Nursing (AACN) member schools voted to endorse the Position Statement on the Practice Doctorate in Nursing, which called for moving the level of preparation for advanced nursing practice from the master's to the doctoral degree by 2015. In the six years since this position was taken, 120 nursing colleges out of 388 with graduate and doctoral programs have established a DNP program and 161 are in the planning stages, according to AACN. More than 5,160 students are now enrolled nationally in DNP programs.

Evelyn Cesarotti, program director, said the DNP program at ASU's College of Nursing & Health Innovation started with a master's-prepared

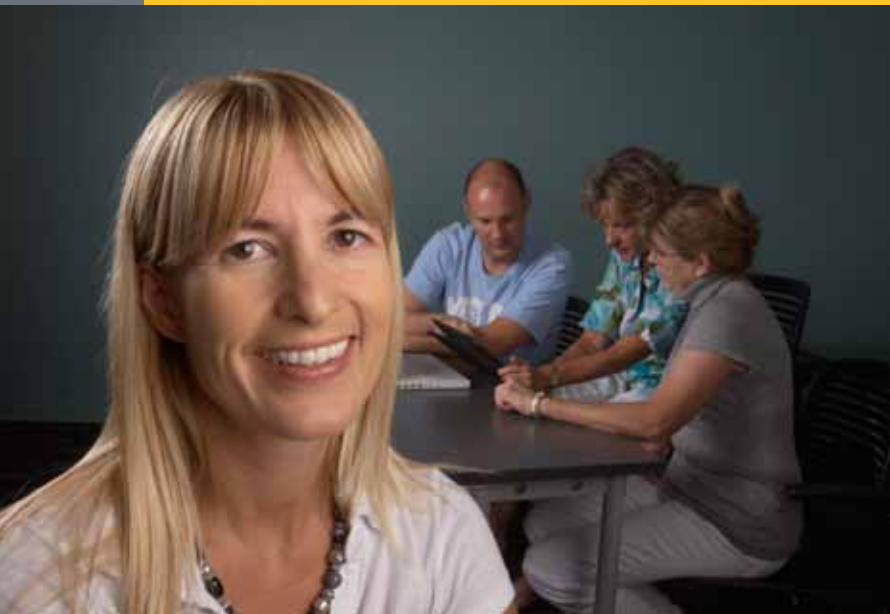


cohort of 26 students in January 2008. It has grown to an enrollment of 143 students (103 students are in the BSN-to-DNP program; 40 students are in the post-master's program). The DNP program prepares graduates to provide the most advanced level of nursing care for individuals, families, groups and communities. The mission and goals of this program, consistent with AACN guidelines, emphasize advanced nursing practice, translation of evidence-based knowledge into daily practice, culturally-sensitive care, and leadership in transforming the healthcare system.

The DNP program offers both full- and part-time options in a mixed synchronous and asynchronous format with about 75 percent of coursework asynchronous. The full time BSN-to-DNP program is 84 units and is a year-round program and requires three years for completion. Within the BSN-DNP option, students may select from a number of nurse practitioner tracks including family, adult, pediatric, geriatrics, women's health, neonatal, adult, and family psychiatric mental health, and child/family psychiatric mental health. The geriatrics track was added in the second year of the program.

Each of these tracks requires 1,170 clinical hours (the post-masters program requires 540 clinical residency hours). The vast majority of clinical placements are in primary care sites except for the more acute-care focused neonatal NP track. The college has contracts with more than 700 urban and rural clinical sites for clinical rotations. Out-of-state students (approximately 20 percent of all DNP students) may complete clinical rotations in their home states with nationally certified preceptors in their own specialty.

The hybrid distance learning format also was designed for students in remote locations who often do not have nearby DNP programs. By 2009, 11 students from each DNP cohort (five in the BSN-DNP



program and six in the post-masters program) chose a focus on rural and underserved populations. Students typically begin clinical practice in their rural rotations in their first clinical course during the second semester of the DNP program. Post-master's students often complete all of their clinical residency hours in the rural area. The College of Nursing & Health Innovation has clinical mentors in rural areas of Maricopa, Pinal, Gila, Yuma, and Yavapai counties.

Program Refined and Expanded

In fall 2010, students were admitted for the first time to the BSN to DNP without a pass-through master's degree option, which makes the DNP the terminal degree for advanced practice programs. In each specialty area, students prepare for advanced practice and eligibility for certification. Courses are sequenced so that students progress from acquisition of advanced population focus/core knowledge and advanced clinical skills toward increasingly complex clinical management. Clinical preceptorships are similarly organized to advance students to independently manage health promotion and minor acute and stable complex health conditions. Students then progress to the advanced DNP curriculum level where they move from beginning practice to increasing levels of leadership and evidence-based practice mentorship.

The curriculum also has been refined since the start of the program. Teaching-learning practices in the Post-master's Entry with Advance Practice Specialty DNP program are tailored to the student population, and build on prior learning. Post-master's DNP students have contributed to positive revisions in the curriculum, especially since the first graduating class in 2008 included seven of the college's nurse

practitioner faculty. These graduates contributed to revising the clinical EBP project and establishing the portfolio as a format for documenting competencies at the DNP level. Portfolio is an on-going record kept by students throughout the program and contains their major papers for every course and is a reflective synthesis of how each assignment meets the DNP Essentials.

The first class, which completed the program in three semesters, also advocated successfully for lengthening the program to four semesters to allow for more time to implement and evaluate the Clinical EBP Project.

It is required that students admitted to the post-master's program have already met the requirements of professional certifying bodies for advanced practice or be eligible for certification. Building on that foundation, courses in the post-masters program are designed to address the *Doctoral Essentials*. The program of study shows that courses address mastery and expert level in evidence-based practice, economic and political influences on healthcare and professional practice, and practice problems at a system level. These particular competencies differentiate the DNP from the college's former master's degree curriculum for NP students.

One of the goals at the outset of the DNP program was to prepare nurse practitioners with doctoral degrees for leadership and faculty positions. According to Program Director Cesarotti, College of Nursing & Health Innovation faculty who were in the first 2008 class and those who were teaching NP students have assumed leadership roles in our DNP program now, including Diane Nunez, Peggy Yancy, Debra Ilchak and Kathy Kenny. Others graduates of the DNP program teach in the undergraduate program and include Charlotte Armbruster, Judy Sayles and Tyke Hanisch.

A Program with an EBP Difference

The DNP program at the ASU College of Nursing & Health Innovation differs from other programs because evidenced-based practice is the central focus of the program threaded throughout the entire curriculum. Full-time post master's students have a course on EBP each of the four semesters where they select, plan, implement and evaluate their EBP project. For BSN-to-DNP students, classes are offered in each of the first four semesters to build the basic foundation in preparation for the intensive EBP course work and project in the last four semesters.

Graduates Offer Feedback on DNP

From a professional viewpoint, a number of graduates of the DNP program have experienced significant progress in their career tracks, moving from clinicians to director or assistant director positions as a direct result of their new academic degree. DNP graduates also report receiving increased levels of responsibility in their current positions, having greater

involvement in health policy development and contracting activities, moving to chair positions on committees, being promoted to management positions, and taking the lead in EBP Mentor Development programs. (See article on page 12 for two recent graduates' views on the career value of DNP program.)

According to Program Director Cesarotti, public recognition that students have given DNP program faculty is among the most satisfying outcomes. In that case, comments by recent DNP graduates in an article by E'Louise Ondash, RN, in **Nurse.Com** last May certainly were welcome.

Graduates Provide Feedback

After more than 20 years in practice, Jean Anderson, DNP, RNP, ANP-BC, decided to continue her education and enroll in the DNP program at ASU. "I wanted to acquire new tools, experiences, mentorship and learning opportunities that could allow me to more effectively apply my knowledge, experience and skills," Anderson, an assistant clinical professor at the School of Nursing at Northern Arizona University, was quoted in the article. In mid-May, Anderson realized her dream and graduated from the DNP program at ASU. She knew it would expand her clinical capabilities, "but more importantly, it helped me to think on a more global scale and to use the evidence-based practice process to guide and improve patient care."



Sun Jones, DNP, MSN, FNP-BC, from Chandler, Ariz., was another graduate quoted in the **Nurse.Com** article. She has been a nurse practitioner since 2001 and could have been "grandfathered-in" when the doctorate requirements become effective in 2015. "But I wanted to be a better practitioner," she explained.

"ASU's program took me to the next level," Jones told **Nurse.Com**. "I'm not just reacting, but I'm initiating – making suggestions instead of just following doctors' orders. The program taught me how to be a leader and how to apply evidence-based practice. I have the confidence to speak with specialists. I can make patient care safer, better and more efficient."

Cesarotti noted more positive feedback was received when one of our graduates spoke at the American Association of Nurse Practitioners Conference in Phoenix in July about the our DNP program, saying the program made her see her practice in a whole new light. "That remark made the DNP faculty and me feel that we are achieving our goal of making a real difference," Cesarotti said.



Evelyn Cesarotti

"Clearly, this degree program is an effective means of increasing the level of advanced nursing practice, establishing consistent use of evidence-based practice methods, and preparing leaders to help make needed transformations in the healthcare system, Dean Melnyk said. "As demands on the healthcare system in this country continue to increase, DNP graduates are prepared to play a key role in meeting these challenging, ever-growing needs." ■



In Their Own Words:

Two graduates of ASU's DNP

Contributed by Sun Jones, DNP, MSN, FNP-BC (Class of 2010)

Sun Jones is a board certified family nurse practitioner at Desert Valley Family Medicine, P.C., and graduated from Arizona State University with BS in Microbiology and a BSN. She worked as a pediatric nurse at Phoenix Children's Hospital, a Medical-Surgical Nurse and as a Case Management Team member at Banner Good Samaritan Hospital. She became certain of her commitment to the field of family practice, and pursued a Master degree in Nursing with focus in Family practice nurse practitioner at the Arizona State University. Upon her graduation, she obtained her ANCC board certification in 2001 and spent the last 9 years at a local family practice. Sun Jones completed her Doctor of Nursing Practice (DNP) at the ASU College of Nursing & Health Innovation in May 2010.

Providing the highest quality care to patients has always been the guiding light in my professional life. Eight years experience working as a nurse practitioner brought me a large patient following, the respect of my colleagues, and a deep satisfaction with my chosen career. However, despite the knowledge that I was providing excellent patient care, I felt a sense of unease when challenged to step beyond my clinician role and function in more of a leadership position, making suggestions to improve the practice model, employee relations, and clinical management of patients.

Bits and pieces of information about the Doctor of Nursing Practice program had come my way, prompting me to investigate further. Upon reading the course descriptions, I realized the advanced degree would provide me the knowledge, skills and confidence I needed to enhance my skills as a clinician and to function as a leader in the family practice where I was employed. While I knew I was an integral part of that practice, I wanted to know more, contribute more, and expand my professional role within the organization. I recognized that pursuing the DNP would provide me the tools to do just that, and the decision to return to school was made.

The first day of immersion class was overwhelming. I was extremely nervous, but also excited to be part of a program that is sure to change the way nurse practitioners are viewed by other healthcare professionals and by patients. However, by the end of the fifth and final day of the immersion session, my nervousness and excitement had given way to sheer worry about how I was going to simply survive the demands of the program. I was intimidated by the technology required by the distance-learning component. Fortunately, my cohort in the program, my instructors, and especially my mentor, Dr. Evelyn Cesarotti, strongly encouraged me to overcome my fears and continue with the program, and my studies began.

In the small office I had set up in my home, the place where I spent most of my waking hours before and after work, I hung the "Dream Big" poster that had been given to each of the students by Dean Melnyk at the immersion session. Each time I felt overwhelmed by the volume of assignments I would glance at the poster on the wall and was reminded to simply "take one bite at a time" as Dr. Melnyk and other professors reminded us. Each course was challenging and difficult for me, particularly since I had not been in academia for nine years. Times have changed and technology has advanced in the interim, and yet it is this very advanced technology that

What the DNP Means

program share their insights.



made it possible for me to work full time and still be able to communicate and complete assignments from home.

The coursework provided the basis for me to become a clinical scholar, an evidence-based practitioner, an innovator, and a leader in my work setting. It challenged me to think—not only about the individual patients, but about the larger picture as well—for the benefit of my practice, nursing organizations, and the United States healthcare system. The classes provided me with the tools to become who I want to be, expanding my horizons and career potential in the future.

Occasionally it was challenging to see the important connections between the coursework and real life when I felt overwhelmed with learning about the evidence-based practice process and trying to complete the capstone project. However, looking back on the sequence and process of the course work, it all makes sense and I can see that I was able to finish the project successfully because the progression of the program was so well organized. Classes provided me the opportunity to learn about leadership, professionalism and health policy. I am far more aware of what is going on with the policies that shape the American healthcare system and the importance of our roles as nurse practitioners.

Having successfully completed the program, I feel a sense of freedom to grow in my career. I am more confident in patient care. I know how to find the latest evidence-based data for my patients, and it is gratifying to know that I am doing my best to provide them the best care possible. I am also far more confident in my ability to take on a leadership role at my work. I am unafraid of challenges, because I have learned the tools to solve problems and find answers. Obtaining a Doctor of Nursing Practice degree was my stimulus to continue to strive to provide better care for my patients and, at the same time, play a part in gaining the recognition we deserve as nurse clinicians, rather than physician-extenders.

Contributed by Pam Lusk, DNP, RN,
FPMHNP-BC (Class of 2010)

Pam Lusk graduated from Spalding University in Kentucky with a BSN and worked as an Adolescent Team Nurse at a Child/Adolescent Psychiatric Hospital and then obtained a MS in Nursing at the University of North Carolina, Chapel Hill, with a major in Child/Adolescent Psychiatric Nursing. Lusk served as a Child Psychiatric Clinical Nurse Specialist in a rural Kentucky community mental health center, University of Louisville Child Guidance Clinic, and at the Duke University Adolescent Psychiatric Inpatient Unit. She then taught Psychiatric and Community Health Nursing at Northern Arizona University full time for seven years. She received a post-masters certificate as a Psychiatric Nurse Practitioner at ASU and became certified as an ANCC FPMHNP (Child/Family Psychiatric/Mental Health Nurse Practitioner). Lusk has spent the past seven years working with both adolescents and adults in Community Mental Health in Prescott, where she worked both in the outpatient clinics and in the acute care Psychiatric Inpatient Unit.

A couple of years ago, I was approached by colleague NPs in Prescott who were thinking about applying to DNP programs and going through a program as a small cohort. I was comfortable with my role as a Child/Family Psychiatric Nurse Practitioner and enjoyed



Pam Lusk reviews a patient's electronic records with her colleague, Daniel Knight, FNP.

working with a wide range of colleagues, but I'd never worked with a DNP and didn't know what the role entailed. As I learned more, I was excited that the DNP was a practice-based degree. I soon registered for an ASU-sponsored Child & Teen Mental Health Institute for primary care providers and it became clear that the ASU College of Nursing & Health Innovation is becoming a national leader in the Child/Family Psychiatric Nursing specialty. The program was exceptional and I left that institute excited about the possibility of studying in the ASU DNP program. Once I was accepted, I felt particularly fortunate when I learned my mentor would be Dean Bernadette Melnyk, a psychiatric and pediatric nurse practitioner who is a recognized expert and advocate in the field of Child and Adolescent Mental Health.

In addition to my outstanding faculty mentor who asked piercing questions and provided a great deal of support and direction, I also found my peer colleagues to be an impressive group. We continuously questioned, learned from and supported each other in our various academic endeavors. While it was difficult to adjust to assignments that required practically every waking hour outside our usual obligations, we managed to fit it all in even working full time.

A couple of DNP classmates, Sue Zager and Jean Anderson, recently reminded me of our common discomfort of "going from expert clinician to novice technology scholar." That was a common sentiment as many in our cohort, including me, did not have experience with the current information technology used to research and communicate the academic literature. Faculty and classmates who were competent in this area assisted us. We are all now comfortable using these tools in our everyday practice.

The courses I found particularly exciting and valuable were the "Teaching in Academic and Practice Settings" course, and the other electives in the Nursing Education Track. These were exemplary learner-centered courses and the faculty consistently modeled how to incorporate evidence-based strategies into our own teaching.

In core DNP courses, we explored organizational systems and innovative leadership related to our practice and areas of interest. In the Health Policy course, I was able to learn the process of a nurse-sponsored bill becoming law by following the Arizona State Senate bill, "Psychiatric and Mental Health Nurse Practitioners," from its initial filing, through the senate and house committees (which I attended), to being signed by the governor. The bill amended legislative articles concerning court-ordered treatment and evaluation to recognize the role of PMHNPs including testifying at court hearings, allowing a court's consideration of PMHNP evaluations, and providing for compensation. It included PMHNP in definitions of "admitting officer," "independent evaluation," and "professional."

DNP Provides Broader View

We were gratified by the interest and positive response to our work by colleagues as we completed the program and presented our projects at national meetings. At the International Society of Psychiatric/Mental Health Nurses, I became actively involved on committees and fielded questions about DNP curriculum. Long-time co-members of an ANCC panel continue to point out to me the changes they have seen in me as I moved through the DNP program. For me, the significance has not so much been an increase in clinical expertise although I have become very comfortable searching for best evidence-based interventions, but rather the broader way I view my NP role. I am especially excited about the incredible opportunities Child/Family Psychiatric Nurse Practitioners have to contribute to the increased availability of evidence-based mental health services for children and teens. We have the potential to be at the forefront of addressing barriers families face when seeking mental health services. We can establish models of providing timely, effective mental health interventions to young people in familiar settings where they can easily access the services.

Since completing the DNP, I have taken a position as director of the Southwest Health Center for the Treatment and Prevention of Child & Adolescent Depression and Anxiety Disorders at NP Healthcare – Downtown Phoenix, a nurse-managed health center where we routinely integrate mental healthcare with the care provided by family nurse practitioners. It is rewarding for us, and the patients receive effective, evidence-based treatment provided in the environment that is familiar and comfortable for them. As outcomes are measured, I am certain that DNPs will be at the forefront of increased integration of mental health services into primary care settings, especially through nurse-managed clinics. ■

An Inside Look At the DNP Program

Innovations in Nursing & Health asked three current students in different advanced specialty tracks to provide their perspectives on the DNP program at the College of Nursing & Health Innovation. Their views follow.

Elia Valdivia

DNP Women's Health Nurse Practitioner Program Student

Introduction: *Originally from Peru, I moved to Phoenix with my family at age six. Education is a huge factor and motivator in my family, thus, it was only natural for my eagerness to further my education, and I graduated with my BSN from ASU in 2003. An important moment in my life that affected my career choice was transitioning as an engineering student to nursing. I took a theory class with Barbara Fargotstein and her enthusiasm and passion for her profession moved me. I thank her every chance I get for being such an amazing teacher and opening my eyes to the culture of nursing, which I have loved every second since I started the nursing program. I have worked all over the valley in hospitals focusing in L&D, Antepartum, and Postpartum, and currently work in the NICU at St. Joseph's Hospital and Medical Center in Phoenix.*

What motivated you to enter the DNP program? How does it help realize your career goals?

I have always desired to further my education in anything that I am passionate about, and I am very passionate about nursing. In addition, I am a nursing alumni and had a fantastic experience with the BSN program at ASU. Therefore, it only made sense to continue with the ASU graduate program.

Why did you choose your advanced practice specialty?

It developed after I graduated from high school and realized that women need positive advocates in healthcare to properly guide and educate them in their decisions.

What are the biggest challenges for you in the DNP program?

Writing was my biggest challenge by far. Nonetheless, with the



encouragement and guidance of my professors, I feel I have not only improved as a writer but also matured in my technique.

Is going straight through to complete your terminal degree in clinical practice the way to go for BSNs to obtain a DNP?

I believe it is an individual choice. Everyone has unique circumstances that can greatly impact how dedicated they want to be in the program. And you have to be fully dedicated to achieve success.

What is special to you about the DNP program at ASU?

My relationships with my colleagues, professors, and mentors are most special to me because I can rely on them for support, good judgment, and, by all means, they inspire me to be the best.

Please describe your experience with your mentor? How has it benefited you?

Indescribable! My mentor is Cristi Coursen, PhD, WHNP who has become my motivator and very dear friend. She gives me confidence and pushes me to boundaries I would never have imagined. She truly is a nursing idol and icon.

Is the DNP program meeting your expectations?

Like any new program, there have been adjustments; however, when you have support all around you and a positive atmosphere, it becomes a painless transition.

How do you find distance learning?

I am not a fan of it but do appreciate that my professors are available all the time via email, phone, or even in person. Also, it's nice that we meet as a class in immersion for a few days to touch base every month.



Danielle McBurnett

DNP Pediatric Nurse Practitioner Program Student

Introduction: Danielle McBurnett earned an Associate in Arts degree with highest distinction and a 4.0 GPA from Chandler-Gilbert Community at age 15. At age 17, she became the youngest BSN nursing graduate in the history of the College of Nursing & Health Innovation at ASU. She graduated summa cum laude with a 4.0 GPA. As a student in the BSN-to-DNP program, she is the youngest nurse practitioner student in Arizona and the U.S.

What motivated you to enter the DNP program directly after you received your BSN degree? How does it help realize your career goals?

I have wanted to be a pediatric nurse practitioner since I started in my BSN program. I enjoy working one-on-one with parents and their children as a nurse practitioner student. Through my experiences in the DNP program, I love working in pediatrics more than ever.

How have you found the DNP program so far? What have been the biggest challenges for you?

The program has been wonderful so far, in a very challenging way. All of the learning opportunities we have experienced have presented new challenges, but I feel it has been those challenges that drive us to give our very best. My biggest challenge has been taking on all the

responsibility of my new role as a nurse practitioner. However, overcoming this challenge has definitely been rewarding.

You are the youngest student in the program. Do faculty and other students treat you differently because of your age?

It has always been important to me to be treated based on my capabilities and not my age. As students, we all need the same knowledge base, and just because I am younger than the other students doesn't make me an exception to this. We will all be nurse practitioners soon, and thankfully, my faculty and fellow classmates have never treated me any differently.

Is going straight through to complete your terminal degree in clinical practice the way to go for BSN's who plan to be nurse practitioners?

A wonderful aspect of education is that it offers different opportunities for everyone. What is right for one student may not work or be possible for another. Students in my program have the same goals, so this program worked for us, but it wouldn't work for everyone.

What is special to you about the DNP program at ASU?

The accelerated nature of the DNP program at ASU is a great advantage. It permits you to fit life, education and work together in a balanced way. The faculty also has been very special. They have great experience and are inspiring to the students. Lastly, our clinicals take us to a myriad of settings, such as pediatric practices, children's hospitals, and our college's health centers. This provides students with a rich variety of clinical experiences.

What 'ah-ha!' moments have you had in the program?

My 'ah-ha!' moment was when I realized how affirmative the environment is in this program. As students, we are all swimming in a sea of knowledge and responsibility. We are encouraged to get in there and learn it. One of my most memorable experiences occurred when I worked with parents of a child who had a MRSA infection. They had many questions since their small daughter had never been hospitalized. Afterwards I received a thank you card from the mother which told me how much they were relying on me.

Please describe your experience with the mentorship provided in the program?

Leigh Small, PhD, RN, PNP, FNAP is my mentor. I have been very fortunate to learn from her as she leads the DNP pediatric track. We talk almost every week and she has inspired me by the countless hours she has devoted as my mentor and preceptor for clinicals. She also has further encouraged me in the gift of "giving back" to others and the expanding role

of nurse practitioners in primary care. Dr. Small has been outstanding from a student perspective, and I am grateful that she devoted so much time to helping me be successful in this program.

Is a doctoral degree necessary for an NP as opposed to a master's?

A DNP degree is not for everyone. However, continuing your education is always necessary in an evolving profession. It will be essential for nurse practitioners in the future in view of the AACN member college decision that NPs have a doctoral clinical degree starting in 2015. A DNP degree is a win-win for nurse practitioners and the patients for whom they care in an increasingly complex healthcare environment.

Is the DNP program meeting your expectations?

The program has been excellent and has exceeded my expectations. It is very challenging but rewarding and I hope many other nursing professionals consider it. The BSN-to-DNP opens new educational and career opportunities to baccalaureate-prepared nurses, and I am looking forward to pursuing the new opportunities this program has made possible for me.

How do you find distance learning?

Distance learning is a new experience for me. It gives students the opportunity to pursue their other work and personal responsibilities while obtaining an advanced degree, which makes it a great advantage.

How has your family supported you?

My parents and siblings have been my biggest supporters. They are my foundation and have always encouraged and cheered me on. They have done the same for all my siblings including my 16 year-old sister who is in the engineering program at ASU and who has a 4.0 as a junior.



Faculty/Mentor Leigh Small with Danielle McBurnett.



Jamey Stephens

DNP Family Nurse Practitioner Student

Introduction: *I have worked as a nurse in Canada, Australia and several states within the U.S. I graduated from a diploma nursing program at Seneca College in Ontario, Canada, my Bachelor of Science Degree and Public Health Certificate from Cal State Dominguez Hills, Calif., and my Master's in Nursing/Family Nurse Practitioner from the University of Phoenix. I have worked as a nurse in many healthcare arenas from intensive care to emergency to occupational health. As an advanced practice nurse, I have worked in occupational health and most recently in family practice.*

My current family practice setting is in Las Vegas, Nevada. My organization shows value for the role of the advanced practice nurses by providing preceptors for new employees and a climate of expectation for collaboration between physicians, physician assistants, nurse practitioners and other levels of nursing professionals. The organization has a career ladder for advancement and some financial as well as scheduling support for education. The care is patient focused and for the most part well integrated with the use of electronic medical records and e-scripts. There is an expectation that providers use evidence-based practice. I expect to graduate in May 2011 with my DNP as well as a Nurse Educator Certificate in Academic and Practice Settings.

What motivated you to enter the DNP program? How does it help realize your career goals?

I have always enjoyed learning and I saw a doctoral degree as the logical next step in advanced practice. I specifically chose the DNP because as a nurse practitioner I wanted a degree that would compliment my clinical nursing practice. The DNP will allow me to work both in the academic settings as well as in the clinical practice area, which is the best of both worlds for me.

What is your advanced practice specialty?

I am board certified as a family practice nurse practitioner by the AANP. I work in a family practice clinic and see patients who are ages 16 and up.

How have you found the DNP program so far?

I have found the program to be a significant challenge. One of the biggest challenges is to understand the expectations of the DNP role. As a relatively new degree, the expectations of clinical practice versus research are a significant point of debate. The DNP is an evolving degree that challenges one to personally reflect on practice roles and leadership. Time management is one of the biggest challenges. It also is challenging to balance work, personal and educational priorities; however school often wins. I spend an average of 35 plus hours a week to meet the needs of the program. Some assignments require me to take an extra day off from work so that I have dedicated time for those assignments.

What is unique to you about the DNP program at ASU?

One of the unique things about the program is how each semester builds upon the previous—what you do in one semester prepares you for the challenges in the next. The hybrid approach with most learning online, clinical hours in your geographical and/or work setting, as well as planned semester immersion dates work well. I am able to work in my clinical practice, implement my evidence-based project there and go to school. The focus of the clinically-based project and the evidence it takes to implement a project are interwoven into each semester. Since I am in the third cohort, there are a lot of requests for student input on what is working and what is not.

What ‘ah-ha!’ moments have you had in the program?

My biggest moment was when I realized that the DNP carries with it the necessity to be a focused and knowledgeable clinical based leader. I did not realize how complex the healthcare environment has become, and that responsibilities for scholarship, advocacy, and engagement come with the role. Another ‘ah-ha!’ moment happened at fall immersion where I realized that one of the struggles I was facing was how adults learn. We like to be told exactly what is required to be successful and we are not comfortable if we perceive that we have not met certain requirements. The emphasis in the DNP program gives guidance. However, success rests in our own ability to network and develop our own skills. There is a roadmap but not a specific driving route; there are mandated checkpoints but alternate paths. This can be extremely uncomfortable for someone looking for a checklist.

Who is your mentor? How has the mentorship benefited you?

Debbie Hagler, PhD, RN, ACNS-BC, CNE, ANEF, Clinical Professor is my mentor for the program. She has been an invaluable support. She is someone who inspires one to do better all the time. Through her leadership and mentoring, she demonstrates the power that nurses have to make a difference.

What is the most surprising thing that you have experienced or observed as a DNP student?

I have experienced a sense of amazement at the professional skills level and accomplishments, not only of my peers, but also the faculty. Despite the fact that this is for the most part a distance learning program, I have found the faculty to be supportive of our educational needs and championing us to the finish. From my peers, I have been inspired by their goals and projects as well as how much they have accomplished before enrolling in the program. They bring a wealth of experience and diversity that demonstrates they are visionary leaders. Within my own professional network, I have found that there is still a knowledge deficit regarding the DNP degree and the role we need to play as part of the larger healthcare picture.

Have the immersion sessions been of value?

The on-site immersion sessions allow for networking with our peers and faculty with whom we will be spending a lot of time later in interacting

mostly online. Faculty solicit feedback on the sessions and try to target activities that will help with the next phase. While many things can be done in a virtual environment, it is an opportunity to target areas of challenge and share experiences in a learner friendly environment. Students who graduated from previous cohorts came to immersion to share insights and encourage us to keep on track.

What has been your most rigorous but inspiring learning experience?

There is a significant challenge to learning in the online environment. I had no idea what evidence-based practice really meant and what it takes to implement it personally. I think the first semester was the hardest because the initial content seemed almost overwhelming. As I look back, I see that intent was to help us pull our resources together to build within ourselves and collaborate with others for success from one semester to the next. While I have learned a lot about leadership, I did not have in-depth knowledge about what it means to be scholarly. I am amazed at the diverse backgrounds and professional skills of my fellow students.

Is the DNP program learner-centered?

The DNP program is a learner-centered educational model. You need to be prepared to evaluate yourself honestly about your learning needs so that you acquire from the program the skills you need. Faculty are guides but what you learn or attain is your responsibility. The learners in the cohort come from various backgrounds with different skill sets. In comparison, as I look back to my first nursing program, we were all on the same playing field with the same skills (e.g., how to give an injection). Today, advanced practice nurses may be inserting central lines or closing for surgery. We are expected to be confident, critical thinking collaborators and this can at times be intimidating. Regardless of our bachelors, masters or doctoral level achievements (PhD, DNSc or DNP), we all have social responsibility to participate in healthcare reform. Achieving clarity of vision and collective support for professional goals is a personal commitment and the work cannot be done for you. Nurses as a professional group need to be accountable for our profession rather than just allowing others to shape it.

What would you say to another person considering application to the DNP program?

It is important to do an honest evaluation about your career commitment. As a nurse, you may be committed to the profession of nursing but

do you know what your personal commitment to development is and if you are ready. Know the difference between the degrees and select one that complements your vision. Make sure you have the time to focus on the skill sets and double the time you anticipate for each assignment. Network with other doctorally-prepared nurses within the nurse practitioner associations and learn what each is doing in his/her role. You are already a role model within your profession but the DNP is an opportunity to learn how to inspire others to do better within the nursing field in which we are privileged to work and an opportunity to be part of global health change.

Is the DNP program meeting your expectations?

The DNP program is meeting my expectations. The structure of my program option allows for full-time completion in 18 months, but it requires a significant time commitment. The program offers adequate freedom to be able to work and go to school. The program is not designed to spoon feed. You need to be responsible to get clarity on what you do not understand and sometimes you miss the mark, and this can be frustrating because you have spent a great deal of time in one area and then need to redirect and refocus. At times, these challenges seem insurmountable but you have to look at your overall goal and sometimes you just have to let that one assignment be what it is. This is where your peer support group is helpful. We encourage each other.

How do you find distance learning compared to classroom-centered learning?

I love distance learning. It allows for learning at a pace and schedule that works. I can attend a program that I want even though I live out of state. If I had gone to a traditional classroom, I would have needed to change jobs, and or move to a different city or state in order to complete the program of my choice.

How has your family supported you?

My family has been incredibly supportive. My fiancé has a PhD degree and understands the rigors of academic life. He also teaches in the online environment and has been able to support me with the challenges of this environment. My other family members have always been supportive of my learning as well as professional choices. ■

In October 2004, the membership of the American Association of Colleges of Nursing (AACN) made a significant, profession-changing decision to endorse a position to prepare all advanced practice registered nurses in Doctor of Nursing Practice (DNP) programs. Since this historic vote, a tidal wave of change has occurred in academic nursing programs and across the profession. In the view of many, the tipping point has been reached in the transition from the master's degree to the doctorate as the required preparation for the highest level of professional nursing practice.



The Doctor of Nursing Practice: Reaching the Tipping Point

by Geraldine "Polly" Bednash, PhD, RN, FAAN, Chief Executive Officer, American Association of Colleges of Nursing

This position was recommended to the AACN membership following a two-year process to investigate the changes occurring in healthcare, the challenges facing advanced practice registered nurses in an increasingly complex healthcare system, and the issues confronted by educators working to design programs to prepare nurse practitioners and other specialists. Additionally, the national calls to reform health professions education to enhance the ability of clinicians to address issues related to quality, safety, care outcomes, and system change could only be addressed by a dramatic re-envisioning of advanced practice education. Clearly, expansion of master's programs to a credit level beyond that typically required for this degree would penalize the learner and not be reflective of the time and investment required of students. Thus, the Doctor of Nursing Practice was deemed the appropriate academic credential for this newly conceptualized education for the future.

The evolution of the DNP has been rapid given the strong interest in these programs by educators, students, and practicing clinicians. With only four DNP programs available when the position statement was endorsed in 2004, dramatic growth and acceptance of the DNP has been evidenced with more than 120 institutions now offering the DNP. Additionally, another 161 institutions have reported to AACN that they are in the planning stages and will soon open new DNP programs. Moreover, enrollments in DNP programs increased dramatically from almost 70 students in 2002 to 5,165 in 2009, providing strong evidence of the widespread acceptance and support for this transition.

Beyond academia, the movement to the DNP has been embraced by a number of national practice-focused organizations, including a host of nurse practitioner groups. In June 2010, the American Nurses Association passed a position statement titled *The Doctor of Nursing Practice: Advancing the Nursing Profession* to clarify and solidify the ANA's recommendation that the DNP be recognized as the terminal practice degree to prepare nurses for the complex clinical practice environment.

Nurse practitioners (NPs) and the organizations representing them have been at the forefront of making the transition to the DNP. The National Organization of Nurse Practitioner Faculties (NONPF) has moved quickly to develop standards for the doctoral level NP education, and these standards serve as the guiding framework for the specific role expectations for NP practice at the doctoral level. Additionally, the Nurse Practitioner Roundtable, a coalition of seven nurse practitioner organizations formed to build consensus around issues of importance to NPs, issued a unified statement in June 2008 on Nurse Practitioner DNP Education, Certification and Titling. These organizations agree that "the DNP degree more accurately reflects current clinical competencies and includes preparation for the changing healthcare system."

As the expansion of DNP programs has brought clarity to the importance of this new practice-focused degree, two states which had previously limited the authority of publicly financed nursing programs to implement doctoral programs have sought and received legislative authority to start DNP programs. In 2007, the Minnesota state legislature authorized state supported colleges to grant the doctoral degree. More recently, the California governor signed legislation to permit the development of DNP programs in state colleges and universities.

Clearly, the rapid and stunning growth in the number of programs, students, and endorsements is a validation of the position taken by the members of AACN. Additionally, the recent report of the Institute of Medicine on the Future of Nursing recognized the DNP as a movement that had the potential to address significant healthcare concerns. The report called for a doubling of the number of nurses with doctoral degrees, which includes those with DNPs, as essential to addressing concerns about the need for more individuals capable of serving in faculty and leadership roles. AACN will continue to support member schools in their work to develop and implement these important programs as schools work to ensure that advanced nursing clinicians have the most sophisticated and appropriate education needed to provide high quality, effective, and safe patient care. ■



KINESIOLOGY

joins
College of Nursing &
Health Innovation

Kinesiology traces its origins at ASU to 1896 when the Tempe Normal College, the predecessor of ASU, added Physical Education to its academic programs. During the next 107 years, the program evolved under many names and reincarnations, only becoming a department under its own name in 2003. However, the program grew like the proverbial mustard seed from an original cohort of 48 graduates to enrollment this fall of more than 1,500 students.

Kinesiology's latest milestone came on May 15, 2010 when it was integrated into the College of Nursing & Health Innovation. According to Interim Co-Directors Jennifer Fay and Tannah Broman, Kinesiology is finally where it should be.

"We are a health program, so being part of the College of Nursing & Health Innovation makes perfect sense," Broman said. "We have



Kinesiology program co-directors Jennifer Fay (l) and Tannah Broman.

more potential for collaboration with the other disciplines in the college and it opens up a wealth of opportunities for our students. We also feel we have joined a college of like-minded people who value evidence-based education and practice."

Fay and Broman also share a love of teaching, which first attracted them to Kinesiology. They are enthusiastic about sharing the director position so they can continue teaching in the program.

According to Linda Vaughan, Associate Dean of Health Promotion Programs, "The integration of Kinesiology is an important enhancement to our current programs in Nutrition, Exercise and Wellness, Health Sciences, and Medical Laboratory Sciences. Kinesiology students will add a new dimension to the interprofessional courses, where the intent is to educate students from many health related disciplines."

WHAT KINESIOLOGY IS AND ISN'T

Many people don't have a clear understanding of the substantive focus of Kinesiology. Simply put, it is the study of human movement. Programs for Kinesiology vary in many ways across the nation. For example, some programs have a physical education concentration or offer athletic training. The ASU program consists of four major areas:

- Motor Behavior (comprised of motor control, motor development and motor learning),
- Exercise Physiology,
- Biomechanics, and
- Exercise and Health Psychology.

"It is accurate to say that our program focuses on the mechanisms underlying human movement and how the human body responds to movement," Broman said. "Those mechanisms may be neural, physiological, psychological, and mechanical. What Kinesiology at ASU is not is 'applied kinesiology,' which is a form of alternative medicine utilizing a specialized manual muscle-testing technique to diagnose and subsequently treat functional problems within the body."

The growth of Kinesiology at ASU parallels recent and rapid expansion in universities across the country. According to *Inside Higher Ed*, the number of undergraduate Kinesiology majors grew 50 percent from 2003 to 2008 to 162, making it one of the fastest growing college majors.

JOB MARKET STRONG

The job market has fueled the growth of Kinesiology programs over the past decade. The two primary career paths are physical therapy and occupational therapy. More than 185,000 physical therapists and 104,000 occupational therapists were employed in the U.S. in 2008. The Bureau of Labor Statistics projects employment growth rates of 30 and 26 percent, respectively, by 2018.

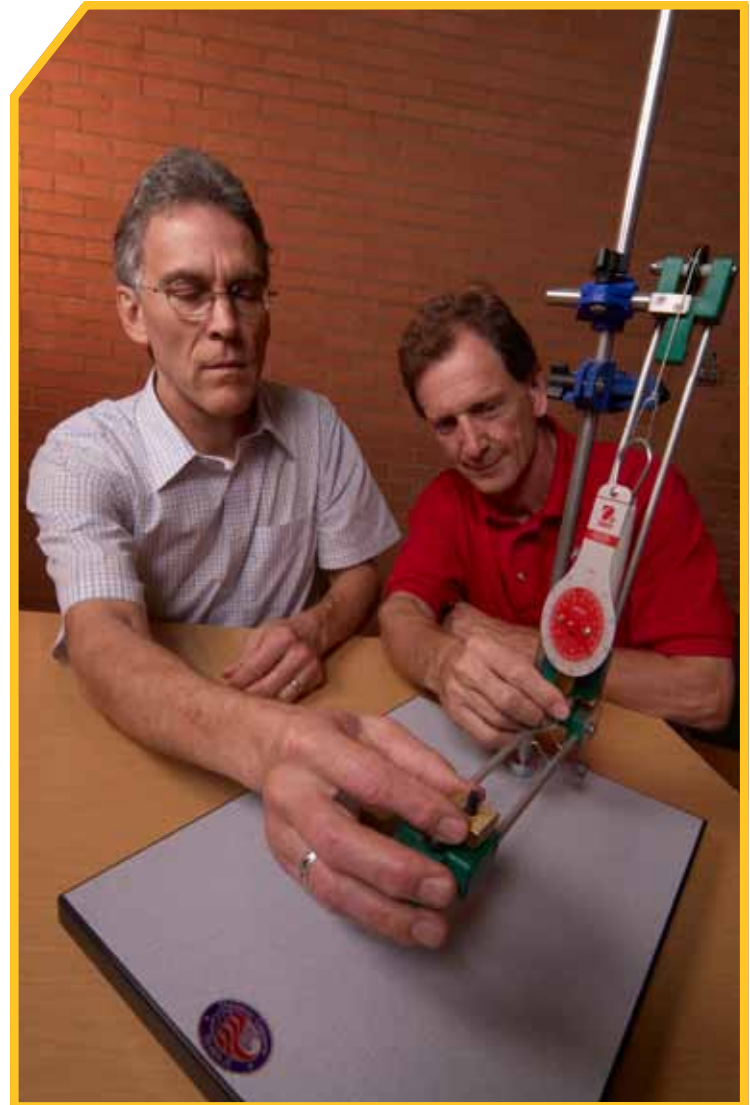
While new to the organization, some Kinesiology faculty and staff share a common heritage with another academic program in the College of Nursing & Health Innovation—Exercise and Wellness. Until 2000, the programs were both part of the Exercise Science and Physical Education Department at ASU. Exercise and Wellness (EXW) itself was integrated into the college a year before Kinesiology.

While EXW focuses on promoting physical activity and health in community and agency settings, Kinesiology focuses on the mechanical, neural, and physiological aspects of movement, particularly as they are applied in clinical settings. For instance, Kinesiology does not provide adequate training for someone who wants to work as a strength conditioning specialist or who wants to serve as the director of a community health and fitness



center. However, it prepares students for graduate training in healthcare careers such as physical therapy or occupational therapy where an in-depth knowledge of the human body is integral. “We are deep where they are broad,” Broman explained. “Both are extremely important to our healthcare system.”

Kinesiology Seniors Brooke Dolberg and Aaron Sims said current students have not been directly impacted by the merger of the program into the college. Dolberg, who plans to attend graduate school to become a physical therapist, said the assurance from Co-directors Fay and Broman that the college was a perfect home for the discipline calmed initial concern about the change among students. Simms, who graduates in December, has the same classes and instructors and has experienced no



change. “The real impact is on the new students who started fall semester,” Simms added.

Research in particular offers great potential for collaboration among the disciplines in the College of Nursing & Health Innovation. As one example, Associate Professor Natalia Dounskaia, PhD, with doctoral student Wan-jue Wang, is conducting a National Science Foundation funded study of multi-joint movements of the arm to determine biases or preferences in the neural system to operate the limb. The study findings could help to develop better ergonomic applications in the work environment as well as identify directional preferences among Parkinson’s disease patients that could enhance rehabilitation therapy.



Doctoral student Wanjue Wang attaches a sensor to a subject's arm that will measure joint movements.

BIGGER CHANGES YET TO COME

Associate Dean Linda Vaughan is responsible for academic programs in Kinesiology and the college's four other health promotion programs – Exercise and Wellness, Nutrition, Health Sciences, and Medical Laboratory Sciences. “As its enrollment growth attests, Kinesiology has been very successful and we anticipate their current level of excellence and national recognition will continue,” Vaughan stated. “The synergy with our other health programs gives it the unique opportunity to develop new areas of excellence in both instructional and research areas.”

Vaughan said the program, as of the 2010-11 academic year, will require a GPA of 3.3 in order for students to be admitted to the program. Current entry standards require a 2.0 GPA. Students will need to maintain a 3.0 GPA in order to continue in the program and graduate with a Bachelor's of Science in Kinesiology.

“Our goal is to ensure our graduates have a strong academic base to promote success in their careers as physical and occupational therapists and for those choosing other types of graduate programs,” Vaughan said.

According to Co-directors Broman and Fay, the underlying goal is to make this the most innovative, respected and recognized kinesiology program in the country. “We want graduate schools and employers to view a kinesiology degree from ASU the same way they view a law degree from Harvard,” the co-directors said. “With the recent changes to

our program's admission and retention standards, we are certainly well-positioned in that respect.”

However, these changes will also present new challenges for the Kinesiology program. In the past, the greatest challenge was to deliver a quality program to a large number of majors. With the newly implemented focus on academic and research excellence, the task is now to ensure that Kinesiology graduates are thoroughly prepared for graduate programs in physical therapy, occupational therapy, medicine, and other related options. According to Linda Vaughan, this will require a fine-tuning of the curriculum to ensure students are highly competitive upon graduation. The change will require a lot of work but also provide exciting challenges, she added.

Regardless of the challenges ahead, the Kinesiology program is happy with their new home. ■





More than 30 percent of Hispanic children are overweight, with racial and ethnic disparities in obesity present even as this population enters their preschool years. Overweight and obese youth are more likely to develop type 2 diabetes, while risk factors like high blood pressure and high cholesterol make them more likely to suffer from cardiovascular disease as adults.

“There are a lot of factors that contribute to the obesity epidemic,” explains Gabriel Shaibi, PhD, a Southwest Borderlands Scholar at ASU who holds faculty appointments in the College of Nursing & Health Innovation through the Center for Improving Health Outcomes in Children, Teens & Families and the Kinesiology program. In addition, Shaibi is a faculty affiliate with the Center for Metabolic Biology and the Southwest Interdisciplinary Research Center at ASU. Specifically, he is studying the mechanisms and determinants of insulin resistance and type 2 diabetes and the translation of these findings into biologically relevant and culturally appropriate intervention strategies.

Once considered an adult disease, type 2 diabetes is occurring more frequently in children and teens with more considered overweight and obese. Their bodies become less effective at producing and using insulin.

Unlike type 1, which is an autoimmune disease, type 2 diabetes can be prevented through diet and exercise. According to the CDC, Latino children who were born in the year 2000 have up to a 50 percent chance of developing diabetes in their lifetime – a result of both the interaction between genetic and behavioral factors, and in many ways, the world we live in today where kids spend more time in front of computers and playing video games than outside playing with friends. A combination of physical inactivity, poor nutrition, socio-cultural factors, and even biology all are thought to play a role in the increased risk of Latino children developing type 2 diabetes and other health problems.

Dr. Shaibi is principal investigator of the research study “*Community-Based Participatory Research to Improve Health and Quality of Life of Latino Youth: Every Little Step Counts*.” The study is tailored to this specific culture (where diabetes often runs in families) to focus on their disease risk, and to evaluate the impact of exercise and nutrition on the physiologic health status of overweight Latino youth. The purpose is not only to educate the kids and their parents about the importance of nutrition and exercise, but motivate the adolescents and teens to make physical activity a way of life, thereby improving their long-term health.

SIRC FUNDS STUDY

Along with Shaibi, Yolanda Konopken, director of Family Wellness Programs at the St. Vincent de Paul Virginia Piper Medical/Dental Clinic; Erica Hoppin, director of Health and Wellness at the Lincoln Family Downtown YMCA in Phoenix; Colleen Keller, PhD, professor in the College of Nursing & Health Innovation; and Felipe Castro, PhD, professor in Psychology and the Southwest Interdisciplinary Research Center (SIRC), all played a role in the conceptualization, design and implementation of the study. SIRC, an Exploratory Center of Excellence, funded the study. Their mission is to reduce and eliminate health disparities among minority populations through research, training, and community outreach, and is funded by the National Center on Minority Health and Health Disparities within the National Institutes of Health.

The St. Vincent de Paul Virginia Piper Medical/Dental Clinic provides health services to the Latino community in the Valley.

Understanding the risk of diabetes in this population, the clinic had already developed a diabetes prevention program for children of the adults treated there. Ms. Konopken helped develop the lifestyle education curriculum that was presented to the children and their parents once per week during the research study by the clinic's "promotoras," health educators (including students from ASU) who work at the clinic.

The Lincoln Family Downtown YMCA already works with Phoenix inner-city kids, and was interested in developing and implementing the exercise program that the group participated in three times each week. Participants and families who complete the program are offered a one-year free membership to the YMCA to facilitate sustainability of their physically active lifestyles. "It was important to collaborate with such strong and well-respected community partners in this study as these organizations have a vested interest in improving the health and well being of the families they serve," Shaibi added.



"Food choices aren't just made by kids... This way we're able to improve the overall health of the entire family."

Dr. Gabriel Shaibi



The research team wanted to create a program that transcends the clinical realm – one that would encourage participants to make healthier choices a way of life and promote changes that would improve their long-term health profiles. Rather than putting participants on a treadmill in a lab, something that could produce short-term clinical changes, they wanted to give participants the tools, resources, and support they need in order to more readily translate to sustained lifestyle changes.

RESEARCH ALSO FOCUSES ON MENTAL HEALTH OUTCOMES

In addition to physical health indicators, the researchers also wanted to measure mental health outcomes. Being overweight can present significant psychosocial issues in children. Obesity is associated with depression, lower self esteem, hindering social and even academic functioning. For instance, it may be more difficult to make friends. They may be ashamed to eat in front of other people, have a hard time finding clothes that fit, or simply shy away from situations where they would have to wear a bathing suit. “We want them to feel better about who they are as individuals in hopes of improving their overall quality of life,” said Shaibi.

The first 12-week session, which was taught in both English and Spanish, began last summer with an in-depth health assessment of the participants who ranged in age from 14 to 16., evenly divided between male and female. Although none of the participants had been diagnosed with type 2 diabetes, all were overweight or unfit. Shaibi explained that in addition to other barriers to physical activity, girls of all ethnic backgrounds in this age group have a significant decline in their level of physical activity as they go through puberty.

Their parents were required to attend the nutrition and lifestyle education classes in an effort to target the extended family, and address the



cultural components that often present barriers to healthier lifestyles in this population like what types of food they eat and the social situations in which they are eating those foods. “Food choices aren’t just made by kids. It usually depends on what is available in the home,” explained Gabe Shaibi. “This way we’re able to improve the overall health of the entire family.”

IMPORTANT TO DEVELOP A PROGRAM KIDS LIKE

This is also an economically disadvantaged population where opportunities don’t always exist for organized physical activities. Three days each week the teens would meet at the YMCA to exercise as a group for one hour, doing things like playing racquetball, basketball, working out with weight equipment, and participating in spinning classes. It was important to develop a program that the kids enjoyed coming to, and Shaibi said it didn’t take long for those in the group to develop camaraderie, something he feels is critical in maintaining the long-term lifestyle changes the pro-

gram was aimed at creating. “Social support is so important. It enhances their self confidence and leads to a commitment at a higher level. By the end of the program they had developed friendships with one another, and were exchanging contact information so they could continue working out together,” Shaibi said.

The second group of participants began in September. Although Dr. Shaibi is in the process of data analysis, he noted there was a noticeable difference in the teens from the beginning of the program to the conclusion of it. “We saw changes in them in such a short amount of time. They not only looked different, but reported feeling different,” he added. “Even if the data do not show that there were statistically significant changes in the short term, we’ve succeeded in empowering these youth to take ownership of their long-term health.” ■

ASU- Quintiles Agreement boosts Biopharmaceutical Drug Development



The core working group of the Center for Healthcare Innovation & Clinical Trials meets regularly to set the stage for bringing clinical research studies to Arizona.

Arizona's contribution to the accelerated development of new, safe and effective medicines to help treat suffering patients in the US and around the world, will become greater following the signing of a new alliance agreement between the ASU College of Nursing & Health Innovation and Quintiles (www.quintiles.com), a global integrated biopharmaceutical services company that is a leader in managing clinical research.

The Center for Healthcare Innovation & Clinical Trials (<https://nursingandhealth.asu.edu/clinical-trials>) at ASU—part of the College of Nursing & Health Innovation—is only the fifth organization in the world to become a global prime site partner for Quintiles. The center is leveraging its community-based, non-academic medical center consortium called Community Oriented Network to Enhance Clinical Trials and Research (CONECTR) to serve as the hub for placing, subcontracting, consulting and supporting multi-phased research studies within Arizona.

Quintiles is a privately owned company headquartered in Raleigh, North Carolina. It employs more than 23,000 and is the leading global clinical research organization (CRO). As part of the alliance agreement, Quintiles has appointed an on-site representative at ASU work with the Center for Healthcare Innovation & Clinical Trials as the Quintiles Alliance Manager.

QUINTILES RECEIVES ACCESS

The center will receive access to many more clinical trials through Quintiles. In return, it will deploy its unique model, CONECTR, to

identify a large number of physicians and nurse practitioners within the network who can recruit patients who are willing and eligible to participate in research.

Linda Mottle, Director of the Center for Healthcare Innovation & Clinical Trials at ASU, noted that the clinical research market in Arizona lags behind other states with comparable population sizes and explained: “We believe our community-based model can substantially increase the clinical research market in Arizona.”

Adam Chasse, Senior Director for Patient Access at Quintiles, added: “Access to patients is one of the toughest hurdles in working with our biopharmaceutical customers to accelerate outcomes and get better value from the drug development process. This agreement with ASU will help our customers to meet study milestones more effectively by providing access to large groups of primary care providers, known as ‘investigators,’ who are interested in participating in clinical research and who treat large groups of patients.”

COMMUNITY LEADERS APPRAISE VALUE

Ken Levin, Chief Executive Officer of Precision Trials and a member of the Center Advisory Board, sees CONECTR providing multiple benefits for community research organizations: “By offering assistance and support to providers, CONECTR will increase the number of qualified investigators and sites conducting research in Arizona,” Levin said,

“The program aligns clinical research pipeline opportunities with local investigators by their capability.”

“The Center for Healthcare Innovation & Clinical Trials has given birth to a unique, non competitive, supportive, and collaborative ecosystem unlike any other, with a mission of healthcare innovation and service to our community,” stated Toby Anchie, Executive Director, Research & Development for St. Joseph’s Hospital and Medical Center and Barrow Neurological Institute. Archie is a member of the Executive Committee of the center’s Community Advisory Board, which takes an active role in determining the strategic direction of the center.

As part of the agreement, Quintiles and the ASU center will form two separate eight-member committees. One committee is the Joint Executive Steering Committee with responsibilities to include monitoring performance and progress of the alliance and develop a joint marketing strategy. This committee is co-led by Carl Yamashiro, Associate Director for the Center for Healthcare Innovation & Clinical Trials and by Adam Chasse representing Quintiles. The second committee, the Joint Operations Steering Committee, has responsibilities which include the operational management of CONECTR studies coming from Quintiles, as well as the monitoring and assessment of the research sites within the network. This committee is co-led by Sharon Goldsworthy, Coordinator Senior for

the Center for Healthcare Innovation & Clinical Trials and by Joanne Mashburn, RN, MSN and Associate Director, US Prime Sites, Access to Patients for Quintiles.

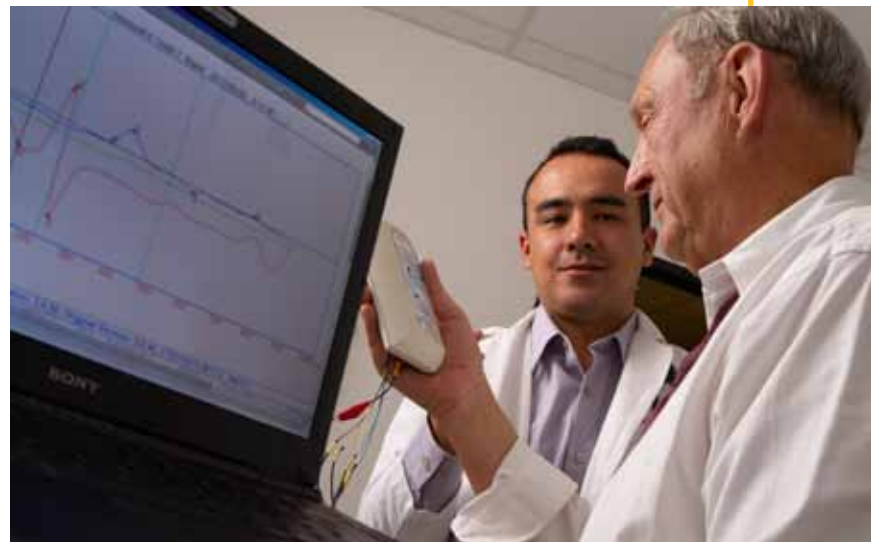
Quintiles’ other prime site partners are Kaiser Permanente in Southern California, the University of Pretoria in South Africa, Queen Mary’s College in London, Washington Hospital Center in Washington, D.C., and the University of Malaya in Malaysia.

GLOBAL GROWTH PROJECTIONS IMPRESSIVE

Consulting firm Business Insights projects the current \$20 billion clinical research organization (CRO) market to grow at a rate of 14 percent per year through 2013 to a total of \$34 billion. Quintiles is currently the leading CRO in the world.

Following the public announcement of the alliance in mid-September, three hospitals and several other healthcare institutions in Arizona called to request participation in the clinical trials alliance and to inquire about training, Mottle said.

“The center should be held as a model exemplar of innovation and entrepreneurship for ASU, as well as other universities throughout the nation and globe,” Bernadette Melnyk, Dean of the College of Nursing & Health Innovation, concluded. “It is one of our most important engines of innovation.” ■



Innovation is Key



PhD Program of the Future is Here Today

At the ASU College of Nursing & Health Innovation, the concept of innovation is important to each program—a driving force behind curriculum development and implementation. Over the past two years, innovation has become fundamental to underpinning the PhD in Nursing & Healthcare Innovation program, which is designed for scholars who wish to pursue careers as leaders in health policy, education, healthcare and research. With this critical element, the program is in a unique position to affect change in the healthcare field.

The ASU PhD in Nursing & Healthcare Innovation is distinctive in its commitment by faculty to incorporate the precepts of innovation and advance the science throughout both curriculum and research.

INCORPORATING INNOVATION IN CURRICULUM

When Dean Bernadette Melnyk joined the college in 2005, her vision drove the development of a curriculum for teaching innovation within the context of preparing future healthcare leaders. The foundation was laid with the implementation of the Master of Healthcare Innovation program and has since expanded, notably with the PhD program.

The process was led by Associate Dean for Research Julie Fleury, RN, PhD, FAAN, who is the director of the PhD in Nursing & Healthcare

Innovation program, and Professor Pauline Komnenich, PhD, RN. Reflecting on the process of integrating innovation leadership science into the

PhD program, Fleury observed, “This meant reconciling and integrating different philosophical approaches, concepts, and research methods to create courses and curricula different from any in the country. For us, innovation made real included an understanding of the rich theories and approaches that underpin innovation science, and communicating these to our students both in every class as well as in their research.”

Key faculty soon joined the process of developing and teaching this new curriculum at the PhD level. Key contributors included Associate Professors

Gerri Lamb, PhD RN, FAAN, and Nelma Shearer, PhD, as well as noted national leaders in innovation leadership Timothy Porter-O’Grady, DM, EdD, APRN, FAAN and Kathy Malloch, PhD, MBA, RN, FAAN. Together, this team has led building innovation into the PhD program as well as developing the new PhD focus in Leadership in Healthcare Innovation. Lamb noted, “Our goal for students who choose this focus is to develop a group of nursing and interprofessional scholars who will advance the science of leadership in healthcare innovation and develop and test new theories that will guide improvements in the quality and safety of healthcare for patients, their families, our healthcare organizations, and our communities.”

The broader PhD faculty leadership team has defined a set of core



competencies in innovation for doctoral students and looked at ways to entrench the use of innovation in the core curriculum. Malloch described the process of building innovation into a PhD in Nursing & Healthcare Innovation program as an “iterative process of defining the concepts of innovation and then collaboratively working with faculty to determine competencies for them as individual scholars and applications for courses they are teaching.” Malloch also noted that students are involved in the process, engaged in dialogue to advance their understanding of the concept of innovation and how it relates to their development as scholars, and eventually, its application for advancing science.

“Faculty are serious in their pursuit of understanding the scholarship and science of innovation—and serious in their mandate that this work be held to the common standards of science and rigor.”

It is important to note that the innovation component of the PhD program, while relatively new, is held to the same high academic standards as the more traditional facets of the program. “Faculty are serious in their pursuit of understanding the scholarship and science of innovation – and serious in their mandate that this work be held to the common standards of science and rigor,” Lamb explained.

INTERPROFESSIONAL COMPONENT

To foster an interprofessional emphasis on innovation, the PhD program is one of only two programs in the nation that does not restrict its students to those holding RN or BSN degrees. Instead, it accepts students from a broader academic base, seeking students with a passion for affecting change in health and healthcare systems in a meaningful way. Lamb stated, “The interprofessional component of our PhD program and our focus area in Leadership in Healthcare Innovation is critical for the cross-fertilization needed to advance innovation science and healthcare research today. Our students are working with change, leadership, and

innovation theories and frameworks from multiple disciplines and are bringing them together in new ways to solve important problems in nursing and healthcare.”

At least one-fourth of the students have backgrounds other than nursing. For example, the current cohort includes a CEO of a major health system, an architect whose professional emphasis is on creating healthcare environments, and an anthropologist interested in studying relationships between culture and health. While the students come from different places academically and professionally, the program’s goal is to move them together to build the science of healthcare innovation.

VARIED BACKGROUNDS ENHANCE SCIENCE

An example of student research that reflects the type of science that contributes to nursing and healthcare innovation is offered by Eve Krahe, whose background includes a BA in International Studies with minor certifications in Anthropology and Arabic, a Master’s in Healthcare Innovation, and graduate work in religious studies. Krahe’s professional interest is in teamwork science—examining power dynamics among teams of biomedical and traditional/alternative practitioners in order to foster collaboration and improve patient health outcomes.



“An environment of innovation is central to the future of healthcare because innovation allows for incorporation of interdisciplinary perspectives to find solutions through the richness of differing opinions and respectful collaboration,” Krahe noted. She is seeking to build new teamwork models that encourage development of practitioners’ creativity and autonomy, ensuring the richness they bring to their diverse teams is not lost.

Nan Solomons, a second-year student, is another example of the interprofessional nature of the PhD program. She holds a BA in Theater and an MS in Health Policy, and spent 20 years providing software implementation support. It is Solomons’ technical background that provided the impetus for her move into the PhD program. She works as a program



Students in the PhD in Nursing & Healthcare Innovation program gather at an immersion session at the college in January, 2010.

evaluator and data analyst in a major health system in Maine, comprised of 11 hospitals, home care, long-term care, and physician practices. Solomons is particularly interested in e-health and its uses, specifically in how nurses acquire and disseminate clinical information. The PhD program is assisting her to break down silos/barriers across organizations and push quality and evidence into practice. Solomons sees that innovation plays a role in teaching those concepts. She said that faculty have stretched their curriculum to accommodate people like herself without clinical experience and with a different worldview, recognizing and enabling her to build on theories and knowledge from her past education and work experience to address contemporary healthcare issues.

Lamb feels strongly about the importance of having students with varied backgrounds enrolled in the program. “Their research, with the insights from faculty and peers in nursing and other disciplines, will contribute in new ways to nursing and healthcare. They bring unique perspectives from their initial disciplines that are being shaped in new ways through exposure to nursing and healthcare theories,” Lamb stated.

HOW IS INNOVATION TAUGHT?

It is one thing to encourage students to look for innovative approaches to problem solving, -- to “think outside the box” -- and be creative in their leadership approach. It is entirely another, to educate students in how to go about doing that. The science of innovation is a key element of the program, but it is a relatively new science, and highly theoretical. “Our program is innovative, not because we just slapped that label on it, but because our curriculum, course format, and professors are innovative,” Krahe

observed. “That being said, it is still true that you can’t breathe without providing a citation in a PhD program, and this program is no different. Scholarly rigor is even more intense when you’re studying something as theoretical and complex as innovation.”

Cathy Lalley, MHI, BSN, RN and current PhD student, described her innovation education as akin to taking part in conversations at a party at which seeds of new ideas are planted and the conversation continues even after the party is over. “Innovation is taught through forming trusting partnerships, risk taking, exploring the literature of change and innovation, and being open to new possibilities,” she said. “We are looking at theories inside and outside of healthcare for definitions, effectiveness

and guidance for innovation. The PhD program is collaboration between diverse disciplines and this diversity is unique to the college and provides the context to research and implement meaningful solutions to today’s healthcare issues.” Lalley’s background is in nursing, and she values the opportunity to combine her clinical nursing experience with innovation research to assist her in making an informed positive difference in a complex healthcare delivery system. She believes that because the PhD program is interprofessional, it is an asset to her interactions with diverse healthcare professionals.

PhD student Dan Weberg, RN, MHI, BSN, CEN, noted that innovation content in the PhD program is growing every year, and that the rigor and science behind innovation scholarship is playing an increased role in shaping other traditional nursing courses. “The program is truly innovative in that no other program in the country or world focuses on the science of healthcare innovation and that piece gives us a distinct advantage. Innovation thought has influenced my career and is now the backbone of how I do business,” Weberg emphasized.

The didactic approach is innovative, using mind-mapping and bridging tools, rather than relying on students writing traditional papers alone. The work is learner-centered, with faculty serving as facilitators, with the goal of producing graduates who are thought leaders in innovation.

Because much of the PhD coursework is delivered online in synchronous real-time format, onsite immersion sessions are essential for students

to know each other and become connected. Solomons was initially drawn to the program because it did not require residency, enabling her to enroll and study while remaining in her job and home in Maine. However, the immersion sessions have played an important role in her success. Because her background is in a field outside nursing, Solomons said that her classmates have been inclusive and patient when she needs “lay explanations.”

Students participate in healthy, two-way discussions with their mentors, rather than the more traditional approach of the mentor “implanting [their] expertise in students’ minds,” according to Tim Porter-O’Grady. The mentor role is one of scholarship development and other faculty members assist in this process.

FACULTY SHARE PASSION

Malloch notes that mentoring healthcare innovation students is about “role modeling the leadership of innovation. It is about using a balance of empowering students to discover their own new knowledge but also to point them in the right direction.” She sees the faculty function as a 50/50 role in which the professor learns as much from students in their studies as they learn from the professor. “It’s a great collaborative learning partnership,” she explained enthusiastically.

Porter O’Grady also is passionate about innovation being at the forefront of the program. “Everyone’s practice must fit the age. Innovation must be embedded in all practices and roles in healthcare today. Innovation is now required of all leaders,” he said.

In Associate Professor Lamb’s opinion, the PhD program’s innovation component is critical to educating future healthcare leaders. “Armed with knowledge of a range of interprofessional frameworks explaining how innovation and change occur for individuals, teams, and organizations and how to lead these changes, our students will be prepared to make a significant difference as scientists, teachers, and practitioners,” she added.

IMPORTANCE FOR THE FUTURE

Students are as passionate as faculty about the importance of innovation for the future of healthcare. “I believe healthcare will be delivered

differently with the explosion of boomers becoming Medicare-eligible, living longer, and having a greater number of co-morbidities,” second-year student Solomons predicted. “Web 2.0 and the advent of online social networks and technology will require us to examine how we can take advantage of these innovations to provide cost efficient and effective healthcare.”

Weberg summed up the true value of the innovation component by saying, “The healthcare system in the US is far overpriced and is not providing the outcomes for the cost. Innovation is needed to redesign how we operate at every level of healthcare so that change is a constant and we improve on the waste that is currently inherent in healthcare.”

Change at a fundamental level is possible when innovation is a basic component in the process. “Our approaches and thinking around innovation science are continually growing and evolving, as they should, to better meet the needs of our students and the people of Arizona,” Associate Dean Julie Fleury concluded.

According to Lamb, innovation is central to the college’s mission, its PhD program, as well as the much-needed roles faculty envision for students in their careers. “We view innovation as a central component of our science, our methods, our teaching, and the ultimate contributions our students will make as nursing and interprofessional scholars and researchers,” the ASU professor said. “Innovation is about how we understand the essential nature of change and the development of new theories, ideas, research methods, and solutions. Armed with knowledge of a range of interprofessional frameworks explaining how innovation and change occur for individuals, teams, and organizations and how to lead these changes, our students will be prepared to make a significant difference as scientists, teachers, and practitioners.”

There is clearly a steadfast commitment among ASU faculty to embed innovation in the PhD program. The passionate commitment of faculty and their outstanding students is a leading—and heartening—indicator that the future of healthcare is in excellent hands. ■



When Karen Marek was growing up she wanted to be a math teacher. But her career choice took a different path when, as an adolescent, her mom became ill. “That really influenced me,” she said. “My mom had quite a few surgeries and I got used to caring for people. It’s what I love most about nursing.”

Dr. Marek, who joined the College of Nursing & Health Innovation this summer, has successfully integrated her nursing know-how with her business savvy. As the first Bernita (‘B’) Steffl Professor in Geriatric Nursing, she brings with her experience that ranges from working bedside with patients, to high-level administrative and academic positions in community-based care.

For the last 25 years, Marek’s passion has been research. “I’m not satisfied when something isn’t working. I always want to make improvements, whether it’s showing the value of nursing or developing ways to be more cost effective,” she added. But ultimately, it’s about

College Welcomes Renowned Geriatric Researcher to faculty

Dr. Karen Marek’s work in health policy, long-term care, systems policies and research compliment the college’s activities.

improving patient outcomes through the delivery of care that is most important. “In many ways, our healthcare system is broken right now, and it’s critical that we think out of the box. There’s potential for change, but we need to challenge the way people think about healthcare.”

It’s that “potential for change” that brought Marek to Arizona State University. The college’s Hartford Center of Geriatric Nursing Excellence’s (HCGNE) program and an interdisciplinary program that supports research were factors in her decision to come here. “I’ve had my eye on this college for a while. It’s really an exciting place with a lot of new things happening in the areas I’m interested in.”

According to Colleen Keller, professor of nursing and HCGNE director, Marek’s work in health policy, long-term care, systems policies, and research will add dimension to what the faculty is currently doing. “I’m really excited about Dr. Marek joining our college. Her expertise compliments what our current faculty is doing and will



also give us an opportunity to mentor a broader base of students when it comes to community-based interventions and emphasizing vulnerable and diverse populations,” Professor Keller said.

Marek’s expertise is in the area of community-based long term care for older adults, a population that often wants to remain independent in their homes, yet faces a host of challenges when it comes to medication management and coordination of care. Despite our healthcare system pouring billions of dollars into pharmaceuticals, (not to mention patients who can spend thousands of dollars themselves each month on medications), nearly 70 percent of older adults don’t take medications correctly. Many are chronically ill with several physicians and specialists providing their care, but not always communicating effectively with each other.

Research dollars are often spent funding new technologies, advancements that have undoubtedly improved overall care from babies and young adults, to baby boomers and centenarians. But what may have the most dramatic impact on care for older adults is also the most fundamental—having someone help coordinate their care—the very support that is often provided by a nurse.

Marek is principal investigator of a study funded by the National Institutes of Health looking at home care medication management for the growing aging population. With people living longer than ever before, their health issues are more complex. The study is examining how best to design care so that frail and older adults can safely remain in their homes by determining what interventions influence the most dramatic improvements in medication management and care.

The study suggests that the most prevalent issues aren’t related to inappropriate medications, but rather, not taking them correctly. Some older adults may not have the ability to organize their

medications, or simply don’t remember to take them. Many have difficulty picking up their medications or even seeing them, and there’s often a lack of communication among multiple providers. Marek’s study found that pill boxes and machines with automatic pill dispensers and alarms helped, but didn’t influence improvements in outcomes as dramatically as did nurse visits to manage their overall care.

“Providing home care can be very strict with nurses constrained by the number of visits they can make to the home. Yet we found that sometimes it took up to three visits just to determine what medications the patients were actually on,” added Dr. Marek. “If you let nurses deliver the care they need without worrying about the reimbursement piece, it really is more cost effective. At the same time, people are getting the care they need.”

The study is in its final stages. It is an analysis of cost outcomes, the portion of the study that is most likely to influence policy change. “It’s one thing to improve quality of care, but if you can save money at the same time you have a much better argument,” Marek explained.

Karen Marek has other research in the works, and looks forward to developing more studies and collaborating with other faculty members. However, research isn’t the only thing that will improve the quality of home-based care. Mentoring the next generation of caregivers and researchers is just as important, and Marek hopes to help launch the careers of those in the nursing program, and prevent many of the struggles and obstacles that exist with research and securing grants. “You need to be able to manage money and people, and have the tools to secure the funding,” she explained. Of course, there’s also writing the grants in

the first place, which takes time, experience, and a spoonful of patience. “You can’t just have an idea, then write a grant over the weekend and get funded. You need to build on other research, understand the process, and demonstrate that you have the ability, the patience, and the support you need to carry it through.”

Before coming to ASU, Marek served as professor at University of Wisconsin-Milwaukee and director of the Self Management Science Center, associate professor at the University of Missouri and executive director of Senior Care, principal investigator of a Center for Medicare and Medicaid Services (CMS), manager of Patient Services at Visiting Nurse Service in Akron,

“Despite our healthcare system pouring billions of dollars into pharmaceuticals . . . nearly 70 percent of older adults don’t take medications correctly.”

Ohio, and faculty at the University of Pennsylvania where she taught community health nursing. She is also an alumna of the RWJ Nurse Executive Fellows Program 2000 cohort.

Arizona is where Karen Marek and her husband have always hoped to eventually live—she is here to stay, in a place where she can enjoy her favorite activities like biking and running. Of course, having a daughter here with a grandchild on the way is an added bonus. She also has a daughter in Milwaukee and one in New Zealand, who is an ASU graduate. ■



Preparing the Next Generation of

Adriana Perez

When PhD nursing student Adriana Perez, worked as a nurse at St. Joseph's Hospital and Medical Center in Phoenix, the majority of patients she cared for were

older adults. Her experiences there inspired her to continue her education with a focus on geriatrics, realizing that this is a population that faces specific challenges, with ways of improving the delivery of their healthcare both in and out of the hospital setting.

But according to Perez, the need for a healthcare system that speaks to the disparities in health for aging Americans isn't simply anecdotal. "Research suggests that our healthcare system isn't addressing the needs of older adults, but those challenges also present significant opportunities. Geriatric nurses will play a significant role in affecting those changes from both a practice and policy perspective."

The need to keep up with this gap in quality care is critical. Currently, less than one percent of nurses specialize in geriatrics, yet most hospital admissions are older adults, not to mention those living in nursing homes and assisted living communities. "It's not that we have ignored this population, but there are so many competing priorities, issues, and demands with only so many resources available," explained Colleen Keller, professor of nursing and director of the ASU College of Nursing & Health Innovation's *Hartford Center of Geriatric Nursing Excellence (HCGNE)*. "It's imperative that we pay attention to their complex needs and prepare our students to be experts in their care."

As one of only nine such centers in the country, CGNE targets the health disparities experienced by older adults and promotes healthy aging. Each Hartford Center has a specific focus, with a mission at Arizona State University to significantly increase the number of high quality doctoral and post-doctoral level faculty in geriatric nursing – faculty needed to teach

in graduate and undergraduate academic nursing programs throughout Arizona and surrounding southwestern states. Currently, 12 pre-doctoral and three post-doctoral students are enrolled in the program.

It is something that is especially critical considering that nearly 14 percent of people living in Arizona are over the age of 65. By 2030, it's projected that they will comprise 22 percent of the population. "The face of aging has changed, and our country is aging rapidly because people are living so much longer," Dr. Nelma Shearer, HCGNE co-director, said. "In 10 years, all baby boomers will be age 65 and older, and most will live another 18 years beyond that. We need to do more to promote their health and well being, and really individualize their care."

There is a strong focus on providing the courses, resources, scholarships, mentoring, and research that prepare the college's doctoral and post-doctoral students who will teach and train the next generation of geriatric nurses. "I feel very fortunate to be part of this program that has been a huge contributor to my success," added Perez, who is one of the post-doctoral students currently in the program. "I've traveled to other schools and believe that at ASU we get the best preparation and education. There is quality mentorship here from an inter-disciplinary faculty who are experts in the field."

One of the strengths of the program is preparing diverse fellows who work with minority populations. Perez was awarded a Post Doctoral Fellowship through the program – a scholarship that has made her research possible, and has helped Perez collaborate with other organizations in the community to implement programs that address the specific healthcare needs of an aging population, particularly older Hispanic women who are more likely than other populations to suffer from hypertension and diabetes.

Perez is project director of *Prosumer Mujeres*, which has representatives from more than 35 community organizations working together to

GERIATRIC NURSE

Educators and Researchers



promote the health of older Latina women. Perez's research focuses on the physical activity of this population, including social support, motivation, availability of resources, and barriers to physical activity, as well as to what extent exercise positively influences health factors like weight, blood pressure, and body mass index. "Hispanics are the largest minority population in Arizona, yet they often face unique challenges when it comes to healthcare, like language barriers, access to care, and even cultural differences," explained Perez. "Here we have the resources necessary to work with minority older adults while preparing faculty and researchers who specialize in the disparities of healthcare related to them."

Ebere Ume

In 2009, student Ebere Ume was awarded a Pre-Doctoral Hartford Fellowship and a NINR Diversity supplement to enhance her pre-doctoral training and research.

This year, she was awarded the Jonas-Hartford scholarship through HC-GNE. Both have provided Ume support in terms of financial assistance and access to research opportunities and mentorship. "For this vision to come alive and materialize in a very significant way ensures that we have well-educated geriatric specialists to provide ongoing care to aging and diverse populations," she said.

After relocating to the United States from Nigeria in 1989 and receiving her basic nursing education, Ume began working with older adults, later pursuing her masters in nursing with a focus on nursing education and gerontological nursing. The scholarship through the College of Nursing & Health Innovation has allowed her the opportunity to continue her work as both an advocate for the elderly and a nurse educator. She instituted the gerontological mental health clinical experience at Grand Canyon University in Phoenix and currently directs Grace Institute Inc., an independent

nursing assistant training program in Phoenix where she teaches students about quality, respectful, and holistic care of the elderly. "I have always enjoyed teaching," Ume said. "I love the interactions with the students and believe that I can more directly impact the future and our society by being a teacher and modeling to students how wonderful it is to value and care for our older adults."

Ume cared for her own mother for 12 years, and was her primary caregiver for the last year of her life as she battled an illness and eventually passed away in 2008. The experience led Ume to pursue research studies dealing with the challenges of the transitional period experienced by African-American family caregivers after their loved one dies or is admitted to long-term care. "I know from personal experience that caregivers face challenges. There are emotional issues not just related to bereavement, but picking up the pieces of their lives as they once knew it. Many gave up their jobs and now face financial challenges. It's difficult and no one really tells you what happens when this whole thing is over."

Like Perez, Ume says that the geriatric faculty has been invaluable in not only opening doors, but giving her the direction, support, and mentorship that has directed her in both her academic and professional growth. "They really expect high quality standards from you, but also give you the guidance and mentorship you need as you go through the program."

Both students agree that there are challenges when it comes to working with older adults, but there are even more rewards. As the teachers and mentors of tomorrow, they understand that we can learn a thing or two from the very generation for which they advocate. "Older adults have a lot of wisdom to share," Perez observed. "As a younger Hispanic woman, many of them have paved the road for me and for future generations. I have the utmost respect for them and know they deserve the best quality of care." ■

Outstanding Academic Geriatric Scholars Honored

2010-2012 Building Academic Geriatric Nursing Capacity (BAGNC) Scholars

We are pleased to announce the 2010-2012 Building Academic Geriatric Nursing Capacity (BAGNC) Scholars. This program supports two years of doctoral work or advanced research, and leadership training for those committed to careers in academic geriatric nursing.

Siobhan McMahon, MSN, MPH, GNP-BC

Arizona State University
College of Nursing & Health Innovation
Mentor: Dr. Julie Fleury
Enhancing Motivation for Physical Activity to Reduce the Risk of Falls in Community-Dwelling Older Adults

Marleen Thornton, MSN, RN

University of Colorado Denver, College of Nursing
Primary Mentor: Dr. Kathy Magilvy
Co-Mentors: Drs. Jackie Jones (UC Denver) and Colleen Keller (ASU)
Optimizing Outcomes for the Oldest Old

2010-2011 ASU Hartford Center of Geriatric Nursing Excellence Pre- and Post-Doctoral Scholars

We are pleased to announce the 2010-2011 ASU Hartford Pre- and Post-Doctoral Scholars. These pre- and post-doctoral awards underpin doctoral student and post-doctoral support for students who plan to make a sustained contribution to building academic geriatric nursing capacity.

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

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Pre-Doctoral Fellowship

Mentor: Dr. Johannah Uriri-Glover
"The Effects of an Individualized Sleep Hygiene Program in a Rehabilitation Center with Alzheimer's Disease Patients"

Jennifer Barrows, BSN, CPAN, RN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Evercare Pre-Doctoral Fellowship
Mentor: Dr. Julie Fleury
Physical Activity and Health Promotion for Hispanic Women

Laura Blank, MSN, RN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Banner Health Pre-Doctoral Fellowship
Mentor: Dr. Nelma Shearer
Health Empowerment of Older American Indian Women

David Hodgins, MSN, RN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Pre-Doctoral Fellowship
Mentor: Dr. Colleen Keller
Health Disparities in the Aging Native American Population

Lorenza (Lori) Murphy, MSN, RN

College of Nursing & Healthcare Innovation Hartford Center of Geriatric Nursing Excellence Pre-Doctoral Fellowship
Mentor: Dr. Shannon Dirksen
Oncology Care of Older Patients

Stacey Nseir, BSN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Banner Health Pre-Doctoral Fellowship
Mentor: Dr. Linda Larkey
Bereavement and Physical Activity in Older Adults

Anne Marie O'Brien, MSN, RN, WHNP-BC

College of Nursing & Health Innovation

Hartford Center of Geriatric Nursing Excellence Banner Health Pre-Doctoral Fellowship
Mentor: Dr. Nelma Shearer
Health Empowerment Intervention with Older African American Women

Adriana Perez, PhD, ANP

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Banner Health Post-Doctoral Fellowship
Mentors: Drs. Julie Fleury and Colleen Keller
Motivation for Physical Activity in Older Hispanic Women

Carol Rogers, PhD, APRN-BC

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Banner Health Post-Doctoral Fellowship
Mentor: Dr. Colleen Keller
Exercise for Adaptation to Aging

Ebere Ume, MSN, RN

2010-2012 Jonas/Hartford Pre-doctoral Scholar
Jonas/Hartford Pre-doctoral and Scholar
Mentor: Dr. Bronwynne Evans
Transitions in the Post-caregiving Phase of Family Caring Career

Kathy Ward, MSN, RN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Banner Health Pre-Doctoral Fellowship
Mentor: Dr. Nelma Shearer
Optimizing Health of Older Adults through Health Empowerment Intervention

Kari Zimmerman, MSN, RN

College of Nursing & Health Innovation Hartford Center of Geriatric Nursing Excellence Pre-Doctoral Fellowship
Mentor: Dr. Julie Fleury
Improving Hospitalization of Geriatric Patients

International Health Capstone Students Promote Health and Culturally Sensitive Care

Five ASU College of Nursing & Health Innovation nursing students expanded their knowledge of issues surrounding global health and health promotion around the world this past summer, as part of the International Health for Health Professionals Capstone course experience. The students' immersions took place in Lebanon, Uganda, Haiti, the U.S. - Mexico Border Office, and New Mexico. This unique program, guided by the college's Center for World Health Promotion and Disease Prevention, lends a rich experience for health professionals by providing opportunities to compare and contrast U.S. and other nations' healthcare practices, and to make a difference.

Depending on the project and geographic area, students worked with local health professionals or 'promotores' to gain firsthand experience in the implementation and management of regional healthcare. **Tom Sjoberg, RN, BSN**, an intensive care unit nurse who frequently cares for international patients in practice, is interested in the preventive, public health component of healthcare. The U.S. - Mexico Border Office in El Paso, Texas, a Pan American Health Organization (PAHO) regional office of the World Health Organization (WHO), was his immersion choice. "The chance to spend time at PAHO was especially fortunate because it coincided with a mental health and violence workshop held in Juarez and provided a chance to meet and speak with local experts in the field," Sjoberg said.

Monique Germain, RN, MSN and **Stacey Nseir, RN, BSN**, chose

their regions for family reasons. Monique was born and raised in Haiti and Stacey is of Lebanese heritage. Monique's focus was crisis healthcare in Haiti where she worked with people in remote areas still recovering from the 2010 earthquake. Nseir was interested in understanding grief in Lebanon, a diverse Middle Eastern country still healing from the 1975-1990 civil war. "I was surprised to learn of an absence of specialized grief counselors and that hospice and palliative care services are rare," she said. "Grief counseling in Lebanon is handled by family, friends and neighbors. In addition, I learned that Lebanon does not have strict confidentiality (HIPAA) policies like the U.S. During a conversation about grief and confidentiality, a physician told me, 'Sympathy overrides confidentiality.'"

Two students possessed a similar desire to understand holistic cultural traditions in an effort to increase Western medicine's ability to provide culturally responsive care. For her immersion in Uganda, **Angela Allen, EdS, BSN, RN** followed the Health Traditions Model, which uses concepts of holistic medicine interconnected with physical, mental and spiritual aspects of a person. Health issues in Uganda are considered some of the worst in the world, struggling with HIV/AIDS, tuberculosis, cholera and malaria, which affect over 40 percent of the population. According to Allen, understanding a Ugandan's perception of health is to understand the balance of inner being and the outside world.



Angela Allen on site in Uganda.

In the southwestern U.S., *Curanderismo*, a form of folk medicine, is commonly utilized. With a growing Latino population in the U.S., **Laura Post, RN, BSN** learned the importance of having Western medical providers understand Latino folk medicine and for traditional folk providers to have an understanding of Western medicine to reduce barriers that exist between these practices and improve culture care delivery.

The successes experienced by these students in this capstone program demonstrate ASU's commitment to supporting students' professional and academic goals through global embeddedness. While each of these students possesses a nursing background and participated in the program to learn more about other health systems delivery, including health policies, agencies, research and professions, their varied experiences represent what world health is all about – diversity. ■

Four Leaders to Help Connect Alumni

Staying connected...Despite the ever-expanding avenues of making this possible—from blogging to twittering, to text messaging—maintaining meaningful contact with people remains a significant challenge. The ASU Alumni Association works to develop and maintain relationships with college alumni, providing networking opportunities, building friendships and supporting the work of the University. The recent addition to the college of the Kinesiology department, coupled with the Nutrition, Exercise and Wellness, and Health Sciences programs that joined the college last year, brings together even greater numbers of alumni to the college, increasing the challenge of providing meaningful events and useful services to all graduates of these programs.

The College of Nursing & Health Innovation is committed to their partnership with alumni and, in support of that effort, has initiated an Alumni Affiliates program. The purpose of the program is to:

- foster alumni involvement and provide opportunities for them to attend seminars and receive continuing education credits
- facilitate networking among alumni with college faculty and professional organizations, and
- encourage greater collaboration and synchronization between the college and alumni.

A group of outstanding alumni have been selected for leadership roles in launching the Alumni Affiliates program. These “Innovation Leaders,” as they are known in the college, include Pamela Randolph, RN, MS, NP; Stephanie Moya, MS; Simin Levinson, MS, RD; and Tony Mollica, MBA, MHI. Each Innovation Leader brings a wealth of skills and varied experience to support the alumni relations development process.

Pamela Randolph’s career spans the breadth of nursing in practice, education and regulation. Earning her baccalaureate and master’s degrees from ASU, Randolph is the Arizona State Board of Nursing’s Associate Director of Education and Evidence-Based Regulation. In this capacity, she is responsible for pre-licensure nursing education in the state, rule writing, and gathering and generating evidence to support regulatory change. She has practiced as a staff nurse, public health nurse, school nurse and pediatric nurse practitioner. Randolph served on the Board of Medical Examiners of the Arizona State Board of Nursing for seven years, including two years as president.

Stephanie Moya is a Registered Dietitian with a BS in Human Nutrition and an MS in Dietetics. She began her professional career at Phoenix Children’s Hospital after completing graduate school in 2004 at ASU. In the fall of 2006, she joined the food service department at the Veterans Affairs Medical Center (VAMC). She graduated from a VA regional leadership program in 2008 and was appointed Chief of Hospitality and Food Service at the Phoenix VAMC, supervising 70 staff members.

Simin Levinson is a Performance Nutritionist who specializes in helping her clients attain their greatest potential by integrating optimal nutrition into their lives. She is currently employed by Athletes Performance, a large training facility that services professional and amateur athletes dedicated to improving their performance. Levinson received a BA from the University of Arizona and an MS in Human Nutrition from ASU. She is a Registered Dietitian and has been practicing in the Phoenix area since 2002. Simin has also worked in research for the National Institutes of Health at the Phoenix Indian Medical Center as well as for Kronos Longevity Research Institute. She is a member of the American Dietetic Association and is a board member of the Arizona Dietetic Association – Central Chapter.

Tony Mollica earned his MBA in Organizational Development from Illinois State University and his Master in Healthcare Innovation from ASU. He has 10 years of leadership experience and success in driving business growth and outcome achievements in a variety of roles. Mollica currently serves as Director of Clinical Operations for OptumHealth Care Solutions Phoenix. He is president-elect of the local chapter of the Case Management Society of America (CSMA).

This group of outstanding individuals is poised to take a significant leadership role in developing the connections and fostering relationships with the college’s alumni and providing them meaningful opportunities for continuing education, networking, and career development. ■



Alumni Report

Annual Giving Society Invests in the Future

Giving to the College of Nursing & Health Innovation's College Investment Fund is a terrific way for you to give back to your college and know that your gifts, combined with others' gifts, make a big impact.

What is the College Investment Fund? This fund enables Dean Bernadette Melnyk to support programs that otherwise might not be financially feasible. If a need arises during the year, this fund allows Dean Melnyk the flexibility to direct funds immediately in support of a program or students.

Who gives to the College Investment Fund? There are a wide variety of donors to this fund, including alumni, community members, corporations, foundations, faculty, staff and students. Donors support at a level they are comfortable giving. Collectively, the gifts make a large impact.

Why give to the College Investment Fund? Because you can make a positive impact knowing that your generous gift will provide important support for tomorrow's healthcare professionals and leaders.

A gift of any size is needed and appreciated. Membership in the Annual Giving Society begins with a gift of \$100. We have more than 250 members now, and it would be our pleasure to welcome you warmly into this important part of our donor family.

Current Annual Giving Society member and ASU alumna Norine Heinrich, RN, BSN, '65, retired, explains how important it is for her to support our college and nursing students: "Contributing to the College of Nursing & Health Innovation gives me the opportunity to support the vision of a new healthcare system. I am proud to effectively promote the education, research and practice by present and future healthcare givers."

Rebecca Moushon, MSN '10, DNPc '12 explains how she has benefited from the generosity of people like Norine and others: "The College Investment Fund allowed me to attend the NAPNAP national conference in spring 2010. As an Abbott Nutrition Educational Grant recipient, I was proud to represent ASU. Without this support, this opportunity for professional growth wouldn't have been possible."

We invite you to become a member of our donor family by making a gift to the College of Nursing & Health Innovation's College Investment Fund today! Thank you for your thoughtful consideration. Advantages of joining the Annual Giving Society include:

Innovation Circle: \$5,000 or more

- Invitations to special events
- And all benefits listed below

Dean's Club: \$1,000 - \$4,999

- Invitation to lunch with the Dean and fellow Dean's Club members
- Recognition as a Dean's Club member on donor wall in College of Nursing & Health Innovation Building Two
- Recognition as a Dean's Club member on the college's website
- And all benefits listed below

\$500 - \$999

- Recognition on the college's website
- And all benefits listed below

\$250 - \$499

- Invitation to networking event with fellow alumni and faculty
- And all benefits listed below

\$100 - \$249

- Recognition on donor wall in College of Nursing and Health Innovation Building Two
- Invitation to attend a "Coffee with the Dean"

Gifts and pledges of \$100 or more made before December 31, 2010, will be listed on the donor recognition wall of the College of Nursing & Health Innovation Building Two.

How to make a gift: If you would like to make a gift, please write your check payable to 'ASU Foundation' and indicate Account #30002852 on the check's memo line. Please mail your check to:

Pamela Lowe, Assistant Development Officer
ASU College of Nursing & Health Innovation
500 North 3rd Street
Phoenix, AZ 85004

Please contact Pamela Lowe, assistant development officer if you have questions at 602.496.1498 or pamela.lowe@asu.edu. Gifts may be made online by visiting: <https://nursingandhealth.asu.edu/development/>.

Updates

Suzanne Bakken, BSN, 1974 received a Pathfinder Distinguished Service Award from the Friends of the National Institute of Nursing Research (FNINR) at the Nightingale Gala in Washington, DC in late September. The award is given by FNINR to acknowledge nurse researchers whose work has focused on advancing deep understanding of human health and healthcare. She was of two nursing researchers honored in 2010 whose body of knowledge illustrates long-standing commitment to nursing research. Bakken, RN, DNSc, FAAN, FACMI is professor of nursing and biomedical informatics and director of the Center for Evidence-Based Practice in the Underserved at the Columbia University School of Nursing.

Cheryl Leigh, BSN, 1977, MSN, 1998 is working at Maricopa County Department of Health in the Refugee Clinic.

Kenneth Wysocki, MS-FNP, 1995 is a contributing author to the recently published book *Giving Through Teaching: How Nurse Educators are Changing the World*. His chapter is devoted to teaching and directing in a nurse practitioner program in Dunedin, New Zealand, over a two year period. Wysocki lives in Phoenix and is completing a PhD in Nursing with research emphasis in genetics and asthma.

Cassandra Hanley, BSN, RN, 2007 and Susan Terry, BSN, RN, 2007 received Employee of the Month awards at St. Joseph's Medical Center earlier this year.

Mike O'Donohoe, BSN, RN, 2008 who works as an ICU nurse at Kenmore Mercy Hospital in Kenmore, NY, is combining his healthcare career

with his hobby of writing for theater. His first play, *Incense and Peppermints*, was performed at a festival of short plays in Buffalo, New York. O'Donohoe has an MFA in Playwriting from Southern Illinois University in addition to his nursing degree.

Shay (Chicci) Kenjora, BSN, RN, 2009 is working as a Trauma ICU nurse at St. Joseph's Hospital and Medical Center in Phoenix.

Emily Schnurstein, RN, BSN 2009 is working as an RN in a dermatology practice in Naperville, Ill.

In Memoriam

Bonnie Louise (Heschke) Flake, BSN, 1976 of Chandler, Ariz. passed away in late October. She leaves behind a legacy as a wonderful mother, grandmother and nurse - best described as selfless, according to the *Arizona Republic*.

Joan E. Cameli BSN, 1977 of Phoenix passed away in mid-October. She worked for more than 33 years as an operating room nurse, according to the *Arizona Republic*.

Mark Bowland, BSN, 1996, passed away unexpectedly in Santa Barbara, Calif.

Trish Colpitts, BSN 1986, MS 1995, and DNP 2008.

Shirley Kay Bell, EdD, RN, 68, faculty emeritus, passed away in November 2010. Dr. Bell taught at West Virginia University, where she earned her Doctorate in Nursing Education, Ohio State University, and from 1988 – 2006 when she retired from Arizona State University. Dr. Bell was published in professional nursing journals, co-authored a book and was a consultant and contributor to several books and publications.

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Funding Intervention Studies: A Research
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news that matters...

make just 1

College Kicks Off Healthy Arizona NOW

The ASU College of Nursing & Health Innovation chose homecoming to kick off its Healthy Arizona Now initiative to engage students, faculty and the community in leading more healthy lifestyles.

“Behaviors, such as poor eating habits, too much TV viewing, lack of exercise, and smoking, are the number 1 killer of Americans,” Dean Bernadette Melnyk said. “In Arizona, 64.2 percent of the population is overweight, including 25.9 percent that are obese, according to the Centers for Disease Control. It is important for each of us to make the right choices and take responsibility when it comes to our health.”

In a report just released from the Centers for Disease Control, it is predicted that one out of three Americans will have diabetes by 2050, in large part due to obesity. One of every three Americans is overweight or obese. One out of four Americans also currently has a mental health problem, which is predicted to increase to one out of two by 2020 according to the World Health Organization.

The goal of the Healthy AZ NOW program is to improve physical and mental health outcomes across the lifespan for the people of Arizona through evidenced-based healthcare and health promotion, services, community engagement,

and first-class educational programs. Ideas on how to actualize the concept of Healthy AZ NOW were generated by faculty and staff in an “Innovation Work Out” session in the college. Margaret Whittaker, a graduate student in the FDA supported MS in Regulatory Science and health Safety, is serving as project coordinator for Healthy AZ NOW.

“It is clearly time for us to move into high gear to do something about these issues,” Dean Melnyk stated. “Each one of us can choose to make just 1 change for our own and our family’s health, which is what we asked those who walked in our homecoming parade to do.”

Minor adjustments such as reducing the amount of soda consumed in a day by just one bottle can result in a weight loss of up to 20 pounds a year, or exercising a minimum of 10 minutes a day can lower stress and anxiety levels.

Hundreds of students, faculty, staff, alumni, members of the community and their families walked for healthier choices in the homecoming parade with the college’s float with the theme of “Make 1 Change for Good Health.” Those marching in the parade committed to making 1 change for good health and received a special T-shirt. A total of 800 people have signed up through the college’s web site to “Make Just 1 Change” to commit to improve their health.

The homecoming march for good health is one part of the college’s Healthy AZ NOW initiative. In late January 2011, a weekly radio program titled “Hot Health Tips” will air on KFNX 1100 AM on Mondays from 4 to 5 p.m. The program will bring the best and latest evidence to the public on health topics of importance and have a talk



news...

segment to answer listeners' questions. In late February, the college will host a Building Healthy Lifestyles Conference in Scottsdale, Ariz.

ASU Nursing & Health Makes NIH Top 15 Research Funding List for First Time

The College of Nursing & Health Innovation at Arizona State University was 11th in National Institutes of Health (NIH) funding for nursing research with \$3.5 million in grants awarded in 2009. It is the first time the college placed in the top 15 (#11) for NIH funding awarded to colleges of nursing in the U.S., according to Dean Bernadette Melnyk.

The 2009 total compares to \$1.9 million in NIH-funded awards for the previous three years combined. The ranking was determined based on an analysis of public information issued by NIH. The college currently has more than \$14 million in active NIH funding through 2014.

Research Targeted to Improve Health Outcomes

"The range of our faculty research targets the improvement of health outcomes for the people of Arizona and the nation," Dean Melnyk said. "Active NIH funded research studies include the study and prevention of co-morbidities of obesity and depression among adolescents, working with Mexican-American families to care for elders in the home, removing barriers to exercise and physical activity among older Hispanic women, interventions to address increasing obesity among Hispanic women that increases their risk of major diseases, and research of asthma disparities of Latino children in the Southwest and the Bronx in New York. The latter \$2.5 million RO1 grant is the largest in the history of the college.

Educational and Community Grants Benefit Students and Community

Faculty also have obtained a large number of Health Resources and Services Administration

(HRSA) funded grants for innovative educational programming and cutting-edge teaching initiatives. Community grants from foundations and corporations have enabled the College of Nursing & Health Innovation to expand health services provided by its network of four nurse practitioner-managed health centers for Arizona residents who need access to quality, convenient care at an affordable cost. In addition to the NIH-funded grants, the college has been awarded nearly \$18 million in grants from HRSA and other government agencies, as well as private foundations and corporations since 2005.

The scope of the College of Nursing & Health Innovation's research has expanded over the past two years with the integration of four programs from other units at ASU. Exercise and Wellness, Health Sciences, Kinesiology, and Nutrition academic and research programs have been integrated into the ASU College of Nursing & Health Innovation. Active research funding for these programs, is not included in the college's NIH funding since the programs were not part of the college when their funding was obtained.

Reasons for Research Success

"Our success can be attributed to the tremendous efforts of existing and newly recruited faculty and the building of a very strong infrastructure, which includes an Office of Research and Scholarship," Dean Melnyk said. "ORS, which is headed by Julie Fleury, Associate Dean for Research and PhD Programs, and David Coon, Associate Dean for Scholarship and Research Collaborations, provides the process infrastructure and support that enables faculty to concentrate on their research methodologies, findings and analyses rather than on administrative processes."

The establishment of seven core research and evidence-based practice centers that focus on key areas of state and national priorities also has been a major part of the college's strategy. The centers' research covers the life span, as well as evidence-based practice, clinical trials, healthy lifestyles, health promotion and behavior change across the life span, and global health promotion and disease prevention. The centers also provide mentorship to faculty as well as students and



Dean Bernadette Melnyk takes part in a discussion of healthcare innovation with Greg Wood, William Haskell and Tim Porter-O'Grady (left to right), recipients of the Dream, Discover and Deliver awards respectively at the College of Nursing & Health Innovation's annual awards luncheon. Roger Downey (far left) moderated the discussion. More than 230 alumni, faculty, students and community leaders attended the program.

news...

generate evidence to improve quality healthcare and patient outcomes within their concentrations.

“We are proud of our progress in building a strong program of research and educational grants at the college, and we plan to keep accelerating our current momentum for the purpose of improving health and student outcomes for our state and nation,” Dean Melnyk noted.

ASU and Phoenix College Collaborate on Innovative Medical Laboratory Science Program

A unique partnership between the Arizona State University College of Nursing & Health Innovation and Phoenix College has made earning a bachelor’s degree easier and more affordable. Students can now complete a bachelor’s degree in the Medical Laboratory Science program earning 90 college credits from Phoenix College and 30 through ASU. Except for nine upper division general education credits, which can be completed online, the 30 ASU credits will be taught at Phoenix College and affiliated clinical sites throughout the Phoenix area.

Graduates of this program — medical technicians at the AAS level and medical laboratory scientists at the BAS level — typically perform the laboratory analyses that healthcare providers



use to diagnose and treat disease, as well as to evaluate a patient’s health.

Vice Provost for Transfer Partnerships at Arizona State University Maria Hesse said, “This unique partnership will provide a seamless, convenient and cost-effective transfer program for students seeking to earn a Bachelor of Applied Science (BAS) in Medical Laboratory Science.”

Faculty from Phoenix College and ASU will teach the professional courses on the Phoenix College campus near downtown Phoenix. Julie Stiak heads the AAS program at Phoenix College and Jeff Wolz directs ASU’s BAS program.

Both directors are located at the Phoenix College campus as are the state-of-the-art lab facilities that will be used to prepare students.

“This collaborative program is an ideal opportunity for those seeking a meaningful career in the fast-growing medical arena to learn from ASU and Phoenix College faculty while enjoying the advantages of the smaller college environment,” Wolz said.

Program Co-director Stiak added, “ASU and Phoenix College have long been preparing medical laboratory scientists and technicians to provide vital services to the community. This new partnership will strengthen the program and help students further their education in this field.”

The vital relationships that Phoenix College and ASU have established with healthcare organizations afford a wealth of opportunities for students to achieve their required clinical experience while displaying their skills to some of the state’s top employers.

Job opportunities for medical laboratory scientists and medical laboratory technicians are “excellent,” according to U.S. Department of Labor projections. A growth rate of 14 percent is predicted for 2008 - 2018 as the volume of lab tests increases due to population growth, as well as the development of powerful diagnostic tests and advances in genomics.

President and CEO of Visiting Nurse Service of New York to Speak at ASU March 15

The ASU College of Nursing & Health Innovation is pleased to welcome visiting scholar and national healthcare policy expert, Carol Raphael.

For more than two decades, Raphael has served as president and chief executive officer of the Visiting Nurse Service of New York (VNS-NY), the first non-nurse to lead the organization. It’s one of the largest non-profit home health care organizations in the country with more than 13,300 employees and a budget of nearly \$1 billion. As a premier research center, VNSNY has launched unique health programs for the chronically ill, and is at the forefront of innovation in new models of care, quality performance, and projects that benefit the most needy and vulnerable in its community.

“Ms. Raphael has been instrumental in the



news...

aging in place concept,” says Colleen Keller, professor of nursing and director of the ASU College of Nursing & Health Innovation’s Hartford Center of Geriatric Nursing Excellence. With the college’s focus on the aging population and commitment to developing collaborations with community organizations, Raphael’s visit is an opportunity to give back to those in the community who work with aging populations and learn from the expertise of someone who has a wide range of knowledge in home-based care, policy programs, and research.



Carol Raphael

Organizing home care for 30,000 patients each day (more than the total number of patients seen daily in all New York City hospitals combined), Raphael’s responsibilities at VNSNY include managing programs in post-acute, long-term care, family and children services, rehabilitation, hospice, mental health, public health, and health plans for dually eligible Medicare and Medicaid beneficiaries.

In addition, Raphael developed the VNSNY’s Center for Home Care Policy and Research. The center conducts policy-relevant research that will improve home care quality throughout the country by collaborating with national associations and home care providers across the U.S. by implementing evidence-based practice improvement strategies.

After graduating from Harvard University’s John F. Kennedy School of Government (where she received the 2002 Alumni Achievement Award), Raphael worked for Mayor Ed Koch as the executive deputy commissioner of the Human Resources Administration, overseeing New York City’s \$1.4 billion Medicaid and Public Assistance programs. She also served as director of operations management at Mt. Sinai Medical Center.

Raphael currently sits on the boards of the American Association of Retired Persons, Pace University, and the Continuing Care Leadership Coalition. She has also been a member of MedPAC, advising Congress on Medicare payments and policy, and the New York State Hospital Review and Planning Council, responsible for approval of Certificates of Need and new expenditures in healthcare. She currently chairs the New York eHealth Collaborative, a public-private partnership working to advance the adoption of health information technology in New York State.

The recipient of numerous awards, including the Women in Health Management President’s Leadership Award, the YWCA’s Academy of Women Achievers Award, and an honorary doctorate degree from Pace University, Raphael also co-edited the book “Home Based Care for a New Century.” She was recently listed by Crain’s New York Business as one of the top 50 most influential businesswomen in New York City.

Keynotes Set for 12th National EBP Conference

The 12th annual EBP Conference will be held June 8, 9 and 10, 2011 at the Sheraton Downtown Hotel in Phoenix. The theme will be “Using Evidence to Impact Policy and Practice.”



Pat Roegner-Ford

One of the keynote speakers will be Pat Ford-Roegner, MSW, ACSW, RN, FAAN and past CEO of the American Academy of Nursing, who retired officially in June this year. Ford-Roegner has 20 years of experience in public policy and advocacy to the National Association for Addiction Professionals. She also served as a consultant, director of the HHS Atlanta regional office and in leadership roles with the American Nurses Association and the Service Employees International Union

Melnyk Presents Research at NINR Symposium

Bernadette Melnyk, Dean of the College of Nursing & Health Innovation at Arizona State University, was one of four invited researchers whose work was featured at Bring Science to Life, the National Institute of Nursing Research’s 25th Anniversary Scientific Symposium in Washington in late September. She presented research findings from a NINR-funded randomized trial that indicated providing the COPE program to parents of premature infants improves parent mental outcomes and reduces hospital stay by 4-8 days in the NICU.

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in Washington, DC. She is a frequent presenter on public health issues and has held faculty appointments at George Mason University and the University of Maryland.

The endnote presentation at the conference will be delivered by Peter I. Buerhaus, PhD, RN, FAAN, Valere Potter Professor of Nursing and Director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health at Vanderbilt University Medical Center. Buerhaus has been named chair of the National Health Care Workforce Commission, a 15-member panel comprised of distinguished leaders from academia and the healthcare industry created under The Patient Protection and Affordable Care Act.

More information on the conference is available at <http://nursingandhealth.asu.edu/EBP/>. In the meantime, information may be obtained from the Academy for Continuing Education at ASU College of Nursing & Health Innovation by sending an e-mail to ACE@asu.edu, calling (602) 496-7431, or faxing (602) 496-5623.

Books Donated to Sierra Leone Nursing School

ASU College of Nursing & Health Innovation faculty members have donated over 30 boxes of books to the first nursing school established in the African country of Sierra Leone. Coordinated through the efforts of Clinical Assistant Professor Christopher Peluso, RN, MSN, PMHNP-BC, the wide variety of nursing-related texts will help fill out the library and resources of the Northern Polytechnic Department of Nursing, Makeni Campus in Sierra Leone. The school was founded in November 2006, and currently is educating 155 first-year students, 166 second-year students, and 118 students who are in their final year of study.

The needs of the school first came to Peluso's attention when he was involved in bringing a



Dr. Konteh (left) and Christopher Peluso look over a group of recently donated books.

group of ASU students to the People of Color Network, East Phoenix, as part of their psychiatric clinical rotation. Peluso met Dr. Amadu Konteh, a physician on staff at the clinic, and learned of the existence of the new college and their need for resource materials. Dr. Konteh is originally from Sierra Leone and his younger sister is a student at the new college.

After speaking with Dr. Konteh, Peluso solicited the books from faculty members and has since delivered several shipments to the clinic for forwarding to Sierra Leone. Additionally, Peluso arranged for funds to help pay shipping costs for the needed books and supplies.

ASU Nursing & Health Opens College Store

The College of Nursing & Health Innovation is partnering with the ASU Bookstore to create an online college store to sell a wide array of college-branded clothing and merchandise to the college's students, alumni, faculty, staff and

supporters. "Many of our students and their student organizations, faculty, staff and alumni have requested branded merchandise for our college," Jeremy Helm, Director, Academic Services, said. "We feel that offering these items through a "college store" would allow us to reach out to our college community and provide a means of connecting with them in a one-stop format."

Among the site's offerings are T-shirts, polos, tank tops, thermal mugs and tumblers, wristbands, leather pad folios, and back packs. Staff and students who worked with the ASU Bookstore to "build" the online store expect offerings to be popular with the college's nearly 5,000 students and more than 10,000 alumni as well as faculty, staff, parents, and school supporters.

Products may be viewed and ordered by visiting <http://nursingandhealth.asu.edu/newsroom/store-announcement/>.

Daniels Goes Above and Beyond

Floyd Daniels, office manager for the College of Nursing & Health Innovations' nurse-managed health centers, was in select company earlier this year at the annual ASU President's Recognition Reception in the Old Main at the Tempe Campus. Daniels was among four employees honored as Top Multiple SUN Award recipients. President Michael Crow presented the SUN Awards for Individual Excellence.

The SUN Award for Individual Excellence is a peer recognition award that provides specific and immediate recognition to fellow ASU employees for demonstrations of individual excellence in such areas as creativity, continuous improvement, collaboration, exemplary service, and sustainability. Daniels, who moved to Phoenix eight years ago from Wisconsin to escape the long winters, is a single father of three children. He recently completed a BS in Business Administration from the University of Phoenix. ■

professional achievements

new grants

Bonnie Gance-Cleveland, PhD, RNC, PNP, FAAN, and Director of the Center for Improving Health Outcomes for Children, Teens & Families, has received a three-year grant for \$1.18 million from the Agency for Healthcare Research & Quality (AHRQ) for her research project entitled “Health Information Technology to Support Clinical Decision Making in Obesity Care” to improve adherence to current guidelines for the prevention and treatment of childhood obesity.

Debra Hagler, PhD, RN, ACNS-BC, CNE is a co-investigator for “Measuring Competency with Simulation (Phase I),” a collaborative research project with the Arizona State Board of Nursing and Scottsdale Community College, funded by the National Council of State Boards of Nursing; Pamela Randolph, primary investigator. The project focuses on ensuring patient safety through regulatory agency evaluation of nurse competency.

Colleen Keller, PhD, RN-C, FNP, FAHA, FNAP, and **Sonia Vega Lopez**, PhD, received a NIH diversity supplement award on the R01 grant to obtain methodological training in theory-based translational research. The



Colleen Keller



Sonia Vega-Lopez

supplemental work will capitalize on Vega-Lopez’s expertise conducting metabolic studies focusing on specific mechanisms associated with cardiometabolic disease risk, adding to the capacity to evaluate the metabolic impact of a community and theory-based intervention, “*Madres para la Salud*.”

Keith R. Martin, PhD, was awarded a two-year grant to study anthocyanin-rich tart cherry juice and reduced biomarkers of inflammation and dyslipidemia. The work is funded through the Cherry Research Council.

Keith R. Martin, PhD, was awarded

funding for two years to study the beneficial effects of five commonly consumed whole mushrooms and a key bioactive agent, ergothioneine, present in each on events critical in early atherogenesis. The work is funded through the Mushroom Council (North America) and the Australian Mushroom Growers Association.

Keith R. Martin, PhD, principal investigator, and **Carol Johnston**, PhD, RD, co-investigator, were awarded a grant to study the effect of a polysaccharide supplement on the absorption and bioavailability of antioxidants (vitamins C, E, and quercetin) in healthy adults. Mannatech, Inc., a dietary supplement company, is funding the study.

Keith Martin with students.



Debra Hagler



awards & honors

Carol Baldwin, PhD, RN, AHN-BC, CHTP, FAAN, received the President's Award and Leadership Award at the Global Caring Nurses Foundation's (GCNF) *Forces of Change* Spirit of Nightingale Gala in October 2010. Other faculty who received GCNF honors included:

RESEARCH

Michael Belyea, PhD

Angela Chia-Chen Chen, PhD, RN, PMHNP-BC

Julie Fleury, PhD, RN, FAAN

Nelma Shearer, PhD, RN

EDUCATION

Pauline Komnenich, PhD, RN

COMMUNITY OUTREACH

Vanessa Hill, MS, RN

Carol Jeannine Dahl, EdD, MSN, RN, faculty emeritus, was inducted into the Arizona Veterans Hall of Fame in late October. The honor is reserved for worthily discharged veterans who made significant contributions. Dahl served as a nurse in the US Army Reserves for 20 years and as an American Red Cross volunteer after 9/11 and Hurricane Katrina. Senator John McCain also was among the 2010 inductees.

Shannon Dirksen, PhD, was inducted as a Fellow into the Western Academy of Nursing, Western Institute of Nursing.

Bronwynne Evans, PhD, RN, received a 2010 Excellence in Research Award, Beta Upsilon Chapter Award, Sigma Theta Tau International, from the Honor Society of Nursing, Scottsdale, AZ.

Bronwynne Evans, PhD, RN, was inducted as a Fellow in the American Academy of Nursing

in November 2010 in Washington, DC.

Ellen Fineout-Overholt, PhD, RN, FAAN, received the 2010 UAB Visionary Leaders Award from the University of Alabama at Birmingham School of Nursing.

Maureen Campesino Flenniken, PhD, RN, PsychNP, submitted an abstract that was among six selected out of 256 for merit awards at the Fifth Biennial Survivorship Research Conference sponsored by the NCI, ACS, CDC, and Live Strong in Washington in June 2010.

Bonnie Gance-Cleveland, PhD, PNP, FAAN, received the 2010 Researcher Award granted by the Associated Faculty of Pediatric Nurse Practitioners.

Jeremy Helm, MEd, director, academic services, was recently elected president of the Downtown University Staff Council. He has been involved with the council for a number of years on the ASU West and Polytechnic campuses and now represents the staff at the ASU Downtown Phoenix Campus.

Cheryl Herrera, MPA, Director Student Services, was awarded a Scholarship for Disadvantaged Students (SDS) grant from the Health Resources and Services Administration (HRSA) for academic year 2010-11. The SDS program promotes diversity among health professions students and practitioners by providing scholarships for students from disadvantaged backgrounds. Enrolled, full-time baccalaureate and graduate students in nursing and dietetics who need financial assistance will be considered for the scholarships.

Pauline Komnenich, PhD, received the Nurse Legend Award at the 2010 March of Dimes Gala. She is a professor at the ASU College of Nursing & Health Innovation.

Gerri Lamb, PhD, RN, FAAN, was appointed representative for the American Academy of

Nursing on the Board of the Nursing Alliance on Quality Care (NAQC), a newly formed alliance of major nursing and consumer organizations funded by the Robert Wood Johnson Foundation. Its mission is to "advance the highest quality, safety, and value of consumer-centered healthcare for all individuals — patients, their families, and their communities." Lamb will serve as vice chair of NAQC.

Gerri Lamb was appointed a member of the Physician Consortium on Performance Improvement Measures Development, Methodology.

Gerri Lamb co-chaired the National Quality Forum's Steering Committee on Care Coordination.

Linda Larkey was the invited presenter for "Tai-Chi and Qigong for older adults," a webinar sponsored by the *American Journal of Health Promotion*.

Denise Link, PhD, WHNP, CNE, has been elected Vice President of the Arizona Board of Nursing for the 2010-2011 fiscal year. Link was appointed to the board by former Arizona Governor Janet Napolitano in June 2006 on the recommendation of the Arizona Nurses Association and Arizona legislators. In addition to her role as vice president, she serves as the co-chair for the Advanced Practice Committee, a group of advanced practice nurses that provides input to the Board of Nursing about issues that impact nursing practice in Arizona. Link is the clinical administrator for NP Healthcare, a system of four nurse-practitioner managed health centers operated by the ASU College of Nursing & Health Innovation.

Denise Link has been elected Secretary of the Board of Directors for the National Nursing Centers Consortium (NNCC). NNCC advances nurse-led healthcare through policy, consultation, programs, and applied research to reduce health disparities and meet patient primary care

and wellness needs.

Denise Link, has been elected Legislative Chair for the Arizona Nurses Association (AzNA) Chapter 9, Arizona Nurse Practitioner Council. As chair of the legislative committee, Link puts her many years of experience in advanced practice, education, health policy and administration to work representing Arizona advanced practice nurses on the AzNA Legislative Review Team and the Political Action Committee.

Denise Link and **Debra L. Vincent**, BSN, RN, received awards under the Grassroots Campaign category at the annual Arizona Public Health Association Fall Conference for their outstanding work with students at the Children's Museum of Phoenix.

Marianne McCarthy, PhD, RN, has been elected to the National Academies of Practice, an honor received by only 150 healthcare providers in each healthcare discipline across the country.

Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN, was recognized by the American Academy of Nursing as an "Edge Runner" for creating an innovative and effective premature infant parent education program entitled COPE (Creating Opportunities for Parent Empowerment). The designation is applied to nurses who have pioneered innovative, nurse-led models of care that present a remedy for a problem in healthcare delivery or provide a previously unmet health need for a population. This is Melnyk's second Edge Runner award. She also was recognized as a golden graduate at the West Virginia University School of Nursing's 50th Anniversary Banquet.

Bernadette Melnyk was invited as a 2010-2013 U.S. expert panel member to the European Child Health Research Platform, funded by the European Commission.

Bernadette Melnyk was invited to present

as one of four researchers whose work was featured at *Bring Science to Life*, the National Institute of Nursing Research's 25th Anniversary Scientific Symposium.

Usha Menon, PhD, RN, was inducted as a Fellow in the American Academy of Nursing in November 2010 in Washington, DC.

Linda Mottle, MSN, RN, was a finalist in the *Arizona Business Journal* Healthcare Heroes Award for Researcher/Innovator of the Year category.

Punam Ohri-Vachaspati, PhD and associate professor, Nutrition, participated in the Robert Wood Johnson Foundation — New Jersey Childhood Obesity Study. The project is assessing the prevalence of childhood obesity in five New Jersey communities and providing information to help develop policies and programs for improving access to affordable healthy foods and opportunities for physical activity in the places where children live, learn, and play. She serves as co-PI.

Punam Ohri-Vachaspati, PhD, is principal investigator, New Jersey Department of Health and Senior Services – Evaluating CDC's Nutrition, Physical Activity and Obesity Program Partnership and Strategies in New Jersey.

Punam Ohri-Vachaspati, PhD, is principal investigator (subcontract), Centers for Disease Control and Prevention / Cleveland Department of Public Health for "Steps to a Healthier Cleveland." This project aims to reduce the incidence of obesity, type II diabetes, and asthma by promoting nutrition, physical activity, and tobacco reduction.

Karen J. Saewert, PhD, RN, CPHQ, CNE, ANEF, was inducted as a Fellow of the National League for Nursing Academy of Nursing Education. The purpose of the NLN Academy of Nursing Education is to foster excellence in nursing education by recognizing and capitalizing on the

wisdom of outstanding individuals in and outside the profession who have contributed to nursing education in sustained and significant ways.

Gabriel Shaibi, PhD, was competitively selected for the National Institutes of Health Disparities Loan Repayment Program by the National Center on Minority Health and Health Disparities. The program supports health professionals that engage in basic, clinical, behavioral, social sciences, or health services research addressing health disparities. Shaibi's project will explore how cultural factors contribute to obesity-related health among Latino youth.

Carol Stevens, MS, RN, is the 2010 Hearst Foundations Pre-doctoral Fellowship Award Winner. The Hearst Foundations Fellowship has focused on providing financial support to pre- and post-doctoral students excelling in studies relevant to addressing health disparities facing children, teens and families.

Carol Stevens, MS, RN, was awarded an Arizona Public Health Association Scholarship as the recipient of the 2010 Lloyd E. Burton Award in 2010.

Susan B. Stillwell, DNP, MSN, RN, CNE, received the Education Award at the 2010 March of Dimes Gala. Susan is a clinical professor at the ASU College of Nursing & Health Innovation.

Christopher Wharton, PhD, was one of only two faculty at ASU to win the Arizona State University Centennial Professorship Award for 2009-2010. Candidates for this award must have made significant contributions to the students of ASU through outstanding instruction both in and out of the classroom.

Barbara L. Wilson, PhD, RNC, received an award for Research/Advancing the Profession at the 2010 March of Dimes Gala. Barbara is an assistant professor at the ASU College of Nursing & Health Innovation.

selected publications & presentations

- Al-Murrani, S., **Thatcher, C.**, & Hand, M.S. (2010). Nutrigenomics and nutrigenetics: Nutritional genomics in health and disease. In M. Hand, C.D. Thatcher, R. Remillard, P. Roudebush, & B. Novotny (Eds.), *Small Animal Clinical Nutrition V* (pp. 43-48). Topeka, KS: Mark Morris Institute.
- Baldwin, C.**, Ervin, A., Mays, M.Z., Robbins, J., Shafazand, S., Walsleben, J., & Weaver, T. (2010). Sleep disturbances, quality of life and ethnicity: The Sleep Heart Health Study. *Journal of Clinical Sleep Medicine*, 6(2), 176-183.
- Baldwin, C.**, Grant, M., Wendel, C., Hornbrook, M.C., Herrinton, L.J., McMullen, C., & Krouse, R.S. (2009). Gender differences in sleep disruption and fatigue on quality of life among persons with ostomies. *Journal of Clinical Sleep Medicine*, 5(4), 335-343.
- Baldwin, C.**, **Mays, M.**, Caudillo-Cisneros, C., Márquez-Gamiño, S., **Reynaga-Ornelas, L.**, & Quan, S.F. (2009). "Relationship of acculturation to self-reported insomnia among Mexican Americans." Paper presented at the Sigma Theta Tau 20th International Nursing Research Congress Focusing on Evidence-Based Practice, Vancouver, BC (July 13-17, 2009).
- Baldwin, C.**, **Mays, M.**, **Vital, M.**, **Reynaga Ornelas, L.**, & Quan, S.F. (2009). Characterization of underserved Spanish-speaking Mexican Americans with insomnia: "Evidence for Sleep Education." Paper presented at the X Conferencia Iberoamericana de Educación en Enfermería, Panamá. October 26, 2009).
- Beezhold, B.**, **Johnston, C.**, & Daigle, D.R. (2010). Vegetarian diets are associated with healthy mood states: A cross-sectional study in Seventh Day Adventist adults. *Nutrition Journal*, 9, 26.
- Chami, H.A., **Baldwin, C.**, Silverman, A., Zhang, Y., Rapoport, D., Punjabi, N., & Gottlieb, D.J. (2010). Sleepiness, quality of life and sleep maintenance in REM vs. NREM sleep-disordered breathing. *American Journal of Respiratory and Critical Care Medicine*, 181(9), 997-1002.
- Choi, M.**, & **Belyea, M.** (2009) Testing women's propensities to leave their abusive husbands. *Research in Nursing and Health*, 58(6):435-444.
- Choi, M.**, **Belyea, M.**, Phillips, R.L., Insel, K., & Min, S.K. (2009). Testing women's propensities to leave their abusive husbands using structural equation modeling. *Nursing Research*, 58(6), 435-443.
- Choi, M.**, Crist, J.D., **McCarthy, M.**, & Woo, S.H. (2010). Predictors of home healthcare service use by Anglo American, Mexican American and South Korean elders. *International Journal of Research in Nursing*, 6(1), 8-16.
- Christmann, U., Hite, R.D., Tan, R.H., **Thatcher, C.**, Witonsky, S.G., Were, S.R., & Buechner-Maxwell, V.A. (2010). Surfactant alterations in horses with recurrent airway obstruction at various clinical stages. *AJVR*, 74(10), 468-475.
- Clarke-Oates, A., Cahill, L., & **Moore, N.** Interdisciplinary partnerships for faculty writing groups. Podium presentation, Writing across the Curriculum 2010 Conference, Bloomington, IN (May 20-22, 2010).
- Coon, D.**, & **Evans, B.** (2009). Empirically based treatments for family caregiver distress: What works and where do we go from here? *Geriatric Nursing*, 30(6), 426-436.
- Dirksen, S.**, **Belyea, M.**, & Epstein, D. (2009). Profile fatigue among breast cancer survivors. *Cancer Nursing: An International Journal for Cancer Care*, 32(5), 404-411.
- Dodgson, J.**, Tarrant, M., Chee, Y., & Watkins, A. (2010). New mothers' experiences of social disruption and isolation during the SARS outbreak in Hong Kong, *Nursing and Health Sciences*, 12, 198-204.
- Dompier, D.**, & **Kurtz, L.** College of Nursing & Health Innovation Simulation and Lab nurse specialists, International Nursing Association for Clinical and Simulation Learning Conference, Las Vegas (June 16-19, 2010). Poster: "Multi-patient simulations."
- Evans, B.**, **Belyea, M.**, **Coon, D.**, Castro, F.G., & **Ume, E.** Body map assessment of stress in Mexican American caregivers. Podium presentation, 42nd Annual Western Institute of Nursing Research Conference, Glendale, AZ (April 2009).
- Evans, B.**, Ciotti, R., Marks, B. & Smith, M. Opening doors for nursing students with disabilities: Disabilities services professionals as change agents, the faculty perspective. Invited Preconference Institute, Annual Conference of the Association on Higher Education and Disability, co-convened with the Postsecondary Education Programs Network, Denver, CO (July 12-17, 2010).
- Evans, B.**, **Coon, D.**, **Ume, E.**, **Belyea, M.**, Crogan, N., & Castro, F. G. (2009). Theoretical frameworks to guide mixed methods studies. Podium presentation, submitted to 2010 National Congress on the State of the Science in Nursing Research Conference, Washington, DC. (September 27-29, 2010).
- Fineout-Overholt E.**, **Williamson, K.**, Kent, B., & Hutchinson, A. M. (2010). Teaching EBP: Strategies for achieving sustainable organizational change toward evidence-based practice. *Worldviews on Evidence Based Nursing*, 7(1), 51-53.

Fineout-Overholt, E., Melnyk, B., Stillwell, S., & Williamson, K. (2010). Evidence-based practice step by step: Critical appraisal of the evidence Part I. *American Journal of Nursing, 110*(7), 47-52.

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Glantz, N., Gonzalez, J.A., **Larkey, L., & Mar, L.** (2009). Latina recruitment for cancer prevention education via community-based participatory research strategies. *Contemporary Clinical Trials, 30*(1), 47-54.

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Greenwood-Ericksen, M.B., Chapman, C.R., Konopken, Y., Ertl, J., & **Shaibi, G.** (2010). Sustainability of a culturally informed community-based diabetes prevention program for obese Latino youth. *Journal of Primary Care and Community Health, 1*, 83-87.

Hagler, D., Puckett, T., Adelman, T., Hanner, M.B., & Young, P. Reflections on leadership: The

clinical nurse educator. 3rd International Nurse Education Conference. Sydney, Australia. (April 11-14, 2010).

Hagler, D., White, B., & Morris, B. Cognitive tools to scaffold collaborative faculty work on curriculum redesign. American Association of Colleges of Nursing Baccalaureate Education Conference, Chicago, IL November 19-21, 2009.

Harris, J., Schwartz, M.B., Ustjanauskas, A., **Ohri-Vachaspati, P.,** & Brownell, K.D. (in press). The relationship between sugar levels in ready-to-eat cereals and children's breakfast eating behavior. *Pediatrics*.

Hudson, O., **Nunez, M., & Shaibi, G.** Ethnic differences in non-alcoholic fatty liver disease risk among youth with type 2 diabetes mellitus. Presented at the Annual Meeting of the Obesity Society, Washington, DC. (2010).

Jahnke, R., **Larkey, L., & Rogers, C.** (2010). Dissemination and benefits of an accessible Tai-Chi-Qigong (TCQG) program for older adults. *Geriatric Nursing, 31*(4), 272-280.

Jahnke, R., **Larkey, L., Rogers, C.,** Etnier, J., & Lin, F. (2010). Comprehensive review of health benefits of Qigong and Tai Chi. *American Journal of Health Promotion, 24*(6), e1-e25.

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Kasimanickam, R., Kasimanickam V., Rodriguez, J., Pelzer, K.D., Sponenberg, P.D., & **Thatcher, C.** (2010). Tocopherol induced angiogenesis in placental vascular network in late pregnant ewes. *Reproductive Biology and*

Endocrinology, 8, 86-97.

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Keller, C., Larkey, L., DiStefano, J.K., Boehm-Smith, E., **Records, K.,** Robillard, A. Veres, S., Al-Zadjali, M., & **O'Brien, A.M.** (2010). Perimenopausal obesity. *Journal of Women's Health, 19*(5), 987-996.

Kenny, K. Comparison of web-based pre-operative teaching with written/verbal pre-operative teaching. 21st Annual Southwest Regional Nurse Practitioner Symposium. Flagstaff, AZ (July 24-26, 2009).

Kenny, K., & Balzer, A. Implementation of a division of advanced practice nursing within an academic teaching hospital. AANP 25th National Conference, Phoenix, AZ (June 23-27, 2010).

Kenny, K. Implementation of a division of advanced practice nursing within an academic teaching hospital. Presentation: AANP 25th National Conference, Phoenix, AZ (June 26, 2010).

Kenny, K. Implementation of a web-based pre-operative teaching program. Presentation: Advanced Practice Nurse Consortium. St. Joseph's Hospital and Medical Center, Phoenix, AZ. (October 27, 2009).

Lamb, G. (2009). Guest editorial: Quality, safety and hope. *Nursing Outlook, 57*(6), 299-302.

Lamb, G. Future directions in quality and safety. Keynote Presentation: Robert Wood Johnson Foundation Nurse Faculty Scholars National Meeting, Santa Fe, NM (December 1-3, 2009).

Lamb, G. Nursing and the National Priorities Partnership: spotlight on care coordination. American Nurses Association: NDNQI Annual

Conference. New Orleans, LA (January 21-22, 2010).

Lamb, G., Zimring, C., Chuzi, J., & Dutcher, D. (2010). Designing better healthcare environments: Interdisciplinary competencies in health-care design. *Journal of Interprofessional Care*, 24(4), 422-435.

Larkey, L., & Hecht, M.L. (2010) A model of effects of narrative as culture-centric health promotion. *Journal of Health Communication*, 15(2), 114-135.

Larkey, L., Jahnke, R., Etnier, J., & Gonzalez, J. (2009). Meditative movement as a category of exercise: Implications for research. *Journal of Physical Activity and Health*, 6(2), 230-238.

Larkey, L., Wilson, J., **Sillanpaa, B.,** Spencer, G. Garcia, F., Ellert, B., Lundy, M., & Lopez, A. M. (2009). Effect of risk discussion source and perceptions of provider communication style on patient compliance with CRC screening in primary care clinics. *Annals of Behavioral Science in Medical Education*, 15(2), 30-36.

Latini, D. M. Hart, S. L., **Coon, D.,** & Knight, S. J. (2009). Sexual rehabilitation after localized prostate cancer. *The Cancer Journal*, 15, 34-40.

Link, D. Nurse managed health centers. Presentation: Mayo Clinic Health Policy Summit, Tempe, AZ (April 22, 2010).

Link, D. What to expect at your well-woman check. Presentation: American Council for the Blind National Conference, Phoenix, AZ (July 9-17, 2010).

Malloch, K. (2009). Issue editor for Innovations in Transforming Organizations, Part I, *Nursing Administration Quarterly*, 33, 3.

Malloch, K. (2009). Issue co-editor with **Tim Porter-O'Grady** for Innovations in Transforming Organizations, Part II, *Nursing Administration Quarterly*, 33, 4.

Malloch, K. (2010). Innovating nurse

education to transform future leadership. In N.R. Ganz. *101 global leadership lessons for nurses: Shared legacies from leaders and their mentors.* Indianapolis, IN Sigma Theta Tau International.

Malloch, K. (2010). Innovation leadership: New perspectives for new work. *Nursing Clinics of North America*. 45(1) 1-9.

Malloch, K., & Porter-O'Grady, T. (2009). *An introduction to evidence-based practice for nursing and healthcare.* 2nd ed. Sudbury, MA: Jones and Bartlett.

Marek, K. Innovative practices to manage pharmacology: Avoiding the polypharmacy peril in an enhanced access society: When less is often better, especially as we age. AARP Public Policy Institute Roundtable (December 1, 2009).

Marek, K. Overuse in health care. National Quality Forum (NQF) Invitational Workshop on Nursing and the National Priorities Partnership Goals, Sponsored by ANA and NQF, Silver Spring, MD (October 26-27, 2009).

Marek, K., Adams, S.J., Stetzer, F., Popejoy, L., & Rantz, M. (2010). The relationship of community-based nurse care coordination to costs in the Medicare and Medicaid programs. *Research in Nursing and Health*, 33, 235-242.

Martin, K. (2010), Both common and specialty mushrooms inhibit adhesion molecule expression and in vitro binding of monocytes to human aortic endothelial cells in a pro-inflammatory environment. *Nutrition Journal*, 9, 29.

Martin, K. The bioactive agent ergothioneine, a key component of dietary mushrooms, inhibits monocyte binding to human aortic endothelial cells characteristic of early cardiovascular disease. (In press). *Journal of Medicinal Foods*.

Martin, K., & Burrell, L. (2010). 100% tart cherry juice reduces pro-inflammatory biomarkers in overweight and obese subjects. *FASEB Journal*, 24 (Meeting Abstract Supplement).

722.15. Accessible at http://www.fasebj.org/cgi/content/meeting_abstract/24/1_MeetingAbstracts/722.15.

Martin, K., & Brophy, S.K. (2010). Commonly consumed and specialty dietary mushrooms reduce cellular proliferation in MCF-7 human breast cancer cells. *Experimental Biology and Medicine*, 235, 1-9.

Martin, K., Bopp, J., Neupane, S., & **Vega-Lopez, S.** (2010). 100% tart cherry juice reduces plasma triglycerides and CVD risk in overweight and obese subjects. *FASEB Journal*, 24 (Meeting Abstract Supplement). 722.14. Accessible at http://www.fasebj.org/cgi/content/meeting_abstract/24/1_MeetingAbstracts/722.14.

Melnyk, B.M., & **Jacobson, D.** Assessment and evidence-based management of child and adolescent depression: Nuts and bolts for best practice and evidence-based guidelines for improving the health of America's children and adolescents. Invited Presentations: NAPNAP's 31st Annual Conference on Pediatric Health Care - Achieving Vision: Pediatric Health Care Beyond the Millennium, Chicago, IL (April 15-18, 2010).

Melnyk, B.M. Brief overview of the steps of evidence-based practice and key strategies for sustaining evidence-based practice in clinical and academic settings, including the ARCC model and making a case for evidence-based practice. Invited web seminar. Lippincott's Webex Session on Evidence-based Practice - Live Webcast, Sponsored by Lippincott's Nursing Procedures and Skills, Wolters Kluwer/Lippincott Williams and Wilkins (March 3, 2010).

Melnyk, B.M. Evidence-based practice: Successful adoption and implementation. Invited web seminar. Siemens Nurse's Education Webcast Presentation, Siemens Enterprise Networks USA (5/24/10).

Melnyk, B.M. Key strategies for assessing and managing common mental health problems

in children and teens. Invited Keynote: Society of Pediatric Nurses Annual Convention, Lake Buena Vista, FL (April 20-May 1, 2010).

Melnyk, B.M., & Fineout-Overholt, E. (2010). ARCC (Advancing Research and Clinical practice through close Collaboration): A model for system-wide implementation and sustainability of evidence-based practice. In J. Rycroft-Malone and T. Bucknall (Eds.), *Models and frameworks for implementing evidence-based practice*. Indianapolis, IN: Wiley-Blackwell and Sigma Theta Tau International.

Melnyk, B.M., & Fineout-Overholt, E. (2010). *Evidence-based practice in nursing and healthcare: A guide to best practice*. 2nd ed., Philadelphia, PA: Lippincott, Williams and Wilkins.

Melnyk, B.M., & Link, D. Increasing access to healthcare: A robust NP model. Presentation: American Academy of Nurse Practitioners 25th National Conference, Phoenix, AZ (July 25, 2010).

Melnyk, B.M., Bullock, T., McGrath, J., Kelly, S., Jacobson, D., & Baba, L. (2010). Translating the evidence-based NICU COPE Program for parents of premature infants into clinical practice: Impact on nurses' EBP and lessons learned. *Journal of Perinatal and Neonatal Nursing*, 24(1), 74-80.

Melnyk, B.M., Fineout-Overholt, E., Stillwell, S., & Williamson, K. (2010). Evidence-based practice step by step: The seven steps of EBP. *American Journal of Nursing*, 110(1), 51-53.

Melnyk, B.M., Hawkins-Walsh, E., Beauschesne, M., Brandt, P., Crowley, A., Choi, M., Greenburg, E., & O'Haver, J. (2010). Strengthening PNP curriculum in mental/behavioral health and evidence-based practice. *Journal of Pediatric Health Care*, 24(2), 81-94.

Michaliszyn, S.F., **Shaibi, G.**, Quinn, L.,

Fritschi, C., & Faulkner, M.S. (2009). Physical fitness, dietary intake, and metabolic control in adolescents with type 1 diabetes. *Pediatric Diabetes*, 10(6), 389-394.

O'Haver, J. Community-based research: Establishing partnerships. Podium presentation at the Center for Improving Outcomes in Children, Teens and Families: Second Annual Scholarship Forum, Arizona State University, Phoenix, AZ (February 2010).

O'Haver, J. Pediatric topics. Review course presented at the Dermatology Nurses Association 28th Annual Convention, Lake Buena Vista, FL (March 2010).

O'Haver, J., Melnyk, B., Mays, M., Kelly, S., Jacobson, D., & Small, L. (2009). The relationship of perceived and actual weight in minority adolescents. *Journal of Pediatric Nursing*, 24(6), 474-480.

Oermann, M. H., **Saewert, K.**, Charasika, M., & Yarbrough, S. (2009). Assessment and grading practices in schools of nursing: National survey findings Part I. *Nursing Education Perspectives*, 30(5), 353-357.

Oermann, M. H., Yarbrough, S. S., **Saewert, K.**, Ard, N., & Charasika, M. (2009). Clinical evaluation and grading practices in schools of nursing: National Survey findings part II. *Nursing Education Perspectives*, 30(6), 352-357.

Ohri-Vachaspati, P., Martinez D., Yedidia, M., & Petlick, N.H. (In press). Transforming commercial data on food outlets for research on food access. *American Journal of Health Promotion*.

Ohri-Vachaspati, P., Taggart, M. Masi, B., Konen, J., & Kerrigan, J. (2009) City Fresh – A local collaboration for food equity. *Journal of Extension*, 47(6), 6FEA1.

Oneha, M.F., & **Dodgson, J.** Pōhai Ke Aloha: A culturally relevant social support intervention with Native Hawaiian Mothers. Presentation:

Indigenous Network of Health and Knowledge Development Annual Conference. Seattle, WA (May 2010).

Ouslander, J., **Lamb, G.**, Perloe, M., Givens, J.H., Kluge, L., Rutland, T., Atherly, A., & Saliba, D. (2010). Avoidable hospitalizations of nursing home residents. *Journal of the American Geriatrics Society*, 58(4), 627-635.

Pachter, L., Bernstein, B., **Szalacha, L.**, & Garcia-Coll, C. (2010). Perceived racism and discrimination in children and youth: An exploratory study. *Health and Social Work*, 35(1), 61-69.

Pachter, L., **Szalacha, L.**, Bernstein, B., & Garcia-Coll, C. (2010). Perceptions of racism in children and youth: Properties of a self-report instrument for research on children's health and development. *Ethnicity and Health*, 1, 1-14.

Payne, L., **Ainsworth, B.**, & Godbey, G. (2010). *Leisure, physical activity, and health*. State College, PA: Venture.

Phillips, L.R., Guo, G., **Choi, M.**, & Choi, J. (2010). The art of prescribing medications for assisted living facility (ALF) residents: What every primary care provider and emergency department physician should know. *Arizona Geriatrics Society Journal*, 14(2), 19-24.

Porter-O'Grady, T., & Malloch, K. (2009). Leaders of innovation: Transforming post industrial healthcare. *Journal of Nursing Administration*. Summer 2009.

Porter-O'Grady, T., & Malloch, K. (2009). *Innovation leadership*. Sudbury, MA: Jones & Bartlett

Rhee, H., **Belyea, M.**, Ciurzynski, S., & Brasch, J. (2009). Barriers to asthma self-management in adolescents: Relationships to psychosocial factors. *Pediatric Pulmonology*, 44, 183-191.

Robillard, A.G., & **Larkey, L.** (2009). Health disadvantages in colorectal cancer screening among African Americans: Considering the

cultural context of narrative health promotion. *Journal of Healthcare for the Poor and Underserved*, 20(2), 102-119.

Rogers, C., Keller, C., & Larkey, L. (2010). Perceived benefits of meditative movement in older adults. *Geriatric Nursing*, 31(1), 37-51.

Rogers, C., Larkey, L., & Keller, C. (2009). A review of clinical trials of Tai-Chi and Qigong in older adults. *Western Journal of Nursing Research*, 31, 245-279.

Root, L. Integrating high fidelity simulation as a teaching strategy in psychiatric mental health nursing. Presentation: American Academy of Colleges of Nursing, Baccalaureate Education Conference. Chicago, IL (2009).

Saewert, K. Low budget, high impact: Strategies for enhancing evaluations in a down economy. Invited panelist at the Arizona Evaluation Network (AZENet) Phoenix Area Cluster, Phoenix, AZ (2009).

Saewert, K., & Yarbrough, S.S. (2009). Evaluation of clinical performance. In T. M. Valiga & N. Ard (Eds.), *Clinical nursing education: Current reflections* (pp. 91-101). New York: National League for Nursing.

Salbe, A.D., **Johnston, C.**, Buyukbese, M.A., Tsitouras, P.D., & Harman, S.M. (2009). Use of an oral insulin suppression test to determine the effects of vinegar on carbohydrate absorption from a co-ingested meal. *Nutrition Research*, 29, 846-849.

Senecal, J., & Gazda, R. Synchronous collaboration by webinar: Herding all the cats into the corral. Poster session presented at the Teaching and Learning with Technology Conference 2010, Mesa, AZ. (May 2010).

Senecal, J., & Gazda, R. (2010). Harmonizing the virtual choir: Interactive synchronous webinars for online education. *Journal of Interactive Instruction Development*, 21(3), 13-16.

Senecal, J., & Gazda, R. Harmonizing the virtual choir: Interactive synchronous webinars for online education. Paper presented at the New Learning Technologies 2010 Society for Applied Learning Technology (SALT) Conference, Orlando, FL (March 2010).

Shaibi, G., & Castro, F.G. (2010). Acculturation, obesity, and insulin resistance in Latino youth. Presentation: Annual Meeting of the American Diabetes Association, Orlando, FL (June 25-29, 2010).

Shaibi, G., Hudson, O., Nunez, M., Chapman, C.R., Konopken, Y., Ertl, J., Belapurkar, S., & Patrick, D. Weight-specific quality of life and cardiometabolic disease risk among Latino youth. Presented at the Annual Meeting of the Obesity Society, Washington, DC (June 10-13, 2009).

Shearer, N. (2009). Health Empowerment Theory as a guide for practice. *Geriatric Nursing*, 30(2), Supplement 1, 4-10.

Shearer, N., Fleury, J., & Belyea, M. (2010). Randomized control trial of the Health Empowerment Intervention. *Nursing Research*, 59, 203-211.

Shearer, N., Fleury, J., & Belyea, M. (2010). An innovative approach to recruiting homebound older adults. *Research in Gerontological Nursing*, 3, 11-18.

Small, L., Anderson, D., Arcoleo, K., & Gance-Cleveland, B. (2009). Pediatric nurse practitioners' assessment and management of childhood overweight/obesity: Results from 1999 and 2005 Cohort Surveys. *Journal of Pediatric Healthcare*, 23(4), 231-241.

Stevens, C. (2010). Obesity prevention interventions for middle school-age children of ethnic minority: A review of the literature. *Journal for Specialists in Pediatric Nursing*, 15(3), 233-243.

Stillwell, S. (2010). National survey shows

the majority of nurses use very little research in the first 2 years after their graduation, highlighting a gap between research and clinical practice [Commentary]. *Evidence-Based Nursing*, 13(4), 104.

Stillwell, S., Melnyk, B., Fineout-Overholt, E., & Williamson, K. (2010). Evidence-based practice: Step by step: Asking the clinical question. *American Journal of Nursing*, 110(1), 51-53.

Stillwell, S., Melnyk, B., Fineout-Overholt, E., & Williamson, K. (2010). Evidence-based practice: Step by step: Searching for the evidence. *American Journal of Nursing*, 110(5), 49-55.

Szalacha, L. (2009). "Homosexuality and bisexuality: Physiological and psychological perspectives," *The Chicago Companion to the Child* (pp. 463-464), Chicago: University of Chicago.

Szalacha, L. The science of culture: Engaging applied and basic sciences to understand the processes that lead culturally-relevant health literacy interventions. Symposium with Elwood, W. and Heurtin-Roberts, S. Presented at the Cancer, Culture and Literacy Conference. Clearwater, FL (May 2010).

Szalacha, L. Urban Australian women: Violence and sexual orientation. Presentation: International Council of Women's Health Issues Conference. Philadelphia, PA (April 2010).

Tarrant, M., Fong, D.Y.T., Wu, K.M., Lee, I.L.Y., Wong, E.M.Y., Sham, A., Lam, C., & **Dodgson, J.** (2010). Breastfeeding and weaning practices among Hong Kong mothers: A prospective study. *BMC – Pregnancy and Childbirth*, 10, 27. doi: 10.1186/1471-2393-10-27

Thatcher, C. (2010). Traumatic injury in a mixed breed dog [case report]. In M. Hand, M., C.D. Thatcher, R. Remillard, P. Roudebush, & B. Novotny (Eds.), *Small Animal Clinical Nutrition*

V (pp. 1211-1212). Topeka, KS: Mark Morris Institute.

Thatcher, C., Hand, M.S., & Remillard, R. L. (2010). Small Animal Clinical Nutrition: An Iterative Process. In M. Hand, M., C.D. Thatcher, R. Remillard, P. Roudebush, & B. Novotny (Eds.), *Small Animal Clinical Nutrition V* (pp. 3-21). Topeka, KS: Mark Morris Institute.

Thompson J., Manore M.M., & **Vaughan L.** (2010). *The Science of Nutrition* (2nd ed.). San Francisco: Benjamin-Cummings.

Thompson, L.W., Dick-Siskin, L., **Coon, D.**, Gallagher-Thompson, D., & Powers, D.V. (2010). *Treating late life depression: A cognitive-behavioral therapy approach workbook*. New York: Oxford.

Tloutan, B. E., Podjasek, J.O., **O'Haver, J.**, Cordova, K.B., Nguyen, X.H., Tee, R., & Hansen, R.C. (2009). Chronic Recurrent Multifocal Osteomyelitis (CRMO) and Synovitis, Acne, Pustulosis, Hyperostosis, and Osteitis (SAPHO) syndrome with associated neutrophilic dermatoses: A report of seven cases and review of the literature. *Pediatric Dermatology*, 26(5), 497-505.

Ume, E. (2010). ASU Hartford Scholars: Student experience. Presentation: BAGNC10 Opportunities in Geriatric Nursing Recruitment Tea, Phoenix, AZ (April 7, 2010).

Ume, E. (2010). Back to basics. Capacity building nursing training series. Presentation team leader, Grace Institute, Phoenix, AZ, in partnership with Public Health and Environmental Initiatives, Nigeria, April 20-23, 2010, Abuja, Nigeria and April 26-29, 2010, Port Harcourt, Nigeria.

Ume, E. (2010). Communication: Who cares what I say? Capacity building nursing training

series. Presentation team leader, Grace Institute, Phoenix, AZ, in partnership with Public Health and Environmental Initiatives, April 20-23, 2010, Abuja, Nigeria and April 26-29, 2010, Port Harcourt, Nigeria.

Ume, E. (2010). Mental health nursing. Capacity building nursing training series. Presentation team leader: Grace Institute, Phoenix, AZ, in partnership with Public Health and Environmental Initiatives, Abuja, Nigeria, April 20-23, 2010, and April 26-29, 2010, Port Harcourt, Nigeria.

Ume, E. (2010). Our people die for lack of knowledge: A case of cardio-pulmonary resuscitation (CPR). Capacity building nursing training series. Presentation team leader, Grace Institute, Phoenix, AZ, in partnership with Public Health and Environmental Initiatives, April 20-23, 2010, Abuja, Nigeria and April 26-29, 2010, Port Harcourt, Nigeria.

Ward-Bebnoche, W.L., **Gance-Cleveland, B.**, & Portilla, M. (2009). Circumventing communication barriers with Spanish-speaking patients regarding pediatric obesity. *Journal of Pediatric Healthcare*, 23(4), 272-280.

Ward-Begnoche, W.L., **Gance-Cleveland, B.**, Simpson, P., Parker, J., Jo, C., Dean, J., & Thompson, J. (2009). Effectiveness of a school-based obesity prevention program. *International Journal of Health Promotion and Education*, 47(2), 51-56.

Watkins, A. L., & **Dodgson, J.** (2010). Breast-feeding educational interventions for health professionals: A synthesis of intervention synthesis. *Journal for Specialists in Pediatric Nursing*. doi 10.1111/j.1744-6155.2010.00240.x

Weberg, D. (2010). Transformational leadership and staff retention: An evidence review with

implications for health systems. *Nursing Administration Quarterly*, 34(3), 246-258.

Wharton, C., & **Vaughan, L.** (2010) Healthy Dining: Eating for Pleasure, Leisure, and Wellness. In L. Payne, **B. Ainsworth**, & G. Godbey (Eds.), *Leisure, health, and wellness: making the connections*. State College, PA: Venture.

Wilson, B. (2010). Keeping an eye on patient safety using human factors engineering (HFE): A family affair for the hospitalized child. *Journal for Specialists in Pediatric Nursing*, 15(1), 84-87.

Wilson, B. 1. Access to care: The effect of insurance status on prenatal care and delivery outcomes. 2. Using Human Factors Engineering (HFE) to study acute care nurse response during mock code. Presentations. Western Institute of Nursing Annual Research Conference, Glendale, AZ (April 14-17, 2010).

Wilson, B. Labor induction and cesarean birth: A retrospective study in Arizona. Association of Women's Health, Obstetrics, and Neonatal Nursing Greater Phoenix Chapter meeting, Phoenix, AZ (November 2009).

Wilson, B., Effken, J., & Butler, R. J. (2010). The relationship between cesarean section and labor induction. *Journal of Nursing Scholarship*, 42(2), 130-138.

Wilson, B., Phelps, C. L., Downs, B. & Wilson, K. (2010). Using Human Factors Engineering in designing and assessing nursing personnel responses to mock code training. *Journal of Nursing Care Quality*, 25(4), 295.

Wolf, K., St. Thomas, M., Hahn, N., **Vaughan, L.**, Carlson A.G. & Hinton, P. (2009). Iron status in highly active and sedentary young women. *International Journal of Sport Nutrition and Exercise Metabolism*. 19, 519-535. ■

6th Annual Building Healthy Lifestyles Conference

Obesity 2011 –
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will be hosted by the Exercise and Wellness and Nutrition Programs in the College of Nursing & Health Innovation on February 25-26, 2011 at Skysong. Skysong is an Arizona State University innovation center located in Scottsdale, Arizona.

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The conference provides opportunities for experts and students to network and discuss the latest research. “The conference is unique in that it is mainly for students to provide them research first-hand from experts,” said Glenn Gaesser, PhD, Director of the Exercise and Wellness Program and Healthy Lifestyles Research Center.

Professors Gaesser and Carol Johnston, PhD, RD, Director of the Nutrition Program, are conference co-chairs. Doctoral students in the Interdisciplinary Physical Activity, Nutrition, and Wellness PhD Program are organizing the conference with the help of the alumni of the health promotion programs.

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