Nursing Education in an Era of Health Care Reform
This past October, it was my great honor to join OHSU as its provost. OHSU is a special institution, whose commitment to the health of Oregonians is widely evident. It is also a treat to return to the Northwest, where I have strong family ties and academic roots.

Over the past few months, I’ve enjoyed working in collaboration with our School of Nursing faculty to examine the current and future state of the school. I’m constantly reminded that our university’s unique identity as a place for innovation comes from the dynamic interplay of its schools, and the special way our campus serves to foster new ideas. Our School of Nursing has led the nation in creating new paradigms for nursing curricula at both the undergraduate and graduate levels, and its high national rankings are a significant part of the reason OHSU now enjoys such national prominence as well.

The interaction between the School of Nursing and the broader OHSU community creates a richness of experience that is unrivaled. Our nursing students benefit from learning in the context of a cutting-edge research and clinical setting that is the equal of any academic environment in this country. Likewise, our campus benefits from all that our School of Nursing brings. Today, drawing upon their pioneering work in deploying simulation as a fundamental learning tool, our nursing faculty is leading OHSU’s efforts to create an interdisciplinary simulation curriculum for all professional students.

The vibrancy of our school arises from many factors: the students who come to us hungry for the knowledge and experiences that will open their personal paths to nursing; the teachers who inspire and mentor them; and the graduates, our alumni, who carry our mission forward through their life’s work as caregivers, teachers and leaders.

Each era presents a unique set of challenges for those of us in health care, and this era is no exception. The systems and models on which our current health care system is based are being challenged as never before, and never
before has nursing had such an important role in defining the context for health care delivery. From the clinical setting to advocacy and leadership, it is clear that nursing holds the key to our nation's ability to deliver the sort of health care that our communities demand and deserve.

Last year’s Centennial Celebration offered our school a grand point of reference for our past accomplishments, our present path, and our future opportunities. Each year is a continuing celebration of all that has and will define us. This year, a new class will matriculate and a new class will graduate. Faculty and staff will continue to explore the best ways to learn, teach and advance health through their research. Classmates and longtime friends will gather again and again to reflect on their experiences and share the lessons of their journeys. In the center of it all is the place we call our school. What a pleasure to share it with you!

Jeanette Mladenovic, M.D., M.B.A., M.A.C.P.
Provost and Vice President for Academic Affairs
“A large number of patients at OHSU and everywhere suffer from chronic pain,” says Kim Jones, Ph.D., F.N.P., R.N. Jones has studied chronic pain, particularly fibromyalgia, for three decades and helped launch the first annual OHSU PAIN (Pain Awareness and Information Network) Day conference, which took place on Feb. 22, 2011.

This event was established to provide a collaborative framework for improving the understanding and treatment of chronic pain. “To move forward, we need to have researchers from multiple disciplines work together,” says Jones.

The PAIN Day conference began at noon in the poster area of the School of Nursing building, where OHSU faculty and students, community members, partners, stakeholders and researchers from multiple disciplines gathered, quickly filling up the room and filtering into the auditorium for OHSU President Joe Robertson’s opening words. Promoting the best practice of pain management “matters to us as a society and as individually treated patients,” he said, setting the tone for the conference by addressing the reason for it: “Pain affects everybody—it is the No. 1 reason that people seek medical attention.”
Keynote speaker Howard Fields, M.D., Ph.D., scientist and professor of neurology at the University of California, San Francisco, spoke of the essential need for physicians and patients to understand chronic pain better.

Michael Bleich, Ph.D., R.N., F.A.A.N., presented the Pain Awareness Award to U.S. Attorney Dwight Holten for his efforts as a social change agent. “Four hundred people die from an overdose of pharmaceutical drugs compared with 80 who die of homicide in Oregon,” Holten said. “Learning to better treat pain will drastically reduce the number of people who improperly use pain medication.” Prescribing the right drug to the right patient at the right dose is how to effectively manage pain and reduce diversion and adverse events.

Journalist, teacher and author of the book The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering Melanie Thernstrom, addressed the many common misunderstandings of pain. She delved into her own multiple-year battle with chronic pain, and concluded that, “You don’t have to be pain-free to have a good life.”

The take-away message for providers is “You can’t make (chronic) pain go away but you can dampen it enough so that you can go on and have a life,” Jones said. “That helps providers deal with the disappointment of inadequately relieving their patient’s pain.”

The afternoon concluded with a book signing with Thernstrom, after which PAIN Day attendees broke off into panel discussions. According to Jones, the success of this year’s event lends itself naturally to the continuation of annual PAIN Day conferences which, in collaboration with continued interdisciplinary research and education, will further both the understanding and management for sufferers of chronic pain. PAIN Day returns to OHSU Feb. 28, 2012 with national speakers and relevant breakout sessions to meet the needs of providers, researchers and educators.

“The learning to better treat pain will drastically reduce the number of people who improperly use pain medication.”

– Dwight Holten, U.S. Attorney

Above: Howard Fields, M.D., Ph.D.

Opposite: (left to right) Jau-Shin Lou, M.D., Ph.D., Robert Chou, M.D., Beth Darnall, Ph.D. and Kim Jones, R.N.C., Ph.D., F.N.P., field questions after the PAIN presentation.
But do these skills match what NP programs teach? Associate Professor Gary Laustsen, Ph.D, F.N.P., R.N., of the OHSU School of Nursing at La Grande, recently completed a study of clinical skills used by Oregon NPs. His goal: guide curriculum development, part of the OHSU School of Nursing’s aim to improve the quality of care through education. As nurse practitioners play expanded roles in a changing health care environment, education based on real-world evidence will make them more effective.

“The literature says little about skills used by rural NPs,” Laustsen says. “I wasn’t sure faculty were basing courses on the needs of practicing NPs. Education is part of nursing practice, and we should do evidence-based pedagogy.”

**Bite wounds vs. Pap smears.** Emergency departments a few hours—or minutes—away. The conditions nurse practitioners treat and their practice settings determine the skills they use most.
What is Rural Practice?

“There are at least five or six definitions of ‘rural,’” says Gary Laustsen, associate professor at the OHSU School of Nursing in La Grande. In Laustsen’s recent study of skills used by Oregon nurse practitioners, respondents self-identified as urban, suburban, rural or frontier. “As a researcher, I had to decide if I would define those terms for respondents. I didn't want to force practitioners into categories that might not fit.”

At the International Rural Nursing and Health Conference last October, Laustsen heard one presenter define rural as fewer than 1,000 people per square mile. “In Oregon, a general guideline for rural practice is 10 people per square mile. Frontier is sometimes defined as six or fewer people per square mile.”

Definitions have consequences for federal health care funding. Who should qualify for rural health dollars—an Oregon clinic 100 miles from the nearest cardiologist or a New York practice 50 miles from Manhattan? As OHSU faculty transform nursing education, preparing students for broader roles in the health system, defining what counts as rural is another research-worthy question.

“Schools shouldn’t be responsible for teaching every single skill. But if we have to choose, which are used most frequently and are critical for NP practice?”

— Gary Laustsen, Ph.D., A.P.R.N.-C.N.P., R.N.

Laustsen sent questionnaires to 1,450 Oregon practitioners, with 452 responses (31 percent). Questions included practice location and clinical skills used. Practitioners were asked how often they used each skill and whether they learned it in school or elsewhere (e.g., on the job).

“Rural NPs use many more skills, on average, than urban practitioners,” Laustsen says. “Where specialty care isn’t available, rural practitioners need to be generalists.”

Rural and urban differences include injury types. “I suspect there are more environmental-related injuries in rural areas,” Laustsen says. “Skin closures, tick removal and bites. With agriculture and logging, the risk of injury is higher in rural areas.”

Proximity to emergency departments and specialists makes a difference. “For a bite wound, urban dwellers tend to visit an ED or urgent care facility. For heart care, they might self refer to a cardiologist. Rural EDs might not be staffed by physicians, so patients visit the nurse practitioner they already know, and there might not be a cardiologist.”

Rural practitioners rated some clinical skills, including electrocardiograms and chest X-ray interpretation, critically important even if seldom used. Given the growing number of older adults with chronic conditions, Laustsen says, “rural NPs have to decide: yes, I can do that procedure, but should I do it or send the patient to a hospital?” In developing courses, nursing faculty must consider the importance of specific skills to the practitioners they train.

Many respondents learned skills outside NP programs. “Schools shouldn't be responsible for teaching every single skill,” Laustsen says. “But if we have to choose, which are used most frequently and are critical for NP practice?”

The School of Nursing’s Doctor of Nursing Practice program includes a rural track that supports OHSU’s goal of improving health for all Oregonians. “With the family nurse practitioner and mental health nurse practitioner programs available statewide, we’ll see more students focusing on rural health care,” Laustsen says. This will increase the number of NPs in rural communities—a good thing in a community where quality care can be scarce.

The School of Nursing’s Doctor of Nursing Practice Rural Health Track and OHSU School of Medicine's Rural Health Track were developed to fill the urgent need for care in rural communities. “It’s a ‘grow your own’ philosophy,” says Laustsen. Thanks to Laustsen’s study, NPs will learn the skills that they need to use and practice.

For more information on the study, contact Gary Laustsen at laustsen@ohsu.edu.
Transitional Care Model Offers Hope for Vulnerable Elders

By Genevieve Long

Mr. Jenkins (a patient that agreed to share his information) has seven chronic conditions, takes 12 medications and sees six specialists — and his primary physician just retired. At 76, Jenkins feels downright elderly.

Fortunately, Jenkins has access to a new team-based model for elder care. Developed by Mary Naylor, Ph.D., R.N., F.A.A.N., and her University of Pennsylvania research team, transitional care serves older adults at high risk for poor health outcomes. Naylor discussed the model and its implications for health care policy at the annual Henrietta Doltz Puhaty Lecture on Nov. 8, 2011.

“We help older adults at their most vulnerable time by changing how they receive care,” Naylor told an audience of nursing faculty, students and administrators. “A master’s-prepared registered nurse follows individual patients from hospital to home, making sure they get the care they need.”

The nurse makes home visits, attends doctor visits and consults with patients and families to “give them the best quality of life that meets their goals,” Naylor said.

A Costly Crisis

Naylor described how current elder care does not serve elders, caregivers — whom Naylor called “the invisible workforce” — and society. “Many people who thought they achieved the American dream find that old age is a nightmare,” Naylor said.

In the United States, adults are living longer, but many have multiple chronic conditions. Depression and health literacy deficits complicate the picture. “We’re facing a tsunami of older adults,” Naylor said. “This is a health care crisis, and it’s a costly one.” She noted that 10 percent of elders consume 75 to 80 percent of health care costs.

In the current acute care model, patients are hospitalized with acute problems but returned home or to care facilities with minimal follow-up. Naylor said nearly 70 percent of elders transitioning from hospital to home encounter difficulties with the continuity of their care. Hospital readmissions cost up to $17 billion per year, and 25 to 50 percent of hospitalized elders could receive care elsewhere. “Many people would love to stay in their homes,” she said. “We want to help them do that.”

Developing a New Model of Care

Naylor traces transitional care’s origins to a program developed by Dorothy Brooten, Ph.D., R.N., F.A.A.N., at the University of Pennsylvania. Advanced practice registered nurses provided continuing care for very low-birth-weight infants and at-risk mothers after they left the hospital.

Naylor was inspired to adapt the model for elders by Pennsylvania Sen. John Heinz’s comment that Medicare patients were discharged from hospitals “quicker and sicker,” after payment rules changed. “Transitional care worked for vulnerable infants,” Naylor said. “Could it work for elders?”
“Many people would love to stay in their homes. We want to help them do that.”
– Mary Naylor, Ph.D., R.N., F.A.A.N.

Results Based on Research

The transitional care protocol is evidence-based. For example, Naylor said research shows patients reach a low point about two weeks after hospital discharge, so nurses check in with them then. Rates of 30-day readmission have dropped with transitional care, but Naylor said, “We focus on the long haul – not just getting readmit rates down.

“Transitional care improves physical function and quality of life,” she said. Researchers are now studying why patients with certain conditions, such as heart failure, have poorer outcomes than those with other diseases.

In addition, Naylor’s team is conducting the first major observational study of elders with cognitive impairment. The study has funding from the National Institute of Aging and includes 500 English- and Spanish-speaking families. “We don’t yet know much about the population with functional deficits,” Naylor said.

Federal adoption of transitional care could affect costs nationwide. The U.S. Center for Medicare and Medicaid Innovation now encourages health systems and community organizations to cooperate to prevent repeat hospitalizations. Aetna and Kaiser Permanente have piloted transitional care, and the University of Pennsylvania Health System has adopted it.

New Challenges, New Hope for Elders

In October 2011, Naylor and her team launched a study of patient-centered medical homes. “Does transitional care add value?” she asked. “Providers might lose track of someone who’s admitted to the hospital, but transitional care can prevent hospitalization or keep patients connected to medical homes.”

Naylor closed her Puhaty lecture with words of challenge and hope. “We’re on the verge of a revolution in care delivery,” she said. “Achieving better outcomes and reducing costs won’t be simple. Transitional care is multidimensional because humans are complex.”

During her visit Naylor met with and praised OHSU’s nursing students for their commitment to change. “It was tremendously exciting to be with students here,” she said. “One student said, ‘I want to be the next innovator.’ These students’ energy and passion convinced me we’re very lucky they will be taking care of us.”

Factors in Poor Elder Care Outcomes

- Five or more active chronic conditions.
- Functional deficits – unable to get up, get through the day.
- Depression – depressive symptoms present in 40 percent of elders.
- Poor general health behaviors.
- Self-perception of poor health.
- Lack of social or financial support.
- Cognitive impairment — often misdiagnosed or poorly managed.
- Language, literacy and cultural barriers.

Health Systems – Part of the Elder Care Problem

- Poor communication between specialists, hospitalists and primary care providers.
- Lack of information elicited from family members.
- Reimbursement challenges that limit access to care.
- Systems that limit nurses’ accountability to “door to door” – from the time patients arrive at the hospital to the time they leave.
- Little help with transitions, e.g., from hospital to skilled care facility or from skilled care to home.
Community stakeholders, including OHSU, formed the Jackson County Latina Health Coalition in 2009 with support from the Northwest Health Foundation. Its mission is clear: To involve the local community in examining the reproductive health disparities that exist for Latinas in Jackson County and the underlying causes for these disparities, using collaboration, community involvement and research. The result of this research will be an implementation plan to reduce or end these disparities. The researchers plan to focus on actions to reduce teen pregnancies, prevent cervical cancer and improve birth outcomes for Latina women.

Additional funds were awarded by Northwest Health Foundation in 2010. The coalition sponsored a successful first annual Latina Health Fair, with more than 300 in attendance. The coalition members patterned their academic-community partnership on the community-based participatory research model. In this model the community is a full partner, sharing all aspects of the research process with partners attending the training and beginning to collect data.

Six junior-class members in the population-based care, course researched the level of the community’s readiness to address unintended teen pregnancies. They interviewed 15 key community informants and presented their findings to community agencies.

One of those students, Malena Fitting, now a senior OHSU nursing student in Ashland, found participatory research to be empowering: “I discovered I have real skills connecting with people and finding out what is going on in a community” she says. “I’m learning about the importance of this information in the process of change.”

Two more years of funding will allow the coalition to expand and continue its research. Two high-school students and two college students, selected from a pool of 29 applicants, joined the coalition. They will receive educational stipends and help lead a photovoice project, using photographs as a research tool to document strengths and weaknesses of the community.

Noone says it is challenging and exciting to be working with a participatory project of this size, scope and mission. “It also makes OHSU visible and demonstrates that we are interested in helping the community,” she says.

In the fall of 2011, Joanne Noone, Ph.D., F.N.P., C.N.E., received the good news: the Northwest Health Foundation awarded the Jackson County Latina Health Coalition a two-year, $100,000 grant to address Latina reproductive health. Planned Parenthood of Southern Oregon is the lead community partner for this OHSU-community action research partnership, and Noone is co-investigator and lead academic representative. She is an associate professor and academic director for the OHSU School of Nursing in Ashland.
End-of-Life Choices

Patients’ right to refuse end-of-life treatments gained acceptance in the medical community over the past 40 years. But a nurse scientist who visited the School of Nursing in Ashland in March 2011 told students, faculty, alumni and community members that a growing number of dying patients are actively seeking life-extending treatments.

Sarah Shannon, Ph.D., M.S.N, B.S.N., delivered the Betsy LaSor Lecture on “Disparate Views on End-of-Life – From Right to Die to Right to Live.” She said the disparity in views about end-of-life care may ultimately be traced to a health care system in which minorities, the poor and the disenfranchised often do not receive quality care during the course of their lives. She challenged nurses to work toward “a culture of equality, not just because it’s the right thing to do, but so that we can go to the families (of the dying) and say ‘trust us’ and they really can.”

Shannon is associate professor of biobehavioral nursing and health systems in the School of Nursing, University of Washington, and adjunct professor of bioethics and humanities, School of Medicine. She has published numerous papers and lectured across the nation on topics such as communicating with dying patients and their families.

The LaSor Lecture honors the memory of Betsy LaSor, a pioneering psychiatric nurse practitioner in Jackson County who died from cancer in 1991. She wanted Southern Oregon nurses and nursing students to meet a variety of prominent nursing leaders, and her family endowed the lecture that bears her name.

Shannon said care providers need to accept that there are multiple definitions of “the good death” and differing views of what is beneficial treatment. While many Americans define a good death as one with minimal pain that occurs outside a hospital, surrounded by loved ones, others expect the end-of-life to include “the good fight,” in which no stone was left unturned in pursuit of survival.

Shannon said the number of patients who seek aggressive end-of-life care has doubled during her three decades in nursing – to somewhere between 8 and 16 percent – and today about 20 percent of Americans die in intensive care units. She said medical providers need to improve their communication skills to care for these patients and recognize that it will take time for the nation to acquire the wisdom to accept patients who seek a right to live, just as it took decades for the medical community to acknowledge a right to die.
Donna Shalala’s Message to Nurses: The Time is Now to Influence Health Care Reform

By Lee Lewis Husk

The 21st Century is calling out to America’s 3 million nurses: Use your power and influence to transform health care. And do it now while the country braces to serve 32 million Americans through the Affordable Care Act. Donna Shalala, Ph.D., president of the University of Miami and the longest serving secretary of Health and Human Services (1993 to 2001) in U.S. history, drove that message home while visiting OHSU in March 2011.

Shalala was the nursing school’s final guest speaker in its yearlong centennial lecture series. The plain spoken, 70-year-old political scientist and nursing advocate who won the Presidential Medal of Freedom in 2008 created a buzz on campus as she met university officials, local reporters, moderated a panel discussion and attended a private reception hosted by the OHSU Foundation.

Her visit centered around the Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health (www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health), released October 2010. She chaired the Institute of Medicine’s two-year effort to create the report — a blueprint for nursing’s future. Former Dean Michael Bleich was a member of the IOM committee and hosted Shalala’s visit.

Several hundred people attended the panel discussion led by Shalala at the OHSU Old Library Auditorium and many more participated through a live video feed streamed around the state. In his introduction, Bleich called Shalala, “One of my heroes.” The audience gave her a standing ovation as Bleich awarded her the School of Nursing’s Centennial Medal of Honor for Distinguished Service to Nursing.

In her opening remarks, she praised Oregon’s overall leadership in nursing, including its role in the creation of the Oregon Consortium for Nursing Education. “Oregon has never lost its pioneering spirit – the spirit of service and the spirit of courage,” she said.

She and the 11-member panel of community leaders discussed specific recommendations of the report. Several themes recurred as panelists one-by-one discussed the report, including the need to remove scope of practice barriers and achieving partnership status with other professionals during residency education.

An oft repeated comment was that nurses must be at the table as health care reform unfolds and must play a greater role in the nation’s future health care. Lani Doser, a panel member and student in OHSU’s Doctor of Nursing Practice program, said that “if we want to encourage leadership, there needs to be one extra place at the table for students.”

Fellow panelist Christine Tanner, Ph.D., R.N., F.A.A.N., AB Youmans Spaulding Distinguished Professor, said that “Dr. Shalala reminded us of the very significant role we as nurses have in shaping health policy that is informed by the patient’s experience; nurses hold the key to this understanding.”
By Lee Lewis Husk

OHSU Student Named to International Council of Nurses

Kindra Scanlon’s passion for serving underserved populations in the United States and abroad has been given a voice at the international level. She is one of just two North American student nurses selected for the Student Core Steering Group of the International Council of Nurses (ICN). The seven-member group includes student nurses from Egypt, Ghana, Denmark, the Philippines and Puerto Rico. Its purpose is to represent nursing students worldwide and facilitate communication and enhance cultural awareness among student nurses. She received notice of her two-year appointment in February 2010 from ICN consultant and steering group liaison Jean Berry, headquartered in Geneva.

Scanlon, R.N., works part time at Portland’s Southwest Community Health Center, a clinic for the uninsured, and is a full-time student in the School of Nursing’s post-baccalaureate program leading to a Doctor of Nursing Practice (DNP) degree. The three-year program will allow Scanlon to become a family nurse practitioner on her way to achieving a DNP degree.

One of her roles on the international steering committee has been to pull together and edit stories for a newsletter, a role she’s well prepared for. She earned a bachelor’s degree from the Art Institute of Atlanta and worked for an ad agency from 1995 to 2000. From 2010 to 2011, as a senior nursing student, she served on the board of directors of the National Student Nurses Association (NSNA) as student editor of its magazine, Imprint.

This past year the ICN has sponsored key initiatives important to nurses around the world, such as the Global Health and Climate Summit and the Global Strategy for Women’s and Children’s Health report. Although Scanlon was not able to attend this year’s steering group meeting in the Mediterranean island nation of Malta, she’s saving up to attend the 2013 meeting in Australia which will focus on issues of equity and access to health care. The use of email and Skype helps keep her in touch with her fellow council members, and she’s had the opportunity to talk with them about the differences and similarities of nursing education and advocacy in their different countries.

If you would like more information about the International Council of Nurses go to: www.icn.ch/ or connect with Kindra Scanlon through OHSU by emailing proginfo@ohsu.edu.

Nurses without Borders

“How do I stay not pregnant?” asked an indigenous Mayan woman of Jennifer Buchanan, an American student nurse working in a Guatemalan village with the nonprofit, Pueblo Partisans. Buchanan was there for five weeks in July 2011 to teach courses on female health and leadership, nutrition and poultry husbandry. “Her question was pivotal in our interaction,” she recalls. “I was given the opportunity to explain to her what fertility, menstrual cycle and birth control were.”

Like many OHSU student nurses, Buchanan is devoted to giving disadvantaged people, whether in the United States or abroad, the tools to promote health through education. “Just a spark of education liberates people, gives them worth and frees them from being burdened with a lack of knowledge,” she says.

Buchanan, 24, a senior at OHSU in Ashland, heads the local chapter of Nursing Students Without Borders (NSWB). She says the group provides volunteer services for local seasonal farmworkers, Mexican migrants, college students at Southern Oregon University and at community events. The goal with NSWB is not to swoop in and deliver aid, but to give disadvantaged people the tools to promote their own health, she says.

Students interested in joining the NSWB group on the Ashland campus or starting a similar group on their campus can contact Jennifer Anderson, assistant dean of Student Affairs at andersje@ohsu.edu or 503 494-7725.
Life’s experiences can profoundly affect our decisions. For Kelly Nickerson, it was the death of her brother and the birth of her son. In both instances, nurses played pivotal roles. Her brother, who took his own life, struggled for many years, in and out of psychiatric units, according to Nickerson. “Nurses helped me through this difficult time and showed me how I could give back to my community.” When her son was born with asthma, nurses taught her how to care for him.

But it was her work at a forward-thinking assisted-living center that cemented her decision to become a nurse. The owners of Oatfield Estates in Milwaukie, Ore., hired Nickerson to help them design a community where people would want to live when they’re older. She liked the philosophy and place so well that she and her young son moved in and spent five years among the residents, many of whom suffered from dementia or feelings of isolation. “People in these settings don’t need quiet, they need life!” she says.

Nickerson left the job in 2007 to enroll in nursing school. Now, at 40, Nickerson has her bachelor’s degree from OHSU’s School of Nursing.

“She observed during coursework on chronic illness. So she decided to bring people together through the power of film. She organized a Chronic Film Festival to give students a realistic portrayal of living with a chronic illness and making tough ethical decisions.

The festival occurred over three nights in the winter of 2010 at the OHSU student media center. Attendees saw a film and then heard outside experts discuss the film and subject matter. The first evening was small and intimate, with the next one bigger and the third night filling the house. Nickerson says the next series of films will occur in 2012 at the McMenamins Kennedy School which has a large movie theater, food and capacity to include community members.

She hopes the chronic film festival idea can go nationally. “It’s too powerful to stay in Oregon,” she says. “Everybody needs to see it and touch it and be inspired in some form.”

For her creation of the film festival and as a senior class senator and activity coordinator for the Student Nurses Association, Nickerson won the coveted OHSU Student 2010 Educator Award — an honor that goes to only one OHSU student.

Like many great ideas, they often fade away when the creator moves on. Nickerson wanted to share her event planning so “other student nurses wouldn’t have to work as hard as I did.” She created a web site with a template for creating events. She says forms, invitations, letters and other items will be available through the nursing school’s website.

As for Nickerson’s future, she found a love for mental health and hopes to work in a hospital emergency department. “The emergency department is a gateway to the community, and even if for a just moment I am able to touch someone’s life, that fulfills me.”

Above: Kelly Nickerson, graduated with a B.S. in nursing in 2011.
Lessons in Leading

Hosted by the World Affairs Council of Oregon, the group spent an afternoon with key leaders at the nursing school and hospital. Former Dean Michael Bleich, Ph.D., R.N., F.A.A.N., welcomed the group of 15 Syrian nurses, their two translators and Associate Dean Peggy Wros, Ph.D., R.N. Each of the visitors was nominated as an emerging health care leader by the U.S. Embassy in Syria to participate in the three-week, cross-country International Visitor Leadership Program.

The goal of the International Visitor Leadership Program (sponsored by the U.S. Department of State's Bureau of Educational and Cultural Affairs) is to increase mutual understanding between the people of the United States and people of other countries through person-to-person contact, according to Mariko Gilman, program officer at the World Affairs Council of Oregon. “This group of nurses from Syria came to Oregon to explore the various roles that nurses play in American society and learn more about the education and training of nurses in Oregon.”

Members of both groups were curious about how the practice of and educational preparations for nursing are laid out in each country. For example, in Syria, nursing education moved to the university setting only seven years ago. In Oregon, where nurses have been part of a university for more than 100 years, nurses are key players on interdisciplinary teams. “OHSU is committed to fostering a collaborative and interdisciplinary educational environment,” Bleich said.

Though two languages were spoken in the room that day, as well as during the group tours of the OHSU Hospital’s intensive care units, there was one collective recognition of and respect for nursing as one of the world’s most significant and powerful professions.

As Deborah Eldredge, Ph.D., R.N. put it, “The visitors were very engaged with staff on the tour of units.” Eldredge is OHSU Hospital’s nurse director of research and quality outcomes. “A post-operative heart patient returned to the unit while we were there, and several nurses commented on the well-coordinated handover from anesthesiology to the inpatient team and collegial relationships with nurses and physicians. The charge nurse ‘narrated’ the steps of admitting this patient, and discussed physiology, technology, pharmacology—and the Syrian nurses were quite impressed. I felt proud of our teamwork.”

Above: Syrian health care professionals join OHSU School of Nursing faculty in conversations about the nursing profession.
An 80-year-old farmer with diabetes lives 20 miles from town. A 73-year-old woman struggles to cope with her partner’s death. These scenarios are from the Advancing Care Excellence for Seniors (ACES) program to improve geriatric nursing education. Education based on realistic situations helps nursing students enter practice with the experience and flexibility demanded by health care reform and a burgeoning older population.

OHSU’s School of Nursing aims to help students meet these challenges. Assistant Professor Mary Cato, M.S.N., R.N., is among four simulation experts writing scenarios for ACES, a collaboration of the National League for Nursing (NLN) and the Community College of Philadelphia. “The NLN identified a need to prepare nurses to care for older adults in a range of settings,” Cato explains.

ACES provides a framework for teaching about care of older adults. It offers faculty development and student learning tools, including simulation cases and curriculum resources. Initial funding came from the John A. Hartford Foundation, Laerdal Medical Corporation and The Independence Foundation.

Each ACES case includes first-person patient monologues and assessment tools. In a poignant twist, students describe likely outcomes for each elder’s story. ACES materials are free to all nursing faculty through the NLN faculty development web site, www.nln.org/ACES.

Like real cases, the scenarios unfold unpredictably. Settings range from a rehabilitation facility to a farmhouse and dramatize elders’ responses to aging syndromes such as functional decline and incontinence. “We introduce students to the complexities they’ll face in practice,” Cato says.

Cato authored the case of Julia Morales and Lucy Grey, partners coping with Julia’s lung cancer. “In some states, Lucy
cannot make legal decisions for Julia,” Cato says. Students help the couple assess end-of-life options. When the grieving Lucy visits the ER after her partner dies, Cato says, “Lucy is more than just her blood pressure. ACES encourages looking at the whole life picture.”

It’s no surprise that ACES chooses experts like Cato, an OHSU faculty member, as part of the team. “The School of Nursing has put time and energy into expanding its simulation program,” Cato says. When she arrived in 2004, simulation was used in only one course. Today every campus has a simulation facility, and simulation is fully integrated in the curriculum. The new Collaborative Life Science Building on OHSU’s South Waterfront campus will include an interprofessional simulation facility to be shared by several Oregon universities.

ACES helps students develop sound clinical judgment, critical for nurses playing broader roles under health care reform. They experience situations they might not otherwise see until they practice. When 65-year-old Julia dies in Cato’s scenario, they must assess, comfort and support Lucy. “Students are rarely present at a death,” Cato says. “This lets them see how they might react and manage their own feelings.” ACES and other School of Nursing simulations help students practice communicating with health care providers they’ll meet in practice.

In July 2011, the Hearst Foundation awarded the NLN $400,000. “The funds will facilitate ACES’s national expansion,” Cato says. “We’re beginning to offer all-day workshops, and this will help us offer them around the United States.” In Oregon, the first ACES workshop is planned for spring 2012.

The scenarios help students understand their important role in elder care. “With ACES, students get to be decision-makers,” Cato says. “They learn they have the power to make things better for people.” It’s essential training for helping real patients live out their stories.
Factor in improved access to improved health care for longer lives, and this becomes a question that demands a response: Who will care for people as they age, become increasingly frail, and experience chronic illness conditions?

Juliana Cartwright, Ph.D., R.N., associate professor, knows that nurses are the answer to addressing this critical need. Since 2005 she has written four grants that have been funded to help establish and grow the Enriched Clinical Learning Environments through Partnerships (ECLEPs) project. In short, ECLEPs helps schools locate partner care agencies throughout the state and provides educational and partner-building activities for nurses on both the academic and service sides. As a result, expert nurses in partner agencies work with faculty and students to advance critical knowledge for managing chronic care conditions.

ECLEPs also provides a way for nursing students to consider an area of nursing that they may not have identified otherwise. The initial grant was funded by the Northwest Health Foundation, and in 2009 the Health Resources and Services Administration provided additional funds to expand the project into rural Oregon schools. These grants have been instrumental in developing nurses with the expertise they need to support older adult patients.

“Many students enter nursing school with plans to work in a hospital, and traditionally, hospitals are the places where students have most of their clinical training,” explains Cartwright. “Our goal is to make sure students recognize and appreciate the specialized needs and unique strengths of older adults where they live. Gerontologic nursing practice is a wide-open field that will only grow in coming years.”

Specifically, nurses taking part in the program:
- Gain experience in caring for older adults with chronic illness.
- Gain an understanding of the stereotypes and misconceptions that surround working with older adults.
- Develop a comprehensive understanding of how to support independence and dignity for older people.
- Recognize the impact of discharge after hospitalization to home or an alternative setting, and develop skills in providing transitional care during this time.
- Improve their communication skills with older adults.
- Gain experience working with individuals who have dementia and other disorders that impact communication.

Currently, the ECLEPs program has been integrated into the curriculum for baccalaureate and associate-degree schools at both OHSU and community colleges participating in the Oregon Consortium for Nursing Education (OCNE). The following communities are benefitting from these unique partnerships: Portland metropolitan area, Wilsonville, Coos Bay, Florence, Ashland, Medford, Klamath Falls, Eugene and Roseburg.

With 19 long-term and community care agencies participating throughout rural and urban communities in Oregon, 134 nursing students have had the opportunity to work with older adults in non-hospital settings. “We are offering experiences that enrich what it means to be a nurse,” Cartwright says. “We have discovered that students enjoy the chance to bond with older adults while they learn to manage chronic illnesses and frailty. We’ve learned they enjoy caring for older adults and families over a longer period of time.”

For more information about ECLEPs, visit www.ecleps.org. For more information about OCNE, visit www.ocne.org.
Collaboration Yields Unique Health Care Clinic

A commitment to student health – and the next generation of nurses – has created an enduring partnership between Eastern Oregon University (EOU) and OHSU.

More than 20 years ago, the two institutions agreed to create a School of Nursing program on the EOU campus, plus provide students with a health care clinic.

“It’s a unique setup, the only one like it in the state,” says Carrie Lane, M.S., F.M.T., R.N., family nurse practitioner and clinic director. While every university offers an on-campus health clinic, the one at EOU is run by a staff of nurse practitioners who are also faculty members.

“It’s a great partnership because it allows all EOU students to receive quality health care at a reduced cost, and provides the nurse practitioners with an outlet to both treat and teach students,” Lane says. It also gives OHSU’s student nurses the opportunity to perform supervised clinical rotations, plus course-required health promotion projects that encourage them to connect with the campus population.

The clinic is run by three nurse practitioners and faculty members: Lane; Ginny Elder, F.N.P., M.N., R.N., assistant professor; and Gary Laustsen, Ph.D, F.N.P., R.N., associate professor.

For students carrying at least six credit hours, the cost of the health care program is rolled into the fees they pay each term. After that, they have access to a wide range of services, including wellness exams and episodic care.

The goal of the university clinic – as with every other – is to create a healthy student population. “It means students are more successful academically, and episodic illnesses are treated without incurring additional expense,” says Muriel Shaul, Ph.D., R.N., associate professor, administrative director for the EOU campus.

Nursing in era of health care reform

One of the distinct differences between today’s student nurses and those of 30 years ago is the way they are taught to think, Shaul notes. While nurses of every generation have always been committed to patient care and advocacy, today’s curriculum encourages students to think in terms of prevention and health promotion.

It’s a broader outlook than was ever conceived when Shaul – or others of her generation – were in school.

“When I graduated, they were just beginning to talk about health promotion,” Shaul recalls. “Now we teach students to think critically, to analyze the situation, to look more closely at alternatives.”

The result is a new wave of nurses who are going to help lead the nation’s health care reform by advocating for the needs of the individuals.
Poverty Simulation Changes Attitudes

“Blown away” is how participants describe their experience in the School of Nursing’s new poverty simulation. With poverty levels reaching new peaks, the experience is timely and, according to those who’ve completed it, packs a big wallop.

Joanne Noone, Ph.D., R.N., C.N.E., administrative director, Ashland campus, brought the simulation to Oregon after seeing it presented at a nursing conference. Developed by the Missouri Association for Community Action, the experience aims to educate and sensitize participants to the realities of living with poverty. It also helps nurses understand how poverty affects health.

The simulation is held in a large room, such as a gymnasium. The center of the room represents neighborhoods. Around the perimeter are 20 resources, such as schools, employers, grocery stores, child care, pawn shops and social service agencies, which are staffed by volunteers. The organizers randomly assign students to play a role within a lower middle-class family. The task for students is to keep their families housed and fed, and to maintain the highest possible quality of life. The three-hour experience includes orientation, simulation and debriefing.

Fourth-year nursing student Robin Sanders, a civil engineer before entering nursing school, thought that if she got into a difficult situation, such as poverty, she’d find a way to get out of it. After an hour into the simulation in which she assumed the identity of a 39-year-old single parent with two children and a grandchild, she found that she couldn’t escape the system.

“No matter how hard I tried or the number of skills I applied, I couldn’t get enough resources to feed my family,” she recalls. “I resorted to things that were morally and ethically wrong. I stole to get enough money, and I justified that.” The experience not only blew her away but “rattled me.” Part of her junior-year population-based course, the simulation taught her how difficult poverty can be.

“Our society has become somewhat desensitized to the plight of our fellow human beings,” says Heather Voss, M.S.N., R.N., assistant professor in Ashland and a simulation facilitator. “The simulation aims to re-sensitize us to the human condition of people living on the edge.” For example, the experience may help nurses understand that when patients miss an appointment or don’t take their meds, it may be because they’re unable to find transportation or don’t have money for a co-pay, she says. “Instead of thinking they’re not compliant, simulation helps nurses understand that there’s more to the story.”

One cliché the simulation aims to dispel is that if people just work hard, they can pull themselves up by the bootstraps. Noone says that we often believe that our behavior makes us poor or sick. “It’s not really individual behavior that is linking poverty and health but structural things in society.”
La Clinica in Medford, which provides clinical experience for about 30 OHSU nursing students a year, closed for a day last year and sent 200 employees to the poverty simulation. “The simulation transformed us, even though we already have a high level of sensitivity to low income and vulnerable people,” says Brenda Johnson, M.B.A., La Clinica CEO and an OHSU School of Nursing graduate.

“It reminded us of what our patients experience every day and shifted how we think about our patients.” As a result, the clinic created a work group from physicians to receptionists to determine ways to improve service and enhance patient-centered care.

The nursing school will conduct simulations for medical and physician-assistant students in March 2012, and perhaps in the future for organizations such as CareOregon, the state’s Medicaid managed care program.

“Our hunch is that the experience will be valuable for bigger groups,” says Mathews of OHSU’s simulation faculty. “My dream would be to get more community groups involved in joining us in this experience as well as students in other health-related professions.”

Says fourth-year student Sanders, “The simulation was powerful not just for me but everyone around me. It left us with empathy and for me, a desire to improve our systems for patient-centered care and support.”

is it worth the effort? Research Study Found Out

Staging the simulation involves recruiting and training a large number of volunteers and is a huge undertaking logistically. Noone and other faculty members conducted a survey to learn whether the poverty simulation changed undergraduate nursing students’ attitudes toward poverty and its impact on health. The sample included a total of 178 nursing students: 75 controls and 103 simulation participants.

The results showed that students who had poverty simulation moved a lot in their understanding of the link between poverty and health due to living conditions rather than behavior. “Those who didn’t have simulation didn’t have that movement,” Noone said. Other members of the research team included Voss, Launa Rae Mathews, M.S., R.N., C.O.H.N.-S., Stephanie Sideras, Ph.D., R.N., and Paula Gubrud-Howe, Ed.D., R.N.

“We found it is worth the effort,” sums up Mathews, who is a simulation facilitator on the Portland campus. “It’s a way to give all students the same kind of experience, similar to sending them into the community.” The school held pilot simulations in Ashland and Portland. This year the simulation is required for all OHSU nursing juniors as part of a populations course and will be conducted on all five campuses.

By Lee Lewis Husk

Simulation Spreading

La Clinica in Medford, which provides clinical experience for about 30 OHSU nursing students a year, closed for a day last year and sent 200 employees to the poverty simulation. “The simulation transformed us, even though we already have a high level of sensitivity to low income and vulnerable people,” says Brenda Johnson, M.B.A., La Clinica CEO and an OHSU School of Nursing graduate.

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Says fourth-year student Sanders, “The simulation was powerful not just for me but everyone around me. It left us with empathy and for me, a desire to improve our systems for patient-centered care and support.”
One major focus of the ANA is to define the standards of nursing education, whether it’s for nurses who work in emergency rooms, intensive care units, or focus on public health. This complex process is accomplished by inviting select medical professionals to serve on a committee that first defines these education standards, and second, “outlines the breadth of how far nurses can practice, how creative they can be with any one individual position,” Northrup-Snyder says. “We are a group of people asking ourselves, ‘What do we believe are the standards we should be educating students toward?’”

It’s a question that leads to plenty of discussion, because public health nursing itself is a broad field. "It encompasses any nursing professional who works with a population or a"
By Susan Rich

Redefining the Scope and Practice of Public Health Nursing

community,” she says. “There are some basic disagreements as to what public health nursing means. It’s kind of the other half of nursing. There’s the acute care side, and then we have community nursing. Primary care sits between the two. So it depends on what the clinician is actually doing,” she adds.

As challenging as the committee work is, it’s an exciting opportunity for Northrup-Snyder. She has more than 30 years of experience as a public health nurse and has been educating student nurses for the past 12 years on the subjects of health promotion and behavioral theories. It’s a unique skill set and one that adds to her credibility on this committee.

Her role with this committee is to engage in forward thinking. “I want to try as much as possible to project the issues and trends (that define public health nursing) so that the document does not become invalid three years down the road,” she says.

Public Health Nursing and Health Care Reform

Even without this committee work, Northrup-Snyder is focused on demonstrating the value of public health nursing during this era of health care reform.

“What public health nursing addresses is peoples’ ability to be well. If the goal is to control health care costs, hospital visits, the expense of chronic disease, then an emphasis must be given to managing individual health care before it becomes a problem.

“Most people would agree that it’s about prevention,” Northrup-Snyder says. “For me, the flip side is health promotion.”

She is referring in part to education and behavior modification that helps people make informed choices that improve their health in the long run.

Behavior is about making a series of choices that eventually have a desired result, she says. For example, behavior is not the goal to lose weight, behavior is the accumulation of steps taken to make it happen.

Raise that simple idea to the global level and you have a need for change in the way health care is perceived. It’s less about management and more about prevention. And that can be linked back to the work being done by the ANA committee.

The decision to rewrite the scope and standards for public health nursing is the first step among many to make sure today’s public health nurses are in-line to manage tomorrow’s emerging health care needs.
Ann Reiner is honored by the local affiliate of the Susan G. Komen Foundation for her 15 years of commitment to helping fight breast cancer.

Reiner, M.N., R.N., O.C.N., instructor, undergraduate programs, became a Race for the Cure volunteer quite by accident. Years ago she answered a random telephone call from an event organizer who asked, “Can you offer medical support?”

“I said yes,” Reiner recalls, without giving it a second thought. To this day, Reiner, along with a changing group of OHSU faculty and staff members, have helped out at every Portland race.

Following that first event, she was hooked, and the Susan G. Komen Foundation became her top volunteer priority. After countless planning meetings, summits and race days, she has seen it all — and cherished every minute of it. Now, she jokes, her biggest conundrum is “estimating the Band-Aid supply. We need more on sunnier days than we do on cool and cloudy ones.”

The Promise of One award recognizes Reiner in part for her volunteer time and committee work for the Oregon and SW Washington affiliate. She plays an ongoing role in the public education effort, and since 2007 has served as co-chair for the Breast Cancer Issues Conference, now in its 13th year. She helped plan and launch a primary care practitioner education event last year, and serves on the Medical Advisory Board (no other Komen affiliate has such an entity).

The Promise of One award specifically thanks Reiner for her extraordinary efforts that make a significant impact on the Komen promise: To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

Commitment, Conviction

“Why do I keep showing up? I’m not a runner, but I wanted to be involved with Race for the Cure. It’s a really exciting event, there are thousands of people walking in the same direction for the same purpose,” Reiner says. “What I love about Komen is their focus across the disease. How they’re looking at risk reduction efforts, how they teach you to be your own advocate,” Reiner says.

Reiner is not the only one from OHSU who volunteers her time outside of race day. Lillian Nail, Ph.D, R.N., F.A.A.N., Rawlinson professor, senior scientist, and Gail Houck, Ph.D., P.M.H.N.P., R.N., director, Doctor of Nursing Practice program, both serve on the board of directors of the Oregon/Southwest Washington affiliate. Nail co-chairs the Medical Advisory Committee.
SHARING AND CARING

By Sami Ewers

Nursing Students in the Community

“(...) so by making Cover The Uninsured Week interdisciplinary, we really make it more holistic.”

– Kristin Belford, vice president, OHSU Student Council

As a nursing student, there are ample opportunities in which one can serve the community, whether through classes or volunteer events. One of the most prominent opportunities for students to practice nursing care in the community is through OHSU’s schoolwide Cover The Uninsured Week. School of Medicine students started the annual event five years ago, but over the past two years, all of the school’s disciplines have become involved in it, says vice president of the OHSU Student Council, Kristin Belford, who helped plan last year’s event.

The weeklong affair aims to raise awareness about the uninsured and underinsured community nationwide. It includes daily speakers who tackle topics surrounding insurance coverage and health care reform. In addition to presentations and policy debates, Cover the Uninsured Week always offers a free Health Screening Fair for uninsured Portlanders, during which nursing students offer basic health care needs such as blood pressure screenings, medication counseling, eye and hearing exams, foot exams and diabetes education. Belford adds that the week is “extremely interdisciplinary.” Students in all schools—medical, dental, pharmacy, etc.—participate in it. The interdisciplinary approach, says Belford, reflects the importance of a whole health care model. “We all give a different perspective on how we care for people and we all have different training, so by making Cover The Uninsured Week interdisciplinary, we really make it more holistic,” Belford says.

Nursing students serve their community in other ways too. Student Melissa Ozmore spent several months caring for individuals with chronic mental health illnesses at the residential treatment facility Alberta Plaza in northeast Portland. Ozmore remembers the residents thanking her and her classmate for simple acts like taking them to the doctor or having conversations with them. “I feel like we made them feel like they were somebody. The things we were doing seemed so little—but to them it was huge,” Ozmore says.
Books, Boxes and Bedpans: Alumni Volunteers Build Archive

By Mark Kemball, director, OHSU Alumni Relations

“Basically we were collecting and sorting through old boxes in storage rooms, dusty cupboards, wherever we discovered them.”

M. Patricia Redlin Huffman, BS ’60, and Ann Mautz Uphoff, BS ’60, recall the first time they encountered the photos, yearbooks, uniforms and so much else that was scattered throughout various locations in the School of Nursing.

Elaine (Garner) Mahoney BS, ’61, formed an archive committee around the time of the 75th anniversary of the school to organize and catalog the many items that Carol (Pearson) Storer, BS ’49, Barbara Gaines, Martha Watson and others had assembled over the years. “There were commencement and convocation programs, photos, books, scrapbooks, hospital registers, clothing, pins and a great deal of what Barbara Gaines later memorably christened ‘ephemera.’”

Huffman and Uphoff—friends for more than 55 years—started to whittle away at what was to turn into an organizational task spanning two decades.

“The loose photos were a big headache,” said Uphoff. “Nothing was labeled, so we had to do a lot of detective work to sort them roughly by decade based on hairstyles, uniforms and other clues.” This work was made easier by the careful work of Mahoney, who had cataloged and dated the uniform collection. “At least we had that to go on when we were sorting the photos,” said Huffman.

They received help in their quest from colleagues and classmates, and quickly found that displaying some of the collection at annual reunions yielded valuable information. “Sometimes we had as many as eight tables set up in the main lobby,” said Uphoff. “People’s reactions were extraordinary – you could see the memories coming back as they handled the glass syringes and enamel bedpans that they had worked with in the County Hospital and other places so many years ago. We were able to capture some of their responses and memories in journals that we provided.”

Seeing the display and hearing about the work encouraged many alumni to expand the archive through the donation of additional pieces. Some items, however, remain tantalizingly out of reach. “We are still looking for yearbooks from World War II,” said Huffman. “We don’t know for sure that they were published, but if there are any out there we would love to fill that gap.”

Although the archive now houses a very comprehensive uniform collection, Huffman and Uphoff are also hoping to find a hat to complete a summer-weight cadet uniform that was previously donated. “We’d love to know if there is a winter-weight uniform somewhere out there as well,” said Huffman.

Now, after close to 25 years and the countless volunteer hours that Huffman and Uphoff have devoted to the project, the cataloging and organization is complete. “We’d love to think that the details of the collection could be made available online, for historical and research interest,” said Huffman.

“We also need to be looking to the future,” said Uphoff. “We hope current students and recent alumni will want to start to contribute to the archives now.”

Opposite page: (left to right): M. Patricia Redlin Huffman, BS ’60, and Ann Mautz Uphoff, BS ’60.
Alumni Reminders

It’s time to rebuild an official alumni presence to support the School of Nursing, and the new Alumni Relations program team would love to hear from you. Do you have suggestions or ideas? Are you interested in joining our advisory network? Itching to plan that class reunion? Let us know your thoughts and get involved by contacting us at 503 552-0745 or at nursalum@ohsu.edu.

Mark Kemball, director, has worked at OHSU since 1991, serving in a variety of positions involving outreach to student and faculty groups as well as OHSU neighborhood and regional communities. He holds a masters degree from Cambridge University and an MBA from Portland State University, and was proud to recently see a letter to his maternal grandmother from a grateful patient she had cared for as a theater nurse during World War I.

Lauren Shatz, assistant director, came to the OHSU Foundation from YWCA Clark County where she worked as the events and development specialist. Lauren received her master’s degree in public administration with a focus on nonprofit management from the University of Washington Evans School and upon graduation relocated to Portland. She has been fortunate enough to work with two of the largest charity wine auctions in Washington and Oregon.

Aimee Bloom, administrative assistant, is a recent graduate from Oregon State University, receiving her bachelor’s in human development and family sciences with a double option in human services and family consumer science. In her previous employment, Aimee worked as a social service assistant for Community Outreach, Inc., providing emergency and transition housing services to those in need.

Stay in Touch

Share your news electronically. Class notes are now on the Web. Let us know what’s been going on in your life. www.ohsu.edu/son/classnotes

Giving

Gifts of any size help the OHSU School of Nursing advance the cause of nursing education. Together we can continue the tradition of academic excellence and innovation that make us all proud to be part of this great place. Please consider making your annual gift of support today. www.ohsu.edu/son/giving

Learn More

We’re on Facebook. Visit us to connect to events, news updates and all things OHSU School of Nursing. www.facebook.com/ohsuson1

Upcoming Events

As we go to press events are being planned in Portland in February and June, in Monmouth in February and in Bend in May. Contact us at 503 552-0745 or at nursalum@ohsu.edu to learn more.
As part of our first year of nursing coursework, we were asked to reflect on what we learned about ourselves and the material that we covered each week. Looking back, I see how much I have grown as a person, a student and most especially a nurse.

Practice  I learned how to draw up and administer intramuscular injections. The more comfortable I get with this, the less intimidating it will be when it comes time for action. I like how we practiced it every day in class before giving flu shots to the elementary school students.

When I come home from class, finish my reading, go over the modules, I start to have those “nursing-thoughts” linger in my mind. I feel that transition of beginning to “think like a nurse,” and it’s only the second week of class.

New Role  People notice when you wear scrubs and an OHSU nametag. When folks see us, they often share their enthusiasm and appreciation for nurses in general.

Going into the elementary school gave me a glimpse of my responsibility to offer reassurance and guidance. I am used to running the show in my own home, with my three children. But I am not used to being that solid, confident person that the rest of the community relies on. It is both flattering and frightening. Trust the process; that’s my mantra.

My goals are to find my footing in this new role as a nurse and to become a secure, competent professional that elementary school children can rely on.

I Can Do This  At the elementary school, I immunized real people! I can do this. It not only validated my abilities, but gave me confidence and an unexpected, new-found eagerness to “take nursing action.”

My biggest challenge was quieting my nerves, but once I realized the students saw me as some sort of professional… well, the idea rubbed off.

Confrontation  This week I found a medical error at the retirement village. I confronted the charge nurse about it, but felt frustrated that I was more concerned with how the staff viewed me (nosey, inexperienced and naive), than for the welfare of the patient.

Self-Care  My goals are to “knock it out of the park” with my health promotion project and my own exercise goals. I need to remember that the time it takes to exercise returns two-fold with improved concentration and productivity.

Summer Break  When I reflect on my first year of nursing school, the most important thing I learned was to maintain balance. This consists of rising early to run with my sister, making time in the evenings to make a healthy meal for my family, taking the kids bike riding, visiting the library, enjoying an occasional date with my husband AND still completing homework and reading assignments. It seemed overwhelming at times, but I am living proof it is possible. I even trained for and completed a marathon while learning the complexities of pharmacology. Moments of doubt? Sure. Times of extreme stress? Yes. A few extra pounds? Certainly. Is it all worth it? Absolutely. I am going to be a nurse!
Centennial Celebration

With lectures, presentations and performances, the School of Nursing community came together to celebrate the school’s 100th anniversary in 2011. The yearlong series of events culminated in a two day celebration in April. Thanks to all who came to share these special centennial events with us.
A HEARTFELT THANKS TO THE CENTENNIAL SPONSORS

2011 culminated 100 years of nursing education at OHSU. Thanks to many sponsors, we were able to engage the entire region in our yearlong centennial celebration. Activities included nationally known guest speakers, musical performances by students and renowned artists, tours of the school, off-campus events around Portland and a gala dinner. We deeply appreciate the generosity of the individuals and organizations that made it all possible.

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MICHAEL BLEICH • MARK AND ELLEN RICHARDSON
Recognition, Awards and Honors

Faculty Honors and Promotions

Those promoted from lecturer to instructor:
  Karen Bean, M.S.
  Jesika Gavilanes, M.A.
  Roseann Kendall, M.A.T., B.S.N., R.N.
  Jacque Mutch, R.N.
  Catherine Rutledge-Gorman, M. Div. B.S.N.
  Teresa Stenlund, F.N.P., M.S.N., R.N.
  Wendy Zolczynski, E.D., M.S.N.

Those promoted from instructor to assistant professor:
  Linda Brown, M.S., R.N.
  Linda Callahan, Ph.D., P.M.H.N.P.
  Mary Cato, M.S.N., R.N.
  Mary Anna Gordon, D.N.P., R.N.
  Abby Laughlin, M.S., R.N.
  Bret Lyman, Ph.D., R.N., C.N.E.
  Launa Rae Mathews, M.S., R.N.
  Cynthia McDaniel, M.S.N., R.N.
  Claire McKinley, M.S., C.N.E., R.N.
  Ann Nielsen, M.N., R.N.
  Carla Pentecost, M.S., R.N.
  Ruth Tadesse, M.S., R.N.
  Heather Voss, M.S.N., R.N.

Those promoted from assistant professor to associate professor:
  Frances Lee-Lin, Ph.D., R.N.
  Joanne Noone, Ph.D., R.N., C.N.E.

Emeritus Faculty

New Emeritus Faculty Member:
  Sheila Kodadek, Ph.D., R.N.

Centennial Award Recipients

These citizen trailblazers supported and advanced nursing for our school, the state and nation.

Thomas Aschenbrener president of the Northwest Health Foundation for his exceptional advocacy in nursing, nursing education and public health

David Gilbert president of Eastern Oregon University, for championing the nursing Ph.D. program

John and Betty Gray philanthropists for supporting construction of the Portland campus School of Nursing building, funding nursing scholarships and professorships and advancing Oregon rural health care

Mark Hatfield governor and U.S. senator, for advancing the health sciences, including nursing

Gretchen Kafoury a political leader for her fierce championship of nurse practitioners’ prescriptive authority in Oregon

John Kitzhaber governor for his advocacy of nursing and work in the Archimedes movement

Jeff Merkley senator for initiating the nursing caucus in the U.S. Senate and advocacy of nursing and nursing education

Susan Pasarow community activist and benefactor for advancing scholarship in nursing education

George Passadore banking executive and OHSU foundation board member for contributing to and inspiring others to envision the Portland campus School of Nursing building

Donna Shalala secretary of Health and Human Services and president of the University of Miami for leading the Institute of Medicine report The Future of Nursing: Leading Change, Advancing Health and supporting the American Academy of Nursing’s Edge Runner campaign

Continued on page 34
Recognition, Awards and Honors

Continued from page 33

Special Recognition

Dena H. Hassouneh, Ph.D., A.N.P., has been named a Macy Faculty Scholar, a prestigious award that comes with annual salary support over two years. The award from the Josiah Macy Jr. Foundation will give Hassouneh protected time to conduct research exploring new methods for increasing diversity in the health care workforce. Hassouneh was chosen on the strength of her proposed new research, career accomplishments, and past work examining inequalities in nursing education and disparities in delivering mental health care to women with physical disabilities.

New fellows inducted into the prestigious the American Academy of Nursing are faculty members Carol Howe, D.N.Sc., C.N.M., F.A.C.N.M., Dena Hassouneh, Ph.D., A.N.P., and Helen Turner, D.N.P., R.N., P.C.N.S. Others inducted by the AAN include Karen Greco, who earned her M.N. and Ph.D. degrees at OHSU; Susan King, who completed both her B.S.N. and M.N. degrees at OHSU and currently works as executive director of the Oregon Nurses Association.

Lorretta Krautscheid, M.S., R.N., received the Novice Faculty Excellence in Didactic Teaching Award from the American Association of Colleges of Nursing for 2011. The award honors excellence and innovation in teaching by novice faculty. Krautscheid earned a M.S. degree in innovative leadership and management in nursing from OHSU in 2003 and has taught undergraduate and graduate courses at the University of Portland since 2010.

John Mallos, M.S., R.N., has been promoted to the rank of commander in the U.S. Public Health Service Commissioned Corps, a part of the Health Resources and Services Administration in the U.S. Department of Health & Human Services. He is stationed in Rockville, Md., and earned his B.S. degree from OHSU in 1998.

Kathlynn Northrup-Snyder, Ph.D., R.N., has been appointed to an American Nurses Association task force that is revising the document, “Public Health Nursing: Scope and Standards for Practice.” She was nominated by the leadership of the Public Health Nursing Section of the American Public Health Association.

Connie Kim Yen Nguyen-Truong, Ph.D., R.N., P.C.C.N., received the Carol A. Lindeman Award for a New Researcher from the Western Institute of Nursing. She presented her work on the psychometrics of Pap smear testing in Vietnamese women at the institute's 44th Annual Communicating Nursing Research Conference. Nguyen-Truong completed her Ph.D. in 2011 and is currently a post-doctoral fellow with a focus in research for Individual and Family Symptom Management.

Abby Laughlin, M.S., R.N., and Vivian Gedaly-Duff, D.N.Sc., R.N., received Red Rose Awards in February 2011. The ROSE (Recognizing Outstanding Service Excellence) award is given by the university to honor employees for outstanding service. Laughlin is an assistant professor and Gedaly-Duff an associate professor in the nursing school.

The Oregon Center for Nursing has given $1,000 to each of the following recipients to produce educational modules that address cultural competence and diversity: Joanne Noone, Ph.D., R.N., C.N.E., “Caring for the People of Oregon: Developing Cultural Differences;” Jesika Gavilanes, M.A., and Glenise McKenzie, Ph.D., M.N., R.N., “Integration of Cultural Competence into Simulation/Developing Cultural Learning Activities within an Undergraduate Nursing Curriculum;” and Isabelle Soule, Ph.D., R.N., “Cultural Competence Training for Nursing Faculty.”
Ann Reiner, M.N., R.N., O.C.N., received the “Promise of One” award from the national Susan G. Komen Foundation for her extraordinary efforts as a volunteer. Since 1996, she’s organized first aid teams for the Race for the Cure and has served on many committees, task forces and public education efforts with the local affiliate.

In Remembrance

On August 3, 2011, Deanne Rowley McAdams, graduate of the Master of Public Health program and former employee of the School of Nursing passed away at the age of 37. A dedicated and engaging colleague, Deanne joined the OHSU School of Nursing in September of 2006 and supported the Nurse Anesthesia, Psychiatric Mental Health and Midwifery programs. Her colleagues knew Deanne to be hardworking, good spirited and fun to be around. She entered the MPH program in 2009 and was a stellar student who graduated with honors in June of 2011. Long-time friends and colleagues will miss her deeply. She will not be forgotten and will live on in the memories of all who knew her. Deanne leaves behind her husband Jim McAdams and son Lennon McAdams.

Active Publications and Grants 2011

Edited by Christi Richardson

Baggs, Judith


Principal Investigator: End-of-life decision making in ICUs: roles and relationships of key players; National Institute of Nursing Research R15-AREA; March 25, 2010-Feb. 28, 2013.

Bennett, Jill


Bennett, Robert


fibromyalgia: a pooled analysis from 4 randomized clinical trials of duloxetine. Clinical Therapeutics.


Principal investigator: A feasibility study to compare the noiceptive flexion reflex (NFR) in a cohort of fibromyalgia patients and matched healthy controls; Forest Laboratories, Inc.; Aug. 19, 2010-Dec. 31, 2012.


Bleich, Michael


Cartwright, Juliana


Principal investigator: Rural replication of an academic clinical partnership to enrich nursing student learning in long-term care settings; DHHS, HRSA, Comprehensive Geriatric Education Program; July 1, 2009-June 30, 2012.

Principal investigator: RNBS ECLEPS Expansion-15580; Northwest Health Foundation; Nov. 1, 2010-March 3, 2012.

Cook, Kathy

Principal investigator: Nurse Anesthetist Traineeship Program; HRSA, Bureau of Health Professions; July 1, 2011-June 30, 2012.

Daniels, Richard

Docherty, Angie  

Eckstrom, Elizabeth  
Principal investigator: Oregon Geriatric Education Center; HRSA, Bureau of Health Professions – Div. of Diversity & Interdisciplinary Education; July 1, 2010-June 30, 2015.

Eldredge, Deborah  
Principal investigator: Productive Ward – Staff Champions; CareOregon; July 1, 2010-Dec. 31, 2011.

Emeis, Cathy  
Principal investigator: Breastfeeding outcomes of women with a history of prior cesarean delivery; OHSU, School of Nursing; Aug. 9, 2010-June 30, 2011.

Ewing, Danita  

Felver, Linda  

Findholt, Nancy  
Principal investigator: Strengthening community capacity for childhood obesity prevention in Union County, Oregon; Northwest Health Foundation; Aug. 1, 2009-April 30, 2012.

Gavilanes, Jesika  
Principal investigator: Cultural Competence Network–Curriculum Creation; Oregon Center for Nursing’s Nurturing Cultural Competence in Nursing Program; Nov. 7, 2011-Nov. 31, 2013.

Gedaly-Duff , Vivian  
Principal investigator: Chemotherapy, pain, sleep, fatigue in children and parents; National Institute of Nursing Research R01; July 22, 2005-May 31, 2011.

Gerlt, Tera  

Goodell, Teresa  
Principal investigator: CCWD support of sustained OCNE administration and enhanced statewide faculty, and curriculum development; community colleges and workforce development; Oct. 1, 201-June 30, 2012.

Principal investigator: OCNE enhanced faculty and curriculum development; community colleges and workforce development; April 22, 2010-June 30, 2011.

**Hansen, Lissi**


Principal investigator: symptoms and quality of life in patients with advanced liver cancer; American Cancer Society; July 1, 2010-June 30, 2012.

Principal investigator: Measuring nursing’s contributions to quality palliative care in intensive care units; Robert Wood Johnson Foundation; Sept. 1, 2009-Aug. 31, 2011.

**Harvath, Theresa**


Principal investigator: Northwest Health Foundation Scholar at Hartford Center for Geriatric Nursing Excellence; Northwest Health Foundation; Oct. 1, 2010-Sept. 30, 2012.


**Hassounen, Dena**

Principal investigator: Promoting adoption and implementation of the healing pathways program to reduce depressive symptoms in WPD; Oct. 1, 2011-Sept. 30, 2014.


Principal investigator: Women, physical disability, and depression: Communities Responding Now!; National Institutes of Mental Health R01; May 1, 2008-Jan. 31, 2012.

**Hickman, Susan**


**Houck, Gail**


Principal investigator: Nurse Faculty Loan Program; HRSA, Bureau of Health Professions-Division of Nursing; July 1, 2011-June 30, 2012.


**Howe, Carol**

Principal investigator: Midwifery: efficacy/data/disparity/education/expansion; HRSA, Bureau of Health Professions Division of Nursing; July 1, 2008-July 30, 2012.

**Jones, Kim**


Principal investigator: Survey of Oregon nurse practitioner clinical skills and procedures; School of Nursing – Betty Gray Fund; April 1, 2010–March 31, 2011.

Lee, Christopher


Principal investigator: Rural health track for DNPs: meeting the health needs of Oregonians; HRSA, Bureau of Health Professions – Division of Nursing; July 1, 2009–June 30, 2012.


Principal investigator: gender differences in multidimensional symptoms experienced by adults with heart failure; OHSU Center for Women’s Health K-12; July 1, 2010-June 30, 2012.

**Lee-Lin, Frances**


**Lutz, Kristin**


**Lyons, Karen**


**McKenzie, Glenise**


**McNeil, Paula**

Principal investigator: NEXus – The Nursing Education Xchange: Collaborative efforts to resolve the nursing faculty shortage; HRSA, Bureau of Health Professions – Division of Nursing; July 1, 2008-June 30, 2012.

**Messecar, Deborah**


**Mist, Scott**


**Nagel, Corey**


**Nail, Lillian**


Principal investigator: Research training in individual and family active symptom management; National Institute of Nursing T32; July 1, 2007-June 30, 2012.
Nielsen, Ann

Noone, Joanne


Principal investigator: The Jackson County Latina Health Coalition: a community-academic partnership to promote improved Latina reproductive health; Planned Parenthood of Southern Oregon; Sept. 1, 2011-June 30, 2013.

Principal investigator: Cultural Competence Network – Curriculum Creation; Oregon Center for Nursing’s Nurturing Cultural Competence in Nursing Program; Nov. 7, 2011-Feb. 28, 2013.

Principal investigator: Use of interactive theater to improve rural maternal communication on pregnancy prevention: a feasibility study; School of Nursing – Betty Gray Fund; Aug. 1, 2010-Oct. 31, 2011.

Northrup-Snyder, Kathlynn

Press, Nancy
Principal investigator: Center for Genomics and Health Care Equality; National Human Genome Research P50; May 14, 2010-March 31, 2015.


Principal investigator: Is primary care ready to utilize the promise of genetics? A vignette study; National Human Genome Research Institute R01; Aug. 1, 2006-July 31, 2011.

Rosenfeld, Anne

Principal investigator: Project ACCESS: Accelerating Competent Care Education through Stipend Support; HRSA, Bureau of Health Professions – Division of Nursing; Sept. 30, 2010-September 29, 2015.

Principal investigator: The influence of gender on symptom characteristics during acute coronary syndrome; University of California, Davis R01; Sept. 28, 2010-June 30, 2014.

Ross, Amy

Salveson, Catherine


Sideras, Stephanie

Tanner, Christine


Principal investigator: Evaluating the outcomes of the Oregon Consortium for Nursing Education’s model to address the nursing shortage in Oregon; Robert Wood Johnson Foundation; May 15, 2008-Dec. 14, 2011.

Weymann, Kris

Winters-Stone, Kerri
Principal investigator: Cancer Development Research Award; OHSU Knight Cancer Institute – DRA; Cancer Institute – DRA; Sept. 1, 2011-June 30, 2012.


Wood, Lisa
Principal investigator: Mechanisms of cancer treatment related symptoms; National Institute of Nursing Research R01; Sept. 28, 2010-June 30, 2015.
Principal investigator: Cytokine response to subclinical cytomegalovirus reactivation as a cause of severe fatigue in women undergoing chemotherapy for breast cancer; Department of Defense; July 1, 2011-July 31, 2013.

Wright, Cheryl

Wros, Peggy
Principal investigator: Advanced Education Nursing Traineeships; HRSA, Bureau of Health Professions – Division of Nursing; July 1, 2011-June 30, 2012.
Principal investigator: Advanced Education Nursing Traineeship Program; HRSA, Bureau of Health Professions – Division of Nursing; July 1, 2010-June 30, 2011.

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