Dear Alumni and Friends,

This year marks the beginning of a transition phase for the School of Nursing. With the construction of new observation and genetics lab resources in the Biobehavioral Lab and the addition of seven new faculty who will conduct research, a new era of nursing research is dawning at the School!

Over the past several decades, the SON has built and maintained a stellar reputation as a world-class nursing research institution. The School has ranked as one of the top five recipients of National Institutes of Health funding since 1994. As federal funding dollars continue to wane, our consistent ability to capture a large portion of NIH dollars speaks highly of the quality of both our research and our researchers.

That firm research foundation is expanding this year. Construction on an observation lab will allow some new and veteran researchers to conduct more studies on campus, including ones looking at depression and infant feeding patterns. You’ll read more about the observation lab and some of the work to be conducted there in this issue. In addition to the observational facilities, a new genetics lab will further expand and enhance the resources that the Biobehavioral Lab already offers, including sleep study and physiological research.

But, the changes don’t stop with our building. The face of Carolina nursing research is also transforming. At the end of this academic year, two faculty who helped fashion the SON’s research efforts will retire. We are fortunate that both Barbara Germino and Joanne Harrell will stay on at the school to work on various grants and advise other student and faculty research. Over the years, we have been fortunate to have their strong leadership and have benefited from their ground-breaking studies and determined efforts to secure consistent, sizeable grant financing for the school. We will always be grateful for their work.

To carry on their important legacy, seven nurse investigators—some new professionals and some veterans—joined our School family this year. Combining this new fount of intellect and research facilities with the strong research traditions that already exist in the SON will ensure that the School’s reputation as an institution that fosters creative investigation and produces expert nurse researchers is secure for years to come.

These many changes hold great promise for a year filled with growth and development. In this issue, you’ll also read about the School’s research accomplishments over the past year. Please celebrate with me the School’s incredible scientific achievements.

Sincerely,

Linda R. Cronenwett, PhD, RN, FAAN
Dean and Professor
Welcoming New Faculty Researchers
The SON embarks on a new era of research

The Cutting Edge of Observational Research
The SON is creating a state-of-the-art biobehavioral observation lab

Expanding Research on Cancer and Cancer Care

Beginning Five New Research Studies
Faculty receive external funding for new work

New Research Findings

Doctoral Student Grants
A banner year for funding the future of nursing research

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Doctoral Student and Postdoctoral Fellow Activities 35
WOW! Carolina’s the place to be!

Anna Song Beeber, PhD, RN  Assistant Professor

Anna Beeber’s background is geriatric nursing, and her primary interest is in helping older adults and their families get the resources they need so that older adults can continue to live in the community. She also has clinical practice experience in geriatric acute, primary and long-term care, as well as in the Program of All-Inclusive Care for the Elderly (PACE), a comprehensive program that provides interdisciplinary community care for nursing home-eligible older adults.

In her dissertation, Beeber explored how elders, families and staff view the process of enrolling in the PACE program and the barriers that arise during enrollment. As a post-doctoral fellow at the SON, she continued her research on older adults and use of community-based long term care services by studying roadblocks to service access and identifying patterns of service use. The National Institute of Nursing Research, National Institutes of Health (NINR, NIH) funded her post-doctoral research through an Institutional National Research Service Award. She also received funding from a John A. Hartford Foundation Building Academic Geriatric Nursing Capacity Fellowship.

She currently collaborates with Joshua Thorpe, PhD, MPH, at Duke University School of Nursing and with Sheryl Zimmerman, PhD, in the UNC-Chapel Hill School of Social Work.

Vitals:  PhD, Nursing, University of Pennsylvania  
          MSN, Adult and Geriatric Nurse Practitioner Programs, University of Pennsylvania  
          BSN, Nursing, Hartwick College
Jill Hamilton, PhD, RN  Assistant Professor

Healthcare in the African American community is the focus of Jill Hamilton’s research. In particular, she is interested in how older African Americans handle cancer survivorship, and as a three-time SON graduate, Hamilton has returned to the School to conduct her work.

Hamilton’s goal in her current study, “Helping Older African American Cancer Survivors Cope,” is to evaluate a questionnaire to measure coping strategies used by older African American cancer survivors. She received R01 funding from the NINR and National Center for Minority Health and Health Disparities, NIH, for the study. One of Hamilton’s long-term goals is to develop a culturally sensitive measure of coping to evaluate the effectiveness of interventions with older African American cancer survivors.

After earning a BSN from the SON, she took positions as a staff nurse at Duke University Medical Center and, then, Emory University Hospital. She also completed post doctoral work at Oregon Health and Science University. As a faculty member, Hamilton has held positions at the North Carolina Central University Department of Nursing, the Nell Hodgson Woodruff School of Nursing and UNC-Chapel Hill.

Vitals:  PhD, Nursing, University of North Carolina at Chapel Hill  
MSN, Nursing, University of North Carolina at Chapel Hill  
BSN, Nursing, University of North Carolina at Chapel Hill

Eric Hodges, PhD, APRN, BC  Assistant Professor

Nutrition during childhood has been a longtime interest for Eric Hodges. For the past 10 years, he has honed his skills as a nurse, family nurse practitioner and child nutrition expert at academic institutions nationwide. Now, he focuses on mother-child feeding cues and patterns, specifically how a mother or guardian responds to a child’s hunger and fullness signs.

Hodges is studying childhood nutrition in an effort to stave off the rising trend of obesity in children. One of the long-term goals of his research is to teach mothers and guardians how to readily identify feeding cues so they can respond appropriately.

While advancing his education, he also taught human development courses with an emphasis on children and adolescents. He received funding from the NINR, NIH, the Nurses Educational Fund Inc., and the Northwest Health Foundation for his doctoral research. Funding for his post doctoral work came from the National Institute for Child Health and Human Development, NIH.

Vitals:  PhD, Family Nursing, Oregon Health & Science University  
MSN, Family Nurse Practitioner, George Mason University  
BSN, Nursing, University of Tennessee-Memphis  
BA, International Studies, University of North Carolina at Chapel Hill
Deborah Mayer, PhD, RN, AOCN, FAAN Associate Professor

Improving cancer care and studying the needs of cancer survivors have fueled Deborah Mayer’s 30-year career. Her passion is developing the next generation of nursing strategies for this area, including applying healthcare strategies online.

As a research scientist at Tufts-New England Medical Center, she joined a NIH-funded research project to create a Web site for families with children undergoing bone marrow transplant. The site offers help and information that can positively affect the child and family’s quality of life. Mayer also wants to develop a Web site for adults that will provide details about the long-term effects of cancer treatment and ways to decrease the risk of cancer recurrence or the development of new cancers.

Mayer is a past Oncology Nursing Society president and was recently appointed editor of the ONS Clinical Journal of Oncology Nursing. Before joining the SON faculty, she was co-founder and chief medical officer of Cancer Source, www.cancersource.com, a comprehensive and personalized source of cancer-related information.

In addition to her faculty appointment with the SON, Mayer is also affiliated with North Carolina Memorial Hospital and the Lineberger Comprehensive Cancer Center.

Vitals:
- PhD, Nursing, University of Utah
- MSN, Medical-Surgical Nursing (Oncology), Yale University
- BSN, Nursing, Excelsior College
- NP certificate, Nursing, University of Maryland
- Diploma, Nursing, Pennsylvania Hospital

Marilyn Oermann, PhD, RN, FAAN Professor and Chair, Division of Adult and Geriatric Health

Marilyn Oermann has had a prolific career studying and writing about nursing education and ways to improve teaching strategies. Currently, her work centers on how research reports, Web sites and other sources are used in clinical nursing literature.

With so much information available in the Internet age, one goal of Oermann’s research is to encourage nurse authors to carefully weigh the information they use when writing, especially since more researchers are choosing to glean information online. In a recent study, she determined that 33 percent of Web site citations are defunct after five years, and 20 percent disappear within a year of publication.

Oermann has also written many books, chapters and articles on nursing education topics.

She is the editor of the Journal of Nursing Care Quality and past editor of the Annual Review of Nursing Education.

Vitals:
- PhD, Curriculum and Instruction, University of Pittsburgh
- MSNEd, Medical Surgical Nursing/Nursing Education, University of Pittsburgh
- BSN, Nursing, Pennsylvania State University
Theresa Swift-Scanlan, PhD, RN Assistant Professor

Swift-Scanlan’s road to researching the epigenetics of breast cancer began far from any nursing school. She began her career working in marine biology, became interested in healthcare during her work with the Peace Corps and slowly wound her way to study genetics and nursing.

Swift-Scanlan is studying the genetics and molecular biology of breast cancer with the goal of advancing cancer prevention and early detection. Throughout her career, she has received funding from several institutions. Her doctoral studies were funded by a National Research Service Award from the NINR, NIH, and a Doctoral Scholarship in Cancer Nursing from the American Cancer Society.

Swift-Scanlan plans to build on the findings from her epigenetics research to improve risk assessment and, hopefully, assist women in making decisions regarding screening and risk-reduction measures, such as mastectomy and chemoprevention.

Vitals:  
PhD, The Johns Hopkins University School of Nursing  
BSN, Nursing, The Johns Hopkins University School of Nursing  
MS, Marine Molecular Biology, University of Maryland  
BS, Biology (focus in marine biology), Old Dominion University

SeonAe Yeo, PhD, RNC, FAAN Associate Professor

SeonAe Yeo’s career as a nurse midwife, nurse practitioner, researcher and educator has moved her frequently between the United States and Japan. She is a women’s health researcher focused on physical activity and exercise among pregnant women.

With funding from Blue Cross and Blue Shield and the NINR, NIH, Yeo tested the effect that walking had on a woman’s risk of preeclampsia as compared to the effect of stretching. In addition, she has studied the relationships among overweight/obesity, physical activity and the incidence of depression among pregnant women.

Yeo plans to continue to focus her research on interventions to reduce risk of preeclampsia in high-risk women.

Vitals:  
MSN, Nursing, University of Illinois  
PhD, Health Science, Tokyo University  
MS, Health Science, Tokyo University  
BSN, Nursing, St. Luke’s College of Nursing
Behaviors can greatly affect the risk for many chronic illnesses. Physical activity and eating a healthful diet, for example, can decrease the risk for a range of chronic diseases, such as cardiovascular disease, cancer and diabetes. How caregivers behave can also influence the health and well being of the individuals for whom they provide care. A mother’s responses to her infant can affect the child’s development. Likewise, the way certified nursing assistants interact with nursing home residents may be central to residents’ emotional well being.

Researchers in the School of Nursing (SON) use observational research methods to better understand human behavior and measure the effect interventions have on behavior change. To help researchers study behavior, the SON is creating a state-of-the-art observation lab in its Biobehavioral Lab (BBL).

Researchers using observational research methods typically videotape individual behavior or interactions between two or more people, such as a mother and child. Videotaping may occur at the SON or at an off-site location, including the subject’s home or a healthcare setting. Researchers review the videotapes and code and analyze the behaviors, often using software specially designed for that purpose.

“We have an explosion of observation-related research going on among researchers studying mental health and among those studying children and infants,” said BBL director Virginia Neelon, PhD, RN.

The new BBL observation lab will include an observation room, video and audio recording equipment and computers for data coding and analysis. The observation room will be soundproofed to ensure privacy and will be equipped with multiple video cameras, allowing investigators to view behavior from more than one angle. Researchers will be able to observe subjects of all ages from very young infants to older adults.

A dedicated set of computers in the lab has the software necessary to code and analyze observational data. The BBL’s biomedical engineer, Brant Nix, continues to be one of its most valuable resources. Nix trains faculty and their research teams to use the coding software and to transfer and store videos. He also provides advice on which recording equipment to purchase and use.

On the Cutting Edge of Observational Research

A sketch of the layout for the new observation lab that will be part of the Biobehavioral Lab. This facility will give study participants privacy, but will also allow researchers to gather data in a controlled environment.
Suzanne Thoyre, PhD, RN, was among the first faculty members to use observational methods in the SON. She initially studied the behavior of premature infants and nurses during bottle feeding in the hospital. Premature infants’ irregular breathing during feeding can cause hypoxemia and may lead to neurologic injury, dysfunctional feeding patterns and poor growth. By better understanding feeding behaviors, Thoyre hopes to train nurses and parents to minimize episodes of respiratory distress and hypoxemia during feeding.

To study infant and nurse behaviors, Thoyre videotaped feedings with a close-up of the infant and developed a coding system for the feeding interaction. Swallowing and respiratory sounds were transmitted to the videotape from a small microphone placed on the infant’s neck. A research assistant coded the feeder’s behaviors, such as when the nurse put the bottle in the mouth, moved the nipple to encourage sucking or took the nipple back out to encourage breathing, as well as the infant’s state and readiness for feeding. A speech pathologist then coded the infant’s responses to the feeding, specifically when the infant became behaviorally disorganized or demonstrated swallowing or respiratory dysregulation. In addition to observational data, oxygenation, heart rate, respiratory and sucking data were collected using a system custom-made in the BBL. In more recent research, Thoyre is partnering with Marcia Van Riper, PhD, RN, to study the feeding interaction between parents and their 1- to 3-year-old children with Down Syndrome. Close to half of children with Down Syndrome have difficulty making the transition to foods that require chewing. Children who don’t learn to chew foods have lifelong food restrictions and are at greater risk for gastrointestinal problems and malnutrition.

In a pilot study, Thoyre and Van Riper videotaped mothers feeding their infants either a bottle or breastfeeding. Mothers were then interviewed about their working model of feeding, using a video playback interview strategy. Parent and child behaviors were observationally coded.

“Many of the same principles apply to feeding both infants born prematurely and young children with Down Syndrome,” Thoyre said. “In both cases, parents have difficulty when their child responds in an unexpected way during feeding. Through my research, I hope to help parents better adapt to the needs of their child.”

Linda Beeber, PhD, RN, CS, is using observational methods to study interactions between mothers with depressive symptoms and their infants and toddlers. Depressive symptoms can impair mother-child interactions.

A research assistant observes and codes research footage from Sue Thoyre’s feeding study.

“What you see with depressed mothers is that the infant cues her, and the mother may not respond, over responds or may respond inappropriately.”

Mother-child interactions are central to a child’s development. When this interaction is disrupted, children are at greater risk for developmental and psychological problems. Beeber is testing the effectiveness of an interpersonal and skills-based intervention that partners master’s-prepared psychiatric nurses with mothers for five months. Beeber uses observational methods to determine how sessions with the nurse affect the mother’s interactions with her child.

A data collector goes to participants’ homes and videotapes 45 minutes of unstructured interchange between the mother and child. Expert coders then view the tape and code different aspects of the child and mother’s behaviors and their interaction with the mother.
each other, such as eye contact, physical closeness, teaching and touching. They also assess the mother’s overall sensitivity and responsiveness to the child.

The National Institute of Mental Health, National Institutes of Health (NIMH, NIH) and the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families provided funding for most of Beeber’s research. Beeber has done her research in close partnership with Early Head Start, a nationwide program that provides childcare and other services for low-income families. In 2005, the Early Head Start branch of DHHS awarded Beeber funding to develop and test a curriculum that teaches Early Head Start employees how to support depressed parents. Beeber and her team spent a year developing the curriculum and then another year using the curriculum to train employees. Now in their third year, they tape structured interactions among Early Head Start staff, the depressed parent and the child to evaluate how well the Early Head Start workers support the parent.

“I really think observational methods are state-of-the-art. I use paper and pencil questionnaires and interviews, too, because they’re the best way to learn what someone thinks or believes,” Beeber said. “But if you really want to look at outcomes, particularly for things like interventions that involve behaviors, there is nothing better than observational methods.”

Eric Hodges, PhD, APRN, BC, devoted much of his early career to pediatric healthcare, and he will continue that research using observational methods to study mother-child feeding cues and patterns in the BBL.

“Childhood obesity is a growing problem that could gain its foundation during infancy,” Hodges said. “To help control this epidemic, we need to determine whether certain patterns of caregiver responses to infant feeding cues undercut the child’s ability to self-regulate eating, setting them up for obesity later.”

So far, Hodges has determined that infants present far fewer hunger cues than they do fullness cues. However, mothers or caregivers seem to recognize and react to the hunger cues faster than the ones that indicate fullness. To determine how infants indicate they are hungry, how caregivers respond and how those reactions affect the infant’s feeding, Hodges videotapes these interactions, most often between mother and child. He analyzes the 10-minute span immediately before an infant feeds until the minute immediately following to assess how engaged both parties are in the feeding process.

Through these interactions, Hodges can see when the infant first presents hunger cues and how long it takes for the caregiver to respond with food. Additionally, he can determine when the infant gives cues that he or she is full or when the caregiver stops feeding.

“The videotapes also help capture the tone of the feeding interactions between the caregiver and infant through attention to things like positive or negative vocalizations,” Hodges said. “We also asked the caregivers how they interpret or think about the cues they receive from infants when deciding when to feed.”

Hodges said he hopes to develop tools for use during infancy and toddlerhood, that will help parents and other caregivers correctly interpret feeding cues. Sharing this knowledge could help infants develop enduring healthy eating patterns.

With funding from the Alzheimer’s Association, Mary Lynn Piven, PhD, APRN, BC, is using observational methods to study the emotional care that certified nursing assistants (CNAs) give to nursing home residents with dementia. Using the computerized coding system in the BBL, Piven and a research assistant are reviewing 50 tapes of CNA’s interactions with nursing home residents. Through this review, they will isolate and code the behaviors that constitute emotional care. Piven’s research is described in greater depth in the article on newly-funded faculty research studies on page 17.
Building the School’s Programs of Research on Cancer and Cancer Care

In 2006, approximately 1.4 million men and women in the United States were diagnosed with some form of cancer, according to the American Cancer Society. Last year alone, nearly 565,000 men and women died from the disease. Cancer cuts across sex, race and age, but every year, providers are able to detect it earlier and provide more effective treatments. As a result, there are a growing number of cancer survivors.

Faculty who conduct research at the School of Nursing (SON) are actively studying the science of cancer, the relationships cancer patients have with their healthcare providers and how survivors approach their lives and activities after successful treatment. These efforts are doing much to improve the quality of life these patients have both during and after treatment.

Managing the Uncertainty Younger Breast Cancer Survivors Experience

More than 210,000 women are diagnosed with breast cancer annually, based on American Cancer Society statistics. Most often, it is postmenopausal women who hear this frightening news, but a small group of women under age 50 get the same scare every year. For them, survival means a life spent coping with treatment side effects and worrying about recurrence.

These younger survivors have a set of concerns that are distinctly their own: young children, fertility and premature menopause. Like older breast cancer survivors, they also worry about sexual function and body image. Nearly every day, they encounter something that elicits worry about a relapse, such as a doctor’s appointment or a symptom reminiscent of their cancer. Many women need some way or someone to help them manage this stress while juggling their daily responsibilities.

School of Nursing faculty members Merle Mishel, PhD, RN, FAAN, and Barbara Germino, PhD, RN, FAAN, have developed an intervention designed to meet those coping needs. Their goal is, through nursing care, to help women manage the uncertainty of their condition, handle the symptoms of cancer survivorship and improve their psycho-social well being. A study testing this intervention is funded through the National Institute of Nursing Research, National Institutes of Health (NINR, NIH).

“Younger breast cancer survivors have a different outlook on life than older survivors do,” Mishel said. “We wanted to give them a way to manage those feelings so they don’t feel trapped by the overwhelming number of stimuli that can trigger worries about a recurrence.”

More than 120 white and 120 African American women across North Carolina who are two- to four-years past treatment will be enrolled in the study, called “Managing Uncertainty Day to Day.” As part of the study, participants are paired with nurse interveners who call them weekly for a month to help them use new skills to manage worries about a recurrence. Nurse interveners function as a sounding board for the participants while offering methods for how best to handle difficult situations, such as expressing fears to loved ones.

“We can already see that we’re meeting a need for these women, even if it’s not obvious to them that they have these needs,” Germino said. “You can hear the relief in the voices of the women as they get information and strategies they can use in their daily lives.”

In addition to phone calls, women in the intervention group also receive a CD and a manual. The CD offers strategies to effectively communicate thoughts and feelings as well as strategies for identifying positive life events. The CD also includes information on self-calming techniques to avoid succumbing to anxiety when facing an event that prompts recurrence concerns. The manual includes details about various issues breast cancer survivors face, including hot flashes, hormonal changes, weight gain and body image.

Mishel and Germino hypothesize that women who receive the uncertainty management intervention will manage their concerns better, experience less symptom distress and have more positive psycho-social well being compared to the women who do not receive the CD portion of the intervention.
Coping in Older African American Survivors

Turning to God, helping others and getting assistance from family and friends. These are all ways cancer survivors choose to cope with the diagnosis. No one handles living through cancer in the same fashion, and little information exists about how older African Americans manage survivorship.

For African American cancer survivors over age 55, turning to God is often the preferred support mechanism, according to research conducted by SON faculty member Jill Hamilton, PhD, RN.

"Many say that their relationship with God provides the kind of support that is not available from family members and friends," Hamilton said about her research findings thus far. "God is there when no one else is."

With funding from the NINR and the National Center for Minority Health & Health Disparities (NCMHD), NIH, Hamilton is evaluating a questionnaire she developed to assess coping strategies of older African American cancer survivors. Part of her research will focus on support provided from God and from family and friends.

In the questionnaire, Hamilton asks survivors about the support they receive from family and friends, aspects of their spirituality and how they give back to others. So far, she said, many survivors have expressed feelings and shared information about how they cope that family members present during the interviews said they had not previously known.

"We have needed a better measure to determine how older African American survivors use social support to cope with their experience," she said. "We need this information to coach family members on ways to provide better support."

Hamilton does not intend to use the results of her questionnaire to tell people what type of coping strategies or support mechanisms they need. Rather, she sees the goal of her research as helping both family members and survivors identify ways they can better provide support to themselves and each other. Older African Americans are often reluctant to ask for help, and Hamilton said she hopes her questionnaire will provide a way for them to communicate their needs to family members or others who can provide assistance.

“We have needed a better measure to determine how older African American survivors use social support to cope with their experience,” Hamilton said. “We need this information to coach family members on ways to provide better support.”
Healthy Behaviors Not More Prevalent in Cancer Survivors

As modern medicine improves, the number of cancer survivors continues to increase – roughly 3.5 percent of the U.S. population, or 10 million people, have survived a cancer diagnosis. They are, however, at increased risk for a recurrence or new cancer. It would be reasonable to anticipate that this group would engage in more healthy lifestyle behaviors than the general population. But, that would be a bad bet.

According to research conducted by SON faculty member Deborah K. Mayer, PhD, RN, AOCN, FAAN, cancer survivors do not smoke less, eat more fruits and vegetables, engage in more exercise or control their weight any more than people who have never had cancer. Mayer conducted her research as part of a pre-doctoral National Research Service Award funded by the NINR, NIH.

“This isn’t what we expected to find,” Mayer said. “We anticipated that cancer survivors, having experienced a life-threatening disease, would take pains to live a healthier life by eating better, not smoking and remaining active. The findings are disconcerting, and we need to understand more to work with survivors regarding health promotion.”

Mayer analyzed data from the National Cancer Institute’s Health Information National Trends Survey (HINTS), which includes information from telephone interviews with 6,369 people, 619 of whom previously had cancer. The control group consisted of 2,141 other respondents without a personal or family history of cancer.

Eighty-two percent of survivors and 85.1 percent of participants without a history of cancer reported eating less than five fruits or vegetables a day. More than 22 percent of survivors currently smoked, as did 18.4 percent of those without a history of cancer. Close to 55 percent of cancer survivors and almost 47 percent of those without a history of cancer did not participate in regular physical activity, though the rates of regular activity varied by type of cancer. The mean body mass index (BMI) for both groups was virtually the same – 27 for survivors and 26.5 for those without a history of cancer – with more than half of both groups being overweight or obese. A healthy BMI is considered less than 25.

Mayer said she hopes these findings will prompt nurses to be more vigilant in assessing the smoking levels, dietary habits, exercise routines and weight management efforts of their cancer patients. As the healthcare providers with the most contact with patients, she said, nurses should be prepared to provide additional information and resources to promote healthy lifestyle behaviors in cancer survivors.
Doctoral Students’ Research on Cancer Survivors and Cancer Care

Health Disparities in Physician–Patient Relationships

Current statistics indicate that African Americans are more likely to die from breast, colorectal and prostate cancer than other ethnic groups. An open channel of communication between doctor and patient is one way to combat health disparities and get patients the information they need to be knowledgeable about their own health and course of treatment. Previous research shows that when physicians use partnership-building behaviors, patient outcomes improve, but the degree of the partnership changes based on patient demographics. Physicians tend to behave differently with white patients, giving them more information and opportunities to express their feelings than patients from other racial or ethnic minority groups.

With funding from the SON’s CIHDR, SON doctoral student, Yolanda Wall, MSN, RN, BC, conducted a small pilot study to determine the types of partnership-building behaviors and information-giving behaviors that physicians use when talking with men seeking treatment for early prostate cancer. She looked at physician partnership-building behaviors by race, age and education of the patient.

Wall analyzed transcripts of doctor-patient interactions for 10 white and 10 African American randomly-selected participants in Merle Mishel and Barbara Germino’s study, entitled “Decision Making Under Uncertainty in Men with Prostate Cancer.” Wall looked at how often and in what situations physicians use partnership behaviors and information-giving, such as encouraging a patient to ask questions and whether those behaviors vary with the patient’s race. The transcripts indicated that physicians welcomed white patients to ask more questions and express their desires about treatment. African American patients, Wall said, did not receive the same level of encouragement.

“These findings mirror what is already in the literature, and they are what I expected,” Wall said. “The results can potentially increase our knowledge about the healthcare encounters between minority patients and their physicians.”

Her findings are particularly important to nursing because these data alert nurses working in cancer-related settings that they need to help patients increase their level of participation during medical visits.

“I see nurses as being in the middle of patient communications,” Wall said. “As nurses, we can make an impact and, hopefully, help develop good, productive patient-provider communication patterns.”

In the future, Wall hopes to expand her research to include breast cancer and colorectal cancer patients.

Partnering With the Lineberger Comprehensive Cancer Center

The University of North Carolina at Chapel Hill is home to the Lineberger Comprehensive Cancer Center, one of 39 National Cancer Institute-designated Comprehensive Cancer Centers and one of only two Specialized Programs of Research Excellence (SPORE) in breast cancer and in gastrointestinal cancers nationwide. The Center’s 250 faculty from across the disciplines have more than $120 million in funding to conduct basic science and clinical research on cancer control and prevention and to improve treatment and care for cancer patients and survivors.

Faculty members and doctoral students in the SON are actively involved in the Center’s programs of research and research training. Merle Mishel, PhD, RN, FAAN, and Deborah Mayer, PhD, RN, FAAN, are two of the SON’s faculty that have joint appointments in the Lineberger Comprehensive Cancer Center. Both are also part of
Assessing Women’s Lifestyle Choices in The Context of Their Perceived Breast Cancer Risk

Approximately 30 percent of all breast cancers are related to a family history of the disease, and a woman who has an affected first-degree relative is about two times more likely to contract it herself. But family history is only one factor contributing to breast cancer risk. Physical inactivity, obesity and excessive alcohol intake all increase the likelihood a woman will develop the disease, so controlling these lifestyle behaviors can be very important. Not everyone, though, recognizes that these behaviors increase their risk.

In a study that combines secondary data analysis with in-depth interviews, SON doctoral student, Denise Spector, NP, MSN, MPH, is analyzing data on 20,000 women who had at least one sister with breast cancer to see if a relationship between family factors and lifestyle exists. She also interviewed a subset of women to assess their perceptions of risk.

Spector received her funding from the SON’s Center for Innovation in Health Disparities Research (CIHDR) and the American Cancer Society. CIHDR is funded through a grant from the NINR, NIH, and the NCMHD, NIH.

Spector’s dataset came from the National Institute of Environmental Health Science’s Sister Study: A Study of the Environmental and Genetic Risk Factors for Breast Cancer. She focused on current dietary practices, activity levels, body mass index (BMI), alcohol consumption and smoking to determine what relationship, if any, existed between the behavior and breast cancer risk.

Through interviews with a subset of women from the larger study, Spector discovered many inaccurately perceived their own risk for the disease. More than half felt they were at low or slightly elevated risk. In addition, most of these women did not consider several unhealthy lifestyle behaviors, such as physical inactivity, alcohol use, and obesity, to be factors in breast cancer risk and saw very little cause for concern over their own actions.

“As a whole, many of the women interviewed thought they were already leading a healthy lifestyle and had little control over factors affecting their breast cancer risk,” she said.

Overall, the majority of women interviewed believed that family history and exposure to harmful environmental factors contributed to the disease. However, less than half saw stress, unhealthy diet, inactivity, obesity and smoking as risk factors. Only a minority of white women and none of the African American women interviewed thought obesity was a risk factor. The white women interviewed also were much more likely to view smoking as contributing to risk.

Educating women about their actual breast cancer risk and disseminating information about what they can do to affect that risk is the goal of Spector’s future intervention, with a focus on encouraging women to engage in healthier behaviors.

Lineberger’s Lance Armstrong Survivorship Program Leadership Team. Mishel has taught in the Center’s cancer courses and partnered on research projects. She is one of seven reviewers for intramural grant submissions seeking funding from the center. Mishel and Mayer are collaborating with the Center as it develops new research proposals.
Cancer Survivors and Cancer Care

The School of Nursing’s new Epigenetics Lab

The Biobehavioral Lab (BBL) is creating an epigenetics lab where Theresa Swift-Scanlan, PhD, RN, will continue studying the epigenetics of breast cancer. The new lab will include several pieces of equipment so Swift-Scanlan can extract, replicate and measure genetic samples from women with breast cancer.

A nanodrop spectrophotometer will let her measure the very small quantities of nucleic acids (DNA, RNA) and proteins extracted from breast tissue. Many of the biological samples collected in breast cancer research are available in very small quantities that can only yield very small amounts (picograms) of DNA. Because samples are so small, the lab will be outfitted with several Thermocyclers, which Swift-Scanlan will use to make multiple copies of specific DNA target sequences through a process called polymerase chain reaction. Subsequent experiments using a “real-time” Thermocycler will enable Swift-Scanlan to quantify DNA methylation in each breast tissue sample with sensitivity and specificity. She also will have access to specialized ovens that will continuously mix her samples while simultaneously heating them to the optimal temperature.

Virgina Neelon, PhD, RN, BBL director, is enthusiastic about the new lab’s potential.

“The lab is expanding to allow us to look at more DNA and molecular factors,” she said. “In particular, we’re interested in factors that might not only have the potential to put you at risk for cancer but also the potential to be reversed and thereby diminish risk.”

Epigenetics and Cancer

Theresa Swift-Scanlan, PhD, RN, is studying the epigenetics of breast cancer. Breast cancer is the second leading cause of cancer death in women—one in eight women will be diagnosed during her lifetime. Extensive research has established a strong relationship between a woman’s breast cancer risk and her genetic makeup and exposure to environmental risk factors. However, little is known about how interaction between genetics and environmental exposure affects a woman’s risk.

The science of epigenetics studies molecular modifications, such as DNA methylation, that alter gene expression without altering the primary sequence of DNA. Recent studies have shown positive associations between some types of epigenetic changes and environmental exposures, such as smoking, dietary folate and alcohol intake. Epigenetic modifications to DNA may be one of the mechanisms that explain why these exposures increase a woman’s risk.

“One exciting aspect of this research is that many epigenetic changes are reversible, which means they are potentially amenable to treatment and intervention,” Swift-Scanlan said.

Epigenetics also offers the potential to more accurately define breast cancer subtypes and give women and their providers the information they need to guide decision-making. There are many different types of breast cancer. Some types are very responsive to treatment while others are more likely to progress or recur. Treatment for breast cancer can have profound effects on a woman’s life.

Often, women must make decisions about whether to elect chemical treatments, such as chemotherapy or tamoxifen, both of which can have serious side effects. Some women also must decide whether to have surgical treatments, such as mastectomy or removal of their ovaries.

In their decision making, women balance the effects of the treatment against what is known about the risk that their cancer will progress or recur in the future. The more information providers have about the risks associated with different types of breast cancer, the more information women will have to make their decisions. By identifying differences at the level of modifications in specific genes, providers may be able to help women make more informed treatment decisions.

Through the use of epigenetics, Swift-Scanlan seeks to identify different breast cancer subtypes and to explore the relationship of those subtypes to environmental and behavioral exposures. She studies breast tissue from women with cancer to analyze molecular modifications to specific strands of DNA. She also collects information on the women’s exposure to a broad range of risk factors, such as age at menarche, smoking and alcohol consumption. Through her research, she hopes to identify molecular and environmental predictive factors that nurses and physicians may eventually use to guide screening, therapeutic and prevention practices for breast cancer.
Faculty Awarded External Funding to Begin Five New Research Studies

During the 2006-2007 academic year, School of Nursing (SON) faculty were awarded funding for five new research studies. The National Institute of Nursing Research, National Institutes of Health (NINR, NIH) funded two studies, and the Agency for Healthcare Research and Quality funded one. The school also received its first grant from the National Library of Medicine. In addition, the Alzheimer’s Association awarded the school funding for a faculty member’s research project. As described below, the five new studies explore a broad range of topics of importance to nursing.

Protecting the Privacy of Participants in Genetics Research

Every year, thousands of people volunteer to participate in clinical trials and medical studies to advance science and improve healthcare. Most of these individuals expect that their health information will be shared but their identities will remain private. However, with the completion of the Human Genome Project and advances in genome sequencing techniques, scientists can now share whole genome sequence data online instantly. In this data interchange, a person’s own genetic code can betray him or her. Some elements of the genome, such as single nucleotide polymorphism (SNPs), provide just enough information to void a study participant’s privacy.

SNPs are inherited genetic variations that can occur in a person’s DNA. They are ubiquitous and stable in the human genome, making them very good markers in understanding the genetic basis of disease and drug responses. Yet a handful of them can lead to an accurate identification between samples.

Zhen Lin, PhD, MS, RN, SON research assistant professor with funding from the National Library of Medicine, is currently developing a database that includes the location of SNPs that pose a risk to privacy and information about how frequently they occur. Scientists can use this “risk map” to identify SNP datasets that pose a privacy threat and treat them with extra caution when releasing data to the public, Lin said.

De-identified data sets in which “high risk” SNPs have been scrubbed can be made freely available in the public domain.

“To achieve personalized medicine in the future, we need a better way to share information for research today,” Lin said. “With increasing computing power, it is much easier to link information and more difficult to keep data private. In terms of genomic sequences, we are handing over the natural fingerprints of someone’s identity and much more.”

Some groups who gain access to shared genetic information could use it in harmful ways, such as insurance providers who may seek to deny coverage based on a preexisting genetic marker or disease tendency. Implementing the risk map, Lin said, could reduce the risk of information abuse.
Nurse Staffing levels, Hospital Financial Performance and Quality of Care

Barbara Mark, PhD, RN, FAAN, with funding from the Agency for Healthcare Research and Quality, is analyzing data from California and 12 other states to determine the effect that minimum staffing levels have on the quality of care, hospital financial performance, amount of uncompensated care provided and educational programs. The study will also assess the impact that minimum staffing laws have on nurse wages.

The data come from the Healthcare Cost and Utilization Project and from California’s Office of Statewide Health Planning and Development. California instituted its minimum staffing law in 2004. Mark and her colleagues are analyzing data from 2001 through 2006 to paint a before and after comparison of the effect of mandated nurse staffing levels.

Many states are currently considering nurse staffing legislation, and Mark said she hopes lawmakers will find the outcomes of the study useful when designing such laws or even when deciding whether to enact legislation.

“This study will help legislators make the determination if minimum nurse staffing level laws will improve quality of care while not having a negative impact on hospital financial performance,” said Mark, the Sarah Frances Russell Professor in the SON. “It will, hopefully, provide information to help those making these decisions balance nurse pay levels with other hospital financial expenditures.”

Intervention Aims to Help Parents and Children Manage Weight Together

Obesity is an epidemic in the United States, affecting both adults and children. Roughly 65 percent of adults are either overweight or obese, and 16 percent of children between ages 6 and 19 are overweight with another 15 percent at risk for becoming overweight. This battle against excess weight has placed today’s children in line to be the first generation in several decades that has a lower life expectancy than the previous generation.

The findings of other researchers suggest that tackling exercise or weight loss with a partner increases the odds of success. Diane Berry, PhD, CANP, SON assistant professor, is banking that the same positive outcomes will occur if parents and children help each other manage their weight and exercise more.

“Parents influence children by serving as role models, and we can see this in the close correlations between the health behaviors and weight status of children and their parents,” she said. “But parents often lack the coping skills necessary to change their own behavior, so we need to give them the knowledge and capacity to change their behaviors along with their children’s.”

Berry developed an intervention delivered in community settings that targets overweight or at-risk for overweight African American, Latino and Caucasian children, as well as their overweight or obese parents. The NINR, NIH funded the study.

Families in the study learn new nutrition, exercise and coping skills from an interdisciplinary team, and they practice the new skills during weekly meetings for three months. Advanced practice nurses stay in close contact with the families for an additional nine months, giving them an opportunity to discuss problems they encounter. Berry’s team checks in with the families six months after the intervention ends to gauge how well they’ve maintained the new behaviors.

Berry hypothesizes that families involved in the intervention will experience significant improvements in health behaviors and weight loss. Seeing their parent’s dedication to practicing healthy behaviors will help children determine if they want to change their behaviors to manage their weight, she said.
Exploring Certified Nursing Assistants Provision of Emotional Care

With funding from the Alzheimer’s Association, Mary Lynn Piven, PhD, APRN, BC, is studying the emotional care that certified nursing assistants (CNAs) give to nursing home residents with dementia. “Even though we don’t have very clear ideas about the emotional needs of patients with dementia, we operate on the assumption that they have the same emotional needs as the rest of us,” Piven said.

CNAs provide up to 80 percent of the day-to-day care for nursing home residents, but little is known about the emotional care they provide. In an effort to better understand the emotional care provided by CNAs, Piven is studying videotaped interactions between CNAs and nursing home residents to develop a coding system to operationalize emotional care. Using a computerized coding system in the Biobehavioral Lab, Piven and a research assistant are analyzing 50 tapes to capture CNAs’ verbal and nonverbal behaviors that communicate connection, concern and caring, as well as behaviors that maximize resident function and control. 

“In addition to CNA verbalizations, we are looking at nonverbal behaviors, specifically touch, smiling and eye contact,” Piven said. “We are looking for the times when the CNA strokes the residents arm or pats them on the shoulder as a way of connecting with them on a nonverbal level, letting them know they are there, they are present.”

Based on her previous research, Piven said that CNAs provide emotional care that is not formally recognized by the nursing home. “Unlike physical care, they are providing emotional care without direction or supervision of that care, which is what caused me to want to study what they are doing,” she said.

Piven said she hopes, over the long term, to develop and test interventions to improve emotional care in nursing homes. She plans to use the coding system she develops to measure the effect her interventions have on the emotional care CNAs provide.

Younger Breast Cancer Survivors: Managing Uncertainty

School of Nursing faculty members Merle Mishel, PhD, RN, FAAN, and Barbara Germino, PhD, RN, FAAN, are testing an intervention for women under age 50 who have survived breast cancer. Their study is described in greater detail in the article on the School’s programs of cancer research, page 9.
Nurse staffing levels make a difference to the health of hospitalized children

In a recent article in the journal *Policy, Politics, & Nursing Practice*, Barbara Mark, PhD, RN, FAAN, and colleagues report the findings from their research on the relationship between nurse staffing and adverse events in hospitalized children. They note that children, especially infants, are particularly vulnerable during hospitalizations due to their “dependence on adult caregivers, their inability to voice concerns about their care and their need for close supervision.”

When staffing levels are sufficient, nurses can monitor children’s medical conditions and intervene early, playing a critical role in averting adverse events. Mark’s study is the first large-scale research study examining the relationship between nurse staffing and quality of care for hospitalized children. Funded by the Agency for Healthcare Research and Quality, Mark and her team analyzed data on 3.65 million pediatric patients cared for in 286 California hospitals. After controlling for differences in levels of patient risk and a range of other factors across hospitals, Mark and colleagues found that more hours of registered nurse staffing were associated with lower rates of postoperative cardiopulmonary complications, post-operative pneumonia and post-operative septicemia and other infections.

Increases in staffing had the greatest potential to reduce complications at hospitals with the lowest levels of staffing. The findings indicate that with increased staffing hours at the California hospitals included in the study, between 425 and 596 children could have avoided a cardiopulmonary complication after surgery. In addition, between 719 and 787 could have avoided septicemia and between 95 and 124 might not have gotten pneumonia.

“The results provide evidence that children, like adults, experience more positive results when registered nurses provide more care,” Mark said. “Steps should be taken to ensure that hospitals have enough nurses to provide optimal care to our youngest patients.”
As the U.S. population ages, the number of older adults living in nursing homes will continue to grow. Depression is one of the most treatable mental disorders in later life, but the prevalence of undetected and undertreated depression among nursing home residents is high.

Certified Nursing Assistants (CNAs) provide most of the direct care to nursing home residents and may be an important resource for detecting depression. However, little is known about how CNAs understand depression in nursing home residents and how they communicate their concerns to supervising staff. To address this knowledge gap, Mary Lynn Piven, PhD, APRN, BC, conducted a qualitative study with 18 CNAs at two nursing homes to learn how they conceptualized depression in residents. She conducted her research as part of a post-doctoral fellowship funded by the National Institute of Nursing Research, National Institutes of Health (NINR, NIH). Together with co-authors Cathleen Colon-Emeric, MD, Ruth Anderson, PhD, RN, FAAN and Margarete Sandelowski, PhD, RN, FAAN, Piven’s findings will be published in an article in the Western Journal of Nursing Research.

Piven’s research findings suggest that nursing home CNAs have the capacity to play a key role in identifying residents with depression. The CNAs accurately identified the following symptoms of depression: crying, loss of appetite, irritability, withdrawal from others, not wanting to do anything and sleep changes. The signs CNAs identified correspond to several mood screening and diagnostic criteria that signal the presence of depression.

Although, the findings suggest that CNAs can identify depression symptoms, they indicate that CNAs may have difficulty referring residents for additional evaluation and treatment. CNAs perceived that some nursing staff were unresponsive to their input.

“They don’t come and look at the situation at the time,” said one CNA, describing nurses’ reactions to her concerns about residents. “Maybe later, down the road they’ll notice it themselves. It’s like you didn’t say anything. You know the things the CNA says don’t matter.”

The findings further suggest that CNAs could benefit from additional training about depression and the range of resident responses to life in a nursing home. A number of the CNAs viewed depression as a “normal” response to nursing home placement, and others described it as transient, lasting only minutes or hours. Either perception could lead CNAs to discount their observations and not share them with nursing staff.

CNAs hold potential to provide observations important to depression assessment, as well as help meet residents’ emotional needs. Educating CNAs could help unlock the capacity of CNAs to influence depression assessment and subsequent care.
Measuring Quality from the Nursing Perspective

Recent reports have identified serious concerns with the quality of the care delivered in U.S. hospitals. In response to these reports, nurses nationwide are leading efforts to improve the way care is delivered. In order to assess the impact of these efforts, nurses need tools to fully capture what constitutes quality nursing care.

In a *Journal of Nursing Care Quality* article, Mary Lynn, PhD, RN and colleagues report a new instrument they developed to measure nursing care quality. The measure Lynn introduced is unique – it measures quality from the perspective of the nurse who delivered the care. Prior measures of nursing care quality assessed patients’ perceptions of quality or audited the process of care recorded in the medical record.

While the patients’ perspective is critical, patients often lack the expertise necessary to evaluate the technical skill of the care provided. Medical record audits capture only those processes the nurse recorded and do not assess how the work team and environment affect care quality. In assessing quality, nurses can speak to both the interpersonal and technical aspects of care, as well as the effect of the broader environment in which care was delivered.

Therefore, Lynn used funding from the NINR, NIH to create a measure of how nurses evaluate the care delivered. She first asked nurses to define quality. In interviews with 20 nurses, she learned that nurses identify caring, technical skill and characteristics of the care team and environment as the central components of quality nursing care. In describing the importance of caring, nurses talked about the value of getting to know their patients, being mindful of their distinct needs and nurturing them.

Nurses described the technical aspect of nursing as being both organized and skillful. Lynn used the information from the interviews to develop a 138-item questionnaire that she tested with nurses in seven hospitals. To create the final measure, she analyzed questionnaires completed by 923 nurses from 46 general and specialized medical-surgical units. The final measurement tool, The Nurse’s Assessment of Quality Scale - Acute Care Version (NAQS-ACV), has 87 items. As nurses work together to improve care and work environments, the NAQS-ACV will provide a tool to assess how their efforts affect the way nurses evaluate the quality of their work.

Self-Care Education Improves Outcomes for Adults with Arthritis

In a recent article in the journal *Arthritis & Rheumatism*, Jean Goeppinger, PhD, RN, FAAN, and colleagues report the findings from a Centers for Disease Control and Prevention-funded study, comparing the effectiveness of two community-based arthritis self-care interventions—the Arthritis Self-Help Course and the Chronic Disease Self-Management Program (CDSMP).

Although both interventions have been tested previously, Goeppinger is one of a few researchers to compare their effectiveness with African Americans. Arthritis is the leading cause of disability among adults in the United States, and the rates of disability are disproportionately higher among African Americans. African Americans have a higher prevalence of most chronic diseases, and many live with multiple chronic conditions.

The practice of developing disease-specific interventions, such as the Arthritis Self-Help Course, may not be the most effective or efficient way to provide community-based support for individuals with multiple different chronic illnesses and conditions. Therefore, Goeppinger compared the effectiveness of the disease-specific Arthritis Self-Help Course to the CDSMP, which helps individuals manage many different chronic illnesses.

Two trained, chronically-ill lay persons co-led both programs over a series of six two-hour group sessions held in a community setting. The 416 participants in the study were predominantly older, rural African Americans. Goeppinger and colleagues found that both interventions led to significant improvements at four months, but not at 12 months. They also found that participants in the CDSMP experienced improvements in their pain and disability, while participants in the disease-specific intervention did not.
The School of Nursing (SON) doctoral students had a banner year for funding awards. Support for the studies comes from a variety of places – the American Nurses Foundation, Aspect Medical, Inc., the National Institute of Nursing Research, National Institutes of Health (NINR, NIH), the American Association of Critical Care Nurses, Sigma Theta Tau, and the Center for Innovation in Health Disparities Research (CIHDR). This plethora of grants funds work in intensive care, palliative care, cancer care and medication error research.

Study On When Medication Errors Occur Yields Interesting Results

As many as 98,000 people die in U.S. hospitals each year due to medical errors, according to the 2000 report from the Institute of Medicine, “To Err is Human: Building a Safer Health System.” Two out of every 100 hospital admissions experiences a medication-related mistake, the report’s results also state, and these medication errors account for roughly 7,000 error-related deaths annually.

Protecting patients’ safety is a high priority. Yun Kyung Chang, PhD, MPH, a recent doctoral graduate, conducted an American Nurses Foundation-funded study on the circumstances that lead nurses to identify and report medical errors.

Accurate identification and reporting of errors is essential to improving care systems and reducing future errors. Chang found that more medication errors were reported in work environments where nurses believed they could admit their mistakes without fear than in those workplaces where they faced reprisal. Medication errors also were reported more frequently in work environments where nurses faced fewer distractions.

“Rather than just seeing underreporting of errors when nurses keep their mistakes secret, I believe we are seeing underdetection where nurses can’t report a mistake because they aren’t aware they’ve made one,” Chang said. “Substantial underdetection could be possible when nurses are working in busy, stressful environments. This is something we need to monitor.”

Chang analyzed data from the Outcomes Research in Nursing Project (ORNA-II), a study funded by the NINR, NIH that identifies critical hospital and nursing unit variables that must be considered when organizing and delivering care. The information collected comes from 286 nursing units in 146 randomly selected JCAHO-accredited hospitals across the country. SON faculty member Barbara Mark, PhD, RN, FAAN, is the principal investigator on the ORNA-II project.

The findings are important, Chang said, because they highlight the need to rethink how medication errors are classified and measured and the need to develop better reporting systems. With new classifications and measurements in place, there can be better analysis of the causes of and factors related to medication mistakes.

Chang blended portions of two different theoretical models, the human error model and the organizational learning model, for her study. The human error model focuses on fixing systems that both permit mistakes and make them more difficult to detect and correct. The organizational learning model concentrates on managing mistakes after they happen, and a part of this model looks at the learning climate. Chang integrated part of the organizational learning model with the human error model to create a new model that tests the role the learning environment plays in the relationship between work environment and medication errors.

Assessing How Women Live Based on Their Perceived Risk of Breast Cancer

SON doctoral student, Denise Spector, BS, MS, MPH, is looking at how white and African American women with close female relatives who have breast cancer view their own risk for the disease. She is also studying what, if any, lifestyle behavior changes they make to potentially reduce their risk. Her work is described in greater detail on page 13.
Almost every intensive care nurse has stories about patients who they thought were fully sedated suddenly pulling out their intravenous medications or jumping out of bed to leave the unit. The tales make for great storylines in television medical dramas, but these incidents also make a strong case for knowing how well a patient is sedated.

Oversedation can prolong the time patients need intensive interventions, but undersedation can increase pain and discomfort. Nurses must be able to accurately gauge whether a patient’s level of sedation is optimal.

Unfortunately, according to recent SON doctoral graduate, DaiWai Olson, BSN, RN, CCRN, the most widely-used tool to evaluate a patient’s sedation level, the Ramsay Sedation Scale, is unreliable. It is based on a nurse’s personal perception of how actively a sedated patient responds to stimuli. However, the Ramsay Scale does not come with a standardized guide to help nurses determine to what degree sedated patients respond to those stimuli.

“The Ramsay Sedation Scale doesn’t give any concrete information about what constitutes a fully-alert patient and what constitutes one that is properly sedated for their condition,” said Olson, who received funding from Aspect Medical, Inc. “We have to make sure we’re not under- or over-medicating people, and

Hospice Services Underutilized by Racial and Ethnic Minorities

Hospice is considered the gold standard in end-of-life care. Across the country, however, the patient population in most hospices is predominately white. Very few racial and ethnic minorities utilize this end-of-life option, and scant data exist detailing why this is the case and what can be done to reverse this trend.

Only about 40 percent of terminally-ill patients use hospice, and Jill Forcina Hill, BSN, RN, OCN, a SON doctoral student, recently discovered possible barriers that could prevent non-white groups from entering the system. Through her analysis, Hill, who is funded through a National Research Service Award from the NINR, NIH, determined that non-whites are often referred to hospice at an inappropriate time during their illness or they refuse the services.

Hill gathered three years of data from two hospices in North Carolina – one large, privately-operated facility and another affiliated with a tertiary-care hospital – to determine what patient, contextual and institutional factors were associated with a patient enrolling in hospice after a referral.

According to her research, non-white patients are frequently referred either too late to benefit from the services or too early to qualify based on hospice’s strict six-month prognosis criteria.

“If we do have a prognostic problem – if non-whites are being referred too late or too early – it could be a result of racial and ethnic disparities in health and healthcare use in general,” Hill said. “Minority groups don’t utilize the healthcare system at the same rate whites do, and we need to make sure they’re able to take advantage of these services if they want or need to.”

Once her data analysis is complete, Hill said she plans to develop an intervention that will help African Americans and Latinos find hospice care more attractive and make it an option they will more readily consider, even if it means modifying hospice in some yet-to-be determined way that makes it a more acceptable choice for those groups.
right now, we don’t have a good system for making that call.”

To test the six-level scale’s reliability, Olson and his colleagues first videotaped patients in intensive care units to create six 30-second tapes that experts agreed represented each of the six sedation levels. More than 240 nurses each viewed one of the six videos three times and rated the patient’s sedation level based on the Ramsay Scale, the Sedation Agitation Scale (a derivative of the Ramsay Scale) and the Global Scale (a scale created for this study). Results varied widely, Olson said.

“Evaluations were all over the board – there was no uniform rating for any of the six videos,” he said. “Nurses would score the same video at any of the six levels. We had to conclude that the Ramsay scale tells us almost nothing about how well sedation is working on a patient.”

Olson said he hopes that this research will eventually lead to the Ramsay scale being abandoned as a tool for observing and evaluating sedation. In the meantime, however, he said other tools based on the Ramsay Scale must also be critiqued for their reliability, as they are rooted in a flawed observation instrument.

**End-of-Life Care in the Intensive Care Unit**

Making decisions about care at the end-of-life is always hard. It often involves negotiations among family, care providers and the individual who is nearing death. Twenty percent of Americans die in an intensive care unit (ICU), a setting that adds further challenges to end-of-life decision making.

The ICU can be a noisy, frenetic and seemingly disorganized place. Families feel isolated from relatives in the ICU who are often unresponsive, on mechanical ventilation and surrounded by monitors. Many also believe that the nurses do not offer them much support. Nurses who work in the ICU are well trained to provide highly-technical, life-saving care. However, they traditionally have not been taught to deliver palliative care.

To lessen the frustrations some families feel over ICU experiences, nurses need guidance on how to provide quality nursing care in an end-of-life situation. Having that information could increase a nurse’s confidence that he or she is meeting both hospital and family expectations for providing dying patients with the best care.

School of Nursing doctoral student Meg Zomorodi, BSN, RN, is developing an instrument to measure the attitudes, knowledge and skills of ICU nurses related to providing end-of-life care. The American Association of Critical Care Nurses (AACN) and Sigma Theta Tau funded her research.

“One of the main goals for nurses working with dying patients in the ICU is to provide a peaceful death through compassionate care of the patient and the family,” Zomorodi said. “Right now, there is a huge gap between what the family sees as good care and what the nurse believes. We need to find a way to close that gap.”

To develop her instrument, Zomorodi interviewed nine critical care nurses about their experiences providing end-of-life care in the intensive care setting. She analyzed the interview data to identify nurses’ attitudes, knowledge and perceptions of skill. Over the next two years, up to eight experts from academic medical centers and hospitals will review those nurse responses and select the attitudes and behaviors they view as most important to quality end-of-life care.

Zomorodi will incorporate the interview findings and expert recommendations into an instrument that she will test online with 20 participants from UNC Hospitals, Duke University Medical Center, Durham Regional Hospital and Duke Raleigh Hospital and with up to 400 active ICU nurses through the AACN. The responses gleaned from these tests will help Zomorodi fashion her final assessment tool. Ultimately, Zomorodi plans to use the instrument to guide and test interventions to improve the end-of-life care that nurses provide in ICUs.
Get Guidance on Developing Instruments and Measuring Outcomes.

Outcomes Measurement: Want to develop outcome measures or design outcome studies? Mary Lynn, PhD, RN, and Richard Redman, PhD, RN, teach doctoral-prepared researchers and educators, postdoctoral fellows and doctoral students to develop and test outcome measures. Attendees also learn to create outcome models, linking delivered care to outcomes measurement and other issues that affect outcomes measurement.

Instrument Development: Mary Lynn, PhD, RN, teaches classical measurement theory, traditional instrument development and adaptation, scaling methods and other tactics used to create instruments suited for specific studies. Attending doctoral-prepared researchers, post doctoral fellows and doctoral students will also discuss exploratory and confirmatory factor analysis, the concepts of reliability and validity and critiques of existing instruments.

Gain Expertise in Qualitative Analysis.

Qualitative Analysis 1: Empirical/Analytical Methods: Margarete Sandelowski, PhD, RN, FAAN, focuses on the general principles of and generic techniques for qualitative analysis in this workshop. In addition, she emphasizes empirical/analytical and naturalist methods. Faculty and doctoral students in nursing, medicine and public health who attend will practice techniques associated with these methods, using a provided data set.

Institute in Qualitative Research: Mixed Methods Research: Margarete Sandelowski, PhD, RN, FAAN, continues her workshops by teaching course participants the contemporary landscape of mixed methods research and how to choose the appropriate research design to fit their research objectives. Participants, including nursing, medicine and public health faculty and doctoral students, will learn to use techniques for combining sampling and data collection strategies and for analyzing data.

Qualitative Analysis 2: Phenomenological & Narrative/Discourse Methods: In her third qualitative research institute, Margarete Sandelowski, PhD, RN, FAAN, focuses on phenomenological/hermeneutic and narrative discourse methods of analysis. Faculty and doctoral students in nursing, medicine and public health will practice techniques associated with these methods with a provided data set.

Learn Effective Writing Skills for Research Proposals and Publication.

Asian Scholars Writing for Publication: SeonAe Yeo, PhD, RN, FAAN, and Elizabeth Tornquist, MA, FAAN, conduct this workshop that addresses specific problems non-native English speakers face when writing in English. Yeo and Tornquist prepare participants to write and edit effectively in English, as well as use literature productively. The seminar is designed for faculty, practitioners and post-doctoral fellows who are native Asian-language speakers.

Writing Research Grants: Sandra Funk, PhD, FAAN, and Elizabeth Tornquist, MA, FAAN, teach nursing faculty, post-doctoral fellows and others interested in executing successful National Institutes of Health-style grant applications how to write competitive proposals and successfully navigate the NIH grant submission process.

Writing for Publication: Learn how to write for publication correctly the first time. Elizabeth Tornquist, MA, FAAN, teaches health professions faculty and clinicians how to prepare and write a manuscript, how to use literature productively, how to revise and edit for resubmission. Participants who come to the workshop with an idea for a manuscript will have the chance to write the manuscript and receive critiques and edits.

Develop New Methods for Designing and Conducting Research.

Longitudinal Methods & Analysis: Mark Weaver, PhD, will instruct participants on longitudinal study design and provide an introduction to the analysis of data from longitudinal studies. Attendees will learn about the appropriate choice of design for the research question, power, randomization, missing data and data management. Weaver will also cover linear mixed model, generalized estimating equations and survival analysis methods.

Developing Theory-Based Interventions: Merle Mishel, PhD, RN, FAAN, and Sue Thoyre, PhD, RN, help doctoral-prepared nurses understand the relationship between the theory of a problem and the theory of the intervention that targets the problem. Two days of this workshop will focus on a theory of a problem, and three days will focus on the intervention. Attendees will address the connection between these theories and also how to identify mediators and moderators of the intervention.

Legal Research Methods: Diane Kjervik, JD, RN, FAAN, leads workshop attendees through the analysis of qualitative aspects of legal research and the examination of legal research methods that address the intersection of nursing phenomena and the law. Participants will synthesize legal and nursing phenomena and apply legal research methods to work on their dissertation or other research projects.
PREVENTING AND MANAGING MAJOR HEALTH THREATS AND CHRONIC ILLNESS


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REDUcing HEALTH DISPARITIES

Barksdale, D., Principal Investigator. Enhancing Knowledge of Cardiovascular Research in Black Americans: Junior Faculty Development Award. The University of North Carolina at Chapel Hill, 2007.


Miles, M., Principal Investigator; Roland, J., Campbell, L., Co-Principal Investigators; Rowsey, P., Goeppinger, J., Berry, D., Core Directors. Center for Innovation in Health Disparities Research. National Institute of Nursing Research, National Institutes of Health, 2002-2007.


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Understanding Biobehavioral and Genetic Bases of Health and Illness


Brunssen, S., Principal Investigator. Alterations in Myelin and GABA Receptors Gene Expression in Mouse Cortex Following Exposure to Hyper-Interleukin-6. Junior Faculty Development Award, IBM-Fund Distinguished Prize, The University of North Carolina at Chapel Hill, 2006.


DEVELOPING INNOVATIVE APPROACHES TO ENHANCE SCIENCE AND ITS TRANSLATION TO PRACTICE

Educational and Professional Grants and Activities 2006–2007 Academic Year


Dieckmann, J. (Principal Investigator). Clinical Site Development Grant: Clinical Education Using a Small Group Model: Health Promotion for University Students (Part II). Wake Area Health Education Centers, 2 006 – 2007.

Dieckmann, J. (Principal Investigator). Clinical Site Development Grant: Clinical Education Using a Small Group Model: Moshol and Substance Abuse for Children, Youth and Young Adults (Part II). Wake Area Health Education Centers, 2006 – 2007.


Faculty Publications 2006–2007 Academic Year


Alexander, Rumay, Clinical Associate Professor

Barksdale, Delbra, Assistant Professor


Beeber, Linda, Professor


Berr, Diane, Assistant Professor


Black, Beth, Assistant Professor


Bush, Tom, Clinical Assistant Professor

Canuso, Regina, Research Instructor

Carlson, Barbara, Assistant Professor

Carlson, John, Research Associate Professor

Cronenwett, Linda, Dean & Professor

D’Auria, Jennifer, Associate Professor

Dieckmann, Janna, Assistant Professor

Dix, Dustin, Clinical Instructor

Dougherty, Molly, Professor


Bush, Tom, Clinical Assistant Professor
Chinese instrument to measure lower urinary tract symptoms among employed women in Taiwan. Nursing Outlook, 54, 353-361.

Durham, Carol. Clinical Associate Professor


Esposito, Noreen. Assistant Professor

Fishel, Anne. Clinical Professor

Fogel, Cathie. Professor

Foster, Beverly. Clinical Associate Professor

Germino, Barbara. Beerstecher-Blackwell Professor


Gingrich, Patricia. Clinical Assistant Professor

Halloran, Edward. Associate Professor


Harlan, Christina. Clinical Assistant Professor

Harrell, Joanne. Fox Professor

Havens, Donna. Professor


Lin, Zhen. Research Assistant Professor

Lowdermilk, Deitra. Clinical Professor


MacMillan, Julie, Clinical Instructor

Mark, Barbara, Russell Professor


Mazzocco, Gail, Clinical Associate Professor

Miles, Margaret, Professor


Mazzocco, Gail, Clinical Associate Professor

Miles, Margaret, Professor


Thoyre, Suzanne, Associate Professor


Travers, Debbie, Assistant Professor


Vann, Julie, Clinical Assistant Professor


Wagner, Jennie, Clinical Instructor


Waldrop, Julee, Clinical Associate Professor


Weaver, Mark, Research Assistant Professor


Yeo, SeonAe, Associate Professor


Grant Review Activities 2006–2007 Academic Year

Berry, Diane, Assistant Professor


Reviewer, United Kingdom Diabetes Association (London, UK), 2006.

Brunssen, Susan, Assistant Professor


Germino, Barbara, Beeschecher-Blackwell Professor

Ad Hoc Member, Nursing Science: Adults and Older Adults Study Section (NSAA), Center for Scientific Review, National Institutes of Health, 2007.

Harrell, Joanne, Professor

Reviewer, Center for Disease Control and Prevention, Center Supplemental awards, 2007.

Reviewer, Center for Disease Control and Prevention K01 awards, 2007.

Leeman, Jennifer, Research Assistant Professor

Reviewer, United Kingdom Diabetes Association (London, UK), 2006.

Mark, Barbara, Russell Professor

Member, Health Systems Research Study Section, Agency for Health Research and Quality, 2005-2009.

Mazzocco, Gail, Clinical Associate Professor

Reviewer, Model AHEC Grant Review Curriculum Development, Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services, 2007.


Palmer, Mary, Umphlet Professor

Ad Hoc Member, Nursing Science: Adults and Older Adults Study Section (NSAA), Center for Scientific Review, National Institutes of Health, 2006.

Sandolowski, Margarete, Bashomer Professor


Sherwood, Gwen, Professor


Reviewer, Global Health Frameworks Panel, University of North Carolina School of Public Health, 2006-present.

Travers, Debbie, Assistant Professor


Waldrop, Julee, Clinical Associate Professor


Editorial and Abstract Review Activities 2006–2007 Academic Year

Barksdale, Debra, Assistant Professor
Member, Editorial Board and Reviewer, The Journal for Nurse Practitioners
Reviewer, Journal of the American Psychiatric Nurses Association
Reviewer, North Carolina Medical Journal
Reviewer, The Journal of Clinical Outcomes Management
Reviewer, Western Journal of Nursing Research
Reviewer, The American Journal for Nurse Practitioners
Reviewer, The Journal of the American Academy of Nurse Practitioners

Barlow, Jane, Clinical Assistant Professor
Reviewer, Journal of Early Intervention

Beebe, Linda, Professor
Reviewer, Research in Nursing & Health
Reviewer, Nursing Outlook

Berry, Diane, Assistant Professor
Reviewer, Evidence-Based Nursing
Reviewer, Public Health Nursing
Reviewer, British Journal of Health Psychology
Reviewer, Journal of School Health
Reviewer, Applied Nursing Research
Reviewer, Journal of American Psychological Nurses Association
Reviewer, Preventing and Identifying, Overweight in Childhood Clinical Practice, Guidelines for National Association of Pediatric Nurse Practitioners, 2006

Black, Beth, Assistant Professor
Reviewer, Health Care for Women International
Abstract Reviewer, University of North Carolina at Chapel Hill Women’s Health Research Day, 2007

Brunsen, Susan, Assistant Professor
Reviewer, NeuroToxicology
Reviewer, Research in Nursing and Health
Reviewer, Sigma Theta Tau International

Carlson, Barbara, Assistant Professor
Member, Editorial Board, Biological Research in Nursing
Reviewer, Gerontological Society of America, Clinical Medicine Section
Reviewer, Geriatric Nursing
Reviewer, Heart & Lung: The Journal of Acute and Critical Care
Reviewer, Medical Science Monitor, International Scientific Literature
Reviewer, Biological Research for Nursing
Reviewer, Physics in Medicine and Biology
Reviewer, Physiological Measurement
Abstract Reviewer, Southern Nursing Research Society

Cronenwett, Linda, Professor
Special Editor, Nursing Outlook
Reviewer, Nursing Outlook

D’Auria, Jennifer, Associate Professor
Reviewer, Research in Nursing & Health
Reviewer, Journal of Pediatric Nursing

Dieckmann, Janna, Assistant Professor
Reviewer, Research in Nursing & Health
Reviewer, Journal of Women’s History

Esposito, Noreen, Assistant Professor
Reviewer, Research in Nursing & Health
Reviewer, Qualitative Health Research
Reviewer, Advances in Nurse Science

Fishel, Anne, Clinical Professor
Reviewer, American Journal of Nursing

Fogel, Cathie, Professor
Reviewer, Western Journal of Nursing Research

Foster, Beverly, Clinical Associate Professor
Reviewer, Public Health Nursing

Funk, Sandra, Professor
Reviewer, Research in Nursing & Health
Reviewer, Western Journal of Nursing Research

Goepinger, Jean, Professor
Member, Advisory Board, Journal of Family and Community Health
Reviewer, Arthritis Care and Research
Reviewer, American Journal of Public Health

Harrell, Joanne, Professor
Reviewer, Pediatrics
Reviewer, Research in Nursing & Health
Reviewer, Journal of Adolescent Health
Reviewer, Nursing Research

Havens, Donna, Professor
Reviewer, The Journal of Nursing Administration
Reviewer, Medical Care
Reviewer, Nursing Outlook
Reviewer, Implementation Science
Reviewer, Western Journal of Nursing Research

Hughes, Linda, Research Associate Professor
Reviewer, Medical Care
Reviewer, Journal of Nursing Scholarship
Reviewer, Nursing Research

Kjervik, Diane, Professor
Member, Editorial Board, Journal of Nursing Law
Member, Board of Review, Issues in Mental Health Nursing
Reviewer, Research in Nursing & Health
Reviewer, Journal of Advanced Nursing
Reviewer, Image: Journal of Nursing Scholarship
Reviewer, Nursing Outlook
Reviewer, Journal of Professional Nursing

Leeman, Jennifer, Research Assistant Professor
Reviewer, Research in Nursing & Health
Reviewer, Journal of Nursing Scholarship
Reviewer, Health Policy
Reviewer, Implementation Science
Reviewer, Patient Education and Counseling

Lowdermilk, Deitra, Adjunct Professor
Reviewer, Mosby Elsevier

Lynn, Mary, Associate Professor
Reviewer, Research Nursing & Health
Reviewer, Social Science & Medicine
Reviewer, Public Health Nursing
Reviewer, Western Journal of Nursing Research

Mark, Barbara, Russell Professor
Member, Editorial Board, Medical Care Research and Review
Reviewer, Western Journal of Nursing Research
Reviewer, Nursing Research
Reviewer, Journal of Nursing Scholarship
Reviewer, Nursing Economics
Reviewer, Inquiry
Reviewer, Health Services Research

Miles, Margaret, Professor
Member, Editorial Board, Advances in Neonatal Care
Member, Editorial Board, Journal of Pediatric Nursing

Mishel, Merle, Professor
Reviewer, Journal of Consulting & Clinical Psychology
Reviewer, Journal of Psycho-social Oncology

Palmer, Mary, Umphlet Professor
Associate Editor, Journal of the American Geriatrics Society
Co-Editor, American Journal of Nursing, Bladder Matters Column
Member, Advisory Board, American Journal of Nursing with the Gerontological Society of America
Member, Editorial Board, Research in Nursing & Health
Member, Editorial Board, Journal of Aging, Humanities, and the Arts
Member, Editorial Board, Clinical Geriatrics
Member, Panel of Reviewers, Geriatric Nursing
Reviewer, Journal of Wound, Ostomy and Continence Nursing
Reviewer, Journal of International Older Persons Nursing

Piven, Mary Lynn, Assistant Professor
Reviewer, Western Journal of Nursing Research
Reviewer, Journal of Public Health Nursing

Sandelowski, Margarete, Bashomer Professor
Associate Editor, Research in Nursing & Health
Member, Editorial Board, Sage Encyclopedia of Qualitative Research Methods
Member, Editorial Board, Advances in Nursing Science
Member, Editorial Board, Field Methods
Member, Editorial Board, Journal of Mixed Methods Research
Member, Editorial Board, Nursing Inquiry
Member, Editorial Board, Qualitative Health Research

Sherwood, Gwen, Professor
Member, Editorial Board, International Journal for Human Caring
Member, Editorial Board, Journal of Holistic Nursing
Reviewer, Journal of Continuing Education in Nursing
Reviewer, Nursing Outlook

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF NURSING
RESEARCH CHRONICLE 2006–2007

Reviewer, AIDS Care
Reviewer, Advances in Neonatal Care
Reviewer, Health Care for Women International
Reviewer, Journal of Developmental and Behavioral Pediatrics
Reviewer, Journal of Pediatric Nursing
Reviewer, Journal for Specialists in Pediatric Nursing
Reviewer, Nursing Research
Reviewer, Parenting
Reviewer, Research in Nursing & Health

Russell, Margaret, Professor
Reviewer, Journal of the American Academy of Nursing
Reviewer, Journal of the American Geriatrics Society
Reviewer, Journal of Clinical Outcomes Management
Reviewer, North Carolina Medical Journal
Reviewer, Journal of the American Psychiatric Nurses Association
Reviewer, The American Journal for Nurse Practitioners
Reviewer, Western Journal of Nursing Research

Sandelowski, Margarete, Bashomer Professor
Associate Editor, Research in Nursing & Health
Member, Editorial Board, Sage Encyclopedia of Qualitative Research Methods
Member, Editorial Board, Advances in Nursing Science
Member, Editorial Board, Field Methods
Member, Editorial Board, Journal of Mixed Methods Research
Member, Editorial Board, Nursing Inquiry
Member, Editorial Board, Qualitative Health Research

Sherwood, Gwen, Professor
Member, Editorial Board, International Journal for Human Caring
Member, Editorial Board, Journal of Holistic Nursing
Reviewer, Journal of Continuing Education in Nursing
Reviewer, Nursing Outlook
Honors and Awards 2006–2007 Academic Year

**Alden, Kathryn**, **Clinical Associate Professor**  
Selected North Carolina Great 100 Nurses, 2006

**Allen, Lindsay**, **Clinical Assistant Professor**  
National Student Nurses Association Leader of Leaders Award, 2007  
Undergraduate Nursing Faculty Appreciation Award, 2007

**Barksdale, Debra**, **Assistant Professor**  
American Academy of Nurse Practitioners, Inductee, 2007  
National Organization of Nurse Practitioner Faculty, Board of Directors, 2007

**Beeber, Linda**, **Professor**  
American Academy of Nursing, Inductee, 2006

**Berry, Diane**, **Assistant Professor**  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Brunssen, Susan**, **Assistant Professor**  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Bush, Tom**, **Clinical Assistant Professor**  
UNC-Chapel Hill, School of Medicine Class of 2007, Carolina Cup Award, 2007

**Davison, Jean**, **Clinical Assistant Professor**  
National Health Service Corp, Elected Ambassador, 2006

**Dieckmann, Janna**, **Assistant Professor**  
UNC-Chapel Hill Carolina Women’s Leadership Council Mentoring Award for Faculty-to-Faculty Mentorship, 2007

**Fogel, Cathie**, **Professor**  
Alumni of the Year, School of Nursing, UNC-Chapel Hill, 2006

**Kelly, Maureen**, **Clinical Assistant Professor**  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Jones, Cheryl**, **Associate Professor**  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Moore, Katherine**, **Clinical Assistant Professor**  
Helping Other People Excel (HOPE) Award, School of Nursing, 2007  
UNC-Chapel Hill, School of Nursing, Undergraduate Nursing Faculty Appreciation Award, 2007

**Travers, Debbie**, **Assistant Professor**  
Member, Editorial Board, International Society for Disease Surveillance

**Van Riper, Marcia**, **Associate Professor**  
Reviewer, Journal of Genetic Counseling  
Reviewer, Clinical Genetics  
Reviewer, Genetics in Medicine  
Reviewer, Journal of Family Nursing

**Waldrop, Julee**, **Clinical Associate Professor**  
Editor & Member, Editorial Board, NP News, Official Newsletter of the NCNA Council of Nurse Practitioners  
Contributing Editor, The Clinical Advisor  
Member, Editorial Board, Ear, Nose, Throat, Head & Neck Surgery

**Woodley, Lisa**, **Clinical Assistant Professor**  
Textbook Reviewer, Kyle Essentials of Pediatric Nursing, chapters 2, 3, & 15, First Edition, Lippincott, Williams & Wilkins Publishing  
Textbook Reviewer, Osborn: Medical Surgical Nursing - Preparation for Practice, Chapters 7, 8, 44, & 52, Pearson Publishing/Prentice Hall  

**Yeo, SeonAe**, **Associate Professor**  
Reviewer, Ethnicity & Disease

**McCarthy, Regina**, **Clinical Assistant Professor**  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Sandelowski, Margarete**, Cary C. Boshamer Distinguished Professor

Faculty Distinguished Professors 2006–2007 Academic Year

**Germino, Barbara**, Carol Ann Beerstecher-Blackwell Distinguished Professor in Thanatology

**Harrell, Joanne**, Frances Hill Fox Distinguished Professor

**Mark, Barbara**, Sarah Frances Russell Distinguished Professor in Nursing Systems

**Mishel, Merle**, William R. Kenan Jr. Distinguished Professor

**Palmer, Mary H.**, Helen W. and Thomas L. Umphlet Distinguished Professor in Aging

**Smith, Elaine**, Clinical Assistant Professor  
Member, Editorial Advisory Board, MODRN  
Reviewer, Journal of Continuing Education in Nursing Invited Section Editor, Core Curriculum in Nursing Staff Development 3rd ed., 2006

**Smith, Elaine**, Clinical Assistant Professor  
Reviewer, Journal of Early Intervention  
Reviewer, Journal of Perinatology  
Reviewer, Health Care for Women International  
Reviewer, Journal of Obstetric, Gynecologic, and Neonatal Nursing  
Reviewer, American Journal of Maternal Child Nursing

**Thoyre, Suzanne**, Clinical Professor  
Reviewer, Journal of Obstetric, Gynecologic, and Neonatal Nursing  
Reviewer, American Journal of Maternal Child Nursing

**Travers, Debbie**, Assistant Professor  
Member, Editorial Board, International Society for Disease Surveillance

**Van Riper, Marcia**, Associate Professor  
Reviewer, Journal of Genetic Counseling  
Reviewer, Clinical Genetics  
Reviewer, Genetics in Medicine  
Reviewer, Journal of Family Nursing

**Waldrop, Julee**, Clinical Associate Professor  
Editor & Member, Editorial Board, NP News, Official Newsletter of the NCNA Council of Nurse Practitioners  
Contributing Editor, The Clinical Advisor  
Member, Editorial Board, Ear, Nose, Throat, Head & Neck Surgery

**Woodley, Lisa**, Clinical Assistant Professor  
Textbook Reviewer, Kyle Essentials of Pediatric Nursing, chapters 2, 3, & 15, First Edition, Lippincott, Williams & Wilkins Publishing  
Textbook Reviewer, Osborn: Medical Surgical Nursing - Preparation for Practice, Chapters 7, 8, 44, & 52, Pearson Publishing/Prentice Hall  

**Yeo, SeonAe**, Associate Professor  
Reviewer, Ethnicity & Disease

**McCarthy, Regina**, Clinical Assistant Professor  
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

**Sandelowski, Margarete**, Cary C. Boshamer Distinguished Professor
Page, Julie, Clinical Assistant Professor
UNC-Chapel Hill, School of Nursing, Award for Advising Excellence, 2007

Pierce, Susan, Professor
Board of Trustees of the American Nurses’ Foundation (ANF), 2007

Sherwood, Gwen, Professor
President’s Appointment: Accreditation Panel, Macau Polytechnic Institute, Macau, 2006

Skelly, Anne, Professor
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

Soltis-Jarrett, Victoria, Clinical Associate Professor
UNC-Chapel Hill, School of Nursing, Excellence in Graduate Teaching Award, 2007

Tornquist, Elizabeth, Editor
American Association of Critical Care Nurses, Pioneering Spirit Award, 2007

Woodley, Lisa, Clinical Assistant Professor
UNC-Chapel Hill, School of Nursing, Excellence in Course Instruction, 2006
UNC-Chapel Hill, School of Nursing, Excellence in Clinical Instruction, 2006

Doctoral Student and Post-Doctoral Fellow Activities
2006–2007 Academic Year

INDIVIDUAL GRANTS


Jessup, A., Principal Investigator; Harrell, J., sponsor. Adiponectin and Risk Factors for Cardiovascular Disease and Diabetes in Youth. Small Grant Award, Alpha Alpha Chapter, Sigma Theta Tau, 2005-2006.

Kao, H., Principal Investigator; Lynn, M., sponsor. Family Caregiving for Mexican American Older Adults. Sigma Theta Tau, 2007-2008.


Roberson, T., Principal Investigator; Kjervik, D., sponsor. The Experiences of Adolescents Consenting to Psychiatric Mental Health Treatment. Sigma Theta Tau, 2007-2009.


INSTITUTIONAL NRSA PRE-DOCTORAL AWARD RECIPIENTS

Pre-Doctoral Students


Post-Doctoral Fellows


Wallace, A. (Mark, B., sponsor). Assessing the Relationship Between Chronic Care Model, Quality Care, and a Number of Diabetes-related Structure and Outcome Measures, 2006-2008.

PUBLICATIONS


Completing doctoral or postdoctoral work at Carolina can be one of the best decisions you make for your nursing career. It’s never too late to find out about a program that would work for you. The School of Nursing is offering two programs with nationally-renowned nurse scientists serving as mentors that can help you advance in the nursing profession.

### Interventions to Prevent and Manage Chronic Illness

**Predoctoral Fellowship:** The two-year award instructs nurses in the theories and research on chronic illness from related disciplines and in the knowledge and skills necessary to implement a chronic illness research program. An annual stipend, tuition assistance, health insurance, allowance for research-related expenses and funds for one conference trip per year are included.

**Postdoctoral Fellowship:** The two-year award teaches nurses to develop their skills to conduct complex intervention studies in prevention and management of chronic illness that require an interdisciplinary perspective, sophisticated analytic techniques or novel conceptualizations. An annual stipend, tuition assistance, health insurance, allowance for research-related expenses and funds for one conference trip per year are included.

**Contact**

**Merle Mishel, PhD, RN**
Director of Doctoral and Postdoctoral Programs
(919) 966-5294
mishel@email.unc.edu
— or —
Office of Admissions & Student Services
(919) 966-4260
Nursing_applications@unc.edu

### Health Care Quality and Patient Outcomes

**Doctoral Fellowship:** This three-year award prepares fellows to engage in a theoretically-based program of research designed to improve health care quality and patient outcomes. A monthly stipend, tuition assistance, health insurance, funds for one conference trip a year and an allowance for educational and research expenses are included. After completing the traineeship, fellows are encouraged to apply for individual National Research Service Awards to support their dissertation.

**Postdoctoral Fellowship:** This two-year award prepares postdoctoral fellows, in a multidisciplinary environment, with knowledge of sophisticated theoretical frameworks, complex research designs and advanced analytic techniques that can be utilized in a program of theoretically-based research, to improve health care quality and patient outcomes. A monthly stipend, depending upon length of time since the completion of a doctorate, tuition assistance, health insurance, funds for one conference trip a year and an allowance for educational and research expenses are included.

**Contact**

**Barbara A. Mark, PhD, RN, FAAN**
Training Program Director
(919) 843-6209
bmark@email.unc.edu
— or —
Office of Admissions & Student Services
(919) 966-4260
nursing@unc.edu
## Carolina Summer Research

### INSTITUTES AND COURSES FOR 2008 — UNC at Chapel Hill School of Nursing Continuing Education Department

#### June

- **2nd-5th**
  - Qualitative Analysis 1: Empirical/Analytical Methods
  - Margarete Sandelowski, PhD, RN, FAAN
  - Cost $1500

- **9th-11th**
  - Writing for Publication
  - Elizabeth Tornquist, MA, FAAN
  - Cost $1200

- **16th-20th**
  - Outcomes Measurement
  - Mary Lynn, PhD, RN; Dick Redman, PhD, RN
  - Cost $1500

- **23rd-27th**
  - Developing Theory-Based Interventions
  - Merle Mishel, PhD, RN, FAAN; Sue Thoyre, PhD, RN
  - Cost $1500

- **June 30th – July 2nd**
  - Longitudinal Methods & Analysis
  - Mark Weaver, PhD
  - Cost $900

#### July

- **7th-11th**
  - Writing Research Grants
  - Sandra Funk, PhD, FAAN
  - Elizabeth Tornquist, MA, FAAN
  - Cost $1500

- **14th-18th**
  - 13th Annual Institute in Qualitative Research: Mixed Methods Research
  - Margarete Sandelowski, PhD, RN, FAAN
  - Cost $1500

- **14th-17th**
  - Asian Scholars Writing for Publication
  - Elizabeth Tornquist, MA, FAAN; SeonAe Yeo, PhD, RNC, FAAN
  - Cost $1500

- **21st-25th**
  - Instrument Development
  - Mary Lynn, PhD, RN
  - Cost $1500

- **28th-31st**
  - Qualitative Analysis 2: Phenomenological & Narrative/Discourse Methods
  - Margarete Sandelowski, PhD, RN, FAAN
  - Cost $1500

#### August

- **11th-15th**
  - Legal Research Methods
  - Diane Kjervik, JD, RN, FAAN
  - Cost $1500

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**Save the Date**

2008

We look forward to seeing you here!

For more information call (919) 966-3638 or visit our web site at [http://nursing.ce.unc.edu](http://nursing.ce.unc.edu)