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*On the cover: Assistant Professor Barbara Waag Carlson doing research on sleep behavior in the newly renovated Biobehavioral Lab.*

# It All Adds Up

## *The School of Nursing Receives a Boost in NIH Ranking*

### ANNUAL RANKING OF SCHOOLS OF NURSING BY NIH RESEARCH DOLLARS AWARDED

#### 1999–2000

1. Washington - \$12,366,000
2. UCSF - \$7,092,000
3. UNC-CH - \$5,327,000
4. Illinois-Chicago - \$4,003,000
5. Pittsburgh - \$3,705,000
6. Michigan - \$3,661,000
7. Penn - \$3,460,000

#### 1998–1999

1. Washington - \$7,933,568
2. UCSF - \$7,393,525
3. Penn - \$5,640,329
4. UNC-CH - \$4,189,286
5. Michigan - \$3,806,443
6. Illinois-Chicago - \$3,574,042
7. Case - \$3,129,059

#### 1997–1998

1. UCSF - \$6,313,741
2. Washinton - \$6,063,891
3. Penn - \$5,769,059
4. UNC-CH - \$3,646,312
5. Case - \$3,134,629
6. Illinois-Chicago - \$2,871,150
7. Michigan - \$2,608,901

#### 1996–1997

1. Penn - \$6,721,553
2. Washington - \$6,498,797
3. UCSF - \$5,528,420
4. Case - \$3,164,411
5. UNC-CH - \$2,859,798
6. Illinois-Chicago - \$2,610,118
7. Hopkins - \$2,433,498

#### 1995–1996

1. Washington - \$7,141,092
2. Penn - \$5,871,724
3. UCSF - \$4,885,323
4. UNC-CH - \$3,438,775
5. Illinois-Chicago - \$2,882,834
6. Case - \$2,295,132
7. UCLA - \$2,274,970

*By Chryst Bullard*

The hard work of School of Nursing faculty and student researchers was recognized recently when the National Institutes of Health announced its annual ranking of nursing schools that received research grants from the institution for fiscal year 2000.

The School climbed a spot in the rankings to become third among nursing schools nationwide in terms of funding awarded by the NIH. The more than \$5.3 million awarded to School of Nursing researchers during fiscal year 2000 boosted the School from its previous ranking of fourth that it held in 1998 and 1999. The School beat out 74 other schools of nursing for this distinction.

“The NIH funds approximately one in five requests it receives,” said Sandra Funk, associate dean for research and director of the School’s Research Support Center. “To be third is an honor: it is visible recognition for the importance and quality of research done here.”

Fifteen studies at the School of Nursing received NIH grants during fiscal year 2000. Study topics vary from researcher to researcher and included many of the health issues for which the School is well known. The majority of these NIH-funded studies were conducted in conjunction with the School’s Center for Research on Chronic Illness and included research on uncertainty management in cancer patients, biological and social risks in

preterm infants, and the prevention or management of chronic illnesses such as cardiovascular disease, cancer, diabetes, arthritis, cystic fibrosis and HIV/AIDS. The CRCI was established at the School in 1994 with funds from the National Institute of Nursing Research at the NIH in order to further research on the prevention and management of chronic illness in vulnerable people.

“The strong research careers of so many of our faculty have been a major reason for our successful competition in research grants that fund the studies at the CRCI,” said Joanne Harrell, School of Nursing professor and director of the CRCI. “This level of funding is particularly impressive since we are a relatively small school with fewer than 50 tenure-track faculty.”

Research Assistant Professor and CRCI Project Coordinator Jennifer Leeman noted the connection between the School’s high-quality researchers and the increased level of funding.

“It is wonderful to have a critical mass of researchers, including beginning and experienced scientists,” she said. “This mix will be vital to our continuing success in acquiring funding. The researchers funded in the early part of our School’s growth now offer their experience to our younger faculty members who will, in turn, be the more experienced faculty of the future.”

Research Associate Professor Jean Kincade is the principal investigator of two NIH-supported studies

on urinary incontinence in women. She said she believes support from the NIH is vital to studies like hers.

“Funding from the NIH is providing our research team with the opportunity to assess the relative effectiveness of several behavioral treatments and determine whether or not these improvements can be maintained over time,” explained Kincade. “The findings from this research will better inform health care providers who are treating women with UI, which in turn could improve the quality of life for these women.”

Other School of Nursing research funded by the NIH in 2000 that fell outside the parameters of the CRCI included providers’ and patients’ perceptions of health care quality, studies into the creation of better instruments to detect elder abuse, and ways to combine results from qualitative studies to guide healthcare practice and research.

The NIH is a branch of the U.S. Department of Health and Human Services and is the largest funder of health research in the nation. The organization’s goal in funding research is to acquire new knowledge in order to assist in the prevention, detection, diagnosis and treatment of disease and disability. Researchers at the School of Nursing have a similar goal, said Funk.

“Our faculty are conducting research that will ultimately improve the health of our nation,” she said. “This ranking is only one measure of the hard work and dedication of our researchers.” ■

## Behind the Scenes of an NIH-Funded Study

By *Chryst Bullard*

How much does it cost to battle urinary incontinence? According to Jean Kincade, a research associate professor with the University of North Carolina at Chapel Hill School of Nursing and the School of Medicine Program on Aging, it can cost as much as \$18 billion a year. Fortunately, she has nearly \$3 million to help in the fight.

To alleviate the discomfort and embarrassment that the more than 16 million people who suffer from urinary incontinence experience, Kincade and her co-principal investigator, Frances Fox Hill Professor Molly Dougherty, applied for research grants from the National Institute of Nursing Research at the National Institutes of Health to help fund the search for better treatments. Thanks to the approval of those grants, the researchers currently are engaged in two studies of interventions for incontinence: Efficacy of Biofeedback to Treat Urinary Incontinence in Women and Effectiveness of Self-Monitoring to Treat Urinary Incontinence in Women. The studies focus on women because a far greater number of women suffer from urinary incontinence than men, said Kincade.

“The first study is a five-year clinical trial to test the efficacy of biofeedback as a treatment for urinary incontinence in women, and the second is an offshoot of the first,” Kincade explained. “We teach women recruited for Study #1 sim-

ple techniques called ‘self-monitoring,’ and they are taught how to do ‘quick Kegels,’ or tightening/releasing of the muscles in the pelvic floor. We also give them advice on increasing water intake and decreasing caffeine. Women who improve after these simple treatments will be excluded from Study #1, as they no longer meet our criterion of urine loss. But we wondered if this sub-group could maintain this improvement over a long period of time. Those are the women we’re following in Study #2, Effectiveness of Self-Monitoring to Treat Urinary Incontinence in Women.”

The women who meet the inclusion criteria for Study #1 are then divided into three groups, said Kincade. Women in the first group are taught the pelvic muscle exercises, given verbal and written instructions on these exercises, and meet with a nurse practitioner four times over an eight-week period. The women in the second group receive the same information given to the first group but also learn biofeedback techniques to help them see how well they are doing. Biofeedback, according to Kincade, entails attaching small electrodes to the abdomen and perineum, which in turn lead to a computer. The computer displays tracings of abdominal and pelvic contractions, enabling the woman to see if she is doing the exercises correctly. The third group, an attentional control group, receives generalized health information four times over an eight-week period. Topics range from managing stress to maintaining a healthy diet.

According to Kincade, funding from the NIH will afford the study the time and money to produce some of the most reliable results to date.

“This study is expensive to do,” she said. “We’re able to

follow women for one year after treatment, which is longer than ever before. Our sample size will be large enough to accurately measure group differences, and we have been able to purchase the appropriate equipment for the study as well. The findings from this research will better inform health care providers who are treating women with urinary incontinence, which in turn could improve the life of millions of women.”

Kincade noted that the School’s recent bump in funding among nursing schools receiving NIH grants showcases not only the importance of her research but also that of the entire School of Nursing.

“We know there’s a lot of high-quality research being done here, and we have the national recognition to prove it. It makes all of us proud to be a part of the University and the School.” ■

**Frances Hill Fox Professor Molly Dougherty and Research Associate Professor Jean Kincade discuss the bladder diary they developed.**



# Doctoral Student Wins Grants to Study End-of-Life Delirium

*Study will strive to differentiate between potentially reversible and non-reversible forms of delirium*



**Doctoral Student Stewart Bond**

*By Chrys Bullard  
and Meg Schiffman*

In his many years as a nurse caring for dying patients in oncology, critical care and hospice settings, School of Nursing doctoral student Stewart Bond has witnessed the devastating effects of end-of-life delirium on cancer patients time and time again. Moving examples Bond cites include a patient who refused to take any medication from family or nurses because she thought they were trying to poison her and a patient who slept most of the day but became very active at night, wandering aimlessly through her house looking in cabinets and

closets. Bond believes this delirium may be reversed in up to 50% of cases, however, and two grants from the John A. Hartford Foundation and the American Cancer Society totaling \$130,000 were awarded to him recently to begin to explore the possibility.

“Delirium affects up to 88% of terminally ill cancer patients, impairing patient-family communications, treatment decision-making, and the recognition and management of other physical and psychological symptoms that negatively affect quality of life,” he said. “It has been associated with future functional decline, increased hospital stays and costs, institutionalization or placement in long-term care facilities, and even hastening mortality. It’s frightening and very distressing for patients who are aware of these changes and for family members and caregivers who see it.”

According to Bond, many clinicians accept delirium as a normal part of dying. Few healthcare providers know how to intervene because they are unable to recognize and differentiate between delirium caused by potentially reversible pathophysiologic processes and delirium resulting from non-reversible psychophysiologic processes associated with dying. Bond’s doctoral research, conducted under the mentorship of Associate Professor Virginia Neelon, director of the School’s Biobehavioral Lab, will strive to differentiate between the two forms of delirium. The

grants he received from the John A. Hartford Foundation and the American Cancer Society will enable him to undertake a project of such magnitude, he said.

According to the American Academy of Nursing, less than one-fiftieth of funded research concentrates on elder care despite the fact that nurses who work with adults spend most of their time with elderly patients. The John A. Hartford Foundation, in association with AAN, awarded 17 scholarships worth \$100,000 over a two-year period to pre- and post-doctoral students in order to increase education, training and services for caring for older adults. Bond met these associations’ stringent scholarship eligibility requirements because of his previous work caring for older patients and his continued interest in improving end-of-life care for the elderly. Bond’s proposed research on terminally ill cancer patients helped him win the American Cancer Society scholarship, which will be awarded annually over the next two years at \$15,000 per year. ■

# Going Global With the First International Doctoral Symposium

*A first step in creating transnational bridges between schools of nursing and individuals*

*By Jim Vickers*

The University of North Carolina at Chapel Hill School of Nursing played host to the inaugural International Doctoral Symposium for six days this June when Dean Linda Cronewett and select faculty and students from the School welcomed fellow faculty and students from schools of nursing at Lund University in Sweden, the University of Ulster in Northern Ireland, and the University of

Toronto in Canada. The topic of discussion at the first symposium, chosen because faculty members from each university had experience in research in the field, was the treatment of vulnerable women and children.

“When the other three nursing school deans and I conceived the goal of the symposia, it was to contribute to doctoral education in nursing worldwide by being able to expose doctoral students to the critique and input of faculty from multiple countries,” said Cronewett. “We wanted to pick up ideas and methods to get better in our own countries in terms of doctoral education, and we wanted to provide a forum through which faculty could begin to develop relationships with faculty in other countries, and students with students who are likely to become faculty. Over time, we hoped the symposia would create a variety of networks of faculty and alumni from the four schools who might work together to advance nursing science by answering questions across cultures.”

The symposium began with a panel of faculty members from each university giving an overview of doctoral education at their

*(continued on page 6)*



**Professor  
Margaret Miles**

(continued from page 5)

respective institutions. Introductions to each university included a discussion on the philosophical underpinnings, the role of advisors, and the nature of research being done by students in each country. The first day also included discussion from the schools on nursing inquiry related to women and children in each country, which was followed the next day by participants describing healthcare systems and nursing practice issues in those countries. Doctoral student presentations followed each discussion.

“The presentations were really the major focus of the whole program,” said Barbara Jo Foley, director of Continuing Education and clinical associate professor at UNC-Chapel Hill. “There was a lot of discussion, and we ran over every day. It went very, very well.”

Each visiting school sponsored two student representatives, while UNC-Chapel Hill provided three — Robin Bartlett and Andi Blickman, whose dissertation advisor is Professor Diane Holditch-Davis, and Lyn Hardy, whose advisor is Professor Joanne Harrell.

Bartlett spoke first for UNC-Chapel Hill, describing dissertation plans that include a secondary analysis of the National Longitudinal Study of Adolescent Health, a nationally representative study of adolescents in seventh through twelfth grade being conducted by Kenan Professor of Sociology J. Richard Udry. Bartlett will study children and adolescents with self-control problems and concentrate on risk and protective factors that either put them at increased risk or protect them from subsequent behavior problems.

“I really enjoyed the symposium and found it most interesting to hear about the lives of doctoral students in different countries,” said Bartlett. “The comparison of the different programs shed some interesting light on the myriad of ways that a

PhD in nursing might be accomplished. The level of scholarship at some of the other schools was most impressive, and the comments I received from the students and faculty alike provided some very interesting perspectives on my own work.”

Fellow doctoral student Blickman discussed her study on the effect of attachment-related trauma on maternal distress, parenting, and mother-infant interaction in mothers of premature children.

“I was thrilled to participate in the symposium,” she said. “It was fascinating to learn about the different approaches to doctoral education as well as the differences in the role of dissertation chair or ‘sponsor.’ Perhaps one of the more intriguing differences was in regard to ethics in research. There were significant differences in access to research participants, confidentiality issues, and the role of the IRB, or ethics board.”

Hardy made the final UNC-Chapel Hill School of Nursing student presentation by discussing her work on cardiovascular disease prevention. She noted that while she learned a great deal from the presentations, she thought she learned as much from informal socializing with the other symposium participants.

“I found the International Doctoral Symposium one of the most memorable encounters I have had since being at Carolina,” she said. “We not only discussed issues relating to how healthcare and research are delivered and conducted in each of our countries, but we also spent dinnertime talking about the similarities and differences between our lives in each respective country. The last evening we were together, for instance, we had dinner at Mama Dip’s since the international participants wanted to experience ‘real’ southern food. The highlight of the evening was when Dr. Ann Long from Northern Ireland adopted a southern drawl with an Irish accent!”

The participating faculty noted that they also learned many new things both professionally and culturally from their international counterparts during the week.

“The International Doctoral Symposium this summer was a wonderful exchange of information on many levels,” said UNC-CH School of Nursing Professor Margaret Miles. “We learned about the research and especially about the approaches to research related to women and children in each country. In some countries, such as Ireland, the research funding comes from healthcare agencies that are interested in partnering with the researchers to solve a problem or identify health care needs. Thus, this research is immediately used in practice, whereas our research findings take years to get into practice because it is not so integrally linked.”

The participating UNC-Chapel Hill School of Nursing doctoral students said they unanimously support the continuation of annual gatherings.

“The symposium was a good first step in creating transnational bridges between schools of nursing and individuals,” said Blickman. “It is my desire that the woman-and-children group have more opportunities to continue the dialogue that we have just begun.”

Bartlett said she thought all participants benefited from the discussion and suggested that later symposia concentrate on continuity between the events, perhaps allowing returning faculty to build on what they have learned from previous contacts.

Summing up the event, Cronenwett said she felt the first International Doctoral Symposium was a great success.

“The week definitely met my expectations,” she said. “It was a great start to this international partnership.”

The symposia will continue on an annual basis and rotate among the participating schools of nursing. ■

*“I found the International Doctoral Symposium one of the most memorable encounters I have had since being at Carolina.”*

—LYN HARDY

**Assistant Professor  
Suzanne Thoyre  
explaining the  
“smart” bottle to  
Dr. Patricia Grady.**



## NINR Director Visits the School of Nursing

*Interest boosted in nursing research  
and its contribution to healthcare*

*By Anjali Kalani  
and Meg Schiffman*

The School of Nursing hosted a leader in nursing research this summer when Dr. Patricia Grady, the director of the National Institute of Nursing Research at the National Institutes of Health, visited Carrington Hall June 27.

Grady's visit to the School gave faculty and students of nursing schools from across the state the opportunity to learn more about the impact nursing research has on healthcare outcomes. Some of the major areas of science Grady touched upon during her visit included illness management and recovery, risk reduction for disease, healthy lifestyle promotion, quality of life for those with chronic illness, and care for individuals at the end of life. According to Associate Dean for Research Sandra Funk, Grady's visit served to boost interest in nursing research and its contribution to healthcare.

Following the presentation,

Grady met with the deans and directors of several North Carolina baccalaureate and graduate nursing education programs to discuss the particular healthcare issues affecting North Carolinians. Of special note during this meeting was the health of minority and rural populations.

“Our schools serve a state with minority and rural populations who experience the disparities in outcomes of care that are a primary concern of the NIH today,” said School of Nursing Dean Linda Cronenwett. “We had an excellent discussion about the responses of our schools to current and future NIH initiatives.”

Students from the School of Nursing's 14-month BSN second-degree program also had an opportunity to hear from Grady. She encouraged these students, individuals with previous college degrees who are studying to become nurses, to consider pursuing a graduate degree in nursing and a career in science

and teaching. Ben Roberts, a student in this program, said he was impressed not only with Grady's message but with her accessibility as well.

“I suppose I had preconceived notions about what someone from the NINR would be like, such as far-removed from the ‘real trenches’ of nursing, but that's not at all what I got from her,” he said. “In fact, she knew exactly how we felt getting ready to begin our nursing career and tied it into nursing research. Not only do we need to study the interventions of nursing to provide better patient care, but we also need to study ourselves and discover what makes a good nurse.”

In addition to leading the NINR since 1995, Grady is a member of the American Academy of Nursing and the American Neurological Association and a fellow of the American Heart Association's Stroke Council. Her field of research expertise is in stroke, with a focus on arterial stenosis and cerebral ischemia. [u](#)

*I was working at the office, and I had been up and down, having to go to the bathroom... the last time on the way there, I just had to stop and lean up against the wall to rest. I knew that something had to be done. I was not going to be able to continue like that.* — HIV PATIENT

# Battle Fatigue

By Jill Aitoro REPRINTED WITH PERMISSION FROM ENDEAVORS MAGAZINE

**WE'VE ALL BEEN TIRED.** After a long day, we feel drained. A good night's sleep is usually all we need to feel refreshed. Unless we happen to be HIV positive.

While advances in medicine have led to a rapid rise in life expectancy for AIDS patients, those infected want relief from the exhaustion that accompanies the disease. Carolina researchers are trying to provide that relief.

"We are seeing now, especially as HIV becomes a manageable rather than terminal illness, that there are symptoms that really impact people's quality of life," says Julie Barroso, assistant professor of nursing. Barroso conducted a pilot study examining the relationship between physiological and psychological factors that accompany fatigue with HIV infection.

So, what is fatigue? Barroso says that, like pain, it is whatever the person feeling it says it is. Difficult to measure and subjective, perhaps; sweeping and debilitating, definitely. While statistics of the number of HIV patients affected by chronic fatigue are as low as 20 percent, Barroso has found in her experi-

ence as a clinician that the numbers are far more overwhelming—she estimates at least 60 percent.

Part of the reason for such a considerable range is that patients often don't want to take the attention away from treating the illness by talking about symptoms. "I feel lousy, I'm in pain, but save my life," is the mentality of many of those infected, Barroso says. People with HIV have been living longer since 1996, when the new potent class of drugs called protease inhibitors came out for use as part of drug cocktails (taking drugs simultaneously for a specific effect). But many wonder, what's the point of living 40 more years with such limited quality of life?

"Health care providers look at pure numbers. I think they're so used to the old way of things like T cells going from 80 down to 60 and then soon after, you die. Now they're saying 'Well, gee, your T cells are 350, and your viral load is undetectable. You should be feeling wonderful.' And, you think to yourself, 'Well, I'm supposed to be feeling wonderful—what is wrong with me?' You try to push yourself, and

you just can't do it," explained one patient.

Other patients discipline themselves to just deal with it. Many manage to incorporate the virus and its symptoms into what they try desperately to view as simply a new lifestyle. They deal with exhaustion the same way a person might struggle to kick a cold.

"Little things do not interfere with my life because of my will," says Adam\*, who was diagnosed in 1997. "Little things like being exhausted are very minor to me." In the same conversation, Adam says he can remember lying on the floor of his office during the day because he was unable to sleep at night. For Adam, walking up the staircase is often difficult. If he is planning to go out on a Saturday evening, he takes naps in the afternoon—"sleeping marathons," he calls them. This extra sleep plus lots of coffee is how Adam deals with his fatigue. Barroso hopes research will discover ways to offer people like Adam better options.

"The research is so new because for years we were just trying to keep people alive—this frantic effort to

*(continued on page 10)*





PHOTO: WILL OWENS

*"I used to scoop my little grandbaby up and take her to the mall or whatever. I was there. Now, I can't even take them to those places anymore. I can't take my grandbabies to go fishing."*

*(continued from page 8)*

hold off death," Barroso says. "It's been fascinating seeing this shift from survival management to symptom management."

Nurses and clinicians recognize the need for that shift because they have been at the bedside of a woman so fatigued she can't get through her day, a woman who wonders how she will care for her three kids.

Seeing nothing in medical literature with a good explanation or even extensive mention of chronic fatigue associated with HIV, Barroso in 1998 conducted a qualitative study in which she interviewed 31 people who dealt with this very real affliction. Her intention was initially to learn enough to help the HIV infected remain productive after they find themselves too tired to work or go about their normal routine. What she found were people whose relationships were suffering, whose ability to think and plan was affected; people who no longer could dress, cook, or do laundry; people who were not capable of raising their children as they chose.

"I used to scoop my little grandbaby up and take her to the mall or whatever. I was there. Now, I can't even take them to those places anymore. I can't take my grandbabies to go fishing," said one patient.

Noticing that past research tended to look at one isolated measure such as white blood cell count, Barroso thought a look at many different factors could be more telling. CD 4 count (cells that are the primary targets of HIV) and viral load (the amount of HIV in the blood) acted as measures of disease progression. In 40 HIV patients, Barroso also examined immune, thyroid, and liver function, did a complete blood count, and measured both salivary cortisol and the strength of the cell membrane. Knowing that the virus affected so many systems in the body, Barroso thought the stability of the cell membrane might be disturbed.

Those same 40 people participated in psychological tests, in

which three scales measured depression and anxiety and one scale Barroso developed measured fatigue.

Findings indicated that there was no relationship between either CD 4 count or HIV viral load and fatigue.

"Particularly telling was the fact that even though most of the sample had very good viral suppression, they still had really high fatigue scores," Barroso says.

What the findings did reveal was a strong relationship between fatigue severity and both anxiety and depression. Certain hormones elevate if someone is particularly anxious. The mean score of the study participants was just above the level indicative of high trait anxiety (anxiety that a person experiences all the time). The participants also scored high on measures of depression—not surprising, since the preliminary study revealed sweeping disturbance in sleep patterns, a classic symptom.

If fatigue was related entirely to psychological stability, success in treating depression and anxiety might be expected to reduce fatigue. Not necessarily so. Seven people who were taking antidepressants had almost identical fatigue scores to the 30 who weren't, though the medication managed to treat the depression and some anxiety. So even when medically treated for psychological symptoms, people are still exhausted. Barroso says that different routes for treating depression might decrease fatigue. She also wonders if there are physiological factors that were not clearly revealed in the findings.

"Physiologically, we have these glimpses of little things that look like sort of blips in the data set," Barroso says. "They are worth following up."

Still, Barroso advises care providers not to dismiss psychological factors or complaints of fatigue. If the patient is anxious or depressed, she recommends suggesting counseling, medication, or support groups.

Patients shouldn't dismiss the fatigue either, Barroso says. Mary's\* exhaustion has consistently come and gone since her diagnosis in 1991, causing her to feel as if her "muscles are starving for oxygen." Yet like Adam, Mary says it's part of the program.

"I try not to ask for help because what I can do, let me do. I have those dragging days, but I make it through and hope I'll feel better," she says. "As a problem comes just tell it to take a number and get in line."

A person doesn't need to have full-blown AIDS to experience fatigue. Tests may indicate patients to be fairly healthy—asymptomatic even. On the other hand, Barroso's research assistant Janet Meynell recalls one woman in the study who did not feel she had any fatigue as a result of the disease, though the physical numbers from her lab results showed she "should" be fairly ill. So, asks Meynell, how much of fatigue is the perception of the person, and are lab results a telling factor at all?

Barroso hopes to answer those questions in a longitudinal study that would include factors such as hormonal levels in women, testosterone in men, and cytokines—the body's ways of fighting the virus. Barroso would like to collect data at the point when the fatigue affects the individual—ideally when he or she is most exhausted, enabling researchers to see how readings fluctuate with the level of fatigue.

"Back in the beginning of the epidemic we thought AIDS affected just the immune system," Barroso says. "We know so much more now." Her goal is to develop treatment options for healthcare providers.

In the meantime, a bad day for Mary opens the door for a good one to follow. "I can't let everything get me down because state of mind has a lot to do with how I do too," Mary says. "I still have a life, and I'm going to live that to the fullest." ■

\*Names have been changed.

THERE IS ALWAYS ONE  
MOMENT IN CHILDHOOD  
WHEN THE DOOR OPENS  
AND LETS THE FUTURE IN.

—*Graham Greene*

# Wellness and Well-Being: *Research on Children's Health*

*By Chrys Bullard*



INFANTS, CHILDREN AND ADOLESCENTS: three disparate experiences of the same world united by one dynamic — that of becoming. Growing to be.



What happens when issues of health disrupt this fundamental act? What is the impact not just on the growing body, but also on the ever-expanding perspective of a burgeoning young mind? The five University of North Carolina at Chapel Hill School of Nursing faculty members showcased here are breaking new ground on the wellness and well-being of children, from revealing heretofore hidden aspects of the child's experience to exploring possibilities of intervention. In the process, they are improving the quality of children's lives in North Carolina and beyond.



# Waiting to Inhale: Interventions in Preterm Feeding

*“It can take some infants as many as three swallows to empty what’s in their mouths, and this can lead to prolonged pauses in breathing.”*

For infants, feeding is more than an act of hunger and satiation — it is an expression of need, met by a caretaker’s response. As such, it is communication and cooperation at its most vital. Assistant Professor Suzanne Thoyre, whose research focuses on preterm infants, noticed that for these tiny beings and their caregivers, the act of feeding was fraught with complications.

“As a neonatal intensive care nurse for many years, I saw how many parents and caregivers went into ‘survivor mode’ during their child’s time in the NICU,” she said. “In giving them advice during this critical time, we would tell them that preterm infants get overstimulated easily when they’re feeding, so they should minimize eye contact and speech with the baby to avoid this. A problem surfaced, however, when after the preterm babies were healthier and went home, some caregivers were still avoiding eye contact and not talking to their babies. They weren’t mirroring the infants, which is extremely important for development. Feeding is *the* time for inter-

action for young infants, so an unhealthy pattern was developing.”

Wanting to find a safe and pleasurable feeding experience for the baby that would be reassuring to the feeder, Thoyre turned her focus to research on preterm infant feeding. She found that many preterm infants lacked two key components to a successful feeding experience: full maturation of their oral motor structure and the understanding of how to regulate breathing. This, in turn, said Thoyre, often leads to significant difficulties for the infants with swallowing and fatigue.

“It can take some infants as many as three swallows to empty what’s in their mouths, and this can lead to prolonged pauses in breathing,” she explained. “With disrupted breathing, infants seem to tire easily. Before long, their swallowing is mistimed and their ability to communicate distress declines. Feeding is their aerobic exercise of the day.”

With this knowledge in mind, Thoyre designed a study entitled *Contingently Structured Feeding of Preterms: A Feasibility Study*. Working with fellow researchers in the School’s Biobehavioral Lab, Thoyre developed the new feeding assessment tool known as the “smart” bottle. Comprised of a microphone the size of a nickel placed on the rim of a bottle, a specially adapted nipple to measure sucking, and a set of earphones that connects the feeder to the bottle’s microphone, the “smart” bottle enables caregivers to hear their infant’s sucking, swallowing and breathing. The feeder is able to cue in on all the activities their infant is attempting and can respond more quickly to early signs of distress.

A set of common feeding strategies

applicable to all preterm infants is employed while using the “smart” bottle, including upright positioning, minimization of movement, and resting in response to early signs of fatigue. Strategies are then applied on an individual basis depending on the breathing cues heard, with the feeder removing the bottle if the infant’s breathing pauses for 75 seconds or more. Data are currently being collected with a small group of healthy preterm infants using a crossover design that compares these new feeding strategies with standard feeding practice.

Thoyre is also performing another study in conjunction with her “smart” bottle research known as *The Early Feeding Skills Tool*. The EFS Tool is a checklist completed after feeding to assist nurses and caregivers in identifying the infants’ skills and the areas in which they are in most need of support. A Junior Faculty Development Award from the University supports this study, a notable recognition of the importance of Thoyre’s work.

The next step, Thoyre said, will be a proposal to study these data to learn the relationship of breathing patterns to swallowing patterns during feeding and to operationalize the variable of fatigue during feeding. She said she hopes to develop and test strategies to support safe and efficient swallowing and to prevent or minimize fatigue, eventually adding them to an intervention protocol. The goal is then to pilot test a complete intervention.

“There’s more to understand about preterm infant feeding than we thought,” said Thoyre. “We can enhance our assessment skills with the goal of making a difference in how infants and their families experience feeding.” ■



**Assistant Professor Suzanne Thoyre feeding an infant with the “Smart” bottle.**

A close up of the Cosmed® face mask



# Fighting Childhood Cardiovascular Risk Factors and their Adulthood Consequences

By age eight, a number of children already display known risk factors for cardiovascular disease. Track these same children to age 18, and many of them reveal a clustering of these factors. How do you fight these preventable concerns in children before they develop into serious adult problems? This is the question Professor Joanne Harrell's Cardiovascular Health in Children and Youth studies, or CHIC I, II and III have been working to answer.

Spanning almost 15 years and examining over 3,000 children in more than 100 elementary, middle and high schools across North Carolina, the CHIC studies are the most comprehensive investigations on childhood cardiovascular health to date. CHIC III, the most recent of the studies, explores the risk factors for cardiovascular disease and insulin resistance syndrome that appear in childhood and how these risk factors can cluster as children age.

"Our aims in CHIC I and II

were to determine the prevalence of cardiovascular risk factors in children in North Carolina and to test interventions to decrease these risk factors in order to prevent future cardiovascular disease when these children and adolescents reach adulthood," explained Harrell. "In CHIC III, we are also examining the development of insulin resistance syndrome in youth, a probable precursor of Type 2 diabetes in adulthood."

Children ages eight to 18 have been followed throughout the CHIC studies. Risk factors including obesity, heredity, environmental issues, cardiovascular fitness, eating habits, physical activity and smoking are examined. Measurements of blood pressure, body mass index, skin folds, waist and other circumferences are taken; blood samples are drawn from the children to study insulin, glucose, and lipid particle subclass profiles. These data are collected across all stages of pubescent development, and samples and information garnered

from the subjects are stored for possible future genetic studies.

Obesity and insulin resistance syndrome are growing health problems for today's more sedentary school-age children, with 25% of the nation's youth termed obese and 7 percent of middle school youth in CHIC III identified as exhibiting risk factors for insulin resistance syndrome. Harrell said her findings corroborated research from the American Diabetes Association that Type 2 diabetes is on the rise for America's population as a whole.

There are ways to fight the development of cardiovascular risk factors, however, and one of the most effective is the subject of Harrell's second study on children's cardiovascular health. Energy Expenditure of Physical Activities in Youth, or EEPAY, like CHIC, is the most comprehensive study of its kind. Unlike many other studies that

*(Continued on page 14)*



*By age eight, a number of children already display known risk factors for cardiovascular disease.*

(Continued from page 13)

examine children's cardiovascular health as a function of their caloric intake, EEPAY examines the energy output of children engaged in specific common activities.

Activities are divided into two study categories—individual activities and group activities. Study One quantifies the energy expenditure of selected common individual activities of children and adolescents and takes place at the Applied Physiology Laboratory of the Department of Physical Education in the Department of Exercise and Sport Science at UNC-Chapel Hill. Study Two focuses on group activities to determine the energy expended during selected team sports and other group activities. Data are collected at sports camps or other sites where teams are engaged in activities.

EEPAY measures the actual oxygen uptake, caloric cost and metabolic equivalent levels of children and adolescents during their physical activity through a new technology known as Cosmed®, a small, battery-powered portable machine that children wear on their backs.

“Until recently, the equipment for directly measuring energy expenditure hasn't allowed us to work with kids,” Harrell explained.



An adolescent wears the Cosmed®.



Research assistants Debo Odulana and Todd Hamer take measurements for CHIC III.

“It was too cumbersome. Now, though, with the Cosmed®, oxygen consumption and carbon dioxide production is filtered through a mask that measures and sends the data by telemetry to a computer, so the child is free to move around. This way we can measure their energy output while they're engaged in any number of activities, from climbing stairs to playing basketball.”

While collecting these data for EEPAY using the Cosmed®, Harrell said she is also testing the efficacy of another measuring device, an accelerometer.

“This device is much cheaper and easier to use than most other activity-measuring technology,” said Harrell. “It's simply worn on a belt and measures the subject's activities. We're going to see how well the information it provides correlates with that of the more expen-

sive equipment. A device such as the accelerometer could motivate people to be more active by giving them immediate feedback about how active or sedentary they have been during the day.”

While still analyzing the data, Harrell said she has discovered that differences aren't necessarily surfacing between the genders but rather between pre- and post-pubescent youth. One of the next challenges is determining at what stage energy output of youth reaches that of adults.

Harrell noted that she has high hopes for the outcomes of both CHIC and EEPAY.

“The information from these new studies will hopefully improve our interventions,” she said. “We are convinced that the old-fashioned concept of ‘healthy body, healthy mind’ is important.” ■

*“We are convinced that the old-fashioned concept of ‘healthy body, healthy mind’ is important.”*



# Building Life Skills in Children with Cystic Fibrosis

Technological advances have dramatically improved the median age of survival for individuals with cystic fibrosis from 14 years in 1969 to approximately 30 years in 2001. But what of the quality of those extended lives? How do children learn to live with CF and manage their everyday lives? During their time at the School of Nursing, Associate Professors Becky Christian and Jennifer D'Auria have conducted a number of studies to examine the experiences of children and adolescents growing up with CF, and have advanced the field of study with one simple method: interviewing children.

"In the past, researchers talked to parents about their children's illness experiences," said Christian. "We identified the need to talk to the children. We wanted to know what they remembered about growing up with CF."

Research from three previous qualitative studies was critical in developing Christian's and D'Auria's current study, *Building Life Skills in Children with Cystic Fibrosis*.

"We asked them to tell us about their lives, and it more than worked," said D'Auria of the studies. "It opened our eyes to a child's world."

From these previous studies, Christian and D'Auria learned that children aged six to 12 were just beginning to deal with the social consequences of their disease. Children told them they did not understand their diagnosis; they were teased; they did not know how to explain CF to others, and they had difficulty physically keeping up with healthy peers. Interviews with adolescents aged 12 to 18 revealed that middle childhood was a critical time in learning how to deal with CF-related differences from peers. Meeting other people with CF was

key in helping these children realize they were not alone in their experiences. Interviews with late adolescents aged 17 to 22 highlighted that this age group was just beginning to understand the meaning of the chronic illness course and the importance of self-care management. These interviewees also emphasized the need to help younger children with CF understand the illness course to better cooperate with healthcare treatments.

Building on these findings, Christian's and D'Auria's current four-year intervention study, funded by the National Institute of Nursing Research at the National Institutes of Health, focuses on physiologic health, functional health and psychosocial adjustment of school-age children with CF ranging from eight to 12 years old. Working with two groups comprised of 116 children from UNC Hospitals, Duke University Medical Center, Wake Forest University Baptist Medical Center and Allergy and Asthma Specialists of Charlotte, Christian and D'Auria are comparing those who participate in their intervention program with those who receive usual care.

Children receive baseline assessment at entry into the study and follow-up assessments three, six and nine months after the intervention. Pulmonary function, height and weight are measured, and the children also complete scales that measure their self-perception, social support, loneliness, perceived illness and functional disability during follow-up. A brief interview is conducted focusing on medication use, performance of chest physical therapy, and levels of physical activity as well.

The program itself is comprised of five modules and combines

individual home visits and group sessions. The first module, *Finding Out*, is delivered at the home visit to assess each child's baseline knowledge about CF before attending the group session. Modules 2 through 5, *Telling Others*, *Teasing*, *Keeping Up*, and *Looking Back*, are delivered in a group session with other children with CF, though children with special health needs are included as part of the group via videoconference. This group session allows children to problem-solve and share experiences about growing up with CF without isolating anyone, a feeling that D'Auria and Christian discovered these children often experienced.

"We're seeing that these children are lonely, and that they need help creating friendships," noted Christian. "We're identifying critical linkages among physiological health, functional health and psychosocial adjustment. Understanding these relationships is key in helping kids with CF reduce their differences from their peers."

With better physiologic health and less functional disability, Christian and D'Auria explained, children with CF have less perceived illness effects, greater self-worth, less loneliness, more peer support and are better able to participate in school activities.

Feedback from children, parents and clinicians on the program has been overwhelmingly positive, with many participants saying their experience in this study has changed their lives.

"When the study was presented at CF Family Day at Wake Forest University Baptist Medical Center in May, families told us 'this is exactly what is needed,'" said Christian. "When families tell us about their lives, we know we are on the right track. And this is what motivates us." ■



**English Clemmons jumping rope as a part of Christian and D'Auria's study on children with CF**



*Feedback from children, parents and clinicians on the program has been overwhelmingly positive...*

# Determining Biological and Social Risk in Preterm Infants

As a neonatal intensive care nurse, Diane Holditch-Davis said she always wanted to know what happened to preterm babies when they left the hospital. Watching the survival rate of these children rise from 50% when she first entered nursing to 90% today, she came to the realization that increased survival rates often meant increased developmental challenges. Now a professor at the School of Nursing, her curiosity and keen observational skills have burgeoned into a program of study on the risks many preterm infants face during their most formative years of development.

“In my current study, I am looking at how biological and social risk interact and result in developmental problems,” she explained. “Fifty percent of preterm infants will have significant developmental problems by school age. We just have no idea which 50%. To the degree we can work with preemies, we are trying to make a life-long difference in their quality of life.”

Holditch-Davis and her co-principal investigator, Dr. Mark Scher of Case Western Reserve University, are investigating risk factors in 130 babies recruited from the NICU at UNC Hospitals and Rainbow Babies and Children’s Hospital in Cleveland, Ohio. Ages of the babies in the study range from approximately 10 weeks prior to term to 27 months post-term, the time when language and cognitive abilities can be measured.

According to Holditch-Davis, the goal of the study is to advance the field of pre-term infant development research beyond simple observation of problems to an understanding of the causes behind developmental challenges.

“Traditionally, risks in preemies were only studied using medical diagnoses,” Holditch-Davis said.

“Medical diagnoses don’t tell you how well the brain is functioning, though. All they say is that there was an illness. Dr. Scher and I are trying to look at what measures capture biological risks, or problems with how well the brain is functioning, and their interaction with social risks, or the effect of the environment on cognitive development.”

The measures of biological risk under investigation include sleep behavior, dysmature EEG patterns, visual attention and neurological insults.

“Many of these risks have been studied individually, but never all four together,” she said. “The unique factor I’m bringing to the study is the examination of sleep. Sleep goes through a lot of development during the preterm period. A baby around 10 weeks early has about 80% REM sleep, while a child one year of age only experiences 20% REM sleep, the adult percentage. Therefore, the degree to which babies show good sleep developmental patterns is an indicator of good brain function.”

Holditch-Davis said she and Dr. Scher perform EEGs once a month on the babies in order to look for dysmaturity (faster or slower development of brain activity), as compared to full-term babies. Those who have more dysmature EEGs have demonstrated higher rates of poor development.

Visual attention is measured by showing infants a series of pictures. Babies are typically more interested in the pictures they haven’t seen than those they have, Holditch-Davis said, so the researchers measure how long the baby spends looking at the picture and their level of recognition of the image. The better the brain is functioning, the more likely the baby is to recognize the photo.

Neurological insults, the last of

the four biological risk factors under investigation, are an accumulation of natural factors that can cause brain damage.

The social risk factors Holditch-Davis and Scher are investigating encompass mother-infant interactions and the overall quality of the environment. Measures taken include how much attention the baby pays to the mother, how attentive the mother is to the baby, how affectionate the mother is with the infant, and, at later ages, how much the child speaks. A home inventory test, given in the child’s home, measures the cognitive stimulation available to the baby in his or her everyday environment.

“Environment has been shown to have some impact on growth and development,” explained Holditch-Davis. “There is evidence that suggests that some premature infants stay smaller throughout their lives, so we want to know if there are factors that make the preterm infant more sensitive to its environment. We want to learn more about the importance of mothers for the development of their babies.”

Three years into the five-year study, Holditch-Davis said she is hopeful that the study’s next step after recognizing the problems is to provide solutions.

“Not only are we wanting to see how biological and social risks interact and result in developmental problems, we want to know how it affects good development, too,” she said. “Can we identify those babies and families that are going to have good developmental outcomes versus those who are going to have poor outcomes? In the future, we want to use this information to target interventions, and to hopefully target different interventions to each child based on need, be it due to biological risk factors, social risk factors, or both. We want to better understand the causes of developmental health problems of these high-risk infants so we can eventually avoid these problems altogether.

“In the end, I’m trying to take what many mothers know instinctively about their infants and put it into words for professionals.” ■







**Former Associate Provost Edward Brooks, BBL Director Virginia Neelon, and Dean Linda Cronenwett holding the ceremonial ribbon-cutting scissors.**

## Enhanced Opportunities for Research:

### *The Biobehavioral Lab*

*By Chrys Bullard*

Within the walls of the School of Nursing's Biobehavioral Lab, Assistant Professor Barbara Waag Carlson researches sleep and hypoxia in older adults at risk for cognitive decline. In another room nearby, Assistant Professor Suzanne Thoyre tests a "smart" bottle to measure the breathing, sucking and swallowing patterns of premature infants during feeding. Down the lab's short hallway, Professor Diane Holditch-Davis is cataloguing data on the REM sleep patterns of preterm infants.

And now, thanks to a \$650,000 renovation to the BBL that tripled the lab's research space to 2,200 square feet, these studies and several more have the adequate room and resources they need to develop. The ribbon cutting that took place in early March to debut the new lab afforded BBL Director Virginia Neelon a moment to reflect on how much the lab has changed since its doors first opened 12 years ago and how welcome the additional space is.

"When the School opened the original lab in 1989, plans were already underway to expand," she explained. "In that limited space,

we'd clean off the lab prep area to collect saliva or blood samples one minute, then we'd clean again so we could let faculty do an exercise study there the next. Now, for the first time, we have a lab that will let researchers prep, store and analyze samples while other researchers test and develop new technology."

The BBL was created at the School of Nursing to support faculty and student researchers in their studies, both within the School and off-site. Through their work, the BBL's researchers often come into contact with research subjects who are too weak or vulnerable to travel to the lab or endure intrusive testing. As such, an important part of researchers' work at the BBL is developing new mobile, minimally invasive technology that will reduce strain on subjects. While performing research and creating new technology is important, said Neelon, the ultimate goal of BBL researchers is seeing their work develop into interventions that help practicing nurses prevent and manage disease.

"There's been a tremendous gap between nursing research and its

### *Debuts Renovations*

application at the bedside," she explained. "We are working to develop simple measures that will allow nurses to know they are helping. And in this day of financial constraints, good nursing is tremendously important."

With the newly expanded space, BBL researchers are expanding their goals. Becoming a part of the University's recently announced genome research initiative is one of the newest frontiers of BBL research for the future.

"The BBL will be working with the faculty and administration to address the impact of genomics on health," Neelon explained. "Understanding, for instance, how a group of children, simply due to their genetic profiles, are more vulnerable to certain kinds of problems in adulthood will allow us to develop special behavioral, exercise or diet interventions early on. We're in a very exciting age, and the newly renovated BBL is well-positioned to contribute." ■

# The SandBar Project: Making Sense of Qualitative Research



*By Jim Vickers*

About two decades have passed since the publication of the first texts describing and promoting qualitative research in the practice disciplines. Since that time, qualitative research, which encompasses an array of strategies for studying how the social world is understood, experienced, interpreted and produced, has proliferated within the healthcare field. Despite this proliferation, however, many researchers

and practitioners have difficulty assimilating the results across multiple studies because the research findings are so embedded within the context of the individual studies. Two School of Nursing researchers are in the second year of a five-year study that they believe will help ease this difficulty.

School of Nursing Professor Margarete Sandelowski and Assistant Professor Julie Barroso are the principal and co-principal investigators of a study entitled Analytic Techniques for Qualitative Metasynthesis, or, as they refer to it, SandBar. This project, funded by a \$1,438,846 grant from the National Institute of Nursing Research at the National Institutes of Health, is underway to develop a protocol for combining the findings from qualitative studies. Sandelowski and Barroso have chosen for their “method case” to analyze qualitative studies of women with HIV/AIDS. Thus far, they have retrieved and appraised 77 published and unpublished reports dealing with this topic. They also have met with nursing colleagues from across the nation to discuss their study in terms of issues such

as quality criteria for the qualitative studies they are reviewing. The next step, according to Sandelowski, is the major focus of their research.

“We will shortly move from an exclusive focus on search and retrieval, and the critique of studies as a whole, to analyzing the findings within topic areas,” she said. “We are beginning to work on a typology of findings, a guide to ‘finding’ the findings, and on determining the best analytic approaches to use with different types of findings.”

“While their task may seem formidable,” said Associate Dean for Research Sandra Funk, “It is an extremely important undertaking with the potential to revolutionize the use of qualitative research in the advancement of practice and research.” ■



Senior BSN student Carlos Jara Acosta teaching HIV/AIDS prevention at El Centro Latino in Carrboro, North Carolina

# Bridging the Gap:

## *REAP and the CRCI Minority Advisory Board*

By Anjali Kalani  
and Meg Schiffman

Condoms on bananas?  
According to Carlos Jara Acosta, it's the best way to teach HIV/AIDS prevention.

For two hours a week at El Centro Latino in Carrboro, North Carolina, Acosta discusses with members of the Hispanic community issues of sexual health, shares a video in Spanish on ways in which HIV is contracted, and

demonstrates with bananas from the local market how to properly put on a condom. While he is providing a valuable service in educating a community that faces not only issues of health but also language and race, he is receiving something of equal value in return: research experience.

A senior at the University of North Carolina at Chapel Hill School of Nursing, Acosta is one of the first to participate in a new program for minority students that encourages

them to explore the field of nursing research. The Research Enrichment and Apprenticeship Program, established cooperatively by the UNC-Chapel Hill School of Nursing and the North Carolina Central University Department of Nursing, works to educate and inspire minority students to pursue a career in research, a field that historically has lacked equal representation of

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## Bridging the Gap

(Continued from page 19)

minorities. The program affords five UNC and five NCCU minority nursing students the opportunities to attend regular seminars, participate in ongoing research studies, and develop a research project with a senior research mentor. One nursing faculty member from NCCU is also given the opportunity to work with UNC-Chapel Hill School of Nursing faculty in order to receive assistance in moving into the dissertation phase of his or her predoctoral research experience.

Professor Jean Goeppinger, director of REAP at UNC-Chapel Hill, said the program's creation was an important step in the right direction not only for the schools involved but for the healthcare field as a whole.

"Minorities are a rapidly growing portion of our population, and we must work to develop nurse researchers who can relate to and appreciate the health issues these communities face," she said. "REAP provides minority nursing students with excellent opportunities to develop their enthusiasm for research under the mentorship of already established researchers. Students are encouraged to bring their own cultural understandings and experiences to their student colleagues and research mentors as well. This program is providing a rewarding learning experience both for the students and the researchers."

For Acosta, the rewards are numerous, from meeting his career goals to helping others.

"I became involved in REAP to get the research experience that I need to further my career," he explained. "I want to get my masters and doctorate in nursing and there is a lot of research work that goes on in higher education. REAP is the best way for me to get started so I will be prepared for what lies ahead academically. And through my research, I hope to continue to educate and care for Hispanics in the area." ■

*"Minorities are a rapidly growing portion of our population, and we must work to develop nurse researchers who can relate to and appreciate the health issues these communities face."*

*"Bringing the advisory board to the table has made the School of Nursing more aware of cultural nuances..."*

## The CRCI Minority Advisory Board

Although educating and inspiring the minority research leaders of tomorrow is essential, School of Nursing faculty researchers feel that it is equally important to address the healthcare problems minority communities face today.

In taking on this task, researchers from the Center for Research on Chronic Illness created the CRCI Minority Advisory Board. Comprised of statewide minority leaders and School of Nursing researchers, the board meets on a regular basis to discuss the health issues that affect minorities throughout North Carolina.

"The committee is a partnership," said Research Assistant Professor Jennifer Leeman, one of the School of Nursing's affiliates to the advisory board. "We are trying to set up a situation that is 'win-win' so we can meet both the needs of minority communities and the needs of the School. Having the advisory board creates the link between the researcher and the community."

Health issues explored at the meetings include both problems that minority communities are facing and the research areas faculty members are investigating. Discussions range from heart disease and diabetes to cancer and HIV/AIDS.

Raymond Perry, chairman of the statewide Minority Prostate Cancer Awareness Action Team, is active on the board in addressing cancer issues and their effects on the African-American community.

"African-Americans may respond to issues differently than other cultures," Perry explained. "So it is important to employ a different approach with folks from other cultural and ethnic backgrounds. We have to remember that each group has its own language. Bringing the advisory board to the table has made the School of Nursing more aware of cultural nuances, and we are able to suggest to them other points of contact."

Fellow board member Evelyn Coley, director of nursing at the Wayne County Health Department, said board members are trying to lay the groundwork to encourage the participation of others from the communities and organizations they represent.

"We're still in the beginning stages," she said. "It's all about overcoming barriers." ■

# T32 Program Granted Additional Funds to Support Pre- and Post-Doctoral Researchers

*Mishel credits the continuation in funding to the achievements of the trainees during the first five years of the program.*

*By Jim Vickers*

The National Institute of Nursing Research at the National Institutes of Health granted the School of Nursing an institutional National Research Service Award of \$2,409,976 for a five-year continuation of its T32 program this June. The program provides funding to support pre- and postdoctoral students in gaining expertise in designing and testing theory-based interventions that focus on the prevention and management of chronic illness.

The grant will allow the School to recruit four predoctoral trainees for each of the five years, two postdoctoral trainees for the first two years, and three postdoctoral trainees for the remaining three years. Included in the grant are annual stipends for the trainees as well as funds to offset educational expenses such as tuition, fees, health insurance and travel.

Doctoral students who have been accepted to the School of Nursing apply for the T32 program

via a proposal written with their mentors, who include Kenan Professor Merle Mishel, principal investigator of the T32 program, Professor Diane Holditch-Davis, co-principal investigator and director of the doctoral and post-doctoral programs, and a number of other professors from the School.

“The program has allowed me to dialogue in depth with my two trainee students and to explore their interests and the way in which their educational program would fit with my ongoing program of research,” mentor and professor Linda Beeber said. “The T32 launched my relationships with these students—relationships that, as a result, have grown over time.”

In addition to classes, trainees engage in activities such as writing for publication, reviewing and evaluating literature, conducting interventions, coordinating protocols, collecting, entering, retrieving and analyzing data, recruiting and interviewing subjects and nurses, and developing manuals. The majority of the students participate with faculty in their interdisciplinary research as well.

Mishel credits the continuation in funding to the achievements of the trainees during the first five years of the program. Students published over 40 articles and book chapters and made numerous presentations on their research at local, regional, national and international conferences. Trainees also wrote proposals that garnered further research funding from private groups such as the Oncology Nursing Society, Glaxo, the American Cancer Society, and the North Carolina Nurses Association and from public



**Kenan Professor Merle Mishel with students in the T32 program**

sources such as the National Cancer Institute, the UNC Lineberger Cancer Center and the UNC Institute on Aging.

The School benefits immensely from the program in its recruitment of gifted doctoral students and diversification of the student body, said Mishel. Funding from the T32 has also helped the School bring in prominent minority speakers to share their expertise and scientific findings with pre- and postdoctoral students and faculty and to advise the School on the recruitment of minority students.

“The funding plays an important role as a resource for our doctoral students,” Holditch-Davis said. “It helps us attract high-quality students from around the country, which benefits the entire School and North Carolina as a result.” ■

# School of Nursing Alumna Studies Couples and the Decision-Making Process

*Prior to O'Rourke's research,  
no work had been done on  
the process of how couples  
make healthcare decisions*

*By Meg Schiffman*

A number of highly gifted students graduate from the School of Nursing doctoral program at the University of North Carolina at Chapel Hill every year, each filled with hopes of improving patient care with the benefits of their years of research and education. Since graduating with her doctoral degree from the School in 1997, Maureen O'Rourke has done just that.

A published author, assistant editor, assistant professor of nursing, and an adjunct assistant professor of medicine, O'Rourke says what she is most proud of is her research on the decision-making process that individuals and their spouses face in choosing appropriate healthcare treatment. She now works specifically with individuals who have been diagnosed with prostate cancer, researching the

decision-making process they and their spouses endure.

Prior to O'Rourke's research, no work had been done on the process of how couples make healthcare decisions. Her study, Prostate Cancer Treatment Selection: The Family Decision Process, followed 18 prostate cancer patients and their spouses beginning shortly after diagnosis but prior to their treatment selection until 18 months after the initial treatment. Her findings suggested that in the initial decision-making process of weighing options and potential side effects, couples must deal with decisions regarding how to find information and whether or not to tell others about the diagnosis. O'Rourke said that she also found that both the husband and wife had definite treatment choices and biases, and from their two viewpoints a single couple decision was reached.

Later findings at both three months and 12-18 months post-treatment suggested that couples either reaffirmed their choice or reconstructed the decision to justify having a treatment that was not their first choice and redesigned future plans.

"It's difficult for patients and spouses because there is currently a lack of scientific consensus regarding which treatment, if any, is best for early stage prostate cancer," she said. "My findings suggest an urgent need for public education, especially with older patients as to the efficacy of radiation therapy. Current scientific evidence refutes the notion that this option is second best, and such knowledge may alleviate the couples' disappointment when the surgical option is not a viable treatment option. An understanding of this decision-making process is critical, however, before interventions can be developed."

The results of her research have provided grounding for the development of a conceptual model of decision making in cancer treatment selection as well as aided in the advancement of patient/spouse counseling and educational interventions for coping with incontinence and impotence.

O'Rourke built her research skills at the School of Nursing while working under the mentorship of Professor Barbara Germino. The catalyst for O'Rourke's research interest was developed in a family nursing theory course taught by



PHOTO: BURT VANDER VEEN, UNC-GREENSBORO UNIVERSITY RELATIONS

*“I have come to view the world differently and approach my teaching and studies from more of a family versus individual perspective because of my research work.”*

**School of Nursing doctoral alumna Maureen O'Rourke**

Germino and Associate Professor Becky Christian. Following graduation, the field of decision-making research became her focus as she learned more about the struggle patients and spouses suffered in making treatment choices regarding prostate cancer.

As a result of her research, O'Rourke has been invited to participate in a number of professional activities, including contributing chapters to several oncology books on prostate cancer and treatment decision-making.

Additionally, she has had several research articles published, including articles in *Oncology Nursing Forum*, *Family Nursing*, and *Cancer Investigation*. The focus of her article in *Cancer Investigation* concentrated on the decision-making process and how couples narrow down their options concerning the initial treatment for early stage prostate cancer.

Following the publication of this article, she was asked to serve as an associate editor for the journal and work toward the development of a stronger nursing presence in their coverage.

O'Rourke has been personally affected by her research as well.

“It has helped me assist my parents and friends whose relatives face prostate cancer treatment decisions under certain conditions,” she explained. “I have become a frequent referral for faculty members who themselves have been diagnosed or who have spouses who have been diagnosed with the disease. I have spoken at local patient and spouse support group meetings for those with prostate cancer and shared my research findings with them, too. I am gratified to have shared in these experiences with couples as they have lived through the decision-making process.”

In addition to teaching as an

assistant professor of nursing at the University of North Carolina at Greensboro and an adjunct assistant professor of medicine in Hematology and Oncology at Wake Forest University School of Medicine, O'Rourke continues to write and give presentations to various groups. She is currently working on the development of a grant proposal.

“I have come to view the world differently and approach my teaching and studies from more of a family versus individual perspective because of my research work,” said O'Rourke. “Personally, this research has changed my life, and I am proud of the contribution my research makes toward a better understanding of the process experienced by patients and their loved ones.” ■

# Faculty Research Grants and Contracts 2000–2001 Academic Year

## BIOBEHAVIORAL MEASUREMENT

**Harrell, J.**, Principal Investigator; McMurray, R., Co-Principal Investigator; Bangdiwala, S., Co-Investigator. *Energy Expenditures of Physical Activities in Youth (EEPAY)*. National Institute of Nursing Research, National Institutes of Health, 1998-2001.

## CHRONIC ILLNESS

### Preventing and Managing Chronic Illness

**Harrell, J.**, Principal Investigator; **Funk, S.**, Co-Principal Investigator; **Leeman, J.**, Co-Investigator; **Holditch-Davis, D.**, **Mishel, M.**, & **Dougherty, M.**, Core Directors. *Center for Preventing/Managing Chronic Illness in Vulnerable People*. National Institute of Nursing Research, National Institutes of Health, 1994-2004.

**Harrell, J.**, Principal Investigator; **Funk, S.**, Co-Principal Investigator; **Leeman, J.**, Co-Investigator. *Preventing/Managing Chronic Illness in Vulnerable People: Administrative Supplement - 1*. National Institute of Nursing Research, National Institutes of Health, 2000-2001.

**Harrell, J.**, Principal Investigator; **Funk, S.**, Co-Principal Investigator; **Leeman, J.**, Co-Investigator & Co-Project Director; **Goepfinger, J.** & **Dennis, B.**, Co-Project Directors. *Preventing/Managing Chronic Illness in Vulnerable People: Administrative Supplement - 2*. National Institute of Nursing Research, National Institutes of Health, 2001-2002.

### Preventing Chronic Illness

**Goepfinger, J.**, Operations Committee Member; **Cross, A.**, Principal Investigator; *Prevention Research Centers Program*. Center for Disease Control, 2000-2001.

## CARDIOVASCULAR DISEASE

**Fleury, J.**, Principal Investigator; **Bunker, B.**, Co-Investigator; **Carlson, J.**, Statistician. *Community-based Intervention to Promote Cardiovascular Health*. American Heart Association, 1999-2001.

**Harrell, J.**, Principal Investigator; McMurray, R., Bangdiwala, K., & Davenport, M., Co-Investigators. *Cardiovascular Health in Children and Youth (CHIC III)*. National Institute of Nursing Research, National Institutes of Health, 2000-2004.

## PREVENTING CHRONIC ILLNESS IN CHILDREN

**Holditch-Davis, D.**, Principal Investigator; **Scher, M.**, **Miles, M.**, **Schwartz, T.**, & **Hack, M.**, Co-Investigators. *Assessment of Biological And Social Risk In Preterm Infants*. National Institute of Nursing Research, National Institutes of Health, 1998-2002.

**Thoyre, S.**, Principal Investigator. *Physiologic Dysregulation During Preterm Infant Feeding: Self-Regulatory Behavioral Strategies*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1998-2000.

**Thoyre, S.**, Principal Investigator; **Hsiao, H.**, Co-Investigator; **Holditch-Davis, D.**, Behavioral Consultant; **Carlson, B.W.**, Physiological Data

Consultant. *Development of an Individualized Feeding Intervention for Preterm Infants*. Pilot Study, Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 1999-2000.

**Thoyre, S.**, Principal Investigator. *Getting Started: Do Preterm Infant Behaviors at the Outset of Oral Feeding Indicate Physiological Readiness*. Summer Research Award, School of Nursing, The University of North Carolina at Chapel Hill, 2001.

## SEXUALLY TRANSMITTED DISEASE/HIV

**Fogel, C.**, Principal Investigator. *Testing Interventions Directed Toward HIV Risk Reduction for Incarcerated Women*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1999-2001.

**McQuiston, C.**, Principal Investigator; **Dougherty, M.**, Sponsor. *Culture Specific HIV Interventions for Mexican-Americans*. National Institute of Nursing Research, National Institutes of Health, 1998-2001.

**McQuiston, C.**, Principal Investigator; **Moreno-Coll, A.**, **Parra, I.**, Co-Investigators. *Protegiendo Nuestra Comunidad: Un Programa para La Prevencion del VIH/SIDA*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 1999-2000.

## Managing Chronic Illness & Conditions

**Dieckmann, J.**, Principal Investigator. *Pilot Study on the History of Care for the Chronically Ill in North Carolina, 1930-1970*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1999-2001.

**Goepfinger, J.**, Principal Investigator; **Ensley, D.**, Co-Investigator; **Ellen, T.**, Nurse Manager and Community Partner; **Barnwell, S.**, Health Officer and Community Partner. *Improving Chronic Disease Self-Management in North Carolina: First Steps*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2000-2001.

**Goepfinger, J.**, Principal Investigator; **Ensley, D.**, Co-Investigator. *Improving Chronic Disease Self-Management Among North Carolina's Minority Elders*. The Center for Minority Aging, The University of North Carolina at Chapel Hill, 2000-2001.

## ARTHRITIS

**Labyak, S.**, Principal Investigator. *Sleep and Daytime Sleepiness in Children with Rheumatoid Arthritis*. Junior Faculty Development Award, The University of North Carolina at Chapel Hill, 2001.

**Labyak, S.**, Principal Investigator. *Sleep Patterns in Children with Juvenile Rheumatoid Arthritis*. Center for Research on Preventing/Managing Chronic Illness

in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2000-2001.

**Labyak, S.**, Principal Investigator; **Bloom, B.J.**, **Owens, J.A.**, Co-Investigators; **Holditch-Davis, D.**, **Stein, L.**, Consultants. *Sleep, Sleepiness and Alertness in Children with Juvenile Rheumatoid Arthritis*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1999-2001.

## BOWEL DISORDERS

**Jia, H.**, Co-Investigator; **Drossman, D.**, Principal Investigator. *Multi-Center Trial of Functional Bowel Disorders* DHHS, 1995-2002.

## CANCER

**Dalton, J.**, Principal Investigator; **Baldwin, M.**, **Beasley, C.**, **Carlson, J.**, **Hackett, J.**, and **Youngblood, R.**, Co-Investigators. *Searching for Disparities in Pain Management*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2000-2001.

**Dalton, J.**, Principal Investigator; **Keefe, E.** & **Carlson, J.**, Co-Investigators. *Tailoring Cognitive Behavioral Treatment for Cancer Pain*. National Institute of Nursing Research, National Institutes of Health, 1997-2002.

**Mishel, M.**, Principal Investigator; **Porter, L.**, Co-Investigator; **Neelon, V.**, Consultant. *Distress Associated with Mammography in Breast Cancer Survivors*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2000-2001.

**Mishel, M.**, Principal Investigator; **Germino, B.**, Co-Principal Investigator; **Dalton, J.** & **Speakman, M.**, Co-Investigators; **Belyea, M.**, Co-Investigator/Statistician. *Managing Uncertainty in Advanced Prostate Cancer*. National Institute of Nursing Research/National Cancer Institute, National Institutes of Health, 1998-2002.

**Mishel, M.**, Principal Investigator; **Germino, B.**, Co-Principal Investigator; **Gil, K.**, **Carlton-LaNey, I.**, & **Belyea, M.**, Co-Investigators. *Managing Uncertainty in Older Breast Cancer Survivors*. National Cancer Institute, National Institutes of Health, 1999-2004.

## CARDIOVASCULAR DISEASE

**Fleury, J.**, Principal Investigator; **Belyea, M.**, Statistician. *Motivation in the Maintenance of Physical Activity*. National Institute of Nursing Research, National Institutes of Health, 1997-2002.

**Fleury, J.**, Principal Investigator. *The Role of Self-Knowledge, Psychosocial Adjustment and Physiological States in Women with Coronary Heart Disease: An Intervention*. University Research Council, The University of North Carolina at Chapel Hill, 1998-2000.

## CYSTIC FIBROSIS

**Christian, B.**, Principal Investigator; **D'Auria, J.**, Co-Principal Investigator; **Retsch-Bogart, G.**, & **Belyea, M.**, Co-Investigators; **Holditch-Davis, D.**, Senior Research Consultant. *Building Life Skills in Children with Cystic Fibrosis*. National Institute of Nursing Research, National Institutes of Health, 1998-2001.



## DEPRESSION

**Beeber, L.**, Principal Investigator; **Holditch-Davis, D.**, **Ferreiro, B.**, Canuso, R., Consultants. *A Pilot Intervention for Depressive Symptoms in Low-Income Mothers of Infants/Toddlers*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2000-2001.

**Beeber, L.**, Principal Investigator; Hackney, T., Co-Investigator. *Measurement of Adherence to an Increased Activity Protocol and Changes in Psychomotor Retardation in Mothers with Depressive Symptoms*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill, National Institute of Nursing Research, National Institutes of Health, 2001-2002.

## DIABETES

**Skelly, A.**, Principal Investigator. *Rural Elders' Diabetes Self-Management: Ethnic Variations*. Wake Forest University, National Institute on Aging, National Institutes of Health, 2001.

**Skelly, A.**, Principal Investigator; Dunn, P., Co-Investigator; **Harrell, J.**, Research Consultant; **Holditch-Davis, D.**, Symptom Management Consultant; **Carlson, J.**, Statistical Consultant; **Laliberte, S.**, Intervention/Assessment Nurse. *Symptom-Focused Diabetes Care for Rural African-American Elders*. Pilot Study, Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 1999-2000.

**Skelly, A.**, Principal Investigator; **Dougherty, M.**, Arcury, T., Cravey, A., and Gesler, W., Co-Investigators. *Type 2 Diabetes: Ethnic Variation in Knowledge and Beliefs*. National Institute of Nursing Research, National Institutes of Health, 2000-2003.

## HIV/AIDS

**Barroso, J.**, Principal Investigator; Eron, J., **Carlson, J.**, Co-Investigators; Leserman, J., Psychological Consultant, **Neelon, V.**, Biobehavioral Consultant. *Biomarkers Associated with HIV Related Fatigue*. Junior Faculty Development Award, The University of North Carolina at Chapel Hill, 2000; Pilot Study, Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill, National Institute of Nursing Research, National Institutes of Health, 1999-2000.

**Barroso, J.**, Co-investigator; Leserman, J., Principal Investigator. *HIV: Neuropsychiatric and Psychoimmune Relationships*. National Institutes of Health to The University of Pennsylvania, 2001-2006.

**Eaves, Y.**, Principal Investigator. *A Church-Based HIV/AIDS Prevention and Education Program*. The Center for Public Service, The University of North Carolina at Chapel Hill, 2000-2001.

**Miles, M.**, Principal Investigator; **Holditch-Davis, D.**, Burchinal, P., Eron, J., & Pedersen, C., Co-Investigators. *HIV Symptom Management with African-American Mothers*. National Institute of Nursing Research, National Institutes of Health, 1996-2000.

**Miles, M.**, Researcher; Swanstrom, R., Principal Investigator. *UNC Center for AIDS Research*. National Institute of Child Health and Human Development/ National Institute on AIDS Research, 1998-2001.

## INCONTINENCE

**Boyington, A.**, Principal Investigator; **Dougherty, M.**, Sponsor. *A Knowledge-Based System for Continence*. National Institute of Nursing Research, National Institutes of Health, 1999-2002.

**Kincade, J.**, Principal Investigator; **Dougherty, M.**, Co-Principal Investigator; **Carlson, J.**, Co-Investigator and Statistician; Busby-Whitehead, J., Wells, E., Co-Investigators. *Efficacy of Biofeedback to Treat UI in Women*. National Institute of Nursing Research, National Institutes of Health, 2001-2004.

**Kincade, J.**, Principal Investigator; **Dougherty, M.**, Co-Principal Investigator; **Carlson, J.**, Co-Investigator and Statistician; Busby-Whitehead, Co-Investigator. *Effectiveness of Self-Monitoring to Treat UI in Women*. National Institute of Nursing Research, National Institutes of Health, 2001-2004.

## ELDERS

**Carlson, B.**, Principal Investigator; Dogra, S., Co-Principal Investigator; **Carlson, J.** and Mascarella, J. Co-Investigators. *Respiratory Periodicity & Cerebral Oxygenation During Sleep in Older Adults with COPD*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill, National Institute of Nursing Research, National Institutes of Health, 2001-2002.

**Eaves, Y.**, Principal Investigator. *Caregiving Transitions: Long-Term Care Decision-Making in Rural African-American Families*. Minority Investigator Supplement to Parent Grant, Advancing Minority Aging Research Efforts (Elizabeth Mutran, Principal Investigator). National Institute of Nursing Research, National Institutes of Health, 1999-2002.

**Hudson, M.**, Principal Investigator; **Carlson, J.**, Co-Principal Investigator; **Belyea, M.**, Psychometric Consultant; **Fishel, A.**, Field Tester. *Elder Abuse: A Screening Protocol*. National Institute on Aging, National Institutes of Health, 1997-2001.

## END OF LIFE

**Pierce, S.**, Principal Investigator; **Halloran, E.**, Co-Principal Investigator. *Promoting a Painless Death: Follow-up to "Notes on a Peaceful Death."* Robert Wood Johnson Foundation, 1999-2001.

## PATIENT OUTCOMES

**Mark, B.**, Principal Investigator. *Nurse Staffing, Financial Performance, and Quality Care*. Agency for Healthcare Research and Quality, 1999-2002.

## PROFESSIONAL ISSUES

**Jones, C.**, Principal Investigator. *Calculating the Costs of Nursing Turnover in Hospitals*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

**Lynn, M.**, Principal Investigator; Moore, K., & Hansen, H., Co-Principal Investigators. *Work Satisfaction of Nurses in Today's Health Care Environment*. School of Nursing, The University of North Carolina at Chapel Hill, 2000.

**Mark, B.**, Principal Investigator. *A Model of Patient and Nursing Administration Outcomes*. National Institute of Nursing Research, National Institutes of Health, 1995-2001.

## RESEARCH SYNTHESIS AND DISSEMINATION

**Funk, S.**, Principal Investigator; **Tornquist, E.**, Co-Principal Investigator. *Key Aspects of Preventing and Managing Chronic Illness*. Agency for Health Care Policy and Research, 1998-2000.

**Sandelowski, M.**, Principal Investigator; **Barroso, J.**, Co-Principal Investigator. *Analytic Techniques for Qualitative Metasynthesis*. National Institute of Nursing Research, National Institutes of Health, 2000-2005.

## THERMOREGULATION

**Rowsey, P.J.**, Principal Investigator. *Beneficial Effects of Exercise on Health and Disease*. National Institute of Nursing Research, National Institutes of Health, 1999-2004.

# Education and Professional Grants and Fellowships *2000–2001 Academic Year*

**Barlow, J.**, Principal Investigator. *Community Transition Coordinator/Discharge Planning*. North Carolina Department of Environmental Health and Human Services, 2000-2001.

**Christian, B.C.**, Child Health New Leaders Fellowship. *Rochester Child Health Congress*; University of Rochester, Rochester, NY, Fall 1999 – Spring 2001.

**Cronenwett, L.**, Project Director. *Advanced Education Nurse Traineeship*; Health Resources and Services Administration, Division of Nursing, 2001-2002.

**Cronenwett, L., Ferreiro, B.**, Faculty; Zipper, I., Principal Investigator. *Children's Mental Health Project*. The North Carolina Division of Mental Health, 2000-2001.

**Cronenwett, L.**, Houpt, J., & Stamm, J., Co-Principal Investigators; **Speakman, M., & Harwood, E.**, School of Nursing Representatives. *Project 3000 x 2000 Health Professionals Partnership Initiatives*. The Robert Wood Johnson Foundation, 2000-2001.

**Dougherty, M.**, *Visiting Fellowship*, University of Ulster, Belfast, Northern Ireland. Royal College of Nursing Institute, Oxford, England, 2000-2001.

**Fishel, A., Fogel, C.**, Faculty Liaisons; **Jia, H.**, TCM practitioner; Curtis, P., Principal Investigator. *Integrating CAM into Health Professions Education*. National Institutes of Health, 2000-2005.

**Fogel, C.**, Principal Investigator; Moos, M., Co-Investigator. *UNC Women's Health Training Collaborative Grant*. Division of Maternal and Child Health, NC Department of Health and Human Services, 1999-2002.

**Goepfinger, J., & Sandelowski, M.**, Co-Principal Investigators. *Where Research and Service Meet: A Participatory Approach to Service-Learning*. Health Affairs Service-Learning Course Development Grant, University of North Carolina at Chapel Hill, 1998-2001.

**Goepfinger, J.**, Project Director. *Community-Oriented Primary Care for Rural Populations*. Advanced Education Nursing, Division of Nursing, United States Public Health Service, 2000-2003.

**Hammond, R.**, Project Director. *Beyond the Clinic: Issues in Health Services for Low Income Populations*. Health Affairs Service Learning Course Development Grant, University of North Carolina at Chapel Hill, 1998-2001.

**Harrell, J.**, Principal Investigator; **Bingham, M.**, Co-Principal Investigator. *Needs Assessment for NC/SC/VA - Hole in the Wall Camp*. Hole in the Wall Camp, 2000-2001.

**Kjervik, D.**, Member, Steering Committee. *Evidence-Based Practice Center*. Research Triangle Institute/University of North Carolina at Chapel Hill, Agency for Health Care Policy and Research, 1997-2002.

**Miles, M.**, Faculty Member; Ornstein, P., Director. *Center for Developmental Science*. National Institute of Mental Health, National Institutes of Health, 1998-2003.

**Miles, M.**, Co-Director; Elder, G., Director. *Human Development: Interdisciplinary Research Training*. National Institute of Child Health and Human Development, National Institutes of Health, 1998-2003.

**Miller, J.**, Principal Investigator; Roberts, J., Clinical Faculty; Haynes, L., DNS; Cobb, B., Assistant DNS. *The Clinical Teacher Model: Working with Long-Term Care and Community Hospitals to Prepare Baccalaureate Nursing Students*. AHEC Grant for Planning, Continuation and Development of New Clinical Training Sites for Nursing, 2000-2002.

**Miller, J.**, Principal Investigator; **Foster, B.**, Co-Principal Investigator. John T. Lupton Special Opportunities Fund. *Development of a Collaborative Practice: Education Model for Undergraduate Clinical Specialty Exploration*. The University of North Carolina at Chapel Hill, 2000-2001.

**Miller, J.**, Faculty Advisor; Bailey, C., Principal Investigator. *Integration of Advanced Gerontological Nursing Knowledge Care to Men with Prostate Cancer*. Integration of Advanced Knowledge in Direct Clinical Relevance into Undergraduate Nursing Education, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

**Miller, J.**, Principal Investigator. *Nursing Care of Frail Elders*. Service Learning Course Development Grant, Carolina Center for Public Service, The University of North Carolina at Chapel Hill, 1999-2001.

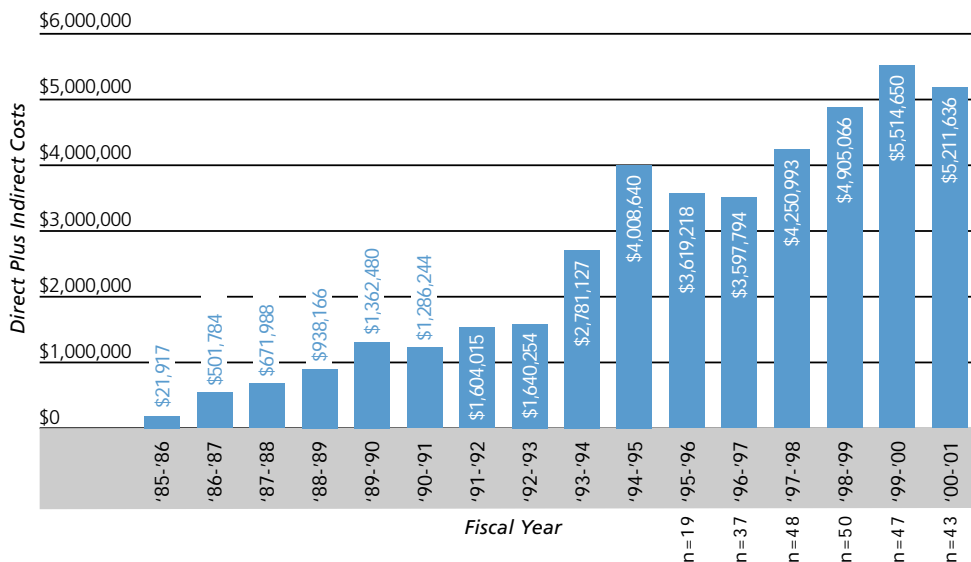
**Mishel, M.**, Principal Investigator; **Holditch-Davis, D.**, Co-Principal Investigator. *Interventions for Preventing and Managing Chronic Illness*. Institutional National Research Service Award, National Institute of Nursing Research, National Institutes of Health, 1996-2001.

**Rowsey, P.J.**, Principal Investigator. *Mentor Program - The King's Park Life Center*. The Center for Public Service, The University of North Carolina at Chapel Hill, 2000-2001.

**Thompson, D.**, Principal Investigator. *Off-campus RN/BSN program in Montgomery Community College and Area L AHEC*, AHEC Educational Mobility Grant, 1998-2002.

**Thompson, D.**, Principal Investigator; Foster, B., Co-Principal Investigator. *RN/BSN Distance Learning Program*. Nursing Special Projects Program, Health Resources and Services Administration, Public Health Service, 1999-2002.

## Annual Level of Research Funding



# Publications 2000–2001 Academic Year

## **Baggett, Christopher**, *Research Instructor*

Baggett, C. D., Harrell, J.S., Deng, S., Bangdiwala, S., & McMurray, R.G. (2001). Accuracy of the Tritrac-R3D accelerometer for the assessment of physical activity and energy expenditure in youth. *Medicine and Science in Sports Exercise*, 33(Suppl. 5), S253.

Hendelman, D., Miller, K., Baggett, C., Debold, E., & Freedson, P. (2000). Validity of accelerometry for the assessment of moderate intensity physical activity in the field. *Medicine and Science in Sports Exercise*, 32(Suppl. 9), S442-9.

## **Barroso, Julie**, *Assistant Professor*

Barroso, J. (2001). Just worn out: A qualitative study of HIV-related fatigue. In S. G. Funk, E. M. Tornquist, J. Leeman, M. S. Miles, & J. S. Harrell (Eds.), *Key aspects of preventing and managing chronic illness* (pp. 183-194). New York: Springer.

## **Beeber, Linda Staffon**, *Professor*

Beeber, L.S. (2000). Hildahood: Taking the interpersonal theory of nursing to the neighborhood. *Journal of the American Psychiatric Nurses Association*, 6(2), 1-7.

Morrison-Beedy, D., Beeber, L., & Hahn, E. (2000). Integrating undergraduate nursing students in research. *Nurse Educator*, 24(4), 155-156.

## **Belyea, Michael**, *Research Associate Professor*

Mishel, M.H., Germino, B., Belyea, M., Harris, L., Stewart, J., Bailey, Jr., D.E., Mohler, J., & Robertson, C. (2001). Helping patients with localized prostate cancer: Managing after treatment. In S.G. Funk, E.M. Tornquist, J. Leeman, M.S. Miles, & J.S. Harrell (Eds.), *Key aspects of preventing and managing chronic illness* (pp. 235-246). New York: Springer.

Speck, B.S., Bradley, C.S., Harrell, J.S., & Belyea, M.J. (2001). A food frequency questionnaire for youth: Psychometric analysis and summary of eating habits in adolescents. *Journal of Adolescent Health*, 28, 16-25.

## **Black, Beth Perry**, *Research Assistant Professor*

Black, B. (2000). Understanding Human Immunodeficiency Virus. Modul 26. *AHEC Continuing Education for Nurses Series*, University of North Carolina, Chapel Hill, NC: Independent Studies Division.

Miles, M.S., Holditch-Davis, D., & Black, B. (2001). HIV-self care management intervention with African American mothers. In S. Funk, E.M. Tornquist, J. Harrell, M. Miles, & J. Leeman (Eds.), *Key aspects of preventing and managing chronic illness* (pp. 275-288). New York: Springer.

## **Boyington, Alice**, *Assistant Professor*

Boyington, A.R., & Dougherty, M.C. (2000). Pelvic muscle exercise effect on pelvic muscle performance in women. *International Journal of Urogynecology*, 11, 212-218.

## **Butler, Gail S.**, *Clinical Instructor*

Fullwood, J., Butler, G., Smith, T., Cox, M., Bride, W., Mostaqueini, Z., Cook, P., Granger, B. (2001). *New*

*strategies in the management of acute coronary syndromes; nursing clinics of North America*. Philadelphia, PA: WB Saunders.

## **Bye, Margaret**, *Clinical Assistant Professor and Statewide AHEC Nursing Liaison*

Bye, M., Clark, K., & Stallings, K., (2000, October). Over 2500 nurses in North Carolina interested in MSN. *Tar Heel Nurse*, 11.

## **Carlson, John**, *Research Associate Professor*

Dalton, J.A., Carlson, J., Blau, W., Lindley, C., Greer, S.M., & Youngblood, R. (2001). Documentation of pain assessment and treatment: How are we doing? *Pain Management Nursing*, 2(2), 54-64.

Greer, S.M., Dalton, J.A., Carlson, J., & Youngblood, R. (2001). Surgical patients' fear of addiction to pain medication: The effect of an educational program for caregivers. *The Clinical Journal of Pain*, 17(2), 157-164.

Hudson, M.F., Carlson, J.R., Beasley, C.M., Benedict, R.H., Beverly, F.C., Mason, S.C., & Herman, C. (2000). Elder abuse: Some Caucasian-American views. *Journal of Elder Abuse and Neglect*, 12(1), 89-114.

Kisida, N., Holditch-Davis, D., Miles, M.S., & Carlson, J. (2001). Unsafe caregiving practices experienced by 3-year-old children born prematurely. *Pediatric Nursing*, 27(1), 13-24.

## **Creighton, Dana**, *Research Instructor*

Creighton, D. L., Morgan, A. L., Boardley, D., & Brolinson, P.G. (2001). Weight-bearing exercise and markers of bone turnover in female athletes. *Journal of Applied Physiology*, 90, 565-570.

## **Cronenwett, Linda**, *Dean and Professor*

Cronenwett, L., & Leeman, J. (2001). Strategies for using research to improve care. In S.G. Funk, E.M. Tornquist, J. Leeman, M.S. Miles, & J.S. Harrell (Eds.), *Key aspects of preventing and managing chronic illness* (pp. 375-384). New York: Springer.

## **Dalton, Jo Ann**, *Professor and Division Chair*

Dalton, J.A., Carlson, J., Blau, W., Lindley, C., Greer, S.M., & Youngblood, R. (2001). Documentation of pain assessment and treatment: How are we doing? *Pain Management Nursing*, 2(2), 54-64.

Greer, S.M., Dalton, J.A., Carlson, J., & Youngblood, R. (2001). Surgical patients' fear of addiction to pain medication: The effect of an educational program for caregivers. *The Clinical Journal of Pain*, 17(2), 157-164.

Pierce, S.E., Dalton, J.A., & Duffey, M. (2001). The nurse's ethical obligation to relieve pain: Actualizing the moral mandate. *Journal of Nursing Law*, 7(4), 19-26.

## **D'Auria, Jennifer**, *Associate Professor and Director, Master's Programs*

D'Auria, J. (2001). 26 annotated test items. In J.A. Fox & L. Gilman (Eds.), *Pediatric Nurse Practitioner Certification Review Book*, test bank contribution. St. Louis: Mosby.

## **Davis, Leslie**, *Clinical Instructor*

Davis L.L., Evans J.J., Strickland J.D., Shaw L.K., & Wagner G.S. (2001, January). Delays in thrombolytic therapy for acute myocardial infarction: Association with mode of transportation and the hospital, age, sex, and race. *American Journal of Critical Care*, 10(1), 35-42.

## **Docherty, Sharron Lee**, *Assistant Professor*

Docherty, S.L. (2000). *Physical Assessment of the Preschool-Aged Child* [Video and Course Syllabi]. (Available from A Primedia Workplace Learning Network, Health and Sciences Television Network, Carrollton, TX.)

## **Dougherty, Molly C.**, *Frances Hill Fox Distinguished Professor*

Boyington, A.R., & Dougherty, M.C. (2000). Pelvic muscle exercise effect on pelvic muscle performance in women. *International Journal of Urogynecology*, 11, 212-218.

Dougherty, M.C. (2000). To Our Readers – Salute. *Nursing Research*, 49(1), 1.

Dougherty, M.C. (2000). On Writing. *Nursing Research*, 49(3), 121.

## **Duffey, Margery**, *Professor Emeritus*

Pierce, S., Dalton, J., & Duffey, M. (2001). The nurse's ethical obligation to relieve pain: Actualizing the moral mandate. *Journal of Nursing Law*, 7(4), 19-29.

## **Eaves, Yvonne**, *Assistant Professor*

Eaves, Y.D., & Kahn, D.L. (2000). Coming to terms with "perceived danger": A researcher's narrative. *Journal of Holistic Nursing*, 18(1), 27-45.

## **Fleury, Julie**, *Associate Professor*

Fleury, J., Keller, C., & Murdaugh, C. (2000). Social and contextual etiology of coronary heart disease in women. *Journal of Women's Health and Gender-Based Medicine*, 9, 1-12.

## **Fogel, Catherine**, *Professor*

Fogel, C.I. (2001). Psychological risk factors in pregnant inmates: A challenge for nursing. *MGN*, 26(1), 10-16.

Fogel, C.I. (2000). Common reproductive concerns. In D. Lowdermilk, S. Perry, & I. Bobak (Eds.), *Maternity & women's health care* (7th ed., pp. 115-143). St. Louis, MO: Mosby.

Fogel, C.I. (2000). Sexually transmitted diseases and other infections. In D. Lowdermilk, S. Perry, & I. Bobak (Eds.), *Maternity & women's health care* (7th ed., pp. 144-178). St. Louis, MO: Mosby.

## **Foley, Barbara Jo**, *Clinical Associate Professor and Director, Continuing Education Programs*

Foley, B.J., Minick, P., & Kee, C. (2000). Nursing advocacy during a military operation. *Western Journal of Nursing Research*, 22(4), 492-507.

**Funk, Sandra, Professor and Associate Dean for Research**

Funk, S. G., Tornquist, E. M., Leeman, J., Miles, M. S., & Harrell, J. S. (Eds.) (2001). *Key aspects of preventing and managing chronic illness*. New York: Springer.

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**Mishel, Merle, Kenan Professor**

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**Pierce, Susan, Associate Professor**

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**Powell, William I., IV, Clinical Instructor**

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**Rasch, Randolph F. R., Clinical Associate Professor**

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**Redman, Richard, Professor and Associate Dean for Academic Affairs**

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**Rowsey, Pamela Johnson, Assistant Professor**

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**Sandelowski, Margarete, Professor**

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**Skelly, Anne, Assistant Professor**

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**Thoyre, Suzanne, Assistant Professor**

Thoyre, S. (2001). Challenges mothers identify in bottle feeding their preterm infants. *Neonatal Network*, 20, 41-50.

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**Tornquist, Elizabeth, Lecturer**

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**Youngblood, Richard, Research Instructor**

Dalton, J.A., Carlson, J., Blau, W., Lindley, C., Greer, S.M., & Youngblood, R. (2001). Documentation of pain assessment and treatment: How are we doing? *Pain Management Nursing*, 2(2), 54-64.

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# Editorial Review Activities 2000–2001 Academic Year

## **Barroso, Julie**, Assistant Professor

Reviewer, *Research in Nursing and Health*, 2001-present  
Reviewer, *Journal of Public Health Dentistry*, 2000-present  
Reviewer, *Journal of Nurses in AIDS Care*, 2000-present  
Reviewer, *Nursing Research*, 1998 - present  
Reviewer, *Clinical Nursing Research*, 1998 - present  
Reviewer, *Western Journal of Nursing Research*, 1996 – present

## **Beeber, Linda Staffon**, Professor

Member, Editorial Review Board, *Nursing Outlook*, 1992-present  
Reviewer, *Research in Nursing & Health*, 1998-present  
Abstract Reviewer, Southern Nursing Research Society, 2001

## **Boyington, Alice**, Assistant Professor

Reviewer, *Nursing Research*, 2001-present

## **Bye, Margaret**, Clinical Assistant Professor and Statewide AHEC Nursing Liaison

Member, Editorial Board, *Journal of CE in Nursing*, 1997-present

## **Carlson, Barbara**, Research Assistant Professor

Reviewer, *Physics In Medicine and Biology*, 2001-present  
Reviewer, *Physiological Measurement*, 2000-present  
Reviewer, *Nursing Research*, 1999-present

## **Christian, Becky J.**, Associate Professor

Reviewer, *Journal of Pediatric Nursing*, 1998-present  
Reviewer, *Pediatric Nursing*, 1992-present

## **Cooper, Mary Carolyn**, Clinical Associate Professor

Reviewer, *RN*, 1993-present

## **Cronenwett, Linda**, Dean and Professor

Member, Editorial Advisory Board, *The Joint Commission Journal on Quality Improvement*, 2000-present

## **D'Auria, Jennifer**, Associate Professor and Director, Master's Programs

Reviewer, *Research in Nursing and Health*, 2000-present  
Reviewer, *Journal of Pediatric Nursing*, 1998-present  
Reviewer, *Journal of Rural Health*, 1993-present

## **Dalton, Jo Ann**, Professor and Division Chair

Editorial Board, *Journal of Palliative Medicine*, 1997-present  
Book Reviewer, *Journal of Advanced Nursing*, 1998-present  
Reviewer, *American Journal of Nursing*, 1997-present  
Reviewer, *Pain*, 1997-present  
Reviewer, *Clinical Journal of Pain*, 1997-present

## **Dieckmann, Janna**, Assistant Professor

Reviewer, *Research in Nursing and Health*, 2001-present  
Reviewer, *Nursing Research*, 2000-present  
Reviewer, *Home Healthcare Nurse*, 1998-present

## **Dougherty, Molly C.**, Frances Hill Fox

*Distinguished Professor*  
Editor, *Nursing Research*, 1997-present  
Member, Editorial Board, *International Urogynecology Journal*, 1992-present

## **Eaves, Yvonne**, Assistant Professor

Reviewer, *Nursing Research*, 1998-present

## **Englehardt, Sheila**, Clinical Associate Professor and Director, Center for Instructional Technology, and Educational Support (CITES)

Associate Editor, Administration, *Journal of Nursing Informatics* [On-line], 1996-present  
Member, Editorial Board, Credentialing Newsletter, American Nurses Credentialing Center, 1998-2000

## **Fishel, Anne**, Professor and Division Chair

Reviewer, *Journal of the American Psychiatric Nurses Association*, 1995-present  
Abstract Reviewer, American Psychiatric Nurses Association Conference, 2000

## **Fleury, Julie**, Associate Professor

*Journal of Cardiovascular Nursing*, Member, Editorial Board, 1996-2001, Reviewer, 1994-2001  
Reviewer, *American Journal of Critical Care*, 1994-2001

## **Foley, Barbara Jo**, Clinical Associate Professor and Director, Continuing Education Programs

Reviewer, *Nursing and Health Care: Perspectives on Community*, 1996-present  
Abstract Reviewer, Phyllis J. Verhonik Nursing Research Course, held biennially by the Army Nurse Corps, 1997-present

## **Foster, Beverly**, Clinical Associate Professor and Director, Undergraduate Programs

Reviewer, *Public Health Nursing*, Blackwell Scientific Publications, 1990-present

## **Funk, Sandra**, Professor and Associate Dean for Research

Reviewer, *Research in Nursing and Health*

## **Germino, Barbara**, Associate Professor

Member, Editorial Board, *Cancer Nursing*, 1996-present  
Member, Editorial Board, *Journal of Psychosocial Oncology*, 1992-present  
Reviewer, *Journal of Family Nursing*, 1996-present  
Reviewer, *Cancer Practice*, 1995-present

## **Goeppinger, Jean**, Professor

Member, Advisory Board, *Journal of Family and Community Health*, 1984-present  
Member, Advisory Panel and Reviewer, *American Journal of Public Health*, 1985-present  
Reviewer, *Qualitative Health Research*, 1996-present  
Reviewer, *Health Education and Behavior* (formerly *Health Education Quarterly*), 1994-present  
Reviewer, *International Quarterly of Community Health Education*, 1985-present

## **Halloran, Edward**, Associate Professor

Reviewer, *Asian Journal of Nursing Studies*, 2000  
Reviewer, *International Nursing Review*, 2001

## **Hammond, Rosalie**, Clinical Assistant Professor

Member, Editorial Committee, *NP News*, NCNA Council of Nurse Practitioners, 2000-present

## **Harrell, Joanne**, Professor

Reviewer, *Ambulatory Child Health*, 2000-present  
Reviewer, *International Journal of Obesity*, 2000-present  
Reviewer, *Journal of Adolescent Health*, 2000-present

Reviewer, *Advances in Nursing Sciences*, 1999-present

Reviewer, *Nursing Research*, 1999-present

Reviewer, *Pediatrics*, 1997-present

Reviewer, *Clinical Nursing Research*, 1992-present

Reviewer, *Western Journal of Nursing Research*, 1990-present

Reviewer, *Image: Journal of Nursing Scholarship*, 1990-present

Abstract Reviewer, Sigma Theta Tau International, 1991-present

## **Hogue, Carol**, Associate Professor

Member, Editorial Board, *Journal of Advanced Nursing*, 1996-present

Member, Editorial Board, *Journal of Applied Gerontology*, 1995-present

Reviewer, *Journal of Gerontology: Social Sciences*, 1989-present

Reviewer, *Research in Nursing and Health*, 1986-present

Reviewer, *Journal of the American Geriatrics Society*, 1983-present

## **Holditch-Davis, Diane**, Professor and Director, Doctoral and Post-Doctoral Programs

Member, Editorial Board, Neonatal Network, 1986-present

Member, Editorial Board, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 1998-2000

Reviewer, *Sleep*, 2001

Reviewer, *Journal of Reproductive and Infant Psychology*, 2000

Reviewer, *Qualitative Health Research*, 1999-present

Reviewer, *Southern Online Journal of Nursing Research*, 1999-present

Reviewer, *Developmental Psychology*, 1999-present

Reviewer, *Nursing Research*, 1997-present

Reviewer, *Journal of Advanced Nursing*, 1996-present

Reviewer, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 1994-present

Reviewer, *Research in Nursing and Health*, 1990-present

Research Abstract Reviewer, Southern Nursing Research Society, 1989-present

Collateral Reviewer, Research Committee, Sigma Theta Tau, 1991-present

## **Hudson, Margaret**, Associate Professor

Consulting Editor and Reviewer, *Journal of Elder Abuse & Neglect*, 1987-present

Reviewer, *The Journal of the American Medical Women's Association*, 1996-present

Reviewer, *The Gerontologist*, 1995-present

Reviewer, Addison-Wesley, 1993-present

Reviewer, Brady Corporation, 1985-present

Reviewer, Springhouse Corporation, 1985-present

Reviewer, J. B. Lippincott Company, 1982-present

## **Jones, Cheryl**, Associate Professor

Invited Editor, Research Briefs, *CurtinCalls*, 1999-2001

Abstract Reviewer, International State of the Science Conference, 2000

## **Kincade, Jean**, Research Associate Professor

Reviewer, *Health Services Research*, 1988-present

Reviewer, *Public Health Reports*, 1991-present

Reviewer, *Rural Health*, 1993-present

Reviewer, *Research on Aging*, 1995-present

- Reviewer, *The Gerontologist*, 1995-present  
 Reviewer, *American Journal of Public Health*, 1996-present  
 Reviewer, *International Journal of Aging and Human Development*, 1996-present  
 Reviewer, *Journal of Gerontology/Social Sciences*, 1998-present
- Kjervik, Diane**, Professor and Director of the Carolina Women's Center  
 Editor-in-Chief, *Journal of Nursing Law*, 1994-present  
 Member, Editorial Board, *Journal of Nursing Law*, 1993-present  
 Member, Board of Review, *Issues in Mental Health Nursing*, 1993-present  
 Reviewer, *American Journal of Alzheimer's Disease*, 1998-present  
 Reviewer, *Journal of Advanced Nursing*, 1997-present  
 Reviewer, *Image: Journal of Nursing Scholarship*, 1995-present  
 Reviewer, *Nursing Outlook*, 1991-present  
 Reviewer, *Journal of Professional Nursing*, 1984-present  
 Reviewer, J.B. Lippincott Company, 1992-present
- Labyak, Susan Elizabeth**, Assistant Professor  
 Reviewer, *Pediatrics*, 1997-present  
 Reviewer, *Nursing Research*, 1998-present  
 Reviewer, *Sleep*, 2000-present  
 Ad-Hoc Reviewer, *Development Psychology*, 1999-present
- Lowdermilk, Deitra**, Clinical Professor  
 Guest Editor, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 2000  
 Reviewer, Mosby  
 Reviewer, W.B. Saunders  
 Reviewer, J. B. Lippincott Company
- Lynn, Mary**, Associate Professor  
 Member, Editorial Board, *Nursing Research*, 1997-present; Reviewer, 1980-present  
 Member, Editorial Board, *Journal of Nursing Measurement*, 1993-present; Reviewer, 1992-present  
 Reviewer, *Alternative Therapies in Health and Medicine*, 1998-present  
 Reviewer, *Clinical Nursing Research*, 1991-present  
 Reviewer, *Journal of Professional Nursing*, 1990-present  
 Reviewer, *Western Journal of Nursing Research*, 1985-present
- Mark, Barbara**, Sarah Frances Russell Distinguished Professor  
 Reviewer, *Health Care Management Review*, 2000  
 Reviewer, *Medical Care*, 1997-present  
 Reviewer, *Nursing Research*, 1998-present  
 Reviewer, *Image*, 1994-present  
 Reviewer, *Advances in Nursing Science*, 1993-present  
 Reviewer, *Nursing Economics*, 1982-present  
 Reviewer, Academy of Management, Health Care Division, 1982-present
- McQuiston, Christine**, Assistant Professor  
 Reviewer, *Journal of the Association of Nurses in AIDS Care*, 2001
- Miles, Margaret S.**, Professor  
 Member, Editorial Board, *Annual Review of Nursing Research*, 1997-present  
 Member, Editorial Board, and Reviewer, *Journal of Pediatric Nursing*, 1987-present  
 Reviewer, *Advances in Neonatal Care*, 2001-present  
 Reviewer, *Nursing Research*, 2000-present  
 Reviewer, *Research in Health and Nursing*, 1988-present  
 Reviewer, *Women's Health International*, 1988-present  
 Reviewer, *Journal of the Society of Pediatric Nurses*, 1997-present
- Milio, Nancy**, Professor  
 Member, Editorial Board, *Medical Care*, 1995-present  
 Book Review Editor, *Hospital and Health Services Administration*, 1996-present  
 Reviewer, *Nursing Outlook*, 1994-present  
 Reviewer, *Agriculture, Food and Nutrition*, (Canada), 1998-present  
 Reviewer, *Medical Anthropology Quarterly*, 1990-present  
 Reviewer, *Food Policy*, 1990-present  
 Reviewer, *International Journal of Health Services*, 1989-present  
 Reviewer, *Politics* (Australian Political Science Assoc.), 1988-present  
 Reviewer, *Social Science and Medicine*, 1988-present  
 Reviewer, *Signs: Interdisciplinary Studies on Women*, 1985-present  
 Reviewer, *Journal of Public Health Policy*, 1985-present  
 Reviewer, *Community Health Studies* (Australia), 1985-present  
 Reviewer, *Journal of Health Policy, Politics, and Law*, 1984-present  
 Reviewer, *Health Services Reports*, DHEW Health Services Administration, 1974-present  
 Reviewer, *Public Health Reports*, 1972-present  
 Reviewer, *Journal of Nutrition Education*, 1996-present  
 Reviewer, *International Self Help & Self Care*, 1996-present  
 Reviewer, *Milbank Memorial Fund Quarterly*, 1978-present  
 Reviewer, *Medical Care*, 1977-present  
 Reviewer, *American Journal of Public Health*, 1977-present
- Miller, Judith**, Associate Professor  
 Book Reviewer, Harcourt Health Sciences, 2000
- Mishel, Merle**, Kenan Professor  
 Consulting Editor, *Annals of Behavioral Medicine*, 1995-present  
 Reviewer, *Health Psychology*, 1996-present  
 Reviewer, *Research in Nursing and Health*, 1991-present  
 Reviewer, *Western Journal of Nursing Research*, 1991-present  
 Reviewer, *Heart & Lung*, 1991-present  
 Reviewer, *Scandinavian Journal of Caring Sciences*, 1999-present  
 Reviewer, *Scholarly Inquiry for Nursing Practice*, 1993-present
- Neelon, Virginia**, Associate Professor  
 Reviewer, *ANNA Journal*  
 Reviewer, *American Journal of Pharmaceutical Education*  
 Reviewer, *American Journal of Nursing*  
 Reviewer, *Journal of Applied Gerontology*  
 Reviewer, *Journal of General Internal Medicine*  
 Reviewer, Addison Wesley and Company  
 Reviewer, Saunders Company
- Pierce, Susan**, Associate Professor  
 Reviewer, *Journal of Advanced Nursing*, 1996-present  
 Reviewer, *Journal of Professional Nursing*, 1995-present  
 Reviewer, Sigma Theta Tau, Online Case Study Program, 2000-present
- Rasch, Randolph F. R.**, Clinical Associate Professor  
 Member, Editorial Board, *Trends in Nursing*, Cortex Communications, Inc., Tampa, FL, 1996-present
- Rowsey, Pamela Johnson**, Assistant Professor  
 Reviewer, *Research in Nursing and Health*, 2000-present  
 Reviewer, *Physiology and Behavior Journal*, 1997-present  
 Reviewer, *Southern Nursing Research Society* (On-line Journal), 1999-present
- Sandelowski, Margarete**, Professor  
 Editor and Contributor, *Focus on Research Methodology, Research in Nursing and Health*, 1999-present  
 North American Editor, *Nursing Inquiry*, 1999-present  
 Associate Editor, *Health Care For Women International*, 1990-present  
 Assistant Editor and Reviewer, *Research in Nursing and Health*, 1997-present  
 Member, Editorial Board, *Field Methods*, 1999-2002  
 Member, Editorial Board, *Qualitative Health Research*, 1993-present  
 Member, Editorial Board, *Advances in Nursing Science*, 1988-present  
 Reviewer, *Canadian Journal of Nursing Research*, 2000  
 Reviewer, *Journal of Nutrition Education*, 2000  
 Reviewer, *Qualitative Sociology*, 2000  
 Reviewer, *Medical Anthropology Quarterly*
- Skelly, Anne**, Assistant Professor  
 Associate Editor, *The Diabetes Educator*, 1998-present  
 Reviewer, *Diabetes Care*, 1999-present  
 Abstract Reviewer, American Diabetes Association, 60th Annual Meeting & Scientific Sessions, 2000  
 Reviewer, Sage Publications, 1998-present  
 Reviewer, F. A. Davis, 1998-present  
 Reviewer, C. V. Mosby, Inc., 1998-present
- Thoyre, Suzanne**, Assistant Professor  
 Reviewer, *American Journal of Maternal Child Nursing*, 1998-2001  
 Reviewer, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 1998-2001



# Grant Review Activities *2000–2001 Academic Year*

**Brown, Linda**, *Clinical Assistant Professor*

Reviewer, NC Triangle Affiliate, Susan G. Komen Breast Cancer Foundation, Grant Applications, Triangle Race For the Cure, December, 2000

**Bye, Margaret**, *Clinical Assistant Professor and Statewide AHEC Nursing Liaison*

Reviewer, NC AHEC Nursing Grants Program, 2001

**Carlson, Barbara**, *Research Assistant Professor*

Reviewer, Pilot Projects Program, Institute on Aging, University of North Carolina at Chapel Hill, 2000, 2001  
Reviewer, Clinical Research Advisory Committee, UNC Hospitals, General Clinical Research Center, 2001

**Dougherty, Molly C.**, *Frances Hill Fox Distinguished Professor*

Member, Nursing Research Study Section, Center for Scientific Review, National Institutes of Health, 1997-2001

**Eaves, Yvonne**, *Assistant Professor*

Reviewer, Research Grants Program, Alzheimer's Association, 2000  
Ad Hoc Reviewer, Investigator Initiated Research Grants, Alzheimer's Association, 2000

**Englehardt, Sheila**, *Clinical Associate Professor and Director, Center for Instructional Technology, and Educational Support (CITES)*

Member, Planning and Review Committee, Instructional Technology Grants, FTAC, 1999-2001

**Fishel, Anne**, *Professor and Division Chair*

Reviewer, Advanced Education Nursing Grants, Health Resources and Services Administration, April 2000

**Holditch-Davis, Diane**, *Professor and Director, Doctoral and Post-Doctoral Programs*

Member, National Institute of Nursing Research Special Emphasis Panel (ZNR1 30): P20 Exploratory Center Grants, National Institutes of Health, March 2001

Ad Hoc Member, National Institute of Nursing Research Special Emphasis Panel (Sep) ZNR1 REV-A Group 28, National Institutes of Health, November 2000

Ad Hoc Member, National Institute of Nursing Research Initial Review Group, 2001/10 Council NRRC 21, National Institutes of Health, June 2001

Reviewer, Health Research Board Clinical Research Training Fellowship in Nursing and Midwifery, Dublin, Ireland, January 2001

Collateral Reviewer, Sigma Theta Tau Research Committee, January 1991-present

**Hudson, Margaret**, *Associate Professor*

External Reviewer, Research Scholars & Fellows Program, John A. Hartford Foundation Institute for Geriatric Nursing, Division of Nursing, New York University, 1999-2001

**Jones, Cheryl**, *Associate Professor*

Member, Scientific Review Board, Quality Enhancement Research Initiative, Translation Research, Department of Veteran Affairs, Health Services Research & Dissemination, 1999-2001  
Special Reviewer, Health Systems Research Study Section [ad hoc], Agency for Healthcare Research and Quality, 2000

**Lynn, Mary**, *Associate Professor*

Reviewer, American Association of Spinal Cord Injury Nurses, ad hoc, 1993-present  
Reviewer, Spinal Cord Injury Research Foundation, ad hoc, 1994-present

**Mark, Barbara**, *Sarah Frances Russell Distinguished Professor*

Reviewer, The Wellcome Trust, London, England, April 2000  
Reviewer, Special Emphasis Panel, Developmental Centers for Patient Safety, Agency for Healthcare Research and Quality, June 2001

**Miles, Margaret S.**, *Professor*

Reviewer, AARR-8 (HIV) Study Section, National Institutes of Health, 1997-2000

**Pierce, Susan**, *Associate Professor*

Reviewer, North Carolina Center For Nursing, 1993-present

**Rasch, Randolph F. R.**, *Clinical Associate Professor*

Reviewer, Merit Peer Review Panel, Nurse Practitioner/Midwifery, Division of Nursing, Bureau of Health Professions, Department of Health and Human Services, 2000

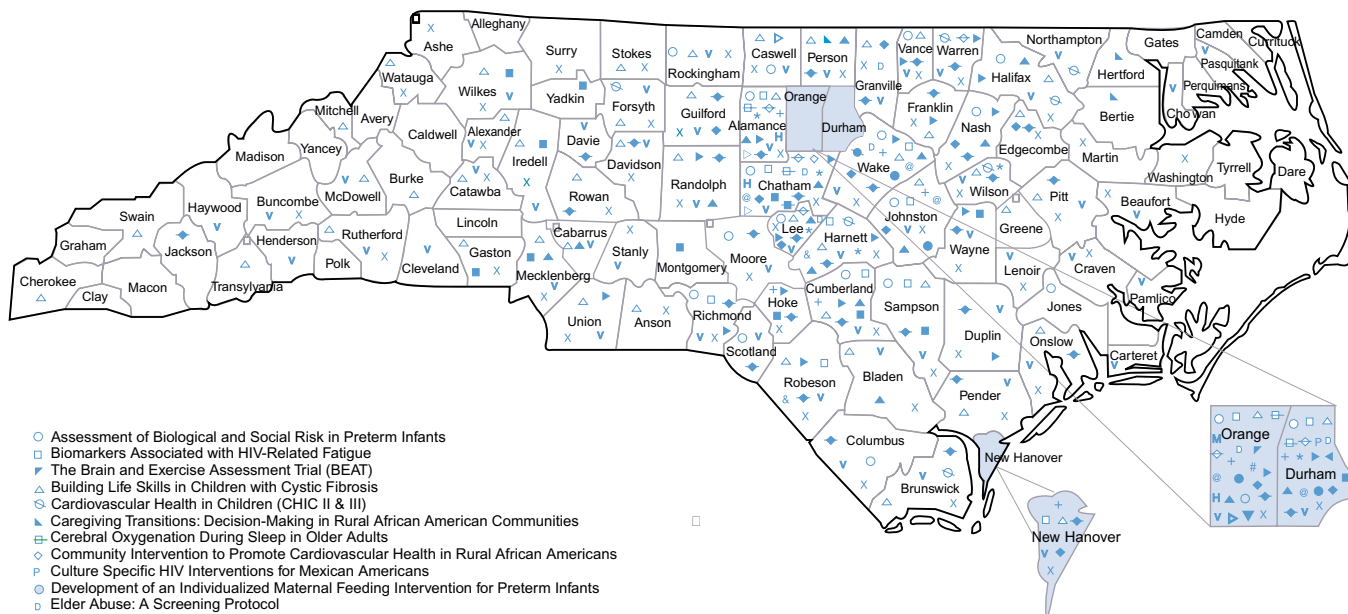
**Rowsey, Pamela Johnson**, *Assistant Professor*

Reviewer, Nursing Research Grants, 2000-2003

**Sandelowski, Margarete**, *Professor*

Reviewer, Initial Review Group, National Institute of Nursing Research, National Institutes of Health, Initial Review Group, 1999-200

## Major Research Projects: Sites July 2000 – June 2001



- Assessment of Biological and Social Risk in Preterm Infants
- Biomarkers Associated with HIV-Related Fatigue
- ▲ The Brain and Exercise Assessment Trial (BEAT)
- △ Building Life Skills in Children with Cystic Fibrosis
- ⊕ Cardiovascular Health in Children (CHIC II & III)
- ▲ Caregiving Transitions: Decision-Making in Rural African American Communities
- ⊖ Cerebral Oxygenation During Sleep in Older Adults
- Community Intervention to Promote Cardiovascular Health in Rural African Americans
- ⊖ Culture Specific HIV Interventions for Mexican Americans
- Development of an Individualized Maternal Feeding Intervention for Preterm Infants
- ⊖ Elder Abuse: A Screening Protocol
- ⊕ Energy Expenditure of Physical Activities in Youth (EEPAY)
- ⊖ Fatigue in People with HIV Infection
- ⊖ A Knowledge-Based System for Continence
- ⊖ Managing Uncertainty in Advanced Prostate Cancer
- ⊖ Managing Uncertainty in Older Breast Cancer Survivors
- ⊖ Motivation in Maintenance of Physical Activity
- ⊖ Parental Role Attainment with Medically Fragile Infants (PRAM)
- ⊖ Physiologic Dysregulation During Preterm Infant Feeding
- ⊖ Pilot Intervention for Depressive Symptoms in Low-Income Mothers
- ⊖ Promoting a Painless Death
- ⊖ Protegiendo Nuestra Comunidad: Un Programa para La Prevencion del VIH/SIDA

- ⊖ Reducing Discomfort in Frail Hospitalized Elders
- ⊖ Role of Self-Knowledge, Psychosocial Adjustment and Physiological States in Women with CHD
- ⊖ Rural Elders Diabetes Self-Management: Ethnic Variations
- ⊖ Searching for Disparity in Pain Management
- ⊖ Sleep, Sleepiness, and Alertness in Children with Juvenile Rheumatoid Arthritis
- ⊖ Symptom-Focused Diabetes Care for Rural African American Elders
- ⊖ Tailoring Cognitive-Behavioral Treatment for Cancer Pain
- ⊖ Testing Interventions Directed Toward STD/HIV Risk Reduction for Incarcerated Women
- ⊖ Type 2 Diabetes: Ethnic Variation in Knowledge and Belief
- ⊖ Wake Women's Project: Efficacy of Biofeedback to Treat UI in Women

# Doctoral Student & Post-Doctoral Fellow Activities 2000–2001 Academic Year

## GRANTS

- Bailey, Jr., D.**, Principal Investigator; **Mishel, M.**, Sponsor. *Uncertainty and Watchful Waiting in Older Men with Prostate Cancer*. Predoctoral Fellowship, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, 1999-2001.
- Bailey, Jr., D.**, Principal Investigator; **Mishel, M.**, Sponsor. *Uncertainty and Watchful Waiting in Older Men with Prostate Cancer*. Dissertation Research Award, Oncology Nursing Foundation, 1997-2001.
- Brunssen, S.**, Principal Investigator; **Holditch-Davis, D.**, Sponsor. *Effect of Perinatal Interleukin-6 Elevation on Neurodevelopment*. National Research Service Award, National Institute of Nursing Research, National Institutes of Health, 1999-2002.
- Gary, R.**, Principal Investigator; **Dougherty, M.**, Sponsor. *Home-Based Exercise in Women with Chronic Heart Failure*. Research Award, American Nurses Foundation, 2000-2001.
- Granger, B.**, Principal Investigator; **Harrell, J.**, Sponsor. *Web-Based Data Collection: Linking International Nursing Research Efforts to Improve Patient Care for Heart Failure*. Research Award, AACN Clinical Practice, 2001-2002.
- Hamilton, J.**, Chair, Parent Advisory Committee; **Holditch-Davis, D.**, Principal Investigator; Scher, M., Miles, M., Morrow, J., Aydtlett, L., Hudson, D., Hack, M., Co-Investigators. *Assessment Of Biological And Social Risk In Preterm Infants*. National Institute of Nursing Research, National Institutes of Health, 1998-2002.
- Lee, M.**, Principal Investigator; **Fleury, J.**, Sponsor. *Application of Health Belief Model in Hypertension Management in Korean American Older Adults*. Research Award, Institute on Aging, University of North Carolina at Chapel Hill, 2000.
- Minichiello, V.**, Fellow; **Baker, C.**, Sponsor. *Breast Cancer and Environmental Agents*. National Institute of Environmental Health Sciences/Duke University/The University of North Carolina at Chapel Hill, 1999-2001.
- Stewart, J.**, Principal Investigator; **Mishel, M.**, Sponsor. *Conceptualization and Measurement of Uncertainty in Children with Cancer*. Predoctoral Fellowship, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, 1998-2000.
- Stewart, J.**, Principal Investigator; **Mishel, M.**, Sponsor. *Uncertainty in Children with Cancer*. Research Award, American Cancer Society, 1998-2000.

## NURSING INSTITUTIONAL NRSA AWARD RECIPIENTS

### Predoctoral Students

- Amoako, Emelia (Mishel, M., sponsor)**. *Testing the Uncertainty Management Intervention with Older African-American Diabetic Women*, 2000-2002.
- Bond, Stewart (Neelon, V., sponsor)**. *End of Life Confusion in Terminally Ill Cancer Patients*, 1999-2001.
- Cambell, Carol (Fogel, C. & Beeber, L., sponsors)**. *Depression in Disadvantaged Young Women and Mothers*, 2000-2001.
- Hardy, Lynda (Harrell, J., sponsor)**. *Cardiovascular Risk Factors in Children: Development of a Behavior Modification Program Related to Cholesterol Levels, Nutrition, and Exercise*, 1999-2001.
- Larson, Kim (Goepfinger, J. & McQuiston, C., sponsors)**. *To Reduce Adolescent Pregnancy and Sexually Transmitted Diseases, Especially HIV/AIDS, Among Hispanic Adolescents by Delaying Sexual Activity and/or Providing Communication Skills that Enhance Healthy Sexual Choices*, 2000-2002.
- Polzer, Rebecca (Miles, M., sponsor)**. *The Effect of Spirituality on Self-Care Management of Diabetes in Hispanic Women*, 2000-2002.

- Scott, Cheryl (Beeber, L., sponsor)**. *Development and Implementation of Culturally Specific Interventions for Women of Color with a Diagnosis of Chronic Depression*, 2000-2002.

- Van Horn, Elizabeth (Fleury, J., sponsor)**. *Examination of the Psychosocial Process of Recovery in Persons who Sustained a Physically Traumatic Injury and Development of a Theory of this Process in Service to the Design and Testing of Theoretically Based Interventions for Trauma Patients*, 1999-2001.

### Postdoctoral Students

- Lee, Miok (Fleury, J., sponsor)**. *Social Cognitive Theory and Interventions to Promote Lifestyle Modification in Hypertension Control among Korean-American Elderly*, 1999-2001.
- Stephenson, Nancy (Dalton, J., sponsor)**. *A Comparison of the Effects of Two Complementary and Alternative Therapies on Pain and Anxiety among Women with Metastatic Breast Cancer*, 2000-2002.

## PUBLICATIONS

- Clayton, M.F.** (2001). Immunizations. In C. Green-Hernandez, J.K. Singleton, & D.Z. Aronson (Eds). *Pediatric Primary Care*, 161-173, Philadelphia: Lippincott-Raven.
- Fleury, J.**, Sedikides, C., **Lunsford, V.** (2001). Women's experiences following a cardiac event: The role of the self in healing. *Journal of Cardiovascular Nursing*, 15(3), 82.
- Gustke, S., Balch D. A., **West, V.L.**, & Rogers, L. (2000). Profile of users of interactive video-mediated clinical consultations. *Archives of Family Medicine*, 9, 1036-1039.
- Mandrell, B. N., Ruccione, K., Dodd, M., Moore, J., Nelson, A. E., Pollock, B., **Stewart, J. L.**, Stutzer, C. & Westlake, S. K. (2000). Applying the concept of self-care to pediatric oncology patients. *Seminars in Oncology Nursing*, 16, 315-6.
- Mishel, M.H.**, **Germino, B.B.**, **Belyea, M.**, Harris, L., **Stewart, J.**, **Bailey, Jr., D.E.**, Mohler, J. & Robertson, C. (2000) Helping patients with localized prostate cancer: Managing after treatment. In S.G. Funk, E.M. Tornquist, J. Leeman, M.Miles & J.S. Harrell (Eds.) *Key Aspects of Preventing and Managing Chronic Illness*; (pp. 235-246). New York: Springer.
- Rhee, H.**, (2000). Prevalence and predictors of headaches in U.S. adolescents. *Headache*, 46, (7), 528-538.
- Rhee, H.**, (2000). Additional thoughts about racial differences in the prevalence of headaches in U.S. adolescents, *Headache*, 41 (4), 419-420.
- Stewart, J. L.**, & **Mishel, M. H.** (2000). Uncertainty in childhood illness: A synthesis of the parent and child literatures. *Scholarly Inquiry for Nursing Practice*, 14(4), 299-319
- Van Horn, E.** & Tesh, A. (2000). Impact of Critical Care Hospitalization on Family Members: Stress and Responses. *Dimensions of Critical Care Nursing*, 19(4), 40-49.
- Van Horn, E.**, & Tesh, A. (2000). Handle with Critical Care, *Nursing Management*, 31(9), 32F-32H.
- West, D. A., and **West, V. L.** (2000). Model selection for a medical diagnostic decision support system: A breast cancer detection case. *Artificial Intelligence in Medicine*, 20, 183-204.
- West, V. L.** & Gustke, S. (2000). Authors' Comment. *Archives of Family Medicine*, 9, 1040.
- West, V. L.** & Balch D. (2001). Telemedicine used in a simulated disaster response. *Studies in Health Technology and Informatics*, 81, 41-45.
- West, V. L.** & Balch, D.A. (2001). Telemedicine and disaster response: Policy challenges. *The Telehealth Law Report*, 5(6), 7-11, 16.
- West V. L.** (2001). Using telemedicine to respond to disasters. *Insight Out*. UNC-Chapel Hill.

# FROM THE *Editor*

Dear Alumni and Friends,

*Carolina Nursing* may be a familiar sight to you by now, with three issues faithfully arriving in your mailbox right around the changing of the season. What you may not have noticed before, however, is that while each magazine features a mix of stories on alumni who are working to forward the art and science of nursing and the supporters who give generously of their time and resources to advance the School, the winter issue—known as the *Research Chronicle*—is devoted specifically to spotlighting the endeavors of the School's faculty and student researchers.

The researchers featured in this issue of the *Research Chronicle* are widely respected for their achievements in the world of nursing. Many of them agree, however, that

they could not accomplish nearly all that they do without the aid of the School's backbone of research know-how, the aptly named Research Support Center. Staffed by a skilled team of faculty and administrators and led by Associate Dean for Research Dr. Sandra Funk, the RSC works to ensure that the School's researchers are able to create new projects, garner sufficient funding, and develop the research scholars of tomorrow. The RSC, through its work with the School's researchers, touches the lives of countless patients. I hope that the hard work detailed in this issue of the *Research Chronicle* touches you as well.

Please feel free to contact me in the School's Office of Advancement with any questions or comments you may have about the *Research Chronicle*. The *Carolina Nursing*

staff and I feel that your thoughts are important and we urge you to share with us information about the issues that are significant to you, topics you would like to see covered in the magazine, and your feelings about how we are doing in keeping you informed about your favorite School of Nursing. We look forward to hearing what you have to say.

Best regards,



Sunny Smith Nelson  
Managing Editor, *Carolina Nursing*

Associate Director of Public  
Relations and Communications  
919.966.1412  
Sunny\_Nelson@unc.edu



Please send news and nominations to:

Associate Director of Alumni Affairs  
School of Nursing  
UNC-Chapel Hill  
Carrington Hall, CB #7460  
Chapel Hill, NC 27599-7460  
E-mail: sonalum@unc.edu

## ALUMNI AWARD. *Nominations*

The School of Nursing Alumni Association is now taking nominations for the following alumni awards. Please nominate that colleague or friend who has meant much to the profession and the School of Nursing.

**The Alumna/us of the Year Award** is earmarked for that person known for their distinction in the area of nursing, either through their scholarly endeavors, their promotion of health care or their tireless service. This person must be a graduate of a program in the UNC-Chapel Hill School of Nursing.

**The Honorary Alumna/us Award** goes to that person who possesses distinction in the area of nursing and has demonstrated outstanding support for the School of Nursing. This person is not a graduate of any UNC-Chapel Hill School of Nursing program.

**The Carrington Award for Exceptional Community Service** is awarded to that person who has given remarkable service to the community, state or other beneficiary organization and has reflected favorably on the School of Nursing through their extraordinary efforts to benefit society (though not necessarily through direct nursing activity).

Name of Nominee:

Class Year:

For which award are they being nominated?:

Reasons why this person should receive this award:

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Your Name:

Class Year *(if applicable)*:

Phone Number:

## WHAT'S NEW *With You?*

Keeping up with each other is hard to do these days. Please let *Carolina Nursing* share your news! Whether it's a new job, a new address, or a special accomplishment, we'll be happy to get the word out for you.

Name *(please include maiden name)*:

Class Year:

My address has changed. My new address is:

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News:

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