Dear Alumni and Friends,

Caring done well oftentimes goes unnoticed. Caring is a fundamental part of nursing, yet capturing, measuring, delivering, and determining its impact can prove elusive. Likewise, the knowledge undergirding nursing care may remain invisible to the untrained eye. A hand held, body bathed, or series of gentle guiding questions often rely on years of academic preparation, high-level prioritizing, keen observational skills, deep knowledge of this patient, as well as expertise in symptom management, the trajectory of a given condition, and the intended or unintended effects of treatment.

Health care systems throughout the country are recognizing the importance of care that is patient and family centered. Valuing and implementing caring at the organizational level and at the bedside can leave patients feeling welcomed, safe, secure and better able to handle the stresses of illness and hospitalization.

For many years my research has focused on caring: what it is, what it isn’t, whether it impacts outcomes and, most recently, how to translate it into care settings. In the early 1990s I gathered data through in-depth interviews with recipients and providers of caring as well as spending a full year in the newborn intensive care unit watching moms, dads, physicians, and nurses care for infants born on the edge of viability. Using these data I defined caring: a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility.

Caring consists of five ways of relating: knowing, being with, doing for, enabling, and maintaining belief. Respectively, these five processes leave recipients feeling understood, valued, safe and comforted, capable, and hopeful for the future. Learn more about how caring is being translated into practice at UNC Hospitals on page 13.

The caring processes are reflected in much of the work we do here at the School of Nursing. Our caring reaches from interactions with each other in the workplace all the way to care for people around the globe. In this issue, you can read about how Gail Johnson and Melissa LeVine are “doing for” faculty and staff through our wellness center. Ashley Leak and Tonya Rutherford demonstrate “knowing” and “doing for” nursing students through provision of funds that “maintain belief” in students and their full potential. Nurse scientists demonstrate the importance of “being with” and “enabling” families through studies that identify effective ways to provide care at life’s end.

I, like anyone else, find it is easy to get trapped in routines or feeling captive to a never-ending “to do” list. On such days, it helps if I pause and reflect, “Do my actions reflect my commitment to know, be with, do for, enable, and maintain belief in those I work with, the organization I am a part of, or the missions I serve?” Of course, like strapping on the proverbial oxygen mask before you attend to those around you, it also helps to ask, “Have I treated myself like a valued other toward whom I feel a personal sense of commitment and responsibility?” It is a good way to check the pulse on our priorities.

Sincerely,

Kristen M. Swanson, RN, PhD, FAAN
Dean and Alumni Distinguished Professor
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On the Cover: BSN student Julia Leoshko (left) and Clinical Instructor Rhonda Lanning care for an infant in the Mother-Baby unit at the N.C. Women’s Hospital.

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The University of North Carolina at Chapel Hill School of Nursing tied for fourth in the 2011 U.S. News and World Report Best Graduate School rankings. This is a move up from its tie for fifth place in 2007, the last time the publication ranked graduate-level nursing programs.

The School’s average assessment score of 4.5 matched that of the University of California-San Francisco and placed it just under Johns Hopkins University, University of Pennsylvania and the University of Washington, which all tied for first with a score of 4.6. The U.S. News and World Report rankings are based on the ratings of peer academic experts and will appear in the 2012 edition of “Best Graduate Schools.”

For nursing specialties, the School tied for fourth in the psychiatric/mental health clinical nurse specialist category, placed tenth for pediatric nurse practitioner, was sixth for nursing service administration, and was eleventh for family nurse practitioner.

“Our graduate clinical programs supply North Carolina with advanced practice nurses that help meet the primary, psychiatric, chronic, and specialty care needs of the citizens of our State; nurse administrators that provide leadership for the safe delivery of patient care; and educators that prepare future generations of nurses for entry into practice as RNs and advanced practice nurses,” says Dean Kristen M. Swanson. “These outstanding rankings show the strength of our graduate programs and their level of respect among our peers.”

WHAT DOES IT MEAN TO BE A CAROLINA NURSE?

Being a “Carolina Nurse” has many dimensions. The School has produced a 7-minute video that tells the story from the perspective of students, alumni, faculty, as well as SON and hospital leaders who all experience the quality, energy, and pride of being connected to one of the leading Schools of Nursing in the United States. Unrestricted private gifts made this video possible, and we are grateful to our alumni and friends who provide support to the School. Watch the video at http://nursing.unc.edu.
BUDGET CUTS BRING CHANGES TO SON PROGRAMS

In anticipation of expected reductions to the University’s state appropriations that might reach as high as 15 percent, Chancellor Holden Thorp instituted campus-wide cuts equal to a 5 percent permanent state budget reduction to take effect July 1, 2011.

These cuts come on top of almost 10 percent in permanent cuts that the School of Nursing absorbed over the last two years. Cutting 5 percent, or $483,407, for the 2011-2012 fiscal year, left the School no choice but to reduce some programs.

“Like the rest of the University, we are doing our part as the state of North Carolina copes with a challenging budget situation,” says Dean Kristen M. Swanson. “We remain committed to offering the high-quality, rigorous nursing programs that have led us to be consistently recognized as one of the nation's premiere nursing schools.”

Undergraduate Changes
In February the School announced that it would reduce overall undergraduate enrollments by about 25 percent beginning with the May 2011 admissions cycle. This reduction will take place in both options students have for preparation to enter into practice as a registered nurse (RN): the Bachelor of Science in Nursing (BSN) six-semester program or the Accelerated Bachelor of Science in Nursing (ABSN) four-semester program for applicants who have already earned a baccalaureate or higher degree in another field of study. Together, the BSN and ABSN programs have been graduating approximately 200 new nurses each year.

The School has traditionally admitted both BSN and ABSN applicants in January and May, but will now admit only BSN applicants in May and only ABSN applicants in January. The pacing of enrollments enables economies of scale. Students can overlap in some of the main lecture courses while clinical requirements are spread out over the academic year.

Decreasing enrollment in the undergraduate program by 25% will save almost $300,000 for the 2011-2012 fiscal year and will save additional money as currently enrolled students graduate. For every eight undergraduate nursing students, their two years of supervised clinical experiences alone costs approximately $72,000 in fixed-term faculty salaries. These are the clinical experts on whom we rely to provide the superior education for which the School of Nursing is known.

“It is truly unfortunate to find ourselves reducing enrollments to the levels we realized 10 years ago,” Dean Swanson says. “However, we cannot sacrifice the quality or safety of nursing education, so our difficult choice was to reduce the number of students.”

RN to BSN Program
In March the School announced that, after August 2011, admissions will be suspended for the RN to BSN option of the BSN program. The RN to BSN option is for registered nurses who hold an associate's degree or diploma. Only students that can commit to completing the four courses specific to the RN to BSN option by the end of the spring 2012 term will be admitted in May and August 2011. Registered nurses with an associate's degree or diploma can enter the School’s RN to MSN option (read more about this program on page 11).

Women’s Health NP
Budget cuts as well as a history of low enrollments led the School to suspend admission to the Women's Health Nurse Practitioner specialty in the Master of Science in Nursing (MSN) program after August 2011. A last cohort of full time students will be admitted in August 2011. The School will continue its Adult-Gerontology Nurse Practitioner, Health Care Systems, Pediatric Nurse Practitioner/Primary Care, Family Nurse Practitioner, and Psychiatric/Mental Health Nurse Practitioner/MSN options.

Students participate in UNC Celebration of Undergraduate Research

Nursing students Sara Schumann (left) and Miker Samios (right) presented honors posters at the University’s celebration of undergraduate research. Schumann’s research was on the implementation of a family charting tool in the neonatal intensive care unit, and Samios examined transitioning kids with cystic fibrosis to independent care. Samios also talked about her research on a video featured on UNC.edu. Dr. Diane Yorke was the advisor for both students. All the SON honors and highest honors students presented posters in the School on April 21.

Three New Directors join SON Foundation, Inc. Board

Recently appointed to four-year terms on the SON Foundation Board are Angela Hall, CPA, from Salisbury, N.C., Bill Self, CPA, from Durham, N.C., and Betty Woodard, MSN ’87, PhD, RN, from Wilmington, N.C. Hall is the niece of Helen Umphlet who established the Thomas and Helen Umphlet Distinguished Professorship in honor of her husband, a physician who admired nurses. Bill is married to Barbara Hedberg Self, BSN ’57, who designed the SON pin during her student years. The Self family endowed a scholarship in Barbara’s name at the 50th class reunion. Dr. Woodard has been recognized numerous times by SON students for her outstanding teaching abilities; she is now director of nursing research and evidence-based practice at WakeMed Health and Hospitals in Raleigh.

Margaret Ferguson Raynor, BSN ’67, M.Ed., has assumed leadership as President of the Board and will guide the 22-member group through a strategic organizational assessment over the coming year. Other members of the newly elected Executive Committee are Jo-Anne Trowbridge Martin, BSN ’69, Vice-President, Thomas Fox, M.D., Treasurer, and Susan Willey Spalt, BSN ’67, Secretary.

The Board is responsible for stewarding a $6.5 million endowment to ensure that there is sufficient payout to support students and faculty. The SON Foundation fund is managed by the UNC Management Company and held in the UNC Investment Fund. For the first nine months of fiscal year 2010–2011, the UNC investment fund is up 13.6%.

The Pauline W. Brown Diversity Scholarship Award

Accelerated BSN student Mary Carter and MSN student Christine Weeks are this year’s recipients of the Pauline W. Brown Diversity Scholarship Award. The award recognizes students who write research papers, essays, and other work that examines a subject through the lenses of race/ethnicity, class, gender, sexuality, and culture, or focuses on the contribution of women and men of all colors to society, history, culture, or thought.

Carter’s winning submission was the paper “Exile and Reintegration among Rape Survivors in the Democratic Republic of Congo: Factors Influencing Rejection and Acceptance.” Rape continues to be a problem in the Democratic Republic of the Congo because of enduring conflict there. Carter performed a secondary analysis of data to examine the cultural factors that influence whether women that experience rape are then exiled or accepted by their husbands. She found that women who tested positive for HIV, were abducted by their aggressors, or had become pregnant from the rape were never accepted back by their husbands. Other factors such as higher education, ability to conceive after being raped, spousal trauma, mediation and optimism were associated with acceptance. By understanding what influences rejection and acceptance, specific programming and interventions can be developed to help women to transition back into their families.

Weeks won the award with her review paper “Factors Influencing Self Care Behaviors of African American Adults with Type 2 Diabetes.” The term self-care describes the actions and behaviors individuals take to manage their diabetes. Weeks examined research in which the study population contained at least 15% African Americans and directly addressed factors affecting self care behaviors, finding 11 studies that fit her criteria. She concluded that there is not sufficient comparative research to fully evaluate or understand factors influencing self care behaviors in this group and that further study needs to focus on the variety of experiences, barriers, and conditions that could undermine or support the factors examined.
The LeVine Wellness Spot officially opened with a kick-off luncheon and ribbon cutting in January. It provides School of Nursing employees a dedicated room in which to exercise and focus on healthy life choices.

Gail Johnson, a project coordinator for the Psychiatric-Mental Health HRSA grant, brought her idea for the Wellness Spot to fruition with funds that remained from an expendable gift Melissa LeVine, BSN ’77 MSN ’81, made to the SON in 2000. “As advocates of health care and of good health, we cannot ask our patients to do healthy things if we’re not doing them ourselves,” LeVine says. “My long-range vision was that as the faculty and staff improve their healthy behaviors and health status, it would make them more effective in communicating healthy behaviors with patients and that this would ripple out to the whole state of North Carolina.”

Johnson equipped the room with free weights, exercise balls, steppers and resistance bands, a large flat-screen TV, and a variety of exercise video games and DVDs. However, the LeVine Wellness Spot is more than a physical space. Through its programs Johnson has encouraged healthy activity in a variety of fun ways. She organized walking competitions with different weekly goals and prizes, and walkers were able to use free pedometers donated by Brant Nix from the SON Biobehavioral Laboratory. “What I like about the walking competitions is that each one is different, you don’t get bored. I’m very excited about the current six week walk/run challenge,” says Brandy Elsenrath, an administrative support associate in the Dean’s office.

Instructor-led Zumba classes have people moving and burning calories, and Johnson plans to use the SON’s rich resources by organizing short 15 to 20 minute lectures from faculty that center around eating habits and food preparation. “There will even be cooking demonstrations in the wellness room,” she said. The LeVine Wellness Spot and its programs are free and are aimed specifically at meeting the needs of SON employees.

Gail Johnson (above) had the idea to encourage SON faculty and staff to be active and healthy in a convenient, dedicated space. An expendable gift from Melissa LeVine (inset), BSN ’77 MSN ’81, made the space possible.
FACULTY APPOINTMENTS, GRANTS, AND AWARDS

DR. RUMAY ALEXANDER and DR. LINDA CRONENWETT participated in “Team Based Competencies: Building a Shared Foundation for Education and Clinical Practice” at the invitation of Dr. Mary Wakefield, administrator of the Health Resources and Services Administration. This meeting focused on advancing interprofessional team-based competencies for improving education and quality of care delivery across the United States.

DR. BARBARA BENJAMIN was appointed as an accreditation program appraiser by the American Nurses Credentialing Center Commission. In this national position she will serve as part of a team reviewing accreditation applications for continuing education providers and appraiser units from various parts of the country.

DR. ANNA BEEBER is the Hartwick College Department of Nursing 2011 Alumnus of the Year. She received the honor at the Graduation Ceremony and delivered the keynote address.

DR. DIANE BERRY graduated from the second class of UNC Faculty Engaged Scholars in January. She worked during the two year program to strengthen her community partnerships and connections to her research, using community-based participatory research to develop a weight management and diabetes prevention program for the Spanish-speaking population in Orange and Durham Counties.

DR. BETH BLACK received $407,000 from the National Institute of Nursing Research at NIH for her research proposal “End-of-Life Care After Severe Fetal Diagnosis.” She will study the implementation of a perinatal palliative care program at the UNC Center for Maternal and Infant Health (more on page 20). She also was the guest editor of the Journal of Perinatal and Neonatal Nursing’s first issue of the 25th anniversary volume. This issue focused on perinatal bereavement and was published in January 2011.

DR. BARBARA CARLSON received the 2011 Southern Research Nursing Society (SNRS) D. Jean Wood Award for her paper, “Cerebral Oxygenation in Wake and During Sleep and its Relationship to Cognitive Function in Community-Dwelling Older Adults without Sleep Apnea.” The award recognizes faculty researchers whose contributions have enhanced the science and practice of nursing in the Southern region.

DR. LINDA CRONENWETT was elected Chair of the Board of the North Carolina Center for Hospital Quality and Patient Safety. She was also appointed as a member of the Board of the Josiah Macy, Jr., Foundation.

The Nursing Doctoral Student Organization recognized DR. SANDRA FUNK and DR. BARBARA MARK with the 2011 Faculty Awards for Excellence in Doctoral Mentorship and Education from the UNC Chapel Hill School of Nursing.

DR. CORETTA JENERETTE and DR. ERIC HODGES received Junior Faculty Development Awards from UNC’s Faculty Study and Research Leave Committee. This award is helping Dr. Jenerette further develop her program of research, which is aimed at designing theory-based, self-care management strategies for individuals with sickle cell disease. Dr. Hodges is using the funds to conduct a secondary analysis of data from the Infant Care, Feeding, and Risk of Obesity Study (more on page 22).

DR. DONNA HAVENS is the University of Maryland School of Nursing’s 2011 Distinguished Alumni Award Recipient. Dean Janet Allen noted Dr. Havens’ outstanding contributions as an academician, researcher, practitioner, and administrator.

DR. JILL HAMILTON received the 2011 Oncology Nursing Society Excellence in Writing Award for Qualitative Nursing Research for her work on the perceptions of social support among older African American cancer survivors.

The UNC Hospitals Nursing Division chose DR. CHERYL B. JONES as Faculty of the Year. This award recognizes her role as Research Consultant (more on page 13).

DR. MARYLINDA OERMANN was the Mary Killeen Endowed Visiting Scholar at Arizona State University in April. She presented a public lecture on the scholarship of teaching and conducted a workshop for nurse educators.

DEAN KRISTEN M. SWANSON has served as consultant to UNC Hospitals in Chapel Hill, Norton Healthcare in Louisville, Ky., WellStar Health system in Marietta, Ga., and Virginia Mason Medical Center in Seattle. All of these institutions are adopting the Swanson Caring Theory as a framework for nursing practice.

DR. SUZANNE THOYRE is participating in the UNC faculty boot camp, “The Entrepreneurial Mindset-Maximizing Faculty Impact,” a four day workshop on entrepreneurial thinking and turning ideas into reality.

DR. MARCIA VAN RIPER authored a chapter called “Family Nursing and Genomics in the 21st Century” for the book From Insight to Intervention: Family Nursing from an International Perspective, edited by Drs. Erla Kolbrun Svavarsson and Helga Jonsdottir of the University of Iceland. The majority of the chapter is devoted to how the SON is integrating genetics and genomics into the curricula.

LISA WOODLEY received the Excellence in Education award from the graduating BSN and ABSN students in August and December 2010. She has received the award a total of 13 times.
New Director of PhD and Post Doctoral Programs

Associate Professor Dr. Suzanne Thoyre has been named the Director of PhD and Post Doctoral Programs in the School of Nursing. Dr. Thoyre joined the SON faculty in 1997 and has actively demonstrated her commitment and passion for advancing doctoral education. She has participated in the Doctoral Executive Committee, was chair of the Doctoral Admissions Committee, and received a Faculty Award for Excellence in Doctoral Mentorship and Education. Dr. Thoyre has published numerous papers on her research, which focuses on development of early feeding skills in vulnerable infants and children (read more on page 22). “Doctoral education is really crucial to our discipline,” Dr. Thoyre says. “For some time, I have been interested and involved in our doctoral program and in finding ways to make it as effective as possible. I enjoy working with doctoral students, and this position will allow me to do that on a larger scale.”

Merle Mishel Inducted into Nurse Researcher Hall of Fame

Kenan Professor of Nursing Dr. Merle Mishel will be inducted into the 2011 Sigma Theta Tau International Nurse Researcher Hall of Fame. The Hall of Fame recognizes scholars and leaders whose funded program of research has had a long-term impact on the profession and patient/family outcomes. The nomination recognizes Dr. Mishel’s more than 20 years of federally-funded research and her development of the theory of uncertainty in illness. The scales she developed to help investigators measure uncertainty in illness are used in 30 countries and have been translated into many languages. She says she is pleased that this award recognizes the importance of nursing research and is honored to have an international organization acknowledge her work as meaningful.

On July 1, 2011, Dr. Mishel will start as a permanent member of the Nursing and Related Clinical Sciences Study Section, Center for Scientific Review, National Institutes of Health (NIH). Her term extends through June 30, 2015. This new study section reviews funding applications that address the scientific underpinnings of clinical practice and is concerned with preventing, delaying the onset, and slowing the progression of disease and disability. Dr. Mishel says that she looks forward to sharing the creative discourse that occurs during evaluation of proposals and being aware of the new techniques included in study designs.

RN Program Director Retires after 36 Years

When Clinical Associate Professor Dr. Debbie Thompson began at the School of Nursing, she taught mostly junior pre-licensure nursing students. In the early 1980s she was asked to teach the new RN to BSN courses. “This was quite scary to me at the time because it was different from what I had been doing, but I discovered it was my love,” says Dr. Thompson. “It was the most wonderful group of students, and I thoroughly enjoyed everything about advising, working with, and teaching them.” Dr. Thompson is retiring after serving as the RN program coordinator since 1987. “She has been an integral part of the undergraduate program for 36 years,” says Dr. Beverly Foster, clinical associate professor & director, undergraduate program. “She has served as an effective classroom and clinical teacher, was the director of student services for five years, provided service as the chair of the undergraduate faculty, and led the faculty in the Baccalaureate Enrollment Expansion Project (BEEP).”

Dr. Thompson developed a high quality RN to BSN program that has impacted nursing practice. The program went completely online in 2003, increasing its accessibility for students from around the state and across the country. “I’m very proud of the program and of the graduates of the program, and I’ve had wonderful faculty who have worked with me over the years.” Thompson says that RN to BSN students bring a wide variety of nursing experiences.

Dr. Foster adds, “She has made the RN to BSN option the leading program in the state. She will be sorely missed.” Dean and Distinguished Professor Kristen M. Swanson joins Dr. Foster in recognizing the leadership and vision of Dr. Thompson. “Dr. Thompson has inspired countless RNs to seek higher education, and while it saddens me to suspend our outstanding RN to BSN program due to budget constraints, it is good that we will continue to serve associate and diploma educated RNs through the RN to MSN option.” Read more about the RN to MSN program on page 11.
NEW SCHOLARSHIPS AND FUNDS SUPPORT STUDENTS AND HONOR LOVED ONES

THE MELINDA KELLNER BROCK PUBLIC HEALTH NURSING SCHOLARSHIP

The Melinda Kellner Brock Public Health Nursing Scholarship was recently established by Eunice M. Brock to honor the memory of her daughter, Melinda, a devoted public health nurse. The endowed scholarship will assist undergraduate or graduate nursing students who demonstrate a passion for public health nursing, as Melinda did through care of and compassion for her patients.

Melinda began her career in the Mother Baby unit at WakeMed Hospitals and spent the last 15 years in Family Planning at the Durham County Health Department, where her true calling was care for the underserved. Melinda’s death on March 14, 2010 prompted Eunice to honor her memory by helping prospective nurses achieve their goals of a career in public health nursing. She expressed her intent best with these words: “It is my most sincere desire that the person awarded the scholarship be committed to making the lives of those in need healthier and happier.”

Eunice speaks of her daughter’s warmth, care and compassion, not only for her family and friends, but also to everyone she met. She calls her “the special light” in the hearts of those who knew her well. Her friends and family describe Melinda as “beautiful inside and out,” “an inspiration,” a “vibrant life source,” and “a rare gem with a contagious smile and love for the good in all peoples.”

Eunice says “She wanted to know, and cared about, everyone’s ‘story’ — young or old. They, in turn quickly realized she was sincerely interested in them.” This ability to connect emotionally with patients made all the difference in her ability to care for them.

Co-workers echo these sentiments. “The patients on our unit had a wide range of income brackets, but Melinda’s passion was to be assigned to those less fortunate.” She advocated for them in many ways. If they needed additional social resources, she found them. If they would benefit from frequent follow up, she continued to check on them. Her devotion to mothers and their new babies was unparalleled. She also practiced family-centered care, involving not just parents, but young siblings as well, guiding them to find their own way as a new family.

Melinda’s personal characteristics and view of the world had much to do with her chosen profession. As a co-worker stated, she was obviously meant to be a nurse, and she was determined to help those who most needed it and to make the world a better place. This, not material wealth, was Melinda’s definition of success.

Students who pursue their own commitment to nursing now have a chance to make the world a better place. With her gift, Eunice continues Melinda’s commitment to the future of public health nursing. By establishing the Melinda Kellner Brock Public Health Nursing Scholarship and ensuring that it continues to grow with a documented bequest, she, too, will make a difference for patients in need. Melinda’s legacy of care for the underserved will live on through future Carolina nurses.

For further information, or to make a donation, contact Anne Webb at the UNC School of Nursing, Campus Box 7460, Chapel Hill, NC 27599 or call her at 919-966-1412.
During her second year of doctoral studies Ashley Leak approached the advancement office about starting a fund that would thank and recognize the support of her parents, James and Patricia Leak. Over the next three years she raised enough money to surprise her parents by announcing the fund at graduation in May.

“The James and Patricia Leak Fund for Nursing Research” will be a legacy that can assist nursing students for years to come. At this time, there are few funding resources available in the SON to assist doctoral nursing students with their research. This fund will help fulfill a vital need. It will provide an annual award to one or more doctoral students with the interest and potential to make an outstanding contribution to the nursing field through their dissertation research.

“I’ve been blessed to have had financial assistance through scholarships, awards, and grants, and I felt it was important to give back to my own profession of nursing,” says Leak. Many doctoral students work full time while going to school, and international students don’t always have access to federal funding sources. “I don’t want doctoral students to feel like there is a barrier to attending school or to finishing school,” she says. “I would like the fund to help them advance their research and to help get their research out to people who will provide direct patient care.”

Leak saw that her fellow PhD students could have benefited from this type of support. It was one reason she was motivated to create the fund. She would love to see it help students move through their doctoral work faster, for example, or for it to provide seed money for smaller studies that would help them to then apply for larger grants and to ask larger questions. “There is a great need to advance nursing science, and to do this we have to continue to give back and invest at the PhD level,” she says.

Kristen M. Swanson, Dean and Alumni Distinguished professor, liked what Leak was doing and wanted to grow the expendable fund so that it could become endowed. Dean Swanson organized a matching gift challenge targeted to alumni and faculty who know Leak. At graduation, Dean Swanson was able to then surprise Leak with the news that the fund had reached the level necessary for endowment. This means that the “The James and Patricia Leak Fund for Nursing Research” will honor the Leaks and support doctoral students in perpetuity.

“We were overjoyed and elated to be recognized for such an honorable endowment from our daughter and the School of Nursing,” say James and Patricia Leak. “We are so proud of her for thinking of others in a way that will let them achieve their goals. To Dean Kristen Swanson and the faculty, we sincerely appreciate your thoughtfulness in making this dream come true for Ashley Leak and our family.”

If you would like to add to the fund, please contact the advancement office at 919-966-4619.

THE TONYA RUTHERFORD-HEMMING, ’93, ’01, ACADEMIC STIPEND FUND

Tonya Rutherford-Hemming has dedicated her career to giving back to Carolina. She is a former faculty member and double alumna of the School, earning a BSN in 1993 and an MSN in 2001. She served on the Alumni Association Board of Directors from 2001 to 2006, leading the organization as president from 2002 to 2004. She expanded our alumni outreach and created a lasting program of alumni continuing education that still thrives today.

This year, Rutherford-Hemming finishes an EdD from Northern Illinois
SCHOLARSHIPS AND FUNDS

Planning your estate Gift and Creating your legacy

Advisors say that there are four interests to focus on during estate planning: taking care of yourself, your loved ones, the IRS, and your preferred charities. If you are a nurse, know a nurse, or want to honor a family member or the nursing profession, you may want to consider creating a named gift in support of the UNC Chapel Hill School of Nursing. This does not require great wealth — only the desire to do something lasting. We are happy to have a private, confidential conversation with you about what you want to achieve. To find out more, contact Norma_Hawthorne@unc.edu or (919) 966-4619 or the UNC Chapel Hill Office of Gift Planning at createalegacy@unc.edu.

NORTH CAROLINA NURSING PIONEER

ANNE LATHAN ODOM HAYES REMEMBERED

Nursing was fundamental to the life of Annie Lathan Odom Hayes, who contributed to her profession and community during her 55-year career. She made a difference for underserved women across the state of North Carolina by improving access to affordable preventive health care.

Art Odom is proud of his mother’s accomplishments as a nurse. She was a role model for the family and valued higher education, lifelong learning, and community service. When Mrs. Hayes died last year, Art began to think about ways he could honor her memory. Art and his family decided to establish a named fund in the School of Nursing that would be a tribute to his mother’s life and career.

The Annie Lathan Odom Hayes Nursing Endowment Fund is unrestricted and can be used at the discretion of the School of Nursing Dean. The School is deeply appreciative because this extraordinary gift allows a Dean to be immediately responsive to urgent needs.

Mrs. Odom Hayes graduated from Charlotte’s Presbyterian Hospital School of Nursing in 1948. She went on to earn the BSN from the University of Miami in 1968, the Family Planning Nurse Practitioner Certificate from the University of Mississippi, and then the Master’s of Public Health Nursing in 1982 from UNC Chapel Hill.

Mrs. Odom Hayes taught BSN and community college students, and also developed physical assessment and screening programs through the N.C. Division of Public Health for public health nurses. An exemplary leader, she served on the N.C. Board of Nursing and was a board member of the N.C. Nurses Association. She was the first RN and non-physician to serve on the American Cancer Society’s professional education committee and its medical and scientific committee. A member of the Governor’s Task for Cervical Cancer Prevention, she helped establish the first Reach to Recovery group in Columbus County. In 2004, Annie Lathan Odom Hayes received the 26th Annual North Carolina Award for Outstanding Volunteer Service after she retired.

She is remembered for her warmth, caring and unwavering professionalism. This fund will carry the name of Annie Lathan Odom Hayes forward in perpetuity, a fitting tribute to her life and career.

Planning Your Estate Gift and Creating Your Legacy

Advisors say that there are four interests to focus on during estate planning: taking care of yourself, your loved ones, the IRS, and your preferred charities. If you are a nurse, know a nurse, or want to honor a family member or the nursing profession, you may want to consider creating a named gift in support of the UNC Chapel Hill School of Nursing. This does not require great wealth — only the desire to do something lasting. We are happy to have a private, confidential conversation with you about what you want to achieve. To find out more, contact Norma_Hawthorne@unc.edu or (319) 966-4619 or the UNC Chapel Hill Office of Gift Planning at createalegacy@unc.edu.

University, with a research interest in clinical simulation. As her career grew, so did her support of the SON. She previously donated funds to provide for short term student emergencies and organized a class reunion and gift to help fund the School’s new building addition. This spring, she decided to create an endowment to help students in need. The Tonya Rutherford-Hemming Academic Stipend will assist students in paying the costs associated with the beginning or ending phases of their education.

While a student may have budgeted carefully for tuition and living expenses, the extra financial responsibilities student nurses face can truly create a significant hardship. Items such as stethoscopes, uniforms, clinical fees and textbooks are often not covered by student financial aid packages. At the end of a program, fees for taking the NCLEX and review materials, or purchasing the required caps and gowns to graduate can add expenses. Rutherford-Hemming’s goal is to alleviate some of the burden.

“I have always wanted to find a way to support students financially while they were in nursing school at Carolina. I know from personal experience how hard it can be,” she says. “It seems like just when you least expect it, there is something else that needs to be purchased. There were several people who helped me when I was an undergraduate student, so this is my way of ‘paying it forward.’ ”

The Tonya Rutherford Hemming Academic Stipend is an important way to help student nurses overcome financial obstacles on their way to becoming professionals. Her involvement as an alumna has added much to the life of the School. The establishment of this fund follows her tradition of valuing nursing education and supporting students in need.
The Institute of Medicine (IOM) “The Future of Nursing” report recommends that nursing schools offer innovative academic pathways that provide seamless access to higher levels of preparation. “The IOM report encourages us, as a profession, to look at nursing as a lifelong career of learning opportunities,” says Dean and Alumni Distinguished Professor Kristen M. Swanson. “As a School of Nursing housed in a research-intensive university, faculty at Carolina are asking ourselves how we can best assure nurses have access to educational programs that will prepare them for leadership in practice, education, research, and health policy.”

The School of Nursing already offers programs (RN to MSN and BSN to PhD) that decrease the traditional time it takes to achieve a graduate degree and that make it easier for nurses to gain advanced preparation. The School is also actively looking at ways to build more bridges from entry nursing degrees to master’s and doctoral levels of education.

The RN to MSN program allows RNs with an associate’s degree or diploma in nursing to achieve a master of nursing degree without first obtaining a BSN. “The School began offering the program in the fall of 1999 when it found that many RN to BSN students were coming back with the goal of getting more than the BSN,” says Dr. Maggie Miller, clinical assistant professor and assistant dean for operations and strategic initiatives. “These students were ready, motivated, and determined to advance their careers, but often at the completion of their BSN degree they took time off to do other things and didn’t return for another degree. So the School developed the RN to MSN program to ease the access to graduate preparation.”

Dr. Miller points out that while the RN to MSN option requires less total time, it does not cut out quality or basic knowledge. The students must have completed 31 college-level credits, and once enrolled in the RN to MSN program they must also demonstrate BSN competencies by successfully completing three online RN to BSN courses that the School has determined are foundational to advanced study. Upon completion of these courses, the students join the other MSN students on the Chapel Hill campus for master’s degree coursework. Many of the MSN classes are offered through a hybrid approach involving traditional classroom time and distance-enhanced formats.

**MSN Specialties**

RN to MSN students can choose from the same specialties as traditional MSN students:

- Health Care Systems (Administrative, Clinical Nurse Leader (CNL), CNL-Educator, Education, Informatics, or Outcomes Management)
- Adult-Gerontology Nurse Practitioner
- Family Nurse Practitioner
- Pediatric Nurse Practitioner-Pediatric Care
- Psychiatric-Mental Health Nurse Practitioner (Adult and/or Family focus)

The School has recently revised the Clinical Nurse Leader option, making it 32 credits. “This will allow nurses to advance more quickly in their careers,” says Dr. Jennifer D’Auria, associate professor and director of master’s programs. “The CNL option prepares nurses as advanced nursing generalists who can provide and manage care across all health care settings. CNL students may opt to take 6 additional course credits (total 38 credits), which will also prepare them as a nurse educator.” At least 75% of the CNL/educator curriculum is available through distance-enhanced formats. Graduates are eligible to sit for national certifications as a CNL.

“I am particularly excited about the CNL/Nurse Educator program because it will help support North Carolina’s need for nurse educators, helping launch the next generation of nurses into practice,” says Dean Swanson.

For more information on these programs please contact: Office of Admissions and Student Services, School of Nursing, (919) 966-4260 or nursing_applications@unc.edu.
Megan Randall (right), BSN ’00, MSN ’05, precepts NP student Jaclyn Cook, BSN ’05, in the UNC Hospitals Emergency Department.
WORKING TOGETHER TO PROVIDE FIRST-CLASS CARING

UNC Hospitals and the School of Nursing collaborate and innovate in practice, research, and education.

Nurses from UNC Hospitals and the School of Nursing (SON) are working together in many productive ways. For years, nurses from UNC Hospitals have clinically precepted nursing students and guest-lectured in SON classrooms. SON faculty members have held practice contracts in the Hospitals and its clinics. More recently, the two institutions have been forging new and innovative collaborations.

The partnership starts at the top with the leadership for each organization. Dr. Mary Tonges, senior vice president and chief nursing officer of UNC Hospitals and Kristen M. Swanson, SON dean and Distinguished Alumni Professor, build bridges that support nursing research, education, and practice at UNC and nationally. Each also holds a title in the reciprocal organization, with Dr. Tonges serving as the associate dean for UNC Health Care and the School of Nursing and Dean Swanson in the role of associate chief nursing officer for Academic Affairs at UNC Hospitals.

“One thing that is quite magnificent about our working relationship is that while I have generated a theory about what constitutes excellence in nursing, Dr. Tonges has turned that theory into an innovative strategy known as ‘Carolina Care,’ ” says Dean Swanson. “The theory supports Dr. Tonges and her leadership team’s vision for practice, which empowers nursing throughout the hospital. Patients ultimately realize better care and outcomes as a consequence of Carolina Care.”

Dean Swanson’s Caring Theory is made up of five interrelated caring processes:

1. Maintaining belief — sustaining faith in the capacity of the other to come through a transition and face a future with meaning
2. Knowing — striving to understand events as they have meaning in the life of the other
3. Being with — being emotionally present
4. Doing for — doing for the other as they would do for themselves if possible
5. Enabling — facilitating the capacity of patients and families to care for themselves

“I think Dean Swanson’s theory is probably the most practical theory I’ve seen that has to do with caring,” says Dr. Tonges. “It informs you about what you can do as a nurse that would be demonstrative of caring and the specific components that comprise caring.”

Elements of the theory are implemented through Carolina Care in every unit of UNC Hospitals. Carolina Care embodies practices such as a “moment of caring,” during which each nurse sits down and talks with each of his or her patients once every shift. These encounters give patients and their family members a chance to express what’s on their minds, ask about their care, and receive assurance that their hospital experiences matter. “That relates in my view to ‘knowing’ and ‘being with’. You’re trying to know the patient and you’re emotionally present in the moment,” Dr. Tonges says. In addition, nurses and nurse assistants alternate in doing hourly rounds, during which they check to see if the patient needs anything. This
way of organizing nurses’ time and work allows them to be physically and emotionally present, carrying out the “being with” and “doing for” parts of the Caring Theory. “Doing for” is also implemented with “No Passing Zone” signs that advertise each nursing staff member’s commitment to promptly answer a patient’s call light even if they are not assigned to care for that patient.

Another component of Carolina Care is “words and ways that work,” which gives nurses key points to cover in certain situations such as meeting the patient for the first time. This communication “enables” the patients to be active in their care. Also, blameless apology is used to respond to patient complaints even if the nurse was not involved in what happened. “You listen carefully to the patient’s description of events, say you’re sorry that it happened, ask what you need to do to fix it, and tell them what you did,” Dr. Tonges explains. “Nurses often get complaints about other parts of the hospital because they are at the bedside where everything comes together and affects the patient, and there can be a human temptation to say ‘I didn’t do that.’” Blameless apology involves the nurse being present and available, listening to the patient, and taking action that resolves the concern. This blameless response gets to the heart of the matter and enables the patient to feel more control over the environment by taking actions to address the concern.

Magnet Designation Achieved
This past fall UNC Hospitals achieved Magnet Designation for Excellence in nursing services from the American Nurses Credential Center’s Magnet Recognition Program. Only 378 facilities in the world and 6 percent of all U.S. hospitals have earned the prestigious Magnet designation. While the actual journey of documenting and demonstrating that UNC Hospitals meets or exceeds the 88 magnet standards took about 18 months, the achievement was possible only because of years of prior work and planning, says Dr. Tonges.

Dr. Gwen Sherwood, SON associate dean for academic affairs, works closely with UNC Hospitals in the clinical placement of students. She was part of a group of faculty who met with the Magnet appraisers to discuss ways in which SON and UNC Hospitals work together. “In our conversations we became more aware of the many points of interaction of our faculty and students with UNC Hospitals. This, in turn, inspired other ideas, so we came away quite refreshed from our conversation,” she says.
The journey to Magnet recognition forged new relationships between the School of Nursing and UNC Hospitals. For example, Dr. Rumay Alexander, clinical professor and director of the SON office of multicultural affairs provided consultation as special assistant on multicultural affairs to Dr. Tonges. She gave guidance to the hospital in its development and preparation of the cultural competency aspects of the Magnet application. Since all health care encounters are cultural encounters the Magnet Program seeks and insists upon institutional evidence of walking the talk, Dr. Alexander says. She assisted in the unique formation of the diversity council as one of five nursing councils making up the Hospitals Nursing Division shared governance system. “Diversity can be an abstract notion, and she was very helpful in working with us to define what this council could do,” Dr. Tonges says.

Dr. Alexander coached a cadre of diverse health care providers in how to be institutionally and individually introspective about what happens at the micro-level in regards to being culturally appropriate and relevant. She focused on achieving understanding by using her model, courageous dialogue, in addition to leading and teaching provocative participatory exercises to diversity council members. She also examined how work is structured in terms of policies, criteria, procedures, and stereotypes that may contribute to disparities in institutional outcomes for patients or agents of the institutions such as nurses, physicians, environmental services employees, chaplains, and social workers. “Ultimately, the representatives on the diversity council were to replicate the exercises with co-workers in their work areas or units, thereby infusing the concepts into the DNA of the hospital,” she adds. Dr. Alexander was named the 2010 Faculty of the Year by the UNC Hospitals Nursing Division in recognition of her work. She also received the 2010 American Organization of Nurse Executives Prism Award, which recognizes leaders in the diversity space at the national level.

Advancing Nursing Research

The Magnet Recognition Program also encourages staff nurses to participate in research at all levels, whether they are leading research teams or serving as research team members. “The Magnet initiative has highlighted the need to engage practicing nurses in research,” says Associate Professor Dr. Cheryl Jones, who is also the Research Consultant for UNC Hospitals. She says that nurses have an amazing commitment to and curiosity about what they do on a daily basis. It is important to capitalize on these attributes by inspiring and encouraging them to examine the art and science of practice at the point-of-care. “A nursing research idea that evolves from practice might take shape by simply asking ‘why do we always do this procedure in this way?’ Or it can evolve from a nurse or group of nurses...
Dr. Cheryl Jones is the research consultant for UNC Hospitals, and one of her roles is to mentor teams of nurses who have research ideas.

For SON faculty, being involved in collaborative projects with UNC Hospitals will help them think about their own research in new ways. “In the School of Nursing we generate a lot of research and disseminate it through publications and presentations, but the next piece is translating it into practice. I see this collaboration as being an enormous opportunity to translate work being carried out by SON faculty into practice,” says Dr. Jones. In addition, as practicing nurses get interested in research they may be more interested in advancing their education. “We have an incredible opportunity to create synergy between academia and practice. As we mentor UNC Hospitals nurses through projects, they develop relationships with faculty and start to ask questions about what they’re doing and how they might build on the skills they’re learning,” says Dr. Jones. While this synergy benefits the SON and UNC Hospitals, it holds potential to extend beyond Chapel Hill by developing and testing innovative practices that lead to better patient care.
CARING FOR THE MENTAL HEALTH OF NORTH CAROLINA

The School helps meet the mental health needs of the state through its psychiatric-mental health nurse practitioner program and community partnerships.

North Carolina has a general shortage of mental health care providers. In fact, roughly a third of the state’s counties have no psychiatrists. The UNC Chapel Hill School of Nursing has the state’s only psychiatric-mental health nurse practitioner (NP) program and thus helps fill a very critical need for mental health care providers in North Carolina.

In recognition of the need to educate more mental health providers, the state legislature has appropriated funds to the School of Nursing since 2007. This money is contracted through the NC DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services budget. The state money and private donations provide tuition to disadvantaged and minority psychiatric-mental health NP students who are from rural, high-need areas of the state. Grants from Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, provide these students with necessary equipment such as laptops.

“There are a lot of places in North Carolina that are severely underserved and that have had problems recruiting psychiatrists,” says Clinical Associate Professor Victoria Soltis-Jarrett, who directs the psychiatric-mental health NP program. “We recruit students from targeted counties in North Carolina, educate them here, and then send them back to their home counties to practice,” she says. She notes that recruiting from underserved counties is very important for keeping the health care providers in the area for the long term. Otherwise graduates might practice in an underserved area long enough to meet the service payback requirements of their scholarship and then leave. Since 2005, the program has graduated over 60 psychiatric-mental health NPs.

A HRSA grant written by Dr. Linda Beeber brought Dr. Soltis-Jarrett to the School Nursing in 2005. Then in 2007, Dr. Soltis-Jarrett received a HRSA grant to recruit students from the western part of the state in response to a request for help by the Mountain Area Health Education Center (MAHEC) administration. Last fall, the psychiatric-mental health NP program’s third HRSA grant was awarded to Dr. Soltis-Jarrett, and with it she is expanding recruitment to an additional 37 rural and remote counties in the eastern and southern regions of the state.

Another objective of the latest HRSA grant is to link the SON program with the state through consultancy and to identify various areas of need by working with North Carolina AHEC and the state’s Division of Mental Health, Developmental Disabilities, and Substance Abuse. Dr. Soltis-Jarrett consults with mental health agencies, county-funded programs, and psychiatrists across the state. The agencies and health care providers may have questions about psychiatric-mental health NPs such as...
their scope of practice or how NP billing works, or they might be seeking colleagues to help meet their area’s need for mental health providers. To help with this process, Dr. Soltis-Jarrett may match a NP student with a psychiatrist or she might identify NP graduates who can go work with the agency or psychiatrist.

The HRSA grant will also be used to enhance the current curriculum with additional content in child mental health and geropsychiatry, both of which are needed because of changes in North Carolina demographics, population, and culture. More and more children are being identified as having problems, and, like the rest of the country, North Carolina has a growing aging population.

Helping Older Adults with Depression
Depression is more than “feeling down in the dumps.” It is commonly under-detected and under-treated in older adults, and it can cause a host of problems. Older adults with depression may experience more pain and lower function, tend to use more health care resources, and can ultimately require earlier institutionalization.

Angel Dennison, executive director of the Chatham County Council on Aging, saw that depression was a problem in her area and approached the School of Nursing as a potential partner. In response, Clinical Associate Professor Mary Lynn Piven applied for and received funding from HRSA for an academic-community partnership to implement an evidence-based depression detection and management program in Chatham County. The program will target adults 60 years and older who have chronic health conditions and functional limitations. “We know that there are a lot of people in the community that are undiagnosed,” says Dr. Piven. In fact, some may view depression as normal in older adults, which it is not.

Through this partnership, service providers from the Siler City and Pittsboro Senior Citizens Centers, Chatham County Social Services, and a primary care organization called NC Access Care recently received training in implementing Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors), an established evidence-based program endorsed by the CDC. Healthy IDEAS involves depression screening, education, behavioral activation, referral to primary care or mental health care, and follow-up. It will be carried out with older adults who are already in a system of care such as attendees of senior center programs or those who are already being followed in their homes by social workers or other care providers.

“We tailor this intervention to each of these agencies. Even though each might do things at a slightly different time, the paperwork and documentation is embedded in their existing system of care and services they already have,” Dr. Piven says.

It is important that the intervention isn’t just an assessment, says Dr. Piven, but that it includes the other steps necessary to make sure that individuals who show depressive symptoms get the care they need. Patients who have five or more depressive symptoms are given the option of being referred to a mental health professional or to their primary care provider. “If they are interested they can participate in behavioral activation. This involves working with the patient to set some goals that they can accomplish that would lift their mood.” For this, the service provider helps the older adult identify things that might be enjoyable in day-to-day life and assesses how likely the older adult is to actually do those things. “The good thing is that people aren’t just screened and dropped,” Dr. Piven says.

As part of the grant, Dr. Piven will also set up a community practice. She will collaborate with local mental health providers, handle any overload, make home visits as needed, and see people in an office at the Senior Citizens Center. With this practice, she will be able to
Raynors establish graduate nursing scholarship to benefit psychiatric-mental health nursing

In honor of her over 40 years of service toward the improvement of mental health care services in North Carolina, Dr. Bobby C. Raynor and Margaret Ferguson Raynor (BSN ’67) established a named scholarship fund in the School of Nursing at UNC Chapel Hill, her alma mater.

The fund will enable the School of Nursing to offer support to graduate students who want to pursue this advanced practice specialty.

During Margaret Raynor’s professional career as a nurse leader at Dorothea Dix Hospital in Raleigh, NC, she taught psychiatric nursing to diploma nursing students, coordinated the psychiatric clerkship for UNC medical students who came to the hospital, coordinated hospital staff development and medical education programs, served as acting director of the standards department, and provided consultation and direct patient care for selected patients. She also served as the nurse representative to the Coalition for Persons Disabled by Mental Illness, evaluating patient rights and advocacy issues.

Margaret has served the School and the University she loves with distinction. She is the president of the School of Nursing Foundation, Inc., was a member of the UNC Chapel Hill Board of Visitors, an executive committee member for the Dental Foundation of North Carolina, Inc., and a member of the General Alumni Association Board.

“The School of Nursing means a lot to me,” she says. “I received an excellent foundation in the sciences, the wisdom to provide compassionate care to patients, and the strong clinical skills to practice nursing. The friendships I made at the School are life-long, and I cherish them. The work we do as nurses has no greater purpose in life and the School deserves all the support we are able to give.”

Provide SON psychiatric mental health nurse practitioner students clinical training with older adults. “Older adults are a population that are a little more challenging to work with because they are more complex and have more medical problems,” says Dr. Piven.

“I look at it as a challenge to understand the different factors that may be influencing an individual’s behavior and to understand the overlap between their physical and emotional health needs.” This summer, she is also working with Clinical Assistant Professor Beth Lamanna to have undergraduates perform screening work at the Senior Center. “Many times students only read about implementing an evidence-based program, but this will allow them to see first-hand how this intervention was developed, implemented, and how outcomes will be evaluated.”
Nurse scientists study how to provide the best support at the end of life.

Nurses are often on the frontlines of caring for patients and their loved ones at the end of life. It can be a stressful time for everyone involved. Nurse scientists at UNC Chapel Hill are looking for ways to provide comfort and support that is customized to the needs of each patient.

Assistant Professor Dr. Beth Black worked in labor and delivery as her first position after nursing school. It was there that she discovered her affinity for caring for women who experienced stillbirths. She later worked as a hospice nurse; together these experiences showed her the importance of providing supportive nursing care at both the beginning and at the end of life. Today, ultrasound screenings during pregnancy mean that fewer women have unexpected stillbirths, but this advance has led to a new group that needs care: women who continue their pregnancy after a severe fetal defect has been found.

Last year Dr. Black published a paper showing evidence of personal growth after diagnosis of a severe fetal defect, and these findings made her want to find out more about the care that would most help these families. She explains that palliative and supportive care and symptom management has progressed from traditional adult care into adolescence and childhood issues, and now into the prenatal period. “It is the mother and family that will experience this loss, but the physical comfort associated with palliative care would be given only to the live born baby if it indeed survives the birth.”

The Center for Infant and Maternal Health at UNC Hospitals, which sees women with high-risk pregnancies, was early in recognizing that these women and families needed support. It uses a tailored, evolving plan of perinatal palliative care that includes birth planning, psychoemotional support, spiritual support, and decision-making regarding neonatal care. Dr. Black recently received a $407,000 grant from the National Institute of Nursing Research at NIH to examine the development, evolution, and experience of end of life care at the Center as it is carried out after a severe fetal diagnosis. Cary C. Boshamer Professor Margarete Sandelowski is a co-investigator and Dean and Alumni Distinguished Professor Kristen M. Swanson is a research adviser to the study.

Supporting Families

“We need to learn how to support these families in the best way possible. The way to learn is to talk to them, to find out what they need, identify their grief trajectory, and find out how they do after the loss,” Dr. Black says. She will explore how pregnant women and their partners understand and experience severe fetal diagnosis, prognosis, and end-of-life care as well as the factors that contribute to their decision to accept or decline end-of-life care. She is also looking at health care providers’ experiences related to perinatal loss. For example, she will investigate how providers diagnose fetal defects and establish prognoses for pregnancy outcomes as well as how they communicate the prognoses to expectant couples.

In the long term, Dr. Black wants her work to provide a good theoretical foundation for the development of interventions for families who received the diagnosis of a severe fetal defect. She also wants to align perinatal issues with the end of life care issues conceptu-
Easing End-of-Life Decision Making for Families

Associate Professor Mi-Kyung Song wants to help make end-of-life decisions easier for the families of patients with end-stage renal disease. These patients, who require dialysis to sustain life, are often unaware of the high rates of mortality associated with end-stage renal patients on dialysis. The mortality rate exceeds that for most types of cancer because of other existing chronic conditions and complications associated with end-stage renal disease and dialysis.

Difficulties with end-of-life decisions may be associated with the circumstances surrounding the patient's decision to undergo dialysis. Health care providers don't always clearly explain that without a transplant dialysis must continue for the rest of the patient's life. In many cases, kidney failure diagnosis comes with no warning, and the patient's condition is urgent. Thus dialysis is presented to the patient and family members as absolutely necessary to survive, leaving no alternative. "Many patients and family members in my study expressed that they never got a chance to think about the decision or to examine what dialysis would be like or how their life would change," Dr. Song says.

Dialysis brings a major life change in that patients must go to a clinic for four or five hours every other day or perform dialysis every day at home on their own. No other patient population requires such an invasive treatment to sustain life, says Dr. Song. The burden of illness is high, but patients with end-stage renal disease have very limited access to palliative care. "In reality, the only form of palliative care they get is hospice care, and this is only available after they receive a prognosis of less than six months to live or when death is very near after they choose to stop dialysis."

Frequently end-stage renal patients will end up in a state where they can't make decisions for themselves. "If the patient develops sudden complications their family members may have to decide how long life-saving treatments should continue even though there is a very low probability of survival and a high probability of living in an unacceptable condition if the patient survives. This task is extremely difficult if the family members never had in-depth discussions with their loved ones about what they would value most," Dr. Song says. This leaves the family members in a very stressful situation, and it can lead to problems such as depression.

End-of-Life Communication

In work funded by a $3.2 million grant from the National Institute of Nursing Research at the NIH, Dr. Song is testing a communication intervention for patients already on dialysis and their families. The patients in the study also have other existing chronic conditions. The protocol includes a nursing intervention that helps the patient and their family or surrogate decision makers share their ideas and concerns about the end of life. The session starts with discussion about the patient's experience with illness as well as the family member's experience and concerns about their loved one's illness. This becomes the foundation for talking about end-of-life issues and their values.

Dr. Song says that for family members to feel they are making "the right" decisions, they must understand how their loved one feels about continuing dialysis and other life-sustaining treatments even when survival is unlikely and treatment outcomes may be poor. The intervention nurse also helps the patient to think about possible realities such as living in a nursing home or requiring around the clock care for the rest of his or her life.

Dr. Song will follow the study patients and family members for 12 months. If patients die during the course of the study, their family members will be followed for up to six months after the patient's death and asked about their end-of-life decision experience. Anxiety, depression, and post traumatic stress symptoms will also be measured. "End-of-life decision making is always stressful, but I want to see if this intervention can lessen distress and improve their experience," Dr. Song says.
Children and their families are an important focus of many studies at the School of Nursing.

Early experiences often involve family interactions and can have long-term influences on children. SON researchers are discovering more about the long-term effects of early parent-child interactions and are working to formulate interventions that can benefit the whole family.

Dr. Linda Beeber, professor, studies ways to help low-income Latina mothers who have young children and who are experiencing depression. Maternal depression can have immense consequences on children in the infant-to-toddler age group. At this age the brain is developing quickly, and the child’s interactions with its mother are an important part of acquiring language and motor skills as well as learning how to regulate emotions. However, depression can compromise a mother’s ability to interact with her children.

This doesn’t mean that the child is doomed or that the depressed mother can’t parent, says Dr. Beeber, but low income women usually don’t have a very supportive environment and their children already have a lot of strikes against them. “So it is a huge blow to grow up in poverty and have a depressed mother,” she says. It is extraordinarily difficult to reach these mothers and to retain them in an intervention. “Much of our work has been in developing the science of how to reach low income populations, get mental health care to them, and get them to stay in it long enough to see the benefits.”

Dr. Beeber’s research team deployed an advanced practice psychiatric nurse and an interpreter to deliver counseling that was based around interpersonal relationships. “Our early descriptive work told us that these mothers cared a lot about their relationships with other people,” says Dr. Beeber.

Delivering the intervention in the home meant that the mother didn’t need childcare or transportation. Using a nurse to deliver the intervention had many advantages. Nurses are comfortable working in the home and can easily adjust to various settings and unanticipated surroundings. Most importantly, a nurse could come to someone’s house.
Dr. Eric Hodges studies early parent-child feeding interactions, looking for connections with later obesity or food-regulation problems.
Preventing Obesity During and After Pregnancy

Associate Professor Diane Berry focuses her research on preventing and managing obesity and type 2 diabetes. One group for which obesity is particularly problematic is child-bearing age women. They may put on weight during pregnancy and then not lose it or may go into pregnancy already overweight and then gain more weight. Extra weight gained during pregnancy can increase a mother’s risk for developing gestational diabetes, and research is showing that excessive weight gain can result in babies with higher birth weights. “This can set up the child for developing overweight and obesity later in life,” Dr. Berry says. The extra weight can also cause other complications during pregnancy and delivery.

The 2009 Institute of Medicine (IOM) Report “Weight Gain During Pregnancy: Reexamining the Guidelines” has taken this research into account by recommending that women be within a normal BMI range when they conceive and that they gain weight during pregnancy within the ranges in the guidelines. The new guidelines say that women who are obese during pregnancy should gain less weight than those who are normal weight. The report also recognizes the importance of weight loss plans and education such as the type that Dr. Berry is developing.

Dr. Berry and her colleagues are conducting two feasibility studies to assist women in losing weight after the birth of their child. One is aimed at English-speaking mothers in Wake County, N.C., and is funded by the N.C. Translational and Clinical Sciences (TraCS) institutes at UNC Chapel Hill and the John Rex Foundation. This funding was awarded to Dr. Berry and Drs. Sarah Verbeist and Alison Stuebe of the UNC School of Medicine. The second study is aimed at Spanish-speaking mothers in Guilford County, N.C., and is funded by a Duke Diversity Fellowship to Leslie deRosset, with Dr. Berry as her mentor. deRosset is the Latino campaign coordinator for the N.C. Preconception Health Campaign/March of Dimes. Dr. Berry included Spanish-speaking mothers because in previous work she observed the serious consequences of obesity in the Hispanic population. Hispanics have a higher genetic predisposition to developing type 2 diabetes and increasing numbers of young Hispanic women are immigrating to North Carolina.

Women in the experimental groups will receive education about nutrition and exercise and coping skills training from health educators every week for 12 weeks. Once the study is complete, the control group will receive the 12 classes. “We found that women gain weight during pregnancy, but then don’t lose the weight before the next pregnancy,” she says. “We are helping them get the weight off so that they are at a lower body mass index before they get pregnant again.”

Improving Preterm Infant Feeding with Technology

Associate Professor Suzanne Thoyre’s research is focused on children’s early experiences with feeding. During feeding, very preterm infants tend to experience heart-rate changes, oxygen level drops, and general behavioral distress. “We have hypothesized that early stressful feedings may contribute to long term feeding problems that are typical for this group of children,” she says. “Of the extremely preterm infants about a third have significant feeding problems that continue into their preschool years.”

In her early work, Dr. Thoyre placed a microphone on the rim of a bottle and recorded sound and video of preterm infants feeding. “When the mothers listened to and watched the video they often rewound and replayed sections where they had jiggled the nipple to encourage their infants to keep...
sucking,” she said. “They could hear there had been lapses in breathing prior to the infant stopping their sucking, and said things like ‘I didn’t realize he needed to breathe.’ ” It is common for a mother to juggle the bottle nipple when a baby stops sucking, but a preterm infant might stop sucking to breathe. These infants have difficulty coordinating sucking, swallowing, and breathing. The jiggling will get the infant to suck again but at the expense of becoming more and more air hungry, or depleted of oxygen.

In her latest work Dr. Thoyre developed an intervention in which the feeder uses a microphone placed on the very preterm infant and an earphone to listen to the infant’s breathing while feeding. In future work, this intervention will be trialed with nurses working with mothers. In the beginning a trained nurse will listen with the mother and guide the mother as she feeds her infant. Gradually the mother will assume responsibility and begin to learn how to interpret the infant’s feeding sounds and behavior without the device. Dr. Thoyre will study the short and long term outcomes of this intervention to see if the infant has more stability during feeding and learns to eat faster, for example. “The pilot study demonstrated that when we listened during feeding, the infants were more stable in their physiology, heart rate, and oxygen levels. They were also calmer and had more organized swallowing and breathing rhythms when we coded their behaviors.”

To carry out this intervention, Thoyre’s team needs a durable and wireless device with which to train the mother to hear the infant’s breathing. The device must be as noninvasive as possible because there are already a lot of instruments attached to infants, and mothers learn that lines coming off means their infants are getting healthier. Dr. Thoyre has worked with Brant Nix, the lab manager of SON’s Biobehavioral Laboratory, on several iterations of the device that have made the microphone and earphone smaller and less invasive.

“A wireless stick-on microphone to detect sounds and a wireless earphone would be ideal,” she says. She is now working with the UNC chemistry department to further develop the device, which is called an audio-trainer. “We would like the audio trainer to be as small as possible and wireless to make it acceptable to a parent and to increase the ease of using it.” They are also working to develop a way to isolate the swallowing signal from the recorded sounds, with hopes to patent the signal-processing method. Swallowing is an important part of the picture because studies have shown that when preterm infants have difficulty with feeding coordination they tend to prolong holding their breath during swallowing, increasing their risk for apnea, or they may swallow prior to inhaling, increasing the risk for aspirating milk into their lungs.
RESILIENCE IN FAMILIES WITH DOWN SYNDROME

One out of every 691 newborns in the U.S. has Down syndrome, yet the birth of a child with Down syndrome is an unexpected event for most families. Because of this, many new parents experience a great deal of uncertainty following the birth of a child with Down syndrome. Many are worried about how their child’s diagnosis will affect their family. Dr. Marcia Van Riper has an ongoing program of research concerning factors that contribute to adaptation and resilience in families of children with Down syndrome.

When Dr. Van Riper started her program of research, much of the focus was on negative consequences. For example, most researchers in this area were assessing levels of stress, depression, anxiety, marital, and family dysfunction. However, in her initial interactions, Dr. Van Riper noted that families she met with did not look or sound like the families of children with Down syndrome in the literature. That is, rather than using words like burden, tragedy, and suffering to describe their child with Down syndrome, families were using words like joy, challenge, and thriving.

Her research has since supported her observations by showing that negative consequences are not inevitable following the birth of a child with Down syndrome. In fact, most families adapt well and many actually thrive. “Nurses and other health care providers can play a critical role in how families respond to the birth of a child with Down syndrome,” says Dr. Van Riper. “We can set the tone. When we give balanced, up-to-date information we help families move forward on their journey. In contrast, when we give biased, out-dated information we make the journey more difficult.”

She is now conducting the pilot study for a large, cross-cultural investigation concerning adaptation and resilience in families of children with Down syndrome. The study’s main purpose is to examine how culture, interactions with health care providers, and family factors all contribute to adaptation and resilience in these families. Her overall goal is to develop a body of knowledge that health care providers can refer to when they inform families their child has Down syndrome. She also hopes to identify the best areas for targeting interventions with families of individuals with Down syndrome.

Through surveys and in-person or telephone interviews with families Dr. Van Riper and her collaborators are gathering information on the family’s initial experience, decisions they made, and how they are doing at the present time. She is looking to eventually include over 1000 participants from at least six countries. Expanding to other countries is important, she says, so that the study takes into account cultural differences.

The questionnaire used for the survey has been translated into Korean, Spanish, and Taiwanese, and the Dutch and Italian versions are almost finished. She has also had interest from contacts in Thailand, Japan, and New Zealand.

“Families and individuals with Down syndrome have been my best teachers,” she said. “They have helped me figure out what direction to go next and which areas are important. I never wanted to be one of those researchers that did research just to do research. I wanted to do research that was meaningful to people.”
UNC Chapel Hill nursing students received real-world experience in implementing an evidence-based intervention by delivering training about preventing and appropriately responding to head injuries to various groups in Chatham County. “There are almost four million concussions a year in America, and a lot of people do not understand how many adults and adolescents are impacted. Concussions can have permanent and even fatal effects, so primary prevention is important,” says Amy Dick, a senior accelerated BSN student.

For their public health nursing clinical experience BSN students Amy Dick and Kristie Brown worked with Sonya Dunn, the lead school nurse for Chatham County. They used CDC Heads Up material to provide training to school nurses, coaches, and even to those involved in the county’s recreation department. This evidence-based training enhances the probability that students immediately receive the very best treatment when a head injury occurs (read more about the Heads Up material in the sidebar).

Clinical Assistant Professor Beth Lamanna arranged and coordinated this clinical experience. “Chatham County school nurses have a good relationship with the school district administration, so what they say matters,” she says. “When I have students precepted by Sonya Dunn I know that they are seeing someone that is appreciated as a nurse.”

In setting up these experiences Lamanna is dedicated to ensuring that the agencies working with the students to school nurses, coaches, and even to those involved in the county’s recreation department. This evidence-based training enhances the probability that students immediately receive the very best treatment when a head injury occurs (read more about the Heads Up material in the sidebar).

Heads Up CDC Material has UNC Ties

Kevin Guskiewicz, Kenan Distinguished Professor and director of the Matthew Gfeller Sport-Related Traumatic Brain Injury Research Center at UNC Chapel Hill, consulted on the first CDC concussion toolkit and was a reviewer on the updated Heads Up material. He and his collaborators have helped to transform concussion assessment from a subjective process into a set of tools that can be used by an athletic trainer or coach on the sideline or by a physician or nurse.

The Heads Up CDC material includes posters, fact sheets, magnets and training videos aimed at school nurses, coaches, and athletes. It outlines the signs and symptoms of a concussion and what should be done in response to a suspected concussion. Guskiewicz helped validate the importance of balance and cognitive assessment when evaluating a head injury, and thus these assessments are included in the CDC material. “It is very important for nurses to be on top of this topic because they are often the ones dealing with it in the middle or high school,” he says. Nurse practitioners may see concussion patients in the clinic and could be the ones making the call as to whether they are ready to return to play, he adds.

A wealth of free material providing information on preventing, recognizing, and responding to a concussion is available from the CDC, including tools for youth and high school sports coaches, parents, athletes, and health care professionals is available at http://www.cdc.gov/concussion/HeadsUp/.

Sonya Dunn, the lead school nurse for Chatham County, talks to SON student Amy Dick about the CDC Heads Up material.
can identify projects that are valuable to them and that the students can also incorporate their interests into the projects. “The community voice is very important,” she says. Lamanna hopes that the students come away with the knowledge that nurses don’t just advocate for patients, but can also advocate for the health of populations through public health nursing.

Raising awareness
The nursing students worked with Dunn to identify who should receive concussion training and designed a campaign to reach them. “The nursing students are part of a proactive team effort (nurses, athletic departments, administrators, etc.) that looks at a health topic and raises awareness while ultimately working for prevention,” Dunn says.

During the training sessions the students showed Heads Up videos and gave participants materials such as concussion symptoms and check lists that can be used on the sidelines as well as information to send home with parents when their child has taken a hit to the head. The nursing students assessed the participants’ learning through pre- and post-tests, reached parents and the public through a blog and an interview on a local radio station, and worked with Dunn on strategies get people to the trainings.

Members of the county recreation department were included in one of the trainings to assure that children who do not attend the county schools were also reached. “By involving our community recreation departments in this awareness program, we doubly protect our students who play on teams both in and outside of school,” says Dunn. The train-the-trainer model will trickledown as participants return to their organizations and teams and educate other coaches, players, families, etc.

“I knew about school nurses, but I didn’t know the big role they have in education with the staff members, parents, and even people in the community outside the school system,” Brown says.
25 YEARS OF NURSING RESEARCH AT THE NIH

The National Institute of Nursing Research (NINR), part of the National Institutes of Health (NIH), is celebrating its 25th anniversary. Formed to recognize the value of nursing science to the health and well-being of America, its ties to the School of Nursing are strong and enduring.

One nurse who supported the creation of the NINR was Diane Kjervik (JD, RN, FAAN), now a SON professor and chair of the health care environments division. She was a prime lobbyist as the director of governmental relations for the American Association of Colleges of Nursing (AACN) from 1984 to 1986. Moving nursing research funding from the Health Resources and Services Administration (HRSA) to the NIH would provide access to more funds and would bring nursing the respect that comes with being associated with the NIH.

Professor Kjervik met with many in D.C. who were opposed to nursing research being part of the NIH. Some thought that nursing research didn’t align with the NIH mission or that there weren’t enough nurse researchers to successfully compete with other groups for NIH funds. Professor Kjervik held strong to her message that nursing belonged in the NIH and that nursing was ready to accept the challenge of moving into the mainstream to compete with other researchers. With support from lawmakers such as Congressman Edward R. Madigan (Ill.) and Senator Orrin G. Hatch (Utah), the National Center of Nursing Research was authorized in November of 1985, and the first advisory council, which included Professor Kjervik, was named in December of 1986. In 1993, the National Center for Nursing Research was elevated to an NIH Institute.

“Being a part of the NIH has meant everything for the development and growth of nursing research and helping accomplish that is one of my proudest accomplishments,” reflects Professor Kjervik. “To have the level of credibility that comes from being at NIH was critical to moving the science forward. It has allowed nurse researchers from around the country to get the support they need.”

Alumna Advances Nursing Research

SON alumna Dr. Amanda Greene, BSN ’80 MSN ’88, is currently a Science Evaluation Officer at the NINR. She says that the Institute has highlighted the importance of nursing research and that working there gives her the opportunity to be in the nursing research arena while using her expertise in program evaluation.

Program evaluation requires systematic data collection and analysis to address questions about how well research programs and policies are working and how well they are achieving program objectives in a timely, efficient, and effective manner. Dr. Greene’s work involves designing and implementing systematic formative and summative evaluations of NINR’s research programs. Evaluation findings identify areas where new research or program change is needed. “Working with other researchers, evaluators, and program staff as we think about and plan research is definitely the best part of this job,” Greene says. She also gets great satisfaction from seeing evaluation findings used to improve or extend NINR research programs and to plan new programs that meet defined needs.

Greene says that her time at the School of Nursing taught her new ways of thinking that opened her mind to future experiences, including ways to approach and conceptualize questions. Her UNC studies helped her appreciate the inter-relationship between health, our social and physical environment, and human systems. “Perhaps most important is that my UNC School of Nursing professors and instructors taught me that nursing opens multiple career pathways that are only limited by my own imagination,” she says.
SON Co-sponsors Conference in Thailand

The School of Nursing co-sponsored the Second International Conference on Prevention and Management of Chronic Conditions and the World Congress on Self-care Deficit Nursing Theory held in Bangkok, Thailand, in March. The conference focused on the role of the individual, family and community in preventing and managing chronic conditions. The program was organized by the Faculty of Nursing at Mahidol University, which is one of the longest running SON global partners. Dean Kristen Swanson and Drs. Gwen Sherwood, Merle Mishel, and Marcia Van Riper all participated in the conference. While in Thailand Dean Swanson and Dr. Sherwood hosted a dinner with former SON international scholars and alumni in Bangkok, and Drs. Van Riper and Sherwood made presentations at collaborating schools of nursing.

Global Study Award Helps Students Gain World Experiences

This year’s recipients of the Cronenwett Global Study Award are BSN students Tina Evans (left) and Rebeca Moretto (right). The award was created by a private gift from a SON alumna and her husband to honor the leadership of Linda H. Cronenwett, immediate past dean of the SON, and her passion for improving quality and safety in health care. The students are traveling internationally this summer as part of N489, SON’s Practicum in Nursing Global Health Experience.

Evans will begin her trip in Antigua, Guatemala, volunteering at Casa Jackson, an inpatient center for malnourished children. She will then travel to Jutiapa, Guatemala, where she will work with the nursing staff in the maternity department of the Hospital Nacional de Jutiapa. Moretto will be collaborating with two obstetric attending physicians in the high-risk OB/GYN department at the Antigua, Guatemala/Hospital Nacional. She will be assisting them by acting as a doula to the women and helping with deliveries. In addition, she will conduct public health education outreach for the traditional midwives in the area. You can contribute to the Cronenwett Global Study Award at http://giving.unc.edu/gift/son.

In addition to Evans and Moretto, 17 other SON students and faculty received global health awards this year. The awards come primarily from the School’s global health funds, which are generated from the Visiting Scholars program.

Local is Global too

During spring break, students and faculty from SON and other health affairs schools journeyed to Tyrell County, N.C., to experience interdisciplinary service learning. The group used fun activities to educate youth about the health consequences of a sedentary lifestyle, mapped safe and accessible trails in downtown Columbia, N.C., prepared and delivered heart-healthy meals to around 30 residents in need of assistance, and organized a falls assessment day at the Senior Center. Other activities included developing patient education materials at the Columbia Medical Center, joining forces with county officials and community members to remove debris and trash in a neighborhood, and visiting about 30 families to provide health promotion activities and other needed assistance.

Service Learning in Honduras

SON students and faculty were part of a multi-disciplinary group that traveled to Honduras during spring break. The Association of Student Nurses (pictured are Brittany Napier and Zoe Hayes) collected vitamins and over-the-counter medications for the group. In Honduras, the group saw and treated over 1600 people, delivered pizza and gifts to children through a feeding program, and fed over 30 families with a week’s worth of food. Among the places they visited was Oropoli, a very isolated site that took four hours to reach and had no medical facility nearby.
Class Notes

1965 Connie Parker, BSN ’65, received a StarNews Media Lifetime Achievement Award, which recognizes people that have made Wilmington and Southeastern North Carolina a better place. Parker spent a decade working with Wilmington Health Access for Teens (WHAT), a spinoff from the N.C. Healthy Carolinians Task Force. Parker left WHAT to advocate for school health centers across the state as executive director of the N.C. School Community Health Alliance.

1982 President Barack Obama has nominated Major General Patricia D. Horoho, BSN ’82, as the next Army Surgeon General. She is currently serving as the U.S. Army Deputy Surgeon General and 23rd Chief of the U.S. Army Nurse Corps. The nomination, which must be confirmed by the Senate, includes promotion to the rank of three-star general and would make Maj. Gen. Horoho the first woman and nurse to serve as Army Surgeon General.

1985, 1989 SON doctoral student Leslie Davis, BSN ’85 and MSN ’89, received the Sanofi-Aventis 2010 Nurse Practitioner Doctoral Student Scholarship from the American Academy of Nurse Practitioners Foundation. The scholarship helped pay for dissertation-related expenses such as software for data analysis and consultation with faculty at the H. W. Odum Institute for Research in Social Science at UNC.

1996 Gloria “Pam” R. Porter, BSN ’96, received a 2010 Duke Medicine Friends of Nursing Award for Nursing Excellence, Nurse Research Mentor Award. She was nominated by Mr. Winslow Carter, a Guidance Counselor at East Chapel Hill High School, for her work with his students and also by a former patient who is a lung transplant recipient.

1996 Dr. Susan Denman, PhD ’96, an associate professor at Duke University School of Nursing, has been awarded a Fulbright grant that will allow her to integrate evidence-based nursing principles into education and practice at the Universidad de Las Americas (UDLA) School of Nursing in Quito, Ecuador. She will partner with UDLA to enhance the understanding and application of evidence-based practice (EBP) principles in teaching and nursing practice at nursing schools in Quito, Cuenca, and Guayaquil. She will also help nursing faculty, students, and clinicians develop research projects and presentations related to evidence-based practice.

1999 Tiffany Young, BSN ’99, worked in Haiti as a Medical Program Coordinator for Samaritan’s Purse. Health care workers there were on the front lines of the cholera epidemic. See a video featuring Young at http://bcove.me/gfyt6tj or by scanning the bar code with your mobile device.

Regional Events

Please Save the Date for our School of Nursing Homecoming Celebration—Saturday, October 29, 2011

Meet the Dean Receptions Held in Fayetteville and Greenville

This month, alumni in the eastern part of North Carolina welcomed Dean Swanson at receptions hosted by Mary Buie, ’64, in Fayetteville and by Kim Crickmore, ’86, and Michelle Brooks, ’83, in Greenville. These regional get-togethers are excellent ways for alumni to network and discuss current topics in health care. Dean Swanson is able to learn more about different areas of the state and bring news of Carolina to our alumni and friends.

In Memoriam Sara Usher BSN ’56, Blonnie Lou Carlisle BSN ’66, Nancy Mooney BSN ’77, Beverly Peckous MPHNU ’97
THE CLASS OF 1961 CELEBRATES 50 YEARS

Members of the BSN Class of 1961 got together for a weekend of celebration in May and to share long-remembered stories. At a luncheon in their honor at the SON, each class member reflected on fifty years in nursing. From starting new hospitals and educating nursing students, to leading in the fields of hospice nursing and nurse midwifery, this class has certainly left its mark on the profession.

The experiences these women had residing, studying and working together have bound them to each other in a most unique way. Many of them enjoy an annual trip somewhere together as a traveling reunion. The class has been to various places around the country including California, New York and most recently Texas. Their closeness led them toward a class gift naming the elevator in the School of Nursing in honor of their “ups and downs.”

Their influence has been felt all over the world, yet they still speak with awe about the great impact their time at Carolina had on their lives. While much laughter and great memories were shared as this special group of women reunited, the service they provided to patients and others remained at the forefront of their celebration. As one class member shared, “Imagine the number of lives touched over the last fifty years by the nurses in this room.”

THE CLASS OF 1956 CELEBRATES 55 YEARS

The BSN Class of 1956 got together for a 55th reunion luncheon at Hope Valley Country Club in Durham, NC.
Class of ’67 Forever Fund

The BSN Class of 1967 has created a fund to honor its members. The Class of ’67 Forever Fund will recognize the achievements of classmates and the deep caring they have for each other. Eventually — hopefully, far in the future — it will serve as a memorial fund as well.

Class member Susan Spalt, says it is difficult to summarize what makes the class unique. “We were the class that always tried to push the envelope and to bend and question the rules,” she says. “We did not understand then that the process of becoming nurses would also make us lifelong friends — friends who still laugh at how we fought the School of Nursing when they tried to make us behave, smile at the fun we had, and occasionally sing the old songs.”

“We also take pride in what we have done — many of us were in leadership positions, fought battles for the underserved, and worked to make nursing a better and more cutting-edge profession,” she adds. The ultimate goal of the fund is to build an endowed scholarship at the $50,000 level. The class hasn’t formally decided how the scholarship will be used, but they hope that the students who benefit will be committed to nursing, to laughing with their classmates, and to keeping the school of nursing faculty on their toes by asking important, even if challenging, questions.

To contribute to the Class of ’67 Forever Fund or to find out how your class can set up a similar fund contact Anne Webb at Anne_Webb@unc.edu.

Alumni in the Classroom

We are thankful to our alumni who shared their expertise in the classroom during end-of-semester panels in the graduate and undergraduate programs. Panelists led interactive sessions on the practical aspects of transitioning from student life into nursing careers. Pictured are Alphansus Nwafor, ’09, Adam Smith, ’09, Lynn Tran, ’09, Jennifer Fernandez Berry, ’09, and Roberta Manning Hodge, ’10, who made up a new-grad panel in the undergraduate leadership course.

Alumni Association Scholarship Recipients Honored

Two graduate and two undergraduate students were honored this spring as the 2011 School of Nursing Alumni Association Scholars. Tatsiana Shtal, Christine Christensen, Ronda Decker, and Bruce Hamburg celebrated their accomplishments with Alumni Association Scholarship Chair Megan Brazelton, ’99, and SON Alumni Association President Donna Laney, ’80.
Alumni,
we want to hear from you!

Are you interested in mentoring nursing students or meeting with alumni in your area? Do you want to take part in an alumni panel or have an idea for a new alumni activity? Let us know by visiting your personal web site printed above your mailing address. Visit http://sonsurvey.com if you didn’t receive your magazine in the mail.

WIN A FREE T-SHIRT

EVERYONE WHO COMPLETES THE SURVEY WILL BE ENTERED INTO A DRAWING TO WIN A SCHOOL OF NURSING T-SHIRT.