

I N A U G U R A L I S S U E S U M M E R 2 0 1 1

ODU Nursing

Old Dominion University School of Nursing

A close-up portrait of a young Black woman with short, dark, wavy hair, smiling warmly. She is wearing a white nursing uniform with dark piping along the collar and cuffs. On her left sleeve, there is a circular blue patch with white text that reads "SCHOOL OF NURSING" at the top, "Old DOMINION UNIVERSITY" in the middle, and "NURSING" at the bottom. The background is a blurred outdoor setting with light-colored columns.

**Town Foundation
Scholarships Help
Students Complete
Nursing Curricula**

In this Issue



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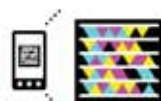
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- 4 School of Nursing News
- 6 DNP Offers Broader Vision of Nursing –
for Today and Tomorrow
- 10 DNP's Telehealth Focus at the
Vanguard of Advanced Nursing Education
- 12 TOWN Foundation Scholarship Helps Students
Dedicate Time, Energy to Mastering Studies
- 16 Nursing School Students Reach Out in El Salvador
- 18 Barham Passes Torch of Advisement to Hawkins
- 20 Faculty Study Technology Innovations
to Enhance Nursing Education
- 23 Faculty Scholarship
- 25 Class Notes

On the Cover

Jessica Green, senior BSN student and
TOWN Foundation Scholarship Recipient



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OLD DOMINION UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING

Message from the Chair



 Old Dominion University School of Nursing is an undiscovered gem. We have dedicated and experienced faculty, enthusiastic and hard-working students, and accomplished alumni. However, too few in the nursing profession or the community know about our distinctive programs, scholarly achievements, teaching innovations, or service activities. When I was appointed chair of the School of Nursing in 2009, I wanted to change perceptions and turn heads by telling stories that would help others get to know what nursing at ODU is all about. My dream was to create a publication that would showcase the extraordinary work of our faculty, students and alumni.

As we all know, however, dreams play out in many different ways, and can sometimes be delayed. Still, I was determined to make this dream become a reality.

Luckily, planning publications such as this is not entirely new territory for me. I began by soliciting story ideas from the nursing faculty, Alumni Association, Office of University Relations, and Development Office. There were so many excellent stories about our school that needed to be told that it was difficult to choose among them; nevertheless we worked to refine the list of stories and define the scope of the dream. Collaboration with Professor Burton St. John from the Department of Communication and Theatre Arts provided the writing expertise needed to accurately, yet passionately, tell our stories. The appointment of alumni to an editorial board afforded the opportunity to vet story ideas and solicit feedback on manuscripts. Through a generous grant from the ODU Alumni Association, we were able to tap the expertise of noted Norfolk photographer Glen McClure, who captured images that made the stories come to life. And when all was said and done, University Publications provided design, layout and production assistance.

I am excited to present this first issue of *ODU Nursing* to you. It is an honor to share the accomplishments of the faculty and students associated with the new Doctor of Nursing Practice program. Likewise, I think you will be inspired by the generosity of the TOWN Foundation. As you read about the retirement of Phyllis Barham (former chief academic advisor), you will likely reminisce about the times you spent in her office, especially if you were an undergraduate student sometime in the last 27 years! For those curious about what is new in nursing education, the article on a unique strategy for teaching students infection control principles will have you saying “how clever.” I also think you will be impressed by the international service efforts of our undergraduate senior students.

The School of Nursing at Old Dominion University was established 44 years ago. Much has been accomplished over the years, but we are a school that has big dreams—dreams that faculty, students and staff are gradually turning into reality. As we seek to be ranked among the top 100 schools of nursing in the U.S., many exciting changes are ahead. The publication of *ODU Nursing* is how we will share the stories of our successes and the achievement of our dreams with you. Enjoy!

Karen A. Karlowicz, EdD, RN
Chair

School of Nursing News

Creating a Culture of Safety...Together



Sorrell King

The School of Nursing collaborated with Children's Hospital of the King's Daughters (CHKD) and Eastern Virginia Medical School (EVMS) to host a visit by Sorrell King, national patient safety advocate and author of the award winning book, *Josie's Story*. Believing that the education of health profession students is the first step in ensuring a culture of safety in our nation's hospitals, Mrs. King addressed students in nursing, medicine and other disciplines during a series of forums held over two days. She shared her story about the tragic death of her precious 18-month-old daughter, Josie, after a series of errors that occurred while Josie was a patient at Johns Hopkins Hospital. The session hosted by the School of Nursing at the ODU Constant Convocation Center brought together nearly 600 students and faculty from six schools of nursing in the Hampton Roads area that have clinical experiences at CHKD. This unique educational offering emphasized to students that effective communication among health professionals is the cornerstone of patient safety. Senior Lecturer **Suzanne Van Orden**, and School of Nursing Chair **Karen Karlowicz**, represented ODU on the event planning committee.



Aubreyana Buckner, senior student (far right), receives award on behalf of her clinical group.

Community Health Students Recognized

Undergraduate nursing students in the Unintentional Injury Prevention community health nursing group have been recognized with a 2011 Hampton Roads Volunteer Achievement Award sponsored by VOLUNTEER Hampton Roads. Throughout the 2010-11 academic year, this group of senior students identified ForKids as their target audience to teach injury prevention. ForKids supports homeless families with children throughout the Hampton Roads area. To become more familiar with the organization and those served, students participated in the "Homework for Hot Meals" program, annual Thanksgiving Dinner drive, and the Holiday Shop. Participation in the service activities helped students identify specific health education goals and plan subsequent programs. **Janet Azar**, adjunct assistant professor, served as the instructor for this clinical group.

DNP Program Graduates 2nd Class

The Doctor of Nursing Practice Program has graduated its second class of students. During the commencement ceremony on May 7, 2011, 27 DNP graduates walked across the stage in the Ted Constant Convocation Center to be hooded and receive their diplomas. Pictured are (left) **Deanne Shuman**, interim dean of the College of Health Sciences, (center) **Sherri Saunders-Goldson**, DNP graduate, and (right) **Carolyn Rutledge**, director of DNP program.



Nurse Anesthesia Program

In January 2011, accreditation for the Nurse Anesthesia Program was reaffirmed by the Council on Accreditation for Nurse Anesthesia Educational Programs. The next regularly scheduled self-study and on-site visit will occur in the fall of 2014.

Nathaniel Apatov was recently appointed as tenured associate professor of nursing and graduate program director for nurse anesthesia. Dr. Apatov received his PhD in neuroscience (1999) and a MSN in nursing (1998) from the Uniform Services University of the Health Sciences in Bethesda, Md. He also holds a MHS (1990) in nurse anesthesia from Texas Wesleyan University. Prior to accepting the position at ODU, Dr. Apatov was associate professor of clinical nursing and associate professor of nurse anesthesia at the University of Miami.



Faculty Awards & Honors



Karen Karlowicz, chair of the School of Nursing, and her co-author **Leticia S. King** (BSN '99; MSN '04), were honored in October 2010 with the **Writing Award for Excellence in Education for 2009** from the *Journal of Forensic Nursing*. The award was presented at a reception during the International Association of Forensic Nurses 18th Annual Scientific Assembly in Pittsburgh PA. The award-winning article, titled "The Healing Power of Reflective Writing for a Student Victim of Sexual Assault," was selected for this journal's inaugural award from among a number of other outstanding articles that focused on educational issues in forensic nursing. Pictured is Dr. Karlowicz receiving the award from Cindy Peternelj-Taylor, editor for the *Journal of Forensic Nursing*.



Carolyn Rutledge, tenured associate professor, was honored with a **Doctoral Mentoring Award**. The award is sponsored by the ODU Office of Graduate Studies and recognizes a faculty member who is a

model of professionalism in each College and provides graduate students with intellectual leadership in a supportive environment. Dr. Rutledge is the award recipient from the College of Health Sciences for 2011. This is the second time a School of Nursing faculty member was selected for the Doctoral Mentoring Award; **Laurel Garzon**, tenured associate professor, was the 2009 recipient.



Janice Hawkins

Janice Hawkins, lecturer, and **Donna Rose**, senior lecturer, were recipients of the **Shining Star Award** during the 2010-11 academic year. The Shining Star Award is sponsored by the ODU Division of Student Affairs, and is presented each semester, when merited, to faculty members who demonstrate evidence of helping students succeed academically, professionally, or personally inside and outside of the classroom setting. To be eligible to receive the award, faculty must be nominated by a student.



Amy Lee



Linda Bennington

For the second year in a row, a faculty member in the School of Nursing is being recognized as the **Most Inspiring Faculty Member**. This honor is bestowed by the graduating senior student in each college with the highest GPA. In 2010 and 2011, a nursing student had the highest graduating GPA in the College of Health Sciences. The 2011 graduating senior nursing student, Sarah Smith (GPA 4.0), selected **Amy Lee**, senior lecturer, as her *Most Inspiring Faculty Member*. In 2010, graduating senior nursing student Katherine Glosson (GPA 3.95) selected **Linda Bennington**, senior lecturer, as her *Most Inspiring Faculty Member*.



Donna Rose, senior lecturer, received the 2011 **Excellence in Technology-Based Teaching Award** from the ODU College of Health Sciences. Ms. Rose developed a scenario imbedded with an avatar to teach

students how to "hand off" patient care to nurses and other professionals in the hospital. The idea for this teaching need stemmed from the recognition that sophomore nursing students often do not recognize key points that need to be relayed during report, and do not know how to proceed with patient care after receiving a handoff from the nursing staff. This simulation activity was created to provide students with a realistic patient handoff teaching-learning experience prior to beginning their first clinical rotation.

DNP OFFERS BROADER VISION OF NURSING – FOR TODAY AND TOMORROW

*A*fter 19 years as a registered nurse and seven years as a nurse practitioner, Rhonda Clark, 47, of Collinsville, Va., wanted more than “going to work, seeing my patients, and then going home.” So, about three years ago, she signed up for the first classes in the ODU School of Nursing’s Doctor of Nursing Practice (DNP) program. After completing almost two years of study the program has broadened her perspective of her life’s work. “I’ve lost a lot of my tunnel vision,” she said. “I see how leadership, technology, and policy competencies are crucial, and that it’s up to nurses to take initiative so that we can have a bigger voice in the delivery of health care.”

Clark’s drive to widen both her perspective and her range of abilities as a nurse practitioner is typical of students in the DNP program. All of the students are advanced practice nurses and normally come to the program interested in specific challenges like accessibility of care for lower income individuals and measuring outcomes. “I get phone calls from nurses interested in the program saying they’d like to focus on such concerns,” said Professor Carolyn Rutledge, the DNP Graduate Program Director. “And I’ll ask them questions about their own

depth of knowledge of their practice, their level of autonomy, and their ability to create teams.” What she finds is that often these skilled nurses face practice issues they need to address, and that the DNP is a good fit because “it can take them to the next level of skills needed to tackle those concerns,” she said. In fact, identifying gaps in practice is one of the most beneficial aspects of the program, said DNP student Ann Schlaefter. “I am getting exposed to such a breadth of knowledge,” said Schlaefter, a 45-year-old pediatric nurse practitioner in Melfa, Va., “and I am seeing where I can make instrumental changes to patient care.”

The arrival of a doctorate-level, practice-based degree in nursing at ODU is a reflection of the larger changes regarding the field and its position in the health care chain. In 2008, the American Association of Colleges of Nursing released an issue brief emphasizing that advanced practice-based nursing education could address the intricacies of today’s health care while also increasing better patient outcomes. Two years later, an Institute of Medicine and Robert Wood Johnson Foundation report, called “The Future of Nursing,” asserted that nurses were increasingly crucial for effectively responding to “rapidly changing health care settings and an evolving health care system.” The report emphasized, however, that nurses needed to overcome barriers

ers so as to provide more seamless and affordable care. In particular, it stressed that higher levels of education were necessary so that nurses could be “full partners with physicians and other health care professionals” and that nurses should be empowered to exert more leadership in planning and policy regarding health practices.

Accordingly, the DNP program emphasizes that students first clearly know where they are now as advanced nursing practitioners, so that they can better see how to move forward. “We want them to look internally and get a really good idea of how their clinical practice runs,” said Professor Michelle Renaud. “And then take that inventory and stack it up against the needs in their community.” From these evaluations, nurses draft business plans that not only build on these internal and external assessments, but demonstrate the “emotional intelligence” they bring to patient care. “By emotional intelligence, we mean fostering in these students an awareness of their own strengths and weaknesses and how both directly affect their ability to make their business plans come alive,” she said. The intent is to highlight the value of leadership, Renaud said, “and how they can be better leaders through assertive and effective personal interaction with patients, peers, and professionals in other disciplines.”

The DNP is designed to give accomplished nurses the broadened educational base needed to take on such a role, said Professor Kimberly Adams Tufts, the director of community and global initiatives for the ODU School of Nursing. “We have seasoned practitioners that are used to applying their skills in certain ways,” she said. “But the DNP is designed to do more than add to a nurse’s skills.” Students develop a better understanding of the health care system. They learn to think critically about how policy and politics affects both the quality of care and access to health practitioners, she said. For example, many women living in rural settings cannot find experienced medical providers who can offer Pap smears. “Numerous times our students have stood up and said, ‘I want to be that person bringing that care to rural-bound individuals,’” Adams Tufts said. “Our program is helping our nurses declare themselves as leaders.”

Leadership

Schlaefer, who started the DNP program in January 2010, is not currently in a leadership position and saw a need for exerting more influence. She was particularly concerned about childhood obesity. She pursued the DNP because she wanted to coordinate a broader scope of pediatric care to combat the problem. This is especially crucial in her surroundings, she said, because there is a sizable amount of poverty and a lack of fiscal resources for prevention programs. “I want to advocate to our management group that we use some alternative means to engage people and break the cycle of coming to health professionals only when situations are dire,” she said. Schlaefer has, through the DNP program, been exposed to proactive approaches such as health fairs, placing articles in newspapers, and appearing on radio programs—and she is convinced that today’s nurse has a leadership role in health promotion. “The way things are now, our health care approach must move beyond the traditional thinking of ‘the doctor said take these pills,’” she said. “Now, nurses are vital in a broader way; they bring together their education and skills to help each patient effectively manage their own health.”

One should also be aware that the program’s advanced education and training positively affects other professionals’ perceptions of the nursing function, said Clark. “You now are seen as having a voice at the table,” she said. “You’re a peer with other individuals who have doctorates.” In her case, it has enhanced others’ confidence in her leadership skills and business competency. Her role at the federally qualified health center (FQHC) in Bassett, Va., has broadened; she became the first nurse practitioner invited to participate in the quality assurance committee for the Community Care Network of Virginia. She works alongside medical directors, another nurse practitioner, and a physician assistant to ensure that clinical practice guidelines are established and maintained in each clinic, in accordance with federal standards and measures (e.g., guidelines for such items as blood pressure management, glucose control and childhood immunizations).

Advancing and applying skill base

Tina Haney of Norfolk, 48, noted that, even though she has strong interpersonal skills and has managed others, she needed to better understand how to use additional



DNP Faculty Team: Seated are (left) Wendy Biddle, (center) Carolyn Rutledge, DNP Program Director, (right) Kimberly Adams Tufts. Standing are (left) Michele Renaud and (right) Kathie Zimbardo. Not pictured is Laurel Shepherd.



Top photo: DNP graduate Rhonda Clark with Zach and Trevor Kendrick. Bottom photo: DNP graduate Ann Schlaefer with Zulmy Gomez (holding book) while brother and mom look on.

skill sets. A full-time nursing instructor at Medical Careers Institute in Virginia Beach, she became increasingly aware that she wanted to increase her competency in information management. “For example, when I previously worked at CHKD’s (Children’s Hospital of The King’s Daughters) pectus (chest) program, I used a database but I didn’t understand how to create it.” With the insights of the DNP program, she has learned not only how to create an effective database but how to effectively analyze the information. With this heightened confidence in information management, Haney is working on a project that will facilitate hospital communication to homebound patients through technology.

“My vision is to enable hospitals and clinics to use platforms like Facebook, Twitter and email to convey health and wellness information to families that will keep them connected to health providers,” she said.

In her case, Clark is expanding on her patient care skill set to conceptualize additional ways to reach out to the larger area and provide wellness and prevention education. She is determined to develop approaches for encouraging patients to more actively manage their health care. To that end, she is formulating a peer educator approach. First, she said, is the need to identify patients who are already engaged in making positive life changes. The goal would be to train these individuals so that they can then take health and wellness messages into venues that nurses may not be able to reach. “Through this approach we can reach the at-risk public in their neighborhood blocks, community centers, and churches,” she said.

Advocating for effective care

With growing leadership perspectives and enhanced skills sets, DNP students are tackling wider health care issues with an eye toward advocating policy. Kristin Conrad, a 42-year-old Certified Nurse Midwife from Blacksburg, Va., knew that both her clinical experience and advanced education had put her in a good place to help vulnerable and underserved women. Previously, in western Colorado, she developed collaborative approaches to provide clinical services to undocumented Latino women who had no health insurance. The DNP attracted her because it emphasizes routes toward providing accessible care for underserved publics. “Serving people who desperately need care and don’t have access to care is very important to me both professionally and personally,” she said. “This program allows me to see health care on a more global scale and clearly identify how policy affects individuals’ ability to receive care.”

Through the program, Conrad has been able to interact with others concerning health care policy and develop evidence concerning the challenges of rural health care accessibility. In December 2010, she attended the Virginia Rural Health Associa-

tion Conference and led a discussion on how health care policy affects the availability of midwife services. She presented—before an audience of physicians, health department personnel, policymakers, and health insurance representatives—information about systemic problems involving the care of women and babies. For example, maternity care in rural areas is often sparse. “Medicaid services are limited, with women having to drive long distances to receive competent prenatal care and birthing care,” she said. She plans to speak at more venues, stressing the value of nurse midwifery. “The experience of the DNP program has really given me the confidence to take that kind of public position on these issues, to reach out to other professionals, and work to make change,” she said.

The value of the DNP

The complexity of today’s health care system requires nurses to have an extensive knowledge base and skills. The DNP, with its clinical core, keeps nurses current by focusing on emerging diagnostic technologies, while also exposing students to the latest knowledge of human factor aspects such as collaboration, leadership, and policy making. In this way, said Adams Tufts, the program helps nurses adhere to the professional standards needed to master today’s demanding health care arena. She adds that the program helps these advanced practitioners by also equipping them to deal with the changing demographics of America. “We have large groups of emerging Latino populations and aging baby boomers who have pressing health care needs,” she said. The DNP provides the mix of clinical and research skills to anticipate, and plan for, this dynamic. “We tell the students that health care, especially for vulnerable populations, has not been as effective as it needs to be,” said Rutledge. Therefore, the DNP curricula attempt to foster innovation. “We tell them that they’re the change agents,” she

said. “They do internal/external assessments and write business plans; the intent is to move past thinking of oneself as a service provider to realizing that one is a practice owner.”

Such an evolutionary approach to nursing challenges age-old notions that effective health care ultimately rests on the shoulders of supervising physicians, said Renaud. “In reality, nurses have always been leaders and they are going to be much more in the forefront, and they should be,” she said. DNP students come from so many different backgrounds with unique experiences and skills to draw upon but sometimes lack a fuller awareness of the nurse’s leadership role, she said. “Our curriculum stresses the importance of nursing’s unique contributions,” she said. “The goal is that DNP students will open up collaborations with physicians and social workers to improve patient outcomes.” DNP students concur that the program has stretched what they previously saw as the boundaries of their profession. “I grew personally, academically, and professionally in ways that I never anticipated,” said Haney. She pointed out that she has felt fortunate to already have a breadth of some experience and owed it to the profession to pursue the DNP. “Nursing has been very good to me,” she said. “And I felt that going into the DNP was my way of giving back, taking on new research and practices that I can share with other nurses.” To Schlaefer, the DNP’s value rests in its ability to challenge nurses to see broader perspectives.

“My vision is to enable hospitals and clinics to use platforms like Facebook, Twitter and email to convey health and wellness information to families that will keep them connected to health providers”

“Now I see how collaborating with other nurses, specialists, and health care managers can have such a big impact,” she said. “It allows us to better make patients aware of behaviors that can lead to poor health, and then encourage them to move in a healthier direction.”

Conrad agrees that the collaborative mindset encouraged by the DNP is vital, and it has already started to open some horizons for her. Through contacts she made with a physician at a local free clinic, she was invited to serve on a board that submitted a grant for a FQHC in Montgomery County, Va. “This is just an example of the endless number of possibilities that I am now aware of,” she said. “This degree, with its global view and policy emphasis, will help me be in a better position to help moms and babies.”

For Clark, the DNP program has emphasized the power of the nurse’s voice. “Before I started the DNP program, I had simply thought that others could speak out about pressing health care concerns and that wasn’t my role,” she said. “Going through this program of study has opened my eyes that every voice is important.” She stressed that physicians, insurance companies, and legislators needed to hear from, and work with, nurses to improve health practices and patient outcomes. “They need to hear from every voice in our field,” she said, “and I can help get that started—with mine.”

Individuals interested in the program can enroll on either a full- or part-time basis.

More information is available at the School of Nursing website at <http://hs.odu.edu/nursing/academics/dnp/index.shtml> or call the graduate program office at 757-469-6735 or 1-800-572-2762.



DNP's Telehealth Focus at the Vanguard of Advanced Nursing Education

Fully accredited by the Commission on Collegiate Nursing Education, the Doctor of Nursing Practice (DNP) is a 36 credit-hour program designed with advanced practice nurses in mind. Students enhance their leadership, research, and clinical skills with an eye toward meeting the needs of underserved populations in Virginia.

The program features four emphasis areas: 1) emerging healthcare technologies, 2) advanced diagnostic and client care skills, 3) care of vulnerable populations, and 4) using clinical research to achieve quality client outcomes. The course of study features classes on health disparities, barriers to care, practice-focused research, and leadership. As a practice-based degree, the DNP further emphasizes integration of all these knowledge and skill sets through four additional classes in advanced clinical

training. Students pursue their courses through web-enhanced classes and by attending class on the ODU campus one weekend a semester. Full-time students complete the program in 16 months.

In a move that puts ODU's School of Nursing at the forefront of advanced nursing curricula, the DNP program emphasizes that nurses use technology to reach out to patients in remote and underserved areas to provide prompt and quality care. Telehealth—the use of health technology to improve treatment and outcomes—is a key underpinning of the curricula. Supported by a \$750,000 grant provided by the Health Resources and Services Administration in July 2010, DNP's telehealth emphasis centers on four main areas: telemedicine, social media, clinical decision support, and electronic health records.

Top photo: DNP student, Sandy Sandbridge-Moser, working with an electronic health record.

“I see that telehealth is a transformational tool that will greatly shape the future of health care,” said DNP student Patty Schweickert, 49, a nurse practitioner in interventional radiology at the University of Virginia. For example, patients in rural areas may not be able to meet face-to-face with a health care provider. Through telemedicine workshops, students use a real-time, two-way computer video connection to simulate interacting with the patient. A student, for example, can interview a “patient actor” who presents the symptoms of a stroke. Through the video link the student assesses conditions by having the “patient” attempt to lift a book or watch how well the patient can walk across a room. In fact, Schweickert’s DNP capstone project measured the use of this approach with authentic patients. Her study revealed that providing patient education programs on stroke prevention through telehealth was equally as effective as face-to-face visits. “We found that telehealth was very effective at improving patient knowledge and increasing the likelihood that patients would take actions that could prevent further strokes,” she said.

When reaching out to remote and underserved populations, resources may be sparse. The program familiarizes students with using social media technologies and

software to help make clinical decisions. Computers and wireless technologies like iPads and iPhones allow access to a variety of credible sites - like the Stroke Network or the Centers for Disease Control and Prevention - where nurses can find articles, videos and expert contact information that can help them implement effective treatments. Additionally, nurses can use mobile wireless devices (smartphones, iPads, etc.) to access applications that center on medicines, diagnostic tests and new therapies. Finally, nurses can tap the resources and features of social media to help patients form mutual support networks.

The fourth major technological area, electronic health records, also potentially offers great benefits to both patient and practitioner, said DNP program director Carolyn Rutledge. “If, for example, a nurse gets a call at home about a patient needing immediate attention, the nurse can use a smartphone to access the patient records on a secure network,” she said. With such prompt availability of patient history, the nurse can more readily assess the situation, give medical advice and, if necessary, make an immediate referral or call in a prescription. While electronic health records have great promise, Rutledge added some cautionary notes. First, “the records are only as good as the information that is put in,” she

said. But, even with improvements in medical recording, there is a second concern: insuring that medical record files are easily read across computer and wireless platforms. In the meantime, nurses will continue to explore how electronic medical records, used carefully, can expedite care, especially for patients in underserved areas.

As ODU’s DNP program advances the promise of telehealth, there are signs that the nursing field is primed to embrace the promises of these advanced technologies.

Eastern Virginia Medical School and the ODU School of Nursing are examining how to facilitate patient awareness of diabetes prevention along the Eastern Shore of Virginia. DNP students in rural areas are connecting with the University of Virginia to use their telehealth facilities to reach out to populations in remote areas of Virginia. Other nurses in Virginia are even using computer technologies to consult with on-call, out-of-state doctors. Schweickert maintained that “telehealth is getting more attention because of its capacity to reach the underserved, no matter where they live.” She added that telehealth “has the ability to forever change health care; the time to embrace telehealth is now.”

Full-Time Faculty



Carolyn Rutledge, associate professor, has a PhD in health services research from ODU. With more than 30 years in nursing and 20 years as a family nurse practitioner, her chief areas of practice are

women’s health and family practice. She has published more than 30 articles and served as PI or Co-PI of over 20 successful grant applications totaling over \$7.5 million.



Kimberly Adams Tufts, associate professor, holds a Doctor of Nursing Practice degree from the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, Ohio. She

has more than 25 years’ experience in women’s health, health policy and human rights issues. She conducts research on HIV prevention interventions for adolescents and on the self-care experiences of women who are living with HIV. She is a Fellow in the American Academy of Nursing.



Laurel Shepherd (formerly Garzon), associate professor, has a PhD in nursing from Catholic University of America in Washington, D.C. She previously served as director of the graduate programs, and is

now director of the new Doctor of Nursing Practice Nurse Executive Program. Shepherd has numerous publications in areas of pediatrics, infectious disease, cultural competency and care of vulnerable populations.



Michelle Renaud, assistant professor, has a PhD in nursing from the University of Washington, Seattle. She has held numerous positions across the spectrum of nursing throughout her 40-year career, including 25 years as a U.S. Army nurse. She has obtained over

a million dollars in Tri-Services Research federal funding. Her areas of expertise are women’s health and neonatal nursing.

Adjunct faculty



Wendy Biddle, adjunct associate professor, has a PhD in nursing from the University of Kansas. She has been a nurse practitioner for 28 years working in the field of gastroenterology. She was the first

invited nursing representative to participate on the Clinical Practice Committee of the American Gastroenterologic Association.



Kathie Zimbro, adjunct associate professor, earned a PhD in Health Services Research from Old Dominion University. She has over 30 years’ experience in

health care. Zimbro is currently the director of clinical and business intelligence for Sentara Healthcare in Norfolk.



Jordan Levitin, Executive Vice President for the TOWN Foundation (center) with current TOWN Foundation Scholarship recipients (from left to right) Jennifer Fevrier, Jessica Green, and Stefanie Setzer.

TOWN Foundation Scholarship Helps Students Dedicate Time, Energy to Mastering Studies



oday's college students face numerous challenges that stretch far beyond managing their actual classwork. There's the need to balance classes with other responsibilities such as family and work. Commuting from home to campus and then back again eats up time that can be devoted to studying. And a significant majority of students across the nation carry loans—more than 60 percent, says the *Chronicle of Higher Education*—forcing many students to work while attending school. At times, simply focusing on classes and the associated coursework can appear to be an uphill battle.

ODU School of Nursing students face similar demands on their time. However, the baccalaureate nursing program is particularly time-consuming and rigorous, noted Karen Karłowicz, associate professor and chairperson of ODU's School of Nursing. This is by design, she said. How well students master the program can significantly influence the health and well-being of thousands of individuals; students need to be ready to deal with life-or-death situations. If there is any one thing that can dilute a student's intensity, it is often financial concerns, she said. "Full-time enrollment is required; but, in today's economy many students find it necessary to work one and sometimes two jobs to pay for tuition and support their families," said Karłowicz.

Enter the TOWN Foundation. Since 1998, the organization, through its financial support, has made it possible for the ODU School of Nursing to grant more than \$230,000 in scholarships to selected ODU nursing students. With these scholarships, students can devote their energies to mastering the program by having more time for individual study,

experiential learning with new technology, and group work in the community (see sidebar for more on the history of the Foundation).

"Over the years, I have received numerous letters from the scholarship recipients," said Jordan Levitin, executive vice president for the TOWN Foundation. "All of the students indicated that, through the TOWN Foundation scholarship, we have made a large impact on their lives." Indeed, students are explicit about how the TOWN Foundation scholarship helped set the stage for them to better understand and learn what is required to eventually become a nurse.

Stefanie Setzer, 21, a senior in the program, said the scholarship helped confirm for her that nursing was her calling. After being accepted in the nursing program in spring of 2008, she applied for the scholarship. When she received it that same fall, she immediately knew she could intensely immerse herself in her studies. "With the scholarship, I was not obligated to get a job," she said. "I was able to cut the job factor out of the picture and focus on my studies." Just as important, Setzer said the arrival of her scholarship reinforced for her that being a nurse practitioner was "something right that would change my life"; she found a career that could allow her to "come home feeling rewarded and be happy to go to work the next day."

Jennifer Fevrier, 48, had already been on a dual path of working and raising children for over 25 years when she also received a TOWN Foundation scholarship in the fall of 2010. Fevrier, who had once run an at-home nail business, said she determined a couple of years ago that she wanted to pursue a career where she could make a difference in people's lives. After completing studies

at Tidewater Community College with a high GPA, she gathered recommendation letters and submitted a required essay. "I shared my thoughts about how reaching out to others is what I think good nursing is all about," she said. "It's more than just a nicety; it's a critical part of patient care that can be overlooked and undervalued." She successfully made it clear to the scholarship committee that, as a single mother working part-time, she was determined to concentrate on her studies. "The scholarship has relieved a lot of my financial burdens," she said. "I can look to the future with a sense of hope and encouragement."

"Since 1998, the organization, through its financial support, has made it possible for the ODU School of Nursing to grant more than \$230,000 in scholarships to selected ODU nursing students."

But back in the summer of 2009, Jessica Green, 21, was not feeling a similar sense of optimism when it came to her application for the TOWN Foundation scholarship. She knew that everybody who is a serious contender for the scholarship must have a high GPA and solid recommendation letters. But there was another wrinkle she wondered about. "Most of my nursing peers aren't my age; they are older and some have other financial obligations like raising children," she said. "Frankly, I didn't know if that would be an important factor in

deciding who would receive the scholarship.” But when she received the scholarship for fall 2009, she knew the committee understood that she wanted to develop the skills to become both a successful pediatric nurse practitioner and a community volunteer. “My family is not as fortunate as some are financially and, without the scholarship, I would probably have to work quite a bit,” she said. Additionally the scholarship made it possible for Green to avoid student loans, find a place to live on campus, and avoid commuting. She is particularly happy to have nursing roommates in the program who study with her. “I’m very determined to make it in nursing,” she said, “and the situation I have now lets me live out that determination.”

Ultimately, the TOWN Foundation scholarship removes financial burdens and offers each recipient, said Karlowicz, “the opportunity to focus on what is most important— learning how to be a nurse.” And with such a realization, comes a certain amount of relief and gratitude. “The scholarship is such a blessing,” said Setzer. “I can work on my studies and not worry about debt; I feel so privileged and honored to be a part of this.” And it’s apparent that the feeling of appreciation is mutual. “These students have a combination of demanding schoolwork and expenses that many other students don’t have,” said Levitin. “I’m gratified when they tell me how they appreciate that the scholarship allows them to be more focused on their studies and not have to work two or three jobs.” Levitin

was impressed with how the students coped with both the demands of the program and the pressures of life—work, family and financial aspects—with the goal of helping and healing others. To him, such caring and commitment called for bolstering the foundation’s helping hand. “Our goal is to increase our ability to help these students,” he said. “I would like to see the number of scholarships increase and enhance the amounts awarded.” In the meantime, new students will continue to have the opportunity to benefit from the foundation’s scholarship for many years to come. “It’s an honor to be associated with such highly motivated teachers, administrators and students,” said Levitin. “We have a love affair with this school of nursing.”

The TOWN Foundation and the ODU School of Nursing: A Brief History



Jordan Levitin (right) speaking with the founder of the TOWN Foundation, the late Thomas Oliver (left).

The TOWN Foundation was started in 1985 by Thomas Oliver, a native of Norfolk who had worked for Bell Laboratories for more than 40 years. Born in 1902, Oliver endured the Great Depression and, in 1931, married Sarah Lanier Tabb, who had taught in the Portsmouth schools and lost most of her assets during the 1929 crash. (The acronym TOWN stands for Oliver’s family associations: Tabb, Oliver, Wickhouse and Neville.)

Known as a frugal man, Oliver built his financial portfolio over time. By the time the TOWN Foundation was incorporated in 1985, Oliver had accumulated approximately \$750,000 in stock. Now, the total assets of the Foundation stand at slightly over \$1.6 million, says Executive Vice President Jordan Levitin.

In late 1989, the Foundation began to supply monies to enable scholarships and, in 1998, it first supplied the ODU School of Nursing with funds so that the school could begin awarding scholarships to ODU nursing students. That year Lisa

Games received \$5,000 and, over the years, \$231,150 has been awarded to 12 nursing students at ODU. Now, at any given time, there will be three students pursuing nursing studies with a \$7,500 TOWN Foundation scholarship.

Oliver, who worked his way through the hard times of the Depression, wanted to leave a legacy that could help others in financial need, said Levitin. And, since his wife was a teacher, he had a fondness for education as a route to bettering oneself, said Levitin. “If he were alive today, Thomas Oliver would be pleased to see how his foundation’s investment in the ODU School of Nursing has paid off,” he said.

Students who have been admitted into the nursing program may apply for the scholarship, normally in the summer. In addition to demonstrating financial need, students must have a high GPA, provide two letters of reference and complete an essay.

TOWN Foundation Scholarship Recipients: Where are They Now?

Lisa (Games) Calascibetta, BSN '01



"I am currently working at Children's Hospital of the King's Daughters, Norfolk, as an Operations Coordinator on the Transitional Care Unit. I actually started out as a Clinician-1 my senior year of nursing school and after three years of nursing, I went into the management position. I felt very fortunate to have been selected as the first recipient of the TOWN Foundation Scholarship. The scholarship lightened my financial burden, which allowed me to focus more on my studies. I feel very blessed to have received this award as it changed my life and allowed me to achieve my dream. The TOWN Foundation is a fabulous organization and I am so glad that it has been able to continue supporting nursing students every year."

has been life-changing for me.

JingJing Sparrow, BSN '09



"I am currently employed as an RN II in the CVICU (DeBakey Heart & Vascular Center) of the Methodist Hospital in Houston. I work with the intensivist team to provide care for post-cardiovascular surgery patients in this 40-bed unit.

Receiving the TOWN Foundation Scholarship

has been life-changing for me.

It financed my education and helped me fulfill my dream of becoming a registered nurse. It has also motivated me to help others through caring and advocating for the patients and their families. The generosity from the TOWN Foundation will always hold a special place in my heart."

OTHER TOWN FOUNDATION SCHOLARSHIP RECIPIENTS

Rowena Heck, BSN '01
Michelle Wheeler, BSN '02
Crystal Harrington, BSN '04
Christine L. Howell, BSN '05
Twyla Walker, BSN '07
Jessica Butler, BSN '07
Miranda Brown, BSN '08
Jessica Bryan, BSN '10

The Current Scholarship Recipients: Thoughts on Their Nursing Futures

Jessica Green, 21, Norfolk

The first in her family to go to college, Green wants to be a pediatric nurse practitioner pursuing neonatal care who could also provide assistance to social workers.

She is also determined to find a way to help combat childhood obesity and the associated rise of diabetes. To Green, the important element is educating children about better nutrition choices because, "It is a lot easier to ward off diabetes in a child than to try to deal with it once you're an adult."

Once she is established in her career, she would like to endow a pediatric scholarship to help other nursing students at ODU.

"I'm very determined that nursing is my focus – there's not anything that's going to take me off that path," said Green. "When my grandfather was in his last days, I saw the care that the nurses offered him and it was inspiring." Besides, she added, "I have a 10-year-old sister who also wants to be a nurse, so I must be a role model for her."

Jennifer Fevrier, 48, Virginia Beach

A single mother of four children – with three currently in college – Fevrier wants to be a nurse so that she can empower people. It's a theme that is well evident in her life up to now, which featured similar efforts to help others help themselves through volunteer positions in her children's parent teacher association and at her church.

She is most interested in educating individuals on how to take charge of their own health. "Right now nutrition and active lifestyle are both areas of huge opportunity," she said. "I would go to lunchrooms in schools, see what they were eating and it could be very disturbing." Accordingly, as a nurse, she'd like to volunteer with groups like the Virginia Interfaith Center for Public Policy, which encourage policies that address childhood obesity.

While still open to determining a particular area of nursing practice, she sees herself filling the gap that can arise between physicians and patients. "I can be at that level of person-to-person contact and see things that might get missed," she said. "A big part of each patient's health is their knowing that they are important," she said. "And that's my niche."

Stefanie Setzer, 21, Norfolk

During her high school years in Suffolk, Setzer had her eyes set on pursuing an athletic scholarship – but a hip injury derailed that vision. Subsequently, she noticed that her oldest sister, Tina Joyner, a nurse at Sentara Obici Hospital in Suffolk, had a small trunk filled with thank-you letters from her patients. "I looked at the impact she made, and how rewarding it was, and felt that nursing could likely be the direction for my life," she said.

Although she has done extensive group work within the nursing program that centers on community health and prevention, Setzer is particularly interested in acute care. She likes the idea of being a nurse practitioner in an emergency room. So, she anticipates eventually heading to either the University of Virginia or Virginia Commonwealth University, where she could pursue studies in that arena. "If it's anything that is acute, it's probably for me," she said. "I think the emergency room is really where it's at – I'm just not a person suited for routine."



Nursing School Students Reach Out in El Salvador

Three School of Nursing seniors embarked on a summer 2010 service trip to El Salvador that offered them a unique opportunity to witness how culture, education and resources affect the quality of care in that country's rural settings. Joining a team of 22 volunteers sponsored by the Great Bridge United Methodist Church of Chesapeake, Va., class of 2011 students Channel Vialet, Caitlin Tukey, and Cynthia Nielsen made the trip, accompanied by Janice Hawkins, the school's Chief Academic Adviser. "This kind of trip, which is an elective for our students, provides a great opportunity for participants to practice in an environment that is uniquely different from typical practice settings," said Hawkins. "Being exposed to the unique challenges of a different society is an essential step toward student development of culturally-sensitive nursing."

"I was very excited when I found out about openings for the trip," said Channel Vialet, 21, who holds down a part-time nursing care partner position at Sentara Leigh Hospital in Norfolk. "I jumped right on it because I wanted to get to know different people, and be more aware of how culture affects the kind of health care available." And, upon arrival in El Salvador, Vialet, along with her fellow students, found that they quickly were immersed in a remote society - a place where patients of all ages eagerly sought them out. Over the course of five days, the students were astounded at how residents in isolated, rural areas found out about them through simple word-of-mouth. "We would set up to provide services and there would already be about 20 people waiting for us," said Tukey, a 22-year-old from Chesapeake, Va. Young children, accompanied by parents or siblings,

◀ **Channel Violet, BSN student, with child in El Salvador.**

were often hesitant, but willing to be examined, said Nielsen, 22, also from Chesapeake. “They would look concerned when we approached them with something unfamiliar, like a thermometer,” she said, “But, when we gave them vitamins, clothing, and toys they eventually smiled.”

As part of their outreach, the students provided basic assessments (e.g., taking blood pressure, examining for nutritional and dental concerns), offered some doctor-authorized pharmaceuticals, and assisted a doctor who was a member of their service trip. They repeatedly saw patients who presented a range of health issues that many residents of the United States do not encounter. Children presented some significant dental problems, chiefly because they did not have access to simple dental hygiene materials like toothbrushes and dental floss. Several individuals had symptoms that pointed to intestinal worms that came from unsanitary drinking water. “Many of them were malnourished and physically underdeveloped,” said Nielsen; the students made sure to distribute plenty of vitamins. In one case, they delivered thyroid medication to a lady with a tennis-ball sized goiter.

For all their days in a very unfamiliar land, there were some particularly unusual moments. In La Gloria, a very remote village that was cut off by a mudslide, the students accompanied the service trip doctor on a house call to visit a blind woman

whose mobility was impaired due to spinal stenosis (a narrowing of the spinal cord). “She was essentially bedridden,” said Violet. “We didn’t have much in the way of supplies to help her, but we gave her vitamins; she was just so happy to have someone come give her some medical attention,” she said. Another lady, who had wounds related to a diabetic foot ulcer, arrived in her own makeshift wheelchair—a lawn chair rigged with wheels. “We treated her with the only sanitary water we could find - saline solution in IV bags,” said Tukey. “But we all marveled at how these people, who had very little, worked to find a way to help this lady get around.”

The students found sobering how those of another culture, with very limited resources, made the best of their situation. “They are all happy,” said Tukey. “The children wear dirty clothes, but they run around playing, appearing to be care-free.” But, these students are quick to point out, such appearances may be indicators of how individuals are attempting to cope with the limitations of their environment. Violet said witnessing how villages struggled with inadequate health care helped her to develop more empathy. “Nobody asks to be sick,” she said. “Patients need to have someone, particularly nurses, who understands the barriers or lack of resources they are encountering - that way they can trust the care we are offering.” Tukey, reflecting on barriers to health care, said that there is much to learn from venturing into a new land, especially concerning arenas like childbirth and the transmission of STDs. “El Salvador has a very strong religious tradition,” she said. “So, finding out about awareness and behaviors concerning birth control and STD prevention could prove very beneficial” to understanding how culture affects patient health. Finally, Nielsen said that the journey to El Salvador opened her eyes about how isolation and lack of education can play a significant part in determining the effectiveness of any country’s health care efforts. “Some areas we went to have apparently never had any medical interven-



Top photo: Cynthia Nielsen, BSN student, doing a home visit in El Salvador. Bottom photo: Channel Violet, BSN Student, giving an injection to a patient.

tions,” she said. “Frankly, struggling through some of the hills we traveled showed just how dramatic a problem like access can be.”

Of course, such a journey does more than just bring opportunities to use one’s skills, learn about another society’s particular challenges, and develop further one’s ability to empathize. For these graduating senior students, the learning experience also brings lasting memories and a commitment to continually seek opportunities to engage in global service. It also brings lasting memories. Nielsen recalled one day, in La Gloria, after she and her partners finished work, how they climbed back up a mud-caked hill and leapt into the back of a flatbed truck. “A group of about 20 children gathered around and started singing songs to us in Spanish,” she said. “The whole trip was an eye-opener, but that moment will always be with me as a sign that I made a difference.”



Caitlin Tukey, BSN Student, preparing for an immunization clinic.

Barham Passes Torch of Advisement to Hawkins



Janice Hawkins (left) and Phyllis Barham (right)

*I*n the summer of 2010, and after 27 years at the School of Nursing, Phyllis Barham handed over the bachelors-level student advisement role to Janice Hawkins. Over the years, Barham has found the work fulfilling, assisting the wider range of students—especially transfer students—that came with a consistently growing program. “I came to see that they are more than students,” she said. “They are parents, they are caregivers to their elderly family members and many work full time.” She found that students who had academic challenges often faced complicated family, home or work dynamics. Learning to listen while being detailed about curricular requirements were both critical, she said; it helped in finding ways to be flexible so that students could graduate on time.

When Barham originally assumed the advising duties in 1984, the School of Nursing was significantly smaller, focusing on pre-licensure and post-licensure at a very local level, with around 200 total students. By the 1990s, however, the school was on a growth curve, bringing in students through the new Teletechnet program. Barham had a significant role in promoting distance learning and helped nursing education become one of two early prominent programs on ODU’s Teletechnet. “We would get in a mini-Winnebago—carrying applications, books, refreshments—and drive to hospitals and community colleges,” she said. Although an early skeptic about the usefulness of distance learning, she said that her frontline experience in facilitating some of the first two-way audio/one-way video demonstrations convinced her it was the way of the future.

Barham also was instrumental in the creation of Monarch General Health System (MGHS), a virtual lab for undergraduate nursing students. She found that the pre-licensure undergraduates in fundamentals courses had difficulty integrating knowledge from simulated lab settings into hospital clinical settings. “In the labs they’re trying to remember and apply skills such as the basics of infection control, hygiene, and moving and lifting patients,” she said. “In the clinical setting they must apply that knowledge while they are also dealing with distracting and unfamiliar sights, sounds, smells and interacting

with complaining patients, sometimes someone they are leery of even touching,” she said.

“We had mannequins that stood in as patients, but they did not effectively simulate interactions with the students,” she said. “Consequently, the lab was not sufficiently conducive to getting students to think of all the fundamental skills at once, so that they could more effectively learn from their mistakes.” Too often students had difficulty integrating their new skills in reaction to static, “pretend” developments in the lab surroundings. She realized that students needed more authentic practice while communicating with simulated patients. Barham helped create MGHS and developed “patients” that students could interact with through a bank of videos. The next stage, she said, is migrating patient profiles to avatars that students can interview and examine. “In the meantime, I had a great time writing scripts for these simulated patients,” she said. “I think there must have been a novel in me somewhere.”

Introducing the new chief academic advisor

Hawkins, a military spouse, came to her new role after 10 years of clinical instructional work at the ODU School of Nursing, teaching both in pre-and post-licensure programs. Prior to coming to ODU, she graduated in 1995 from the Medical University of South Carolina with a Master of Science in Nursing degree.

Now, advising about 550 students, Hawkins said her biggest focus is providing responsive customer service. She also receives and responds to hundreds of general inquiries from the public—parents who want to help their children find out more about the program or adults who are interested in switching careers. Hawkins also assists with recruiting, visiting interested students at community colleges. She pointed out that interest in nursing is significant, in great part, because of the difficulties finding reliable employment in tough economic times. “But there is another factor at work,” she said. “Nursing tends to attract some older adults who see it as a calling; they’ll leave their current career because they want to give back to others as a nurse.” Hawkins is witnessing a surge in nurses who wish to pursue a post-licensure degree. Earning a bachelor in nursing allows nurses, and their employers, to provide patient care services with a nursing team that is educated beyond the minimum standard. Additionally, in a tighter economy, nurses who have only an associate degree are experiencing, at least temporarily, a harder time finding jobs. Currently, said Hawkins, interest in the program is so strong that only one in four applicants for bachelor’s degrees is admitted.

Hawkins sees her first year in advising as a learning curve; her concentration is on providing solid service to students and allowing herself time to figure out how to best prioritize her activities. She is now involved with the University’s General Education Committee so that she can further her understanding of the range of requirements that undergraduate students must meet. In the meantime, she has enrolled all pre-licensure and post-licensure stu-

dents in a Blackboard announcement site so they will receive vital advising updates.

“I want students to know I enjoy my job and that I look forward to working with them,” she said. “I enjoy being a problem-solver.” She does acknowledge that following after Barham presents “hard shoes to fill.”

Earning a Bachelor in Nursing allows nurses, and their employers, to provide patient care services with a nursing team that is educated beyond the minimum standard.

Barham is confident that Hawkins will do fine. Hawkins’ penchant for details, she said, will serve her well. Additionally, although Hawkins faces the challenges of advising in an expanding program, Barham asserted that Hawkins is in an ideal environment. “The department is very visionary, full of capable and creative people,” she said. “Couple that with Janice’s ability to hang on to the details and I know our students’ advising is in capable hands.”

Current and prospective undergraduate nursing students can best reach Janice Hawkins, chief academic advisor, via email at jhawkins@odu.edu.

Faculty Study Technology Innovations to Enhance Nursing Education

It is not enough for today's nursing student to understand and internalize modern care concepts and practices - students need to practice the reality of nursing as much as possible. "Seeing is really believing," said Professor Kimberly Curry-Lourenco, the ODU School of Nursing's nurse educator graduate program director. "Observing ourselves, and each other, in a simulated clinical setting, and then pointing out problems, is a simple concept that can really improve our practice," she said.

While the concept appears straightforward, putting it into place takes instructors who: 1) see an opportunity to improve the student's learning experience and 2) articulate a creative approach that advances learning objectives. School of Nursing faculty have distinguished themselves in both aspects, initiating improvements in both infection control and student make-up of clinicals.

Infection Control - Seeing is Believing

One of the most significant concerns within clinical care is preventing the spread of infection. For example, in early 2010, the Agency for Healthcare Research and Quality noted that almost 1.7 million infections occur in hospitals each year, leading to approximately 100,000 deaths annually.

Diligent hand hygiene can help prevent the spread of infections. For years, said ODU nursing instructor Donna Rose, nursing students were taught hygiene through study modules and classroom lectures. However, when it came to hy-

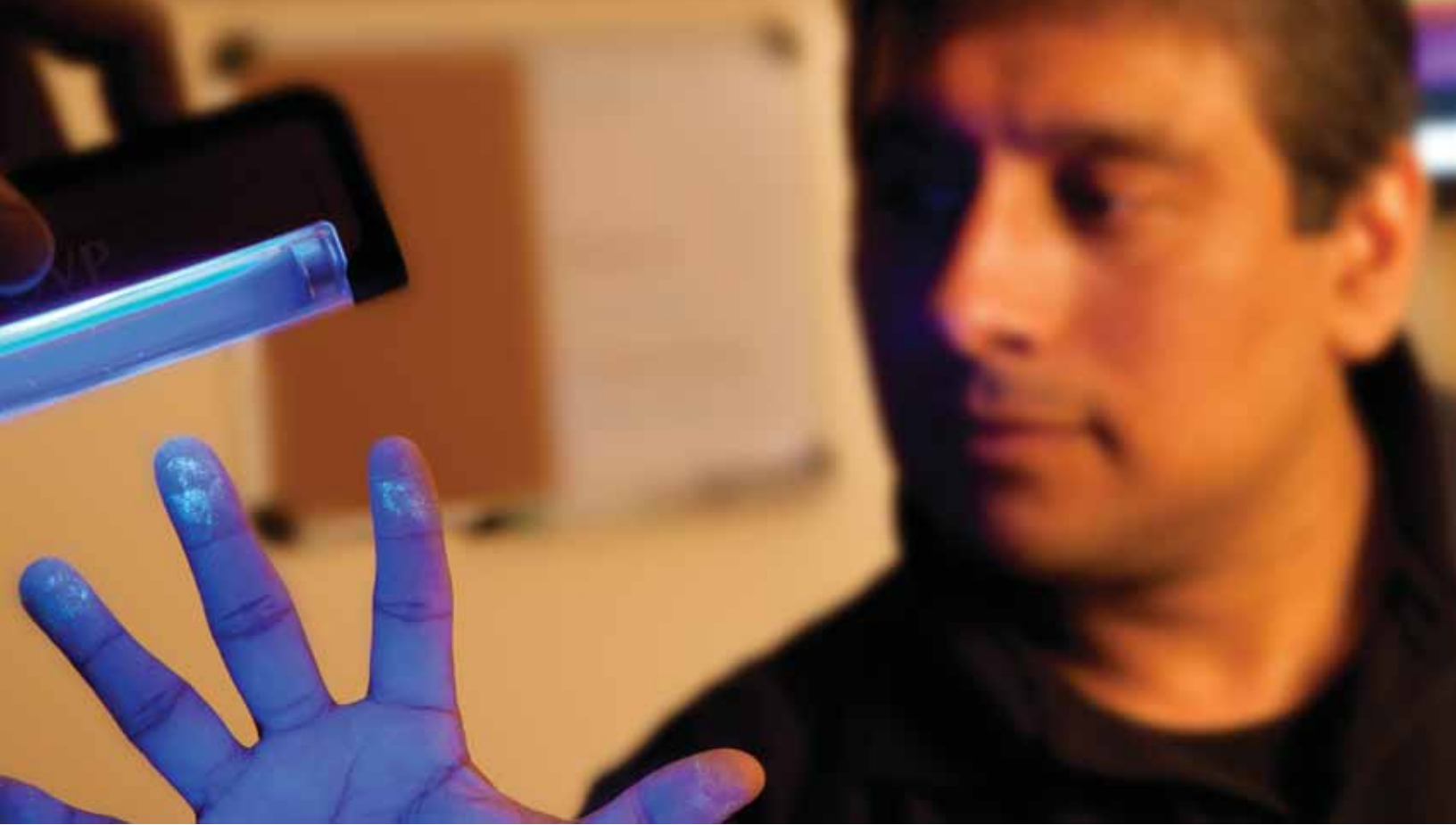
giene awareness within the school's lab setting, students were not showing that they had internalized the message. "Undergraduate nursing students, quite frankly, have difficulty developing a tangible understanding of how they can spread infection," said Curry-Lourenco.

Faculty were determined to reverse that trend. "We really needed to make infection control measurable, visible and real," said Curry-Lourenco. Rose and Curry-Lourenco are part of the faculty team headed by colleague Lynn Wiles that successfully applied for an ODU Center for Learning Technologies 2011 Faculty Innovator Grant that would help instructors increase student awareness of infection in lab settings. Using liquid microbeads that are invisible to the naked eye, instructors place a few drops on, for example, laboratory dressing; the microbeads, though

harmless, represent infectious agents. Students enter the lab setting and put on the dressing, unaware that these materials are tainted with the microbeads. Near the end of lab, the lights go down and, using a UV light, instructors show students how important infection control is. "Instead of us constantly reminding them about washing their hands, students see for themselves where the 'infectious agents' have spread," said Wiles. "They see that the agent has gotten into their eyes and nose and, frankly, some of them are appalled at the sight." Curry-Lourenco added that one mortified student - looking at the trail of infection from cups, to patients, to her hands and face - let out a final sigh: "I didn't realize it went all the way to my hair." The process is so immediate and realistic that the school plans to fully integrate the microbeads into sophomore

BSN students (left to right) Rudy Garcia, Chelly Morton, & Jessica Graham learn about the spread of infectious agents from Dr. Lynn Wiles.





Senior BSN nursing student, Rudy Garcia, demonstrates microbead “contamination” on his hand.

lab settings by the spring of 2012. Rose envisions the microbead approach being expanded across the entire curricula at the School of Nursing. Hospitals and other clinical settings may also find this “seeing is believing” approach useful for training entire operations. Wiles pointed out that, when health practitioners know that a patient is infected, they pay attention to hygiene. However, when situations look more routine, these practitioners tend to become lax about infection control. “You can see a lack of awareness in some operations,” said Wiles. “From the chief medical practitioners right through to the support staff; medical personnel walk around and interact with patients and others and often fail to periodically wash their hands.” Finally, Curry-Lourenco sees that the microbead initiative might be particularly useful for graduate students who are nurse educators. “I would like them to observe how this works in the lab setting,” she said. “Ideally, it would be great for them to then go forward to develop learning strategies that help nurses advocate infection control with each other, and with other health professionals.”

After evaluating the success of this effort, the faculty team of Wiles, Curry-Lourenco, and Rose hopes to pursue additional funded research to build upon the use of the microbeads. Wiles said that one way to build toward more funded research is to gather more data about student vigilance regarding hygiene. A straightforward way to accomplish this would be to track how well the infection control content modules “stay” with students over time. “Some students participate in the modules one week before they go into the lab with the simulated patients,” she said. “Do those students show better adherence to hygiene than, say, other students whose modules are three-to-four weeks before their lab time?” Another approach to measure student vigilance about hygiene would be to measure the spread of the microbeads when students are dealing with a simulated patient who has been identified as infected. These students would be compared against another group of students who are dealing with an infected simulated patient who is not identified as infected.

HITS – Health Information Technology Scholars

When students miss a day in the clinical setting, it is very difficult for students to do an on-site make-up day. “There are a very limited number of clinical sites,” said Wiles. “So, traditionally we have them do a written assignment related to a case study.” However, such an approach does not allow students to be immersed in the actual clinical environment. To address this, both Wiles and Rose wanted to use Monarch General Health System (MGHS) to help approximate some of the dynamics from clinical settings that the student could not address through a case study assignment.

Through the Health Information Technology Scholars (HITS) initiative, an 18-month program sponsored by the National League for Nursing, Wiles and Rose are leading the effort to develop makeup modules that will be available across all School of Nursing clinical courses. Students will be required to go to MGHS to pick up a profile on a patient. Students then develop a plan of



Faculty members Donna Rose, Lynn Wiles and Kimberly Curry-Lourenco.

Through the Health Information Technology Scholars (HITS) initiative, Wiles and Rose are leading the effort to develop make-up modules that will be available across all School of Nursing clinical courses.

care for their assigned patient, in association with their particular course emphasis. Finally, students report to MGHS and, using their care plan, demonstrate how they will offer care to the mannequin-patient and account for their actions to their clinical supervisor. Additionally, students will interact with simulated family members, displaying that the nurse can address both patient and family concerns, said Wiles.

Looking ahead, Rose sees that the HITS initiative will complement increased efforts by the school to have “higher-fidelity” mannequins that will be programmed to react to decisions made by the students. “All of this fits together well,” said Rose. “When you increase the realism in these interconnected ways, you help advance the quality of the learning.” Faculty will need to spend more time learning the initial setup of the modules and will also have to spend more time evaluating the makeup work, said Rose, but both will be a worthwhile investment. “Having students write a case study paper as a makeup does not correlate well with the clinical day they

missed,” she said, “The realism of the HITS initiative addresses that.”

Wiles plans to measure the effectiveness of the HITS initiative so that the school can identify new, related research opportunities. Data will be maintained from Clinical Performance Appraisals, a tool that is currently being used to assess student performance in clinicals. She also plans to track the level of preparedness of students who have not yet been exposed to the patient care modules and compare that information to students who started doing their makeups using the HITS approach. Wiles anticipates that there will be even more opportunities to research the effectiveness as simulation scenarios will likely be incorporated more widely, including using the HITS approach in practicums at the end of a clinical rotation.

The HITS initiative is scheduled to roll out in fall 2011. By the end of spring 2012, every clinical course will have make-up scenarios in MGHS.

Faculty Scholarship

Achievements from April 27, 2010, through April 27, 2011

Refereed Publications

- Bennington, L.** (In press). Breastfeeding multiples. *Newborn and Infant Nursing Reviews*.
- Bluestein DA, **Rutledge, CM**, Healey A. (2010). Psychosocial correlates of insomnia severity in primary care. *Journal of the American Board of Family Medicine*, 23(2), 204-211.
- Bluestein, DA, Healey, A, **Rutledge, CM**. (In press). Acceptability of behavioral treatments for insomnia in primary care. *Journal of the American Board of Family Medicine*.
- Hawkins, JE, Campbell, A.** (2010). Wiki travels: Using technology to teach global health concepts. *Reflections of Nursing Leadership*, 36(3), 2. http://www.reflectionsonnursingleadership.org/Pages/Vol36_3_Hawkins_Campbell.aspx
- Hawkins, JE.** (2010). Reflections of my most memorable patient. *Nursing for Women's Health*, 14(2), 167-168.
- Hawkins, J, Violet, CL.** (In press). Service learning abroad: A life changing experience for nursing students. *Journal of Christian Nursing*.
- Hawkins, JE, Anita, S.** (In press). Magnet hospitals are attracted to the BSN, but what's in it for me? *Nursing 2011*.
- Healey, A, **Rutledge, CM**, Bluestein, DA, (In press). Validation of the Insomnia Treatment Acceptability Scale (ITAS) in primary care is ready for viewing. *Journal of Clinical Psychology in Medical Settings*.
- Jesse, B, **Rutledge, CM.** (In press). Effectiveness of nurse practitioner coordinated team (NPCT) group visits for Type 2 diabetes in medically underserved Appalachia. *Journal of the American Academy of Nurse Practitioners*.
- Kratzke, C, **Garzon, L**, Lombard, J, **Karlowicz, K.** (2010) Training community health workers: Factors that influence mammography use. *Journal of Community Health*, 35 (6), 683-8.
- Melnick, E, Englestad, H, Jones, B, Muller, F & **Notarianni, MA.** (2010). Undergraduate research in nursing: Our path to success. *Imprint*, 57(4), 40-42.
- Sharp, PB**, Salyer, J., & Best, A. (In press). Self-efficacy and barriers to health-promoting behavior in cardiac rehabilitation participants and non-participants. *Journal of Cardiovascular Nursing*.
- St. John, B. III., Pitts, M, & **Tufts, KA.** (2010). Disconnects between news framing and parental discourse concerning the state-mandated HPV vaccine: Implications for dialogic health communication and health literacy. *Communication & Medicine*, 7(1), 75-84.
- Tufts, KA**, Wessell, JA, & Kearney, T. (2010). Self-care choices of African American-women living with HIV: A qualitative perspective. *Journal of the Association of Nurses in AIDS Care*, 21(1) 36-52.
- Tufts, KA**, Clements, PT, & Wessell, J. (2010). When intimate partner violence against women and HIV collide: Challenges for healthcare assessment and intervention. *Journal of Forensic Nursing*, 6, 66-73.

Books and Book Chapters

- Barham, P, Benjamin, R, Eaton, P, Palmer, K, Rutledge, C, and Wiles, L.** (2010). Innovations in cultural competence development: Virtual learning platform. In M. Jeffreys (Ed.), *Teaching Cultural Competence in Nursing and Health Care*. New York, NY: Springer Publishing Co.
- Bennington, L.** (In press). Module 7: Mosaicism. In J.A. Lewis & C. Keener (Eds.), *Genetics in Nursing*. Upper Saddle River, NJ: Prentice Hall.
- Bennington, L.** (In press). Module 16: Immunogenetics. In J.A. Lewis & C. Keener (Eds.), *Genetics in Nursing*. Upper Saddle River, NJ: Prentice Hall.
- Putnam, K.** (In press). Health promotion in women across the lifespan. In E. Youngkin & M.S. Davis (Eds.), *Women's Health: A Primary Care Clinical Guide* (4th ed.). Upper Saddle River, NJ: Prentice Hall.
- Rutledge, CM.** & Rimer, D. (In press). Goth culture. In R. Levesque (Ed.), *Encyclopedia of Adolescence*. New York, NY: Springer Publishing Company.
- Tufts, KA.** (In press). The World Health Organization, United Nations, and Red Cross approaches to intimate partner violence. In P. Clements, Pierce-Weeks, KE, Holt, AP, Giardino & S. Seedat, *Intimate Partner Violence, Domestic Violence and Spousal Abuse*. St Louis, MO: STM Learning, Inc.
- Wiles, LL.** (2010). *Basic knowledge in critical care: A comparison of experienced and newly graduated nurses augmented with an examination of newly graduated nurses' experience making clinical judgments* (Doctoral Dissertation). Available from ProQuest Dissertations and theses database. (Document ID 2212363801).

Presentations/Abstracts/Posters Faculty

- Benjamin, RS, Karlowicz, K, Palmer, K, Lee, A, Barham, P.** *Using technology skill development to promote documentation and patient safety* [oral presentation]. Enhancing Nursing Undergraduate Teaching and Learning in the Clinical Setting: What Do We Know and How Do We Move Forward? Sponsored by Robert Wood Johnson Foundation, Arlington, VA, October 2010.
- Campbell, A., Hawkins, JE,** *Using technology to teach global health concepts* [oral presentation]. Virginia Nursing Students' Association 59th Annual Convention. Liberty University, Lynchburg, VA, February 5, 2011.
- Campbell, A., Hawkins, JE.** *Wiki-countries, blogs and discussion boards: Using web-based technology to teach global health concepts to the millennial nursing student* [poster presentation]. SREB Council on Collegiate Education for Nursing: Toward a New Vision of Nursing Education, Atlanta, GA, October 10, 2010.
- Curry-Lourenco, K.** *The lived experience of parenting a child adopted from an institution in Eastern Europe: Findings from a preliminary study* [poster presentation]. Sigma Theta Tau 21st International Nursing Research Congress, Orlando, FL, July 2010.
- Curry-Lourenco, K.** *Are we there yet? Reflections on adoption and being adopted* [oral presentation]. Old Dominion University Last Lecture Series, October 2010.

- Fowler, C.** *Caregiver quality of life and access to a primary care provider* [poster presentation]. 14th Annual NICHE Conference, Las Vegas, NV, April 6-9, 2011.
- Giles, EF, **Garzon, LS**, Plichta, SB, **Rutledge, CM.** (2010). *A pilot study of diversity climate and organizational effectiveness in accredited U.S. physical therapist education programs* [oral presentation]. Annual Conference of the American Physical Therapy Association, Boston, MA, June 17, 2010.
- Harrington, S.** *Disparities in breast cancer treatment among African American women* [panel presentation]. Oncology Nurses Society Annual Congress, Boston, MA, April 2011.
- Hawkins, J. E.** *Tools of engagement* [panel discussion]. Old Dominion University, Center for Learning Technologies Summer Institute, May 26, 2010.
- Lee, A, Karlowicz, K, Benjamin, RS, Palmer, K, Barham, P.** *Avatar encounters and student perceptions* [poster presentation]. AACN Hot Issues Conference: Beyond the Rhetoric: The Impact of Technology on Transformation of Nursing Education. Baltimore, MD, April 14-16, 2011.
- Notarianni, MA, Curry-Lourenco, KA, Palmer, KL.** *The progressive professional development model: A guide to meeting the Carnegie pedagogical and student assessment challenges* [poster presentation]. SREB Council on Collegiate Education for Nursing: Toward a New Vision of Nursing Education, Atlanta, GA, October 10, 2010.
- Poston, R.** *Lessons learned and challenges to studying informed consent and assent processes* [poster presentation]. Southern Nursing Research Society Annual Conference, Jacksonville, FL, February 2011.
- Putnam, K, Rutledge, CM, Garzon, L, Renaud, M, Scott, M.** *Optimizing the role of the DNP student in practice through the capstone project* [conference symposium]. 36th Annual Meeting of the National Organization of Nurse Practitioner Faculties, Washington DC, April 15-17, 2010.
- Putnam, K.** *Psychometric evaluation of the Putnam midlife quality of life questionnaire* [poster presentation]. Nurse Practitioners in Women's Health Annual Conference, Palm Springs, CA, October 14, 2010.
- Putnam, K.** *The relationship of inner strength and health promoting behaviors in midlife women* [poster presentation]. Nurse Practitioners in Women's Health Annual Conference, Palm Springs, CA, October 14, 2010.
- Putnam, K., Scott, M. A., Forst, J.** *Salaries and employment attitudes of nurse practitioners in Virginia* [poster presentation]. Virginia Council of Nurse Practitioners Annual Conference, Roanoke, VA, March 31, 2011 (1st place poster winner).
- Renaud, MT, Rutledge, CM, Shepard, L.** *The DNP as a leader in healthcare technology* [oral presentation]. 37th Annual Meeting of the National Organization of Nurse Practitioner Faculties. Albuquerque, NM, April 14-18, 2011.
- Rose, D.** *I've heard report, now what do I do? Use of avatars to prepare students for their first clinical experience* [poster presentation]. Enhancing Nursing Undergraduate Teaching and Learning in the Clinical Setting: What Do We Know and How Do We Move Forward? Sponsored by Robert Wood Johnson Foundation, Arlington, VA, October 2010.
- Rutledge, CM, Garzon, LS, Renaud, M, Putnam, K, Scott, M.** *Addressing the health care crisis with an innovative DNP program.* [symposium presentation]. 36th Annual Meeting of the National Organization of Nurse Practitioner Faculties. Washington, DC, April 15-17, 2010.
- Rutledge, CM, Garzon, LS, Renaud, M, Putnam, K.** *Addressing the needs of vulnerable populations with DNP capstone projects.* AACN Annual Doctoral Conference. Captiva Island, FL, January 27-29, 2010.
- Rutledge, CM, Garzon, L, Renaud, M.** *Addressing healthcare disparities in rural practice through DNP led interdisciplinary teams* [oral presentation]. Third National Doctors of Nursing Practice Conference. San Diego, CA, September 29 - Oct. 1, 2010.
- Rutledge, C, Shepherd, L, Renaud, M.** *Preparing DNP/NP providers to meet the healthcare needs of rural/underserved communities through technology* [conference symposium]. 37th Annual Meeting of the National Organization of Nurse Practitioner Faculties. Albuquerque, NM, April 14-18, 2011.
- Scott, MA,** Forst, J. *Prior deployments and years of marriage as correlates of post deployment family adaptation in USN families* [poster presentation] Virginia Council of Nurse Practitioners Annual Conference. Roanoke, VA, March 31, 2011.
- Scott, M., Karlowicz, K., Curry-Lourenco, K.** *Leveraging the care of vulnerable populations through DNP generated educational programs* [conference symposium]. 36th Annual Meeting of the National Organization of Nurse Practitioner Faculties. Washington, DC, April 15-17, 2010.
- Tufts, KA.** *African-American women "living healthy" with HIV: Self-care activities* [oral presentation]. 25th Annual Southern Nurses Research Society Conference. Jacksonville, FL, February 2011.
- Wiles, L, Eaton, PM, Palmer, KL, Benjamin, RS, Rutledge, CM.** *Merging simulation and standardized patients: A model for teaching cultural competence in mental health nursing* [oral presentation]. Sigma Theta Tau 21st International Nursing Research Congress. Orlando, FL, July 2010

Grants Submitted/Funded

- Banks, C (PI), VMASC; Sokolowski, J (Co-PI), VMASC; Hakim P, M.D. (Co-PI), VMASC/EVMS; Shander, A M.D. (Co-PI), Englewood Hospital & Medical Center/Mt. Sinai Medical Center; Gillikin, K (Co-PI), Nursing. Tool Development for Perioperative Blood Management Simulation Training.** Old Dominion University 2011 Multidisciplinary Seed Funding (\$37,000).
- Fowler, C.** *Caregiver quality of life and access to a primary care provider.* Old Dominion University 2011 Summer Research Fellowship. (\$6,000).
- Garzon, L (PI), Rutledge, C, & Renaud, M.** *Addressing health disparities with DNPs prepared in telehealth.* Department of Health and Human Services, Health Resources Services Administration (HRSA) Advanced Nursing Education Program, July 2010 - June 2013 (\$793,844).
- Garzon, L (PI).** Department of Health and Human Services, Health Resources Services Administration (HRSA) Advanced Nurse Education Traineeship, July 2010, (\$48,524).
- Garzon, L (PI).** Department of Health and Human Services, Health Resources Services Administration (HRSA) Nurse Anesthesia Traineeship, July 2010, (\$6,349).
- Poston, R. (PI).** *Adolescent experiences of informed consent and assent in oncology research.* National Institute of Nursing Research/National Institutes of Health, NRSA Pre-Doctoral Fellowship, January 2011.
- Wiles, L (PI), Rose, D, Curry-Lourenco, K.** *Seeing is believing: Teaching infection control to nursing students.* Faculty Innovator Grant, Old Dominion University, Spring 2011, (\$2500).
- Wiles, L & Rose, D.** Health Information Scholars (HITS) program. National League for Nursing, 2011.

Class Notes

Pamela (Patterson) Dickerson '74 writes, "In addition to my position as president of PRN Continuing Education, an Ohio-based continuing nursing education provider, I currently chair the ANCC Commission on Accreditation. In October 2010, I was selected as the recipient of the American Nurses Credentialing Center's President's Award for leadership in advancing the mission and goals of ANCC."

Shirley Baird '81 writes, "Following graduation I worked for 10 years at Chesapeake General Hospital in the Cardiac Telemetry unit, progressing from RNA to unit director. One of my greatest joys now is using my nursing experiences to mentor my granddaughter who is completing her second year in nursing at Eastern Mennonite University in Harrisonburg, Va. I would love to hear from anyone from the 1981 era - 540-885-8116."

Denise (Pasture) Roane '81 writes, "Even though I am retired now, some of my past accomplishments: I was a 1981 inductee as a charter member of ODU's Sigma Theta Tau-Epsilon Chi chapter of the National Nursing Honor Society, and earned degrees from Medical College of Virginia in nursing/community health and family nurse practitioner. I was in practice until 2000. In 1987, I began ministry to serve in Appalachia in housing for youth and adults from 2000 to the present: I have been volunteering as a prison chaplain with Prison Fellowship and Established Footsteps Ministry. I am glad to still be 'nursing the community' in a way."

Kim (Jersild) Roberts '81 writes, "I recently moved to Richmond, Va., and work at Bon Secours St. Mary's Hospital. I have been a CRNA for 20 years."

Rhonda Ellsworth-White '82 & '91 received a Doctor of Physical Therapy degree in May 2010 from VCU, she writes. "Technically I am a Ram now; however, my educational roots are forever in ODU!"

Christine (Heine) Mueller '84 PhD, RN, FAAN was named to the School of Nursing Long-Term Care Professorship at the University of Minnesota.

Ruth (Gipple) Trecker '85 writes, "I am working as a women's health nurse practitioner at Planned Parenthood in Ames, Iowa, near the campus of Iowa State. Go Cyclones. I travel to all of the clinics in Iowa and Nebraska, 25 in all."

Jay Vergara '93 writes, "I wanted to share the wonderful story about my family - the Vergara family here in Hampton Roads. There are four Filipino children of Clem and Fe Vergara. They are Joey, Mitzi, Leah, and Jay. We grew up in Hampton Roads in Norfolk...We are all graduates from Old Dominion University."

Charles S. Brown '99 is a nurse educator for Memorial Hospital Jacksonville. He manages 500+ student nurses from 12 different universities and colleges and is responsible for the training of all staff patient care technicians. He received a \$65,000 grant to boost nursing education and advanced RN certifications.

Amy Reed '00 and **Chris Reed** are proud to announce the birth of a baby girl, Sydney. She was born in July 2010 in Anchorage, Alaska.

Crystal (Johnson) Wesselmann '00 writes, "After graduating in 2000 with my BSN, I have taken an exciting path. I started working in an eight-bed emergency room that turned into a 52-bed emergency room. In 2005, I got the opportunity to work on the development and build of an electronic medical record for Sentara Healthcare using my nursing knowledge. In 2009, I left Sentara and became an independent healthcare IT consultant. I am currently working with Cedar Sinai Medical Center in Los Angeles, Calif., helping them build and implement their own electronic medical record."



Belinda Turner '01 writes, "After I graduated from nursing school, I moved to Philadelphia and started in the MICU at University of Pennsylvania. I stayed there for nine years. During that time, I pursued my graduate degree at University of Pennsylvania. I finally graduated from Penn in August 2009, with a degree as an adult health nurse practitioner. I then landed a job as an NP in the Lung Transplant Program at Penn."



Elysia Edmondson '06 writes, "After graduation with MSN as nurse educator, I took a position as Psychiatric Nurse with the city of Chesapeake, working at the Chesapeake Community Services Board in the OP Psychiatric Services Department. I am able to serve some of the most needy, seriously mentally ill

clients in Chesapeake, and also provide staff development training and other educational conferences. I hope to remedy that. I have been accepted to UVa's post-master's certificate program for PMHNP/CNS and will begin classes this fall."

Elizabeth Old '06 was recently promoted to location director from director of nursing at PSA Healthcare located in Norfolk, Va. She writes, "I am currently running a pediatric home health agency in the local area. We provide private duty nursing in the homes of children with tracheostomies and ventilators."



Ingrid Garrett '06 and Patrick Mahoney (Union College) are happy to announce their marriage on Jan. 15, 2011, in Washington, D.C. They currently reside in Carlsbad, Calif. Ingrid writes, "Upon graduation, I was commissioned in the Navy Nurse Corps in May of 2006 and served my first tour at Bethesda, Md. I was a staff nurse and charge nurse on the Wounded Warrior Ward caring for our wounded warriors returning from Iraq and Afghanistan. I then moved to the Post Anesthesia Care Unit for my last year. I've since moved to Naval Hospital Camp Pendleton in Southern California where I am currently the division officer of an Ambulatory Procedures Unit and Post Anesthesia Care Unit."

Edward Kent '09 writes, "I graduated from the ODU School of Nursing BSN program in 2009 and I remain a member of the ODU chapter of Sigma Theta Tau. I am a nursing supervisor on the evening shift at Eastern State Hospital in Williamsburg, Va."

Rosie Taylor-Lewis '10 writes, "I was the keynote speaker for the Virginia Nursing Student Association (VNSA) convention this year (2011). My keynote "Passport to Nursing: The Journey to REACH Your Destination" incorporated my DNP framework. REACH = researcher, educator, advocate, clinician in a holistic model of care." Rosie is the director of Health Services at Sweet Briar College and adjunct faculty for the ODU Family NP program."

Jennifer Vannoy '10 writes, "I received my BS in nursing in August of 2010 and welcomed my second child August 14, 2010. It was a very exciting time for my family! I have not stopped in continuing my education as I am currently enrolled in ODU's master's program in nursing with a concentration in women's health. I hope to complete my degree in December 2012 and begin working soon after."

Katherine Winstead '10 and Travis Winstead are happy to announce their marriage on Sept. 18, 2010 in Newport News. They currently reside in Alexandria, Va. Katherine recently accepted a position as an RN at Georgetown University Hospital located in Washington, D.C. "I work on the postpartum unit and really enjoy the time I get to spend educating my patients about their new family member. I love the challenge of working with both infants and adults!"



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