

Inspiring Minds • Transforming Lives • Creating the Future

FALL 2017

# ODU Nursing

Old Dominion University School of Nursing

# 50th Anniversary 1967-2017

Nursing Monarch Milestone Awards

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## Mission

*The mission of the School of Nursing is to transform healthcare by preparing exceptional nurses, extending nursing science, and partnering with our global community.*

## Vision

*Create a health care future where inspired minds transform lives as exceptional nurse leaders, scientists, and advocates.*

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# Message from the Chair

Knowing the Past; Planning the Future



I enjoy history, and when given the opportunity, I like to dive into historical documents and visit historical locations. While preparing for the celebration of the 50th Anniversary of the School of Nursing, I stumbled upon a document that I had filed away for safe keeping. That document, *History of the Approval and Establishment of the Master's Program in Nursing at Old Dominion University 1972-1979*, was written by the late Professor Emeritus Helen Yura. It was among the publications she donated to the school's archives. The document told a fascinating and enlightening story of "prolonged and turbulent" efforts to create Old Dominion University's master's program in nursing. Here is a summary.

In 1967, students were admitted to a new baccalaureate nursing program. At the time, Nursing at ODU was a department, first within the School of Arts and Sciences, and later within the School of Sciences and Health Professions. Five years after starting the bachelor's degree program, discussions surfaced on developing a master's program in nursing.

Records show that nursing faculty had the support of university administration and its Board of Visitors to pursue such a program. A 1975 study conducted by the State Council of Higher Education in Virginia (SCHEV) exploring the "Needs and Proposed Planning for Graduate Education in Nursing in Virginia" showed that: 1) the demand for graduate nursing education in Virginia was second highest in Tidewater; 2) medical-surgical clinical nursing was the graduate nursing program most requested; and, 3) prospective graduate students preferred part-time study options within 25 miles of their home so as to continue full-time employment.

Between 1975 and 1979, ODU worked diligently to develop and gain the necessary approvals to begin the master's nursing program. However, other graduate nursing programming was being offered at the time by University of Virginia and Virginia Commonwealth University under the auspices of the Cooperative Outreach Program for Graduate Education in Nursing (COPGEN), and was funded by the Department of Health, Education and Welfare. COPGEN provided nurses in Hampton Roads, and other areas of the Commonwealth not served by a university offering master's programs in nursing, access to graduate level nursing courses. COPGEN had been intended as a "stopgap measure" until other institutions could provide graduate nursing education. But by 1978 the Cooperative had different plans and sought to expand its programming to fully offer three graduate nursing programs in Hampton Roads.

Turmoil arose in 1978-79 as the nursing department sought approval of its master's program. There was the competing

agenda of COPGEN, discovery that another ODU academic unit had proposed development of a non-nursing bachelor of science in occupational education to prepare teachers of practical nursing (soundly rejected by the National League for Nursing), and a series of meeting delays by SCHEV.

And just when the chair of the nursing department, Janet Rogers, thought program approval was in sight, SCHEV requested a "statement of readiness." Did the university have a director for this new graduate program? Were there faculty to teach the courses? Were there signed agreements with clinical education centers? Were there students ready to enroll in this new master's program? Was there a named physician to work with nursing faculty to coordinate the Nurse Practitioner "element" of the M.S. in Nursing?

How did it all end? SCHEV ultimately denied the COPGEN expansion proposal and subsequently issued final approval of ODU's proposal for a master's in nursing program on August 8, 1979. A physician associated with Eastern Virginia Medical School (Edward Karotkin) was officially designated to co-direct the nurse practitioner program with Linda Davis, an associate professor and nurse practitioner. And Helen Yura was appointed professor of nursing and graduate program director.

Trust me when I tell you that there was much more drama regarding the creation of the master's nursing program than I have space to recount. But the effort to introduce graduate level nursing education so many years ago was a momentous event in the school's history—with a lasting lesson as well. This story reminds us that change is slow, frustrating, and often requires the involvement of many champions. It also affirms that leaders must have a vision that excites them and others, a desire to collaborate, and the willingness to continually satisfy the requests and concerns of so many who seem to have a stake in the decisions that involve changes to nursing education.

As it did 50 years ago, the School of Nursing today has a vision of its preferred future and is poised to expand in ways we dreamed of, but never thought possible. Celebration of this milestone anniversary is an opportunity to reflect and pledge that this school will continue to evolve and change in response to new priorities for nursing education that will enable us to celebrate graduates who are a credit to the mission of ODU, and who make significant contributions to the nursing profession. In the words of Helen Yura, "hope, faith and persistence of those who believed in an idea triumphed!"

Karen A. Karlowicz, EdD, RN  
Associate Professor & Chair

# School of Nursing News

## Susan Murray Retires

According to **Susan Murray**, she spent 48 of the last 50 years with the School of Nursing at Old Dominion University. Susan earned both the B.S. in Nursing (1973) and M.S. in Nursing (1981) from ODU. She also completed graduate work in education and psychology, and earned a post-masters certificate in nursing curriculum development (1982). She began working for the School of Nursing in 1983 as a clinical nursing instructor, and worked as adjunct clinical faculty from 1989-2003. In 2003, she was hired into a full-time faculty position as lecturer for the undergraduate nursing program, and was promoted to senior lecturer in 2009. While serving as a clinical instructor for undergraduate nursing students was her passion, she also assumed the role of faculty preceptor for many graduate nursing students completing teaching practicums.

At its meeting of April 27, 2017, the Board of Visitors approved the award of the title Senior Lecturer Emerita of Nursing, effective September 1, 2016. The School of Nursing thanks Susan for her dedication to the education of our students.



## Nursing Graduate Named Top University Scholar

**Pilar Mueller**, a School of Nursing graduate, was awarded the Outstanding University Scholar award at the Student Honors and Awards Dinner May 4, 2017. Presented by the ODU Alumni Association, the Outstanding College Scholar awards recognize the undergraduate in each college with the highest academic average above 3.40 who has completed at least 60 hours at the University. She recognized **Amy Lee**, senior lecturer and director of undergraduate programs, as her inspirational faculty member. In a questionnaire that accompanied her submission, Mueller said Lee “has a wonderful personality, and always has kind and encouraging words to offer.”

Mueller was inducted last year into Sigma Theta Tau International, the honor society of nursing. She has accepted a job as a registered nurse in the emergency department of Riverside Regional Medical Center in Newport News.

**Pilar Mueller (second from left) with her inspirational faculty member Amy Lee, Alumni Association president John Duy and Provost Austin Agho.**



## Faculty Travel to ICN Congress in Barcelona

Four faculty members from the School of Nursing including **Richardean Benjamin**, **Kimberly Adams Tufts**, **Donna Rose** and **Debbie Gray**, travelled to Barcelona, Spain to attend the International Council of Nurses 2017 Congress. Donna Rose presented a paper titled, “Bridging the Education-Practice Gap: Evaluating the Effect of Fidelity in a Simulated Patient Handover on Clinical Competence and Judgment in Nursing Students.” Richardean Benjamin presented a paper titled, “Promoting Social Competence to Prevent Bullying in School Aged Children.”

Debbie Gray served as the U.S. Member on the Research Committee of the ICN Advanced Practice/International Nurse Practitioner Network. She also was an official representative for the American Association of Nurse Practitioners.

**Pictured L-R: Kimberly Adams Tufts, Richardean Benjamin, Donna Rose and Debbie Gray.**



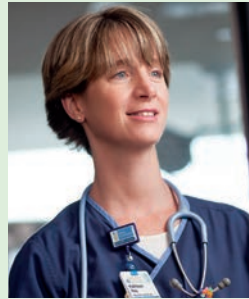
# 2017 DNP Students Honored



Linda Paradiso

2017 Doctor of Nursing Practice graduate, **Linda Paradiso**, was selected as a Rising Star of Scholarship and Research and will be presenting her capstone project titled, “The Relationship Between Just Culture, Trust and Patient Safety,” at the upcoming Sigma Theta Tau International Biennial Convention. Her work was also accepted for

presentation at the International Conference on Health and Hospital Management, to be held in Vienna, Austria, November 6-7, 2017.



Kathleen Rea

**Kathleen Rea**, also a 2017 DNP graduate, received the Virginia Nurses Foundation 2016 award for Direct Patient Care Leader & Patient Safety. The award was based on her work leading organizational patient safety work as well as system changes to eliminate catheter-associated urinary tract infections.

# Faculty Attend Research Congress in Dublin



Six faculty members traveled to Ireland in July to attend Sigma Theta Tau International’s 28th International Nursing Research Congress in Dublin. The team presented a symposium titled “Innovative Evidence-Based Strategies for BSN Education” that was enthusiastically received by a standing room only audience. Topics and presenters included the following:

- Evidence-Based Educational Strategies That Promote Handoff Effectiveness: Connecting the Dots between Senders and Receivers  
*Christine A. Sump and Donna L. Rose*
- Using Service Learning to Enhance Cognitive Development of Nursing Research for Complex Social Issues  
*Linda K. Bennington*
- The Use of Condition Mapping to Teach Situational Awareness  
*Amy M. Wagner*
- Innovative Pedagogical Approaches to Undergraduate Nursing Research: Avoiding the Cursory Critique  
*Jamela M. Martin*
- Using Evidenced-Based Educational Practices to Improve Graduation Rates for RN-BSN Students from Disadvantaged Backgrounds  
*Janice E. Hawkins*

Pictured L-R: Chris Sump, Amy Wagner, Janice Hawkins, Donna Rose, Jamela Martin and Linda Bennington.

# School of Nursing News

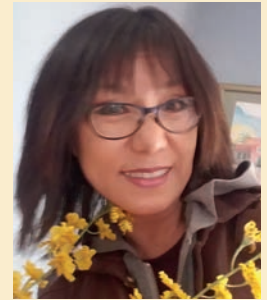
## Welcome New Faculty

**Susan Braid**, a neonatal nurse practitioner (NNP), joined the faculty in fall 2016, as director of the NNP program. Dr. Braid earned her MSN/NNP from University of Pennsylvania, a MPH from Columbia University focused on outcomes research and health policy, and a DrPH from Johns Hopkins University, Bloomberg School of Public Health. She has worked as an NNP for over 20 years. Her extensive clinical experience propelled her to pursue a research agenda focused on the epigenetics of fetal growth regulation. At ODU she is collaborating with faculty in the Schools of Medical Diagnostics and Translational Sciences, and Physical Therapy and Athletic Training, on projects with an epigenetic focus. In her spare time, she is a judge at USA National Diving championships.



Susan Braid

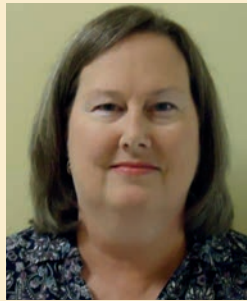
**Sunny Alpers**, a family nurse practitioner (FNP) joined the faculty in fall 2016. Dr. Alpers earned MSN/FNP and a PhD from University of San Diego, Hahn School of Nursing. She completed the post-doctoral CREST (Clinical Research Enhancement Training) program at the University of California-San Diego, as well as an intramural research fellowship with the NIH/NINR/Bravewell Collaborative, and a post-doctoral fellowship in integrative medicine at the University of Arizona. Her research focuses on mindfulness and Tai Chi interventions.



Sunny Alpers

**Laura Horan** brings 25 years of practice experience, primarily in adult health, to the undergraduate nursing program. She earned an MSN from Grand Canyon University.

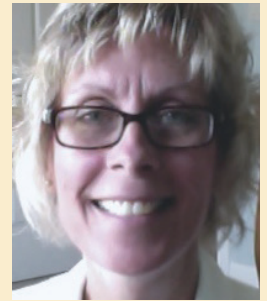
**Amy Yaroch-Meeker** is a 2004 graduate of the ODU baccalaureate nursing program, who went on to earn an MSN from Walden University. She has over 12 years of practice as an emergency/critical care nurse, and uses that expertise to teach students in the BSN program.



Laura Horan



Amy Yaroch-Meeker



Lisa Byrum

**Lisa Byrum** joined the faculty in fall 2017 to teach basic science content in the nurse anesthesia and advanced practice nursing programs. She earned an MS in Biological Sciences from Old Dominion University and a PhD in Biomedical Sciences from Eastern Virginia Medical School. In her new role, Dr. Byrum will have teaching assignments in both the School of Nursing and Biology Department.

## HRSA Grant Award Focuses on Academic-Practice Partnerships

“APN-CPR: Optimizing APN Readiness to Address the Needs of Rural and Underserved Populations through Enhanced Academic-Practice Partnerships” is the title of the most recent School of Nursing project to be awarded funding from the Health Resources and Services Administration (HRSA) Advanced Nursing Education grant program. This two-year project focuses on creating a pipeline of advanced practice nursing (APN) clinical experiences in rural and/or underserved areas that lead to APN graduate employment in those same areas. It is designed to support longitudinal primary care clinical training experiences for students with a clinical partner (The Children’s Hospital of the King’s Daughters).



Tina Haney

The project builds on the existing APN-Place preceptor support website that was developed with previous funds from HRSA. Telehealth technologies will be used to support and connect with preceptors and students, as well as provide preceptor training on behavioral health and addressing the nation’s opioid epidemic.

The \$1,059,220 grant also provides traineeship funds for APN students, which for the first time allows clinical nurse specialist master degree students to be eligible for the funding. **Tina Haney**, assistant professor, is the principal investigator for this project. Other members of the grant project team include **Carolyn Rutledge**, **Rebecca Poston**, **Christianne Fowler** and **Karen Higgins** from the School of Nursing, and **Karen Kott** from the School of Physical Therapy and Athletic Training.

# *In Memoriam*

## Helen Yura-Petro — A Passion for Excellence; A Legacy of Care



When Christine Mueller finished her masters of science in nursing, she hadn't been thinking of a career as a nursing professor. But there was a faculty member who saw that Mueller was a good fit for academia and helped her get into her first tenure-track teaching position at ODU. That same professor mentored Mueller as she finished her Ph.D., and also successfully encouraged her to have a five-year career plan that she should update every year. Now, Mueller is associate dean for academic programs in nursing at the University of Minnesota, with a multi-million portfolio in grants and numerous publications.

That mentor was Helen Yura-Petro. "She is fully responsible for much of what I have accomplished; she influenced with kindness and tenacity," said Mueller. "Now I concentrate on paying it forward."

Yura-Petro began her nursing career in 1950 at Sacred Heart Hospital in Allentown, PA. She received her BS in Nursing Education that year from the University of Dayton and subsequently received an MS in Nursing and a Ph.D. in Higher Education from the Catholic University of America (CUA) in

Washington, DC. In 1964 she joined the faculty of CUA, teaching psychiatric and mental health nursing. While there, in 1967 she collaborated with Mary B. Walsh to publish the book *The Nursing Process* which was, in a later edition, selected as book of the year in 1975 by the *American Journal of Nursing*. It has been cited by countless nursing educators across several editions, and was called by *Nursing Standard* magazine a "standard reference for over 20 years." She then came to Norfolk, VA (where she married Joseph Petro) and became the nursing graduate program director at Old Dominion University, receiving numerous awards, honors, and honorary degrees. She retired from ODU in 1988, continuing in an emeritus capacity. Beginning in 2008, the Petros yearly funded up to three different scholarships for ODU nursing students.

Mueller remarked that *The Nursing Process* was a breakthrough book. "After doing extensive research about the history of the nursing process, it's apparent that both Helen and Mary Walsh were the founders of the nursing process, even though our nursing history books do not give them that credit," she said.

Rebecca Poston—who received the Helen Yura-Petro Award for Excellence in Nursing as a graduate student in 2005—said that very early in her nursing career she became aware of the legacy of Yura-Petro's scholarship and innovation in nursing theory and research. "The care and precision with which she approached her craft as an educator and a scholar has inspired my own journey as a faculty member in the graduate School of Nursing at Old Dominion University," said Poston, now co-director of the pediatric nurse practitioner program at ODU. "I had the great pleasure to meet and speak with her at a Sigma Theta Tau International event and her sparkling inquisitive eyes were bright with enthusiasm for nursing—she was a lifelong scholar and a lifelong advocate for the pursuit of excellence in nursing practice, research, and education."

Yura-Petro was passionate about how nurses were at the forefront of saving lives. Consequently, she was determined to have an outsize influence on the people she touched and the profession she served. As she shared with the *ODU School of Nursing* magazine back in 2012, it was something she felt called to do. "There's something gratifying to see that someone else has the opportunity to better themselves because you shared of the fruits of your labor," she said.

*Helen Yura-Petro died on October 12, 2015, at the age of 86.*



# Students make the connection at Camp Bruce McCoy

ODU student Ellie Mulville assists a camper with fishing.



# *It's a typical summer day in late May at the Triple-R ranch in rural Chesapeake, Virginia: birds chirping, turkeys gobbling, mixed with the sounds of cards shuffling.*

ODU nursing student Sonny Pascale, 39, sat at a picnic table with a man in his 30s who kept dealing UNO cards and beating him hand after hand. Pascale had difficulty figuring out how to overcome this young man's system, almost as much difficulty as he had actually hearing what the young man said through a halting, whispering tone. The person who was showing him the ropes about UNO told Pascale about a dramatic event. Years earlier, he experienced a motorcycle accident that left him with injuries to the brain. The young man kept dealing, and Pascale listened (and kept losing the game).

Pascale was fine with repeated UNO defeats. He was at the ranch's Camp Bruce McCoy for another purpose: to help campers with traumatic brain injury (TBI) have a good time through socializing with others. The summer brain injury camp, sponsored by the Brain Injury Association of Virginia (BIAV) for almost 30 years, receives dozens of TBI individuals from Virginia and beyond. Campers have TBI from complications at birth, from injuries, or from severe health complications. It is a condition receiving increasing attention as 1.7 million new cases are reported in the U.S. each year. TBI can dramatically affect individuals' speech, the ability to walk, and the ability to use their hands. "Physical therapy can be very draining for campers in a traditional clinical setting," said Laura Horan, a School of Nursing (SON) instructor. "So, the camp experience provides them a more relaxed atmosphere and, a chance to enjoy a sense of increased self-sufficiency."

## **The rehab connection**

More than 21 years ago, SON instructor Kay Palmer was looking for alternative experiences for students studying rehabilitation, or rehab. "Nursing students were getting some exposure to rehab in acute care settings," said Palmer, but they needed to also understand what it was like when patients with a chronic disability left the clinical setting. Additionally, students needed to witness how interprofessional teams of physical therapists and occupational therapists worked to

facilitate rehab patients' care after their discharge from clinical settings, and better understand what levels of support were available to patients and their caregivers. In other words, nursing students needed to be better familiarized with how rehab patients pursue ways to cope with their conditions, overcome persistent challenges, and become more independent long after formal rehab has ended.

Palmer looked into the brain injury camp in 1995 and found that it was an excellent spot for nursing students to gain such first-hand experience. Since then, SON students in their senior year make visits to the camp as part of their rehab course. Anne McDonnell, the Executive Director of the BIAV, says the connection has proven to be



Students Lindsey Chiarello (L) and Yetta Descalzo (R) work a puzzle with a camper.

a natural fit. McDonnell points out that BIAV's mission is to provide info for TBI individuals, their family members, and professionals providing treatment. "Our mission is to provide help, hope, and healing," McDonnell said. "We see all three in play at the camp—and we've seen people gain more confidence and skills and then set out to try new

things.” She said she has seen campers return home and, propelled by the confidence and motivation that came from camp interactions, get a job or a new place to live.

How do SON nurses fit into the equation? McDonnell said the most obvious connection in the partnership with the school is acquainting future professionals with the nature of TBI. But a larger connection is the role that the nursing students play in providing TBI individuals with

more socialization opportunities. The students help with the check-in process, and engage campers in several activities—from arts and crafts to fishing, archery, cards, and dancing.

## Students transition to camp

For SON nursing students, the camp experience was a new way to understand rehab, far beyond what they could understand from only reading textbooks. For example, SON instructor Susan Murray (now retired) pointed out that students in the rehab course study how TBI individuals may tend to be aggressive and may not realize when they are talking in ways that are too blunt or forward. Indeed, according to Brainline.org (a service of WETA-TV in Washington D.C) a TBI individual may display impulsive and sometimes “disinhibited” behavior. Not surprisingly, said Murray, some students were hesitant about the camp visit and personal interaction with the campers.

Still, many of them discovered what Pascale found (and what the students were told in orientation at the camp)—that getting involved in the camp activities was the best way to overcome nervousness. “The best way to deal with any apprehension was to simply immerse yourself into the moment and not overthink it,” he said. “It’s useful to look at other human beings as potential friends, and the more one looks at the campers in this way, the easier it is to interact with them.” Furthermore, said student Allita De Oliveira Braga, 31, some campers may simply be trying to assert themselves, but not doing it in the best way. Campers do seek people they can connect with at an emotional level and sometimes veer into flirting. One camper, after working with her on a bracelet, said he would make one for her if she would give him a kiss. She told him thank you for saying that he liked her, and informed him that she was married. “It’s important to know that individuals want emotional connection and to be aware that how you talk and interact with others can heighten that need,” she said. “The camp counselors



ODU student Lon Ha Marietta (R) steadies camper Dottie as she shoots a basketball.

advised us to be aware of the emotional aspect, so I think I handled that situation in a respectful way.”

Students also learn how TBI individuals attempt to show that they have some control over their lives. For example, one camper chose, randomly, to speak backwards. Students were initially perplexed, but Murray said that students eventually determined that the camper did this to show he could deliberately do something that other people

normally couldn’t do. “It’s a way to impress people and really get them to take notice,” Murray said. “It’s a reminder that people with TBI share what we all look for, a sense of accomplishment and pride.”

Beyond the experiences with the campers, the students also benefit from meeting the camp counselors, said Murray. They are volunteers from diverse health care backgrounds (e.g., medicine, physical therapy and occupational therapy) and provide first-hand accounts of the challenges of caring for individuals in rehab. Students write a log that comes from their experiences where they detail what behaviors they saw in the interactions among the campers, the counselors and themselves. They are also encouraged to share in class what experiences they saw and how it relates to their textbook materials.

## The camper perspective

While some of the students initially voiced concerns about interacting with TBI individuals, they quickly overcame any apprehensions when they saw how much the campers wanted to engage with them. In fact, having the ear of a nursing student often became a point of pride for campers—what Murray said is a “look, I have a student with me” moment.

Camper Jennifer Pritchard, 70 of Spencer, VA, voiced a particular affinity for the nursing students because, prior to her TBI, she was a nurse in ER at a hospital in Martinsburg, VA. In 2004, she experienced a stroke while at work. “I was preparing a gurney, and then I was on the floor,” she said. “One minute I was a nurse, the next minute I left that behind permanently to become a patient.”

Pritchard said the camp gives her the opportunity to be around people who know what it is like to be frustrated with daily life as a person with a brain injury. People who have no direct experience with TBI tend to treat brain-injured people as though they were children, she said. “When I got injured, I didn’t revert to a six-



Student Leizle Ortiz with a camper.

year-old,” she said. “I still have all my brain faculties; communicating things clearly is the hard part.”

Although she had been a nurse for 38 years in such areas as medical-surgical, ER, and trauma, Pritchard did not know that TBI could present such mental processing challenges, or that people tended to think of TBI individuals as childlike. “The ODU nursing students appear to be better trained about how to deal with brain injuries,” she said. “They treat me like I’m a grown up and not like I’m a childish little old lady.” In fact, the students ask her for career advice (she tells them go into medical-surgical) and, in the course of their discussions, she finds that she can speak more readily because “I am being treated normally.” She especially appreciates good discussions because she finds, in her daily life, people often back away from conversation because it can take her time to get her words out.

Jeremy Brown, 40, a camper from rural Caroline County, VA, has seen the nurses at camp for the 20 years of the camp’s partnership with the School of Nursing. He encountered brain injury when, at 16, he was in a

vehicle accident that left him in a coma for 33 days. The camp experience has been a continual source of encouragement for him. “I love making new friends, and seeing how far I have come from where I was,” he said. “Here, I have lifelong friends, some I met during my first year here.”

Although he likes the camp’s activities (especially the extreme indoor adapted kickball game) and life among animals like turkeys, goats, and sheep, Brown is particularly fond of the nurses. “When I am out in the real world, I have to make myself like everybody else,” he said. “However, when I come to camp and can talk with the nurses, staff, and other campers, I can let my hair down.” The student nurses are good listeners, he said, “Because I give them a thousand stories.”

Nurses are more than just good listeners, however, said camper Kristina Sherman, 29, of Norfolk. Now in her third year at the camp, she appreciates how the nurses are there to provide support and encouragement throughout various activities. As a child, she loved horseback riding. However, Sherman was brain injured at the age of nine

when her body rejected a heart transplant, resulting in a heart attack and stroke that led to her brain going without oxygen for eight minutes. Now she is back on horses at the camp, with nurses at her side. “Riding a horse for me is like riding a bicycle, you never forget,” she said, “it feels very natural, like it is where I belong.” She also enjoys participating in a ropes course, struggling to finish climbing a zip line that scales trees at the ranch. The experience she has with the staff, nurses, and fellow campers keeps her motivated. “You never know what to expect when you wake up at this camp,” she said. “Well, perhaps there is one thing—I know I am going to keep working to make it all the way to the end of the zip line course.”

## Lessons from camp

After a first-day orientation and general familiarization with the camp and some of the campers, students spend another full day with campers, interacting with them across a series of planned activities. Leizle Ortiz, 22, of Chesapeake, VA, said she felt some nervousness about meeting TBI individuals. However, she found that the staff counselors helped her move past any awkward feelings as they helped introduce her to different campers. Ortiz saw the benefits of witnessing campers in action and hearing their stories. “This experience let me see how difficult some people really have it,” she said. “Some great people have tragic stories. It’s very important to keep an open mind, and realize that they do want to talk and be friendly.” Moreover, she said the camp gave her the opportunity to see how people, through rehab, come back from a chronic condition like TBI.

Pascale also found it beneficial seeing people working together to successfully interact with TBI individuals. Most of the volunteers at the camp were physical therapy and occupational therapy students, he said, and they shared their observations with the nurses about how the campers were progressing. Pascale said those insights provided him a better view of how nurses can contribute to holistic patient care. “Just because you are not a therapist, that doesn’t mean you can’t contribute to that person making progress in their treatments,” he said.

For DeOliveira Braga, the time at camp enlightened her about the need to avoid judging a person’s capabilities by what they look or sound like. “Speech

impediments and motor issues do not mean a lack of intelligence,” she said. Instead, she left camp more convinced that going into nursing meant needing to have an open mind about connecting with the person who is experiencing an out of the norm situation. “It’s important to be empathetic,” she said. “You can’t pretend that you know what they go through every day, but you can acknowledge, and be willing to talk about, what they experience.”

## Rehab with the individual in mind

All signs are that this partnership between the SON and the BIAV is bringing about good feelings (and some student self-reflection) at the camp. But, beyond these kinds of considerations, what is to be gained by placing a group of nursing students into a camp filled with brain-injured individuals? The human connection at the one-on-one level, said Murray. This is important because there needs to be effective communicators with patients in settings way beyond the hospital. Palmer said that the nature of the extended family is much more limited in scope today (grandparents are not necessarily in the area)—so today’s students may not be exposed to different levels of chronic illness and how it affects a family. “From this kind of experience we’re looking for students to get a better understanding of life-stage events,” added Murray. “And we see this revealed in their logs where they make associations between what they saw at camp and challenges within their own families.” Murray said that, through this process, students can also be more sensitized to the life-long issues of caregivers especially the potential for burnout.

“We need to move beyond this idea that we should just treat people and give them what we think they need, and send them on their way” said Palmer. “How do we know what they need unless we first connect with them?” She pointed out that the rehab and brain camp experience aims to get students to think about what it means for that patient to go home and work to have a fuller life. For example, TBI individuals shopping at a mall with short-term memory problems may need to take a notebook with them and write down where they parked their car, what entrance they went through, and what kind of shops they passed—all so that they can find their way back to their cars. Understanding this

(L) Student  
Lon Ha  
Marietta  
with a  
camper.

(R) Student  
Rocio Olav  
playing  
checkers  
with a  
camper.





Student Jennifer Geer helping a camper prepare to cast for fish.

kind of complicated coping approach goes far beyond what nursing students are exposed to in the acute care environment. Added Murray, “It’s not a good approach to constantly focus on just the acute care situation and prescribe what we think is best for them—instead, we need to find out what they need and want” once the immediate care is completed. That is, nurses need more exposure to finding ways to help individuals with chronic conditions engaged in long-term rehab live more fully and independently.

The ability to better understand the life challenges for a person with a chronic condition was something that DeOliveira Braga said was especially beneficial about her time at the brain injury camp. “It’s important for a nursing student to get this kind of experience because a TBI can be associated with other adverse effects—like

diabetes, depression, hypertension, lupus, and arthritis—so any nurse can likely encounter a person with TBI,” she said. “Now that I know more about what these people and their families deal with, I think I can be more helpful.”

DeOliveira Braga’s observations resonate well with McDonnell’s view about the importance of nurses in long-term rehab settings. “One of the big things I’d like nurses to gain from this kind of program is that it is important for them to take advantage of community-based interactions—especially working with wellness-oriented non-profits—so that they can broaden their horizons,” she said. “Nurses have such unique and valued skill sets that serve the community in untold ways; nurses should ‘own’ that sense of power they have.”

Pritchard, the camper with decades of nursing background, said the nursing students showed that they were, indeed, using that power and connecting with campers. “I hope ODU continues to let their nursing students come out here because they are very important; they are all well-trained, friendly and sweet,” she said. “They seem to give every indication that they will remember their time here and that they have learned that, while campers may be needy and frustrating, that doesn’t mean they are being a child.”

Pascale agreed that the experience will linger. “I’ll remember this experience with the TBI campers forever, and I’ll do my best to apply lessons I have learned,” he said.



Camper Sean having fun with student Allyson Jett

# Telehealth continues to make strides

ODU's telehealth program has become a national leader, says Carolyn Rutledge, professor and associate chair of the School of Nursing graduate program. The time has come for using telecommunications technology to bring health care to remote locations, she said. It simply allows health professionals to work interprofessionally so as to better bring comprehensive health services—like the involvement of specialists in areas like stroke, diabetes or mental health—to patients. “It’s like a much more sophisticated version of using Skype to facilitate assessments and interventions,” she said, “Patients and professionals communicate across HIPAA secure platforms.” iPhones for example can be used, by way of an adapter and an application, to examine and take pictures of a patient’s eye, eardrum, or create a cardiac rhythm strip—those images can then be sent to specialists for examination.

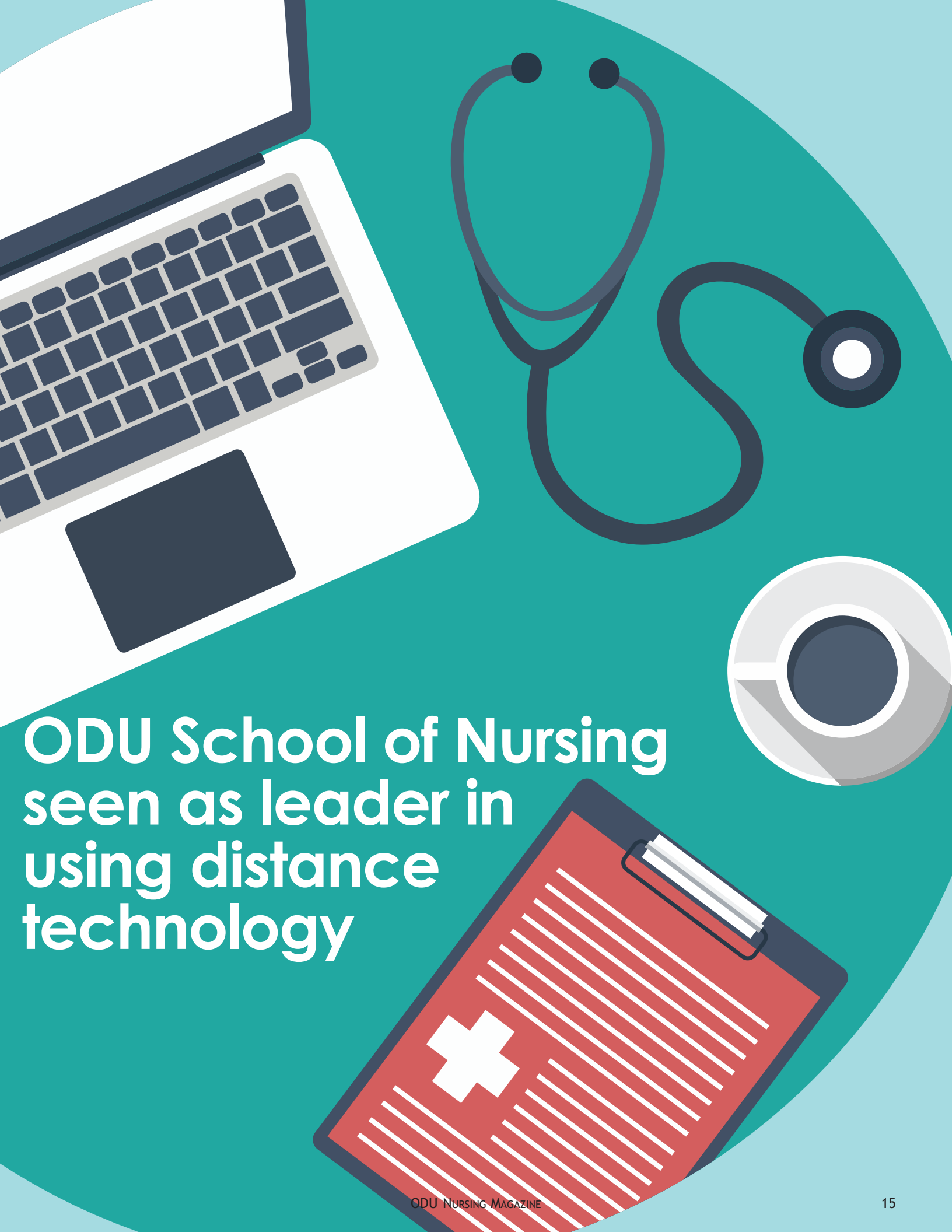
“Health care facilities are moving rapidly to using telehealth, but schools of nursing and medical schools around the county are a bit slow in getting on board,” said Tina Haney, an assistant professor of nursing. “We’re one of the few nursing schools in the country who have integrated it into the curriculum—embedding it into graduate nursing students’ experiences to the point that they are practicing telehealth before they graduate.”

Through an interprofessional Health Resources and Services Administration (HRSA) grant, students—among them pediatric and family nurse practitioner, clinical nurse specialist, nurse administrator, clinical counseling, dental hygiene, physical therapy, and fourth-

year medical students—train in how to collaborate effectively through telehealth. Not seeing each other face-to-face, they address cases using blackboard and distance technology. After that, they come to campus and interact with standardized patients (i.e., actors in the role of patients) both in a face-to-face setting then through a telehealth platform. Students focus on how they apply their health knowledge to both the new equipment (mobile applications, home health equipment, etc.) and the patient’s situation, but also learn that using the videoconferencing platform for optimal connection with the patient is not intuitive. “We’re teaching them about such things as how to position the camera correctly, what to wear, and how to talk in a way that emphasizes empathy and seeks clarity with the patient,” said Haney. “Teaching this human factor of telehealth is not often given careful consideration and we’re the leader in focusing on it.”

ODU School of Nursing has taken the lead in using technology to aid in the clinical assessment of students at a distance. Through a second HRSA grant, the nurse practitioner and clinical nurse specialist students are able to participate in immersion experiences in rural and underserved sites with telehealth





# ODU School of Nursing seen as leader in using distance technology



Faculty member Melanie Wilhelm (center) guides students in a telehealth training experience.

oversight. The School has a telehealth secure room where students can be observed in their clinical setting, even in the far southwest corners of Virginia. The preceptors can be provided with support from faculty at ODU using the technology.

## Observations from ODU DNP students as early telehealth adopters

Ruth Gibson, 48, of North Suffolk, works in family practice at Huntington Ingalls Shipbuilding and in an emergency room on the weekends. At a recent School of Nursing telehealth workshop, she spent time learning how technology can be used to address patient needs. She worked on a scenario that involved talking with a Spanish-speaking-only family and realized that an iPhone application used for translation could greatly enhance the encounter. She's convinced that "telehealth means we'll be able to give quicker and more appropriate care for our patients," she said. "It will also allow us to improve communications between providers, patients, and their families." With the support of her faculty in the ODU Doctor of Nursing Practice (DNP) program, Gibson will be conducting her research on the use of an ophthalmoscope attached to her iPhone in evaluating retinopathy (a disease of the retina that impairs vision) in patients seen for a routine visit in a primary care practice. Using the telehealth equipment, she will be able to send the views to an optometrist for review and support at a distance.

Jamie Holland, 38, of Virginia Beach, who is a nurse educator at TCC, participated in a session that featured a scenario where simulated patients had taken home an iPad-like device that collects all their vitals. "I can talk with the patient through this device and also read their vitals," she said. "This could be used by people who are homebound or just simply need more regular monitoring and communication." Through her DNP program, Holland is working in a clinic for uninsured patients where she is assisting in the implementation of a telehealth program

that will enable pharmacy students and faculty to participate in patient encounters through a HIPAA-secure platform from 150 miles away.

Sandra Hearn, 53, and a nurse executive in the Norfolk area, plans to continue work in the Eastern Shore of Virginia. She sees that telehealth will be invaluable for reaching specialists for her rural patients. There are some potential barriers to watch for, however, like the availability of broadband Wi-Fi. "It will fall on us to do more things to educate patients as to where they can go nearby that is equipped to access broadband networks," she said. "Of course we must make sure that all technology tools and approaches we take are protecting their privacy." These, and many other concerns, call upon nurses to bring the promises and challenges of telehealth to remote communities so that rural health systems can consider how to include it in their funding plans.

## Telehealth is catching on

It's not just ODU DNP students who have been getting enthused about telehealth. ODU faculty have led discussions on telehealth practice at venues like The National Organization of Nurse Practitioner Faculties (NONPF) and the American Telemedicine Association (ATA). "Attendees come up to us at such events and ask us to consult with them on how to roll out telehealth at their schools," said Haney, "They remark that ODU's telehealth efforts put the school so far ahead of the curve and they want to know more about what we're doing." In fact, Rutledge has been tasked with developing a position statement for the NONPF which will articulate what students need within nurse practitioner telehealth curricula. The University of Virginia's Center for Telehealth, realizing the other schools in Virginia had not embraced telehealth, turned to the ODU School of Nursing to serve as the lead on a HRSA grant to develop a telehealth infrastructure for preceptor and student training in rural and unserved areas.





Others are seeing the value of telehealth. Nurse practitioners, under Virginia law, must have a collaborating physician. However, in rural areas, physicians are retiring, with no new physicians available. Lack of physicians would then prevent nurse practitioners from practicing in those areas. The Virginia General Assembly is aware of this and has funded a pilot project that would allow nurse practitioners to collaborate with doctors through telehealth at a distance. Additionally, in her position as nurse manager for telehealth services at The Children’s Hospital of the King’s Daughters (CHKD), Haney, using the model developed at ODU, is helping roll out their telehealth program, with their first offering focusing on social work. Through the telehealth platform, CHKD is connecting with pediatric offices that are working with children who are struggling with depression and suicidal ideation.

## The future

Parity laws are changing so that compensation for telehealth services is comparable to face-to-face services. Haney predicts that telehealth services will also be able to go across state lines and that reimbursements will also move beyond ZIP codes centered on rural areas to also include more urban areas. Many more services will also be covered by health insurance. “I predict in about 10 years,

the use of telehealth will be widespread and seen as fairly routine,” said Haney.

Rutledge is looking at developing a telehealth certificate program for school nurses and nurse practitioners that would allow for immediate evaluation of sick students by a nurse practitioner using telehealth technology. This program would allow nurse practitioners at central locations to serve numerous schools and provide assessment that include three-way conferencing between the nurse and student at the school, the parent, and the nurse practitioner. “This approach has been shown to allow up to 95 percent of students to stay in school, thus allowing the same percent of parents to stay at work,” said Rutledge.

ODU’s niche in telehealth appears well established for the future. At other universities, there are programs that teach the theory behind telehealth, or the theory with some observations, but they really don’t allow the students to experience it, said Rutledge. “We believe our students need to have real experiences and get out there and see how people are using it.” For her part, Holland is sold on the importance of telehealth and its ability to allow health workers to have more contact with the patient, while also calling upon them to be more conscious of clear communication with the patient. “It provides much more of an opportunity to prevent the escalation of any health concerns and, therefore, prevent re-admissions to clinical settings,” she said. “It puts patients more at the center of the equation, translating to better care in the end.” With those observations, Holland points to why the momentum and interest continues to grow in ODU’s telehealth endeavors—its potential for success is firmly established for this year, and in the years to come.



**Left: Assistant Professor Tina Haney instructs DNP student during telehealth training session.**

**Above: Telehealth examination devices.**



*Nursing  
Monarch  
Milestone  
Awards*

In celebration of the 50th Anniversary of the School of Nursing, we honor seven alumni whose accomplishments, since receiving their degree from Old Dominion University, have made a lasting impression and significant contribution to the nursing profession.

We also honor one foundation for their extraordinary generosity that has enabled so many undergraduate students to realize their dream of becoming a nurse.

Here are the stories of the recipients of the 50th Anniversary Nursing Monarch Milestone Awards.

Advocacy      Entrepreneurship  
Service      Philanthropy  
Teaching      Research  
Innovative Practice  
Leadership

## Christine Elnitsky

### *Speaking out for Veterans and Military Health*

Christine Elnitsky, of Charlotte, North Carolina, had a military connection right from the beginning—she was born into a patriotic family at Ft. Riley, Kansas to an Air Force father. And this recipient of the Nursing Monarch Milestone Award for Advocacy also had very early connections to nursing and health. As a nursing assistant in a hospital, nurses noticed her approach to patients and families and encouraged her to use her talents in the profession. Elnitsky took that advice to heart and earned a BSN in 1991, an MSN in 1995 and a PhD in Urban Services-Health Services Research in 2001 (all from ODU).

Her graduate level work attuned her to an interest in health systems and delivery - and her military connection, to a large degree, drove that interest. Her father had served in WW II, the Korean War, and Vietnam. “He always made me feel safe, inspired, and protected and, thanks to him, I was always confident about the future,” she said. “But, like so many Vietnam era veterans, it seemed he never really came home.” Her husband served in the Navy during Desert Shield, Desert Storm, and the Iraq/Afghanistan war eras. From these experiences, Elnitsky’s career became focused on contributing scholarship to help service members reintegrate into civilian life.

She served 15 years in Veterans’ Administration (VA) research, completing a post-doctoral fellowship at the VA in San Diego, California and later serving as Assistant Director of Health Services Research at VA headquarters in Washington DC. She subsequently served at VA research centers of excellence at Tampa, Florida and then Minneapolis, Minnesota. Currently, as an associate professor at UNC-Charlotte, Elnitsky serves as a director of the Health Services Research doctoral program and continues doing research with the VAs in Salisbury, North Carolina and Portland, Oregon.

Over the last two decades, she has focused on providing access to health care services for veterans who experience physical injury (e.g., traumatic brain injury) and mental health injury (e.g., post-traumatic stress disorder). This calls for collaborating with students, faculty, and community partners to coordinate community services for veteran reintegration. Elnitsky has headed funded research projects that evaluated veterans’ access to vocational rehabilitation and how that impacts their employment. Indeed, her research on access to care helped inform the Veterans’ Choice Act of 2014, which improves access to care in the VA and from non-VA providers for recently separated combat veterans.

Additionally, Elnitsky founded the Academy for Veteran and Military Health and developed annual veteran’s health



Christine Elnitsky

conferences that bring in community partners to hear from regional, state, and national experts on veterans’ needs—all designed to disseminate more knowledge of veteran health needs into interprofessional curriculum. In great part, the conference came about as an outreach of her research findings that veteran students were reporting bias and stigma on campus that had negatively influenced their use of student health services. “Guided by my findings across projects, we have developed a model of barriers to care that may be applied to better understand the challenges faced by military and veteran populations,” she said. “It’s clear that veteran reintegration is a complex phenomenon that may be hindered or facilitated by both the individual and the wider domains of interpersonal relationships, community resources, and existing social policy.”

Elnitsky sees her research as pointing to knowledge that multiple disciplines can use to assist with veteran reintegration. “We’re concentrating on facilitation, or the process of fostering changes in individuals and organizations to implement evidence-based practice,” she said. Her research continues to explore facilitation, both as a process and a series of discrete steps. This awareness of the importance of evidence-based practice informs her other current initiatives, whether designing her next conference (which will be on women veterans’ health needs), working with the VA to develop a virtual standardized patient, or mentoring new investigators and clinicians within inter-professional research teams.

How does Elnitsky keep at it? “Know yourself and your passion,” she says. “I come from a patriotic family that dates back to the Spanish-American War, so I believe that providing access to quality care for our service members is crucial. It is one way that we can honor our service members and veterans for their selfless valor.” And she’s especially passionate about integration, not only regarding veterans reintegrating back into their communities, but also about nursing making itself more available in a seamless way. She points to the example of health services being made available at ambulatory care centers, kiosks, and at retail sites “The fact is that hospitals are no longer the place to find all the patients,” she said, so “nurses need to be at the front leading the way, advocating for new and effective designs to provide services for those in need. Nurses have been on the front lines of all our country’s wars, and this war era is the next front line for the profession.” Through her work, Elnitsky demonstrates that she is, indeed, going beyond the hospital, finding how veterans, nurses, and the community together can break through barriers in a quest for better health.

## Dee Everhart *Entrepreneurship In Action*

Dee Everhart, 79, of Cana, Virginia, is a woman in motion. In the mid-1990s, when she was working as a nurse practitioner for her husband (a now-retired doctor), she also ran a diet center and operated a uniform store. “My husband said that if I didn’t quit something he was going to divorce me,” she said.

Everhart, the recipient of the Nursing Monarch Milestone Award for Entrepreneurship, has a long record of setting out on new endeavors. When she was six, she told her aunt that she would become a nurse-doctor. Her aunt told her, “Honey, there isn’t such a thing.” Everhart replied, “Well, there will be.” In 2013, at 76 years old, she earned her Doctorate in Nursing Practice (DNP) from ODU. “I said as a child I was going to be a nurse-doctor—guess it took a while to go full circle, but I got it,” she said.

Resourcefulness has been a theme throughout her life. In the late 1950s, when her family told her that going to nursing school wouldn’t be affordable, she researched what was available and found that she could get a nursing degree in three years for \$350 from North Carolina Baptist Hospital. After receiving her family nurse practitioner certification from the University of North Carolina in 1972, she and her husband purchased a GMC motor home the following year, converted it to a clinic, and brought health services to rural patients five days a week. Within a few years, the state approved money for a permanent clinic in that area and she helped design it.

What she learned in North Carolina proved valuable for rural Virginia. She worked with her daughter Carole Everhart to set up a non-profit clinic in Cana in 2012. Working with an accountant, they developed a business plan while attending ODU’s DNP program. Dee’s husband deeded to them an acre of land and they hired a local contractor who charged about half his going rate; several community members provided free labor. As part of her capstone project in the DNP, she went to the only restaurant in town and interviewed people about their view of nurse practitioners, their interest in various services the nurses could offer, and what prices would be affordable.

Five years later, patients come from within a 60-mile radius; Everhart’s resourcefulness has helped bring them in. People find out about the clinic through the local paper, that one



Dee Everhart

restaurant in the area, and the wide range of people she has gotten to know across six decades of nursing. Careful control of costs and regular fundraising has resulted in money in the clinic’s bank account and no debts. An initial patient visit runs between \$50-\$65, while routine follow ups can be as low as \$5 per visit. Everhart Primary Health Care has found a formula to not only survive, but thrive: no acceptance of third-party payments. “We’ll never be rich, but we won’t go hungry,” Everhart said. “And we’re glad to do it because we are charging what our patients can afford.”

More recently, Everhart had been working part-time at an alcohol and drug addiction rehabilitation center. She also has plans to work full time helping disabled vets, especially as an advocate to get them physical and mental health evaluations and follow-up treatment as rapidly as possible. Her interest is on linking veterans with a network of specialists and clinics, and developing liaisons with the Veteran’s Administration. “It may even take some lobbying up in D.C., but, if we pursue the right kind of groundwork, I think we can help make these improvements for our veterans,” she said. Everhart plans to keep active across several venues. “I want to keep in place at least a part-time commitment to the rehab center to help them deal with the upsurge of opioid addiction, and pursue a post-doctoral program in psychology and mental health nursing through Radford University,” she said.

Seeking new ways of being of value to others is the key, she said. “Nurses today can be, and should be more entrepreneurial,” she said, and that starts with finding the area of practice that excites them the most. Finding your passion allows you to “get up every day and sell yourself,” she said, resulting in “patients who become your friends, believing in you and accepting you as you are.” And with every \$5 patient visit, or as she heads out of the Everhart Clinic toward some remote location, Everhart knows that she has “found ways to make nursing even better,” as she continues on her own road to new challenges.

## Mae Felton

### *Commitment to a Road of Service*

Mae Felton's journey with nursing was evident at a very early age. Born in Portsmouth, VA in 1946, at the age of five she developed polio. While being treated at Maryview Medical Center in Portsmouth, she was impressed with the nuns who took care of her with kindness and thoroughness. After her stay at the hospital, one day she turned to her mother and said she wanted to do what they do and become a nurse.

Felton's road to becoming a nurse was sometimes marked with potential detours—something that was not unusual for a young African-American woman during a climate of unrest in the south in the 1960s. During a junior high school career day, she commonly heard African-Americans say they wanted to be teachers, pastors, or nurses, but her guidance counselor said to her “you don't want to be that, anyone can be a nurse; you are too bright and have too much going for you.” Even at her young age, Felton realized that the counselor did not understand the potential of nursing, that it was a field that could make patients feel just like the nuns had made her feel: cared for and nurtured.

“My parents told me that education could take me anywhere I wanted to go,” said Felton, 70, of Suffolk, Virginia. Not surprisingly, that counselor did not deter her. She went to ODU in the late 1960s to study nursing, which was her first experience within an integrated school. The experience of school then, however, was challenging due to the lack of on campus relationships between whites and blacks. She came from a close-knit family that was convivial and fun; however, at ODU, “I could walk across the campus all day and no one would turn to say hello to me; I would raise my hand in class and not be called upon,” she said. What kept her going was her family's constant encouragement; “they kept reminding me that I was studying with both a plan and a purpose,” she said. In fact, by her sophomore year, she received ODU's 1969 student nurse of the year award and, in 1971, was the first African-American student to graduate from that program.

Since those ODU days, Felton's career reveals a woman who was willing to dive into service endeavors that would stretch her comfort zone. When Leigh Memorial Hospital was expanding within Norfolk in the late 1970s, she was brought on to work with the architects, engineers, and information technology personnel to help establish the layout of the care facilities. “I was the



Mae Felton

nurse with a hardhat in that crew, helping to make decisions where the equipment should go,” she said. In the late 1980s, she worked with a colleague in St. Louis to start the National Association of Directors of Nursing Administration in Long-Term Care, a support organization for nurses, because “nurses nurturing nurses is important,” she said. In the 1990s, she served on the National Council of State Boards of Nursing to help them migrate the licensing examinations for registered nurses from pen and paper to the computer. Why did Felton believe she could serve nursing by jumping into these challenges? “I had a family that told me I could do anything,” she said. “Plus, these groups of professionals kindly embraced me.”

More recently, Felton, as Senior Vice President, has been consulting in gerontology with the consulting group, P. Felton Parker & Associates, of Portsmouth, Virginia. “We now have the young-old, the middle-old, and the old-old,” she said. “With people living longer, there is such a thing called ‘normal aging’—life without repetitive, debilitating illness, and disease—and I want to help the aged have some quality to their lives.” She assists both families and organizations with the issues that seniors face across the areas of health, finances, and social ties, with a special emphasis on helping people know where they can turn to get help for seniors.

In reflection, Felton noted, when she was hired at Maryview Medical Center in 1971, she had come full circle from her first hospital experience at age five, when she made the decision to become a nurse. In fact, Felton is convinced that service has been a recurring theme in her life because she understood, at that early age, that she wanted to be there for others. “An individual's gift makes room for that person,” she said. “The key is to acknowledge that gift so that you can then give it.” She added that prepared and knowledgeable nurses put their gifts into action by finding the people who are most stressed out, “observe what is going on with them and around them, and then jump in,” she said.

“It's very important to get prepared, and stay prepared, as a nurse so that you can make a difference in the lives of people who often turn to you during their pressure points in life,” she said. “People need to know that somebody cares, don't you think?” And, with Felton's Nursing Monarch Milestone Award for Service, there's a clear answer to that rhetorical question: yes.

## Lettie Pate Whitehead Foundation

The Lettie Pate Whitehead Foundation, chartered in 1946, provides scholarship support to Christian women and girls at 202 colleges, universities, and secondary schools across nine southern U.S. states—the scholarship is designed to help those who have demonstrated financial need. Based in Atlanta, GA, the foundation has been providing scholarship funds for ODU students continuously for 50 years. Last year, nationwide, the foundation awarded more than \$43 million, with about 13,000 women receiving scholarships.

The foundation—recipient of the Nursing Monarch Milestone Award for Philanthropy—looks for programs that have strong leadership, stability in enrollment and financial health, quality teaching, student success (the Foundation reviews graduation and retention rates and average pass rates on the nursing licensure examination), and a commitment to serve students with financial need. All programs must also be in schools that are accredited with the Southern Association of Colleges and Schools. The foundation makes grants to beneficiary institutions and then those organizations decide the process for awarding student scholarships.



Lettie Pate Whitehead Evans

Carrie Conway, the foundation's senior program officer, pointed out that the foundation has invested in nursing education since its founding and continues to see support for nursing programs as a priority. Conway, who visited ODU in late 2015, noted that the School of Nursing is a leader in online education with the second largest RN-BSN program in the state of Virginia, and has demonstrated a significant commitment to improving rural health. She added, "We're pleased that the ODU School of Nursing is achieving 100 percent employment for graduating students."

"We're enthusiastic supporters of nursing education because we respect and appreciate that so many nursing professionals are serving on the front lines of healthcare, especially in rural areas,"

she said. "Nurses touch so many lives, and their positive influence has a multiplier effect. They provide a service to humanity."

The foundation, she says, sees that the demand for skilled and compassionate nursing will only continue. "It is a powerful investment," she said.

***Look back*** on 50 years of nursing at Old Dominion University by viewing the video created for the 50th Anniversary Nursing Monarch Milestone Awards Dinner. You will find the link on the School of Nursing web site at <http://www.odu.edu/nursing>. Enjoy!



*School of*  
**Nursing**  
1967-2017

## Teena M. McGuinness

### *Touching Patients Through Teaching*

Growing up in southside Virginia, Teena McGuinness had heard about the nursing program at ODU, especially two important things: 1) with a nursing degree you can always find a job, and 2) whatever you decide to do in nursing, it will be personal. Intrigued, she headed east and achieved her BSN at ODU in 1978. “The experience I had at ODU is something I always appreciate because I got exposure to a mix of faculty who were exemplary in such areas as midwifery, therapy, and public health activism,” she said. “It was a real wake-up call to the good a profession can do.”

While working toward her BSN, McGuinness, the recipient of the Nursing Monarch Milestone Award for Teaching, was moved by her experiences at clinical sites and during home visits throughout Hampton Roads. She noticed the people who had the most difficulty were people dealing with chronic stress and mental illness. McGuinness became interested in how psychiatric interventions could help address ailments of both mind and body (for example, mental illness is often a co-morbid condition with conditions like diabetes, hypertension and arthritis). After graduating from ODU, she noticed the same mind-body relationship in play during her first job at the VA hospital in Richmond, Virginia. She found her calling as a psychiatric staff nurse assisting patients who were dealing with traumatic injuries and the associated grief and loss.

“There is nothing more fascinating than behavioral health; I love hearing patients’ stories and how nurses do good work for them,” she said. “In fact, there ought to be a psychiatric nurse on every street corner, but we aren’t quite there yet!” McGuinness pointed out that psychiatric nurses are life coaches who help others work toward lives that allow for more of a sense of meaning and connectedness to community. A psychiatric nurse coaches patients in areas like exercise, sleep, and family relationships, normally working within interprofessional teams. The intent is to keep the patient in the community and out of the hospital, however patients are often found not only in emergency rooms, community hospitals and primary health clinics, but also in prisons, nursing homes, and the child welfare system.

McGuinness, who is Professor and Chair for the Department of Family, Community and Health Systems at University of Alabama-Birmingham School of Nursing, practices integrated mental health care one day a week in a clinic, and teaches graduate psychiatric nurse practitioner students in residency at the VA hospital in Birmingham, Alabama. Students train there as part of the VA’s



Teena McGuinness

focus on equipping nurses to be able to serve smaller and rural areas through community-based outpatient clinics. After a year’s residency, she said, the students progress from novice to intermediate, better equipped to provide the in-demand mental health services that veterans need.

Getting students to that level of competency, however, is about more than technical skills, said McGuinness. Lowering anxiety of the student is important—there is a strong stigma toward mental illness. She pointed out that this prejudice against mental illness is counterproductive as the mental component is, for several patients, linked to physical ailments that are routinely treated. “Centers for Disease Control research has found that adverse childhood experiences are associated with

multiple co-morbid experiences and a shorter life,” she said. “We’re matter-of-fact about providing services for a person with a stroke, but we’re less likely to be inclined to care for people with schizophrenia or bi-polar disorder.” To help combat such a bias, McGuinness starts early, taking new undergraduate clinical groups into a psychiatric unit. She helps students push through their anxieties by teaching them how to listen therapeutically, allowing them to develop more confidence in their abilities to relate in a helpful way. “It’s important that students understand better how patients are attempting to cope with brain disorders, and that they see the instructor role model a relaxed, supportive listening approach,” she said. “Interventions can be relatively simple but crucially important to helping people stay out of the hospital—and that’s my mission!”

McGuinness’ ODU psychiatric nurse instructor told her, some 40 years ago, to “be open, honest, and non-judgmental” when dealing with patients. McGuinness said that, at the time, the advice sounded too much like some “kind of psychiatric mumbo-jumbo.” Since then, however, she has found much truth in that advice, and has been gratified to see it in play when students demonstrate how open, straightforward and empathetic approaches have helped them understand a patient’s condition. “There’s a lot of healing power in the therapeutic relationship if we take the time to put the patient at the center of the interaction,” she said. Hearing patient stories, validating them, and honoring their truths is important, she said, and it “works when patients have access to such support.” With every psychiatric nurse practitioner McGuinness instructs, she helps build a mental health workforce that makes it possible to better help those in need.



## Christine Mueller

### *Bringing Research to Bear for Long-Term Care*

When she was growing up in rural Wisconsin, Christine Mueller was not thinking of becoming a nurse. Before going to college, with plans to pursue a career as a medical social worker, a singular event led to a change in direction. While working at a nursing home one summer, a nurse encouraged her to also become a nurse. “There’s a lot of power in people who believe in you, who see something in you, and plants that seed,” said Mueller, the recipient of the Nursing Monarch Milestone Award for Research. “All of the opportunities I wound up having as a nurse may never have happened if it wasn’t for that one person who encouraged me to take that route.”



Christine Mueller

After getting a diploma in nursing from Madison (Wisconsin) General Hospital in 1974, Mueller moved into her first career position already knowing she wanted to help older people; her first position was within a geriatric unit at a hospital in St. Louis, Missouri. From there, Mueller received a BSN from St. Louis University in 1977, an MSN from ODU in 1984, and a PhD in nursing from the University of Maryland in 1995.

In Norfolk in the early 1980s, Mueller worked, in her mid-20s, as a director of nursing at what is now Lake Taylor Transitional Care Hospital, a long-term care (LTC) facility. While going to ODU, she focused on administration and got a certificate in gerontology. Faculty member Helen Yura-Petro suggested she consider teaching at ODU, bringing her experience and education in gerontology and nursing administration to the school of nursing. Mueller took that advice and never looked back, finding that teaching and research fit her well.

For over 30 years, her research has focused on improving the quality of care for patients living in nursing homes. Her appointment as Long Term Care Professor in Nursing at the University of Minnesota School of Nursing is in recognition of her extensive scholarly work in gerontology that has also enabled her to pursue research that has proven fruitful. Since 2010 alone, Mueller has had a role in research grants that have totaled more than \$6 million and published more than 40 peer-reviewed articles. Moreover, her work has established that the most important factor in long-term care facilities centers on the role of the registered nurse, and the need to have sufficient knowledgeable staff on hand to provide appropriate care. Yet her findings are not just about the number of nursing staff in nursing homes, they point to factors related to how nursing

care is organized and delivered. She and her colleagues are currently researching differences in outcomes between RNs and LPNs as they are often used interchangeably in nursing homes. So far her research has found that facilities that differentiate between the roles of the RN and the LPN provide better quality of care.

Like any good research, Mueller’s work has implications. The findings on the importance of RNs is leading to a push for changes in state and federal policy so that every nursing home would have an RN. Currently, federal law says that a nursing home must have an RN on site for 8 hours a day; Mueller’s research points to the need for at least one RN at all times in a nursing home. She also applies her research in the classroom,

working to increase undergraduate nurses’ knowledge and enthusiasm in the area of geriatric nursing. “These students are not thinking at all about caring for older people when they begin their nursing career,” she said. “I emphasize to them that the majority of their patients will be elderly because that’s who are in hospitals and who are needing care in a variety of other settings.”

While she is exposing students to the importance of geriatric care, Mueller pointed out that there are more nurses researching nursing practice in gerontology and how nurses make a difference for patients in LTC facilities. Through her networking among these nurse researchers, she facilitated the formation of an official interest group within The Gerontological Society of America. She is actively engaged in the American Academy of Nursing Expert Panel on Aging where she has co-lead a task force to address RN staffing in nursing homes and participating in the revision of the American Nurses Association Scope and Standards of Gerontological Nursing.

In pursuing these efforts with students and colleagues, Mueller indicates she is trying to carry forward the mentoring that originally brought her to her own journey of research and teaching. She felt particular appreciation for how her mentors—her first nurse colleague, and ODU’s Yura-Petro—had offered “professional generosity” and, in doing so, inspired her to think carefully about her career trajectory. “That nurse who made the comment to the 16-year-old me that I should go into nursing really had no idea how influential she was,” she said. “But this shows we can all have influence by what we say, how we say it, and how we role model.”

## Amber Price *Building Innovative Practice*

Amber Price of Richmond, Virginia, was born and raised in the Netherlands, which afforded her a different perspective about childbirth. About 60 percent of deliveries there are done by midwives; in the U.S., only 12 percent of births are attended by midwives. Indeed, Price, the recipient of the Nursing Monarch Milestone Award for Innovative Practice, was fated to learn more about birthing experience across many cultures. When she married a U.S. military member, she accompanied him to several installations around the world (e.g., Germany, Japan, and Belgium) where she worked in childbirth education or labor support.

By 2006, she achieved a B.S in nursing from ODU and, in 2010, a Master's degree in midwifery from the University of Cincinnati. As part of her graduate studies, she traveled to New Zealand to study rural health under the tutelage of experienced preceptors. "I joke that it was like combat midwifery, because you're on the front lines with very few resources," she said. The lack of technology called on her to count on her brains, her hands, and her skills at communication, she said. "Out there I learned to trust the natural process of birth again," she said.

This was a fundamental experience for Price, to the point that, in 2008, she was about to move her family to New Zealand. However, she was recruited to help develop the Family Maternity Center of the Northern Neck in rural Virginia, a facility that offered childbirth facilities that were exclusively overseen by certified nurse midwives.

After that facility closed, Price moved to Virginia Commonwealth University to work on the Human Microbiome Project. In 2015, she was recruited to assume the role of Vice President for Hospital Corporation of America's (HCA) new \$40 million Women's Hospital at Henrico Doctors in Richmond, Virginia (which opened in December 2016). "When I came here, they had not yet started construction, so I helped project managers with MBAs understand what women are looking for in a new hospital," she said. "We put in king-size beds, wireless monitors so that mothers can be mobile, and installed deeper bathtubs so that women can be submerged during the birthing process." Price also insured support and collaboration from physicians by not requiring that midwifery patients be transferred away from a physician's care, a collaborative approach that is unique in the country.



Amber Price

In 2016, Price earned an Executive Doctor of Nursing Practice degree from Johns Hopkins University, focusing her doctoral work on leadership and change management. However, successfully interjecting change among nurses was not a given, and Price encountered comments that midwifery practices might be unsafe. Additionally, it was a challenge, she said, to integrate mother-baby couplet care after delivery as part of a focus on patient-centered care at the hospital; nurses who were experts now had to become novices when it came to embracing support of midwifery services. Price led the cross-training of nursing staff with a particular eye toward those who weren't familiar with midwifery's low-intervention approaches. She overcame resistance by providing nurses evidence as to the safety and value of midwifery,

sought out nurses' input about the changes, and then structured a formalized training program. "There were bumps at times, but nurses rallied and made it work because, in the end, nurses do what works for nurses, babies and all patients," she said.

The results have been impressive. The hospital has seen a five percent increase in patients, a faster growth than any hospital in the Richmond area. Just this past quarter, the hospital had the highest number ever—72 percent—of women who, upon release, were exclusively breast feeding their babies. "Our innovations speak to women because they know, when they walk through our door, that they can exercise choices rather than be directed on what to do," she said. "We filled the basket with services and then pulled out only what each woman indicates she needs."

Women's Hospital is a top-five best practices hospital in HCA's 168-facility system; accordingly, Price is involved in pursuing ways to reduce caesarian sections and then sharing that initiative across HCA. Additionally, as president of the American College of Nurse Midwives, she plans to continue speaking in favor of moving obstetric nursing practice to a low-intervention model, an innovation whose time has come in the U.S., she said. "We are doing too many interventions with patients who are going through a normal life process," she said. With the kinds of results that she is helping HCA deliver, that's an assertion that is increasingly being heeded, leading to another kind of birth: the arrival of a less "hands on" approach by health professionals during childbirth.

## Tracy Williams

### *Leadership for Transformative Times*

A Norfolk native, and the daughter of a Marine Corps aviator, Tracy Williams saw a lot of the world in her youth. By the time she was a sophomore, she was back living in Virginia Beach and looking ahead to her college studies. She saw that her mother, a nurse, had gone to ODU to receive a BSN in 1977, and that sparked her interest in the field. Williams, on a scholarship, followed her and graduated from ODU with her BSN in 1979. “I liked that nursing encompassed science, technical skills and emotions—the heart, the hands, and the mind—in ways that empower both the nurse and the patient,” she said. “I fell in love with nursing along the way, and have never looked back,” she said.

Since those early days, Williams, the recipient of the Nursing Monarch Milestone Award for Leadership, has achieved much—a Doctor of Nursing Practice degree, and a progression through nurse executive positions that now sees her as senior vice president and system chief nursing officer for Norton Healthcare in Louisville, Kentucky. Her journey to her current leadership role was the result, she says, of an evolution of thought. She recalls that, many years ago, her parents had said to her, while sitting around the dinner table that, “whenever I was in a position to direct and guide others, to learn from all people,” she said. “They stressed I should pull out of my toolkit the useful approaches I’ve seen and, conversely, I should avoid missteps that others have made.”

Williams first noticed that her interest in leadership grew during her time as a preceptor and instructor while serving as a nurse in the pediatric intensive care unit at The Children’s Hospital of the King’s Daughters in Norfolk. From there she pursued being a nurse educator, receiving an MSN from the Medical College of Virginia in Richmond in 1988, while also working as a house supervisor in an adult intensive care unit. By the time she moved into her first chief nursing office position at the age of 26, Williams’ focus became, and remains, centered on helping nurses create value for patients. The encouragement she received on that road made all the difference. “I’ve been fortunate to have opportunities where people could see things in me that I couldn’t see myself,” she said. “I simply had to be willing to follow up on what people presented to me and be willing take chances to do something more—to lead.”



Tracy Williams

Being an effective leader means figuring out what you do well and how your passion drives your efforts, said Williams. She has learned that she is an operations executive who also has a strategic mindset. This means that Williams can spread her attention effectively to address incremental concerns and also look ahead to figure out where the organization needs, and wants, to be. This ability has served her well when managing and leading such areas as academic practice partnerships, workforce strategies planning, and succession planning for nurse executives.

“I focus on being a revolutionary thinker, but communicating that approach in an evolutionary manner,” she said. “That is, to work with others at a pace where people can tolerate change.”

It’s important to assess where people are, what they need, and what motivates them, she said. She’s found that focusing on what co-workers need is a precursor to them being better able to solve and serve in a broader way. She emphasizes that large-scale initiatives must be broken down into smaller, sequential pieces that are more understandable and relatable. “As a leader, when you build an effort, rarely do you see it come to fruition as a big bang, instead you are getting to where you need to be by small, incremental steps,” she said. “Adapting, adopting and overcoming barriers are all important, and I have the patience and resilience to stay with that approach.”

Williams offers that nursing leaders need to be smart, emotionally intelligent, resilient, and equipped to be operationally and strategically minded. Self-awareness of what drives and motivates a would-be leader is crucial—if they don’t know that about themselves, they won’t be able to do that with others, she said.

Under Williams’ watch, Norton Healthcare’s five-hospital system is planning to have more than 150 doctorally prepared nurses by 2020. With her leadership, nurses will be in an even better position to lead change and deliver value in the decade to come.

# Faculty Scholarship

Achievements from May 1, 2016 - June 1, 2017

## Peer-Reviewed Publications

Adams-Tufts, A., Wiles, L. L., Karlowicz, K.A., Hawkins, J. E. & Ruffin, S. (2016). Mentorship makes the difference for nurses enrolled in university RN to BSN program. In Albuquerque, NM: The Mentoring Institute (Ed.), *Mentoring Institute (Eds.), Developmental networks: The power of mentoring and coaching* (pp. 1232-1237). Albuquerque, NM: University of New Mexico Mentoring Institute.

Alperson, S & Fowler, C (in press). Holistic self-care for health professionals: Brief mind-body self-compassion Taichi/Qigong training for caregivers at an Alzheimer's assisted living facility. *Annals of Long Term Care: Clinical Care and Aging*.

Berry K, Rutledge CM. (2016). Women's perception of sexual assault screening by healthcare providers in primary care. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 24(4), 6-7.

Cajares C, Rutledge CM, Haney T. (2016). Animal assisted therapy in a special needs dental practice: An interprofessional model for anxiety reduction. *Journal of Intellectual Disability*. DOI: 10.6000/2292-2598.2016.04.01.3

Cline, E. and Sweeney, N. (in press). Medical home model: Reducing cost, increasing care and improving outcomes for uninsured, chronically ill patients. *Nursing Economics*.

Fowler, C. N., Kott, K., Wicks, M. N. & Rutledge, C. (2016). Effect on self-efficacy and sleep among caregivers of older adults with dementia: Effect of an interprofessional virtual healthcare neighborhood. *Journal of Gerontological Nursing*, 42(11), 39-47.

Fowler, C., Haney, T. & Lemaster, M. (2016). Helping dementia caregivers through technology, the future is here. *Home Healthcare Now*. 34(4), 203-209.

Hawkins, J. E. (2016). A qualitative descriptive study of the experiences of nurse educators in developing and implementing concurrent enrollment ADN-BSN programs. (Doctoral Dissertation).

Hawkins, J. E. (2017). Stand at ease, then forward, march! *Reflections on Nursing Leadership*, 43(1).

Noble, N. and Sweeney, N. (in press). Barriers to the use of assistive devices in patient handling. *Workplace Health & Safety*.

Poston, R. D., Haney, T., Kott, K., Rutledge, C. (in press). Optimizing interprofessional team performance: Tuckman's stages of team

development enhanced through behavioral profiles. *Nursing Management*.

Rutledge, C. M., Kott, K., Schweickert, P., Poston, R., Fowler, C., Haney, T. (in press). Telehealth and eHealth in nurse practitioner training: Current perspectives. *Advances in Medical Education and Practice*.

Welsch L, Rutledge C, Hoch JM. (in press). The modified readiness for interprofessional learning scale in currently practicing athletic trainers. *Athletic Training Education Journal*.

## Books & Book Chapters

Apatov, Nathaniel M. and McCarthy, E. Jane (2017). The postanesthesia patient (pp.138-147). In P.G. Morton and D.K. Fontaine (Eds.), *Critical Care Nursing: A Holistic Approach* 11th ed. Philadelphia, PA: Wolters Kluwer.

Wilhelm, M.J. (2016). *Raising Today's Baby*. 162 pages.

## Grants Awarded

Fowler, C., Haney, T., Hawkins, J. E., Higgins, K., Kott, K., Stull, S., "An Interprofessional Educational Immersion Experience at the Remote Area Medical & Mission of Mercy Dental Outreach Event in Wise County, Virginia,." Sponsored by Old Dominion University COHS IPE Award, Old Dominion University, \$1,500.00 (January 2017-January 2019).

Haney, T., PI: Rutledge, C., Poston, R., Fowler, C., Kott, K., Hoch, J., Co-PIs: Department of Health and Human Services Advanced Nursing Education Workforce (ANEW) Program, "APN-CPR: Optimizing APN readiness to address the needs of rural and underserved populations through enhanced academic-practice partnerships." \$1,059,220 (July 2017-August 2019).

Hawkins, J. E., Martin, J., Stull, S., Johnson, K. F., "Interprofessional Student Poster Presentation Conference," Sponsored by COHS IPE Award, Old Dominion University, \$1,500.00 (January 2017-January 2019).

Hawkins, J. E., Sump, C., Stull, S., Gray, D., Walker, M., "Service-Learning Instructional Mini-Grant Award for Interprofessional Health Science Global Education," Sponsored by Old Dominion University, \$2,000.00 (December 2016-May 2017).

Hawkins, J. E., "A Qualitative Descriptive Study of the Experiences of Nurse Educators in Developing and Implementing Concurrent Enrollment ADN-BSN Programs," Sponsored by Sigma Theta Tau International, Epsilon Chi Chapter. \$1,400.00 (January 2016-June 2016).

Karlowicz, K. A., Hawkins, J. E., Adams Tufts, K., Wiles, L., "RN to BSN Education for Nurses who Live and Work on Virginia's Eastern Shore," Sponsored by HRSA National Workforce Diversity, Federal, \$680,000.00.

Poston, R., Rutledge, C., Co-PIs: Department of Health and Human Services Advanced Practice Nursing Traineeship Program, "Advanced Education Nursing Traineeship (AENT) for Distance Learning NPs." \$350,000 (July 2016-June 2017).

Richards, D., Hester, P., Kumar, S., Swartz, K., Higgins, K., "Bridging the Gap: Preparing Students for Workplace Success by Teaching Writing as a Disciplinary Act" ODU Quality Enhancement Plan-IDW Grant Award. \$19,987

Rutledge, C., Haney, T, Poston, R., Fowler, C., Schweickert, P., Reed, K., Reid, K., Co-PI's: Department of Health and Human Services Advanced Practice Nursing Program, "APN PLACE: A Telehealth Network for Developing APN Preceptor Opportunities in Rural VA." \$2,035,322 (July 2015-August 2018).

Rutledge, C., ODU PI: Professionals Accelerating Clinical and Educational Redesign (PACER) program. Macy Foundation,

the ACGME and the Boards of Family Medicine, Pediatrics and Internal Medicine. (January 2016-2017). Collaboration between ODU Nursing and EVMS Family Medicine, Internal Medicine, Pediatrics, Behavioral Medicine, and Physical Assistant Programs.

## Podium Presentations

Adams-Tufts, A., Wiles, L. L., Karlowicz, K.A., Hawkins, J. & Ruffin, S. (2016). Mentorship makes the difference for nurses enrolled in university RN to BSN program. Podium presentation. October 2016. The University of New Mexico Mentoring Institute.

Adams Tufts, K., Berger, C., Claiborne, D., Hawkins, J. E., Hoch, J., & Richels, C. (2016). Interprofessional: A platform for bringing diverse perspectives to the table to support interprofessional education. Panel Presentation. May 18, 2016. Old Dominion University Faculty Summer Institute on Teaching and Learning.

Cartagena, D.C., & McGrath, J. Associations between introductions of age-inappropriate foods and early eating environments in

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Achievements from May 1, 2016 - June 1, 2017

low-socioeconomic Hispanic infants. The Southern Nursing Research Society 2017 Annual Conference, Dallas, TX. February 22-25, 2017

Cartagena, D.C., *Balancing recruitment of immigrant Latina mothers and caring for their decision to participate in research*. The 2016 State of the Science Congress on Nursing Research, Washington, DC. September 15-17, 2016

Gray, D. "Entrepreneurship and Starting NP/APN Run Businesses: Transforming Health Care Through New Models of Care" International Council of Nurses/International Nurse Practitioner 9th Annual Conference, Hong Kong, September 2016

Gray, D. "Opportunity is Knocking: Entrepreneurship and Starting your Own NP Run Business" American Association of Nurse Practitioners 31st National Conference, San Antonio, TX, June 2016

Haney, T., Rutledge, C. "If You Build it They Will Come: Uniting 8 Professions and 4 Universities for an Interprofessional Experience" National DNP Conference, Baltimore MD, October 2016

Hart, P. "Mentorship: The Importance of the Relationship." Touching the Future of Children Conference. Harrisburg, PA. October, 2016.

Hawkins, J. E. (2017). Experiential learning: Earning credit for nursing leadership course requirements through SNA service. February 11, 2017. Virginia Nursing Students Association 65th Annual State Convention.

Hawkins, J. E., Sigma Theta Tau Induction Ceremony, "Interview Methods in Qualitative Research," Epsilon Chi Chapter, Old Dominion University. (April 24, 2017).

Hawkins, J. E., Global Certificate Program, "The Influence of Culture on Health Around the World," Old Dominion University, Norfolk, VA. (January 25, 2017).

Hawkins, J. E., Chard, R., Chenail, R., Seibert, D., TQR 8th Annual Conference, "The email interview in qualitative research: A discussion of the practical utility," Nova Southeastern University, Fort Lauderdale, FL. (January 14, 2017).

Kott, K., Haney, T., Rutledge, C., Poston, R., Richels, C., & Britton, B. "Evolution of the Interprofessional Student Team: Zero to Sixty



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in Two Weeks" Panel Discussion Emswiler Interprofessional Conference. February 2016

Rose, D., Quinn-Griffin, M. "Bridging the Education-Practice Gap: Evaluating the Effect of Fidelity in a Simulated Patient Handover on Clinical Competence in Nursing Students." [concurrent session]. International Council of Nurses: Nurses at the forefront transforming care. Barcelona, Spain, May 27 - June 1, 2017.

Schweickert, P., Rose, R., Rutledge, C., Haney, T., Fowler, C., Wiles, L., Cattell-Gordin, D. & Rheuban, K. APN Place telehealth Network: A Transformational Tool for Empowering and Supporting Nurse Practitioner Preceptors. April 2017. Mid-Atlantic Telehealth Resource Center (MATRC). Leesburg, VA.

## Poster Presentations

Alperson, S.Y. *Finding healers within: 2 pilot reports for mind-body compassion intervention for healthcare professionals.* International Convention of Psychological Science, Vienna, Austria, March 2017.

Haney, T. Rutledge, C. *Tenured DNP faculty? Why not... Strategies for successful DNP faculty tenure.* AACN Conference for Doctoral Education. San Diego CA, January 2017.

Hart, P. and Sweeney, N. *Retention Strategies to Impact Turnover and Benefits of Mentorship Relationships.* Maimonides Medical Center Fourth Annual Nursing Research Conference. Brooklyn Academy of Music, November 7, 2016

Hart, P. and Sweeney, N. *Mentorship: Retention Strategies to Impact Turnover and Identify the Benefits of the Mentorship Relationship* at the Annual Leadership Summit, Friday, March 24, 2017.

Hart, P. and Sweeney, N. *Mentorship: Retention Strategies to Impact Turnover and Identify the Benefits of the Mentorship Relationship*, 2nd Annual Low Country Nursing Research Conference, Gamma Omicron at-Large Chapter of Sigma Theta Tau International, Charleston, SC, on April 28, 2017.

Lee, A., Kelly, C., Alfes, C., Bennington, L. & Dolansky, M. *Using High Fidelity Patient Simulations to Evaluate Student Nurse Safety Competency.* 2017 QSEN National Forum: Going the

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Achievements from May 1, 2014 - April 30, 2015

Magnificent Mile with the QSEN Competencies. Chicago, IL. May 30-June 1, 2017.

Lee, A. & Thompson, B. *Improved Student Nurse Safe Patient Care Understanding: Classroom Based Learning Activities to Augment Clinical Practice*. 2016 QSEN National Forum: The New Frontier: Forging Partnerships for Lifelong Learning. San Antonio, TX. May 25-27, 2016

Neumeier, R. and Sweeney N. *The Effects of the Performance Triad on Nurses*. United Advanced Practice Registered Nurses of Georgia, Columbus, Georgia, March 4, 2017.

Paradiso, L. and Sweeney, N. *Just Culture, Trust and Patient Safety*. Maimonides Medical Center Fourth Annual Nursing Research Conference at Brooklyn Academy of Music, New York, NY, on November 7, 2016.

Paradiso, L. and Sweeney, N. *Just Culture, Trust and Patient Safety*. New York City College of Technology Research Presentation, New York, NY, November 11, 2016.

Southard, C. and Sweeney, N. *Fall Prevention Behaviors of Patient Care Assistants*. UVA Evidence Based Practice Symposium, Charlottesville, VA, May 2016.

Rose, D., & Quinn-Griffin, M. *Evaluating the Effect of Fidelity in a Simulated Patient Handoff on Clinical Competence and Judgment in Nursing Students*. SNRS 31<sup>st</sup> Annual Conference: Grounded in Research: Academic and Clinical Partnerships Transforming Health. Dallas, TX, February 22-25, 2017.

Rutledge, C., Haney, T. Poston, R. *Holistic Admissions: A Critical Element for Preparing the Future Leaders and Innovators in Nursing*. AACN Conference for Doctoral Education. San Diego CA, January 2017.

Sump, C. (2016). *Handoff Competence Assessment of Baccalaureate Nursing Students*. AACN Faculty Development Conference, Anaheim, CA, November 18, 2016.

Sump, C. (2016). *Strategies That Promote Handoff Skills Competence in Student Nurses*. 2016 QSEN National Forum: The New Frontier: Forging Partnerships for Lifelong Learning. San Antonio, TX. May 25-27, 2016

Wiles, L.L., Day, M. D. & Harris, L. *Delta Alerts: Changing Outcomes in Geriatric Trauma*. Sentara Leadership Conference. Virginia Beach, VA May 2016.

Wiles, L.L., Day, M. D. & Harris, L. *Delta Alerts: Changing Outcomes in Geriatric Trauma*. Society of Trauma Nursing. Los Angeles, CA, March 2016.

## In Memoriam 2017

Remembering our classmates,  
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**Lucille Bouldin Popp** (BSN '77)

**Gloria K. Jasinowski** (BSN '82)



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# Lowe Donation Provides Support for Nursing Administrator/Executive Scholarship

## *Largest Gift Yet to School of Nursing*

*A*cross the years, Kala Quintana marveled at the grit and dedication that her Aunt Jean and Uncle Paul showed. Imogene “Jean” Lowe was a Depression-era child, born in rural Cullman, Alabama in 1932 as a sharecropper’s daughter, and Paul Lowe, born in 1928, had similarly grown up during hard times in the coal-mining region of Hinton, West Virginia.

Jean had ambitions beyond working in the fields, and was accepted to the University of Alabama’s School of Nursing program. “I remember her saying that getting in nursing school as a young woman in the south in the 1950s was very hard work and very competitive,” said Quintana. But, said Quintana, Lowe was grateful for the opportunity to excel within a very rigorous field. Lowe’s father had told Jean, when he dropped her off at the university, “Well, Jean, if you don’t like it here, you can always come home and pick cotton.” Phyllis Vaughan, a classmate of Lowe’s, said that Jean was very aware of that possibility, because newly admitted students were on probation for six months. “It was a great motivator to study because if we failed it meant that we would likely go back home,” she said. “We were very conscientious in our studies because we did not want to spend our life on a cotton farm.” Those fields, it turned out, stayed in Lowe’s rear view mirror. After graduation, she traveled to Beckley, West Virginia and set up the nursing program at a miner’s hospital, eventually meeting, and marrying, Paul.

Paul Lowe had his own journey of determination. During WWII he served in the Navy, subsequently working at a funeral home in Chicago, and then joining CSX Railroad as an electronic technician.

Some 28 years ago, they moved to Hampton, Virginia, where Jean took on a nursing position at the VA Hospital and Paul



**Imogene "Jean" and Paul Lowe**

worked for CSX. Paul, while working full-time, achieved a B.S. in business from ODU. During these years, Paul’s income was used for nearly all their daily needs, while Jean’s income was saved and invested. “Over the years, she and I shared many stories of how each of us could pinch a penny the longest and hardest,” said Vaughan. “She was frugal and determined to get the best value.”

Such a dedication to careful use of their income allowed the Lowes to leave a legacy at ODU. In March of 2015, after Jean and Paul passed within a week of each other, Quintana and her mother, Nancy Leggett, were presented with the opportunity, per the Lowe’s trust, to make a gift to an education program. Working with the ODU office of

development, they established the Paul W. & Imogene M. “Jean” Lowe Endowed Nursing Administrator/Executive Scholarship, an almost \$400,000 gift that is the largest scholarship in the School of Nursing’s history (see sidebar for more). “Giving to ODU’s School of Nursing program was the best mix of representing who my Aunt and Uncle were—he thought that the college education at ODU showed that, if you worked hard, you could succeed, and my aunt saw, through nursing, how to be of service to others and leave behind more than she was given,” said Quintana.

Leggett explained that Paul wanted to leave a portion of the estate to ODU, and in the end, it was decided that because nursing had been such a big part of the Lowes’ lives, directing the gift toward educating future nurse administrators and nurse executives for a career in the business side of nursing and health care made sense. “Nurses are the backbone of our health care system and need to be shown how much they are valued,” Leggett said. It can be a struggle to make it through school, pay bills, and support one’s family, and, with this scholarship, both Leggett and Quintana saw the opportunity to allow people to concentrate more on the important goals that come with the pursuit of education. With the Lowe Scholarship, students can focus more on how their education can have lasting and meaningful impact on people’s lives, Leggett said. “Aunt Jean’s presence and her spirit is in this gift and gives it some heart,” said Quintana. “With this gift my aunt’s life is like a pebble in the pond.”

Quintana hopes this gift inspires others to give to the School of Nursing. “My aunt and uncle worked very hard and created wealth from virtually nothing; that they then chose to share it in this way is a continuing testament to who they were,” she said. She pointed out that, while there might be a sense of pride in earning wealth, there is even a greater sense of pride in giving it away in a thoughtful manner that truly effects peoples’ lives. She has been struck by how her Aunt and Uncle’s determination allowed them to provide a means for other people to similarly persist, especially in the pursuit of improving health care. Added Leggett, “This kind of wealth transfer is absolutely a step toward improving our care of people, and that’s a step toward the kind of world most people want.”

## **The Paul W. & Imogene M. “Jean” Lowe Endowed Nursing Administrator/Executive Scholarship**

The scholarship is to be awarded to a student(s) enrolled in the School of Nursing’s graduate administrator or executive programs including the Nurse Administrator MSN and the Nurse Executive DNP program. Nurses interested in careers such as, but not limited to: Nurse Manager, Chief Nursing Officer/ Executive, Healthcare Administrator, Policy Advisor, and Health Program Developer would be considered for the scholarship award using the following preferred criteria:

- a. The recipient(s) must demonstrate financial need as determined by the Office of Student Financial Aid.
- b. Recipients must submit an essay about their desire for an advanced nursing degree, prior nursing practice experience, and aspirations for a nursing administrative/ executive leadership position, and interest in the business and management aspects of healthcare administration.
- c. Recipient(s) must be a full-time student(s).
- d. Recipient(s) must maintain a GPA of 3.0.

This scholarship will be available for award beginning in fall 2018. Application guidelines will be made available to new and continuing students in advance of the submission deadline.

*To discuss how you can provide a gift to the School of Nursing contact:  
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College of Health Sciences, Major Gift Officer  
(m1sharma@odu.edu or 757-683-4313).*

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