



CLINICAL SCHOLARSHIP:

ADVANCING AND TRANSLATING NURSING SCIENCE

CARE TO CHANGE

THE WORLD.™

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of care through practice,
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The National Institute of Nursing Research, one of the institutions that make up the National Institutes of Health, recently published *Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies*.

Three of these studies were conducted at Penn Nursing, including those by **Dr. Linda Aiken** for her research on nurse staffing and subsequent patient risk, **Dr. Mary Naylor** for her model of hospital to home care in elders, and **Dr. Loretta Sweet Jemmott** for her scholarship on reducing HIV risk in young minority women. At Penn Nursing, our research demonstrates how we *care to change the world*.

L to R: Drs. Aiken, Naylor and Jemmott



“These studies demonstrate the versatility and vitality of the nursing research community, attributes that have been integral to nursing research since its early years and that nurse researchers can continue to pursue.”

Patricia A. Grady, PhD, RN, FAAN, Director of NINR
Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies

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Photography: I. George Bilyk, John Fitzhugh, Ralph Alswang, Mary Schucker

Design: Deardorff Associates, The Creative Department, Inc.

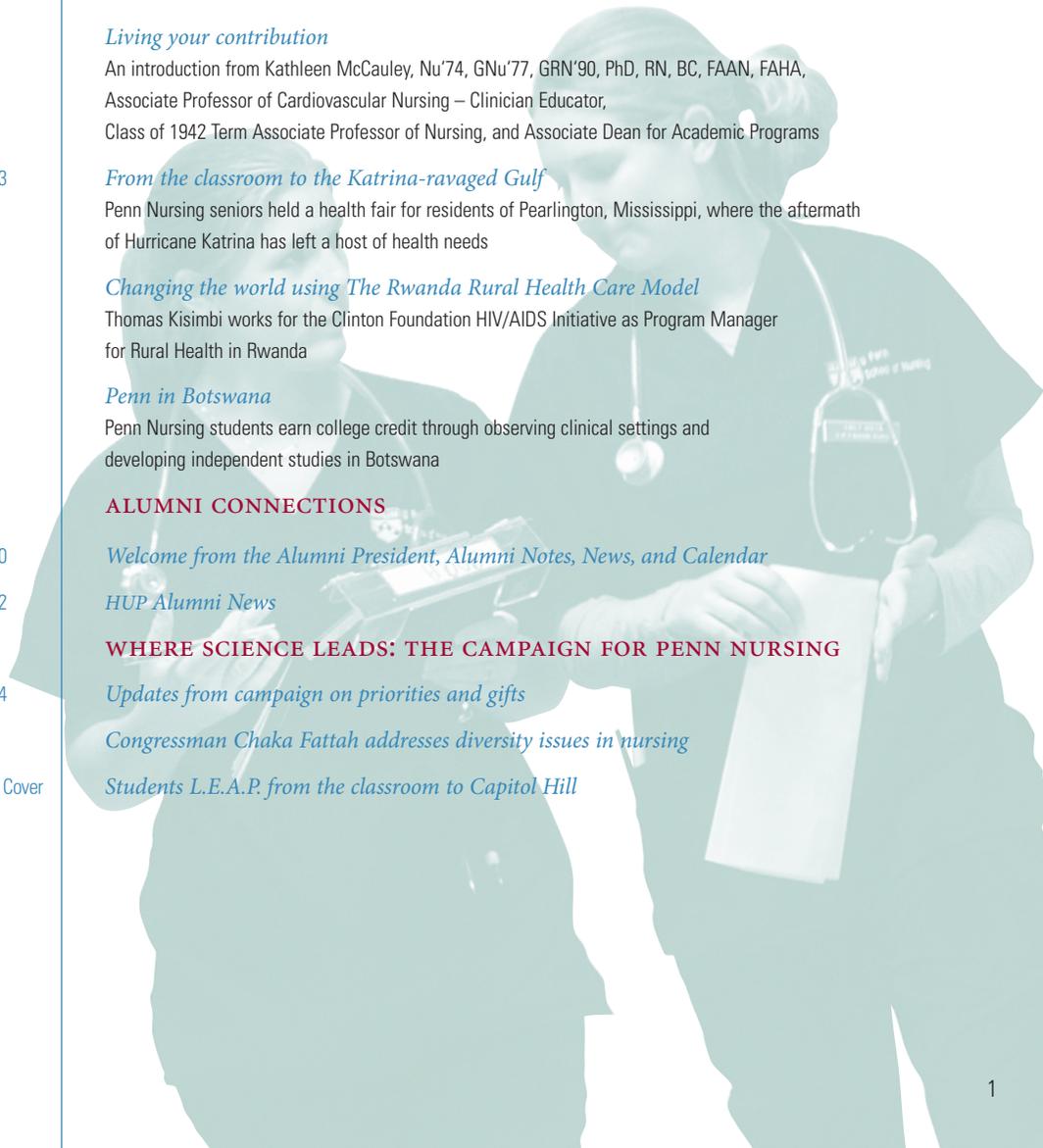
Printing: CRW Graphics

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Afaf I. Meleis, PhD, DrPS (hon), FAAN, FRCN, the Margaret Bond Simon Dean of Nursing
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Bridging the gaps between nursing education and nursing practice

When I meet with my dean colleagues at some of the top nursing schools in the U.S., one important dialogue continually surfaces, revolving around the role of clinical practice in faculty appointments, educational programs, and research priorities. At the crux of our conversations is a set of difficult-to-answer questions: What should schools of nursing do to ensure a continuous connection to practice? How do we keep the practice focus without subjecting faculty to conditions that can overwhelm them with the responsibilities for teaching, research, and a commitment to patients that taken together can lead to “burn out,” forcing them potentially to make a choice between one path or another? Yet, without that integration of mission, how do we as a school avoid a “disconnect” between pressing clinical problems and the research programs we depend upon to create best practice models? All of this leads me to ask, as a dean of a premier research institution connected to three premier hospitals, “What are the best strategies to encourage the integration of the teaching and clinical missions toward producing evidence-based models of care?”

The history of our profession sheds some light on this issue. Reviewing the historical context of nursing as a discipline, we have moved from an apprenticeship model to an academic model. In the process, some tension has evolved between the research and practice missions in schools of nursing, trapping the educational mission in between these two potentially opposing forces.

There is an innovative solution at Penn that has worked for 25 years, uniting these missions in a productive synchrony: adding the clinician educator to the traditional tenure track. We have also recently developed new faculty tracks and reinvigorated existing ones. In addition to the existing research faculty, we added the practice faculty track. Without a significant teaching load, research faculty primarily conduct research while practice

faculty are not expected to carry a research load and are particularly expert teachers. Finally, there are the lecturers, adjunct faculty, visiting faculty, and clinical preceptors, all of whom are vital for a robust commitment to our educational mission.

But the clinician educator offers the most potential for integrating the research and practice missions. As with traditional tenure track faculty, the ladder for promotion for clinician educators rises to professor, carrying full voting rights in the faculty Senate. However, this track differs in one key respect. While tenure track faculty are focused on conducting research and teaching, the clinician educators, who are also well-qualified researchers, focus on teaching and practice, with a percentage of their effort and time (ranging from 20 to 80 percent) devoted to other institutions, usually, the Hospital of the University of Pennsylvania, The Children’s Hospital of Philadelphia, or community health settings.

With this full engagement in practice, clinician educators are expected to be productive scholars in translational research. Their programs of research are driven by practice problems that pose translational questions answered by research. These programs of research generate the evidence that then informs the creation of best practice models. These models of excellence for practice can transform our profession while also leading to the creation of local and national evidence-based guidelines and the implementation of new policies.

It is directly due to these appointments that our students feel a strong and immediate connection to the nursing profession. Professors who are clinician educators are gate openers in practice settings for research projects and educational goals for their students. They are role models and mentors for students and clinicians. They are actively engaged in practice and teaching and they propel the science, with great ease and

sophistication, to and from practice. Thus, the professor-clinician educator leads the way, not only by advancing the discipline, but by changing the way care is delivered.

Through the research programs we spearhead in our school, we remain true and authentic to our goals of advancing the nursing discipline and building on its scientific bases. Faculty members in the different professorial series may have different experiences and different sets of goals; however, in our school, our shared and ultimate mission is to build and advance nursing science, to translate it into evidence for practice, and to ensure that the best quality of care is delivered to patients and communities. It is also our mission to educate future clinicians and leaders who will continue to inform the science and move it forward into practice applications both locally and globally.

As you leaf through this issue of *UPfront*, you will see further evidence of our commitment to change the world. But then we want you – our readers, friends, and colleagues – to be the ultimate judges.



AF AF I. MELEIS, PhD, DrPS (hon), FAAN, FRCN,
the Margaret Bond Simon Dean of Nursing,
Professor of Nursing & Sociology,
Council General, International Council
on Women’s Health Issues, and
International Council of Nurses
Global Ambassador for the Girl Child

At right:
Dean Meleis reviews a chart
with Dr. Victoria Rich, CNO at
the Hospital of the University of
Pennsylvania and Assistant
Dean for Clinical Practice
at Penn Nursing.



DEAN AFAF I. MELEIS: "...Our shared and ultimate mission is to build and advance nursing science,

to translate it into evidence for practice, and to ensure that the *BEST QUALITY OF CARE*

is delivered to patients and communities."



Engaging clinical scholarship and practice

Faculty in schools of nursing are often described as living in ivory towers, detached from the day-to-day care of patients and the complex problems that nurses encounter in real practice. It is now more than 25 years since I last received my nursing assignments for a shift, carried out prescribed nursing interventions, and monitored the progress of my patients. How very distressing it would be if all our students of nursing were taught only by faculty who have been long removed from the everyday realities of clinical care. Fortunately, at the University of Pennsylvania, we have climbed down from our towers and clearly recognized that the engagement of clinical scholarship and practice is the very essence of effective clinical teaching.

In this issue we highlight the important work of stellar nurse scientists and clinician educators who integrate knowledge and clinical experience each day to achieve excellence in both nursing practice and nursing education. Clinical scholarship and clinical research are different, but go hand-in-hand in an integrated progression at Penn. The critical observations made in the care of patients inform not just the best care for that particular patient, but also the next set of questions posed by our nurse scientists. The findings from our research result not only in small changes reflective in patient care, but also clinically-grounded evidence that can influence change on a broader, policy level.

The National Institute of Nursing Research also recognizes the critical link between clinical practice, research and scholarship, describing in its recent publication, Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies, examples of true clinical scholarship informing practice. It's wonderful to know that clinical scholarship is so evident in the works of Drs. Linda Aiken, Loretta Sweet Jemmott, and Mary Naylor, all remarkable professors in our School of Nursing.

While others may be differentiating between advanced clinical practice and nursing research, at Penn, we are proud to have clinician educators generating research questions from their practice and conducting rigorous studies to influence care, not only of individual patients but of entire healthcare systems. Collaboration between our clinician educators and our other nursing faculty is an important and honored tradition at Penn. This tradition provides a strong and enduring foundation upon which we build our educational programs for both undergraduate and graduate students.

LINDA A. McCAULEY, PhD, RN, FAAN, FFAOHN, the Nightingale Professor of Nursing, and Associate Dean for Nursing Research

Advancing the delivery of care through practice, systems, and policy

Influencing practice throughout the lifespan

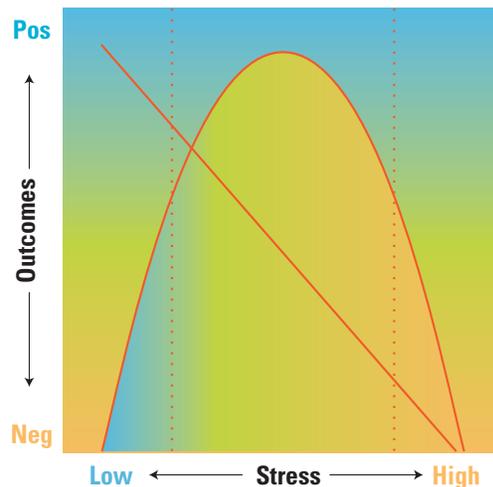
Nursing is, of course, a practice discipline. To continually advance the science that supports the care delivered at the bedside, research questions that arise from the practice setting must continue to be explored, not only to inform new generations of scientists, but also to inform the policymakers that codify new knowledge into laws and regulations. Evidence-based outcomes produced by research must be translated into practice. It is this synergy between research and practice – and the knowledge that is ultimately disseminated to students, the next generation of nursing scholars – that is the hallmark of Penn Nursing Science and the nurses who care to change the world.

The clinician educator model at Penn exemplifies this ideal. As clinician educators, members of the standing faculty teach students, conduct research, and engage in direct practice at a clinical agency. Through this role, there exists a synergistic exchange among practice, teaching and scholarship, with clinically-relevant research generated, educational curriculum enhanced, community connections established and maintained, and evidence-based care received by patients and families.¹ (Evans & Lang, p.206)



¹ Evans, L.K., & Lang, N.M. (Eds)(2004). *Academic Nursing Practice: Helping to Shape the Future of Health Care*. New York, NY: Springer Publishing Company

Dr. McCool's research found stress in labor is not linear, and the human body actually performs best when there are moderate levels of anxiety.



Creating supportive environments during childbirth and early childhood

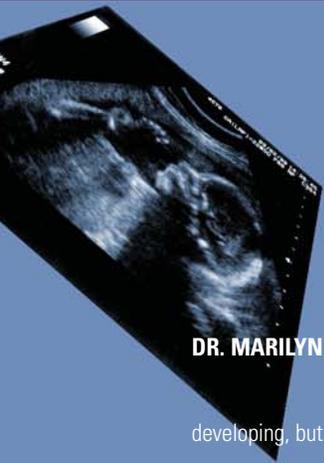
The bumper sticker on his office door is succinct: “Midwifery is the evidence-based model of maternity care.” Associate Professor of Nurse Midwifery – Clinician Educator William McCool’s scholarship examines why some pregnant women experience intense, but uncomplicated births, while others suffer from a variety of complications and less desirable outcomes.

As a midwife at the Hospital of the University of Pennsylvania, this topic is one McCool, C’76, PhD, CNM, RN, has encountered throughout his career. To begin answering this question, he has explored the biobehavioral factors that influence women’s labor and delivery experiences, specifically by measuring stress through psychological surveys and by gauging the stress hormones cortisol and catecholamines at various stages during pregnancy. He theorized that the more stress a woman had during her pregnancy, the harder and more difficult the labor, but he found low levels of stress actually yielded just as many negative outcomes as high levels of stress. Surprisingly, women experiencing what was determined to be a moderate level proved to have the best outcomes.

“The human body performs best when there are certain levels of anxiety,” Dr. McCool explains. “Those who are unworried may not be well-focused neurologically, and a certain level of stress must exist to be focused and perform well.”

The implications of this finding impact the use of epidurals. While the traditional argument for the use of epidurals has focused on potential risks that exist with any type of pain management, a much more understated argument, says Dr. McCool, is raised through his research. “We need further research to know if epidurals, which can take away much of the pain and a lot of anxiety, are putting women in the low stress, negative outcomes category,” he adds.

For Associate Professor of Women’s Health Nursing – Clinician Educator Marilyn Stringer, GNu’91, GR’95, PhD, CRNP, RDMS, the advent of limited obstetrical ultrasonography (LOBU) has armed nurse midwives and nurses with the knowledge needed to deliver science-based quality of care. While physicians were historically the only medical professionals trained in the science of sonography, Dr. Stringer has trained nurses, nurse practitioners, and nurse midwives in assessing fetal wellbeing through the ultrasonic evaluation of fetal presentation, fetal number, and placenta location.



DR. MARILYN STRINGER: "Until its development, we relied on mothers to understand how their babies were developing, but sonography literally opened up a *WHOLE NEW WORLD*. Now, both the mother and her unborn child could be assessed for well-being during pregnancy."



Dr. Medoff-Cooper helps a mother feed her newborn. She hypothesizes improved feeding of high-risk infants will decrease healthcare utilization through improved growth and development.

Her interest in ultrasonography stemmed directly from her experiences caring for expecting mothers. In the mid-1980s, the science of maternal-fetal medicine began to explode with the advances in medical technology such as obstetrical ultrasonography. During this period, Dr. Stringer (pictured at left) realized the need for nurses and nurse midwives to perform limited obstetrical ultrasonography as part of their maternal/fetal assessments to provide optimum patient care. "Learning how to use the device affected my ability to care for patients by allowing me to assess both the mother and their babies fully," she says. "Until its development, we relied on mothers to understand how their babies were developing, but sonography literally opened up a whole new world. Now, both the mother and her unborn child could be assessed for well-being during pregnancy."

A Registered Diagnostic Medical Sonographer, Dr. Stringer continues to teach this skill at the School of Nursing, where she leads a mandatory course on fetal evaluation for graduate students in both the Midwifery Program and Women's Health Care Nurse Practitioner Program. Through her clinician educator role at the University of Pennsylvania Medical Center, she focuses on implementing evidenced-based nursing practices within the obstetrical unit and provides the clinical education needed for nurses to perform limited obstetrical ultrasonography. "LOBU is a necessary assessment skill to maximize care for women experiencing high-risk pregnancies in inpatient/outpatient facilities and/or the home environment," she says. "It allows nurses to look at the intrauterine environment to determine the health of the fetus."

A nationally renowned and internationally consulted expert on teen mothers, Professor of Primary Care Nursing – Clinician Educator Ann L. O'Sullivan, Nu'70, GNu'72, GR'84, PhD, CRNP, FAAN, provides a different approach to parenting, which has led to important state and national policy positions.

Her recent scholarship, for example, stemmed from her experiences with young mothers whose children tended to suffer developmental delays. Working with a pediatrician at The Children's Hospital of Philadelphia who is now the city of Philadelphia's health commissioner, Dr. O'Sullivan conducted interventions designed to prevent teen pregnancy and has developed personal relationships with the moms. This has led to a five-year, at-home intervention study with 302 urban children to assess the effectiveness of specific interventions maximizing parental access to available resources on children's cognitive and behavioral development. "I am interested in maximizing the skills of these young women," she explains. "My scholarship aims to do that, and my role as a nurse practitioner allows me to get more creative in how I deliver care."

Dr. O'Sullivan also participates in Bridging the Gaps, a city- and state-wide interdisciplinary program that works with dental, medical, social policy and nursing students across disciplines to broaden their training in the health professions through service to underserved populations.

However, it is her current work as chair of the National Council of State Boards of Nursing, building on her experiences on the Pennsylvania state board, which promises to hold significant sway over the profession. Dr. O'Sullivan and fellow committee members are writing legislation for a new model practice act so states can act in concert to license every APRN, CRNA, CNM, CNS, and CNP nationally, depending on action by the states. If states adopt the model language, then accrediting bodies have agreed to play a role freeing states from managing the process and assuring practitioners of more mobility as they can move from state to state. So for the first time, a national licensing program has the potential to change nurse credentialing programs. "Every nurse would be autonomously licensed under a nursing board because nurses understand the science," Dr. O'Sullivan said.



Assessing and supporting feeding and nutrition

Nursing science, according to Barbara Medoff-Cooper, HOM'92, PhD, CRNP, RN, FAAN, the Ruth M. Colket Professor in Pediatric Nursing at The Children's Hospital of Philadelphia (CHOP) and director of the Center for Biobehavioral Research at the School of Nursing, means asking clinical questions and building the science to answer them. Though not a clinician educator, Dr. Medoff-Cooper's clinical scholarship and her endowed chair at CHOP epitomize the connection between a leading school of nursing and a top-ranked children's hospital.

With more than 20 years of experience researching infant development, feeding behaviors in high-risk infants, and infant temperament, Dr. Medoff-Cooper's current study aims to implement and test a comprehensive program to reduce the incidence of feeding disabilities in preterm infants through the first six months of life. "As nurses, we can get babies to eat," she says. "But knowing the developmental implications has long-term effects for the parents and their children."

Twenty-five percent of vulnerable babies will develop a feeding disability before six months, resulting in poor growth, delayed development, and an increased use of healthcare resources. Dr. Medoff-Cooper's pilot data, funded through the Percival Roberts Jr. Trust Fund, found that many nurses lack

sufficient knowledge of appropriate feeding-related strategies. Poor feeding can also signal a host of developmental issues requiring further inquiry, treatment, and study.

Her current one-year study will therefore train bedside nurses on reliable feeding interventions at neonatal units and follow 60 infants from CHOP, Pennsylvania Hospital, and the Hospital of the University of Pennsylvania. She hypothesizes that improved feeding of the high-risk newborn will decrease healthcare utilization through improved growth of the infant, improved respiratory health from better growth and pulmonary development, and improved parental confidence in their feeding ability.

Associate Professor of Nutrition Science – Clinician Educator Charlene Compher, PhD, RD, FADA, CNSD, also hopes to translate her research questions into solutions for her patients. A renowned practitioner of the complex science of parenteral (by vein) and enteral (by the intestinal tract) nutrition support, her current research interests involve investigating the specific effects of vitamin status on the formation of blood clots and the impact of nutritional and medical factors in enhancing the absorption of nutrients in patients with severe short bowel syndrome.

Through her clinician educator role at the Hospital of the University of Pennsylvania (HUP), Dr. Compher provides high-level care to patients who require prolonged parenteral feedings and manages research dietitians at both HUP and The Children’s Hospital of Philadelphia. “My goal is to conduct research that makes a difference in these people’s lives,” she says. “What matters to them is finding ways to reduce the amount of time

spent running IV infusions or better still, to get them off the intravenous feeding altogether.”

While parenteral nutrition is a revolutionary technique that keeps many patients alive, the problem with the feeding technique is the regimentation it requires. Problems that arise include bloodstream infections from catheter use, bone disease from lack of vitamin D absorption in the gastrointestinal tract (another research interest of Dr. Compher), and liver disease (existing in 15% of all patients).

To improve health outcomes and quality of life in patients with short bowel syndrome – patients who generally have less than two feet of small intestine to absorb nutrients that the normal body requires 10 feet to take in, Dr. Compher recently was the local principal investigator for an industry-sponsored, international, multi-centered trial. The one-year study tested Teduglutide (Gattex®, NPS Pharmaceuticals), a drug that acts like a hormone in the GI tract causing the small bowel to grow, and found a 30 percent reduction in the amount of intravenous feeding required in the first six months. Of the 71 patients studied, two were able to stop parenteral nutrition altogether. The final six months of the trial were completed earlier this year. “The health implications from this are huge,” she says. “In the past, there really hasn’t been anything to get these patients off parenteral nutrition besides just getting them to eat foods that stimulated the bowel. This study goes beyond what the bowel can do from diet alone.”

“I understand on such a deep level what it means to a patient to have this freedom from IV feeding,” Dr. Compher adds. “These people are very special. They’re survivors. They know that they almost died. They understand that if they didn’t have those infusions – or those medicines – that they would not be living, and for that, I feel a long-term relationship with them.”

Bringing a unique perspective to the science of nursing, Associate Professor of Pharmacology and Therapeutics – Clinician Educator Joseph Boullata, Pharm D, RPh, BCNSP, combines his pharmacy and nutrition science backgrounds to study what he refers to as “two main points of intersection”: nutrition support and drug-nutrient interactions. This takes the form of identifying practice-based questions and then either formulating evidence-based procedures or supporting research efforts to answer the questions from a scientific perspective.

As a pharmacy specialist with the Clinical Nutrition Support Services at the Hospital of the University of Pennsylvania (HUP), Dr. Boullata provides his expertise for patients who require specialized nutrition support in both the acute and primary care settings. He participates in developing and evaluating hospital-wide practice guidelines and serves on an American Society for Parenteral and Enteral Nutrition (ASPEN) taskforce, where he has helped develop national guidelines for the safe use of enteral nutrition. He has also written a section on adult nutrient requirements for the upcoming ASPEN guidelines for use of nutrition support.

The research projects Dr. Boullata has conducted at HUP have stemmed from issues and questions derived through patient care, with the goal of evaluating how prescribers combine nutrition regimens with medication and the subsequent effect on the pharmacy and nursing staff. For example, when nurses were having difficulty administering medications through enteral feeding tubes in patients who required enteral nutrition in those same tubes, Dr. Boullata taught and evaluated nursing staff on the correct feeding measures. From that hospital project, he identified research gaps in the science behind

**At right:
Drs. Charlene Compher and
Joseph Boullata are conducting
research that assesses
vitamin D in patients receiving
parenteral nutrition.**

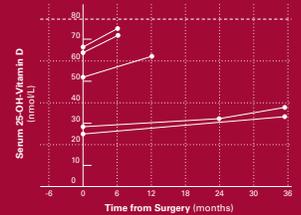


DR. CHARLENE COMPHER: "My goal is to conduct research that *MAKES A DIFFERENCE*

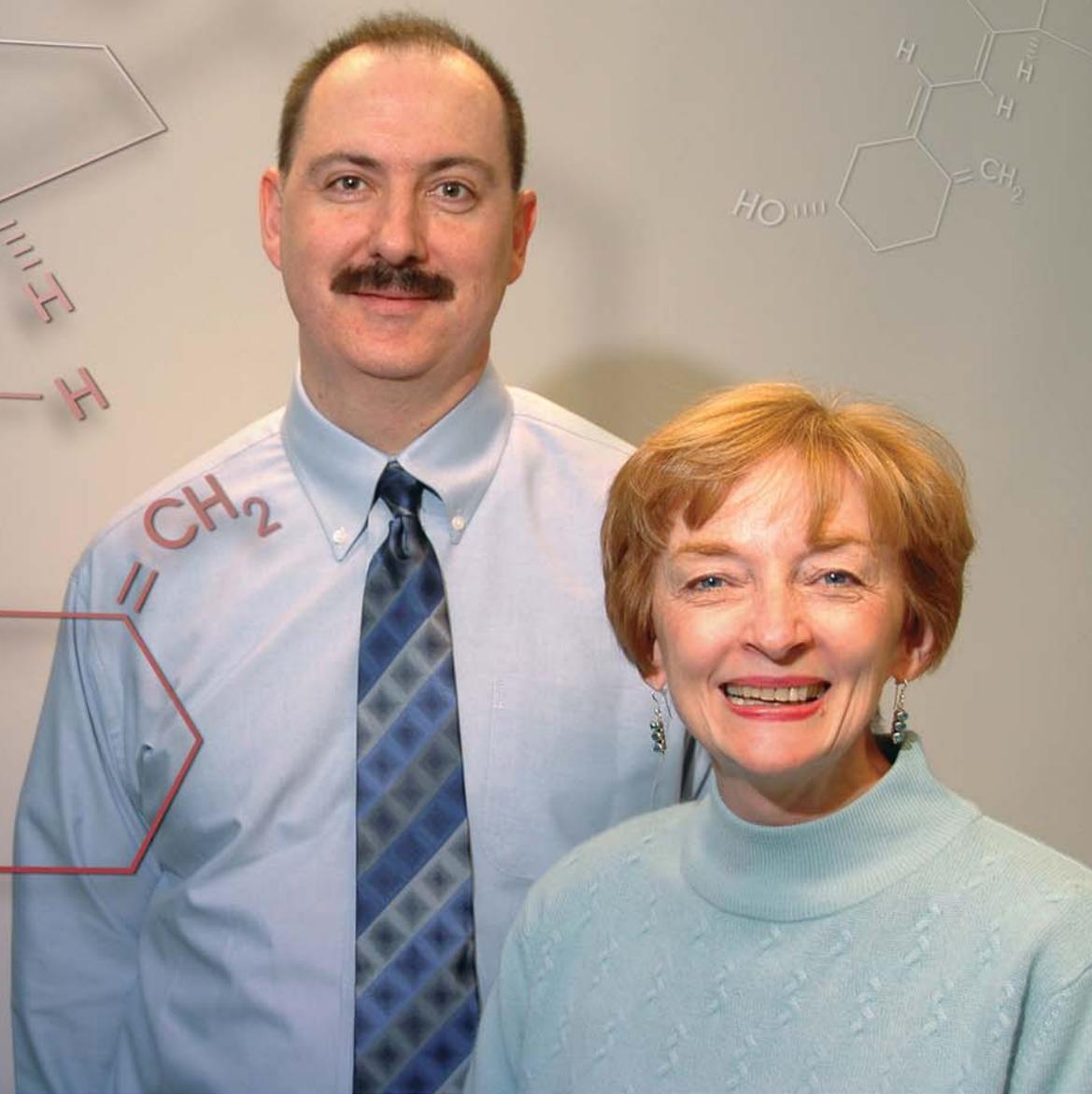
in these people's lives... What matters to them is finding ways to reduce the amount of time spent running

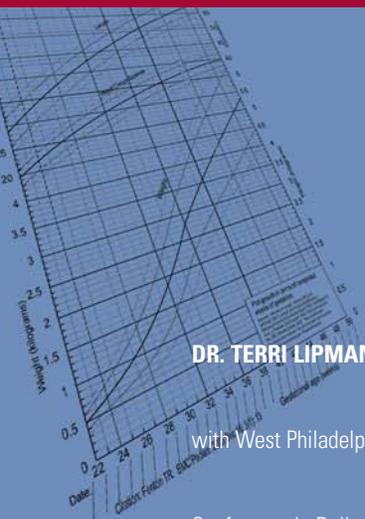
IV infusions or better still, to get them off the intravenous feeding altogether."

Serum vitamin D concentration relative to obesity gastric bypass surgery. Concentrations >80 nmol/l are considered optimal vitamin D status.¹



¹ Compber, C., Badellino & Boullata, J. (2008). Vitamin D and the bariatric surgical patient: A review. *Obesity Surgery*, 18(2), 220-224.





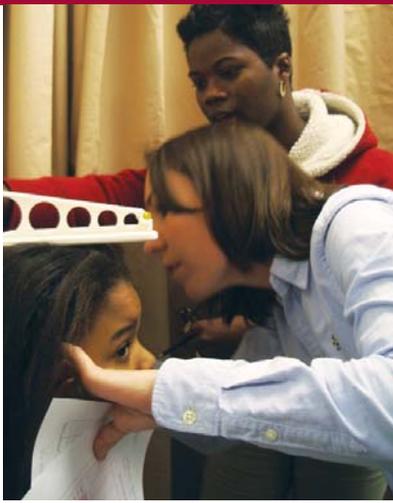
DR. TERRI LIPMAN: As a professor, Dr. Lipman engaged her nurse practitioner students in a partnership with West Philadelphia high school students... the project culminated at the national Pediatric Nursing



Conference in Dallas, Texas, where Penn Nursing students and their fellow high school researchers gave

AWARD-WINNING PRESENTATIONS of their findings on growth assessment.





Penn Nursing students partnered with high school students to measure elementary students in an after-school program led by Dr. Lipman.

feeding and drug stability, which will be addressed. Additionally, the need for assessing the influence of nutritional status on a drug's pharmacokinetics and pharmacodynamics is another area requiring further study. Of particular importance is the risk faced by patients with chronic disease who use multiple medications.

Recently, Dr. Boullata led a team of clinical nutrition support specialists that evaluated commonly-used predictive equations for accuracy in determining energy needs in hospitalized patients, including patients with obesity and critical illness. He found the Harris-Benedict equation, which uses the basal metabolic rate and then applies an activity factor to determine total daily energy expenditure, to be the most accurate measurement of resting energy expenditure in 62 percent of patients with obesity. In critically ill patients, however, he found the Harris-Benedict formula most accurate for 55 percent only when a factor of 1.1 was added to the equation. Still, he concludes, "even the most accurate equation (the Harris-Benedict 1.1) was inaccurate in 39 percent of patients. Without knowing which patient's REE is being accurately predicted, indirect calorimetry may still be necessary in difficult-to-manage hospitalized patients."

Dr. Boullata's current research includes: evaluating the effectiveness of antipsychotic medications in elderly adults to determine whether the benefits outweigh the side effects; analyzing data on insulin use in patients receiving enteral nutrition with the

Dr. Lipman (pictured at left) observes Gail Jackson measure one of her research participants at the Clinical and Translational Research Center at CHOP. Dr. Lipman's current study, which examines abdominal adiposity as a predictor of insulin resistance and cardiovascular disease in youth, was inspired by the work of Marie Savard, M.D.

goal of creating a new set of evidence-based guidelines; and working with Dr. Compher to assess vitamin D in patients receiving parenteral nutrition to determine best dosage levels.

"It is important that we study what actually, scientifically, happens when medicine and nutrition interact," Dr. Boullata explains. "How much vitamin D should be added to a patient requiring IV nutrition? What is the right dose of a drug in someone who is malnourished, and how does that change in someone who is obese? These are simple questions for which clinicians need answers to provide the right kind of care, and it is important that we use science to push nursing practice forward."

Chronicity of illness

Associate Professor of Nursing of Children – Clinician Educator Terri H. Lipman's two main areas of research – pediatric growth assessment and the epidemiology of diabetes in children – are guided and enhanced by her appointment as an advanced practice nurse in endocrinology at The Children's Hospital of Philadelphia (CHOP).

"Questions and issues from clinical practice form the basis for a program of research, and research, in turn, structures my practice and teaching," says Dr. Lipman, GNu'83, GRN'91, PhD, CRNP, FAAN. Specifically, her diabetes research stemmed from the questions posed by parents of children with diabetes about environmental risk factors for type 1 diabetes, which led her to create and maintain the sole registry of the disease in Philadelphia and only one of four such registries in the U.S. In addition to studying the epidemiology of diabetes, Dr. Lipman is also a member of a research team at CHOP investigating the characterization of type 1 and type 2 diabetes, disordered eating in diabetes, and thyroid disease in children with diabetes.

Dr. Lipman's other area of clinical scholarship grew from an often neglected area of pediatric

practice: the assessment of accurate growth monitoring. While the clinical implications of her research are clear – for example, the findings from her growth study were disseminated through a DVD and educational program used by 535 school nurses in 19 U.S. cities – Dr. Lipman's scholarship is also taught to the next generation of nurse practitioners. As a clinician, Dr. Lipman found that new graduate nurses were inadequately prepared to care for children with diabetes, so she revamped her endocrinology lectures to students to include greater emphasis on the acute and chronic management of pediatric diabetes. As a professor, she engaged her nurse practitioner students in a partnership with West Philadelphia high school students to assess growth of elementary school children in an after-school program. In September 2006, the project culminated at the national Pediatric Nursing Conference in Dallas, Texas, where Penn Nursing students and their fellow high school researchers gave award-winning presentations of their findings on growth assessment.

Recently, Dr. Lipman has been funded by an NINR pilot grant under Penn's Center for Nursing Outcomes Research to study waist circumference and abdominal height as a predictor of insulin resistance and cardiovascular disease in youth, an investigation that merges her two research foci.

To enhance quality of life for elderly women, Assistant Professor of Gerontological Nursing – Clinician Educator Christine Bradway, GNu'84, GR'04, PhD, CRNP, RN, has spent most of her career studying urinary incontinence in older women, with a strong focus on the developmental risks for incontinence. As a clinician educator, she maintains a clinical appointment as a nurse practitioner with Urology Health Specialists, an outpatient urology practice in suburban Philadelphia, where she uses the questions she hears from patients to form the basis of her research.

“Two observations that female patients often inquire about include whether a hereditary predisposition for urinary incontinence exists – for example, ‘My mother, grandmother and sister have UI. Is that why I am now incontinent?’ – and what effect monthly hormonal fluctuations, especially in the perimenopausal period, have on UI,” Dr. Bradway explains. “These questions,” she adds, “have not been adequately researched.”

While her research aims to provide the basis for change in the way providers and insurers see UI, her scholarship also influences education. As director of the Gerontology Nurse Practitioner Program, “the things I learn from research and practice come directly to my students,” she says. But more than that, as a clinician educator, “my students see me as a member of the standing faculty engaged in ongoing clinical practice. I do what they do.”

Cancer support

A disease that comes in many forms, some of which have no known causes and others that have no known cures, cancer remains a disease that profoundly affects the lives of millions of Americans. As scholars, practitioners and leaders in nursing science, the Penn Nursing faculty engaged in cancer care and research shine in their mission to care to change the world.

Professor of Gerontological Nursing – Clinician Educator Sarah Kagan, PhD, RN, FAAN, has centered her clinical scholarship on symptom management and the experience of older adults with cancer. She employs qualitative methods to inquire into how older adults experience their lives with various cancers, particularly those with head and neck malignancies.

In 2003, Dr. Kagan became the second of only two nurses to ever be named a prestigious MacArthur Fellow. Of the fellowship, *The Philadelphia Inquirer's* editorial board wrote, “Hooray, then, for Sarah Kagan. Not only because she is a super nurse, but also because her dedication and commitment have earned her an award that brings glory to her entire profession.” The day after Dr. Kagan learned about the award, however, she arrived at work at 6:45 a.m. to go on rounds with the head and neck surgery team and provide consultation for a patient whose symptoms including pain and a non-healing wound required Dr. Kagan’s expertise. It was, despite grand news of the MacArthur Fellowship, a typical day translating evidence and individualizing care.

“Advancing age is the single greatest risk factor for cancer. The older you are the more likely you are to be diagnosed with cancer. It is a simple enough equation that renders incredibly intricate, nuanced consequences,” she writes in the introduction to her newest book, *Blessings and battles: cancer in the context of lives mostly lived*, which, in part, tells the story of Mrs. Eck. Diagnosed with pancreatic cancer, Mrs. Eck has a “very American story of being old and having cancer.”

“As our society ages, more and more families share the journey in which the Ecks find themselves immersed,” Dr. Kagan continues. “But unlike the abstracted notion of what it must be to be old and have cancer, each of these families – like the Eck family – understands this experience as highly personal and indelibly particular. They are families with generations of history, individual identities, shared understandings, interactions both comforting and provocative, and knowledge of each other that is irreplaceable.”

Caring for people with a cancer diagnosis requires science that reflects people’s diversity. Historically, much of cancer research has disproportionately focused on middle-aged, Caucasian males, thereby painting an incomplete picture of the diseases and treatment outcomes. Independence Professor in Nursing Education Deborah Watkins Bruner, GR’99, PhD, RN, FAAN, however, has spent a career working to change that.

Her research has focused on quality of life, patient reported outcomes and symptom management across cancer sites with a focus on pelvic tumors, as well as decision-making, preferences, and utilities for cancer therapies. As director of the Recruitment, Retention and Outreach Core at the Abramson Cancer Center of the University of Pennsylvania, Dr. Bruner has assisted funded investigators in improving recruitment for clinical trials. Though not a clinician educator herself, her dual appointment in the school and cancer center help in melting together research and practice.

“Clinical trials are the best method to improve evidence-based practices,” she says. “To conduct a good clinical trial, we need representative and diverse patient populations to participate.”

Research indicates only five to 10 percent of all cancer patients go on a trial, with minorities, women and elderly patients grossly underrepresented. This finding has inspired Dr. Bruner to investigate the behavioral science behind clinical trials, to learn “the who, why, and what that motivates someone to participate.”

For truly significant improvement in minority recruitment to clinical and cancer control trials, her research has found the most important and viable solution is in creating an institutional



DR. SARAH KAGAN: “Advancing age is the single *GREATEST RISK FACTOR* for cancer. The older you are the more likely you are to be diagnosed with cancer. It is a simple enough equation that renders incredibly intricate, nuanced consequences.”



environment that is attractive to minorities. This includes, among other things, establishing an infrastructure that supports minority access to healthcare and provides a minority-welcoming atmosphere with staff diversity, signage in appropriate languages, and readily accessible medical translators. To improve diversity, assistance with transportation, paperwork, and navigating the logistic of the healthcare system, in general, and the clinical trial, in particular, is required. Further, regular physician and investigator education and training in patient communication and informed consent with attention to audience-specific ethnic/cultural/literacy and language issues should be mandatory. Patient advocate and target community input into clinical trial design and feasibility has the potential to improve participation.

“Diversity in recruitment is a vital prerequisite to eliminating health disparities in cancer treatment, control and prevention programs,” she says. “Even the most innovative, well designed research is stymied by the lack of representative samples that the research is designed to serve.”

The role of counseling for cancer patients and their families is of critical importance to Associate Professor of Psychosocial Nursing – Clinician Educator Arlene Houldin, Nu’72, GNu’76, PhD, APRN, BC, who, as a former psycho-oncology consultant at the University’s Abramson Cancer Center initiated a formal psychosocial oncology counseling program in hematology oncology there in 1990. Because the unique needs of patients and families varied, such individualized counseling helped patients cope with their illness; find individual support resources; talk about their illness to spouses, children, their own elderly parents, employers and friends; and navigate the healthcare system, from understanding the language of the oncologist to asking the appropriate medical questions.

Now at the Philadelphia Department of Veterans Affairs Medical Center (PVAMC), where Dr. Houldin has worked as Nursing Director of Palliative Care Services for the past five years, she continues to offer counseling to patients who suffer from a host of critical illnesses that range from advanced heart disease to HIV/AIDS. The biggest bulk of

patients referred to palliative services, however, are patients with cancer, and this has directly translated into her current research focus examining predictors of distress and treatment adherence in military veterans with colorectal cancer.

Veterans in the VA Healthcare System are among the most vulnerable of populations. They generally have limited financial and social resources, and, as Dr. Houldin explains, there is virtually no literature describing military veterans’ cancer experiences.

As principal investigator, Dr. Houldin and her team have submitted a research proposal to Health Services Research and Development, which is currently under review to examine this important and understudied area. If funded, Dr. Houldin’s longitudinal study will sample newly diagnosed veterans with colorectal cancer and follow them for 12 months to answer research questions both qualitatively (What is it like to manage this cancer? How are you coping? Do you have any trouble taking prescribed medication? What are the challenges and barriers?) and quantitatively (through measures of distress and treatment adherence). Evidence shows that patients diagnosed with cancer may develop Post Traumatic Stress Symptoms (PTSS) and/or Post Traumatic Stress Disorder (PTSD), and might also experience an exacerbation of pre-existing PTSD. Dr. Houldin’s preliminary data from PVAMC shows that more than 45 percent of patients diagnosed with colorectal cancer and receiving chemotherapy treatment had a pre-morbid, or preexisting, condition of either PTSD or depression.





Photos courtesy of www.medicine-in-motion.com

Pain management

In postoperative patients, cancer patients, and injured soldiers, pain management plays a critical role in advancing care. Associate Professor of Pain Management – Clinician Educator Rosemary Polomano, HUP'74, Nu'76, GNu'79, PhD, RN, FAAN, has been involved in many initiatives to improve pain management, with a strong body of research on chemotherapy-induced pain and neuropathy, a current study examining pain in

soldiers wounded in the Iraq and Afghanistan wars, and a presence on national guidelines panels and advisory boards.

With medical advances accounting for a 90 percent survival rate in the more than 18,000 wounded soldiers deployed in Operation Iraqi Freedom and Operation Enduring Freedom, the new challenge in military healthcare is dealing with the pain of injuries to extremities that military armor cannot protect.

Dr. Polomano's current, three-year, multi-site, \$750,000 grant with principal investigator Rollin M. Gallagher from the Philadelphia Veterans Medical Center, will examine the short- and long-term benefits of implementing early advanced regional anesthesia techniques for pain control following major traumatic injuries to extremities encountered during combat in the Iraq/Afghanistan wars. While there have been many studies to look at pain, this is the first of such magnitude to examine pain management strategies on the battlefield and outcomes of chronic pain and behavioral health. An extensive collaboration between Penn investigators and leading researchers and clinicians at military hospitals will answer important questions about the effectiveness of early, aggressive interventions for pain. "Our work is of critical importance for determining the type of emergent care for pain needed to prevent subsequent long-term problems in this population," says Dr. Polomano, a guest editor and author for upcoming issues in the *Journal of Perianesthesia Nursing and Pain Management Nursing*.

Alumni improve quality of life in patients with cancer diagnoses

As a master's student at Penn Nursing, Carrie Stricker, GNu'98, GRN'07, PhD, RN, worked with standing faculty to address the benefits of exercise in breast cancer survivors and found it decreased fatigue, increased quality of life and increased function. Now, nearly 10 years later, this work continues to form a basis for both her scholarship and practice. An oncology nurse practitioner at the Abramson Cancer Center (ACC) of the University of Pennsylvania, she provides symptom management for breast cancer and lymphoma survivors and is planning postdoctoral research aimed at

improving activity and functional status in such patients. "I draw on my clinical experiences to identify issues that remain unaddressed or under-addressed," she says, "and I use my PhD background to conduct the research that will help solve clinical problems." Dr. Stricker is also the project manager for the LIVESTRONG™ Survivorship Center of Excellence Program grant at the ACC.

Linda Jacobs, GNu'75, GNC'95, GRN'99, PhD, RN, echoes this sentiment. As Director of the Living Well After Cancer Program, a member of the LIVESTRONG™ Survivorship Center of Excellence

Network funded in part by the Lance Armstrong Foundation at the ACC, her role is to intertwine clinical practice, research and education in the Program. "Our goal is to advance the science, and it can only be done through clinical research," she says.

In an age of improved treatments, increased survivorship rates, and an increasingly complicated healthcare system, Dr. Jacobs adds, "it is imperative that doctoral-prepared nurses are intimately involved with patient care, program planning, and educating providers in a clinical setting."

Changing hospital systems and influencing policy

Revolutionizing healthcare stems from evaluating existing practices and developing the nursing science that ultimately guides nurses to “best practices.” To effectively translate research to the bedside, scholars must ask clinical questions, build the science to answer them, and intimately work within the healthcare system to elicit such a transformation, from educating bedside nurses to developing the evidence that will guide future nurse practitioners.

Building the science

Associate Professor Martha Curley, PhD, RN, FAAN, is working to advance nursing science in critically-ill infants and children who are supported on mechanical ventilation and for whom sedation is integral to their care. But while the benefits to patient safety and pain management are apparent, the dangers of administering more than needed could hinder recovery, enable drug tolerance, and ultimately aggravate the personal and financial burden of intensive care.



In an effort to remove patients from mechanical ventilation earlier and thereby reduce complications that arise from such an invasive procedure, Dr. Curley has developed a protocol that requires daily communication and collaboration between physicians and nurses concerning patients’ needs. In essence, it is one in which nurses can use their clinical judgment within a framework set by the physician to tightly control delivery of medication, making moment-to-moment decisions. Although not a clinician educator,

Dr. Curley’s goal is to bridge evidence-based research with clinical applications.

Her current \$10 million, five-year, NIH-funded study¹ will examine 2,750 critically-ill infants and children supported on mechanical ventilation in 18 international sites to assess the effectiveness of implementing a procedure for sedation management. Half the sites will receive protocol intervention, and Dr. Curley’s team predicts that pediatric patients managed per sedation protocol will experience fewer days of mechanical ventilation than patients receiving usual care. Further, these patients will likely experience less sedative exposure, fewer iatrogenic withdrawal symptoms, a shorter intensive care length of stay, fewer costs, and experience a better post-discharge quality of life and emotional health.

Drawing from her experiences as an ICU trauma nurse specialist and her interest in injury, Marilyn Sommers’ scholarship centers on the need to develop interventions that prevent, control and manage injury. The Lillian S. Brunner Professor of Medical-Surgical Nursing, Dr. Sommers, Nu’72, PhD, RN, FAAN, studies injury related to sexual assault and risk-taking behaviors in vulnerable populations. While she is not a clinician educator, her scholarship is designed to revolutionize both practice and systems.

In the groundbreaking first phase of her team’s research, funded by the National Institute of Nursing Research, she found that females with dark skin may be at a disadvantage at multiple points in both the healthcare and the criminal justice systems because current forensic techniques may not be inclusive of all women. For instance, toluidine blue, the most commonly used contrast applied to wounds to highlight open areas following a rape, is a dark blue dye that can easily blend into dark skin, creating a discernible gap in care because “it doesn’t highlight injury adequately in women with dark skin,” she says.

Dr. Sommers’ current research further examines the issue of health disparities by

testing novel ways to identify injury through digital image analysis and innovative strategies to measure injury across the continuum of skin color. The four-year, \$2.5 million, NIH-funded study will examine baseline injuries after consensual sex in 400 women and compare the injuries, both in number and severity, to 400 rape victims matched by race/ethnicity and age. As she explains, “Until we understand the science behind the injury and the role of skin color, we will not have an equitable exam for everyone.”

Changing hospital systems

Professor of Health Care of Women and Childbearing Nursing – Clinician Educator Diane L. Spatz, Nu’86, GNU’89, GR’95, PhD, RNC, FAAN, has been hailed by many as having single-handedly given every baby at The Children’s Hospital of Philadelphia (CHOP) access to human milk through changing hospital practices.

In 2001, when Dr. Spatz, the Helen M. Shearer Term Associate Professor of Nutrition, began her appointment as a clinical nurse specialist for lactation at CHOP, she witnessed too few mothers providing human milk for their critically ill babies. But more than that, she saw too few bedside nurses actually give support to mothers to successfully provide human milk for their infants because “few nurses in the U.S. receive adequate research-based education regarding human milk,” she says. “In order to shift practice paradigms related to human milk and breastfeeding, a science-based approach is essential.”

Dr. Curley (at left with patient, mother, and nurse) is currently studying the effectiveness of sedation management in critically-ill infants.



¹ Grant referenced: National Heart, Lung, and Blood Institute and National Institute of Nursing Research (1 R01 HL086622-01A1)

DR. VICTORIA L. RICH: "Earning *MAGNET STATUS* has been a terrific honor and acknowledges the commitment we all share to live up to the very highest standards of nursing excellence... which include a collaborative professional environment, strong executive support, and perhaps most important of all, superb *PATIENT-CENTERED CARE.*"

In many ways, magnet designation had its origins at Penn Nursing.
L to R: Drs. Aiken, Barnsteiner and Rich





Dr. Spatz helps a mother nurse her son during their visit to a pediatric clinic at CHOP, where she works as a clinical nurse specialist for lactation.

This is what we know about the science of human milk: it reduces the risk of necrotizing enterocolitis, reduces the risk of infection, creates greater enteral feed tolerance and more rapid weaning from intravenous nutrition, leads to improved retinal function and neurocognitive development – and in critically ill children, like the ones treated at CHOP, it offers the greatest benefits.

Dr. Spatz developed a multifaceted approach to a comprehensive, hospital-wide system that supported and promoted the use of human milk and breastfeeding. She created a hospital-wide survey of nurses' knowledge regarding breast milk management, which led to the creation of a Web-based competency presentation that all nurses completed. She established a hospital-wide breastfeeding committee and developed breastfeeding educational programs for staff nurses and residents, such as the two-day, 16-hour breastfeeding resource course, which has been completed by more than 400 nurses in the hospital system and by 65 percent of all nurses in the neonatal intensive care unit. And she established a clinical consensus program, giving lactation specialists, nurses, dietitians and physicians the ability to collectively assess where they were and where they needed to be in providing evidence-based care surrounding the use of human milk and breastfeeding in the hospital's neonatal intensive care unit.

It is the hands-on work Dr. Spatz does at CHOP that makes her so passionate about the importance of human milk in critically ill infants. "I am working with nurses who are helping babies live or watching babies die,"

she says. "It forces you to think differently, respond differently, and ask different research questions."

And it is in this mix of research questions and nursing application that change is born.

As Director of Nursing Translational Research at the Hospital of the University of Pennsylvania (HUP), Jane Barnsteiner, Nu'70, GNu'73, PhD, FAAN, Professor of Pediatric Nursing – Clinician Educator, develops and implements systems and structures that provide nurses access to evidence-based practices.

From creating and maintaining a very elaborate web system that provides bedside nurses with one-click access to evidence-based literature to mentoring nurses on how to synthesize research and develop best-practice policies, Dr. Barnsteiner works to bridge the gap between research and practice. For example, when staff nurses identified that some patients undergoing complicated thoracic surgeries experienced post-operative swelling that could result in paralysis, they also found a dearth in the literature to describe how comprehensive nursing care in such patients should look. "Do you need neuro checks every half hour? Every hour? How frequent is enough," asks Dr. Barnsteiner of the research questions the nurses hope to address. "From their experiences caring for patients, they will develop and test a protocol and then measure its effectiveness in these patients," she explains.

In another instance, Dr. Barnsteiner was examining data on patient falls in late 2005 when she thought, "We ought to be able to lower this." And indeed her staff has. By creating an "evidence-based champion group" of nearly 20 clinical staff nurses, examining research on falls, revising hospital policies, purchasing new equipment, and putting new evidence-based falls protocols into place (such as low beds, signs on hospital room doors, special slippers, and every-hour rounds for

patients determined "at risk" for falls), the hospital has significantly decreased its falls incidence and is now below the national average in patient injuries related to falls.

Evidence-based practices like this have helped HUP earn magnet status – awarded by the American Nurses' Credentialing Center to hospitals that satisfy a rigorous set of criteria designed to measure the strength and quality of their nursing – in the summer of 2007.

"Earning magnet status has been a terrific honor and acknowledges the commitment we all share to live up to the very highest standards of nursing excellence," says HUP Chief Nursing Officer and Assistant Dean for Clinical Practice Victoria L. Rich, PhD, RN, FAAN. "We are proud to be recognized for adhering to the fundamentals of nursing excellence, which include a collaborative professional environment, strong executive support, and perhaps most important of all, superb patient-centered care."

With less than five percent of the 5,756 hospitals in the nation receiving magnet designation, this status is one of the highest achievements a hospital can achieve in the world of professional nursing, and it is a form of hospital endorsement that, in many ways, had its origins at the School of Nursing.

Margaret Sovie, GNu'95, PhD, RN, FAAN, the Jane Delano Professor of Nursing Administration, began her career at the School of Nursing in 1988, serving as both associate dean of nursing practice at the School and chief nursing officer at HUP, and is perhaps most remembered for her leading role in the early research into what later became magnet criteria. Linda Aiken, HOM'88, PhD, FAAN, FRCN, RN, the Claire M. Fagin Leadership Professor of Nursing, a Professor of Sociology, and director of the Center for Health Outcomes and Policy Research at the University of

DR. KATHLEEN McCAULEY: “This model of *TRANSITIONAL CARE* is so important

because it is really doing the ‘change the world’ piece by changing the way healthcare is delivered.”

Pennsylvania, is widely regarded as having established that magnet hospitals are not only attractive to nurses but achieve better outcomes for patients. Dr. Aiken’s research helped propel the Magnet Recognition Program of the American Nurses Credentialing Center to national and international prominence.

In the early 1980s, during the height of the nursing shortage and under the leadership of then-president Dr. Aiken, the American Academy of Nursing commissioned four fellows of the AAN, including the late Dr. Sovie, to conduct research. Their goal was to determine why some hospitals were successful retaining nurses while others in the same labor market experienced acute shortages. The study found that nurse retention was associated with better nurse work environments, and their work led to the development of magnet designation for hospitals that can demonstrate a high standard of professional nursing practice and excellent nurse work environments.

“As someone who has researched magnet hospitals for more than 15 years, it is great to see work that had its genesis at Penn Nursing now codified at HUP,” says Dr. Aiken.

Through magnet distinction, hospitals such as HUP are recognized for providing not only nursing excellence, but a vehicle for disseminating successful nursing practices and strategies. Clinical scholarship that is translated into evidence-based practice is therefore at the core of advancing care in hospital systems.

Revolutionizing national systems

In some ways, the same philosophy of translational research applied for magnet hospitals holds true at the national level, where large-scale research models of care must demonstrate evidence-based solutions to patient care problems, while simultaneously proving to be cost-effective methods of both treatment and prevention.

Nationally and internationally recognized for her work in transitioning elderly patients from hospital to home, Mary Naylor, GNu’73, GR’82, HOM’91, PhD, FAAN, RN, has worked with a multidisciplinary team to develop a model of care that provides comprehensive in-hospital planning and home follow-up of chronically ill, high-risk, older adults hospitalized for common medical or surgical conditions. Emphasis is placed on coordination and continuity of care, prevention and avoidance of complications, close clinical treatment and management, and ongoing communication, education, and support.

At the heart of this model is the Transitional Care Nurse, an advanced practice nurse who has a master’s degree in nursing, with advanced knowledge and skills in the care of older adults. The Transitional Care Nurse follows patients from hospitals into their homes, collaborates with their physicians to implement tested protocols that focus on increasing patients’ and caregivers’ ability to manage care, uses an evidence-based care coordination approach, and provides services designed to streamline plans of care and interrupt patterns of frequent acute hospital or emergency department use and health status decline.

While findings from rigorous studies have consistently demonstrated the ability of this model to improve patient outcomes and decrease healthcare costs, there is overwhelming evidence that this research-based “best practice” has not been integrated into clinical practice. Until now.

The Medicare Payment Advisory Commission estimates nearly 18 percent of Medicare patients are readmitted to a hospital within 30 days of discharge, accounting for \$15 billion in federal spending. And for two of the largest managed-care groups and insurers in the country, the solution to this growing problem

might well lie in Dr. Naylor’s model. With the support of multiple foundations, both Aetna Corporation and Kaiser Permanente Health Plan are currently working on pilot programs based on her model.

“The goal of our projects is not one more test of the Transitional Care Model,” says Dr. Naylor, the Marian S. Ware Professor in Gerontology and director of the NewCourtland Center for Transitions and Health. “These projects are designed to promote widespread adoption and diffusion of this model by health systems and purchasers and to inform changes in health care policy related to reimbursement of this model of care.”

A member of Dr. Naylor’s research team, Kathleen McCauley, Nu’74, GNu’77, GRN’90, PhD, RN, BC, FAAN, FAHA, Associate Professor of Cardiovascular Nursing – Clinician Educator, Class of 1942 Term Associate Professor of Nursing, and Associate Dean for Academic Programs, blends her knowledge of clinical practice and research by leading case conferences with advanced practice nurses who serve as intervention nurses in the pilot programs. Her years of practice experience and ongoing clinician educator role enable her to understand the interface between clinical practice and research. For instance, Dr. McCauley helps APNs identify strategies to improve outcomes in patients who are reluctant to adopt healthier lifestyle behaviors or who have ongoing symptoms despite current medical management.

“Given that insurance companies might potentially adopt this highly effective model, it is important to gather the data that can help the advanced practice nurses provide excellence in care,” she says. “This model of transitional care is so important because it is really doing the ‘change the world’ piece by changing the way healthcare is delivered.”



Living your contribution

“To those whom much has been given, much is expected.” This phrase aptly describes our extremely talented students and graduates who deliver on all of our expectations through their commitment to the most vulnerable citizens of our country and the world. As you will read, our students are living their contribution in truly spectacular ways. I use the term “living one’s contribution” purposefully. To me, living your contribution means embracing your potential and making a conscious effort to find ways to make a difference. Our stellar students and alumni are translating their knowledge from humanities, clinical and research courses to form practical solutions to staggering health problems. The reach of our students and alumni extends from public health and primary care interventions for residents of Katrina-ravaged Mississippi to a country-wide effort to combat HIV/AIDS in rural Rwanda.

How did our students and graduates become so committed to solving these most difficult problems? I suspect it has a lot to do with their character and compassion, coupled with a world class education and awareness that their talents cannot be wasted. The opportunity to work with these outstanding young men and women gives me and the faculty who stimulate their learning much joy. We at Penn Nursing Science are eager to share that joy with you. Enjoy and be inspired!

**KATHLEEN MCCAULEY, Nu’74, GNu’77, GRN’90, PhD, RN, BC, FAAN, FAHA,
Associate Professor of Cardiovascular Nursing – Clinician Educator,
Class of 1942 Term Associate Professor of Nursing, and
Associate Dean for Academic Programs**

All photos on page 21-23 are by John Fitzhugh for Mississippi's *SunHerald*

From the classroom to the Katrina-ravaged Gulf

Through the *Feldman Initiative: Hancock County*, seven Penn Nursing students joined colleagues from the schools of Social Policy and Practice (SP2), Engineering, and Dental Medicine to participate in a series of projects aimed at post-Katrina health and environmental recovery efforts. From January 3rd to 13th, nursing seniors Pheobe Askie, Anne-Marie Beitler, Alexis Kalman, Danielle Klosiewicz, Gina McShea, Stephanie Ng, and Sofia Wronski went to Pearllington, Miss., a city where families still live in FEMA trailers and the mental and physical health needs of the community seem endless. There, they traveled door-to-door to interview residents, and concluded their visit with a free health fair to help address the myriad health issues Pearllington and other county residents continue to face. Currently, nursing faculty are working to incorporate their experiences in Pearllington into the nursing curriculum, from establishing courses on disaster planning and aftermath to fundraising efforts for future student travels.

"This was a traumatic event, a disaster that people are still living through," says Associate Professor Julie Sochalski, HOM'02, PhD, RN, FAAN, and a community health nurse who,



along with Assistant Professor and Mississippi native Norma Cuellar, DSN, RN, led the nursing students to Pearllington. "When you lose your entire community, how do you help people recover and have lives again? Penn's Feldman Initiative offered us a unique opportunity – a great, challenging opportunity – to do just that."

"In a way, this was community service," adds Dr. Cuellar. "But really, we think of it as clinical scholarship. Going into another environment and assessing and analyzing the community needs gave us an alternate way of generating knowledge about practice."

The nursing seniors, who partnered with SP2 students to interview residents about their health concerns, would certainly agree. They detailed their experience through a blog at: <http://pennnursinginpearlington.blogspot.com/>.

More pictures and their stories are on pages 22-23.

"This was a traumatic event, a disaster that people are still living through. When you

lose your entire community, how do you

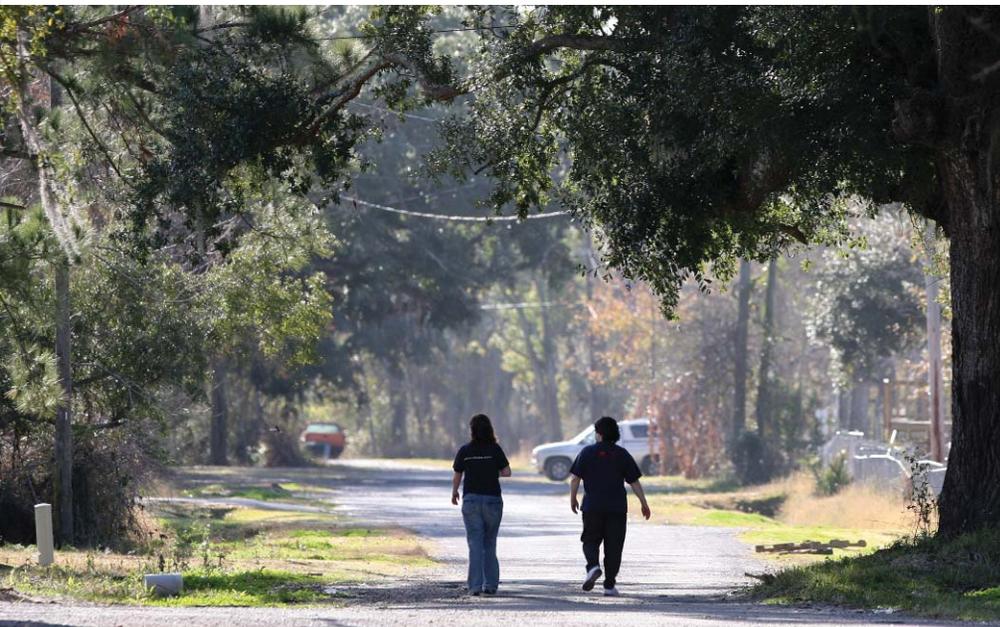
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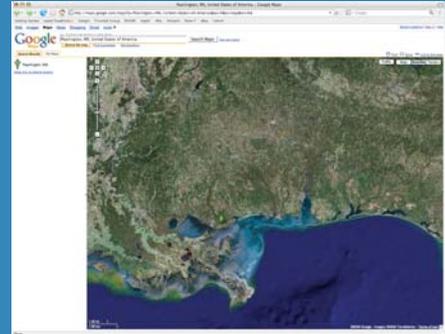
Associate Professor Julie Sochalski, HOM'02, PhD, RN, FAAN



DANIELLE KLOSIEWICZ, NU'08: "You just have to sit with these people and let the emotions flow... The tendency in

nursing is to find a problem and 'fix' it. We plan an *INTERVENTION* and implement it. However, here the

solution is more long term. It is a process which is very new and difficult for us as nursing students to face."



<http://pennnursinginpearlington.blogspot.com>



"It is such a rewarding feeling to be down here and helping such an under-served population. Although health disparities and culturally competent care are constantly reinforced in our Penn Nursing curriculum, it is wonderful to be able to incorporate all of this knowledge into clinical practice! ...[For the health fair], all of the nursing students worked on research and education materials to provide information to the participants of the health fair... The nursing school plans to set up a health screening booth and screen for hypertension, diabetes and cholesterol. We also have ready information about healthy diets, diabetes and blood sugar management, stress relief, sleep, smoking cessation and much more!"

Gina McShea, Nu'08



"[This experience] has been eye-opening, humbling and very interesting. It seems that even the best off here have everyday challenges in such basic needs... Many residents have been very open with their stories and current situations and I am excited to develop the information we have found to start making impacting interventions for the community's health."

Anne-Marie Beitler, Nu'08



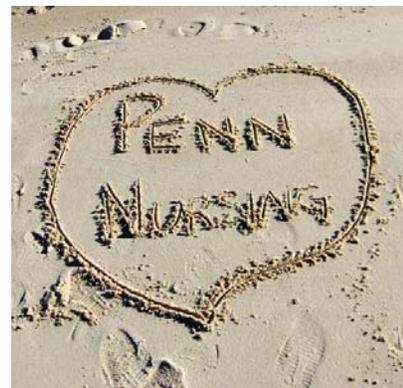
"Some days are definitely harder than others. For example, today we visited an elderly woman who is dealing with her disabled husband, the death of a family member, and the stress of the hurricane aftermath. You just have to sit with these people and let the emotions flow... The tendency in nursing is to find a problem and 'fix' it. We plan an intervention and implement it. However, here the solution is more long term. It is a process which is very new and difficult for us as nursing students to face."

Danielle Klosiewicz, Nu'08



"This past week has been full of excitement, frustration, challenges, moving stories and breakthroughs... The health fair was a major success. We had over 100 families register for the fair and a steady stream of residents came through during the entire four hours... I'm excited to return to Penn and continue our work there in bringing attention to the needs of Pearlington and the work that still remains. If nothing else, I hope that what we've accomplished here will bring resources into the community and make it known that there is great need here."

Stephanie Ng, Nu'08



President Clinton greets Mr. Kisimbi at a reception during the President's annual tour of country programs in Africa in 2006.



<http://www.clintonfoundation.org/cf-pgm-hs-ai-home.htm>

Photo by Rajih Alswang/Clinton Foundation



Changing the world using The Rwanda Rural Health Care Model

The first time Thomas Kisimbi, Nu'02, W'02, witnessed disparities in care was while volunteering at a health clinic in his native Kenya. The patient was a middle-aged man whose battle with bone cancer had left his face worn and his body emaciated. He lived without morphine, without access to pain management, and in less than one week, he died.

"The system let him down because he was not rich enough to afford a private clinic," Mr. Kisimbi remembers. "And it forced me to ask myself, 'What is broken in the system that results in patients who truly require intensive care not receiving the medication they desperately need?'"

It was a question that spoke to management and healthcare, economics and infrastructure, politics and providers, and the search for an answer led Mr. Kisimbi to Penn, where he earned dual undergraduate degrees from Nursing and Wharton.

Now, working for the Clinton Foundation HIV/AIDS Initiative as Program Manager for Rural Health in Rwanda, he has partnered with the Government of Rwanda and Partners in Health to establish a rural healthcare model rooted in the premise that it is possible to provide high quality healthcare even in the most deprived and resource-poor settings. Based on a philosophy of comprehensive and universal access to healthcare, a relentless focus on the patient, holistic care for the community, and a broad distribution of economic resources, the goal of The Rwanda Rural Health Care Model is to be scaled-up nationally in order to provide comprehensive quality healthcare services in other resource-challenged rural environments.

"The model is driven by outcomes – both improvements in health indicators and the coverage and effectiveness of interventions – not by the constraints of government health spending," Mr. Kisimbi explains. "It is a plan that addresses the healthcare needs of the population it serves."

While his imminent goal is to expand the rural health model to other regions and sub-Saharan countries, Mr. Kisimbi's long-term goal, and in many ways, his reason for coming to Penn, is to return to Kenya and transfer the education and experience he has acquired to the people of his homeland. And his ultimate aspiration might not come as much of a surprise to his classmates.

"When I first came to the School of Nursing, I told everyone, 'I want to be President of Kenya,'" he says in a voice as undoubtedly determined as it must have sounded when he spoke those words 10 years ago. "Rwanda and Kenya are countries that are more similar than they are different, and it really boils down to a politically broken system," he adds. "I want to change it."

"The model is driven by outcomes – both improvements in health indicators and the coverage and effectiveness of interventions – not by the constraints of government health spending. It is a plan that addresses the healthcare needs of the population it serves."

Thomas Kisimbi, Nu'02, W'02



Claire M. Fagin Hall
School of Nursing
418 Curie Boulevard



L to R: Colin Plover, Ranjani Venkataramanan, Sage MacLeod, and Allison Ramsey-Lefevre visit the office of Chief Seboka, a local village chief in Botswana.



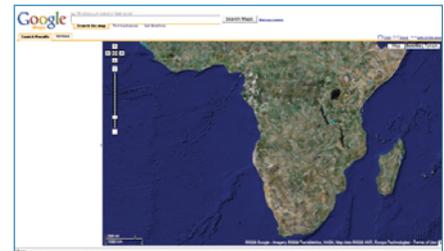
<http://www.uphs.upenn.edu/idd/bots.html>

Penn in Botswana

With nearly 34 percent of adults in Botswana between the ages of 15 and 49 infected with the HIV/AIDS virus, the Penn in Botswana program combines students and faculty from Penn's Medical, Nursing, Wharton and Annenberg schools to help develop and implement the Botswana national HIV treatment and prevention programs.

For three years now, Penn Nursing students have embarked on a cultural emergent summer program there, earning college credit through observing clinical settings and developing independent studies that ranged from the epidemiology of HIV/AIDS in women to the cultural barriers in treatment.

Currently, the Global Health Affairs Office is awaiting approval to teach a required clinical course in community health in Botswana this summer. "Health is a global problem, and it is important that our students are engaged with the world," says Assistant Professor Christopher Coleman, PhD, MS, MPH, APRN-BC, FAAN, and a faculty advisor to students in an independent study course taught there last summer. "Through this immersion, they will be better armed with the broader perspective needed to understand the global complexities of culture, gender, and sheer resources."



"Health is a global problem, and it is important that our students are engaged with the world. Through this immersion, they will be better armed with the broader perspective needed to understand the global complexities of culture, gender, and sheer resources."

Christopher Coleman, PhD, MS, MPH, APRN-BC, FAAN

Nursing student Colin Plover demonstrates an ear exam at a local clinic that solely treats ear infections.



Message from the Penn Nursing Alumni President

Dear Penn Nursing Alumni,

This spring, my term as the Penn Nursing Alumni president comes to an end, and I would like to welcome President-Elect, Jonathan Gilbride, Nu'98, GNu'00, who, as a Penn Nursing BSN, MSN and future PhD graduate, will make a superb Alumni President! Before I pass the baton to Jonathan, I would like to thank the Penn Nursing community for the opportunity to lead our alumni, and I'd like to share my top 5 "lessons learned:"



1. As Penn Nursing Alumni, we are part of an amazing heritage

of nursing excellence. Our roots in the HUP School of Nursing and the paths that HUP alumni paved are a treasure! It is an honor to be a part of their legacy.

2. There is power in numbers.

When Penn Nursing Alumni band together, the opportunities are limitless and the collective impact knows no bounds.

3. The current Penn Nursing students value contact with alumni.

More than anyone else, a Penn Nursing alumnus is the best mentor and role model for a current Penn student.

4. The School of Nursing faculty want to hear from alumni.

As colleagues as well as teachers, the faculty are committed to helping alumni network and engage in life-long learning.

5. Alumni give back to the School of Nursing in many ways.

Although monetary donations are always appreciated, the time and talent that alumni volunteer are simply invaluable.

I encourage all alumni to stay engaged with Penn Nursing. The experience will enhance your careers, your friendships and your pride in our profession. Call, email or log-on to YOUR website at www.nursing.upenn.edu/alumni/ for more information and a list of ways to get involved or to tell us the story of what you have been doing since you graduated. On behalf of Jonathan and the entire Penn Nursing Alumni Board, we hope to hear from you soon!

TARA TRIMARCHI, GNu'97

Alumni Weekend 2008: May 16-18, 2008

If you graduated in a year ending in '3 or '8, come celebrate your Penn Nursing Reunion at Alumni Weekend, May 16-18, 2008. On Saturday, all Penn Nursing alumni and friends are invited to attend an interdisciplinary panel discussion on "The Anatomy of Healthcare Reform," moderated by Rosemarie Greco, director of the Office of Healthcare Reform in Pennsylvania. The celebration continues on Sunday, when the Penn Nursing chapter of Sigma Theta Tau recognizes its 50th anniversary with Carol Huston, President of the Honor Society of Nursing, Sigma Theta Tau International (STTI). For a detailed agenda or for registration, call Penn Nursing at 215-898-9773 or visit our website at www.nursing.upenn.edu/alumni.

Penn on iTunes U

Find Penn speakers, events and all the latest on campus at iTunes! Navigate to the **iTunes U** page and choose the University of Pennsylvania icon to search a collection of free Podcasts.

Career Networking

Are you looking for a Penn Nursing mentor? Or would you like to help students and fellow alumni who need career guidance? The Penn Alumni Career Network (PACNet) is a searchable database of alumni who volunteer to provide career-related guidance and support to current students and fellow alumni. Search PACNet based on career field, geography, undergraduate and/or graduate degree, and more! Sign up today through Penn's online community at www.alumnicconnections.com/penn/.

It Pays to be a Penn Alum!

Did you know that Penn Alumni are eligible for discounts on everything from life insurance to laptops? Discover the benefits of being a Penn alumnus online at www.alumni.upenn.edu/services/index.html.

Stay in Touch with Penn Nursing

Submit an Alumni Note or make a gift to the Annual Giving Campaign today. Use the reply envelope in this issue to share professional or personal news and support Penn Nursing. And be sure to keep your contact information accurate by including your email address, home and business information.

Alumni Notes

1940s

Isabel Clain Long, HUP'47, writes, "I don't think that there is any profession that gives you a greater sense of satisfaction, love, and accomplishment." Ms. Long is still working as a nurse at the age of 81. She has worked in most fields of nursing but spent most of her years in geriatrics. She married Richard Long from Canada on Dec. 3, 1949, and the couple moved to Montreal for 35 years and enjoyed the entire experience. The two had three children. One is a C.V.T. surgeon, while another works as a C.P.A. Ms. Long currently resides in Wynnewood, PA.

Louise S. McAlinden, HUP'48, Nu'58, still enjoys reading nursing journals and considers her nursing education at the University of Pennsylvania to be the best thing she ever did. She is very proud of her education and the School of Nursing.

1950s

Audrey K. Labar, HUP'50, received a CRNA from Jefferson Hospital in 1951. She worked at Easton Hospital in Easton, PA until retiring in 1992 and has "enjoyed being retired for the last 15 years."

Norma Iralea (Watson) Nikkola, HUP'52, was recently honored as both the Ohio School Nurse of the Year 2006-07 and the National School Nurse of the Year for 2007. She is a school nurse for the Fairborn City School District in Fairborn, OH.

1960s

Nancy Judd Larner, Nu'64, is retiring from Rady Children's Hospital in San Diego, CA, where she has been working for 41 years. She is now looking forward to spending time with her six grandchildren.

Claudette V. Campbell, Nu'66, GNU'81, has retired after 30 years as an active duty officer in the Commissioned Corps, United States Public Health Service. Six years prior, she served as the Associate Regional Administrator, Division of Medicaid and State Operations. Currently, she is in a doctorate program in Health Policy at the University of Health Services. She hopes to complete all course work by December 2008.

Helen Vermilya, HUP'66, retired in May 2007 along with her husband, Joe, following 36 years working at the Divine Providence Hospital and the Williamsport Hospital (Susquehanna Health System) in Williamsport, PA. She has started a new position

as a Nurse Home Visitor with the Nurse Family Partnership of Bradford County. Prior to retirement, Ms. Vermilya received The Ellen Taylor Award for Obstetric Clinical Excellence. "I am proud to be a graduate of the Hospital of the University of Pennsylvania School of Nursing that allowed me to have the wonderful career I have been so fortunate to have," she shares.

Patricia C. Ravella, Nu'67, is working as a Family Nurse Practitioner at Crossroads Medical in Ellicott, MD.

1970s

Nancy M. Valentine, GNU'72, started a new position as the Senior Vice President/Chief Nursing Officer at Main Line Health in Bryn Mawr, PA in August 2006. She participated in the J&J Wharton Nurse Executive program in the summer of 2007, and she is "glad to be back in town after 30 years away!"

June S. Tartala, GNU'73, is enjoying retirement and loves reading the School of Nursing's magazine, *UPfront*. She also traveled to Utah this summer for vacation.

Margaret (Derr) Westfall, HUP'75, has worked nightshift as an oncology nurse for 20 years at Taylor Hospital. She is also a proud grandmother of Shane, now 2 years old.

Barbara (Stiles) Zeng Kwasny, Nu'78, a Nurse Practitioner/ Manager for Cardiopulmonary Rehabilitation at St. James Hospital in Olympia Fields, IL, remarried in 2004 to a wonderful man who fully supports all of her endeavors. She has three grown children: twin sons in the Master's program at Cincinnati Conservatory of Music and a daughter who is a case manager in a foster/adoption agency in Kokomo, IN. Barbara loves her job in cardiopulmonary rehabilitation, where she works with patients to help them know how to modify their lifestyles to reduce cardiac and metabolic risk. She is currently working to develop a risk-reduction clinic as primary prevention at the Heart and Vascular Institute. Her fondest Penn memory was walking to Graduate Hospital from the Quad for clinicals because of the SEPTA strike!

1980s

Keiko Imai Kishi, GRN'81, works for the Japanese Red Cross at the Kyushuu International College of Nursing in Fukuoka, Japan. She has been involved in setting up undergraduate nursing colleges and graduate programs in Japan. "It is great to see international global nursing activities by Dean Meleis," she writes. "I see such changes and development in academia since I graduated."

Barbara Resnick, GNU'82, a professor of nursing at the University of Maryland, has been appointed to the Sonya Ziporkin Gershowitz Endowed Chair in Gerontology. In addition to her faculty role at the nursing school and her ongoing research, she works as a geriatric nurse practitioner at Roland Park Place, a local continuing-care retirement community.

Laura (Shore) Savage, GNU'82, was recently certified as a PCCN. She presented at the NTI in Chicago and continues to work as a Cardiovascular Clinical Nurse at the Virginia Commonwealth University Medical Center of Practice. She has two daughters, one of whom will graduate from high school this year. Laura continues to be an active member of AACN and a supporter of the AHA, currently serving as the hospital coordinator of the Heart Walk.

Maureen P. Glendon, GNU'86, was promoted to colonel in the U.S. Air Force Reserves and is assigned to the Air Force Surgeon General's office in Washington, DC. She also works, in a civilian capacity, for the Philadelphia School District as a nurse practitioner.

CraigAnn Mehrmann Biggs, GNU'86, is a nurse practitioner for The Cumberland Valley Women's Group in Chambersburg, PA and is married to Alan Phillip Biggs. The two live in Harrisburg, PA and Miami Beach, FL.

Mary Hines Bowman, Nu'88, a Nurse Practitioner/Primary Care Provider in the San Diego VA Health Care system, continues to serve in the U.S. Naval Reserve Nurse Corps. She joined Penn's secondary school committee this year. Ms. Bowman is married with three daughters, ages 5, 7, and 9.

Bethany Donovan Bauer, Nu'89, is married to Daniel G. Bauer, C'89. Together they have two children: son, Zach, and daughter, Mackenzie.

1990s

Jane Jacknewitz-Woolard, GNu'91, GNC'92, retired from the Army Nurse Corps after 22 years of service. She continues to work at Walter Reed Army Medical Center as a civilian PNP and teaches part-time at Catholic University School of Nursing. Prior to "retiring," Jane took time off to have her 3rd child. She shares, "Jud and I welcomed Savannah on 7 July 2006. Big sister, Cecilia, and brother, Wolfie, are thrilled with the addition."

Christine (Schlesinger) Peterson, GNC'91, shares, "What a year this has been! After 40 years of nursing, this is the most exciting ever! I got my CDE; built a team and started shared medical appointments, a new paradigm of paid encounter for patients with chronic problems; presented a team poster about our work in Vienna, Austria at the annual Scientific Meeting of Sigma Theta Tau; completed VISN 4 (VA Health Care System Region) Leadership Development Institute; participated in Dean Meleis' Task Force to foster the agenda of Penn Nursing in Governor Rendell's Prescription for Pennsylvania and was later asked to participate in the Governor's Chronic Disease Care Commission. Last but not least, I, my children, mom and significant others are healthy. And that's really what counts!"

Laurel Edinburg, Nu'92, is practicing as a PNP in a child abuse subspecialty clinic in the Children's Hospital of Minnesota. She has been awarded over \$200,000 in grants to care for sexually exploited young runaways and is also involved in research related to stigma and resiliency in sexually abused youth. Additionally, Laurel serves as an expert witness in child abuse cases.

Ruthlyn Greenfield-Webster, Nu'92, was the 2007 Indoor and Outdoor U.S.A. Masters National Champion in the Women's Triple Jump (Age Group 35-39) in March and August 2007. She also broke the Long Jump and Triple Jump records for her age group at the New York Empire State Games in July. Ruthlyn then competed in the 2007 World Masters Athletics Track and Field World Championships in Riccione, Italy as a member of the U.S.A. Masters National Team and received a Bronze Medal for the U.S. in the Women's Triple Jump. She and husband Christopher currently reside in Yonkers, NY with their daughters, now 5 and 9 years old. She is a full-time practicing RN on a Medicine/Geriatrics unit at NYU Medical Center and also provides services to attorneys as a Legal Nurse Consultant.

Kristen Chasse Agami, Nu'97, would love to hear from classmates and friends. "The 10th Reunion had me thinking a lot about all the good and hard times at Penn...Yet, now it's starting to feel farther away...I beat the odds and married my high-school sweetheart Mark Agami in Oct. 1999. My daughter, Rebecca Anne, was born in May 2002. Daniel Mark was born in Sept. 2005. I work per diem as a nurse at Children's Hospital Boston. To all of the wonderful people who touched my life from 1993 to 1997, I wish you all happiness and the ability to enjoy the simple things in life."

Laurie Flanagan, Nu'98, is a nurse in the Dana-1 adult-infusion clinic at the Dana-Farber Cancer Institute in Boston. In May 2007, she was recognized in the annual "Salute to Nurses of BostonWorks" that appeared in the supplement to *The Boston Globe*.

Mary Beth Happ, GR'98, received a K24 MidCareer Award in Patient-Oriented Clinical Research from NINR entitled "Symptom Management, Patient-Caregiver Communication, and Outcomes in ICU." She was recently named University of Pittsburgh School of Nursing Dean's Distinguished Teacher 2006-2007.

Jacqueline McGrath, GNC'98, GR'99, is an Associate Professor in the School of Nursing at Virginia Commonwealth University. As a neonatal nurse researcher and practitioner, she works almost exclusively with preterm infants and families. Her research foci include: family-centered developmental interventions, infant feeding and mindful infant massage. This past November, she was proudly inducted into the American Academy of Nursing. Dr. McGrath is best known for her leadership in the integration of family-centered developmental interventions. Since 1994, she has presented and published extensively in this area. In 2004, she co-edited, *Developmental Care for Infants and Newborns: A Guide for Health Professionals*, the first interdisciplinary book related to the integration of developmental care. Over 5,000 copies have been sold. It has also been translated into other languages and is currently used to guide practice worldwide. This work led to the establishment of the Developmental Care Credential through the National Association of Neonatal Nurses. Obtaining this credential is a stepping stone in the neonatal nurse's journey from novice to expert bedside nurse. At the same time, Dr. McGrath has been a force in neonatal nurse practitioner education working to

integrate developmental care as a foundation to neonatal advanced practice. She also serves as a column editor for the *Journal of Perinatal and Neonatal Nursing and Newborn and Infants Nursing Reviews*. She is most honored to be married to Stephen DeFeo, the mother of 4 children and 3 step-children, and the grandmother to three young people.

Michelle Isaacs Bodenstein, Nu'99, and Matthew Bodenstein C'98, G'04, are thrilled to announce the birth of their son, Joshua David, on March 14, 2007; he was born at HUP, and weighed 7 lbs. 13 oz. Matt, Michelle, and Josh live in Wynnewood, PA.

Margaret H. Crighton, Nu'94, GNu'01, GR'05, currently works as an assistant professor at the University of Pittsburgh School of Nursing.

2000s

Bridgett Henderson, GNu'00, has been working at a retirement community since graduation as an employee of Wiley Mission Incorporated. She lives in Medford, NJ, with her son, CJ, who is 5, and twin girls, Devon and Jaclyn, born in May 2007

Joanne Ritter-Teitel, GR'01, was recently appointed Vice President of Clinical Services and Chief Nurse Executive at Montefiore Medical Center in New York City. Prior to this, she worked as Vice President of Patient Services for the Princeton Healthcare System.

Samantha Sacks Desai, Nu'01, Clinical Supervisor of the Intensive Care Unit at Northside Hospital, Samantha is happy to announce her marriage to Nehal Desai. They met at Emory University where they both earned MBAs and were married in dual Hindu and Jewish Ceremonies in Atlanta this August. Also in attendance from the School of Nursing were **Keri Houser (Hyde)**, **Heidi Lutjens**, and her maid of honor, **Molly MacDonald**.

Hanne Harbison, Nu'02, GNu'03, after working as a staff RN in oncology and then a nurse coordinator in oncology research, Hanne has returned to her women's health background to work as an NP in the area of STDs. "I am enjoying functioning as an NP, and I feel that my 4 years working as an RN have only been beneficial," she shares. "In addition to seeing patients, I am the nurse coordinator for ongoing STD research conducted by Dr. Edward Hook here at University of Alabama at Birmingham. The current foci of the studies I am working on are syphilis and herpes simplex virus."

Ronna Gersh, GNU'05, recently moved to Boston, where she accepted a job as a nurse educator in the ICU and telemetry floor at New England Baptist Hospital in Boston, MA.

Pamela Lynn Herbig, GNU'05, is currently Department Head and CNS for inpatient psychiatry. She spent time deployed to Hurricane Katrina/Rita relief effort onboard USNS Comfort in September 2005 and was deployed to EMF Kuwait in March 2006. She is an Assistant Specialty Leader Psychiatric Mental Health Nurses for the US Navy, a member of the Special Psychiatric Rapid Intervention Team, and a Certified Compassion Fatigue Educator.

Anthony Nazih Shamoun, GNU'06, is currently working as a clinical nurse specialist in the nursing department at the American University of Beirut Medical Center in Lebanon. He is among the first advanced practice nurses functioning in the whole country.

IN MEMORIAM

Patricia Ann Carson, HUP'54
of Bryn Mawr, PA, March 26, 2007.

Ethel Williamson "Willie" Day, HUP'44, Ed'49, GEd'54 of Annandale, VA, November 10, 2007.

Dr. Anne M. Ferrari, GNU'79
of Fox Chase, PA, February 16, 2007.
A teacher of community health nursing and clinical educator at Drexel University.

Rita K. Hillman, Supporter and Friend
of New York, NY, November 8, 2007.
A philanthropist and art collector, Mrs. Hillman used the proceeds from the sale of Picasso's "Mother and Child" in 1989 to start the Hillman/Penn Nursing Scholars Program at the University of Pennsylvania. The program provides scholarships for students willing to work at a New York City hospital for two years after graduation.

Mrs. Hillman formed a similar partnership with Lenox Hill Hospital, New York University College of Nursing, and the Phillips Beth Israel School of Nursing in Manhattan.

Judy House, WG'88, GR'95
of Center Valley, PA, April 11, 2007.

Mary E. McCann, NEd'43
of Mountain Top, PA, November 13, 2006.

Mary Frances McGovern, HUP'46
of Laurel Springs, NJ, January 7, 2008.

Ruth A. Rodenburg, Nu'72
of Walton, NY, November 16, 2005.

Edith M. Rosato, HUP'36, NEd'53
of Drexel Hill, PA, November 16, 2006.

George Hilton Sands, Supporter and Friend
of Princeton, NJ, November 20, 2007.
The founder of a major real estate investment company in Princeton, George Sands, with his wife Estelle, was a major benefactor of Princeton nonprofit organizations. In addition, he and his wife established the Sands Scholars Nursing Program at the University of Pennsylvania, which provides scholarships for eight students a year.

Elizabeth A. Schaeffer, Nu'61, Nu'62, GNU'65
of Lafayette, CO, January 13, 2007.

Mildred C. Scott, NEd'48
of Willow Street, PA, November 13, 2006.

Sara Byler Stauffer, Nu'51
of Mechanicsburg, PA, November 10, 2006.

Jean Greer Ziegler, HUP'47
of York, PA, December 25, 2007.

SPRING 2008 CALENDAR

April 4-5

Penn Nursing Preview Weekend

April 10

Claire M. Fagin Distinguished Researcher Lecture featuring Dr. Marilyn Sawyer Sommers, Nu'72, Lillian S. Brunner Professor in Medical-Surgical Nursing, speaking on "Inquiry and Injury: Why Curiosity Never Killed the Cat."

Reception to follow. Ann L Roy Auditorium, Claire M. Fagin Hall.

April 28

Making History: The Campaign for Penn Regional Launch Event

Penn President Amy Gutmann shares the Penn Vision in Chicago, IL.

May 16-18: Alumni Weekend

See next page for more details.

May 19

Penn Nursing Commencement

May 28

Penn Nursing Graduate Open House

June 5

Making History: The Campaign for Penn Regional Launch Event

Penn President Amy Gutmann shares the Penn Vision in London.

June 30

Deadline for 2007-2008 Penn Nursing Annual Giving

September 25-28

Penn Nursing hosts the American Association for the History of Nursing (see next page for more information)

November 1

*Homecoming
Football: Penn vs. Brown*



25th Annual Research Conference: September 25-28, 2008
Penn Nursing hosts the American Association for the History of Nursing

The University of Pennsylvania School of Nursing will host the American Association for the History of Nursing's 25th annual research conference in Philadelphia, Pennsylvania, September 25-28, 2008. These conferences provide a forum for sharing and learning about the historical events, people, and issues that shape our current science and practice. Since Penn alumni and friends have been critical to the success of the Barbara Bates Center for the Study of the History of Nursing, we invite all interested alumni and friends to join us in the scholarly and social celebration.

For more information, please contact Betsy Weiss (email: ehweiss@nursing.upenn.edu or 215-898-4502) at the Barbara Bates Center for the Study of the History of Nursing.

Graduating senior pins
corsage on alumna
celebrating 50th reunion.



Alumni Weekend 2008: May 16-18, 2008
Let your voice be heard!

Catch up with classmates, and learn about how Penn Nursing has changed – and remained the same. Bring your family because there are events planned for everyone!

Highlights include:

- Reunion Celebrations: 50th reunion – Class of 1958, 25th reunion – Class of 1983
- Tours of Claire M. Fagin Hall and the Hospital of the University of Pennsylvania
- “The Anatomy of Healthcare Reform” – a behind-the-scenes look at what it takes to change the world moderated by Rosemarie Greco, director of the Pennsylvania State Office of Healthcare Reform
- Penn Nursing Chapter of Sigma Theta Tau celebrates its 50th reunion with a special induction ceremony featuring Carol Huston, President of the Honor Society of Nursing, Sigma Theta Tau International (STTI)
- Announcement and Presentation of Penn Nursing Alumni Awards
- All alumni picnic and parade on Hill Field

For a full schedule of Alumni Weekend events or to register, visit www.nursing.upenn.edu/alumni/ or call Penn Nursing Alumni Relations Office at 215-898-4841.

The School of Nursing
participates in the
2007 Alumni Day Parade.



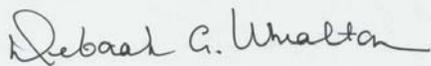
HUP Alumni News

Greetings from the HUP School of Nursing Alumni Association Board! Over the last few months, the Board has held our monthly meetings "off-site" as the School of Nursing continues renovations to the education building – now Claire M. Fagin Hall. While our location has moved temporarily, our agenda remains unchanged in our commitment to honoring the HUP School of Nursing legacy.

Part of honoring our legacy includes staying abreast of recent developments and achievements in nursing. At our Fall Luncheon, HUP alumni were treated to an insider's view of the process to achieve Magnet status at the Hospital of the University of Pennsylvania (HUP).

Dr. Victoria Rich, chief nursing officer at University of Pennsylvania Health System, gave a wonderful presentation to an enthusiastic group of alumni. HUP Alumni luncheons and satellite events are great opportunities to reconnect with fellow graduates and hear the latest news. I encourage you to watch your mail for dates on upcoming luncheons.

From joining the alumni association, becoming a board member or starting a satellite group to supporting both the scholarship fund and the Philadelphia Foundation, we are always looking for your participation. I encourage you to join the HUP Alumni Association today to receive our newsletter and stay well-informed of HUP events and activities. It is your collective involvement that makes it possible to build on our continuing legacy.



Deb Whealton



Reunions

Fall luncheon held in Roxborough

HUP Alumni met at Maria's Ristorante in Philadelphia's Roxborough neighborhood for our Fall Luncheon. The group welcomed Dr. Victoria Rich, chief nursing officer at UPHS, and Dean Afaf I. Meleis, who updated the group on the nursing school renovations, including our office and archives space.

Class of 1967 reunites on Penn's campus

With many thanks to Nancy Close Long, HUP'67 and Sylvia Cashman, HUP'67, the Class of 1967 enjoyed a weekend reunion at the University of Pennsylvania in October. Forty classmates, along with 11 husbands, attended from Pennsylvania, New Jersey, Maryland, Virginia, North Carolina, California, New Hampshire, Texas, New York, Massachusetts, Mississippi, Georgia, Delaware, Arizona and Washington D.C. Nancy said, "It had been 40 years, but immediately we were back to the wonderful memories, friendships and events that shaped all of our lives. We had a wonderful tour of the campus and hospital with Bev Emonds, HUP'68, Nu'72, GNU'80, during which we wondered if we had ever been to these places before. Things had changed so much!"

Candace Pfeffer Stiklorius HUP'66, Nu'71, GNU'83 and HUP Alumni President, Deborah Whealton HUP'75, caught up with one another at the HUP Fall Luncheon featuring HUP CNO Victoria Rich as guest speaker.

Class of 1948:

Planning its 60th anniversary

Interested in a HUP reunion luncheon in September 2008? Call or email: Laura Bossert Proctor, HUP'48, 610-696-4267 (voice or fax), tai784@comcast.net.

Satellite event

Susquehanna satellite luncheon planned for May

HUP Nurses' Alumni Susquehanna Valley is planning its 17th Annual Luncheon on Friday, May 16, 2008. The reunion, to be held at the Susan P. Byrnes Health Education Center, will coincide with the 30th anniversary of the closing of the HUP Nursing Program, which closed in May 1978. If you would like to attend, contact Norma Shue, HUP'54 at 717-755-6887 or normageneshue@aol.com.



Show Your HUP Nurse's Pride

Purchase HUP memorabilia*

Pictorial Note Cards

(set of 6; choice of vintage nurses or HUP buildings)
\$6.00

Miniature HUP Pins

(can be worn on chain or slide)
\$23.00

Notepads with HUP logo

\$2.00

HUP Pin

\$50.00

*All prices include shipping charges.

Send checks made payable to:

HUP Alumni Association
PO Box 42018
Philadelphia, PA 19101

Passing the Legacy the Last Fifty Years,

written by HUP alumnus Eleanor McElheney Crowder Bjoring, HUP'50 and published specifically for our 120th Reunion, is now available for sale. The cost is \$25, including shipping.

To purchase your copy, make checks payable to "HUP Alumni Association" and send to:

Julia Davis
506 Valley Road
Havertown, PA 19083

There is a limited supply, so get your copy today!

RENEW YOUR MEMBERSHIP!

Bobbi Gohn Callazzo, HUP'64, Membership Committee Chairperson, has announced a membership drive. "Membership is VITAL!" Bobbi states. "Remember, an organization is only as good as its members and WE NEED YOU!"

Benefits of Membership to the HUP Nurses' Alumni Association

- Bi-annual HUP newsletter
- Privilege of voting for Board Members
- Automatic membership in University of Pennsylvania Nursing Alumni Association with all accompanying benefits
- Free access to Alumni Association database information

A HUP Life Membership is \$150 or an Annual Membership is \$20.

Please make checks payable to:

The HUP Nurses' Alumni Association
PO Box 42018
Philadelphia, PA 19101

Congressman Chaka Fattah addresses diversity issues in nursing

Invoking Dr. Martin Luther King Jr.'s message that "we can't assume time will make things better; we have to work for change," Congressman Chaka Fattah (D-PA) reflected on Dr. King's life and legacy in the areas of healthcare and education at an event sponsored by the School of Nursing.

Nursing, a profession in which 94 percent of registered nurses are female and 88 percent are Caucasian, serves as an example of the need for diversity and change. Congressman Fattah cited loan forgiveness programs for nursing students in college, increased volunteer opportunities for high school students, and Nursing Career Days "for young people to see nursing in action" as solutions to increasing diversity in the profession.



Congressman Chaka Fattah (D-PA) receives a bust of Penn founder Benjamin Franklin from Dr. Mary Lou de Leon Siantz, Assistant Dean of Diversity and Cultural Affairs (center) and Dean Afaf I. Meleis.

Students LEAP from the classroom to Capitol Hill

The Leadership Education and Policy Development Program (LEAP) was created to inspire racially and ethnically diverse doctoral and post-doctoral nursing students to use their research and clinical focus to shape health policy and make a difference in the national care system. A week-long, interdisciplinary leadership and health policy experience, its goal is to educate students on how to enhance personal leadership skills and how to communicate research findings and clinical knowledge to members of Congress for political success. "By learning about policy making through program and policy issues, students can transfer their knowledge to health policy challenges and circumstances," says Assistant Dean of Diversity and Cultural Affairs Mary Lou de Leon Siantz, PhD, RN, FAAN.

L to R: Mary Lou de Leon Siantz, Robert Lucero, Trina Gipson-Jones, Viola Benavente, Tawandra L. Rowell, Bonita Green, and Salimah Meghani.



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