Our Goal
$15,000,000

Beyster Institute for Nursing Research
Dean Emerita Janet A. Rodgers, PhD, RN, FAAN

Nursing Dean Emerita and Professor, Janet A. Rodgers, PhD, RN, FAAN, passed away Sunday, February 17, 2013, after suffering complications from a respiratory condition. Dr. Rodgers was Dean of the University of San Diego Hahn School of Nursing and Health Science from 1987 until 2001. She received a B.S. from Wagner College, and an M.A. in Psychiatric/Mental Health Nursing and Ph.D. in Nursing from New York University.

Prior to her University of San Diego Deanship, Dr. Rodgers had extensive experience in clinical, administrative, and academic nursing, holding ranks from instructor to eminent and distinguished professor. Dr. Rodgers authored numerous publications and served on many advisory boards for hospitals and health care agencies. She was the first nurse and first woman to serve as Chair of the Scripps Health Board of Trustees.

Dr. Rodgers was a Fellow of the American Academy of Nursing and served as President of the American Association of Colleges of Nursing. She was a recipient of the “Diane F. Cooper Lifetime Achievement Award” from NurseWeek, and a “Lifetime Contributions to the Profession of Nursing Award” from the Association of California Nurse Leaders.

A Mass for Dean Emerita Rodgers was held at the University of San Diego Founders Chapel on Wednesday, May 8, 2013, followed by a reception in the Hahn School of Nursing and Health Science.
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An Architectural Gem
“It’s beautiful!”

Such is the response of almost all who first see the architectural sketches of the Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation (BINR). The head architect, Ed Holakiewicz of San Diego’s gkkworks, has done a masterful job of sketching the dreams of the original School of Nursing design team, Sally Hardin, Cynthia Connelly, and Karen Macauley, who first began working on the project in 2009 for a HRSA grant application.

The key principles guiding the BINR design were that the space should meet LEED Gold Standards for sustainability, be flexible and easily adaptable to future health care and education trends, provide state-of-the-art technology, take full advantage of San Diego’s climate with exposure to light, sunshine, fresh air, and healing gardens, and assure that external spaces were as functional as internal spaces. The team knew that this new building should be connected but not affixed to the main SON building. Although the building design would pay homage to the campus’s Spanish Renaissance design, the team did not envision a castle or fortress, but rather a domain of comfort, healing, warmth, and tradition. They asked that the designers keep in mind that the archetypal student would be a mature, clinically experienced female graduate student, often holding a leadership position in a health care agency.

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CORE CONCEPTS GUIDING PRINCIPLES

**CAMPUS CONNECTION**

Expression of Campus
- 16th Century Spanish Renaissance Architecture
- Access to Marian Way

Respect the Hahn Building
- Building scale
- Complimentary entrances
- First and second floor links

**PERSONAL EXPERIENCE**

Welcoming
- Dramatic entrance hall
- Clear circulation
- Central courtyard
- Terraces

Human Comfort
- Inside – outside seating
- Interactive learning spaces
- Natural daylight
- Secure

**BUILDING PERFORMANCE**

Program
- Distinct clinical experience
- Diverse, flexible learning spaces
- Enhanced research capability

Efficient & Flexible
- Room organization
- Technology
- Building systems
- Energy consumption
- On budget
Functionally, the building had to provide much more physical space, given that the faculty and student body had tripled in size. The main building was cramped, providing no more office, meeting, or conference space, and absolutely no space for the SON research teams. The current Simulation and Standardized Patient Nursing Laboratory (S&SPN) was located over a half mile away, causing a barrier to students’ integration and clinical application of their theoretical learning. It also diluted the SON’s “presence” on the main campus—many did not even know that there was a Nursing Lab on the campus.

These principles were actualized in a plan for a three-story, 30,000 sq. ft. building on the grassy area adjacent to the main nursing building. The BINR entrance fronts Marian Way, with a first story dedicated to the S&SPN Lab, the second story focused on the education of advanced practice nurses, and the third floor housing the Center for Nursing Research. Each of the floors will contain innovative learning and study areas, faculty offices, conference rooms, and faculty and student study, research, lounge, and social areas. BINR will more than double the SON’s current space. Although the Nursing Research Center will house the school’s primary research teams, research will be an integral part of every aspect of the new Institute. This space truly was designed to prepare the next generation of nurse scientists, educators, executives, and advanced practitioners.
A State of the Art Keystone for Clinical Teaching

The BINR first floor will house the Donald C. and Elizabeth M. Dickinson Simulation and Standardized Patient Nursing Laboratory, the keystone of the School’s clinical teaching facilities, and a national model for nursing education. The Dickinson Sim Lab will provide 10,617 sq. ft., double the current Lab’s size. It will include six primary care exam rooms, three acute care hospital rooms including one birthing room, a nursing/medication station, a standardized patient lounge for the patient-actors, and an office suite for faculty and staff. In addition, this Lab will contain an eight bed clinical skills/classroom space equipped with high-fidelity human simulators, and ample work and storage rooms.

The Dickinson Sim Lab will be unique in its focus on and its capacity to conduct research on how students learn to integrate theoretical and clinical knowledge and actualize that in a clinical setting. Two control rooms with two-way mirrors and observation spaces wired for audio/video viewing and a state of the art data management system will allow faculty to record and retrieve data about students’ clinical reasoning and judgment, and their clinical and interpersonal skills. Three debriefing rooms will enable faculty and students to reflect upon and discuss simulation experiences, and how clinical practice can be improved. Dr. Karen Macauley, Director of Innovative Learning who runs the existing Sim Lab, sees the new Dickinson Sim Lab as a significant gain for practice-relevant learning. The new expanded space will enhance learning for the more than 300 nursing students a week who currently use the Sim Lab, permit students in all programs to spend a greater percentage of their education in hands-on experiential learning, and provide the potential for increased enrollment in the future. The new lab will allow doctoral students to participate in simulation residencies to explore the potential of experiential learning in healthcare education and its impact on patient care. The Lab’s increased capacity also will foster inter-professional shared learning opportunities with community healthcare academic and service partners.
Second Floor Plan: ADVANCED PRACTICE TRAINING
Training for Advanced Practice Registered Nurses

For over a quarter century, the School has prepared RNs for advanced practice at the Master’s level. The CNS Master’s program began in 1984 and the Master’s Nurse Practitioner program has been in existence since 1987. To date, over 1,000 Advanced Practice Registered Nurses (APRNs), including 58 students who have earned a Doctor of Nursing Practice (DNP) degree, have graduated from USD.

In addition to diagnostic and treatment skills, APRNs hold hospital admitting privileges, coordinate care among specialists, facilitate patients with preventive care, evaluate patients’ social and family situations, manage complex illnesses such as diabetes and heart disease, and lead interdisciplinary teams to promote patient-centered care models. The National Board of Medical Examiners has developed APRN certification exams based on the same test physicians take to qualify for a medical license. Approximately half of the states have either approved or are engaged in legislative processes to assure independent practice for APRNs. California APRNs currently are involved in such a legislative struggle.

In keeping with its mission, and responding to AACNs mandate that APRNs be prepared at the Doctoral level, the School initiated the DNP program in 2008. The rationale for the program was based on the Institute of Medicine’s recommendations, national data showing a shortfall of up to 200,000 primary-care physicians by 2020, and research findings from the *Journal of the American Medical Association* and many others demonstrating comparable or better patient outcomes and large economic savings when APRNs rather than MDs provide primary care. In addition to course work, USD DNP students collaborate with faculty to design individualized scholarly practice experiences to conduct an Evidence-Based Clinical Project, present this project to a faculty-approved, large interdisciplinary audience, and submit a manuscript regarding their work.

The School’s faculty view students as partners in a collaborative learning environment in which critical thinking, diagnostic reasoning, and case-based application of clinical knowledge are emphasized. For the past decade faculty have utilized problem-based learning and standardized cases and patient actors to prepare APRNs. The outcomes from incorporating these educational principles into the clinical evaluation process have been impressive, resulting in a reconceptualization of the clinical faculty role while bringing the final clinical evaluation process back into the academic setting. The new second floor Center for Training APRNs will allow innovative and expanded learning opportunities for APRN students and faculty.

This Training Center contains a High Tech Specialty Classroom and three classrooms that hold 30 students each. One of these classrooms will be named for the Morin Family and another for Dean Emerita Janet Rodgers. The three classrooms are separated by modern electronic dividers which can be opened into one large space that can accommodate 90 students or audience members. These classrooms access an exterior terrace for students and faculty to conduct formal or informal meetings, or to enjoy study or social groups between classes.

Ten faculty offices and a large work room are housed here, along with a conference room and faculty lounge that both open to a large exterior terrace for classes, meetings, or informal gatherings. All of the terraces on the second floor overlook the Plaza and Healing Gardens. The second floor provides a Lactation Station for mothers and access to the main building with a connecting bridge to its second floor hallway.
Preparing Nurse Scientists

The BINR’s third floor Nursing Research Center is designed to show that clinical research is vital, exciting, stimulating, and, sometimes, downright fun! Here is where our PhD students will become the next generation of nurse scientists. Flexible spaces will facilitate student collaboration, scholarly discourse, and opportunities for research mentoring by research faculty and visiting scientists.

Third floor interview spaces facilitate contact with research subjects, and provide areas for junior and senior nurse scientists to work with each other, sharing ideas, instruments, analytic strategies, and large population data sets.

A large outdoor terrace faces onto the courtyard, and provides additional research space and relaxing social areas for all of the building’s occupants. The third floor also provides utilitarian spaces accommodating male and female restrooms, a janitor’s closet, and electrical, computer, and data closets.

The Director of Nursing Research and senior research faculty will have their offices on the southwest side of the Nursing Research Center. This space also contains a large workroom where research assistants, PhD students, and staff can work individually or in small groups. A very large file area with the latest designs for efficient data filing systems also is housed here.

One of the most unique Nursing Research Center spaces is the Senior Citizen Research Apartment. Designed to facilitate research with senior citizens, this apartment includes a small kitchenette, bathroom, and bedroom/living area outfitted with equipment and furniture that enhances safety for the elderly. The apartment contains French doors that open into a dining area that can be used as part of the apartment, or for psychotherapy training or research groups.

The Nursing Research Center will provide opportunities for the most experienced nurse scientists to show PhD students the adventure, drama, and excitement of working with real life, hands-on clinical research. Students will be able to engage in research and professional scholarly activities both within and beyond their coursework.

The Executive Classroom in the Nursing Research Center is designed for groups of about 20 PhD students and faculty in an upscale seminar environment. Since PhD classes occur within 12 hour time blocks, the Executive Classroom was designed with student’s comfort in mind. Adjacent to this area is an Event Storage Pantry and the exquisite Krause PhD Research Library and Study.
Krause PhD Research Library and Study: The BINR “Crown”

When Jim Krause, a trustee of the University, learned that the School of Nursing planned to build a new building, he decided to make a substantial gift to honor his mother, Kathryn Krause, MSN, who was a distinguished nurse educator in New Jersey. Krause’s gift provides for what Principal Architect, Edward Holakiewicz, described as the BINR “Crown” – the Krause PhD Research Library and Study. Jim Krause admired his mother and respected her work, but, as he once told Dean Hardin, he didn’t know very much about what nurses do. In the next four years, he learned a great deal about exactly what nurses did, and the difference nurses can make in patients’ lives. Krause received a diagnosis of pancreatic cancer, and his treatment involved several courses of chemotherapy. His wife Gale remembers that they were both very impressed by Jim’s oncology and infusion nurses, both for their knowledge and for their compassion.

“What he went through the last four years gave him a new perspective,” Gale said. “He was touched by nursing.” She added that she was touched as well. In the course of his treatment, the gift that had started as Jim’s idea “became truly a Krause family gift.” Jim Krause died in August of 2012.

Krause was a graduate of USD’s Law School (1975), and served as an adjunct professor, teaching securities law. Tim O’Malley, Vice President for University Relations and a good friend said, “Jim loved the University of San Diego. He was so proud of his relationship with this University, and his ability to impact students’ education.” The Krauses’ oldest son, Andrew, graduated from USD in 2012.

Gale Krause met with the design team to see the drawings for the library/study. She said, “I’m thrilled. It’s beautiful, and I think Jim and his mother would both have loved it.” In the presentation, architect Ed Holakiewicz called the third floor Krause PhD Research Library and Study the crown of the building.

“Jim would have loved being up there, looking out over the beautiful campus,” his wife said. “Now he will be.”

Mrs. Krause graduated from the University of Pennsylvania Hospital School of Nursing in 1945, married, and had two sons. In the 1950’s, at a time when fewer than two percent of nurses held degrees higher than a Bachelor of Science in Nursing, Kathryn Krause pursued an MSN, because she wanted to teach. She founded a program to prepare licensed practical nurses in the rural county where she lived. Gale Krause, Jim’s wife, described her mother-in-law as deeply committed to education; had she lived in another era, she most likely would have pursued a PhD in nursing.
Mrs. Gale Krause receiving her Champion of Nursing Award at Convocation
The Krause PhD Research Library and Study Design

The Krause PhD Research Library and Study, at 719 square feet, is the third floor’s largest dedicated space. Its décor evokes a Renaissance scholar’s study with a Spanish Renaissance fireplace and lovely front window that offers sweeping views of Founders Chapel, the Immaculata, and the campus.

The Krause Library evokes a setting for deep thinking, relaxed sharing, and peaceful contemplation. Close by the Executive Classroom, the library shelves will showcase the evolution of nursing science provided in over 250 USD Nursing Dissertations. In addition, PhD students and faculty will enjoy direct access to online research databases for current and historic, domestic, foreign, and international nursing materials. The Krause Library also will assure a scholarly, yet comfortable, space for receptions and PhD Dissertation Defense celebrations.
It’s the monthly meeting between the School’s design committee and the team from GKKworks, the architecture firm for the BINR. Dean Hardin, Dr. Karen Macauley, and Linda Johnston greet their colleagues: architect Ed Holakiewicz, principal at GKKworks, and the interior designer, and the lighting designer. It’s May 2013, and the Faculty Design Committee, which also includes Professor Cynthia Connelly, has met monthly with Holakiewicz and his team since last October. This is where decisions get made that determine what the new building will look and feel like for the people who use it. Everyone here understands that a building has a grand overarching design, but it’s the details that support the design. Today their task is to choose interior materials: flooring and lighting; and case goods: storage units, cabinets, and countertops for everything from a display cabinet for Florence Nightingale’s lamp in the Krause PhD Research Library and Study, to the Dickinson Simulation Lab’s laundry room.

The designers lay out the samples and the team clusters around. The tile colors are good, soft neutrals that won’t go out of fashion. What will this floor tile for the halls be like for people wearing high heels? The restrooms need a shelf. Would hooks do? Maybe, but a shelf would be better. Ed Holakiewicz listens and takes notes, and relates each design element to the overall design. The white cabinets in the clinic exam rooms are beautiful but they’ll show every fingerprint. Perhaps something other than white? Will the hanging light fixtures in the Sim Lab interfere with the camera’s view? There needs to be space to store the laundry bins. Holakiewicz learns that hospitals use rolling bins to reduce the transmission of infection. “We’ll work on this,” he says. He takes more notes. This is how a building comes together.

The architectural firm was awarded the design contract in September 2012, and Holakiewicz was named to head the BINR team. His first job was to learn what his new client needed. Through the fall he met several times with Dean Hardin and the faculty design committee. He met with the full faculty. He held a town-hall meeting with clinical faculty and students in the existing Sim Lab, to plan the new lab. Always he listened.

Faculty told him that the BINR should provide work space and offices and a library for faculty and student researchers. The seminar and classroom spaces should be comfortable and also flexible, easy to reconfigure as teaching needs changed. The new Dickinson Sim Lab should have clinic exam rooms, hospital beds, and an ICU, and debriefing and meeting rooms. Their building should make use of natural light as much as possible. It should provide spaces for formal events, and especially for coffee and lunch and the casual connections with classmates and faculty that are vital threads in the fabric of graduate education. Their building should have welcoming outdoor spaces—a large central courtyard, balconies, outdoor terraces on the upper floors, plantings that complemented the space, and an easy flow from inside to out. It must integrate visually and spatially with the School’s existing building, and with its campus neighbors.

The scale of the Institute presented the first design challenge: how to link the School’s existing building to the Institute to provide visual harmony and easy circulation between them. The Institute is taller, three stories, and, at 30,000 sq. ft., larger than the existing building, which is 26,000 sq. ft. The courtyard between them became the solution. The Institute is C shaped. It wraps around three sides of the courtyard, and the Hahn building’s east facade is the fourth side. The courtyard is both destination and passage: an attractive, inviting space in itself, and the connection between the two buildings that embrace it.
gkkworks’ team worked on siting and design and chose construction materials, and at every step, Holakiewicz brought their proposals back to the School’s design team.

“It’s important to keep everyone informed,” he said. “Everyone needs to know what’s going on, because we’re developing a shared vision of how this building will work, and how it will look.”
Two other design decisions needed to be settled early: what building system to use, concrete block or steel, and circulation, how the interior was laid out. Concrete block prevailed. It’s less expensive, easier to build with, and block walls create thick walls and windows with deep sills. The gkkworks team opted for a single hall on each floor, with all rooms facing onto it.

The simplicity of this layout provided space and easy access for the internal systems: HVAC, electrical, plumbing, and telecommunication. It’s important to resolve these decisions early, Holakiewicz said. “If you don’t manage what you don’t see, you’ll end up spending a lot more. You want to spend your money and effort on what you do see.”

In designing the building, and producing the highly detailed drawings that the construction company requires, gkkworks used architectural software called BIM (Building Integration Management). As the team entered all information about the structure — its dimensions, materials, cabinet work, placement of entrances, windows and doors, plumbing and wiring, and every other piece of information — the software transformed the data into a three-dimensional picture. The picture was effectively an MRI of the building; a designer could zoom in on a detail, or pull up a cross-sectional slice anywhere in the building and have all the information, from window dimensions to placement of air ducts, to electrical wiring for that slice.

BIM software wasn’t the design team’s only tool. They also relied on the elegant, lacy drawings of the building, hand-drawn by their drafts-person, that appear in this issue. These renderings capture the look and spirit of the Institute in ways that helped designers develop a visually coherent and beautiful building.

Holakiewicz figures that, at his end, more than 50 people were involved in designing the building. They include a project manager, project architect, an architectural team, an architectural drafts-person and artist, structural, mechanical, electrical, and civil engineers, landscape architects, interior designers and lighting designers. At the School all faculty and many students have contributed their views and their expertise. The building that houses the Beyster Institute for Nursing Research will reflect the expertise of many disciplines, and will support the School’s mission as a leader in healthcare in the 21st century.
The Beyster Institute embraces a 4,000 sq. ft. Plaza and Healing Garden where students, faculty, staff, and visitors can join together and be surrounded by beauty. As Mother Rosalie Hill expressed, she wished that the campus be beautiful, because those who love beauty, also love and seek truth – seeking truth, the essence of the University. Mother Rosalie Hill most likely will smile upon the Beyster Institute’s Plaza and Healing Garden. The Plaza is designed to be used daily throughout the year with heating, lighting, music, and aquatic systems.
year after she and her husband gave $7 million dollars to launch the Beyster Institute, Betty Beyster is eager to see ground broken. Within months of their gift, other donors close to USD recognized the value of the Institute, and total gifts have reached $10 million of the $15 million needed. She hopes to see the balance raised as soon as possible. She said, “I’d love to see it get rolling!”

Dean Hardin has called the Beysters’ gift transformative for the school. “There is no other institute for nursing research of its kind in the United States. I am so grateful to Mrs. Beyster and the whole Beyster family. They understand the importance of nursing research and advanced practice for the future of healthcare for San Diego, for all of California, and for the country.”

The Beyster family’s gift arose from Betty Beyster’s long-standing concern about the shortage of nurses in California, and especially in San Diego. In a conversation in her garden, she remembered a tour of the Simulation and Standardized Patient Nursing Lab that enabled her to see the School’s commitment to state of the art teaching methods. Touring the Sim Lab helped her appreciate the need for more space, both for hands-on teaching, and for research that will shape the delivery of care. A new building dedicated to research could go a long way toward meeting those needs. Last fall, the architectural team gave her a presentation of the design of the new building. She liked the design, especially the generous plaza between the two buildings. Seeing the plans made her want to see them realized in stone and glass and plantings.

What would she say to someone contemplating a gift to the School? Mrs. Beyster didn’t hesitate. She said, “It’s not only a gift, but an investment. It isn’t just the next generation of students and faculty who will benefit, but the whole San Diego community, and really any community where the School’s graduates go.” She understands that well-prepared, highly skilled nurse leaders are the backbone of a healthcare system, and when the community provides the facilities for excellent education of its nurses, the benefits flow back to the community. She can’t wait to get started.
The Donald C. and Elizabeth M. Dickinson Foundation announced a gift of $2 million in support of the new Simulation and Standardized Patient Laboratory in the Beyster Institute. Martin Dickinson, the president of the Foundation that he established to honor his parents, has been a committed supporter of the School for more than a decade. He and his wife, Carol spoke with Nursing Times about their commitment to the School. “We’ve been so impressed with the School of Nursing, especially the MEPN program,” Mrs. Dickinson said. Her husband added, “I’m very interested in ripple effects, how one person can affect so many others. The School’s students go on to teach, or their work in hospitals allows them to have an
impact on so many people. I love to support the School of Nursing.”

This gift is the second time that the Dickinson Foundation has underwritten the Sim Lab. Dickinson served on the Scripps Hospital board with the School’s second dean, Janet Rodgers. In 2000, Rodgers talked with Dickinson about the School’s new initiative: a Master’s level entry program for students with no prior background in nursing. The entering students would need to develop their clinical skills very quickly, and community placements were in short supply. Dickinson and the Foundation stepped up to the plate. In 2001, Dean Rodgers announced a gift from the Dickinson Foundation of $300,000, half of the cost to equip a 3500 sq. ft. clinical skills lab. Over the next decade, that lab expanded and evolved into the current Simulation and Standardized Patient Nursing Lab.

Since then the Dickinson Foundation has continued its support, giving $100,000 each year to the School’s scholarship fund. “One reason it’s been so rewarding to support the school,” Dickinson added, “is that Sally Hardin has done such a good job of getting us and the Foundation members involved in meeting the students who’ve received the scholarships. We’ve been so impressed by the quality of the students, and how appreciative they are. It’s made us feel very connected to the School.”

The Dickinson Foundation supports private institutions, chiefly within San Diego County. Its priorities are medical research and education. It usually funds programs and fellowships rather than bricks and mortar. Dickinson said that, in view of the School’s significant ripple effect within the San Diego healthcare community, the gift to help build the Beyster Institute made good sense. He and his wife and the Foundation look forward to seeing the balance of the funds raised, and ground broken for the Beyster Institute.
Financial Pledges
To The Betty And Bob Beyster Institute For Nursing Research, Advanced Practice, And Simulation
(as of September, 2013)

Mrs. Betty and Dr. J. Robert Beyster, $7,000,000
Donald C. and Elizabeth M. Dickinson Foundation, $2,000,000 (Mr. Martin C. and Mrs. Carol Dickinson)
Anonymous, $500,000
Anonymous, $330,000
Danvera Foundation, $50,000 (Mr. Patrick Morrin ’83 and Ms. Janice Jagelski)
Dr. Kathy (Shadle) ’85 ’91 and Mr. Ronald James, $50,000
Dr. Linda Urden ’99, $18,500
Mrs. Nancy (Gaffrey) ’92 and Mr. Bob Brennan, $14,500
Dr. Karen A. ’95 ’10 ’13 and Mr. Wesley A. Macauley, $10,350
Dr. Jonathan F. Mack, $10,050
Drs. Sally B. and Thomas L. Hardin, $10,000
Drs. Julie H. and Robert S. Sullivan, $10,000
Dr. Jane Georges, $7,200
Mrs. Kathynn K. (Kenny) ’86 ’90 and Dr. David G. Marsh, $5,500
Dr. Ann M. ’90 ’98 and Mr. Ron W. Mayo, $5,600
Dr. Marcia R. (Faller) ’08 ’10 and Mr. Nelson S. Faller, $4,500
Mrs. Constance T. Curran ’90 ’95, $3,500
Mrs. Ann N. Orwig, $3,000
Dr. Patricia A. Roth, $2,530
Dr. Lucia and Mr. Venerable L. Gonzales, $2,500
Dr. Susan D. ’90 ’01 and Mr. Robert DeSimone, $1,600
Dr. Cynthia D. Connelly, $1,500
The Lucille and Ronald Neeley Foundation, $1,500
Dr. Elaine M. ’08 and Mr. David R. Rutkowski, $1,500
Dr. Susan M. Bonnell ’01 ’02 ’08, $1,200
Dr. Mary-Rose ’85 ’86 and Mr. William K. ’78 Mueller $1,150
Dr. Shelley Y. Hawkins, $1,000
Dr. Brian Johnson, $1,000
Mrs. Barbara ’80 and Dr. Robert O’Brien, $1,000
Dr. Sally P. and Dr. Martin C. Weinrich, $1,000
Dr. Susan L. ’89, ’96 and Mr. Donald K. Instone, $700
Dr. Karen Skerrett $700
Dr. Caroline S. Etland, $500
Dr. Sandra M. Walsh, $500
Dr. Laurel A. Ecoff ’83 ’08 ’09, $350
Dr. Donald J. and Mrs. Cheryl L. Butera, $300
Dr. Lois Howland, $300
Mrs. Ruth W. Dickinson, $250
Dr. Barbara Sarter, $230
Dr. Joseph Burkard, $200
Dr. Susie Hutchins, $200
Dr. Nancy J. ’12 and Mr. Scott C. ’92 Sabin, $150
Ms. Tina M. Altenau,’08, $100
Dr. Jackie F. Close, ’12 $100
Ms. Barbara Davenport, $100
Dr. Colleen A. Leners ’96, $100
Dr. Lisa E. Miklush ’10, $100
Dr. Maria Luisa ’12 and Mr. Arlin Ramira, $100
Mrs. Sally A. ’96 and Mr. Warren L. Murdock, $80
On July 25, 2013, Capt Jacqueline Rychnovsky assumed command of the Naval Health Research Center (NHRC), the Navy’s preeminent biomedical Research and Development activity meeting the health needs of the Navy and Marine Corps. NHRC has been assigned as an Echelon 4 command and Dr. Rychnovsky is the first nurse to assume its command. Capt Rychnovsky (PhD 2004) completed a Health Policy fellowship with Senator Daniel Inouye with a follow-on tour as Asst Director of Nurse Corps Policy and Practice, where she worked for the Navy Nurse Corps Director and Navy Surgeon General, forming nursing policy and practice. In 2013 she completed her Executive Officer tour at US Naval Hospital Yokosuka, the most geographically dispersed command in Navy Medicine. Capt Rychnovsky is a Certified PNP, and a Fellow in the American Academy of Nurse Practitioners. She has received numerous Navy awards, including the Meritorious Service Medal (3 stars), Navy/Marine Corp Commendation Medal (1 star), and the Navy/Marine Corps Achievement Medal.

USD PhD Alum, Capt Jacqueline Rychnovsky, FIRST Nurse to Assume Command of Naval Health Research Center (NHRC)

Capt John Sanders, MC, USN, & Capt Lanny Boswell, MSC, USN, congratulate Capt Jacqueline Rychnovsky, NC, USN at the Naval Health Research Center Change of Command Ceremony
Partnering with St. Joseph Hospital to Improve End of Life Care and Build Clinical Nurses’ Research Skills

In December 2011, St. Joseph Hospital, a Magnet Hospital in Orange, California, learned they soon would be without a nurse researcher. They approached USD’s School of Nursing for assistance with their nursing research needs and a partnership was born. Dean Hardin and Dr. Connelly met with St. Joseph’s Vice President of Patient Care Services and Chief Nursing Officer, Katie Skelton, and Patty Aube, their Executive Director of Nursing Professional Development and Research. Together the women designed a plan to actualize a Nursing Research partnership between the two institutions. Two School of Nursing faculty, Dr. Jane Georges and Dr. Lucia Gonzales, agreed to work together with St. Joseph nurses on identifying and addressing key clinical research questions. Dr. Georges assisted the nurses with research question formulation, protocol writing, Institutional Review Board approval, and beginning data collection. She also assisted the nursing staff in presenting a nursing research fair and an all-day course in writing for publication for staff nurses.

Dr. Gonzales worked with staff nurses who wanted to focus on improving and expanding the Palliative Care Team’s influence on care for end of life patients. The team decided to study “Symptom Burden at the End of Life in Elder Women.” They believed that one particular symptom, constipation, was highly clinically relevant. After pain and anorexia, constipation is the third most common end of life symptom; and it is universally undertreated. Constipation also was highly important to these patients in that it was related to pain, increased debilitation, and could precipitate an early death if poorly managed. Narcotic analgesic medications can provide substantial pain relief but can result in constipation if an effective bowel regimen does not accompany their use. Many patients discontinue opioid therapy because of constipation. A literature review corroborated the nurses’ hunch that there is a dearth of nursing research on constipation in end of life patients.

Hence the nurse researchers set about to examine and compare the Palliative Care Team’s management of constipation in end of life elder women with the internationally recognized constipation management algorithm associated with narcotic pain management regimens. The nurse researchers now take leadership in disseminating and implementing improved methods of constipation management for the palliative care patients. A highly important follow-up strategy included applying for NIH funding to teach and implement the constipation management algorithm on a wider basis, engaging practitioners beyond those on the Palliative Care Team. Funding for their grant currently is pending. The St. Joseph/USD Nursing Research partnership and Drs. Georges and Gonzales have enhanced compassionate care for patients who are at the end of life, and also cast an arch light on the importance of nursing research for clinical nurses, and on the significance of academic and clinical nurse partnerships.
Tackling the Poly-Trauma Triad

The Poly-Trauma clinical triad of chronic pain, Post Traumatic Stress Disorder (PTSD), and mild Traumatic Brain Injury (TBI) is one of the most challenging clinical syndromes for veterans and the healthcare providers treating them. Veterans Administration (VA) researchers have found that more than 80% of veterans presenting with one of these diagnoses meet criteria for a second; 42% meet criteria for all three. Yet providers too often fail to diagnose one or more than one condition. A grant from the Sence Foundation enabled Anne Monroe, DNP 2013, and faculty advisor Joe Burkard, DNSc to tackle this problem in their project, “Poly-Trauma Clinical Triad: Increasing Provider Knowledge to Promote Better Patient Care.” They reasoned that if providers better understood the prevalence of the poly-trauma clinical triad, the overlapping symptoms, and the high likelihood of comorbidity, they would be more likely to diagnose accurately and refer for appropriate treatment.

Monroe developed the Poly-Trauma Clinical Symptom Reference Tool, a table which highlights the considerable overlap in symptoms among the three diagnoses. She presented information to four groups of providers about each diagnosis, evidence of comorbidity, and guidelines for care using the Reference Tool. Providers’ pre and post tests showed an 11 percent gain in their understanding of the triad. More accurate diagnoses will promote the development of effective treatment approaches for this complex and disabling syndrome.

This work is Phase One of a grant from the Sence Foundation for which Dr. Burkard and Dr. Michael Terry are co-principal investigators. Phase Two includes a Resiliency Education Program for physicians, advanced practice nurses, and psychotherapists in Southern California who treat wounded warriors and their families. Based on content in the School’s Advanced Practice Psychiatric Nursing Program, the Resiliency Education Program will present a series of workshops at the School and at major healthcare institutions, emphasizing the latest evidenced-based therapies, and offer training in the use of neuro-feedback, bio-feedback, and virtual reality computer programs for remediation of Persistent Post-Concussive Syndrome and other brain injuries.

The Sence Foundation is a private, non-profit charitable organization founded in 1958 by Ray and Grace Sence of Burbank, California. The Foundation’s primary purpose is to benefit organizations whose main focus is to provide medical or educational assistance to those in need.
Nursing Shapes Healthcare Technology

Nursing is an increasingly significant contributor to the development of emerging health care technology. Nursing expertise now informs not only health care informatics, but also areas such as technology development, software design, systems engineering, and human factor design. Jonathan Mack, PhD, APRN, who is Program Coordinator for the School’s graduate program in Health Care Informatics, also is Director of Clinical Research and Development for the West Health Institute (WHI) in San Diego. The Institute researches medical technology, policy, and models of care that will directly lower the cost of health care in the United States.

Dr. Mack’s research focuses on developing technology for remote monitoring of clinical conditions, including the “Sense4Baby device,” a wireless fetal monitoring device developed for remote monitoring of high risk pregnancies.

In collaboration with Mexico’s Carlos Slim Institute, the monitor is now deployed in remote areas of the Yucatán, where Mayan women with high-risk pregnancies cannot travel to a hospital for regular monitoring. This project illustrates the central role nurses can play in developing technology for health care applications.

Two students from USD’s Health Care Informatics Program now work at the West Institute. Judy Quilligan, RN, has a clinical background in geriatrics. She combines that expertise with her skills in Health Care Informatics to research technology-enabled care coordination that will help seniors remain in their homes. Juvilyn Ebalo, MS, was hired at the West Health Institute as a technical writer; she develops training materials and user manuals for wireless medical devices.
Graduate Research Day 2013

Left to right: Christa Campanella, Dean Sally Brosz Hardin, Mary Ghattas, Tatiana Guertin, Maddie Pratt, Jennifer Castagnola, Lynell Lemon

Janet Donnelly, PhD(c)
Western Institute of Nursing 46th Annual Communicating Nursing Research Conference: Creating a Shared Future of Nursing Research, Practice, and Education
Stephen Brown’s (DNP 2013) DNP poster, “Development of a Medication Compliance Program in an Outpatient Mental Health Clinic,” was awarded the red ribbon at the 2013 Western Institute of Nursing Conference. Brown aimed to improve medication compliance among psychiatric outpatients. Retrospective review of 300 charts showed that patients’ average compliance rate for adherence to their prescribed drug was 37 percent. Brown then developed a 14 item questionnaire related to medication compliance and symptom control. Meeting with clients monthly, he gave the questionnaire, and then, if compliance was an issue, he introduced the “Glow Cap,” a device that serves as the cap to a medication bottle. If the client does not open the bottle at the expected time, the Glow Cap lights up and starts chirping. After five minutes it sends the client a text or a phone message. If the client still doesn’t open the bottle, it alerts the client’s designated buddy. Clients using the Glow Cap had a compliance rate of 87 to 91 percent. Additional benefits were decreased hospitalization and increased compliance with clinic visits.

Brown writes,

Having my poster selected for the red ribbon was an honor I was not expecting. I had time at the conference to look at many posters, and I was impressed by the quality of posters from USD students. The quality, style, layout and topics by my colleagues at the School were far superior to those of other schools and healthcare professionals from across the country. My poster was a group effort, reflecting many hours of research, editing, and layout. I give my upmost appreciation to my faculty mentors Dr. Michael Terry and Dr. Mary Jo Clark, who shared their knowledge, dedication, and strengths. Without them and the backing of the University I would not be where I am today.
Song Brown Grant Supports Cultural Diversity

Dr. Susan Bonnell and Linda Urden travelled to Sacramento, California in February to present their request for a Song Brown grant to the California Healthcare Workforce Commission. The Commission invites all California schools of nursing to submit grant proposals for initiatives to increase the number of students from culturally diverse groups who are admitted, graduated, and pass the NCLEX (RN exam for licensure). Bonnell and Urden presented a plan that Dr. Bonnell developed to support MEPN students of culturally diverse backgrounds by providing mentoring from faculty or senior graduate students with the same cultural background. Bonnell and Urden were awarded $144,000 to implement the program over two years.

The proposal grew from Dr. Bonnell’s experience with MEPN students who encountered difficulty within the program. In her role as Coordinator of the MEPN program, she found that informal mentoring relationships with a senior student or faculty member of the same cultural group provided essential support and increased students’ capacity to complete their education and pass the NCLEX. Her literature search identified several similar programs with good outcomes, and she built her proposal from these and her own efforts.

The two days of grant presentations gave Urden, the Director of Master’s and International Nursing Programs, and Bonnell a good overview of academic issues and challenges in California. This year’s presentations indicated that many schools are only now initiating simulation and skills laboratories. Most do not have developed programs run by doctorally prepared faculty, or faculty-developed clinical scenarios with trained actors, as does USD. Other schools are attempting to recruit staff and student advisors.

“The Hearings provide an opportunity to observe and talk with nurse educators across the state regarding issues and challenges we all face,” Urden said. “We can put names and faces together, and build a network of those who want to better serve their students.”
PhD Students Attend National Policy Summit

Doctoral students Catherine Ferris and Ruby Harford joined Dean Sally Brosz Hardin in Washington, D.C. this March for the American Association of Colleges of Nursing (AACN) Student Policy Summit. USD’s School of Nursing was the only California school that sponsored students this year.

The School’s sending two student nursing leaders to the AACN program is a concrete demonstration of its commitment to the profession, and to educating its students as policy advocates.

While the Summit met, the 113th Congress was embroiled on sequestration negotiations. The final sequestration agreement cut federal nursing programs by over $13 million, a 5.1% cut, for Fiscal Year 2013.

Ferris, Harford, and Hardin met with staff from the offices of Southern California Congresspersons Scott Peters, Duncan Hunter, Juan Vargas, Susan Davis, Daryl Issa, and Lois Capps to advocate for support for Federal nursing programs in Fiscal Year 2014. These initiatives include Nursing Workforce Development programs, the National Institute for Nursing Research, and the Health Resources and Service Administration’s Nurse-Managed Health Clinics. They discussed the significant impact of the School of Nursing’s programs for residents in their congressional districts, and all of Southern California, with particular attention to the School’s alliance with the Jonas Center for Nursing Excellence on a pilot program to improve the health of returning military members. Ferris and Harford could speak with personal authority on the need for veterans’ care. Ferris served 15 years in the Navy Nurse Corps; and Harford grew up a military “brat,” and her husband and son are both veterans.

Ferris also holds a loan from the Nurse Faculty Loan Program, another federally funded support that allows substantial loan forgiveness to PhD graduates who serve as full time nursing faculty. Both students came home with an increased appreciation for advocacy and a commitment to bring that message to their colleagues.
Kathy Marsh, RN and PhD Student, was appointed in 2012 to the California Healthcare Workforce Policy Commission. She was the first doctoral student and first student from a private school to be assigned to the Commission. The Commission is a 15-member advisory board that meets four times annually to provide expert guidance and statewide perspectives on health professional education issues. Its goals are to encourage universities and primary care professionals to provide healthcare in medically underserved areas and to increase the number of minority students and providers in healthcare. Marsh, who was appointed to represent all nursing students, says, “We want to see that the healthcare workforce looks like the face of California.”

Schools of nursing and medicine submit grant applications to the Commission for programs that support minority students. Commission members review grant applications, hear presentations from applicants, and disperse about $7 million per year in Song Brown funds to schools. The Commission also makes recommendations to the governor and legislature about pending legislation. Recently and most importantly, it recommended passage of SB 491, a bill that would recognize Nurse Practitioners expertise and authorize them to practice independently without a physician co-signer.

Marsh says of her service on the Commission, “It’s been such an interesting process to see how a nurse can affect legislation and it’s an honor to represent nursing.”
Salute to Heroes and Healers, Our Doctoral Military Officers

Left to right: Doctoral military officers, Tarah Lewis, Diane Kiilehua, Heather King, Eric Bopp, Angela Smith, Ryan Nations, Robert Kimbering, Rhys Parker, Tatiana Ellsworth
Sigma Theta Tau, Zeta Mu Chapter Induction Ceremony

Officers of Zeta Mu Chapter with Deans

Left to right: Patricia Lee, Katie Zielinski, Eunice Ong, Annie Pasquale, Executive Assistant, Winner of 2012 “Friend of Nursing” Award.

Audience sees “Evolution of Nursing Over 5 Decades”
The San Diego Chapter of the American Assembly for Men in Nursing (SD-AAMN) is an open community organization in which nurses, nursing students, and others interested in the nursing profession can come together to discuss the factors that affect men as nurses, and also issues of men’s health. Membership is open to Registered Nurses, Licensed Vocational Nurses, and nursing students. SD-AAMN’s purpose is to provide a framework that facilitates discussion and action on issues of concern within San Diego. Goals include supporting the AAMN’s national agenda of encouraging men of all ages to become nurses, advocating for increased enrollment of men in nursing programs, fostering professional development, and demonstrating the increasing contributions men are making to the nursing profession.

SD-AAMN meets monthly at USD’s Hahn School of Nursing and Health Science main building for general membership meetings. SD-AAMN also holds and attends occasional events throughout the year to support the goals of the chapter. For more information, the chapter’s website is www.SD-AAMN.org.

It Takes a Strong Man to Be a Nurse; “Men for Nursing” Meetings
In February of 2014, USD School of Nursing and the Veterans Administration San Diego Healthcare System (VASDHS) formalized their long-standing relationship with an academic/clinical research partnership. Key players in designing and operationalizing the partnership included Sandra Solem, PhD, RN, Associate Director, Patient Care Services/Nurse Executive, Dean Hardin, and Drs. Jill Bormann, Associate Chief VA Nursing Research, Mary Ellen Dellefield, VA Research Nurse Scientist and VA Career Development Award Recipient, Nancy Gardetto, VA Research Nurse Scientist, and Carole Hair, VA Associate Chief Nursing Service/Education & Director VA Nursing Academy. VASDHS and USD SON wanted to formalize and expand their successful collaboration for the mutual benefit of both organizations with the goal of improving the health and well-being of veterans and their families. VASDHS’s commitment to acquiring Magnet Status requires building nursing research and evidence-based practice capacity to inform the health system of the future. USD SON wishes to benefit from the research expertise of VASDHS’s Nurse Scientists. This undertaking is most timely as USD SON plans its Beyster Institute for Nursing Research, Advanced Practice, and Simulation.

A large number of VASDHS nurse leaders and APRNs have graduated from USD SON. VASDHS Nurse Scientists have served as research mentors for USD SON graduate students; joint research and clinical projects and manuscripts have been undertaken between the two institutions; and USD SON and VASDHS are involved actively in the “Joining Forces” national movement to support veterans. The School of Nursing has had a long-standing clinical affiliation agreement with VASDHS whereby nursing students can obtain clinical experience working with the veteran population.

The partnership is structured so that three VASDHS Nurse Scientists (Bormann, Dellefield, and Gardetto) have become adjunct associate professors in the USD SON. Together they give 10% effort to work with USD SON to develop strategies and systems for: recruiting USD SON graduate students for select VASDHS nursing research projects; conducting USD SON PhD dissertation research and DNP evidence based clinical projects at VASDHS; communicating nursing research or evidence-based practice activities at both institutions; developing a smooth Institutional Review Board process between both facilities; collaborating on joint research and grant development; and publishing and giving scientific presentations on joint nursing research. The USD SON will provide opportunities for VA’s adjunct faculty to participate in academic, professional development, and social activities. Dr. Bormann has been designated as the VASDHS official representative and Dean Hardin has assumed that role for USD SON.
Connelly Launches Second Major Study of Perinatal Health

The School’s first Perinatal Health Study, now in its fifth and final year, has screened over 2,000 poor, educationally, racially, and ethnically diverse pregnant women receiving perinatal care in ten community-based obstetric clinics around San Diego County. Professor Cynthia D. Connelly, the study’s Principal Investigator, received a 3.1 million dollar grant from the National Institutes for Mental Health to conduct this randomized clinical trial that examined depression and other key variables in women during pregnancy and through their infants’ first year. The research then tested a telehealth intervention to improve depression in the 500 women, 85% of whom were Latina, who met criteria for depression.
High incidence of Depression and Comorbidity. The study team found a high incidence of depressive symptomatology; 25 percent, in their screening population. This is of great concern, as are the other serious comorbidities identified in the women. Twenty-three percent identified substance abuse problems, 10% reported exposure to physical abuse—either as direct victims of abuse or by living arrangements in which someone else was abused—and a high incidence of anxiety. Forty-four percent of the women reported significant sleep problems.

Poor and Insufficient Sleep is an important and too-often neglected aspect of pregnancy. Few mothers are identified or treated for this problem. For the majority of women disruption of sleep is caused by pregnancy-related factors; yet, 29 to 46 percent attribute sleeplessness to other factors. When nocturnal sleep disturbances are substantiated and associated with clinically significant distress, a diagnosis of “Probable Insomnia Disorder” is warranted. Research findings highlight the deleterious sequelae of perinatal Probable Insomnia Disorder, which include intrauterine growth restriction and preterm delivery.

Little is known about the sleep patterns of Latina women in the United States and even less is known about insomnia among pregnant Latinas. Connelly and her team are not aware of any research on insomnia and its correlates among pregnant Latinas, despite a birth rate approximately 50% higher than among women from other major ethnic groups in the United States. Connelly’s data showed that of 1289 pregnant Latinas (386 in their first trimester [weeks 1-12], 492 in the second trimester [weeks 13-26], and 411 in the third trimester [weeks ≥ 27]), 217 or 16.8% met criteria for Probable Insomnia Disorder based on an Insomnia Severity Index score of 10 or above.

Logistic regression analysis showed depressive symptom level, language in which measures were completed, pregnancy week, marital status, age, household income, and educational level explained 32% of the variance in clinically significant insomnia status. The model correctly classified 96% of those without Probable Insomnia Disorder and 30% of those with Probable Insomnia Disorder. Significant predictors of Probable Insomnia Disorder were higher total scores (excluding the insomnia item) on the Edinburgh Postnatal Depression Scale, completing the measures in English, and lower household income.

Connelly and her study team concluded that insomnia rates among pregnant Latinas are significant, and may be even higher than among non-Latina pregnant women. Rates are particularly high among women with severe depressive symptoms. The possibility that acculturation may uniquely contribute to insomnia among Latina women warrants further study. Future research could determine the unique effects of acculturation, separate from depressive symptoms, and identify specific acculturation factors that may need to be targeted in treatment.

Investigating the Effectiveness of Non-Pharmacological Treatment for Perinatal Insomnia. The high levels of insomnia found in the first Perinatal Depression study prompted Connelly to explore possible interventions. Thus, she and Dr. Rachel Manber, a clinical psychologist at Stanford University School of Medicine, are now co-Principal Investigators for a new 5-year $2.7 million multisite randomized clinical trial designed to examine the efficacy and effectiveness of nurse-delivered cognitive behavioral therapy (CBTI) for Maternal Insomnia Disorder. The study also will examine secondary outcomes of maternal and infant sleeping, maternal depressive levels, and quality of life. The USD research team also includes investigators Drs. Karen Macauley and Lois Howland.

This research will test a primary care intervention for Maternal Insomnia Disorder among economically, educationally, racially, and ethnically diverse pregnant women to reduce adverse consequences of poor maternal and reproductive health in minorities and underserved populations. Maternal Insomnia Disorder, which encompasses insomnia during pregnancy and postpartum, is associated with adverse consequences for the mother and her family. These include increased risk for preterm birth, infants small for gestational age, cesarean birth, poor maternal infant attachment, worsening of the marital relationship, and increased risk for perinatal depression. Given concerns about taking hypnotics during pregnancy, an accessible and acceptable treatment to improve maternal sleep and mitigate the negative consequences of poor sleep on the mother and the infant is highly significant.

Cognitive Behavioral Therapy for Insomnia (CBTI) is an effective treatment that has demonstrated improvement equivalent to that of hypnotic medications; and its effects are more durable than medication after treatment is discontinued. The weight of evidence supporting CBTI, summarized in several meta-analyses,
led to its recognition as a first-line treatment for insomnia by the National Institutes of Health Consensus Statement and the British Association of Psychopharmacology. Even when factors outside of an individual’s control interfere with sleep, CBTI can lead to significant improvement as shown by: evidence that CBTI leads to significant reductions in time awake at night and insomnia severity when Insomnia Disorder is comorbid with medical conditions, such as chronic pain and cancer, which disrupt sleep; and recent evidence that CBTI is effective for postpartum insomnia, despite sleep disruption caused by the need to attend to an infant. One reason CBTI is effective, even when sleep is disrupted by factors not in one’s control, it increases the sleep drive, extinguishes conditioned arousal, and focuses on altering the maladaptive behaviors and cognitions that patients adopt in their efforts to improve their sleep at bedtime or after waking up in the night.

Connelly, Manbar, Howland, and Macauley will be the first to test the efficacy of CBTI in treating Maternal Insomnia Disorder. Six studies have documented the efficacy of CBTI for insomnia when delivered in primary care settings but no study has been conducted in an obstetric clinic. Several features of the current investigation will facilitate engagement in treatment and maximize acceptance and accessibility. A large proportion of the target population consists of low income women. Therefore, the method of service delivery will be flexible (in the obstetric clinic or by telephone); sessions will be shorter than traditional CBTI to allow integration into busy obstetrical clinics; and therapy will be provided by nurses to minimize stigma. Nurses will be trained using Standardized Patients in USD’s Simulation and Standardized Patient Nursing Lab and competency will be determined using a CBTI Competency Rating Scale. A novel aspect of the CBTI is the use of two nurse-administered educational interventions (TIPS - Tips for Infant and Parent Sleep).
Professor Jane Georges, PhD, RN, was awarded a 2013-14 USD University Professorship by President Lyons and Acting Provost Andy Allen at the University's fall convocation. Dr. Georges, who has been with the School of Nursing since 1996, has been a leader in shaping the curricula for the PhD and DNP programs, chairing and graduating 38 PhD students, and working on her research that focuses on the suffering of chronically ill patients and their families facing the challenges of long-term illness and end of life. Her most recent research has been on compassion in caregivers facing fatigue and moral distress when caring for a family member. Dr. George's work has been published in such journals as *Nursing Research*, *Advances in Nursing Science*, and *Dimensions in Critical Care Nursing*. She has been honored for her philosophical work over the past decade by *Advances in Nursing Science* as one of the top ten most influential scholars in shaping paradigms for nursing science. In conjunction with her research and philosophical foci, Dr. Georges has shown enormous commitment to the University as the Co-Chairperson of the Institutional Review Board (IRB). In this capacity, she has developed innovative programs for faculty and student education regarding research ethics. Dr. Georges has worked diligently to create processes to ensure that the research done at the University of San Diego reflects the highest standard of ethical commitment, congruent with the University’s mission. Among her professional activities, Dr. Georges has served on the Institutional Review Board of Sharp Healthcare and has been an invited consultant for healthcare ethics at the UCSD Division of Biomedical Informatics. She is a reviewer for *Public Health Nursing* and *Advances in Nursing Science*.

Grace Bacani BSN, a DNP student in the dual Adult-Gerontology-Nurse Practitioner/Family Nurse Practitioner track, was selected from all local nurse practitioner programs as the sole recipient of the VA Prime Program traineeship. Offered through the VA San Diego HealthCare System, VA PRIME provides clinical learning opportunities for nurse practitioner students with a focus on primary care management of ambulatory older patients, using a patient-centered interdisciplinary team approach committed to comprehensive care. Both education and research are integral to promoting the core values of wellness, accessibility, and accountability. During the two-semester program, spring 2013 and fall 2013, she will work at the VA San Diego Healthcare System with her preceptor Mary Bowman, FNP.
MARY BARGER, PhD Boston University; APRN (Certified Nurse Midwife), MPH Johns Hopkins School of Public Health; BSN Stanford University; Associate Professor

Dr. Barger has taught nurse midwifery, maternal and child health, community assessment, and most recently, quantitative research methods in the PhD Nursing program at the University of California San Francisco. She also has directed two nurse-midwifery programs, one at the UCSF/UCSD Intercampus Graduate Studies Program and the other at Boston University. Dr. Barger’s research focuses on improving women’s health during pregnancy and birth, risk factors associated with certain pregnancy conditions, and the effects of pregnancy management on pregnancy and labor outcomes for mothers, infants, and families. Dr. Barger has conducted case-control and cohort studies of vaginal birth after cesarean section and has just completed a survey of all California birth hospitals around policies related to vaginal birth after cesarean. She also has an interest of the role of sleep in pregnancy outcomes and has completed a descriptive study of sleep problems in pregnancy. Currently, Dr. Barger is conducting a randomized trial of morning compared to evening start times for labor induction to understand the role of chronobiology, sleep, and fatigue on labor progress and outcome. Dr. Barger has served on the American Midwifery Certification Board and is Chair for the Data Management section of the Division of Research for the American College of Nurse-Midwives. She is a co-chair of the Education Standing Committee for the International Confederation of Midwives and an Associate Editor for the Journal of Midwifery and Women’s Health.

BRIAN JOHNSON, PhD, California School of Professional Psychology; APRN (Psychiatric Mental Health Nurse Practitioner), MSN University of South Alabama; Certificate in Psychoanalytic Studies, Southern California Psychoanalytic Institute; BS with Distinction, Emmanuel College; Clinical Associate Professor

Dr. Johnson has taught graduate and undergraduate courses in Psychology and Psychopathology, and has served as the supervisor to neuropsychology and post-doctoral psychology hospital fellows, and Marriage and Family Therapy and Social Work interns. In addition, he provides in-service education classes to attorneys and health care providers on mental health issues, specializing in PTSD and neuropsychological symptoms. Dr. Johnson has practiced as a psychiatric clinical coordinator and Nursing Supervisor and Charge Nurse of a Community Crisis Intervention Clinic, and locked, acute, and sub-acute psychiatric and substance abuse units in California and Massachusetts. As an APRN, Dr. Johnston has a private psychotherapy practice for adults. Dr. Johnston’s research focus is on the diagnosis and treatment of Traumatic Brain Injury and Post Traumatic Stress Disorder.
RUTH BUSH, PhD University of California San Diego; MPH San Diego State University; MA University of London; AB Princeton University; Clinical Associate Professor

Dr. Bush is a Clinical Associate Professor who will teach statistics and research methods in the PhD and Health Care Informatics Programs. She also serves as a Research Scientist at Rady Children’s Hospital overseeing the development and initiation of clinical research studies and providing statistical consultation. She is leading the Rady’s Outcome Research Consortium, which is designed to facilitate cross-disciplinary outcomes research. In addition to her current research interests, Dr. Bush has been part of Department of Defense studies examining traumatic brain injury, birth defects, and overuse injuries. She has received about $1 million in research funding from the Department of Naval Research and the Department of Defense, and also is the recent recipient of a K award for $281,561 to study, “Adopting Electronic Medical Record to Measure Medical Outcomes in ASD Populations.” The study will be administered through Rady Children’s Hospital. She has published studies in infant, pediatric, adolescent, military, and public health. Dr. Bush is a Member of the University of California, San Diego Clinical and Translational Research Institute and was awarded the Outstanding Student Award for the Epidemiology Division at San Diego State University.

ANGELA FEELER, MSN Kaplan University; BSN Chamberlain College of Nursing; Clinical Assistant Professor

Professor Feeler has been a clinical instructor for Physical Assessment, the Simulation and Standardized Patient Nursing Laboratory, and Psychiatric and Medical Surgical Clinical Nursing. She has been a Registered Nurse for twenty-three years and brings to USD a multitude and varied nursing experience. She has held clinical positions in Telemetry, Outpatient/Ambulatory Care, Hospice, Home Health, Psychiatric, and School Nursing in clinical staff, administrative, and nurse educator roles. Professor Feeler is completing her Doctor in Nursing Practice program with an Evidence Based Clinical Project on the Evaluation of Simulation and Technology Theoretical Frameworks. She is member of Sigma Theta Tau.
An Interdisciplinary Simulation Happening

The Interdisciplinary Simulation Event was groundbreaking; a massive simulation happening held across two days at UCSD’s School of Medicine’s simulation lab. The nearly 500 health care students, faculty, and staff who came together for this extraordinary event will likely have the experience etched in their professional memories. Coordinating 96 first and second year MEPN students, 270 pharmacy and medical students, and 108 faculty presented an enormous logistical challenge. Drs. Karen Macauley, Susie Hutchins, Kathleen Sweeney, Professor Kathy Marsh, and Nursing Simulation Lab staff were up to the challenge. They were instrumental in planning and running the event. Macauley welcomed and oriented the entire group with a simple directive: “Your task today is to work together as a team and to communicate effectively with each other.”

The event was itself the product of inter-professional teamwork. Dr. Macauley, Director of Innovative Learning at the School of Nursing, and Dr. Peggy Wallace, who heads the simulation lab at UCSD’s School of Medicine, have worked together since 2006 in the San Diego Simulation Collaborative. They had often talked about a simulation with multiple disciplines. Dr. Karen Garman, co-Principal Investigator on the NIH grant that supported the event, praised Drs. Macauley, Zheng, and Awdishu of the School of Pharmacy. “Those three have a passion for collaboration,” she said. She credited Macauley with “a real openness to crossing those invisible thresholds of professional hierarchies, of public vs. private, and experiential vs. theoretical learning.”

From December to May, their planning group met weekly and devised a clinical scenario that drew on the skills of all three disciplines and that would require them to work
his chest. The MEPN student immediately approached the patient and began gathering vital signs, history, and pertinent data while simultaneously and empathically comforting the patient. The clinic team worked together deciding on potential lab tests, evaluating the patient’s EKG, and determining a working diagnosis and action plan.

The Director Voice boomed over the loud speaker: “You have ten minutes to move your patient and determine your action”!

Ten minutes later, the first outpatient team, a first-year MEPN and two second-year medical students, walked into the “clinic exam room” to meet, examine, diagnose, and treat their “patient” while a commanding Director Voice behind a curtain, three interdisciplinary assigned faculty, video cameras, and the students’ three deans watched the drama unfold.

The standardized patient in the clinic exam room wasn’t doing well, complaining of pain and tightness in his chest. The MEPN student immediately approached the patient and began gathering vital signs, history, and pertinent data while simultaneously and empathically comforting the patient. The clinic team worked together deciding on potential lab tests, evaluating the patient’s EKG, and determining a working diagnosis and action plan.

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The team decided the patient should be seen in the “ED” for admission, and worked together to obtain the patient’s consent to be hospitalized. Quickly, the team wheeled their patient down the hall to the ED, where another team, a second year MEPN, two medical students, and two pharmacy students would take over. The handoff

collaboratively. They developed assessment tools for the faculty and orientation plans for all who would take part in the grand simulation. They created a format for debriefing that was supportive and focused on issues of communication and teamwork. They mapped out all the equipment and supplies needed and ensured everything was on site.

At the orientation meeting that opened the event, students hovered together with their own kind. MEPNs in blue scrubs gathered at the front of the meeting room, pharmacy students in short white lab coats clustered behind them, and medical students formed a separate group of white coats off to the side. Each group of students had produced a video to launch the event, a video in which students from all three disciplines spoke thoughtfully, authentically, and with humor peppered by a bit of anxiety. MEPNs ended the orientation with their cheerful, irreverent rap, reminding everyone that they all shared a common goal—to help patients. The students were then assigned to small, 6-member interdisciplinary teams and told to introduce themselves, sort out how they would work together, and choose a team leader.

Ten minutes later, the first outpatient team, a first-year MEPN and two second-year medical students, walked into the “clinic exam room” to meet, examine, diagnose, and treat their “patient” while a commanding Director Voice behind a curtain, three interdisciplinary assigned faculty, video cameras, and the students’ three deans watched the drama unfold.

The standardized patient in the clinic exam room wasn’t doing well, complaining of pain and tightness in
in the ED was a critical juncture. Both teams knew that 80 percent of serious medical errors result from communication lapses when a patient is transferred from one care team to another. The clinic team used the SBAR form, familiar to MEPN’s but new to medical students, to present their patient’s information, their assessment and interventions, and their recommendations. The ED team listened closely, divided up the tasks, and got to work. And as they worked, their patient coded. The second year MEPN stayed with the patient and began organizing the team’s action.

The Medical School Dean turned to the Nursing School Dean saying, “Your MEPNs are really good.” The Nursing School Dean smiled and said, “Yes, they are!”

The payoff for six months’ work was the overwhelming sense from all of the students in their debriefing sessions that this was a most positive experience. They learned much and were amazed at what they learned from each other. Students in all three disciplines said they came away with an increased respect for what their team members knew and a better understanding of what each contributes. “I saw that I shouldn’t be afraid to ask for help,” said Krista James, MEPN ’13. “It was a welcoming, team-based environment; I got a better understanding of how we can use each other to help the patient,” said Christa Campanella, MEPN ’14. Alyssa Andrews, MEPN ’13, found the pharmacy students “amazing. I know now to use pharmacists more.”

Dr. Macauley sees Interdisciplinary Simulation Events such as the UCSD/USD Event as providing rich opportunities for unforgettable training, and for research that will shape the future of clinical education, and, ultimately, patient care. Dean Hardin felt the Event showcased MEPN and nurse faculty’s leadership, clinical acumen, and skill. She told the MEPNs and faculty, “I couldn’t be prouder.”
Professors Mayo and Curran Present at
Chiba University, International Research Conference
EPN students Jennifer Sims, Andrew Black, Jeremy Wansor, Amy Owenby, and Julie Dyer and SD faculty members Drs. Lois Howland and Susie Hutchins spent their spring break at the St. Vincent de Paul Clinic in the mountains of Gran Bois, Haiti, for a week of service-learning. Their focus was to provide training for community health workers in the clinic. Dr. Howland offered this postcard.

Our visit, the first by a USD group, was organized by ServeHAITI, a nonprofit agency that has worked in Gran Bois for 15 years. The trip from Port-au-Prince to Gran Bois was a 3 1/2 hour trek on a very rocky dirt road accessible only by donkey, dirt bike, or four-wheel drive vehicles. Outside the cities, most Haitian roads are poorly constructed and maintained. The clinic staff greeted us warmly and made us comfortable and welcome. Our days began with hiking with the community health workers to homes in the area, or doing assessments of adults and children in the clinic. Afternoons we spent teaching first aid and clinical assessment to the Community Health Workers to increase their ability to provide care to people who lived at a distance from the clinic, and to improve their skills in identifying individuals who needed referral to the clinic (e.g., recognition of malnutrition or infections).

We assisted in the births of four babies; one set of twins was born the night we arrived. Another baby was born on the way to the clinic, and Dr. Hutchins delivered a baby. Students learned to identify clinical conditions not seen in the U.S., such as severe malnutrition and parasitic infections. We also conducted some community assessment to plan for future training for the clinic staff. Besides our clinical work, there were daily early morning hikes, attendance at the Good Friday service in the village church, and many spirited discussions with the Clinic Medical Director, Dr. Leopold Bourgouin. On our final day we gave each of the Community Health Workers a backpack with first aid supplies that we’d taught them to use, and a copy of Where There Is No Doctor, an international guide for community health workers. Back in Port-au-Prince we spent the night in a wonderful guesthouse before our return flight. ServeHAITI will monitor the work of the Community Health Workers to evaluate the impact of our training and plan for future trips.
Academic members Dr. Susie Hutchins and Professor Kathy Marsh led a group of MSN students to spend their intersession in Haiti. Their first stop, 4 days, was an orphanage that housed 70 children under the age of five. They arrived at the tail end of a cholera epidemic and helped care for the last two children infected.

They proceeded to Crudem Hospital Sacre Coeur in Milot, a small hospital where Hutchins and Marsh had led a mission the previous year. Illness and sadness was all around them but so was hope. They helped to bury a severely malnourished child, only a year old, who had been left at the hospital to die. The same day, several students helped deliver a beautiful baby girl.

The patients deeply enjoyed their interactions with the USD team, who talked with their patients as they cared for them, touching them and showing concern. In Haitian culture, nurses tend to treat their patients rudely, and ignore them unless they are giving medications.

The Haitian student nurses shadowed Marsh and Hutchins as they conducted assessments and treatments with their students, and very soon the Haitian students were assessing and providing treatment alongside them.

USD students taught their Haitian counterparts how to complete a head-to-toe assessment, and two USD students served as standardized patients for the assessment instruction. The Haitian students then performed the assessment on each other and the USD students.

The work in Haiti was at once rewarding and painful. Haitians don’t seek formal health care until they’ve exhausted folk remedies, including voodoo. Therefore, at Crudem Hospital tropical diseases rarely seen were abundant here. The children sicker, the wounds deeper and larger, the diseases far more advanced.

“The work in Haiti was at once rewarding and painful.”
Graduate Nurse Student Association Officers

Left to right: Scott Teerlink, Treasurer, Christy Johnstone, Vice President, Lynell Lemon, Secretary, Anthony Rodello, President

Pamela Johnson, USD Graduate Student Council Chair

Allegra Conway, USD Graduate Student Council Vice Chair
Dr. Hawkins Toasts
DNP Graduates of 2013
Thank You Donors!

2013 Scholarship Appreciation Luncheon

Kerry O’Sullivan, Lindsay Vanderstraeten, Richard Charlton, Amara Altman, Amber Zimmerman, Kristina James, Anna Prendergast, Sue DeSimone

Marlene Tshijika, Mary Ann Napier, Paul Hubbard, Laura Wheeler, Karen Macauley
Left to right: Dr. Patricia Roth, Deborah Mandabach, Catherina Madani, Elizabeth Light, Mindy Pawinski
Front: Robin Luby, Sally Brosz Hardin, Yolanda Walther-Meade, Betty Beyster

Patti Blystone, Lynn Blystone, Khristine Vinluan, Anahita Kaviani, Shelley Hawkins, Sanna Chae, Donna Curran, Dr. William Curran

Terri Pham, Wes Napier, Marlene Tshijika
Karen “Sue” Hoyt, PhD (’06), APRN, FAAN Received Nursing’s 2013 Author E. Hughes Career Achievement Award. An Emergency Nurse Practitioner, it was she who championed the passage of the National 9-1-1 Bill.

Dr. Hoyt developed the nurse practitioner role in emergency care; her work led to the ANA’s recognition of emergency nursing as a specialty in 2011. Dr. Hoyt served as the Emergency Nurses Association representative to the national group that published the Consensus Model for APRN Regulation. She established the first Advanced Emergency Nursing Journal, and served as co-editor of the Emergency Nurses Association’s Trauma Nursing Core Course, which has been taught worldwide to more than 500,000 nurses. The American Academy of Nurse Practitioners presented her with a State Award for Excellence and the California Association for Nurse Practitioners awarded her the Nurse Practitioners of Distinction Award.
SUBMIT NOMINATIONS NOW FOR NURSING’S 2014 AUTHOR E. HUGHES CAREER ACHIEVEMENT AWARD

Nomination form:

Print Nominee’s Name______________________________________________________________

Credentials _____________________________________________________________________

Current Position ___________________________________________________________________

E-mail Address_________________________ Phone ________________________________

Address __________________________________________________________________________

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*Attach nominee’s recent professional vita
*Attach nominee’s three-page summary statement of professional career
*Submit digital copy of nominee’s professional photo

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Return to:  Dean Sally Brosz Hardin
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Nursing Graduate Honors Convocation in Founders Chapel
Families and Friends
Celebrate Convocation
Graduate Nurse Scientists, Executives, Practitioners, and Clinicians, 2013
DOCTOR OF PHILOSOPHY IN NURSING SCIENCE
Alham Abuatiq, PhD, RN
Miriam Bender, PhD, RN
Elizabeth Ciaccio, PhD, RN
Lee Ann Hawkins, PhD, APRN
Anna Marie Cumming-Browne Hefner, PhD, APRN
Shari Jones, PhD, APRN
Sherryl Leary, PhD, APRN
Karen Macauley, PhD, DNP, APRN
Barbara Mayer, PhD, APRN
Melissa Rouse, PhD, APRN
Denise Thompson, PhD, APRN
Katherine Tong, PhD, APRN
Lucy Van Otterloo, PhD, APRN
Yousef Zakarni, PhD, APRN

DOCTOR OF NURSING PRACTICE
Janice Baietto, DNP, APRN
Stephen Brown, DNP, APRN
Jacqueline Copeland, DNP, APRN
Emma Cuenca, DNP, APRN
Debra Graham, DNP, APRN
Tina Ho, DNP, APRN
Jennifer Huck, DNP, APRN
Hailey Hwangbo, DNP, APRN
Angela Jun, DNP, APRN
Kevin Maxwell, DNP, APRN
Anne Monroe, DNP, APRN
Beatrice Okoreeh-Kangah, DNP, APRN
Patience Onyegbule, DNP, APRN
Paul Russo, DNP, APRN
Angela Smith, DNP, APRN
Ellen Ward, DNP, APRN
Marlene Weiss, DNP, APRN

MASTER OF SCIENCE IN NURSING ADVANCED PRACTICE PROGRAMS
Adult-Gerontology Clinical Nurse Specialists
Cherry Mae Cabacungan, MSN, APRN
Deena Drake, MSN, APRN
Sarah Gentry, MSN, APRN
Alana Haffner, MSN, APRN
Matthew Jones, MSN, APRN
Susan Jordon-Talaska, MSN, APRN
James Lara, MSN, APRN
Lora Mills, MSN, APRN
Tracey Price, MSN, APRN
Rebecca Schroeder, MSN, APRN

Dual Primary Care Adult Gerontology/Family Nurse Practitioner
Christa Duncan-Arfaa, MSN, APRN
Patricia Lee, MSN, APRN
Eunice Ong, MSN, APRN
Rhys Parker, MSN, APRN
Cheryl Ripp, MSN, APRN
Amanda Wolfe, MSN, APRN

Primary Care Family Nurse Practitioner
Christine Cruz-Groth, MSN, APRN
Veronica Darville, MSN, APRN
Stephanie Fiore, MSN, APRN
Jennifer Fuller-Christie, MSN, APRN
Leslie Karr, MSN, APRN
Diane Kulehua, MSN, APRN
Susan Klein, MSN, APRN
Sara Revela, MSN, APRN
Happy Sanchez, MSN, APRN
Laurie Schleppe, MSN, APRN
Ndona Tshijjika, MSN, APRN
Evangeline Viste, MSN, APRN
Katie Zielinski, MSN, APRN

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Jamie Fauth, MSN, APRN
Jonathan Strohl, MSN, APRN
Veronica Zuniga, MSN, APRN

MASTER OF SCIENCE IN NURSING GRADUATE NURSING PROGRAMS
Clinical Nursing Graduates
Leonardo Domingo, MSN, RN
Jennifer Haddow, MSN, RN
Alyssa Macandog, MSN, RN

Executive Nurse Leader Graduates
Sulaiman Al Sab’ei, MSN, RN
Tammy Doolittle, MSN, RN
Keitha Giannella, MSN, RN
Michelle Gould, MSN, RN
Donna O’Brien, MSN, RN
Jodi O’Brien, MSN, RN
Kimberly Savidan, MSN, RN
Jacqueline Wooters, MSN, RN

Health Care Informatics Graduates
Tennille Gifford, MSN, RN
Alison Harrison, MSN, RN
Kim Mueller, MSN, RN
Annamarie Tirobier, MSN, RN
Nicole Wilson, MSN, RN

MASTER OF SCIENCE
Health Care Informatics
Juvilyn Ebalo, MS
My Hillard, MS

Masters Entry Program in Nursing Program Completion and Pinning
Megan Adams, MS
Amara Altman, MS
Alyssa Andrews, MS
Joseph Bautista, MS
Stephanie Bonenfant, MS
Sanna Chae, MS
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Lindsay Van Amringe, MS
Katayln Williams, MS
Amber Zimmerman, MS
HONORS AND AWARDS

[FACULTY]

**Dr. Laurie Ecoff** was awarded Association of California Nurse Leaders’ “Excellence in Leadership” award for San Diego. She also was selected to be a member of the American Nurses Credentialing Center’s “Content Expert Panel” for the Executive Nurse Leader specialty.

**Dr. Jane Georges** was nominated for the 2013 USD University Professorship award from the Hahn School of Nursing and Health Science.

**Dr. Kathy James** has been recognized as an expert specialist in obesity management and an “International Fellow of the Specialist Certification of Obesity Professional Education Program” (SCOPE) of the International Association for the Study of Obesity.

**Dr. Jonathan Mack** received a published patent on his application for a freestanding mobile documentation system that provides high level clinical decision support to assist the clinician in making informed decisions based upon data from various sources.

**Dr. Ann Mayo** was the recipient of the National Association of Clinical Nurse Specialists (NACNS) 2013 Brenda Lyon Leadership Award.

[ALUMNI AND STUDENTS]

**Grace Bacani** (DNP Student), was selected to participate in the PRIME program at the VA San Diego Healthcare System for spring and fall 2013 semesters.

**Dr. Miriam Bender** (PhD, 2013), was awarded the “Academy Health Interdisciplinary Research Group on Nursing Issues New Investigator Award” for the best research paper submitted by a new researcher. The Academy recognizes the scientific work of emerging scholars in the field of health services research relevant to nursing practice, workforce, and education.

**Dr. Stephen Brown** (DNP, 2013), received the Red Ribbon Research Award at the Western Institute for Nursing Research Conference for his DNP Project, “Developing a Medication Adherence Program for an Outpatient Mental Health Practice.”

**Dr. Willa Fields** (DNSc, 1990), testified before the Technology and Innovation Subcommittee of the House of Representatives Committee on Science, Space, and Technology regarding Health Information Technology Standards and Interoperability.

**Dr. Brenda Fischer** (PhD, 2008), was appointed to the 2013 American Organization of Nurse Executives Strategic Planning Committee.

**Dr. Anna Marie Hefner** (PhD, 2013), received the “Midlevel Professional Award” from the American Association for the Study of Liver Disease for her Dissertation, “Facilitation Lifestyle Changes to Manage Progressive Fatty Liver Disease.”

**Kristina James** (MEPN Student), was a finalist for the Dr. Judy Rauner Award for Social Justice.

**Dr. Jackie Rychnovsky** (PhD, 2004), assumed her command as the Director of Naval Research in July, 2013. Dr. Rychnovsky is the first nurse to receive this command.

**Lourdes Salandanan** (PhD Student), was nominated as a “Woman of Achievement” in the Field of Education by the YWCA of San Gabriel Valley.

**Dr. Lucy Van Otterloo** (PhD, 2013), has had her Dissertation selected by the faculty for submission to the AACN’s PhD Dissertation Award committee. Dr. Van Otterloo studied Risk Appropriate Maternal Care: Identifying Risk Factors that Effect Maternal Outcome.

**Jacqueline Wooters** (PhD Student), was selected to participate in the American Cancer Society Cancer Action Network Lobby Days in Washington D.C.
DEAN’S SCHOLARS FOR 2012-2013

Dr. Alham Abutique, PhD, 2013, was awarded $5,000 for his Dissertation, Patient and Health Care Providers’ Perception of Stressors in the Critical Care Unit.

Dr. Miriam Bender, (PhD, 2013), was awarded $5,000 for her Dissertation, Understanding the Clinical Nurse Leader Role in Practice: An Interpretive Synthesis of the Existing Evidence.

Heather King, (PhD[c]), was awarded $5,000 for her Dissertation, Acupuncture for Sleep Disturbance in OEF/OIF Veterans with Post Traumatic Stress Disorder.

Dr. Sheryl Leary, (PhD, 2013), was awarded $5,000 for her Dissertation, Relationship of Internet Delivered Mantram Repetition Program on Burnout in Healthcare Workers.

Dr. Tina Ho, (DNP, 2013), was awarded $2500 for her DNP Evidence Based Clinical Project, The Effect of Customized Asthma Education on Patient Knowledge and Health Outcomes.

Dr. Anne Monroe, (DNP, 2013), was awarded $2,500 for her DNP Evidence Based Clinical Project, Poly Trauma Clinical Triad: Increasing Provider Knowledge and Promoting Better Patient Care

DEAN’S SCHOLARS FOR 2013-2014

Weam Alkhatib, (PhD[c]), was awarded $5,000 for PhD Dissertation Research on the Determinants of Physical Activity in Arab American Children.

Hope Farquharson, (PhD[c]), was awarded $5,000 for PhD Dissertation Research on Gestational Weight Gain Patterns.

Ahmad Madie, (PhD[c]), was awarded $5,000 for PhD Dissertation Research on the Impact of Electronic Health records on the Quality Outcomes of the Adult ICU.

Heather Warlan, (PhD[c]), was awarded $5,000 for PhD Dissertation Research on the Early Identification of PTSD in Post ICU Patients.

Tatiana Ellsworth, (DNP Student), was awarded $2500 for her DNP Evidence Based Clinical Project, Implementing an Infant Oral Health Program in a Community Health Clinic.

GRANTS


Bonell, S. (2012-2013). Efficacy of Hgb Color Screen with the Hemocue Method. School of Nursing Faculty Research Incentive Grant Funded for $5,000.


in the Perinatal Period. National Institute of Mental Health Research Award Funded for $3,500,000.


Georges, J., & Montross, L. (2012-2013). Improvement of the Quality of Life for the Terminally Ill. MAPI Research Trust 2011 Catherine Pouget Research Award Funded for $20,000.


Gonzales, L. (2012-2013). Symptom Burden of Critical Illness for Elders at the End of Life. School of Nursing Faculty Research Incentive Grant Funded for $5,000.


Hawkins, S. (2013-2014). Pilot Study: Heart Failure Telemonitoring to Promote Self-Care and Reduce Hospital Readmissions. School of Nursing Faculty Research Incentive Grant Funded for $10,000.


James, K. (2013). Ways to Enhance Children’s Activity and Nutrition: Keeping Families Healthy In Chula Vista. Aetna Foundation Research Funding for $25,000 Pending.


Macauley, K., Hardin, S. B., & Martin, J. (2012-2013). Simulation and Standardized Patient Nursing Laboratory. County of San Diego Funded for $25,000.


Marsh, K. (2012-2013). Transitioning to Adult Care: The Use of Health Care Advocates to Improve Glycemic Control in Adolescents with Type 1 Diabetes. Nursing Faculty Research Incentive Grant Funded for $5,000.

Mayo, A.M. (2012-2013). Pilot Study: Early Clinical Indicators of Dementia with Lewy Bodies. School of Nursing Faculty Research Incentive Grant Funded for $9,000.


Roth, P. (2012-2013). National PhD Faculty Forgivable Loan Grant. Health Resources Service Administration Funded for $1,000,000.


PUBLICATIONS


Mollon, D., Fields, W., Gallo, A., & Kim, S. C. (2012). Staff practices, attitudes, and knowledge/skills regarding evidence-based practice before and after an educational intervention. The Journal of Continuing Education in Nursing, 43(9), 411-419.


Savage, A. I., Lauby, T., & Burkard, J. F. (2013). Examining selected patient outcomes and staff satisfaction in a primary care clinic at a military treatment facility post implementation of the patient-centered medical home. B Military Medicine, 178(2), 128-134.


**PHD DISSERTATIONS**


**Ciaccio, E.** (2013). Case study of parents caring for a child having Type 1 Diabetes with optimal HgA1c. (Unpublished Doctoral Dissertation). University of San Diego, CA.


**DNP EVIDENCE BASED CLINICAL PROJECTS**


**Brown, S.** (2013). Developing a medication adherence program for an outpatient mental health practice. (Unpublished DNP Evidence Based Clinical Project). University of San Diego, CA.

**Copeland, J.** (2013). Intermittent subcutaneous button at end-of-life. (Unpublished DNP Evidence Based Clinical Project). University of San Diego, CA.


**Graham, D.** (2013). Improving asthma management in pediatric patients 12 to 17 years of age. (Unpublished DNP Evidence Based Clinical Project). University of San Diego, CA.


INTERNATIONAL AND KEYNOTE PRESENTATIONS


**Quinn, P.** (2013, June). *Looking for love (legitimation) in all the wrong places — A critique of the nurse practitioner effectiveness literature.* Podium presentation at the Critical Perspectives in Nursing and Health Care Conference, Vancouver, Canada.


**Bender, M.** (2013, January). *Using interrupted time series research design to measure clinical practice.* Poster presentation at the 2013 Clinical Nurse Leader Research Symposium Research, Quality Improvement, and Evidence-Based Practice: Catalysts to Innovation, New Orleans, LA.


**Bender, M.** (2013, June). *Joining forces: Mantram repetition research to improve quality of life in veterans with PTSD.* Paper presentation at the American Holistic Nurses Association Annual Meeting, Norfolk, VA.


Ecoff, L., & Sitzer, V. (2012, October). Transforming lives through caring, innovation, and leadership: Implementing a nursing professional practice model that puts the patient and family first. Podium presentation at the Planetree Annual Conference, Palm Desert, CA.

Failla, K., & Ecoff, L. (2012, July). Blogging: An innovative tool to promote reflective practice for new graduate nurses. Podium presentation at National Nursing Staff Development Conference, Boston, MA.


Graham, D. J. (2013, April). Improving asthma management in pediatric patients 12 to 17 years of age. Poster presentation at the Western Institute for Nursing 46th Annual Communicating Nursing Research Conference, Anaheim, CA.


the 2012 State of the Science Congress on Nursing Research, Washington, D.C.


**James, K.** (2013, November). Nutrifort for the malnourished: Improving health by decreasing poverty, improving nutrition, and providing education. Poster presentation at the Joint Southern California Sigma Theta Tau Odyssey Conference, Ontario, CA.


dium presentation at the American Organization of Nurse Executives Annual Meeting and Exhibition, Denver, CO.


Okoreeh-Kangah, B. (2013, February). Using telephone follow-up calls to improve non-adherence in hypertensive patients. Poster presentation at the Sigma Theta Tau International 42nd Biennial Convention, Indianapolis, IN.

Rotkowski, E. (2013, February). Adolescent obesity...What happened? Podium presentation at California State University, Los Angeles, CA.


Toole, B., Stichler, J. F., Ecoff, L. & Kath, L. (2012, April). Differences in methods used to enhance nurses knowledge, attitudes, and practice of EBP. Podium presentation at the Western Institute for Nursing 46th Annual Communicating Nursing Research Conference, Portland, OR.


**STUDENT SCHOLARSHIPS**

Sarah Giron, (PhD student), was awarded the Columbia University-Presbyterian Hospital School of Nursing Alumni Association/J. Ada Mutch scholarship from Nurses Educational Funds, Inc.

Lee Ann Hawkins, (PhD student), was awarded a $7,500 scholarship by the Achievement Rewards for College Scientists (ARCS) Foundation.

Heather King, (PhD Student), was awarded a $24,644 award from the Tri-Service Nursing Research Program to support her Dissertation research, “Acupuncture for Disturbed Sleep Veterans with Post-Traumatic Stress Disorder.”

Sheryl Leary, (PhD, 2013), was awarded the Isabel Hampton Robb scholarship for PhD education.

Catherina Madani, (PhD Student), was awarded a 2012 Doris Howell Foundation Award for $3,000 for her dissertation research; an ACNL Advanced Degree Scholarship; a $7,500 scholarship by the Achievement Rewards for College Scientists (ARCS) Foundation; and a Victor E. Schimmel Memorial Nursing Scholarship from The Camden Group.

Beatrice Okoreeh-Kangah, (DNP, 2013), was awarded with an ACNL Advanced Degree Scholarship by the Association of California Nurse Leaders.

Christine Sloan, (PhD Student), was awarded a $7,500 scholarship by the Achievement Rewards for College Scientists (ARCS) Foundation.

Heather Warlan, (PhD Student), was awarded the Barbara Tate Scholarship for PhD education.

Yousef Zakarni, (PhD, 2013), was awarded an Irene Sabelberg Palmer Award for $3,467 to complete his dissertation research, “Determinants of Health Related Quality of Life in Arab American Patients with Type 2 Diabetes.”
Hahn School of Nursing and Health Science

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Florence Nightingale instituted nursing science and education
Clara Barton founded the American Red Cross as Civil War superintendent of nurses
Dorothea Dix reformed treatment of the mentally ill
Mary Eliza Mahoney graduated as the first professional African-American nurse
Isabel Hampton Robb established the American Nurses Association
Virginia Henderson distinguished the practice of nursing from the practice of medicine
Dr. Hildegarde Peplau defined the nurse-patient relationship and nurse psychotherapy
10 TOP REASONS TO CHAMPION
Hahn School of Nursing and Health Science

WE:

1. Are the only nursing school in San Diego and Southern California dedicated to nurses’ graduate education with Master’s, DNP, and PhD degree programs.

2. Are ranked in the top 10% of approximately 700 graduate nursing schools in the U.S.

3. Have received $6,000,000 in research grants and $6,000,000 in training grants in the past five years.

4. Conduct clinical nursing research, with our students, focusing on the mental and physical health of mothers and children, the military and veterans, older adults, and end-of-life patients.

5. Have received lead gifts of $10 million (of the $15 million required) to build the Beyster Institute for Nursing Research, Advanced Practice, and Simulation, the first Institute of its kind in the nation.

6. Address the serious national and state nursing shortage (California is ranked 47th in RNs per capita) by having produced over 2000 alumni, with 650 FTE current students, and a 95-99%, on time, completion record.

7. House a state-of-the-art Simulation and Standardized Patient Nursing Laboratory where, each week, we train over 300 nurse clinicians in simulated hospital units, birthing stations, ER, and exam rooms with computerized mannequins and over 150 trained patient actors.

8. Drive the quality of nursing in San Diego, Southern California, the nation, and our world by producing nurse scientists, nurse faculty, Advanced Practice Registered Nurses, nurse executives, and military nurse officers.

9. Have educated up to 43% of nurse faculty, many of the nursing school Deans, and numerous chief executive and chief nursing officers for San Diego and Southern California.

10. Are proud that 20% of our student body includes military officers and vets, and that we have graduated one of the first nurse admirals and Assistant Surgeon Generals, an esteemed army general, and the first nurse to direct Naval Health Research.
A Professional Life Well Lived