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MEPNS WORK IN
San Diego Communities
To Reduce Health Disparities

By Kathy K. Marsh, PhD, RN
The United States is experiencing unprecedented changes in healthcare; changes that will call upon the most creative, analytical, and innovative skills available to reduce differences in the health status of many groups. Ultimately, reducing health disparities occurs in the communities where people reside. Nurses are by far the largest group of healthcare providers worldwide and, as such, have the ability and responsibility to be change agents and leaders in reducing health disparities in communities.

Nursing students in the Master’s Entry Program into Nursing (MEPN) are being prepared for this challenge. Consistent with USD’s Envisioning 2024 strategic plan, MEPN students graduate with a global perspective as compassionate citizens and ethical leaders. Students participate in real world opportunities not only in the hospital setting but also in local communities. USD has served as an anchor institution to many of these agencies for greater than five years. Community members value the relationship with our MEPN students and faculty, and our MEPN students listen and learn from the rich life experience of people from different backgrounds and cultures.

Students are taught the role of the nurse in the community setting. It is a population-focused approach to planning, delivering, and evaluating nursing care. Students increase their understanding of the role of home health nurses, hospice nurses, occupational health nurses, school nurses, forensic nurses, and public health nurses.

Once a week, from June through December, MEPN students along with a clinical faculty member, spend one day each week working at various sites throughout San Diego County where they learn and develop expertise to remedy conditions that contribute to health disparities. After completing a thorough needs assessment, MEPNs develop, implement, and evaluate culturally appropriate community based programs they have designed.

MEPNs SAN DIEGO COMMUNITY SITES:

- Bayside Community Center:
  A non-profit agency providing youth, senior, and family services in Linda Vista. USD Nursing students have been involved with the Bayside Community Center since 1995. Currently students assigned to Bayside are mentored by Professor Connie Curran. MEPN students provided safety assessments to seniors in their homes. They also have conducted weekly classes including exercise programs, hypertension screening, arthritis education, medication reconciliation and education, computer classes, planting and harvesting the community garden, and assisting seniors preparing the Vial of Life. Vial of Life is a program that allows individuals to have their complete medical information ready in their home for emergency personnel to reference during an emergency.
• **CRASH, Inc.** (Community Resources And Self Help): One of the oldest providers of alcohol and other drug rehabilitation services in downtown San Diego. Mentored by Dr. Dotti Cordell, MEPN students partnered with USD law students to organize a “Dress for Success Program” for CRASH participants. Nursing and law students built a large clothes closet on-site where participants can obtain an interview outfit for re-entry to the workforce. MEPN students also provided technological support to the CRASH program by electronically updating the CRASH philosophy manual, a much needed task. MEPNs weekly activities at CRASH included assisting with admitting new residents, conducting intake interviews, assessing levels of addiction using the addiction severity index, as well as participating in group therapy sessions.

• **The Monarch School:** A K-12th grade school for children experiencing homelessness. Mentored by Professor Jennifer Combellick, MEPN students staffed the school nurse office taking care of students’ ordinary bumps, bruises, and psychosocial issues. Additionally, MEPNs provided vision and dental screening for over 250 students, set up a flu vaccination clinic, and taught basic CPR and first aid for Monarch students, parents, and teachers. Blood pressure screenings for parents and teachers also were available. MEPNs organized and staffed a health fair which included the participation of a local farmers market so Monarch students could try foods many had never tasted. In the classroom MEPNs taught a wide variety of classes including: When to see a primary care provider vs. going to the Emergency Department; Empathy; Bullying; Sleep Requirements; Nutrition; Healthy Lifestyle; and Fostering healthy friendships. MEPNs also tutored high school students in writing skills and taught them how to give an oral presentation to a classroom.

• **Hacienda Townhomes:** A low income housing project located in the east village. Mentored by Professor Michelle Harrison, MEPN students completed home safety assessments and provided education on a wide variety of topics including growth and development for children, nutrition for families, vaccination information, flu shot clinic, hypertension screening, and heart health.

• **Nativity Prep Academy:** A middle school for low income children who will be the first in their families to attend college. Professor Tracy Page is the faculty who oversees the MEPN students at Nativity Prep Academy where on a weekly basis MEPNs staffed the nursing office, conducted “Ask a Nurse” seminars, rectified vaccination requirements, taught CPR to faculty and staff, and provided health education in the classrooms. Topics such as flu symptoms, respectful dating, nutrition, exercise, high school readiness, bullying on the playground and classroom, and healthcare as a future career option were presented.

• **St. Madeline Sophie Center:** A day care center located in El Cajon, assisting adults with developmental disabilities. Mentored by Professor Molly McAmis, MEPNs provided a range of classes including computer skills, relationship awareness, proper hygiene, time management, and organizational skills. Nutrition was taught by planting, harvesting, and cooking with the fresh vegetables from the garden.

• **Manchester Child Developmental Center:** A preschool on the USD campus, providing a safe and enriching environment for children ages 2-5 years. Mentored by Dr. Lyn Puhek, MEPN students taught car seat safety, stranger danger awareness, sun safety, and healthy eating for children and families. Play-based activities that increase learning and kindergarten readiness were a focus of the health fair, which also included screening the children for developmental milestones.

In addition to these assigned formal community experiences, MEPNs also engage in numerous voluntary community activities to decrease health disparities. For example, on a warm Saturday morning this spring, many first year MEPN students elected to wake up early to participate in San Diego County’s National Alliance on Mental Illness fundraising walk in Liberty Station. The walk was an excellent culmination of MEPNs’ Psychiatric Nursing clinical rotation demonstrating how patient advocacy continues beyond the hospital setting, and providing first hand insight into the resources available throughout the community. Currently 1 in 5 Americans live with a mental health condition and USD MEPNs are working to assure that all in the community enjoy equal access to excellent psychiatric mental health care.
Innovative Learning and the Dickinson Nursing Simulation Center
By Cheryl Butera, PhD, APRN
The Dickinson Nursing Simulation Center (DNSC) is a state-of-the-art, 10,000 sq. ft. facility on the first floor of the new Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation. The Simulation Center serves as the cornerstone of USD Nursing’s clinical teaching programs as well as its research on clinical teaching and learning. The Center is designed to mirror clinical settings and provide students with a low stress, safe environment in which they can learn, practice, and sharpen analytic critical thinking, decision-making, and procedural skills.

The DNSC design includes a central lecture-hall-lab, which is surrounded with vignettes of hospital patient beds on the periphery, an adjacent hospital nursing station, and individual acute and primary care rooms reflecting primary and tertiary care settings. Video cameras and high fidelity microphones are located throughout all areas of the DNSC to document digital recordings of student performance in the data management system, “Learning Spaces.”

Simulation as an educational technique uses a created situation that allows students to experience a representation of a real life event for practice, learning, evaluation, or testing of a skill or action. In nursing education, simulation training provides a bridge that helps to integrate and apply theoretical classroom knowledge with clinical skills in practice. The primary advantages of simulation methodology are that: (a) a range of learning opportunities involving nursing skills and critical thinking can be created and customized for students using computerized adult, pediatric, and infant manikins; (b) procedural task trainers can be used for development of specific hands-on skills; and (c) clinical case scenarios can be developed and brought to life using standardized patients; e.g., actors trained to have a disease or condition.

The DNSC uniquely uses simulation methodology to both teach and evaluate skills and clinical practice. Clinical Simulation Encounters are formative learning events held two-to-three times per semester in...
which doctortally-prepared and specialty trained faculty facilitate curriculum based learning with small groups of students who interact with case trained, standardized patient actors in videotaped clinical scenarios. Clinical Competency Exams, to evaluate skills and assess overall clinical competency, are held once per semester. These are individual, timed, videotaped high stakes testing events in which students interact one-to-one with a case trained standardized patient actor. For these Clinical Competency Exams, faculty in the Simulation Center Control Room observe, evaluate, and record each of their student’s live behaviors with the “patient” and/or family members on a lap-top computer. All Clinical Simulation Encounters and Clinical Competency Exams are recorded and videotaped for future student-faculty-assisted instruction and debriefing sessions.

USD is the only Nursing school in Southern California dedicated to the graduate education of nurses and, importantly, one of the few in the nation using simulation methodology and standardized patient assessment throughout all nursing programs to evaluate Clinical competency. Recent reports from the Carnegie Foundation and the Institute of Medicine recommend that simulation based assessment should serve as both a teaching and evaluative method in nursing programs to help ensure that nurses can demonstrate safety and competency in clinical practice. Furthermore, it is felt that sufficient evidence exists to incorporate simulation based assessments into testing and regulatory practices to acquire licensure and specialty certifications in nursing. As a profession, Nursing is moving towards the goal of incorporating simulation based assessments for Registered Nurse licensure. Graduates of the Hahn School of Nursing will be well prepared for these types of licensure and specialty examinations. Once again, the University of San Diego Hahn School of Nursing and its Dickinson Nursing Simulation Center are at the forefront of Nursing education, helping to define excellence in Nursing praxis and clinical practice.
"Some people come in your life as blessings. Some come in your life as lessons."
—Mother Teresa

"Love and compassion are necessities, not luxuries. Without them, humanity cannot survive."
—Dalai Lama

"If you judge people, you have no time to love them."
—Mother Teresa

Compassionate Service
“Love begins by taking care of the closest ones, the ones at home.”

Mother Teresa

“How very little can be learned under the spirit of fear”

Florence Nightingale

“Our prime purpose in this life is to help others. And if you can’t help them, at least do not hurt them.”

Dalai Lama
“To understand God’s thoughts one must study statistics... the measure of His purpose”

Florence Nightingale

“Let us never consider ourselves finished nurses... we must be learning all of our lives.”

Florence Nightingale

“I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.”

Florence Nightingale

Professional Knowledge
Mission
The mission of the Dickinson Nursing Simulation Center (DNSC) is to provide a safe, supportive and interactive student-centered environment for all programs of study. Teaching excellence and a Roman Catholic values-based curriculum, which emphasizes the dignity of the individual, fosters this commitment. The DNSC enhances learning by integrating didactic content with hands-on experiences and promoting problem solving clinical reasoning, critical thinking, and clinical judgement. This unique environment prepares learners to deliver quality care in a diverse and complex healthcare environment.

Vision
The Dickinson Nursing Simulation Center is committed to using innovative educational strategies and interdisciplinary collaborations to develop compassionate, confident, and competent nurses who will become future leaders and change agents to foster health and care in the 21st Century.

Values
The Dickinson Nursing Simulation Center’s values are consistent with those of the University of San Diego and include academic excellence, professional knowledge, community, ethical conduct, and compassionate service while integrating respect and justice for the individual throughout all learning experiences.
Our 42-hour journey to Mungeli, India began January 6th, 2017. Our last leg to Mungeli was as exciting as a roller coaster as we bounced inside the back of a make-shift “ambulance.” Let’s just say we lived through this 2-hour ambulance ride with our eyes closed. The long journey helped the students and me to bond quickly. Riddle solving and previous travel stories left us feeling as if we had known each other for years.

Upon arrival to Christian Hospital Mungeli, we were greeted by the senior hospital staff and were served delicious Indian cuisine for dinner. Afterwards, we were shown to our rooms that were co-inhabited with a variety of native spiders and lizards. An icy-cold shower capped off the night before we crawled onto our thin, rock-hard mattresses.
The following morning, we woke to the sound of mosque prayers, blaring Bollywood music, and a lovely screeching cat. Welcome to rural India! Our bodies were stiff as a board and we all rigidly descended the stairs to see what breakfast might await us. After being served Chapatti, rice, and spicy-hot curry, we had the pleasure of touring the hospital.

Christian Hospital Mungeli is a 120-year-old, not-for-profit institution located in the rural area of Mungeli in the central Indian state of Chhattisgarh. The hospital includes 120 beds, a School of Nursing, the K-12 Rambo Memorial English Medium School, the Springer Community College for 8th grade dropouts, and a mobile clinic bus. They serve all people regardless of gender, age, religion, caste, tribe, medical condition, or ability to pay.

Walking into the hospital that first morning impacted all of our senses. Fifty or more family members mingled outside the entrance anxiously waiting to enter in support of their loved ones. Children were running and playing in the corridors and open areas; an aviary housed with a variety of birds captured their attention. Smells of Indian food cooking over open fires mixed with the aroma of diesel fuel from local construction and motorbikes. Rows of motorcycles lined the left entrance of the ward and wild dogs roamed aimlessly while searching for forgotten food morsels. A feeling of energy and unfamiliarity surrounded us as workers buzzed through hallways with patients on gurneys. Noisy machinery, crying babies, foreign conversations, motorcycle rumbling, and Hindi music maximized our sensory intake. We stood in awe, partially because we were in culture shock.

As we walked through the hospital entrance, a doorman who controlled the number of entering visitors welcomed us. On our left was the OB-GYN ward and nursery; on the right, the male ward. The center ward housed the progressive care unit and post-anesthesia care. Passing through these units, we could access the Labor & Delivery room. Upstairs had two ICUs and an overflow female ward. The outpatient department, dentist, pharmacy, injection room, and offices were located behind the Operating Theater. The nursing school, which consisted of three classrooms and a library/conference room, was above the outpatient department. Nursing students and staff nurses worked collaboratively together.

After changing into scrubs and donning caps and masks, we were ready to enter the procedural area. We observed and scrubbed in on many surgical procedures; Daniel, Hezekiah, and Marley saw a record 32 surgeries! The highlight was a Cesarean section for which Swaran, the head nurse, asked Daniel to scrub up. Amazingly, just moments after the surgeon’s initial incision was made, Daniel felt his hand pushing on the mother’s abdomen to help the mother deliver her beautiful baby girl. While Daniel lent the surgeon and nurse a hand during suturing, Hezekiah and Marley promptly stepped in to effectively manage the mother’s dropping blood pressure. Becoming a part of the remarkable OR team was surreal and one
of the many experiences in Mungeli we will never forget. Later that afternoon, Bessie and Aishvarya visited each ward, doctor’s office, and clinic. We then joined the nurse-physicians’ rounds, which helped us gain a clearer perspective of rural India healthcare.

We concluded the day at the Hospital Director’s poolside bungalow where he treated us to a fine dinner and serenading karaoke. We reflected and shared stories of our day and learned that while some of us got a history lesson on India, a few learned to ride a motorbike and others faced child-sized monkeys. Most of us admired the hospital parakeet sanctuary and all of us consumed bottomless cups of chai tea, samosas, and popcorn. That night we survived an Indian monsoon storm that left us without power. Nevertheless, we all went to bed early that night.

Midweek we ventured out on the mobile clinic bus that featured a lab, delivery room, exam room, and pharmacy. The driver wildly drove us into a neighboring community where we set up our clinic site. Once the villagers saw us, it became “organized chaos.” We set up a triage team obtaining patient data and taking vitals on all 56 patients, who then saw the physician. There were common trends in diagnoses: fungal infections, gastritis, pelvic inflammatory disease, and hypertension. A few vivid cases captured our attention. One woman had received cryotherapy for cervical cancer via the mobile clinic a few weeks before; a tribe of nomadic women—known tobacco chewers—complained of fever, dizziness, joint pain, and mouth ulcers. Told to quit the tobacco, they just laughed. We were told, “Telling these women to stop chewing tobacco is like telling them to stop breathing.”

We also took part in the “Baby Box Initiative.” Chhattisgarh has India’s second highest maternal mortality rate; for every 1,000 babies born, 55 die before their first birthday, mainly due to malnutrition and lack of antenatal care. The “Baby Box,” which is made of sturdy plastic to survive the monsoons, contains basic sanitary and health items for mother and baby. It is meant to encourage women to receive their full four antenatal visits, which only 54% currently do.

A few days later, we drove to a local village to visit the “Quacks,” “Witch Doctors,” or “Bone Setters,”
who craftily lure the natives with a 100% guarantee of healing broken bones with a low upfront cost, magic oils and creams, and a prescribed diet free of milk products, meat, calcium, eggplant, sugar, and alcohol. The Bone Setters splint the injured limb in cardboard and insist the family stay at home while the “bone heals,” and the cost of treatment goes up as each day passes. It is difficult for the Western Medicine nurses and physicians at Christian Hospital Mungeli to intervene.

As we approached the end of our trip, we presented our observations and recommendations for best practice methods through evidenced based practice to all of the medical staff, nursing instructors, and nursing students. Our main objective was to improve infant outcomes. It was here that we launched Phase 1 of our Clinical Nursing Research Mission —“Kangaroo Care.” Kangaroo Care is the direct skin-to-skin contact of mother and infant, a method that research has shown to decrease stress hormones and crying; and improve oxygenation, regulated breathing, weight gain, heart rate; mother-baby bonding; breastfeeding, and brain development. The decision to launch Kangaroo Care was inspired by one case in particular. A premature baby girl, born at 29 weeks and weighing only 1000 grams, was on continuous oxygen and confined to an incubator. She exhibited steady decline. Marlisha Smith, a 1st year DNP student, suggested Kangaroo Care; and after its implementation, the baby gained 20g! This case started a hospital wide initiative to expand Kangaroo Care.

Words cannot convey the incredible experiences we encountered at Christian Hospital Mungeli, India. Not only did we become fully immersed in a vibrant and hospitable culture, but we also had our eyes opened to the intricate and philanthropic work that is quickly evolving in this small rural town. We were amazed by the number of people the hospital served and the incredible energy and work of the senior staff to improve the quality of care. Empowerment through education and research is central to their healthcare philosophy, as it is to ours. We have been blessed by our time in Mungeli and look forward to future visits and further testing and expansion of Kangaroo Care, the Evidence Based practice that we introduced and aim to make sustainable for all of Mungeli’s mothers and babies.

“Kangaroo Care is the direct skin-to-skin contact of mother and infant...”
Increased lifespans, advances in genetics, science and technology have enhanced Americans’ quality of life, but have added to the burden of chronic or debilitating illness. This increasing burden of chronic or debilitating illness challenges the health care system and family caregivers who struggle to balance time and resources. Palliative care across settings and age groups has become a vital component in attempting to establish continuity of care in a fragmented health care delivery system. According to the Center to Advance Palliative Care’s 2016 Report, 90% of U.S. hospitals have a Palliative Care team. Many of these teams are led by Advanced Practice Registered Nurses (APRNs) who have been educated in pain and symptom management, interprofessional communication, and bereavement issues. Preparing PhD nurse scientists, clinicians, and educators in Palliative Care is more critical today than ever before.”
more critical today than ever before. Schools of Nursing must continue to advance the science informing Palliative Care and promote education for advanced practice nursing.

To address the special challenges facing families with chronic and debilitating illness and to facilitate communication and decision-making about end-of-life issues, the Kaye M. Woltman and Melisa R. McGuire Palliative Care Education and Research Unit in the Beyster Institute for Nursing Research was established in 2016. Mr. Richard P. Woltman, an ardent supporter of enhancing communication between health care professionals and family members encountering difficult care decisions, recognized the contribution that Nursing Science and Palliative Care APRNs could make and supported this initiative.

In an effort to expand the focus on Palliative Care in Nursing Science and education, USD Nursing instituted and expanded several initiatives. The Beyster Institute for Nursing Research, in partnership with the American Association of Colleges of Nursing and the End-of-Life Nursing Education Consortium, sponsored a pre-conference to the AACN Doctoral Education Conference, on January 18, 2017 in San Diego. Entitled Palliative Care Education, Practice, and Research: Preparing Doctoral Students to Meet the Complex Needs of the Nation’s Seriously Ill, this conference provided an overview of the state-of-the-science in Palliative Care, how it is being taught in doctoral programs, and strategies for community outreach. Nursing faculty and administrators from across the country attended the event.

Betty Ferrell, PhD, RN, FAAN, Director and Professor of Nursing Research and Education at the City of Hope, addressed the State of the Science in Palliative Care Research. Lucia Wocial, PhD, RN, FAAN, Indiana University Health and Fairbanks Center for Medical Ethics Nurse Ethicist and Project Director for the Woltman Inter-professional Communication Scholars Program, Indiana University, provided an overview of Innovations in Palliative Care.
Kathleen Stacy have just released the eighth edition of their award-winning textbook, *Critical Care Nursing: Diagnosis and Management*, addressing ethical challenges and decision-making in life-threatening situations.

Dr. Eileen Fry-Bowers, a legal and health policy expert, is leading the emphasis on policy issues in health care. She has focused her research on examining the relationships among structures, processes, and outcomes of care in vulnerable pediatric populations, with an emphasis on parent-provider interaction, literacy, communication, and families' decision-making regarding Palliative Care issues with neonates and children. She has been appointed to the Hospice and Palliative Nurses Association Advocacy Council that guides the policy and advocacy activities of HPNA. Dr. Fry-Bowers is also a member of The Palliative Care Research Cooperative (PCRC). The PCRC is dedicated to enhancing sustainability and building the science of Palliative Care. Dr. Fry-Bowers teaches courses in the PhD Program, including the Research Seminar in Health Policy and the Research Seminar in Health Disparities.

Student research has contributed to the science of Palliative Care through a focus on symptom management, decision-making, and the experience of chronic illness. PhD student, Michael...
Baumgardner, MSN, RN, is focusing his dissertation on gaining a deeper understanding of spiritual well-being among informal caregivers who assume the role of primary caregiver of a family member with dementia. Baumgardner states that dementia is the second leading diagnosis of patients receiving Palliative Care. As the disease progresses, these individuals increasingly lose the ability to care for themselves. It is estimated that approximately 15 million adults are informal caregivers to a person diagnosed with dementia, often at a great cost to their own physical, emotional, spiritual, and financial health. According to Baumgardner, Palliative Care seeks to improve quality of life in patients with life threatening illnesses and their caregivers, but the area of spiritual-well-being merits further exploration. The National Institute for Nursing Research has identified the science of caregiving across the lifespan as a major focus for further development.

The number of persons needing Palliative Care is expected to double within the next twenty years, necessitating well-prepared, highly educated clinicians informed by a substantive body of research. Advancing the science of Palliative Care presents challenges and opportunities for research that enhances the quality of life for persons of all ages, ethnicity, health status, and belief structures—in short, everyone. This emphasis on Palliative care, including end-of-life care, at the University of San Diego has been influenced by two remarkable trailblazers, Lillian Wald, the “Mother” of Hospice Care in the United States and Dr. Doris Howell, the driving force behind the hospice movement in San Diego and throughout the country. If the current work of the faculty and students at the Beyster Institute for Nursing Research heralds what is yet to come, then we are one step closer to reaching their vision of compassionate care in all settings and especially at the end of life.
Veterans, Clinicians, and Researchers Working Together

By Cynthia D. Connelly PhD, RN, FAAN and Semira Semino-Asaro PhD, APRN

Drs. Cynthia D. Connelly and Semira Semino-Asaro have been named Collaborative Academic Research Members on a multi-state project called “Veterans’ Action League” to lead a dynamic two-year project that empowers veterans to have an active voice in guiding veteran healthcare. In concert with the military healthcare initiative, “Canines Providing Assistance to Wounded Warriors” under the direction of Dr. Cheryl Krause-Parello at the College of Nursing University of Colorado Anschutz Medical Campus (www.nursing.ucdenver.edu/C-PAWW), this national project examines what information veterans need and want to make informed decisions about their healthcare. This project is partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (3302-UCD).

“...empowers veterans to have an active voice in guiding veteran healthcare.”

To improve the health outcomes of military veterans, Drs. Connelly and Semino-Asaro are connecting with powerhouse teams of researchers from the University of Colorado Denver, University of Texas San Antonio, ...
Florida Atlantic University, Pennsylvania State University, University of Rochester, and the Ohio State University. The ultimate goal of this collaboration is the development of an interactive tool-kit for veterans, community organizations, and healthcare providers to connect veterans with available resources, in a straightforward, user-friendly format.

Dr. Krause-Parello notes, “We know veterans reintegrating back into civilian life can face enormous pressure and challenges. Many veterans may feel disconnected from the myriad resources that exist to help them. If we take the time to listen to veterans, we can empower our veterans to make the best possible decisions for their own health.”

This project has given Drs. Connelly and Semino-Asaro the opportunity to meet and learn from the Veteran Action League’s (VAL) Unit Leader, Aaron Seibert, Chief Hospital Corpsman U.S. Navy Retired. Seibert plays an integral leadership role in engaging the veteran community over the course of the project. Using a blend of in-person meetings and digital conferencing among a geographically diverse team, this project advances a robust, veteran-driven model of patient-centered care and patient engagement, recognizing the discrete healthcare needs of members of the armed forces.

Veterans, especially those who have experienced combat, have unique perspectives about transitioning to civilian life, general reintegration, healthcare decisions, and/or the relevance of professional and social networks in relation to...
mental and physical well-being. These perspectives have not been well understood. Through informally guided Focus Groups, participating veterans, stakeholders, and collaborative research, members are having rich discussions that will inform collective efforts to improve healthcare provider-veteran engagement. Through their commitment to this process, veterans are in a position to provide direct and indirect assistance to one another while strengthening the bonds that have been created through shared experiences.

For veterans, contributing to the process of improved healthcare delivery for their community involves a courageous willingness to share the inherent struggles of Veterans, Clinicians, and Researcher integrating challenging combat experiences. This process of sharing common struggles makes this PCORI project a potentially therapeutic and meaningful one for veteran participants while it addresses the practical concerns of improved health service delivery for this potentially vulnerable population.

In addition to his role as VAL Unit Leader, Chief Hospital Corpsman Seibert is a key stakeholder in disseminating knowledge regarding the services available in Southern CA for veterans experiencing challenges from physical and/or mental trauma. Mr. Seibert works directly for the PTSD Foundation of America providing peer-to-peer support to combat vets, and serves on the Board of Directors for Warrior Built Foundation, Iron Horse Marine Foundation, and Operation Silver Star.

In this capacity, one interesting example of what Connelly and Semino-Asaro have learned from Seibert is the importance of self-directed, therapeutic activities that emphasize enjoyable physical exercise using innovative equipment. Veterans have shared that the regular use of an underwater treadmill has helped them maintain and restore function while decreasing chronic pain, mitigating the need for pain medications that create obstacles to physical and psychological recovery through various side-effects. Another collective therapeutic activity for these veterans is shared meaningful recreation, spending time together actively engaged in mutual interests such as motorcycle repair or musical collaboration.

This type of healing through recreation requires dedicated space and the Warrior Built Building provides just that—it includes garage space for various vehicles, including motorcycles and a music room with a number of instruments. In addition, there is a room with comfortable seating that encourages supportive interaction and conversation.

The nurse researchers say, “This project has opened our eyes to the ways in which veterans can support and engage one another; and now we have the opportunity to assist them in extending these skills and strengths to having their voices heard by grateful civilians, relevant providers, and stakeholders in the healthcare community.”

“...having their voices heard by grateful civilians, relevant providers, and stakeholders in the healthcare community.”
Few intervention studies with homeless persons focus specifically on homeless women, even though women, and families headed by women, are the fastest growing segment of the homeless population. As of 2015, reports have indicated that there are approximately 226,000 homeless women living in the U.S. However, this statistic is likely underestimated. Homeless women often need to remain ‘hidden’ because of their vulnerability, and may be housed in spaces that are not counted in official homeless point-in-time estimates. The homeless population in San Diego is the fourth largest in the nation. Nearly one in four homeless persons live in California, at a rate of 35 per 100,000. In San Diego County, one-quarter of the 8,500 homeless are families, of whom 90% are headed by women.

The homeless have high levels of psychological and physiological stress, anxiety, and insomnia all of which...
can interfere with daily functioning and the ability to problem-solve and make decisions that lead to obtaining stable housing. Those who are homeless also report poor sleep quality and insomnia, which can result in significant morbidity, including suicide.

The Mantram Repetition Program is a portable meditation-based program that teaches the frequent, silent, intermittent repetition of a self-selected word. Repeating a Mantram serves as a “pause” button for the mind—a brief respite from daily hassles shown to decrease reactivity and immediately bring an individual into the present moment for a rest. The program is hands on, portable, nonpharmacological and therapeutic. The program can be practiced anywhere and at any time, making it both practical and sustainable. The Mantram Repetition Program has been shown to significantly decrease insomnia, depression, anxiety, and PTSD symptoms in randomized clinical trials among Veterans and other populations. Dr. Jill Bormann’s research corroborating these positive effects was recently recognized by the American Academy of Nursing, who designated Dr. Bormann as an “Edge Runner” recipient for her work. The Edge Runner initiative recognizes nurse-designed models of care that impact cost, improve healthcare quality, and enhance consumer satisfaction.

We believed that the Mantram Repetition Program might be an ideal method to decrease insomnia, stress, and anxiety among homeless women because of its positive effects with numerous stressed populations in Dr. Bormann’s work. It is also ideal due to the ease with which it is taught, its portability, and because it does not demand equipment, a special space, or a state of being.

We conducted a mixed methods pilot study of the Mantram Repetition Program among San Diego homeless women living in safe car parks and of whom 24 returned at one week (84%). The sample was racially and ethnically diverse reflecting the population of San Diego and nearly half were living with their children. Half of the women were depressed, as measured by a score of “10” or more on the PHQ depression scale. However, most rated their health as fairly good and rated one standard deviation above the mean for cognitive and mental health functioning on the Medical Outcomes Survey. At baseline, 67% of women were experiencing insomnia.

After one week, 88% of women reported using their Mantram daily and half used it prior to sleep. All of the women in the safe car parks and just over half of the women in the group home were using Mantram. Most women were very or moderately satisfied with their Mantram use (58%) with only 3 women being dissatisfied or very dissatisfied. We thought this was a positive result, especially considering that we were teaching the program outside, near a noisy freeway and airport, while the homeless women sat on church steps adjacent to their parked cars.

In the second week follow up, these women were highly interactive and they participated enthusiastically in sharing their use of Mantram. Three themes emerged from their qualitative comments: their use of Mantram, benefits of Mantram, and feeling that “someone cared about them.” The women felt cared for simply by our reaching out to them to participate in this study. One said, “You all care for us; you do not treat us like others who just pass us on the street and pretend we do not exist.”
Another woman’s words spoke to the usefulness of Mantram for stress reduction. “I used to get real upset when my boss hollered at me. Today, I repeated my Mantram over and over in my mind as he was screaming. He did not know what I was doing. I was okay.”

We saw a statistically significant decrease in insomnia severity after one week of Mantram use (mean difference=2.36, SD=4.75; p=0.03), an unusual finding with a small sample size. Four women decreased from the severe insomnia category to having moderate insomnia and two more decreased from moderate to no significant insomnia. Of course, this was only after one week and we do not know if women sustained their use of Mantram.

Based on these promising results, we were awarded a Community Engagement grant from the Doris A. Howell Foundation to do a larger randomized study of the Mantram Repetition Program among homeless women in transitional housing at the Door of Hope. We also will conduct the intervention at an emergency shelter for homeless women. In this next study, the intervention will be six weeks long, which is more typical for teaching the program and also the shortest period to measure decreases in physiologic stress. This will be measured using changes in hair cortisol, a marker of chronic stress. This study will include Hahn nursing students who will deliver the intervention, and provide child care for women with children. A group engaged in a series of “Women’s Health Education,” will serve as a control group.
With the looming shortage of primary care physicians, Nurse Practitioners (NPs) are well equipped to strengthen the primary care workforce and address the limited access to primary care services plaguing our nation. NPs increasingly are filling primary care provider shortage gaps in our city, state, and nationwide. NP education surpasses the confines of academic classrooms and Simulation Centers. It is essential to support and augment NP theory and simulation course work with clinical practicum training sites that are supervised by clinical preceptors. USD NP students are required to complete 650 clinical practicum hours for the Master in Nursing degree and 1000 hours for the Doctor of Nursing Practice.

Serving as a preceptor poses several challenges for our primary care providers. It is essential to support and augment NP theory and simulation course work with clinical practicum training sites that are supervised by clinical preceptors. USD NP students are required to complete 650 clinical practicum hours for the Master in Nursing degree and 1000 hours for the Doctor of Nursing Practice.

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care colleagues. They must balance the demands of clinical practice—increased expectations in productivity, the expanded use of technology in primary care settings, limited space, and the burden of teaching while treating patients and being a skilled role model. On the other hand, our NP program faces the challenge of increasing competition for health provider clinical training sites. An increasing number of local NP programs and students, on-line distance NP students, and medical students all are vying for primary care clinical training sites. Some NP programs require that their NP students locate their own clinical practicum sites, a factor that often increases student anxiety, decreases student learning, and delays graduation.

Our NP Program, however, faces these significant challenges in other ways. Over the decades, our network of USD NP alumni, and community NPs and physicians has grown. So also has the geographical region from which we select NP and MD preceptors. Our experienced and skilled preceptors provide vital instruction in their primary care clinical offices within a large area of Southern California, including North and Orange County, Los Angeles, San Bernardino, Riverside, Temecula, East County, Imperial Valley, and the South Bay. USD SON also has developed long term affiliation partnerships with local healthcare systems including Scripps, Sharp, Minute Clinic, Kaiser, Veteran’s Administration, State and Federal Correctional Facilities, Military Health, Family Health Centers, La Maestra, North County Health Services, San Ysidro Health Centers and many more. Also, importantly, USD SON has a Master’s-prepared NP Placement coordinator, Ms. Amy Wright, who manages all NP student placements. Ms. Wright works diligently every semester to place and pair NP students with preceptors throughout all of our clinical sites and partnerships, thus ensuring that students will complete the required clinical hours for timely graduation.

These networks, partnerships, and our NP Clinical Placement Coordinator have expedited the education of hundreds of primary care NPs and prepared them to enter the primary care workforce as independent providers. USD Nursing recognizes that our generous and skilled preceptors are invaluable and provide essential, meaningful mentoring to our NP students, helping them transition from our academic setting to the “real world” of clinical practice. USD SON celebrates and recognizes all preceptors annually at the Preceptor Recognition Ceremony. This year, the “NP Preceptor of the Year Award” was given to USD Alumni, Ms. Zoe Droske, FNP. This highly talented preceptor who received her BSN from SDSU and her MSN from USD, conducts her practice with the Sharp Rees Stealy Medical Group in their pediatric and adolescent primary care department. She has served as a USD preceptor for over 20 years, working with many USD NP students. Student evaluations from as far back as 1996 consistently praise Ms. Droske for her excellence in teaching and mentoring.

Students applaud this preceptor not only for her clinical expertise, but also for her capacity to mentor students with kindness and patience. A student explained, “We enter clinical sites intimidated by our lack of experience...she also challenges us to think critically while bolstering our self-confidence.” An NP alumnus explained, “I have such good memories of the semesters I got to spend learning from her and will use the knowledge I obtained for the rest of my career as an NP. I am so incredibly thankful!”

So USD Nursing thanks our “Star NP Preceptor for 2017, Ms. Zoe Droske”! We understand the value and importance of clinical preceptors and their vital contribution to the education of our NPs. We are indebted to their commitment to excellence in NP education and professional contributions to the role and scope of NP practice.

If you are interested in serving as a clinical preceptor or have questions about precepting students, please contact Ms. Amy Wright at: amy@sandiego.edu.
The impetus for a BSN to PhD Program came from two separate, yet somewhat related sources. Dr. Linda Urden was hired as the Coordinator for the Executive Nurse Leader (ENL) Program in Fall 2004. She began her role by conducting a 360º assessment of the program, including program framework, curriculum, crosswalk with competency standards, congruence with requirements for a nurse leader Master’s program, previous graduates, student and alumni suggestions, issues and concerns, and faculty teaching in the program. Urden also wanted to hear from the community nurse executive “consumers” of our product.

Dr. Urden and Dean Sally Brosz Hardin scheduled meetings with our community colleagues to solicit their input and views on current health care issues, essential knowledge that they expected a graduate to have, qualities, future trends, and how our ENL program could meet their needs. The discussion was very informative. The discussion was very informative and was used to address curricular revisions and practicum experiences.

One CNO said, “USD is known for its excellent PhD program. Why don’t you do what you do best—create a PhD Program for ENLs?” Much additional discussion then ensued around this topic. During this time, the American Nurses Credentialing Center (ANCC) Magnet™ designation was becoming known as the highest recognition for nursing excellence internationally. One expectation of the Magnet™ designation was that the organization would have a PhD-prepared CNO, in addition to having an onsite PhD Nurse Scientist to coordinate nursing research in the organization. This was a great “take-away” from the meeting!

Very soon after that, Dr. Urden interviewed two prospective ENL MSN students. Both said that their ultimate goal was to attain a PhD
to teach and do research. Both individuals had an impressive history of nurse leadership positions; one had published and the other had taught. This experience immediately brought to Dr. Urden’s mind the CNO discussion!

Dr. Urden then met with Dr. Patricia Roth, the PhD Program Director, to discuss the possibility of creating a BSN-PhD Program. They decided to pilot the program with the two students described above. Some individual adjustments were made to the students’ academic plan: a leadership course was eliminated since the students had held various leadership positions; the Masters 6 unit Practicum also was deleted for the same reason; and the Master’s level Policy course was replaced with the PhD Policy course.

In place of the MSN practicum, the Directors created an ENL Research Residency (3 units) in which students are placed with a PhD Nurse Scientist in a community hospital. The Residency’s purpose is to explore interrelationships among the Nurse Scientist and key stakeholders specific to data management, research, quality, safety, technologies, effective partnerships, and organizational leadership. The Residency emphasizes the Nurse Scientist role in executive practice and enables the student to participate in various components of research and grant-writing in a precepted experience.

During a three-unit ENL Research Seminar, students analyze the state of the science concerning health systems and organizational research, and sources of funding; examine the research focus and career trajectories of key nurse researchers in these areas; and explore theoretical frameworks, ethical considerations, research methods, instrumentation, findings, policy and practice implications, and directions for future ENL research. ENL students begin taking PhD courses in their second fall semester, and attain a Master’s degree as an ENL prior to completing the remaining PhD courses.

Currently, there are ten ENL-PhD alumni, three ENL students in the PhD portion of their program, three in the MSN portion. Three will complete the summer Research Residency and seminar and obtain their Master’s degree in August, 2017, and one has been admitted into the MSN portion for fall 2017.

USD Nursing’s newest BSN-to-PhD Program is for the Clinical Nurse Specialist (CNS). Applications will be accepted for the Fall 2018 cohort. Like the ENL Program, the CNS BSN-to-PhD Program also will be

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Critical Care Nursing: Diagnosis and Management, eighth edition, represents our continued commitment to bring the finest in all things a textbook can offer: the best and brightest contributing and consulting authors; the latest scientific research befitting the current state of health care and nursing; an organizational format that exercises diagnostic reasoning skills and is logical and consistent; and outstanding artwork and illustrations that enhance student learning. Our editorial team of Drs Urden, Kate Stacy, and colleague, Mary Lough, pledge our continued commitment to excellence in critical care education. The book has been adopted nationally and internationally into both undergraduate and graduate nursing programs, and has been translated into French, Spanish, and Portuguese. We now are working on our other book, Priorities in Critical Care Nursing, 8 ed. Together, these two books combine to be the top selling critical care nursing books—a fact for which we are extremely proud!

This book’s nine units and two appendices are organized around alterations in dimensions of human functioning that span biopsychosocial realms. A dominant theme of the book continues to be nursing diagnosis and management, reflecting the strength of critical care nursing practice. Wherever possible, evidence-based critical care practice is incorporated into nursing interventions. To foster critical thinking and decision making, a boxed “menu” of nursing diagnoses, complete with specific etiologic or related factors accompanies each medical disorder and major medical treatment discussion and directs the learner to nursing management plans. A variety of QSEN boxes highlight quality and safety issues that are key to the care of critically ill patients. Concept maps portray the outcome approach to nursing care, depicting how the nursing interventions will alter a nursing diagnosis once they are implemented. The illustrations provide an additional learning tool for users to understand the complexity of the various conditions. Case Studies promote student learning and critical thinking by illustrating the clinical course of a patient experiencing the history, clinical assessment, diagnostic procedures, and diagnoses discussed in the related unit or chapter. The Evidence-Based Practice special feature highlights important research-based articles on key topics in critical care and critical care nursing.

In addition to Drs Urden and Stacy, USD Nursing is well-represented among many chapter contributors. Faculty members include Drs Caroline Etland, Susie Hutchins, Jackie Close, and Lourdes Januszewicz. Alumni contributors include Drs Jeanne Maiden and Barbara Mayer.
CAPT. HEATHER C. KING

In the six years that followed, she provided anesthetic care to veterans in a variety of clinical and operational settings. Her operational experience fueled her interest in research, as she considered the gaps in care for veterans returning home from combat missions.

In 2009, King was accepted into USD’s PhD Nursing program from which she graduated in 2013. Her dissertation research examined the effects of acupuncture on sleep disturbances among veterans with post-traumatic stress disorder. Her current research focuses on the care of military veterans. To date she has been awarded more than $2.4 million in grants to conduct this important work.

King has a wonderful husband, Tom, and son Riley. In her free time, she enjoys traveling, camping, hiking, and reading.

CAPT. HEATHER C. KING
USD NURSE ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS (ARCS)

USD NURSE ARCS SCHOLARS

SAN DIEGO’S ARCS CHAPTER WAS ONE OF THE FIRST IN THE COUNTRY TO RECOGNIZE NURSING AS A SCIENCE.
OUR NAVY OFFICERS AT THE 2017 TRI-SERVICE NURSING RESEARCH PROGRAM

A MINI USD NURSING REUNION AT THE 2017 TRI-SERVICE NURSING RESEARCH PROGRAM; WITH CDR JENNIFER BUECHEL, CAPT. HEATHER KING, COL (RET) REGINA AUNE, AND CDR RYAN NATIONS. COL AUNE, A FORMER USD NURSE FACULTY, PRESENTED “THE PAST, PRESENT, AND FUTURE OF NURSING RESEARCH”
2016-2017 GNSA OFFICERS
L TO R: DANIEL RODERICK, TREASURER; BESSIE CORONADO, SECRETARY;
KAYLYN LAVALLE, VICE PRESIDENT; HEZEKIAH O’NEAL, PRESIDENT

THANK YOU GNSA OFFICERS for your service!
The Annual Doctoral ALUMNI DINNER

A FUN & FESTIVE TRADITION!

L TO R: DR. SAMANTHA SANGSANOI-TERKCHAREON, KATHY MARSH, MARIA CARMEN COLOMBO, LOURDES CASAO, HOPE FARQUHARSON, DEENE MOLLON, AND ELIZABETH LIGHT
2017 Nursing Graduates

2017 MEPN Graduates

2017 PhD Graduates

DOCTOR OF NURSING PRACTICE GRADUATES

University of San Diego
DOCTOR OF PHILOSOPHY IN NURSING SCIENCE
Teri D. Armour-Burton, PhD, RN
Essie Asawapornmonkol, PhD, APRN
Tanja Baum, PhD, RN
Monique Bouvier, PhD, APRN
Trista R. Campbell, PhD, RN
Millicent G. De Jesus, PhD, APRN
Dinnah Didulo, PhD, RN
Lisa Dominguez Jaurigue, PhD, APRN
Tammy Doolittle, PhD, RN
Catherine Ann Ferris, PhD, RN
Elizabeth Glaser-Bamgbose, PhD, APRN
Virginia Hart-Keppler, PhD, APRN
Monique A. Lineback, PhD, APRN
Noelle Lipkin-Leveque, PhD, DNP, APRN
Jian Hua Liu, PhD, APRN
Mark R. Malebranche, PhD, RN
Razel Milo, PhD, APRN
Kathleen Rosales, PhD, RN
Nicole Sevilla-Zeigen, PhD, RN
Ali R. Tayyeb, PhD, RN
Veronica Santos Timple, PhD, RN
Valerie Willis, PhD, APRN

DOCTOR OF NURSING PRACTICE
LCDR Brooke Basford, DNP, APRN
Kate Boulder, DNP, APRN
Brenda Boyle, DNP, APRN
Jaime Carroll, DNP, APRN
Erin Edwards, DNP, APRN
Kathleen Fitzgerald, DNP, APRN
Johnny Garcia, DNP, APRN
Leah Griffi ths, DNP, APRN
Ryan Hazley, DNP, APRN
Ashzra Jones, DNP, APRN
Michelle Kabakibi, DNP, APRN
Kimberly Kittleson, DNP, APRN
George Knapp, DNP, APRN
Erica Koeppen, DNP, APRN
Sophia Lawrence-Hoyt, DNP, APRN
Tammy Lu, DNP, APRN
Claire Moga, DNP, APRN
Marissa Munsayac, DNP, APRN
Nicole O’Neil, DNP, APRN
Sible Rebello, DNP, APRN
Tony Rosales, DNP, APRN
Teresa Sanchez Rodriguez, DNP, APRN
LT Alison Schurman, DNP, APRN

MASTER OF SCIENCE IN NURSING, GRADUATE ADVANCED PRACTICE PROGRAMS
Adult-Gerontology Clinical Nurse Specialist Graduates
LCDR Phonthip Eadens, MSN, APRN
LT Kaitlin Fleischman, MSN, APRN
Erica Garcia, MSN, APRN
Essa Hakamy, MSN, APRN
LT Candice Kline, MSN, APRN
LT Lauren Schuetz, MSN, APRN
LT Candice West, MSN, APRN
Dual Primary Care Adult-Gerontology/Family Nurse Practitioner Graduates
Jessica Zuckerman, MSN, APRN
Dual Primary Care Pediatric/Family Nurse Practitioner Graduates
Sadeg Aldolaim, MSN, APRN
Judith Costa, MSN, APRN
Primary Care Family Nurse Practitioner Graduates
Patrocinia Duffy, MSN, APRN
Arlene Hady, MSN, APRN
Emily Lee, MSN, APRN
Elizabeth Nitekaitis, MSN, APRN
Chelsea Provenzano, MSN, APRN
Christa Steffensmeier, MSN, APRN
Julia Thrasher, MSN, APRN
Cynthia Uribe-Sagrero, MSN, APRN
Valerie Waters, MSN, APRN
Thomas Whitehead, MSN, APRN
Zaida Zuniga, MSN, APRN
Psychiatric-Mental Health Nurse Practitioner Graduates
Marlena Barber, MSN, APRN
Karen Collica, MSN, APRN
Jennifer Jones, MSN, APRN
Rachael Liebman, MSN, APRN
Elizabeth Sears-Wiley, MSN, APRN
Semira Semino-Asaro, PhD, MSN, APRN
Theresa Timony, MSN, APRN

MASTER OF SCIENCE IN NURSING, AND MASTER OF SCIENCE GRADUATE PROGRAMS
Executive Nurse Leader Graduates
Roscelle Aglugub, MSN, RN
Halsey Barlow, MSN, RN
Jessica Goy, MSN, RN
Jean Manning, MSN, RN
Monica Merino, MSN, RN
Lindsey Perry, MSN, RN
Kara So lem, MSN, RN
Health Care Informatics Graduates
Kirsten Berk, MSN, RN
Melissa Bush, MSN, RN
Gina Hernandez, MSN, RN
Cynthia Reed, MSN, RN
Mae Taylor, MSN, RN
MS Health Care Informatics Graduates
Emma Gasgarian, MS
Edmon Rubi, MS
David Vesey, MS
Sue Wylder, MS
Nina Zhao, MS

MASTER’S ENTRY PROGRAM IN NURSING PROGRAM COMPLETION AND PINNING
Tommaso Bardaro, MSN
Mary Berberian, MSN
Amy Bowers, MSN
Ryan Brown, MSN
Mariah Butera, MSN
Valerie Bykoff, MSN
Todd Chamoy, MSN
Tina Chung, MSN
Chelsea Cornwell, MSN
Bessie Coronado-Vigil, MSN
Kylie Crivello, MSN
Lisa Cronk, MSN
Annette Diaz-Santana, MSN
LaDawn Dixon, MSN
Heather Ebert, MSN
Julia Elliott, MSN
Griselda Escobedo, MSN
Nolan Garcia, MSN
Zoe Garrett, MSN
Jonathan Goldstone, MSN
Sarah Hicks, MSN
Brooke Hollyfield, MSN
Patrick Humphries, MSN
Any Ilfeld, MSN
Nolan Garcia, MSN
Paul Jimenez, MSN
Jennifer Kemp, MSN
Heather Knapp, MSN
Kaylyn LaValle, MSN
Helen Luk, MSN
Kathleen Martin, MSN
Olivia Mayo, MSN
Francesca Murillo, MSN
Anthonia Okoh, MSN
Hezekiah O’Neal, MSN
Arianna Reisman, MSN
Daniel Roderick, MSN
Manreet Sahota, MSN
Olga Samokhvalova, MSN
Amy Scheffler, MSN
Ghislaine Setlur, MSN
Henry Shieh, MSN
Britney Taganas, MSN
Hannah Tapp, MSN
Diane Ward, MSN
Megan Yap, MSN
Erin Zilka, MSN

Congrats!
HONORS AND AWARDS

[FACULTY]

Dr. Jill Bormann received the 2017 Research Award from the International Society of Psychiatric Nursing and the Raise Your Voice: Academy Edge Runner Award for the Mantram Repetition Program from the American Academy of Nursing (AAN).

Drs. Cynthia D. Connelly & Semira Semino-Asaro were named as “Collaborative Academic Research Members” on a multi-state project, the “Veteran’s Action League,” which is responsible for leading the movement to empower veterans’ active voice in guiding veteran healthcare.

Dr. Eileen Fry-Bowers was named to the Advocacy Council of the Hospice and Palliative Nurses Association.

Dr. Susie Hutchins received certification as a Healthcare Simulation Educator.

Dr. Karen Sue Hoyt was the first of five individuals to become certified as an Emergency Nurse Practitioner through the American Academy of Nurse Practitioners Certification Board.

Dr. Ann Mayo was nominated for USD’s 2016 Woman of Impact award and received the 2016 Sigma Theta Tau, Zeta Mu Chapter Mentor Award.

Dr. Kate Stacy was appointed to the American Association of Critical Care Nurses’ ACCNS-AG Exam Development Committee.

Dr. Robert Topp was invited by the National Institute of Health to review research proposals on a Special Emphasis Panel, “Member Conflict: Pulmonary, Cardiovascular, and Musculoskeletal Epidemiology,” in March, 2016; and as Chair of a Special Emphasis Panel, “Member Conflict: Diabetes and Musculoskeletal Epidemiology,” in August, 2016.

[ALUMNI AND STUDENTS]

Tanya Baum, Monique Bouvier, Dorothy Forde, and Veronica Timple, (PhD Students), were nominated by the Honor Society of Nursing, Sigma Theta Tau International, as “USD Rising Stars.”

Ellen Carr, (PhD Student), is the new editor of the Clinical Journal of Oncology Nursing.

Bessie Coronado, (MEPN student), has been selected to be a Sigma Theta Tau Student Leadership Intern working with the President/President Elect.

Dinnah Didulo, (PhD Student), won second place for her poster at the Sigma Theta Tau Odyssey Conference in Ontario, CA, in October 2016.

Ellen Fleischman, (PhD Student), received the “Barbara Brantley Memorial Scholarship” from the Association of California Nurse Leaders.

Dorothy Forde, (PhD Student), was selected by the American Association of Colleges of Nursing to be a Nurse Faculty Scholar through their joint program with the Johnson & Johnson’s “Campaign for Nursing’s Future.”

Patrick Humphries, (MEPN student), was selected as a Sigma Theta Tau Student Leadership Intern working with its Vice-President/Community Service Coordinator.

Peggy Kalowes, (PhD, ’07), received the “Best Practice for Nursing Research Award” from the Association of California Nurse Leaders.

Vivek Kalriaman, Health Care Informatics student, won the Northeastern University Bouve College of Nursing’s “Nurse Shark Tank” competition for his development of a software Application, “Caringly,” which quantifies handoff data between nurses at shift change, and integrates with electronic medical records to ingest orders and create automatic reminders for nurses.

Sharon Levy, (FNP/PNP, ’15), won the “MEPN Preceptor of the Year Award.”

Athena Mohebbi, (PhD Student), received the Guardian Angel Award from Sharp Healthcare.
Victoria Morrison, (PhD Student), was named one of the “Top 100 Most Influential Game Changers in Orange County” in 2016. Victoria drives an ambulance for the Anaheim Fire & Rescue Department.

Jennifer Newcombe, (DNP student), won first place for her Capstone DNP project, “A Post-Operative Feeding Protocol to Improve Outcomes for Neonates with Critical Congenital Heart Disease,” awarded by the Helene Fuld Health Trust National Institute for Evidenced-Based Practice in Nursing & Healthcare, “Evidence-Based Practice National Challenge.”

Amy Scheffler, (MEPN student), was selected to be a Sigma Theta Tau Student Leadership Intern working with the Vice-President/Program Director.

Julie Vignato, (PhD, ’16), was appointed as a Post-Doctoral Fellow at the University of Iowa College of Nursing where she will conduct federally-funded research on, “Pain and Associated Symptoms: Nurse Research Training.”

**GRANTS**

**Barger, M.** *Use of the ICM Global Education Standards by Midwives.* International Confederation of Midwives Grant Funded for $43,432, 2016-2019.


**Bowers, E. F.** *Psychometric Evaluation of the Palliative Care Parental Self-Efficacy Measure.* Sense Foundation Grant Funded for $5,000, 2015-2016.

**Buechel, J., & Mayo, A. M.** *HPV Knowledge and Uptake among U. S. Navy Personnel 18 to 26 Years of Age.* Tri-Service Nursing Research Grant Funded for $14,708, 2015-2016.

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**Burkard, J.** *Supporting Self-Care in Veterans with Chronic Pain.* USD SON Faculty Research Incentive Grant Funded for $13,000, 2015-2016.

**Burkard, J., & Hardin, S. B.** *Training PhD and DNP Nurse Leaders for Military and VA Nursing Practice.* Jonas Center for Nursing and Veterans Healthcare Grant Funded for $150,000, 2014-16; and $100,000, 2016-18; and the Milbank Foundation for Rehabilitation and the Mayday Fund Veteran Healthcare Grant Funded for $90,000, 2014-2016.

**Bush, R., Connelly, C. D., James, K., Lipkin Leveque, N., & Chiang, G.** *Addressing Obesity in Latino Adolescents with Spina Bifida: Moving from Pediatric to Adult Care (MoPAC).* Patient Centered Outcomes Research Institute Grant Funded for $90,000, 2014-2017.


**Butera, C.** *Assessing the Validity of the Nursing Clinical Competency Instrument.* USD SON Faculty Research Incentive Grant Funded for $1,000, 2016-2017.


**Georges, J., Connelly, C. D., & Bush, R.** *Enhancing Outcomes in Diverse Palliative Care Populations.* USD SON Faculty Research Incentive Grant Funded for $18,000, 2015-2016.
Gonzales, L., Georges, J., Aube, P., Delmastro, M., Lee, R., & Sterling, J. 
Symptoms and Suffering in the Critically Ill Elder: A Compassionate Response. St. Joseph Hospital, Orange, CA Grant Funded for $6,250.

Hardin, S. B., & Martin, J. Master’s Entry Student Training. Dickinson Foundation Grant Funded for $300,000, 2013-2016.

James, K., & Connelly, C. D. 
Obesity Knowledge and Its Effect on Reproductive Health Outcomes. USD SON Faculty Research Incentive Grant Funded for $5,000, 2016-2017.

James, K., & Connelly, C. D. Genetic Testing for Weight Loss Counseling. USD SON Faculty Research Incentive Grant Funded for $15,000, 2017-2018.

Macauley, K. Scholarships for NP Students from Imperial County. Sence Foundation Grant Funded for $5,000.


Mayo, A. M. Cognitive Decline in Hispanic versus Non-Hispanic Spousal Alzheimer Caregivers. CA Department of Public Health Alzheimer’s Disease Research Grant Funded for $38,000, 2016-2019.


Roth, P. Future PhD Nurse Scholars Grant. RWJF and Cedars Sinai Hospital Grant Funded for $125,000, 2014-2017.

Roth, P. Future PhD Nurse Scholars Grant. RWJF and Sharp Health Care Grant Funded for $125,000, 2015-2018.

Roth, P., & Hardin, S. B. Nurse Faculty Loan Grant for PhD Nurse Education. Health Resources Service Administration Grant Funded for $250,000, 2015-16 and $250,000, 2016-2017.

Semino-Asaro, S., Connelly, C. D., Nguyen, T., & Reminick, A. Barriers and Facilitators to Perinatal Mood Disorders in Military Spouses. Faculty Research Incentive Grant Funded for $7,500, 2016-2017.


Terry, M. San Diego Integrated Care Project and Practicum. Health Resources Service Administration Nurse Education, Practice, Quality and Retention, Inter-professional Collaborative Practice: Behavioral Health Integration Grant Funded for $2,000,000, 2016-2018.

Topp, R. A Multi-site Project to Assess the Efficacy of the First Step to Pain Relief Kit. Performance Health Funded for $27,000, 2015-2017.

Topp, R. Development of a Large Interactive Display to Support Primary Care. USD SON Faculty Research Incentive Grant Funded for $18,000, 2015-2017.

Topp, R. Testing Kinesiology Tape Following Rotator Cuff Stress & Strength Curve of TherBrand CLX Compared to Isotonic Resistance. Performance Health Corp & Tulane University Department of Sports Medicine Grant Funded for $7,000, 2016-2017.


Rosales, K. M. (2017) A Feasibility Study Utilizing Clinical Simulation as Pedagogical Praxis for Socialization of Caring Behaviors with Associate Degree Nursing Students. (Unpublished Doctoral Dissertation), University of San Diego, CA.


Timple, V. S. (2017) Readmission Factors of Patients with Type II Diabetes. (Unpublished Doctoral Dissertation), University of San Diego, CA.


KEYNOTE, INTERNATIONAL, & PANEL PRESENTATIONS

Baum, T. (2017, July). Screening palliative care patients providing clinical decision support obtained from the electronic health record [poster presentation]; and Utilizing Clinical Decision Support within the Electronic Health Record to Screen for Palliative Care. Podium presentation at the Sigma Theta Tau International 28th International Nursing Research Congress, Dublin, Ireland.


**Broksy, T., & Topp, R.** (2016, July). *A comparison between single and double upright ankle braces on ankle range of motion, functional performance, and satisfaction of brace characteristics.* Podium presentation at the 18th Annual TRAC Meeting, Copenhagen, Denmark.


**Hoyt, K. S.** (2017, February). *LACE and stewardship of the NP role.* Panel presentation at the Fellows of the American Association of Nurse Practitioners, Phoenix, AZ.


**Sitzer, V.** (2017, July). *A frontline approach to investigating nurses' handover: A focus on content and structure.* Poster presentation at the Sigma Theta Tau International 28th International Nursing Research Congress, Dublin, Ireland.


Campbell, T. (2017, April). Importance of evaluating caregivers in stroke patient discharge planning. Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Research Conference, Denver, CO.


Daniels, M., & Burkard, J. (2017, April). A concept analysis of “standardized work.” Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Research Conference, Denver, CO.


Graham, J.K. (2017, April). Graham oxygen-consumption in organ failure investigation (GOOF). Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Research Conference, Denver, CO.


Hoyt, K. S., Ramirez, E., Topp, R., & Nichols, S. (2017, April). Comparing advanced practice staff and MD’s in diagnosing abdominal pain in the ED. Poster presentation at Western Institute of Nursing's 50th Annual Communicating Nursing Research Conference, Denver, CO.


Lawrence, S. (2017, April). Enhancing primary care depression care outcomes using telehealth monitoring. Poster presentation at the Western Institute of Nursing's 50th Annual Communicating Nursing Research Conference, Denver, CO.


Milo, R. (2017, April). Knowledge, self-efficacy & self-management among patients with type 2 Diabetes. Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Conference, Denver, CO.


Saucier, J. (2017, April). Barriers to palliative care consults in the Emergency Department. Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Conference, Denver, CO.


Timple, V. (2016, October). Readmission factors of patients with Type II Diabetes. Poster presentation at the ANA-C Making Waves: Empowering California Nurses Conference, Redondo Beach, CA and (2017, June) at the American Diabetes Association Scientific Sessions, San Diego, CA.


2017 DNP EVIDENCE BASED CLINICAL PROJECTS

Basford, B. (2017). Implementation of Screening Guidelines in a Culturally Diverse Pediatric Primary Care Practice...Then What? (Unpublished DNP Evidence Based Clinical Project). University of San Diego, CA.


Dear Colleagues and Friends of USD Nursing,

It has been an honor to serve you over the past fourteen years. Together we have accomplished much:

Initiated programs for the Doctorate in Nursing Practice, Health Care Informatics, Psychiatric Nurse Practitioner, Bachelors-to-PhD, Hospice and Palliative Care, and have begun work toward an Emergency Department Nurse Practitioner;

Created the Dickinson Nursing Simulation Center in which formative videotaped clinical training sessions and high-stakes clinical evaluation exams with specially prepared faculty and trained actors take place;

Conducted 34 International Clinical Research Missions in Mexico, Africa, India, Haiti, the Dominican Republic, and Southeast Asia;

Provided 1,440 Master’s, DNP, and PhD-prepared Clinical Nurse Leaders, Nurse Practitioners, Scientists, Faculty, Executives, and Military officers for San Diego, Southern CA, the Nation, and the world;

Helped to decrease health disparities in San Diego communities in concert with agencies such as Bayside Community Center, CRASH, Inc., Hacienda Townhomes, Nativity Prep Academy, the Monarch School, St. Madeline Sophie Center, the National Alliance on Mental Illness, San Diego Homeless Shelters, Stand Down, and many others;
Developed partnerships and agreements with 44 San Diego hospitals and clinics, the San Diego Veterans Health System, and over 250 nurse and physician preceptors throughout Southern California; and

Built the Betty and Bob Beyster Institute for Nursing Research in which clinical research on Maternal-Child Health, Military and Veterans Health, Hospice and Palliative Care, and Healthy Aging and Cognition takes place;

And were awarded over 22 million dollars in research and training grants; and blessed by over 20 million dollars in gifts.

You have not only created an outstanding school, but you also have built the future of Nursing. You are stars of Nursing. Like stars, you are the source of light, guidance, and wonder to our students and patients. I look forward to writing the History of USD Nursing and returning to join you on the faculty. Stay “Forever Young” and “May the road rise up to meet you!”

Dean Sally Brosz Hardin, PhD, RN, FAAN