Heroes and Healers

Salutes our Military Nurse

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Irene Sabelberg Palmer, PhD, RN, FAAN, Founding Dean of the Hahn School of Nursing and Health Science, passed away Sunday, May 29, 2011. Dr. Patricia Roth and Ms. Linda Johnston were with her and said that she died very peacefully. Saturday had been Dr. Palmer’s 88th birthday; she accomplished amazing things in her 88 years, not the least of which was being a premier historical scholar of Florence Nightingale.

Dr. Palmer came to USD in 1974 after distinguished service as a Captain in the Army Nurse Corp, and as faculty at New York University, and as Dean at Boston University. Her vision was for a rigorous, science-based curriculum of practice and research to educate nurses to the highest educational standards. In 1975, she secured a substantial gift from the Phillip Y. Hahn family and a federal grant, which enabled her to break ground on the Nursing building. Dean Palmer’s vision remains the intellectual cornerstone of our USD Hahn School of Nursing and Health Science and the foundation for the current graduate programs committed to producing the profession’s leaders in science and practice.
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All nurses saluted in the USD NURSING TIMES are USD faculty, students or alumni of the Hahn School of Nursing and Health Science.
Six Masters Entry Program in Nursing (MEPN) students made history last June when they and their instructor boarded the USNS Mercy in Da Nang, Vietnam. Abigail Chua, Catherine Chung, William Flores, Kimberly Fong, Jacqueline Iseri, and Patrick McNichols were the first nursing students ever invited to serve aboard the Navy’s Pacific fleet hospital ship.
For five weeks they and Professor Kathleen Templin lived aboard the Mercy, and the students worked chiefly in the shipboard pediatric and med-surg wards, and also on shore-based clinics in Cambodia. That first day in Da Nang harbor, they could not anticipate all that they would give, and all that they would take home.

The Mercy, home ported in San Diego, is a fully equipped hospital, with 12 OR’s, 20 recovery beds, 80 ICU beds and a maximum capacity of 1000 beds. As one of the Navy’s two large hospital ships, her primary mission is to provide rapid, flexible acute medical and surgical services to combat forces afloat and onshore. Her last wartime deployment was in 1991, supporting Operation Desert Shield. Since then her deployments have been chiefly in disaster relief, such as the Indonesian tsunami in 2005, and in regularly scheduled humanitarian missions coordinated through NGO’s. Project Hope was the coordinating agency for last summer’s Pacific Partnership tour.

On humanitarian missions, Navy healthcare personnel comprise about 5% of the total healthcare staff. The rest of the staff are providers from the other U.S. military services and 10 partner nations, including Australia, Canada, Cambodia, France, Japan, New Zealand, Portugal, Republic of Korea, Singapore, and the United Kingdom. Hahn students joined these military providers and nurses, physicians and other volunteers from East-Meets West, International Relief Teams, Latter-day Saint Charities, Operation Smile, Project Hope, Hope Worldwide, UCSD Pre-Dental Society, Vets Without Borders, and World Vets. Learning to work with colleagues from other countries and varied clinical backgrounds and trainings was an essential part of the mission.

Commander Robin Tyler, who completed her Doctorate in Nursing Practice at Hahn this May, was aboard as the Mercy’s chief anesthetist during the students’ tour. “The MEPN’s were awesome,” she remembered. “They were very energetic, and we used them everywhere: in screening clinics, peds, med-surg, the onshore clinics. They did everything we assigned them, and we assigned them a lot.”

Templin and her students were eager to learn about other cultures, with the aim of becoming culturally competent providers. In preparation for their tour, they studied the history and culture of Vietnam and Cambodia. They learned about prohibitions like not touching the top of a person’s head because that could damage the person’s spirit, and about such traditional healing methods as rubbing a heated coin across the affected body part to restore internal balance.

They faced their first demand for cultural competence the day they boarded the Mercy. For all but McNichols, who’d previously served a Navy hitch, the military environment was a foreign culture, with its own customs, language, and taboos. Students bunked with enlisted personnel, 100 people in close quarters, where the racks (beds) stood three high and the communal bathrooms and showers were a walk down the hall. Professor Templin got a reprieve; she was moved to officers’ quarters, where the racks were only two high. Reveille sounded at 0600 through speakers: “Reveille, reveille! All hands on deck. Now reveille. Breakfast for the crew.” They were required to muster (roll call at their duty station) at 0630, on days off as well as on duty days. Their uniform, Project HOPE tee shirt and scrub pants, was mandatory for duty and all meals. Will Flores spoke of the shock of “someone all the time telling you where to be.”

Three-high racks in crowded quar-
were expected to bring their own food. On the Mercy, patients weren’t permitted to bring food aboard. The western food served on the ward was unfamiliar, and her patient wouldn’t eat. The staff tried a variety of foods, and found she would eat pancakes and dry cereal, and drink Ensure.

The length of the Mercy’s stops, 12 to 13 days, determined which patients and which disorders could be treated. Conditions that could be resolved in a single episode of care were treated; those that would require sustained care over weeks or months were not. “We had to get them ‘streetable,’” Tyler explained. Patients’ pain had to be manageable by discharge, and at some stops, “manageable” included

Kimberly Fong said, “It was a great experience to live with the military. What awed me most was that they work so hard, 13-14 hour days, and they never complained. They earned my total respect.”

On shipboard, three students were assigned to pediatrics, and three to the med-surg unit; halfway through the tour, they switched assignments. They learned to work through interpreters, to admit and discharge patients quickly, and to care for multiple patients in a shift. They learned the practicalities of culturally sensitive care. Caring for a 16-year-old Cambodian girl after surgery for kidney stones, Abby Chua learned that at local hospitals, patients...
tolerating a bumpy ride back to shore in the band aid boat, the Mercy’s small transport craft.

Students cared for children and adults who’d had surgical repairs of cleft lips and palates, and for young and middle aged adults who’d had cataract surgery because of a lifetime’s exposure to strong tropical sun. Many patients required surgical drainage of large abscesses. A number presented with tumors that were benign, but so large they caused significant functional impairment. Many women required surgery for ovarian cysts and gynecological adhesions. Inguinal hernias were common and, so were extra digits. Other conditions they cared for included a mastectomy and a thyroidectomy, anal fistula I&O, hysterectomy, and renal stone removal. Post-op and follow-up care was intense; all necessary care had to be accomplished before the ship departed.

MEPN students spoke of learning to be flexible, as assignments changed to meet patient needs and colleagues rotated off the ship and new groups came aboard. They learned to navigate military rules and local bureaucracies to arrange the follow-up care for their patients. In Vietnam Professor Templin was asked, on a day’s notice, to present two half-day sessions to local physicians and directors of nursing programs on competencies and standards in nursing education. “It was a good experience for the students to see their instructor under the gun,” she said. “We all learned about the kind of flexibility we’d need.”

In onshore clinics in Cambodia, students assisted physicians and nurse practitioners with exams, basic treatments, and recording of findings on PDA’s. They saw up close the conditions in local health care facilities. When Patrick McNichols transported a child to a local ER he found “dirty, outdoor stalls, like where you’d keep animals,” and no electricity. For McNichols the hardest part of the clinic work wasn’t the hours, or the working conditions; it was seeing all the people they could not treat. The memory of a three year-old with end stage hydrocephalus stays with him. Will Flores said, “I learned to hold back tears, and breathe deeply” for all the conditions he saw, like club foot, for which the surgery could have easily been done, but for which the essential follow-up PT was unavailable.

Everyone came home changed by their experience. Abby Chua was disturbed by the status of women in the countries they visited. Two women patients had serious scarring from acid burns inflicted by their husbands, one for her refusal to work as a prostitute. The trip made her reflect on her blessings, and shaped her decision to serve on future humanitarian missions.

Patrick McNichols found himself thinking more about his commitment to service; he’s applied to the Navy Nurse Corps reserve, and hopes to be called for active duty. Before the Mercy, Will Flores had planned to work in an ER or OR. What he saw in Cambodia “opened my mind and my heart to public health.” He has applied to the US Public Health Corps.

The MEPN students made history on the Mercy, and in their own lives. They were glad to have gone, and every one of them is planning to seek other opportunities for international service.
Lieutenant Commander Ryan L. Nations, NC, USN, CRNA is now in his second year in the PhD program. From March to August of 2010 he served as nurse anesthetist and Assistant Officer-in-Charge for the Field Surgical Team at Forward Operating Base Farah, in western Afghanistan. He writes about his time there:
There was no shortage of need. My experience started with this very simple observation. It was not about what you wanted or would have liked to have; it came down to what do you need to survive this moment, maybe another moment, and if you were lucky, stringing enough moments together to make a future. I came to see that we needed very little, and learned to appreciate the bounty from which we had come.

Our patients needed all that we could give.

We frequently provided care for the local people, and providing care, we began to get a feel for the world outside the wire. We asked our interpreters, “How come the oldest brother always comes to get our patients?” “Because most of the fathers have died in the fighting.” “What was a nine year-old doing out so late?” “Selling water to support his family.” The more we saw, the more we asked, the more the need became apparent.

We were limited in what we could do. Limited by rules, by available equipment, by lack of supplies. We saw many people for whom a simple intervention at the time of their injury could have prevented the painful and disabling complications they now suffered. The lack of medical care throughout the province and the pay-up-front, bring your own medical supplies, men-first system left many debilitated. In Afghanistan an injury can ruin your chance at a job, or marriage, even survival. Only the strong survive.

We found ways to do more. We shared our stories with family and friends back home and soon the care packages arrived: shoes, basic school supplies and clothes. Every child we took care of left with new shoes, a toothbrush, and clothes they could grow into. They even got toys. My mom sent a five-pack of Hot Wheels cars. We gave it to one of our patients, a young boy. He didn’t know what to do. We had the interpreter tell him, “These are a gift for you, these are now yours.” He looked as though he expected us to take them back at any moment. The package sat on the litter next to him for a long time. Only as we prepared to send him home it started to sink in. His uncle opened the package, took out two cars and placed them in the boy’s hands. They were real. They were in his hands. They were going home with him. A little smile appeared, the first we’d seen.

I drew from every nursing experience the Navy has given me to get through that deployment. Despite the bloodshed and the sadness and grief that comes with living in a war, the nursing experience was fantastic. We all did everything and nobody had just one job. The nurses who did a resuscitation in the trauma bay helped with sore throats and twisted ankles or simply listened when you needed to talk about home. People ask me “how was it?” “It was great,” I reply. “We did the best that we could do.”

“The best that we could do.”

LCDR Ryan L. Nations, NC, USN, CRNA, PhD student
LISA TANGREDI:
Service in Kandahar Leads to New Goals

Lisa Tangredi, NC, USN, DNP student, second from left, with Trauma Team in Kandahar
Lisa Tangredi enlisted in the Navy Nurse Corps because she was looking for a challenge. She hasn’t been disappointed. She was commissioned in May 2009, and three months later she stepped off a transport plane at Kandahar Airfield into the dry heat of Southern Afghanistan, where summer temperatures stay in the 90’s, and the landscape is shades of tan. She was part of a team that would take over the base combat hospital, which served coalition soldiers, local Afghan adults and children, and detainees. Every day the MedEvac helicopters would land with casualties from forward operating bases and combat: traumatic amputations and gunshot wounds, and blast injuries, including what was fast becoming the war’s signature injury, traumatic brain injuries. The task was to provide immediate care and stabilize patients for transport to Landstuhl.

Over the next six months she learned enough of the local culture and customs to provide culturally sensitive care to Afghan patients. She learned to work with limited resources and only the most basic equipment. She learned to do triage and trauma care on a team with physicians and nurses from the UK, Australia, Canada, and Denmark, to bridge differences in training, terminology, and styles of practice. In every task and every setting she learned the essential skills of military nursing: flexibility, the willingness to learn on the fly and the capacity to work with whatever the situation offered.

Tangredi was certified in adult and geriatric care, but she’d had no experience or training in trauma care. She’d never done any pediatric work, and now she was responsible for very sick Afghan children on ventilators. “You just had to learn to do things you’d never been trained to do,” she said. “You had to dig deep, and find your capabilities.”

Tangredi also worked in the primary care tent, where soldiers presented with headaches, abdominal pain, eye injuries and the like. Medical supplies often ran short, and equipment was limited. Without the diagnostic tools she’d used in civilian settings, Tangredi came to value her colleagues’ and her own growing expertise in triage, basic exams and physical diagnosis. When fighting ramped up around Bastion, a British military base, casualties spiked and the staff needed help. Tangredi was assigned to the ICU there. She found that British nurses did most of the tasks that US hospitals assigned to respiratory therapists. More flexibility, more learning.

The Kandahar tour changed her professional plans. She came home wanting more education, and in particular, wanting to learn pediatrics and family care. She’d been assigned to Naval Hospital Camp Pendleton, and applied to USD’s Family Nurse Practitioner (FNP) program. Professor Susan Instone encouraged her to apply for the Doctor of Nursing Practice (DNP) program.

She started in the fall of 2010, while continuing to work full time. Work and school together make a full schedule, but Tangredi has no question about its value. Her DNP course work has already influenced how she looks at her job: “I keep seeing gaps in knowledge, and I see so many projects I want to do,” she says. Her residency pushed her to learn new skills, and she’s welcomed the exposure to public policy concerns. She hopes to work in family practice, with military families.
Lieutenant Commander Jason McGuire knew the statistics for Emergence Delirium and they didn’t fit with his experience. The state of confusion, agitation, and violent physical and verbal behaviors as a patient emerges from general anesthesia occurs in about five percent of the adult civilian population. Treating combat veterans, the Navy nurse anesthetist had seen much higher incidence. Although Emergence Delirium is time-limited, lasting as briefly as 30 seconds to 5-10 minutes, occasionally 30 minutes, it’s a serious matter. Delirious patients who were fit, strong, and combat-trained posed significant risks to themselves and others. They could pull out an IV, bang their heads against a side rail, or rip their stitches. Staff who attempted to calm them risked a kick or a fist, or worse. Emergence Delirium seemed to be occurring at higher frequencies among military returning from combat in Iraq and Afghanistan.

The 20-year Navy veteran also knew that a growing body of evidence suggested that even a single, short-lived episode of delirium is associated with increased risk of cognitive dysfunction. Delirium is cumulative; more episodes of delirium meant an increased likelihood of cognitive difficulties, especially problems with memory. Many of the sailors and Marines injured in combat required multiple surgeries, exposing them to higher likelihood of Emergence Delirium episodes.

When he applied to PhD programs, McGuire knew that he wanted to study Emergence Delirium. Two factors made USD his first choice. Joe Burkard DNSc, a respected mentor who’d taught him anesthesia in the Navy, had just accepted a faculty appointment at USD. The presence of Naval Hospital San Diego and Naval Hospital Camp Pendleton in San Diego meant that he would have access to large numbers of surgical patients who’d been in combat. “USD was a perfect fit,” he said. McGuire was able to work closely with Professor Burkard, who served as his advisor and dissertation chair.

In a preliminary study, McGuire
polled 72 military and non-military nurse anesthetists, and confirmed that Emergence Delirium was a significant concern for them.

He hypothesized that exposure to combat increases both the frequency and the severity of Emergence Delirium, and also that the level of anxiety, depression, and post-traumatic stress symptoms identified in preoperative assessments would be a strong predictor of the incidence and severity of Emergence Delirium. At Camp Pendleton, he followed 130 Marine combat veterans who required surgery. He administered three preoperative assessments, the STAI (State-Trait Anxiety Inventory), the PHQ-9 (Patient Health Questionnaire), and the PCL-M (PTSD Checklist-Military); all instruments are gold standards for assessing anxiety, depression and PTSD. Post surgery, 20% of his study population experienced episodes of Emergence Delirium, an incidence four times the norm in a general adult population.

McGuire has published one article in the Journal of the American Society of PeriAnesthesia Nurses, and he has two more in press. “Risk Factors for Emergence Delirium in US Military Members” was selected by the Journal’s review panel for the 2011 Mary Hanna Memorial Journalism Award; selection criteria included journalistic style, originality, clarity of expression, relevance of content to the specialty, and overall contribution to the collection of published nursing knowledge. McGuire also won the Navy’s regional academic research competition held at the Navy Medical Center San Diego, and traveled to Portsmouth, VA for the national competition.

Because his research is the first incidence study of Emergence Delirium among combat veterans, McGuire cautions that it’s premature to generalize across all combat veteran populations. His next step will be to replicate the study across multiple hospital sites. He’ll work on that at his next posting, when he joins the faculty of the Graduate School of Nursing at the Uniformed Services University of the Health Sciences in Bethesda, MD. He’ll teach in the Nurse Anesthesia Program there and continue his research on predicting and managing Emergence Delirium.
When Lieutenant Commander Heather King deployed to Fallujah, Iraq, with Bravo Surgical Company in 2004, she and her colleagues didn’t know much about blast injuries, and even less about traumatic brain injuries (TBI). Bravo set up shop in a camp where Saddam Hussein’s regime had trained Iranian terrorists. They had a pharmacy, an oxygen-generating facility, a blood bank, two wards, a recovery room and three operation rooms. Bravo Company also fielded a Forward Resuscitative Surgical System, a mobile OR that could drive close to the forward operating bases, set up in an hour, and start receiving casualties. For two months, King, a Certified Registered Nurse Anesthetist, served as the sole anesthesia provider for the forward system.

Every day she saw the results of rifle and mortar fire and Improvised Explosive Devices (IED’s) on bodies and brains. Long after their wounds were treated, soldiers suffered persistent sleep disturbances, headaches, chronic pain, and cognitive and memory problems.

King’s next overseas deployment brought a different set of demands. While she was pregnant with her first child, she learned that she would serve as chief anesthetist for the USNS Mercy’s cruise in 2008. Her son Wiley was nine months old when the Mercy sailed. She credits her husband, a civilian, and her in-laws and friends for stepping up and caring for Wiley for four months. “I missed him terribly, but I knew he was in good hands,” she said. The week she came home he started walking.

Her experience on the Mercy led to a paper, “Pacific Partnership 2008: The Surgical Mission, Surgical Screening Process, and the Anesthetic Management of Uncontrolled, Untreated Hypertensive Patients,” for which King was honored with the 2011 Rear Admiral Mary F. Hall Award for Nursing Publication.

At Naval Medical Center San Diego, where she now serves as Director of Nurse Anesthesia Clinical Training, she conducted two research studies: “Retrospective Study of Complications Associated with the Angio-seal™ Device,” which examines the functioning of a hemo-static device used in the cardiac care unit for patients post femoral cordis placement, and “The Effects of Clonidine Added to Bupiva-
caine on Analgesia and Post-operative Outcomes to Combined Femoral/Sciatic Nerve Blocks.” She has served as a Government Liaison for two Congressionally Directed Medical Research Programs’ scientific review panels, and as an Associate Investigator on two research investigations with Student Registered Nurse Anesthetists.

She was selected to attend the Hahn School’s PhD program on a Duty Under Instruction (DUINS) assignment. USD was the school she’d wanted, “because of its reputation, its faculty, who are scholars and also very supportive of students.” She has completed most of her coursework and began her research in August. King has followed the research on TBI and the increased understanding of its debilitating effects on the lives of soldiers and their families. She plans to examine aspects of improving care for soldiers with blast injuries or TBI. She’s particularly interested in non-pharmacological interventions for dealing with stress and sleep deprivation.

King has served on active duty for 16 years and is the recipient of five Navy and Marine Corps Commendation Medals. After her doctoral studies, she hopes to use her research skills as a command researcher, and also to teach.
A Call to Action For Civilian Healthcare Systems

As service members injured in Iraq and Afghanistan have flooded into the military and veterans’ health care systems, providers learned to assess for Blast Induced Neurotrauma (BINT), and offer appropriate treatment. Civilian health care has lagged. Veterans seeking care in civilian systems too often find providers who don’t know how BINT is caused, fail to ask the right diagnostic questions, and don’t understand its pervasive and potentially disabling symptoms.

Working in public health, Shirley Jett saw veterans, many now serving in the Reserves, struggling with civilian systems that should have been helping them. A veteran herself, retired from the Navy Nurse Corps with the rank of Commander, she knew these young men and women deserved better care.

Blast injuries are caused by the shock wave from an explosion, typically from mortar fire, a grenade, or an Improvised Explosive Device such as a buried roadside bomb. Waves of extremely pressurized air, with the force of hurricane-strength winds, assault the brain. The rapid acceleration and deceleration of tissue causes tears and damaged axons; injured cells leak fluid. Symptoms include confusion, double vision, memory loss, severe headaches, impairments in concentration and comprehension, and compromise of executive function. Some symptoms may show immediately, or onset may occur weeks or months later. Often there has been minimal or no external injury; the patient looks fine.

When she started in the PhD program at Hahn, Dr. Jett focused on research that would document the problem veterans faced. Working with her advisor Dr. Jane Georges, she developed a semi-structured interview to explore veterans’ experience in dealing with civilian healthcare providers and systems. She interviewed veterans and current service members ages 21 to 30. Some were as little as three months away from their BINT incident; some, as much as five years out. What she learned should be essential reading for health care providers in every setting.

Interviewees described two major sources of pain and suffering, their blast injuries and their experiences seeking health care. They saw their blast injuries as life changing events. Returning home, they experienced disruption in work, relationships, and other areas of their lives. Equally disruptive was their experience in seeking healthcare. Presenting with nonspecific symptoms and no history of head trauma, these patients presented a diagnostic challenge. Few civilian providers knew to ask about deployments, or took the history necessary to discover their patients’ experience of a blast. Without that critical knowledge, their symptoms were too often dismissed as psychogenic or trivial.

Dr. Jett stresses the need to educate healthcare providers in civilian settings about Blast Induced Neurotrauma: how it happens; its high incidence among service members deployed in Iraq and Afghanistan; and the kinds of tissue damage, symptoms, and impairments in functioning that result. Because nurses are frequently the frontline providers, increasing their understanding of the syndrome can contribute to improved care. Military healthcare and the VA have developed strong models for assessment and care that could readily translate to other settings. Dr. Jett hopes to continue her research, examining gender differences in providers’ responses to patients presenting with BINT.
Lieutenant Colonel Shelly Burdette-Taylor completed her PhD studies in December 2010, and the Army had a job for her right away. Burdette-Taylor, who has served since 1986, first with the National Guard, and since 2001 in the Army Reserve, was assigned to active duty as nurse case manager for a Community-Based Warrior Transition Unit (CBWTU) headquartered at McClellan AFB near Sacramento, CA.

Launched in 2007, Warrior Transition Units are the Army’s effort to respond more effectively to the needs of injured soldiers. Burdette-Taylor points out that “we’ve never had so many wounded soldiers.” The units are developing methods to assist all service members who have suffered severe and disfiguring wounds from burns, those with blast injuries and suffering from traumatic brain injuries and amputations, and those with post-traumatic stress disorder. Over 10,000 soldiers are currently enrolled.

Warrior Transition Unit services are based on a “triad of care” composed of three critical elements: a squad leader, usually a master sergeant; a nurse case manager; and a physician primary care provider. This treatment team develops an individualized treatment plan for each wounded soldier and offers a comprehensive support system to assist them.

Burdette-Taylor explained that the community-based model allows injured soldiers to remain on active duty while they return to their families and undergo treatment and rehabilitation for their injuries in the communities where they live. Service members have welcomed the opportunity to live at home. The CBWTU based at McClellan follows service members in California, Nevada, Washington and Oregon. Burdette-Taylor is one of 12 nurse case managers, each of whom has a caseload of about 25. She keeps in touch with her patients by telephone and e-mail, and by quarterly face-to-face visits, which may occur at McClellan, or in the service members’ communities.

She is responsible for ensuring the best medical outcome for the warriors in her care, delivered through VA and military facilities, and TRICARE providers. She monitors care, medication compliance, and negotiates a daunting array of military record-keeping and regulations on her patients’ behalf. She is charged with addressing her patients’ medical, psychiatric and spiritual health needs. Given their multiple concerns, including pain management, sleep disturbance, post-traumatic stress symptoms, and mobility issues, timely and proactive and comprehensive case management is essential.

Burdette-Taylor’s work draws on her rich experience as a parish nurse, a wound care and foot care specialist, and her teaching. For her dissertation she studied military personnel who suffered traumatic limb loss in Iraq and Afghanistan, and the relationship between quality of well-being and the impact of events such as PTSD after traumatic limb loss from an Improvised Explosive Device (IED).

About her work with the Warrior Transition Unit, she says “As an Army nurse for over 25 years, I am honored to be working with these Soldiers and this cadre of staff. What I do for them doesn’t compare to what they have done and do for our country. These Soldiers have given it all. Our goal with the CBWTU is to facilitate these injured and assist in their care and help them return to life as productive members of society as partners, parents, and personnel.”
Chief Anesthetist,
USNS Mercy,
Studies for the DNP
The Doctor of Nursing Practice (DNP) program condenses large doses of academic study and clinical practice into 20 months, and a months-long detour isn’t on most students’ schedules. Commander Robin Tyler found herself facing that kind of interruption in the spring of her first year, when the Navy assigned her to serve as chief anesthetist on the USNS Mercy for its Pacific Partnership cruise.

The Mercy sailed from San Diego on May 1, to Vietnam, Cambodia, Indonesia and Timor Leste, returning in late September. In addition to providing anesthesia for surgery on shipboard and clinics ashore, the mission involved Subject Matter Expert Exchanges, in which Mercy staff and volunteers taught specific skills to local providers. At the Naval Medical Center San Diego, Tyler had written the curriculum on regional anesthesia, the use of peripheral nerve blocks instead of general anesthesia, for the Certified Registered Nurse Anesthetist (CRNA) training program, and part of her assignment on the Mercy was to teach regional anesthesia to physicians and nurses in Vietnam.

Tyler knew she’d have to scramble to make up those five months, but she wouldn’t have missed the Mercy for all the courses in the curriculum. “The Mercy was a payoff,” she said, a reward for grimmer tours in her 20 years in the Navy Nurse Corps, including service in a field hospital in Iraq in 2003.

Tyler’s involvement in the Naval Medical Center CRNA training program had put a doctoral program on her to-do list. Writing the curriculum for regional anesthesia increased her awareness of professional standards; as of 2015 the entry level credential for CRNA’s will be a doctoral degree. Her experience would have grandfathered her in, but she wanted to do more teaching, and the DNP would be, in her words, a “door opener.” She applied to USD and was accepted, but didn’t know what the Navy would approve.

Two weeks before classes started, she learned she’d be going to school.

At the Naval Medical Center she’d seen the perioperative complications among patients with undiagnosed Obstructive Sleep Apnea (OSA). An evidence-based project was waiting to be done. Collaborating with PhD student Commander Shari Jones, she developed a project to increase pre-op clinic nurses’ awareness of Obstructive Sleep Apnea. Clinic nurses were asked to administer the STOP-BANG questionnaire, an 8-point scoring tool (Snoring, Tiredness, Observed Apnea, High Blood Pressure, BMI, Age, Neck Circumference, Gender) with high validity for identifying patients with OSA. She conducted a training for nurses on administering the instrument, and a protocol for referring high risk patients (scored positive on three or more variables) for anesthesia consults. Her goal was to determine whether using the questionnaire would increase the number of patients identified as at high risk for OSA. These patients would be referred for regional rather than general anesthesia, and CDR Jones’s research will evaluate outcomes for this population.

In April, Tyler retired from the Navy, and after graduating with her DNP class, she moved to Great Falls, MT, her hometown, to start a new job doing OB anesthesia.
Fresh out of nursing school and newly commissioned as an ensign in the Navy Nurse Corps, Kathleen Martin set a high goal for herself: to become a competent nurse. Maybe she could even become a charge nurse. Admiral wasn’t anywhere on her horizon. It was 1973, and although the Navy valued its nurses, the Navy Nurse Corps was a relatively small part of a very large medical organization with only one Flag Officer.

Thirty-two years later, Rear Admiral Kathleen Martin retired with two stars and the distinction of being one of a small number of women flag officers in the Navy. Her vision of what she could achieve changed in three decades as the Navy changed.

She worked hard at her first goal, becoming a competent nurse, through a series of assignments at Naval Hospital Camp Lejeune, where she became a charge nurse in pediatrics; Naval Hospital Jacksonville—charge nurse again—and the Naval Medical Clinic, Pearl Harbor.

She was Lieutenant Commander Martin when she arrived at Pearl Harbor in 1982. Her Commanding Officer asked her what she’d most like to do. Her horizon had expanded; she said she’d like to be an Executive Officer, second in command. Why wouldn’t she want to be the CO, he asked. She hadn’t ever thought about it.

She began to think about it.

Her CO talked with her about the path to command, the competencies
and the management experience needed, and he assigned her projects that enabled her to develop these skills.

At Naval Hospital San Diego, Martin was head of the Ambulatory Medical Nursing Department, overseeing eight specialty clinics. In 1990 she enrolled in the Hahn Master of Science in Nursing (MSN) program with concentrations in Family Health and Nursing Administration. “I loved the flexibility, the understanding faculty and the opportunity to take courses in the School of Business as well,” she said.

When she graduated from Hahn, she was assigned to Port Hueneme as Director of Nursing Services. Her CO coached her on leadership and decision-making, and she drew upon her Hahn education to further develop her skills. When her CO was reassigned, he recommended her as his replacement, and in 1993 she assumed her first command, as CO of Naval Medical Clinic Port Hueneme.

A second command followed, at Naval Hospital Charleston. With two commands on her resume, flag officer was now a real possibility. In 1998 she was promoted to Rear Admiral. That year the Hahn school honored her with the Author E. Hughes Career Achievement Award.

Her first assignment as a flag officer was as Medical Inspector General, charged with inspecting all Navy medical treatment, educational and research facilities. She worked with the Joint Commission on Accreditation of Healthcare Organizations to develop common standards, and secured the Joint Commission’s agreement to accept shared inspections with the Navy. She earned the gratitude of all of Navy Medicine for reducing their accreditation inspections from two to one.

Martin also served as the Director of the Navy Nurse Corps, leading over two thousand Nurse Corps officers worldwide. In 1999, she was assigned Commander of the National Naval Medical Center, Bethesda, Navy medicine’s flagship facility and provider of care to presidents and other dignitaries. Her final assignment was Deputy Surgeon General of the Navy, a position never previously held by a nurse.

Martin retired in 2005. She is now the CEO of Vinson Hall Corporation, a retirement community in McLean, VA that offers a full continuum of care to individuals who have honorably served their country. The care, leadership and service that she provided throughout her Navy career she now continues to provide for members of America’s aging population.

RADM Martin with First Lady Michelle Obama
Colonel Mary T. Sarnecky, DNSc, RN served the Army Nurse Corps as clinician, administrator, teacher, and researcher, and because of her doctoral studies at Hahn, she became its historian, writing first a biography of one of its major figures in the early 20th century, and then a two-volume series on the history of the Army Nurse Corps.

The Army supported her doctoral study at USD’s Hahn School of Nursing from 1987 to 1990. By the time she arrived at Hahn, she’d served in a variety of clinical assignments, including community health nurse in rural Missouri, head nurse on an orthopedic unit in a hospital in Denver, and assistant director of a Practical Nurse school; and she’d come to value the Army Nurse Corps’ culture of flexibility and versatility.

She’d also developed a taste for research, and she welcomed the opportunity for further intellectual growth. She credits Dean Emerita Irene Palmer and a number of other committed nurse faculty for facilitating her passage toward competence as a nurse historian. Palmer and others encouraged her to carve out her own unique research program. “They instilled me with the vision, discipline, and rigor to pursue scholarly research,” she recalls. Her dissertation was a biography of Army nurse Julia Stimson, who in World War I became chief nurse of the Red Cross in France, and then chief nurse of the American Expeditionary Force, the highest position then open to an American Army Nurse.

In 1991, the New York-Tidewater Chapters of Association of Military Surgeons of the United States published an excerpt of her dissertation, and selected it for their first History of Military Medicine Essay Award.

Over the next two decades, Sarnecky continued to work on the history of the Army Nurse Corps, and the recognition for her contribution grew. In 1993 and again in 1994 her project was awarded Department of Defense Tri-Service Nursing Research grants. In 2000, the American Journal of Nursing designated the initial volume as their Book of the Year. Also in 2000, the initial volume won the American Association for the History of Nursing’s Lavinia L. Dock Award.

In 2006, the University of Virginia honored Sarnecky with its Agnes Dillon Randolph Award, based on her collective body of historical research. In 2008, the Hahn School bestowed a final accolade on Sarnecky, the Author E. Hughes Career Achievement Award for her lasting contribution to the Army and to the profession by researching and publishing the history of the Army Nurse Corps.

Sarnecky, now retired, writes, “I am forever grateful to the United States Army, the University of San Diego, and to my family, all of whom nurtured my dreams and aspirations. Any success achieved in my professional pursuits represents the interactive sum of all these benefactors.”

MARY SARNECKY, DNSC AND Army Nurse Corps Historian
Every night the choppers landed, sometimes with as many as 20 stretchers. The hospital tents sat just inside the blast wall. Mortar shells landed around them every day.

Stanley felt challenged, and intensely alive. She was doing the work she’d trained to do. The wounds and the gore didn’t upset her, not even the night she mopped the trail of blood that led from the chopper pad to the triage bay to the OR. Those things came with the job.

It was her patients, service members and Iraqis, adults and children—the looks on faces, their pain and terror and helplessness that haunted her.

After Balad, she was posted to a clinic in Korea where the work was routine, the hours were predictable, and there was no mortar fire. She couldn’t sleep. She felt a pervasive sadness. In dreams she was back in Balad, at the landing pad, in the triage bay, the same wounded soldiers over and over. Awake, the sound of choppers made her stiffen with fear. A young colleague died in a car crash, and she felt numb. It took her two years to realize that she was suffering from Post Traumatic Stress Disorder.

She sought psychological help. The first month of desensitization therapy “felt like I had a broken leg and every week I’d go to the doctor to have it rebroken and reset.” Her psychologist recommended that she look at the photos she’d taken during her Iraq tour. It was trauma healing 101: find a way to remember the overwhelming experience in manageable doses.

Stanley didn’t stop with looking. She researched and read everything she could find about PTSD. She was especially impressed with the neurobiology of trauma, the ways in which traumatic memories are encoded and brain structure is changed. She knew how pervasive PTSD is, and she knew the barriers, internal and systemic, that prevent service members from seeking treatment. She knew she had something to contribute. She used her research, her photos, and her own experience to make a video, a powerful teaching tool about PTSD. Air Force mental health providers have told her how useful it’s been for them, and for their patients.

Since her own healing, Stanley’s professional goals changed. She retired from the Air Force in May 2010, and in the fall she joined the inaugural class of the Psychiatric Mental Health Nurse Practitioner program at Hahn. “My passion is to educate veterans and those who care for our military about PTSD, and about what they face as they reintegrate into society,” she said. “My wish is that no one face this problem alone.”

The San Diego Psychiatric Nursing Society recognized her work, and invited her to speak at the Society’s annual dinner in May.
FROM TOP GUN TO ER
Retired US Navy Commander Steven Lee, MSN, RN, works two jobs, flying for Delta Airlines and working in Grossmont Hospital’s emergency department. His Master of Science in Nursing (MSN) from Hahn was the bridge between two careers.

He explains:

I was recently on a flight to Honolulu when an elderly man developed trouble breathing. He was pasty, diaphoretic and starting to panic. A flight attendant made a request over the PA system for a nurse or a doctor. As an RN working in the emergency department at a busy San Diego hospital I frequently treat people with these symptoms. That day I stayed in my seat and did not volunteer to get up and help. Another nurse responded and assisted the passenger. I couldn’t get up because I was flying the aircraft.

As both a veteran airline captain and a new emergency room nurse I lead a very busy life. I started flying professionally 32 years ago in the Navy. At Miramar Naval Air Station I flew F-14s as an aircraft carrier based fighter pilot, and then in the Naval Reserve as an A-4 adversary pilot teaching post graduate fighter pilots how to dogfight. In the mid 80’s I went to work for Delta Airlines, and in September 2010 I finished my 25th year as an airline pilot.

Flying for an airline provides considerable downtime. I wanted to use my days off in an intellectually stimulating manner and serve the general public. In 2005, as Delta was filing for bankruptcy, and my youngest daughter was finishing high school I knew that I’d be retiring in just a few years. I felt even more motivated to acquire a skill set different from flying. Nursing seemed like a good fit. My mother and sister are nurses and my dad is a retired dentist, so I was familiar with the problem set. My wife gave her blessing to my new endeavor.

I had a Bachelor of Science degree in aerospace engineering from UCLA and had never taken any life science courses. At Miramar College I signed up for Biology and Chemistry, and kept an eye on USD’s Master Entry Program in Nursing (MEPN) program. I was accepted at USD.

I studied in hotel rooms on my airline layovers, used my wife, my daughters, and my dog as standardized patients, and earned an MSN and an RN license.

I was privileged to give the speech representing the ENL/MEPN graduates at the Nursing Honors Convocation Ceremony.

I was hired into Sharp Grossmont Hospital’s New Grad Residency program in the Emergency Department. Sharp Grossmont’s ER has the largest catchment area in San Diego County, and the pace in the ER is very fast. We regularly see 250 patients per day and have seen as many as 300 in one 24-hour period. I turned 58 this year, and my colleagues are in their mid twenties. I work very hard to be as quick and efficient as my energetic peers. Teamwork is encouraged and expected. We have each other’s backs. I feel lucky to work in such an environment, and to continue my crazy, adrenalin junkie life balancing my family, my nursing job, and flying.
When Lieutenant James Reilly, MSN, RN, was ready to take the next step in his career, he wanted to learn management and leadership skills. He was serving at Naval Medical Center San Diego, and, he explained, “I looked around at the medical center, and the senior officers; the people who had those skills were USD graduates.”

“I wanted an elite school,” he said. “I looked at the senior leadership across the Navy Nurse Corps, and a lot of those people had gone to USD. They had a vision of the future, and I wanted to be part of it.”

He calls his student program in Executive Nurse Leadership life changing. He learned skills in accounting, computer application, and statistics that he’s been able to use in his own work teaching colleagues. “People come to me now. I can show them things I’ve learned. It gave me the confidence to work with executive grade officers.”

He was especially pleased with the faculty-student ratio and the quality of the mentoring at Hahn. His faculty mentors knew who he was, and tailored their approach to his needs. The program whetted his interest in research.

Reilly joined the Navy at 19 as a hospital corpsman, one of four brothers who were all in the military. He’d tried college, and describes himself then as “a bit of a project, academically.” He knew that he wanted to be an officer, and he was deeply impressed by the Nurse Corps officers he worked with. He began to see a career path for himself. He was selected for a commissioning program, and went to nursing school at Molloy College in New York.

In 2005-06, Reilly served 6 months at a field hospital in Kuwait, where the MedEvac helicopters came in so fast and so close that the hospital tents flapped. “I did everything, from triage to the OR,” he remembers. With injured soldiers and Marines he did what was needed. “Sometimes we joked. Sometimes we prayed. Sometimes I wrote a letter with them. I came to appreciate how fragile life is. When we left, I felt we’d done only good. Everyone could go home with their head high.”

He now serves as the Tissue Consignee officer for the Naval Medical Center San Diego. He’s also webmaster for the Nurse Corps Navy Knowledge Online website. The Nurse Corps site was a single page when he took on the job as a volunteer project; now it’s over 100 pages, available to Nurse Corps personnel posted around the world, with 24 subject matter experts contributing and ten staff maintaining it.

Reilly wants to learn more about disaster management. He’d like to develop a tool to assess training readiness for combat and for humanitarian missions for the entire Nurse Corps. He’d like to learn more about robotics. He believes a PhD in nursing will help him achieve his goals, and he knows that he wants to study at Hahn.
Senator Daniel Inouye of Hawaii lost his right arm in World War II, and he credited the military nurses in rehab with helping him recover and to remake his life. As a US Senator, Inouye found a way to give back, creating a year-long health policy fellowship in his office, awarded each year to a military nurse. In 2009, Hahn graduate Captain Jacqueline Rychnovsky, PhD, RN, was that nurse. Health care reform was in the works, and Inouye, as chairman of the Senate Appropriations Committee, was in the thick of the action. “It was the most fascinating year to spend on Capital Hill,” she said.

Although Rychnovsky’s professional focus has been executive medicine, she wanted to learn more about how health policy is made. Senator Inouye saw to it that she did. He asked her to draft two pieces of legislation involving nurses for the Senate’s Patient Protection and Affordable Care Act. She wrote the proposals for support of nurse-managed community health centers, with $50 million in competitive grants, and for residencies for new Family Nurse Practitioners in community health centers, which would allow them to expand their knowledge and experience.

Following her fellowship year, she applied what she’d learned as Assistant Director, Nurse Corps Policy and Practice, advising the Navy Nurse Corps Director and Navy Surgeon General at the Bureau of Medicine and Surgery, and developing nursing policy and practice for the Nurse Corps. In June 2011 she left that position for assignment to Naval Hospital Yokosuka, Japan where she serves as the hospital’s Executive Officer.

Rychnovsky is clear about the benefit of her time at Hahn. “Every day I’m grateful that I chose Hahn to pursue my doctoral studies,” she said. “I learned a balance of sciences and attunement to people. When I work with other Hahn alumni, I feel that spirit: the science is important, but there’s always that focus on the person as well. It’s an ingrained part of the thinking in a Hahn graduate.”
CAPT SANDRA BIBB: Researcher, Professor, Three-Time Hahn Graduate

Sandra C. Garmon Bibb, DNSc, RN, has served the Navy with distinction since 1974, and the Hahn School of Nursing has been an integral part of her career. Bibb holds three degrees from Hahn. She completed her Bachelor of Science in Nursing degree in 1983, came back for her Master of Science in Nursing (MSN) degree, graduating with a focus in Family Health in 1991, and completed her Doctor of Nursing Science (DNSc) degree in 1999, each time with a Duty Under Instruction (DUINS) Scholarship from the Navy. In 2004 after 30 years of active duty, she retired as a Captain in the Navy Nurse Corps and joined the faculty of the Graduate School of Nursing at the Uniformed Services University in Bethesda, Maryland, where she’s now an associate professor and Chair of the Department of Health Systems, Risk, and Contingency Management. 

Her research interest and teaching expertise is in population health and analytic methods, with emphasis on access to care, health and health care disparity, and secondary data analysis. After her MSN, she helped design and implement a comprehensive health maintenance program in Gaeta, Italy for over 800 military health care beneficiaries. Back in San Diego, she served as Coordinator of Health Promotion for Region Nine TRICARE, where she completed the first-ever epidemiological assessment of over 200,000 military health system beneficiaries.

In the doctoral program, Bibb conducted a secondary data analysis of the relationship between access to care and diagnostic stage of breast cancer in African American and Caucasian women in the military health system. Two publications from her study, one in Military Medicine and one in Oncology Nursing Forum have been cited widely by other authors examining research or research reviews in multidisciplinary journals. After completing her DNSc, Bibb became Command Research Coordinator at Naval Hospital Camp Pendleton (NHCP), where she conducted a comprehensive Population Based Needs Assessment that resulted in the establishment at NHCP of the Navy’s first-ever Population Health Department. As the new department’s first chief, Bibb led a team of multi-disciplinary health care professionals in conducting numerous population health studies that resulted in comprehensive

Retired CAPT Sandra Bibb DNSc, RN
population health improvement initiatives for over 70,000 beneficiaries.

A recognized subject matter expert in Population Health in the Navy, Bibb served on the Navy’s Bureau of Medicine and Surgery Population Health Improvement Training Team from 2000 through 2004, where she co-authored and taught the population health curriculum. In 2002, she established a joint Naval Hospital Camp Pendleton-Naval Medical Center San Diego Population Health Office. At the Uniformed Services University she has developed curriculum for teaching principles of research, population health, and epidemiological and population based assessment.

Bibb has been recognized with numerous professional achievement awards. In 1996, she received the Outstanding Military Woman of Achievement Award from the San Diego County Women’s Council Navy League. In 2000, she was a Minority Access, Inc Alumna National Role Model Citation recipient and the Mary Nielsubowicz Award Winner for the essay “Population Based Needs Assessment in the Design of Patient and Family Education Programs.” In 2003, she received the Author E. Hughes Career Achievement Award from the University of San Diego. The Navy awarded her its Legion of Merit for her contributions to the Navy during her tour of duty at NHCP. This May Sigma Theta Tau’s Howard University Chapter honored her as one of 100 Extraordinary Nurses in the Washington DC metropolitan area.

**CDR JOHN WHITCOMB PHD 05:**

**Lessons Learned in Kuwait**

Commander Whitcomb is an expert in critical care research and practice. He has served as the specialty advisor to the Navy Surgeon General for critical care nursing, and on the faculty for the Navy’s advanced cardiac life support education program. In 2010 he was honored with the Author E. Hughes Career Achievement Award from the Hahn School. Now retired from the Navy, Whitcomb is an assistant professor of nursing at Clemson University.

In 2003, as Operation Iraqi Freedom launched into Iraq, Whitcomb’s unit, the 4th Health Services Battalion set up a field hospital at Camp Coyote in Kuwait. The 4th HSB provided emergency resuscitation and definitive surgery, saving lives and limbs, and offered general medical care under field and combat conditions.

Whitcomb co-authored a paper for Critical Care Nursing Clinics of North America, “Skill Set Requirements for Nurses Deployed with an Expeditionary Medical Unit Based on Lessons Learned” that chronicles the stressors he and his personnel faced (fierce sandstorms, temperatures of 110 degrees, primitive equipment), and the training he and senior staff offered to bring staff up to speed and help them manage their own anxiety.

Navy Nurse Corps officers led by example. They never asked a lower-ranking officer or enlisted person to do anything they would not do themselves. The nursing leadership of the 4th HSB planned for the worst-case scenarios, and this planning prepared them to be resilient and flexible throughout the deployment. Personnel understood that plans could change at a moment’s notice. The term ‘day off’ did not apply. When casualties arrived, everyone joined in to support those on duty.
Commander Patrick K. Amersbach, Director of Branch Services at Naval Hospital Camp Pendleton, knows the military from the ground up. He enlisted in the Army in 1982, and served eight years with the Airborne and as an MP before transferring to the Reserves so that he could go to nursing school. He was selected by the Navy for officer training, and when he graduated, he joined the Navy Nurse Corps as Ensign Amersbach BSN.

At Naval Hospital Bremerton, Washington, he gained experience in med/surg, ICU and endoscopy, and began training for wartime assignments. He then served in Bahrain as a medical liason officer, and in Yemen in support of a United Nations humanitarian mission.

Now Lieutenant Amersbach, he transferred to the Naval Medical Center San Diego in 2003 and deployed first as the Division Officer for Medical Surgical Unit 5 North. In a later deployment with 1st Medical Battalion, Iraq, he provided direct patient care and served as a casualty evacuation nurse. Now a Lieutenant Commander, he was selected for Duty Under Instruction (DUINS) and completed a Master of Science in Nursing (MSN) degree in Executive Nurse Leadership at the Hahn School of Nursing and Health Science in 2008.

After graduation he was assigned to Naval Hospital Camp Pendleton, where he now serves as Director of Branch Clinics, overseeing the work of 500 health care professionals. Amersbach is also completing a Doctor of Nursing Practice (DNP) degree at George Washington University. His wife Grace Angus-Amersbach served in the Navy Nurse Corps 2001-2005, and in May 2011 she received her MSN from Hahn’s Family Nurse Practitioner Advanced Practice Program.
Lieutenant Commander Deborah Romero graduated from the Family Nurse Practitioner (FNP) program in 1998, and joined the Navy Nurse Corps as a reservist. She has supported medical clinics as a Nurse Practitioner at Naval Medical Center San Diego, Pearl Harbor, Naval Hospital Guam, Naval Hospital Yokosuka, Japan and Naval Hospital Oak Harbor, Washington. In 2010 she received the Sigma Theta Tau Clinical Practice Award.

She has also served on the USNS Mercy, providing care in East Timor, one of the 10 poorest countries in the world. She traveled by helicopters and in small boats on rocking seas to provide basic care to child and adult populations, some of whom had had no prior access to western medicine.

She was recalled to active duty from 2005 to 2007, working at Naval Medical San Diego as a Nurse Practitioner. In that period she also served as a Nurse Practitioner on the USS Nimitz.

She now works as a civilian Nurse Practitioner at the Navy Medical Center San Diego in the General Surgery Clinic specializing in Bariatric Surgery. Her team, which includes four surgeons and a dietician, performs approximately 125 surgeries per year with 90% weight loss success.
Commander Assanatu Savage came to the Family Nurse Practitioner (FNP), Doctor of Nursing Practice (DNP) program with a strong background in primary care. Her previous assignment was Senior Nurse Corps Officer for the Primary Care Clinic at the Naval Training Center, San Diego, where she was involved in the daily operational management and leadership of the clinic, working with the clinical management team in providing direction and meeting the strategic objectives of Navy Medicine. One of those objectives was the development of patient centered medical homes, and during her tenure at the NTC, her clinic successfully launched patient centered medical homes as the model for primary care delivery for all Tricare beneficiaries.

The Patient-Centered Medical Home provides a long-term holistic relationship between patient and providers and is increasingly recognized as the optimal model of care in primary care. The National Committee for Quality Assurance has recognized that
LT SHEREE SCOTT: 
Corpsman to Clinical Nurse Specialist

In 1995, Sheree Scott’s work routine was bed baths, vital signs, and nursing notes. She was 20, a hospital corpsman at Navy Hospital Pensacola, Florida, and she thought her work was “absolutely the best thing I could be doing.” She remembers a charge nurse who trusted her and taught her. Her mentor’s trust was the inspiration that helped her to see a larger future for herself; her first version of that future was “someday I’m gonna’ be her.” Scott applied to nursing school and was selected for the Seaman to Admiral program, which enabled her to pursue a commission. She did in fact become a charge nurse, in the same hospital where her mentor was then the director of nursing.

She’s now Lieutenant Scott, Navy Nurse Corps, enrolled in the Clinical Nurse Specialist program at Hahn, with a specialization in adult and gerontological practice. Through the Navy’s Duty Under Instruction Program (DUINS), she draws her salary and allowances while she goes to school full time. In return she has agreed to serve after graduation for a specified period of time. The DUINS program benefits Navy medicine by producing more highly educated staff and developing leaders, and benefits nurses by enabling them to pursue advanced degrees and broaden their professional options.

Scott will graduate in 2012, and looks forward to deploying her skills in evidence-based practice and teaching in support of the Navy’s missions, wherever they may take her.

advanced practice nurses are well suited to lead, coordinate, and manage the care of patients in medical homes. Savage believes that medical homes are an approach to health care delivery equally relevant in garrison and in the field.

Savage entered the DNP program on a Duty Under Instruction (DUINS) assignment, with the goal of preparing herself for wider leadership roles in the coordination and delivery of compassionate patient and family-centered medical care.
Daily I witness patients navigating through their lives as their loved one faces deployment, is gone during deployment, or has recently returned from deployment. One minute I’ll be renewing blood pressure medication for a retired Navy Captain and in the next room a new mother brings in a two-month-old for a well baby check. In another room is a twenty-something here for asthma follow up evaluation. Her husband sitting beside her has a lower leg prosthesis, a casualty from his last deployment.

Patients depend on me for more than just medical care. For some, I’m not just their primary care provider, but also have become a friendly face in a strange new town, the person who will sit down and listen to them, who will provide encouragement and support when their loved one is deployed.

One 25-year-old had survived several deployments to Iraq and now was medically retired because of severe PTSD. He’d had very hard time sleeping and concentrating in school. He followed our collaborative treatment plan so well that he was sleeping through the night, had successfully completed his first semester of college, and recently had become engaged. At each visit, his kind eyes and warm smile displayed such appreciation and thankfulness for the care he’d received. I looked at this young man with such great admiration. He was so proud to have served his country, yet wanted no special recognition. I truly consider it an honor to provide care to this patient population.

JULIE JARL: Honored to serve our military

Doctor of Nursing Practice student Julie Jarl is a civilian family nurse practitioner at Naval Hospital Camp Pendleton. She writes about the military members and families she serves:

Julie Jarl, MSN, APRN
Suarez was winding up a five-year recall to active duty, and would return to civil service at Naval Medical Center San Diego. Her 20-year-old son had died on active duty in 2005, and lately she’d begun to think about the grief and loss that are an inevitable part of military service: not only deaths, but life-changing injuries, and their impact on service members and their families.

There was the matter of how she would pay for school. Her timing was good. The Navy’s Bureau of Medicine and Surgery had created a scholarship opportunity for civil service nurses in Navy medicine. She applied and was selected for one of five civil service Duty Under Instruction (DUINS) scholarships awarded nationwide. She applied to the program with a clear vision of the work she could do as an advanced practice nurse.

Suarez will return to Naval Medical Center San Diego to work on raising awareness within the military of the pervasiveness of loss, its impact on service members and their families, and the urgent need to address these concerns in Navy medicine. Thousands of military families experience primary and secondary losses related to the rigors of military life. “There’s really no choice,” Suarez says. “We must acknowledge and integrate grief and loss in our intervention strategies for active duty members and their families.”

MARTHA SUAREZ:
Career at a Crossroads

The e-mail Martha Suarez received in May 2010 put her at a crossroads in her life. The message announced that the Hahn School’s Psychiatric/Mental Health Nurse Practitioner Program was accepting applications for its inaugural class.

Suarez was winding up a five-year recall to active duty, and would return to civil service at Naval Medical Center San Diego. Her 20-year-old son had died on active duty in 2005, and lately she’d begun to think about the grief and loss that are an inevitable part of military service: not only deaths, but life-changing injuries, and their impact on service members and their families.

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Las Vegas, NV  April 13-16, 2011

**Western Institute of Nursing Research Conference with 35 Hahn Presentations!**

USD PhD(c) Crisamar Anunciado, Dr Patricia Roth, Alumna Dr Terry Larsen, PhD student
Dale Todicheeney, Dr Wendy Hansbrough

Dr Joseph Burkard, DNSc, APRN, Robin Tyler, DNP

Kathryn Ginn, DNP

Tarry Wolfe, DNP, Dr Susan Instone

Dr Patricia Quinn, Crisamar Anunciado, PhD(c), Dean Sally Brosz Hardin

Maria Elsa Rodriguez, DNP student
Las Vegas, NV  April 13-16, 2011
Western Institute of Nursing Research
Conference with 35 Hahn Presentations!

USD Graduate Research Day May 5, 2011: Nursing Research Saves Lives!

Crisamar Anunciado, PhD(c), WIN Red Ribbon Winner for her study, “Inpatient Glycemic Management: Traditional Care versus Glycemic Management Team.”
After 31 years in the Navy, Joseph Burkard, DNSc, CRNA, was looking for a teaching position in which he could work with doctoral students and continue to train nurse anesthetists. He joined the Hahn faculty as an associate professor in time to help plan the DNP program, and he continues to teach in that program. A number of Navy nurse anesthetists have come to the DNP and PhD programs because of their prior connection with Burkard.

Dr. Burkard maintains his anesthesia clinical practice at UC San Diego Medical Center, and is currently completing a one year post-doctoral American Association of Colleges of Nursing fellowship with a “partnering classroom to clinical” focus.

He started his Navy career as a hospital corpsman, and was commissioned as a Nurse Corps officer through the Medical Enlisted Commissioning Program. He earned his DNSc in acute/critical care at the University of Tennessee, Memphis. His deployments included service as a critical care nurse in Operation Desert Storm in 1991, and a four month humanitarian mission on hospital ship USNS Comfort in 2007 to 13 Central and South American countries.

At the Naval Medical Center San Diego, Dr. Burkard served as Program and Research Director of the Nurse Anesthesia Program, and as assistant chairman of the Institutional Review Board. He has been adjunct faculty for Kaiser Permanente’s Nurse Anesthesia Program, and served as president of the California Association of Nurse Anesthetists.

His research interests includes post-traumatic stress in returning veterans, post-operative nausea and vomiting, stress management and crisis management simulation training.
Dean Sally Brosz Hardin announced that the Barbara and Donald Jonas Foundation at the Center for Nursing Excellence in New York will fund five PhD scholarships at the Hahn School for meritorious military nurses who are planning a career in academia. The Jonas Military Merit Scholars will receive a $10,000 per year stipend for their PhD studies. The Center also will provide a stipend for the Jonas Faculty Fellow who will mentor the scholars. Dr. Joseph Burkard, who joined the Hahn faculty after 31 years of service in the Navy Nurse Corps, will be the inaugural Jonas Faculty Fellow.

Since 2006 the Jonas Center has funded scholarships for doctoral study in nursing, with the goal of addressing the nation’s critical shortage of nursing faculty. At a celebration of the Center’s fifth anniversary in April 2011, founders Barbara and Donald Jonas announced an expansion of the Jonas Nurse Leaders Scholars program. By 2012 the Center will fund an additional 100 doctoral scholarships at schools of nursing in all 50 states. Twenty-five scholarships, including the five at the Hahn School, will support members of the military.

Darlene Curley, MSN, executive director of the Jonas Center, said, “Veterans with emergency medical experience have a strong foundation of health knowledge and the skills needed to be excellent nurses and educators. Each educator trains thousands of nurses over a career so each slot we fill will have considerable patient impact. But we’re especially excited that this new element of the program allows us to be of service to those who have served our country.”

Barbara and Donald Jonas had collected post-World War II American art for many years; their collection was renowned as small, but top-notch. They had intended to donate the works to charity after their death, but decided instead that they wanted the pleasure of making a difference in their own lifetimes. In 2005, at the height of the art market, a sale at Christie’s of half their collection netted $44 million. They focused their funding efforts on healthcare, especially nursing.

“Nurses are the backbone of the healthcare system, but they are underappreciated by the public and the philanthropic community,” said Barbara Jonas. “We have a responsibility as a society to support nurses and provide the tools and education so they can continue in their vital roles at the height of their potential and capabilities. Essentially, we need to care for them so they will continue to care for us.”

In addition to doctoral scholarships, the Jonas Center has convened a number of high-level interdisciplinary discussions on health workforce education and staffing. Through these meetings the Center has become an increasingly influential advocate for nurses’ role in healthcare.

In announcing the Jonas Military Merit Scholarships for the Hahn School, Dean Hardin praised the Jonases, saying, “It’s been wonderful to find such champions of nursing.”
DR. ROBERT BEYSTER, a physicist, business leader, and philanthropist, has provided scholarship funding for the Hahn School of Nursing and Health Science through the Beyster Family Foundation. Dr. Beyster joined the Navy after finishing high school. World War II was under way, and the Navy needed officers. It sent Beyster to the University of Michigan, where he graduated with majors in math and physics. “I probably never would have done that without the U.S. Navy,” Beyster observed. “They made that decision for me; I had been headed in other directions.”

Beyster served on a destroyer on the East Coast through the end of the war. He returned to Michigan for graduate school in engineering, and completed his PhD. In 1969, he founded Science Applications International Corporation, now a Fortune 500 Company renowned as one of the most successful scientific and technology companies in the world, with $10.8 billion in revenues. The US government has reaped the rewards of its investment in Dr. Beyster through the scientific contributions of SAIC to the military, space program, environment, aviation, national security, communications, and countless other areas of national and international concern.

RICHARD CHARLTON, a retired engineer and successful businessman, is a long time friend and donor of the Hahn School of Nursing and Health Science. He has generously given financial support since 1999 through a scholarship in honor of his deceased wife, Mary Jane, who was trained as a nurse during World War II. Mr. Charlton volunteered in World II, and fought in the South Pacific from 1944-1945 aboard a combat destroyer in the 3rd and 7th fleets. He saw action —some of the most intense battles in the Pacific, including the Battle of the Philippines Sea, the invasion of the Philippines with General MacArthur, and landings in Guam, Iwo Jima, Okinawa, and Saipan.

Although he was rated as a Radar Tech, during battles his job was loading ammunition for firing on the kamikazes and Japanese-held land bases. During battles, which could last for more than a month, sailors slept at their battle-stations. Meals were haphazard; often they’d fight all day before they’d have a chance to eat. He remembers the fragrance of the South Pacific islands, which was so strong that he could smell the islands long before he could see them. “I was a lucky man” Charlton remembers. “Not one man on my destroyer was killed in battle.”
MARTIN DICKINSON, a successful businessman and dedicated philanthropist, has been an important contributor to the Hahn School of Nursing and Health Science since 1999. The Dickinson Family Foundation has supported the initiation and development of the Master’s Entry in Nursing Program (MEPN), the highly competitive Master’s program for students with baccalaureate degrees in fields other than nursing.

Dickinson served in the Navy from 1957 to 1961. He attended Officer Candidate School in Newport Rhode Island, and Supply Corps School in Athens, Georgia. He served as Supply Officer and Crypto Officer aboard the USS Cogswell for two West Pacific tours; later he was stationed at the Naval Supply Base in Stockton California. He left the Navy as a Lieutenant Junior Grade and enrolled in Stanford University’s MBA program, where many of his classmates were also ex-military.

RICHARD WOLTMAN, who has given generously to the Hahn School, served during the Korean War. He joined the Reserve Officers Training Corps (ROTC) at Indiana University, and when he graduated in 1952, he was commissioned as a Second Lieutenant in the Army. He was shipped to Korea, five miles south of the 38th Parallel, now known as the Demilitarized Zone. He commanded a supply unit responsible for supplying the 10th Corp with fuel. His fuel supply depot was an open field, and required continual protection. As commanding officer, Woltman could sleep only four hours at a time.

Woltman’s family had a tradition of military service. His father had been a seaman in World War I, and an older brother had served in World War II. When his tour in Korea ended, Woltman returned home to start his business career. He remembers that in contrast to World War II, military returning from Korea were not accorded any recognition for their service.

Although his active duty service lasted only two years, Woltman gained important lessons about leadership and organization and motivating people. He especially remembered that he Army taught officers that the care of enlisted personnel serving under them was their first responsibility.
The University of San Diego Hahn School of Nursing salutes our graduates who were members of the armed forces before or during their coursework here. Below is a list of their names, branch of service, degree, and graduation dates. The information contained in this list is from existing school records and reflects the information at the time the graduate was a student at Hahn. We apologize for any graduate we have inadvertently left off the list.

**UNITED STATES AIR FORCE**
- CAPT Jerome Boltz, MSN, 2001
- E4 Helene Henager, MSN, 2006
- E4 Susan Lessani, MSN, 2003
- Patricia Montgomery, MSN, 2002
- E5 Christie Santos, MSN, 2008
- SGT Kim Spencer, MSN, 2006

**UNITED STATES AIR FORCE RESERVE**
- CAPT Cleddhy Arellano, DNP, 2010
- LT Arlene Brady, BSN, 2001
- CAPT Monsita Brown, MSN, 2006
- CAPT Arlene Esquibel, MSN, 2005
- LT Laura Laws, MSN, 1999

**UNITED STATES ARMY**
- SPC 4 Jon Bongolan, MSN, 2010
- SGT Jose Carranza, MSN, 2010
- CAPT Amy Coopersmith, MSN, 2003
- LT Jerald Coopersmith, MSN, 2002
- CAPT Laura Desnoo, MSN, 2005
- O2P Karla Mclachlan, MSN, 2002
- Patricia Montgomery, MSN, 2002
- CAPT Suzanne Robertson, PhD, 2007
- E6 Joys Sanders, MSN, 2003
- COL Mary Sarnecky, PhD, 1990
- E4 Dale Todicheeney, MSN, 2007

**UNITED STATES ARMY RESERVE**
- CAPT Teri Arruda, DNP, 2010
- CAPT Select Dawn Elders, MSN, 2003
- CAPT Dudley Elmore, MSN, 2008
- CAPT Carole Fraley, MSN, 1999
- WO1 Jessica Heinicke, MSN, 2009
- LT Lorie Judson, PhD, 2002
- CPL Jennifer Martin, MSN, 1998
- LT Margaret Stern, MSN, 1998
- LT Sharon Sullivan, MSN, 1998

**UNITED STATES NAVY**
- E4 Nickolas Aguiree, MSN, 2005
- LCDR Robin Akins, MSN, 2001

**UNITED STATES MARINE CORPS**
- SGT Star Lewis, BSN, 2000
- CAPT Megan Rice, MSN, 2010
CDR Angelica Almonte, PhD, 2007
LCDR Paterick Amersbach, MSN, 2008
LCDR Jennifer Barker, MSN, 2007
LT Louise Barker, MSN, 2003
LT Brian Beale, MSN, 2009
CDR Mary Beckman, MSN, 2003
CDR Denise Boran, PhD, 2001
LT Louise Barker, MSN, 2003
LT Brian Beale, MSN, 2009
CDR Mary Beckman, MSN, 2003
CDR Denise Boran, PhD, 2001
LT Thomas Broadway, MSN, 2008
LCDR Traci Brooks, MSN, 2007
LT Annelise Brown, MSN, 2004
LT Jeffrey Budge, MSN, 2003
LT Ramon Caladcad, MSN, 2010
LT Victoria Callihan, MSN, 2006
LT Noelle Colletta, MSN, 2005
LT Martha Cutshall, MSN, 2001
LT Lisa Dobison, MSN, 2010
LCDR Andrew Fernandez, DNP, 2010
CDR Judith Fidellow, MSN, 1997
LTCDR Cynthia Gantt, PhD, 2002
LT Julie Ginoza, MSN, 2004
CAPT Kriste Grau, MSN, 2004
LT Jerri Gray, MSN, 2006
E1 Felipe Gutierrez, MSN, 2003
LT James Haffner, MSN, 2010
LT Kelly Hamon, MSN, 2004
LT Detrik Harmeyer, MSN, 2008
LTCDR Judy Harris, MSN, 1998
LT Diane Hite, MSN, 2008
LTCDR Jeffrey Huff, MSN, 2009
E4 William Jacko, MSN, 2009
CDR Dennis Jepsen, MSN, 1998
LCDR Patricia Johnson, MSN, 2009
E4 Robert Jones, MSN, 2003
LCDR Monica Joynt, MSN, 1999
CDR Patricia Kane, MSN, 1997
ENS Gloria Kascak, MSN, 2005
LT Duane Kemp, MSN, 2003
LT Sharon Kingsberry, MSN, 2004
LTCDR Daniel Kinstler, PhD, 2002
ENS LisaMarie Kovacevic, MSN, 2005
HM2 Mark LaHaye, MSN, 2010
CDR Steven Lee, MSN, 2010
LCDR Ruth Longenecker, MSN, 2000
LT Katherine Loveless, MSN, 1997
LTCDR Karen Macdonald, MSN, 1997
CDR Martha Mangan, MSN, 1999
LT Michelle McCurdy, MSN, 2007
CDR Robin McKenzie, PhD, 2000
LT Amanda McNeil-Hall, MSN, 2001
ES Charles Medina, DNP, 2010
LT Xanthe Miedema, MSN, 2002
LT Barbara Mullen, MSN, 2002
LT Rebecca Navarrete, MSN, 2010
LT So Newton, MSN, 2010
LT Stacy Nilsen, MSN, 2009
LT Trisha Ofstad, MSN, 2006
CDR Min Chung Park, PhD, 2005
LT Zoe Peek, MSN, 2008
CDR Sandra Peppard, MSN, 2003
CAPT Cynthia Perry, PhD, 2005
LT Joanne Petrelli, MSN, 2002
LT Lynn Phillips, MSN, 1997
LT Apryl Pidding, MSN, 2010
LT James Reilly, MSN, 2009
CDR Jacqueline Rychnovsky, PhD, 2004
LT Michelle Sanders, MSN, 2008
LTCDR Sherrie Santos, MSN, 2001
LT Sherri Schweer, MSN, 2006
E7 Theodore Scott, MSN, 1997
HM Frank Serio, MSN, 2008
LCDR Linda Sexauer, MSN, 1997
LT Elizabeth Shaubell, MSN, 2010
LT Anita Smith, PhD, 2003
LT Felicia Smith, MSN, 2007
LT Christine Snowden, MSN, 2003
LT Carmen Spalding, MSN, 2002
LT Vorachai Sribanditmongkol, MSN, 2005
LTCDR Kathleen Stacy, PhD, 2010
LTCDR Lavencion Starks, MSN, 2005
LT Susan Steiner, MSN, 1998
CDR Lisa Stephens, MSN, 1998
LT Christina Tellez, MSN, 2010
LTg Stephen Thompson, MSN, 1999
LTCDR Cynthia Turner, MSN, 2002
LTCDR Marci Valenciano, MSN, 2010
LCDR Lynn John Volgalesang, MSN, 2004
LTJG Catherine Vrabel, MSN, 2002
LT Paula Vuckovich, PhD, 2003
CPO Christopher Waggner, MSN, 2000
LT Kurtt Walton, MSN, 2005
LT Tammy Weinzatl, MSN, 2002
CDR John Whitzaatl, MSN, 2000
O3E Kimberly Whitehill, MSN, 2010
LT Jacqueline Williams, MSN, 2009
LCDR Michelle Williams, MSN, 1999
LT Cynthia Wolfe, MSN, 1999
LT Noel Delizo Ysip, MSN, 2008

UNITED STATES NAVAL RESERVE
LT Lourdes Januszewicz, MSN, 2008
O4 Leslie McGraw, MSN, 2001
LCDR Barbara Rose, PhD, 2010
Colleen Shiroff, MSN, 2001

UNITED STATES PUBLIC HEALTH SERVICE
LCDR Loretta Mitch-Lynn, MSN, 2002
“The quest for excellence that I saw and experienced in my program at USD impressed me and I’d like to believe that that’s what I brought to Dalhousie.”

Marilyn T. Macdonald, PhD, 2005
Associate Director, Graduate Programs and Associate Professor of Nursing at Dalhousie University in Halifax, Nova Scotia.
SUBMIT NOMINATIONS NOW FOR NURSING’S 2012 AUTHOR E. HUGHES CAREER ACHIEVEMENT AWARD

Nomination form:

Print Nominee’s Name__________________________________________________________

Credentials_________________________________________________________________

Current Position________________________________________________________________

E-mail Address__________________________ Phone ________________________________

Address________________________________________________________________________

______________________________________________________________________________

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

Name of Person Submitting Nomination (can be nominated by self or others): ___________________________

Nominator’s E-mail Address__________________________ Phone ________________________________

Nominator’s Address________________________________________________________________________

______________________________________________________________________________

Return to: Dean Sally Brosz Hardin
USD Hahn School of Nursing and Health Science
5998 Alcalá Park
San Diego, CA 92110
**HONORS AND AWARDS [FACULTY AND ALUMNI]**

**Dr. Sandra Bibb** (PhD, 1999) was selected as one of the 2011 “100 Extra Ordinary Nurses in the Washington Metropolitan Area” by Sigma Theta Tau International, Honor Society of Nursing, Gamma Beta Chapter, Howard University.

**Dr. Joseph Burkard** was appointed to the Western Institute of Nursing Poster Award Committee for 2010-2013.

**Dr. Cynthia D. Connelly** was an invited participant on an interdisciplinary expert panel at the National Institutes of Health-National Institute of Mental Health on “Fresh Perspectives in Perinatal Depression Research: Psychosocial Interventions and Mental Health Services.”

**Dr. Laurie Ecoff** (PhD, 2009) received the Sharp Metro campus “Nursing Excellence Award for Leadership.”

**Dr. Willa Fields** (DNSc, 1990) was elected as Vice Chair Elect on the Board of Healthcare Information and Management Systems Society (HIMSS).

**Dr. Brenda Fischer** (PhD, 2008) has been named to the Board of the Southern California Cancer Pain Initiative, a foundation of the City of Hope.

**Dr. Ana-Maria Gallo** (PhD, 2003) received the Sharp Grossmont Hospital 2011 Nurse Excellence Award for Mentor and the Sigma Theta Tau International: Zeta Mu Chapter 2011 Excellence in Nursing Research Award.

**Dr. Jane Georges’** published work was selected by *Advances in Nursing Science* as one of the top ten most influential articles in nursing philosophy, 2000-2010.

**Dr. Lois C. Howland** was selected to attend the National Institute of Nursing Research 2011 Summer Genetics Institute at the National Institutes of Health, Bethesda, MD.

**Dr. Kathy James** was an invited participant on an interdisciplinary panel of experts on a Medscape CME/CE-certified Audio Webcase for Medscape Diabetes & Endocrinology, on “Aiming for Success in Childhood Obesity Intervention: Family-based Approaches to Care.”

**Dr. Shirley Jett** (PhD, 2011) received the 2011 Irene Palmer Scholarship Award.

**Dr. :Lois C. Howland** was selected to attend the National Institute of Nursing Research 2011 Summer Genetics Institute at the National Institutes of Health, Bethesda, MD.

**Dr. Shirley Jett** (PhD, 2011) received the 2011 Irene Palmer Scholarship Award.

**Jamie Johnson** (MSN, 2011) received the Julia Wilkinson Scholarship Award.

**Dr. Peggy Kalowes** (PhD, 2007) has been appointed to the research committee of the American Association of Heart Failure Nurses (AAHFN) for 2011-2013. In addition, Dr. Kalowes was inducted as a Fellow in the American Heart Association (FAHA).

**Dr. Karen Macaulay** was a finalist nominee for San Diego’s “Athena” Pinnacle Award.

**Dr. Marilyn Macdonald** (PhD, 2005) received the University of San Diego Hahn School of Nursing and Health Science 2011 Hughes Career Achievement Award.

**Dr. Jonathan Mack** completed an 18 month Post-Doctoral Fellowship in Health Care Informatics for the West Wireless Health Care Institute and will assume a new role as the Institute’s Director of Research and Development.

**Akemi Martin** (MSN, 2011) was selected as one of the Urban League of San Diego County’s “Forty under 40 Inspired Leaders of Tomorrow.”

**Dr. Ann Mayo** was invited to be a Fellow in the American Academy of Nursing. In addition, she was elected Chair of the Interagency Collaborative on Nursing Statistics (ICONS).

**Dr. Jason McGuire** (PhD, 2011) won the regional Navy Medical Center San Diego Academic Research competition (1st place) and placed 3rd in the nationwide Navy Research Competition held in Portsmouth, VA. In addition, he won the Researcher of the Year Award, the Mary Hanna Memorial Journalism Award, and the Navy Nurse Corp’s Mary F. Hall Writing Award for his dissertation research, “Risk Factors for
Emergence Delirium in US Military Members.”

Dr. Roberta Rehm (MSN, 1986), currently an Associate Professor at UCSF, was invited to be a Fellow in the American Academy of Nursing.

Dr. Patricia Roth was selected as a USD “University Professor” and will be honored at the USD Fall Convocation in September.

Dr. Linda Urden was appointed as Chair of the Research Task Force for the Council on Graduate Education in Administration Nursing (CGEAN). She was also appointed to the Future of Nursing California Regional Action Coalition (RAC). She is also a workgroup member of the Action Committee (CAC) for the Future of Nursing in California and a member of the Nurse Leadership Development Committee for the Association of California Nurse Leaders (ACNL).

Dr. Pablo Velez (PhD, 2006) CEO and Senior Vice President, Sharp Chula Vista Medical Center-San Diego, was awarded the Excellence in Leadership for San Diego by the Association of California Nurse Leaders.

Dr. John Whitcomb (PhD, 2005) will be inducted into the American College of Critical Care Medicine (a physician association) as a Fellow of Critical Care Medicine. Dr. Whitcomb will be one of only three nurses in South Carolina who carry this distinction.

[STUDENTS]

Ayman Alnems was awarded the Irene S. Palmer Research Award for “The Relationship of Oncology Nurses’ Professional Quality of Life to Knowledge and Attitudes Toward Cancer Pain.”

Crisamar J. Anunciado was awarded a red ribbon at the Western Institute of Nursing Research Scientific Conference for her study, “Inpatient Glycemic Management: Traditional Care versus Glycemic Management Team.”

Mary Ann Anziano received the Achievement Rewards for College Scientists (ARCS) for $22,500 for “A Retrospective Analysis: Predicting Diabetic Foot Ulcers with Routine Diabetic Foot Care.”

Melinda Bender was selected by the CTSA Consortium- Child Health Oversight Committee (CC-CHO) to be one of four Child Health Research Fellows to present their work to the leading child health researchers at CTSA sites across the country, at the 2011 Pediatric Academic Societies meeting. She was also awarded an “Achievement Reward for College Scientists” (ARCS) Scholarship.

Miriam Bender was appointed by the Commission on Nurse Certification to the CNL Job Analysis Committee beginning in May 2011.

Deborah Bird received the Kyle O’Connell Memorial Scholarship from the University of San Diego Alumni Association.

LCDR Eric Bopp was awarded the Dean’s Research Scholar Award for “The Preoperative Stress Response in Active-Duty Military Members with Combat Experience.” He also received the 2011 Rear Admiral Mary F. Hall Award for Nursing Publication for his study, “Biphasic Dosing Regimen of Meclizine for Prevention of Postoperative Nausea and Vomiting in a High-Risk Population.”

Elizabeth Ciaccio was awarded the Irene S. Palmer Research Award for “Grounded Theory of Parental Caring for Well Controlled Type-1 Diabetic School Age Children as Evidenced by HgA1c.”

Elizabeth Cianci received the Julia Wilkinson Scholarship Award.

Jackie Close was the recipient of an individual Southern California Cancer Pain Initiative (SCCPI) Award for “Excellence in Pain Management.”

Lindsay Cosco was awarded the Robert V. Piemonte Scholarship from the Nursing Economics Foundation.

Lee Ann Hawkins was notified that her abstract, “Is Cognitive Impairment Associated with Medication Adherence in Outpatients with Heart Failure?” was chosen for the Nursing Research Award at the Heart Failure Society of America Annual Scientific Meeting. She was also awarded an “Achievement Reward for College Scientists” (ARCS) Scholarship.

LCDR Heather King received the 2011 Rear Admiral Mary F. Hall Award for Nursing Publication for her manuscript, “Pacific Partnership 2008: The Surgical Mission, Surgical Screening Process, and the Anesthetic Management of Uncontrolled, Untreated Hypertensive Patients.”
Sheryl Leary was appointed to the Board of Directors for the Certification Corporation for the American Association of Critical Care Nurses (AACN).

Jason McGuire and faculty member Dr. Joseph Burkard won first place in the Academic Research Competition for their presentation on “Post Traumatic Stress in the Combat Surgical Patient.”

Merlie Ramira was awarded a scholarship from the Philippine Nurses Association of America.

Linda Schaffer received the Doris Howell Foundation Research Award, Cheryl A. Wilson Nursing Scholarship for $3,000 for “Relaxation Guided Imagery: A Stress Reduction Intervention for Hospitalized Pregnant Women.”

Bridget B. Sellars was awarded the Dean’s Research Scholar Award for “Transformational Leadership Practices of Nurse Managers in Magnet and Non-Magnet Facilities.”

Linda Stanley was selected as the speaker at the San Diego Society Nurse of the Year Award dinner where she presented a paper on the “Treatment of Post-Traumatic Stress Disorder.”

Amy Stuck was awarded the Dean’s Research Scholar Award for “The Relationship between Night-Time Interruptions and ICU Delirium.”

Denise Thompson was awarded the Dean’s Research Scholar Award for “Public Health Nurse Factors Associated with Decision-Making in Closing Cases to Postpartum Home Visitation Services.”

Dale Todicheeney was selected as the recipient of the 2011 Ann M. Voda American Indian/Alaskan Native/First Nation Conference Award, which was presented at the Western Institute of Nursing’s Scientific Conference Awards Luncheon.

Lucy R. Van Otterloo was awarded the Doris A. Howell Foundation Research Award and the Dean’s Research Scholar Award for “Risk Appropriate Maternal Care: Identifying Risk Factors that Effect Maternal Outcome.”

Fatima Velasco was awarded a 2010-11 DNP Dean’s Scholar Award.

**GRANTS**


**Avila, M.** (2011). *The foundational development of the concept of the “common good” from a Judeo-Christian perspective*. Dean’s Scholar PhD Research Grant Award for $5,000.

**Baclig, J.** (2011). *Nurse practice environment and PIV infiltrations in a pediatric hospital on the magnet journey*. Dean’s Scholar PhD Research Grant Award for $5,000.

**Bender, M.** (2008-2011). *Childhood obesity intervention in Hispanic pre-school children*. Achievement Rewards for College Scientists (ARCS) for $22,500.

**Boone, B.** (2011). *Work of nurses in interventional radiology*. Dean’s Scholar PhD Research Grant Award for $5,000.


**Burkard, J. F.** (2011). *Perioperative outcomes?* Hahn School of Nursing Faculty Research Incentive Grant for $4,000.


**Clark, M. J., Instone, S., Mueller, M. R., Mayo, A., & Skerrett, K.** (2011). *Phase II: DNP preparation for advanced practice leadership: A longitudinal research study of the first graduating cohort*. Hahn School of Nursing Faculty Research Incentive Grant for $4,000.


Hardin, S. B., Macauley, K., & Martin, J. (2011). Simulation and standardized patient nursing laboratory equipment and supplies. San Diego County Grant for $20,000.

Hardin, S. B., & Martin, J. (2011). Master’s entry student training. Dickinson Foundation Grant for $100,000.


Jett, S. A. (2011). The post deployment lived experience of U.S. troops after combat-related blast exposure. Dean’s Scholar PhD Research Grant Award for $5,000.

Madani, C., & Kerr, K. (2011). The effects of palliative care consults and education on ICU nurses’ moral distress and compassion fatigue. UC Center for Health Quality and Innovation Grant Application for $35,000.

Mayer, B. (2010-2011). The use of focus groups for data collection in qualitative research. Irene S. Palmer Research Grant Award for $2,945.


Skerrett, K., & Mayo, A. (2011). Optimal development across the life span. Hahn School of Nursing Faculty Research Incentive Grant for $15,000.


PUBLICATIONS:


James, K., Connelly, C., Gracia, L., Marenco, N., & Baitetto, J. (2010). Ways to enhance children’s activity and


PHD DISSERTATIONS


INTERNATIONAL AND KEYNOTE PRESENTATIONS


James, K. (2010, July). Ways to enhance children’s activity and nutrition [we can ]– a pilot project with Latina mothers. Poster presented at the 1st International Diabetes and Obesity Forum, Athens, Greece.


Medical and Support Staff, PASADA, Dar Es Salaam, Tanzania.


### NATIONAL AND REGIONAL PRESENTATIONS

**Bender, M., Glaser, D., & Connelly, C.** (2011, April). *Interrupted time series design evaluating CNL intervention effect on patient outcomes*. Podium presentation at the 44th Annual Western Institute of Nursing Research Conference, Las Vegas, NV.

**Bender, M., Nader, P., James, K., Dolgonos, O., & Gahagan, S.** (2011, March). *Vida Saludable - Effectiveness of a childhood obesity intervention for Latino pre-school children and their mothers*. Poster presented at the Academic Rewards For College Scientist (ARC) Scientist of the Year Dinner, San Diego, CA.


**Burkard, J.** (2011, April). *Perioperative outcomes analysis phase one analysis project*. Poster presented at the Western Institute of Nursing Research Conference, Las Vegas, NV.


**Connelly, C.** (2010, October). *Fresh perspectives in perinatal depression research: Psychosocial interventions and mental health services*. Invited panel presentation to the National Institutes of Health-National Institute of Mental Health, Washington, DC.

**Connelly, C.** (2010, October). *Perinatal depression and mental health service use: Design, implementation, and acceptability of a community based collaborative care intervention*. Paper presented to the National Institutes of Health-National Institute of Mental Health, Washington, DC.

**Crawford, L.** (2010, June). *Improved hearing screening*. Poster presented at the National Association of School Nurses Conference, Chicago, IL.


**Eckhardt, J., Burkard, J., & Sawrey, P.** (2011, April). *Observation unit efficacy in decompensated heart failure patients*. Poster presented at the Western Institute of Nursing Research Conference, Las Vegas, NV.

Nurse Leaders (ACNL) Annual Program, Sacramento, CA.


Kalowes, P. (2011, August). Symptom burden at end of life in patients with life-threatening illness in intensive care units. Research poster presentation at the NIH, National Institute of Nursing Research (NINR), and Partners Summit on The Science of Compassion Future Directions in End-of-Life and Palliative Care, Bethesda, MD.


Landis, B. (2011, April). Breast feeding and mother’s with chronic health conditions. Poster presented at the Western Institute of Nursing Research Conference, Las Vegas, NV.


McPherson, J., & Burkard, J. (2011, April). Implementation of high fidelity simulation to enhance critical thinking skills. Poster presentation at the Western Institute of Nursing Research Conference, Las Vegas, NV.


Macauley, K. (2011, March). Childhood obesity: What’s a pediatric nurse to do? Invited speaker at the Orange County Society of Pediatric Nurses, Children’s Hospital of Orange County, Orange, CA.

Macauley, K. (2011, April). Making an impact with families concerned with childhood obesity. Invited speaker at the Orange County Chapter of the National Association of Pediatric Nurse Practitioners, Children’s Hospital of Orange County, Orange, CA.

Rutkowski, E. (2011, February). Childhood obesity: What’s a pediatric nurse to do? Invited speaker at the Orange County Society of Pediatric Nurses, Children’s Hospital of Orange County, Orange, CA.

Rutkowski, E. (2011, March). Making an impact with families concerned with childhood obesity. Invited speaker at the Orange County Chapter of the National Association of Pediatric Nurse Practitioners, Children’s Hospital of Orange County, Orange, CA.


**Sarter, B. (2010, June).** Enjoying salt as it is found in nature. Educational video produced for the Nutritional Education Institute, Flemington, NJ.


**DNP EVIDENCE BASED CLINICAL PROJECTS**

**Arellano, C. (2010).** The use of simulation in improving the readiness skills of us air force reserve medical technicians in the care of chest tube drainage (Unpublished DNP evidence based clinical project). University of San Diego, CA.

**Bowles, S. (2011).** Using the evidence to develop a noise mitigation program for the neonatal intensive care unit (Unpublished DNP evidence based clinical project). University of San Diego, CA.

**Crawford, L. (2010).** Improved hearing screening results with difficult to test children (Unpublished DNP evidence based clinical project). University of San Diego, CA.


**Eckhardt, J. (2011).** Observation unit efficacy in decompensated heart failure (Unpublished DNP evidence based clinical project). University of San Diego, CA.


**Howarth, M. (2011).** The evaluation of WECAN on enhancing parental role modeling in Latina mothers (Unpublished DNP evidence based clinical project). University of San Diego, CA.

**Hyacinth, O. (2011).** Weight management during pregnancy utilizing the IOM guidelines (Unpublished DNP evidence based clinical project). University of San Diego, CA.

**McPherson, J. (2011).** Implementation of high fidelity simulation to enhance critical thinking skills (Unpublished DNP evidence based clinical project). University of San Diego, CA.

**Tyler, R. (2011).** Stop bang tool usage to detect undiagnosed obstructive sleep apnea for the anesthesia provider (Unpublished DNP evidence based clinical project). University of San Diego, CA.

THE FACTS
Hahn School of Nursing and Health Science:
Re-Accredited 2010 through 2020 with No Issues of Compliance

Top 10% of U.S. Graduate Nursing Schools
- Doctoral- and Post-Doctoral-Level Faculty
- Four American Academy of Nursing Fellows on Faculty
- Over 2,000 Alumni, including 225 with Doctorates
- Alumni direct Hospitals, Nursing Schools, and the Armed Services, including one of the First Nurse
  Admirals and First Nurse Deputy Surgeon General

Degree Programs:
- Master’s Entry Program in Nursing
- Advanced Practice Master’s
- Executive Nurse Leader — MSN/PhD
- Doctorate of Philosophy in Nursing (PhD)
- Doctor of Nursing Practice Program (DNP)

Exceptional Program Scope and Excellence
- One of only five PhD Nursing Programs in California
- One of only six DNP Programs in California and the only DNP Program in San Diego
- Only Nursing Program in U.S. to receive Achievement Rewards for College Scientists from the
  ARCS Foundation
- First Migrant and Latino Health Care Programs in Southern California
- First Master’s Entry Program in Nursing in Southern California
- Palliative Care Program through partnership with San Diego Hospice

Health Science
- Office of Nursing Research with Focus on Clinical Nursing Research
- $3.1 million NIH Grant to Study Depression in Post-Partum Women: Largest Research Grant in
  University History
- Proposed new Institute for Nursing Research, Advanced Practice, and Simulation

Nursing Practice
- Unique International Nursing Program Serving Vulnerable Populations in Mexico,
  Dominican Republic, Haiti, India, and the Pacific Rim
- State-of-the-Art Simulation and Standardized Patient Nursing Laboratory
- Preceptor Program including more than 200 Nurse Practitioners and
  Physician Preceptors
Largest Graduating Nursing Class in USD History
121 Graduate Nurse Scientists, Executives, Practitioners, and Clinicians, 2011
DOCTOR OF PHILOSOPHY IN NURSING SCIENCE
Annette Browning, PhD, APRN
Shelly Burdette-Taylor, PhD, RN
Lori Burnell, PhD, RN
Irene Carr, PhD, APRN
Darlene Finocchiaro, PhD, APRN
Kathryn Aimee Fuller, PhD, APRN
Wendy Hansbrough, PhD, RN
Diane Hickman, PhD, APRN
Regina Izu, PhD, APRN
Irene Carr, PhD, APRN
Darlene Finocchiaro, PhD, APRN
Kathryn Aimee Fuller, PhD, APRN
Wendy Hansbrough, PhD, RN
Diane Hickman, PhD, APRN
Regina Izu, PhD, APRN

DOCTOR OF NURSING PRACTICE
Susan Bowles, DNP, APRN
Diane Daniels, DNP, APRN
Jody Eckhardt, DNP, APRN
Cyndee Garner, DNP, APRN
Kathryn Ginn, DNP, APRN
Margaret Howarth, DNP, APRN
Octavia Hyacinth, DNP, APRN
Jennifer McPherson, DNP, APRN
Robinette Tyler, DNP, APRN
Tarry Wolfe, DNP, APRN

MASTER OF SCIENCE IN NURSING
Mohammad Abu Dari, MSN, RN
Diana Alcova, MSN, RN
Grace Angus-Amersbach, MSN, APRN
Grace Basa, MSN, APRN
Kaitlin Brasier, MSN, APRN
Natalie Capacci, MSN, APRN
Fabiola Carapia, MSN, APRN
Joseph Carroll, MSN, APRN
Mari Dee Sandra Cid, MSN, RN
Amanda Cuellar, MSN, APRN
Stephanie Cunningham, MSN, APRN
Twanna Davis-Arnold, MSN, APRN
Leslie Lee Dela Cruz-Torio, MSN, RN
Rachel Gomez, MSN, RN
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