

GWNURSING

THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF NURSING

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INAUGURAL ISSUE

School of Nursing

THE GEORGE WASHINGTON UNIVERSITY



Vision Statement: The School of Nursing will drive innovation and improvements in health care worldwide through the education of compassionate nurses, esteemed educators and researchers, entrepreneurial leaders, and influential policy experts.

Mission Statement:

The mission of the George Washington University School of Nursing is to:

- Inspire nurses to provide high-quality, compassionate health care
- Transform health care through innovative education, research, policy, and practice
- Develop entrepreneurial leaders and educators who pursue quality and advance the profession
- Improve the health and well-being of people and communities locally, nationally, and globally

In doing so, the School of Nursing builds on the university mission and core values.

Our innovative and talented faculty educates exceptional nursing professionals through a wide array of academic programs:

ASSOCIATE DEGREE IN NURSING (ADN) TO BACHELOR OF SCIENCE IN NURSING (BSN)/MASTER OF SCIENCE IN NURSING (MSN)

ONLINE

Targeting both experienced and entry-level ADN nurses, students in the ADN-BSN/MSN program complete coursework via distance education and clinical preceptorships in their local communities with mentoring from GW faculty.

Fields of study:

- Adult-Gerontology Primary Care Nurse Practitioner
- Family Nurse Practitioner
- Nurse-Midwifery (with Shenandoah University)

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This 15-month on-campus program offers students with BA/BS degrees in non-nursing fields an accelerated venue to earn their BSN. This program is based at the Virginia Science and Technology Campus. Students experience life in a hospital long before their first true clinical experience through our sophisticated Skills and Simulation Laboratory.

MASTER OF SCIENCE IN NURSING (MSN)

ONLINE

Fields of study:

- Adult-Gerontology Primary Care Nurse Practitioner
- Clinical Research Administration
- Family Nurse Practitioner
- Health Care Quality
- Nurse-Midwifery (with Shenandoah University)
- Nursing Leadership and Management
- Bridge Option (ADN with non-nursing BA/BS)

DOCTOR OF NURSING PRACTICE (DNP)

ONLINE

An alternative to research-focused doctoral programs, the DNP advances professional nursing roles in clinical practice, education and nursing leadership.

Fields of study:

- Advanced Family Nurse Practitioner
- Education
- Health Care Quality
- Palliative Care
- Post-BSN Bridge Option

GRADUATE CERTIFICATES

ONLINE

These certificates provide nursing professionals the opportunity to further specialize.

Fields of study:

- Adult-Gerontology Nurse Practitioner (post-MSN)
- Family Specialty Nurse Practitioner (post-MSN)
- Advanced Family Nurse Practitioner (post-MSN)
- Health Care Quality (post-BSN)
- Palliative Care Nurse Practitioner (post-MSN)



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On the Cover

ABSNC Cohort 5 students Michelle McEvoy, Shane Miller, Janjira Wilailak and Amarachukwu Unigwe in the school's state-of-the-art Skills and Simulation Lab.

Photo by Jessica McConnell Burt

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Nursing School Ranks Among Nation's Best

The George Washington University School of Nursing once again ranked among the nation's top nursing schools in *U.S. News & World Report's* 2013 rankings of best online MSN programs. GW's online MSN program placed 16th out of 101 programs nationwide; the program ranked fifth overall for faculty credentials and student engagement and 12th for student services and technology.

"The GW School of Nursing is proud to receive this recognition from *U.S. News & World Report*," says Dean Jean Johnson. "Delivering high-quality education is a core part of our mission, and this national acknowledgment illustrates the school's commitment to meeting the demand for flexible educational opportunities for nurses to advance their careers and improve the health of their communities."

Overall, *U.S. News & World Report* recognized GW as one of the top 50 schools of nursing in the nation. This puts GW SON in the top 10 percent of the 465 ranked nursing schools in the United States and in the top 7 percent of the more than 730 schools offering undergraduate and/or graduate nursing degree programs.



A National Leader

Dr. Jean Johnson, PhD, RN, FAAN, recently added two new national leadership roles to her portfolio of professional responsibilities.

The dean was appointed a member of the U.S. Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Care Medicine and Dentistry by the secretary of the U.S. Department of Health and Human Services. The committee advises and makes recommendations to the secretary concerning policy, program development and other matters of significance. HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

"I am pleased to be a member of this important committee that advises the secretary of HHS on education issues related to the primary care medical and dental workforce," Dean Johnson says, explaining that the DHHS requires that one appointee be a nurse because "advanced practice registered nurses play a major role in primary care."

Dean Johnson was also recently named chairperson of the American Red Cross Nursing and Caregiving Sub-Council of the Scientific Advisory Council. The subcouncil advises the American Red Cross on the development and dissemination of critical information and training related to CPR, first aid, care giving and safety.

"The American Red Cross does vital, lifesaving work," says Dean Johnson. The new subcouncil, she explains, reviews materials related to nursing, such as family care giving manuals and certified nurse assistant training. The group recently reviewed the scientific evidence for best recommendations to prevent falls among the elderly living in nursing facilities.

Strengthening Ties With Singapore

Joyce Pulcini, PhD, RN, PNP-BC, FAAN, director of the MSN program and director of community and global initiatives at GW's School of Nursing, was recently appointed visiting professor at the National University of Singapore's Alice Lee Center for Nursing Studies. The highly regarded university is the only one in Singapore to grant graduate degrees in nursing.

Dr. Pulcini previously served as a consultant for the National University of Singapore's new master's program in pediatric advanced practice nursing. During a 2012 visit to Singapore, she delivered three lectures on campus, visited two pediatric hospitals and met with the chief nursing officer of the Ministry of Health.

She returned to the National University of Singapore in February 2013 to deliver a seminar titled "Advanced Practice Nursing's Role in Primary Health Care." The well-attended seminar focused on

the challenges facing advanced practice nurses to meet changing societal needs as the center of medical care moves out of hospitals and into communities.

"Nurses and particularly advanced practice nurses are ideally suited to meet this challenge, as they are educated with a holistic view of the patients in the context of families and communities," explains Dr. Pulcini, an expert on the evolving roles of nurse practitioners nationally and internationally.

She plans to visit Singapore again in September. The funds from her visiting professorship are being utilized to

offset the cost of sending GW School of Nursing students to Haiti.

In other news, Dr. Pulcini received the Giving Circle Humanitarian Award in June from the Fellows of American Academy of Nurse Practitioners Foundation.



Dr. Joyce Pulcini (front row, second from right) with seminar participants in Singapore in February.



Jessica McConnell Burt

A Prestigious Appointment

Dr. Kate Malliarakis, PhD, CPN, MAC, has been elected president of the Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows Alumni Association. The RWJF Executive Nurse Fellows program is a three-year world-class leadership development experience to enhance the effectiveness of nurse leaders to impact the U.S. health care system.

"It is an honor to be elected to lead this august group of nurse executives," Dr. Malliarakis says. "The Robert Wood Johnson Foundation began this fellowship in 1998, and we now have 230 alumni. The goal of the alumni association is to continue the leadership excellence we developed while in the program and harness this energy on behalf of health care worldwide. The tasks ahead are daunting, but we can handle the challenge!"



Jessica McConnell Burt

Top 100 Honors

Kudos go to GW School of Nursing Instructor Whitney Hodges Shanley, MSN, RN, who was named one of the top 100 nursing professors of 2012 by BSNtoMSN.org. The annual list honors the best and brightest nursing faculty members across the nation.

An undergraduate instructor in both the classroom and the clinical setting, Ms. Shanley also serves as faculty adviser for the Student Nurse Organization.

"Nursing is my love and teaching is my passion," she says. "Being selected for this incredible honor is downright inspiring. I share my philosophy of life with each of my students: 'Know more and choose to be better.' Evoking passion for nursing in students is my goal, and I hope to accomplish this by sharing my enthusiasm about a profession I absolutely cherish. I am beyond honored and truly humbled to be recognized in the top 100 nursing professors of 2012."

Serving the Community

Nursing students teach wellness, prevention at Virginia events.

GW nursing students shared their knowledge and skills—and expanded their worldview—at two community service events last summer. “Nursing is not all about being in the hospital,” says Joyce Hahn, associate professor and former director of GW’s Accelerated Bachelor of Science in Nursing (ABSN) program. “Current health care in the 21st century is moving out into the community and has a lot to do with wellness and prevention.”

More than 35 ABSN students completed community health practicums at two area camps run by the Girl Scout Council of



GW ABSN students and faculty members at the Loudoun Free Clinic health fair

GW School of Nursing

the Nation’s Capital. Tying in with the organization’s focus on living a healthful lifestyle, nursing students engaged the campers in educational sessions and activities emphasizing healthy eating, exercise, body image, hygiene, peer pressure and bullying. “They are at ages where they can begin to incorporate little [changes]—even just substituting water for soda—into their daily life, which over time can make a huge difference in their health,” wrote community service participant Caroline Barone, ABSN ’13.

A second summer service project centered on the Loudoun Free Clinic, where 70 students spent a day as part of their clinical rotation. More than 30 ABSN students and faculty participated in a one-day health fair at the free clinic, where they offered blood pressure screenings

and taught more than 100 patients about diabetes, Lyme disease, nutrition and more. Students created bilingual posters and chatted with patients in the narrow hallways of the old Victorian house where the clinic is located. To further the goodwill, students persuaded local grocers to donate some \$800 in fresh produce, gift baskets and grocery gift cards to raffle off to fair-goers.

For many of the students, it was their first time working with underserved and uninsured patients. The free clinic serves a range of ages and backgrounds; most patients live just above the federal poverty level and depend on the free clinic as their only means of health care.

“I don’t think they realized that such poverty existed in one of the wealthiest counties in the country,” says Rebecca Mance, clinical education instructor at the nursing school. “Being able to take care of patients—who are essentially their neighbors [in Loudoun County]—gives students more investment in the community.”

Performing community outreach and volunteer work is more than just a clinical experience; students begin to think about how they can serve throughout their careers.

“I think doing these activities helped to show us the importance of giving back as a nurse,” says Patty Garcia, ABSN ’13. “We have the skills, so it’s our responsibility as professionals to give back when we can.”

The community health rotation is also the students’ first real opportunity in a primary care clinical site, Ms. Mance explains. Up until then, students train mostly in acute care sites such as hospitals; working with the Girl Scouts and at the free clinic allowed them to focus on preventive care, wellness and nutrition.

“When you talk about [preventive care] in the classroom, it’s theoretical, and you can’t visualize the patients and the kinds of situations they’re coming from because they have no access to care,” Dr. Hahn says. “The students come back changed—they feel like they’re finally becoming nurses.”

—Carrie Madren

Promoting Health Equity

Kimberly Acquaviva, PhD, MSW, director of faculty affairs and associate professor at the School of Nursing, is a member of the U.S. Department of Health and Human Services Region III Health Equity Council.



Jessica McConnell/Burt

As a council member, Dr. Acquaviva works with other health care experts from Washington, D.C., Maryland, West Virginia and Delaware to minimize health disparities among minorities.

“I’m both honored and humbled by my appointment to the Region III Health Equity Council, whose vision—‘a nation free of disparities in health and health care’—is an ambitious one but one I’m committed to helping achieve,” says Dr. Acquaviva.

With a doctorate in human sexuality, Dr. Acquaviva is an expert on lesbian, gay, bisexual and transgender (LGBT) aging and end-of-life care who brings her clinical and scholarly experience to her work on the council.

“I’m so honored to be at the table representing the issues, perspectives and concerns of the LGBT community as well as representing the GW School of Nursing,” says Dr. Acquaviva. “This commitment marks the most visible acknowledgment ever made by the federal government that focused efforts are needed to ensure health equity and reduce health disparities for LGBT individuals.”

Lauding Dr. Acquaviva’s selection to the council, Dean Jean Johnson says, “Kim is passionate about closing the health disparities gap, extremely well-versed in LGBT health matters and the perfect person to represent GW and the School of Nursing in this capacity. We are proud of her achievements and know that she will contribute substantially to the work of the council.”

Research on the Rise

Director of Research Jessica Greene, PhD, MPH, is helping to propel research to a new level at the School of Nursing.

Since joining GW in September 2012, she has worked diligently with the school's faculty to expand SON's research enterprise. Dr. Greene works individually with a number of faculty members, analyzing data and providing feedback on draft manuscripts and grant proposals. She also established a collaborative research group aimed at building quantitative and qualitative research skills and demystifying the research process.

Through the research collaborative, faculty analyzed the 2008 National Sample Survey of Registered Nurses—examining questions ranging from whether there are gender differences in salaries among nurses to what factors are associated with nurses' preparedness training. "The group has also dug into analyzing one faculty member's qualitative data," says Dr. Greene. "It's been very rewarding to facilitate a forum for faculty to support each other and build research capacity."

A health services researcher, Dr. Greene's work focuses on improving quality of care. She is the principal

investigator on a Commonwealth Fund-supported study evaluating an innovative compensation model for primary care providers rewarding the triple goals of quality, patient care experience and cost containment. In addition, she is a co-investigator on two projects related to the role of patients in improving their health and health care.

Dr. Greene also recently joined the investigative team for the evaluation of the Robert Wood Johnson Foundation's Aligning Forces for Quality project.

In other research news, the number of grant applications submitted by SON faculty members jumped from two in 2011 to 14 in 2012, and seven new research and sponsored project grants were awarded to the school last fall.



Jessica McConnell Burt



Jessica McConnell Burt

Superstorm Sandy Relief

After Superstorm Sandy devastated portions of the mid-Atlantic and the Caribbean in late October, School of Nursing faculty, staff, and students joined forces to contribute \$1,700 to the American Red Cross for relief efforts. American Red Cross Chief Nurse Sharon Stanley (back row) gratefully accepted the check during a visit to the School of Nursing. The driving forces behind the philanthropic venture were Senior Associate Dean Stephanie Wright, who coordinated the effort, and Assistant Professor Linda Briggs, who conceived the idea.

Caring for Caretakers in Newtown

In the wake of the tragic shooting Dec. 14 at Sandy Hook Elementary in Newtown, Conn., School of Nursing faculty and staff provided care packages for caretakers in the devastated town.

Donations of art therapy supplies, stickers, therapy puppets, coffee, tissues, healthy snacks and notes of encouragement were collected and sent to Newtown Youth and Family Services. The center offered walk-in counseling and extended operating hours after the tragedy, including over the Christmas and New Year's holidays. The School of Nursing plans to continue to support the center during the long months ahead.

Making a Difference in Nursing

Congratulations go to Mary Jean Schumann, DNP, MBA, MSN, whose extraordinary contributions to nursing recently earned her fellowship in the American Academy of Nursing.

An accomplished leader in the nursing profession, Dr. Schumann served as executive director of the Nursing Alliance for Quality Care, chief program officer of the American Nurses Association from 2008 to 2010, and as the association's director of nursing practice and policy from 2001 to 2008. A prolific writer and consultant, she coauthored the 2008 book *Specialization and Credentialing in Nursing Revisited*.

"I am delighted to join with this community of notable scholars and colleagues in driving health and nursing policy that will result in better access to safe, high-quality health care for all," said Dr. Schumann after her induction into the FAAN. "There is so much to do, and we have to believe we can make a difference!"



Jessica McConnell Burt

Teaching and Transforming Through Technology

New blended-learning format yields array of benefits for ABSN students.

It takes GW nursing student Miranda Rozecki about an hour and a quarter to drive from her home in Baltimore to GW's School of Nursing on the Virginia Science and Technology Campus.

But thanks to a \$655,000 grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration, she will have to make the trek to campus only once a week this summer for her four classes—completing the bulk of her coursework online.

The project—Teaching and Transforming through Technology (nicknamed "T3")—is helping GW's Accelerated Bachelor of Science in Nursing (ABSN) program move to a blended-learning model that integrates an array of technologies with traditional, face-to-face classroom experiences.

commutes more manageable, but because the lectures are posted online, students can review them as many times as they need to reinforce difficult concepts. Then once they have a grasp of the material, they contribute to the class's online discussion board.

"The workload for the ABSN program is fairly heavy, and I wanted students to have a little freedom to control when they wanted to review the lectures and post on the discussion board without them having to physically be in class," says Rebecca Mance, a SON clinical education instructor. "One of the greatest benefits to the students is having access to the material anytime."

Laurie Posey, director of instructional design and an assistant professor, says one of the goals of the grant is to identify ways

to educate more nurses from underserved areas and increase diversity in the nursing workforce. Because GW's ABSN program attracts students from across Virginia, D.C. and Maryland, many students have a commute of 30 miles or more.

SON reviewed each course in the ABSN program to determine how technology could best be integrated with classroom activities to optimize learning, Dr. Posey says.

Technology-based learning experiences include prerecorded lectures, online case studies, interactive

learning modules, webinars, collaborative wikis, blogs and learner-response systems in the classroom. All of the blended courses are reviewed using Quality Matters, a nationally recognized peer review process designed to certify the quality of online and blended courses; instructors continue to improve their courses based on the feedback from these reviews.

"Blended or hybrid instruction learning opens the doors to an array of innovative strategies that optimize the benefits of online and face-to-face learning environments to support higher-order learning objectives," Dr. Posey says. "With careful planning, blended-learning strategies promote active learning while providing students with rich online learning experiences reinforced by real-time guided instruction and hands-on clinical practice."

According to Dr. Posey, blended learning is especially valuable in nursing and other disciplines that require rapid acquisition of knowledge and hands-on skills development. The hybrid program is progressing rapidly at the School of Nursing, she adds. "The initial integration of blended-learning strategies is now complete," Dr. Posey says. "We have graduated the first cohort that experienced the blended format, and two new cohorts are now moving through the program."

Students and faculty alike are pleased with the results.

Nursing student Kirsten McAlister, for example, says the blended-learning format gives students a jump start on vital career skills. "Nursing is an evolving profession that requires utilization of lifetime learning skills and interaction with professionals and patients at all levels via electronic resources and in-person exchanges," she says. "GW's blended-learning format allows us to practice these skills as students and to maximize learning opportunities within the accelerated learning environment."

Jacqueline Wavelet, a SON clinical education instructor, says the blended-learning format allows for more active learning and thus more effective use of class time. Ms. Wavelet uses case studies, group work and critical thinking exercises to reinforce the prerecorded lectures. She routinely poses questions to the class and has students answer using clickers.

"If the answers are scattered across the board, that will show me there's not clear understanding of the topic, and it shows me in real time that I need to intervene," she says. "It allows me to do more dynamic teaching."



Jessica McConnell Burt

"Blended learning provides students with more flexibility and easier access to course materials," says Dean Jean Johnson. "We believe it will be more effective and will enable students to spend less time on campus."

Students in GW's ABSN program say the new blended-learning format has been beneficial. Not only does it make their

Caring for America's Aging Population

New curriculum prepares students to care for surging numbers of older adults.

Dr. Beverly Lunsford, a George Washington University assistant professor of nursing, believes a health care crisis is brewing.

With a baby boomer turning 65 every eight seconds, the number of adults 65 and older is expected to nearly double between 2005 and 2030. Many of these older adults will have three to five chronic diseases, and the nation's health care system is not prepared to handle the changes.

"The nation faces a health care crisis with significant increases in the older adult population, coupled with their complex chronic health care needs and with a

grant to integrate gerontology into the School of Nursing's adult nurse practitioner curriculum.

Although older adults make up only about 12 percent of the U.S. population, they account for about 26 percent of all physician office visits, 47 percent of all hospital outpatient visits with nurse practitioners, 35 percent of all hospital stays, 38 percent of all emergency medical service responses and 90 percent of all nursing home occupants.

The three-year, \$790,000 grant from the U.S. Department of Health and Human Services will also provide tuition support for 17 students in the adult-gerontology

The School of Nursing also offers an adult-gerontology nurse practitioner certificate for professionals already holding a master's degree in nursing.

"This grant is critical to preparing nurse practitioners for caring for the most complicated patients—elders," says Dean Jean Johnson. "Geriatric care has not been the big draw for clinicians because it is hard, challenging work. Patients come in with a problem list of 20 significant health issues and are on 12 or more medications. Unwinding what is hurting them and helping them takes knowledge and skills beyond what has been generally taught in adult NP programs. Our program will add experts to the pool."

Erin Bowers, MSN '11, who recently returned to GW to further her education and gain experience in adult-gerontology primary care, received a partial scholarship thanks to the grant. Ms. Bowers, who is the manager of the palliative care department at Sacred Heart Hospital in Pensacola, Fla., is excited that the curriculum integrates specialized gerontology knowledge.

"The majority of my patients are in the geriatric age group, so I need to know how to take care of special situations that we're going to continue to see as the population changes," she says. "There are different medications and different changes in organ systems, and we don't have enough health care providers to take care of this age group."

The grant also integrates patient engagement into the curriculum so nurse practitioners can better engage their patients to take a more proactive role in their health care.

"It is critical that nurse practitioners have the knowledge and skills to provide individualized care," says Dr. Lunsford. "Adults continue to grow and develop throughout their lifetime, but when there are comorbid health conditions, health care professionals tend to focus on the health problems. But we need to see the older adult as someone with continuing potential, who lives within the context of his or her family and community. This is what gives our lives meaning and value."



Jessica McConnell Burt

Sandra Davis, PhD, DPM, CRNP-BC, and Beverly Lunsford, PhD, RN, both assistant professors of nursing, were awarded a grant from the U.S. Department of Health and Human Services to integrate the gerontology and adult nurse practitioner curricula.

lack of trained health care professionals to care for this population surge," says Dr. Lunsford, director of GW's Center on Aging, Health & Humanities and the Washington, D.C. Area Geriatric Education Center Consortium.

To help respond to this crisis, Dr. Lunsford and Dr. Sandra Davis, assistant professor of nursing and coordinator of the new adult-gerontology primary care nurse practitioner field of study, received

primary care nurse practitioner Master of Science Nursing Program, many of whom live and practice in underserved areas.

One of six fields of study in the School of Nursing online master's program, the adult nurse practitioner field of study transitioned into the adult-gerontology primary care nurse practitioner (AGPCNP) field of study with the support of the grant. The new AGPCNP MSN program is available on a full-time and part-time basis.



Raising the Bar on QUALITY CARE

HEALTH CARE QUALITY *takes center stage*
at GW'S SCHOOL OF NURSING

by Mary Dempsey

An unexpected bedsore or infection, a patient who doesn't understand how to take his medicine, a senior discharged from the hospital but with no one at home to care for her. Each of these—literally a matter of life and death—is among the deluge of concerns that surface when experts talk about the quality of health care.

The School of Nursing at the George Washington University takes these challenges so seriously that it not only talks about care quality but also teaches, researches and makes policy recommendations around it. GW is one of the few nursing schools in the country to offer a degree in health care quality.

"Nursing is incredibly important if you want a high-functioning, high quality of care in every setting," says School of Nursing Dean Jean Johnson.

Dean Johnson points to nurses' vital role on the front line, interacting with patients, with physicians, with pharmacists and with health care organizations. She notes that nurses have a pivotal role when it comes to patient safety, helping to avert errors with surgery and medication, and nurses are usually the first members of a care team to notice subtle changes signaling a patient is in danger.

In other words, the more than 3 million licensed registered nurses in the United States, according to the American Nurses Association, can be a formidable force for change in the health care arena.

To bring about that change, however, a larger cadre of nurses needs to take part in the policy discussions around quality of care. That's why GW's School of Nursing equips its students with a toolbox of skills for engaging in high-level, multidisciplinary discussions, conducting research and making policy recommendations.

"There is an absolutely marvelous opportunity right now in health care to really demonstrate the tremendous value that nursing has contributed and can contribute," says Esther Emard, former chief operating officer at the National Committee for Quality Assurance and an assistant clinical professor at the School of Nursing. "It has to do with nursing's ability to increase quality outcomes, support the reduction of the cost of care for populations and increase the patients' experience of care.

"Nursing is well positioned to support the need to transform the delivery of care in all settings," she adds.

GW's rigorous health care quality curriculum is taught by experts in quality improvement, who are also leaders in the health care industry. The school's nursing curriculum has quickly risen to the forefront in underscoring quality care. A case in point is the health care quality field of study in the Doctor of Nursing Practice (DNP) program, developed "in response to the growing need for nursing leadership in quality within health care organizations," says Christine Pintz, director of the DNP program. "DNP students recognize that being prepared to be experts in health care quality and patient safety puts them ahead of their peers at other nursing schools."

Dean Johnson serves as a consultant on the Quality and Safety Education for Nurses (QSEN) project, which was launched by the Robert Wood Johnson Foundation in 2005 to equip nurses with the knowledge, skills and attitudes necessary to improve the quality and safety of the health care systems where they work. The QSEN curriculum is also in place for undergraduates at GW's School of Nursing. A complementary curriculum for graduate students is nearly complete.

"One of the major efforts of the QSEN project was to get quality and patient safety integrated into every undergraduate nursing curriculum in the country," Dean Johnson explains. "There are four of us who have crossed the country, holding

regional workshops to help faculty integrate the competencies identified by the project. We have reached almost 1,500 faculty, and we've reached every state except Vermont. There are schools that use this as the framework of their entire curriculum.

"QSEN is making a difference in how nurses think about quality," she adds.

DEFINING QUALITY CARE

Quality of care encompasses a number of factors, some measurable—such as whether patients are readmitted to the hospital—and some less so. GW is focusing on two important components of care especially connected to nurses: care coordination and patient engagement.

"The question is how you engage people in their health in a meaningful way, beyond saying, 'Hey, you've got to take care of yourself,'" Dean Johnson says.

Care coordination and patient engagement are of utmost concern to Mary Jean Schumann, executive director of the Nursing Alliance for Quality Care (NAQC), currently housed at GW's School of Nursing. NAQC, a collaboration among the nation's leading nursing organizations and consumer groups, advances the role of nurses in ensuring patient safety and delivering high-quality care in a spectrum of health care settings, from the hospital to the community. Plans are under way to transfer the alliance to the American Nurses Association in order to sustain the work that has already been accomplished.

"Nurses are the safety net. Nurses are

there 24/7 while physicians are available for a few minutes per patient, then they're on their way," Dr. Schumann says. "Nurses have been expected to speak on behalf of patients and their families and to speak on behalf of the person who is a 24-hour caregiver."

Care coordination involves layers of issues that differ from setting to setting, and the responsibility doesn't begin and end in the health care setting. It must continue after patients return home or transfer to other care facilities. The alliance addresses those continuity issues.

"If you have elderly family members or patients who have been hospitalized, nurses work with families to keep them safe by preventing medication errors and making sure they don't fall or develop bedsores or unnecessary infections," Dr. Schumann says. "Nurses and family members want to optimize the patient's return to health."

But nurses are not the only stakeholders. Patients must also be empowered to advocate for themselves.

"It really is the patient—the consumer—who is at the center of the care decision team. Many health care professionals still have difficulty with that," Dr. Schumann says. "It is the consumer's health care, and patient discussions and decisions need to take place at a level the consumer can understand and influence. Information needs to be exchanged with respect for the patient's values and at a level that promotes understanding.

"Whether you're a consumer going to a

CHARTING NURSING'S FUTURE

Among its many accolades, the School of Nursing has been selected by the Robert Wood Johnson Foundation to develop, produce and disseminate the high-profile Charting Nursing's Future policy briefs series.

Since 2005, the foundation's Charting Nursing's Future series has served as a valuable resource to policymakers, health care and nursing executives and other thought leaders. The series highlights nursing's contributions to health care and the profession's role in ensuring the delivery of high-quality care. Past briefs have covered topics as diverse as the nurse faculty shortage, pay for performance in nursing, and interprofessional collaboration as a strategy to improve quality and safety.

GW's School of Nursing is preparing the briefs in collaboration with the School of Public Health and Health Services and Johns Hopkins University School of Nursing.

"The first one we're working on, our first of four for the year, comes out just as the foundation is celebrating its 40th anniversary," says Assistant Research Professor Ellen Kurtzman, who is the lead on this project. "We're doing a retrospective on the foundation's investments in nursing and what sorts of policy impact those investments have had."

**FROM LEFT TO RIGHT**

Brenda Sheingold, PhD, RN; Christine Pintz, PhD, FNP, RN; Ellen Kurtzman, MPH, RN; Jessica Greene, PhD, MPH; Mary Jean Schumann, DNP, MBA, MSN

pharmacy to pick up medication or you're in the emergency department, you have to be heard," she adds.

To that end, the GW School of Nursing and the Nursing Alliance for Quality Care—which developed a set of guiding principles for patient engagement—organized a November conference in Virginia to more deeply engage nurses on strategies to boost patient involvement. The conference was also designed to solicit feedback on a new national white paper about nurses' contributions to patient engagement. The white paper carries best practices and policy recommendations

designed to amplify the nursing profession's involvement in national-level policy discussions around care.

The conference was one of many organized by the GW School of Nursing and hosted by NAQC. In April 2011, there was a national event focused on nurse-led medical homes. In March 2012, there was a gathering on opportunities for nursing leadership in emerging affordable care organizations (ACOs).

POLICY AS A POWERFUL TOOL

Policy recommendations supported by rigorous research form an area that

distinguishes GW's School of Nursing. "While other schools would say they influence the quality of care through research, we are focusing our research on quality issues that have policy implications," the dean explains.

Professor Jessica Greene, who joined GW in September 2012, directs research at the School of Nursing, and her own research work currently concentrates on two quality areas with potential policy implications. One addresses the financial incentives for health care providers and consumers. The other looks at the importance of "patient activation," which

STUDENT RESEARCHERS TACKLE **QUALITY** IMPROVEMENT

Dr. Christine Pintz, director of the Doctor of Nursing Practice (DNP) program at GW's School of Nursing, says people drawn to nursing are "problem solvers." She has seen the evidence in her students' research.

DNP students learn methods to evaluate programs, to facilitate changes within their clinical settings, to translate research into practice and to launch quality-improvement projects. Some of those students, under supervision, turn these lessons into real initiatives.

One student, looking into quality improvement measures for patients with Type 2 diabetes, used electronic medical records at a family practice to track patient outcomes. Another student looked into quality improvement at a health and wellness center at a retirement community. At MedStar Health in D.C., Mary-Michael

Brown launched a project involving heart patients.

"I used coursework to help me study whether asking advanced heart failure patients to teach-back key elements of their hospital discharge instructions was feasible for nurse educators," Dr. Brown says. "I also looked to see if teach-back helped reduce unplanned rehospitalizations."

"Teach-back" refers to the process in which patients are asked to repeat—in their own words—the health-related instructions offered by clinicians.

"In my study, after teaching a heart failure patient about their diuretic, the nurse-educator would say, 'I want to be sure I am a good teacher. Can you tell me the name of your water pill?'" Dr. Brown explains.

Encouraged by Dr. Pintz, she applied for and received an American Nurses

Foundation grant to continue the study after her graduation.

Like Dr. Brown, most students work where they conduct their research, and their findings often are turned into action. A student conducting research at the wellness center, for example, created a quality improvement program that was put into place at the facility.

"It's so interesting working with these students," Dr. Pintz says. "You have your own ideas about how this will develop, then the students come up with amazing new ideas all the time."

She recounts how one student working as a nurse practitioner in a free clinic in Herndon, Va., became interested in making chronic illness care more efficient and cost-effective.

"She latched on to the idea of shared medical appointments," Dr. Pintz says. "You

refers to consumers having the motivation, knowledge, skills and confidence to manage their own health.

In the incentives arena, Dr. Greene is studying an innovative compensation model used by 35 primary care clinics in Minnesota. Traditionally, health care facilities pay primary care providers on a fee-for-service basis, which critics claim leads to too many office visits, too much unneeded testing and too little emphasis on quality. In 2011, the 35 clinics run by Fairview Health Services replaced fee-for-service with a compensation formula that bases 40 percent of compensation on quality of care, 10 percent on the results of patient surveys and another 20 percent on the number of interactions the provider has with patients.

Support from the Commonwealth Fund is allowing Dr. Greene to look at this restructuring of compensation to determine whether it improves quality while lowering costs. If it achieves both, it could provide an important new financial model for the industry.

Dr. Greene also has been studying patient engagement at the same Minnesota clinics. She looks at costs and outcomes on a number of fronts, from

prevention—including screenings for breast cancer, diabetes, cholesterol and blood pressure—to more expensive care. The results so far? “When patients have the knowledge, skills and confidence, they seem to have better health outcomes and their health care costs are lower,” Dr. Greene says.

Policy is also the forte of Ellen Kurtzman, an assistant research professor whose work focuses on the point where policy intersects with nursing and quality care.

“In the United States at least, the quality of health care is driven in large part by regulation,” says Ms. Kurtzman. “Not only does regulation try to enforce a certain level of quality, but there are many things about how our health care system is organized—including how we pay for health care—that either enable or limit practitioners’ ability to deliver high-quality care.”

For example, she says many of the services that matter most to patients and their families, and which can be vitally important to long-term outcomes, are not highly valued or compensated by most insurers. She cites how patients are prepared for discharge and how patients are taught to manage their illnesses as

examples. Ms. Kurtzman explains that without dedicated reimbursement, there is little built-in incentive for nurses to focus on these important functions.

“My interest is in better understanding what policies exist that prevent the system from being the best it can be and that disallow nurses from being the best they can be,” she says. “If all 3 million nurses in the country were able to provide care the way we know that care should be provided and out from under some of these perverse incentives, it could have massive implications.

“To have a conversation about health care quality without talking to and about nurses as a major force is laughable,” she adds.

Ms. Emard says GW’s School of Nursing is preparing leaders precisely so they can join that national conversation.

“Nurses have been primarily educated to be excellent bedside clinicians, rather than training them to be leaders in health care,” she says. “In our program at GW, we prepare our graduates to take an active leadership role—to sit at policy tables in Washington, to sit at policy tables in states and to sit at policy tables at large institutions like the Mayo Clinic.”

have people with diabetes or high blood pressure, and you see them all at the same time. This provides a support group for the patients, and it also is a more efficient use of time.”

The student implemented the program at the free clinic and then obtained funding from the federal Health Resources and Services Administration (HRSA) to continue that research.

Although a single student often works on a single project, Dr. Pintz is considering having multiple students in multiple locations tackle a single broad issue, such as diabetes. She said broader projects could offer stronger contributions in the area of policy.

Meanwhile, the students in Assistant Professor Brenda Sheingold’s health care quality practicum focus on the important issue of accreditation.

The students form imaginary consulting companies that must bring nursing-led patient-centered medical homes up to speed for accreditation. The assignments are varied. They might be trying to bring a facility in a rural area of Tennessee up to standards, or they may be preparing an urban facility surrounded by academic institutions.

Dr. Sheingold notes that a facility treating “snowbirds”—the Northerners who spend half the year in Florida—faces different quality of care challenges from a facility in rural West Virginia.

“The students’ challenge is to get the facility up to speed for National Committee for Quality Assurance (NCQA) recognition,” she says, referring to the accreditation agency. “A lot of research has to be done, and the delivery of quality of care can vary

widely. It’s a tremendous experience for students.”

Many students say these in-depth projects bring immediate benefits to their careers.

When Dr. Brown started the DNP program, she was a director of outcomes at MedStar. “Within five months of graduating, I was promoted to assistant vice president of outcomes and quality,” she says.

“Eighteen months later, I have been promoted to vice president of nursing practice innovation and will report to the senior vice president of my 10-hospital system. My DNP program is largely responsible for helping me acquire the advanced skills and confidence to take on more responsibilities to improve patient care.”

EXPANDING HEALTH CARE IN HAITI

GW STUDENTS, FACULTY PROVIDE DESPERATELY NEEDED MEDICAL SERVICES TO RESIDENTS OF THE POOREST COUNTRY IN THE WESTERN HEMISPHERE.

BY LAURA HAMBLETON

One early morning in the spring of 2012, Charity Braden, MSN '13, a Family Nurse Practitioner student at the George Washington University, boarded a plane in Washington, D.C., and flew to Port-au-Prince, Haiti. She left behind her husband and dog and her studies in the Master of Science in Nursing program to volunteer in community clinics.

Once she landed, she and other GW students and faculty drove deep into the rural central plateau region near the border with the Dominican Republic. She passed piles of rubble left by the huge earthquake in January 2010. She saw rows and rows of people living in tents, women carrying baskets on their heads and children scurrying in the road. She slept that night in a small house in the town of Thomonde.

It wasn't until the next morning while visiting residents in the area as part of a door-to-door health outreach program that Ms. Braden fully realized how far she had traveled from home. In one residence, she met a little boy about six years old who fidgeted and moved constantly. He looked well fed, she thought, but something wasn't right. She would discover that he had neonatal tetanus, which affected his brain development. In the United States, the disease is extraordinarily rare.

"It was heartbreaking," Ms. Braden says, remembering that moment. "There was nothing we could do. A vaccine could have prevented this."

Haiti, though, has a health system that

performs poorly. The facts are sobering: one doctor for every 4,000 residents and 1.3 hospital beds for every 1,000 patients. This island country, with a population of 9.8 million people, is the poorest in the Western Hemisphere.

In 2005, GW started sending medical teams to the central plateau region of Haiti for weeklong stays about twice a year. The School of Nursing joined the effort in 2010. GW volunteers work alongside staff from a nongovernmental group, Project Medishare, which was founded by physicians at the University of Miami's Miller School of Medicine in 1994.

Medishare's mission is to train health care workers and care for patients in mobile clinics in rural areas. It also has three standing clinics, including a new women's health clinic with a midwife and a labor and delivery area, and staffs a small rural community hospital in Thomonde and a larger hospital in Port-au-Prince. GW medical professionals have assisted there in the past and will continue to participate in the future.

As for the mobile clinics, "we may have a shack, a school, or a tree [to set up a clinic]," says Jack Summer, a Washington, D.C., internist who leads the GW medical missions to Haiti. "Patients check in, and it could be 100 degrees. People wait for four to five hours. They are patient. These local clinics become little festivals. Fires get going. Food is being made. It is an event."

GW sends about 20 medical, public

health, nursing and nurse practitioner students, along with medical and nursing faculty members, twice a year. "This is an interdisciplinary group," says Joyce Pulcini, director of community and global initiatives at the School of Nursing. "In Haiti, nurses interact with medical students and public health students. They don't usually have the chance to interact while they are students at GW. But in Haiti everyone rolls up their sleeves and gets to see what each profession does."

GW as a university—and the School of Nursing in particular—is expanding its international focus. The nursing school is exploring more trips to Haiti and possible exchanges with nursing schools in developing countries, as well as more developed countries with significantly different cultures and health systems, such as Singapore.

"One of our strategic goals for the School of Nursing is to be able to offer every one of our students an international experience," says Jean Johnson, dean of the School of Nursing. "The world is a seemingly smaller place. By visiting and working in other countries it is easier to appreciate there are major differences in people's lives."

The cost to send a student to Haiti is \$2,000, some of which is paid for by special funds at the School of Nursing. The students themselves cover the rest.

Students want overseas opportunities, says Marjorie Graziano, coordinator of



Family Nurse Practitioner Program Coordinator Marjorie Graziano, DNP '13, who traveled to Haiti last year as a faculty leader, examines a Haitian child while his mother looks on.

the Family Nurse Practitioner Program. She went to Haiti this past summer as a faculty leader. "Some students come to GW because they hear we have global initiatives," she says. "There are all these global initiatives after a crisis from the Red Cross, Doctors Without Borders or church missions. Students want to be a part of them."

When a spot opened up on a GW trip to Haiti in the spring of 2011, Carol Lang, an assistant professor in the School of Nursing, went to learn how nurses could get involved. "I was called on a Thursday," she says. "And the mission trip left on that Saturday. Someone dropped out. The trip leader asked: Was I interested?"

Very, she said.

Dr. Lang is a trauma nurse with extensive experience overseas. She had volunteered with Oxfam, UNICEF and other nongovernmental organizations in Guatemala, Belize and Honduras. And after the 2010 earthquake in Haiti, she signed up with Project Medishare to volunteer again, though she was never called.

As soon as Dean Johnson gave the go-ahead for the GW trip, she packed her bags. Then she asked the trip leader, Dr. Summer, what he wanted her to do.

"I took the view that I would look at what are all the possibilities and roles for nurses," Dr. Lang recalled in a recent interview in her office. "Everyone works shoulder to shoulder. I knew I had to make the best impression. I had to show I had

the knowledge and enthusiasm and that I could do the work and work as a team."

Her participation paved the way for ABSN students to go the next spring. Eleven students applied. Two were chosen. "We were looking for passion, compassion and a willingness to serve and learn," Dr. Lang said. One student, Alex Rose, ABSN '13, heard about the opportunity an hour before the application was due.

He was driving at the time and pulled over to the side of the road to write his essay. He wrote quickly about his efforts to help out his hometown of Nashville during a historic flood in 2010. He was working in Colorado at the time and coordinated with his boss and several customers to donate a tractor-trailer and supplies that Nashville needed desperately. He arranged for the truck to make pick-ups in Arizona, Colorado, and Tennessee, filling the trailer. That campaign helped change his outlook on life. After that, he applied to nursing school.

"If someone could put together something like that relief effort [for Nashville]," Dr. Lang says, "he made a good candidate for the Haiti program."

Mr. Rose and his classmate, Jill O'Brien, ABSN '13, were the finalists. Unlike Mr. Rose, though, Ms. O'Brien had spent a lot of time overseas, working in after-school programs and clinics in Guatemala. "We had someone with extensive international experience and someone with no experience," Dr. Lang says.

She created a program about the country and the language for the students. She enlisted the help of two staff members at the School of Nursing who speak Creole, Liliane Duncan, an instructional designer, and Tamara Helvetius, executive coordinator for the Doctorate of Nursing Practice Program. They compiled a Creole medical terminology translation guide for the team.

Dr. Lang assigned readings and other activities to prepare students for the reality of working in an underdeveloped country with limited health care access and resources. She held meetings for students to learn more about Haitian culture, food preferences, religious beliefs, safety, assessment and treatment of commonly encountered health problems and disease. She invited students to dinner at her house to get to know one another since everyone would live in close quarters.

"I told the nursing students we do what needs to be done. No day is the same," Dr. Lang says. "You learn to work without resources. There is never enough medication or medical supplies. We relied on donations of gloves, stethoscopes and blood pressure cuffs donated by the BSN program."

Dr. Lang raised funds from a high-tech company Echo360, located near the GW campus in Virginia, to cover the cost of the trip.

Project Medishare maintains a house for volunteers in the Thomonde region. "Every

THE RESULTS IN HAITI REFLECTED A NEED FOR BASIC HEALTH CARE. SOME OF THE WORK INCLUDED HYGIENE EDUCATION AND DISEASE MANAGEMENT; SOME INVOLVED SIMPLY GIVING PILLS TO DEWORM CHILDREN.



Jill O'Brien, ABSN '13, consults with patients in the clinic established by the GW team during one of the 2012 medical missions to Haiti.

morning we drive out to different sites to see 100 to 200 people," says Jacqueline Wavelet, a clinical instructor and clinical nurse specialist with the School of Nursing.

Ms. Wavelet went to Haiti this past July. She is no stranger to working in difficult and demanding medical situations. For instance, she has worked with Operation Walk Virginia, a nonprofit, which sends surgeons and nurses to developing countries to perform hip and knee replacements. In Nicaragua, she assisted with 12 surgeries a day for a week and educated local doctors and nurses on how to care for patients afterward. Ms. Wavelet's team gathered and organized 300 boxes of medical supplies for the surgeries and also for donations to the local hospitals.

"These surgeries help people walk again and allow them to regain their independence," says Ms. Wavelet, who has also traveled to Ecuador with Operation Walk.

The results in Haiti reflected a need for basic health care. Some of the work

included hygiene education and disease management; some involved simply giving pills to deworm children. But, Ms. Wavelet says, the environment at times made the trip just as challenging and stressful as her earlier surgery missions.

For one thing, the terrain is remote. GW volunteers had to drive over rutted roads, through riverbeds, and along the sides of cliffs to set up a clinic in abandoned buildings or under a tree. Hundreds of patients could be waiting for them, and hundreds more could be on the way, atop donkeys, on the back seats of motorcycles, or on foot.

"What we do is primary care, rural-based community medicine," says Dr. Summer, the program leader. "We run mobile clinics. It is two to three hours to the nearest standing clinic. We can see 1,000 people with everything from arthritis to high blood pressure to worms, tuberculosis and HIV. Whoever walks through we see."

The first day of the weeklong mission is devoted to community visits to get to know

residents and to find out what residents eat, what they grow on farms, and where they get their water. "That day was more for education," says Ms. Braden, the nurse practitioner student. "This is how the people are living, which we will take to the clinic and make more realistic suggestions."

The group listened a lot through interpreters. "When we went to the first village, I was pretty quiet," Mr. Rose, the recent ABSN graduate from Nashville, says. "I wanted to try and show as much respect as possible."

On the second day, they started to work in mobile clinics. Just establishing the clinic could be a difficult job. Where should they set up the examining room? How about the waiting room? Where do they dispense drugs? Which patients need to be seen right away because they are acutely ill? And how do they talk to patients? What puts them at ease to open up about what ails them?

"I learned how important it is to be organized on this trip," says Eliza Singer,

then an ABSN student from San Francisco who volunteered in Haiti last summer. She also learned to use hand gestures and pantomime to communicate with patients when Creole translators were busy with other volunteers.

Written communication was just as challenging. Ms. Singer and Michelle Clausen, ABSN '13, developed a card to remind patients how and when to take their medication. Since only half of the Haitian population reads—and Ms. Singer and Ms. Clausen don't write Creole—they used images for better understanding.

During a presentation at the School of Nursing, Ms. O'Brien told a story about a 70-year-old man who came at the very end of the day to one of the mobile clinics. He had an enlarged scrotum. Doctors examined him and found he had a hernia. He needed to get himself to a hospital for surgery, but it wasn't an emergency. The conversation went back and forth, through the translator. After the doctors felt they had explained the situation, "the man asked, 'Is this serious?'" Ms. O'Brien said.

She was reminded then how difficult it can be to communicate in a foreign country.

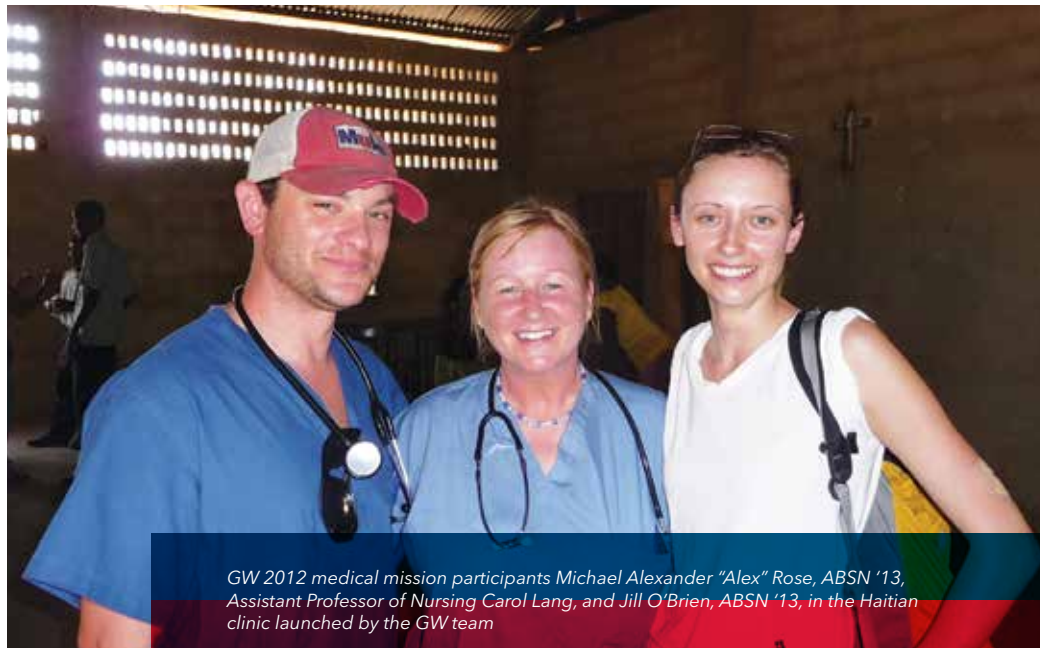
Another challenge was the sheer number of health problems. Some needed surgery, some needed medication, but some simply needed lessons in the importance of brushing teeth and wearing shoes. Why shoes? It helped keep them from being reinfected with worms from dirt floors, which are often wet from the afternoon rains.

After a while, Ms. Braden says, volunteers "knew what to expect and knew the limits of what we could offer people."

Not all health problems could be solved in the clinic. Ms. Singer told a story of caring for a baby with a congenital heart problem. The baby required surgery, and more to the point the nearest hospital was three hours away, an eternity without transportation. "Nothing could be done for the baby," she said. "I lost it on the bus [going back to her house]."

Even with such difficult moments, faculty and students alike believe the work in Haiti has been very valuable.

"For a student, this is a terrific learning experience," says Erin Yeagley, an assistant professor in the School of Nursing. "They get to do so many hands-on things they are not necessarily able to do in the States. They are exposed to different cultures and



GW 2012 medical mission participants Michael Alexander "Alex" Rose, ABSN '13, Assistant Professor of Nursing Carol Lang, and Jill O'Brien, ABSN '13, in the Haitian clinic launched by the GW team

SOME NEEDED SURGERY, SOME NEEDED MEDICATION, BUT SOME SIMPLY NEEDED LESSONS IN THE IMPORTANCE OF BRUSHING TEETH AND WEARING SHOES.

what it means to have limited resources. This is an interdisciplinary style, where physicians, public health students, med students and nurses work together. You get a great perspective."

GW students leave Haiti with a community health care credit and with a sense of how much they actually know in terms of hands-on clinic work. "I didn't realize how much I had learned," says Mr. Rose. "The medical students came to us [the nurses] for help in how to do patient assessments."

That kind of confidence is exactly what the nursing faculty hope the global initiatives encourage. "We are trying to prepare graduates, when they engage in patient care in the United States and elsewhere in the world, to know who are their patients, what is their ethnicity and their culture," Ms. Graziano says. "We have to learn to manage a patient within his culture, meeting his cultural expectations."

The nursing faculty members who have gone to Haiti would like to leave behind something more lasting. Some have talked about setting up nurse training in Haiti or bringing nurses to GW. "This is one arena where we could make a difference," says Ms. Wavelet. "GW has a lot to offer in

the education of nurses. The [main] Haiti nursing school collapsed during the big earthquake, and [100 nurses were killed]. That is a gap where we could make a difference."

Carol Lang, the nursing professor who has spent the most time in Haiti, believes nurses can provide many services on the ground in Haiti, from setting up health fairs to going with Haitian health care workers door-to-door to screen residents for high blood pressure, diabetes and parasites. She would like GW nurses to visit schools to educate children about basic health care.

These ideas are still in the exploratory stage. In the meantime, student nurses and nurse practitioners will continue to volunteer a few times a year in Haiti. These trips can lead nursing students to reevaluate their own career paths within nursing, says Dr. Pulcini.

"Students leave with changed lives," she says. "It's very common for them to change direction in nursing [after being overseas in a country like Haiti]. They may change to community health or an international focus and want to work with an underserved population."

DIVERSIFY

THE NURSING WORK

Amid changing U.S. demographics, GW receives a nearly \$1 million grant to increase the diversity of nursing professionals in D.C. and rural Virginia.

by Jamie L. Freedman

As the U.S. population becomes more racially and ethnically diverse, GW's School of Nursing is fast becoming a national leader in cultivating a diverse, culturally-competent nursing workforce to meet changing health care needs.

Propelled by a nearly \$1 million grant from the U.S. Health Resources and Services Administration (HRSA), GW is countering the shortage of racially, ethnically and economically diverse nursing professionals by offering scholarships, stipends and support to targeted undergraduate and graduate students.

The three-year grant, which supports GW's Success in Nursing Education project, aims to attract African American, Asian, Hispanic, Native American, male and economically disadvantaged students to the nursing profession while easing the shortage of nurses in Washington, D.C., and rural Virginia.

"HRSA recognizes the importance of having a nursing workforce that represents

the communities they serve," says Ellen M. Dawson, principal investigator of the HRSA grant, who recently retired as senior associate dean of the School of Nursing. "Research shows that patients are more compliant with their treatment plan when they can identify with their health care provider. This diversity grant allows us to create and provide recruitment and retention strategies that enable us to continue to increase the diversity of our nursing student population to meet the challenges of the changing U.S. demographics."

To date, scholarships totaling \$40,000 have been awarded to seven students in GW's accelerated Bachelor of Science in Nursing program (ABSN), along with \$96,000 in stipends divided among 12 ABSN students. As part of the program, recipients also receive mentoring and peer support, and ABSN faculty members participate in seminars and discussions focusing on ethnic and sociocultural diversity.

"This grant is extremely important to the School of Nursing in fulfilling our mission to educate a diverse nursing workforce," says Dean Jean Johnson. "Being able to develop and implement a program that provides a strong support system will make a major difference in helping our students be successful while responding to this critical need."

"The success of the grant lies in the recruitment and most importantly the retention of these students," Dr. Dawson adds. "Creating an atmosphere where the students have the tools and the mentoring to be successful is critical to their future and to the future of diversifying our nursing workforce."

Karen Wyche, who recently joined the School of Nursing as program director of the diversity project, says that the grant is indeed making a difference. "HRSA funds are enabling us to support some of the educational expenses of students who are underrepresented in the nursing profession," says Dr. Wyche, who

ING KFORCE



ABSN students Ezequiel Martinez and Micaela Oliveras are both recipients of HRSA grant-funded scholarships.

has extensive experience working with low-income and minority communities in program evaluation, training and community-focused interventions. "In doing so, we are meeting the challenges of providing quality health care services to the changing population demographics of the U.S."

Several additional GW School of Nursing faculty members are pooling their talents to benefit the project. HRSA project team member Professor Jacqueline Wavelet, for example, is developing an online module for students who speak English as a second language (ESL).

"The module, based on current research, provides helpful tools for students to succeed in their studies and complements our peer support groups and faculty mentoring activities," Professor Wavelet says. "Our hope is that all students, not just ESL students, will find the skill-building information of use as they progress through their academic career as SON students."

Professor Karen Dawn, another member of the project team, is hard at work developing and implementing outreach initiatives for primary care providers in rural areas. "These nurses work in medically underserved areas, many in public health departments, and have difficulty obtaining

further education, as they reside in areas without access to advanced degree programs," she explains. "Many of them also require funding to pursue higher education, and our HRSA grant helps to support their studies."

According to Professor Dawn, the project will also build upon the School of Nursing's strength in online education degree programs and offer "an educational pipeline from the BSN to the master's to the DNP degree."

For many, the HRSA funding makes the difference between whether or not they can realize their dream to study nursing. A case in point is ABSN student Ezequiel Martinez, who recently moved to the D.C. area for his wife's job. "When I received my acceptance letter for GW's accelerated BSN program, my future career in nursing only depended on my ability to secure funding," he says. "Becoming a nurse was a goal of mine that I have been unable to obtain due to lack of financial support. Thanks to the HRSA grant I am a step closer to becoming a nurse and contributing to my community as a health care professional."

Mr. Martinez, who aspires to a career as an emergency department nurse practitioner, previously worked as an advanced clinical technician in the emergency department of a level one

trauma center in Orlando, Fla. "George Washington University's accelerated BSN program will allow me to obtain my BSN at a much faster pace and get direct hands-on experience from the get-go," he says. "Our simulation lab is incredible and coupled with great professional teaching makes my experience as a nursing student that much more unique."

ABSN student Micaela Oliveras also credits the HRSA grant with enabling her to pursue a degree in nursing at GW. A native of Monmouth, Ore., she worked for three years as a case manager in a housing assistance program prior to enrolling at the School of Nursing. "Working closely with these families and individuals, watching them struggle to be self-sufficient as they fought with their health, moved me to look into nursing as a career," she says. "I didn't want to just sit behind a desk to help. I wanted more hands-on involvement."

She says the grant has helped alleviate "the financial stress of school," while providing her with the opportunity to work closely with faculty members and "utilize their knowledge and assistance" to meet the challenges of an accelerated BSN program. "I am incredibly grateful that the HRSA grant has given me the chance to succeed in nursing," she says.

AS SEEN BY THE DEAN

GW's School of Nursing, established in 2010, has quickly earned a place among the nation's top nursing schools. Widely recognized for its innovative programs at the intersection of patient care, research, and policy, the School of Nursing is deeply committed to meeting the expanding health care needs of the region and country.

BY JAMIE L. FREEDMAN

At the helm of the thriving enterprise is Dr. Jean Johnson, who joined GW in 1981 as a geriatric nurse practitioner and quickly climbed the academic and administrative ladders. After rising to senior associate dean of health sciences in the School of Medicine and Health Sciences, Dr. Johnson was appointed founding dean of the School of Nursing alongside founding senior associate dean and longtime colleague Dr. Ellen Dawson.

Over the past three years, Dean Johnson has guided GW's 10th school to national prominence: *U.S. News & World Report* ranked the School of Nursing among the top 10 percent of U.S. nursing schools and rated it 16th out of 101 nursing schools nationwide for online nursing education.

GW Nursing magazine sat down with Dean Johnson for a close-up look at the school's leading programs and initiatives, as well as a peek at what's on the horizon at the School of Nursing and for the nursing profession.



Q Let's begin by addressing the current and future importance of nursing to health care overall.

A Nurses are the cornerstone of our health care system. We have around 3 million nurses in the United States playing a vital role in every clinical setting—from acute care hospitals to hospice care to home care to outpatient care. Also, job growth is on the rise. The U.S. Department of Labor has projected that 700,000 new nurses are needed this decade to meet increasing demand.

There are a number of reasons for the escalating demand for nurses. First of all, the nursing workforce is marching along in terms of age. There are going to be a tremendous number of retirements in the next three to five years. One statistic that amazes me is that close to 90 percent of the nurses in management positions in the VA [Department of Veterans Affairs] system were eligible for retirement in 2012, along with more than 40 percent of

direct care nurses. Our nation is also facing a shortage of primary care providers, and policymakers and communities are increasingly looking to nurse practitioners as part of the solution.

The Affordable Care Act will provide at least 40 million additional Americans with insurance, and that will have tremendous implications for the number of nurse practitioners and nurse midwives that we must prepare. Our country also has a huge wave of baby boomers entering old age who are going to need health care coordination and home-care services, which fall under the umbrella of nursing. Finally, with changes in organizational structures and reimbursement to hospitals, health systems will be looking for ways to decrease inpatient hospitalizations, keep people as healthy and functional as possible, and ensure that there is an efficient and coordinated system of post-hospital services, and all of these involve nursing.

Policy work around these and other

topics, such as quality, is a top priority for the school—and our work encompasses research, analysis and providing credible information to nurses, health care leaders, policymakers and others.

Q Discuss the importance of health care quality as a top priority for the School of Nursing.

A We have worked hard to integrate patient safety and quality improvement into our curriculum and expect our graduates to be advocates for both. Many of our current projects focus on quality improvement. For example, we recently hosted a national meeting on patient engagement, featuring prominent presenters in the field who are leading the way in helping nursing as a profession create a road map for developing effective partnerships with patients. Nursing is already the most trusted profession year after year as reported by Gallup Polls, making nurses natural coaches and mentors to help



Dean Johnson and Richard Teaff, president of Dabney S. Lancaster Community College in Clifton Forge, Va., sign the memorandum of understanding that was a pilot program for the now statewide agreement with the Virginia community college systems.

patients be engaged in their care.

In addition to integrating patient safety throughout all levels of our curriculum, we have established a graduate program specifically in health care quality improvement. The program was initially established with the National Committee for Quality Assurance; their staff became GW faculty, teaching the courses relating specifically to that field of study.

At GW, we empower our students to raise their voices and say, “Stop this surgery; we can’t go forward,” and that is huge, because 100,000 people a year die needlessly of medical error. All providers need to be empowered to raise an issue. In the airline industry, safety improved when pilots, copilots and navigators became equally empowered to raise issues, and health care will become safer when all providers are empowered to do the same.

We also strive to influence quality improvement policy nationwide through a variety of means. One example is the work the school has done to establish the Nursing Alliance for Quality Care—a consortium of the nation’s major nursing organizations that focuses on how to move the dial forward on ensuring patient safety and delivering high-quality care. And finally, we’ve hired stellar faculty members in recent months with extensive research

and policy experience in health care quality who will help us continue to build out our research niche around this vitally important field. We are fortunate to have Dr. Jessica Greene as a new member of our faculty. She is spearheading the health services research approach to quality improvement and will be building a team to further our contributions in this area.

Q What is the School of Nursing doing to increase access to primary care in medically underserved communities?

A To increase the number of primary care providers in Virginia, the School of Nursing signed an innovative statewide agreement in January that guarantees admission into GW’s nursing programs to students with associate’s degrees from accredited community college nursing programs across the state. It is amazing to think that more than half of the counties in Virginia—our School of Nursing’s home state—are designated medically underserved communities. The agreement, described as a model for the nation by Virginia Secretary of Education Laura Fornash, enables Virginia community college graduates to earn a bachelor’s or master’s degree in nursing from GW while continuing to live in and serve their home communities, since almost all of their coursework is completed

online and their clinical work takes place in the communities in which they already serve. [Please see page 22 for more information about this agreement.]

The statewide community college agreement followed the launch last year of a successful partnership with Dabney S. Lancaster Community College in Virginia’s Shenandoah Valley to expand advanced nursing education in rural Virginia—a region where many people lack access to primary care. The program, which prepares students to become either family nurse practitioners or nurse midwives, is thriving.

Another place where we are making a difference is in Haiti, the poorest country in the Western Hemisphere, where people living in rural areas have very little access to health care. Our nursing school faculty members and students have participated in three medical missions to Haiti over the past two years, coordinated by Project Medishare and the International Medicine Programs Office in the School of Medicine and Health Sciences. We join GW medical and public health students for the missions, which take place twice a year. We are looking at expanding the number of medical missions in which we participate from two to four a year in order to increase the continuity of care to our service area. Being able to follow up on patients who have been seen previously will make this

a better health care experience for the citizens of Haiti. It is a work in progress, and one that everyone is very excited about.

There is so much meaningful work to do in Haiti, and it is an important learning experience for our students. One of our goals is to give every nursing student the opportunity to participate in an international experience. We started small, with a commitment to Haiti, and are now systemically working to create partnerships in other areas of the world.

Q **The School of Nursing is home to one of the nation's premier skills and simulation laboratories. What is the importance of simulation to nursing education?**

A The School of Nursing's Skills and Simulation Lab is a premier and sophisticated facility that prepares students for the moment-to-moment decision making required in real clinical situations. In the lab, our students practice procedures on high-tech mannequins that they will eventually perform on live patients, making them much better prepared to go into a clinical setting than any nurse of my generation. When I was a nursing student, I learned how to do an injection on an orange. And then I went into a patient room and gave a patient an injection. I was so sweaty-palmed and so worried about the patient because doing an injection on an orange is not like doing an injection on a patient!

When I walk into the newest part of our Sim Lab, I swear that I am walking into a hospital. Students practice real-life scenarios on complex patients in the lab and have to make quick decisions. In one scenario, a post-surgical patient who is doing reasonably well suddenly develops shortness of breath and an arrhythmia. The students who are taking care of the patient need to figure out what is going on and what to do. Students can later watch recordings of themselves in the Sim Lab to catch any mistakes they may have made, which is a great learning experience for all.

Another great advantage of our Sim Lab is that all of our undergraduate faculty members teach in the lab on a regular basis. Many other nursing schools hire one or two simulation lab professionals to only work in the lab; our entire faculty participates, which means that they have the chance to see how their students perform in a clinical setting long before

they are responsible for real-life patients.

Q **What, to you, are some of the biggest issues in health care at the moment?**

A The most important health care issues are staying healthy, demanding high-quality, patient-centered health care, and ensuring that the costs of health care are more transparent. Staying well is absolutely the key: Exercise, eat healthy, sleep, do not smoke, wear seat belts, and wear helmets when you are biking.

Health care cost is a huge issue at the moment. We know the prices of most of the products and services that we buy. If you take your car to be repaired, for example, the mechanics must let you know what they need to do to fix the car and how much it will cost. This is not true about health care. There are many reasons for this, but as consumers take on a larger part of the cost of health care, knowing what those costs will be is essential. Consumers need to have information about both the cost and quality of services to make informed decisions. Health care costs cannot keep increasing at the rate that they have been; if they do, 100 percent of the GDP will eventually be consumed by health care alone! We must make the health care system more effective and efficient, and nurses have a huge role to play in making that happen.

Q **What are some of the other projects and initiatives shaping the School of Nursing's priorities?**

A Scholarships are one of our priorities. We spend a lot of time looking for scholarship funds because they really do make the difference in determining whether many great people can attend our program. We have received scholarship funding from the Nesh Foundation, the Hearst Foundation, the Robert Wood Johnson Foundation, and many others, and seeking additional funding is a critical part of my job.

Another one of our top priorities is offering innovative academic programs that meet the evolving needs of nurses and our health care system. For example, we are developing a BSN program that will enable military personnel and veterans trained as medics and independent duty corpsmen to apply their extensive clinical experience to becoming nurses.

We are also launching a doctor of

nursing degree in executive leadership that incorporates entrepreneurship and is in partnership with the School of Business. I am really excited about this because there are so many nurses with great, creative ideas who are anxious to gain the entrepreneurial skills to turn those ideas into a business, patent, or new program or service within a health system.

Another field of study that we plan to explore is a master's degree in global health nursing in partnership with the School of Public Health and Health Services, and the Elliott School of International Affairs. Five years down the road, we're looking at launching a PhD, hopefully in collaboration with the School of Public Policy and Public Administration. And these are only the things that we know about at this point. There will be many other opportunities and challenges, and that's what we love.

Q **How has the School of Nursing come so far so fast, and what are you proudest of?**

A I am proudest of our talented and innovative faculty and staff. They are why we have come so far so fast. There is no "us" and "them." We work together, and that really keeps us moving forward. A large part of my job is to help them find the resources and support they need to make things happen. We just keep moving forward together and getting things done. Our faculty and staff are not only collegial but they're experts and thought leaders in their fields, and I thank my lucky stars every day that we have such a fabulous set of people.

One of our challenges as we grow is to make sure that incoming faculty and staff members share the common set of values that has been established at the School of Nursing—centered around respect, integrity, excellence in work product, and a passion for nursing.

We have incredible support from the GW administration, the board of trustees, the Faculty Senate, and from people across the university. We have worked together right from the start. I attended a recent board of trustees meeting on campus, and nearly every board member asked me, "How is OUR School of Nursing going?" They take ownership of it because they were involved in approving it. Everyone is remarkably supportive, and I could not ask for more.



INNOVATIVE PARTNERSHIP GUARANTEES VA. COMMUNITY COLLEGE NURSING GRADUATES ADMISSION TO GW SCHOOL OF NURSING.

BY KURTIS HIATT

In what Virginia Gov. Bob McDonnell hailed as a “great step forward in higher education,” the George Washington University announced in January that its School of Nursing will guarantee admission to students who have earned associate’s degrees from accredited nursing programs at community colleges across Virginia and who meet GW’s academic requirements.

Signed ceremonially at a Jan. 28 event in Richmond with the governor, GW President Steven Knapp and School of Nursing Dean Jean Johnson, the agreement bridges the gap between an associate’s degree (ADN) and a bachelor’s or master’s degree in nursing (BSN/MSN), and offers fields of study in adult-gerontology nurse practitioner, family nurse practitioner and nurse-midwifery (in partnership with Shenandoah University). By fall, a nurse leadership and management option will be added to the list.

The program allows students to complete coursework online and fulfill clinical requirements in the communities they already serve while receiving faculty mentoring. Part-time students can earn

a BSN in four semesters and an MSN in approximately three years. Students with a bachelor’s degree in another field, an ADN and work experience as a licensed registered nurse can transfer into the MSN program after taking a bridge course.

“The program enables Virginia students to pursue their bachelor’s or master’s degree in nursing while at the same time continuing to work in their communities, which will contribute to the longtime viability and sustainability of their efforts on behalf of the commonwealth,” Dr. Knapp said. “I look forward to seeing this program grow and become a model not only for the commonwealth but also nationally.”

Gov. McDonnell was equally enthusiastic about the program. “This agreement between George Washington University and Virginia’s community colleges has the potential to change the face of the nursing profession and health care education across the commonwealth for generations,” he said. “We must continue to seek out thoughtful, innovative solutions like this, which expand both learning and economic opportunities to more Virginians. A well-educated and

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well-trained workforce is the backbone to Virginia, and it is public-private partnerships like this that position Virginia to be a leader in the STEM-H industry.”

The statewide agreement is “a win for all those involved,” said Dean Johnson. The program moves people into professions with available jobs and an expanding job market. The U.S. Department of Labor projects 26 percent job growth in nursing this decade—faster than average for all occupations—and more than 700,000 new entry-level nursing positions. In Virginia, the program is already increasing enrollment at community colleges in STEM concentration areas, as shown recently at Dabney S. Lancaster Community College, where enrollment in microbiology doubled.

ADN-prepared nurses can complete their BSN/MSN degrees in their local communities, and with their new advanced



GING GAP →

skills be positioned to have a stronger impact in the community and improved earning ability. In the commonwealth, BSN graduates have the highest average starting salary of all baccalaureate graduates, according to the *Richmond Times-Dispatch*, and earning an MSN will provide nurses with advanced skills for a high-demand market in primary care and with substantially increased earning potential. The new program is also beneficial for hospitals, providing a pipeline for achieving an 80 percent BSN-prepared nursing staff.

Virginia communities will also enjoy improved access to health care. Four new nurse practitioners, for example, create approximately 16,000 new primary care visits a year. This, in turn, strengthens communities' economic development—both through nurses' enhanced economic



Virginia Gov. Bob McDonnell (center), along with (l to r): Virginia Secretary of Education Laura Fornash, DSLCC President Richard Teaff, VSTC Dean Ali Eskandarian, Vice Chair of the Virginia State Board for Community Colleges Bruce Meyer, GW President Steven Knapp and School of Nursing Dean Jean Johnson, at the Jan. 28 agreement signing in Richmond

capacity and the populations' improved health status. The partnership also opens doors to addressing severe shortages of economic, racial and ethnic diversity among nurse practitioners and nurse-midwives.

"It's a very efficient, effective program," said Dean Johnson, who expects about 25 students to enroll in the program this fall and anticipates enrollment to climb to 100-plus in the years to come.

Addressing the primary-care shortage in rural and underserved communities is important; it's difficult for people living in these parts of the state to pursue higher-level degrees. That was a crucial factor in the pilot program GW established in April 2012 with Dabney S. Lancaster Community College (DSLCC) in Clifton Forge, Va., said DSLCC President Richard Teaff, who also attended the January signing in Richmond.

Also at the signing was Virginia Secretary of Education Laura Fornash, who described GW's partnership with Dabney S. Lancaster Community College as a model for the country and the new statewide community college agreement as a major stride toward expanding that model.

"This innovative public-private partnership directly addresses Gov. Bob McDonnell's call for more Virginians earning degrees, particularly in high-demand fields like health care," said Secretary Fornash at the April 2012 DSLCC partnership signing. "Ensuring underserved communities receive the medical care they need is important to the health of our communities, as well as the commonwealth of Virginia."

Michelle Browning, a 48-year-old registered nurse who received her associate's degree in nursing from DSLCC in 1994, has wanted to further her education so she can make more of a difference in her community. "This area is in so much need of this program," said Ms. Browning. "As an associate degree nurse, you can only go so far."

Mark Hepler, a DSLCC nursing student, husband and father of three children, said the program will make it possible for him to further his career and earn an advanced degree. "There's not a lot of opportunity for graduate programs around here, so I think it's going to open up doors for a lot of people in our community," he said.

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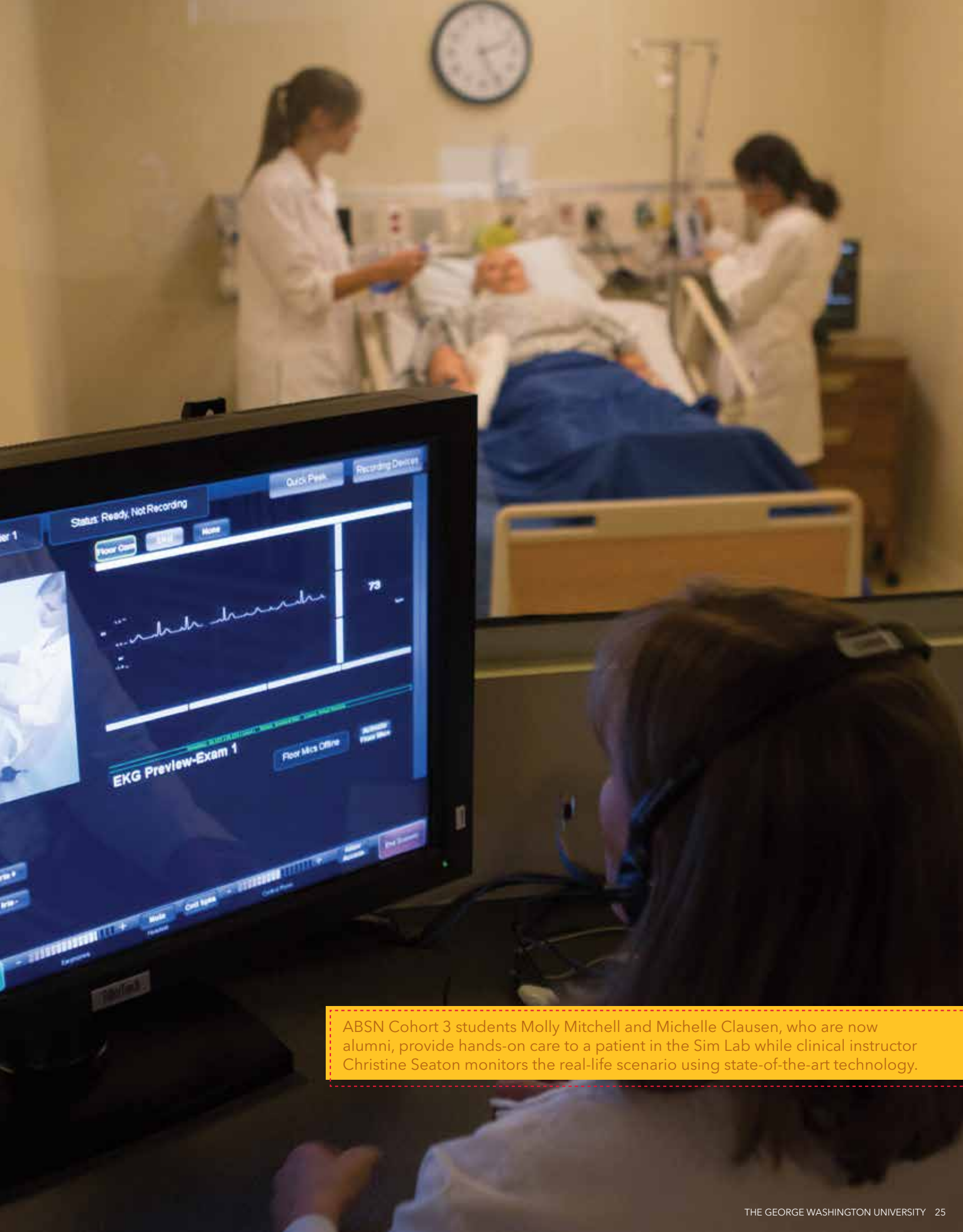
VIRTUAL HOSPITAL

Nursing students put theory into practice at GW's state-of-the-art Skills and Simulation Lab.

BY LAURA HAMBLETON

PHOTOS BY JESSICA McCONNELL BURT

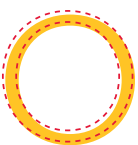




ABS N Cohort 3 students Molly Mitchell and Michelle Clausen, who are now alumni, provide hands-on care to a patient in the Sim Lab while clinical instructor Christine Seaton monitors the real-life scenario using state-of-the-art technology.



ABSN students supervised by Assistant Professor Carol Lang (foreground, center) get acquainted with patients in the Sim Lab.



n a recent spring day, Martha Martin was resting in her hospital room after a mastectomy. Nurses came and went, checking her

vital signs and administering fentanyl to ease her pain. But soon after taking the painkiller, Ms. Martin's breath became shallow and she experienced respiratory distress.

Nurses raced to her bedside. Emotions were high. They raised the head of Ms. Martin's bed, gave her oxygen and encouraged her to take deep breaths. Within a few minutes, Ms. Martin resumed her normal breathing and the nurses sighed with relief.

They had averted a more serious medical situation and earned the approval of their professors.

Martha Martin is a mannequin. The nurses are students in the Accelerated Bachelor of Science in Nursing (ABSN) program at the George Washington University's Virginia Science and Technology Campus. The nurses had staged the simulated scenario during a "Virtual Hospital" clinical lab at the School of Nursing's Skills and Simulation Lab. This experience was part of their final few months before they graduate.

"In the old days, student nurses practiced on each other in nursing lab," says ABSN Program Director Billinda Tebenhoff. "We practiced on oranges to learn to give injections." During the sessions in the lab, students have the "opportunity to learn how to care for

patients and perform different skills in a safe environment, without fear of doing something wrong or life threatening. Now we have mannequins that can talk. We can use them to give injections and start IVs with simulated arms that bleed."

The lab not only emphasizes learning skills but also helps students think critically and make decisions based on real-life events. "Student nurses are becoming more sophisticated around critical decision making," says Jean Johnson, dean of the School of Nursing. "Students have better criteria to evaluate because the mannequins are evolving to become even more high tech, with more capabilities. It's quite exciting."

Most nursing schools use some kind of simulation, Dr. Tebenhoff says, but since students enrolled in the 15-month ABSN program come from a wide variety of backgrounds, they begin to integrate knowledge and skills in the state-of-the-

art lab from day one. ABSN students are required to perform 500 clinical hours. The Virginia Board of Nursing allows 20 percent of those hours to be completed in a simulation lab like GW's.

Both Dr. Tebenhoff and the lab's director, Patty Davis, are committed to making sure students have extensive experience putting current nursing theory into practice well before they step into a real clinical setting and care for a live patient. The Skills and Simulation Lab is at the center of that practice.

"This is the true application of experiential classroom teaching," Dr. Tebenhoff says. "We hear from our clinical partners that GW nursing students are exceptionally well prepared." Student skills are developed with bedside instruction and real-life scenarios practiced in the Skills and Simulation Lab to prepare them for their clinical experiences.

"Nursing is a hands-on profession," says

The lab feels like a hospital, including the sights and sounds. Machines whirl and blink. Students, dressed in white lab coats, use authentic IV pumps, treatment carts with laptops, EKG monitors, and crash carts for cardiac emergencies. Each mannequin has a name and a history.

Colleen O'Malley, ABSN '13. "You have to connect with your patients. There are certain procedures you follow when you first walk in the room. You ask them their name, and you tell them yours. You have to touch them. We talk to the mannequins."

The program has been recognized nationally. Associate Professor Joyce Hahn and Ms. Davis recently published a paper, "Integrating a Peer Review Quality Framework into a Pediatric Virtual Hospital Simulation Experience," in the National Council of the State Boards of Nursing publication *Leader to Leader*. They were invited to speak about the lab at the American Association of the Colleges of Nursing (AACN) national conference. Dr. Hahn presented again at the regional Virginia Association for Simulation Alliance (VASSA).

The university recently expanded the lab from 3,000 square feet to 6,300; enhancements include 10 additional patient beds and mannequins and expanded pediatric and gerontology simulation. The lab now boasts 21 mock hospital stations and physical exam areas, birthing and pediatrics simulation, and a home health apartment. A new, second control room allows instructors to observe and orchestrate patient scenarios, such as the one involving Martha Martin, for more than one group of students. Instructors also are able to record and stream video feeds from the lab into classrooms.

"This additional lab space and equipment enables us to better educate and support our growing student

population," says Dr. Tebenhoff. "The new space allows for two private rooms that are utilized for pediatrics and maternity, critical care or isolation; and the new apartment with a bathroom and kitchenette allows us to simulate home health or psychology scenarios," explains Ms. Davis.

The lab feels like a hospital, including the sights and sounds. Machines whirl and blink. Students, dressed in white lab coats, use authentic IV pumps, treatment carts with laptops, EKG monitors and crash carts for cardiac emergencies. Each mannequin has a name and a history.

"Students suspend reality," says Ms. Davis. "We make this a real environment. Students feel the tension. They feel the pressure" as though they were in a true hospital setting.

One day recently, first-semester students broke up into groups. One group, which included ABSN students Maureen Mullen and Jessica Cadorette, examined the heads, faces and throats of one another, checking for abnormal nodules or enlargements. Ms. Mullen manipulated Ms. Cadorette's skull, felt her sinuses along her face and palpated her trachea in her throat.

Close by, a group of six students approached Minnie Paxton, a mannequin named after the first superintendent of GW's first nursing school launched in 1903. Minnie Paxton the mannequin is 87 years old, "and she continues to 'teach,'" says Ms. Davis, who uses her in many different medical scenarios.

This time the students' assignment was

to administer medication to Ms. Paxton. Ms. Davis role-played the part of the patient. A nursing student pretended to knock on Ms. Paxton's door and introduced herself. The student then washed her hands and said she was there to give an injection. Ms. Paxton asked what the medicine would do.

The two talked as the nursing student felt for Ms. Paxton's pulse. Ms. Davis asked, "What are the first nursing steps that need to be taken before administering meds?" The student responded with the five checks, "Right person, right drug, right dose, right route, and right time."

Another student cared for a patient named Linda Burns in a second bed. Ms. Burns was feeling nauseous. "Do you have any allergies?" the student asked. "Strawberries," Ms. Burns, as played by Ms. Davis, said.

"What about medications?" the student clarified.

"I don't think so," Ms. Burns answered.

The student washed his hands, and then asked Ms. Burns where she would like her shot. "In my leg," she answered. "No, maybe my other leg." The student nurse assessed her limbs for the best injection site.

Ms. Davis, in her teaching role, asked him to review the different muscle landmarks for injections. She also reminded him to check the expiration dates of any medicine before giving it to a patient. After reviewing how to position the patient with Ms. Davis, the student successfully delivered the injection.

Nursing is in the details, Ms. Davis explained later. "We can get so caught up in the high-end technology, but you can't ignore the fundamentals," she said, "like washing your hands."

The small details, organization and patient care are critical during the two six-hour "Virtual Hospital" experiences. Students begin the rotation at 7 a.m. They come into the nurses' lounge for their assignments. One student is the primary nurse, and another is a secondary. Each student is assigned a patient.

Ms. Davis and her faculty colleagues have created characters for the mannequins with changing histories and illnesses. Minnie Paxton is the most developed. Students experience what Ms. Davis calls "the cycle of Minnie." They often first meet her in a long-term health care setting, where they perform the most

ABSN Cohort 5 students Janejira Wilailak, Stephen Mehallow, Amarachukwu Unique, and Bolanle Saba discuss a recent assignment in the Sim Lab.





ABS N Cohort 4 students Mary Lou Swiscoski and Clare Dennis care for a patient in the Sim Lab, with Patricia Davis, director of the lab, acting as the patient's daughter.

basic and important nursing care, including bathing a patient, feeding her and helping her get out of bed.

Then they care for her in a medical or surgical setting with some kind of ailment like a urinary tract infection. Next she is living in her apartment, which is outfitted with a small kitchen and bath. During her final cycle, Ms. Paxton's mental status deteriorates with her advancing dementia and she is fed through a gastric tube.

On this particular day, students received reports on their patient's current condition from the night shift nurse. Faculty members are positioned inside two control rooms, where a glass window allows them to watch the students without being seen; faculty facilitate the simulation by role-playing patients and different hospital personnel.

"So often students pick up on our body language and facial expressions" if they are doing something wrong, Ms. Davis says. "In the control booth, we remove ourselves from the learning environment." Without cues from a faculty member, students learn to use their knowledge and critical thinking skills.

To prepare for their shifts, students gathered their supplies from stocked supply closets and planned their daily patient care. They physically assessed patients, checked records and ordered drugs from the hospital pharmacy. A faculty member inside the control booth played the role of the pharmacist.

Students faced six scenarios. In one room, a one-year-old child was dehydrated. In another a six-year-old boy was admitted

after a bike accident with a headache. Erkan Akbay, who is one of the most sophisticated mannequins, rested in his room, while Martha Martin recuperated in the fourth room and Reverend Rice was in hospice care. Down the hall, Joshua Riveria presented with complications of pneumonia.

A visitor acted the role of the young child's grandmother, coming into the room and asking the nurse many questions about the child's care. "Why is the child dehydrated?" she asked. "Why hasn't a nurse changed the baby's diaper? Why has the baby been left crying?"

The student nurse answered the questions and encouraged the grandmother to participate in the child's care by feeding the baby juice. The student nurse changed the baby's diaper and charted her care.

Meanwhile, the code was sounded as Ms. Martin went into respiratory distress. Right away, the students in the ward became more animated and ran to Ms. Martin's bedside. One student nurse slipped an oxygen mask over her nose and propped up her bed.

"What we do here will translate to the hospital" at our first job, said Eric Steward, ABSN '13. He was looking after the six-year-old-boy mannequin, who was diagnosed later with internal bleeding. "We can't be lackadaisical. Being in the Simulation Lab helps get the fumbling out of the way."

Time in the Simulation Lab also prepares students for the real-life pressure and emergencies of a hospital floor. "The students gain confidence and competence

by placing them in an environment that has so much simulation and constant feedback that they are really able to interact and respond to the patients' needs," says Gretchen Wiersma, an instructor with the School of Nursing. Her specialty is pediatrics. "In the end we spend a good bit of time debriefing the students. We have them talk about what they did well and what they might do differently next time. This critical reflection really brings to the surface to the students just how much knowledge and skill that they have as they prepare to enter their preceptorship."

Jill O'Brien, ABSN '13, recalls walking into the lab and feeling her blood pressure rise, remembering what it was like in there with professors watching and evaluating. "But the lab was so useful," she says, adding that she hopes to get a job in an emergency room.

From the very beginning, students consider the mannequins real people and the Virtual Hospital a real place. "It was hard at first," admits Ms. O'Malley. "My patient was throwing up, and I felt silly being compassionate to a mannequin. I stroked her hair and rubbed her arm. But we have evolved."

"They are actual people now," says Jordan Colby, ABSN '13.

New high-tech mannequins that are completely wireless can cost anywhere from \$45,000 to about \$100,000. Erkan Akbay is a high-fidelity mannequin whose chest rises and falls to simulate breathing; his eyes open and close, he has a pulse, and he responds physiologically accurately to administered nursing care. He looks like a real man trapped in an oversized rubber suit.

The school recently purchased a high-fidelity maternity mannequin capable of giving birth to a baby mannequin. Ms. Davis believes the investment in creating a realistic health care environment is crucial so that students experience every aspect of nursing care in a safe environment.

As for one recent graduate, Michelle Clausen, ABSN '13, she feels a fondness for Martha Martin, Erkan Akbay, Reverend Rice, Linda Burns and especially Minnie Paxton. She believes these mannequins helped guide her to one of her most profound realizations in her last semester of the program: "With the mannequins, you start to realize the responsibility of your job," she says.

Building a Stronger Alumni Community

Meet Dr. Lamin Juwara, the School of Nursing's GW Alumni Association representative.

Like many of his fellow alumni, Lamin Juwara, CRNP, DNP '12, was drawn to the GW School of Nursing because of its emphasis on quality, the convenience of its online format and the reputation of its programs.

"I looked at a PhD, but I didn't just want to focus on research," says Dr. Juwara, a senior nurse practitioner at the National Cancer Institute's Medical Oncology Branch. "The GW DNP program allowed me to complete my doctorate while improving care delivery on my patients directly. There was a huge value in how the program immediately enhanced my patient care."

The culmination of his doctoral program included an in-depth study at the National Institutes of Health on compassion fatigue among oncology nurses. "There are several studies on the impact of that environment on the caregivers, but I wanted to know what the impact of these routines and this life is on the lives of nurses," Dr. Juwara explains. He found

that although there was no singular factor in compassion fatigue, an overwhelming number of oncology nurses coped with the stress through prayer, meditation and connecting with their own loved ones.

"I was able to do my research at NIH, which was great because I work there," he says. "I could see how my project would benefit the people I work with, and that was very rewarding."

The value of the program, as well as the support of faculty—"Dr. [Christine] Pintz was excellent"—prompted Dr. Juwara to seek opportunities to stay involved with the school after his graduation. Now the School of Nursing's representative on the GW Alumni Association, he hopes to build a stronger nursing alumni community.

"There are so many opportunities to stay engaged with the school," he says. "I want nursing alumni to know we're part of a larger GW community and we can help each other." Dr. Juwara experienced this himself when he earned a promotion that included management responsibilities.

"There were several people in my cohort who had management experience, which I didn't have, and they gave me great advice on how to deal with certain situations because they'd been through them before."

His vision for nursing alumni includes providing networking opportunities and mentoring programs that connect students and alumni. "I hope alumni will get involved in the association and contribute to that," he says. "This is a great school with great faculty. I want to see it grow."

For information about getting involved with GW School of Nursing, contact Erin Harkins-Medina at ehmedina@gwu.edu.



School of Nursing Class Notes

Family nurse practitioner **Nancy Shatto (Aaronson), RN, FNP-BC, BSN, '83**, lives in the mountains of Western North Carolina, where she is the sole provider at an integrative medicine family practice serving the local rural community. She is serving as a preceptor for a PhD acupuncture student and a master's level FNP student and says that she loves her work.

Alicia Baker, MSN '10, began working as a family nurse practitioner for Unity Healthcare in Washington, D.C., in June 2011 and says that she is "truly enjoying practicing my new profession." She enjoyed a vacation to South Africa last fall and is planning a return trip to Ethiopia this summer.

Following graduation, **Sunni Kim, ABSN '11**, worked at GW Hospital on the

medical/surgical/oncology floor, where she gained valuable experience in bedside clinical care. From there, she made the jump to clinical research, serving as a clinical research nurse at the National Institutes of Health's cardiovascular imaging research department. "Both of these career paths have brought me to my recent job as a clinical specialist with Medtronic Surgical Technologies," she says. "I am very excited to hear all the great things that the nursing program at GW has accomplished and would be interested in hearing about volunteering opportunities."

After completing her nursing degree in February 2011, **Kaycee Rump (Mullins), ABSN '11**, landed a job in the intensive care unit at Sinai Hospital in Baltimore. The

Annapolis, Md., resident recently relocated to Baltimore Washington Medical Center's intensive care unit and started the GW MSN Leadership and Management Program. "I am looking forward to 2013, as my husband and I will celebrate our two-year anniversary and the arrival of our baby boy in April!" she says.

Congratulations go to **Lexi Gray Steacy, ABSN '12**, who wrote the cover story for the February 2013 issue of *Top Doctors Northern Virginia* magazine. The article discusses notable research under way by health care professionals throughout Northern Virginia to meet the region's expanding health care needs and to improve the delivery of care to the community.

An Education of a Lifetime

Sarah Abey, ABSN '13, has a passion for science and research that is evidenced by her impressive academic résumé: a doctorate in biochemistry from Wake Forest University, internships with Brown University, Harvard University, and Children's Hospital of Boston, and post-doctoral work with the National Institute of Environmental Health Sciences and Duke University.

knew that I had made the right decision. The faculty were open-minded, they were very enthusiastic and they were willing to put a lot of work into our learning. There are a lot of students like me—who have been in other fields and decided to enter nursing later in life. This was an education of a lifetime for us."

Another pleasant surprise was the close bonds Dr. Abey formed with her



William Atkins

Upon completing her two-year NIH-sponsored Clinical Research Training Program at Duke, Dr. Abey concluded that she needed one more degree to get to the heart of her academic and research goals.

"The nurses at Duke enlightened me to the importance of treating the patient as a whole as well as the critical role of nurses as a source of scientific data in clinical research," she explains.

Following a move to Bethesda, Md., the hunt was on to find the school with the perfect fit. The program would need to accommodate an older student, a married mother of two, while maintaining the academic rigor and small class sizes to which Dr. Abey had become accustomed.

The GW School of Nursing passed with flying colors.

"As soon as I started the program, I

classmates, whom she describes as "highly motivated, engaging students from a variety of backgrounds. We learned a lot from each other."

In March, Dr. Abey accepted a Clinical Translational Fellowship at the National Institute of Nursing Research (NINR) where she compares genomic profiles of patients with and without gastrointestinal and liver diseases in the hope that one day patients suffering from these diseases can receive treatment plans personalized on the cellular level.

"Courses at GW made me realize what taking care of the whole person really means and how important it is to apply holistic care in nursing. It was an abstract concept to me at Duke, but at GW I really saw how it could be applied."

—Melissa Apter

In Memoriam

Susan O'Connor

GW School of Nursing is sad to report the untimely loss of Susan O'Connor, MSN '07, who passed away Sept. 7 at her home in Upper Marlboro, Md. She was 56. Susan, who received an MSN in nursing leadership and management from GW, served as administrative director of the Breast Center of Anne Arundel Medical Center and past president of the Washington, D.C., Oncology Nursing Society.

"Susan was a nurse's nurse," reflects Dean Jean Johnson. "She was committed to providing the best care to her patients. As she moved into a leadership position, she helped many nurses at GW to become outstanding nurses. Susan had the highest standards of care and cared deeply about her patients and the nurses that she worked with."

Delia O'Hara

Delia O'Hara, a cherished alumna of the School of Nursing family, passed away July 15, 2012 at her home in Oakland, Calif. She was 70. Delia, who earned a certificate as a family nurse practitioner from GW in 1975, served as a nurse practitioner in the perioperative unit at Kaiser Permanente's Oakland Hospital. An active fellow of the American Academy of Nurse Practitioners, she chaired the FAANP program from 2004 to 2006. Earlier in her career, she drafted the District of Columbia's Nurse Practice Act, which granted independent practice authority to nurse practitioners.

"Delia was one of the first nurse practitioners in D.C.," says Dean Jean Johnson. "She built the home care program at GW in the '80s and was a nurse you wanted to be taking care of you or a family member. She contributed significantly to opening the door to nurse practitioners through the Nurse Practice Act, was active with the D.C. Board of Nursing, and was a role model for us all."



Dr. Ellen Dawson (center) with her children, Michael and Maureen, her sister Trish Dixon, and her husband, Rear Admiral Howard "Pat" Dawson, at a celebration honoring her service to the School of Nursing in June 2012.

A Lasting Tribute

Family honors SON founding senior associate dean with named scholarship.

One of the pivotal driving forces behind GW's School of Nursing will be remembered through an endowed scholarship at the school she helped found.

The Dr. Ellen M. Dawson Scholarship, established by her husband, Rear Admiral Howard "Pat" Dawson, USN, Ret., and their children, Maureen and Michael, provides tuition support to one or more outstanding students with unmet financial need who are enrolled in the School of Nursing's associate's degree to bachelor's/master's of nursing (ADN-BSN/MSN) program's family nurse practitioner or nurse-midwifery field of study. The Dawson family endowed the scholarship with a \$100,000 gift to honor Ellen's lasting contributions to GW's School of Nursing.

Dr. Dawson's leadership led to the development and expansion of the degree programs at the School of Nursing, including the creation of the Bachelor of Science in Nursing program and

its sophisticated Skills and Simulation Laboratory, the expansion of the Master of Science in Nursing program, the development of the Doctor of Nursing Practice program and most recently the establishment of the ADN-BSN/MSN program in 2012. The ADN-BSN/MSN program will have a lasting impact on rural and underserved communities across the U.S. and is a major contribution to the field of nursing.

"Without Ellen and her academic leadership the School of Nursing wouldn't exist at GW," says GW Provost Steve Lerman. "I can think of no better way to pay tribute to Ellen's dedication to the nursing profession than to support the education of those who will carry on her commitment to excellence in patient care."

Dr. Ellen Dawson began her service to GW in 2005 as an associate professor and the first and only chair of the Department of Nursing Education in the School of

Medicine and Health Sciences. She became a tenured professor and went on to be named the founding senior associate dean of SON when it became an independent school in 2010. Dr. Dawson retired in June 2012 as senior associate dean of academic affairs, and continues to serve as a tenured professor and principal investigator for one of SON's major grant projects.

"Dr. Dawson is a very special person who has brought to GW leadership, creativity and the heart of nursing," says Jean Johnson, dean of the School of Nursing, who worked very closely with her through the years. "She is dedicated to our profession and has been a major force for excellence in nursing practice and education. The gift to the school is an example of her commitment and her entire family's remarkable generosity."

Why I Give

Dr. Ellen M. Dawson, founding senior associate dean, shares the moving story behind what shaped her passion for philanthropy.

A core value shared by nurses is the value of giving. We give our time, knowledge, expertise and advocacy to our family, friends, patients and community.



I am one of seven children, the middle child. This has significance in the pecking order of finances in a large family. Number one and number two children were able to go to college. College was not discussed with numbers three or four (that's me). Brother Eddie became a fireman, and I went to Newport Hospital School of Nursing. This was an affordable three-year diploma school, located four blocks from my home, and I loved it! I was not accepted at first, but a nun from high school paid a visit to the director and, as the story goes, offered to visit her every day until I was accepted. She was my first advocate.

In Newport, as in other communities, local philanthropists create scholarships and other funding opportunities that assist young people from their community to be educated. In our town, there were scholarships created for Newport girls to become nurses. I was a recipient of one of those scholarships. That anonymous donor was my second advocate.

The examples set by the nun and the donor serve as a model for me in that there are many ways to give. Being a champion is one, and providing financial assistance is another. GW School of Nursing is committed to helping nurses fulfill their passion, and with your help we can ensure every GW student has the opportunity to do so. I encourage you to be generous in any way you can.

Ellen M. Dawson, PhD, RN, ANP
Professor and
Founding Senior Associate Dean



Robin Shulman and Dean Jean Johnson unveil a photo memorial featuring the donor's graduation from nursing school; her late father, Bert Kaplan; and her daughter Sarah Shulman, who graduated from GW in 2012.

A Legacy of Learning

Leafing through the Summer 2010 issue of *GW Magazine*, Robin Shulman came across an article announcing the creation of GW's School of Nursing and was spurred to action. The nurse practitioner and GW parent felt moved to make a gift that would be the first in support of the brand-new school.

"As a nurse, I was very excited to read that GW was establishing its own school of nursing," remembers Mrs. Shulman, whose daughter Sarah graduated from GW's Columbian College of Arts and Sciences in 2012. "My father had just passed away, and I wanted to find a way to honor his memory. Then I read about the new school of nursing in *GW Magazine*. The timing just seemed right."

Passionate about education, her father, Bert Kaplan, did not have the resources to go to college as a young man, but he worked hard to ensure his children had the opportunity and strived to give back in a meaningful way when he was able, something his daughter admired. To honor her father's memory and his spirit of philanthropy, Mrs. Shulman made a gift to establish the Elbert A. Kaplan Library Fund.

"I wanted to create something that would support the education of new nurses and reflect my father's values," she says. "Education was always very important to him, and I think providing future nursing students with the resources to work hard and get the most out of their education is

something that he would have loved."

The Elbert A. Kaplan Library Fund provides books and other learning resources for the School of Nursing, significantly increasing the educational materials and resources available to the school's students and faculty.

"This special fund enables us to create breadth, depth and diversity in the library nursing resources," says School of Nursing Dean Jean Johnson. "This is crucial for high-quality learning and preparing nursing students for the real and wide range of challenges they will face in the nursing profession."

Like her father, Robin Shulman understands the importance of education, and she believes being a nurse is an ongoing learning process. For nursing students and faculty, having depth and diversity in the library collection and access to the newest research and learning tools is critical to keeping GW nursing students and faculty at the forefront of the field.

"My hope is this gift will ensure that the School of Nursing's students and faculty have the resources to continually learn and adapt as the profession changes," Mrs. Shulman says. "I learned from my father that it's important to give back and help others when you have the opportunity. Supporting GW's new School of Nursing in such a meaningful way was an opportunity I couldn't pass up."

A Gift That Will Keep Giving

Annetta Weiss, BA '65, always knew she wanted to give back, but the where, why and how of philanthropy were intimidating. "There comes a time in your life when you think about where you started and what you can contribute. I was looking to give somewhere that would really fulfill me—that would move me in some way."

When her longtime friend and financial adviser, Tom Curtis, BA '81, MA '95, encouraged her to consider the George Washington University as a beneficiary, she was intrigued. Ms. Weiss grew up in Washington, D.C., and her parents, both federal government employees during World War II, wanted her to pursue an education at GW. She enrolled at the university in 1961, the same year John F. Kennedy took office, and was on campus when Martin Luther King Jr. delivered his "I Have a Dream" speech less than a mile from her room in Strong Hall in 1963. The Civil Rights Act of 1964 was enacted shortly after she finished her junior year.

"There was always something happening around campus," she says. "We were right in the middle of everything. The world was right outside our door."

In 2009, she began her "quest" for a worthy bequest recipient at GW that resonated with her and benefited the university. During a tour of GW's Virginia Science and Technology Campus in June 2011, she visited the new School of Nursing Simulation Lab and met with Dean Jean Johnson.

"When we first met, she was warm, outgoing, and friendly," Dean Johnson says. "It was an instant connection."

Ms. Weiss was immediately impressed by the quality and dedication of the School of Nursing faculty and saw an opportunity to raise the profile of the new school. More than that, the meeting with Dean Johnson

reminded Ms. Weiss of her aunt, Frances, a nurse and midwife who was present at her birth. Ms. Weiss maintained a close relationship with her aunt and wanted to memorialize her as part of her gift.



A bequest by Annetta Weiss, BA '65 (center), flanked by Dean Jean Johnson and Dr. Ellen Dawson, will benefit distance-learning students at the School of Nursing.

"Frances was more like a grandmother to me; we were very close. When I visited the School of Nursing, I got that feeling I had been searching for," Ms. Weiss says. "I felt fulfilled when I finally decided what I was going to do."

Nearly three years after her quest began, faculty, administrators and students held an intimate ceremony honoring Ms. Weiss' two-part gift, which Dean Johnson described as "significant, and the first of its kind, for the School of Nursing"—an endowed scholarship to aid graduate students in the Nurse Practitioner Program and an endowment for the dean's discretionary fund in memory of her Aunt Frances.

"The reach of this gift goes so far beyond the students who reap the benefits

of this scholarship," Dean Johnson said at the event. "Every student who benefits from this gift will care for thousands of people in their careers. This gift has a wonderful, multiplying effect."

Ms. Weiss designated the bulk of her planned gift to the GW School of Nursing's nurse practitioner program, a distance-education curriculum that prepares nurses to take on the role of primary care providers. The program, taught almost entirely online, allows students to remain in their communities while pursuing advanced education. Distance-education students are ineligible for most kinds of financial aid, so Ms. Weiss' scholarship will ensure that finances will not be a barrier to education.

"This gift is very special to me," says Ms. Weiss, who hopes her gift, and her journey, will inspire others to give. "I wanted what was best for GW and for me. Our quest led me here, and it's reassuring to know that what I'm doing is special."

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