

THE GEORGE WASHINGTON UNIVERSITY

# GW NURSING

/ FALL 2018 ISSUE

## THE BATTLE AT HOME

HOW NURSES ARE  
TREATING VETERANS





/ STUDENTS ENROLLED IN BSN VETERANS OPTION ENJOY DEDICATED SPACE AND STUDENT SUPPORT SERVICES. SEE MORE ON PAGE 20.

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DEPARTMENTS

03

FROM THE DEAN

04

NURSING NEWS

12

POLICY UPDATE

24

RESEARCH TODAY

30

GW NURSING AT HOME AND AROUND THE WORLD

34

ALUMNI NEWS

FEATURES



14

THE BATTLE AT HOME

Our nation's veterans and military members are facing a mental health crisis. This is in large part due to workforce shortages, but nursing can bridge the gap through preparation of practitioners, use of telehealth services and educating veterans themselves to become practitioners.



20

SERVING THOSE WHO SERVED

Veterans' lives are defined by service. For those who choose to become nurses, it's a natural fit. Nursing continues their service in a new way. Since 2014, GW Nursing has been translating veterans' skills to a workforce in need through its BSN veterans option.

GW Nursing is published biannually by:

**GEORGE WASHINGTON UNIVERSITY  
SCHOOL OF NURSING**  
1919 Pennsylvania Ave., NW  
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Washington, DC 20006-5818  
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# FROM THE DEAN



/ STUDENTS, FACULTY AND STAFF GATHERED AT THE VIRGINIA SCIENCE AND TECHNOLOGY CAMPUS FOR A MULTICULTURAL CELEBRATION IN JULY.

## ‘Working to Improve the Workforce’

**Here in the heart of the nation’s capital, you can overhear conversations about the gaps in health care everywhere you go. People are abuzz on the Hill, at the headquarters of the many health and nursing organizations that call D.C. home, on the Metro and in the streets.**

As educators and researchers, it is essential to stop and ask ourselves how nursing can make the most significant impact on health care and change the landscape as we know it. With most things, we often have to go back to the beginning, specifically education. As a nurse educator, I am often asked by hospital leaders, health care organizations, politicians and peers what can be done to address the nation’s growing health workforce needs.

At the George Washington University, we start by attracting students with a well-rounded perspective of the world, grounded in skills that can be transferred to our profession. One such example is our Bachelor of Science in Nursing (BSN) veterans option (page 20). Each year, veterans transition from the military to rejoin a civilian workforce. Many of these remarkable individuals come with military training related to health. Why not let them continue to serve by working for an industry in need of providers that could benefit from their commitment? These are the types of win-win scenarios the profession needs.

Once students are in the classroom, they need the guidance of expert faculty and a unique curriculum (page 4) crafted for the

opportunities this wonderful profession provides. Access to state-of-the-art facilities is also essential, as simulation is vital to teaching skills that can sometimes be missed in clinical experience. At GW Nursing, we doubled our own simulation footprint this summer (page 8).

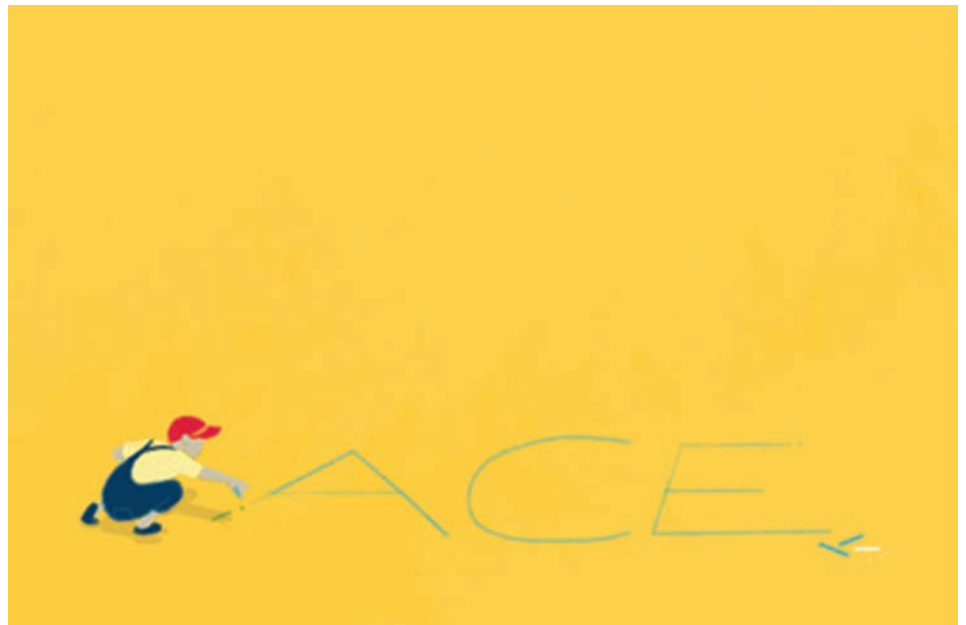
It doesn’t stop there. Our institutions of higher education have a duty to augment a health care workforce in need, particularly with remote-area medical missions and global trips to developing countries (page 30). These experiences also teach students the value of contributing to causes greater than themselves.

Finally, we can’t keep all of this to ourselves. We need to ensure our peers, hospital leaders, the media, our nation’s top government officials and the world know that nursing has a voice, and it’s time to be heard. This year, GW Nursing’s Center for Health Policy and Media Engagement released the Woodhull Study Revisited (page 12), which found nurses to still be underrepresented as sources in health stories in the media despite the passing of 20 years since the original study. We can’t change health care or address the workforce in silence. I encourage everyone to familiarize themselves with this important study and its recommendations.

In the end, it all comes back to how we as educators can support a workforce in need. This is a remarkable time to be in health care and the nation’s capital. It’s a remarkable time to be a nurse. It’s going to take work, but we’re committed. Let’s roll up our sleeves and work together.

*Pamela R. Jeffries*

**PAMELA R. JEFFRIES**  
**DEAN | SCHOOL OF NURSING**  
THE GEORGE WASHINGTON UNIVERSITY



## A Cure for the Common Curriculum

By Jon Eichberger

**Administering patient care under the guidance of a clinical nurse... Simulating poverty to better grasp the negative effects it has on child development... Shadowing a perioperative nurse in the operating room. GW Nursing students are taking advantage of unique opportunities to better prepare themselves for the ever-expanding responsibilities of tomorrow's nurses.**

### **Integrated Education and Patient Care**

As nurses take on a growing role in providing comprehensive health care, practical experience is not only useful—it is imperative. Clinical rotations are the cornerstone of nursing education programs, immersing students into the daily rigors of a clinical nurse's shift. In recent years though, the traditional clinical rotation model has suffered from strong competition for clinical placements and a nursing faculty shortage.

A different and evidence-based model known as a dedicated education unit (DEU) overcomes these challenges by improving the clinical rotation model and providing an

innovative approach to nursing.

"In the DEU model, the student works one-on-one with a nurse who works at the hospital. The role of the faculty member is to educate staff nurses to function as instructors, and together they partner to support students learning," said Assistant Professor Billinda Tebbenhoff, a faculty member in the BSN program. "The administration supports the partnership by scheduling the staff nurses to be able to work with the same student throughout the duration of the clinical rotation, or as consistently as is possible, so it's a true team approach."

Traditional clinical rotations pair students (sometimes up to seven) with a clinical instructor who oversees their interaction with patients. In the DEU model, a clinical instructor is available on site, but students work directly with their clinical nurse preceptors applying theory to practice.

"The nurses who are precepting enjoy teaching these students, and I've seen great working relationships form," said Senta Purzer, a nurse manager at GW Hospital. "I wish I'd had this when I was in nursing school. It's great that [students] get 12 hours with us and see how we organize our time and can really see the nursing process throughout the entire shift," Ms. Purzer said.

GW Nursing launched the DEU in spring

2018 with a cohort of 10 students with strong support from the school's dean, Pamela Jeffries, and Angela McNelis, professor and associate dean for scholarship, innovation and clinical science, both of whom had previous success with the DEU model.

The GW Nursing DEU satisfies 90 of the 500 clinical hours required for a BSN. All students are able to apply for a clinical rotation in the DEU, but only a limited number of slots are available at this time.

"Our goal is to expand the DEU. We are pursuing opportunities with practice partners to expand the model so that more students can have this experience," Dr. Tebbenhoff said.

### Training Future Pediatric Providers to Recognize Adverse Effects on Child Development

Social factors play a profound role in a child's development. Just as access to nutritious food, medicine, shelter and clothing are essential for healthy growth, a child's environment plays an equally pivotal role in their formative years.

Ashley Darcy-Mahoney, GW Nursing associate professor and director of infant research for GW's Autism and Neurodevelopmental Disorders Institute, believes pediatrics needs to focus more on social determinants that have powerful lifelong effects on children's health and brain development.

"Clinicians who care for kids need to become more attuned to where and how they live their everyday lives outside our clinic doors," Dr. Darcy-Mahoney said. "We can do a better job preparing future pediatric nurses and doctors on how to address the effects of social factors like poverty and trauma in children."

Research shows these factors—known as adverse childhood experiences, or ACEs—are common: 67 percent of the population had at least one, and one in eight people had four or more.

In spring 2018, Dr. Darcy-Mahoney, as part of her work as a Macy Faculty Scholar, collaborated with her colleagues to develop and launch "Pediatric Adversity and Early Childhood Development and Health," a multidisciplinary elective course for nursing and medical students who want to learn about the social factors that shape health. It

includes lessons such as role-playing to assess ACE scores and simulating living in poverty.

"ACEs—including exposure to abuse, neglect or violence as well as having a parent who has a serious mental illness or drug or alcohol problem—can alter a child's brain development," Dr. Darcy-Mahoney said. "Future doctors and nurses need to know how to recognize the warning signs of ACEs and how to use the ACE screening tool to understand the impact [they] have on children across a lifetime of health."

One of Dr. Darcy-Mahoney's students, Jeunesse Garces, says that the course provides an opportunity for students to share reactions and learn from one another.

"Although it is an online class, Dr. Darcy-Mahoney thoughtfully implements methods to enhance human interaction, such as optional events to attend and using VoiceThread for discussions as opposed to typing a discussion post. We learn from each other in a nonjudgmental environment that allows us to be candid, without the hesitation of sounding scholarly or adhering to proper APA formatting," she said.

This course was informed by the work that Dr. Darcy-Mahoney has done on improving parent engagement and enhancing the language and literacy environment in high-risk babies.

The course fills an important gap that can be seen in clinical practice where families are dealing with incredible stressors and challenging environments. Children are often in the backdrop of poverty, stress, violence and mental illness. These can have lifelong effects on the health of children, and pediatric clinicians need to know how to assess, refer and offer community resources for families—that is where this course offers students the opportunity to learn the epidemiology and pathophysiology of ACEs and stress and how to provide trauma-informed care to their patients.

### Students Apply Classroom Instruction to Perioperative Care Practice

GW Nursing is working to address a critical shortage in perioperative care, a patient's time before, during and after a surgical procedure.

GW Nursing's hospital partners—MedStar Washington Health Center and the

George Washington University Hospital—approached the school with the idea of creating a perioperative course that would provide a truly hands-on experience for students in the operating room.

Assistant Professor Michelle Rumble coordinates "Introduction to Perioperative Nursing," an elective that was officially launched in fall 2017. GW Nursing is one of only a few schools in the U.S. to offer such a course.

"Perioperative nursing used to be a two-week intensive course held during the winter and spring breaks. The new course is now an entire semester," Dr. Rumble said. "And, in addition to classroom instruction, the students complete 36 hours in perioperative services, which includes the operating room, the pre-operative area and the post-anesthesia care unit."

Students are paired with a preceptor in the perioperative unit, while a clinical faculty member oversees the students' learning and is available to answer questions or offer guidance.

"The students enjoy the classroom and clinical combination," Dr. Rumble said. "Additionally, it provides them the opportunity to observe another type of nursing that, without this course, they may not be able to experience."

Morgan King, one of the students taking the perioperative course, echoed Dr. Rumble's sentiments.

"It is such an advantage to be able to experience the OR before graduation in applying to nursing positions," Ms. King said. "I have been reminded multiple times by current OR nurses that they never had this opportunity."

Ms. King hopes to work at a naval hospital in Okinawa, Japan, where her husband is stationed, and believes the advantage of experiencing the OR as a student will help her secure a job.

"Even if it doesn't work out right away, thanks to this course, I know where my niche is and I can continue to pursue that throughout my career," Ms. King said. [GW](#)



/ DR. KATHLEEN GRIFFITH IS ASSISTANT DEAN OF THE PHD IN NURSING PROGRAM.

## PhD Program to Shape Next Generation of Nurse Scientists

By Jon Eichberger

**Beginning in fall 2019, GW will have a new addition to its degree program lineup—a Doctor of Philosophy in Nursing.**

The PhD in nursing will be a three-year, full-time, 57-credit program, delivered in an executive format, that aims to train the next generation of nurse scientists and educators.

“GW has been a long-time contributor to the doctoral education of nurses through our Doctor of Nursing Practice and other health science degrees,” said Dean Pamela Jeffries. “Creating a PhD in nursing will provide another opportunity for students to pursue their doctoral education here in the nation’s capital.”

Kathleen Griffith, a cancer symptom researcher and oncology nurse practitioner, was appointed as assistant dean of the PhD program and will lead the initiative. “Our proximity to federal agencies, government and policymakers offers students a valuable learning experience with the opportunity to augment classroom work with D.C.-based research experiences,” she said.

The program offering comes at a time when many health care advancements over the last 20 years have been treatment based rather than cures. Treatments, such as chemotherapy with its side effects, can often cause additional health issues for patients.

Nurses bring a unique perspective to the research and standardization of best practices as they often have the most interaction with patients responding to treatment. Through collaboration with other health experts, research studies are able to benefit greatly from nurses’ well-rounded perspective of direct patient care.

The school’s PhD Exploration and Development Committee, commissioned by Dr. Jeffries, underscored the need for a terminal research degree with three main points. First, the discovery of new knowledge allows development of the nursing discipline, which ultimately results in improved patient and other health care outcomes. Second, due in part to accelerated retirement of an aging workforce, the nursing faculty shortage requires new nurses with terminal research degrees to take their places. Finally, increasing the number of PhD-prepared partners for DNP-prepared nurses will result in more rapid dissemination of interventions to improve outcomes, as nurses play a pivotal role in the direct patient care.

“GW’s PhD in nursing will offer students the opportunity to focus on a wide range of research areas—including policy, health disparities, chronic disease management, women’s health, early childhood development and more,” Dr. Griffith said. [GW](#)

## GW Nursing Named NLN Center of Excellence

**GW Nursing is among 16 nursing programs nationwide to be named a 2018-2022 Center of Excellence by the National League for Nursing (NLN).**

The school was recognized in the category of “enhancing student learning and professional development” for its enduring commitment to best practices in pedagogy and investment in 21st-century technologies.

“Although GW has educated nurses for many years, the nursing school was founded in 2010. As a young school, this designation is a testament to our faculty’s commitment to learning outcomes, world-class student support provided by our staff and our students’ dedication in the classroom,” said Dean Pamela Jeffries. “We are honored and humbled to be in the company of our recognized peers.”

Since 2004, the NLN has welcomed schools of nursing to apply for the designation based on their ability to “demonstrate in measurable terms sustained excellence in faculty development, nursing education research, or student learning and professional development.” Applicants for



this prestigious designation range across the academic spectrum of higher education in nursing and leading teaching hospitals and clinical sites.

GW Nursing's application showcased the school and its faculty's efforts to advance and apply nursing scholarship, including the NLN/Jeffries Simulation Theory, by taking a novel approach to modern education. Distinguishing characteristics of the school within the selected category included its unique pathways for veterans, emphasis on simulation, community public health opportunities in global settings, and a health policy-driven curriculum that leverages the school's location in the heart of Washington, D.C.

"Centers of Excellence help raise the bar for all nursing programs by role modeling visionary leadership and environments of inclusive excellence that nurture the next generation of a strong and diverse nursing workforce to advance the health of the nation and the global community," NLN CEO Beverly Malone noted in the organization's announcement.

Dedicated to excellence in nursing, the NLN was founded in 1983 and has become a premier organization for nurse faculty and leaders in nursing education. It offers "professional development, networking opportunities, testing services, nursing research grants and public policy initiatives to its 40,000 individual and 1,200 institutional members." [GW](#)

## What Do You Want to Do When You Grow Up?

By Erin Julius

Surveys show that "astronaut" and "professional athlete" are popular answers among children when they're asked what they want to be when they grow up. By the time they're in high school, however, students

### begin to seriously consider their future careers.

GW's Pre-College program aims to help them with that decision, offering an array of topics to high school sophomores, juniors and seniors each summer.

This summer, GW Nursing and the School of Medicine and Health Sciences partnered in offering "Careers in Healthcare," a class introducing students to one of the fastest-growing, highest-paid career pathways in the U.S.

The two-week, interprofessional course allowed students to explore both the medical school in Foggy Bottom and the nursing school at GW's Virginia Science and Technology Campus (VSTC) in Ashburn, Virginia.

"At first, I was dead set on being a physician. But a lot of people talked about setting their eyes on one plan but, finding it wasn't a fit. So now I'm more open-minded," said Goodness Ukaegbu, 16.

Ms. Ukaegbu was inspired by Crystal Farina, GW Nursing's director of simulation and experiential learning, who talked about the one-on-one aspect of nursing.

"I like creating relationships," said Ms. Ukaegbu.

In some cases, it was an experience that made an impression, not words.

While at the nursing school's simulation center at VSTC, Adrianna Chan, 17, was one of the students who helped during a manikin's simulated birth.

"I helped take out the baby," Ms. Chan said. "I really want to come back." [GW](#)



## Professor to Head to Capitol Hill

By Ruth Adams

**Ellen Kurtzman, an associate professor at GW Nursing, was named one of this year's eight Robert Wood Johnson Foundation Health Policy Fellowship recipients by the National Academy of Medicine.**



Since 1973, the fellowship program has sought exceptional midcareer health professionals and behavioral and social scientists, placing them in congressional offices to work with politicians and policymakers to shape health care policy on Capitol Hill.

"I think this humbling experience will be interesting and change my worldview, allowing me to become a better researcher and contributor at GW," Dr. Kurtzman said, adding that she anticipates that the next year will be life-changing.

For the first three months, fellows are "schooled in Washington politics," meeting with various high-profile visitors to Washington, D.C. The fellows visit different government agencies and administration offices to learn about their work, then spend the remainder of their time working in their assigned congressional or executive office. Past fellows have gone on to work in Senate offices, health policy committees and congressional administrations.

"I want to really learn how legislation happens, and the best way for me to do that is through an immersive Hill experience," Dr. Kurtzman said. Her research and scholarship have addressed the effects of federal and state policies and programs on health care quality and the role of the health care workforce in higher value care. "I always think about my research through a policy lens," she said. "But I have not had real-world policymaking experience. I'm hoping that this fellowship will ignite dozens of new research questions, sharpen my existing questions and heighten the policy impact of my research to improve patient care and public health." [GW](#)



## New Student Space, Simulation Technology Among Improvements for GW Nursing

**Recent renovations at Innovation Hall on GW’s Virginia Science and Technology Campus nearly doubled the simulation space available to nursing students and opened up the first floor of the school’s home to create a student success center.**

Originally built in 1997, GW Nursing’s home in Innovation Hall looked more like an office building than a college campus. Thanks to renovation efforts spearheaded by Director of Operations Joe Velez that started in February, students now walk into an open area with a lounge, open collaboration spaces and six group-study breakout rooms. The success center is intended to ensure students are comfortable and have access to the resources they need on campus.

Upstairs, the other part of the school’s \$3.5 million renovation project invests in new

simulation space.

“Simulation education offers unparalleled freedom for health professionals. Controlled, simulated environments allow you to try and fail, then learn from your mistakes. The real benefit of simulation is that you can take all the time you need to understand how you can improve,” said Dean Pamela Jeffries.

The Objective Structured Clinical Examination (OSCE) lab, the school’s fourth simulation lab, is a space for nurse practitioner (NP) students to improve their clinical skills.

“Our NP students take their courses online, but come to campus for testing three times during their program. These visits engage students in experiential learning and provide a mechanism for formative evaluation,” said Crystel Farina, director of simulation and experiential learning for the school.

The new space contains 12 patient exam rooms and two acute care or “flex” rooms,



bringing the total simulation space to nearly 20,000 square feet. The entire OSCE center is outfitted with SimCapture, B-line’s health care simulation management platform that provides livestreaming, recording connections to real data and medical devices and more. [GW](#)

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# GW Nursing Welcomes...

## FACULTY

**+ MELISSA BATCHELOR-MURPHY**, PhD, RN-BC, FNP-BC, FGSA, FAAN, is an associate professor of nursing and a geriatric nursing researcher. Dr. Batchelor-Murphy has worked as an administrative nurse in skilled nursing homes and practiced as a family nurse practitioner (FNP) across long-term care settings. Her research, focusing on patients with dementia, has been supported by The John A. Hartford Foundation, the Robert Wood Johnson Foundation Nurse Faculty Scholars program and the National Institutes of Health/National Institute for Nursing Research.

**+ SUE BHATI**, PhD, NP, is a clinical assistant professor of nursing teaching in the BSN program. Dr. Bhati's research interests stem from her belief that educating young underserved women in preventive health care, and providing free primary health services to them and their children, is empowering and improves outcomes for both women and children.

**+ DAVID KEEPNEWS**, PhD, JD, RN, NEA-BC, FAAN, is a professor of nursing and health policy faculty. Dr. Keepnews most recently was dean, professor and endowed chair at the Harriet Rothkopf Heilbrunn School of Nursing at Long Island University, Brooklyn. Dr. Keepnews has served in policy-related staff leadership positions at the American Nurses Association, California Nurses Association and the New York Academy of Medicine and on the board of directors of the American Academy of Nursing. He is an alumnus of the Robert Wood Johnson Foundation Executive Nurse Fellows program and has served as editor-in-chief of *Policy, Politics and Nursing Practice*, a scholarly journal, for a decade.

**+ NADINE MARCHI**, DNP, RN, CNE, CRRN, is a clinical assistant professor of nursing teaching in the BSN program. She is a certified nurse educator and rehabilitation nurse with experience in dialysis, pediatrics, rehabilitation and occupational health.

**+ ASHLEY PARKS**, MS, FNP-BC, is director of graduate clinical education and compliance and an adjunct clinical instructor in the acute and chronic care faculty community. Ms. Parks is a family nurse practitioner with extensive experience in family practice, internal medicine, and acute and chronic care of patients and families in urban and suburban health care environments.

**+ LORRAINE TAYLOR RILKO**, DNP, APRN, FNP-BC, ADM-BC, is a clinical assistant professor of nursing teaching in the FNP program. Dr. Rilko has 27 years of clinical experience as a nurse practitioner in settings that include internal medicine and family practice. She has cared for in- and outpatient post-transplant recipients as a heart transplant coordinator at INOVA Heart and Vascular Institute and volunteers at the Fauquier Free Clinic, caring for underserved populations.

**+ CHERYL TOULOUSE**, PhD, APRN, FNP-BC, is a clinical assistant professor of nursing teaching in the FNP program. She was previously an assistant professor at George Mason University where she taught in both the undergraduate and graduate programs. She also served as the coordinator of their RN-BSN programs, including the traditional RN-BSN program; the co-enrollment program, a partnership with the Virginia Community College System; and the military veterans pathway.

**+ Y. TONY YANG**, ScD, LL.M, MPH. Dr. Yang is profiled on page 25.

## STAFF

**+ AUDREY ANDERSON** is contracts coordinator for the school's Clinical Placement team and is a liaison to the Finance Office. She was previously a

temporary employee with GW Nursing.

**+ NORAH BENNETT** is a new simulation operations technician. Ms. Bennet has numerous years of experience in simulation education as a retired firefighter, paramedic and surgical technology faculty. She is an innovative addition to the simulation team, as demonstrated by her design of a gravid uterus used during an interprofessional education exercise.

**+ KATIE BRAKEFIELD** returned to GW Nursing as a senior administrative assistant supporting the senior associate dean for academic affairs, and serves as a liaison for the Dean's Office on the Virginia Science and Technology Campus.

**+ KRISTEN CABRERA** has been promoted to assistant director of admissions.

**+ MEGAN FUJITA** is the new assistant dean of assessment and evaluation working to prioritize evaluation, assessment, quality improvement and student achievement initiatives. Ms. Fujita brings experience working in higher education in various capacities, including at the institutional level, as well as accreditation experience at a professional education association.

**+ DAWN GRIFFIN** joins the Office of Marketing and Communications as a web strategist. She studied visual communication design at Stevenson University and has worked in the design industry for over 10 years, specializing in typography, color theory and brand development.

**+ CHLOE HARNER** joins Student Affairs in the new role of academic adviser. Ms. Harner earned her master's in higher education administration from the College of William and Mary and has been working with students since 2013, most recently at Virginia Commonwealth University.

**+ TINA LE** joins GW Nursing as academic affairs manager. She has extensive experience in program administration, grants management and project management. She comes from the Department of Integrated Health Sciences

in GW's School of Medicine and Health Sciences where she served as director of academic operations.

+ **REBECCA MELSON** also joins GW Nursing as a simulation operations technician in our Simulation and Innovation Learning Center. She brings a wealth of experience from her previous role as a nationally certified pharmacy technician with a focus on sterile intravenous compounding and safe medication administration.

+ **JOSHUA MANNIX** joined the Policy, Populations and Systems faculty community as a community coordinator. He holds a Master of Science degree in philosophy and public policy from the London School of Economics.

+ **TIFFANY MOY** is a new instructional learning coordinator with the Office for Online Learning and Instructional Technology. She has a background in teaching high school and recently earned her master's degree in curriculum and instruction at Concordia University of Chicago.

+ **REESE RACKETS** has been promoted to senior communications associate.

+ **ANDREW SMITH-MUI** is a financial analyst for GW after previously working for the school in a freelance capacity during the past year and a half. He was previously a senior accountant at Tate & Tryon, a Washington, D.C., firm specializing in accounting for nonprofit organizations.



## Awards, Honors and Accomplishments

+ **CAROL BRAUNGART** now serves as director of both the FNP and AGPCNP programs, GW Nursing's two primary care-focused nurse practitioner options.

+ **ASHLEY DARCY-MAHONEY** was selected as a 2018 Health Disparities Research Institute Scholar, sponsored by the National Institute on Minority Health and Health Disparities.

+ **MERCEDES ECHEVARRIA** was elected to the board of directors of the National Organization of Nurse Practitioner Faculties as the director at large for 2017-2019.

+ **MAJEDA EL-BANNA** won the 2018 Morton A. Bender Teaching Award, a university-wide award. She was honored April 25 at the annual Faculty Honors Celebration.

+ **CAMERON HOGG** joined the team at Rosh Review as a family nurse practitioner champion, writing and editing questions for their board review program. She will help build their question bank for students to use in preparation for their ANCC or AANP certification.

+ The American Association of Critical Care Nurses recognized **KAREN KESTEN** with a Visionary Leadership Lifetime Achievement Award. Dr. Kesten is a frequent writer and national presenter on APRN education and practice, competency-based education, nursing workforce issues and AACN's Healthy Work Environment Standards as well as a contributor to peer-reviewed journals and a presenter at AACN's annual National Teaching Institute & Critical Care Exposition.

+ **ANNE-MARIE O'BRIEN** has been appointed director of Accelerated BSN Clinical Coordination. With the number of clinical sites increasing due to growth in student enrollment and an increased need to create standard evaluation across the clinical courses, Dr. O'Brien will provide leadership for these efforts.

+ This May, members of the GW Nursing community gathered for the Annual Faculty and Staff Awards Luncheon. Faculty award recipients this year included: **CAMERON HOGG** (Excellence in Graduate Teaching); **JOYCE HAHN**

(Excellence in Teaching in a Semester Appointment); **JOANN CONROY** (Excellence in Student Mentoring and Advising, Undergraduate); **ARLENE PERICAK** (Excellence in Student Mentoring and Advising, Graduate); **KAREN DAWN** (Excellence in Undergraduate Teaching); and **DANA HINES** (Civility Award).

+ Staff award recipients included: **SYDNAE LAW** (Citizenship Award); **SRIJANA SILWAL** (Excellence in Service Award); **MIRO LIWOSZ** and **JANICE OUELLETTE** (tied for Impact Award); and **DIANNE ALSTON** (Civility Award).

## ☆ NEW FELLOWS

**JOYCE HAHN** will be inducted in November as a fellow in the American Academy of Nursing during its Transforming Health, Driving Policy conference in Washington, D.C. Dr. Hahn is a founding faculty member and brings extensive knowledge and expertise in nursing education, nursing leadership, quality, regulatory issues, policy and health care delivery issues to her teaching. She also serves on the Virginia Board of Nursing.

**JEANNE MURPHY** was inducted as a fellow in the American College of Nurse-Midwives in May during the organization's annual meeting. Dr. Murphy is a practicing certified nurse-midwife with special interests in lactation, colposcopy and care of underserved women. In addition to teaching, she works as a nurse-midwife at University of Maryland St. Joseph Medical Center.


**KAREN WHITT** was inducted as a fellow in the American Association of Nurse Practitioners in June. Recently, Dr. Whitt has been working on a collaborative project with the Office of the National Coordinator of Health IT to evaluate electronic health records and patient safety. Dr. Whitt teaches in the school's graduate programs. [cw](#)

# POLICY UPDATE

THE NATIONAL  
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## Study Finds Nurses Nearly Absent in Health Care News

 Nurses comprise the nation's largest group of health care professionals, but are nearly invisible in news stories about the industry, according to the first major study by the Center for Health Policy and Media Engagement.

Senior Policy Service Professor Diana Mason and her colleagues, including Barbara Glickstein, public health nurse and health reporter, recreated the original Woodhull Study on Nursing and the Media: Health Care's Invisible Partner, published in 1997.

The original study showed that nurses were identified as sources in only 4 percent of quotations or other sourcing in health news stories in leading print national and regional newspapers and only 1 percent of stories that appeared in news weeklies and in industry publications.

Twenty years later, not much has changed. The Woodhull Study Revisited: Nurses' Representation in Health News Media showed no statistical difference between the presence of nurses as sources in 1997 and 2017 news stories.

"We found that nurses accounted for only 2 percent of quotes in health care articles in newspapers and weekly news magazines and only 1 percent in health care industry publications," said Laura Nixon, a senior media researcher at Berkeley Media Studies Group, who presented the updated Woodhull findings at a May 2018 press conference at the National Press Club in Washington, D.C. More details on the replication of the original study can be found in the

December 2018 issue of the *Journal of Nursing Scholarship*.

With a population of at least 3.5 million, almost 90 percent of whom are women, nurses are the largest group of health professionals, outnumbering doctors three to one, according to the Bureau of Labor and Statistics. Despite the profession's progress and the Institute of Medicine's Future of Nursing 2010 report, nurses remain invisible.

"That report underscores the importance of nurses' voices being at all decision-making tables related to health and health care, but that aim is undermined if we are not visible as experts in the media," Dr. Mason said at the press conference. "The other reason is that nurses have important perspectives on health and health care that are often unique, so journalists may be missing the best part of a story if they don't talk with nurses."

### NURSES ARE LARGEST GROUP OF HEALTH PROFESSIONALS



~3.5 million RNs in U.S.\*  
~800,000 physicians in U.S.  
\*Bureau of Labor and Statistics



3 nurses to 1 doctor

Dr. Mason and her colleagues also interviewed health journalists during a second phase of their updated Woodhull study. This phase of the study appeared in the October 2018 issue of the *American Journal of Nursing*.

They found that a range of issues contribute to news outlets overlooking nurses. Journalists don't fully understand the range of nurses' roles, work and education, and don't know how to find nurses amid deadline pressures. Editorial biases, policies and processes, for example, conventions that dictate the identification of medical doctors but not RNs, can also get in the way of using nurses as sources. [GW](#)

 For more information, visit [go.gwu.edu/Woodhull2](http://go.gwu.edu/Woodhull2)

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# In the Media

## The New York Times

### Choosing the Best Online Program for You

Scott Kilgore was frustrated. He had been a registered nurse for 18 years, specializing in oncology and emergency care, but every time he tried to advance his career in nursing administration he hit a wall. (a)  
August 2, 2018

## US News & World Report

### More Nursing Disciplines Require a Master's or Doctoral Degree

"...As I began to practice in the real world, I found that I loved the process of normal labor and that I wanted to take a larger role in managing my patients, which required me to go back to school and get a graduate degree," says [Alyssa] Craig, a master's in nursing student in her final year at George Washington University in the District of Columbia.  
March 22, 2018

a

## United Press International

### + ELLEN KURTZMAN HIGHLIGHTED Study finds no difference in care between physicians, clinicians

New research suggest that Americans receive equivalent care from physicians as well as non-physician clinicians at community health centers. (c)  
February 22, 2017

## Health Affairs

### + ED SALSBERG HIGHLIGHTED Health Care Jobs Projected To Continue To Grow Far Faster Than Jobs In The General Economy

In many ways, health-sector jobs helped the US economy recover from the financial crisis of 2007-08. (b)  
May 9, 2018

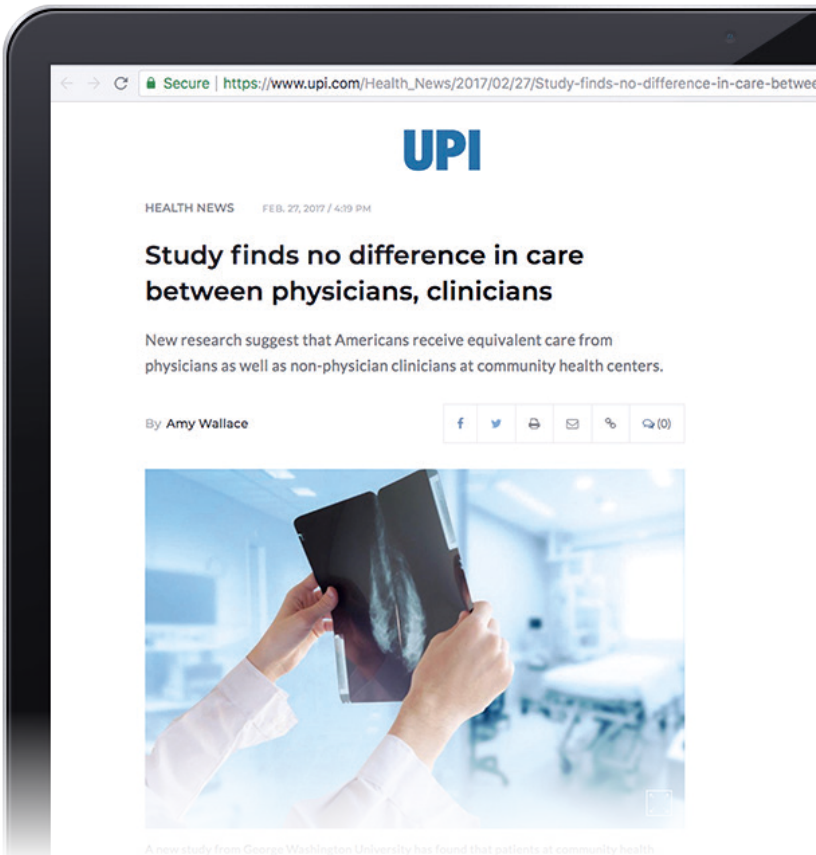
## STAT News

### + WOODHULL2 HIGHLIGHTED Nurses play vital roles in health care. Why are they invisible in the media?

Nurses have made vital contributions to health and health care for generations and are essential players today.  
June 13, 2018



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THE BATTLE AT

ME



BY ERIN JULIUS



A national opioid epidemic, semi-regular mass shootings and high-profile celebrity suicides have drawn Americans' attention to mental health. Media outlets ranging from CNN to Cosmopolitan are educating their audiences on mental health using the same tone and terms they would to address other health issues. On social media, users share photos of their scars from cutting, count the number of days they've been sober and search #mentalhealth to find and offer support. All these things help normalize conversations about mental health. —>



# THE BATTLE AT



# HOME

/ NAVY CMDR. ERIC PAULI IS ONE OF MANY PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS IN THE NATION TREATING "SIGNATURE WOUNDS" OF VETERANS AND MEMBERS OF THE MILITARY.

**But what happens when patients seek professional care? Too often, it's a waiting list, a long drive or practitioners who aren't trained to manage mental illness. Experts agree the health care workforce simply does not include enough mental and behavioral health care providers to meet demand. Even as the need has grown, the pool of psychiatrists working with public sector and insured populations declined by 10 percent from 2003 to 2013, according to a 2017 report from the National Council for Behavioral Health (National Council).**

Due to the shortage of psychiatric care providers, the vast majority of antidepressants are prescribed by primary care providers, according to Dr. Jess Calohan, an assistant professor at GW Nursing.

The military is a microcosm of these issues seen in the broader population. Thanks to medical advances, troops are now surviving physical wounds that would have killed them in previous conflicts. All wars result in trauma, but the "signature wounds" of recent conflicts are traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), the military and the Department of Veterans Affairs (VA) face a particularly acute mental health crisis. "In previous wars, folks would not have survived some of the things they're surviving now, which is part of why we're seeing higher rates [of TBI and PTSD] now," said Navy Cmdr. Eric Pauli, an assistant professor in the Psychiatric Mental Health Nurse Practitioner (PMHNP) program at the Uniformed Services University in Bethesda, Maryland.

To deal with the crisis, military and

veteran care providers are reinventing how care is delivered to better treat veterans and those still in the armed forces.

Combat exposure and cumulative deployment time are among the strongest predictors associated with having a mental health need, according to "An Evaluation of the Department of Veterans Affairs Mental Health Services," published earlier this year by the National Academies of Sciences, Engineering, and Medicine. Of the 4.2 million veterans from recent conflicts (Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn), 41 percent of those have a potential need for mental services.

Yet many of them do not perceive a need for mental health services.

More than half of veterans surveyed who had sought mental health care from the VA described the process as burdensome. One-third said that they had other concerns about seeking care, including taking time off work, harming their careers, being denied a security clearance and losing the confidence and

respect of their co-workers and supervisors.

For veterans and others, treating people where they are, better preparing practitioners to manage mental health and educating veterans to become practitioners comprise a multipronged approach to better mental health care.

## BETTER PREPARING PRIMARY CARE PRACTITIONERS

The National Alliance on Mental Illness addresses the mental health concerns of veterans and active-duty troops on its website, listing a hotline, primary care providers and behavioral health specialists as sources of help. This is all good advice, but while primary care providers are prepared to identify mental health issues, they are not necessarily prepared to manage them.

“Nationally, we have a shortage of providers, especially in rural areas. Nursing can play a much bigger role in prevention and education. We need to be empowering nurses as much as possible because we’re going to have to look at solutions,” Dr. Pauli said.

The National Council’s report recommends removing barriers in state and federal law that restrict physician assistant (PA) and advanced practice registered nurses (APRNs) from providing psychiatric care consistent with their education and experience and expanding the use of other providers, such as APRNs, who prescribe psychiatric medications. “APRNs ... bring unique skills to these behavioral health settings and can complement the team-based approach to many patients with complex comorbid medical and behavioral health problems,” according to the report.

To rise to this challenge, primary care providers need to be better equipped, said Carol Braungart, director of the FNP and adult-gerontology primary care nurse practitioner (AGPCNP) program options at GW Nursing.

“There’s this big knowledge gap when it comes to behavioral and mental health disorders,” Dr. Braungart said. “With the increase in behavioral health problems in our communities, we need to better equip our NP students with a vast skill set that allows them to manage a broader foundation of issues,” she said.

At GW Nursing, primary care nurse educators collaborate with psychiatric mental health experts to integrate that content into the FNP and AGPCNP curriculums.

“Students have a foundation of what

# # M E N T A L H E A L T H

mental health disorders are, but they don’t delve into some of the other issues, like actually managing obsessive-compulsive disorder or when somebody is particularly at risk for suicidal or homicidal ideation. How do you recognize and deal with that? And where do you go with that?”

Dr. Braungart said.

When crafting the curriculum, faculty also consult with a pharmacist who specializes in managing medications for those seeking mental health care to provide additional resources and knowledge. This perspective helps ensure NP students are skilled in identifying the needs of their client base, Dr. Braungart said.

In addition to incorporating lecture series into the didactic curriculum, educators are creating workshops and simulation scenarios for students during their on-campus experiences. This past spring, GW Nursing incorporated a simulated learning experience with an anxiety and depression component into students’ on-campus learning activities.

Truly specializing in psychiatric care is also an option for APRNs. In GW Nursing’s Psychiatric Mental Health Nurse Practitioner Certificate, students learn neuropsychopharmacology, interprofessional collaborative practice, crisis intervention, trauma-informed care, psychotherapy, group therapy, care of vulnerable populations, promotion of mental health and prevention of mental illness, substance abuse and co-occurring disorders, and other mental illnesses across the lifespan.

## TELEHEALTH

Providers now have access to much more sophisticated technologies to deploy in treating those who need care. The Defense Health Agency has even collaborated with developers to create a whole host of apps available to both patients and providers.

Jess Calohan, an assistant professor at GW Nursing, developed telehealth services in Iraq for the Army starting in 2011.

“With telehealth, we could provide services to guys at the remote bases,” he said.

“It improved access for sure.”

Dr. Calohan saw telehealth expanded stateside in the Army too, because bases in remote areas like Fort Irwin in the Mojave Desert and Fort Wainwright in Alaska lacked psychiatric services. While these bases might have social workers, Dr. Calohan said they had no prescribing psychiatric providers and some of the cases were too much for primary care providers to manage.

Now a civilian, Dr. Calohan has carried the principles he first implemented for the Army into his practice. He works at GW Nursing in the D.C. area while maintaining a clinical mental telehealth practice for a hospital system on the West Coast. Whereas the no-show rates at most community mental health centers hover around 20 percent, Dr. Calohan said his telehealth practice has a no-show rate of about 10 percent.

Mental health visits to the hospital system’s emergency room are also down about 25 percent since he started seeing patients virtually 18 months ago, according to Dr. Calohan.

A 2012 study published in *Psychiatric Services* was the first large-scale assessment of telemental health services and found that psychiatric admissions of telemental health patients decreased by an average of 24.2 percent, and the patients’ days of hospitalization decreased by an average of 26.6 percent. Telehealth can make an especially positive impact on patients in rural areas. Providing specialty services using telehealth is easier than staffing rural facilities with specialist providers, according to the Rural Health Information Hub.

In terms of providing care to veterans, expanding telehealth in rural areas could have a major impact. Almost one-quarter of U.S. veterans aged 18 years and older lived in rural areas between 2011 and 2015, according to the U.S. Census Bureau.

A new generation of providers and



TREATING  
PEOPLE  
THEY ARE



# GW WHERE

patients grew up in an online world and are open to receiving care. Of the veterans surveyed for the National Academies evaluation, 45 percent from recent conflicts said they would likely use the internet and 44 percent would likely use the phone to receive mental health care, with younger veterans tending to be more open to seeking mental health care using the internet.

“To me, you can’t put a price on that convenience for the patient,” Dr. Pauli said. The Pentagon is now supporting telehealth—even pushing for it—because the benefits are clear, he said.

Telehealth also offers a big opportunity for interprofessional teams to see patients, Dr. Pauli said.

By allowing specialists to consult services from afar, telemedicine has the potential to increase access to medicines and concurrent therapy for those suffering from opioid use disorders in underserved, remote and rural areas, according to a study led by GW Nursing Professor Tony Yang (see page 25).

## ALTERNATIVE / INTEGRATIVE TREATMENTS

Mental health issues are an especially complicated issue for military mental health providers. Because of the military’s unique mission, troops must maintain operational readiness. Providers grapple with issues like the side effects of medication, for their patients more than most civilian mental health providers.

“Every single decision we make affects their readiness and ability to deploy. If I prescribe a medication they can’t deploy for 90 days,” said Dr. Calohan.

Because of these issues, the military and VA have been exploring integrative treatments for the last decade.

“We’re the support for the line community [for the Navy, all the ships and Marines], so it’s more advantageous to use treatments that don’t have side effects or other downsides,” said Dr. Pauli.

Substance abuse is integrally tied to mental health issues. More than one in four adults living with serious mental health problems also has a substance use problem, according to [mentalhealth.gov](http://mentalhealth.gov). An awareness of opioid abuse has turned the spotlight on

the use and overuse of substances to cope with stress and other health issues.

Dr. Pauli began his mental health career in the Navy around 2000. “Even when I started, I felt somewhat isolated. But because of the national crisis, we see much more willingness to talk about mental health,” he said.

Substance use is an issue in the military and one that clearly impacts readiness. Because it’s a crisis nationwide not unique to the military, there is a general willingness to have the conversation surrounding treatment, said Dr. Pauli.

“Of course, opioids get a lot of attention, but we still haven’t addressed that nicotine use kills more people than opioids. Alcohol use kills more people than opioids,” he said. “We need to make sure we don’t say it’s just this one particular drug; there’s an overarching dilemma, but also it’s also an opportunity to make sure we’re addressing broader substance abuse issues,” Dr. Pauli said.

Military members and veterans are sometimes concerned about traditional treatment methods (medication) for TBI/PTSD because of known side effects such as substance dependence so he’s seen a dramatic shift toward not only accepting mental health care but also openness to integrative treatments, including yoga and acupuncture, over the last decade, Dr. Pauli said.

“Just as a generation of new providers can’t imagine a world without the internet, we see the same thing with integrative treatments; there’s a willingness to consider them both in and out of the military. In 2000, someone on my base was practicing acupuncture and I heard a lot of jokes,” he said. “Now younger folks that come in are very open minded,” Dr. Pauli said.

## EDUCATING VETERANS TO BECOME PRACTITIONERS

Nursing educators are working to turn veterans, who understand military personnel’s medical experience firsthand, into practitioners themselves. Through an HRSA grant, GW Nursing over the past five years created a BSN veterans option to efficiently transition military veterans into nursing careers. Although the initiative started as a way to match veterans in need

of civilian careers with a profession facing severe shortages, it has the added benefit that veterans will increasingly see providers who have a deeper understanding of their experience.

“I think there is some credibility amongst veterans if you’re a veteran provider,” Dr. Calohan said. “One thing we have in common is that combat patch on our right shoulders. It’s not that I’ve been through the same experience as them, but we do have a common language and that builds credibility,” he said.

## BRINGING IT ALL TOGETHER

Experts see nurses playing a key role as the nation moves forward in the treatment of mental health. APRNs are part of the frontline of primary care providers who routinely see patients with mental health needs, and their education should reflect this reality. Telemedicine breaks down barriers between providers and patients, so all providers should be trained in effectively using tools to make this possible. Providers are exploring a wide variety of treatments to best serve their patients. A small but growing cadre of nurses and APRNs who are veterans themselves bring their personal experience and expertise to the care of those who have served.

“Nursing can play a much larger role in prevention and education, all of which could be rolled out via telehealth,” Dr. Pauli said. “We need to be forward-thinking in how we do that and make sure we have nurses working within their best scope of practice.”

GW





# SERVING THOSE

## Making an impact on nursing and veterans' education

BY LAURA BRADDICK

**Veterans' lives are defined by service. For those who choose to become nurses, it's a natural fit. Nursing continues their service in a new way.**

Since 2014, more than 100 former service members have taken the first steps to become nurses through GW Nursing's veterans BSN option.

With tailored resources and dedicated mentors, the program provides an accessible, accelerated and supportive track for veterans who are transitioning back to civilian life and want to work in a profession where their experience and strengths make an impact.

Those who work with them say veterans bring leadership, teamwork and a hard work ethic to the classroom, benefiting their

non-veteran classmates. With an NCLEX pass rate of 94 percent for this unique population of students, these graduates translate their invaluable experience in the armed forces into the practice of nursing.

As the program grows, so too does its impact in shaping best practices for educating veterans—sharing knowledge with other institutions in increasing and improving educational opportunities across the board.

"Veterans deserve the best," said Associate Professor Billinda Tebbenhoff, who oversaw the launch of the BSN veterans option. "They were prepared to make the ultimate sacrifice in service of our country. Offering them some time, support and opportunities to build community as they attend nursing school is the least that we could do."



KALISA  
MARTIN  
NAVY RESERVES  
10+ YEARS

KWAKU  
ASANTE  
ARMY  
7 YEARS

BRADLEY  
CROFTS  
AIR FORCE  
26 YEARS

# THE WHO SERVED

## THE RIGHT THING TO DO

Recruiting more veterans was already a priority for GW Nursing when the opportunity to apply for a grant from the Health Resources and Services Administration (HRSA) came along. The mission: Make an easier path for service members to obtain a nursing degree.

“We had an initiative that was focused on recruiting more veterans,” said Mary Jean Schumann, associate professor and principal investigator on the initial grant. “HRSA was seeking to help schools establish the best practices and resources to enable veterans-focused programs to be successful.”

GW Nursing was selected as one of 31 schools to implement such a program. The grant funded resources for recruitment, admissions, enrollment and support services

of new students.

Through this initiative, GW Nursing admits veterans regardless of whether they have had previous military medical training and who likely have not received a bachelor’s degree. These individuals are fully integrated into the school’s accelerated BSN program. Veterans who took relevant courses through military training may receive academic credit toward prerequisites, affording them quicker entry into the program.

“These vets come in with as few as 60 hours of academic credit,” said Dr. Schumann. “They can transfer credit for many of those courses. For example, if they took an anatomy and physiology class during basic training, that class was probably very similar to the prerequisite course we offer.”

Of the 107 veterans admitted since

2014, only 38 possessed at least a bachelor’s degree prior to entry. The remainder met the criteria of 60 credit hours and all the required prerequisite courses. Of the veterans admitted, 48 percent had military training to prepare them for direct patient care.

Prospective students are assigned a dedicated admissions counselor who helps them assemble and review their joint services and academic transcripts. If there are gaps in credits or prerequisites, the counselor helps students create a plan to address them. Once enrolled, students can complete the program in 15 months.

“Most of the students coming into the program were not field medics,” said Dr. Schumann. “We took the approach of ‘We don’t care if what you did in the service was medical-related or not.’ >>

## Here to help.

### Joe Rebideaux

BSN '17

Joseph Rebideaux, BSN '17, served as an Army combat medic for eight years before leaving the service and earning a bachelor's degree in history and political science.

"After a short break, I realized I missed taking care of people," he said.

Of all the nursing education programs Mr. Rebideaux explored, GW's BSN veterans option was the best fit.

"They were very approachable," he said. "They were receptive to my experience in the Army and as a medic."

The advisers were also straightforward about the rigor.

"They told me, 'This is a tough program, but it is doable,'" he said. "You've been through worse. You can handle this, and we're here to help."

Mr. Rebideaux's time in the BSN program was vastly different from his previous college experience. The courses were more challenging—in a good way—and faculty and staff provided an invaluable support system, he said.

"They took a vested interest in making sure I was successful," he said. "It was a personal—almost one-on-one—approach."

Like all of the program's students, Mr. Rebideaux was offered the opportunity to complete his clinical training at a Veterans Affairs health care facility, which he accepted.

"It was a really meaningful experience to bond with people who needed help and who shared the same or similar experiences as you," he said.

While his Army service introduced him to health care, GW's program gave him the foundation to be a nurse and deliver expert care. The program's emphasis on humanistic and holistic approaches to nursing prepared him to deliver true patient-centered care. [GW](#)

"If you're interested and can meet the admission criteria, come in. We're going to integrate you and help you be successful."

### NO ONE LEFT BEHIND

The program's flexibility and admissions counseling are just the first steps. GW Nursing takes seriously veterans' transitions from military settings to an academic one.

While all students coming into the program have taken some college courses—whether online, part-time or at community colleges—most have never been fully immersed in the culture of higher education. Once enrolled, they are in a full-time program next to classmates who may have just completed bachelor's degrees, said Gretchen Wiersma, veterans and military faculty liaison.

### BSN Veteran Students BY THE NUMBERS



NCLEX PASSAGE RATE OF VETERAN BSN GRADUATES



ADMITTED VETERANS WHO HAVE MILITARY TRAINING TO PREPARE THEM FOR DIRECT PATIENT CARE

"Part of the full-time academia experience requires a lot of organization and time management around coursework that is determined by the individual," said Dr. Wiersma, a veteran who served in the Army. "You are not told what to do and how to do it. This is a change from the military where there is so much structure. While the student veteran might be organized and have great time management, they might not understand the breadth of what is needed starting out. But with support and a semester or so of exposure, they figure it out."

To assist with this transition and ensure their success, veteran students are provided with dedicated support services such as advising, coaching and mentoring from a support team composed primarily of nursing faculty members who are veterans.

In addition to adjusting to an academic setting as students, some veterans face challenges and needs unique to a military background. They may struggle with the relative lack of structure in an academic institution, for example, or have financial

difficulties. Faculty, coaches, mentors and civilian students all support the transition to a significantly less-structured but otherwise rigorous environment. Mentoring covers everything from managing living arrangements, making social adjustments, stress management techniques, time management and study skills, as well as mental health counseling.

"I offer a listening ear, strategies for studying, self-care and encouragement," said Paul Tschudi, a transition coach and mentor who served as an Army medic and surgical tech during the Vietnam War. "Veterans are used to clearly defined instructions and expectations. Most have not been immersed in a university culture before entering our program."

Veterans as a group tend to be older and have more life experience, which, he said, may add to feelings of isolation. They also miss being a part of a cohesive unit, with buddies whom they trust to have their backs and work effectively with as a team.

"We also create opportunities for cohort cohesion, outside activities and team meetings," said Mr. Tschudi. "We continually search out community resources and support. And as veterans ourselves, we have a better understanding of the unique challenges that they may face."

To combat isolation, peer support activities are encouraged. Coaches provide monthly formal and informal meetings of the veterans in each cohort, as well as periodic gatherings inclusive of veterans in all cohorts, with the goal of creating a community of mutual support. The veterans' lounge at GW Nursing's Virginia Science and Technology Campus in Ashburn provides a space for social gatherings and study sessions.

"We provide monthly meetings where students can talk about some of their challenges and what they are doing to tackle the issues at hand," said Veterans BSN Project Coordinator and Instructor Carolyn Cummings, who served more than 20 years in the Air Force. "We routinely invite veteran students more senior to them to talk about what was helpful in addressing changes."

In addition to the tailored support services, all faculty members teaching veteran students receive orientation and training to better understand and meet their learning needs. New faculty members are required to



have one-on-one sessions regarding teaching and learning methods to address challenges that surface among veteran students.

“One need identified by the faculty and addressed through faculty development has been a better appreciation of military culture that includes branches of service, level of rank and the rank structure,” said Dr. Schumann.

### IMPACT FROM CLASS TO TRIAGE

Full integration into the larger accelerated BSN program from the beginning through completion is key to the veteran students’ transition into the civilian workforce. However, this integration does not solely benefit veterans.

“Because of their world experience, their military-acquired maturity, diversity, teamwork mentality and opportunities for leadership in the field, veterans unquestionably bring a lot of value to the non-veteran students,” said Dr. Schumann. “They also stick to the philosophy of ‘leave no man behind.’ If a classmate is struggling, they will be the first to offer to help that person.”

Veteran BSN students are also used to working under pressure.

“They have a ‘failure is not an option’ mentality,” said Mr. Tschudi. “They ask questions. They have a respect for authority and hierarchy. They often bring leadership skills. They are used to serving their community, their team and the nation.”

Integration of veterans into the accelerated BSN program has boosted diversity as well, increasing the male student body population from 11 percent to 16 percent, higher than the national average.

The value veterans contribute to others and their environments doesn’t end at graduation either.

“Veterans bring a unique level of commitment and dedication to the profession,” said Dr. Tebbenhoff.

These attributes make them sought after and highly valued by employers.

“I hear from alums who work with vets, and they say that they understand what it is to show up, be responsible and do the job,” said Dr. Schumann.

“They’re not rattled by things others might be,” said Dr. Schumann.

BSN faculty members recall teaching a class when students saw a man injure himself while performing electrical repairs outside.

Two veteran students ran out without hesitation to stay with him and provide basic care until emergency services personnel arrived. This is just one example of the value they bring to the profession before they even get to the bedside.

### LEADING THE WAY

Those involved with the veterans BSN initiative are actively establishing and disseminating best practices to benefit other programs.

GW Nursing is currently pursuing membership in the education training alliance of the Virginia Values Veterans initiative spearheaded by the governor’s office.

“We’ve been awarded federal grants and will be presenting around the state to organizations like the Virginia Nurses Association so other institutions can learn from best practices,” said Dr. Wiersma.

Dr. Wiersma credits the collective efforts of the program’s faculty and staff, who are passionate about helping veterans and dedicated to each and every student.

“We have a faculty and mentor team that works closely together to keep close track of our students, learn what their needs are and set the students up for success early on,” she said.

GW Nursing’s philosophical approach of making veterans a priority drives the program’s success, said Dr. Schumann.

“When you take a step back and look at the big picture, a lot of times, veterans struggle for whatever reasons and there might be barriers,” she said. “We need to commit to making extra efforts to remove those barriers for our veterans so they can be successful. It’s a win-win for everyone.”

Supporting veterans, adding qualified and service-oriented nurses to clinical settings, increasing diversity and fostering best practices ultimately benefit everyone, said Dr. Wiersma.

“We consider it an obligation to provide extra support for our veterans,” she said. “They’ve given so much to serve our country. We need to continue to step up and work to understand their challenges and give them the tools to be successful.” *GW*

## We’ll work with you.

### Brendalyn Tavel

BSN '19

When Capt. Brendalyn Tavel set out for her annual training deployment with the Army Reserves in Washington state this summer, she thought she would help with the logistics of units arriving from across the country for the training exercises and expected to be stationed in a hotel room near Tacoma. Those plans quickly changed.

“When two soldiers had to go back home due to unforeseen circumstances, I found myself in the field, which meant no electricity, internet or showers, and living in tents for 18 days,” she said.

While happy to fulfill her new duties, Capt. Tavel, who is enrolled part-time in the RN to BSN program, realized she would not be able to complete her coursework assignments for her online class while stationed in a tent in the middle of the Washington wilderness. She wrote an email to her instructor and got a supportive reply.

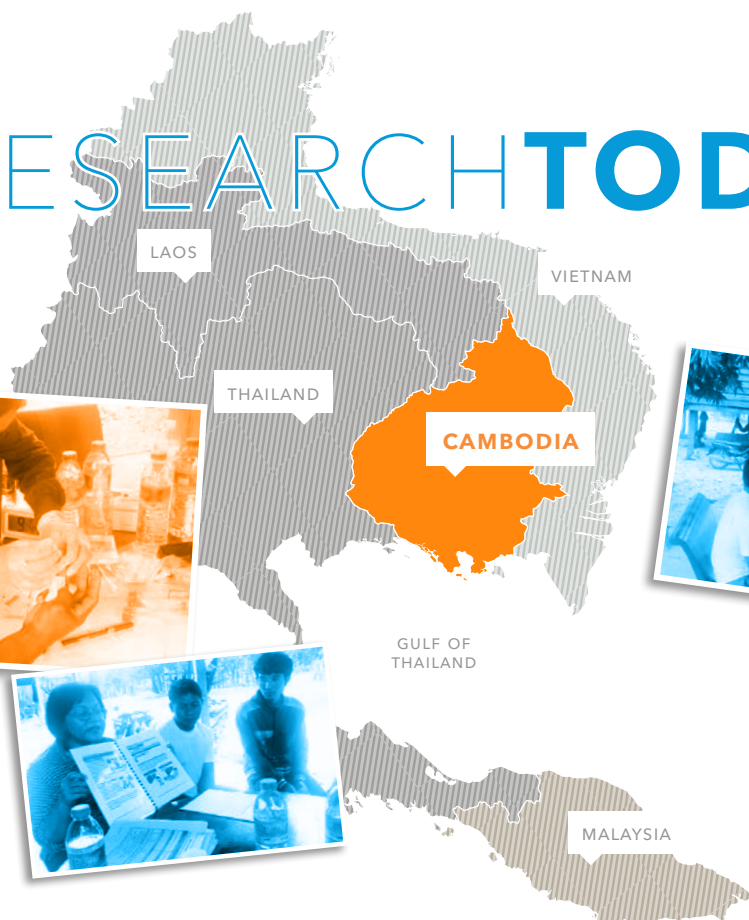
“She said, ‘Don’t worry about it. We’ll work with you,’” Capt. Tavel said. “They’ve been so helpful.”

As an officer overseeing a watercraft unit with full-time soldiers assigned to it in the 359th Transportation Battalion, Capt. Tavel dedicates more duty time than a typical reservist. She also works full-time as a cardiac progressive care nurse at Virginia Commonwealth University Health System in Richmond, Virginia.

“Sometimes it’s overwhelming, but I try my hardest to be organized,” she said. “I have friends [in the service] who are afraid to go back to school because of the time constraints. So it’s a great thing that GW has been so supportive of military members and veterans.” *GW*


 Learn more about the BSN veterans option at [go.gwu.edu/vetsBSN](https://go.gwu.edu/vetsBSN)

# RESEARCH TODAY



## Improving Rural Malaria Treatment Abroad

By Joan Davila-Pasha

 Although it's preventable and curable, malaria is still a widespread and lethal disease in many parts of the world. In 2016, the World Health Organization estimated there were 216 million cases of malaria across 91 countries. In Cambodia, where 1 million people are infected each year, Bertha Wojnarski, DNP '18, aims to do something about that.

While living with her husband who is stationed in Thailand, Dr. Wojnarski got to know neighboring Cambodia firsthand, a country where over half the landscape poses a malarial risk.

Rural areas in countries such as Cambodia rely on local health care workers for medical care, specifically treatment for vivax malaria. These local workers are volunteers with little financial backing from the government, and they lack medical degrees or proper training to safely screen and treat malaria patients. Home care is also a vital lifeline in rural areas, as local health centers are remote and transportation is costly.

"These volunteers remain passionate

about serving their community," Dr. Wojnarski said. "They open up their homes to allow the sick to be treated."

Dr. Wojnarski's first-of-its-kind study in collaboration with the national malaria program, which is making plans to introduce Primaquine (PQ) to cure *P. vivax*, one of the parasites that commonly infects humans. For her Doctor of Nursing Practice (DNP) capstone project, Dr. Wojnarski evaluated the effectiveness of counseling on CareStart G6PD rapid diagnostic test and treatment with PQ. G6PD deficiency is a genetic disorder, resulting in no or low G6PD activity. People with G6PD deficiency should not take PQ, an antimalarial drug, and other drugs

with high oxidative stress because it can cause serious side effects. Before the study, there was no way to assess the effectiveness of treatment performed by local volunteers.

Nearly 100 health care workers in Cambodia were trained to perform G6PD testing in the field and to educate over 1,500 volunteers on the benefits and risks of PQ treatment.

"I was pleasantly surprised with the enthusiasm that volunteers showed. The concepts of hemolysis, G6PD testing and limitations of diagnostic tests, as well as the risks and benefits of treatment with PQ to prevent relapses, are not easy concepts," Dr. Wojnarski said.

CareStart aims to spread knowledge and training, and with it a greater willingness to use PQ in countries like Cambodia, so they can reach their *P. vivax* elimination goals by 2025.

"CareStart is the most promising, qualitative G6PD screening potentially suitable for use at the point of care where malaria patients seek treatment in their villages at homes of malaria workers," Dr. Wojnarski said.

Testing had previously been performed mostly in laboratories by experienced technicians, necessitating hands-on workshops and training modules for health care providers so that they can safely perform and interpret CareStart G6PD test results, their limitations and the risks and benefits of treatment.

Once trained, Dr. Wojnarski said village malaria workers performed as well as experienced nurses.

Community engagement and education proved to be powerful tools in malaria treatment in Cambodia. "Available tests have limitations, and effective treatment is not without risk. But by educating the community about PQ treatments, life-saving interventions are possible." [GW](#)

# Professor Examines Legality of Requiring Vaccines for Health Care Workers

By Joan Davila-Pasha

It happens every year. Health care facilities and workers face the daunting challenge of preparing and responding to seasonal influenza. Flu becomes a topic of discussion at dinner tables, water coolers and medical facilities nationwide. The Centers for Disease Control and Prevention recorded more than 224,000 cases of influenza during this past flu season—numbers that are on par with the pandemic of 2009.

But how effective and necessary are flu shots really?

Answering this question has been a dominant focus for Y. Tony Yang, a professor and health services and policy researcher at GW Nursing who also happens to be a lawyer.

According to Dr. Yang, studies show that some of the primary deterrents to immunizations are concerns about the safety and efficacy of the influenza vaccine, despite the fact that each year the vaccine is reviewed by the Federal Drug Administration to ensure its safety and potency before it is approved for immunization of the public.

“Influenza is a dangerous disease, and programs with voluntary compliance have not had satisfactory results to date,” Dr. Yang said.

Compliance is particularly concerning among health care providers, according to Dr. Yang.

“Health care workers tend to

underestimate their risk of getting the flu or the risk they pose to their patients,” he said.

Healthy adults can pass the influenza virus to someone else before symptoms begin, and they can continue to infect others up to five days after getting sick. “It is very possible for a healthy adult to unknowingly spread the virus to patients at high risk for serious complications from influenza,” Dr. Yang said.

“An increasing number of hospitals are mandating their employees get vaccinated against influenza, and this policy is right. Having a stronger policy that requires health care workers to be vaccinated helps protect employees themselves, but also the patients for whom they provide care,” said Dr. Yang.

Today, more than 600 health care organizations in the U.S. have implemented mandatory vaccination policies, requiring employees to get an influenza vaccination or risk losing their jobs. Lawsuits challenging these policies based on religious grounds are steadily on the rise.

So how do health care systems strike a balance between a commitment to preserve

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**“Having a stronger policy that requires health care workers to be vaccinated helps protect employees themselves but also the patients for whom they provide care.”**

- DR. TONY YANG

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public health and a legal obligation to respect religious beliefs?

Dr. Yang’s interest lies at the intersection of law and health systems. He has conducted extensive empirical research and is a nationally recognized expert in the area of vaccine and immunization policy and law. Dr. Yang’s research was recently published in *Vaccine* to help educate hospitals on potential legal challenges based on religious discrimination claims and to ensure their own mandates are reasonably applied to help maintain a healthy and productive workplace.

Dr. Yang’s research demonstrates that employers can satisfy their legal obligation to reasonably accommodate workers’ religious beliefs in a variety of ways—without granting exemptions from vaccination.

“But employers should try to find the least onerous option that still protects patients. Tailoring accommodations to the specific individual based on how much contact they have with patients, for example, is good policy,” he said.

Hospitals can further prevent problems by giving employees the chance to explain their deep religious beliefs, so that if exemptions are denied, the decision can be made with respect and consideration, balancing the scale between law and medicine. [GW](#)



# Faculty Publications

February - November 2018



## C

**CATHERINE COX**. "10 Steps for planning a successful conference." *American Nurse Today*, May 2018.

## D

**ASHLEY DARCY-MAHONEY**, L.A. Parker, J. Hoffman. "Facilitating early breast milk expression in mothers of very low birth weight infants." *The American Journal of Maternal Child Nursing*, March/April 2018.

Barzgari, J. Sojkova, **N. MARITZA DOWLING**, V. Pozorski, O. Okonkwo, E. J. Starks, J. Oh, F. Thiesen, A. Wey, C.R. Nicholas, C.L. Gallagher. "Arterial spin labeling reveals relationships between resting cerebral perfusion and motor learning in Parkinson's disease." *Brain, Imaging, and Behavior*, May 2018.

**N. MARITZA DOWLING**, T. Raykov, G. Marcoulides. "A Method for Examining the Equating of Psychometric Scales and Tests: An Application Using Dementia Screening Tests." *Educational and Psychological Measurement*, May 2018.

K. Kantarci, N. Tosakulwong, T. Lesnick, S. Zuk, V. Lowe, J. Fields, J. Gunter, M. Senjem, M. Settell, C. Gleason, **N. MARITZA DOWLING**, C. R. Jack, W. A. Rocca, V. Miller. "Brain Structure and Cognition Three Years after an Early Menopausal Hormone Therapy Trial." *Neurology*, April 2018.

**N. MARITZA DOWLING**, T. Raykov, G. Marcoulides. "Examining Population Differences in Within-Person Variability in Longitudinal Designs Using Latent Variable Modeling: An Application to the Study of Cognitive Functioning of Older Adults." *Educational & Psychological Measurement*, February 2018.

## E

I. Benenson, Y.T. Jadotte, **MERCEDES ECHEVARRIA**, C. Holly. "The need for care integration across hospital services for adults with sickle cell disease." *Journal of Integrated Care*, 2018.

C. Holly, S. Porter, **MERCEDES ECHEVARRIA**, M. Dreker, S. Ruzehaji. "Recognizing Delirium in Hospitalized Children: A Systematic Review of Risk Factors and Characteristics of Acute Pediatric Delirium." *American Journal of Nursing*, April 2018.

S. Porter, R. Qureshi, **MERCEDES ECHEVARRIA**, A.V. Watkins, N. Baker. "National best practices: screening tools for economic instability in pediatric primary care." *PROSPERO*, 2018.

**MAJEDA EL-BANNA**, J. Greene, **LINDA BRIGGS**, **JEONGYOUNG PARK**. "Do Male Nurse Practitioners Earn More Than Females, After Adjusting for Differences in Demographic and Work Characteristics?" *Nursing Research*, March/April 2018.

**MAJEDA EL-BANNA**, S. Taft, **KAREN KESTEN**. "Towards a Framework for Determining Online Class Size." *Nursing Research*, March/April 2018.

## G

K. Sagherian, S. Zhu, C. Storr, P.S. Hinds, D. Derickson, **JEANNE GEIGER-BROWN**. "Bio-mathematical fatigue models predict sickness absence in hospital nurses: An 18 months retrospective cohort study." *Applied Ergonomics*, November 2018.

## J

J. Jacobson, **PAMELA JEFFRIES**. "Discussion Paper: Nursing, Trauma, and Reflective Writing." *National Academy of Medicine*, June 2018.

# K

C.L. Savage, A. Daniels, **KAREN KESTEN**, D.S. Finnell, J.P. Seale. “The inclusion of substance use-related content in advanced practice registered nurse curricula.” *Journal of Professional Nursing*, July–August 2018.

# L

**MAYRI LESLIE**, J. Greene, J. Schulkin, A. Jelin. “Umbilical Cord Clamping Practices of U.S. Obstetricians.” *Journal of Neonatal and Perinatal Medicine*, April 2018.

# M

**KATE MALLIARAKIS**. “The opioid crisis: What nurse executives need to know.” *Voice of Nursing Leadership*, July 2018.

J. Agle, J. Carlson, **ANGELA MCNELIS**, R.A. Gassman, **RHONDA SCHWINDT**, D. Crabb, J. Vannerson. “‘Asking’ but Not ‘Screening’: Assessing Physicians’ and Nurses’ Substance-Related Clinical Behaviors.” *Substance Use & Misuse*, 2018.

D. Lindell, C. Koppelman, **NADINE MARCHI**. “A Unique Hybrid Approach to the Clinical Immersion Experience.” *Journal for Nurses in Professional Development*, July/August 2018.

**JEANNE MURPHY**, D. Goodman, M.C. Johnson, M. Terplan. “The comprehensive addiction and recovery act: Opioid use disorder and midwifery practice.” *Obstetrics & Gynecology*, March 2018.

H.R. Han, K. Kim, **JEANNE MURPHY**, P. Wilson, P. Sharps, J.E. Farley. “Community health worker interventions to promote psychosocial outcomes among people living with HIV—A systematic review.” *PLOSOne*, April 2018.

B.C. Davis Lynn, C. Bodelon, R.M. Pfeiffer, H.P. Yang, H. Yang, M. Lee, P.W. Laird, M. Campan, D.J. Weisenberger, **JEANNE MURPHY**, M.E. Sherman, E.P. Browne, D.L. Anderton, K.F. Arcaro, G.L. Gierach. “Differences in genome-wide DNA methylation levels in breast milk by race and

lactation duration [abstract].” *Proceedings of the 2017 San Antonio Breast Cancer Symposium*, December 2017.

H. Han, K. Kim, **JEANNE MURPHY**, J. Cudjoe, P. Wilson, P. Sharps, J. Farley. “Community health worker interventions to promote psychosocial outcomes among people living with HIV—A systematic review.” *PLOSOne*, April 2018.

J. Moss, **JEANNE MURPHY**, L. Wenzel, L. Minasian, S. Temkin. “Disparities in health-related quality of life in women undergoing treatment for ovarian cancer: The role of individual-level and contextual social determinants.” *Supportive Care in Cancer*, July 2018

**JEANNE MURPHY**, A.I. Caballero, M.E. Sherman, E.P. Browne, E.C. Punska, H.P. Yang, G.G. Gierach, K. Arcaro. “Pro-inflammatory cytokines and growth factors in breast milk of Black and White women: towards understanding racial differences in breast cancer etiology.” *Breast Cancer Research and Treatment*, August 2018.

# O

**ANNE-MARIE O'BRIEN**, R.J. Kane. “Policing as a social determinant of health: The impact of drug enforcement on prenatal care utilization in urban communities.” *Medical Research Archives*, February 2018.

# P

**JEONGYOUNG PARK**, **ERIN ATHEY**, **ARLENE PARICAK**, **JOYCE PULCINI**. “To what extent are state scope of practice laws related to nurse practitioners’ day-to-day practice autonomy.” *Medical Care Research and Review*, February 2018.

**CHRISTINE PINTZ**, **QIUPING ZHOU**, M. McLaughlin, K. Kelly, **CATHIE GUZZETTA**. “National study of nursing research characteristics at magnet-designated hospitals.” *Journal of Nursing Administration*, May 2018.

A.C. Wiss, J.A. DeLoia, **LAURIE POSEY**, N. Waight, L. Friedman. “Faculty development for online learning using a cognitive apprenticeship model.” *International Journal on Innovations in Online Education*, April 2018.

# S

**RHONDA SCHWINDT**, K. Suchanek Hudmon, M. Knisley, L. Davis, C. Pike. “Impact of Tobacco Quitlines on Smoking Cessation in Persons With Mental Illness: A Systematic Review.” *Journal of Drug Education*, March 2018.

# W

**KAREN WYCHE**. “Take the A train” (Flash fiction). *Qualitative Research in Psychology*, April 2018.

# Y

**Y. TONY YANG**, E. Weintraub, R.L. Haffajee. “Telemedicine’s Role in Addressing the Opioid Epidemic.” *Mayo Clinic Proceedings*, August 2018.

**Y. TONY YANG**, B. Chen. “Precision Medicine and Sharing Medical Data in Real Time: Opportunities and Barriers.” *American Journal of Managed Care*, August 2018.

# Z

C.M. Ulrich, **QIUPING ZHOU**, S.J. Ratcliffe, K. Knafl, G.R. Wallen, T.S. Richmond, C. Gracy. “Development and preliminary testing of the perceived benefit and burden scales for cancer clinical trial participation.” *Journal of Empirical Research on Human Research Ethics*, April 2018.

## BOOKS, BOOK CHAPTERS AND MONOGRAPHS

**MAYRI LESLIE**. *Complications During Labor and Birth*. *Varney’s Midwifery*, 6th edition. Jones & Bartlett Learning.

## Grants & Funding

- + Associate Professor **ELLEN KURTZMAN** in June was named a health policy fellow by the Robert Wood Johnson Foundation (see page 7).
  - + Professor **JOYCE PULCINI** and Assistant Professor **ERIN ATHEY** in April were both awarded professional development grants from the GW Honey Nashman Center for Civic Engagement and Public Service.
  - + **DR. ATHEY** was also named a Clinical Scholar by the Robert Wood Johnson Foundation in May.
- + Assistant Professor **PEARL ZHOU** in June received an award from the GW Cross-Disciplinary Research Fund for “Using blood glucose feedback to regulate physical activity to control blood glucose among women with Prediabetes.”
  - + Assistant Professor **BEVERLY LUNSFORD** in July received funding from Mather Lifeways for “Meaningful Activities that Sustain Older Adults who are Homebound.”
- + Associate Professor **SANDRA DAVIS** received funding from Sigma Theta Tau International for “Mentorship for Academic and Professional, Growth, Guidance and Success” in April.
  - + Associate Professor **KATHLEEN GRIFFITH** received a VA-SPIRE subaward for “Progressive Activity-Based Rehabilitation in Veteran Cancer Survivors with Chronic Pain.”
  - + Associate Professor **MAYRI LESLIE** received a RoI NICHD subaward for “Umbilical Cord Milking in Non Vigorous Infants (the MINVI Trial) – Domestic.”



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/ MARGARET (MAGGIE) NORTON, BSN '18, TALKS TO PATIENTS DURING THE REMOTE AREA MEDICAL CLINIC.

# GW NURSING AT HOME AND AROUND THE WORLD

## A Medical Mission Right Here at Home

By Erin Julius

**Amid bedsheets and clothespins rigged to create partitions that provide some semblance of patient privacy, five GW Nursing accelerated BSN students are using the skills they've spent 15 months learning.**

One provides nutrition counseling to a woman who came in asking how to eat better.

Another student spends time with an older man advocating for tobacco cessation. She connects with her patient by drawing on personal anecdotes about a loved one she encouraged to stop chewing tobacco.

In a nearby tent, doctors are performing minor surgeries. An orthopedist is reading X-rays in a trailer down the road. Walmart donated the blood sugar meters students have available for diabetic patients.

The scene may look like a medical mission in a developing country, but these students are completing their clinical hours in Virginia during a Remote Area Medical (RAM) clinic

at Wise County Fairgrounds.

RAM is a nonprofit providing free health care to those who need it. Thousands of dental, vision and medical professionals donate their time at RAM clinics.

Assistant Professor Karen Dawn takes students to RAM clinics because she believes understanding a vulnerable population is an important lesson.

"Most of our students are insured," Dr. Dawn said. "This gives them an opportunity to meet people who have worked hard

all their lives, but still haven't got a basic requirement like health care."

Wise County is in the heart of Virginia's coal country. Patients were upfront about some of their difficulties in accessing health care, said Clara Rasteiro, one of the students who provided care at RAM. Lack of providers and financial struggles are among the barriers faced by these rural Virginians, she said.

"As I left RAM, I felt it's our responsibility as new members of the health care workforce to make sure that populations



CLARA ALEXANDRA RASTEIRO, BSN '18, SPEAKS TO A PATIENT DURING THE RAM CLINIC.



like the one in Wise are not forgotten and receive the appropriate help they need,” Ms. Rasteiro said.

Now in their final semester of a 15-month program, these students are able to apply the skills they’ve learned in the classroom, and honed during simulated learning experiences, to populations in need.

For the students, the real lessons won’t be on any tests.

“On Friday evening, there were a handful of individuals waiting to see the orthopedic doctor. After waiting hours, RAM shut down for the day. They still waited. No complaints. They just sat there patiently with smiles on their faces. It was clear that they were grateful

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**As I left RAM, I felt it’s our responsibility as new members of the health care workforce to make sure that populations like the one in Wise are not forgotten and receive the appropriate help they need.**

— CLARA RASTEIRO

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for any and all care they received,” said Jillian Ruppert, one of the student nurses.

This year, Dr. Dawn was also able to incorporate policy lessons into the students’ weekend at RAM. Gov. Ralph Northam, himself a physician, is overseeing an expanded Medicaid program in the state, effective January 2019. Gov. Northam and Sen. Mark Warner visited the outdoor clinic.

The planned Medicaid expansion gave Dr. Dawn an idea: She had students start asking their patients what they knew about the program. Patients weren’t sure what Medicaid expansion meant. Her students researched how to sign up for the program and subsequently sent patients to the Department of Social Services tent so they could enroll.

“We talked about policy and its implications on health. Then students got to educate their patients about it,” Dr. Dawn said.

Ms. Ruppert said she left with a deeper understanding and respect of the health care challenges faced by people who live in rural areas.

“I know that I can take what I learned from this experience into the clinical setting—especially working in the emergency department. Ultimately, I believe this experience opened my eyes to providing quality and compassionate care to those in need,” Ms. Ruppert said. [GW](#)

## Shaping the Nurse Practitioner Role in Latin America

By Jon Eichberger

The Pan American Health Organization’s (PAHO) goal of delivering universal health care in Latin America has created a great need for additional health care providers in this region to address large gaps in care.

Nurse practitioners (NPs) have been shown to increase patient access to care in the United States, and while the NP role hasn’t existed in Latin America, Linda Briggs, a GW Nursing associate professor, is working to change that.

To foster growth of Latin America’s health care workforce, Dr. Briggs is helping to establish an NP program at the Universidad de Los Andes (UANDES) in Santiago, Chile, during her three-year appointment as a Fulbright specialist.

This past summer, Dr. Briggs visited UANDES, where she met with students specializing in cardiovascular care to discuss how the NP functions within the U.S. health care system. She also visited a primary care clinic to gain insight into the current health care-delivery model in Chile.

She will also help practitioners and policymakers address the role of advanced practice nurses, who are not legally recognized in Chile.

“Currently, the role of NP doesn’t exist in Latin America,” Dr. Briggs said. “There is no licensing or regulatory process in place to allow nurses to function as independent

primary care providers.”

Graduate nursing programs do exist, but much of the emphasis is on hospital care, Dr. Briggs said.

The collaboration with UANDES helps fulfill a 2013 PAHO resolution to implement advanced practice nursing throughout Latin America.

“Broadening the role of graduate nurses is not about substituting or replacing another professional but about complementing other professionals while increasing efficiency, improving results and reducing cost,” said Silvia Cassiani, adviser on nursing and allied health personnel at PAHO, in a press release.

Although universal health care exists in Chile, the level of care administered varies, in large part because the country offers providers fewer educational opportunities.

Later this fall, Dr. Briggs will return to Santiago to meet with legislators, health service officials and other stakeholders to put the wheels in motion for developing an NP curriculum.

“We’re putting together questionnaires and creating focus groups to find out what nurses are currently doing in primary care, how they envision delivering advanced practice care to their patients and identifying the gaps in between,” Dr. Briggs said.

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### Currently, the role of NP doesn’t exist in Latin America.

— LINDA BRIGGS

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The Fulbright Specialist Program was established in 2001 by the U.S. Department of State’s Bureau of Educational and Cultural Affairs. The program pairs highly qualified U.S. academics and professionals with host institutions abroad to share their expertise, strengthen institutional linkages, hone their skills, gain international experience and learn about other cultures while building capacity at their overseas host institutions.

Unlike other Fulbright programs, Fulbright specialists are offered project opportunities of two to six weeks in duration, providing flexibility for academics or professionals who may not be able to take extended leave from their current positions. [GW](#)

## Local and Global Presentations

**Anaheim, Calif.** | Associate Professor **KAREN KESTEN** presented “Research Findings on Pedagogical Guidelines for Student Enrollment in Online Courses” and “Moving the Evidence on Online Courses and Class Size to Practical Application” during the American Association of Critical Care Nurses Master’s Education Conference in February 2018.

**Ashburn, Va.** | Dean **PAMELA JEFFRIES** gave the keynote address, “State of the Science in Simulation and Policy Implications Conference,” during GW Nursing’s Partnerships, Practice & Policy: Taking Clinical Simulation to the Next Level conference in March 2018.

Director of Simulation and Experiential Learning **CRYSTEL FARINA** presented “Transition to Practice: Improving Early Recognition of Patient Deterioration” during GW Nursing’s Partnerships, Practice & Policy: Taking Clinical Simulation to the Next Level conference in March 2018.

Clinical Assistant Professor **PAMELA SLAVEN-LEE** and Associate Professor **ARLENE PERICAK** presented “Formative Group Simulation Based Learning to Assess Clinical Competency in Nurse Practitioner Education” at Partnerships, Practice & Policy: Taking Clinical Simulation to the Next Level conference in March 2018.

**Atlanta** | Professor **JOYCE PULCINI** presented “Teaching social determinants of health in global health: An intercultural medical mission to Haiti” at the Beyond Flexner Conference in April 2018.

Assistant Professor **JEANNE MURPHY**, Professor **JOYCE PULCINI**, Associate Professor **MAYRI LESLIE**, Assistant Professors **JEONGYOUNG PARK** and **CAROL LANG** presented “Teaching social determinants of health in global health: an intercultural medical mission to Haiti” at Beyond Flexner 2018: Community, Diversity and Equity in Health Professions Education in April 2018.

**Baltimore** | Assistant Professor **CAROL BRAUNGART** presented “Using data to engage providers” at the CPC+ National Conference in May 2018.

**Bethesda, Md.** | Assistant Professor **CAROL BRAUNGART** presented “Essential Collaboration for a Well-Designed Online Course” at Lilly Conference in June 2018.

Associate Professor **ARLENE PERICAK**, Assistant Professors **CAROL BRAUNGART** and **MAGGIE VENZKE**, Clinical Assistant Professor **PAMELA SLAVEN-LEE** and Senior Instructional Designer **NIKKI GEBARA** presented “Essential Collaboration for a Well-Designed Online Course” at the Lilly Conference in May 2018.

**Buena Vista, Fla.** | Assistant Professor **MAJEDA EL-BANNA** gave a poster presentation, “Improving Feedback Skills in Ambulatory Nurses,” at the 2018 American Academy of Ambulatory Care Nursing Annual Conference in May 2018.

**Denver, Colo.** | Professor **JOYCE PULCINI** presented during a faculty interest forum at the American Association of Nurse Practitioners national conference in June 2018.

**Indianapolis** | Associate Professors **SANDRA DAVIS** and **KAREN KESTEN** and Professor **KIMBERLY ACQUAVIVA** presented “Making the uncomfortable comfortable: Engaging in difficult conversations about race, racism and privilege” at the National Organization of Nurse Practitioner Faculties Annual Conference in April 2018.

Professor **JOYCE PULCINI** presented “International Nurse Practitioner/Advanced Practice Nursing role development: Implications for faculty” at the National Organization of Nurse Practitioner Faculties Annual Conference in April 2018.

Assistant Professor **RHONDA SCHWINDT** presented “Mental Health Care for Transgender and Gender Non-Conforming People” at the LGBTQ Healthcare Conference in March 2018.

**Las Vegas** | Assistant Professor **JEANNE MURPHY** presented “Cervical Screening Recommendation for non-HIV infected Immunosuppressed Women: Do non-HIV immunocompromised patients require special treatment?” at the American Society for Colposcopy and Cervical Pathology annual meeting in April 2018.

**Memphis, Tenn.** | Dean **PAMELA JEFFRIES** presented “Clinical Simulations: State of the Science and Policy Implications” at the University of Tennessee Health Science Center in June 2018.

**Naples, Fla.** | Associate Professors **SANDRA DAVIS** and **KAREN KESTEN** presented “Building the infrastructure: Collaborations for health equity and community engagement” at the American Association of Colleges of Nursing in January 2018.

**New Orleans** | Dean **PAMELA JEFFRIES** gave the keynote address, “Spanning the Boundaries in Higher Education to Create Innovations in Nursing Education,” at the Lippincott Nursing Education Innovation Summit in February 2018.

**Newark, N.J.** | Associate Professor **CATHERINE COX** gave a poster presentation, “Best Practice Tips for the Assessment of Learning of Undergraduate Nursing Students via Multiple Choice Questions,” at the Eastern Nursing Research Society in April 2018.

Associate Professor **LINDA BRIGGS** and Assistant Professors **MAJEDA EL-BANNA** and **JEONGYOUNG PARK** presented “Do Male Nurse Practitioners Earn More Than Females, After Adjusting for Differences in Demographic and Work Characteristics?” at the Eastern Nursing Research Society in April 2018.

Assistant Professor **MAJEDA EL-BANNA** and Associate Professor **KAREN KESTEN** gave the poster presentation “Towards a Framework for Determining Online Class Size” at the Eastern Nursing Research Society in April 2018.

**Orlando, Fla.** | Associate Professor **KAREN WHITT** presented “Evaluation of Nursing Students’ Knowledge of EHR Features Related to Test Results Reporting” at the American Nursing Informatics Association Annual Conference in May 2018.

**Oxford, England** | Assistant Professor **CAROL LANG** presented “Developing Strategic and Sustainable International Partnerships for Global Impact Focused on Improving Health and Health Care Outcomes in Vulnerable Populations Through Innovative, Multinational, Interprofessional Academic and Corporate Partnerships” at the International Health Congress in June 2018.

**Philadelphia** | Associate Professor **ASHLEY DARCY-MAHONEY** presented “Innovative Interventions in Nursing, Pediatric Healthcare, and Early Education to Improve Children’s Language-Learning” at the International Congress for Infancy Research in July, 2018.

**Portland, Ore.** | Associate Professor **KAREN WHITT** presented “What are the most important characteristics of a family health history tool?” at the Western Institute of Nursing Communicating Nursing Research Conference in April 2018.

**Reston, Va.** | Assistant Professor **MAGGIE VENZKE** presented “The Wonderful World of Immunizations: So What’s New?” at the Virginia Council of Nurse Practitioners annual conference in March 2018.

Assistant Clinical Instructor **LINDA CASSAR** gave the poster presentation “Does Educational Level or Certification Status Influence the Level of Breastfeeding Support That Nurses Intend to Provide to Newly Delivered Mothers?” during MedStar Washington Hospital Center Research Day in May 2018.

**Roanoke, Va.** | Director of Simulation and Experiential Learning **CRYSTEL FARINA** presented “Using Innovative Partnerships to Increase Revenue: Thinking Beyond the Box” at the annual Virginia State Simulation Alliance Conference in July 2018.

**Riyadh, Saudi Arabia** | Dean **PAMELA JEFFRIES** presented “Best Practices in Interprofessional Assessment and Education” during the Saudi International Medical Education Conference in April 2018.

**Salt Lake City** | Dean **PAMELA JEFFRIES** presented “Best Practices in Online Instruction: Engaging Students” during the National Nurse Educator Summit in April 2018.

**São Paulo, Brazil** | Dean **PAMELA JEFFRIES** gave the keynote address, “The Essentials Needed in Building a Simulation-Based Curriculum,” in June 2018.

**Savannah, Ga.** | Assistant Professor **JEANNE MURPHY** presented “Beyond teaching: The important role of PhD-prepared midwives in women’s health research and practice” at the American College of Nurse-Midwives 2018 annual meeting in May 2018.

**Sutton, Mass.** | Dean **PAMELA JEFFRIES** gave the keynote address, “Best Practices in Simulation,” during the Massachusetts/Rhode Island National League for Nursing Conference in March 2018.

**Sydney, Australia** | Dean **PAMELA JEFFRIES** gave the keynote address, “The US experience of integration of simulation in undergraduate nursing. What has been the long-term impact of the NCSBN Study?” at the Education Simulation and Safety Collaborative in July 2018.

**Washington, D.C.** | Associate Professor **SANDRA DAVIS** presented “Managing Diverse Teams” at the United Health Clinical Executive Leadership Program in April, 2018.  
**DR. SANDRA DAVIS** and Associate Professor **KAREN KESTEN**, Assistant Professors **CYNTHIA ALLEN** and **MALINDA WHITLOW**, Instructor **ESTHER EMARD** and Community Manager **SYDNAE LAW** presented “The Journey to Building a Culture of Diversity, Equity and Inclusion: Aligning the GW School of Nursing Strategic Plan, the Diversity Strategic Plan and the GW School of Nursing Mission” at the GW Diversity Summit

in April 2018.

Assistant Professor **MAJEDA EL-BANNA** was an invited panelist on the Benefits of Team and Interprofessional Research: Scholarly Panel on Learning to Do Team Science during GW Research Days in April 2018.

Professor **ANGELA MCNELIS** and Jessica Blakely, BSN ’18, presented “Designing an Innovative Recruitment Strategy while Navigating IRB Issues in Multisite Survey Research” at the National League of Nursing and Sigma Theta Tau Nursing Education Research Conference in April 2018.

Professor **ANGELA MCNELIS** presented “Planning and Thinking Innovatively: Where to Start Your Nursing Education Research” during the National League of Nursing and Sigma Theta Tau Nursing Education Research Conference in April 2018.

Assistant Professor **ADRIANA GLENN** presented “Qualitative Data Collection Methods, 2018 Symposium on Airport Cooperative Research Program” as an invited speaker during a Transportation Research Board annual meeting in January 2018.



## On the Web

Assistant Professor **ASEFEH FARAZ** gave the webinar presentation, “Novice nurse practitioner workforce transition and turnover intention in primary care,” during the American Academy of Nurse Practitioner and National Nurse-Led Care Consortium Lunch and Learn Webinar series in April, 2018.

Assistant Professor **JEANNE MURPHY** presented “Disparities in health-related quality of life in women undergoing treatment for ovarian cancer: The role of individual-level and contextual social determinants” in an online poster presentation for the American Society of Clinical Oncology annual meeting in June 2018. [GW](#)

# ALUMNIN **NEWS**

## Alumna Draws on Education to Help Kidney Donors



By Ruth Adams

As a health care provider in Washington, D.C., which has the highest rate of kidney disease in the country, Nancy Uhland, DNP '18, is leveraging her education to better serve patients.

Her work, which focuses on kidney disease and hypertension, is paying off. After winning the American Association of Kidney Patients' Medal of Excellence in February, she graduated from GW Nursing with a Doctor of Nursing Practice in May. This fall, she began GW Nursing's graduate certificate in Health Policy and Media Engagement.

Dr. Uhland was inspired by family friends to become a nurse, so she went to nursing school before working in a nursing home and later the ER at a hospital in Fairfax, Virginia. Before deciding to continue her education with a master's, Dr. Uhland took an internship at GW Hospital and has been there since 2008 as an interventional radiology nurse. While earning her master's, Dr. Uhland entered the field of kidney health with a focus on donors.

"I was learning this whole new field of nursing. I was talking to healthy people who were donating kidneys, and trying to predict whether they would stay healthy in the future," she said.

Initially aiming to work at the GW Transplant Institute, she started working in GW's Medical Faculty Associates Department of General Internal Medicine before moving on to the Division of Kidney Disease and Hypertension.

"I want to tie the health care work I've done into health care policy for our kidney population and link that to policies that are in need of change or improvement," Dr. Uhland said.

"D.C. has the highest rate of kidney disease in the country. We have a population that needs better education and better access in terms of insurance so that people can get appropriate preventative care," she said.

The Health Policy and Media Engagement certificate is a natural extension of her interests. "Here's a program that wants to teach how to engage others, contribute to policymaking and be mindful of what you're saying. It wants to give you the appropriate tools to impact policy, especially here in D.C.," she said. "It's silly not to take advantage of making an impact on policy when you live right here." [GW](#)



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DEFINING MEDICINE

# Nurses play crucial role in improving health care, says adviser

By Jon Eichberger

**In Alan S. Cohn's view, a big part of the problem with health care in the U.S. is a disconnect between providers and patients. Although patients may receive the necessary medications and procedures, there is no support system in place to help them understand why they are sick and how the treatment may or may not be helping them, Mr. Cohn said. He believes nurses play a large role in bridging the divide.**

Mr. Cohn, a GW Nursing advisory board member, is the president and CEO of AbsoluteCARE, an Atlanta-based health provider specializing in complex chronically ill patients. Founded in 2000, AbsoluteCARE currently has locations in Atlanta, Baltimore and Greenbelt, Maryland, with a new location opening soon in Philadelphia.

Defined as a "patient-centered ambulatory ICU," AbsoluteCARE employs a unique, holistic approach to health outcomes by providing "totally integrated" health care under one roof. Services include primary care, chronic disease and infection management, onsite pharmacies, labs, X-rays and infusions, behavioral health and substance abuse counseling and treatment,

community health outreach, nutrition counseling, transitional care coordination and health education. Members are admitted by referral only from insurance companies.



**"Educating patients is imperative, and nurses are trained for this."**

- ALAN COHN

"We have an all-hands-on-deck approach, where members are assigned their own multidisciplinary team, including a primary care physician, a care manager and social and

behavioral experts to help them navigate any barriers in their lives," Mr. Cohn said. "We don't work in silos."

He said nurses play a crucial role in patient education and advocacy to help transform health care from a volume-based to a value-based industry.

"Educating patients is imperative, and nurses are trained for this," Mr. Cohn said. "There's a tremendous shortage, and we need more nurses to step in and help solve the problem."

An alumnus of GW, Mr. Cohn graduated with a bachelor's degree in public affairs in 1977, serving as the student representative to the Board of Trustees and chairman of the Program Board, a student organization. His daughter, Madison, graduated with a Bachelor of Science in Nursing in 2011.

Mr. Cohn began his career in health care while studying law at the University of Baltimore, working for the Office of the Attorney Advisor for the Health Care Finance Administration (now known as the Centers for Medicare and Medicaid Services). After earning a J.D., Mr. Cohn joined his family's business, which later became Spectera, Inc., where he gained experience leading a managed health care company. In 1992, Mr. Cohn joined the executive team of Avesis, Inc., an administrator of vision, dental and hearing insurance plans, serving as the CEO until 2016, when the company was sold to Guardian Life Insurance Company of America. [GW](#)

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Our more than 2,300 alumni are a vital part of the School of Nursing community, actively giving back by offering their time, talents and expertise. GW offers a variety of programs and services tailored especially for alumni. We invite you to explore these resources and opportunities and to stay involved with the community.

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