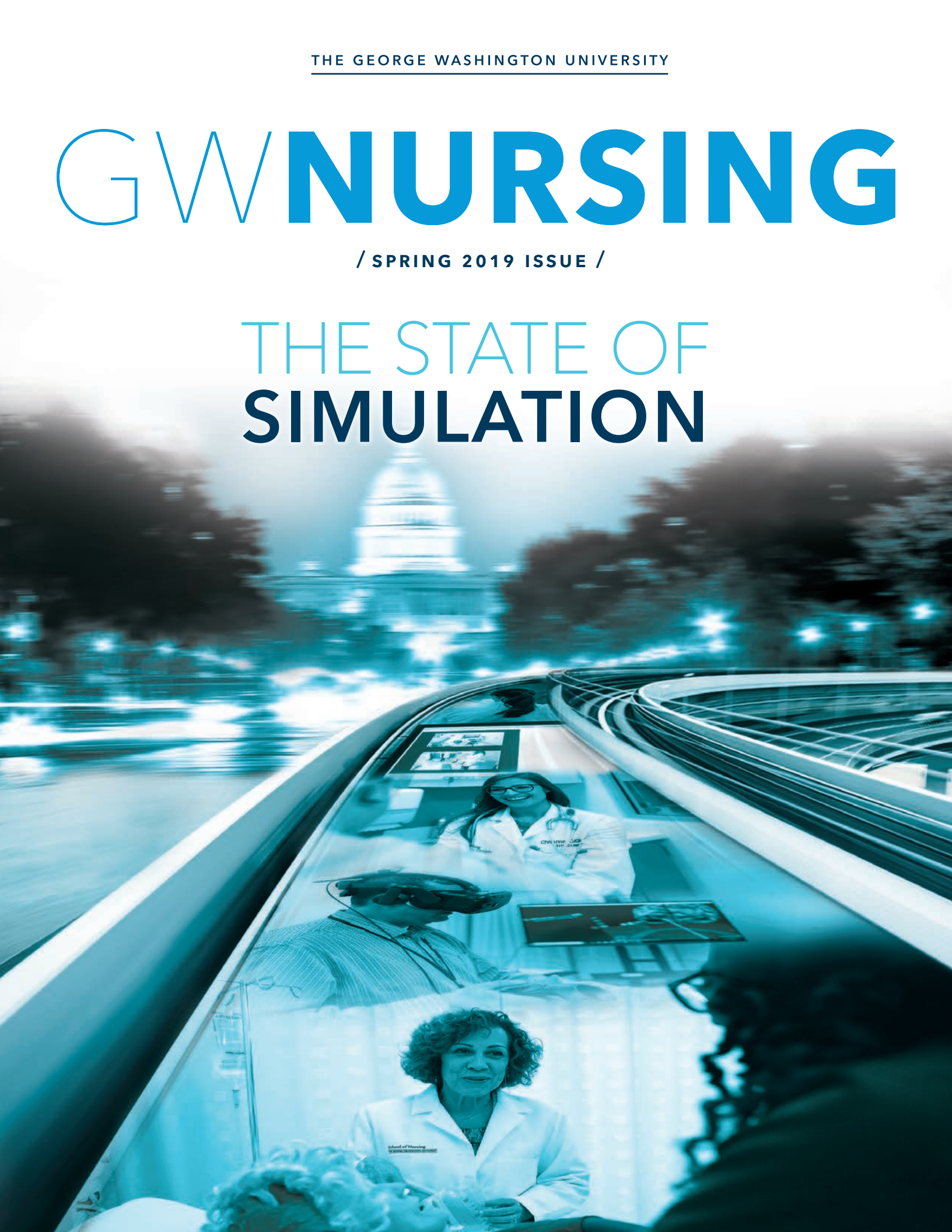


THE GEORGE WASHINGTON UNIVERSITY

# GW NURSING

/ SPRING 2019 ISSUE /

## THE STATE OF SIMULATION





/ THE OBJECTIVE STRUCTURED CLINICAL EXAMINATION LAB, THE SCHOOL'S FOURTH SIMULATION LAB, IS A SPACE FOR NURSE PRACTITIONER STUDENTS TO IMPROVE THEIR CLINICAL SKILLS.

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## FEATURES



### SIMULATION IS THE FOUNDATION

Proponents of health care simulation education have said for years that it improves clinician performance and reduces patient safety errors. In the past decade, it has advanced rapidly due in large part to the efforts of nurse educators. It's time to reflect on where simulation education has been and where it's going.



### EXPLORING NEW AVENUES IN ADVANCED PRACTICE NURSING EDUCATION

A growing and aging population, large numbers of students and competition for clinical sites have created a "traffic jam" in advanced practice nursing education. At the same time, with a growing provider shortage, it's more important than ever that the profession efficiently produces well-prepared providers.

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## At the Intersection of Education and Policy

*Pamela R. Jeffries*

Pamela R. Jeffries,  
PhD, RN, FAAN, ANEF, FSSH  
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**If you want things to change, start a conversation. Maybe we take that for granted here in the nation's capital, surrounded by national organizations and agencies of health. When I walk out onto Pennsylvania Avenue, I often find myself tripping on one of the many soapboxes throughout the city. Every once in a while, however, you fall into an important conversation at the intersection of education and policy.**

This happened over the winter to me when my colleagues and I began a vital conversation about the state of simulation in nursing education and its future. As educators, we know that incorporating simulation into the nursing curriculum instills confidence in students, allows immersion in their scope of practice, all in a safe, nonthreatening environment, and ultimately produces high-quality providers.

While the literature points to clear benefits and outcomes of simulation at the undergraduate level, the body of evidence is lacking at the advanced practice nursing level. Given the scope of practice nurse practitioners have in each state, the use of simulation in instruction is as much a question of policy as it is education. In this issue of GWNursing, we offer an invitation to our colleagues to engage in a national dialogue in order to discuss the clinical education challenges and to call for a strong body of research through multisite studies that will lead to the evidence and establishment of best practices for simulation in graduate nursing education.

Like most great things, we can't do it alone. Partnering with national nursing organizations is key to this discussion. We are fortunate to have several GW faculty on nursing boards, including Sigma Theta Tau International President-Elect Richard Ricciardi who writes on their importance to your career and the profession on page 6.

If you are looking for more conversations, I encourage you to learn more about our Health Policy Leadership Lecture Series on page 4 to discover how you can get involved in health care policy. No matter what your daily journey entails, I encourage you to get out and occasionally trip on a soapbox. Sometimes the first step in creating change is to stumble into a conversation.



DR. PAMELA SLAVEN-LEE PRESENTS ON SIMULATION IN GRADUATE NURSING EDUCATION AT THE ANNUAL GW SIMULATION CONFERENCE IN MARCH 2019.



## The Future of Graduate Simulation - Let's Build It Together

Over my years of staffing, organizing and refining simulation-based learning events and how we use them in nurse practitioner education, I've seen learning happen. I've watched the proverbial "light bulb come on," as students examine a standardized patient, or receive feedback from an instructor after an Objective Clinical Structured Exam exercise.

Our undergraduate colleagues, however, are ahead of us in establishing a body of literature to support simulation

events and introducing best practices for instituting them. Too often, I still hear of simulation being used for summative assessments rather than formative learning. Experience shows that simulation used in high-stakes testing does not benefit our students and, in reality, can shake their confidence. True learning occurs and confidence is built through a formative use of simulation.

**Now is the time to establish these best practices.**

During GW Nursing's March simulation conference, I invited my graduate colleagues to join us in a simulation consortium, where we can acknowledge challenges before us,

share resources and establish best practices. I now broaden that invitation to those readers interested in helping develop the use of simulation in advanced practice nursing education.

Join us and let's build a future of graduate simulation **together**.

**i** To get involved, visit [go.gwu.edu/simconsortium](http://go.gwu.edu/simconsortium) today.

**Pamela Slaven-Lee, DNP, FNP-C, CHSE**  
Sr. Associate Dean for Academic Affairs |  
School of Nursing  
*The George Washington University*

# HEALTH POLICY & MEDIA ENGAGEMENT



## Lecture Series Brings Health Care Leaders to Campus

The Center for Health Policy and Media Engagement last fall launched the Health Policy Leadership Lecture Series, which brings to campus notable leaders in the health care field.

U.S. Surgeon General Vice Admiral Jerome M. Adams visited GW's Foggy Bottom campus in October as the series' first speaker. Dr. Adams discussed the nation's opioid epidemic and identified stigma as the number 1 killer.

"As members of the most trusted profession, nurses can help alleviate that stigma and encourage patients to seek recovery," Dr. Adams said. "There is nothing more powerful than a nurse armed with the correct information."

Mental health, opioid abuse and obesity are just a few of the stigmatized health issues. The stigma keeps people in the shadows and prevents them from getting help, Dr. Adams said.

Victor Dzau, president of the National Academy of Medicine, also spoke this past winter as part of the series.

Currently, health and health care are the most prolific areas for technological advancement, Dr. Dzau said during a

wide-ranging discussion on the burgeoning innovation in health care. Despite a political climate in which research budgets have been cut, health care is relatively safe because it is so clearly critical, he said.

This spring, Terry Fulmer, president of and chief strategist for the John A. Hartford Foundation, visited the campus as part of the series to discuss age-friendly health systems.

GW

## Helping Caregivers Give Care

BY MELISSA BATCHELOR-MURPHY

**On Dec. 31, 2018, the president signed into law Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act, bringing much needed attention to the needs of over 5.7 million Americans living with Alzheimer's disease and related dementias.**

I served on the Senate's Special Committee for Aging in the office of the chair, Sen. Susan Collins (R-Maine), during my Health and Aging Policy Fellowship in 2018. A large part of the work I did for the senator and Aging Committee focused on Alzheimer's disease and working to get the BOLD Infrastructure for Alzheimer's legislation passed in the 115th Congress.

More than 5 million Americans over the age of 65 are living with Alzheimer's and that number is expected to triple by 2050. Of the top 10 leading causes of death for older adults, Alzheimer's is the only one that cannot be prevented, slowed down or treated.

The number of deaths from Alzheimer's increased 145 percent between 2000 and 2019, while deaths from other diseases, such as heart disease and cancer, decreased in that time frame. The cost of unpaid family caregiving is estimated at over \$232 billion and more than 18 billion hours.

While we wait for a cure, those with the disease will need care. All types of dementia are essentially "brain failure," and providing care requires a unique set of skills. Our communities and families do not have these skills in today's society, and the BOLD Infrastructure for Alzheimer's Act seeks to address this.

Headed by the Centers for Disease Control and Prevention (CDC), the BOLD Infrastructure for Alzheimer's Act will establish Centers of Excellence to implement the CDC's Healthy Brain Initiative through state and national partnerships.

Most caregivers are friends and family members, and their lives are negatively impacted by the financial, emotional and physical cost of caring for someone with dementia. The Centers of Excellence will promote public education on early detection and diagnosis. By supporting early detection, the BOLD Infrastructure for Alzheimer's Act allows persons living with the disease and their caregivers more time to plan and prepare their health care and end-of-life strategies.

As the BOLD Infrastructure for Alzheimer's Act moves into the implementation phase, the work will be accomplished through cooperative agreements among public, private and nonprofit organizations. The CDC's proposed action plan has one goal to monitor prevalence rates across the country. Data grants will improve the analysis of data collected on Alzheimer's caregivers, and will

illuminate health disparities at the state and national levels.

We know that Alzheimer's disease is on track to be the costliest condition in our nation's history and is the most under-recognized threat to public health in modern times. The BOLD Act is among the first to draw attention to the enormous burden this disease brings. There are things we know to do that help, and we need to

get that information out to the public to minimize the impact Alzheimer's has on our families, communities and the nation. [GW](#)

*Melissa Batchelor-Murphy, PhD, RN-BC, FNP-BC, FGSA, FAAN, is an associate professor at George Washington University School of Nursing and director of GW's Center for Aging, Health and Humanities. She is profiled on page 23.*



## In the Media

### The New York Times

+ Y. TONY YANG HIGHLIGHTED

#### Older Americans Are Flocking to Medical Marijuana

Oils, tinctures and salves — and sometimes old-fashioned buds — are increasingly common in seniors' homes. Doctors warn that popularity has outstripped scientific evidence. [\(a\)](#)

December 7, 2018

### U.S. News & World Report

+ PAMELA JEFFRIES HIGHLIGHTED

#### 4 Tips for Mapping Out Online Program Courses

For prospective online students, it's important to choose an online degree program that meets their professional and personal needs, and how different programs are structured plays a huge part. [\(b\)](#)

November 29, 2018

### Nursing Times

+ DIANA MASON HIGHLIGHTED

#### Let's Give Thanks to Nurses

When most people think of a nurse, they likely envision someone in a hospital with a stethoscope around her neck, wearing scrubs.

November 22, 2018

### Blurb from Politico

“Medicaid, low-income and rural populations don't use live telecommunication with providers as much as other groups do, researchers in another study found. That remained true even in states with less restrictive telehealth policies, according to a study authored by Jeongyoung Park and other George Washington University scholars. The authors suggested that making state policy less restrictive isn't enough to encourage adoption, and that patients may need better incentives for using telemedicine.”



[a](#)

[b](#)



Students should weigh how many courses they can handle each term. (GETTY IMAGES)

FOR PROSPECTIVE ONLINE students, it's important to choose an online degree program that meets both their professional and personal needs, and how different programs are structured plays a huge part.

# Why Should You Join a Professional Organization and Get Involved?



BY RICHARD RICCIARDI

**Participation in professional organizations has substantially shaped my career and has provided me with opportunities to not only become a more productive, informed and engaged nurse, but also a more thoughtful and globally connected individual. I encourage everyone, both those who are new to the profession and those who are already established, to engage deeply in the transformative and healing power of our nursing profession through membership in a professional organization.**

Active membership brings with it the joy and privilege of helping others beyond those in your immediate workplace and provides access to limitless possibilities for professional achievement and fulfillment, both locally and globally. The nursing profession offers a number of valuable organizations you might consider joining. Some are nursing focused, whereas others are interprofessional or specialty focused.

Regardless of your professional experience or career phase, being an active member in one or more professional organizations has tangible benefits. Obvious benefits include access to local, regional and

national conferences, journals and other resources to ensure continuous learning and support licensure or specialty certification. Participation in conferences and other programming, whether in person or virtually, provides the added benefit of an opportunity to interact with scientists and subject-matter experts to share ideas about how to implement new evidence to improve practice and care delivery. Some professional organizations also partner to offer reduced fees for malpractice insurance and continuing education credits.

Exposure to fresh ideas and innovations in care delivery stimulates our creativity and provides an opportunity to tackle complex issues in practice, education, research and policy. Professional organizations offer a rich and unparalleled venue to engage with and learn from talented and successful leaders. The opportunity to network with a diverse group of colleagues, to strengthen your leadership, writing and public speaking skills, and to develop a broader understanding of organizational systems are key benefits. Participating in organizational initiatives such as guideline development, conference planning or policy statement preparation, or serving on a journal editorial board stretches your skills, confidence and scholarship.

In my own career, the opportunity to work alongside a diverse group of colleagues on committees or work groups has nudged me to take on new roles and progressively greater responsibility while also providing mentorship and support. Taking on active roles in professional organizations has also allowed me to give back to the profession that has given much to me. We all stand on the shoulders of the giants that have come before us, and professional organizations provide a venue for us to pay that legacy forward, both individually and collectively. These organizations play a critical role in capacity building, career development and succession planning for the profession through scholarships, academic awards, leadership development workshops, formal mentoring programs and research funding.

Contemporary health care is demanding, fast-paced, complex and dynamic. Day-to-day stressors can lead to a loss of purpose and joy in our work. Professional organizations provide programming and networking opportunities that allow us to share our joys

and challenges and evolve our careers through meaningful opportunities.

Nurses represent the largest segment of the health care workforce. As such, nursing organizations play an important role in representing and strengthening the capabilities and value that nurses bring to improving health for individuals, families and communities. Ensure your unique voice is included through active participation as we move our profession forward. [GW](#)

*Richard Ricciardi, PhD, CRNP, FAAN, is a professor at George Washington University School of Nursing, president-elect of Sigma Theta Tau International and past-president of the National Association of Pediatric Nurse Practitioners.*

## Faculty on Boards

The nationwide “Nurses on Boards Coalition” is implementing recommendations from the 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, and aims to have 10,000 nurses serving on boards by 2020.

At GW Nursing, several faculty members serve on national boards where they influence the future of the profession and steer health policy:

### Associate Professor Mercedes Echevarria

⊕ National Organization of Nurse Practitioner Faculties – board member at large

### Dean Pamela Jeffries

⊕ American Academy of Nursing – board of directors

⊕ Global Network for Simulation in Healthcare – board member

### Associate Professor Karen Kesten

⊕ AACN Certification Corporation – immediate past chair of the board of directors

### Associate Professor Mayri Leslie

⊕ International MotherBaby Childbirth Organization – board of directors

### Professor Angela McNelis

⊕ National League for Nursing – board of governors



---

### Assistant Professor Jeanne Murphy

- ⊕ American College of Nurse-Midwives (representative for Region II) – board of directors
- 

### Professor Richard Ricciardi

- ⊕ Sigma Theta Tau International Honor Society of Nursing – president-elect
- 

### Research Faculty Edward Salsberg

- ⊕ National Resident Matching Program – board of directors
- 

### Associate Professor Mary Jean Schumann

- ⊕ Nursing Alliance for Quality Care – chair of the advisory board
  - ⊕ ACT/ProExam – advisory board member
- 

## Faculty in Leadership

Advocacy is important at all levels and in all capacities. We have faculty members serving on committees for national professional organizations, editorial boards for health care and research publications and boards of state organizations.

---

### Associate Professor Melissa Batchelor-Murphy

- ⊕ Nursing Open – editorial board
  - ⊕ Journal of Nutrition in Gerontology and Geriatrics – editorial board
- 

### Assistant Clinical Professor Linda Cassar

- ⊕ Association of Women's Health, Obstetric and Neonatal Nurses – research advisory panel
- 

### Associate Professor Catherine Wilson Cox

- ⊕ Virginia Nurses Association – commissioner for nursing education
  - ⊕ Eastern Nursing Research Society – membership committee
  - ⊕ American Association of Colleges of Nursing, Baccalaureate Education Conference Subcommittee – member
  - ⊕ American Association of Colleges of Nursing, Faculty Leadership
- 

Network – collaborative community committee member

---

### Associate Professor Ashley Darcy-Mahoney

- ⊕ Medical Legal Partnership Summit – planning committee member
  - ⊕ Beyond Flexner Alliance – research committee member
  - ⊕ Bridging the Word Gap National Research Network – leadership team
- 

### Assistant Professor Maritza Dowling

- ⊕ Gerontology and Geriatrics: Research – editorial board
  - ⊕ Biometrics & Biostatistics Open Access Journal – editorial board
- 

### Assistant Professor Majeda El-Banna

- ⊕ Washington Regional Nursing Research Consortium – co-chair
  - ⊕ SAGE Publishing – editorial advisory board member for nursing video collection
  - ⊕ National League of Nursing – award committee, home instead scholarship committee member, ambassador, Commission for Nursing Education Accreditation – on-site reviewer
  - ⊕ Eastern Nursing Research Society – nomination committee member
- 

### Instructor Esther Emard

- ⊕ Sigma Theta Tau International – board of directors governance committee charter review task force member
  - ⊕ URI Foundation – board of directors governance committee member
  - ⊕ State of Vermont – blueprint for health planning and evaluation committee member
- 

### Associate Professor Kathleen Griffith

- ⊕ Oncology Nursing Forum – review board
- 

### Associate Professor Joyce Hahn

- ⊕ Virginia Board of Nursing
  - ⊕ Virginia Joint Boards of Nursing and Medicine
- 

### Assistant Professor Cameron Hogg

- ⊕ Nurse Practitioner Association of the District of Columbia – president
- 

### Dean Pamela Jeffries

- ⊕ Virginia Association of Colleges of Nursing – president-elect
- 

### Professor David Keepnews

- ⊕ Hispanic Healthcare International – editorial board
  - ⊕ American Journal of Nursing, Journal Oversight Committee – member
  - ⊕ Policy, Politics & Nursing Practice – editor emeritus
  - ⊕ American Academy of Nursing, Fellow selection committee – co-chair
  - ⊕ American Academy of Nursing, bylaws committee – chair
- 

### Associate Professor Kate Driscoll Malliarakis

- ⊕ Washington, D.C. Board of Nursing, Committee on Impaired Nurses – member
- 

### Professor Angela McNelis

- ⊕ State of Indiana, Mental Health & Addiction Services Development Program – board member
- 

### Professor Joyce Pulcini

- ⊕ Policy, Politics and Nursing Practice – senior associate editor
  - ⊕ District of Columbia Action Coalition – board member
- 

### Graduate Faculty Nancy Rudner

- ⊕ Journal of Lifestyle Medicine – editorial board
  - ⊕ Florida Action Coalition – steering board
  - ⊕ League of Women Voters of Florida, Health Care Committee – co-chair
- 

### Associate Professor Mary Jean Schumann

- ⊕ Maryland Nurses Association – treasurer
- 

### Clinical Assistant Professor Christine Seaton

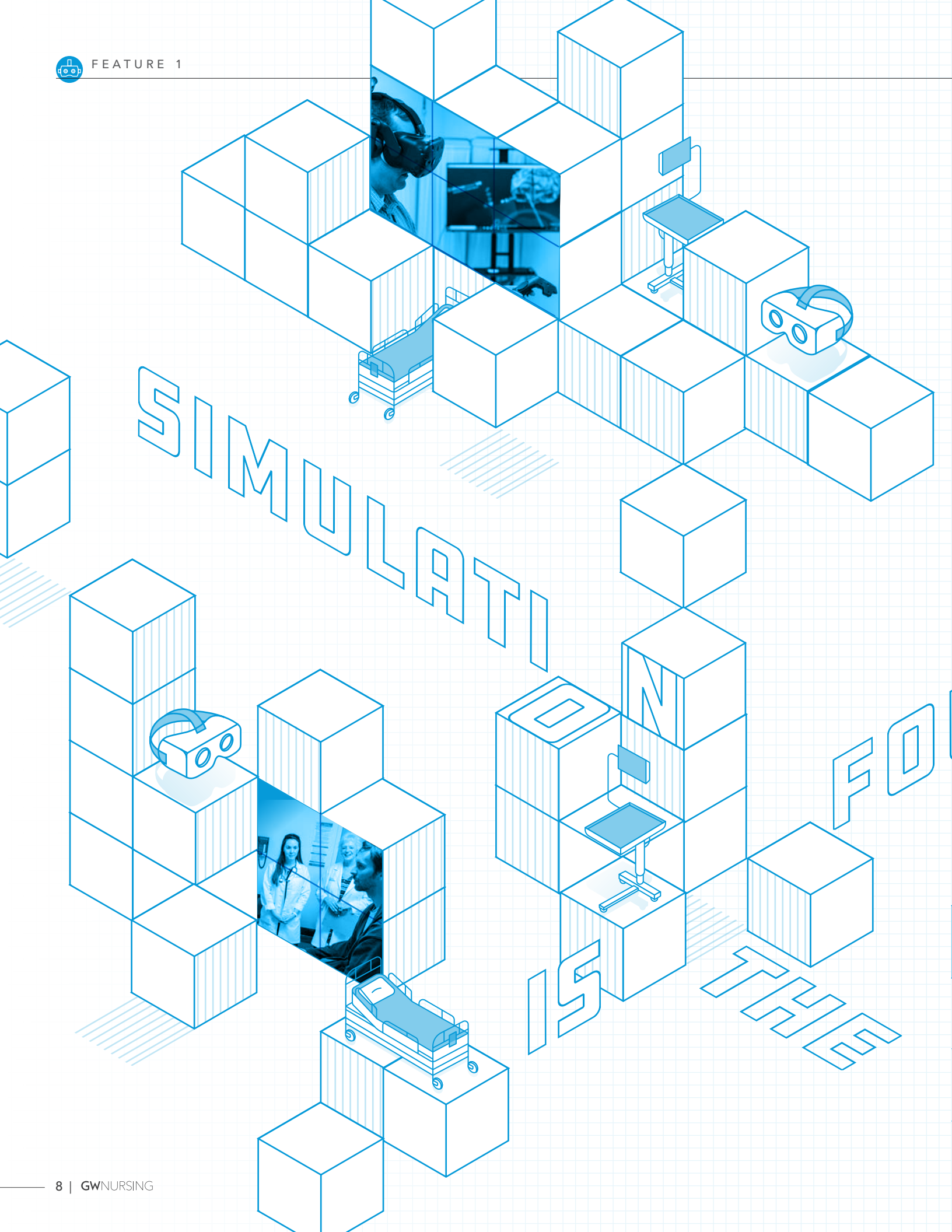
- ⊕ Virginia State Simulation Alliance – conference planning director
- 

### Research Professor Karen Wyche

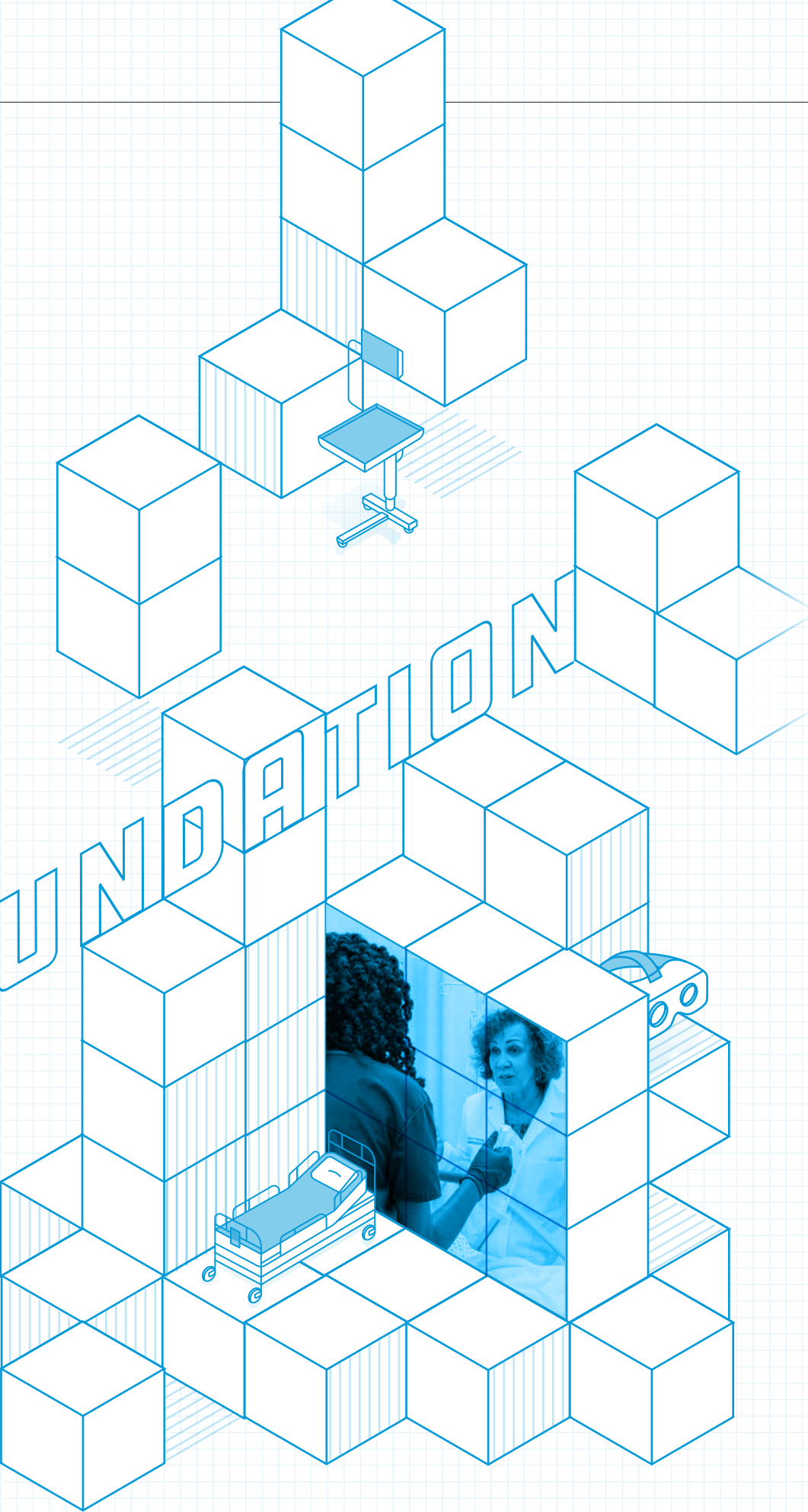
- ⊕ American Psychological Association – board of educational affairs
  - ⊕ Women in Social Work Inc. – board member
- 

### Professor Y. Tony Yang

- ⊕ BioMed Central Health Services Research – editorial board
-



# SIMULATION IS THE FO



BY MEREDITH LIDARD KLEEMAN

**Proponents of health care simulation education have said for years that it improves clinician performance and reduces patient safety errors, but until recently they have lacked the data and evidence to share with academic leaders and policymakers.**

Simulation education in health care has advanced rapidly in the past decade, due in large part to the efforts of nurse educators. The National Council of State Boards of Nursing (NCSBN) in 2014 released the results of a landmark simulation study, which was followed up in 2015 by the publication of the National League for Nursing (NLN) Jeffries Simulation Theory. GW Nursing Dean Pamela Jeffries' work as one of the consultants of the NCSBN study and her eponymous theory helped legitimize simulation education in pre-licensure nursing education.

The NCSBN National Simulation Study examined the role and outcomes of simulation in pre-licensure nursing education. The study provided substantial evidence that simulation can be effectively substituted for up to 50 percent of traditional clinical experience in all pre-licensure nursing courses, under conditions comparable to high-quality, high-fidelity situations described in the study.

The study results reaffirmed simulation education advocates' belief in this type of experiential learning strategy while providing concrete data to address concerns held by simulation skeptics. The research team had its own skeptics—they were unsure of how well simulation could supplement traditional clinical experiences in certain areas, including mental health, pediatrics and obstetrics, but the data showed no significant differences as long as the correct simulation technique was used.

"For me personally, it was those areas that the simulation worked for that surprised me a little, as someone who likes traditional clinical experiences," said Nancy Spector, the NCSBN director of regulatory innovations and a consultant on the study.

*...continued*



## STUDY RESULTS INFLUENCE STATE POLICY

The NCSBN study marked a shift in how nursing schools and policymakers viewed simulation education. Each state's board of nursing makes its own decisions regarding how much simulation can be used to supplement traditional clinical experiences in pre-licensure programs. After the NCSBN study was published, many states amended their policies and increased the amount of allowable simulation. "The study has had a really positive impact on what boards of nursing are allowing," Dr. Spector said. There was no evidence before the study, so boards made arbitrary decisions regarding simulation, and some states didn't allow any amount of simulation to be used to supplement clinical experiences.

One year after the study was published, the NCSBN convened an expert panel to develop national simulation guidelines for pre-licensure nursing programs. These guidelines included evidence to support the use of simulation and information for faculty and program directors on how to incorporate high-quality, high-fidelity simulation in their programs.

Since the NCSBN released these guidelines in 2015, more than half of all pre-licensure programs in the country have adopted them, according to a survey conducted by the NCSBN evaluating the simulation landscape. That survey also revealed that high-fidelity simulation use has substantially increased for almost all undergraduate courses since 2010.



## HIGH-QUALITY SIMULATION FOSTERS BETTER STUDENT OUTCOMES

GW Nursing is committed to providing students with high-quality, high-fidelity experiences and has made significant investments in simulation under the direction of Dr. Jeffries, an innovator in promoting and advancing the field of simulation education.

Recent renovations at Innovation Hall on GW's Virginia Science and Technology Campus nearly doubled the simulation space available to nursing students. The new Objective Structured Clinical Examination

(OSCE) center contains 12 patient exam rooms and two acute care rooms, bringing the total simulation space available to both undergraduate and graduate students to nearly 20,000 square feet.

While the new OSCE space was designed for nurse practitioner students to improve their clinical skills, GW Nursing also recently invested \$400,000 in upgrades to make simulation as comparable to a hospital setting as possible for undergraduate students, said Crystel Farina, the school's director of simulation and experiential learning. Those upgrades include eight new moderate-fidelity simulators (manikins that breathe and have a pulse to practice certain skills, but with fewer features than high-fidelity manikins), new beds, IV pumps, medication dispensing machines and workstations on wheels. The school launched another renovation this spring that will add additional simulation and debriefing space, new technology, a virtual reality space and a simulated operating room.

As simulation director, Ms. Farina ensures that all of the school's many simulation events run smoothly. Simulation is integrated throughout GW Nursing's entire curriculum—every course has some sort of simulation experience in it, Ms. Farina said. "My role is to ensure that not only does the simulation continue, but that it's high quality and meets the standards of best practice," she said.

Those standards, which are set by the International Nursing Association for Clinical Simulation and Learning (INACSL), were developed based on the NLN Jeffries Theory and the NCSBN guidelines. Nursing schools now have a solid framework and explicit standards to guide the development of high-quality simulation experiences. While the virtues of simulation as a teaching strategy are well established, Ms. Farina and other dedicated simulation educators are quick to point out that it's crucial that students engage in high-quality, high-fidelity simulations. When simulations are conducted improperly, or not in accordance with the guidelines and standards set forth by NCSBN and INACSL, simulation can actually be harmful to students.

In the early days of simulation use, instructors would purposefully introduce mistakes into a simulation in the hopes that students would catch the mistake,

Ms. Farina said. "We didn't know how important it was to the students' self-esteem and to their socialization as a nurse if they didn't catch the mistake," she explains.

The NLN Jeffries Theory set forth guidelines that simulation should be collaborative and transparent—the student, simulated patient (if one is used) and faculty should know exactly what's expected and what the objectives are.

"There's no way students can meet the objective if they get caught up in how to program the IV pump," Ms. Farina said.

Schools that implement high-quality and high-fidelity simulation have seen improvements in student performance and clinical confidence. "Anecdotally, we're seeing much better outcomes from simulation now that we have the NLN Jeffries Theory," Ms. Farina said. "Their ability to talk with each other and other care providers is definitely enhanced. Their teamwork is also much better—they're able to work as a team, and they don't see things as individual tasks."

Dr. Jeffries' groundbreaking work has influenced nurse educators for years, even before the publication of the NCSBN study and her eponymous theory. Jeffries' 2007 book, "Simulation in Nursing Education," was Kellie Bryant's go-to resource when she was hired as the director of simulation learning at New York University College of Nursing in 2008.

"From my experience, her book was how a lot of us got started in simulation," Dr. Bryant said. "I'm talking over 10 years ago when there weren't conferences or other books or journals—that book was our template for simulation."

In her current role as executive director of simulation at Columbia School of Nursing, Dr. Bryant is using Dr. Jeffries' evidence-based approach to developing high-quality simulations, with a focus on creating simulation experiences that address proper medication administration. "We know that medical errors are a leading cause of mortality and death, and a component of that is giving the wrong medication or the wrong dose," she explained.

Dr. Bryant and her colleagues began with manikin-based simulations, then moved on to using standardized patients (actors portraying patients) for students to practice the proper protocols, such as reading a

patient's chart correctly, conducting safety checks, scanning a patient's identification band and more. "The clinical instructors in the hospital are reporting that students have stronger skills than in the past, and seem more comfortable with medication administration," Dr. Bryant said. "That's because of simulation, because of deliberate practice. Students understand the rationale, and realize for each step why it's important to follow protocol."



### BEST PRACTICES AND CERTIFICATIONS FOR SIMULATION EDUCATORS

Although Dr. Bryant relied heavily on Dr. Jeffries' early books for guidance due to the lack of available training opportunities, she cautioned novice educators against jumping into simulation.

"All schools are realizing that if they don't have a simulation program or a simulation-based curriculum, then they're behind the curve," she said. "Everyone knows they have to use simulation, but people aren't really prepared to utilize it the best way. You have to be trained, you have to have that theoretical background and you need to know what you're doing."

For aspiring simulation educators, that begins with securing support from their school's leadership as well as procuring funds to attend a training program or conference. "Education is the key—before you can start using it with students and teaching other faculty, you have to know what you're doing and have that expertise first to utilize it and to teach others," Dr. Bryant said.

Without simulation training and instruction on what qualifies as high quality and high fidelity, schools will be out of compliance with the NCSBN and INACSL standards.

Educators who are committed to advancing their simulation knowledge and skills can become professionally certified. The Society for Simulation in Healthcare developed its Certified Healthcare Simulation Educator (CHSE) certificate in 2012 to recognize educators for their expertise in simulation. The certification demonstrates that an individual is committed to simulation and has specialized skills and knowledge.

Nursing schools with CHSE-certified educators ensure that their simulation is high quality and high fidelity, which is key to following the standards and best practices set forth by the NCSBN simulation study and the subsequent guidelines.

"If you have a CHSE-certified person in your simulation center, you have high quality and high fidelity," Ms. Farina said. "It really does support what the study was requiring. A lot of schools out there are doing simulations but are completely missing that high-quality, high-fidelity piece because they don't know the pedagogy."



### INTERPROFESSIONAL SIMULATION

While nurse educators have advanced the field of simulation and set the standards for assessing clinical skills, other health care professions have also been using simulation technology for years.

Chad Epps, executive director at the Center for Healthcare Improvement and Patient Simulation at the University of Tennessee Health Science Center, recalls using a simulation-based model for practicing anesthesia during his medical residency program in 2001. "I learned how to use anesthesia on a simulator before I ever did it on a patient," he said. "That left an impression on me in terms of its potential as an educational modality."

Dr. Epps pursued his interest in education and simulation as he embarked on a career as an anesthesiologist. He became the director of simulation at the University of Alabama at Birmingham (UAB), where he started a program for nurse anesthetists and developed the curriculum, which included interprofessional simulation experiences. In his various simulation educator positions, Dr. Epps has pushed for more interprofessional experiences that mimic real-world clinical environments.

"We graduate these professional health students, and they go into clinics and the clinical world, and they're suddenly exposed to all of these other professions," he explained. "In the past, [these students] never learned anything about those professions so they didn't know what their role was, or what the other professions' role was."

During his time at UAB, Dr. Epps and his

colleagues developed simulation experiences for nursing and medical students that included specific competencies developed by the Interprofessional Educational Collaborative with intentional objectives related to the Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS) teamwork system for health care professionals designed by the Agency for Healthcare Research and Quality. Studies have shown that hospitals that implement TeamSTEPPS have improved patient outcomes, and Dr. Epps wanted the medical and nursing students to become familiar with that model of communication.

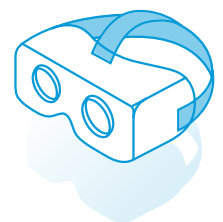
"At first, students thought [the interprofessional simulation] felt very strange," he said. "But it got to the point where if we did a simulation with just medical students and the nursing students weren't there, they'd look around and say, 'Where are the nursing students, something's wrong.'"

In addition to increasing interprofessional experiences among health care students, Dr. Epps said he expects to see simulation used more widely among health care providers to improve patient safety. "We shouldn't just use simulation for students, we should use simulation for practicing professionals," he said. "The airline industry has done this—if you're a commercial pilot, you have to go through simulation every six months or you risk losing your license. We don't have that in health care yet, although we probably need it."



### WHERE DOES SIMULATION GO FROM HERE?

Simulation-based curricula and the use of simulation have been adopted by the majority of pre-licensure nursing programs. Our work continues in conducting the research to design best practices and to learn more about how simulation-based experiences affect student learning and, ultimately, patient outcomes and quality, safe care. [GW](#)



# Exploring New Avenues in Advanced Practice Nursing Education

By [Erin Julius](#)

**A growing and aging population, large numbers of students and competition for clinical sites have created a “traffic jam” in advanced practice nursing (APN) education. At the same time, with a growing provider shortage, it’s more important than ever that the profession efficiently produces well-prepared providers.**

GW Nursing Dean Pamela Jeffries describes the state of nurse practitioner (NP) education as a “traffic jam” due to the lack of available clinical sites and the larger number of NP students compared to medical students. Many nursing leaders across the nation this year have taken steps to clear the roads, turning to simulation to supplement clinical education hours as another avenue to provide the clinical practice hours and competency testing for NP students. While accrediting organizations require that NP students undertake a minimum of 500 direct patient care clinical hours to prepare for their future role, many programs require hundreds more clinical hours. Simulation offers a way to clear congestion at clinical sites while ensuring students are prepared to deliver high-quality care.

Health care simulation experts from professional organizations, schools and technology companies gathered in January of this year in Washington, D.C., to discuss how best to evaluate health care simulation in NP programs.

Hosted by the National Organization for Nurse Practitioner Faculties (NONPF) and GW Nursing, the Thought Leaders’ Summit on Simulation in NP Education examined existing evidence, discussed the challenges of evaluation and began formulating next steps.

Then in March, more than 100 nursing educators attended GW Nursing’s second annual simulation conference, which this year focused on simulation in NP education.

## State of the science

While a framework for the effective use of simulation is established at the pre-licensure nursing level, little evidence exists regarding simulation’s use in APN programs.

NP education is fundamentally different from pre-licensure education and requires an entirely different approach from the established framework at the undergraduate level, said Mary Beth Bigley, CEO of NONPF.

“When we get to this level of education, standardized patient encounters have more

value because it evaluates those higher-level skills,” Dr. Bigley said.

Carla Nye, clinical associate professor at the Virginia Commonwealth University School of Nursing, and Suzanne Campbell, associate professor at The University of British Columbia School of Nursing, previously surveyed the research related to simulation in NP education. Their examination of literature produced between 2010 and April 2015 found that a minimal number of research studies had been completed, the quality of studies was low, the studies used small sample sizes, the use of existing International Nursing Association for Clinical Simulation and Learning (INACSL) standards wasn’t known and there was a lack of standardized scenarios. An update of their work looking at research published between 2015 and 2019 did not show much improvement in the state of the science, Drs. Nye and Campbell said.

Despite its flaws, the existing body of research does offer promising outcomes, according to Drs. Nye and Campbell: Students like simulation and see its value; students self-report more confidence; simulation learning can be transferred to clinical settings; and simulation can improve communication skills.

Drs. Nye and Campbell also conducted



**When we get to this level of education, standardized patient encounters have more value because it evaluates those higher-level skills."**

– Mary Beth Bigley, CEO of the National Organization for Nurse Practitioner Faculties

their own inquiry to describe the current use of simulation in advanced practice registered nurse (APRN) programs. The study was born of the research arm of a Simulation in Advanced Practice Nursing Task Force organized after discussions about APN simulation at the 2016 INACSL annual conference.

Results of a descriptive survey sent to all APN programs in the United States and Canada show that a majority of the programs employed simulation up to 20 hours, with participants reporting a wide range of zero to more than 100 hours. Simulation is most frequently implemented in physical assessment courses, their survey showed, but it was also used in many other courses.

Schools most frequently reported using standardized patients (SPs), but the use of manikins, computer and virtual simulation, task trainers, interprofessional simulation, video recording and distance/telehealth was also reported.

This survey also showed that 98 percent of respondents reported using simulation in their APN programs, and 77 percent of respondents supported the replacement of some percentage of clinical hours with simulation. Drs. Nye and Campbell stressed survey participants who chose to complete the survey may have a pro-simulation bias.

### Barriers

The survey study conducted by Drs. Nye and Campbell found that faculty skill and staff support were the most reported barriers to simulation use. Programs reported additional barriers to simulation use in APN programs, such as an inconsistent course-by-course approach to simulation, an increase in student fees to pay for resources, competition with undergraduate simulation resources and distance education.

In small working groups, summit attendees identified forces that inhibit the adoption of simulation in achieving NP competencies. Lack of resources and equity of resources between programs led the list, with limited faculty knowledge and skills and a dearth of peer-reviewed literature also emerging as major areas of concern.

Educators evaluate an NP student's ability to obtain a patient health history, conduct a physical exam, work through a diagnosis and create a management plan. All of these skills are based on critical thinking rather than manual skills, Dr. Bigley said.

Standardized patients are considered the highest-fidelity level of simulation, but the resources required to both train and pay SPs were repeatedly cited as a barrier.

NP education is already undergoing a major shift, with programs working toward





compliance with the goal of a Doctor of Nursing Practice (DNP) as the entry to practice by 2025.

“NONPF is committed to the DNP as the entry degree by 2025. NP practice should be at the DNP level,” said Lorna Finnegan, executive associate dean at the University of Illinois at Chicago and NONPF president.

### Need for adoption

Despite the challenges and complications, NP educators agree that simulation will only grow in its value to the field.

Emerging evidence shows that learning does occur during simulation experiences, said Angela McNelis, associate dean for scholarship, innovation and clinical science, at GW Nursing.

Reliance on the current precepted clinical model is a challenge to sustain or expand, so educators must focus on maximizing student time in clinical settings and exploring alternative models, she said.

The demands and technology savviness of this generation of learners dominated the summit’s discussions about the need for adoption of simulation.

Current evidence shows that students report increased confidence, decreased anxiety and communication skills

development in simulation scenarios, Dr. McNelis said.

Faculty members who work closely with students know that simulation works, said Pamela Slaven-Lee, senior associate dean for academic affairs at GW Nursing. “We’re in the rooms with the students, and we see the light bulb come on. We see the learning, we know it’s happening, and we need the research so we can move forward. Our undergraduate colleagues are ahead of us,” Dr. Slaven-Lee said.

Current students are digital natives, Christine Pintz, professor at GW Nursing, said during the panel presentation at the March conference. “These are individuals who understand the simulation process and also want this process,” she said.

Anecdotal evidence also reinforces the openness to including simulation in NP programs, with one attendee sharing that her colleagues call simulation “on-campus clinical hours.”

### Moving forward

To address the need for a standardized, efficient, sustainable model for NP clinical education, a team led by Drs. Bigley and Jeffries presented their proposed study on “The Use of Simulation in Family Nurse

Practitioner Education.” A white paper with a call to action regarding the need for more evidence to use simulations in NP clinical education is expected to be published later this year and should set the stage for a rigorous study.

Evidence is needed through conducting multisite studies on NP clinical education to obtain evidence for new models of education. In the current environment, significant shortages of clinical sites, clinical preceptors and financial resources pose barriers to NP education. These barriers create an opportunity for educators to develop new models capitalizing on the strong tradition of preceptor-based clinical experiences and leveraging innovative and evidence-based simulations that meet national competencies and continue to prepare graduates for practice. As noted by Dr. Jeffries, the future can be accomplished if there is a concerted effort to generate evidence through robust and rigorous research on simulation in NP education. The current clinical model faces ongoing challenges and requires new thinking. It is time to be bold and institute new models that include evidence-based simulation. [GW](#)



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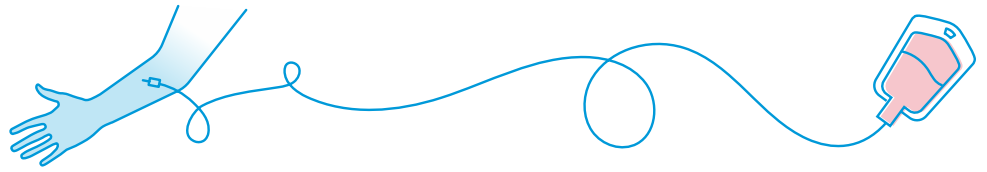
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## Creating Care Protocol for Kidney Patients

BY ERIN JULIUS

A study titled the Pathways Project may ultimately impact as many as 100,000 kidney patients in the United States.

GW Nursing's Dale Lupu is co-principal investigator on a \$2.4 million grant aimed at improving the quality of care for seriously ill patients who have kidney disease.

"This project will find ways they can have better support and care through the entire course of illness. It's not only about dying; it's about making the care more patient-centered from the moment of diagnosis," said Dr. Lupu, an associate research professor.

Kidney patients in the U.S. face a deficit in supportive care, also known as palliative care. They are rarely offered alternatives to dialysis, which may not extend life for patients already frail from other conditions. Instead, they often face obstacles if they say that they value quality of life or wish for a peaceful death rather than multiple trips to the hospital and ICU at the end of life. Families of dialysis patients rate the quality of their loved ones' end-of-life care worse than families of those with cancer and other chronic conditions. The Pathways Project seeks to change that.

While other countries offer disease management for end-of-life renal patients without dialysis, treatment in the U.S. has typically been more aggressive.

The second phase of the Pathways Project, based at GW Nursing in collaboration with West Virginia University, began in November 2018 and focuses on the implementation of best practices. This phase will address the project's central research question of whether a quality improvement approach to spreading supportive care best practices at dialysis centers and affiliated clinics will measurably increase the provision of supportive care best practices.

"We are so pleased that the Pathways Project has found a home here at GW Nursing. This important research will make a positive impact on kidney patients and their families," said Dean Pamela Jeffries.

Experts have put out a number of guidelines and articles calling for more supportive kidney care, Dr. Lupu said. Now health care providers will figure out how to

implement them, she said.

"It's about the nitty-gritty details of making new models of care and of figuring out what actually works to deliver more patient-centered care," Dr. Lupu said.

"We are working with the leading dialysis centers and teams in their communities," said Dr. Lupu. "These are centers that are willing to innovate, to risk trying something new."

Findings from the Pathways Project will also be relevant for other specialties, such as cardiology, that seek to include more primary palliative care into their care models.

The Pathways Project is the first attempt to implement supportive care at multiple sites in the United States. Other countries including Canada, Australia and Great Britain are implementing supportive care.

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**"We are so pleased that the Pathways Project has found a home here at GW Nursing. This important research will make a positive impact on kidney patients and their families."**

- DEAN PAMELA JEFFRIES

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In the first phase, the Pathways Project developed 14 evidence-based best practice recommendations designed to improve supportive care delivery for patients with kidney disease. A technical expert panel defined the ideal care system for seriously ill patients with kidney disease.

In this ideal patient-centered system, patient preferences, goals and values are discussed and respected, patients receive treatment in keeping with their goals, and patients and families receive support, resources and assistance to help them prepare for end-of-life care.

The Pathways Project is funded by the Gordon and Betty Moore Foundation. [GW](#)



## Robert Wood Johnson Foundation Funds Study on State Laws Discouraging Tobacco Control Measures

BY ERIN JULIUS

**Some state laws that preemptively prohibit tobacco control measures may be at odds with common public health efforts. A new study, awarded \$149,600 by the Robert Wood Johnson Foundation Policies for Action program and led by GW Nursing's Dr. Y. Tony Yang, will examine the impact these state laws have had on public health in the United States. Specifically, the study will examine laws enacted or repealed between 1997 and 2017.**

Effective tobacco control efforts include restrictions on marketing and promoting

tobacco products, licensing tobacco, whether young people have access to tobacco products and where smoking is allowed. Preemptive laws block local governments from taking these steps to protect public health.

"Although a consensus exists among tobacco control practitioners that preemption adversely impacts tobacco control efforts, there is limited empirical evidence to quantify its effects on adolescent health and health disparities," said Dr. Yang, professor and health services and policy researcher at GW Nursing.

Tobacco kills more than 480,000 people annually—more than AIDS, alcohol, car accidents, illegal drugs, murders and suicides combined. Tobacco costs the U.S. approximately \$170 billion in health care expenditures and more than \$150 billion in lost productivity each year.

Each day, more than 3,200 people under 18 years old become daily cigarette smokers in

the United States, according to the Centers for Disease Control and Prevention (CDC), making youths' access to tobacco products a key public health issue.

Dr. Yang's team will also examine whether majority-minority counties are disproportionately impacted by state preemption laws, potentially exacerbating health disparities between racial and ethnic groups.

Although African Americans usually smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than white Americans, according to the CDC. Cigarette smoking among lesbian, gay, bisexual, transgender or queer (LGBTQ) individuals in the U.S. is higher than among heterosexual individuals, with about 1 in 5 LGBTQ adults smoking cigarettes compared with about 1 in 6 heterosexual/straight adults, according to the CDC. [www.cdc.gov](http://www.cdc.gov)

## Faculty Publications

November 2018 - April 2019



### B

**CAROL BRAUNGART**, A. Watson, R. Rubin. "The effects of interprofessional collaboration on nurse managed warfarin program." *Journal of Interprofessional Education & Practice*, 2018.

### F

D. Coppa, T. Schneidereith, **CRYSTEL FARINA**. "Simulated home-based health care scenarios for nurse practitioner students." *Clinical Simulation in Nursing*, January 2018.

### G

K. Sagherian, S. Zhu, C. Storr, P.S. Hinds, D. Derickson, **JEANNE GEIGER-BROWN** (2018). "Bio-mathematical fatigue models predict sickness absence in hospital nurses: An 18-month retrospective cohort study." *Applied Ergonomics* November 15; 73: 42,47.

**ADRIANA GLENN**, F. Claman. "Using a low-fidelity simulation to enhance cultural awareness and emotional intelligence in nursing students." *Nursing Education Perspectives*, 2018.

### H

**JOYCE HAHN**. "The perceptions and experiences of national regulatory nurse leaders in advancing the advanced practice registered nurse compact policy agenda." *Journal of the American Association of Nurse Practitioners*, 2018.

### L

E. Anderson, A. Aldous, **DALE LUPU**. "Make your wishes about you (MY WAY): Using motivational interviewing to foster advance care planning for patients with chronic kidney disease." *Nephrology Nursing Journal*, 2018.

### M

**ANGELA MCNELIS**, K. Dreifuerst, **RHONDA SCHWINDT**. "Educating nurses for the faculty role." *Nurse Educator*, 2018.

### P

**JEONGYOUNG PARK**, C. Erikson, X. Han, P. Iyer. (2018). "Are state telehealth policies associated with the use of telehealth services among underserved populations?" *Health Affairs*, 2018.

### R

L. Schirlel, A. Norful, **NANCY RUDNER**, L. Poghosyan. "Organizational facilitators and barriers for optimal advance practice nurse practice environments: An integrative review." *Health Care Management Review*, October-December 2018.

**NANCY RUDNER**. "Population health as a primary care priority." *American Journal of Managed Care*, 2018.

**NANCY RUDNER**. "Mending the patchwork of nurse practitioner regulations in policy and politics for nurses and other health professionals." *Advocacy and Action*, Third Edition, 2018.

### S

R.P. Newhouse, M. Janney, A. Gilbert, J. Agle, G. Bakoyannis, M. Ferren, C. Mullins, C. Daniel, M. Johantgen, **RHONDA SCHWINDT**, K. Thoele. "Study protocol testing toolkit versus usual care for implementation of screening, brief intervention, referral to treatment in hospitals: A phased cluster randomized approach." *Addiction Science & Clinical Practice*, 2018.

**RHONDA SCHWINDT**, K.S. Kudmon, M. Knisely, L. Davis, C. Pike. "Impact of tobacco quitlines on smoking cessation in persons with mental illness: A systematic review." *Journal of Drug Education Substance Abuse Research and Prevention*, 2018.

T

J. Maring, M. Vail, K.A. Wright, **BILLINDA TEBBENHOFF**, K. Canova, E. Costello. "Attitudes toward academic dishonesty." *Journal of Allied Health*, Winter 2018.

W

A. Maradiegue, D. Seibert, **KAREN WHITT**. "Genomic assessment: Interpreting findings and formulating differential diagnoses." *Advanced assessment: Interpreting findings and formulating differential diagnoses*, Fourth Edition, 2019.

Y

K. E. Baumann, J. Paynter, H. Petousis-Harris, R. Prymula, **Y. TONY YANG**, J. Shaw. "Comparison of vaccination coverage of four childhood vaccines in New Zealand and New York State." *Journal of Paediatrics and Child Health*, 2018.

B. K. Chen, **Y. TONY YANG**, C.L. Bennett. "Why biologics and biosimilars remain so expensive: Despite two wins for biosimilars, the Supreme Court's recent rulings do not solve fundamental barriers to competition." *Drugs*, 2018.

B.K. Chen, **Y. TONY YANG**, R. Gajadhar. "Early evidence from South Carolina's Medicare-Medicaid dual-eligible financial alignment initiative: an observational study to understand who enrolled, and whether the program improved health." *BMC Health Services Research*, 2018.

T.F. Leslie, P.L. Delamater, **Y. TONY YANG**. "It could have been much worse: The Minnesota Measles Outbreak of 2017." *Science Direct*, 2018.

**Y. TONY YANG**, S. Glantz. "San Francisco voters and the sale of flavored tobacco products despite strong industry opposition." *Annals of Internal Medicine*, 2018.

**Y. TONY YANG**, P. Zettler. "Food and Drug Administration's regulatory shift on direct to consumer genetic tests for cancer risk." *American Cancer Society*, November 2018.

**Y. TONY YANG**, J. Ortendahl. "How does the Cox maze procedure compare? Cost-effectiveness analysis of alternative treatments of atrial fibrillation." *Journal of Medical Research and Opinion*, 2018.

**Y. TONY YANG**, J. Szaflarski. "The U.S. Food and Drug Administration's authorization of the first cannabis-derived pharmaceutical: Are We Out of the Haze?" *JAMA Neurology*. November, 2018.

**Y. TONY YANG**, J. Colgrove. "New York City childcare influenza vaccine mandate." *JAMA Pediatrics*, 2018.

R. Silverman, **Y. TONY YANG**. "Lessons from California's discipline of a popular physician for vaccination exemptions without medical cause." *JAMA Pediatrics*, 2018.

P. L. Delamater, E.J. Street, T.F. Leslie, **Y. TONY YANG**, K.H. Jacobsen. "Complexity of the basic reproduction number." *Emerging Infectious Diseases*, 2019.



## Grants and Funding

- ⊕ Associate Professor **MELISSA BATCHELOR-MURPHY** received funding from the I-Corps: Innovation Corps for "Exploring Handfeeding in Dementia as a Scalable Training Program for Long-Term Care Settings."
- ⊕ Assistant Professor **MARITZA DOWLING** received a subaward from the University of Wisconsin Madison for "Prevention of Alzheimer's Disease in Women: Risks and Benefits of Hormone Therapy."
- ⊕ Associate Research Professor **DALE LUPU** received funding for "Pathways Project 1 Closeout" from Quality Insights and funding for "Pathways Project II" from the Gordon and Betty Moore Foundation. Dr. Lupu also received a subaward from Milken Institute of Public Health for "Evaluating Impact of Recent Federal Policy Changes on Hospice Utilization Among Patients with Alzheimer's Disease and Related Dementia." Read more about Dr. Lupu's work on page 16.
- ⊕ Assistant Professor **RHONDA SCHWINDT** received a subaward from University of Indiana for "Phased Multisite Cluster Randomized Trial Testing Screening, Brief Intervention, Referral to Treatment for People that Use Tobacco, Alcohol, and Non-prescription Drugs."
- ⊕ Professor **Y. TONY YANG** received funding through the Robert Wood Johnson Foundation (RWJF) Policy for Action for "The Effects of State Preemption of Local Smoking Restrictions on Health Disparities." Policies for Action is a signature research program of RWJF administered through the national coordinating center at the Urban Institute. Read more about Dr. Yang's work on page 17.

## Local and Global Presentations

August 2018 - January 2019



### 📍 Anaheim, California

Dean **PAMELA JEFFRIES** gave the keynote "Changing the Way We Educate: Workforce Expectations and Evolving Health Care Systems" and "APRN Summit: Developing a Simulation Staff Educator Development Plan & Evaluation Strategies" during the National Association of Neonatal Nurse Practitioners annual Conference in October 2018.

### 📍 Atlanta

Associate Professor **ASHLEY DARCY-MAHONEY** presented "Language Proficiency and Executive Function: An fNIRS Study" during the Biomedical Engineering Society Conference in October 2018.

### 📍 Boston

Associate Professor **MELISSA BATCHELOR-MURPHY** presented "Key Trends and Issues in Aging Policy as Seen by the Health and Aging Policy Fellows" and "Eating Performance in Relation to Food and Fluid Intake in Nursing Home Residents with Dementia" during the Annual Scientific Meeting of the Gerontological Society of America in November 2018.

Professor **JOYCE PULCINI** presented "The REACH Project: Reducing Childhood Anemia in Caracol, Haiti: A Mixed-Method, Community-Based Action Study for Sustainable Improvement - Phase I" and "Listening to the Voices of Our Global South Nursing Partners" during the Global Nursing Caucus in October 2018.

### 📍 Dowagiac, Michigan

Dean **PAMELA JEFFRIES** gave the keynote address during the simulation center grand opening at Southwest Michigan College in January 2019.

### 📍 Las Vegas

Associate Professor **MELISSA BATCHELOR-MURPHY** presented "Professional Use of Social Media" during the American Association for Respiratory Care annual Conference in December 2018.

### 📍 New York

Dean **PAMELA JEFFRIES** served as invited moderator at the inaugural Columbia University Innovations in Simulation Summit in October 2018.

### 📍 Orlando

Associate Professor **KAREN WHITT** presented "The Usability of Family Health History Tools in Primary Care" during the International Society of Nurses in Genetics World Congress on Genetics and Genomics in October 2018.

### 📍 Palm Springs, California

Assistant Dean **SANDRA DAVIS** and Associate Professor **KAREN KESTEN** presented "Building the Infrastructure: Collaborations for Health Equity and Community Engagement" and **DR. KESTEN** also presented "Influence and Impact: The Broad Reach of the DNP" during the National Doctor of Nursing Practice Conference in September 2018.

### **Rockville, Maryland**

Professor **RHONDA SCHWINDT** presented “Creating an Inclusive and Affirmative Healthcare Environment for Transgender and Non-Binary Persons” for the Forensic Unit Staff at Shady Grove Medical Center in December 2018.

### **Richmond, Virginia**

Associate Professor **CATHERINE WILSON COX** presented “A Veterans’ Bachelor of Science in Nursing Program: The Experience of Three Virginia Institutions” during the Virginia Nurses Association Conference in September 2018.

### **Rotterdam, The Netherlands**

Associate Professor **KAREN KESTEN** presented “Convening a Consensus Based Work Group to Identify Common Competencies across Four APRN Roles” and “Partnership Strategies to Ensure a Quality Advanced Practice Nursing Workforce” during the International Council of Nurses Advanced Practice Nursing (ICN NP/APN) Conference in August 2018.

Professor **JOYCE PULCINI** presented “The REACH Project: Reducing Childhood Anemia in Caracol, Haiti: A Mixed-Method, Community-Based Action Study for Sustainable Improvement - Phase I,” “Examining the Relationship between Elevated Blood Pressure, Elevated Blood Glucose and BMI in a Population of Adults in Haiti” and “A Coordinated Strategy in Chile to Implement APN in Primary Health Care Using the PEPPA Framework” during ICN NP/APN Conference in August 2018.

### **San Diego, California**

Associate Professor **ASHLEY DARCY-MAHONEY** gave a poster presentation “Language Proficiency and Executive Function: An fNIRS Study” at the Society for Neuroscience in November 2018.

**DR. DARCY-MAHONEY** also presented “Using FDA Risk Communication to Reduce Adverse Drug Events for Cancer Patients” and “Associations between Physician Supply Levels and Amenable Mortality Rates: An Analysis of Taiwan over Nearly Four Decades” at the American Public Health Association Annual Research Meeting in November 2018.

Dean **PAMELA JEFFRIES**, Professor **JEANNE GEIGER-BROWN**, Associate Professor **KATHLEEN GRIFFITH**, Professor **Y. TONY YANG** and Assistant Professor **SHERIE WALLINGTON** presented on the panel “Building Capacity in Transdisciplinary Research” during the American Association of Colleges of Nursing Doctoral Education Conference in January 2019.

### **Washington, D.C.**

Associate Professor **MELISSA BATCHELOR-MURPHY** presented “Media Savvy in the Modern Age: How to Up Your Game” at the American Academy of Nursing (AAN) Institute for Nursing Leadership in November 2018.

Associate Professor **ASHLEY DARCY-MAHONEY** gave a podium presentation “Testing a Theory of Sensory Hypersensitivities in Young Children with Autism to Facilitate Early Diagnosis and Develop Novel Interventions” at the George Washington University School of Nursing Research Colloquium in November 2018.

Senior Policy Service Professor **DIANA MASON** presented and

Dean **PAMELA JEFFRIES** moderated “The Role of Evidence in Health Policy Communications” during the AAN Transforming Health, Driving Policy Conference in November 2018.

Professor **JOYCE PULCINI** presented “Developing a Student/Family-Centered School Health Collaborative” and “Political Efficacy and Participation of Nurse Practitioners” at the AAN Transforming Health, Driving Policy Conference in November 2018.

Associate Professor **KAREN WHITT** presented “The Effect of Family Health History Interviews on Perceived Risk for Disease among College Students” at the Council for Advancement of Nursing Science State of the Science Congress on Nursing Research - Precision Health in September 2018.

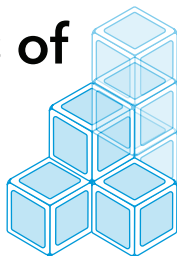
## On the Web



Associate Research Professor **DALE LUPU** gave the webinar presentation “Providing Supportive Care: Tools & Resources for the Journey” in November 2018.

Professor **Y. TONY YANG** presented “Will I be liable? Understanding the risks of using and adopting digital health solutions in practice” during the American Medical Association Physician Innovation Network in September 2018. [GW](#)

# New Tools of the Trade



BY REESE RACKETS

**A growing body of literature supports the connection between poverty and related social determinants of health in shaping health outcomes, especially in early brain and child development. GW Nursing’s Ashley Darcy-Mahoney, in partnership with the National League for Nursing (NLN), developed an online toolkit aimed at helping nursing schools better educate students on how to identify and address factors not previously considered when providing pediatric care.**

“Early detection and management of socioeconomic barriers is an important and emerging component of pediatric scope of practice,” said Dr. Darcy-Mahoney, an associate professor at GW Nursing and director of infant research at GW’s Autism and Neurodevelopmental Disorders Institute. Expanding pediatric care providers’ scope of practice to include identifying and addressing the social determinants of health will require additions to existing nursing curricula to cover these new topics.

In the new toolkit, Pediatric Adversity and Early Brain Development, Dr. Darcy-Mahoney offers a concise way for faculty in schools of nursing to explore the literature about pediatric adversity and consider ways to integrate the social determinants of health into existing curricula.

By partnering with NLN, Dr. Darcy-Mahoney hopes to leverage the organization’s considerable reach as a leader in nursing education in disseminating the toolkit, she said.

“The rollout of the NLN’s latest Advancing Care Excellence for Pediatrics program was an excellent place for this toolkit to be housed,” she said, describing the program that identified education about social determinants of health as a critical gap in nursing curricula.

This toolkit is aimed at “meeting the growing demand for quality care of children at greatest risk, living in circumstances beset by poverty, neglect and abuse,” Dr. Darcy-Mahoney said. The toolkit is divided into four modules that can be incorporated into a nursing curriculum to “educate future pediatric clinicians in understanding the drivers of inequity and equipping them with the knowledge, skills and courage to build more equitable health systems and organizations.” <sup>GW</sup>

 The toolkit is free and available for download at [go.gwu.edu/NLNtoolkit](http://go.gwu.edu/NLNtoolkit).



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# AGING, HEALTH & HUMANITIES



## An New Advocate for Geriatric Nursing at GW Aging Center

BY RUTH ADAMS

**“I like to eat” may be an unusual entry point for a discussion in gerontological health care, but for Melissa Batchelor-Murphy it makes perfect sense. Patients with Alzheimer’s or dementia are often robbed of this simple pleasure; swallowing problems can lead to weight loss and choking in patients with middle- and late-stage Alzheimer’s. Sometimes**

**patients may not even recognize the food on their plate.**

“There is a huge need for education and training [for Alzheimer’s caregivers], especially around mealtimes,” said Dr. Batchelor-Murphy, an associate professor of nursing and geriatric nursing researcher.

She specializes in feeding patients with dementia and has advised for and appeared in AARP’s new video series, “Home Alone Alliance,” which teaches family members basic caregiving skills. Dr. Batchelor-Murphy now brings her advocacy for gerontological patients to her new role as director of GW’s interprofessional Center for Aging, Health and Humanities.

In the classroom, Dr. Batchelor-Murphy counsels students that “health care is not all about acute care.”

“I think it’s still a pervasive thought for students to not want to work in long-term care, but it’s an exciting and viable career path,” she said.

The center is known for its education programs and innovations in clinical process, and Dr. Batchelor-Murphy plans to create a group of other researchers and clinicians in aging to build the center’s research capacity. “I want to put GW on the map for excellence in aging education and policy,” she said.

Dr. Batchelor-Murphy brings the expertise

# COMMUNITY & GLOBAL INITIATIVES

## A Week in Uganda

Alumni Featured

Below is an excerpt from the blog “Rhonda’s GW Adventure,” written by [Rhonda Krigbaum](#), BSN ’18, about a recent GW Nursing international clinical trip.

Uganda has five levels of health care, and we were fortunate to see a level-four health center in the Mukono District. Level one starts out with the Village Health Teams (VHTs) that we worked with throughout the week.

I will never forget walking up to the health clinic and seeing so many moms and children waiting for immunizations. I don’t think I have ever seen so many people waiting for vaccinations in the United States, because typically immunizations are part of regular doctor appointments, but this health center is full on Tuesdays, immunization day. It was encouraging to see so many people eager to get vaccinated, and they seemed to understand the importance of immunizations.

At the clinic they had a laboratory, general appointment rooms, a mental health room, a dentist, a maternity ward, an AIDS ward, a tuberculosis (TB) ward and an OR. They require everyone to take off their shoes in the OR waiting room because wearing shoes is thought to bring in more contamination than a bare foot.

During the trip, we also learned a lot about how common health issues are addressed, for example, how cookstoves are made out of a combination of ant hill mud, grass, water and banana stalks. Cookstoves filter the smoke out of the room to reduce chronic obstructive pulmonary disease (COPD) and asthma exacerbation.

We were also educated on sleeping with mosquito nets, maintaining immunizations, boiling all water even if from a clean water source, prenatal care, family planning and AIDS/STD prevention, newborn care, vaccinations and healthy foods to eat.

My favorite part of this trip was the blood pressure (BP) screenings we did in several different villages. The average life expectancy in Uganda is 58 years, and the most common cause of death from a chronic condition is cardiovascular disease. Hypertension (elevated blood pressure for those not familiar with medical lingo) is known as a silent killer because you can have high BP for years and not have any symptoms. Ugandans tend to have very high blood pressure (high-salt diet, stress, genetics, etc.). Out of all of

the screenings I provided, I think only two people had “normal” blood pressure. About two-thirds of all the villagers I screened had never had their blood pressure taken before and all needed lifestyle education on ways to lower their BP. We made a BP education sheet that was translated into the local language, Luganda, and provided to every person who was screened.

We really got to spread our nursing education and work with the VHTs to train them how to take an accurate BP reading so they can continue to screen and educate their community long after we leave.

I am so proud of this nurse-driven trip and can’t believe how lucky I am to have shared my knowledge and experience on a global scale. [GW](#)





# Forging Lasting Partnerships Through Community Engagement

BY REESE RACKETS

**Diversity in the health care workforce, continuing education for care providers and building partnerships with community stakeholders are the pillars on which healthy, resilient communities are built, according to Jehan El-Bayoumi, executive director of GW's Rodham Institute. Dr. El-Bayoumi gave the keynote address this winter at the first annual community partners engagement event.**

Community partners from across the Washington, D.C., metro area, and GW and local care providers came together to

share their ideas and success stories for relationship-building initiatives at an event themed "It Takes a Community!"

Hosted by GW Nursing, the event aimed "to align the goals of our community partners and faculty to better serve the health and well-being of the Washington, D.C., community," organizers said.

Dr. El-Bayoumi's keynote address, "Working Together to Improve the Health and Well-Being of the DMV (District of Columbia, Maryland, Virginia)," focused on the broad disparities between different parts of the city as well as some exemplars that have made strides in closing those gaps.

"We at the Rodham Institute like to present not just a problem but a solution," said Dr. El-Bayoumi before introducing the institute's three priorities in building health equity: community collaboration, education for health care providers and workforce diversity.

Dr. El-Bayoumi went on to say the model of community partnerships needs to change from one of top-down leadership with one group at the top—be it physicians, nurses or other stakeholders—to a wheel model with rotating leadership. GW Nursing practice and community partners in attendance said the event provided invaluable learning opportunities.

"One of the things that really struck me was the piece about diversity in the workforce," said Charles Birdie, executive director of the Loudoun Free Clinic. "I'd like to see more minority physicians and health care personnel start to volunteer at the clinic, because I think it's going to be better for everyone all around. I think the School of Nursing can help us with that."

GW Nursing sends Bachelor of Science in Nursing students to the Loudoun Free Clinic for clinical assignments, and some students also volunteer there. The partnership has been beneficial for both the clinic and the school, he said.

"I'm really glad GW Nursing put this together, and I'm glad to see it's the first annual event," Mr. Birdie said. "I will certainly be back next year." [GW](#)





down the amount of liquor they consume. The picture on the right is an example of how to improve the

# Teaching Healthy Living to Middle Schoolers

BY ERIN JULIUS

**Delivering high-quality health care requires knowing more than a patient’s blood pressure, heart rate and weight. Patients are more than these numbers; where they live, what they eat, whether they exercise also play a role in their health. GW Nursing’s Bachelor of Science in Nursing (BSN) students are learning this crucial lesson through a participatory action research project conducted in partnership with the AnBryce Foundation.**

“During this project, our nursing students, along with the middle school students whom they taught, learned the importance of social determinants of health and how they can facilitate or impede the making of a heart-healthy community,” said Sandra Davis, the school’s assistant dean for diversity, equity and inclusion, and principal investigator on

this project funded by the NPHF/ Astellas Foundation.

This project made such an impact on its community that it was on display in an exhibit at the Smithsonian’s National Museum of African American History and Culture through May 2019.

The middle schoolers learned by completing a PhotoVoice project in which they explored and documented their surroundings by taking photos, writing commentary on what was unhealthy and noting how their environment could be made healthier.

“Children get used to what they see at home,” said Iris Fountain, a parent who attended the Saturday Institute PhotoVoice Exhibit held at Thurgood Marshall Academy Public Charter High School in December. Ms. Fountain pointed out that neighborhoods in the D.C. area can have as many as three liquor stores on one block that open as early as 6 a.m. “If I notice, children notice it,” she said.

Indeed, one student wrote about the prevalence of alcohol.

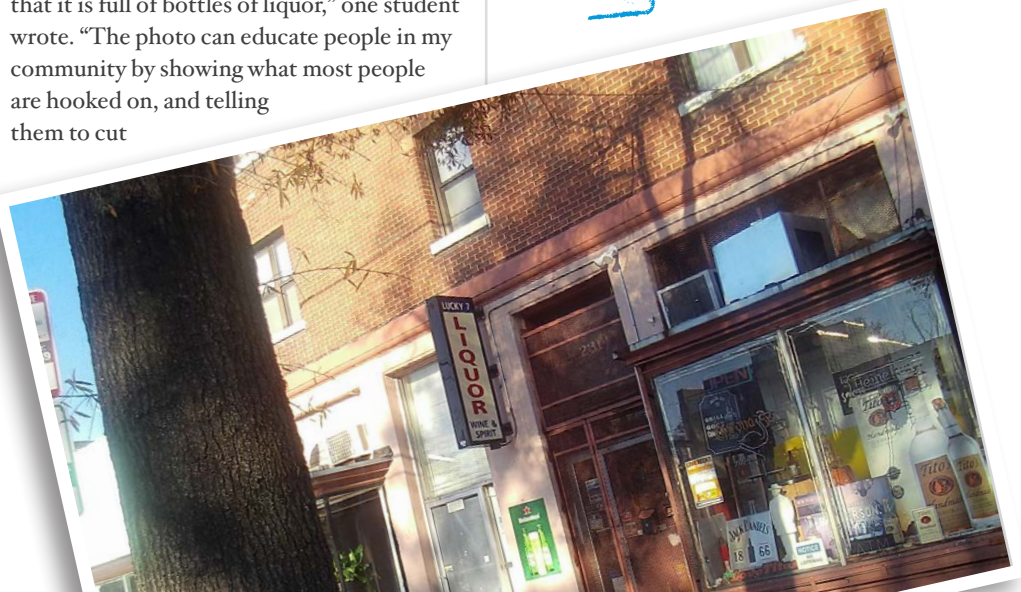
“The picture on the left shows people drinking liquor and throwing it away in the streets. This shows that there are drunk people who hang out in the community, and that it is full of bottles of liquor,” one student wrote. “The photo can educate people in my community by showing what most people are hooked on, and telling them to cut

community. For every one liquor store you have there should be one organic store too.”

Through this project, area middle schoolers learned not only how to take care of themselves, but also how to advocate for and in their communities. GW Nursing BSN students guided the middle school students under instruction by Dr. Davis and her co-principal investigators, Assistant Professors Karen Dawn and Adriana Glenn, as part of the BSN program’s community health portion.

Social and environmental factors—such as education, housing, places to exercise and healthy places to eat—all matter when it comes to heart disease and risk factors for heart disease. Underrepresented groups, especially African Americans, suffer a disproportionate risk factor burden for heart disease. In addition to being one of the poorest cities in the United States, D.C. has one of the highest avoidable death rates from heart disease of all major U.S. cities.

Earlier this month, Ms. Fountain’s son wrote Maryland Gov. Larry Hogan encouraging him to create more community gardens in public areas. This was the Fountains’ first activity with GW Nursing and the AnBryce Foundation, but it will not be the son’s last as he hopes to attend Camp Dogwood, where BSN students provide first aid to campers, later this summer. [GW](#)



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# RAISING HIGH AT



## GW Celebrates 'Unwavering Commitment' to Nursing Education

**Expanded simulation lab space will enable George Washington University School of Nursing students at all levels to engage in health care simulations and better serve patients.**

Students, faculty and staff from GW Nursing gathered in November to celebrate the opening of the new simulation lab space and Student Success Center at Innovation Hall on the Virginia Science and Technology Campus.

With the opening of the simulation lab, the school nearly doubled the amount of space where GW Nursing students

can practice patient care and learn from their mistakes in a safe and controlled environment. With an “unwavering commitment” to nursing education, GW President Thomas LeBlanc said the university is committed to building a physical infrastructure that is conducive to fostering student learning and community.

Simulation offers the ability to create real-life scenarios through which students develop, refine and apply knowledge and skills without the risk of harming patients. The newest simulation space was developed for nurse practitioner students who visit campus for skills training and test outs, formative assessments of how students are progressing through the program. [GW](#)

# From Test-Taking Tactics to Tissues: How Professional Advisers Support Students

To address non-nursing challenges students face while in school, GW Nursing has added two professional advisers to its Office of Student Affairs.

Chloe Harner works with students from the Bachelor of Science in Nursing program, and Hannah Hahn is the adviser for graduate students.

“Professional advisers offer students support and have a clear understanding of program, school and university policies and procedures,” said Jennifer Hayes-Klosteridis, assistant dean for student affairs.

Both Ms. Harner and Ms. Hahn are trained by the National Academic Advising Association and assist students with completing necessary paperwork, registering for courses and navigating degree requirements.

“Our job is to make sure students are in good shape and have the right information when they need it,” Ms. Hahn said.

In addition to ensuring all degree requirements are met, Ms. Hahn said professional advisers help students take “a holistic view of academic life.” Advisers can offer suggestions and resources to help students successfully complete their degrees no matter what challenges they may encounter, she said.

“I’m good at helping people adjust to an accelerated program and be a successful student. I’m not a nurse, so I haven’t been through everything students are going through. For that, they have a faculty mentor,” Ms. Harner said.

With offices at the school’s Virginia Science and Technology Campus location, both advisers are readily available to students.

GW



## Interested in Policy? There’s a DNP for That.

**GW Nursing this fall will launch a new Doctor of Nursing Practice (DNP) degree in the field of health policy.**

The 42-credit program, led by Program Director David Keepnews, is for nursing professionals interested in acquiring in-depth knowledge of the health policy process and how to influence policy to improve quality of care, increase access and control costs.

Located in the heart of Washington, D.C., GW is strongly associated with policy. Only blocks from the White House, Capitol Hill and dozens of government and professional organizations, the university will offer students pursuing the DNP the unique opportunity to engage with policymakers at the national level.

Jean Johnson, dean emerita and executive director of GW Nursing’s Center for Health Policy and Media Engagement, said a greater number of nurses are needed who understand the important role policy plays in the nation’s health care.

“There are many very serious health care issues facing our country in terms of

cost, access and quality, and nurses need to bring their knowledge of population needs and effective interventions into the policy discussion to improve our health system and provide safer, higher-quality care,” she said.

Opportunities for graduates include consulting firms, educational foundations, health departments, nonprofit groups, academic institutions and governmental organizations.

Mercedes Echevarria, an associate professor and assistant dean for the DNP program, said one of the motivations behind the DNP in Health Policy, which is offered in an online format, is a need to prepare a new generation of nurses who can advocate for patients and the nursing profession as a whole.

“We have a faculty well prepared to teach this material. Some have expertise in research that supports health policy, while others are experienced in advocacy and policy analysis,” she said. [GW](#)

[For more information, visit \[go.gwu.edu/policyDNP\]\(https://www.gwu.edu/policyDNP\).](https://www.gwu.edu/policyDNP)



## Celebrating Diversity Efforts, HEED Award

Members of the GW Nursing community, university leaders and local leaders gathered in February in Innovation Hall on the Virginia Science and Technology Campus to formally recognize the school's Health Professions Higher Education Excellence in Diversity (HEED) award from INSIGHT Into Diversity magazine. Dean Pamela Jeffries unveiled the school's message of diversity and inclusion, and BSN students presented posters about the social determinants of health.

As a recipient of the annual Health Professions HEED Award — given to health schools and centers that demonstrate an outstanding commitment to diversity and inclusion — GW Nursing was featured in the December 2018 issue of INSIGHT Into Diversity magazine.

"Diversity plays an important role in the classroom, health workforce and society," said Dean Jeffries. "It is an honor to be recognized with the HEED award as diversity initiatives are a strategic priority for GW Nursing."

INSIGHT Into Diversity magazine selected GW Nursing for a number of factors, including:

### Community Outreach

In collaboration with the Rodham

Institute, Drs. Sandra Davis and Arlene Pericak created The Health and Community Engaged Passport — an interprofessional approach to teaching nurse practitioner students about the social determinants of health.

### Innovative Diversity Education

Macy Faculty Scholar Dr. Ashley Darcy-Mahoney developed and launched "Pediatric Adversity and Early Childhood Development and Health," a course for nursing and medical students to learn about social factors that shape health.

### Health and Wellness

Through the school's Well-Being Experience, a series of eight sessions, students develop the knowledge and skills to cope with stress and adversity in healthy, proactive ways. GW Nursing aims to educate a generation of nurses who can manage the stress and challenges of an ever changing health care environment. [GW](#)



## Accomplishments

⊕ Associate Professor **Melissa Batchelor-Murphy** was awarded the 2018 Excellence in Research Award by the Gerontological Advanced Practice Nurses Association. This award is given to an individual who demonstrates a commitment to research

in nursing that benefits the geriatric community. She was also inducted as a fellow during the Gerontological Society of America's 2018 annual meeting.

⊕ Dean **Pamela Jeffries** was elected to the American Academy of Nursing's board of directors.

⊕ Instructor **Esther Emard** was named a peer reviewer for the *Journal for Healthcare Quality*, a national journal for professionals in the field and those that are certified in health care quality through the National Association for Healthcare Quality.

⊕ Clinical Assistant Professor **Christine Seaton** has been promoted to assistant director of simulation. She will work alongside Crystal Farina, director of simulation. Dr. Seaton is an active member of the Virginia State Simulation Alliance, for which she serves on the board of directors as conference planning director.

⊕ Associate Professor **Karen Kesten** was named director for doctor of nursing practice projects. Dr. Kesten brings a wealth of experience to the role, having most recently served as the director of faculty initiatives at the American Association of Colleges of Nursing and as the liaison for the work of the APRN Clinical Training Task Force, the American Association of Critical-Care Nurses Competency-based Education for Doctoral Prepared APRN Work Group, the Implementation of the DNP Task Force and the Task Force on Defining the Scholarship of Academic Nursing.

⊕ Assistant Professor **Gretchen Wiersma** has been appointed to the newly created role of veterans and military faculty liaison. Dr. Wiersma will provide academic support and supervision and promote internal and external communication and relationships for GW Nursing as they relate to veterans and the military.

⊕ Professor **David Keepnews** is the director for the new DNP in the field of health policy. Dr. Keepnews has held policy-related staff leadership positions at the American Nurses Association, California Nurses Association and the New York Academy of Medicine.



An alumnus of the Robert Wood Johnson Foundation Executive Nurse Fellows program, Dr. Keepnews also served as editor-in-chief of *Policy, Politics and Nursing Practice*, a scholarly journal, for a decade.

⊕ **Associate Professor Laurie Posey** is one of the winners of this year's Bender Teaching Award, which recognizes undergraduate, graduate and professional teaching at GW.

⊕ **Assistant Professor Carol Lang** now serves as the director of community and global initiatives.

⊕ **Assistant Professor Maggie Venzke** now serves as the director of the Adult-Gerontology Primary Care Nurse Practitioner program options.

## GW Welcomes

### Faculty

⊕ **Helen Brown, MS, ACNP-BC, FNP-BC, FAANP**, is an adjunct clinical instructor and an acute care nurse practitioner with 20 years of experience in the Emergency Department at Anne Arundel Medical Center in Annapolis, Maryland. She has been teaching graduate students for 13 years and has been recognized by her colleagues for excellence in education regionally and nationally. She is the recipient of the American Association of Critical Care Nurses Circle of Excellence Award and Georgetown University's Excellence in Education Award.

⊕ **Daisy Le, PhD, MPH/MA**, is a visiting assistant research professor and a social scientist in behavioral and community health specializing in community-engaged cancer prevention and health disparities research. She received her doctorate from the University of Maryland and recently completed her postdoctoral fellowship with the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health. Dr. Le teaches and conducts research in the general areas of multicultural studies and health promotion and communication. Her specific focuses are on sociocultural determinants of health and community-based and -engaged approaches across the cancer continuum that target minority,

low-income and underserved populations using mobile health technology.

⊕ **Richard Ricciardi, PhD, CRNP, FAANP, FAAN**, is a professor and health policy faculty member from the Agency for Healthcare Research and Quality (AHRQ), where he served as the director of the Division of Practice Improvement. He is also president-elect of Sigma Theta Tau International. His scholarly interests include implementation science, preventing and mitigating adverse body composition and sedentary behavior, and the role of nursing in the delivery of primary care. Prior to joining AHRQ in 2010, Dr. Ricciardi served as active duty military in the Army for 30 years, holding numerous clinical, research and senior leadership positions within the Department of Defense, including pediatric and family nurse practitioner, research scientist and educator. Dr. Ricciardi maintains a part-time clinical practice and is a fellow of the American Academy of Nursing and the American Association of Nurse Practitioners.

⊕ **Mark Tanner, DNP, RN**, is assistant dean of the Bachelor of Science in Nursing program and a clinical associate professor. Dr. Tanner previously served as director of the BSN program at University of Arkansas for Medical Sciences (UAMS), where he also earned his DNP. He worked at UAMS Hospital in the Progressive Care and Critical Care units where he specialized in medical and neurological/neurosurgical patients. He has taught in the Pathophysiology, Adult Med-Surg, Fundamentals and Critical Care courses. Dr. Tanner was named to Arkansas Great 100 Nurses in 2018 and to Arkansas Action Coalition 40 Under 40 Nurse Leaders in 2017.

⊕ **Sherrie Wallington, PhD**, is a tenure-track assistant professor and health disparities researcher specializing in oncology. She joins the policy, populations and systems faculty community from the Georgetown University Medical Center and the Lombardi Comprehensive Cancer Center, where she served as an assistant professor of oncology. Dr. Wallington teaches and conducts research on the role of health communication, health promotion and

community-based participatory research strategies that particularly focus on cancer prevention, cancer health disparities and clinical trials. Her health disparities and cancer research is supported by the American Cancer Society, the Robert Wood Johnson Foundation, the National Institutes of Health and the National Cancer Institute.

### Staff

⊕ **Sabrina Beroz, DNP, RN, CHSE-A**, is the associate program director of professional programs and initiatives.

⊕ **Gloria Bognin** is a research project assistant supporting the Pathways Project led by Associate Research Professor Dale Lupu.

⊕ **Denise Bridges** is an administrative assistant for the Office of Student Affairs.

⊕ **Paul Collins** is simulation technology administrator.

⊕ **Hannah Hahn** is an academic adviser.

⊕ **Matthew Hess** is a program assistant for community and global initiatives.

⊕ **Tanisha Judkins** is the program associate for clinical placement for undergraduate students.

⊕ **Cyndi Kelley** is a coordinator for the acute and chronic care community.

⊕ **Nichole Robertson** is a program associate for clinical placement, graduate studies.

⊕ **Alexander Schlichting** is a technical support associate.

⊕ **Shari Sliwa** is the project manager for the Pathways Project led by Associate Research Professor Dale Lupu.

⊕ **Haley Stepp** is the senior communications associate for the Center for Health Policy and Media Engagement.

⊕ **Narah Thomas** is a records and registration specialist.

⊕ **Wenxia "Joy" Wu** is a senior instructional designer.

# Alumna Helps Organizations Achieve Nursing Excellence

Alumni Featured

BY CRYSTAL SCHELLE

**Tiffany Bryant** has had a lifelong passion for nursing, which she now employs as a senior magnet program analyst for American Nurses Credentialing Center in Aldie, Virginia.

“My work is different but equally as important in the nursing profession,” she said. “It’s really pushing organizations through innovation and nursing excellence.”

The Loudon County, Virginia, resident had for years looked upon the profession as something noble.

“Nursing allowed me to be a part of an honorable profession,” said Dr. Bryant.

When she started her first nursing program, Dr. Bryant knew she had found her path.

“Once I went to nursing school, I felt good about the work. From when I was still working as a clinical nurse and particularly when I went into education,” she said.

Dr. Bryant graduated from GW Nursing with a Doctor of Nursing Practice (DNP) in May 2018.

Throughout the DNP program, Dr. Bryant said, she was able to apply many of the principles she was learning about in

her job at the time as an education program specialist at the American Nurses Association (ANA) in Silver Spring, Maryland.

“The coursework and projects all were aligned and enhanced my work with continuing education for the association. It led into my research,” she said.

**“Once I went to nursing school, I felt good about the work. From when I was still working as a clinical nurse and particularly when I went into education.”**

- TIFFANY BRYANT

For her DNP capstone project, Dr. Bryant analyzed nurses’ intent to change their practice and actual practice change after participating in ANA continuing education courses. The result was “Evaluating Transfer of Continuing Education to Nursing Practice.”

Originally, Dr. Bryant said the paper was meant for GW’s doctorate repository. Barely a month after graduation, she contacted *The Journal of Continuing Education in Nursing* to inquire about the possibility of submitting it.

Knowing she would need help and guidance, she reached out to Laurie Posey, an associate professor at GW Nursing and director of the graduate certificate in nursing education, who had been her mentor and academic adviser at GW, to assist her with preparing the paper for submission.

Dr. Bryant praised Dr. Posey on her help throughout the process. “I just can’t say enough about her. She was instrumental and helpful to me,” she said.

Dr. Posey said that Dr. Bryant approached the work as a collaborative effort. [GW](#)



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# DNP