

Spring 2011

In step

for the
Commonwealth



UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

UKHealthCare®



Feature story:

Technology: The 21st Century Stethoscope

In Step for the Commonwealth

Since 1962, when the first patient was admitted to University of Kentucky Albert B. Chandler Hospital, nurses have been caring for patients and their families from throughout the commonwealth. They have supported new mothers as they gave birth to daughters and sons, they have administered chemotherapy to children and adults faced with cancer, they have provided one-on-one care to critically ill patients following an accident or other threatening illness, and they have used their knowledge, held the hands of countless family members, and listened with their hearts to ease the stress of illness.

The art and science of nursing is not done in isolation, but instead is done through collaborative efforts with physicians and other members of the health care team. Nursing care is forever evolving and this requires a commitment to lifelong learning. The nurse of today must exercise a scope of critical thinking and breadth of knowledge that is extraordinary. The rigorous demands of nursing in today's system of health care dictates a need for the best and brightest in our profession. There is no better place than the University of Kentucky to advance one's knowledge and realize the essential high performance demanded today.

For the past 50 years, the UK College of Nursing has been preparing nurses to meet the health care needs of the commonwealth. Many of our more than 5,000 alumni learned "what it means to be a UK nurse" who truly makes a difference from

the nurses at Chandler Hospital. Today, they are also learning from expert nurses at the Kentucky Children's Hospital, Good Samaritan Hospital, and the Kentucky Clinic.

UK HealthCare continues to provide unprecedented learning opportunities as we prepare future generations of health care providers. Within the last year, UK HealthCare opened a new state-of-the-art Emergency Department and within a few months, learners will have the opportunity to care for patients and their families in a new state-of-the-art hospital.

Our goal in creating In Step in 2010 was to capture the richness of the experiences of UK nurses. We wanted a forum for telling our stories of collaboration—both across the health care professions and also between the College of Nursing and nursing practice. We wanted to showcase excellence and innovation. We wanted to highlight the complexity of what nurses do 365 days a year.

We hope that when you finish reading In Step that you will share your copy with a neighbor or friend. We also hope that you will share in our sense of pride in the work of UK nurses.

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FEATURE STORY

Technology: The 21st Century Stethoscope
New Technology throughout UK HealthCare

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Investing in Advanced Nursing Expertise

WRITTEN BY
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At a time when the quality and cost of hospital care are being scrutinized, measured and examined upside down and sideways, health care administrators at UK HealthCare have realized the value of a role that nearly faded out in the 1980s—the clinical nurse specialist.

Over the past year, with just one clinical nurse specialist on board working on a pilot project, UK Albert B. Chandler Hospital was able to save more than \$1 million through improved outcomes and shorter patient stays. This success has helped show the value of the position, prompting Chandler Hospital to add a total of eight clinical nurse specialists.

Many of these positions have been placed within the hospital's highest acuity units, where nursing care intensity is crucial to patient outcomes. The complexity of these cases and the advanced technology used to treat these patients frequently require advanced expertise and critical thinking that often come with experience. Novice nurses can often benefit from a coach with that experience when they encounter highly complex situations.

The clinical nurse specialist fills that gap, says Kathleen Kopser, MSN, RN, NE-BC, senior nurse administrator at Chandler. These nursing professionals are experts in their fields — through both formal education that includes a graduate degree and clinical experience. They make it their job to keep up with research and the most current best practices available in their specialties. They implement new protocols, monitor quality and teach bedside nurses, acting as mentors, sounding boards and collaborators.

“In an academic medical center we tend to get a lot of new nurses who come here right out of school,” says Kopser. “When you have new nurses, this kind of support is what helps them feel secure about their work. They know there is someone keeping an eye on quality, but also there is someone they can go to for help when taking care of complex patients. Our patients in ICU these days are so, so sick we often have to have two nurses taking care of one patient. It's good to have that support.”

Clinical nurse specialists also are the point people for everyone involved in the patient's care, including the patient.

“They have a way of interacting with staff and are seen not just as experts but as approachable partners in the care of patients,” says Kopser. “They are viewed by physicians as strong collaborators. They are seen by patients as someone who can help them and insure they are going to have a good hospital stay. They educate, they analyze data, they teach patients, they teach families and they teach nurses.”

“They are like the glue that holds everything together, keeping everything moving in the right direction and focusing on what is best for the patient,” says Kopser.

Education

Many clinical nurse specialists have worked as floor nurses in a hospital setting, says Sherry Warden, PhD, RN, associate professor in UK's College of Nursing and coordinator of the clinical nurse specialist track. Their motivation to return to school to become clinical nurse specialists often is a quest for more authority, more education, and the ability to improve patient care in a hospital or rehabilitation center setting, she says.

“They are generally nurses who have been practicing and have seen firsthand the difference they can make,” says Warden. “This role is for nurses who really want to improve the quality of care for patients in a particular specialty.”

Clinical nurse specialists are required to have at least a master's degree in nursing. The American Association of Colleges of Nursing, though, has issued guidelines that endorse moving from a master's degree to the Doctor of Nursing Practice (DNP) degree by 2015. UK's College of Nursing has already moved in this direction, and the last master's degrees in nursing will be awarded in 2013, Warden says. The college's BSN-to-DNP clinical nurse specialist track teaches students about leadership, economics, advanced pathophysiology and pharmacology and other subjects to give them a foundation for the roles they will play as a clinical nurse specialist, says Warden. They are then placed with a preceptor who is a seasoned clinical nurse specialist to see the role in action and learn to apply their knowledge.

Warden says she is a strong believer in the role of the clinical nurse specialist.

“These are experts in clinical care who can serve in the role of consultant,” she says. “If nursing care is, perhaps, not up to date, a clinical nurse specialist can research best practices and improve things by working with the team and changing things within the system. They can check national guidelines, gather data and design an intervention.”

Ellen Ratcliffe, MSN, APRN, ACNP-BC, CCNS, CCRN, who is now a pulmonary and critical care clinical nurse specialist at Chandler Hospital, says she went back to school for the exact reasons Warden mentioned, and she graduated with a master's degree in the clinical nurse specialist track at UK in 2009. “I didn't want to see one patient at a time,” she says. “I wanted to work with specific populations, applying research, looking at ways to make things better in the hospital, and providing support and mentoring the nurses. I wanted to make more of a difference.”



Investing in Nursing Expertise

Clinical nurse specialists have been around for decades, specializing in certain fields such as oncology, pulmonology, cardiology and critical care.

Their role in nursing changed in the 1980s as the trend turned toward using diagnostic-related groupings to determine reimbursement rates. This change put pressure on hospitals to discharge patients within a particular timeframe, depending upon their diagnosis. Unable to measure the effectiveness of the position within this new system, clinical nurse specialists throughout the country instead became case managers. Their focus switched from providing expertise in hospital bedside care in a particular specialty to discharge planning for that patient group, says Kopser.

“The bedside nurse was without an expert to help them figure out how to take care of populations of patients and complex patients,” says Kopser.

When Kopser became the senior nurse administrator at Chandler in 2008, one of the first issues she and Chief Nurse Executive Colleen H. Swartz, MSN, MBA, RN, NEA-BC, identified was re-establishing that professional support for bedside nurses in specialty areas. On the top of that list was getting help for the nurses treating patients with diabetes, a complex and chronic illness that is more prevalent in Kentucky than most states because of the high obesity rates here.

“We have a huge diabetes population, and the nursing staff was doing a good job, but there was no one who could really support them with the detailed educational needs these patients have,” Kopser says. And, although diabetes medications tend to be protocol-driven, they are complex enough that nurses sometimes need help managing patients’ insulin requirements.

“We felt like we could really get a benefit from having a diabetes clinical nurse specialist in-house who could manage that population of patients,” she says.

The position was approved in 2009 after Kopser and Raymond Reynolds, MD, a UK endocrinologist and diabetes specialist, built a business case supporting the position. It was filled this past spring. In the meantime, as Swartz began working on developing other clinical nurse specialist positions, she and Kopser were approached by a former pulmonary and critical care clinical nurse specialist, Pam Branson, MSN, RN, who was functioning as a patient care facilitator.

“Pam came to us and said, ‘I can make such a difference for critical care patients; I can make a difference in their length of stay; I can do so much for these patients in the role of a clinical nurse specialist. Would you support that?’” Kopser recalls.

Branson was given permission to conduct a pilot project at Chandler. The six-month project involved decreasing the infection rate associated with central line IVs, which are often run to administer medications or fluids, run blood tests and obtain cardiovascular measurements. Each case of infection was costing an average of \$25,000 per patient, Branson says, and under new Medicare guidelines, these incidences of hospital-incurred infection will no longer be reimbursed.

Throughout the ICU and adult units, Branson said she helped institute and teach specific documented protocols to cut down on the number of infections, including helping physicians identify patients who either no longer needed their central lines or didn’t need them to begin with.

Her efforts resulted in a significant decrease in central line IV infections, which in turn led to lower morbidity and mortality rates, shorter hospital stays and an appreciable cost savings.

“It was the right time and the right thing to do,” Branson says. “I was able to bring the concept to them and help get everyone to buy into the process, but it was a multidisciplinary effort.”

Kopser says the project saved significant dollars. “She did it by engaging the nursing staff and the nurse managers and by helping them understand why following protocols was so important to the patient. Also, she helped the nurses be proactive in collaborating with physicians to remove central lines when they were no longer needed. She spent time at the bedside with the nurses guiding them, educating them and helping them see how they could impact the quality and safety of outcomes,” she says.

The success of Branson’s pilot project led to Chandler formalizing her role as a clinical nurse specialist, a career she says she dearly loves. It also gave credence to the six other clinical nurse specialist positions that have since been added, as well as two clinical nurse experts, a similarly oriented position at a bachelor’s degree level.

At UK’s Good Samaritan Hospital, four clinical nurse expert positions also have recently been put in place, two in acute care and two in telemetry.

“All four will work the night shift,” says Darlene Spalding, MSN, APRN-BC, senior nurse administrator at Good Samaritan. “That is where our new graduates and less experienced nurses are. With the increased acuity levels and increased census, we needed support and clinical nurse experts to teach them. They provide that extra pair of hands to guide them.”

The clinical nurse experts help the nurses with new protocols, new documentation systems, new technology, in addition to answering nurses’ questions and helping them manage their patients, says Spalding.

“There are always changing practices in health care so these nurses will be the experts,” she says.



Developing Knowledge

Nurses like to get information and have an expert to support them; someone who has also been at the bedside and can really empathize helps provide a rich environment, says Kopser.

“Nurses want to go home at night and feel like they have really made a difference, and I think the clinical nurse specialist can participate in that,” she says. “They can help nurses provide the very best care because they can coach them and help them understand what they are doing for the patient and how they are affecting the patient’s outcome.”

Branson, who has been a nurse for 38 years, says she is passionate about providing support to new nurses and helping them develop their skills and education.

In the absence of a clinical nurse specialist, most nurses would turn to a more seasoned nurse, to a doctor or seek out the information through research. “The avenues were there, but they weren’t as readily available,” Branson says.

This additional support results in nurses feeling much better about their jobs and the quality of care they are giving. They not only understand what they are doing but why they are doing it, Branson says. The increased knowledge helps them to better communicate with patients, doctors and other providers, making for more of a team approach.

Also, having an institutionalized knowledge base has become even more important when combined with current trends. Today’s nursing graduates have a broader arena in which to employ their skills, and they move around more often, trying out different options. “There isn’t the same longevity,” Branson says. “We needed to build a firm foundation for them to improve their practice skills.”

In addition, technological advancements combined with people living longer have led to rising acuity levels, increasingly complex interventions and more challenging modalities. Bedside nurses need more expertise than ever before to keep up, and clinical nurse specialists can help provide that to less experienced staff, says Branson.

“It takes two years for an ICU nurse to go from a novice to an expert,” she says.

Anna Adams, BSN, RN, and Allison Copper-Willis, BSN, RN, both say the recently created clinical nurse expert positions in cardiology and telemetry at Chandler Hospital have given them a platform to use their experience to teach and support newer nurses.

“Nurses appreciate having a resource to call; for example, if there’s a difficult procedure coming down the pike or if a patient is declining we are available to be at the bedside with them to help get things back on track,” says Adams, who has been a nurse for 22 years. “And if they have questions, we have the time and resources to find the answers for them.”

Having the clinical nurse expert available also takes a burden off of the more seasoned nurses on the floor, she says. “The nurse with the most experience is the one who was getting pulled in the most directions. Now these nurses can concentrate on their patients and the newer nurses can call Allison or me.”

Copper-Willis, who has worked at Chandler for 10 years, mostly as a pool nurse, says she had considered getting into staff development before the clinical nurse expert position opened up.

“This position is staff development, but it is hands-on teaching and constant interaction rather than a lot of paperwork,” she says. “And there is so much appreciation from the nurses. They know you are here to help if a patient starts to deteriorate or even if it is just looking up a medication for them.”

Bottom Line

In today’s competitive health care environment, the use of clinical nurse specialists and clinical nurse experts have proven at UK HealthCare to be an effective way to both save money and, more importantly, improve patient outcomes.

What sets advanced nurse specialists and clinical nurse experts apart is their level of knowledge, their ability to identify outcomes, and their ability to help nursing staff see that vision for the patient and see how they can contribute to the best possible outcome for the patient, says Kopser.

“They are more about: While this patient is here, how can we make this a quality experience, how can we assure that we meet metrics that we’ve identified as cutting edge or national standards for best practice,” she says.

As groups such as the Hospital Quality Alliance, a public-private organization comprising more than 350 health care, citizen and government organizations, make it their job to compile comparative hospital metrics for the public, the use of best practices to try and achieve the best possible outcomes becomes increasingly important.

“From the consumer end, you want to get the most bang for your buck,” Branson says. “And consumers are becoming a lot more knowledgeable. With the availability of information on the Internet, they are asking a lot more questions.”

Clinical nurse specialists play a huge role in meeting quality metrics because they are the people who are there day in and day out, Kopser says. “They are watching the quality of care we are providing patients and evaluating that care to ensure we are meeting our goals. They can keep an eye on things in a way others cannot.”

College's First Named Scholarship Honors Memory As Well As Spirit

It's been 45 years since William R. Winternitz, Jr., MD, was presiding over a classroom of students at the University of Kentucky's College of Medicine. But thanks to his generosity and the nursing scholarship he founded in 1965 in memory of his young wife, UK students are still learning from the example of this remarkable man.

The Mary P. Winternitz Scholarship was the College's very first and is granted annually to an entering student nurse with a demonstrated need who portrays "cheerfulness and responsiveness to the needs of others and demonstrates warm personal relationships, dependability and dedication." That was Mary, says Winternitz, who met his wife at Johns Hopkins when he was a young resident and she was a student nurse. "My wife had a strong conscience and was very serious about medicine and about nursing and its role in society. She was a wonderful woman."

Winternitz and his wife moved back to his native Connecticut after finishing at Johns Hopkins and spent the next nine years at Yale University where he was a research fellow and assistant professor of Internal Medicine. In the late 1950s, when the University of Kentucky was planning the creation of a new and innovative medical school, they recruited Winternitz, who moved his young family to Kentucky in 1961 once he'd completed his fellowship at the University College Hospital Medical School in London. "It was an exciting time," says Winternitz of those early days at Kentucky. When Mary Winternitz died in 1965, Winternitz and his three children were heartbroken. "She was only 43," says Winternitz. "It was important to all of us to honor the virtues she exemplified and that's why we established the scholarship." In 1984, Winternitz took steps to make sure that the scholarship would continue on in perpetuity by endowing it.

This September at a Founders' Day celebration at Maxwell Place, Winternitz was recognized for his contributions and awarded a plaque that included the College's nursing pin and a quote from Florence

Nightingale: "I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results." Ninety-year-old Winternitz, now retired after a long and distinguished career as chair of the Department of Internal Medicine at the University of Alabama's School of Medicine in Tuscaloosa, was surprised and moved by the honor. "I was very touched, I can tell you that."

At the event, Winternitz and his wife Madeline had a chance to meet and talk to Kayla Putton, this year's recipient of the Mary P. Winternitz Scholarship. Putton is in her second semester of the College's six-semester traditional BSN program. In her thank you note to the Winternitz family, she wrote, "I always knew I wanted to help people. Starting at a young age, I have played a major role in taking care of my brother who was diagnosed with a form of autism and borderline mental illness. He taught me that everyone deserves a chance to live the best life possible. As a nurse I will be able to assist many people reach the highest quality of life achievable." Says Winternitz of their meeting, "We were very taken with her. We could tell she's going to be a good nurse."

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

—Florence Nightingale

Jane Kirschling, DNS, RN, FAAN
William R. Winternitz, Jr., MD
Patsy Todd, UK First Lady
Lee Todd Jr., PhD, UK President

The Todds also received the UK College of Nursing pin for their unwavering support.



Partnering for Improved Patient Care

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As an academic health center, the University of Kentucky plays a major role in research, education of health professionals and advancing health care technologies. At the most basic level, we are moving knowledge, clinical skills and technology from the classroom to the patients who need it. Nursing leadership at UK is helping drive realization of UK HealthCare's vision to meet the health care needs of the commonwealth and region and be ranked among the Top 20 medical centers in America. "Nursing has been instrumental in driving toward UK HealthCare's mission. We want to ensure that when patients choose UK HealthCare, they will receive superior medical and nursing care. Nursing has worked hard to sustain and improve upon the Magnet principles that define the care we provide," says Kathleen Kopser, MSN, RN, NE-BC, senior nurse administrator for UK Albert B. Chandler Hospital.

Nursing practice is part of a new integrated care delivery model that allows the key players of a health care team to work together for the benefit of the patient. True integration, supported by technological advances, allows for smooth transition from clinic to hospital or from primary care to specialty care. "As we see health care change and we respond to that change, we move toward team care," says Michael Karpf, MD, executive vice president for health affairs at UK. "Care is no longer monolithic — it will be team-based and the role of nurses will expand dramatically everywhere from primary care to the full range of specialty care."

The approach means patients benefit from the combined expertise of physicians, nurse practitioners, nurses, social workers, pharmacists, dietitians and other health care professionals, resulting in a higher level of care. Through the team approach, the patient is the most important part of the team. "And nurses, particularly bedside nurses, are the captain of the team in many ways," says Karpf. Nurses communicate patient needs to physicians and other team members and relay important information about medications, treatments and care that will be needed at home. "The nurse is the pivotal person to ensure communication between all care givers is accurate," says Kopser.

The concept of integrated care is one of many strategies to provide more efficient and effective patient-centered care. The integrated academic campus only enhances the capabilities; the key is working together. As part of the new model, there is an increased partnership and collaboration between health care professionals. "Significant amounts of primary care can be done by nurse practitioners working as colleagues with physicians," says Karpf. Colleen Swartz, MSN, MBA, RN, NEA-BC, chief nurse executive for UK HealthCare, agrees. "We are in a transformation to a more integrated care model with an administrative lead and nurses and physicians partnering to bring more of a team approach to care," she says. "The only way to achieve the outcomes patients deserve, and that we are obligated to provide, is through a team approach."



Part of that team approach extends to the partnership between UK HealthCare and the College of Nursing. “The practice and education sides of health care at UK are working well together to optimize this redesign of the system to better meet the needs of the patient,” says Jane Kirschling, DNS, RN, FAAN, dean of the College of Nursing. The college views UK HealthCare as a clinical lab to produce high caliber graduates; conversely, nurses can be educated in ways that fill actual needs, based on real experience. And after they receive their degree, numerous opportunities exist for UK nursing graduates to practice in areas across the entire spectrum of care.

Another partnership opportunity came with UK’s acquisition of Samaritan Hospital. As part of UK HealthCare, Good Samaritan Hospital offers a community hospital environment with the teaching component and state-of-the-art health care of UK. Patients gain access to the expertise of UK specialists while remaining in the less stressful and less hectic setting.

The second oldest hospital in Lexington, Good Samaritan opened on South Limestone in 1888 and offers a personalized healing environment in the heart of Lexington. The 340,000 square foot facility includes the hospital, a free-standing diagnostic center and a medical office building. “Good Samaritan has been critically important to UK,” says Karpf. “We are able to move lower acuity patients to Good Samaritan and have expanded our outpatient abilities.”

Good Samaritan means good things for health care professionals, too. “Good Samaritan brings a unique opportunity for our nursing students and other

medical specialists to have training in both an academic health center and a hospital with a community feel,” says Swartz. “We are the perfect enterprise,” adds Kopser. “If you prefer community-based acute care nursing, we have that at Good Samaritan. If you prefer academic-based nursing, we have that at Chandler. Opportunity and choices exist at UK so that nursing staff can experience both environments.”

“UK HealthCare and the College of Nursing are also uniquely positioned to support nurses to “learn while they earn.” “The centrality of life-long learning for the discipline of nursing is key to assuring that the residents of the commonwealth have access to high quality, safe, patient-centered care,” says Kirschling. “Learning is often times interwoven with continuing to work full time; the College of Nursing faculty understand what is needed to support nurses to achieve their goals of advancing their education.”

Across the continuum, one thing emerges from the new effort of collaboration — greater patient satisfaction. And the best outcome for the patient is when all health care providers are working together as a team. Because of the central role nursing plays in health care, nurses have the opportunity to model what team-based health care looks like and to model patient-centered care. “Nurses and nursing leadership at UK HealthCare are resources to the community and region,” says Swartz. “In the end, we want to become resources to the entire commonwealth.”

Pulling a “Fast One”

WRITTEN BY
Linda Perry

PHOTOGRAPHS BY
Lee Thomas



New program will reduce wait times, diminish waste and increase patient satisfaction and safety.

UK HealthCare emergency departments are early adopters of a new process that has physicians seeing patients in less than 30 minutes. The initiative, called Door-to-Doc, guarantees patients arriving at the UK Good Samaritan Hospital Emergency Department (ED) will see a physician within 20 minutes. At the UK Albert B. Chandler Hospital ED the wait time is guaranteed to be no more than 30 minutes.

Penne Allison, BSN, MSOM, RN, director of emergency/trauma services, has taken the lead to make this change happen. “When patients come to the ED, they come to see the doctor, but there are a lot of things in emergency departments that are barriers between the arrival time of the patient and the time the patient sees the doctor. We have to register the patient, triage the patient, and if there’s not a bed available, then the patient has to wait in the waiting room,” says Allison. “If you look at some of the media and literature, there have been some really poor outcomes for patients waiting in waiting rooms. So this initiative is for safety, to be able to identify patients early and determine whether they are sick or not.”

Allison says that all emergency departments try to do this, but they sometimes get backed up because they aren’t determining quickly who is really sick. That’s where the Door-to-Doc program is different.

“Door-to-Doc means instead of doing things in sequence, you may do things in parallel,” says Allison. “When a patient comes in to register, the staff person not only gets information like the patient’s name and birthday, but now a nurse is right there and does a ‘quick look.’ That nurse decides one of two things: is the patient sick or not sick.”

Individuals classified sick by that nurse, the “1s” and “2s” on the emergency severity index, will see a physician right away, Allison says. But for those who are not sick, classified as a 3, 4 or 5 on the emergency severity index, there is another question: does this patient need an emergency room bed or not? If they need a bed, their vitals would be taken, for example, and then the patient would get a bed and see the physician.

“If they don’t need a bed, that patient would go through an intake process where the nurse and the physician may see them in a parallel path, so they are hearing the same patient history. This means the nurse or patient doesn’t have to say the same things over and over, which is just a waste of time,” says Allison. “When the physician says we have to draw labs or get an X-ray, instead of putting the patient in a bed, they’ll go to an internal waiting area until the labs come back. At that point a decision is made and the patient either goes home or is admitted to the hospital.”

While the Door-to-Doc program equates with “fast,” plans to implement the initiative were also put on the fast-track. Allison made a push to pursue the concept and in July a team of about 15 UK HealthCare representatives traveled to Indianapolis for a full-day workshop about how similar programs are beginning to be used in other communities. In November the UK team started its hard work. “We began to set forth what the expectations would be, did some flow mapping, talked about where the bottlenecks might be, where we could shave off waste, and where we needed to add value in the process,” she says. “And waiting is never value added.”

Kathleen Kopser, MSN, RN, NE-BC, is the executive sponsor of the team, which is comprised of nurses and physicians from both hospitals. Rapid cycle testing was used and team members met weekly for three months to share information about what was working or needed improvement as the initiative rolled out at Chandler’s and Good Samaritan’s EDs.

Above: Ryan Stanton, MD, Medical Director, Good Samaritan ED
Jamie Fraley, MSN, RN, Operations Manager, Good Samaritan ED

"If they don't need a bed, that patient would go through an intake process where the nurse and the physician may see them in a parallel path, so they are hearing the same patient history. This means the nurse or patient doesn't have to say the same things over and over, which is just a waste of time," says Allison.

"We looked at each cycle time, from arrival to registration, etc. We set targets and looked at these things weekly, tweaking and changing based on whether or not we were making our targets," Allison says. Among those targets was decreasing the number of people leaving without treatment to under the 2 percent benchmark.

Some equipment modifications were necessary, such as adding recliners so that an internal waiting area was created with chairs. "If you can keep patients vertical by using chairs — don't lay them down — you are gaining capacity. This is a whole different mindset on the part of both caregivers and patients. Everybody is used to the patient getting into a bed, whether they are sick or not. But if you sprain your ankle, you really aren't sick. You just need to get the ankle X-rayed, wrapped up, given some crutches and then you're out of there," she says.

Allison also pointed out that some of the ED rooms have been reconfigured as far as supplies are concerned. "Sometimes waste is people not finding supplies and equipment where they need to. If every room is stocked the same way every day, it eliminates some of the running around and waste," she says.

More EDs across the country will eventually switch over from the traditional model of the ED to some type of Door-to-Doc program. But change does not come easily, even when the result will prove to be beneficial. "We need a buy-in from the staff to be successful," she says.

Ryan Stanton, MD, medical director for Good Samaritan Hospital's ED, agrees this is a complete paradigm shift for the caregivers and there was a period of adjustment for some of the nurses and physicians as they moved closer to the waiting room of the ED.

"We actually have a staff member, one of the nurses at the Good Samaritan ED, who has gone through this transition before at another facility," Stanton says. "He says he remembered that for the first month or so there was a lot of difficulty getting used to it. But once it was in place, people liked it a lot more than the previous setup."

Stanton believes the staff appreciates the new program because the process benefits them as it evens out the daily workload, dislodging the typical bottlenecks brought on by one triage nurse serving many patients.

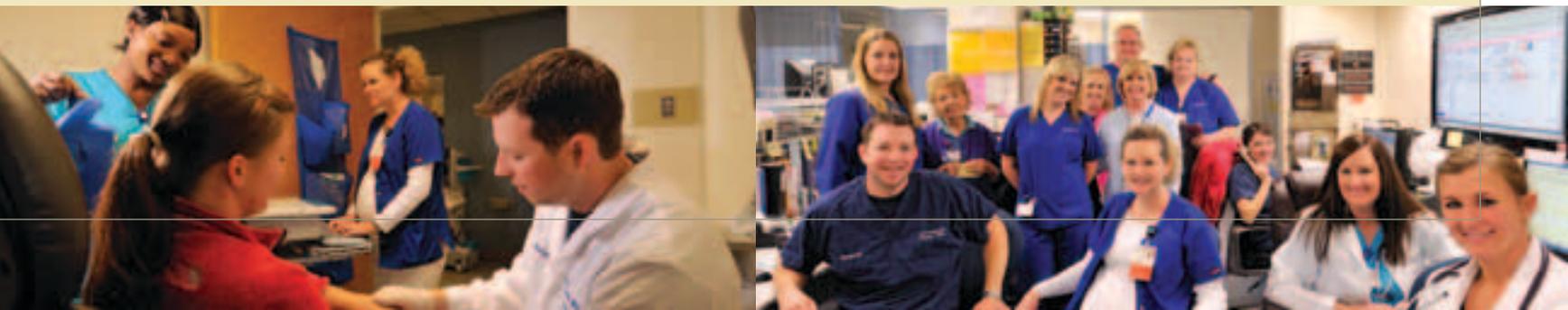
"It also alleviates the surges of patients. It tends to be slow in the mornings, as all EDs are. As the day goes on, we get a lot of people coming in and ambulances arriving, which used to delay the triage process," he says. "Now this allows us to better utilize the time we are here in the department."

Stanton says patients are more satisfied because they are treated quickly and professionally, of course. This is especially important now as a shift develops with more and more people using emergency departments due to changes in health care, changes in who is insured, private pay, the closing of rural EDs and an increase in the aging population. The Door-to-Doc program reduces waste, allows the beds to be multitasked and generally better utilizes the facilities. "This basically allows us to take a 15- or 20-bed ED and turn it into a 50- or 60-bed ED," he says.

Stanton agrees the rollout of the program was beneficial for the community and UK. "It was such a big change, but we are excited about it and we think it is going to continue to work out well for us," Stanton says.

"Door-to-Doc means instead of doing things in sequence, you may do things in parallel. When a patient comes in to register, the staff person not only gets information like the patient's name and birthday, but now a nurse is right there and does a 'quick look.'"

— Penne Allison, MSOM, BSN, RN
Director of Emergency/Trauma Services



Managing Chronic Illness: Nurses Making A Difference In Kentucky

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas and Richie Wireman



Cardiovascular disease, diabetes and other chronic illnesses that plague modern life—none of them are pretty.

But in a state with an uncommonly high percentage of them, as well as the lifestyle behaviors that contribute heavily to their onset, the need for nurses with advanced clinical expertise has never been greater.

It's been more than a decade since University of Kentucky President Lee T. Todd, Jr. first coined the term “Kentucky Uglies” to describe the deeply entrenched problems, issues and even traditions that have cost Kentuckians so much over the years, including their own health, well-being and quality of life. A long and troubling list of preventable causes, from tobacco use and poor nutrition to sedentary lifestyles and the uphill challenge of delivering quality health care to Kentucky's remote regions— all have taken their toll.

The numbers are sobering. In the most recent findings published by America's Health Rankings (www.AmericasHealthRankings.org), Kentucky was number one in the nation for cancer deaths in 2009 and in the top ten for cardiovascular disease, diabetes and preterm births. Obesity, a major factor in so many of the chronic diseases that affect the state, has gone up 143 percent since 1990. Smoking prevalence, while slightly lower in recent years, still tops 25 percent. And in a revealing 2008 statistic where Kentuckians' evaluated their own health status, more than 23 percent considered themselves in fair or poor health. No state in the nation scored themselves lower.

A call to action

Todd's groundbreaking Commonwealth Collaboratives initiative, launched in 2005, became a university-wide mandate to make a real and measurable difference in the commonwealth on everything from education to business to the health of the state's nearly 4.5 million citizens. “There's no question that the focus on health, especially in rural Kentucky, has been and continues to be a top priority for all of us,” says Suzanne Prevost, PhD, RN, COI, and associate dean for practice and community engagement for the UK College of Nursing.

From a research-based initiative in western Kentucky that reduced preterm birth rates from 14 percent to 5 percent in 2008 to the recently launched “Heart Health” initiative to bring culturally relevant, one-on-one cardiovascular disease risk factor management education to rural Appalachia, UK is fighting the “Uglies” on a number of regional fronts.

Dee Deakins, MS, RN, CDE
Diabetes Clinical Specialist, UK HealthCare

Dee Deakins, UK HealthCare diabetes clinical specialist, says new insulin protocols are helping control blood sugars in hospitalized patients and evidence-based tools for self-care are teaching them to manage their diabetes to prevent the onset of other conditions linked to diabetes.

In the past decade alone, says Prevost, UK has established a record number of partnerships and collaborative relationships with community stakeholders and others in historically underserved rural communities to help bring quality health care and preventive health service within reach of everyone in the state.

UK's Center for Excellence in Rural Health-Hazard, for example, supports state-of-the-art health clinics in Ary, Buckhannon and Hazard so that local residents in even the most remote corners of the state can take advantage of comprehensive health care services close to home. An innovative program called Kentucky Homeplace, also based at the UK Center in Hazard, is a highly regarded patient assistance initiative to help Kentuckians learn to identify a host of health risk factors and access the appropriate services to address them. Under the leadership of UK DNP student Fran Feltner, MSN, RN, the program has won a number of awards, including the National Rural Health Association's 2008 Outstanding Rural Health Program Award, the Healthy Kentucky organization's 2007 Advocacy Award and was named in 2005 one of 13 "Models That Work" by the Foundation for a Healthy Kentucky.

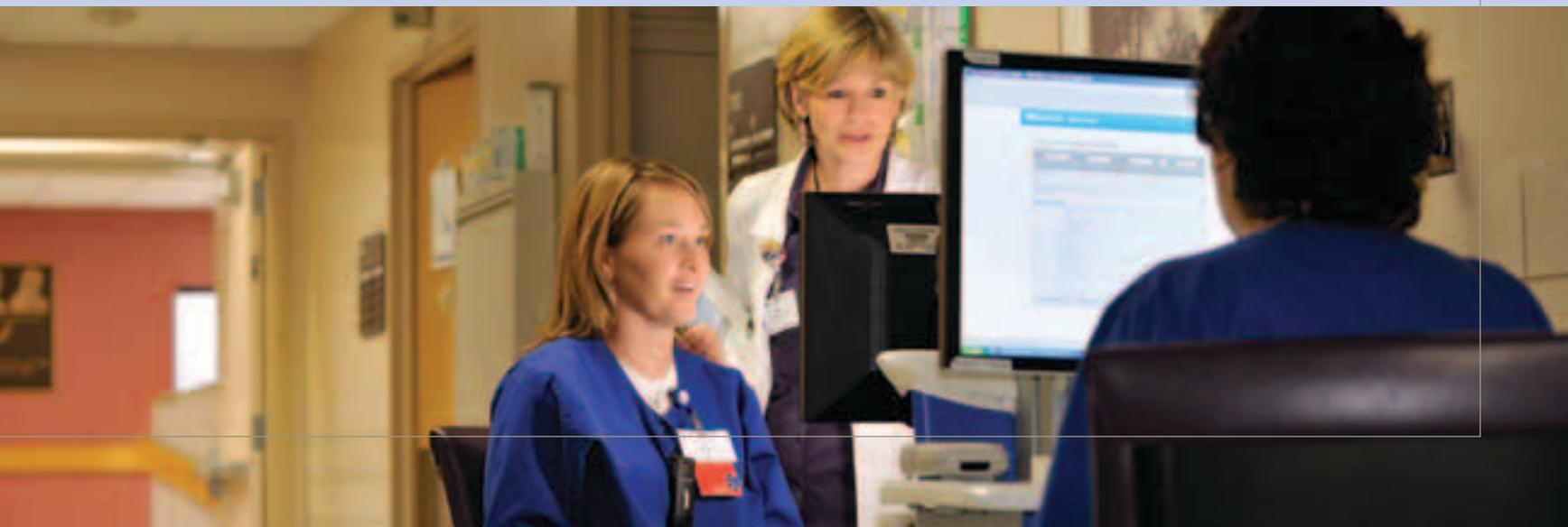
"We have a mission to serve the entire commonwealth, and we really feel strongly about serving beyond our local borders, out to the far regions of Kentucky," says Prevost, noting that a new \$30 million state-of-the-art medical outreach center was dedicated in Morehead just this past summer. The new Center for Health, Education and Research (CHER) is the result of a unique partnership among UK, Morehead State University and St. Claire Regional Medical Center. In addition to medical care and wellness services for local residents, CHER will be home to UK research efforts that will not only be evaluating the causes of chronic disease in eastern Kentucky but looking at evidence-based interventions to help combat them. Another plus? Partners believe that CHER's first-quality medical facilities and promising educational opportunities will encourage talented UK medical students to practice in Morehead or one of Kentucky's other rural areas.

Taking on diabetes

The fight against the state's top chronic diseases isn't just taking place in Kentucky's outer reaches. The Barnstable Brown Kentucky Diabetes and Obesity Center, established at UK HealthCare in 2008, is advancing the science of care for people with Type I and Type II diabetes through a pioneering combination of research, education and clinical care. In addition to bringing leading-edge treatment services to Kentuckians, the center is becoming a nationally recognized brain trust for diabetes-related studies and an increasingly powerful link for practitioners, educators, researchers and other professionals from colleges throughout the university with an interest in diabetes and obesity-related disease. The center is on the front line of children's diabetes research and has attracted major national research funding as well as some of Kentucky's most promising pediatric endocrinologists.

The timing couldn't be better. Leslie Scott, PhD, RN, PNP-BC, CDE, is on the faculty of UK's College of Nursing and is involved in clinical practice in pediatric endocrinology at UK HealthCare. Scott says more than 1,000 children a year visit UK's pediatric diabetes clinic. UK HealthCare also operates a traveling pediatric diabetes clinic with a multidisciplinary team of diabetes specialists who travel four times a year to see young patients whose families would have a difficult time traveling regularly to Lexington for their child's care. Currently, the clinic makes stops in Pikeville, Barbourville and Monticello. "Our regional clinics are a great example of UK HealthCare's commitment to reach all of Kentucky," says Scott. "We'd like to expand the traveling clinics to reach even more areas of the state."

Scott and her colleagues at UK HealthCare would also like to reach more schools, health care providers and families with information about the latest strategies for treating diabetes in children. "There's been a huge shift in thinking on the management of pediatric diabetes," says Scott, referring to basal/bolus therapy. This new treatment approach, made possible by recent advances in insulin, allows for the immediate adjustment of insulin based on dietary intake. With basal/bolus therapy, children with diabetes are no





Leslie Scott, PhD, RN, PNP-BC, CDE
Pediatric Endocrinology, UK HealthCare

longer excluded while their friends enjoy a cupcake at the class party or a piece of candy from their Halloween bags. “Telling a young child he or she can’t have something when everyone else is having it feels like a terrible punishment,” says Scott, who adds that the psychological scars of being “different” can have long-term and devastating effects. Scott relates the story of a woman, now in her 60s, who was diagnosed with Type 1 diabetes as a young child. “She can still recall, in vivid detail, the humiliation she felt all those years ago when her teacher was passing out doughnuts to the class and went right past her saying, ‘no, you can’t have one.’” In her role as a certified diabetes educator, Scott travels the state talking to school nurses, local health care providers and parents about new diabetes management strategies like these that empower children instead of ostracizing them.

On the hospital side, Dee Deakins, MS, RN, CDE, a UK HealthCare diabetes clinical specialist, is providing nurses with guidance and support on evidence-based treatment protocols and self-management education strategies for hospitalized patients who have or who are at high risk for diabetes. “I’m a resource for nurses, physicians and other health care professionals in the hospital setting,” says Deakins. The role itself is a good example of UK HealthCare’s commitment to the treatment of the disease, she says, noting that 23 percent of all admissions at UK Chandler Hospital have diabetes as a primary or secondary diagnosis.

From the bench to the bedside— and beyond

Nationally recognized research at UK HealthCare and the College of Nursing is leading to new interventions in cardiovascular health, smoking cessation and diabetes management. Several high-profile initiatives are already making a significant difference in one of Kentucky’s most pressing health issues — tobacco use. The Kentucky Center for Smoke-free Policy, led by the UK College of Nursing and funded by federal, state and foundation grants, provides rural and urban communities across Kentucky with science-based strategies for advancing smoke-free policies on the local level and educating citizens and policymakers about the importance of smoke-free environments. “Our nurse researchers are publishing award-winning research and receiving national and international acclaim for their work,” says Lynne Hall, DrPH, RN, and associate dean for research and scholarship in the College of Nursing. “But even more important, our researchers are translating research findings into effective interventions for health care providers and people across Kentucky.” Hall says a promising new intervention delivered by hospital nurses to reduce depression in patients with heart failure is just one example where research is impacting clinical practice.

Maintaining the focus and the momentum

Kentuckians may face a number of health and wellness issues, but the good news is they don’t face them alone — and neither do state health care providers and other professionals who are on the front lines of health care in the state. Continuing education programs like the seminar held recently in Prestonsburg on cardiovascular disease in rural Kentucky is a prime example. Conducted by the UK College of Nursing and co-sponsored by the UK College of Medicine, “Targeting Cardiovascular Disease Risk Factors: The Kentucky Ugliers” brought local health care providers valuable information on diagnosing and treating patients with acute coronary syndrome and the role of self-care in cardiovascular risk reduction. “Providing continuing education programs to health care providers in Lexington and across the commonwealth is one way we’re contributing to the quality of health care in Kentucky,” says Prevost. “And that, in turn, will help influence health outcomes across the state.”

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Pediatric Endocrinology, UK HealthCare

For information on upcoming UK nursing continuing education programs, visit www.mc.uky.edu/Nursing/ContEd. All UK continuing medical education programs are available at www.cecentral.com.

Giving New Meaning to “True Blue”

WRITTEN BY
Linda Perry

PHOTOGRAPH BY
Melissa Weber



Caregiver ID Program Benefits Patients and Caregivers.

The nurses at UK HealthCare are sporting new threads!

Registered nurses and licensed practical nurses wear white or “Galaxy Blue” scrubs—the closest one can get to UK blue—or a combination of both colors, and in the Kentucky Children’s Hospital the nurses wear child-friendly tops. Unlicensed caregivers wear teal scrubs and clerical staff members don khaki, navy or black pants with a colored shirt that has an official UK HealthCare logo. UK nursing students wear royal blue scrubs, which include the College of Nursing logo and “student” on their identification badges. This new Caregiver Identification Program is a professional, standardized dress code for the nursing staff within the UK HealthCare enterprise, including UK Albert B. Chandler Hospital, UK Good Samaritan Hospital and UK Ambulatory Services.

“One best practice in health care today is consistent scrub colors for nurses. This sets them apart as the professional caregiver,” says Patty Hughes, DNP, RN, NE-BC, service director for acute care, inpatient oncology and renal dialysis at Chandler. “Evidence shows that patients and families are comforted and have greater confidence in their care when they can easily identify the professional nurse who is caring for them. There is also evidence that indicates an increase in patient safety when nursing staff are dressed in standardized colors. This standardization helps nurses and other health care providers visually identify who they can call on for assistance during emergencies, even if they do not know who other staff members are.”

The move to a standardized look began in April 2009 when UK HealthCare’s Chief Nurse Executive, Colleen Swartz, MSN, MBA, RN, NEA-BC, asked Hughes to lead a task force that would consider changes in professional appearance, as many hospitals around the country are doing.

“I was charged with leading this process,” says Hughes. “A working group of nursing staff and managers was convened and given a very specific charge that looked at adopting a same-color scrub process to facilitate recognition of the caregiver at the bedside for nursing services. We reviewed the literature, talked with other facilities that had adopted a similar process, revised the dress code policy and set a timeline for implementation. It was my responsibility to ensure that we stayed on task.”

The 19-member group, which was primarily staff-driven and took many months, looked at color palettes and eventually selected three. These were presented to the entire nursing staff for a vote in November 2009, along with literature about how the change could positively impact patient safety and satisfaction. Nearly 2,000 RNs across the enterprise responded to the request, giving the team valuable feedback. A similar survey was sent to the non-licensed staff.

Once the color palette was selected, the .6 FTE or greater staff were issued two sets of scrubs for free, while employees who worked less received one set, Hughes says. A six-month transition period allowed the staff to gradually adjust to the change. “Our go-live date coincided with Florence Nightingale’s birthday, which is May 6, and also national Nurses Day,” says Hughes.

Now, six months after the nursing staff adopted the color-coded uniforms, anecdotal evidence points to a successful start. One nurse, who noted she had always worn white uniforms for 28 years, told hospital administration, “I must admit I do think the blue and white looks really nice and have only heard really positive comments from staff and patients.”

An added bonus to the overall process, says Hughes, was a chance for the nurses to give back to another community. “We did a ‘scrub drive.’ People brought in their scrubs, we packaged them and sent them to Haiti and Guatemala. This way they could be given to people who could benefit from them and be used in countries where people do medical mission trips.”

The color-coded uniforms have had an additional benefit, according to Suzanne Springate, MSN, RN. She is the director of the Office of Service Excellence, which is accountable for providing support to operations and helping to promote best practices around the patient-family experience, as well as the employee experience. “One of the unexpected outcomes was that our physicians were extremely supportive after the fact. One physician said to me, ‘I don’t have to look for a nurse anymore. If I’m getting ready to give a STAT order, I know exactly who to give it to because the nurses are easily recognizable.’”

Springate also acknowledges how reassuring the Caregiver ID Program is for patients and their families. “Patients have told us they feel safer knowing the person handing them their medicines is the RN. One family member stated, ‘There is so much in the news about hospitals being a “dangerous” place. It is nice to know at a glance that the person taking care of you is the nurse.’ Visitors to the lobby, especially at our busiest discharge times, talk about how professional the staff looks in the blue and teal uniforms. Caregiver identification is an important part of a patient-centered approach to care,” says Springate. “It is all about the patients and their comfort and safety.”

Bernard Boulanger, MD, FACS, associate chief medical officer and medical director of perioperative services, has seen the benefits of the Caregiver ID Program first-hand. “The introduction of uniforms for UK staff has been a great success. Large health care facilities, like those at UK, can be quite intimidating for patients and their families,” he says. “I want to thank the nursing leadership at UK for making this positive change for both our patients and physicians.”

advanced practice has a home

WRITTEN BY
Debra Gibson

PHOTOGRAPHS BY
Lee Thomas



in the PICU //
Dawn Turner, MD, Pediatric Intensivist
Vicki Stringfellow, MSN, APRN



in the NICU //
Marcy Zerr, MSN, APRN
Heather Coleman, MSN, APRN

timing really is everything.

In October 2010, the Institute of Medicine (IOM)—the respected, independent health arm of the National Academy of Sciences—provided a vision for nurses in the form of a report titled “The Future of Nursing: Leading Change, Advancing Health.”

That same month, UK HealthCare announced formation of the Office for Advanced Practice, a new entity formed after more than a year of collaborative research, discussions and benchmarking among UK nurses, physicians, advanced practice providers, faculty members, service line directors and administrators. The new Office for Advanced Practice was created to address the very matters at the heart of the institute’s report—the difficult and compelling issues at the center of hospital care today.

The first recommendation in the IOM’s report provides a good example.

“Nurses should practice to the full extent of their education,” the report declares. Likewise, the task force that recommended creation of the Office for Advanced Practice determined that advanced practice providers should work “at the top of their license.”

Still, following that recommendation will require advanced practice providers to collaborate with physicians and administrators in highly functional inter-professional teams.

“The office will prepare our nurses, our most expert nurses, to give them the leadership skills and the support they need to be comfortable collaborating with physician leaders at the highest level,” says Suzanne Prevost, PhD, RN, COI, and associate dean for practice and community engagement at the UK College of Nursing. A leader herself, Prevost says this can occur both in day-to-day patient care and in efforts to redesign the U.S. health care system.

“The institute report also suggests that effective workforce planning and policy-making require better data collection and improved information infrastructures,” Prevost says. “We are hoping to address that through the office. We want to create a system where we collect consistent data and outcomes in regard to advanced practice providers.” From her perspective as dean of the College of Nursing, Jane Kirschling, DNS, RN, FAAN, sees the office as a logical and needed step in the ongoing work to improve the delivery of health care at UK.

“The office is an important next step for UK HealthCare as we redesign models for care that include advanced practice registered nurses and physician assistants,” Kirschling says. “It’s an important progression and recognizes the advanced practice providers collectively and what they will bring to the delivery care model.”

A new piece of data makes it clear that the office will have plenty of people to serve. Prevost says a recent survey of UK undergraduate nursing students at the point of graduation found that 76 percent say they intend to go on to graduate school.

the place of choice for NPs

UK graduate Lacey Troutman Buckler, MSN, RN, APRN-BC, and co-director of the Office for Advanced Practice, says UK is a “place of choice” for nurse practitioners (NPs) and believes the Office for Advanced Practice will solidify that.

As director of inpatient cardiology at UK’s Gill Heart Institute, Buckler finds a clear need for NPs in cardiology. “The doctors are taught to work on a diagnostic medical model,” she says. “The nurses follow their care model. NPs are in a unique position to understand both the physicians and the nurses—the lingo of both and the perspective of both.”

She says NPs are also a consistent face for the patient and can ensure that quality is maintained because the NPs know everything that is happening with every patient.

Buckler envisions the office as a one-stop shop for advanced practice providers—a way to help get the right person in the right job and to get each person what they need for their practice to succeed. In the end, she said, this will result in the best care possible for all patients.

The office can also help create a career trajectory for staff nurses who want to pursue an advanced practice role. “Most of our nurses who return to school to become advanced practice providers work full time while in school,” says Prevost. “Through collaboration with the College of Nursing and the clinical enterprise, we can create scenarios that support people in doing that, both in terms of flexibility in their work roles and flexibility in the timing of course offerings on the college side.”

Prevost said there is also a nationwide movement to standardize the roles of advanced practice nurses known as the National Consensus Model: Licensure, Accreditation, Certification and Education (LACE Model). “The office will help us accomplish that standardization at the local level consistent with what is happening across the country,” she says.

That process at UK will start with Buckler and Vicky Turner, MSN, RN, ACNP-BC, CCRN. As co-directors of the Office for Advanced Practice, the two nurse practitioners volunteered to delve into the specific role advanced practice providers can play in each type of care—ambulatory, acute and critical. To accomplish



building the professional home

Colleen Swartz, MSN, MBA, RN, NEA-BC, chief nurse executive at UK HealthCare, and Paul D. DePriest, MD, chief medical officer at UK HealthCare, first recognized the need. They saw 90 advanced practice providers spread out across campus with no consistent way to connect with each other and no systematic analysis of their unique perspectives. They knew these people were important, and they knew they needed some support.

They also knew they had more questions than answers, so they gathered 20 people from disparate clinical backgrounds and formed a task force. The Office for Advanced Practice was formed more than a year later—a year of collaborative research, discussions and benchmarking.

“We have been developing our thinking about our current care model and how to make it better,” Swartz says. “It’s been a very interactive process with a lot of back and forth among diverse stakeholders at UK, including a lot of involvement from clinical chairs in the College of Medicine.”

Members of the task force also visited other medical facilities across the nation. Some, such as Vanderbilt University, employ as many as 400 NPs. That provided an opportunity to see advanced practice providers in a wide variety of settings.

A sense of urgency prodded them on even as the members determined they not only wanted to address problems but in Swartz’s words, “create a more attentive and individualized approach to health delivery at UK.” The ultimate goal, after all, was not to create a new office. The ultimate goal was and is to provide the best patient care possible.

this, they are meeting with all 90 of the advanced practice providers working within UK HealthCare.

“This is necessary to understand each clinician’s role and what contribution that role makes to the specialty, subspecialty and/or service line they work for,” Turner says. “We need to know how they function as an advanced practice provider. We need to ensure that everyone is working at the top of their license and fulfilling their scope of practice. Far too much work needs to be done for anyone not to be working at the top of their credential.”

a glimpse of the future

[Step inside the Neonatal Intensive Care Unit \(NICU\) to get an idea of how this will work.](#)

Valerie Phebus, PA-C, is one of four physician assistants (PAs) and seven NPs who direct and manage care of the most critically ill infants 24/7 in the Kentucky Children’s Hospital Neonatal Intensive Care Unit (NICU). The PAs and NPs are often the first responders—the ones at the bedside immediately when one of their fragile patients takes a turn for the worse. They perform procedures such as inserting arterial lines and intubating patients. They communicate with parents, keeping them informed and answering their questions. Attendance at high-risk deliveries also gives the advanced practitioners an early and intensive introduction to the neonates.

“There is a lot of high risk, a lot of life and death, and a lot of high emotion in the NICU,” Phebus says. “If something goes wrong, we can page a physician, but we are the first responders for all these problems. A lot of responsibility is on our shoulders. We have to be able to use our decision-making skills and put them into practice in emergent situations where there is a need to think quickly and clearly.”

The enormous responsibility the PAs and NPs now assume in the NICU is ideal for their training and interests, according to Phebus.

“All of us want to do this as a profession,” she says, “and we love what we do. We are committed to doing the best job in the best way we know how. It is evident in how the parents feel. We go out of our way to make sure they are informed. We try to be a liaison between the nurses and physicians. We have demonstrated being a vital force in the delivery of quality care in the NICU.”

The care model in the NICU provides a glimpse into the future of hospital medicine—a future where a highly skilled interprofessional team, including physicians, NPs and PAs, collaborate to give patients not only good care but quality around-the-clock care no one person could provide alone.

It is a future UK HealthCare’s Chief Medical Officer Paul DePriest, MD, and Chief Nurse Executive, Colleen Swartz, MSN, MBA, RN, NEA-BC, have embraced through the creation of the Office for Advanced Practice.



“All of us want to do this as a profession, and we love what we do. We are committed to doing the best job in the best way we know how. It is evident in how the parents feel. We go out of our way to make sure they are informed. We try to be a liaison between the nurses and physicians. We have demonstrated being a vital force in the delivery of quality care in the NICU.” —Valerie Phebus, PA-C

a new home for a new breed of health care professional

The Office for Advanced Practice is the “professional home” for advanced practice providers at UK, according to Swartz. With their extensive education and training, these providers—NPs, certified registered nurse anesthetists (CRNAs), nurse midwives, clinical nurse specialists and PAs—are poised to play key roles in the future of health care.

“There is a growing realization that physicians are not able to render all the care necessary, 24 hours a day, seven days a week,” DePriest says. “The question that is begged is, ‘Should we have someone other than physicians rendering care?’ We think the answer is yes, and we think the best answer is advanced practice providers.”

DePriest believes advanced practice providers are ideal to provide an intermediate level of care between that provided by physicians and registered nurses.

Before creation of the Office for Advanced Practice, however, no one provided the advanced practice providers with the kind of professional assistance they need to fill this increasingly important role. The advanced care providers did not have a collective resource within UK HealthCare. Rather than being clustered in a single organizational unit, the 90 advanced practice providers were integrated into clinical departments within the College of Medicine. Therefore, there was no entity focused on solving their common problems, reviewing credentials, aiding recruitment or thinking about retention. There wasn’t even an e-mail list of all the advanced practice providers employed at UK HealthCare.

the office for advanced practice will become that resource and more.

The office will help advanced practice providers manage their lifelong development of competencies and skills, as well as give them a place to turn for questions related specifically to their profession. Likewise, the office will help by providing recommended job descriptions and models of how advanced practice providers can work best within various interdisciplinary medical teams. The office will also assist with how best to recruit, orient and evaluate the increasing number of advanced practice providers needed.

DePriest calls the office a “professional platform” for advanced practice providers—an entity that thinks about credentialing, privileging, continuing education and competency certification. “Advanced practice providers have a much different portfolio than RNs and much different needs,” he noted, “and those are significantly different from what physicians require. Having a separate professional home or platform allows you to serve these professionals.”

Swartz says the office will also “promote consistency in the employment and practice of advanced practitioners across the university.” “Many of these people have extraordinary skills,” Swartz says. “Their level of training includes advanced assessment and management skills. They are good systems thinkers. Because they are close to the patients, they also usually have insights about their care.”

It isn’t the first time UK has recognized the importance of these professionals. The UK College of Nursing has long been a leader in advanced practice programs, opening the first Doctor of Nursing Practice Program (DNP) in the nation in 2001. The college was also among the first to transition from a master’s degree to a doctorate for advanced practice providers, offering a post-baccalaureate entry option to the DNP Program.

warning: new challenges ahead

These advanced practice providers will be needed even more in the future.

Concerned that medical resident fatigue might affect patient care, the Accreditation Council for Graduate Medical Education, which accredits post-MD medical training programs in the U.S., has been reducing the number of hours residents are allowed to work. Yet another round of restrictions takes effect in July. Hospitals are left to find other health care professionals to cover this gap.

While the number of hours residents can work is decreasing, the number of patients is increasing—dramatically. Volume at UK HealthCare, for example, has increased 70 percent in the past five years, according to Swartz. The number of trauma patients is also as high as it has ever been. Meanwhile, patients admitted to the hospital are typically sicker than in past years, requiring more sophisticated care and even closer monitoring.

While the Office for Advanced Practice may not be able to solve all these weighty issues, it will help prepare health care providers for new roles and new challenges in this often-changing world of medicine.

Interestingly, these new roles and challenges are exactly what drew Valerie Phebus to her role as a PA. “I realized being a PA was going to be an exciting, needed profession,” she says. “I knew there was not going to be a shortage of jobs and no shortage of need for PAs.” Turns out, she was right.



NURSES KNOW *your Story*

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
Lee Thomas

The voice on the other end of the line is a familiar one. The nurse quickly flips through the patient's chart to review her latest labs and treatments. The conversation between nurse and patient is an exchange of information—symptoms and instructions—but the patient only has to convey what has changed in the last day or so. The nurse already knows her story.

Like a family member or an old friend who knows you well because they experienced fundamental parts of your life journey with you, the ambulatory care nurses at the Markey Cancer Center and its affiliates share a health journey with each of their patients and are a critical part of a cancer treatment strategy that is increasingly conducted on an outpatient basis.

Starting in the 1980s, nurses slowly began giving treatments such as chemotherapy, which previously had been given by physicians. This has had a tremendous impact on patient care as it allows clinics to offer more flexible treatment hours, giving patients the opportunity to continue being productive and maintaining as much of a normal lifestyle as they are physically able. The holistic treatment provided by nurses also improves outcomes.

“Nurses giving chemotherapy reduces stress on the patient and their families; it makes the experience more personal,” says Mary Ryles, BSN, RN, who has been with Markey since it opened in 1986 and was one of the first nurses trained to give chemotherapy. “They know that somebody knows them, they know we can catch onto subtle cues that something isn’t right, and that we have years of experience and are best able to advise patients on how to care for side effects like nausea.”

Ambulatory oncology nurses have become the point people for a multidisciplinary system of treatment, coordinating with a team of health care professionals to deliver customized care for each patient. They also provide patient education that ranges from how to give themselves injections to answering their questions about how their disease is affecting their body.

“In ambulatory care you have a patient who comes in and needs to be taught about their chemotherapy and their treatments,” explains Ryles. “They need to be taught about possible side effects and what do to about them; what you can take care of at home; what you need to call the doctors for. And the patient is stressed, so you don’t want to bombard them with everything. So very frequently they’ll get stacks of papers describing what to do and we show them which ones are the most important to know right now.”

giving hope

Ryles could not get a single word out of her 5-year-old patient. Day after day, the small girl would silently eat M&Ms™ while Ryles drew her blood and carried on an imagined conversation out loud between herself and her patient. “And one day after I drew her blood, she handed me an M&M,” says Ryles, her voice sinking to an emotion-laden whisper. The little girl did not respond well to the treatments and before she died, she asked her mother to take her in her wheelchair to see Ryles.

“She leaned over to hug me and whispered in my ear, ‘I know I’m dying. But I don’t want Mommy to know that I know. But thank you,’” recounts Ryles softly.

As cliché as it is to describe nurses as angels, the comparison rings true especially for the ambulatory oncology nurses who serve in the Markey Cancer Center and its affiliate programs. Besides being highly skilled professional health care providers, the nurses shepherd their patients through some of the most difficult times in their lives and, for some, it is a journey that ends all too soon.

“Everything is on the table. There are no ‘How’s the weather?’ or ‘Where are you from?’ We just know it. You don’t waste any time,” says Ryles. “We try to teach patients to live their life or live their dying. We don’t take away hope. We may change what they hope for, but we always give them hope.”

As they care for patients, the nurses of Markey also care for each other. While the emotional toll of working closely with very sick patients can sometimes be high, they support each other and each has a deep sense that this is the work they were called to do.

Catherine Rainwater, BSN, RN, CRNI, has practiced in oncology and stem cell transplant for most of her 23 years at the university. Currently, she is a disease team leader in the Markey Cancer Center Outpatient Hematology Program. “I have always told my patients that if anyone in my family were to need cancer care, I would trust all of the professionals at Markey with their life. Patients find comfort in knowing that level of trust.” Her purpose in being a part of the Markey family became clear when her mother was diagnosed with leukemia in August 2010.

“I was really proud that Mom could see firsthand my environment and the outstanding level of care we provide here,” says Rainwater. “In retrospect, this just solidified the appreciation I had for her encouraging me to pursue nursing. Even though it didn’t turn out for her, it keeps me here every day with a mission to guide my patients down a difficult path the easiest way I can. If you talk to anybody, everybody has a reason for being here.”

“I just had my reason.”



“The nursing staff at Markey are some of the best and most professional in the country. When I was interviewing for my position a little over a year ago, I interacted with 15-20 people in the community and all of them commented on the warm and caring staff. They all knew of family, friends or neighbors who had been treated at Markey. Given the fact that our patients have cancer, not all of the outcomes were good, but the families were impressed and touched by the excellent care from the nursing staff. Markey nurses treat all of their patients like family which is much appreciated by all who come in contact with them. We are truly fortunate and blessed to have these nurses as a major part of our Markey Cancer Center team.”

—B. Mark Evers, MD, Director, Markey Cancer Center; Chief, Surgical Oncology





leaders in education

The line between therapeutic and toxic levels of chemotherapy is razor thin and ambulatory oncology nurses constantly have to stay up-to-date on the latest drug developments, dosages and protocols.

“It is necessary to not only be knowledgeable about a variety of cancers, but to also know the chemotherapy regimens designated for those cancer types as well as the side effects associated with those treatments,” explains nurse practitioner Stacy Stanifer, MSN, APRN, OCN, part of a team of nurse educators who teaches a two-day, eight-hour class for oncology nurses.

While physicians see patients and write the orders for chemotherapy, it is the nurses who must assess if a patient has the right blood cell count levels to safely receive treatment on the day the patient comes to the clinic. “It is crucial for the nurse to have good assessment skills as the patient does not necessarily see the doctor with each treatment,” says Stanifer. “A nurse assesses side effects from the cancer as well as side effects and toxicities associated with the designated treatment.”

Training classes follow national guidelines for chemotherapy and biotherapy. All ambulatory oncology nurses in the Markey cancer program, including affiliates, receive the same training. This means, as nurse educator Jill Dobias, MSN, RN, ONC, explains, patients receive the exact same high level of care in the affiliate programs as they would in Lexington. Additionally, nurses in Markey’s affiliate programs ease the burden on patients and their caregivers who do not have to travel as far or take as much time off work to receive treatments.

“The class gives nurses the validation and information they need to help prevent an error and to realize how important it is to follow up with certain drugs — such as giving you certain medications before or after treatment that make things easier for the patient and her family,” explains Dobias, who has been training oncology nurses for the past two years.

Cancer care is trending toward increasingly personalized medicine. While medical professionals are able to say with more certainty how a patient will respond to certain drugs and dosages, David Gosky, director of administration and finance at the Markey Cancer Center, says the day is coming when a patient’s cancer treatment will be tailored down to the person’s individual genomes.

“Today we can analyze DNA in the blood and know this drug will work and this one won’t,” says Gosky. “Eventually we’ll get to the next step in the sequence where a patient’s treatment will be based on her specific genetic makeup.”

When that day comes, Gosky says, nurses will play an even more critical role in assessing and interpreting this new massive amount of patient data, delivering a highly specialized level of professional care because they will be equipped with knowledge of the patient from the patient’s smallest atoms to her most deeply rooted fears.

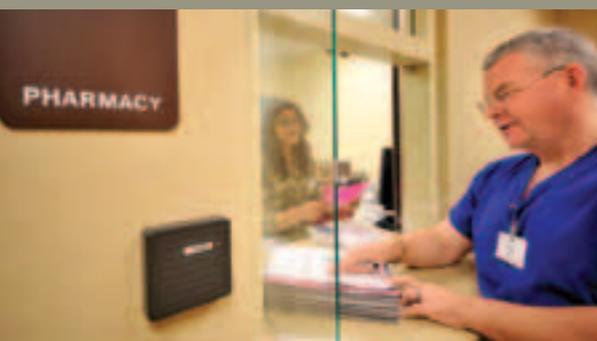
**Nurses know the patient’s story,
and that makes all the difference.**

fast facts

MARKEY CANCER CENTER

Markey Cancer Center’s mission is to reduce the incidence, morbidity and mortality of cancer in Kentucky and the surrounding region through a comprehensive program of cancer education, research, patient care and community outreach.

- ▶ Nearly **70,000 outpatient cancer visits** in FY10
- ▶ More than **12,000 outpatient chemotherapy visits** in FY10
- ▶ Approximately **14,000 radiation medicine treatment visits** in FY10
- ▶ More than **2,500 new patient clinic visits** in FY10
- ▶ Established a **psychosocial resource center** and patient navigators for better patient care
- ▶ **29 UK Markey Cancer Center physicians** were voted to the list of Best Doctors in America® (2010)
- ▶ More than **100 clinical trials** open for patient enrollment
- ▶ More than **\$30 million annually** in cancer-related grant funding



THE UK COLLEGE OF NURSING PhD PROGRAM: Celebrating 25 years

In 1986 the University of Kentucky College of Nursing introduced the first PhD nursing program in Kentucky, one of only six in the southern region and 38 nationwide. Over the years, the program has produced 98 PhD nursing graduates, many of whom are active in leading-edge research on new and emerging issues in care and care management and serve on nursing faculties at top universities nationwide, including the University of Kentucky College of Nursing. Since 1987, faculty-led research has played a significant role in helping the University of Kentucky in its quest to become a Top-20 public research university.

Where in the World ARE OUR PHD GRADS?

52% stayed in Kentucky

the furthest distance away from Lexington, Ky.
8,849 miles

18 STATES

5 COUNTRIES



KENTUCKY

- Dr. Deborah Armstrong
- Dr. Kristin Ashford
- Dr. Brooke Bentley
- Dr. Martha Biddle
- Dr. Linda Cain
- Dr. Karma Cassidy
- Dr. Misook Chung
- Dr. Alison Connell
- Dr. Donna Corley
- Dr. Sherill Cronin
- Dr. Judi Daniels
- Dr. Mary DeLetter
- Dr. Rebecca Dekker
- Dr. Peggy El-Mallakh
- Dr. Debra Hall
- Dr. Frances Hardin-Fanning
- Dr. Pamela Farley
- Dr. Muna Hammash
- Dr. Jenna Hatcher
- Dr. Carla Hermann
- Dr. Vicki Hines-Martin
- Dr. Patricia B. Howard
- Dr. Patricia K. Howard
- Dr. Muna Hammash
- Dr. Carol Ireson
- Dr. Lynne Jensen
- Dr. Connie Lamb
- Dr. Theresa Loan
- Dr. Regina Lowry
- Dr. Jihan Mahmoud
- Dr. Rosalie Mainous
- Dr. Susan Matthews
- Dr. Carrie McCoy
- Dr. Russell McGuire
- Dr. Jan Odom-Forren
- Dr. Zim Okoli
- Dr. Evelyn Parrish
- Dr. Deborah Reed
- Dr. Stanley Lee Ridner
- Dr. Gwen Rinker
- Dr. Patricia Ryan
- Dr. Leslie Scott
- Dr. Said Abu Salem
- Dr. Elizabeth Salt
- Dr. Judy Schreiber
- Dr. Suzette Sewell-Scheuermann
- Dr. Karen Sexton
- Dr. Mary Rado Simpson
- Dr. D. Scott Treadway
- Dr. Cathie Velotta
- Dr. Linda Wray
- Dr. Nancy York

IN MEMORY

- Dr. Pam Farley
- Dr. Janet Gross

USA

- ALABAMA**
Dr. Karen Heaton
Dr. Amy Yoder Spurlock
- ALASKA**
Dr. Faye Reilly
- ARKANSAS**
Dr. Seongkum Heo
- CALIFORNIA**
Dr. Amanda Fallin
- FLORIDA**
Dr. Steve Talbert
Dr. Cheryl Hoyt Zambroski
- GEORGIA**
Dr. Barbara Kiernan
- IDAHO**
Dr. Usama Saleh
- INDIANA**
Dr. Janet Carpenter
Dr. Theresa Kessler

KENTUCKY

- MARYLAND**
Dr. Karen Johnson
Dr. Paul Lewis
- MICHIGAN**
Dr. Cynthia McCurren
- NEW JERSEY**
Dr. Sarah Kelly
- NEW MEXICO**
Dr. Mark Parshall
- NORTH CAROLINA**
Dr. Donald Kautz
Dr. Eun Jin Lee
Dr. Kay Price
Dr. Jia-Rong Wu
- OHIO**
Dr. Fawwaz Al Alout
Dr. Marla De Jong
Dr. Gail Moddemann
- SOUTH CAROLINA**
Dr. Mary Beth McDowell

TENNESSEE

- Dr. Susan Adams
- Dr. Leslie Higgins
- Dr. Sandra Huddleston
- Dr. Lora Humphrey-Beebe
- Dr. Melanie Lutenbacher
- Dr. Geri Reeves
- Dr. Mavis Schorn

WEST VIRGINIA

- Dr. Lou Ann Hartley
- Dr. Barbara Nunley
- Dr. Sandra Prunty

INTERNATIONAL

JORDAN

- Dr. Mona Abed
- Dr. Esam Al Khasib
- Dr. Hanan Al-Modallal
- Dr. Amani Khalil

OMAN

- Dr. Mohannad Abu Ruz

SWITZERLAND

- Dr. Susan Pope

THAILAND

- Dr. Kanok-on Chaowiang
- Dr. Sukjai Charoensuk
- Dr. Sopen Kunsrikoaw Chunuan
- Dr. Lukawee Piyanbanditkul

Since its inception, the PhD Program has prepared 98 graduates who provide leadership as faculty, researchers and administrators for numerous schools of nursing across the U.S. and in other countries. Graduates are using their knowledge to educate the next generation of nurses and to improve health outcomes of people around the world. They are truly making a difference! —Lynne Hall, associate dean for research and scholarship

1985 Board of Trustees approves PhD Program

Four doctoral students enroll; six more join in fall 1987

1986

1992
FIRST PHD GRADUATES

First BSN-PhD Option students were admitted

2007

2011/25 years!

OVER THE years
1986-2011

The PhD provides our students with the wisdom to understand which questions to ask to improve health, and the knowledge and skills to conduct the research to answer those questions. Nurses have always provided care to individuals to improve health outcomes; the PhD allows our graduates to do this at a higher level that can affect the lives of thousands of people.

—Terry Lennie, associate dean for PhD studies

LEADERSHIP Through the years

- Margaret Grier 1986-96
- Lynne Hall 1996-2006
- Terry Lennie 2006-present

WRITTEN BY:
Sue FayPHOTOGRAPHS BY:
various

An Early Passion for RESEARCH:

A New Generation of Nurse Scientists Enters the Field

Call it a fever, a passion, a calling.

Once the decision to become a nurse scientist takes hold, there's no turning back.



"I'd never even considered a career in nursing research when I began nursing school—wasn't even familiar with it as a path," says Amanda Fallin, PhD, RN.

For Dr. Fallin, the path became clear almost immediately. In 2005, during her sophomore year at UK, she was invited to participate in the College of Nursing's award-winning Undergraduate Research

Intern Option. The experience gave the 20-year-old BSN student an unforgettable, firsthand look at the rigors of nursing science and its critical role in today's evidence-based practice. Dr. Fallin recalls watching—and participating—as faculty scientists went through the painstaking process of designing proposals, reviewing literature, interviewing target populations, analyzing data, and presenting and publishing findings.

And that was just the beginning. As a research intern, she was afforded experiences rare for an undergraduate nursing student, including the opportunity to accompany faculty members to major nursing conferences and seminars. Dr. Fallin remembers listening as her UK mentors and other nurse scientists from around the country talked about the results of their pioneering work.

"Everything I was seeing, everything I was doing was just really exciting," she says. "I knew this was what I wanted to do."

Terry Lennie, PhD, RN, FAHA, FAAN, is associate dean for PhD studies at the college. He believes initiatives like UK's Research Intern Option, which won the American Academy of Colleges of Nursing's 2009 Innovations in Nursing Award, is helping more and more students catch the research bug early, channeling them faster into PhD programs that will prepare them to fill the growing national need for nurse scientists and nursing faculty. The college's accelerated BSN-PhD Option is designed to help meet that need. Dr. Lennie says ideally BSN-PhD students will come in together as a small cohort, giving the students an additional built-in support system as they make the transition to graduate studies.



"It's pretty rare that another discipline will say, well, you need to get 25 years of experience before you pursue a PhD. That's ridiculous.

I knew what I wanted and I knew I wanted to go straight through with my education. I was met with nothing but support from UK faculty, though I did meet with some criticism and questions from some of the staff nurses that I worked with and even some nurse administrators who were out there on the front lines, not in academia, who didn't understand the need for continuing education. I'm glad I went straight to a post-doc fellowship because now I feel like I'm well-equipped to go back into academia, not only to teach, but to create a program of research that will make a difference."

—Dr. Kelli Stidham Hall

"Our PhD Program is intentionally small," he says, noting that the program generally admits 10 PhD students each year. "We want each student to work closely with a primary mentor and we want the faculty to have the time it takes to develop and grow that relationship."

Director of the National Institute of Nursing Research (www.ninr.nih.gov), Patricia Grady, PhD, RN, FAAN, says programs like UK's accelerated BSN-PhD are of vital importance.

"We have a history of nurses working their way to doctorates but the average age of the graduates remains at 47," says Dr. Grady. "The issue isn't about the age. It's about the years someone will have in a career to accomplish what must get done in order for us to improve the evidence base for practice. The University of Kentucky College of Nursing is to be congratulated on their efforts in this direction."

In 2007, after completing her BSN studies, Dr. Fallin entered the college's MSN Program. In 2009, she became one of the first four students accepted into the newly launched BSN-PhD Option. Along the way, she continued to hone her research skills as a graduate research assistant under faculty mentor and tobacco policy expert Ellen Hahn, PhD, RN. Dr. Fallin's participation in nationally funded research studies on tobacco prevention and smoke-free policy included a role as community advisor and assistant on a number of major studies spearheaded by Dr. Hahn.

"Working with Dr. Hahn was an amazing experience," says Dr. Fallin. "She's so respected, so connected and so very, very knowledgeable." In 2010, while finishing her PhD coursework and a dissertation centered on interventions related to the implementation of smoke-free policy, she joined the Kentucky Center for Smoke-Free Policy as a staff associate.

"UK is a great place for nursing education and especially in tobacco control policy," says Dr. Fallin who became the college's first BSN-PhD graduate last spring. In July, she began a prestigious post-doctoral fellowship at the University of California San Francisco where she's working as part of an interdisciplinary team at the Center for Tobacco Control Research and Education. After that, Dr. Fallin says she'd like to join the nursing faculty at a research-intensive university and continue pursuing her research interests in tobacco control policy adoption and implementation.

"Being a nurse scientist is very rewarding," she says. "It's exciting to feel you can answer a question and move the science forward and have an impact in the practice world." The good news is, at age 26, Dr. Fallin has many more productive years ahead of her to do just that.

Princeton University's first post-doctoral nurse research associate is 30-year-old Kelli Stidham Hall, PhD, RN, APRN. Dr. Hall, who received her BSN and MSN degrees at UK says she, too, "caught the research bug" as an undergraduate research intern.

"I had no clue I had an interest in research," she says. "A friend of mine was one of the first interns in the program. She was having such a positive experience and learning so much and was applying it even at the bachelor's level. I approached Dr. Patricia Burkhart (associate dean for undergraduate studies) and told her I wanted this kind of experience. She was so positive, so welcoming. She was such an excellent role model for me, very organized, very on top of things."

Dr. Hall's research interest in adolescent reproductive health eventually led her to Columbia University for her PhD where she studied under one of the field's leading

nurse researchers in women's health. Dr. Hall says Dr. Burkhart encouraged her to find the right mentor for her PhD research interests and helped her weigh the options. It's that level of interest and attention that distinguishes the UK faculty, says Dr. Hall.

"I have to tell one story about Dr. Burkhart. I think about this every single day. She was so enthusiastic about her research, she kept a notepad by her bed at night and would wake up, if not every night, then close to it, and write down research ideas for her next big grant or project. I do that now! I actually have a notepad by my bed and even one in my purse. She was so right! The ideas just pop into your head and you have to take advantage of them. I think this speaks to Dr. Burkhart's academic inquisitiveness. She's passionate about what she does and she's constantly thinking about issues, even in her sleep."

Dr. Hall and Dr. Fallin both appreciate the pivotal role college faculty members, past and present, have played in the development of nursing science as a discipline nationwide. Says Dr. Hall, who still has all of her UK nursing books on her desk at Princeton, including the seminal work on nursing science, *Fundamentals of Nursing Research*, co-authored by the college's own Dorothy Brockopp, PhD, RN, **"They really fought the fight to establish nursing science as its own entity and a respected approach to research. I have so much respect for Dr. Burkhart, Dr. Brockopp, Dr. Lynne Hall (associate dean for research and scholarship) and the other leaders who were there when I was. They were the ones who paved the way to give me the secure base I have now in nursing research. They helped put nurse research on the agenda."**

MILITARY
NURSING:

NO OTHER
OPPORTUNITY
LIKE IT



IN A CAREER FIELD
oriented toward *servicing others*,
it is not surprising to find
SO MANY NURSES
with an interest
in *military service*.



In the ten years since the events of September 11, 2001,
the military footprint around the world has vastly expanded touching
the careers of many UK College of Nursing alumni and faculty as well as
impacting the training of its ROTC undergraduates.

There are a myriad of opportunities for nurses via a military career and
the College of Nursing works with military personnel at every stage of
their careers to optimize the educational opportunities afforded by being
both in the armed services and students in the College of Nursing.

Nursing senior and Army ROTC cadet Jennifer Graehler found nursing and the Army almost at the same time. The Lexington, Ky., native came to UK on a Governor's School for the Arts scholarship. Originally a math education major, Ms. Graehler switched to pre-nursing because "...it combines both the technical aspect of the sciences with a hands-on, interpersonal approach we get with our patients."

While coming to that decision, she also was taking an ROTC class for a social science credit and getting up for morning physical training three times a week to "discover what ROTC was all about and whether the Army was the right choice for my career." When it became clear that nursing was her calling, Ms. Graehler said that the Army seemed like the perfect fit to make it happen.

The military has a need for BSN-prepared nursing personnel and offers them benefits they do not extend to other ROTC cadets. At UK, the Army and Air Force ROTC programs offer very attractive scholarship packages that in some cases include a full scholarship, including books, room and board. The Army covers the costs of the NCLEX-RN review course and exams, buys their equipment and uniforms, pays their malpractice insurance and immunization fees, and guarantees them a nursing position in the military following graduation.

While in nursing school, the UK ROTC programs work closely with the College of Nursing. "The collaborative relationship between the Army and Air Force ROTC programs originally started because there was a shortage of nurses in the military, and because we've been so proactive and taken them under the wing of a dedicated advisor, there has been a significant increase in those coming out of nursing schools," said ROTC faculty advisor and Assistant Professor Fran Hardin-Fanning, PhD, RN, College of Nursing.

"We've been very successful."

SO SUCCESSFUL IN FACT THAT IN 2010, the College of Nursing received the Exceptional Army Nurse ROTC Support Award as one of the top nursing colleges in the country for their efforts in collaborating with the Army ROTC in supporting the education of Army nursing officers.



Jennifer Graehler, U.S. Army ROTC



CDR Brad Briscoe, MSN, RN, APRN, CNS, CEN, U.S. Navy Nurse Corps



Since becoming ROTC faculty advisor more than three years ago, Dr. Hardin-Fanning describes her role as an advocate and liaison for ROTC nursing students as they navigate the time pressures of ROTC and nursing school. She works with them to override their schedules, gives them opportunities to turn their ROTC Nurse Summer Training Program (NSTP) at military hospitals into independent study credits, and stashes candy in their mailboxes on special occasions to sweeten their full schedules.

And the schedule is very full. Ms. Graehler's typical day finds her out of bed in time for 6 a.m. physical training with her fellow cadets, followed by a day packed with nursing classes, ROTC classes and leadership labs, and then off to the library to study "...until you fall asleep, which is preferably earlier rather than later because it's up again at 5 a.m. the next day," described Ms. Graehler.

Her undergraduate schedule has little time built in for football games and parties, but ROTC affords her short-term goals that make the rigorous schedule manageable. With her sights set on traveling internationally for her NSTP, offered to ROTC nursing students following their junior year, she makes a point to keep her GPA high and works hard to max out her ROTC physical training tests. All that work paid off when she spent July and August 2011 at Landstuhl Regional Medical Center in Landstuhl, Germany for her NSTP.

"I worked there providing medical care to soldiers who were transported from Iraq and Afghanistan after being wounded, to be stabilized in Landstuhl," said Ms. Graehler of her experience. "It was a fantastic opportunity to travel and do something that I love and am passionate about."

Many other active duty and reserve military personnel take advantage of the benefits offered by their respective branches when it comes to earning their advanced nursing degrees. Retired Commander Brad Briscoe, MSN, RN, APRN, CNS, CEN, U.S. Navy Nurse Corps, initially entered the U.S. Naval Reserve shortly after high school in 1985. He received tuition assistance and GI Bill benefits while attending nursing school at the University of Louisville. After his undergraduate program, CDR Briscoe went on to active service in 1991. Then, in 2000, the Navy paid his way back to school, at the University of Kentucky where he obtained

an MSN, specializing as an adult clinical nurse specialist and acute care nurse practitioner. CDR Briscoe is currently working on his Doctor of Nursing Practice at the College of Nursing and expects to graduate in summer 2013.

While the educational opportunities are great, most military nurses focus on the diversity of experiences afforded them. In the case of Captain Debra Hall, PhD, RN, CCRN, U.S. Navy, director of nursing research, staff development and practice improvement, UK HealthCare, it was the desire for a challenge in her nursing career that led her to the military. "I wanted to continue to be a nurse, but I wanted to look at using it in a different context," explained CAPT Hall.

As a Navy reservist, CAPT Hall experienced nursing in the context of operational field exercises in how to handle the aftermath of a natural disaster, led a Navy medical humanitarian trip to South America, and spent the last two weeks of April 2011 familiarizing herself with small arms.

"Not too many nurses do that," said CAPT Hall.

Currently, CAPT Hall is experiencing nursing in the context of a military operation as she is now on a tour of duty in Afghanistan. This is her first tour after almost 17 years as an officer and reservist.

Many military nurses also are provided learning experiences much earlier in their careers than they would experience in the civilian world. One of Dr. Hardin-Fanning's ROTC students, who was receiving independent study credits for her NSTP internship, wrote about how she had intubated a patient "...and I thought 'I'm a registered nurse and I've never intubated a patient!'" recalled Dr. Hardin-Fanning.

When Assistant Professor and U.S. Army Reserve Colonel Kathryn Moore, DNP, RN, CCRN, CEN, ACNP-BC, ANP-BC, GNP-BC, acute care nurse practitioner, Trauma and Critical Care Surgery, UK HealthCare, served as assistant chief nurse with the 10th Combat Support Hospital in Baghdad in 2005 and 2006, nearly 80 percent of her nursing staff had graduated from nursing school that May. Yet by the time they left, most had taken and passed either the Certified Emergency Nursing Examination or the Critical Care Nurse Examination.

CAPT Debra Hall, PhD, RN, CCRN, U.S. Navy



(left) COL Kathryn Moore, DNP, RN, CCRN, CEN, ACNP-BC, ANP-BC, GNP-BC, U.S. Army Reserve

"That gave these nurses the opportunity to go home with something very tangible,"

SAID COL MOORE, WHO TAUGHT THE REVIEW CLASSES for both exams in the mornings between shifts when the hospital caseload was lightest. "After a year in theater, they had the board certification they needed to be eligible to get their specialty and get some additional pay. It was very 'Here are your classes... here is your exam... DUCK AND COVER!'"



COL Moore herself joined the Army after working for several years as a physical education instructor and school nurse and wanted to find a way to pay for her BSN. Now 22 years, three degrees and five deployments later, "...it's really turned out to be one of the best things I ever did," said COL Moore. "I have loved every minute of it. And there's a whole lot of opportunity that still awaits me."

One of the benefits of early and diverse experiences is it gives young nurses the opportunity to practice the leadership skills drilled into them. As a new RN, CDR Briscoe remembers being put on night shift and placed in charge of other medical professionals on his floor.

"You really receive a unique opportunity to lead people from different walks of life, experience different cultures, and are faced with challenges that you wouldn't experience in the civilian setting," said CDR Briscoe. "You will be put in unique environments where you're going to be asked to produce and given an opportunity to excel. I certainly appreciate every opportunity that I've gotten since coming into the Navy in 1985."

With outstanding opportunities in education, experience and leadership, the nurses of the U.S. Armed Forces are equipped to make a positive impact both at home and abroad. From undergraduate ROTC students to military officers with years of service, the College of Nursing does its part to equip each of them with the academic and clinical skills needed to help military nurses do their part to serve our country.

WRITTEN BY:
Sue FayPHOTOGRAPHS BY:
Lee Thomas

EXECUTIVE DECISION:

The DNP Nurse Leader

“Nursing has definitely earned a seat at the table.”

COLLEEN SWARTZ, DNP, MBA, RN, NEA-BC
Chief Nurse Executive, UK HealthCare



THE UK COLLEGE OF NURSING DNP: CELEBRATING A DECADE OF GROWTH

In 2001, the college launched the groundbreaking Doctor of Nurse Practice (DNP), the model for practice doctorates in nursing programs around the country. UK faculty members past and present played a major role in defining DNP guidelines and education requirements, and many of them continue to be high profile advocates for the adoption of the doctorate as the terminal degree for clinical practice and nurse leadership. The program's first graduating class in 2005 was made up of six post-master's students. For Fall 2011, the college admitted 46 DNP students, including those pursuing BSN-DNP degrees. In 2011, 24 students completed the DNP Program with nearly a quarter opting for the nurse executive focus.

“Nursing has always put the emphasis on the big picture which is the nature of a holistic approach. A nurse in executive-level leadership can help others **connect passion to purpose.**”

TUKEA TALBERT, DNP, RN
Chief Nursing Officer, Clark Regional Medical Center



Today's health care environment isn't simply one environment. It's a vast and complex mix of them. From patient health to fiscal health, the issues facing health care organizations are challenging. For a new generation of doctorally prepared nurse executives, the first challenge has already been met.

“Nursing has definitely earned a seat at the table,” agrees Chief Nurse Executive for UK HealthCare, Colleen Swartz, DNP, MBA, RN, NEA-BC, who was actually already at that table when she decided to pursue her practice doctorate. Dr. Swartz and other DNP graduates with a concentration in executive nurse leadership are part of a small but growing body of doctorally prepared nurses in upper-level management in health care systems nationwide.

“In the last ten, maybe fifteen years, those who have made the primary decisions in health care, other than medical decisions, have been health administrators, chief financial officers and others with expertise outside the clinical arena,” says Patricia Howard, PhD, RN, NEA-BC, FAAN, associate dean for MSN and DNP studies at the College of Nursing. “There was a real need for a highly educated, skilled individual who clearly understood how to design, evaluate and improve the context within which care is delivered.”

What better place to find that individual than in the discipline known for its holistic approach and its focus on the importance of the patient environment?

In a far-reaching position statement released in 2004 by the American Association of Colleges of Nursing (AACN), the nation's top nursing leaders made a compelling case for doctoral-level nurses whose blend of clinical, organizational, economic and leadership skills would enable them to evaluate and critique nursing practice. The proposed practice doctorate would equip this new group of nurse leaders with the knowledge to design programs of care delivery which would be “locally acceptable, economically feasible and significantly impact health care outcomes.”

The Essentials of Doctoral Education for Advanced Nursing Practice, adopted by AACN in 2006, became the guiding document for today's Doctor of Nursing Practice (DNP) degree. “We actually developed our curriculum before that document came out,” says Dr. Howard, noting that UK's DNP and the pioneering faculty members behind it played a significant role in the national DNP movement.

Patricia Hughes, DNP, RN, NE-BC, was a member of the college's inaugural DNP class in 2001. Dr. Hughes was already working as patient care manager for UK HealthCare's Markey Cancer Center Surgical Oncology Unit when she decided to pursue the college's new

practice doctorate for nurse executive leadership. Dr. Hughes says the gains she made in financial management and project development were particularly valuable to her as was the broadened perspective on care and care systems. She says the advanced degree gave her a more global view, one that helped open new doors—and almost immediately. In 2007, shortly after receiving her DNP degree, Dr. Hughes was offered the upper-level management position she holds today as director of acute care, inpatient oncology and renal dialysis for UK Albert B. Chandler Hospital. She believes the DNP not only gave her the credentials she needed for the position but the knowledge she needed to make a smooth transition from patient care manager in charge of one unit to director of thirteen units. It also gave her a voice. “I'm now asked to participate in activities and projects that I might not have been invited to participate in otherwise,” she says. “Having a DNP positions me in the workplace uniquely.”

Tukea Talbert, DNP, RN, chief nursing officer of Clark Regional Medical Center in Winchester, Ky., would agree. “The DNP helps you look beyond the traditional.” Dr. Talbert, who was also among the first students admitted to the program, was awarded her degree in 2005. At the time, she was working in higher management at UK HealthCare's Markey Cancer Center. Her capstone project analyzed the effects of stress on cancer patients whose treatments required isolation. The use of cell phones, a novel solution when she came up with it nearly a decade ago, helped patients feel more connected, which improved stress levels measurably.

Finance. Business planning. Information technology. Some of the subject matter in the UK DNP curriculum doesn't sound like the stuff of nursing or nursing practice—but it most definitely is, especially today and especially for the executive-level nurse. “Nurse executives are looking for skill development in operations, decision-making, business acumen, team-building and collaboration,” says Dr. Swartz. Her role as lead nurse executive for UK HealthCare puts her in charge of nursing care across the organization's diverse clinical enterprise. She works in close partnership with UK HealthCare's Chief Medical Officer Paul D. DePriest, MD, on the quality, safety and service agenda for the entire system.

Dr. Swartz is directly involved in key decisions on the implementation of evidence-based clinical practices that reduce costs and improve outcomes. She evaluates clinical nursing procedures and leads interdisciplinary teams to help form collaborations across disciplines to improve patient care. She's also working on business cases for new productivity tools and designing initiatives to ensure that advanced practice nurses are functioning at the top of their licenses.

UKCON DNP GRADUATES 2005 // Dr. Victoria Bradley • Dr. Robin Demison • Dr. Kathleen Haley • Dr. Barbara Kitchen • Dr. Karen Mutsch • Dr. Tukea Talbert **2006 //** Dr. Karen Butler • Dr. Kathy Hager • Dr. Zebulone Koran • Dr. Melanie Hardin-Pierce • Dr. Leandra Price • Dr. Gwendolyn Short **2007 //** Dr. Patricia Hughes • Dr. Kathy Morris • Dr. Sheila Stephens **2008 //** Dr. Robert Cornette • Dr. Louann Hart • Dr. Stephanie Huff • Dr. Deborah Karsnitz • Dr. Jacquelyn Martin • Dr. Patsy Taylor • Dr. Linda Wofford **2009 //** Dr. Lisa Abner • Dr. Kelly Morris • Dr. Robert Painter • Dr. J. Chad Sanders • Dr. Karen Turner • Dr. Brenda Young • Dr. Sandra Young **2010 //** Dr. Mollie Aleshire • Dr. Jo Blevins • Dr. Elizabeth Burkhardt • Dr. Elizabeth Hawkins • Dr. Karen Hill • Dr. M. Kay Kramer • Dr. Eve Main • Dr. Edith Malasic • Dr. Susan McDonald • Dr. Shannon Smith-Stephens **2011 //** Dr. Molly Gadd • Dr. Jason Gregg • Dr. Nancy Kloha • Dr. Colleen Swartz • Dr. Marjorie Wiggins.

EARLY START: UK'S BSN-DNP PROGRAM

In the fall of 2009, the college admitted its first cohort of BSN-DNP students in response to the national movement to prepare advanced practice nurses and nurse leaders at the doctoral level. UK had already pioneered the first post-master's DNP in the nation.

"I've encouraged a number of colleagues at UK HealthCare who are interested in nurse leadership to take this route," says UK HealthCare's Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC. "Several of them just finished their first year and I can see in them a real difference—in their thinking and in how they approach problems." Last year, U.S. News & World Report ranked the college #10 in the nation for graduate education in nurse administration.



KAREN HILL, DNP, RN, NEA-BC, FACHE,
Vice President and Nurse Executive,
Central Baptist Hospital

Staff satisfaction, employee engagement, patient experience—they're all part of the job. "These are the skills that are essential to successfully impact systems and the DNP brings those skills out," says Dr. Swartz. The goal is the transformation of health care, says Dr. Howard, regardless of clinical venue, and the implementation of evidence-based knowledge to achieve the best possible outcomes for patients, communities and the people and systems that serve them.

And that includes the creative use and agile management of all the resources available today, including advanced technology. For her DNP capstone, Dr. Swartz conducted a study leveraging electronic medical records to track patients' physiologic condition and trigger systems response during periods of clinical deterioration. The use of the electronic record can facilitate care, preempt deterioration and provide rapid intervention during a patient's most vulnerable episodes.

"As the importance of technology in health care systems continues to grow, we have to learn how to use technology better to help us achieve our goals at the program or the patient care level," says Dr. Howard. "Colleen's work certainly did that."

Recent DNP graduate Karen Hill, DNP, RN, NEA-BC, FACHE, is vice president and nurse executive at Central Baptist Hospital in Lexington. In addition to leading nursing and patient services throughout the facility, Dr. Hill collaborates with other departments that support patient care and has direct responsibility for medical/surgical and women's and children's services at Central Baptist. "The DNP Program stresses interdisciplinary education and collaboration and that's been very helpful in my job." Dr. Hill, named a Robert Wood Johnson Executive Nurse Fellow in 2000, began the DNP Program in 2008. While working toward her doctorate, she was also working on Central Baptist's recertification as a Magnet facility for nursing excellence. It was a happy coincidence—Dr. Hill says what she was learning in the classroom one day, she was using on the job the next.

"A priority of Magnet certification is the implementation of evidence in practice which includes leadership evidence and clinical evidence," says Dr. Hill. "That's one of the cornerstones in a doctoral program in nursing—to learn how to apply evidence across systems, both population and health care systems. I was able to apply experience I had from the hospital in the doctoral program as well as knowledge from the doctoral program in the hospital. It worked out well."

Dr. Hill's research interest in nurse retention grew out of her work on a Robert Wood Johnson white paper published in 2006. "Wisdom Works: The Retention of the Older and Experienced Nurse" explored the published literature on nurse employees over age 45 and considered what could be done to retain them in the workforce and prevent the drain of their valuable and considerable knowledge

"Being in a leadership position for many years, you think you've heard it all. But I learned a tremendous amount. Leadership theory, different approaches, examining the research on leadership...it really expanded my thinking."

MARJORIE WIGGINS, DNP, MBA, RN, NEA-BC (left in photo)
Vice President of Nursing, Maine Medical Center



COLLEEN SWARTZ, DNP, MBA, RN, NEA-BC
Chief Nurse Executive, UK HealthCare

base. The paper, authored by Dr. Hill and a team of peers, received international attention and was the most frequently downloaded paper on the Robert Wood Johnson website for two years following its publication. "The college was very supportive and let me use my interest in nurse retention to help develop my capstone." Her doctoral work eventually led to the implementation of an education program at Central Baptist for nurses over age 45 that addressed the surprising issues her research had uncovered: at the heart of older nurse turnover was a lack of knowledge about financial and retirement planning and career potential. The free Central Baptist program Dr. Hill designed addressed these issues head-on in a popular education program that she says is making a difference. Over the past two years, for example, the hospital has had a less than 2 percent vacancy rate. "That's pretty amazing for a staff of 1,000 nurses in today's environment."

Dr. Hill has implemented other innovative employee programs at Central Baptist including an interdisciplinary leadership development program to educate employees about the skills and competencies they'd need to advance their careers at the hospital. Last year, Central Baptist was able to hire from within for a remarkable 80 percent of available positions. Programs and initiatives like these are telling examples why Lexington's Central Baptist Hospital is consistently ranked one of the "Best Places to Work in Kentucky."

Dr. Howard calls Dr. Hill "a true star" of the college's DNP Program and points to her status as a highly sought-out national speaker on leadership development, intergenerational workforce and retention of nurses.

Dr. Hill's long and growing list of published work, including four peer-reviewed articles based on her DNP capstone, helped her achieve another long-time goal. Last May, she was named editor in chief of The Journal of Nursing Administration (JONA), the prestigious industry journal on nurse leadership and management. "When I entered the DNP Program, I'd had a lot of writing experience because I believe that as a profession, nurses have an obligation to write about successes and best practices and share that knowledge," says Dr. Hill. "The DNP emphasizes writing and encourages students to write papers as they would be developed for publication. It helped me refine my own writing and gave me the credentials and exposure that I believe made this editorial role possible."

"With the DNP, I gained a much wider network of people to reach out to for ideas and support. And even though I had attended UK for my master's degree, I felt the DNP gave me a closer connection to the College of Nursing and the professors."

PATRICIA HUGHES, DNP, RN, NE-BC (center),
Director, Acute Care, Inpatient Oncology and Renal Dialysis
UK Albert B. Chandler Hospital



Marjorie Wiggins, DNP, MBA, RN, NEA-BC, has been vice president of nursing at Maine Medical Center, the state's largest hospital, since 2001. As chief nurse officer, she's responsible for the strategic and operational plan for the nursing department and oversees a staff of 2,500 including 1,600 nurses and 160 advanced practice nurses. Her long-time commitment to the advancement of nursing practice led to key roles on the AACN's national Clinical Nurse Leader (CNL) Task Force and steering committee starting in 2004. Dr. Wiggins' work brought her in close contact with deans and nursing faculty around the country, including members of the UK College of Nursing faculty. Their description of UK's DNP Program impressed her so much she decided to enroll.

"Kentucky had and still has the best program in the country," says Dr. Wiggins. "How and why it was created, how the curriculum was developed, the core concepts of the DNP...I really fell in love with the whole notion of it. I had to come to Kentucky."

Dr. Wiggins began her DNP studies in 2006 and was awarded her DNP degree this year. "It took me a little longer because of the demands of my work here at the hospital," she says. In addition to online instruction, Dr. Wiggins had to travel from Maine to Kentucky five times a semester. "If had it to do over, I'd do it again in a minute. You're connected to so many different people and exposed to truly brilliant minds. It was a life-changing experience." It was also a practical one. While working on her DNP capstone on medical adherence, Dr. Wiggins was also working on a large grant for Maine Medical Center, which led to the implementation of a comprehensive medical adherence program at the hospital. "My doctorate had a direct impact on what I was doing in my own career."

Dr. Howard says seasoned professionals like Dr. Wiggins, Dr. Swartz and Dr. Hill, who were already chief executive officers in extremely complex organizations, chose the DNP degree to gain a higher level of knowledge to address the issues facing today's health care organizations, especially as health care reform begins to take shape. "Our curriculum, especially the courses that center around leadership, focus a great deal on the concept of change; how to anticipate, manage and embrace change." Today's DNP graduate is already proving adept at it. "Those of us who have dedicated our careers to the profession view this as a point in time in our history where we've truly come of age," says Dr. Howard.

And UK's DNP graduates are grateful. Says Dr. Swartz, echoing the sentiments of many: "DNP faculty members have it very clear in their minds what they hope to achieve with the DNP and how important it is for advancing nursing practice. That clarity and incentive is very present throughout the course of study and I appreciated that."

The College of Nursing Alumni Association

We are pleased to welcome Pamela Gage as the new president of your College of Nursing Alumni Association. We extend special thanks to Patty Hughes for her wonderful leadership and service as president for the past two years.

The college's alumni association has been busy this past year. We marked the 50th anniversary of the college, inducted five new members to the College of Nursing Hall of Fame, instituted a new policy that all graduates of the college are automatically members of the College of Nursing Alumni Association (you no longer pay a membership fee to join the college's alumni association), and launched the Boomerang Society, which enabled us to award a scholarship to a deserving undergraduate nursing student.

We are looking forward to another exciting year as the college celebrates the 10th anniversary of the DNP Program and the 25th anniversary of the PhD Program. Join us! There are many opportunities to participate with the alumni association and remain in contact with your classmates, the college and the university. **If you would like more information about participating with the college's alumni association and/or the Boomerang Society, please contact Aimeé Baston at abaston@email.uky.edu or (859) 323-6635.**

March 15

The College of Nursing Caring Society Reception

5:30 p.m.-7 p.m., University of Kentucky Art Museum
Donors who have supported the College of Nursing are invited to a reception at the University of Kentucky Art Museum hosted by Dean Jane Kirschling. The College of Nursing Caring Society recognizes donors who have given or pledged \$5000 to the college or have included the college in their estate plans.

Donors will have the opportunity to meet current students, faculty and staff while enjoying a wine and cheese reception and viewing the first traveling exhibition in the U.S. dedicated to the multi-layered work of Aboriginal artist and activist Richard Bell, one of Australia's leading and most controversial artists, which will be on exhibit.

If you are interested in learning more about how to become a member of the Caring Society, please contact Aimeé Baston at abaston@email.uky.edu or (859) 323-6635. This event is complimentary and paper invitations will be sent in early 2012.

December 16

UK College of Nursing BSN Pinning Ceremony

11 a.m., Singletary Center for the Arts
Students must arrive by 10 a.m.
Guests may begin seating at 10:30 a.m.
For more information go to www.uky.edu/SCFA/info.php

Coming Spring 2012!

The College of Nursing is excited to celebrate the 25th Anniversary of the PhD Program and the 10th Anniversary of the DNP Program. Watch our website, your email and mailboxes. More information on upcoming events to mark these wonderful milestones in our college's history coming soon!

May 4

Graduate Student Hooding Ceremony and Reception

10 a.m., Singletary Center for the Arts
Dean Jane Kirschling, faculty and staff invite you to attend the hooding ceremony and reception in honor of the December 2011 and May 2012 MSN, DNP and PhD graduates. Please feel free to join us for this special event.

BSN Pinning Ceremony

1 p.m., Singletary Center for the Arts
Dean Jane Kirschling, faculty and staff invite you to attend the pinning ceremony in honor of the May 2012 BSN graduates. Please feel free to join us for this special event.

Lyman T. Johnson Award WINNER

LATOYA BO'NEE LEE



LaToya Bo'nee Lee receives her award from Emmett "Buzz" Burnam, UK associate director of diversity recruitment.

College of Nursing Student Honored With Lyman T. Johnson Award

Distinguished UK students and alumni were honored in April 2011 with Torch Bearer and Torch of Excellence Awards during the 30th Annual Lyman T. Johnson Student Awards Banquet.

The event, sponsored by the UK Black Student Union, is designed to recognize outstanding student achievement in the areas of scholarship, leadership and service. It is named in honor of Dr. Lyman T. Johnson, the legendary human rights champion whose landmark legal victory in 1949 resulted in the desegregation of the University of Kentucky.

LaToya Bo'nee Lee, a December 2010 BSN graduate of the College of Nursing, was honored with a Torch Bearer Award.

Ms. Lee originally graduated from the University of Louisville in 2006 with a BA in psychology. While employed at a psychiatric hospital, she worked with autistic and Down syndrome pediatric patients. Seeing the nurses spend more time with the children than the therapists did persuaded her to work toward a more hands-on approach, so she applied to the UK College of Nursing's Second Degree BSN Option.

She credits her faith with keeping her on track and believes God put her here to help others. In her first ICU clinical, she checked on a patient and believed he was having a heart attack. She alerted her preceptors who were astonished that she recognized the signs and alerted them so quickly in a calm and cool manner.

As a Second Degree student representative, she was involved with prospective student interviews in which faculty relied on her observations and opinions. She assisted with student orientation and helped new students adjust to the program, recalling her own experiences.

Faculty noted that, "She and a fellow student made outstanding contributions to the health of a low income neighborhood in Lexington by promoting interest in the community garden and teaching young people to participate in caring for the garden."

Her ultimate goal is to earn her DNP from UK and to teach in a nursing program and give back to others. Faculty members have already approached her about mentoring her in this role and look forward to seeing her grow.

New College Donor Wall DEDICATED

"The nursing profession's tradition for caring is displayed and sustained through generous gifts." —Vicki Beekman Gorman, BSN, RN



This spring, the UK College of Nursing unveiled a new custom-designed art glass donor wall display that not only lists the named scholarships, awards and endowed chairs made possible by donor gifts but the impact of those gifts on this year's student and faculty recipients. "The new donor wall is truly reflective of our college, its students and the generosity of our faculty, alumni and friends," says former Director of Alumni and Development for the College of Nursing, Laurel Martin, who was serving in that role last spring when the wall display was installed. "The stories behind many of our donor gifts are so moving. The new donor wall is very personal, very much who we are."

The dramatic glass and acrylic display is inscribed with the names of Caring Society donors as well as those who have made a bequest to the college through planned giving. A changeable gallery of quotes and photographs showcases the most recent student beneficiaries of donor generosity. The quotes were selected from student interviews on what the scholarship award meant to them. "They all talked about how inspiring and supportive it feels to know that somebody they've never even met believes in them and in their future," says Martin. "The new wall allowed us to put a face on that impact." Martin says student recipients often mention a strong desire to "pay it forward" and their own intention to give back so that tomorrow's nursing students can have the same experience they've had.

The display itself was commissioned specifically for the college and features beautifully etched art glass and a representation of the college's signature boomerang symbol. A central quote, written by college alumna and current Dean's External Advisory Board member Vicki Beekman Gorman, BSN, RN, captures the heart of college giving. Gorman and her husband recently established the Vicki Beekman Gorman Undergraduate Nursing Scholarship, which was awarded for the first time in the 2010-2011 academic year to student Jamie Hatcher.



Prominently located in the main hallway on the third floor of the nursing building, the wall display was designed with plenty of room for growth and recognizes the contributions recently received in honor of the college's 50th anniversary celebration.

IN THEIR own words

The new University of Kentucky College of Nursing donor wall features photographs and quotes from recent scholarship recipients and offers them a chance to thank those whose gifts have deeply touched them.



"Working in the nursing field has always been a goal of mine because I love helping others. I couldn't accomplish this goal by myself. The Everly-Highgenboten Scholarship is an excellent example of the generosity of others to help me achieve my goals in life."

—James Grau,
Waynesville, Ohio
Everly-Highgenboten Scholarship recipient



"I am so grateful to have received this scholarship and to have this opportunity to attend nursing school and to initiate the project for teenage pregnancy which will allow me to make an impact during my college career."

—Rachel Dickman,
Louisville, Ky.
Lynn Garman Au Scholarship recipient



"I have been blessed to receive a scholarship and this honor comes with a sense of great responsibility."

—Molly Gadd,
Fort Thomas, Ky.
DNP Academic Excellence Scholarship recipient



"I would like to thank Dr. Marcia A. Dake for her support as I pursue my dream of becoming a nurse. I hope to follow in her footsteps making a difference in the many lives I touch as a nurse."

—Serah Kimama,
Kajiado, Kenya
Marcia A. Dake Undergraduate Nursing Scholarship recipient

50th Anniversary Phonathon A RECORD-BREAKING SUCCESS!

The College of Nursing 2011 Phonathon concluded April 6 and was the cornerstone of the 50th Anniversary "50 Days of Giving," which focused on securing annual gifts from alumni and friends of the College of Nursing. Through their generosity, we received commitments totaling \$38,540 from 463 pledges. This was a nearly six percent increase over last year's record-breaking total.

We are also pleased to announce that thanks to a challenge grant provided by UK HealthCare, individuals who increased the amount of their gift this year—over last year's gift—received a dollar-for-dollar match for the portion of their gift above the amount they gave last year. The maximum amount of the challenge grant offered was \$20,000, and we have already secured more than \$19,000 with hopes of raising the remaining portion with follow-up mailings.

All of these gifts will support the New Opportunity Fund which provides for graduate and undergraduate scholarships as well as other opportunities and needs.

"I deeply appreciate the generous alumni and friends who have supported the college in the past and have committed to doing so in the future. I know that many of you answered our call and responded with a generous gift to help our students and extend the College of Nursing's tradition of excellence into the next half century. Thank you for taking the call!"

—Dean Jane Kirschling

**Nursing Fellows / *Caring Society: We thank the following alumni, friends, foundations and companies who have generously given to the college at the \$5,000 level and above.

The following alumni have kindly and generously given to the College of Nursing during the 2010-2011 fiscal year which ran from July 1, 2010 until June 30, 2011. We thank each and every one for helping to make a difference.

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