Canada’s ‘Nurse of the World’

Helen K. Mussallem, RN, EdD, LL.D, DSc, FRCN, MRSH, DSIf
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columns

Second Quarter 2003 • Reflections on Nursing LEADERSHIP
‘See you at some ballgame, meeting or another!’

Throughout our lives, we are each involved in or touched by multiple communities. These communities, and what they stand for, spark our interest and present us with a place and a cause we feel passionate about. They inspire us to work with them because we want to make an impact. They also unite us with other individuals around common pursuits, and the resulting communities value us, as well as our contributions.

Inherent to participating in a community, be it a child’s sports team, a professional association or a patient and his or her family, are capacity and collaboration. Capacity is found not only in belief, desires and anticipated outcomes, but also in the currencies of time, talents, resources and knowledge. Collaboration occurs when the currencies of capacity blend and work together to create the infrastructure needed to achieve the desired impact.

For example, when a nurse’s knowledge and information about taking care of a chronically ill patient are combined with the time and desire of a family caregiver, along with the resources of other family members, neighbors and home care services, a collaboration to support the patient’s optimal health ensues.

Our individual responsibilities for whatever roles we perform in life, be they professional, parent, student or family member, are to: 1) find the passions within us and combine with the time and desire of a family caregiver, along with the resources of other family members, neighbors and home care services, a collaboration to support the patient’s optimal health; 2) connect them, 3) select and use our currencies, 4) contribute to building the structure, and 5) make an impact for the cause.

Still have that card from our 15th-anniversary bouquet. I keep it to remind us of the communities we helped to build. I cherish it because of the passions and commitments it represents, and I hope that we’ll leave these communities better than when we arrived. And yes, we are still catching up with each other at “some ballgame, meeting or another!” ☺️

Nancy Dickenson-Hazard, RN, MSN, FAAN
SEE YOU AT SOME BALLGAME, MEETING OR ANOTHER!

TEN-PLUS YEARS ago, a beautiful bouquet of flowers was delivered to my office. They were from my husband on the occasion of our 15th wedding anniversary. The enclosed card, written in his hand, read: "Happy 15th! See you at some ballgame, meeting or another. Love, John."

That message clearly reflected our lives at the time—a constant juggling of interests and engagements in one community-building endeavor or another. He was the junior-high baseball coach, a member of our neighborhood association board and an active member of a hobbyist group. I was co-president of the school's parent association, a member of a local professional association chapter. These commitments, combined with those for our family and our interests, yielded two happy and busy people—happy because we had found, individually and together, communities to call our own, and a place where we could make a difference—and busy...well I guess that speaks for itself!

Throughout our lives, we are each involved in or touched by multiple communities. These communities, and what they stand for, spark our interest and present us with a place and a cause we feel passionate about. They inspire us to work with them because we want to make an impact. They also unite us with other individuals around common pursuits, and the resulting communities value us, as well as our contributions.

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Our individual responsibilities for whatever roles we perform in life, be they professional, parent, student or family member, are to: 1) find the passions within us and our communities, 2) connect them, 3) select and use our currencies, 4) contribute to building the structure, and 5) make an impact for the cause.

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Take the lead!

by Kathy Player and Beth Houser

For nurses wanting to take the leap into a position of leadership, the timing has never been better.

Opportunities are plentiful for new nurses graduating and entering this wonderful profession. Salaries are competitive for new graduates, and benefits start as early as Day One on the job. With this in mind, the question must be asked, “What about the nurses who have been hard at work ‘holding down the fort’ for the past five, 10, 20 years?” Every crisis offers opportunity, and the current nursing shortage is no exception. For nurses wanting to take the leap into a position of leadership, the timing has never been better.

What was it that called each of us into this profession? More than likely, it was the ability to help others. In essence, it is that ability that nurtures a nurse’s soul. The fact that, as nurses, we play a critical role in patients’ lives at their most vulnerable state? The answer is simple—what one thing would not have had this for nursing, nor should they. Who better to fill this leadership role than those nurses who have been “holding down the fort”?

Remember what brought you to the profession of nursing. Make a conscious decision that you will seek a leadership role with the goal of finding and inspiring others so that, together, everyone is stronger. The leadership ladder is exchanging the pendulum begins. A large part of leadership is the ability to inspire passion and vision in others so that, together, everyone is working toward the same goal.

Being a nurse leader in today’s climate offers opportunities that many would not have had 10 years ago. Not only is there a nursing shortage in patient care, but leadership at both local and national levels is struggling to find qualified and interested nurses to take on the task of leading and shaping the future of health care. Balloons for both state and national nursing leadership positions, which are an honor to hold, are at times difficult to fill. Instilling a desire in nurses to take a leadership role in the future of this profession is a challenge some days. For the willing participants, the journey into leadership is rejuvenating.

Stepping up to the challenge of leading others is nothing less than taking a risk and becoming vulnerable. Risk taking is a wonderful way to stretch to new limits, both personally and professionally. Stretching to the next rung on the leadership ladder is exchanging the autopilot of expert for the conscious awareness of novice. The emotions one experiences during this state of professional growth could be called the “wardrobe syndrome,” not unlike the acute awareness one has when wearing leather shoes that are too small, sleeves that are too long or a belt that is too tight. The result is constant fidgeting in an effort to find comfort.

Why would anyone choose this vulnerable state? The answer is simple—the growth that occurs with the acquisition of new skills, knowledge and perspectives opens entirely new vistas of opportunity. Confidence grows and the possibilities for making a difference become infinite.

So, what about the inevitable failures that happen when taking risks? Certainly, disappointments will occur. Outcomes will not always turn out as planned. Without trying, however, one will never know what might have been. As one matures and learns to handle successes gracefully, one also learns how to handle failures. As Henry Ford artfully explained, “Failure is an opportunity to begin again, more intelligently.”

Experience teaches that failures spark innovation and creativity where traditional thought failed. Additionally, the lessons of success are often taken for granted, while lessons resulting from failure are resounding and indelible. With repeated attempts at venturing out and taking risks, an experienced individual becomes savvy at knowing when to change directions and when to hold the course.

Knowing when to change directions is a leadership skill developed through life’s lessons, one that has been instrumental in guiding our profession. Florence Nightingale impacted mortality rates by improving sanitary conditions in hospitals during the 19th century. In 1965, Loretta Ford, RN, PhD, responded to the inadequate physician supply that threatened access to health care in America by heading up the nurse practitioner movement.

In the 21st century, public health is being challenged by a critical shortage of nurses that presents more questions than solutions. There has never been a more demanding time to be a nurse than today. Finding the time to hold the hand of a newly diagnosed cancer patient or to comfort the parents of a critically ill child has been lost to increased workloads, rising patient acuities and economic pressures that consistently compete with quality-of-care outcomes. These are nursing challenges that require nurses to find creative solutions. Otherwise, someone who has no interest in nursing may do that for us. The nursing voice must be clear, resounding and united in advocating for patients. No one else can do this for nursing, nor should they. Who better to fill this leadership role than those nurses who have been “holding down the fort?”

Seek state and national leadership opportunities that will train and refine your voice, giving it new clarity and volume. Never be satisfied with the status quo. As one matures and learns to handle failures, the legacy you have already created because opportunities abound for those who want to make a difference. Reach for the stars knowing that, one day, you will capture the light, warmth and brilliance that only leadership experience can offer. am

Kathy Player, RN, FAAN, chief, division of professional studies, Grand Canyon University, Phoenix, Ariz., and Beth Houser, RN, FNPC, director of magnet project and nurse researcher, John C. Lincoln Hospitals, Phoenix, Ariz., are both Robert Wood Johnson Executive Nurse Fellows.
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What was it that called each of us into this profession? More than likely, it was the ability to help others. In essence, it is that ability that nurtures a nurse's soul. The fact that, as nurses, we do it day after day is overwhelming. It may be holding the hand of a dying patient and hearing his or her last words, or it may be assisting a mother while she brings a new life into the world. Both are just a moment in the life of a nurse. Over time, however, the roles nurses play may take on other forms. Taking on these new roles is an opportunity for us to leave our own unique mark on the profession and the lives of the people we touch.

The first five years of working as a nurse may center solely on patient care. After this, the pendulum starts to swing, as one progresses in his or her career by heading out of autopilot and venturing out and taking risks.

Stepping up to the challenge of leading others is nothing less than taking a risk and becoming vulnerable. Risk taking is a wonderful way to stretch to new limits, both personally and professionally. Stretching to the next rung on the leadership ladder is exchanging the autodidact of expert for the conscious athlete—a leadership skill developed through the lessons of success and failure.

As one matures and learns to handle success gracefully, one also learns how to handle failures. As Henry Ford artfully explained, "Failure is an opportunity to begin again, more intelligently." Experience teaches that failures spark innovation and creativity where traditional thought failed. Additionally, the lessons of success are often taken for granted, while lessons resulting from failure are resounding and indelible. With repeated attempts at venturing out and taking risks, an experienced individual becomes savvy at knowing when to change directions and when to hold the course.

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Seek state and national leadership opportunities that will train and refine your voice, giving it new clarity and volume. Never be satisfied with the legacy you have already created, because opportunities abound for those who want to make a difference. Reach for the stars knowing that, one day, you will capture the light, warm and sufficient to light your path to leadership experience.

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still opening doors

The United Kingdom's Royal College of Nursing described her as "Canada's most distinguished nurse in her generation" and "a nurse of the world." Acclaimed for her role in fundamentally reshaping Canada's nursing education system and for her advocacy of universal health care, Dr. Helen Mussallem is still opening doors for nurses around the world.

by James E. Mattson

If you've seen "Angels of Mercy" (Bregman & Jeans, 1994), a documentary about Canada's Nursing Sisters that airs periodically on A&E's History Channel, or "Nurses on the Battlefield" (Kufner & Campbell, 2001), aired by Canada's History Television, you've seen Helen Mussallem. Appearing prominently in both documentaries, Mussallem is one of 4,480 RNs who responded to their country's call for military nurses during World War II.

The Nursing Sisters, who first took to the field with Canadian troops in 1885, derived their name and distinctive habit—a white veil—from Catholic nuns and their role as military nurses from the example set by Florence Nightingale during the Crimean War. In May 1942, they became the first nurses in any Allied country to gain officer status. Ranging from second lieutenant (pronounced left-ten-ent in Canada) to major; the Sisters were assigned to the Royal Canadian Army Medical Corps. Mussallem joined the Corps as a lieutenant in 1943.

If Mussallem and the other nurse recruits had any doubt about their military status, it was promptly removed by their commanding officer during basic training.

"The one thing I remember him saying is ... if anybody attacks your patient, you have to shoot first. You don't wait. You are there to protect the patients. ... We were soldiers and we were to act like soldiers" (Bregman & Jeans, 1994).

Mussallem and her compatriots departed for Europe from Halifax, Nova Scotia, aboard a troop ship, the New Amsterdam. After zigzagging as part of a convoy across the North Atlantic for six days to avoid submarines—at that stage in the war, German U-boats were sinking one Allied ship every four hours—they finally arrived in Liverpool, England, where they were greeted by the majestic strains of "O Canada."

It was an emotional moment for Lt. Mussallem as she stood on deck in battle dress, listening to her country's national anthem.

Above: Lt. Helen Mussallem was one of 4,480 Nursing Sisters who served in the Royal Canadian Army Medical Corps during World War II.

Right: In her Ottawa condominium, Mussallem stands behind glass doors etched with her personal coat of arms, created by the chief herald of Canada. At the top of the shield, in Latin, is the motto of her alma mater, "Not to be ministered unto, but to minister." At the bottom of the shield, not visible in the photo, is another biblical quotation, a favorite of Mussallem's mother, "Freely ye have received, freely give."
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ABOVE: Lt. Helen Mussallem was one of 4,480 Nursing Sisters who served in the Royal Canadian Army Medical Corps during World War II. RIGHT: In her Ottawa condominium, Mussallem stands behind glass doors etched with her personal coat of arms, created by the chief herald of Canada. At the top of the shield, in Latin, is the motto of her alma mater, "Not to be ministered unto, but to minister." At the bottom of the shield, not visible in the photo, is another biblical quotation, a favorite of Mussallem's mother, "Freely ye have received, freely give."
There were terrible sights and so on, people being killed. We were doing a job and we didn't feel that we were particularly brave. We were doing a job and it was exciting. We were young, too. That made a difference. After VE (Victory in Europe) Day in May 1945, Mussallem returned home to British Columbia to await reassignment aboard a hospital ship Canada was preparing for the war's Pacific theater. When Japan surrendered, those plans were dropped and Mussallem returned to civilian nursing duties in Vancouver.

HELEN Kathleen Mussallem was born in Prince Rupert, British Columbia, and grew up 45 kilometers east of Vancouver in the municipality of Maple Ridge where her father, a well-to-do businessman of Lebanese descent, was involved in local politics. She decided to go into nursing for reasons both romantic and pragmatic. Impressed by public health nurses in her community and inspired by reading about Florence Nightingale and Edith Cavell, she recognized, on a more practical level, that there weren't many career choices open to women. "There was teaching, stenography, nursing," she said. Mussallem chose nursing because she didn't realize it at the time, but in choosing nursing, she also chose teaching.

Mussallem began nurses training at Vancouver General Hospital School of Nursing in 1934, received her diploma in 1937 and, for six years prior to going on for her master's degree at Columbia University in New York. Upon completing her master's, she returned again to teach at Vancouver General, eventually becoming the school's director of nursing education.

"It was, in 1945, I was already behind her, Mussallem was launched into what would become the primary focus of her stellar career—reforming nursing education. It was a change in focus that she initially resisted.

"I lived in an era when patients died because they didn't have the money to pay for medical services, and I'm proud to say that I played a part in ending that injustice..."

"The Canadian Nurses Association wanted a survey of the schools of nursing across Canada. I didn't want to leave Vancouver, my niece and all the family were there. I had a terrible time. They couldn't find any one else who had any preparation to do it so I said yes, I would, but just for two years, and it lasted for 40.

The purpose of the survey, modeled after one developed by the National League for Nursing (NLN) in the United States, was to determine the readiness of Canada's nursing schools for a program of national voluntary accreditation (Mussallem, 1960). To prepare for the project, Mussallem underwent an intensive, four-month orientation at NLN headquarters in New York, where she studied the philosophy, types and mechanics of accreditation and participated in six site visits to various geographic areas of the United States. She then returned home to apply what she had learned.

After making preliminary visits to 25 Canadian nursing schools, scattered across 10 provinces from the Atlantic to the Pacific, Mussallem revisited each school, accompanied by a regional observer, to conduct a one-week, in-depth survey of its philosophies and objectives, organization, financial picture, student services, curriculum, library, and physical facilities. The results of each survey were compiled into a lengthy report that was submitted to an independent board of review for evaluation based upon accepted accreditation criteria.

It was a monumental task that was shouldered primarily by Mussallem, the project director. After traveling more than 90,000 kilometers (about 58,000 miles) and interviewing nearly 1,800 people, she published her findings in a report titled Spotlight on Nursing Education (Mussallem, 1960). Of that report, she said, "There was fire coming out. Every time I think of it, the fire starts up. O, the awful conditions!"

Dr. Mussallem displays the medals she has received for her many contributions to nursing. "I love the pats on the back," she says. "I've sold them so many knives going in the front when I was fighting for things, I love the pats on the back." While conducting her survey, Mussallem had observed that numerous hospital-based nursing schools had essentially made indentured servants out of students, thus providing the hospital with a cheap labor pool. "They couldn't have run the hospital without the students," she said, "I think they put it down as nursing education, but it was a pretty far cry. The better [schools] were good, but most of them used the apprenticeship method."

Using the data from Mussallem's report, the board of review found that, if standards of accreditation had been applied at the time of the survey, only four of the 25 schools—16 percent—would have met the criteria.

As one might expect, the report was not welcomed by hospital administrators. Mussallem recalled one particular meeting of the Canadian Hospital Association. "They knew I was sitting there. The chairman of the board, a fellow who he was talking about this woman who was going around the country criticizing the hospital schools. I got some serious criticism, even from nurses."

Despite negative reviews from administrators, the report was a watershed in Canada's movement toward university-based nursing education. To implement the study's recommendations, the Canadian Hospital Association asked Mussallem to remain on staff as director of special studies.

"I was invited to all the provincial associations I was sitting in when I could—speaking, writing—because I could see it so clearly and I had the advantage over all the other people," she said. "I had seen what the deficiencies were with the system. So I just put my whole heart and soul into trying to change it the best I could.

Despite Mussallem's crucial role in spearheading the implementation process, she is quick to point out that she couldn't have done it alone.

"The Canadian Hospital Association and others were so powerful, but it was..."
There were terrible sights and so on, there were people being killed. We didn’t feel that we were particularly brave. We were doing a job and it was exciting. We were young, too. That made a difference.”

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HELEN Kathleen Mussallem was born in Prince Rupert, British Columbia, and grew up 45 kilometers east of Vancouver in the municipality of Maple Ridge where her father, a well-to-do businessman of Lebanese descent, was involved in local politics.

She decided to go into nursing for reasons both romantic and pragmatic. Impresssed by public health nurses in her community and inspired by reading about Florence Nightingale and Edith Cavell, she recognized, on a more practical level, that there weren’t many career choices open to women. “There was teaching, stenography, nursing,” she said. Mussallem chose nursing didn’t realize it at the time, but in choosing nursing, she also chose teaching.

Mussallem began nurses training at Vancouver General Hospital School of Nursing in 1934, received her diploma in 1937 and, for six years prior to going on for her master’s degree at Columbia University in New York. Upon completing her master’s, she returned again to teach at Vancouver General, eventually becoming the school’s director of nursing education.

In 1937, with 20 years of nursing already behind her, Mussallem was launched into what would become the primary focus of her stellar career—reforming nursing education. It was a change in focus that she initially resisted.

“I lived in an era when patients died because they didn’t have the money to pay for medical services, and I’m proud to say that I played a part in ending that injustice…”

“The Canadian Nurses Association wanted a survey of the schools of nursing across Canada. I didn’t want to have any nieces and all the family were there. I had a terrible time. They couldn’t find anyone else who had any preparation to do it so I said yes, I would, but just for two years, and it lasted for 40.”

The purpose of the survey, modeled after one developed by the National League for Nursing (NLN) in the United States, was to determine the readiness of Canada’s nursing schools for a program of national voluntary accreditation (Mussallem, 1960). To prepare for the project, Mussallem underwent an intensive, four-month orientation at NLN headquarters in New York, where she studied the philosophies, types and mechanics of accreditation and participated in six site visits to various geographic areas of the United States. She then returned home to apply what she had learned.

After making preliminary visits to 25 Canadian nursing schools, scattered across 10 provinces from the Atlantic to the Pacific, Mussallem revisited each school, accompanied by a regional observer, to conduct a one-week, in-depth survey of its philosophies and objectives, organization, financial picture, student services, curriculum, library, and physical facilities. The results of each survey were compiled into a lengthy report that was submitted to an independent board of review for evaluation based upon accepted accreditation criteria.

It was a monumental task that was shoulderred primarily by Mussallem, the project director. After traveling more than 90,000 kilometers (about 58,000 miles) and interviewing nearly 1,800 people, she published her findings in a report titled Spotlight on Nursing Education (Mussallem, 1960). Of that report, she said, “There was fire coming out. Every time I think of it, the fire starts up. O, the awful conditions!”

While conducting her survey, Mussallem had observed that numerous hospital-based nursing schools had essentially made indentured servants out of students, thus providing the hospital with a cheap labor pool. “They couldn’t have run the hospital without the students,” she said. “I think they put it down as nursing education, but it was a pretty far cry. The better schools were good, but most of them used the apprenticeship method.”

Using the data from Mussallem’s report, the board of review found that, if standards of accreditation had been applied at the time of the survey, only four of the 25 schools—16 percent—would have met the criteria.

As one might expect, the report was not welcomed by hospital administrators. Mussallem recalled one particular meeting of the Canadian Hospital Association. “They knew I was sitting there. The chairman turned to me and he was talking about this woman who was going around the country criticizing the hospital schools. I got some serious criticism, even from nurses.”

Despite negative reviews from administrators, the report was a watershed in Canada’s movement toward university-based nursing education. To implement the study’s recommendations, the Canadian Nurses Association asked Mussallem to remain on staff as director of special studies.

“I was invited to all the provincial associations, I was sitting there when I could—speaking, writing—because I could see it so clearly and I had the advantage over all the other people,” she said. “I had seen what the deficiencies were and how poor the system was. So I just put my whole heart and soul into trying to change it the best I could.”

Despite Mussallem’s crucial role in spearheading the implementation process, she is quick to point out that she couldn’t have done it alone. “The Canadian Hospital Association and others were so powerful, but it was
the nurses themselves who impleme-
ted it and some of the nurses' friends who were in high places. That is what you learn very soon, that you have to find people in high places of influence who will help you achieve your goals."

While implementing the educational reforms resulting from her survey, Mussa-
lel em also found time to earn her doctorate, the first doctoral degree in
nursing awarded to a Canadian nurse.

"It was quite by accident," she said.

During the summer of 1960, while wait-

ing for implementation funds to become
available, Mussallem made a visit to Bernice Anderson, her former adviser at
Columbia Medical in Toronto. We used to be
window dressing, but it worked.

"I remember going to Canadian
Medical in Toronto. We used to be
ushered in by the side door. After I
got my doctorate, they opened up the
front door. Would you believe it?
Because it was just for their members,
but because I had a doctorate, they let
me through the front door."

Mussallem has been opening doors
for nursing ever since.

IN ADDITION to nursing education
work, she played a significant role in
bringing about universal health care for
Canadians. Initially known as medicare,
the program eventually was consolidated nationally under the Canada Health Act.

"It was free for all and we still have it.
There will always be criticisms and,
of course, there are always weaknesses
in anything. But it is wonderful. Any-
body can walk into a clinic or a doctor's
office or a hospital any place without
worrying about who is going to pay for
it. You just walk in."

"I lived in an era," said Mussallem,
"when patients died because they
didn't have the money to pay for med-
cial services, and I'm proud to say that
I played a part in ending that injustice,
in creating a system for everyone. It's
said quite often, but I don't think
Canadians truly appreciate what they
have. Medicare was the best thing that
ever happened to this nation; it defines
us as caring and compassionate people.
And no one contributes more to the
health of Canadians than nurses" (Picard, 2000).

In 1981, after 19 years as executive
director, Mussallem mentioned that she
would like to help out. A rare
situation, her adviser recommended,
"If you're going, then I give
it."

It is up to us.
It's up to you.

Preparing for the 2003
House of Delegates

The society's 57th Biennial Convention
will be an exciting one. While this event
is an opportunity to network with peers
and continue our professional develop-
ment, it is also the time to conduct society
business during the House of Delegates,
Nov. 4-5, 2003.

This brochure will state on several
important issues that directly affect the
society's ability to continue providing high
value to members while operating efficiently.

I'm excited about the direction the society is going. We continue to grow by chartering chapters and including members around the world. And we are building diverse relationships by partnering with organizations that have like missions, further expanding our ability to improve the health of the world's people.

Thank you for being an informed
member by reading this infor-
mation. I encourage you to discuss this with your
members and ask your chapter's delegate(s)
to give careful attention to these issues.

All of these issues are vitally important
to the success of the society. I hope that once
you have had time to consider them, your delegate(s) will vote in favor of these proposed solutions.

It's up to us to ensure the future of Sigma
Theta Tau International. It's up to you.

May L. Wykle
President May L. Wykle
RN, PhD, FAAN

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is an opportunity to network with peers
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it is also the time to conduct society
business during the House of Delegates.

May L. Wykle, president of the society,
will address the delegates on Sunday, Oct. 13, 2002.

Dr. Helen Mussallem greets Dr. Helen Mussallem and other war veterans during a wreath-laying ceremony at Canada's National War Memorial in Ottawa on Sunday, Oct. 13, 2002.
the nurses themselves who implemented it and some of the nurses' friends who were in high places. That is what you learn very soon, that you have to find people in high places of influence who will help you achieve your goals."

While implementing the educational reforms resulting from her survey, Mussallem also found time to earn her doctorate, the first doctoral degree in nursing awarded to a Canadian nurse.

"It was quite by accident," she said. During the summer of 1960, while waiting for implementation funds to become available, Mussallem made a visit to Bernice Anderson, her former adviser at McMaster University, who strongly advised her to go for her doctorate.

"I said, 'Miss Anderson, I don't want to do any more. I just came to say hello.' Well, she got me—pushed me right into it.

"I'm very compliant in some ways," Mussallem explained. "It sounded like a good idea. I thought maybe I would do it for one semester or maybe two semesters, but sometimes things have a life of their own."

The title of her dissertation, published by the Canadian Nurses Association, was Path to Quality: A Plan for the Development of Nursing Education Programs within the General Education System of Canada (Mussallem, 1962). Many scholarly dissertations never see the light of day once the degree is conferred. Not so with Mussallem's. Combined with efforts already in progress to implement her survey's conclusions, it provided a model for change in Canadian nursing education.

In 1963, shortly after receiving her doctor of education degree, Mussallem was appointed executive director of the Canadian Nurses Association, and she found the degree useful for opening new doors—literally—to nursing.

"It was very important for nursing at that time, as I look back, that somebody with a doctorate was director of the program existing under the Canada Health Act."

She promptly accepted a position as adviser to national health organizations in Canada, as well as the World Health Organization, the Pan American Health Organization and the International Council of Nurses. From 1989 to 1991, she also found time to serve as president of the Victorian Order of Nurses, a charitable nursing agency for at-risk populations. Today, 22 years after her retirement, she remains active on 23 boards and continues to travel internationally on behalf of nursing education.

"I never think about my age," she said. "I just go on."

In addition to honorary doctorates from Queen's University, Memorial University, University of New Brunswick, McMaster University and University of British Columbia, Mussallem has been awarded Canada's highest honor, the Companion to the Order of Canada.

Other honors include Medal for Distinguished Service from Columbia University, Dame of Justice of the Order of St. John's of Jerusalem and the Florence Nightingale Medal of the International Red Cross. In 1976, she was named an honorary fellow of the Royal College of Nursing, the first nurse outside the United Kingdom thus honored.

When asked about her many accolades, Mussallem modestly responded, "If you live long enough, these things come your way. I've been in a visible position and, if they wanted to honor nursing, they often picked on me, which was great. I love the pats on the back. I've said there were so many knives going in the front when I was fighting for things, I love the pats on the back.

As for the future of nursing, Mussallem has high hopes.

"I'm so happy with the way nursing is evolving. Whenever I talk with the young women, I always have to be on my toes. They are good. The profession is attracting some of the very best in the country. I was reading about one of the schools here in Ottawa that had almost 1,000 requests for entry to a school that only takes 75 a year. So they have the real cream of the crop, and not just intellectually. They are wonderful, caring people."

And the nursing shortage?

"They say that if you go to the hospital here tonight, the nurse on the only person who's visible and is doing everything for everybody. The same holds true in the community. The nurses that are filling in for other workers are doing so in the community. If nurses just restricted themselves to nursing duties and responsibilities, we might have enough. We have always spread ourselves thin. The very nature of the profession and the people it attracts, they are caring and they will do anything. They can't see anybody doing it without if they can stretch themselves and help out. A rare breed."

In concluding our conversation, Dr. Mussallem mentioned that she would be happy if some of the work she did at a gathering of the Canadian Society of University Schools of Nursing, "That kind of thing I keep doing. I don't know why, she laughed, "I keep saying no and then I give in."

Like they say, once a nurse, always a nurse.
Conspiracy of silence

by Linda M. Finke

Save one life and you are a hero, Save 100 lives and you are a nurse — Anonymous

Even with a worldwide shortage of nurses and the attention given to the need for nurses, one important truth about nursing is rarely talked about. The nurse teaching a new mother how to feed her baby, the nurse talking with the family of a woman who is dying, or the nurse resuscitating a patient in ICU is a hero.

Rarely do we recognize the heroic acts that happen every day in a nurse’s career. There seems to be a conspiracy of silence about these heroes who go about their daily work saving lives and giving comfort to those experiencing terrible trauma. What perpetuates this silence? Why do we as nurses brush off what we do as “just doing my job” and not bring to the surface the heroic aspects of our work?

In her most recent and ambitious research, Margaret “Meg” Carson, RN, PhD, has studied nurse heroes. She and her colleagues received a large grant from the U.S. Department of Veterans Affairs, Veterans Health Administration, Health Services, Research and Development to study the “Psychophysiology of Post-Traumatic Stress Disorder in Female Vietnam Nurse Veterans” (Carson et al., 2000). Although her research focused on the physiological response of the nurses to stress, it was the nurses’ stories that stayed with Carson. Years after the war, they still recalled their horrific experiences.

These nurses, mostly young and recent graduates, repeatedly encountered young men who were severely wounded or dead. For many of the men, the comfort and caring provided by the nurses as they sought to administer life-saving interventions was their last touch with life. It was the kind of care we would all want a family member to receive.

Carson is presently expanding her research to include other nurse heroes who work in such settings as burn and critical-care units. Nurses do not need to be in a war to know the lasting effects of human trauma, both on themselves and their patients. Trauma, says Carson, is universal to nursing, and these stories need to be told. Her hunch is that all nurses guide people for whom they care through trauma. She also sees the lasting effect that exposure to repeated trauma has on nurses.

Research has shown that about 8.5 percent of the women who served in Vietnam suffered from post-traumatic stress disorder.

“Anytime you talk with nurses about their most memorable experience as a nurse,” Carson explains, “they frequently tell a story of a connection they made with a patient or family that was going through some kind of terrible trauma.” The patient may have died, but the nurse was able to make a connection with the patient or family that, in some way, made dying easier. A nurse may talk about the patient who had liver cancer and how she stayed with the family during the last few hours, or how she showed a patient his or her last sunrise, or gave medica-
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Carson to keynote 37th Biennial Convention

Dr. Meg Carson will be the keynote speaker for the Honor Society of Nursing, Sigma Theta Tau International's 37th Biennial Convention in Toronto, in November 2003. Her study of nurses who have provided care to those who have experienced trauma relates directly to the reason we all became nurses.

It is the connection to individuals and families during trauma that forms the essence of nursing. It is the nurse who can form a relationship in an instant and is there when the patient's knees are guaranteed to touch the heart of each nurse who attends. We will be reminded why we became nurses and why we remain. Her work has a major impact on us all and on the future of nursing.

...conclusion so the patient could bear the pain and talk with his or her children. These experiences give us the strength to continue in our profession. We are rewarded in knowing that we did the best we could and that somehow made the situation better for an individual or a family.

For the patient and family, the trauma was not taken away, but it was somehow lessened through a connection made by the nurse. For nurses, the last effect of helping an individual or a family through trauma is rarely discussed, yet the story continues with us. Some nurses in Vietnam knew that we somehow made the situation better for those who were losing a family member or friend. For those patients and families, nurses quickly made it clear they did not want to hear about the horrible experiences the nurses had witnessed.

Just as nurses who served in Vietnam had no one to talk about their experiences, nurses not in the military rarely talk outside their own circle of co-workers about the life they saved. Today, so many of us have almost lost our voice. We quickly accommodate the experiences into our daily lives. Families often tire of hearing about our triumphs and defeats. To whom do we tell our story?

Carson asks, "What do we hear about the nurses who are caring for the wounded in the Middle East, Iraq or Afghanistan? What do we hear about the nurses in Africa who walk from one hospital to the next without their patients, but co-workers, die from AIDS?" The conspiracy of silence about the interventions that nurses experience is pervasive.

Perhaps if we were able to share the essence of nursing—that connection we make to a family or individual—more would come into our ranks to work alongside us. It is this connection that brings us emotional rewards that fuel us for our continued work. Yet, there can be a toll on the nurse, and perhaps we do not want to face that reality.

Nurses share a special bond, a bond that comes from our many connections to patients, students or communities that have suffered some kind of trauma. Nurses try to make the journey better for those to whom they provide care. Educators teach future nurses to provide quality care, and researchers look for new interventions. Carson's keynote is guaranteed to touch the heart of each nurse who attends. We will be reminded why we became nurses and why we remain.

Home visits may help Hispanic mothers heal

Linda S. Beebe, professor at the University of North Carolina at Chapel Hill School of Nursing, is lead investigator for research focusing on helping low-income Hispanic mothers who suffer postpartum depression. The study is the first to develop and test a home-based intervention specifically for Hispanic mothers with symptoms of depression.

"High cholesterol is at high risk for depression because of social isolation, socioeconomic status, language barriers and because of the other things that come with a different culture," Beebe said. Lacking insurance, many don't receive mental health treatment.

"Depression robs mothers of their laughter, affectionate play, attentiveness and verbal interaction—these are critical stimuli that help infants and toddlers develop healthy cognitive, emotional and social capabilities," Beebe said.

Mental health nurses and bilingual staff from Early Head Start will team up to visit up to 50 Hispanic mothers in their homes. The study is funded by an $800,000 grant from the U.S. Department of Health and Human Services Administration for Children and Families.

Specialty certification benefits

The American Association of Critical-Care Nurses (AACN) has released a report outlining benefits that specialty certification brings to employers and nurses themselves. "Safeguarding the Patient and the Profession: The Value of Critical Care Nurse Certification" is available online at www.aacn.org. A 10-page brochure is also available for $6 from the Patient Care Counseling and Health Promotion, Paper/You textbook.

Studies show that having the right skill mix and number of qualified nurses is necessary for good patient outcomes. Certification offers employers and patients validation that a nurse possesses the specialty knowledge, skills and experience to effectively care for critical care patients and families.
 Carson to keynote 37th Biennial Convention

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It is the connection to individuals and families during trauma that forms the essence of nursing. It is the nurse who can form a relationship in an instant and whose knowledge, expertise, and personal experiences are guaranteed to touch the heart of each nurse who attends. We will be reminded why we became nurses and why we remain. Her work has a major impact on us all and on the future of nursing.

For the patient and family, the trauma was not taken away, but it was somehow stays with us. For some nurses, the comfort in the connection and others in knowing that we did the best we could have suffered some kind of trauma. Nurses try to make the journey for those to whom they provide care. Educators teach future nurses to provide quality care, and researchers look for clues that could aid nurses in treating the trauma that is possible. Nurses who work in critical-care area give physical care that saves lives, just as nurses who provide psychi tric care help the family of a patient with chronic mental illness walk through the maze of health care.

Nurses save lives every day. How comforting it is to know that nurses care for us, that we can trust them, that we love one, someone in their family. Nurses draw strength from helping others. Isn't that why we went into nursing in the first place and why we stay? Yet, some in our nursing ranks do not survive the trauma and repeated pain. How do we help those who have not received the necessary treatment for PTSD, and how do we prevent nurses today and the one they almost lost last week. We quickly accommodate the experiences into our daily lives. Families often tire of hearing about our triumphs and defeats. To whom do we tell our story?

Carson asks, "What do we hear about the nurses who are caring for the wounded in the Middle East, Israel or Afghanistan? What do we hear about the nurses in Africa who care for not only their patients, but their co-workers, die from AIDS?" The conspiracy of silence about the interventions that nurses make has shown that about 8.5 percent of the women who served in Vietnam suffered from PTSD (Kulka et al., 1990). No data are available about nurses who have connected to patients and families during trauma outside of war, but we know there is a lasting effect.

Some nurses have difficulty recovering from trauma and may develop PTSD. We know more about why some of us find comfort in the connection and others suffer from the consequences, we could provide better support and preparation for trauma situations. We need to know about the cause and treatment of PTSD in nurses, we could identify the "walking wounded" and perhaps prevent the disorder's effects. If we knew more about nurses and PTSD, maybe we could encourage nurses to be more to pursue nursing as a career or to remain in nursing. We are more comfortable with the term "burnout" than we are with "PTSD," but perhaps we are missing an opportunity to help our own.

Nurses share a special bond, a bond that comes from our many connections to patients, students or communities that have suffered some kind of trauma. Nurses try to make the journey better for an individual or a family. Nurses try to make the situation more comfortable it is to know that nurses care.

Carson's work brings to light a critical issue that nurses care for the patient and provide care. Educators teach future nurses to provide quality care, and researchers look for clues that could aid nurses in treating the trauma that is possible. Nurses who work in critical-care area give physical care that saves lives, just as nurses who provide psychiatric care help the family of a patient with chronic mental illness walk through the maze of health care.

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in the boardroom

Three members of the Honor Society of Nursing bring skills and experience to the table. by Stephanie Garwood

Deborah D. Carman

ONE MAY NOT THINK of serving on a board as part of a nursing career, especially a board not related directly to nursing. But the skills that nurses develop in the course of their careers are also valuable assets in the boardroom. For three members of the Honor Society of Nursing, serving on boards has presented great challenges and produced even greater rewards.

Serving on a board requires strong skills in communication, financial oversight, critical thinking, advocacy and ethics. "I realize people in other professions have some of these skills and expertise," says Deborah Carman, RN, MN, CNE, American Red Cross national chairman for health, safety, youth and community services. "The difference is, they are generally inherent in those of us in the profession of nursing."

Becoming a board member

Carman's journey to membership on a national board began as a volunteer. After 10 years of developing and initiating health, safety and nursing programs, she was asked to serve on the local Red Cross board in her home state of Arkansas. The local chapter then nominated her to the Red Cross National Board of Governors in 1994.

"I did not want to serve on any board originally," Carman says. "I had no experience in governance, fund raising, policy-making or fiduciary responsibilities. My incentive to accept was threefold. First, there were only two females on the local board. Second, there were no nurses, which I found ironic based on the mission and funding of the Red Cross. Third, I had several projects and programs that needed approval and funding, and the board level was where those decisions were made."

Carman's decision to serve on a board helped shape the person she is today. "After family and nursing, serving on the Red Cross board is the most important thing in my life. Why? Because it reflects the diligence of hard work in an unfamiliar arena—countless hours of planning, processing, negotiating and perseverance toward a goal I never originally had in mind."

Joanne Disch, RN, PhD, FAAN, had a specific goal in mind when she decided to pursue board membership. "I've been blessed through-out my life and career and feel it's important to give back to the community and profession." She has served on a number of national nursing boards, so many that her friends joked that when she was old enough, she should run for the board of AARP (formerly known as the American Association of Retired Persons). "When the call for nominations came out, a friend sent it to me and encouraged me to give it a try."

Disch thought appointment to the AARP board would be a long shot, since she had no experience with geriatric nursing and was not currently involved with the organization. "I sensed that they were trying to appeal to [baby] boomers and might be open to someone with a different way of thinking ... and they were."

In addition to her membership on the national AARP board, she also serves on boards for the American Academy of Nursing and the Allina Health System, the largest health care delivery system in Minnesota.

Robert Calnan, RN, BScN, MEd, president of the Canadian Nurses Association (CNA) board, became involved in lobbying for mandatory registration of nurses in the mid-1980s. "One of my goals as a registered nurse is to protect the public," he says. "Mandatory registration would provide that protection. This experience also provided me with tremendous insight into the power that nurses can have if they work together toward a common goal."

Calnan's lobbying efforts led to board involvement. "The decision to serve on a board was twofold. First, I wanted to promote greater public awareness of the role registered nurses play in our health care system. Second, as a registered nurse, I wanted to participate in advancing primary health care as an approach that we need in today's health care system if we want to meet the health needs of our families and communities."

Time management

Board members must be willing to commit time and resources to the organizations they serve.

"Right now, serving on the AARP board requires about 35 days a year for meetings," Disch says. "There will also be requests for providing legislative testimony on issues related to health care and aging. Responsibilities for the other two boards obviously require a lot less. ... Each board is a little different in how they do their work and use their volunteers."

Carman's time commitment greatly increased when she moved from local to national board level, partly because of travel. During her first six years on the national board, she devoted at least 20 hours per week to her responsibilities.

"Although it was frustrating at times, I am grateful for every moment," she says.

Calnan spends eight to 10 days per month on board business. "We have three face-to-face meetings a year, and I fly often to Ottawa for meetings with members of Parliament, federal government officials and even the prime minister. This is especially true at a time when health care renewal is front and center with the first ministers."

Calnan's role as president of the board has led him to be an ambassador for both nursing and the CNA. "I am often asked to deliver speeches or make presentations. ... This allows me to increase awareness among those audiences of the role that nurses play in the health care system and also to highlight what CNA is doing to advance quality nursing in Canada."

Challenges

Along with the prestige of serving on a board come corresponding challenges. Calnan finds it dif-
Three members of the Honor Society of Nursing bring skills and experience to the table. by Stephanie Garwood

Deborah D. Carman, RN, MNSc, American Red Cross national chairwoman for health, safety, youth and community services. "The difference is, they are generally inherent in those of us in the profession of nursing."

Becoming a board member

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Omada Board Mentoring Program to debut

One of the best ways to prepare for board service is to find a mentor. The Honor Society of Nursing, Sigma Theta Tau International’s new Omada Board Mentoring Program will allow members to do just that.

The program will focus on preparing mentees to serve on a national or international board. Mentees will learn aspects of board service such as grasping the organization’s vision, mission and strategic goals; understanding legal liability; recognizing the value of volunteers; budgeting; and board members’ responsibilities.

Mentees may apply with a mentor in mind or be paired with a mentor assigned by Sigma Theta Tau International. Participants will attend a three-day institute in Indianapolis, complete a curriculum and attend board meetings with their mentors. Applications for the two-year program, which begins in January 2004, are due Aug. 30, 2003. For an application or more information, contact leadership@stti.iupui.edu or visit www.nursingsociety.org/programs.

Rewards
Calnan, Disch and Carman concur that, though demanding at times, the rewards of board service outweigh the challenges.

"As a board member and president [of the Canadian Nurses Association], I feel that I am making a contribution to the nursing profession and to the health care community," Calnan says.

"I am finding this experience to be challenging, yet extremely rewarding. I am gaining a better understanding of the fabric of this great country and meeting a host of people, many of whom I hope will remain friends long after my term is up."

"Throughout my professional volunteer experiences," says Disch, "I've met wonderful people, worked on fascinating projects, traveled the world, and feel I've made a difference in sponsoring and supporting some important work. One particularly enjoyable outcome of my volunteer work is that a group of nursing colleagues and I meet each year for a weekend to talk about nursing, ourselves, our families, life. It's going on 15-plus years. We've become lifelong friends and supporters of each other."

Carman agrees. "From this experience, I gained a host of friends and colleagues across the country and internationally that I continue to keep in contact with and consult on various issues. My worlds of art, travel, business savvy, knowledge of the nation's capital and culture have greatly increased. I had the opportunity to interact with corporate moguls, high-ranking government officials and entertainment celebrities, which were beyond my wildest expectations. But, most importantly, it gave me a newfound depth, understanding, patience and respect for people and my profession."

Getting involved
Volunteering is one of the most common pathways to board service. "Had I not been persistent in my volunteer career as a professional nurse the last 12 years," Carman says, "I would never have met or interacted with these same people. I would still only be reading about them in newspapers or seeing them on TV. I am also rewarded by the reaffirmation that my choice in volunteerism has merit and that the profession of nursing contributes immensely in my ability to be caring, intuitive and a leader."

"Always assume you will have a host of skills, leadership qualities and expertise that is valuable," Carman advises. "Often this needs to be translated to fit the match, but do not be shy about promoting yourself and exercising your attributes, regardless of the type of board." 

Stephanie Garwood is the International Leadership Institute specialist at the Honor Society of Nursing.

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Chiron Mentor-Fellow Program
with support from Johnson & Johnson
- Pairs fellows with experienced nurse-leader mentors to work on a specific leadership development plan
- Projects can focus on clinical, education, administration, health policy or research
- One-year program
- Monthly communication through listserv
- Mentors and fellows attend 3-day institute in January 2004

Omada Board Mentoring Program
- Prepares nurses to serve on national or international boards of directors
- Mentees are paired with nurses who currently serve on a national or international board
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- Mentees attend board meetings with mentor and complete curriculum
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I have been a Nurse Nancy most of my life. [See "Remembering Nurses," N. J. Kurzban, Nursing 25 (1st Qtr. 2003)] My interest in nursing began in high school, and got to nursing school as soon as I could after high school graduation. I have been an RN for 30 years, have a master's degree now and am still active in nursing. Nursing is still so important to me.

Nancy Ritts, RN, MSN
Fort Worth, Texas

A few months ago, I had the opportunity to attend the State of the Science Conference on Clinicians as Scholars, which brought together 700 nurses researchers to gather and to communicate emerging scientific discoveries related to nursing practice. Although many of the sessions were interesting and thought-provoking, what really impressed me was what I saw on the sidelines. Dr. Karin Kirchhoff (University of Wisconsin), Dr. Mary Naylor and Dr. Kathy Bowles (University of Pennsylvania) had mentioned novice researchers and were watching them present their findings. One of them looked so proud I thought she was going to jump out of her seat. This was so inspiring, I felt so encouraged to see the importance of mentoring new nurses to the field of research. The "feeding and nurturing" of novices by experts such as Drs. Kirchhoff, Naylor, and Bowles was visible and real.

When the psychology students showed enthusiasm and pride in the presentation of their research findings that was like a breath of fresh air.

Maureen McLaughlin, RN, MS
Washington, D.C.

I was very encouraged to read the article by Bridget Linehan Logan, "Balancing Parenthood and Nursing" (1st Qtr. 2003). For too often, nurses are made to feel that their workplace is to be first place in their lives. I love to learn more about their practices, to be with my biology book in high school, and get to nursing school as soon as I could after high school graduation. I have been an RN for 30 years, have a master's degree now and am still active in nursing. Nursing is still so important to me.

Robert V. Piemonte, RN, CNE, Ed.D, FAAN; NYSNA President
Latham, N.Y.

I have just finished reading the article "Removing barriers to doctorates for Native American nurses" (1st Qtr. 2003) and found myself compelled to write. Finally, an institution that not only "talks" about diversity but also actually does something about it. Kudos to the University of Minnesota for supporting such an aggressive program to foster the preparation of Native American nurses at the doctoral level. As a young African-American male in a medical academic nursing, I knew the order to have overcome for minorities to obtain doctoral degrees. My question and challenge to other universities with doctoral programs in nursing was to have visibility of this work. Their visibility was critical.

Native American nurses in Minnesota for Native American nurses, then why can't it be done elsewhere for any other minority group? It is time to stop talking about diversity, especially at the doctoral level, and start being like they are at the University of Minnesota.

Sheldon D. Fields, APRN, BC, FNP, PhD
Rochester, N.Y.

I wholeheartedly agree with Dr. Joyce Fitzpatrick's assertion that the clinical doctorate in nursing should be the "terminal degree of choice" for advanced clinical practice and clinical teaching in lieu of a master's degree. Two months ago, I negotiated with our local medical center to be the health care provider for a new internal medicine clinic they were opening. They had not initially considered a nurse practitioner. I have since learned that I am the only one to work at the clinic, which is located in a small city that is teeming with NPs in private practices and clinics. I am certain that the option of nurse practitioners is limited and will only add to the confusion that we have over degree titles such as ND, DNSc, etc. I feel that because of these multiple titles, recognition of the expertise of advanced practice clinicians is threatened. Thank you, Dr. Fitzpatrick, for eloquently expressing this need.

Douglas Houghton, ARNP, MSN, CCRN, CNRN
Miami, Fla.

I am writing to say how much I enjoy Reflections on Nursing Leadership. I live in a rural area and appreciate the focus on international nursing. There is such a bond between nurses everywhere that sometimes I think of nursing as a secret club. I get this warm tingling feeling when I realize that this webstretch across all the corners of the world. It is amazing how the problems nurses face everywhere are so similar. I also really appreciated the article on clinical doctorates in nursing. I love bedside nursing and have remained a staff nurse throughout my career. We have nursing students on our unit every summer. I must comment, however, that there is a distinct disconnect between the ones who are primarily working nurses and teach on the side and the ones who have doctorates. I can't believe some of the things they tell the students or the way they demonstrate tasks such as dressing changes. The theory and process they are teaching are great, but the actual tasks of bedside nursing show a distinct lack of familiarity with actual working conditions. We need instructors who can teach both nurses the theory but also demonstrate basic tasks. A doctorate in clinical nursing might help bridge the gap.

Laura Ross, ARNP-C, MSN, RN
Bridgeville, Calif.

"The Case for the Clinical Doctorate" reflects the challenges we face. Whether doctorally prepared nurses choose the clinician or researcher role in a matter of personal choice. I believe Dr. Fitzpatrick is right in that only the minority tends to be experts in both. Nurse educators have clinical as well as research responsibilities with the ultimate goal to improve health, directly or indirectly, in our societies. Most important is to ensure that doctoral programs that prepare future academic and nurse scientists are intellectually grounded and consistent with the clinical doctorate's emphasis of research. Without such a foundation" is not going to help us. We need to bring the clinical doctorate to the table.

Veronica P. Njie, RN, BS, MSN; doctoral candidate
Washington, D.C.

Nursing is a clinical discipline, and clinical practice is an important part of what we do as nurses. Nursing is also a research-based discipline, or at least has been for the last 40 years. This is due to its changing role in the delivery of health care to patients. And we must remember that researchers. I do not agree with Joyce Fitzpatrick, however, that it is necessary to establish a new doctoral degree devoted to clinical nursing. No matter what Fitzpatrick, I would like to complete a doctoral degree but have not found a program that would help me grow in the direction I have to take. I am confused by the plethora of degree titles such as ND, DNSc, etc. I feel that because of these multiple titles, recognition of the expertise of advanced practice clinicians. Thank you, Dr. Fitzpatrick, for eloquently expressing this need.

Brendie Fehr, ARNP, BC, CNP
Northridge, Calif.
I’ve been called Nurse Nancy most of my life. [See “Remembering Nurse Nancy,” Quart. Rev. of Nurse Pract. (NPL), vol. 15, no. 1, Spring 2003.] I attended my parents at age 3 that I would be a nurse and have never stopped saying it. I carried my little Nurse Nancy book around with me for a very long time, and I still carry a stethoscope and a nurse bag. I deplore my biology book in high school, and got to nursing school as my two sons after being in the work force for 18 years. I currently saw on the sidelines. Dr. Karin Kirchhoff, Drs. Kirchhoff, Naylor and Bowles had research students showed an enthusiasm and pride in the presentation their findings. One of them looked so proud I thought she was going to jump out of her seat, and then Dr. Robert V. Piemonte, RN, CNE, EdD, FAAN, NYSNA President Latham, N.Y. and that to include it in statute could create barriers to the practice of advanced practice nurses such as NPs. Both medicine and nursing are clinically based, but it is only

I have just finished reading the article “Removing barriers to doctorates for Native American Nurses” (1st Qtr. 2003) and I am very encouraged to write. Finally, an institution that not only “talks” about diversity but also actually does something about it. Kudos to the University of Minnesota for supporting such an agency program to foster the preparation of Native American nurses at the doctoral level. As a young African-American male in an RN to BSN program, I know that many times Native Americans do not have the opportunity to pursue a college degree or overcome to obtain their degrees. My question and challenge to other universities with doctoral programs in nursing is, do you wish to be a part of what we are doing, or do you wish to stay away? Two months ago, I negotiated a contract with John F. Kennedy University as a full-time faculty member teaching in the Nursing Practitioner movement who advanced the role of registered nurses as advanced practice nurses such as NPs. At the time the coalition introduced its legislation, the one exception to this was the need to authorize prescriptive privilege for NPs. This was the one area when the State Board of Nursing said, “Absolutely not.” They were the only state board in the country to take action against nurses who were inappropriately involved in the writing of prescriptions. To this end, NYSNA pursued enabling legislation to authorize prescriptive privilege and urged the NPs in New York State not to aid and abet in the NPA requiring collaboration or supervision with a physician, or any requirements similar to those of the practice agreements or protocols. NYSNA believed, then and now, that appropriate collaboration reflected a professional expectation and an obligation to provide the best possible care to the patients of NPs and other advanced practice nurses. NYSNA and ANA have always been staunch supporters of the right of all nurses to practice the full and legal scope of nursing practice within their specialties and competencies. Both associations have tried to resist expedients “exempts” to state practice acts that might ultimately limit, not support, nursing practice. I am writing to say how much I enjoy Reflections on Nursing Leadership. I live in a rural area and appreciate the focus on international nursing. There is such a bond between nurses everywhere that sometimes I think of nursing as a secret club. I get this warm tingling feeling when I realize that this web stretches across all corners of the world. It is amazing how the problems nurses face everywhere are so similar. I also really appreciated the article on clinical doctors in nursing. I love bedside nursing and have remained a staff nurse throughout my career. We have nursing students on our unit every semester. I must comment that they often have their own biases and still wish to be the ones who are primarily working nurses and teach on the side and the ones who have doctorates. I can’t believe some of the things they tell the students or the way they demonstrate tasks such as dressing changes. The theory and practice they are teaching are great, but the actual tasks of bedside nursing show a distinct lack of familiarity with actual working conditions and bedside situations. We need instructors who can teach both nursing theory/process and also basic nursing tasks. A doctorate in clinical nursing might help bridge the gap.

The Case for the Clinical Doctorate reflects the challenges we face. Whether poorly prepared nurses choose the clinician or researcher role in a matter of second choice. I believe Dr. Fitzpatrick is right in that only the minority tends to be experts in both. Nurse educators have clinical as well as research responsibilities with the ultimate goal to improve health, wellness, or directly or indirectly, in our societies. Most important is to ensure that doctoral programs that prepare future academic and nurse scientists are intellectually grounded and constitute the 1st Qtr. 2003 of the expertise of advanced practice clinicians. Thank you, Dr. Fitzpatrick, for eloquently expressing this need.

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I am writing in support of the essay by Dr. Joyce Fitzpatrick. She recognizes pioneers in the nurse practitioner movement who advanced the gain of registered nurses as primary care providers. Unfortunately, it also preempts a long-standing misrepresentation of the New York State Nurses Association’s (NYSNA) position on the practice of RNs. NYSNA believes that the definition of registered professional nursing in the state's Nurse Practice Act (NPA) is generic and broad enough to support the past, current and evolving roles of his research. Neither the College of Nursing, where Dr. Fitzpatrick feels an urgent need to establish a special degree for clinicians. She argues, correctly, that the PhD does not guarantee clinical skills nor skills in clinical teaching. But that failure can be easily remedied by emphasizing the importance of the clinical master’s degree. Some schools already have all allocated faculty members be a nurse practitioner or a clinical specialist. If this practice were widely adopted by the institutions granting doctoral degrees, their gradu­ates would have the clinical expertise plus the research capability so essential to success in an academic setting.

Research in nursing is an open field, and nurses seeking doctorates must understand and acquire the skills in clinical teaching. But that failure can be easily remedied by emphasizing the importance of the clinical master’s degree. Some schools already have all allocated faculty members be a nurse practitioner or a clinical specialist. If this practice were widely adopted by the institutions granting doctoral degrees, their gradu­ates would have the clinical expertise plus the research capability so essential to success in an academic setting.

The answer is not to offer a separate degree labeled “clinical nursing” that will only add to the confusion that we have over the PhD, DNP and NBN. These degrees are not mutually exclusive, why a clinical research project should not be considered for a PhD degree, but not every topic need be a clinical one. Not every “outside” NP they have ever hired. I am an RN, BSN, MEd, HHC, RN, Westlake Village, Calif.

“Out on a Limb” (1st Qtr. 2003) recognizes pioneers in the nurse practitioner movement who advanced the gain of registered nurses as primary care providers. Unfortunately, it also preempts a long-standing misrepresentation of the New York State Nurses Association’s (NYSNA) position on the practice of RNs. NYSNA believes that the definition of registered professional nursing in the state's Nurse Practice Act (NPA) is generic and broad enough to support the past, current and evolving roles of

I am writing in support of the essay by Dr. Joyce Fitzpatrick. She emphasizes the need for greater consistency in doctoral education degree titles and the need for the clinical doctorate degree to become more prominent in the ranks of nurse practitioners. I, a call-care nurse practitioner, I regularly teach and supervise resident physicians, nurses and, sometimes, even attending physicians. I have started and quickly stopped two different nursing PhD programs three times, because each time I soon became aware of the irrele­vance of the focus of the degree for my career goals.

I would like to complete a doctoral degree but have not found a program that would help me grow in the direction I have chosen to go. I am confused by the plethora of degree titles such as ND, DNS, DNP, etc. I feel that because of these multiple titles, recognition of said degrees outside the nursing profession is near nil. Nursing clearly needs new leadership and I feel it is a failure of my clinical practice. I feel that to include a PhD degree was a failure of our societies. Most important is to ensure that doctoral programs that prepare future academic and nurse scientists are intellectually grounded and constitute the LEADERSHIP

Nursing is a clinical discipline, and clinical practice is an important part of what we do as nurses. Nursing is also a research-based discipli­ne, or at least has been for the last 40 years. This is due to its changing Nursing curriculum and the development of nurse researchers. I do not agree with Joyce Fitzpatrick, however, that it is necessary to establish a new doctoral degree devoted to clinical nurs­ing. No matter what Fitzpatrick, it would be the first professional class-degree. Besides, there is no need to establish such a degree.

As one who has long studied professional developments both in medicine and nursing, I am aware that this area of study has been the university. The university setting has allowed both professions to reinvent themselves to meet changing condi­tions. Both medicine and nursing are at the forefront of the changes through research that both have developed to their present levels. Being a clinician does not exclude research, and being a researcher does not exclude being a clinician. Nursing made a long and difficult climb to gain professional status in the university. Most of the nurses of my generation who participated in this professionalization had a variety of clinical nursing experiences before they finally earned their doctorates. The generation of nurses that followed often lacked the clinical expe­rience that I have had. I feel that my clinical practice is so strong that it feels an urgent need to establish a special degree for clinicians. She argues, correctly, that the PhD does not guarantee clinical skills nor skills in clinical teaching. But that failure can be easily remedied by emphasizing the importance of the clinical master’s degree. Some schools already have all allocated faculty members be a nurse practitioner or a clinical specialist. If this practice were widely adopted by the institutions granting doctoral degrees, their gradu­ates would have the clinical expertise plus the research capability so essential to success in an academic setting.

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The answer is not to offer a separate degree labeled “clinical nursing” that will only add to the confusion that we have over the PhD, DNP and NBN. These degrees are not mutually exclusive, why a clinical research project should not be considered for a PhD degree, but not every topic need be a clinical one. Not every “outside” NP they have ever hired. I am an RN, BSN, MEd, HHC, RN, Westlake Village, Calif.

“Out on a Limb” (1st Qtr. 2003) recognizes pioneers in the nurse practitioner movement who advanced the gain of registered nurses as primary care providers. Unfortunately, it also preempts a long-standing misrepresentation of the New York State Nurses Association’s (NYSNA) position on the practice of RNs. NYSNA believes that the definition of registered professional nursing in the state's Nurse Practice Act (NPA) is generic and broad enough to support the past, current and evolving roles of
Strategic Partnerships

It is only through the concerted, collaborative efforts and partnerships of nursing leaders in both education and health service that the profession as a whole will be developed. by Genevieve Gray

As a Dean of nursing, I might be expected to see development of the nursing community through an education lens. However, it is my view that the development of nurses and nursing requires a broader perspective, one that sees development of community as a joint responsibility of education and health service.

It is also my view that the most important developmental goal for nursing at present is its gradual transformation into an evidence-based profession. This is because from 60 to 90 percent of health care is provided by nurses. If such care is to be both cost-effective and humane, it must be evidence-based. In addition, nurses need an evidence base from which to influence health policy more generally. In light of these factors, I have been involved in establishing partnerships, both locally—in Edmonton, in Canada—and internationally, to develop and promote evidence-based practice. Here are a few examples.

Building Community Locally

At the University of Alberta in Edmonton, the Faculty of Nursing and its health service partners are pursuing five aims to promote evidence-based practice. We already have started to work toward these goals, which span the spectrum from long-term care to acute care, in a number of health care organizations. These aims are as follows:

1) Research health problems, including symptom management and therapeutic nursing intervention, rehabilitation, and patient safety. To this end, we have established a number of jointly funded positions between the Faculty of Nursing and our health service partners in acute care, long-term care and oncological care. The appointees in these positions contribute to the creation of research-receptive environments and also promote the pursuit of our other aims.

2) Support the creation of research-receptive clinical environments. There is now clear evidence that research and research utilization will occur only where inquiry is fostered and strong nursing leadership is in place. There is also evidence that research-receptive clinical environments promote therapeutic nursing.

Moreover, these environments provide fitting workplaces for intelligent professionals and thus have positive spinoffs in terms of recruitment and retention. People want to work where they feel their contributions are respected and valued. Research-receptive clinical environments also assist in identifying
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The meeting, a number of faculty members are supporting practice developments in units where clinical nurses have expressed an interest and/or where they are able to contribute their skills and knowledge.

3) Identify opportunities for mentored collaborative research. It is widely recognized that working alongside knowledgeable and respected mentors kindles enthusiasm and commitment to learning, promotes curiosity and critical thinking, and enhances self-confidence. Professional nurses will increasingly require these attributes and skills to contribute meaningfully to health policy and practice. A positive experience of mentored research motivates mentees to acquire more research skills through formal research training. The Faculty of Nursing at the University of Calgary hosts a nationally funded nursing chair that focuses on research training and mentorship.

4) Facilitate programs of research training. Formal research training is the most expeditious means of acquiring research skills. This includes training at different academic levels, including a) qualifying courses designed to facilitate the access of registered nurses to the Faculty of Nursing’s graduate programs; b) master’s and PhD-level research training; and c) postdoctoral research training. This latter type of training, already standard practice in many other academic disciplines, will become increasingly common in nursing. It rounds off and consolidates doctoral training to make better, more complete researchers.

5) Create a practice culture that utilizes research findings to improve care. The development of a research culture depends as much upon the use of research results in nursing practice as it does upon the conduct of research. Evidence suggests that much of current research fails to influence clinical nursing practice to the extent it should. There are a number of reasons for this, including lack of access to relevant information; lack of research utilization skills; and lack of support from administrators, clinical leaders and peers. We are striving assiduously with our health service partners to address these issues. The Faculty of Nursing is also host to a national interdisciplinary Centre for Knowledge Transfer, which offers courses in knowledge transfer and utilization.

Building community globally

Not everyone in the world enjoys access to quality health care services, and this is particularly true of developing countries or countries in transition. A variety of reasons contribute to this disparity. Due to its nursing, the disparity is due in part to 1) limited educational opportunities and clinical experiences for nurses; 2) a shortage of nursing faculty; 3) insufficient numbers of people entering the profession; 4) restriction on women’s rights and/or status within a country or culture; 5) limited access to knowledge because of geographical constraints and isolation; 6) migration of nurses across countries and continents; and 7) the inability to share and build efficiently on the knowledge, expertise and research of nursing colleagues in other parts of the world. The International Academic Nursing Alliance (IANA) was established in 2000 specifically to address these issues.

In October 2000, a group of nurse scholars, administrators, clinicians and researchers from 22 countries met in Atlanta, Ga. (USA) and, as a result of this meeting, IANA was born. It is a global electronic community of scholars. The board of directors has been established, with 12 members representing 12 countries and six regions. Every eight weeks, we meet via teleconference to advance our agenda. We have just entered into a subsidiary organizational relationship with Sigma Theta Tau International.

The purpose of IANA is to promote scholarship in nursing education and practice through international linkages among university-based schools of nursing. These linkages will facilitate collaboration, exchanges, mentoring, research and faculty development, and the overall promotion of high standards in nursing education. It is IANA’s mission to make strategic use of partnerships, opportunities and resources to promote standards, scholarship and the delivery of nursing education worldwide.

We wish to reduce duplication of effort; support resource-starved education programs; provide developmental opportunities for nursing faculty; and improve electronic accessibility, sharing and collaboration. We hope that these collaborative educational and research initiatives will contribute to improved nursing practice and, through this, health across the globe.

The connection of schools and departments of nursing with schools in other countries and regions through the IANA Web portal is critical to building international capacity in teaching and research. Once fully operational, IANA will work to achieve key performance outcomes that include:

- establishment of a global electronic alliance of nurse academicians, researchers and clinicians;
- facilitation of faculty development, mentoring and support for nurse faculty in less developed countries;
- improvement of standards of nursing education and practice globally;
- construction of a well-educated and effective global nursing workforce;
- development of global collaborative nursing research initiatives; and
- amelioration of the global nursing workforce shortage by strengthening nursing through scholarship and research.

Fees-paying provider members of IANA will have the opportunity both to contribute to and access the IANA databases. These databases will include, for example, the following information:

- curricula, including course descriptions, course objectives, bibliographies and references, and teaching and clinical methodologies;
- faculty development opportunities, including faculty exchanges, visiting professorships, mentoring, Sabbaticals, research and faculty development, and seminars and conferences; and
- collaborations, including research, clinical, educational, administrative and publishing.

By electronically linking schools of nursing, research centers and clinicians at an international level and thus achieving the outcomes identified above, there will be a ripple effect of benefits for global health. The work of IANA will strengthen nursing worldwide, and more communities will benefit from a better-educated and clinically effective nursing work force.

The World Health Organization (WHO) has identified nurses as essential health care professionals and major assets to the world’s population. WHO has recognized, therefore, that if nurses are utilized to their full potential, there is an increased capacity to improve health outcomes for the global community we serve. Education and research are key to actualizing our collective potential and to building a better and stronger nursing community.

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Advancing nursing through mentoring

by Barbara Medoff-Cooper

Supporting international nursing scholarship has always been of great interest to me. As a visiting professor to the Henrietta Szold School of Nursing-Hadassah Medical Organization, affiliated with Hebrew University, and as a mentor to a nursing colleague through Sigma Theta Tau International’s Chiron Mentor-Fellow Program, I have seen my efforts translated into new opportunities for nursing.

For Ilana Chertok, my Chiron mentee at Ben-Gurion University in Israel, moving nursing research forward has been at times a frustrating experience. "Israel," she points out, "has but few doctorally prepared faculty, and even fewer residing in the Negev, the southern region of Israel. With minimal nursing leadership, scholarship or mentorship in Israel, the Chiron Mentor-Fellow Program is important in advancing nursing."

"Barbara has introduced me to a variety of leadership possibilities in Israel and in the United States. I have been exposed to the nursing leader as an international collaborator and scholar, as well as a research-based clinician and educator."

—Ilana Chertok

Altering perceptions of the role of nursing in research is never an easy task. In Israel, the issues are often even more complicated. Given the constant threat of war, a high percentage of the national budget is dedicated to defense. Consequently, there is less money available for health-related scholarship, especially nursing scholarship. Despite these challenges, small successes can be achieved, as I experienced this past year on a visit to both Jerusalem and Beer-Sheva.

This trip was planned to fulfill, in part, the goals that Ilana and I had established during our first Chiron meeting at Indianapolis earlier in the year. Ilana’s goals were twofold, to become better integrated into the nursing community in both Jerusalem and Ben-Gurion University and to promote the value of nursing research within the health care network.

I think it is safe to say that Ilana’s trip to Jerusalem was a productive one. At Hadassah Medical Organization, a number of doctorally prepared faculty were most welcoming. Ilana was impressed with the openness of the faculty in discussing the successes as well as the barriers they have experienced in attempting to move nursing scholarship forward. By the end of the day, it was clear that a good connection was made between Ilana and the Hadassah faculty. In my mind, the most important part of the day was the discussion about how to continue the relationship between Ilana, in Southern Israel, and the faculty, in Jerusalem.

As I traveled south to the Negev, I was struck by the changes I observed. It was as if I had changed centuries. Israel," as a research-based scholar, especially nursing scholarship, impressing me with the openness of the faculty in discussing the successes as well as the barriers they have experienced in attempting to move nursing scholarship forward. By the end of the day, it was clear that a good connection was made between Ilana and the Hadassah faculty. In my mind, the most important part of the day was the discussion about how to continue the relationship between Ilana, in Southern Israel, and the faculty, in Jerusalem.

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“Barbara’s presentation to the master’s and doctoral students at the Faculty of Health Sciences at Ben-Gurion University in Beer-Sheva, Israel, may have been the first time some of the Israeli students heard of nursing research. Her presentations and discussions promoted an increased awareness of the importance of nursing research for Israeli students and faculty in the Negev.”

Ilana Chertok
The presentation took place in the conference-lunch room of the NICU. All of the neonatologists in the unit and as many nurses as were able to squeeze into the room came to the presentation. What happened next is every presenter’s nightmare! The computer in the room did not have a CD drive, and the liquid crystal display (LCD) screen would not talk to my computer. The only solution was to present from my computer, which had been set on the center table, now full of food. I passed my small laptop around when I wanted folks to see a particular picture or graph. Despite the challenges, the talk went as planned and the pursuant discussion was lively.

The next day was filled with appointments for me to meet the dean of the school of nursing, the head of the department of epidemiology, medical and nursing students, along with all the faculty from various departments. Receiving me warmly, they encouraged me to come back to Beer-Sheva and to consider future collaborations and possible exchange programs.

The lecture was given to a packed auditorium of epidemiology, medical and nursing students, along with all the faculty from various departments. Receiving me warmly, they encouraged me to come back to Beer-Sheva and to consider future collaborations and possible exchange programs. This trip to Israel, one of many for me, was especially rewarding. I felt that Ilana and I were able to make some headway in bringing nursing research onto center stage.

Barbara Medoff-Cooper, RN, PhD, CRNP, FAAN, is Helen M. Shuster professor in nutrition and director of the Center for Nursing Research at the University of Pennsylvania School of Nursing, Philadelphia.

In March of 2000, I was admitted to the post-RN program at Queen’s University. It was not what I had wanted to do, but I will find a way to exercise my nursing ability. I can do clinical teaching. I can be a nurse manager. If more education is needed to fulfill any of these jobs, then that is what I will do. This scholarship will help me gain acceptance to a master’s program. The money will help pay tuition for my present and future educational endeavors.

How entering a post-RN degree has allowed me to change my personal practice as a whole

I have always known that I have wanted to be a nurse. When I graduated with my nursing diploma in 1995, I immediately went to work in New York State, because Ontario was not hiring newly graduated nurses. In September 1997, I returned to Canada and started working in the intensive care unit at Kingston General Hospital. I loved my job and excelled in all certifications put forth by this institution. I have always known that I have wanted to be a nurse. When I graduated with my nursing diploma in 1995, I immediately went to work in New York State, because Ontario was not hiring newly graduated nurses. In September 1997, I returned to Canada and started working in the intensive care unit at Kingston General Hospital. I loved my job and excelled in all certifications put forth by this institution.

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The presentation took place in the conference-lunch room of the NICU. All of the neonatologists in the unit and as many nurses as were able to squeeze into the room came to the presentation. What happened next is every presenter’s nightmare! The computer in the room did not have a CD drive, and the liquid crystal display (LCD) screens would not talk to my computer. The only solution was to present from my computer, which had been set on the center table, now full of food. I passed my small laptop around when I wanted folks to see a particular picture or graph. Despite the challenges, the talk went as planned and the pursuant discussion was lively.

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Go online!
by Jennifer Couvillon, Pamela Woods and Anne R. Bavier

Three nurses who embarked together in an online doctoral program encourage others to consider distance learning.

YOU COMPLETE your annual review at the office, hospital or school and decide that, to advance in nursing, you need a graduate degree. You contact local universities to obtain program descriptions, admission requirements and forms, only to find that they require a specific number of on-site credit hours. Do you give up time with your family? Do you take time from work to commute to school and attend class? Or, do you utilize an online educational offering? We propose the latter.

As students in an online doctoral program in nursing, we found that online education helps you focus on the education and not the logistical challenges. In selecting the online approach, we embraced the prospect of maintaining our lives while meeting our educational goals.

Our positions range from nursing instructor to chief nursing officer to assistant dean. We live in Louisiana, New Mexico and Georgia. We all began our careers as registered staff nurses in clinical settings, followed unique career paths and found ourselves together in search of one common goal—a graduate education in nursing. Here are our stories.

Jennifer Couvillon, nurse educator
Five years ago, I began my career as a nurse taking care of step-down patients in a critical-care unit. I returned to school to ride the wave of the nurse practitioner movement. Managed care was taking a more active role in health care administration, and Ellacy Clinton was leading a national conversation about our health care system. My frustration in practice led me to change directions, however, and I started to teach nursing.

Currently, I teach critical care in a large university setting, experience that has helped me recognize my interest in technology, both in practice and education. The use of technology attracted me to critical-care nursing, drew me to an online doctoral program and continues to motivate me in my exploration of nursing informatics. My interest in international nursing led me to develop a Web-enhanced course. I'm excited with my niche in education.

Pamela Woods, chief nursing officer
As the chief nursing operator of a 500-bed medical system, I am responsible for the overall delivery of safe, effective, quality nursing care. New Mexico does not have a doctoral program in nursing, and I started asking myself, "What shall I do?" In my traditional master's degree course work, I was frustrated that classes were held at the convenience of the teachers and not the students. I often begged, pleaded, cajoled and threatened that I would take my business elsewhere, to which I received everything from odd looks to outright acceptance of my veiled threats.

At that point, I began to search in earnest for an innovative way to complete my doctoral studies. I had two options: 1) forego my dream of earning a PhD or 2) resign my position and attend school out of state. After 25 years of career building, abandonment of my position was not logical, so I explored options for distance education.

In conducting my search, I found many traditional graduate school programs and eliminated them from my consideration. I then took the programs that offered distance education and separated them into: 1) those that offered one or more courses online; 2) those that were all online but required summer on-campus attendance or once-a-month weekend campus visiting; and 3) those that were entirely online and required less than two weeks of annual campus residency.

Since time was a commodity I wanted to preserve, I pursued programs that were entirely online and had the shortest on-campus time requirements. I found exactly one school that met my criteria and catered to what I believe is the demographic profile of a doctoral student today—a career professional who values and manages time carefully.
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After looking for graduate education that would fit into my life instead of the other way around, I enrolled in an online program. We exert great effort to personalize our patients’ care plans, why couldn’t I personalize my graduate studies? It hasn’t been easy. I worked just as hard over the past few years as I did when pursuing my nursing license. Many who know me recognize that I am both a risk-taker and a person who exercises self-control. Online education has allowed me to be both—a rarity.

Although the things I cherish are too numerous to mention, I have found two treasures in my nursing career—a passion for nursing education and a place to continue learning. Whether it is teaching or hemodynamics in intensive care, or once-a-month weekend campus visits; 1) those that offered one or more courses online; 2) those that were all online but required summer on-campus attendance or once-a-month weekend campus visiting; and 3) those that were entirely online and required less than two weeks of annual campus residency.

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The challenge was adding another dimension, age, why are institutions of higher learning holding onto the old method of educating nurses when the world has entered the 21st century and that age? I believe that if we are going to survive as a profession, it is imperative to embrace distance education. I have profound loyalty to my current distance education program, because the faculty are student-friendly and excel in the task of educating students. They allowed me to pursue my dream of obtaining a doctoral degree, while continuing to have a full and complete family life and career.

Anne Bavier, nurse administrator

My current position at a major university has had one of expanding roles and creating programs. My master's preparation in oncology nursing led me to create a master's program at a private university, establish nursing research and cancer control programs for the federal government, and work in policy-level positions related to women's health research.

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The challenge was adding another dimension to education, I thought of another dimension that would allow me to travel as needed for work life and the multiple opportunities related to women's health research. My master's preparation in oncology nursing led me to create a master's program at the University of New Mexico Health Sciences Center in Albuquerque, NM. As an instructor of nursing at Louisiana State University, I felt the role is possible online, without a major disruption of the other roles. Online education, on the other hand, opened the door to forming student-teacher relationships with outstanding educators with whom I didn't think I could have prior relationships with. Even when I am home and doing multiple things all day long, the student-teacher role is preserved for that valuable time I have in class.

In conclusion We each decided to pursue online education from different career and life vantage points, and we are confident this will be the right decision. We offer our stories to encourage others seeking to balance career and education to consider online studies. Clearly, many more people could take advantage of this opportunity. As an online student immersed in course content, you will also gain proficiency in the use of educational technology now available in university settings. There is no better place to acquire proficiency in a new learning medium than as a student at an institute of higher learning. See you online! Jennifer Courillon, RN, FNP, PhD, is instructor at nursing at Louisiana State University Health Sciences Center in New Orleans, LA. Pamela Woods, RN, C, MN, MBA, is chief nursing officer at the University of New Mexico Health Sciences Center in Albuquerque, NM. N. M. Anne R. Bavier, RN, GA, FAAN, is assistant dean for planning and external relations at Nell Hodgson Woodrow School of Nursing at Atlanta, GA.

Vision (continued from page 33) For me, clinical proficiency encompasses a wide array of personal attributes and demands more than solely the ability to carry out skills efficiently and effectively. It also requires an emotional connection with others that allows for the establishment of a therapeutic relationship.

Understanding and being aware of personal limitations are important and allow one to become knowledgeable and oriented to the countless external resources available when working with a multidisciplinary team. To achieve excellence, one also must be dedicated to learning, be compassionate toward others and possess strong leadership and interpersonal qualities.

In my four years of education, I have experienced a number of clinical environments. The challenge always has been to adapt, become comfortable and quickly become familiar in which I am working and practicing. I do this through a network of resources—utilizing knowledge previously gained academically; researching information efficiently; and confronting preceptors, professors and peers when needed.

When it comes to working with clients, I devote my fullest attention to their health needs while interacting in a way that also gives me perspective. As an online student, I feel the presence of others and acknowledge their expertise in relationship to their own health. I have confidence in the knowledge and respect they have in me as a nurse. Through self-reflection, through client and peer feedback, and by applying the principles of clinical reasoning, I have been able to constructively gain insight into areas where improvement can be sought. By applying myself academically, being dedicated to lifelong learning, portraying humanitarian compassion and continuously developing skills, I feel that I will reach my goal of achieving my fullest potential in my nursing practice. Jennifer Courillon, RN, FNP, PhD, is instructor at nursing at Louisiana State University Health Sciences Center in New Orleans, LA. Pamela Woods, RN, C, MN, MBA, is chief nursing officer at the University of New Mexico Health Sciences Center in Albuquerque, NM. N. M. Anne R. Bavier, RN, GA, FAAN, is assistant dean for planning and external relations at Nell Hodgson Woodrow School of Nursing at Atlanta, GA.

Building and Managing a Career in Nursing: Strategies for Advancing Your Career by Terry W. Miller, RN, PhD Dr. Terry Miller has presented a distinctive approach to building and managing a career. The content of the book is based on research in nursing and areas supportive of nurses. Miller's objective was to incorporate the good research that exists outside nursing, while recognizing how the profession is distinguishable from, as well as analogous to, other professions. Using a research-based approach to career development, Miller worked with 13 expert contributors who could offer information from different perspectives. It impressed me that he successfully carried research from his dissertation to this publication. As the former dean of nursing in the university where his doctorate was awarded, it is my wish that all dissertations could be so relevant. For individuals looking for a more satisfying career path in nursing or seeking their first career, Building and Managing a Career in Nursing will provide valuable information. The variables significant to career management and development are explored by the book's contributors. A broad range of topics is included, from information about development of a career to planning for retirement and the stages in between.

To exemplify their messages and support their theoretical discussions, the contributors use stories. In addition to information on how to search and interview for a position, the reader is given details on how to choose a position. I found the anecdotes and stories compelling.

One typically considers a career choice to be a lifetime decision. We know from studies that many individuals change careers as many as 10 times. Choosing a career is an overwhelming responsibility. Terry Miller, RN, PhD, who has not yet selected a specific professional track, as well as the nurse who wishes to redirect his or her career. More literature is needed to help individuals search for a career. Very little addresses the career concept from beginning to end, including career changes and job satisfaction. Miller's willingness to help individuals search for a career, very little addresses the career concept from beginning to end, including career changes and job satisfaction. Miller's book offers a vision of hope and action for nursing. Jennifer Courillon, RN, FNP, PhD, is instructor at Nursing at Louisiana State University Health Sciences Center in New Orleans, LA. Pamela Woods, RN, C, MN, MBA, is chief nursing officer at the University of New Mexico Health Sciences Center in Albuquerque, NM. N. M. Anne R. Bavier, RN, GA, FAAN, is assistant dean for planning and external relations at Nell Hodgson Woodrow School of Nursing at Atlanta, GA.
Building communities of scholarship in Mexico

by Laura Moran Peña

In developing countries, the evolution of postgraduate nursing studies has been slower than that of developed nations. The creation of master’s degree programs, for example, generally dates back to the 1980s. This situation, associated with the socioeconomic, political and educational development of these countries, also reflects their fragmented nursing labor market.

The establishment of postgraduate nursing curricula in Mexico has taken place within a dichotomous context. Health services seek to provide care at the lowest possible cost by hiring nurses with minimum qualifications, while higher education institutions seek nurses with minimum qualifications, placing within a dichotomous context. For example, generally dates back to countries, also reflects their fragility. The establishment of postgraduate education for nurses, the lowest possible cost by hiring nurses with postgraduate degrees. Unfortunately for quality health care, health service organizations are often unwilling to hire those with postgraduate degrees.

Worldwide, it is acknowledged that postgraduate studies are very important for producing qualified nursing staff and are the foundation for professional development. Reaching the present level of development in Mexico can be credited to the work of visionary nurses—nurses with postgraduate, multidisciplinary training. The perspective they have gained has heightened their horizons and helped them develop curricula with a major focus on nursing discipline.

At the same time, our world is becoming increasingly global. Academic interchange, student mobility, joint research projects and international nursing alliances are helping to advance nursing not only nationally, but regionally and worldwide. These developments are further supported by new communication systems, where informatics and telecommunications allow groups and individuals to communicate in real time.

These factors, without a doubt, have allowed nursing schools in Mexico to have already developed six master’s programs in nursing and many other interdisciplinary programs targeted to health, education and management sciences. They also have made possible the initiation of a nursing science PhD program, shared between Mexico’s Guanajuato University in Celaya and Brazil’s University of São Paulo in Ribeirão Preto. A nursing science PhD program will also begin soon at Nuevo León Autonomous University in Monterrey, Mexico.

What other factors have favored development of postgraduate nursing studies in Mexico and, more specifically, at the National Autonomous University of Mexico in Mexico City?

The development of national and international interchanges, mentioned earlier, has allowed us to share experiences with other universities and programs, enabling us to learn, to understand other perspectives and to view ourselves critically. These and other support networks have, despite cultural differences, provided a way to optimize resources and to share experiences and experts.

In our country, as well as our university, there are major controversial elements associated with the development of scholarship communities. Nurses still encounter major difficulties in achieving recognition for scholarship. It is difficult for them to get published in national and international peer-reviewed journals and also challenging to obtain external sponsorship for research projects or to participate in national research associations.

Of course, this is an ongoing circle, since we have few nurses with a master’s degree and even fewer with a PhD. (To date, there are only two people with PhDs in nursing in the entire country.) Until we progress further in the development of postgraduate education for nurses, we cannot expect this situation to change substantially. However, as more nurses obtain master’s and PhD degrees, this circular trap will be broken, and we will begin having a larger impact in solving those health problems that require our intervention.

We cannot overstate the importance of that role that strong, effective leaders have had in changing the status quo. These nurse leaders are determined and have the clear vision to overcome the slow-moving inertia of the system, the professional prejudice against nurses and the hegemonic influence that some professionals use to control the decision-making process.

These leaders are making progress, however. By developing postgraduate nursing curricula, they are beginning to see their vision for professional development of nurses fulfilled. For those of us who have participated in the creation of postgraduate nursing curricula in Mexico, it is our expectation that the strategies and actions that have been taken will construct solid platforms for the professional development of nursing.

Creating scholarship communities is, without doubt, very hard work. In the process, we face cultural barriers, personal stereotypes and systemic inertia that must be defeated. However, once work becomes fruitful, you feel satisfied, for you have given of your ideals and capabilities, and you surely agree with what someone once stated, “To triumph in life is to lead others to their triumph.” In the end, the triumph of achieving the growth of postgraduate nursing curricula in my country will be the triumph of those who use our health care services.

Laura Moran Peña, RN, EdM, directs the master of nursing program at National Autonomous University of Mexico.
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The establishment of postgraduate nursing curricula in Mexico has taken place within a dichotomous context. Health services seek to provide care at the lowest possible cost by hiring nurses with minimum qualifications, but nursing students seek to raise nursing standards by promoting graduate degrees. Unfortunately, for quality health care, health service organizations are often unwilling to hire those with postgraduate degrees.

Worldwide, it is acknowledged that postgraduate studies are very important for producing qualified nursing staff and are the foundation for professional development. Reaching the present level of development in Mexico can be credited to the work of visionary nurses—nurses with postgraduate, multidisciplinary training. The perspective they have gained has widened their horizons and helped them develop curricula with a major focus on nursing discipline.

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These leaders are making progress, however. By developing postgraduate nursing curricula, they are beginning to see their vision for professional development of nurses fulfilled. For those of us who have participated in the creation of postgraduate nursing curricula in Mexico, it is our expectation that the strategies and actions that have been taken and are slowly and progressively being taken will construct solid platforms for the professional development of nursing.

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Bringing up grandchildren

Ohio study examines effects of child-raising on the health of grandmothers

Carol M. Musil

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HE DYNAMIC nature of grandmothers as caregivers has received little attention over the years, even though most women are likely to become grandmothers. Moreover, grandmothers may have more than one grandmother role at a time, and these roles may change over time.

I am currently conducting a four-year study funded by the National Institute of Nursing Research that examines the effects of caregiving on the health of 400 Ohio grandmothers. The study is exploring the impact of these women on their families. Together with my research team, I am seeking to understand the central role of grandmothers in the family and how different degrees of caregiving change over time. Grandmothers who are raising grandchildren, grandmothers in multigenerational homes and grandmothers without day-to-day responsibility for grandchildren are participating.

Grandmothers play a central role in families. Almost half of all grandmothers provide some care to grandchildren on a regular basis, either to a child living in their home, or in a day-care or baby-sitting capacity to a grandchild living in a separate residence. For many families, it is the grandmother who picks the children up from school, runs them to activities and helps with meal preparation. Currently, nearly 2.9 million grandmothers live in the same home as a grandchild under 18 years of age, and most of these grandmothers are either primary caregivers or they supplement the care given by parents (U.S. Census, 2000).

Over the past 20 years, there has been an increase in the number of grandparent households and in the number of hours worked, further affecting their income. Depending on the circumstances, they may lack adequate support from formal services, e.g., social, legal or financial. Married grandmothers raising grandchildren and those with other adults in the home benefit from the additional help and support. At a recent grandparent/kid reunion held in Columbus, Ohio, for the Ohio Grandparent Coalition, caregivers from across the state joined for an afternoon of camaraderie, sharing and laughter. Students from the Frances Payne Bolton School of Nursing, on hand to do blood pressure checks, teach breast self-examination, and advocate about nutrition and exercise, heard firsthand from grandparent caregivers about their concerns and hopes.

Grandmothers attending the reunion discussed the challenges they face raising grandchildren, as well as the unexpected rewards they receive as caregivers. Each grandmother echoed the same sentiment: "If I had to do it over again, I would not change a thing—I love my grandchild(ren)." Nonetheless, these grandmothers were aware of the many challenges they face now and in the future.

While their blood pressures were being taken, most reflected on the importance of maintaining their health and were very interested in health promotion for themselves, as well as for their grandchildren. These grandmothers are actively seeking ways to enable them to effectively raise their grandchildren. Similar sentiments about their well-being and that of their grandchildren have been shared with my research team through other contacts, such as telephone conversations and written correspondence. These grandmothers face a unique set of challenges and responsibilities that are offset with invaluable rewards.

In contrast to a primary caregiver role, approximately two million grandmothers live in multigenerational homes that include a grandparent, grandchild and one or more parents. These grandmothers often help in the day-to-day care of one or more grandchildren. Multigeneration homes might include, for example, a teen mother and her baby, a divorced or separated parent with a child, or a family facing financial difficulty. Sometimes the generations choose to create one home for the benefit of all family members.

Multigenerational homes are more common among ethnic families. Grandmothers living in a three-generation home usually assist in child care and frequently make significant contributions to the running of the household by preparing meals, performing household chores and providing financial help. The role of grandmothers living in multigenerational homes is often less clear-cut than that of grandmothers raising grandchildren. However, if the mother is absent from the family, the grandmother often assumes a more prominent caretaker role.

Clearly, grandmothers play a critical role in families. Whether raising a grandchild; helping a parent raise a child; providing regular baby-sitting or staying connected with phone calls, e-mails and visits, the impact of grandmothers as caregivers to youth cannot be overstated.
Bringing up grandchildren
Ohio study examines effects of child-raising on the health of grandmothers

by Carol M. Musil

THE DYNAMIC nature of grandmothers as caregivers has received little attention over the years, even though most women are likely to become grandmothers. Moreover, grandmothers may have more than one grandparent role at a time, and these roles may change over time. I am currently conducting a four-year study funded by the National Institute on Nursing Research that examines the effects of caregiving on the health of 400 Ohio grandmothers. The study examines the impact of these women on their families. Together with my research team, I am seeking to understand the central role of grandmothers in the family and how different degrees of caregiving change over time. Grandmothers who are raising grandchildren, grandmothers in multigenerational homes and grandmothers without day-to-day responsibility for grandchildren are participating.

Grandmothers play a central role in families. Almost half of all grandmothers provide care to grandchildren on a regular basis, either to a child living in their home, or in a day-care or baby-sitting capacity to a grandchild living in a separate residence. For many families, it is the grandmother who picks up the children from school, runs them to activities and helps with meal preparation. Currently, nearly 2.9 million grandmothers live in the same home as a grandchild under 18 years of age, and most of these grandmothers are either primary caregivers or they supplement the care given by parents (U. S. Census, 2000).

Over the past 20 years, there has been an increase in the number of grandparent-raising grandchildren in which the child's parents do not live in the same home. These grandparent-raising grandchildren, most frequently grandmothers, assume responsibility for raising these children on either a temporary or permanent basis. Grandparents with primary responsibility for raising their grandchildren take on that role when parents are unable to do so because of death, drug or alcohol abuse, child neglect, abuse or abandonment, mental or physical problems, incarceration, or other difficulties. More recently, there has been an emergence of grandparent-r raising grandchildren providing temporary, full-time care to grandchildren while their parents fulfill military obligations.

Nearly one million U.S. grandmothers are responsible for raising their grandchildren (U. S. Census, 2000). Helping these women stay healthy is a priority. Nearly 22 percent of grandmothers living with grandchildren are over 65. About half are from 18 years of age, and 2.9 million. Grandmothers living in multigenerational homes and grandmothers without day-to-day responsibility for grandchildren are participating. Grandmothers play a central role in families. Almost half of all grandmothers provide care to grandchildren on a regular basis, either to a child living in their home, or in a day-care or baby-sitting capacity to a grandchild living in a separate residence. For many families, it is the grandmother who picks up the children from school, runs them to activities and helps with meal preparation. Currently, nearly 2.9 million grandmothers live in the same home as a grandchild under 18 years of age, and most of these grandmothers are either primary caregivers or they supplement the care given by parents (U. S. Census, 2000). Over the past 20 years, there has been an increase in the number of grandparent-raising grandchildren in which the child's parents do not live in the same home. These grandparent-raising grandchildren, most frequently grandmothers, assume responsibility for raising these children on either a temporary or permanent basis. Grandparents with primary responsibility for raising their grandchildren take on that role when parents are unable to do so because of death, drug or alcohol abuse, child neglect, abuse or abandonment, mental or physical problems, incarceration, or other difficulties. More recently, there has been an emergence of grandparent-raising grandchildren providing temporary, full-time care to grandchildren while their parents fulfill military obligations.

Nearly one million U.S. grandmothers are responsible for raising their grandchildren (U. S. Census, 2000). Helping these women stay healthy is a priority. Nearly 22 percent of grandmothers living with grandchildren are over 65. About half are African-American or Latino, which may place them at some risk compared to other women. Grandparent-raising grandchildren and those with other relatives in the home benefit from the additional help and support.

At a recent grandparent/Kinship care family reunion held in Columbus, Ohio, the Ohio Grandparent Coalition, kin caregivers from across the state joined for an afternoon of camaraderie, fun and sharing. Students from the Frances Payne Bolton School of Nursing, on hand to do blood pressure checks, teach breast self-examination, and advise about nutrition and exercise, heard firsthand from grandparent caregivers about their concerns and hopes.

If the grandchildren have health problems, such as attention deficit disorder, developmental delays or HIV/AIDS, the grandmother's care demands may increase considerably. As grandmothers enter the teen years, parents often try to keep an even closer eye on the grandchildren's friends and activities. Sometimes they view the caregiving as a second chance to help a child navigate the world of peers. And when the child's parents do not live in the same home, the grandmother often assumes a more significant role in the family in raising the grandchild.

Grandmothers attending the reunion discussed the challenges they face raising grandchildren, as well as the unexpected rewards they receive as caregivers. Each grandmother echoed the same sentiment: "If I had to do it all over again, I would not change a thing—I love my grandchild(ren)." Nonetheless, these grandmothers were aware of the many challenges they face and the future.

While their blood pressures were being taken, most reflected on the importance of maintaining their health and were very interested in health promotion for themselves, as well as for their grandchildren. These grandmothers are actively seeking ways to enable them to effectively raise their grandchildren. Similar sentiments about their well-being and that of their grandchildren have been shared with my research team through other contacts, such as telephone conversations and written correspondence. These grandmothers face a unique set of challenges and responsibilities that are offset with improbable rewards.

In contrast to a primary caregiver role, approximately two million grandmothers live in multigenerational homes that include a grandparent, grandchild and one or more parents. These grandmothers often help in the day-to-day care of one or more grandchildren. Multigenerational homes might include, for example, a teen mother and her baby, a divorced or separated parent with a child, or a family facing financial difficulty. Sometimes the generations choose to create one home for the benefit of all family members. Multigenerational homes are more common among ethnic families.

Grandmothers living in three-generation homes usually assist in child care and frequently make significant contributions to the running of the household by preparing meals, performing household chores and providing financial help. The role of grandmothers living in multigenerational homes is often less clear-cut than that of grandmothers raising grandchildren. However, if the mother is absent from the family, the grandmother often assumes a more prominent caretaker role.

Clearly, grandmothers play a critical role in families. Whether raising a grandchild; helping a parent raise a child; providing regular day-care or baby-sitting, the grandmothers share a common goal of promoting the health and well-being of their grandchildren. Grandmothers need to be aware of the many challenges they face, as well as the unexpected rewards they receive as caregivers.
CLINICAL
Linda Thompson, associate dean for policy and planning at the University of Maryland School of Nursing, has received a one-year, $100,000 grant from the Maryland Department of Human Resources to provide services for victims of child abuse and their families under the Victim of Crime Assistance Program.

Allen Ball, director of professional practice at Vanderbilt School of Nursing’s Faculty Practice Network, has opened a new nurse-managed, community-based clinic, the McKendree Senior Health Center, in Herrin, Ill. Joyce Lahm, professor of nursing emerita and psycho-mental health specialist, will serve as mental health care provider; Laurie Arnold Tompkins will provide women’s health and gynecological services; and Jack Hyduck* will provide family practice or adult general medicine care.

EDUCATION
Wynetta “Bunny” Carl-Matsuura* is the first recipient of the University of Hawaii School of Nursing’s undergraduate degree in nursing. Her dissertation was titled “Perinatal Correlates of Shaken Baby Syndrome (SBS).” Carol Lynn Mandle, associate professor at Boston College’s William F. Connell School of Nursing, has received the Kenneth B. Schwarzenbach Fellowship in Perinatal Care. On Relating to the Existual Issues of Patients and Families from the Kenneth B. Schwarzenbach Fellowship in Perinatal Care.

Shirley Woolf,* clinical assistant professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been named one of the winners of the Excellence in End-of-Life Nursing Education Consortium Award by the American Association of Colleges of Nursing for her integration of end-of-life curriculum in nursing classrooms.

LEADERSHIP
Patricia Abbott, assistant professor at the University of Maryland School of Nursing, has been elected to a two-year term as the U.S. nursing information representative to the International Medical Informatics Association. She also was the only U.S. nurse appointed to the Scientific Program Committee for the 11th World Congress on Medical Informatics.

Janet Allan, dean of the University of Maryland School of Nursing, has been reappointed to a two-year term on the U.S. Preventive Services Task Force and to a one-year term as vice-chair of the task force. She also has been named a member of the National Advisory Committee for The Robert Wood Johnson Foundation’s national program “Prevention for Health: Promoting Healthy Behaviors in Primary Care Research Networks,” and has been selected to serve on U.S. Congressmen Ben Cardin’s Health Advisory Committee.

Paul M. Arinstein, assistant professor at Boston College’s William F. Connell School of Nursing, has been elected president-elect of the American Society of Pain Management Nurses.

Kay Pall, a perioperative nurse educator, consultant, and author, has received the 2003 Award for Excellence in Perioperative Nursing from the Association of periOperative Registered Nurses.

Susan L. Beck, associate dean for research and scholarship at the University of Pittsburgh College of Nursing in Pittsburgh, has received the 2003 Oncology Nursing Society/NOVA Distinguished Service Award. Catherine M. Bender, assistant professor at the University of Pennsylvania School of Nursing in Philadelphia, has been named winner of the 2003 Oncology Nursing Society/AMERICAN CANCER SOCIETY State of the Science Leadership Award. Suzanne C. Byea has been appointed director of nursing research at Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

Donna Boland, associate dean of graduate programs at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, is a recipient of the university’s Irwin Award.

Carla Borchard,* director of professional practice at Avera McKennan Hospital & University Health Center in Sioux Falls, S.D., received the 2002 Nurse Practice Award from the South Dakota Nurses Association.

Lillian Shohfi Brunner has been named a living Legend by the American Academy of Nursing. She is the author of the popular textbook Brunner’s Textbook of Medical and Surgical Nursing, which has been published in a dozen languages.

Janet Butler, senior associate dean for research and Valerie Potter professor of nursing at Vanderbilt University in Nashville, Tenn., is recipient of a 2003 Rose Products-AACN Pioneering Spirit Award from the American Association of Critical-Care Nurses. Buerhaus is a member of the Honor Society of Nursing, Sigma Theta Tau International board of directors.

Rita K. Chod, director of the National Interfaith Coalition on Aging, National Council on the Aging in Washington, D.C., has been named a fellow of the American Academy of Integrative Medicine and diplomate of the association’s College of Nursing. Fellow status is AAIM’s highest honor to professionals who have demonstrated outstanding abilities in their health specialty.

Colleen Conway-Welch,* dean of Vanderbilt University School of Nursing, has been appointed as the Institute of Medicine’s Provisional Committee on Institutional and Policy Strategies for Increasing the Diversity of the Health Care Workforce. She also serves on the Medicare Coverage Advisory Committee, which advises the Centers for Medicare and Medicaid Services on whether specific medical items and services are reasonable and necessary under Medicare law.

Patrick Coyne* has been named recipient of the 2003 ONC/hisTing OncologicaL Nursing Clinical Leadership. He is a clinical nurse specialist for palliative care and grief management at the Manory Cancer Center in the Medical College of Virginia Hospitals/Virginia Commonwealth University Health System in Richmond.

Neva Crogen, assistant professor, and Sandra Crowwell, associate professor, both of the University of Arizona College of Nursing, have been inducted as fellows of the National Gerontological Nursing Association.

Barbara Dale, wound care specialist at High­land Rim Home Health, Cookeville Regional Medical Center in Tennessee, has become certified in the area of wound care. Karen Daley, doctoral student at Boston Col­lege’s William F. Connell School of Nursing, has received the Gail Lenehan award from the Emergency Nurses Association.

Mary Anne Dumas,* clinical associate profes­sor at State University of New York Stony Brook and nurse practitioner at VA Medical Center in Northport, N.Y., has been named a recipient of the 2003 U.S. Department of Health & Human Services Primary Care Policy Fellowship.

Marty Enriquez, vice president of patient care services at University Medical Center in Tucson, Ariz., has been named chairperson of the Tucson Nurses Week Foundation.

Divina Grossman,* director of the Florida International University School of Nurs­ing, has been named a fellow of the American Academy of Nursing board of directors.

Brian Gugerty, assistant professor at the University of Pennsylvania School of Nurs­ing, has received an Outstanding Achievement Award from the American Medical Informatics Association.

Lyman A. Hall, assistant dean for research and the PhD program at the University of Pennsylvania School of Nursing, has been named the first Marcia A. Duke professor of nursing science.

Susan B. Hannah, senior program officer at The Robert Wood Johnson Foundation, has received the Ann Magnusson Award, the highest honor of nursing achievement in the American Red Cross.

Kaela Hen,* professor and chair of the adult and gerontological nursing area of study at the University of Iowa, has received the 2003 Nurse Exemplar Award from the American Society of Pain Management Nurses.

Barbara Waag Carlson, RN, PhD, right, visits with research subject Minnie Sasso in the sleep laboratory at the University of North Carolina at Chapel Hill School of Nursing.

CEREBRAL OXIMETRY
Shedding light on how sleep affects brain oxygen and cognitive abilities

Could changes in brain oxygen levels during sleep affect the cognitive abili­ties of some adults as they age? Dr. Barbara Waag Carlson, assistant professor at the University of North Carolina at Chapel Hill School of Nursing, heads a research team investigating that question. The five-year study, funded by a $1.5 million grant from the National Institute of Nursing Research, is the first to examine how sleep affects brain oxygen levels and cognitive decline.

Defined as a deterioration of mental abilities such as memory, learning and comprehension, cognitive decline affects 30 to 50 percent of adults by age 85, Carlson said.

“Cognitive decline is an important issue that touches many people’s lives and hits at the heart of their independence,” she said. “Developing ways to decrease decline now may keep adults out of hospitals and nursing homes when they get older. The results of this study should give insight into ways to develop methods to slow or reduce cognitive decline.”

Participants ages 70 and older spend two nights in a sleep laboratory at the School of Nursing. Once the subjects are asleep, researchers use a new procedure called cerebral oximetry, which measures oxygen levels by bouncing light across the surface of the brain. The procedure gives researchers insight into how the brain and cognitive abilities are influenced by differing levels of oxygenation. School of Nursing students travel to research subjects’ homes six and 18 months after their initial visit to the sleep laboratory to record vital signs, medications and overall health conditions.

“We want our participants to feel that they are part of the research team, and that together we are working to improve the future health care needs of older adults,” Carlson said.
LEADERSHIP

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Suzanne C. Beyer has been appointed director of nursing research at Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

Donna Boland, associate dean of undergraduate programs at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, is a recipient of the university's Irving Award.

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Jill Hydrick, former senior associate dean for research and Valer Pottle professor of nursing at Vanderbilt University in Nashville, Tenn., is recipient of a 2003 Rose Products-AACN Pioneering Spirit Award from the American Association of Critical-Care Nurses. Buerhaus is a member of the Honor Society of Nursing, Sigma Theta Tau International board of directors.

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Divina Grossman, director of the Florida International University School of Nursing, has been named to the American Academy of Nursing board of directors.

Dennis H. Griswold, executive director of the Florida College of Nurse Anesthetists, has been named recipient of the American Society of Anesthesiologists' Outstanding Achievement Award.

Karen Humes, assistant professor at the University of North Carolina at Chapel Hill School of Nursing, has been named recipient of the 2003 National League for Nursing/Medical-Surgical Nursing Research Achievement Award.

James M. Hutton, assistant professor at the University of California at San Francisco, has been named to the American College of Health Care Executives board of directors.

Joyce Z. Kuloweit, assistant professor at the University of South Carolina College of Nursing, has been named a member of the National Academy of Nursing board of directors.

Barbara Waag Carlson, RN, PhD, right, visits with research subject Minnie Sasso in the sleep laboratory at the University of North Carolina at Chapel Hill School of Nursing.

CEREBRAL OXIMETRY

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"We want our participants to feel that they are part of the research team, and that together we are working to improve the future health care needs of older adults," Carlson said.
Barbara Maack, 44 Second Quarter Dumas Grossman Herr Hieronymus Huston Hydrick Lange-Otsuka Tucson, Ariz., has been appointed chairperson of the Lewis University College of Nursing and program analyst at the University of Kentucky College of Nursing. She has contributed to public health nursing.

American Association of Critical-Care Nurses. He has been named chairperson of the Nursing Service for Women's Health at the University of Kentucky College of Nursing.

Valerie Nardi, director of development at the University of Maryland School of Nursing, has been named chairperson of the University Community Health Services.

Kathleen P. Israel has been named the Pan American Health Organization/World Health Organization representative in Belize. She previously was country program analyst at the Pan American Health Organization headquarters.

Pauline King has been named president of the 2003 ONS Foundation Mara Mogensen Flaherty Memorial Lectureship. She is the psychosocial clinical nurse specialist and director for children's programming at The Arthur G. James Cancer Hospital and Richard J. Soloway Research Institute in Columbus, Ohio.

Patricia Lange-Otsuka, associate professor of nursing at Hawaii Pacific University, received the 2003 Diane Walker Memorial Award from the Hawaii chapter of the American Nurses Association for her contributions to international nursing.

Ramón Lavandero, director of development and strategic alliances for the American Association of Critical-Care Nurses, has been inducted as a fellow of the American Academy of Nursing. He also has been appointed to the Indiana University School of Nursing Board of Advisors, which assists the school in accomplishing its mission and advises the dean on long-range planning and program quality.


Sally Russell has been appointed interim executive director of the Health Sciences Graduate Program at the University of Tennessee, Knoxville. She also is principal investigator for a $408,000 grant, funded by the U.S. Department of Defense.

Nancy Manisaff was awarded the Planned Parenthood OB/GYN Nurse Practitioner Program in Philadelphia. She is a peer for students preparing to be women's health nurse practitioners.

The Nursing Institute of Nevada, a division of the Nevada Hospital Association, recently sponsored the Second Annual Statewide Nursing Essay Contest. Winners were Cynthia Ann Williams, family nurse practitioner at Duckworth Health Department for the Shoshone Tribe, in the context of the Professional Development Category; Christine Belle, research and IRB coordinator at Sunrise Hospital and Medical Center, in the Construction Category; and Jennifer Allen, pediatric intensive care nurse at Washoe Medical Center, in the Commitment Category.

Nelda Peragallo, associate professor at the University of Connecticut School of Nursing, has been elected to the National Advisory Council on Accreditation of Healthcare Organizations. She also has been named an associate dean and trustee for the Commission on Graduates of Foreign Nursing Schools and will serve on the American Academy of Nursing's Task Force on Health Disparities.

Bonnie Pilon has been appointed to the board of the National Nursing Consortium, a national nonprofit organization of nurse-managed health centers in the United States. Pilon is a co-founder and now serves as the chief executive officer at Vanderbilt University School of Nursing, executive director of the Vine Hill Clinic, and director of the University Community Health Services.

Mary Dillman has been named as a fellow of the American Academy of Nursing, in recognition of her contributions to public health policy and cancer prevention and detection. She is director of Vine Hill Clinic and director of the University of Pittsburgh School of Nursing.

Hammer is working toward a master's degree in the acute care nurse practitioner program at the University of Kentucky College of Nursing.

Nurse named Arkansas' Woman of the Year by NCA

For Mary Hammer, hard work and dedication have resulted in success both as a nursing student and as a tennis player.

Her athletic talent became evident at a young age. At a tennis camp for girls, she ranked first in Arkansas among 16 different sports, were chosen from among 342 student-athletes nominated by their schools.

Hammer is working toward a master's degree in the acute care nurse practitioner program at the University of Kentucky College of Nursing.

Robin Purdy Newhouse and Mary Ett Collins were honored at the annual meeting of the Organized Delivery System for the Acute Care Setting, American Nurses Association, 2002.

Hammer was elected president of the Maryland Council of Directors of Baccalaureate Programs.

Ellen NHL, professor and chair of the Department of Nursing and Community Systems at the University of Pittsburgh School of Nursing, has been named editor of the Journal of Professional Nursing. She also is editor-in-chief of the journal of Community Health and Public Health, in the category of Community Health and Public Health.


Faye Carol Reed, a retired professor from the University of Nevada-Reno, has written Mindful Living: A Cognitive Behavioral Therapy Approach to Mindfulness, Behavioral Publications, 2003.
Kathleen P. Israel has been named the Pan American Health Organization/World Health Organization representative in Belize. She previously was country program analyst at the Pan American Health Organization headquarters.

Pauline King has been named president of the 2003 ONS Foundation Maria Mogens Flaherty Memorial Lecture. She is the psychosocial clinical nurse specialist and director for children's programming at The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in Columbus, Ohio.

Patricia Lange-Otsuka, associate professor of nursing at Hawaii Pacific University, received the Arizona American Association of Critical-Care Nurses Women's Health Nurse Practitioner of the Year award.

Richard L. Sowell, dean and professor at Kennesaw State University College of Nursing, has been named the 2003 Duane Walker Memorial Award recipient by the Pan American Health Organization/World Health Organization.

The Nursing Institute of Nevada, a division of the University of Nevada at Las Vegas, was named Nurse Educator of the Year. The 1999 Oregon Governor's Award for Excellence in Nursing winner, the institute provides educational programs in nursing, health systems management, health care management, and health policy.

Barbara A. Greene, assistant professor of psychology at the University of Arkansas at Little Rock and director of the university's Outreach Counseling Program, has been named a fellow of the Arkansas Psychological Association.

Carol Lynn Hussey, assistant professor and chair of the nursing department at the University of Wisconsin-Extension School of Nursing, has been named editor for the 2002-2003 period of the American Nurses Association Nursing Service Journal, which focuses on issues faced by nurses in mental health.

Sister Mary Beth, R.S.M., has been named the 2003-2004 Second Quarter recipient of the Catholic Charities Award of Merit for her work with nurses in the community.

The American Nurses Association has named Candy Barr, RN, BSN, director of nursing for the University of the District of Columbia, as the 2003 recipient of the Outstanding Nurse Educator of the Year award for her work with nurses in the community.
Beck first nurse to direct an Alzheimer's Disease Center

Cornelia Beck, RN, PhD, FAAN, professor of geriatrics, psychiatry and nursing, is director of the Alzheimer’s Disease Center (ADC) at the University of Arizona for Medical Sciences. She is the first nurse to direct an ADC. The center, one of 29 in the United States, was established in 2001 with a $4.9 million grant from the National Institute on Aging.

The center's Administrative Core, led by Beck, focuses on advancing research by encouraging interdisciplinary collaboration on critical Alzheimer’s disease questions. She also serves as associate leader of the Education Core, which coordinates distribution of Alzheimer’s information to professionals, patients and families, particularly those in African-American and rural communities. Beck and two University of Miami researchers are currently investigating aggressive, wandering and problematic vocalizations in nursing home residents with dementia.

The author of more than 100 publications, Beck has received many honors for her work, including the American Nurses Foundation’s Distinguished Contribution to Nursing Science Award and the Doris Schwartz Geriologic Nursing Research Award. She chairs the National Institutes of Health Nursing Research Study Section and serves on the Medical and Scientific Advisory Council of the Alzheimer’s Association.

RESEARCH

Bobbi Berkowitz, Ph.D. professor and chair of the Psychosocial & Community Health Department at the University of Washington School of Nursing, and Marilyn McClubbin, Ph.D., professor at the University of Hawaii, have received the Yuma Friends of Arizona Health Parity Research, funded by grants from the National Institute of Nursing Research. Nursing Society’s National Research Institute of Nursing Research.

Betty Dennis, chair of the North Carolina Research at the Eighth Biennial Conference will present her childhood hypotonia received the Yuma Friends of Arizona Health Parity Research, funded by grants from the National Institute of Nursing Research. Nursing Society’s National Research Institute of Nursing Research.

Creation and sustain the Arizona Geriatric Education Center within the Arizona Center on Aging. Susan Rawl, assistant professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has received a $300,000 grant to promote colonic cancer screening for immediate family members of colorectal cancer survivors. Rawl is also a researcher with the Mary Margaret Walther Program for Cancer Care Research.

Sharleen Simpson, associate professor at the University of Florida College of Nursing, is directing two studies examining the behaviors, attitudes and motivations of selected Florida community members relative to sexually transmitted diseases. The studies are funded by a $160,000 grant from the Florida Department of Health’s State Bureau of STD Prevention and Control. Thelma Wells and Carol Brink have received the Doris Schwartz Geriologic Nursing Research Program Award from the Gerontological Society of America, in collaboration with the John A. Hartford Institute for Geriatric Nursing, for their joint work on urinary incontinence. Wells recently retired from the University of Wisconsin School of Nursing, where she was the Helen Demme Schulte professor of nursing. Brink is associate professor of clinical nursing at the University of Rochester School of Nursing.

Mail “Noteworthy” items to Jane Palmer, Reflections on Nursing Leadership, 350 West North St., Indianapolis, IN 46202, USA. Send e-mail to jpalmer@btl.net. Please include job title, name and location of employer, and contact information.

2003 International Conferences

June 27-29: Marrakesh, Morocco
Building Excellence Through Evidence. Sponsor: International Nursing Research Conferences Secretariat. ICN 2003, Congress Holland by P.O. Box 302, 1000 AH Amsterdam, The Netherlands. Tel: +31 20 5065 9612; Fax: +31 20 5065 9613; Email: info@icn.org
Web: www.icn.org

July 10-12: San Antonio, Texas
Best Practice: Improving Quality. 2003 Summer Institute on Evidence-Based Practice. Sponsors: Academic Center for Evidence-Based Nursing; School of Nursing, The University of Texas Health Science Center at San Antonio; Contact: Margie Yiamas, The University of Texas Health Science Center at San Antonio, Nursing Continuing Education Department, MSC 9496, San Antonio, TX 78229-3900. Phone: 210.567.8590; Email: myiamas@uthscsa.edu
Web: www.aacn.nche.edu

July 28-Aug. 12: Russian Waterways
“Building Bridges for Collaboration Between U.S. & Russian Nurses,” Fourth U.S.-Russian Nursing Conference Cruise. Sponsors: Moscow Medical Academy-Schervinsk Nursing Department; Russian Nurses’ Association; Beta Pi Provo Foundation; Medical Care Centers; West Virginia Wesleyan College; Phone: 303.215.0223; Email: dprovig@provig.com
East Coast Entire US. Rachel Diakos. Phone: 973.534.0139 E-mail: racheldiakos@ursus.net
Web: www.us-russians.com

Aug. 23-26: Washiho, Hawaii
"Advancing Care for Mental Health Around the World." 17th World Congress on Psychiatric Medicine. Sponsors: University of Hawaii; The Queen’s Medical Center Endowment Foundation. Contact: Office of CME, 1301 Punchbowl Ave., Honolulu HI 96813. Phone: 808.548.1420
Web: http://hawaiimedicine.org/icnp2003

Sept. 2-4: Durham, United Kingdom
NINCDS 2003 International Symposium. Conference for Education in Health Care. Sponsor: Nurse Education Tomorrow. For registration leader, contact: Jill Radding, Millfield, Cornforth, Cambridgeshire, CB4 3BE. U.K. Phone: 01223.906.384; Fax: (01723) 214212
Web: www.jillradding.co.uk or scotswright@jt-al.co.uk

Sept. 19-21: Milwaukee, Wisconsin
20th Annual Nursing History Research Conference for the History of the University of Wisconsin-Milwaukee. Sponsors: The Wisconsin Alumni Research Foundation of the University of Wisconsin; Wisconsin Alumni Memorial Fund. Contact: 2130 Haven Memorial Highway, Milwaukee, WI 53226. Phone: 414.224.6357; Fax: 414.224.6358
Web: http://www.wrnah.org

2003 Regional Conferences

May 31-June 1: Nashville, Tennessee
Phone: 513.446.3499; Fax: 513.446.3490
Web: www.ins.org

June 5-7: Rochester, New York
Research Nuts and Bolts of Designing, Conducting, Analyzing and Funding Intervention Studies. Sponsors: University of Rochester School of Nursing for Research & Evidence-Based Practice Center for High-Risk Children & Youth; Centre for Clinical Research on Aging. Contact: Tiffany Abbey. Phone: 585.273.7883
E-mail: Tiffany_abbey@rochester.edu
Web: www.urc.rochester.edu/researchnutsbolts.html

July 16-19: Baltimore, Maryland
"Making Information Work for Nursing." 13th Annual Summer Institute in Nursing Informatics. Sponsor: University of Maryland School of Nursing. Contact: University of Maryland School of Nursing, Office of Continuing Edu­ cation, 65 W. Lombard St., Room 402, Baltimore, MD 21201, Attn: Informatics 2003. Phone: 410.706.5767; Fax: 410.706.0018 E-mail: Information@umaryland.edu
Web: http://www.urc.rochester.edu/researchnutsbolts.html

Phone: 410.706.3767; Fax: 410.706.0018 E-mail: Information@umaryland.edu

CALL FOR ABSTRACTS

Deadline: June 15, 2003

Phone: +31 43 38 44 162 E-mail: n.dejong@zw.unimaas.nl
Web: www.nursingsociety.org/clden2003

DEADLINE: June 15, 2003
Web: www.anmsc.edu

PAPER, POSTER: "Translating Research Evidence into Best Practice," Fifth Annual Evidence-Based Practice Conference, June 4-5, 2004, Rochester, N.Y. Sponsor: University of Rochester School of Nursing Center for Research & Evidence-Based Practice. Contact: Betty Dennis, +1.585.273.7883
Web: www.urc.rochester.edu/researchnutsbolts.html

RESEARCH GRANTS/FELLOWSHIPS

American Association of Critical Care Nurses One grant of up to $10,000 is given annually for researchers early in their career who are developing a career as an ACNC researcher. Submission deadline is Oct. 1, 2003; funding is due July 1, 2004. Contact: Dr. JoAnne M. Youngblut, jpalmer@stti.iupui.edu.

American Association of Diabetes Educators One grant of up to $6,000 is given annually for research related to diabetes education and care. Submission deadline is Oct. 1, 2003; funding is due Jan. 1, 2004. Contact: Glenn Associates. Web: www.purpose.com

American Association of Diabetes Educators One grant of up to $6,000 is given annually for research related to diabetes education and care. Submission deadline is Oct. 1, 2003; funding is due Jan. 1, 2004. Contact: Glenn Associates. Web: www.purpose.com

As space permits, announcements are posted free of charge for nonprofit groups. Send information six weeks in advance to Reflections on Nursing, Fax: 317.634.8188. E-mail: jpalmer@btl.net.

Please let us know if you change your mailing address for Reflexions six months in advance to Reflections on Nursing, Fax: 317.634.8188. E-mail: jpalmer@btl.net.
Beck first nurse to direct an Alzheimer's Disease Center

Corinela Beck, RN, PhD, FAAN, professor of geriatrics, psychiatry and nursing, is director of the Alzheimer's Disease Center (ADC) at the University of Arkansas for Medical Sciences. She is the first nurse to direct an ADC. The center, one of 29 in the United States, was established in 2001 with a $4.9 million grant from the National Institute on Aging.

The center's Administrative Core, led by Beck, focuses on advancing research by encouraging interdisciplinary collaboration on critical Alzheimer's disease questions. She also serves as associate leader of the Education Core, which coordinates distribution of Alzheimer's information to professionals, patients and families, particularly those in African-American and rural communities. Beck and two University of Michigan researchers are currently investigating aggression, wandering and problematic vocalizations in nursing home residents with dementia.

The author of more than 100 publications, Beck has received many honors for her work, including the American Nurses Foundation's Distinguished Contribution to Nursing Science Award and the Doris Schwartz Geriatriaological Research Award. She chairs the National Institutes of Health Nursing Research Study Section and serves on the Medical and Scientific Advisory Council of the Alzheimer's Association.

Beck is a research associate professor at the Florida Department of Health's Bureau of STD Prevention and Control. Thelma Wells and Carol Brink have received the Doris Schwartz Geriatric Nursing Research Program Award from the Gerontological Society of America, in collaboration with the John A. Hartford Institute for Geriatric Nursing, for their joint work on urinary incontinence. Wells recently retired from the University of Wisconsin School of Nursing, where she was the Helen Demer Schulte professor of nursing. Brink is associate professor of clinical nursing at the University of Rochester School of Nursing.

Mail "Noteworthy" items to Jane Palmer, Reflections on Nursing Leadership, 50 West North St., Indianapolis, IN 46202, USA. Send e-mail to: jpalmer@btsjlni.org. Please include job title, name and location of employer, and contact information.

March 1 by 8 p.m.: February Symposium on Research Studies in Evidence-Based Practice.

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American Association of Colleges of Nursing

Building a global community: It's up to us.

Dear Collegues:

As nurses associated with the Honor Society of Nursing, Sigma Theta Tau International, you constitute a body of leaders and scholars interacting around and with the unifying trac of knowledge. You are engaged in shared activities, interests and pursuits that ultimately benefit the people you serve. For some of you, these interests lie in providing quality patient care. For others, they are found in research or educating the next generation. The commonality is that you are all building and contributing to the global nursing community through your individual expressions of nursing knowledge in action.

The responsibilities of the society and your elected board of directors in this pursuit of community building are twofold: first, to listen to what you have learned and wish to share and to understand what you need to know and experience; second, to provide, through policy and priority setting, the resources and opportunities you need to fulfill the promise of a global community. Our accountability to you in these areas has guided our deliberations, dialogue and decision making. It has led us all to the knowledge that now is the time for us to act on increasing our community-building capacity. However, to act means the rules or bylaws of our organization require adaptation.

To build community, we as an organization require increased fluidity and flexibility in our governing structure. Throughout the organization, there is desire to involve and use the diverse perspectives, talents and expertise of our membership for advising, setting priorities and implementing the work. To accomplish this, a proposed bylaw change that streamlines the organization and chapters, is before us. This amendment recommends a structure of three formal standing committees for advising, setting priorities and implementing the work.

For More Information
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Building a global community: It's up to us. Community building also requires inclusivity for those who wish to be involved with the common interest at hand. For the society, this means maintaining high standards of membership eligibility, while being attentive to global differences. The recommended bylaw adaptations clarify the language of the eligibility criteria by referring to grade point average or its equivalent when grade point averages are not available or used, and by changing references to college and university to institution of higher education. These amendments exhibit inclusivity of cultural, societal and global differences, while supporting excellence.

Community building also means entrusting elected officials with the authority to act on our behalf in all matters affecting the well-being of the community. The implication for the society is the need to grant the board of directors the authority to make incremental, restricted fee increases, based on the rate of inflation. The bylaw amendment that is recommended entrusts the board to oversee the society’s fiscal resources and to respond to economic conditions and the rising costs of doing business, while strengthening services based on the needs of a global membership.

For the society, this means affiliating and partnering with other organizations to advance our mutual purposes of knowledge development, dissemination and use. Policies and criteria for evaluating potential affiliate and partnership organizations were recently reviewed by the board. The formation of mutually beneficial collaborations with organizations not only will strengthen our common interests in nursing knowledge, it also will expand the reach of scholarship and leadership globally.

President May L. Wykle
All these issues before us are significant to our endeavor to build a global community. I encourage each of you to visit the society Web site (www.nursingsociety.org) and to do three things: 1) review the information available on the Web site about proposed bylaws changes; 2) raise your questions and get answers from your chapter leaders, regional coordinators and board of directors; and 3) make your opinions known to your chapter leaders and delegates who will be voting on your behalf at the 37th Biennial Convention in Toronto, Nov. 1-5.

STRATEGIC PLANNING

Who are you—Andy, Opie or Aunt Bea?

by Marge Pike

Many of our new and junior nurses (in practice only a few years) state that no one helps or mentors them! They feel isolated and unvalued. Senior nurses, on the other hand, those in practice for 10 or more years, relate that younger nurses are not willing to recognize and learn from their knowledge and years of experience.

At times, it is hard for junior nurses to understand that things were different in nursing, not only decades ago, but just a few years ago. It might be time to better understand what experienced nurses have accomplished. These nurses worked during wars and international conflicts, the civil rights movement, and the women's movement and have enforced. She couldn't do the things Opie's mother used to do with undergraduate and graduate degree programs.

In the end, with our due deliberation complete, it is up to us to build a global nursing community, or not.

Let's take a look at our own nursing profession. Are there times when we have young nurses feeling like Opie? No one can do things the way they want or think it should be done. The senior nurses might feel like Aunt Bea. They can't quite get the knack of "frogging and fishing," so they pack their bags and leave. There are the Andys who are caught up in the hardship of the work environment and can't figure a way to bring the Opies and Aunt Beas together.

I believe we are, at times, one of these three characters, depending on the situation. As young nurses, we hate things because it isn't what we thought it would be. The senior nurses are weary because it isn't like it used to be. Both new and experienced nurses can't understand why some nurses find it hard to learn new ways of doing things or find no value in acquired wisdom and experience. And so the challenge to us as nurses, both senior and junior, is to have the ability to peer through the window and cry out, "You can't go!" "You need us!"; or "You can't go! We need you!" We have to run down the stairs, unload the trunk and together figure out how to keep the nursing profession wise, innovative, on the cutting edge and the best it can be.

Marge Pike, RN, EdD, CPNP, former director of strategic development at Sigma Theta Tau International, is a nursing and health-care consultant.

INTERNATIONAL LEADERSHIP INSTITUTE

Twenty-three mentors and fellows gathered in Indianapolis for the 2003 Chiron Mentor-Fellow Program retreat in January. During the three-day retreat at society headquarters, participants were given time to further develop their yearlong leadership plans. For information on the 2004 Chiron program, visit www.nursingsociety.org/programs or e-mail leadership@stti.iupui.edu.

Ron Howard as Opie on "The Andy Griffith Show."
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A story was told to me the other day, and it made me think about families and community or work groups that are family to us. In these groups, I think we also have Opies, Aunt Beas and Andys.

I loved the retelling of this episode of the show! My mind began to think beyond our personal families to community or work groups that are family to us. In these groups, I think we also have Opies, Aunt Beas and Andys. Let's take a look at our own nursing profession. Are there times when we have young nurses feeling like Opie? No one can do things the way they want or think it should be done. The senior nurses might feel like Aunt Bea. They can't quite get the knack of "frogging and fishing," so they pack their bags and leave. There are the Andys who are caught up in the hardship of the work environment and can't figure a way to bring the Opies and Aunt Beas together.

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Building community through consortia

by Maureen Curtis Cooper

The five chapters comprising the Arizona Research Consortium (Beta Mu, Beta Upsilon, Lambda Omicron, Nu Upsilon and Omicron Delta) initiated their partnership in the fall of 1998, says Brenda Morris. In 2000 and 2002, they joined forces and sponsored a two-day research conference. Following a constituent survey, plans are underway for a one-day conference in 2004. Morris reports that in the five years of the consortium’s existence: “We have formed strong collegial friendships with our sister chapters. We have also established a biennial tradition that each of the chapters looks forward to participating in.”

The Southern Ohio and Northern Kentucky Consortium (SONK) is one of the society’s newest consortia. Zeta Phi, Omicron Omicron, Rho Theta and Beta Iota joined forces after the June 2002 Chapter Leader Academy. SONK Consortium chair Donna Mills Curry says, “We are planning a half-day conference for May 16, 2003, featuring Dr. Dan Pesut as our guest speaker. The program will be on clinical reasoning.”

Maryanne Kirkbride, chair of the new Baystate Consortium, reports that six eastern Massachusetts chapters ( Theta-at-Large, Alpha Chi, Theta Alpha, Theta Kappa, Epsilon Beta and Pi Epsilon-at-Large) have joined on, and several other chapters are interested. The mission of this consortium is “to engage local chapters in collaborative educational or research activities that will improve each chapter’s ability to meet member needs and to promote and support the mission of Sigma Theta Tau International.” Plans presently in place for the Baystate Consortium are to: 1) participate in Alpha Chi Research Day in May 2003; 2) develop Web pages and to announce the birth of the consortium; 3) create a nurse-to-nurse forum to facilitate linkages among colleagues with shared interests relative to research; and 4) conduct recruitment and educational activities.

“While individual chapters enrich our nursing community,” says Kirkbride, “a consortium of those chapters will improve the efficiency and effectiveness of each chapter in reaching its goals.”

As consortia are developed and strengthened, the experiences and opportunities provided to chapter members are enriched.

Maureen Curtis Cooper, RN, BSN, CEN, is Region 15 coordinator and a member of the Regional Chapters Coordinating Committee.

Record number of abstracts for Toronto

More than 1,000 abstracts were submitted for the 37th Biennial Convention to be held in Toronto, Ontario, Canada. Nurses around the world submitted abstracts for presentation on clinical, scientific and leadership session days, as well as for creative and expressive arts for The HEART of Nursing. Abstract topics focused on a variety of issues, from disaster nursing and evidence-based practice to career development, mentoring and the latest nursing research. The 37th Biennial Convention will be held Nov. 1-5, 2003, at the Sheraton Centre Toronto. Online registration and convention information is available at www.nursingsociety.org.

REFERENCES

STILL OPENING DOORS


CONSPIRACY OF SILENCE


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These self-study, interactive offerings are written by nurse experts, peer-reviewed, beta-tested and linked to the Web for additional resources and research. Successful completion of each activity qualifies the learner for continuing education contact hours. Although these educational activities are available to nurses via the Web for individual use, group rates are available to institutions and agencies wishing to purchase packages of distance learning activities.
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Judith Bond Johnson ----- Susan B. Baird ------ Laura J. Hilderley

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