

UNIVERSITY OF KENTUCKY  
COLLEGE OF NURSING

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UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

# Opportunities

Opportunities OPPORTUNITIES OPPORTUNITIES

## OPPORTUNITIES/Fall 2012

OPPORTUNITIES Opportunities



## Celebrating OUR Leadership



One of the outstanding characteristics of the nursing profession is **the ability to elegantly dance while leading and following**. Both of these characteristics are required in today's health care environment and in nursing education as we are faced with increased financial pressures and a strong ethic of providing high-quality, safe care. Throughout our history, leadership has been, and continues to be, a core value of the University of Kentucky College of Nursing academic programs. Our alumni understand the importance of collaboration and teamwork and do not shy away from leading to accomplish the "work" of nursing.

We are very proud to showcase alumni from our MSN Program in this issue of Opportunities. At our May 2012 Hooding Ceremony the 1,562nd MSN alumni walked across the stage. In addition, Dr. Ta'Neka Cle'Shae Vaden was hooded as the 50th graduate of our DNP Program and Dr. Kyoung Suk Lee was hooded as our 100th graduate of our PhD Program. These milestones were a wonderful way to conclude our celebration of the 10th anniversary of the DNP Program and 25th anniversary of the PhD Program and to also send out our heartfelt appreciation to our MSN alumni—thanks to all of you for truly making a difference in health care.

The college's nursing faculty continually lead in curricular innovation, enhancing evidence-based practice, generating new knowledge, and providing service to the Commonwealth, nation and profession. The University of Kentucky is in the forefront of the evolving national movement to assure that all health professions students participate in interprofessional education. In partnership with the Colleges of Communication and Information, Dentistry, Health Sciences, Law, Medicine, Pharmacy, Public Health, and Social Work, College of Nursing faculty and students are engaged in a number of exciting interprofessional initiatives to build their knowledge and skills in teamwork. Faculty from across the university are engaged in an array of interprofessional education development activities to further develop their own knowledge and skills in teamwork, demonstrating the importance of lifelong learning for all health professionals.

**So to each of you who dance the dance of leading and following, thank you for all you do. We are very proud to say that you are an alumnus of the University of Kentucky College of Nursing. See Blue!**

Jane Marie Kirschling, DNS, RN, FAAN  
Dean and Professor  
President, American Association of Colleges of Nursing

## Opportunities OPPORTUNITIES OPPORTUNITIES Opportunities

### Dean

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The University of Kentucky is committed to a policy of providing opportunities to people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.

### College of Nursing and other UK alumni who contributed to this issue:

James Ballard (MA 1998, College of Education, Educational Psychology)  
Aaron Cox (BA 2003, College of Arts and Sciences, Department of Psychology; BSN 2011)  
Lois A. Davis (MSN 1996)  
Jane Hammons (BSN 2011)  
Patricia B. Howard (MSN 1980, PhD 1992)  
Lynne Jensen (PhD 2007)  
Jeffery Scott Johnson (MSN 2001)  
Ramona Johnson (MSN 1980)  
Donald D. Kautz (MSN 1985)  
Gina Lowry (MSN 1999, PhD 2007)  
Elizabeth Martin (BA 1991, College of Communication and Information; BSN 2011)  
Andrea Pfeifle (EdD 2007, College of Education)  
Kevin Pinto (MS 2009, Medical Sciences, UK Graduate School, Department of Microbiology; BSN 2012)  
Deborah Reed (BSN 1974, MSN 1992; MSPH 1993, College of Public Health; PhD 1996)  
Colleen Swartz (BSN 1987, MBA 2002, DNP 2011)  
Marilyn Swinford (BSN 1983)  
Darlene Welsh (BSN 1987, MSN 1989; PhD 2006, College of Education, Educational Psychology)  
Jane Younger (MSN 1973)

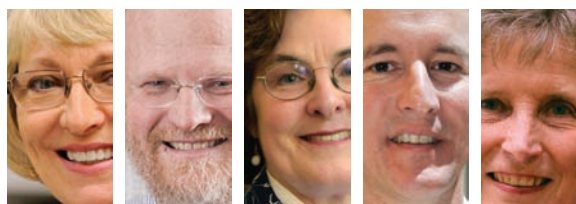


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Intersections of Interprofessional Care

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The Changing Face of Nursing



*page* **22** **Practice**

Doing So Much for So Many

*page* **28** **Research**

Nursing Research at UK— Real Problems. Real Solutions.



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# *It's a great time to be a Wildcat...*



With so many exciting things happening at the University of Kentucky, it's important to have a reliable source of information so you don't miss a thing. Membership in the UK Alumni Association is the best way for you to stay connected and up-to-date with the latest news from the University of Kentucky and the College of Nursing!

Education-related expenses are rising, but your UK Alumni Association membership dues help support scholarships that benefit future generations of UK nursing students. Additionally, membership dues allow other programs and services to be available to the university community and alumni.

That's not all — membership benefits you, too! As a member, you have access to exclusive benefits such as staying connected with fellow alumni through

our online community, a subscription to Kentucky Alumni magazine, access to valuable career services, the Member Discount Program, limited athletic ticket opportunities and much more! Joining is easy — visit our website at [www.ukalumni.net/join](http://www.ukalumni.net/join), or call 859-257-8905 or 1-800-269-ALUM.

**UK**  
UNIVERSITY OF  
**KENTUCKY**  
Alumni Association

### Cognitive Therapy for Depressive Symptoms in Hospitalized Patients with Heart Failure

**Rebecca Dekker, assistant professor**, received a \$355,552 grant from the National Institute of Nursing Research. As part of this grant, Dr. Dekker will complete a randomized, controlled pilot study, which will test the feasibility and efficacy of nurse-delivered cognitive therapy for depressive symptoms in patients who are hospitalized with heart failure. The intervention is an innovative, streamlined approach to cognitive therapy consisting of one brief 30-minute session initiated in-person during hospitalization and four 30-minute sessions delivered via phone after discharge.

### Nutrition Intervention to Reduce Symptoms in Patients with Advanced Heart Failure

**Terry Lennie, professor and associate dean for PhD Studies**, received a \$1,596,473 grant from the National Institute of Nursing Research aimed at improving symptoms and quality of life in patients with advanced heart failure through a low-cost, easily administered intervention of dietary sodium restriction coupled with lycopene and omega-3 fatty acid supplementation. The knowledge to be gained by defining the role of dietary interventions in heart failure is invaluable and will pave the way for future research in this area.

### Southeast Center for Agricultural Health and Injury Prevention: Nurses Utilizing Research, Service and Education in Applied Practice (NURSE-AP)

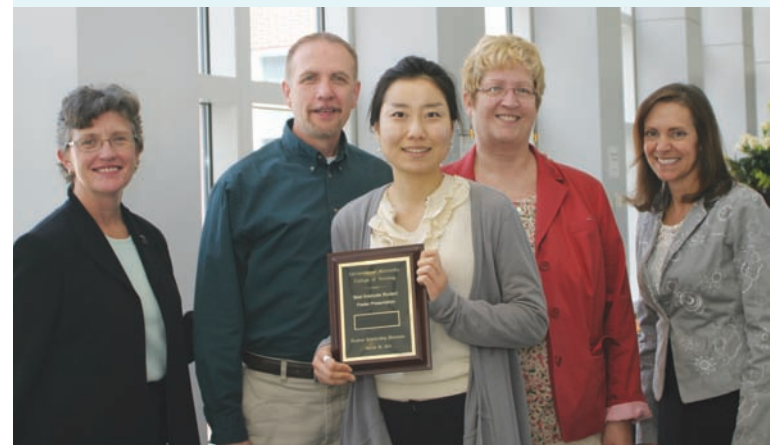
As part of the University of Kentucky's Southeast Center for Agricultural Health and Injury Prevention, **Professor Deborah Reed** received \$500,133 from the National Institute of Occupational Safety and Health. This funding will support the development and electronic distribution of the latest agricultural health and safety research to clinically based nurses and support new nurse-led research initiatives.

### Effects of Family Sodium Watcher Program on Outcomes in Heart Failure Patient-Family Caregiver Dyads

**Associate Professor Misook Chung** received a \$20,000 University of Kentucky Research Support Grant to test the effect of an intervention for self-management of a sodium-restricted diet (Family Sodium Watcher Program) on adherence and quality of life in patients with heart failure and their family caregivers.

### STUDENT SCHOLARSHIP SHOWCASE: *Best Graduate Poster Presentation*

KYOUNG SUK LEE



Left to right: Dean **Jane Kirschling**, Associate Dean for PhD Studies **Terry Lennie**, **Kyoung Suk Lee**, Professor **Debra Moser** and **Mrs. Barbara Teague**, a college donor who supports the Student Scholarship Showcase.

### Central Appalachian Regional Education Research Center

**Deborah Reed, professor, is collaborating with Wayne Sanderson (PI), professor and chair of the Epidemiology Department in the College of Public Health**, on a grant, "Central Appalachian Regional Education Research Center," funded for \$600,000 by the National Institute for Occupational Safety and Health (NIOSH). Dr. Reed directs the Occupational and Environmental Health Nurse PhD training program for the center. This training will prepare new nurse researchers and faculty to address the needs of workers in all occupations, with specific focus on occupations common in Appalachia—such as mining, rural health care providers, agriculture and forestry. Working with faculty in the College of Nursing, PhD nursing students will be immersed in cutting-edge research that will position them to make outstanding contributions to the health and safety of workers in Appalachia and beyond.

### 2011-2012 College of Nursing Student Awards

College of Nursing Alumni  
Association Presidential Award

**RECIPIENT: Rebecca Moore**

Carolyn A. Williams Award

**RECIPIENT: Kyoung Suk Lee**

Sebastian-Stanhope Award

**RECIPIENT: Joanne Brown**

College of Nursing Alumni  
Association Nightingale Award

**RECIPIENT: Kevin Pinto**

College of Nursing Faculty Award

**RECIPIENT: Kristyn Mickley**

Central Baptist Hospital Nursing  
Leadership Award

**RECIPIENT: Jennifer Graehler Parker**

Helene Fuld Health Trust Scholarship  
for Baccalaureate Nursing Students,  
Foundation of the National Student  
Nurses' Association (2012)

**RECIPIENT: Whitney Jones**

Student Poster, Southern Nursing  
Research Society, Second Place (2012)

**RECIPIENT: Viktoria Melnyk**

Robert A. Clay Resident Advisor  
Scholarship, Office of Residence Life,  
University of Kentucky Honors and  
Recognition (2012)

**RECIPIENT: Alison Southworth**

### 2012 College of Nursing Student Scholarship Showcase Awards

Best Undergraduate Student Oral  
Presentation

**RECIPIENT: Viktoria Melnyk**

Best Graduate Student Oral Presentation

**RECIPIENT: Jennifer Miller**

Best Undergraduate Poster Presentation

**RECIPIENT: Stephanie Kehler**

Best Graduate Poster Presentation

**RECIPIENT: Kyoung Suk Lee**

### 2012 College of Nursing Annual Award Recipients

Employee of the Year Award

**RECIPIENT: Tony Liquori-Grace**

Excellence in Undergraduate  
Precepting Award

**RECIPIENT: Micah Douglas**

Excellence in Graduate  
Clinical Precepting Award

**RECIPIENT: Martha Biddle**

Excellence in Graduate Teaching Award

**RECIPIENT: Kittye Roberts**

Excellence in Part-Time Teaching Award

**RECIPIENT: Cheryl Witt**

Excellence in Undergraduate  
Unit/Agency Award

**RECIPIENT: Albert B. Chandler Hospital,  
Fifth Floor**

Gloe L. Bertram Award

**RECIPIENT: Margaret "Peggy" Hickman**

Louise J. Zegeer Award

**RECIPIENT: Jessica Wilson**

Teaching Excellence in Support  
of Professional Nursing

**RECIPIENT: Tammy Stephenson**

Excellence in Service Award

**RECIPIENT: Suzanne Prevost**

Dean's Award

**RECIPIENT: Provost Kumble Subbaswamy**

### 2012 Delta Psi Award Recipients

SPRING ACHIEVEMENT AWARDS

Beatrice Hood Award for  
Excellence in Nursing Practice  
**RECIPIENT: Leslie Scott**

Carolyn A. Williams Award  
for Excellence in Nursing Research

**RECIPIENT: Jenna Hatcher-Keller**

SCHOLARSHIP FUNDING

Scholarship

**RECIPIENT: Tiffany Kelly**

Professional Development

**RECIPIENT: Demetrius Abshire**

Research

**RECIPIENT: Roxanne Bowman**

### 2011-2012 Other College of Nursing Special Distinctions

**Jane Kirschling, dean**, began serving  
a two-year term as president of the  
American Association of Colleges of  
Nursing (AACN) in March 2012.

### 2011-2012 Other Faculty and Staff Awards

Cardiovascular Disease Prevention  
Graduation Award, Preventive  
Cardiovascular Nurses Association (2012)

**RECIPIENT: Martha Biddle**

Distinguished Researcher Award,  
Southern Nursing Research Society (2012)

**RECIPIENT: Debra Moser**

Exemplary Project Award to the Clean  
Indoor Air Initiative, Association of Public  
and Land-Grant Universities (2011)

**RECIPIENT: Ellen Hahn**

Great Teacher Award, University of  
Kentucky Alumni Association (2012)

**RECIPIENT: Kristin Ashford**

Inducted as a Fellow in the American  
Academy of Nursing (2011)

**RECIPIENT: Ellen Hahn**

Pearl McIver Award, American Nurses  
Association (2012)

**RECIPIENT: Marcia Stanhope**

Provost's Public Scholar Award, University  
of Kentucky (2012)

**RECIPIENT: Ellen Hahn**

# Award Recipient GALLERY



1/ Distinguished Researcher Award, Southern Nursing Research Society: **Debra Moser**; 2/ Pearl McIver Award, American Nurses Association: **Marcia Stanhope**; 3/ Great Teacher Award, UK Alumni Association: **Kristin Ashford**; 4/ Employee of the Year Award: **Tony Liquori-Grace**, with **Dean Jane Kirschling**; 5/ 30 Years of Service: **Karen Minton** and **Joanne Davis**; 6/ Excellence in Undergraduate Unit/Agency Award: Albert B. Chandler Hospital Fifth Floor, with **Senior Nurse Administrator Kathleen Kopser** (center) and **Chief Nurse Executive Colleen Swartz** (third from right); 7/ Dean's Award: **Provost Kumble Subbaswamy**, with **Associate Dean for Undergraduate Studies Patricia Burkhart** (third from left) and May 2012 Class President **Kristyn Mickley** (last on right); 8/ Exemplary Project Award to the Clean Indoor Air Initiative, Association of Public and Land-Grant Universities: **Ellen Hahn**, with **Associate Provost for University Engagement Philip Greasley**.

# PROFILES

FACULTY

## Faculty & Staff Appointments & Transitions

### Administrative Appointment



**Thomas Kelly**  
Thomas Kelly, PhD, has been appointed as associate dean for research for the college. Dr. Kelly joined the UK faculty in 1992

after completing his PhD in experimental psychology/behavioral pharmacology at the University of Minnesota and a post-doctoral fellowship in human behavioral pharmacology.

He is a professor in the College of Medicine, Department of Behavioral Science and has joint appointments in Psychology and Psychiatry. He is an associate in the Multidisciplinary Graduate Program in Nutritional Science and the Multidisciplinary Research Center on Drug and Alcohol Abuse.

Dr. Kelly serves as a grant reviewer for the Veterans Administration and National Institutes of Health, as well as director of Education, Training and Career Development for UK's Center for Clinical and Translational Science.

His clinical research, which focuses on drug abuse vulnerability, treatment and prevention, has been funded by the NIH National Institute for Drug Abuse. He has extensive peer-reviewed publications and presentations.

### Faculty Appointments



**Jennifer Dent**  
Jennifer Dent, MSN, RN, received her BSN from UK and her MSN from Eastern Kentucky University, with a specialty in rural

public health nursing education. She joined

the college in the fall of 2012 as a lecturer specializing in patient simulation education.

She was previously an instructor at Maysville Community and Technical College. She practices as a labor, delivery and ante-partum unit nurse at Central Baptist Hospital in Lexington.



**Paula Halcomb**  
Paula Halcomb, MSN, RN, joined the college in the fall of 2012 as a lecturer in the undergraduate program. She earned

both her BSN and MSN degrees from UK, where her master's specialty concentrated on nursing education in critical care areas and management in critical care settings. She is currently a student in the DNP Program, focusing on organizational and systems management.

Previously, she was a patient care manager in radiology at UK's Albert B. Chandler Hospital and has also served as a performance improvement coordinator at Central Baptist Hospital in Lexington.



**Laura Schrader**  
Laura Schrader, MSN, RN, APRN, joined the college in the fall of 2012 as a lecturer for the undergraduate program. Her

extensive advanced practice experience includes working for two hand care specialty practices and in a UK pre-operative clinic. She also worked for several years as a staff nurse in the Level I Trauma ICU at UK's Albert B. Chandler Hospital. She earned both her BSN and MSN degrees at UK.

### Faculty Transitions



**Jenna Hatcher-Keller**  
Jenna Hatcher-Keller, PhD, MPH, RN, has been promoted to associate professor with tenure. She received her PhD from the College of Nursing in

2006 and was awarded a master's degree from the College of Public Health in May 2012.

Dr. Hatcher-Keller's research focuses on cancer health disparities. She is currently the principal investigator of a National Cancer Institute-funded career development award titled, "Promoting Mammography in African-American Women Visiting the Emergency Department."

She also collaborates with a team of cancer control and prevention scientists to conduct research with Appalachian populations.

Dr. Hatcher-Keller teaches philosophy of science to doctoral students in the College of Nursing and advises and serves on the doctoral committees of several students. She is a founding member and corresponding secretary of the Lexington Chapter of the National Black Nurses Association.



**Nancy Kloha**  
Nancy Kloha, DNP, RN, APRN, FNP-BC, has been promoted to assistant clinical professor. Since 1996, Dr. Kloha has had a clinical teaching role

for the college's Family Nurse Practitioner Track. Her current clinical practice is with the Lawrence County Health Department, where she does family planning services and provides a school-based clinic at Lawrence County High School. She was awarded her DNP from UK in 2011.



# PROMOTIONS

## Staff Appointments

FACULTY



**Wanda Lovitz**  
Wanda Lovitz, MSN, RN, APRN, has been promoted to senior lecturer with the college. She is a certified family nurse practitioner

and clinical specialist in medical-surgical nursing. Mrs. Lovitz is a lecturer and clinical instructor in the undergraduate program and also assists with the graduate advanced health assessment course.



**Margaret "Peggy" Hickman**  
Margaret "Peggy" Hickman, EdD, RN, CCD, associate professor, community health nurse specialist

and certified community development specialist, retired from the University of Kentucky College of Nursing in June 2012 after 22 years of service. She taught in both the undergraduate and graduate programs and served on several DNP capstone, PhD dissertation and master's thesis committees.

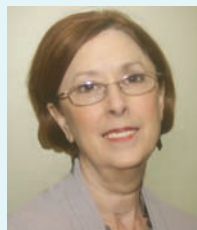
Dr. Hickman is a member of the Kentucky Public Health Association, the Kentucky Rural Health Association, and the American Public Health Association, among numerous other organizations. Hickman has published, presented and consulted heavily over the course of her career on community health issues.



**Marcia Stanhope**  
Marcia Stanhope, DSN, RN, FAAN, professor and Good Samaritan Endowed Chair in Community Health, retired from UK

in June 2012 after 30 years of service. Over the course of her career at UK, she served in several roles, including director of the DNP Program, associate dean, director of the Good Samaritan Nurse-Managed Center, and division director of community health nursing.

Dr. Stanhope's areas of research included community health and administration, nurse-managed care, home health and nurse productivity. She was involved in the expansion of services for the homeless in Lexington, and along with colleagues, was awarded a contract by the Department for Health and Human Services Division of Nursing to develop a nurse-managed clinic that continues to serve homeless men today. She was also involved in the development of clinic services for homeless women. Her involvement in public health policy led to an appointment to the Governor's Task Force for Health Care Reform in 1992.

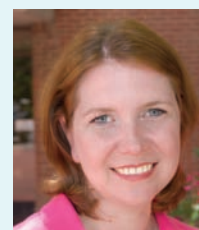


**Kathleen Wagner**  
Kathleen Wagner, EdD, RN, lecturer, retired in June 2012 after nearly 23 years of service. She earned her BSN, MSN and EdD degrees from UK.

The general focus of her doctorate was case method instruction to enhance cognitive flexibility and learning transfer in undergraduate nursing students, which led to her role as an education consultant for the undergraduate program at the college. She was course coordinator and a classroom instructor for the undergraduate high-acuity course and pathopharmacology.

Dr. Wagner is lead author and a major contributor to a nursing textbook, *High-Acuity Nursing*, now in its fifth edition, which was selected as the American Journal of Nursing Book of the Year in 1998 and again in 2010.

## Staff Appointments



**Tricia MacCallum**  
Tricia MacCallum joined the college in December 2011 as the continuing education coordinator. Prior

to this position, she was a nursing CE coordinator for employee education for Deaconess Health System in Evansville, Ind., and also served as a principal trainer for health information management in clinical informatics for the organization's conversion to electronic medical records. She has a BA in economics from Western Kentucky University.



**Allison Hehemann**  
Allison Hehemann, who joined the college in August 2011, is the administrative support associate for Dr. Suzanne

Prevost, associate dean for practice and engagement, and Aimeé Baston, director of alumni affairs and development. Prior to this position, she was with the College of Engineering's Institute of Research for Technology Development. She has a BS in computer science, specializing in software programming and website development. She's been at the university since 2005.



**Jason Harris**  
Jason Harris joined the college in April 2012 as the new IT director. Before coming to UK, he was senior operations manager for Netgain

Technologies in Lexington. Prior to his work with Netgain he was an information systems specialist with Toyota Motor Manufacturing in Georgetown, Ky., where he supported server and network infrastructure.



## Unleashing the Full Potential of Our Kentucky Promise

**Kristyn Mickley and Kevin Pinto**, graduating seniors; **Jenna Buchanan**, graduating BSN-DNP student; and **Joy Coles**, second-semester sophomore Second Degree Option student, met with **UK President Eli Capilouto** near his office recently.

Over the past 14 months, I have had the privilege of working alongside many of the brightest minds who are among our faculty, researchers and clinicians; an enthusiastic student body poised for greatness beyond graduation; and a supportive cadre of staff who represent our university with distinction.

Chief among them is the dean of the College of Nursing, Dr. Jane Kirschling. Because of her unparalleled leadership and recognition from her peers, Dean Kirschling is currently serving a two-year term as president of the American Association of Colleges of Nursing. She is among the best examples of the high-caliber leadership represented at the University of Kentucky, and we are fortunate to count her among the UK family.

Since I arrived on campus, I've had the great fortune of traveling across the Commonwealth of Kentucky meeting with interested friends and supporters of the university; across campus, I've engaged in conversations with faculty, staff and students; and I've been fortunate enough to meet members of the UK family throughout the country.

At each encounter, I've been warmly embraced by the grace of the Big Blue Nation and have been emboldened by their vigor for our shared "Kentucky Promise." An idea forged nearly 150 years ago, we know that a public flagship and land-grant, research university can be a catalyst, through education, research and service, for building a bright future for our state. Each day, we find new ways to fulfill that promise.

The University of Kentucky's student population is larger, more diverse and more academically prepared than ever before. We have received a record number of high-quality applicants, yielding our highest enrollment to date. This, coupled with high retention rates, strong participation in undergraduate research, and robust graduation rates, make for a rich academic environment.

Our research enterprise continues to grow with more than \$350 million in research expenditures targeting Kentucky's pervasive problems: cancer, diabetes and heart disease, to name a few. Last year, UK was awarded the

prestigious Clinical Translational Sciences Award (CTSA) from the National Institutes of Health to support the practical application of research conducted in our labs. With this award, UK joins a distinguished group of 60 institutions nationwide and stands as the only CTSA in the Commonwealth of Kentucky.

Our land-grant mission is the cornerstone of our institution's identity. The College of Agriculture's Cooperative Extension Service continues to provide valuable resources and education to communities in each of Kentucky's 120 counties. Departments and colleges across the university have taken note and are finding new ways to serve constituents across the state, country and world.

Under the leadership of Dr. Ellen Hahn, the Kentucky Center for Smoke-Free Policy continues to thrive in its effort to promote comprehensive smoking cessation and tobacco health policies on campus and across the state. The recent Smoke-Free State Conference was a resounding success, and I was proud to see so many of our unsung heroes honored.

At the end of the spring semester, the College of Nursing, in collaboration with the College of Pharmacy, Student Health Advisory Council and University Health Service, held the second annual UK Kicks Butts, an event to bring awareness to the impact of tobacco on the lives of Kentuckians. Organizers and volunteers distributed 2,600 Tobacco-Free Campus Reminder Cards in three hours and had a wonderful response from students.

Nursing faculty and students are involved in UK's Center for Interprofessional Healthcare Education, Research and Practice with the goal of preparing future health care professionals to provide high-quality, team-based care. Health professions students enrolled in the Deans' Interprofessional Honors Colloquium immerse themselves in a focused topic area and develop team-based recommendations for improving the care that is provided.

These stories exemplify the soul of the University and our commitment to this institution's promise to Kentucky. They challenge us to meet the demands of the present and build a bright beacon for Kentucky's future. They underscore the sense of urgency with which we must undertake these considerable measures.

We have incredible talent at the University of Kentucky, and we must build upon past success to enhance the value of our work, recruit the best and brightest students and lead the Commonwealth into a 21st century economy. With these goals as our guide, we have set forth on an ambitious plan to renew our Kentucky Promise.

We have crafted a "students first" agenda that enhances our undergraduate programs and prepares students to compete and contribute in a 21st century global marketplace of ideas, commerce and culture. We are enhancing programs that build upon our innovative UKCore curriculum and expose our students to multiple disciplines and areas of study, so that they leave our university prepared to lead lives of leadership, meaning and purpose.

We are in the process of expanding and developing a larger honors program for students from Kentucky and beyond — creating a close-knit academic community with the resources of a modern research university. To bolster our efforts, we must increase our merit-based scholarships: the Singletary Scholarship, the President's Scholarship and the Provost's Scholarship.

Additionally, we recently broke ground on a new residence hall for our undergraduate students. In nearly a year's time, the new facility will come online with 600 modern beds, cutting-edge technology and the amenities students need to succeed.

The new facility is the first phase of a multi-year process to revitalize our campus core. We have partnered with EdR, a national operator and developer of collegiate housing, to construct up to 9,000 modern beds on campus over the next several years. The new residence facilities will house communities where students can live and learn collaboratively, sharing their college experiences in ways that spark creativity and stir the soul.

The structure of our innovative public/private partnership will allow us to devote university resources toward rebuilding our academic core and research facilities. We have 21st century faculty and researchers who work, too often, in 19th century facilities. Over the next several years, we will focus on remedying this, so that they can work more effectively and efficiently in making the next great discovery.

We've engaged in this agenda because these facilities transform the way we educate and prepare students to succeed in life beyond college. Our partnership will yield a model campus for our students, faculty and staff as part of our university-wide effort to restore our physical plant to the standards expected of a flagship university — the standards required to meet the needs of our constituents and our state.

Additionally, we are examining our operations systems and administrative structure. We're undertaking an effort to build new reward processes and create a new financial system of accountability. Over the next year, we will also examine our research portfolio and prepare an agenda for increasing high-quality research at the University of Kentucky.

It is an ambitious effort, but we must do what is necessary so that we can achieve what is great and what is expected of us as the Commonwealth's beacon. The university community is deeply engaged in the effort and committed to our path. Together, we are writing the next great chapter in the history of Kentucky's flagship university.

Sincerely,



Eli Capilouto  
President

WRITTEN BY:  
Anne Sabatino Hardy

PHOTOGRAPHS BY:  
Lee Thomas

Health Sciences  
**NURSING**  
MEDICINE  
COMMUNICATION

SOCIAL WORK

# INTERSECTIONS

## OF Interprofessional Care

“Interprofessional education is critically important, and the most important reason is higher quality of patient care,” says Patricia Burkhart, PhD, RN, associate dean for undergraduate studies and associate professor in the College of Nursing. “When we learn with, from and about each other, we can have a synergistic effect in terms of the contribution to the health care enterprise. If there is a contribution from medicine, social work, nursing and others, there is a collaborative approach to patient care for improving outcomes. Rather than fragmented patient care, it’s team-based care.”

“To function as a team, you have to  
**RESPECT** each other; you have to  
**TRUST** each other. For that to happen you  
have to know something about each other.”



Health care has dabbled with interprofessionalism in the past with compartmentalized efforts in specialized areas such as geriatric or palliative care, but new health care legislation, widely available quality information, and a commitment to outcomes-based practices have given new life to the interprofessional approach across the board—and it starts with education.

“There is a national movement to advance interprofessional education for health professionals so they are better prepared for practice that provides care within teams,” says Jane Kirschling, DNS, RN, FAAN, dean and professor of the College of Nursing. “There’s a sharp focus on quality and safety in health care and, increasingly, in order to provide safe, quality care, you need team members to be working together to optimize the outcome for the patient.

“By developing the Center for Interprofessional Education, Research and Practice (IPE), the University of Kentucky is drawing on some of its greatest strengths to educate health care professionals on an advanced level,” says Dr. Kirschling.

In 2009, the center was approved by the UK Board of Trustees. What started as a discussion group reviewing opportunities to partner on research and education across different health care colleges later became an interprofessional working group, and eventually took on its full form as the center—the hub for introducing and advancing interprofessional education and extracurricular opportunities for students in the health professions colleges.

Andrea Pfeifle, EdD, PT, is the director of the center.

“The center started as a small group of committed faculty who were getting together regularly to discuss what they had in common across the colleges,” she says. “I was lucky enough to be invited to be a part of those early conversations, which naturally focused on teaching our students how to work together.”

Dr. Pfeifle credits the success of the effort to bring IPE to UK to the deans, faculty, staff and students across the various health professions colleges, and to UK HealthCare leadership, who are also interested in the center’s success.

“Dean Kirschling, for example, has been at the table from the very beginning,” Dr. Pfeifle says. “She is constantly looking for ways to support the work we are doing by enabling College of Nursing faculty and students to participate in interprofessional education, research and practice.”

Dr. Pfeifle now works full time coordinating curricular and extracurricular opportunities for interprofessional education around campus, particularly the nine constituent colleges.

Speaking to the importance of educating students with interprofessional opportunities, Dr. Pfeifle’s partner at the center, Jim Ballard, MS, BA, says quality and safety can be improved when teams are prepared to work together.

“With the aging of Americans and the various medical complications and the complexity of the cases people are seeing now, it really takes a team to understand everything that is going on with patients,” he says. “You need people with expertise in physical assessment and pharmacology, in addition to expertise in the socio-cultural and bio-psychosocial sides of it. It’s more information than any one person or any one profession can have. It’s treating the whole person.”

Mr. Ballard cites several early-2000s reports, such as “To Err is Human: Building a Safer Health System,” from the Institute of Medicine (IOM), that called for unification of a fragmented health care system to address preventable medical errors, and acknowledges an increasingly complex patient.

“That’s the health care side,” he says. “Now on the educational side, what we were doing was teaching students in silos and then expecting them to spontaneously combust into an interprofessional team once they went into practice. It’s unrealistic to think that’s going to happen. To function as a team, you have to respect each other; you have to trust each other. For that to happen you have to know something about each other.”

“It takes time to transform the culture of health care, and we’ve come a long way in the decade or so since the IOM issued the reports on quality and safety,” says Dr. Kirschling. “We still have more work to do, and it requires that we be purposeful in our education as well as our expectations and retraining of the existing workforce.”

“There’s a sharp focus on **QUALITY** and **SAFETY** in health care and, increasingly, in order to provide safe, quality care, you need team members to be working together to optimize the outcome for the patient.”



## EDUCATIONAL EXCHANGE

Realizing the necessity of developing a specific plan and program for a complicated educational goal, stakeholders in the colleges of Communication and Information, Dentistry, Health Sciences, Law, Medicine, Nursing, Pharmacy, Public Health and Social Work gathered to define concepts that would pave the way for IPE at UK.

“We all knew the work we were doing was really important, but we had nothing specific that pulled all the students together from the various health colleges,” Dr. Pfeifle says. “Essentially the deans of the health professions colleges asked us to create a course and so we did. A group of people from each of the health professions colleges got together and figured out how to work around the challenges of offering a course to students coming from multiple

professional education programs, like scheduling and being at different places in their understanding of health care. It took some time, but this was a very committed and creative group of people.”

The Deans’ Interprofessional Honors Colloquium was the first formal offering in the 2009-2010 academic year. A specialized opportunity designed for a select group of high-performing students from each of the health professions colleges—as well as others, such as law, social work or communications—the experience organizes students into interprofessional groups and presents them with a particular health care challenge, such as childhood obesity, HIV/AIDS or abuse and neglect, through seminars with experts in various fields and real patients.

The students are given baseline instruction on interprofessional team building, communication and collaboration, ethics and values related to interprofessional practice, and attend the seminars together in their groups. Through their discussions and the formulation of a group project—which is developed to address the topic of the colloquium—students are afforded the opportunity to learn their colleagues’ strengths, as well as their own, and more clearly define areas of expertise, rather than relying on dated stereotypes about each other’s roles.



## CHALLENGES OF CHANGE

Another interprofessional exercise is a shadowing experience that also helps defeat preconceived notions about practice areas.

“We assign the students to an experience with a professional outside their own profession — the medical student with a nurse practitioner, a nursing student with a social worker. And they gain such an appreciation for what their colleagues do in their work and what their knowledge base is,” Dr. Burkhart says. “That’s really important because you can say we’ve always been interprofessional, with nursing students working alongside medical students, but this is a deliberate effort for health care professionals to learn with, from and about each other. Students write a reflective paper about their experience, and they are bursting at the seams to talk about what they learned from the experience — and this was with a colleague we thought they knew about.”

With these efforts, UK joined the ranks of other major academic medical centers leading the prioritization of education for a new standard of care. In addition to the presence of faculty committed to retooling some elements of traditional health care education, the university is particularly well-equipped to provide this type of experience, featuring all the health profession colleges on the same campus, in close proximity to one another and the university’s academic health center.

“Academic health centers or academic medical centers in the country are probably the ones that really have what is required for comprehensive IPE training. We’re there with the 10 or so that have been at this work for a long time, though we’re still very much in early adoption,” Dr. Kirschling says. “The fact is that the colleges unto themselves have excellent programs, but when you take those and you leverage them across the board, you are educating that next group of health care providers for the Commonwealth and the nation. You are jump starting their ability to work as effectively as possible to meet the needs of patients and their families. That’s a pretty phenomenal resource.

“I’m proud that the university, through the leadership of former President Todd and the former provost, Dr. Kumble Subbaswamy, and Vice President for Health Affairs Dr. Michael Karpf recognized the importance of this collaboration and how we were uniquely positioned within the Commonwealth to do this work. Their investment in the center is a very clear demonstration that this is important work,” says Dr. Kirschling.

Dr. Kirschling demonstrated her commitment and elevated the university’s IPE efforts not only through her support of the pioneering program locally, but also in her participation as a representative of the American Association of Colleges of Nursing on a national panel of experts to develop core competencies for interprofessional collaborative practice, through the Interprofessional Education Collaborative in 2011.

Building on existing competencies, standards and models, the work group developed these competencies to be applicable across all health care professions with the goal of improving patient care.

Despite efforts to increase proliferation of interprofessional education and practice, challenges remain.

One of the greatest barriers to interprofessionalism is older methods and standards that encouraged a silo approach in planning for practice and education.

“For example, if we’re going to plan a course and invite pharmacy and medicine, we could worry that the focus will be more on pharmacy and medicine than on nursing,” Dr. Burkhart says. “The truth of the matter is, the central focus is the patient. And when it comes to the patient, there isn’t any territory there; it’s the health care team treating the whole patient. That’s the common ground.

“I think we’ve been very successful at doing this,” she says. “For the past several years, we have been bringing to the table an interprofessional team that is fully supportive of interprofessional work; you can see that the silos are definitely fading here.”

Students in the health professions colleges are being trained to be leaders in health care and in interprofessional teams, but the definitions of leadership are being adjusted to focus specifically on patient care and outcomes.

“Students really need to understand that leadership in health care is situational — you have to be able to move in and out of it based on the needs of the person or community you are working with,” says Dr. Pfeifle. “Within ‘teams,’ interprofessional leadership is one of those competencies.”





## Interprofessional Collaborative Practice Competency Domains

In 2011, a national work group was formed to develop competencies for health professional students entering practice. (Figure A) Health care professionals and educators from across the country and from various organizations reviewed previously established interprofessional competencies, including the Institute of Medicine (IOM) Core Competencies (Figure B) and formulated advanced domains including specific statements for each, with the goal of improving team-based practice and patient care.

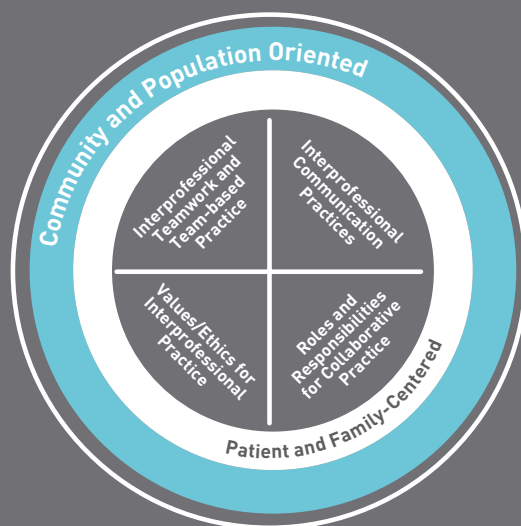
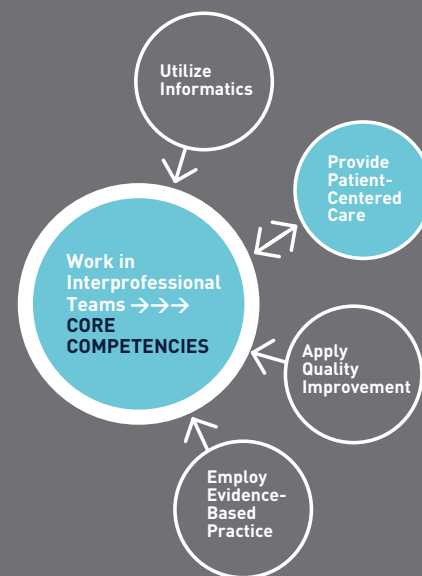


FIGURE: A

FIGURE: B



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Lynne Jensen, PhD, APRN, BC, is a clinical associate professor and associate director for clinical care at the Center for the Advancement for Women’s Health (CAWH), a primary care clinic for women at UK HealthCare. She sees patients three days a week and teaches in the Family Nurse Practitioner Track in the DNP Program at the College of Nursing. Her efforts toward interprofessionalism include team-based practice and team-based education. Dr. Jensen works with students in the national annual Clarion competition, in which a team from the university participates. It is focused on patient safety and working in interprofessional teams to create best practices based on a case study.

“Our students from social work, medicine, dentistry, health sciences and nursing—we’ve had students from communications and law also—are given a case to do a root-cause analysis,” Dr. Jensen says. “We want them to look at the patient and identify all the factors that went into the series of events that caused a bad outcome and determine what fixes can be put into place to avoid that outcome again.”

The team exercises not only educate students on pertinent and real-life problem areas, but also teach them to cull insights from one another in an interprofessional work group.

Dr. Jensen also practices interprofessionally at the Center for the Advancement for Women’s Health, often sharing responsibility for assessments and treatment plans with staff professionals in dietetics, pharmacy or psychology in order to find the best solutions for their patients.

“Being at a university forces us to be on the cutting edge of things. I can’t ask my students to practice any differently than I would expect myself to. If I’m going to ask them to be an interprofessional player, then I need to model that and work with as many disciplines as I can,” Dr. Jensen says. “Being a part of the university gives us opportunities to continue to try and stretch and challenge our students, as well as ourselves, to be better students and better practitioners.”

One of the practitioners with whom she frequently collaborates on patient care is Mikael Jones, PharmD, BCPS, a clinical assistant professor and director of the Patient Care Laboratory in the Department of Pharmacy Practice and Science in the College of Pharmacy. He is also a practicing pharmacist at the Center for the Advancement for Women’s Health.

Dr. Jones and Dr. Jensen have maintained a long-term working relationship at the Center for the Advancement for Women’s Health that benefits the practice and the patients by providing access to feedback, specialized information and insight of a whole team. They cite examples of this benefit in the treatment of complex disease-state management such as treated but uncontrolled hypertension in a complex patient, or even being able to share responsibility for assessment that allows time for an extended interview that may reveal complicating factors to the patient’s current status.

It is really about  
**MAXIMIZING EVERYONE’S EXPERTISE**  
 in the care situation and not making assumptions about one another—what physicians do or what nurses do or what pharmacists do—and really learning about that so we can optimize care at the bedside.”

—Dr. Jane Kirschling

Health Sciences  
**NURSING**  
 SOCIAL WORK

# COMMUNICATION IS KEY

Dr. Jones also works with Darlene Welsh, PhD, MSN, RN, an assistant professor in the College of Nursing, and other faculty in the health professions colleges on an interprofessional experience that brings medicine, pharmacy and nursing together on a simulated patient care situation.

A standardized patient presents in an emergency department-simulated setting and students, in interprofessional groups, are tasked with assessing the patient and determining—and executing—a treatment plan for that patient. They are evaluated based on the treatment plan as well as their communication with one another and their patient. When the exercise was first initiated, faculty noticed that students—who are at varying levels of education and experience—were struggling to communicate effectively with each other and with the patient.

“One of the things we noticed is that the students didn’t know how to manage being a team and being a team with the patient present in the room,” says Dr. Jones. “Then we said, that’s a fair thing because they don’t have significant experience or models that illustrate effective health care team communication, so what we ended up with is developing what would become the [Plain Language-Engagement-Empathy-Empowerment-Respect] PEEER model.”

The PEEER model (Figure C) was developed in collaboration with the College of Communication and Information and specifically addresses expectations of interaction within a team and toward a patient.

“I feel like with this experience and adding the model we’re closing a big feedback loop. Instead of giving them broad, general feedback, we’re giving them the opportunity to learn from that specifically,” he says. “We’re training them to work in a team, but we’re also giving them a skill set so that they can be a functional team member. Even if they’re in a team and there’s a dysfunctional team member, they now have a toolbox of skills that they can use, so they can help make that team the best it possibly can be.”

Dr. Welsh also stresses the importance of learning communication skills and understanding roles in the different positions of a health care setting to maximize results of interprofessional education and practice.

“We’re training them to **WORK IN A TEAM**, but we’re also giving them a skill set so that they can be a functional team member. Even if they’re in a team and there’s a dysfunctional team member, they now have a toolbox of skills that they can use, so they can help make that team the best it possibly can be.”—*Dr. Mikael Jones*



### PEEER Model

Communication is a critical part of a working interprofessional team, and to give students a guideline for effective communication, the College of Communication and Information partnered with the health professions colleges to develop the PEEER Model, which was also presented at the Third Annual Kentucky Health Literacy Summit in Lexington in March 2012.

FIGURE: C





“Probably the greatest challenge is for students and health care professionals to understand the roles and responsibilities and the needs of the various professions that everyone is working with. You have to slow down for a minute and see what your processes are like. The bottom line is, if we don’t have good communication, we can have negative outcomes for our patients,” she says. “Everyone wants to deliver safe patient care—the patient is the focus of all of our work.”

“This type of communication and interprofessional education work can benefit any patient,” Dr. Welsh says. “But we set this up as a hospital setting because in that hospital setting, patients are so sick and things move so quickly. Information has to be exchanged between doctors, nurses and pharmacists, and it really is going to be to the hospitalized patients’ advantage to have a team that knows how to communicate well with each other.”

Kevin Pinto, MS, BSN, RN, a recent second degree BSN student, was involved with the Deans’ Interprofessional Honors Colloquium and the Interprofessional Experience simulation, and presented an international webinar on interprofessional education with Dr. Burkhart and James Norton, PhD, the associate dean for educational engagement and director of UK HealthCare CECentral. Mr. Pinto completed his BSN this past May and will enter a radically different environment in health care than even the one that existed when he began his health care education.

“It was a good experience. It allowed a great forum for communicating with other professions as opposed to the whole issue of silos and staying within your own building and not interacting with a team that, out in the field, you would be interacting with,” he says. “So it really gave us a good practice field because when you start talking about health care reform it’s going to be very important to renovate and incorporate all these pieces, whether it be a dietitian or social worker or nurse or physician, into patient-centered care.”

“The only way to do that is to break down any barrier there is to communication within the team. Offering interprofessional education is a step in the right direction,” Mr. Pinto says. “They’re putting us in a good position by creating effective teams that look to increase the communication and the effectiveness of the team, which makes nurses better.”



the FUTURE OF IPE

Mr. Pinto had a practicum/synthesis at University of Kentucky Children’s Hospital working with hematology and oncology patients—an area in which he applied interprofessional methods frequently.

“Working with hematology and oncology patients, they are there for a prolonged period of time; and if they leave the hospital between treatments, they have to go to the clinic or their primary care physician, so it’s very important to have a team that communicates everything and a team that is able to coordinate scheduling,” he says.

“It’s important to know the scope of practice of each discipline, and from there, what your responsibilities are, especially in communication, to make things flow smoothly and break down any inhibition of talking with each other,” says Mr. Pinto. “It’s important that we’ve been prepared with those skills.”

Whether in a general or specialized practice area, interprofessional practice is a growing part of health care—a part for which UK nursing students will be uniquely prepared.

“What we know is that health care is an extremely complex business. The more complex the situation, the more likely you’re going to have multiple providers who are involved and therefore you have to optimize their ability to work together to achieve a common set of goals to make a positive outcome,” says Dr. Kirschling. “In the past when we’ve gone through IPE exercises, they have been much more focused on a niche area. It was people who were terminally ill or people who had life-limiting illnesses and needed very complex symptom management.”

“What’s different this time is that it’s about the core of health care. It’s about all patients, it’s about quality and safety, so no one can look the other way,” she says. “Today, every health care provider has to be concerned with quality and safety. Not that they weren’t before, but the focus and the lens on it is so sharp now. It’s a transformative time in health care. It’s not about the past; it’s about where we’re going and what we need in order to be able to have our students well-educated, well-prepared, and able to work in complex situations with really sick people.”



WRITTEN BY:  
Rebekah Tilley

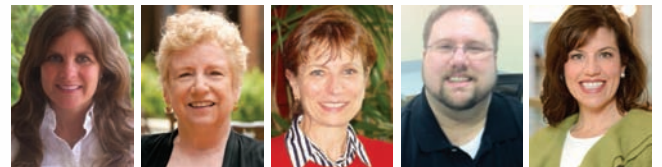
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# RN<sup>TO</sup>BSN

## The **changing face** of **NURSING**

**A health care cultural revolution**  
starts with three letters: BSN

Health care and the industry itself are necessarily in a constant state of flux. New health care reforms will swell the number of Americans with insurance coverage by an estimated 30 million, according to the March 2012 Congressional Budget Office report. And the three million registered nurses in the United States stand to be on the front lines in meeting the challenges posed by this increased demand on an already overtaxed health care system.



**Left to right:** Elizabeth Martin, Gina Lowry, Susan Hassmiller, Aaron Cox and Jane Hammons

**Every area of change involves nurses: delivering more primary care in the community setting over and above specialty care given in an acute care setting, the increasingly collaborative nature of health care professionals coming together to provide coordinated patient care and the move to electronic medical records.**

The November 2010 Institute of Medicine's (IOM) report, "The Future of Nursing: Leading Change, Advancing Health" lays out the blueprint for how the nursing profession will need to adapt as it faces these challenges. It concluded, "... high-quality health care cannot be achieved without exceptional nursing care and leadership."

**And it needs to begin with more nurses holding a bachelor's degree.**

The resolve to go back for her Bachelor of Science in Nursing (BSN) came at one decisive moment for Elizabeth Martin, BSN, RN, nurse manager and assistant director of the operating room at Lexington Shriners Hospital for Children. A 12-year veteran of Saint Joseph Hospital in Lexington, she had applied for an education coordinator position and was turned down.

"I had the support of everyone, including the managers, and I was told I was a shoo-in for the position," recalls Ms. Martin. "But then someone from the outside applied who had her bachelor's degree, and she got the position over me because I didn't have the bachelor's degree. That is what did it for me."

"You know you want to do something, you know you can do it, but you have to have the degree to do it," says Gina Lowry, PhD, RN, senior lecturer and coordinator of the RN-BSN Option at the UK College of Nursing. "I was in that situation. There were many things that I did that I couldn't get paid adequately for because I didn't have the degree needed to obtain the title to do what I was doing. I was tired of being told I couldn't do something because I didn't have one. Many of the students know they have the talent to do something, and they want the BSN."

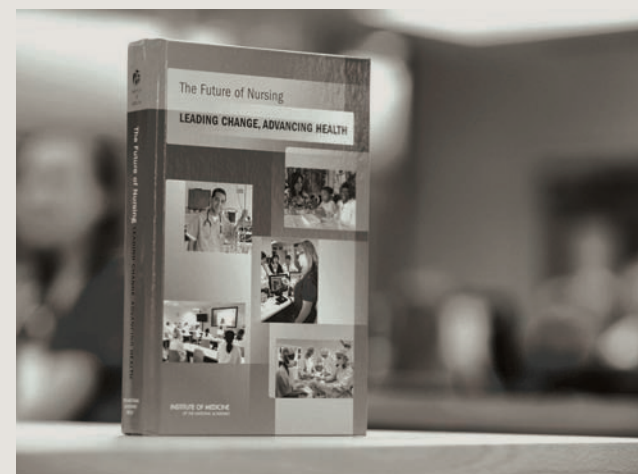
One of the key recommendations that emerged from the IOM report was the need to increase the number of nurses with a baccalaureate degree from 50 to 80 percent by 2020. In addition to being the first step in enabling nurses to pursue advanced practice degrees, there is a growing body of evidence that suggests having the right mix of associate degree to baccalaureate degree nurses has a significant impact on patient outcomes. The lead research has been done by Linda Aiken, PhD, RN, FRCN, FAAN, Claire M. Fagin Leadership Professor in Nursing, professor of sociology, and director of the Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, who has demonstrated that patient mortality and morbidity are negatively impacted if the number of baccalaureate-prepared nurses is too low.

**Additionally, across the U.S. hospitals are increasingly only hiring baccalaureate-prepared nurses or they are giving them priority, largely in order to achieve Magnet status, an award given by the American Nurses' Credentialing Center that measures the strength and quality of a hospital's nursing staff. When they do hire associate degree-prepared nurses it's becoming more common for them to condition the hire on the nurse completing a bachelor's degree in nursing within five years.**

"We're really talking about a transformation of thinking about nurses and nurses continuing their education to ensure that they can optimize their ability to do what is being asked of them," says Dean Jane Kirschling, DNS, RN, FAAN, College of Nursing. "The industry is changing. It is increasingly recognizing the value of having baccalaureate-prepared nurses. We're not talking about removing those associate degree nurses who have had long successful careers; we're talking about the transformation of the workforce."

## Nurses should *practice to the full extent* of their education and training.— IOM Recommendation

—Institute of Medicine "The Future of Nursing: Leading Change, Advancing Health" Report



Dr. Kirschling is a state action coalition leader for the Future of Nursing: Campaign for Action, the organizational body that is working to implement the IOM report recommendations nationwide. Part of her focus has been on the RN-BSN Option at the College of Nursing. "We are working to be purposeful in addressing any perceived barriers and to make our baccalaureate programs as accessible as possible for the associate degree-prepared workforce," says Dr. Kirschling.

Despite working full time and managing a busy life with three children, Elizabeth Martin found her return to the classroom to be very manageable.

"The RN-to-BSN Option caters to people who have full-time jobs and have lives," says Ms. Martin. "They'll help you with everything they can to get you through. It was a wonderful experience."

Best of all, shortly after completing her BSN, Ms. Martin was heavily recruited by three different hospitals and was able to pick the position that not only came with a higher salary but was a good fit with her family's busy schedule. Once she saw she could manage school, a job and home life, she gained the confidence she needed to go to graduate school.

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## Nurses should *achieve higher levels of education and training* through an improved education system that promotes seamless academic progression.

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— Institute of Medicine “The Future of Nursing: Leading Change, Advancing Health” Report

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“I’m confident I can do it,” says Ms. Martin. “I was unsure at first if I would be able to tackle the task of earning a degree while being a mom and wife and a full-time nurse. But after going through it, I succeeded even beyond my expectations.”

**A significant cultural shift in the medical community’s thinking about the nursing role is placing nurses at the center of collaborative efforts with physicians, advanced practice professionals, administrators and health care support staff. A nurse’s blend of scientific knowledge, patient contact and a flexible skill set make them the obvious point-persons in the transformation of the nation’s health care system. But it’s imperative that their education level is up to the task.**

“Nurses will need to be more adept with technology to care for an aging population with multiple chronic conditions,” says Susan Hassmiller, PhD, RN, FAAN, director of the ‘Future of Nursing: Campaign for Action’ and senior adviser for nursing at the Robert Wood Johnson Foundation. “They will need to work in teams with other health care professionals to coordinate care and manage disease. And they will need to assume leadership roles to help transform our health care system to ensure that it delivers integrated, equitable and cost-effective services for everyone. Associate degrees provide a very good foundation, but nurses need to be better prepared given all of the challenges facing our health care system, and a BSN degree better prepares nurses. The IOM report does not recommend that community colleges close their doors by any means, but it does recommend that nurses keep progressing with their education to meet the demands of a transformed health care system.”

With a government mandate to go live with electronic charting and order entry by 2014, the transition to digital records is one of the most far-reaching developments in health care. Recent RN-BSN graduate Aaron Cox, BSN, RN, clinical informaticist, Saint Joseph Hospital, is a key developer working to construct the electronic health record for KentuckyOne Health. Mr. Cox was an associate degree-trained nurse working in the CTVU at Saint Joseph caring for recovering heart patients fresh from surgery until he tripped walking down stairs at home and broke his foot.

“I ‘fell’ into being an informaticist,” Mr. Cox joked. “With my foot in a cast I was recruited for an IT project we were doing here at Saint Joseph. I’ve always been a little bit of a tech geek, and I wanted to advance my nursing career. I applied to be an informaticist, and I was hired with the understanding that I was returning to UK to get my bachelor’s degree.”

It is illustrative of the cultural shift in health care that a nurse is a member of an IT team building a digital record system rather than merely being consulted about its development. As part of a team of IT and medical record professionals, Mr. Cox and his group consult respiratory therapists, physicians, nurses and anyone else who cares for patients in their hospital to discover how and what they need to do their work and incorporate these things into the development of their electronic charting program.

“It’s clinically led IT,” says Mr. Cox. “In our informatics department it is our diverse blend of nursing, IT and medical records that strengthens our ability to build the program and have it work for all of the care providers who are depending on us.”

While in school, Mr. Cox’s immediate supervisor, Marilyn Swinford, BSN, RN, CEN, director of emergency services and informatics, Saint Joseph Health System, and a graduate of the college’s RN-BSN Option herself, gave him the flexibility he needed to complete his studies.

“The BSN did a couple of things for me,”

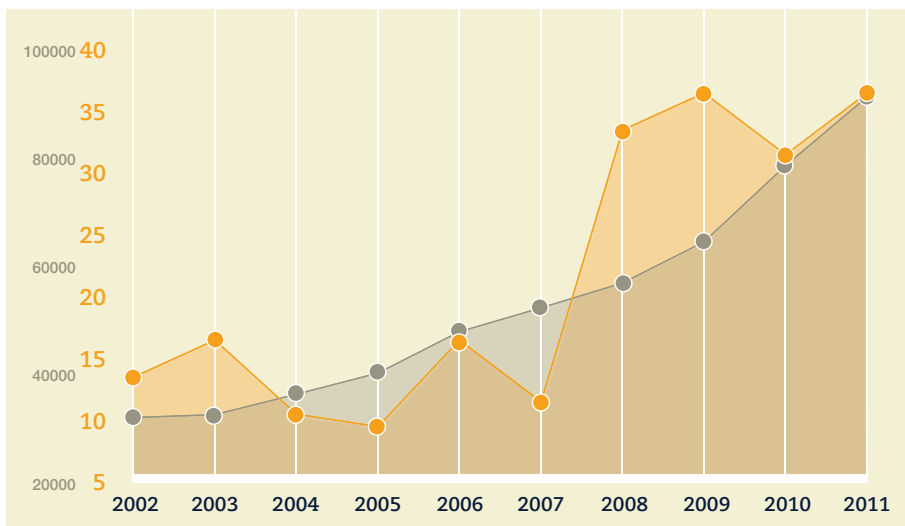
Mr. Cox says when asked how the degree helped his career. “When I work with other clients, having that extra set of credentials by my name says that I’m more qualified to talk with them. It also resulted in a pay increase. And just being an informaticist pretty much guarantees that I will have job security because this field is exploding. Right now we have expanded our department by three people and we’ve only been able to fill two of those positions. We’re still searching for another person who is qualified.”

**More than a mere credential that allows one to move up the career ladder, a baccalaureate degree gives nurses the breadth and depth of knowledge that equips them to take on leadership roles, do their job more effectively and ultimately better serve patients.**

As an 11-year veteran working in an intensive care unit, Jane Hammons, BSN, RN, patient care manager for 5 West and 5 South, UK Albert B. Chandler Hospital, realized that she would not be able to take advantage of new career opportunities that were on the horizon with the expansion of UK HealthCare with an associate degree. She sought out Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive, UK HealthCare, for advice and Dr. Swartz suggested that she go back for her BSN.

**“And then she said something that I never forgot: ‘Don’t ever let your lack of education be the reason you didn’t achieve your goal because that is not an excuse,’”** says Ms. Hammons.

## RN-BSN ENROLLMENTS 2002-2011



**UK's RN-BSN enrollment has increased approximately 180 percent over the past decade, and nationally enrollment has increased approximately 195 percent.**

■ National RN-BSN Enrollments  
■ UK College of Nursing RN-BSN Enrollments

Two weeks later she set up a meeting with Dr. Lowry to determine what she needed to do to enroll in the RN-BSN Option. Merely being enrolled in the program opened up career opportunities Ms. Hammons would not otherwise have been able to pursue. She applied for an interim patient care manager position in the CTICU/CCU unit where she was working at the time and was able to work in that position for a few months until the vacancy was filled. She was a resource nurse in the unit briefly before ultimately being hired into her current position.

"I had been in that interim role for a few weeks, and it was quite challenging, and I realized that there wasn't a resource as a new manager," says Ms. Hammons. "So I began to compile a patient care manager resource book. I felt that we as a management group needed some kind of resource, especially a new person, because there wasn't an orientation. It was basically, 'Here's your desk. Here are your keys to the office. Let us know if you have any questions.' I didn't even know what I didn't know."

That resource book became her Synthesis of Clinical Knowledge for Nursing Practice project — the capstone course in the final semester of the RN-BSN Option. Ms. Hammons spent time with staff development, human resources and other managers to gather information on management orientation resources. After graduation the project earned Ms. Hammons a seat at the table of the Patient Care Manager Leadership Development Curricula Competency Team at Chandler.

**"The role of the patient care manager is huge," says Ms. Hammons. "You are the liaison between administration and the bedside staff. There is so much responsibility, and the aim of the project is to develop a comprehensive leadership development program focused on the patient care manager role at UK HealthCare."**

Since becoming a manager Ms. Hammons has hired 22 new nurses for her unit. UK HealthCare now requires all associate-degree trained nurses to go back for their BSN within five years, but even before that Ms. Hammons would tell them her story and encourage them to not let too much time elapse between earning their associate and bachelor degrees. Even more than the career benefits, she found that the bachelor's degree significantly broadened her perspective and boosted her confidence.

**"I have such a sense of accomplishment," says Ms. Hammons. "I have so much more confidence in myself, and I feel more prepared as a nurse to look at not only patient care but to look at health care in a different way. I feel like I have a broader understanding of health care in America."**

"UK's RN-BSN Option is a great example of how nursing schools can promote academic progression," says Dr. Hassmiller. "The program offers flexibility for students who may be juggling family and work commitments, and the faculty work hard to find clinical sites where the RN lives. The program provides exposure to end-

of-life care, public health, leadership and management, as well as a synthesis class to help nurses develop independence and competence in applying the principles of care management and leadership to nursing practice in a variety of clinical settings — competencies that will make nurses better able to care for patients."

Aaron Cox, Jane Hammons and Elizabeth Martin all are planning to return to school for graduate nursing degrees. They are three members of a large group of UK College of Nursing RN-BSN Option alumni who pursued their goals, applied their new knowledge to lead change and advance high-quality health care for their patients and communities.

**They and others like them are the future of nursing.**

**Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**

— Institute of Medicine "The Future of Nursing: Leading Change, Advancing Health" Report

WRITTEN BY:  
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# DOING SO MUCH FOR SO MANY

*MSN graduates have a big impact  
in the Commonwealth and beyond.*



**The University of Kentucky College of Nursing MSN Program** has a proud tradition of preparing nurses for a career of service. From its early beginnings in the 1970s until its transition to the Doctor of Nursing Practice (DNP) Program in 2001, the MSN Program prepared more than 1,500 advanced practice nurses. The graduates spread across the Commonwealth of Kentucky and throughout the world to provide visionary leadership, dynamic research and engaging education in the field of nursing.

These dedicated men and women came to UK or to a UK outreach education campus to learn the skills necessary to advance in their careers. Along the way, they nurtured the compassion and desire to help others that initially drew them to the field of nursing.

Associate Dean for MSN and DNP Studies Patricia B. Howard, PhD, RN, NEA-BC, FAAN, explains, **“We were the first college in the country to migrate from the MSN to the DNP back in 2001, and I simply cannot imagine the difference that our alumni have made in the thousands of lives they have served. Our MSN alumni have just done so much for so many.”**

## LOIS DAVIS

Fayette County Health Department | Lexington, Ky.

**For one example, look no further than the Fayette County Health Department, where Lois Davis, MSN, RN, has been the public health nursing manager for more than a decade.** A 1996 graduate of UK's MSN Program, Mrs. Davis is responsible for 75 employees as well as public health nursing services for Lexington and Fayette County.

"I supervise and work with a variety of programs that help people be well and make good choices, including child immunizations, food service regulations, health education, identification of at-risk populations, controlling communicable disease and preparing the county for emergencies," she says.

Mrs. Davis feels that the College of Nursing prepared her well for her current position. "I liked the intimacy of the classes and how we felt encouraged to bring issues from our day jobs into the classroom. It was fun and enlightening to bounce ideas off of other MSN students and collaborate to find real-world solutions."

Mrs. Davis also appreciated the camaraderie and collegiate atmosphere of the program. "I remember walking along in the crisp autumn air, kicking leaves across the campus on our way to Fazoli's for pasta," she says. "I really enjoyed the relationships I made at UK."

Mrs. Davis lived in South America for three years, where she developed a deep respect for the culture, heritage and language of the Spanish-speaking people she encountered. She took this experience as a calling to work with the Latino migrant-worker population in Kentucky upon her return to the Commonwealth. This unique opportunity to serve, combined with the leadership skills she gained during her graduate studies, has given her remarkable insights into the future of public health.



She believes that economic factors will force social service agencies, schools, churches, and even bankers and business owners to work together and combine resources to do their work more efficiently. "Sometimes, as I help to develop these community health partnerships, I feel like I'm back in the classroom at UK, bouncing ideas off of others and collaborating to solve problems," she says.

*"One thing that I try very hard to teach this next generation of MSN students is to be present in the moment and deliver hope to their patients. Delivering this hope is crucial to the well-being of the patient and the well-being of the nurse. It truly is the moment that matters."*

—DONALD KAUTZ,  
PhD, RN, CNRN, CRRN, CNE



## DONALD KAUTZ

University of North Carolina | Greensboro, N.C.



**Another graduate who appreciates the critical problem-solving skills developed during his MSN studies is Donald Kautz, PhD, RN, CNRN, CRRN, CNE.** A 1985 graduate, Dr. Kautz is now teaching the next generation of nursing graduate students at the University of North Carolina, Greensboro. “The faculty at the UK College of Nursing was so great,” explains Dr. Kautz. “I was not your average student — I liked to argue. I was a pain for those professors, but they taught me so much.”

He especially remembers the effect that professor Jean Hayter, EdD, RN, FAAN, had on the nursing philosophies of his generation. “Dr. Hayter taught nursing research and would lecture without notes. She was amazing. She was so sure of herself, yet humble, and seemed to know everything about everything.”

Her influence continued after he graduated and moved on to take his first teaching position. He recalls that when he made suggestions during faculty meetings, other faculty members often recognized his ideas as Hayter’s and would say, “Look, another Hayterite.”

“I still teach things to my students that she taught me, and I would never dream of going and looking up a source, because if Jean Hayter said it, it must be true,” he says.

Although they worked hard in the master’s program, Dr. Kautz insists that the students still enjoyed themselves. He remembers dressing up for Halloween as Martha Rogers’ theory of “The Science of Unitary Human Beings.” He dyed his hair purple and drew designs on his black clothes, illustrating her principles of resonancy, helicy, and integrality: spirals, circles and clouds. At the end of the semester, his instructor laughed and said, “I’m giving you an ‘A.’ After all, you did come as an educational theory on Halloween.”

Nowadays, Dr. Kautz enjoys bringing humor into his classroom, but he becomes serious when discussing what he wants his students to take away from his lectures. He says, “One thing that I try very hard to teach this next generation of MSN students is to be present in the moment and deliver hope to their patients. Delivering this hope is crucial to the well-being of the patient and the well-being of the nurse. It truly is the moment that matters.”



## RAMONA JOHNSON

*Bridgehaven, Inc. | Louisville, Ky.*

**Ramona Johnson, MSN, APRN, CS, president and CEO of Bridgehaven, Inc., in Louisville, and an advanced practice psychiatric nurse,** is a 1980 graduate of the MSN Program who also believes that patients deserve the full attention of their nurses.

“People can lose hope, and it really is due to a failure to listen to them. Our culture really has a hard time listening to people with mental illness, but they need to be heard. I’ll never forget how one of our clients explained it. She said, ‘Before I came to Bridgehaven, I thought that I had lost hope, I had no hope, but Bridgehaven held my hope until I could take it back for myself.’ That is the power of listening.”

With a staff of 38 employees serving more than 500 clients annually, Bridgehaven is one of the largest community-based psychiatric rehabilitation and recovery service providers for the mentally ill in Kentucky.

“My job is very much like running a small business,” says Ms. Johnson. “I got my MSN so that I could be a nurse therapist, but because of Bridgehaven’s mission and the dramatic need in our community, I found myself operating a non-profit organization. That was not a professional goal I had considered.”

Ms. Johnson now influences legislation that benefits all of Kentucky. “I do a lot of education and advocacy work as a founding member of the Kentucky Mental Health Coalition, trying to work for laws that will benefit the entire Commonwealth. I want to make the system work better for people who haven’t found their voice yet,” she says.

Ms. Johnson believes that her time at UK allowed her to amplify her ability to serve others and ultimately prepared her for her current role. “I really enjoyed working one-on-one with people, but I saw too many people suffering. There was too much pain. I looked into their eyes and saw the pain of mental illness. I grew frustrated that I could only help 30 or 40 people a year on my own. I wanted to impact more lives and guide others to help. I viewed obtaining an MSN as the way to accomplish this.”

This desire to help others is truly a hallmark of these nurses and is one of the reasons that the program has been so successful. These alumni are committed to serving, both in the community and around the world, and it is their drive and ambition that have laid the foundation for the continued success of the UK College of Nursing.

As Dr. Howard states, “Our graduate program is now tied for 21st among graduate schools of nursing according to the latest edition of U.S. News & World Report [2012 edition of America’s Best Graduate Schools]. It is really a tribute to the hard work of our MSN graduates.”

*“I thought to myself, I’m trained, I’m ready, we are going to do everything we can to save these lives...and then boom... they hit the door.”*

—COMMANDER JEFFERY JOHNSON,  
MSN, RN, CEN

**One of those hard-working graduates is Commander Jeffery Johnson, MSN, RN, CEN, the assistant director of nursing at the Naval Medical Center, Portsmouth, Va.** This naval officer runs the day-to-day nursing operations for a 295-bed hospital with close to 800 nursing personnel. He arrives at the office around 5:30 a.m. to work out and then reviews the night reports. Afterward, he makes rounds on the wards to keep an eye on things and keep his skills sharp because he can be called on to deploy at any time.

“Some leaders get an MBA. I have an MBWA – management by walking around,” he laughs. “It’s a great way to get a feel for how things are going with my staff and also to let them know that they can feel free to come to me with issues or questions when they arise.”

CDR Johnson also likes to dismiss the myth that men cannot be nurses. “Most people don’t associate males with nursing,” he explains, “but I fell in love with the emergency room the first time I saw a trauma patient being treated. Sometimes, you get that presumptive attitude from people like, ‘Why don’t you become a doctor?’ and I just roll with it. It’s like the Ben Stiller character in the movie ‘Meet the Fockers.’ Yes, I’m a male nurse, a ‘nurse’ if you will, but you’ll be awfully happy when you see my face should you ever end up in the emergency room.”

Of course, being in charge of so many lives is not all fun and games. In fact, it is often a matter of life or death, especially in a war zone. On one occasion, in December 2008, he was serving at the Bagram Theater Hospital in Afghanistan and heard there had been a suicide bombing in Kabul and injured U.S. service members were being transported to his hospital. “I thought to myself, I’m trained, I’m ready, we are going to do everything we can to save these lives... and then boom... they hit the door.”

CDR Johnson’s work with the Navy may soon benefit trauma victims in Kentucky. While deployed, he helped collect trauma data that was used to create clinical practice guidelines.



**COMMANDER  
JEFFERY JOHNSON**  
*Naval Medical Center | Portsmouth, Va.*



This data is also being used in the civilian community to design more effective treatments for all kinds of injuries back home, including high-velocity gunshot wounds and damage control procedures.

“The MSN Program provided a strong foundation for my role in Afghanistan,” he says.



**Jane Younger, MSN, RN, is a consultant and the president of the Kentucky Nurses Foundation who also believes that the MSN helped advance her career.** “The MSN is very valuable,” she says. “It’s that door-opener. It gives you legitimacy and academically prepares you for the real world.”

## JANE YOUNGER

*Kentucky Nurses Foundation | Louisville, Ky.*



Ms. Younger graduated with her MSN in 1973, served as vice president of nursing at Jewish Hospital Healthcare Services in Louisville and was also a part-time professor at Bellarmine University. After 30 years of day-to-day hospital management and 10 years of teaching, today she is focused on community service and promoting health for the citizens of the Commonwealth by advancing the practice of nursing through nursing scholarship and health care research.

During the 1990s, Ms. Younger pursued a grant from the American International Health Alliance to fund a hospital-to-hospital partnership between Jewish Hospital and Sokolov Medical Center Hospital in St. Petersburg, Russia. There, she revamped the nursing and health care delivery system so dramatically that the facility became the treatment center of choice for western nations during the 1994 Goodwill Games. While earning her MSN, Ms. Younger worked with the Appalachian community and learned a great deal about patient education and how to adapt her nursing skills to a different culture. When she began working overseas, she felt comfortable in her role as a nurse and educator. Daily trials included trying to teach the importance of sterilization in buildings without plumbing. She persisted because she was committed to the long-term vision of improving the quality of health care in the community.

“It’s like one of the Russian administrators liked to say, ‘If you give a man a fish, he’ll eat a fish sandwich. If you teach a man to fish, he’ll eat fish sandwiches every day,’” she says.

Like many other MSN graduates, Ms. Younger felt encouraged by her mentors to earn her graduate degree. Shortly after



she began her first job in a hospital, her supervisor told her, very matter-of-factly, that since she had completed her bachelor’s degree, it was time for her master’s. She explains, “I was incredibly lucky. I’ve loved every day of my career, and my MSN is a big part of that.”

Now that the MSN has transitioned to a DNP Program, is another degree in her future? After 40 years in the field, she’s still keeping her options open. “My MSN prepared me for my career as a vice president of nursing and patient care for Jewish Hospital, and I wouldn’t exchange that for anything in the world.” She adds with a smile, “It would be nice to earn a doctorate. And you never know, I still might.”

The UK College of Nursing MSN Program led some graduates to careers on health care teams, some to advanced practice nursing or research careers, and still others to health care leadership or education positions. Yet all the nurses began by following their dreams to attend UK, met the challenges of a graduate program and then strove for continued success. For many, the MSN Program was a vital starting point for their future endeavors. “My master’s education was like icing on the cake, the lynchpin of my career,” Dr. Howard says. “I’m sure it was just as influential for the other graduates.”

The MSN Program prepared these students academically, so that they could achieve their professional goals and define their careers. As CDR Johnson concludes, “I can’t say enough about the training that I got at UK, and not just the emergency room, but the administrative training, the critical-thinking skills. It just took my career, and me as a person, to the next level. I’m very proud of my MSN.”

These MSN graduates and their fellow alumni continue to spread the lessons they learned at the College of Nursing throughout the world. As they lobby for more collaboration, instill greater hope, advance the field and strive to give voice to the powerless, the MSN graduates are defining the future of nursing. They are creating a legacy of achievement.

WRITTEN BY:  
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Lee Thomas &  
Richie Wireman

*“For me, that’s what makes nursing research so exciting. PRACTICE GUIDES OUR RESEARCH AND RESEARCH GUIDES OUR PRACTICE—it goes back and forth in this wonderful way.”* — Ellen Hahn, PhD, RN, FAAN

LEFT TO RIGHT:  
Dr. Deborah Reed,  
Dr. Terry Lennie,  
Dr. Debra Moser  
and Dr. Ellen Hahn



*Nursing Research at UK—*

## REAL PROBLEMS. REAL SOLUTIONS.

Nurse-led research at the University of Kentucky has come a long way since 1987, when the college’s first NIH-funded faculty research project was awarded. Today, senior nurse scientists at UK are leading a wide range of nationally funded research programs and receiving national attention for their contributions to the science behind evidence-based practice—as well as the thanks of Kentuckians who are benefiting from the results.

If you haven’t experienced the health benefits of evidence-based nursing practice already, eventually you certainly will. Everyone will. Nursing research nationwide, particularly in recent years, has opened the floodgates on a rapidly expanding body of new knowledge with the power and potential to impact health on virtually every level, from illness prevention to disease management to public health policy and nursing practice itself.

Over the past two decades, senior nurse researchers at the University of Kentucky College of Nursing have played a significant role in advancing the science behind best practices. From secondhand smoke exposure to heart disease risk factors to life-threatening farm injuries, nurse-led research at UK is helping to address some of the nation’s most complicated health issues—**the very ones Kentuckians face in disproportionately high numbers.**

Professor Ellen Hahn, PhD, RN, FAAN, is an award-winning nurse scientist and college faculty member whose leadership in health education and smoke-free policy research helped lay the foundation for a watershed moment in Kentucky health: the 2003 enactment of a smoke-free law in Lexington, a first for the tobacco state. The law prohibited smoking in virtually any public building or indoor space open to the public in Lexington, including



*“When Lexington went smoke-free, it was like THE SHOT HEARD ROUND THE WORLD. We got calls from communities all over the state and even from around the country about what they could do to get smoke-free policy in place in their communities.”* — Ellen Hahn, PhD, RN, FAAN

bars, restaurants and taverns. **Within a few years after the law took effect, Dr. Hahn’s studies showed a 32 percent reduction in adult smoking in Lexington and an estimated annual health care cost savings of \$21 million. Her research team also reported a 22 percent decline in emergency room visits for asthma.**

“That’s huge,” says Dr. Hahn, who came to the college from Indiana University in 1993. Her research focus on substance abuse and addiction issues shifted from alcohol and drugs to tobacco when she crossed the river and realized that many of the big health issues in Kentucky were smoking-related.

In the mid-1990s, while serving on the statewide tobacco prevention coalition as advocacy chair, Dr. Hahn noticed that state legislators and even the media talked about tobacco primarily as an agricultural product, not as a health issue. Her first tobacco policy research study in 1995 involved interviewing state legislators about their own tobacco policy views. Her decision to build relationships with the leadership of the General Assembly to discuss the purpose of her research resulted in a remarkable 84 percent participation rate.

It was the beginning of what would eventually become an entire program of tobacco control research at the college. Today, a large team of faculty nurse scientists, graduate student research assistants, undergraduate research interns and others are engaged in funded research on tobacco treatment, tobacco prevention education and studies on the social, economic and health impact of smoke-free policy.

“When Lexington went smoke-free, it was like the shot heard round the world,” says Dr. Hahn. “We got calls from communities all over the state and even from around the country about what they could do to get smoke-free policy in place in their communities.” The Kentucky Center for Smoke-free Communities, developed through seed money from the Robert Wood Johnson Foundation in 2005, was created to meet a growing community need for guidance and information. To date, 34 Kentucky communities have gone smoke-free. “Over the years, there has been a cultural shift in the state,” says Dr. Hahn. “I believe our research and community engagement activities have played a role in that shift.”

The Clean Indoor Air Partnership is a pioneering program directed by Dr. Hahn to provide expertise on the science of secondhand smoke as well as radon exposure to policymakers and community stakeholders. In 2006, it was identified by the university as a Commonwealth Collaborative — one of 47 outstanding examples of the engagement between UK and Kentucky communities. Last summer, the Association of Public and Land-grant Universities (APLU) declared the Clean Indoor Air Partnership an Exemplary Program, the organization’s highest honor.

Dr. Hahn and her colleagues are now close to completing a major five-year study funded by the National Heart, Lung and Blood Institute to measure the effectiveness of smoke-free policy interventions in rural Kentucky. The team is testing and analyzing an online self-assessment that would allow interested groups to measure their own community’s readiness to go smoke-free. A website with downloadable advertisements and media education materials is another deliverable from the study. In research, says Dr. Hahn, one idea leads to another and then another and then another. This particular research program, for example, has already generated nearly 100 published papers as well as new avenues for future study. “For me, that’s what makes nursing research so exciting. Practice guides our research and research guides our

practice — it goes back and forth in this wonderful way.”

Having a front-row seat is also a wonderful way to learn. Student involvement in research is important, says Dr. Hahn. Ultimately, it’s the way nursing advances. “Students who come here work right alongside faculty who are successful in getting published, getting grants and doing the kind of work nurses need to do to be cutting edge.”



Dr. Ellen Hahn leads a team of research faculty and staff who are involved in funded research on tobacco treatment, tobacco prevention education and studies on the social, economic and health impact of smoke-free policy.



*Agriculture is consistently listed as ONE OF THE MOST HAZARDOUS INDUSTRIES IN THE NATION. Stress, physical danger and even age—the average age of the American farmer is 57—are just a few of the contributing factors in the industry’s high rates of injury and incidence of chronic disease.*



Dr. Deborah Reed and her research team focus on agricultural health and safety. Agriculture is consistently listed as one of the most hazardous industries in the nation.

Professor Deborah Reed, PhD, MSPH, RN, knows more than a little about cutting-edge research. As one of only a handful of senior nurse scientists in the nation focusing on agricultural health and safety, virtually every research study represents completely uncharted territory. Her highly regarded body of research includes studies on youth equestrian safety, safety strategies for aging farmers and injury prevention programs for children and adolescents.

**Dr. Reed has received national acclaim for research-driven education programs like AgDARE, a hugely popular curriculum for youth on the risks of disabilities from agricultural injuries. Today, AgDARE is part of the national agriculture safety database and is used by schools, community groups and nursing programs all over the country.**

While the scope and reach of Dr. Reed’s research is nationwide, the inspiration behind it is pure Kentucky. “I grew up on a farm just 15 miles from where I work right now,” she says. “I still live on the back of that family farm.” Dr. Reed recalls her very first job in the emergency room of a small hospital and the farm injuries she saw coming in. “I’ve had farm injuries myself and so have close family members. Like the farmers I deal with today, you don’t even think about it. It’s just part of the job.”

It’s also part of a strong work ethic, one that can take a serious toll on the overall health and well-being of today’s farmer. Agriculture is consistently listed as one of the most hazardous industries in the nation. Stress, physical danger and even age—the average age of the American farmer is 57—are just a few of the contributing factors in the industry’s high rates of injury and incidence of chronic disease. In Kentucky, a state that ranks 26th in population yet fourth in number of farms, the issue is particularly pressing.

**“Two million farms and farm families across America and only four or five PhD-prepared nurses whose primary focus of research is on their health and safety,”** says Dr. Reed with a slight smile in her voice but also a sigh. The good news is, her own passion for farmers and farm families could be the very thing to change that.

Right now, Dr. Reed is working on a research project through the Southeast Center for Agricultural Health and Safety, part of a five-year grant funded by the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH). Her project, The Nurse Agricultural Education Project (NURSE-AP), began as a capacity building program for nurse education on agricultural and occupational health and is now focused on disseminating health education to those in the field—nurse practitioners, school nurses, rural health nurses, occupational health nurses, public health nurses and others.

“I am a public health nurse at heart,” says Dr. Reed. “Yes, I do research and publish in scientific journals, but my passion is getting the information back to the people who need it. What will help the farmers? What do the county extension people need? What will best serve people and keep them safe and well? That’s my focus.”

As a noted expert on agricultural safety and health, Dr. Reed travels the country speaking to nursing faculty about the importance of agricultural health and safety education. She often brings a local map with her that identifies

nearby farms and related agricultural industries. Many are surprised to see how many farms and farm families are located within their service area. “When these families need medical care, they’re coming to you. Will there be providers who know how to meet their needs? As nurses, we’re obligated to know how to treat the patients we see. That’s my message.”

Dr. Reed recalls a former undergraduate research intern at the college who worked with her on a study about the health of the older farmer. “She actually published a baseline article in a journal based on that research,” Dr. Reed says with pride. Dr. Reed heard from her former student not long ago. “After graduation, she worked as a nurse in rural Africa and South Korea. She told me that what she’d learned about agricultural health and safety working here with me was particularly helpful to her in her clinical practice there. She said she wouldn’t have known anything about agricultural health had she not had that exposure.”

Dr. Reed calls the college’s Undergraduate Nursing Research Interns program a truly unique opportunity—for students and for faculty. “It’s really what being a faculty member is all about,” she says. “You’re preparing the next generation of nurses and showing them how to apply research to practice, whatever or wherever that practice may be.” This past winter, Dr. Reed was busy with an RO1 study on strategies to engage the aging farmer in decision-making about farm work choices and injury risks. Out of that, she hopes, will come interventions and strategies that can be widely disseminated to help older farmers and their families make good decisions about work and work safety. In March, she was in Nebraska conducting focus groups with older farmers and their families. “Whatever we come up with will be data-based and driven by the research, but it will also be grounded in the farmers’ own words. It will be based on what they’ve told us—relevant and applicable to them.”





*“It’s not enough to tell people with heart failure to follow a low-salt diet. Our research is about GIVING PEOPLE THE SKILLS, not just the knowledge on how to do that.”*

— Debra Moser, DNSc, RN, FAAN

For nurse scientists, that’s the single, overarching goal: the translation of solid, relevant research into effective, evidence-based practice.

It starts with the questions, says Debra Moser, DNSc, RN, FAAN, professor and Linda C. Gill Endowed Chair of Nursing at the college.

**“I’ve always been interested in research and the possibilities for answering the questions that constantly pop up in nursing and medical practice.”** Dr. Moser, whose own distinguished research career was influenced by her 12 years as a cardiopulmonary clinical nurse specialist, says, “There’s a lot about health care that’s really based on folklore — what we’ve always done.”

Dr. Moser came to Kentucky in 2001 to help build the college’s emerging research program in cardiovascular health. In 2003, she helped recruit another talented nurse scientist, her former colleague at The Ohio State University, Terry Lennie, PhD, RN, FAHA, FAAN, now professor and associate dean for PhD Studies at the college. Dr. Lennie’s research interest in scientifically-based interventions to optimize nutritional intake in patients with cardiovascular disease was an excellent complement to Dr. Moser’s own focus on the biobehavioral evidence affecting self-care in the same population.

The Research and Interventions for Cardiovascular Health (RICH) Heart Program, established in 2004 and co-directed by Dr. Moser and Dr. Lennie, offers a framework for data sharing, collaboration and idea generation for dozens of faculty researchers, collaborators and students whose research interests are centered around cardiovascular and pulmonary health. “Together, we have a number of studies under our belts, and because we collect a lot of the same variables we can now pool all that data into one large data set,” says Dr. Lennie. “It also allows us to get our students pooled

together for mentoring opportunities and the chance to participate in collaborative, hands-on research.” He calls the college’s mentoring model a strong point in attracting talented PhD students from across the state, the country and even the globe.

Collaboration and mentorship were also behind the development of the Center for Biobehavioral Research in Self-Management, co-directed by Dr. Moser and Dr. Hahn. Established in 2007 through an NIH grant, the center was initially created to promote and support new and experienced investigators on pilot studies using biobehavioral measures to investigate self-management related to cardiopulmonary conditions. Today, the center is facilitating faculty and students in the use of data from these and other studies to develop sustained interdisciplinary programs of self-management research.

Investigating the science of self-care interventions for individuals and communities is of particular interest to Dr. Moser whose own highly regarded contributions to the literature on self-care and disease management in heart failure patients regularly appear in the nation’s leading nursing and medical journals. “Non-drug interventions can be equally or even more powerful than drug interventions, particularly in regard to anxiety and depression,” says Dr. Moser. “Something as simple as a prescription bottle can be impossible for some people, especially when they have multiple prescriptions or they’re from more than one provider.”

Most care is self-care anyway, says Dr. Moser, who notes that proper patient adherence to medications, dietary instructions and recommended exercise plans are more the exception than the rule. Interventions that offer patients practical, real-world steps in risk reduction and disease management make a difference in outcomes all across the board, from a better quality of life to fewer rehospitalizations. “It’s not enough to tell people with heart failure to

follow a low-salt diet,” says Dr. Moser. “Our research is about giving people the skills, not just the knowledge, on how to do that.”

Dr. Lennie is working on an NIH grant to test the effects of a potentially powerful yet inexpensive nutritional intervention that could lead to better outcomes for heart failure patients, including fewer rehospitalizations.



Dr. Terry Lennie and Dr. Debra Moser’s group of research faculty and staff focus on cardiovascular and pulmonary health, both of which are significant concerns in Kentucky.



## RESEARCH SAMPLE

Since 2009, University of Kentucky College of Nursing faculty members have been actively engaged as primary investigators, co-investigators or collaborative participants in research and research-related studies representing more than \$25 million in public and private funding. The following are just a few of the research projects now being led by senior nurse researchers at UK.

**GRANT | National Heart Lung and Blood Institute** | An Intervention for Promoting Smoke-free Policy in Rural Kentucky

Will evaluate a community intervention that combines assessment of community readiness with evidence-based dissemination and implementation strategies on smoke-free policy outcomes in rural, underserved communities.

**GRANT | University of California San Francisco** | Improving Self-Care Behaviors and Outcomes in Rural Patients with Heart Failure

Will analyze the impact of self-monitoring and timely response on outcomes for heart failure patients in underserved communities who experience worsening symptoms caused by fluid overload. The study will test an education intervention for fluid weight management designed specifically for rural patients.

**GRANT | National Institute of Occupational Safety and Health (NIOSH)** | Refinement and Enhancement of Agricultural Safety Curricula for Children (REACCH)

Will use findings from two completed NIOSH-funded R01 independent evaluation studies of farm safety day camps to maximize the positive effects of the instruction and strengthen instructional preparation, delivery and outcomes.

**GRANT | National Institutes of Health (NIH)** | Nutritional Interventions Study

Will measure the effects of a six-month intervention of dietary sodium reduction combined with supplementation of lycopene and omega-3 fatty acids on heart failure symptoms and measure health-related quality of life, rehospitalization and morbidity.



*The objective is developing evidence-based interventions that individuals and communities can sustain on their own after the research is completed. From research into practice—THAT’S THE BEAUTY OF NURSE SCIENCE.*

Dr. Moser, who’s involved in six different NIH-funded projects at the moment, including three collaborative efforts with investigators from other institutions, is planning projects for the future that will make the evidence-based interventions she’s tested in other research projects available to more people. A successful community-based intervention on cardiovascular risk factor reduction in Eastern Kentucky, for example, produced promising results in a region with the state’s highest rates of cardiovascular disease. A new phase of the study will bring the intervention to more communities statewide.

Nursing science is not about research just for the sake of research, say the senior nurse scientists at UK. The objective is developing evidence-based interventions that individuals and communities can sustain on their own after the research is completed. From research into practice—that’s the beauty of nurse science.

“Research represents the pinnacle of what nurses can do,” says Dr. Moser, who was recently given the 2012 Distinguished Researcher Award by the Southern Nursing Research Society, an honor that recognizes the contribution of an individual whose established program of research has enhanced the science and practice of nursing in the Southern region.

**What will make a patient better? Keep an individual healthier? Transform a community or even an entire state so that everyone has a chance at a better quality of life? The answer is in the evidence, say the talented nurse scientists at UK. And they’ll find it.**

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SOCIETY

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Kristina Robinson  
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Katelyn Dekker  
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Jacob Higgins  
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Andrea Kohlman  
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Alysia Powell  
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#### TREASURER

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# Delta Psi Chapter Sigma Theta Tau INTERNATIONAL

*The year 2011-2012 has been great for the Delta Psi chapter! Members have continued to pursue excellence in nursing through their research, teaching and staff development.*

We are proud to announce that we received the 2011 Chapter Key Award from Sigma Theta Tau International to reward the chapter for the excellent work done by our members to advance nursing through research, excellent programs, membership recruitment and retention, collaboration with other nurses at the local, national and international levels, and professional and leadership development.

The new Out of the Gate Event was held in August 2011 to help orient new members and encourage networking among current members. The chapter funded the meeting, held at Shillito Park with 21 members in attendance. This is being considered to become an annual event held the weekend after the fall semester begins.

The Fall Scholarship Meeting was held at the new Albert B. Chandler Hospital Pavilion in October 2011. Our speaker was a 2007 Research Award recipient, Donna Corley, PhD, RN, CNE, associate professor of baccalaureate and graduate nursing at Eastern Kentucky University.

Approximately 40 of our members enjoyed our annual Christmas Dinner and Silent Auction event in December 2011 at UK's Hilary J. Boone Center. More than \$1,700 was raised through the auction, of which 100 percent went to funding nursing research and scholarship. Members continue to be generous by donating items for the auction and by bidding on various items.

The Scholarship and Award Committee gave approximately \$7,500 in awards between the fall and spring applications. All members are encouraged to apply for awards and scholarships.

The Spring Business Meeting was held in February 2012 at the Hospice of the Bluegrass Center for Grief and Education. Debra Moser, DNSc, RN, FAAN, a 2011 inductee into the STTI Nurse Researcher Hall of Fame, was the speaker.

The year ended in April 2012 with the 35th Annual Induction Dinner and Ceremony held at the Central Baptist Hospital Education Center. Suzanne Prevost, PhD, RN, COI, president of STTI and Delta Psi member, was the keynote speaker and shared her vision for the nursing society as she served her first year in office. Delta Psi is privileged to have Dr. Prevost as an active member of the chapter!

Members were also very generous by participating in several service projects this past year — donating money and pet food to the Lexington Humane Society, cell phones and chargers for the Phones for Soldiers charity and food for God's Pantry, among other projects.

Please check our website for chapter news at [www.mc.uky.edu/deltapsi](http://www.mc.uky.edu/deltapsi).

Membership is given to deserving undergraduate students, graduate students, and professional nurse leaders. Delta Psi is always open to nurses who want to expand their own learning and network with other nurses who share the same vision of enhancing nursing. Please contact any of the executive board members for more information.

# Events

/2012-2013

## September 8

### Celebrate the Future of Nursing Scholarship Brunch

10 a.m.-noon, Hilton Suites at Lexington Green  
Mark your calendar to join us for a delightful brunch to celebrate our scholarship recipients and the generous donors who make scholarships possible in the College of Nursing.

### Advisory Council Meeting

2-5 p.m., 315T UK College of Nursing Bldg. (conference room)



## October 19

### Homecoming

9 a.m.-noon  
Hilton Suites at Lexington Green  
Mark your calendars and join the College of Nursing Alumni Association for a fun day of fellowship and Kentucky activities leading up to the homecoming football game with Kentucky vs. Georgia on Oct. 20, 2012.

## December 14

### UK College of Nursing BSN Pinning Ceremony

Singletary Center for the Arts  
Visit [www.uknursing.uky.edu](http://www.uknursing.uky.edu) in November for the event time.  
For more information go to [www.uky.edu/SCFA/info.php](http://www.uky.edu/SCFA/info.php)

Dean Jane Kirschling, faculty and staff invite you to attend the pinning ceremony and reception in honor of the December 2012 BSN graduates. Please feel free to join us for this special event.

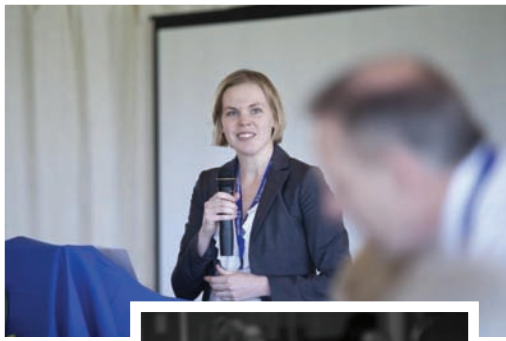
## May 3

### Graduate Student Hooding Ceremony and Reception

Singletary Center for the Arts  
Dean Jane Kirschling, faculty and staff invite you to attend the hooding ceremony and reception in honor of the December 2012 and May 2013, MSN, DNP and PhD graduates. Please feel free to join us for this special event. Visit [www.uknursing.uky.edu](http://www.uknursing.uky.edu) in April for the event time.

### BSN Pinning Ceremony

Singletary Center for the Arts  
Dean Jane Kirschling, faculty and staff invite you to attend the pinning ceremony in honor of the May 2013 BSN graduates. Please feel free to join us for this special event. Visit [www.uknursing.uky.edu](http://www.uknursing.uky.edu) in April for the event time.



# Celebrate!

4.13.12

Some folks think that a “Friday the 13th” is destined to be a day of bad luck. Not so, at least on April 13, 2012, for the College of Nursing! On that day, alumni, faculty, staff and current graduate students celebrated the 10th anniversary of the DNP Program and the 25th anniversary of the PhD Program.

And—as luck would have it—in May we proudly watched as the 50th DNP student and the 100th PhD student were hooded.

Our DNP and PhD graduates are spread across the globe, educating the next generation of nurses, improving health outcomes and leading in upper-level management in health care systems.

**Congratulations to all of our alumni!**



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Boomerang  
Society

Thank you to our alumni who give annually to the College of Nursing Alumni Association. We are pleased to welcome the following alumni who joined the Boomerang Society in 2011. Gifts to the Boomerang Society provide student support through scholarships and travel to conferences for presentations, as well as underwriting College of Nursing alumni events such as homecoming, Nurses Step Out and the DNP-PhD Anniversary Celebration. For a full listing of Boomerang members, please visit our website at [www.uknursing.uky.edu](http://www.uknursing.uky.edu). Click on Alumni then Boomerang Society.

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Thank you to the following companies and foundations that match alumni and friends' gifts to the College of Nursing.

Ernst & Young Foundation  
GlaxoSmithKline  
IBM Corporation  
Shell Oil Company Foundation  
Siemens Financial Services, Inc.

# A Lifelong Passion FOR Helping People

DIANE L. PAYNE



Diane L. and James R. Payne

## Ways to Give

Through gift and estate planning, there are many ways to help young men and women achieve their education and career goals at the UK College of Nursing. With a bequest, a gift annuity or charitable trust, you can leave a legacy, impact the future and help others follow in your footsteps. For more information on giving opportunities in the College of Nursing, contact Aimee' Baston at **(859) 323-6635** or email her at **abaston@uky.edu**.

"We want to give back to people," is Diane L. Payne's (BSN '84) answer when you ask her why she and her husband, James R. Payne, give to the UK College of Nursing. "We both worked to put ourselves through school. I had wonderful instructors and supervisors at UK who wanted all of us to succeed. I want to give back and help someone else get a great education."

Mrs. Payne grew up in Louisville, Ky., and became interested in nursing through her high school biology teacher, Mr. Alan Slead. His biology class led her to volunteer at Norton Healthcare where she eventually became a certified medical assistant. She says, "I love people. I love talking to them and taking care of them."

This passion for helping people led Mrs. Payne to pursue a career in nursing. "Back then in nursing, there was a push to turn out nurses faster, so the associate degree nursing programs were more popular in some areas. The University of Kentucky offered the 'Two Plus Two' program, which meant obtaining an ADN first, followed by a BSN." She graduated with an associate degree in 1979 from Lexington Technical Institute (formerly part of the University of Kentucky) at 19 years old. She then worked at Louisville General Hospital for a couple of years before deciding to return to UK for her BSN.

Mrs. Payne remembers, "I wanted to return to Kentucky to complete the education that the College of Nursing encouraged for the ADN graduates. I always loved UK—everything about it! The College of Nursing had just relocated to its new building with the walkway over to the hospital. I worked 12-hour shifts at UK Hospital to support myself, took classes and lived nearby. It was wonderful!"

After graduation, Mrs. Payne spent a year as a traveling nurse and then took a job with Saint Joseph Hospital in Lexington before returning to Louisville where she worked at the Louisville V.A. Medical Center in intensive care—a unit in which she would eventually become the head nurse for medical intensive care and coronary care. It was during this time that she met her husband, who was working on his plastic surgery fellowship at the University of Louisville. The couple got married and decided to return to his home state of California. In 1990 he set up a plastic surgery practice in Modesto, Calif., where Mrs. Payne eventually joined him to assist with managing the medical/surgical office, surgery center and to head up their laser and skin care practice.

Throughout her career, she has always given to the college. "The College of Nursing has helped make me who I am today, so I give back." When setting up their estate plans, the Paynes wanted to do more. Mrs. Payne says, "I see so many people who do not have the means to move forward with their education. They just need some help." The couple are providing just that—by generously establishing the Diane Payne Nursing Scholarship Endowment Fund, which will support three students annually in each of the degree programs (BSN, DNP and PhD). Mrs. Payne modestly explains, "Jim and I have worked very hard for what we have, and we want to help others work hard and achieve their life's goals."