Welcome to the inaugural edition of the Saint Louis University School of Nursing Magazine, Cura Personalis. We chose the name, Cura Personalis, which means care for the entire person, because nursing is a profession synonymous with caring. The very origins of nursing lie in the most fundamental of human impulses: to care for those in need.

This is a very exciting time for the nursing profession. The landmark report, the “Future of Nursing” created unparalleled excitement, energy and support for nursing. The report advocates for nurses to lead change and advance health. With the changes in health care and health care reform, we expect nearly 40 million people will enter the health care system. The need to educate more nurses to meet the anticipated demand for health care services has never been more compelling. And the School of Nursing is well positioned to do just that through our innovative academic programs that transform nursing practice while advancing the science of nursing.

You’ve heard the old adage, “It takes a village.” I often compare the school to that village where each of us — faculty, staff, students and alumni — constitute a binding thread, tightly interwoven into the school’s fabric, all doing our parts to give the entire school its strength. This magazine highlights a few of those strengths — our state-of-the-art classrooms and new simulation center, our global presence through our Madrid nursing program, and the strong value our graduates place on service for others. As you peruse this inaugural issue, you will find that our faculty, staff, students and alumni live five’ values and ideals. The articles reflect who we are and what matters to us.

I am grateful to serve as dean of this fine school. Saint Louis University has provided me with the perfect alignment of passion and opportunity. I’m proud that we prepare highly educated and skilled nurses who give each patient the holistic and compassionate care he or she deserves. Providing leadership and personalized care, our nurses are valued contributors and partners in improving the health and wellness of individuals, families and communities around the world. We make a difference.

Look forward to hearing from you, hope you stay connected to us, and welcome your feedback and ideas for future issues.

From the Dean
Community Support
A dozen School of Nursing faculty, students and friends volunteered at the St. Louis Crisis Nursery in October 2012 as part of Make A Difference Day, the University’s annual day of service. This was the second year the school chose to volunteer at the nursery. In past years, students and faculty have served at homeless shelters, picked up trash in neglected neighborhoods, raked leaves and helped build homes with Habitat for Humanity.

Joanne Langan, Ph.D., R.N., C.N.E., associate professor and coordinator of disaster preparedness at the School of Nursing, has been coordinating the school’s volunteer efforts for the past 12 years. “I think it’s important for the students to work together with faculty and staff outside of academics,” Langan said. “We hope to foster that commitment to service and a means of giving back to the community.

SLU Professor Receives High Honors
Professor Norma Metheny, (’78) Ph.D., R.N., F.A.A.N, the Dorothy A. Vimmmer Endowed Chair in Nursing, has received the 2012 Midwest Nursing Research Society (MNRSS) Senior Scientist Recognition Program Award. The award recognizes an MNRSS member who has demonstrated outstanding scholarly achievement, mentorship and service, and represents the highest class of membership.

Metheny has invested her career in researching where to place feeding tubes, how to detect aspiration and how feeding tubes can cause pneumonia. Her seminal textbook, Fluid and Electrolyte Balance: Nursing Considerations, is in its fifth edition. For more than two decades, she has written authoritative clinical nursing resources on fluid balance, feeding tubes and nutrition for a variety of publishers.

The National Institute of Nursing Research has funded Metheny’s studies and clinical trials on feeding tubes for nearly two decades. She recently completed a study that attempted to develop a first-of-its kind bedside test to detect aspiration, which could help nurses and doctors in preventing pneumonia.

Metheny also received the 2012 American Association of Critical-Care Nurses-GE Healthcare Pioneering Spirit Award for her work with feeding tubes. The award recognizes significant contributions that influence high acuity and critical care nursing and relate to the association’s mission, vision and values.

Metheny is a fellow in the American Academy of Nursing. American Society for Parenteral and Enteral Nutrition, Sigma Theta Tau International and Midwest Nursing Research Society.

Federal Grant Funds Nursing Scholarships
Saint Louis University School of Nursing has received a $682,000 federal grant to increase the number of nurses pursuing advanced degrees as primary care practitioners.

"All of the money from the two-year grant will go toward scholarships to those pursuing master's or doctoral nursing practice degrees in pediatrics, family or adult-gerontological nursing," said Mary Lee Barron, (’81, ’08) Ph.D., A.P.R.N., F.N.P.-BC, director of advanced nursing practice programs at SLU.

“There is a tremendous shortage of primary care nurse practitioners in rural and inner city areas,” Barron said. “Because about 60 percent of our nursing students wind up in medically underserved areas, this is a good opportunity for Saint Louis University to help address a critical problem in the health care system.

“The goal is to get nurse practitioners in communities where they can do the most good.”

The need for nurse practitioners who have advanced education will continue to grow as the Affordable Care Act extends health insurance coverage to 33 million Americans by 2022.

Last year, 38 SLU nursing students received grants that helped them pay for advanced education. Barron said she expects SLU will expand scholarships to help fund the education of at least 50 nursing students this year.

SLU’s advanced degree programs for nurse practitioners in clinical practice, which attract students from 30 states, are offered exclusively online so that nurses can continue working as they pursue further education.

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) is funding the initiative.
Digital Classroom Unites Ph.D. Nursing Class

A new digital classroom at the School of Nursing allows on-campus and distance doctoral nursing students to learn and interact simultaneously for the first time. It is hoped the pilot program will enhance training, increase enrollment and prevent loss of qualified students.

As the nation faces a major nurse faculty shortage, the University will prepare qualified doctoral faculty to teach in schools of nursing,” said Andrew Mills, ’85, ’97, ’95 Ph.D., R.N., director of the doctoral nursing program. “The digital classroom helps us prepare more nurse scientists and nurse faculty. More research is needed to improve our understanding of patients and the care they receive.”

Since 2005, the doctoral nursing program has had a dual option for admission, with on-site students admitted in even-number years and distance students admitted in odd-number years. This often resulted in qualified applicants having their studies delayed an entire year if their preferred option was not available. The pilot program, which also is being tested with the School of Public Health, facilitates and enhances the use of FuzeMeeting video software and allows for faculty members to provide learning environments with geographic and intellectual diversity.

Distance and on-site students are able to come together in a leading-edge environment, which maintains the culture and climate of a traditional classroom, regardless of students’ venue. Students are free to speak without the nuisances of traditional technology, such as pushing buttons to raise their hands or speak. Faculty can lecture, display information, share websites and video to all students through two high-definition cameras and four microphones embedded in the classroom’s ceiling.

It is exciting to watch faculty simultaneously teach both students sitting in the classroom and those joining the classroom from a distance. The digital classroom is an important contribution to the University in upgrading its technology to benefit student learning and facilitate faculty teaching."

MILLS

Five Nurses Honored in 2012 by St. Louis Magazine

Three Saint Louis University School of Nursing faculty members and two SLU/Care neurology and psychiatry nurses were honored for making a positive impact on the lives of their patients and colleagues at St. Louis Magazine’s third annual Excellence in Nursing Awards ceremony. Roughly 300 nurses were nominated by members of the community for recognition by the magazine. The 71 finalists and 18 winners were chosen by a selection committee made up of four judges from outside St. Louis. The recipients are:

Eve Holzem, ’(98, ’11) D.N.P., R.N., is a nurse practitioner at the St. Louis Veterans Affairs Medical Center and an adjunct instructor at SLU’s School of Nursing. She’s been a nurse for more than 30 years, and is one of school’s first three students to receive the doctor of nursing practice degree, the highest degree in the field.

Janet Severine, ’(92) M.B.A., is an accomplished nurse clinician and educator with more than 30 years of experience in the field and a passion for neurology. She is a nurse practitioner for the Soares Stroke Institute at Saint Louis University School of Medicine, where she provides care to acute stroke patients. Severine is also a member of the American Academy of Nurse Practitioners.

Margaret Benz, ’(74, ’82, ’95) M.S.N.(R), R.N., A.P.R.N., A.N.P., assistant professor, has received a Missouri Nurses Association’s 2012 Nurse of the Year Award. In addition to this honor, Missouri Gov. Jay Nixon appointed Benz to serve on the Missouri HealthNet Oversight Committee, which reviews participant and provider satisfaction reports. Benz also received a commendation award in 2012 from President Barack Obama.

Mary Ann Lavin, D.S.c., R.N., A.P.R.N., A.N.P.-B.C., F.N.I, F.A.A.N., associate professor, has been inducted as a NANDA International Fellow. The community of fellows represents nursing leaders with standardized nursing language expertise in the areas of education, administration, clinical practice, informatics and research.

Laura McLaughlin, ’(87, ’91, ’11) Ph.D., R.N., assistant professor, received the 2012 Research Career Development Award from the Oncology Nursing Society Foundation. McLaughlin received the nationally competitive $20,000 grant for her project, “Taste Dysfunction in Head and Neck Cancer.”

Vicki Moran, ’(94, ’97) M.S.N., M.P.H., R.N., G.C.C.N., C.N.E., instructor, won the American Diabetes Association’s 2012 St. Louis Area Learn Outreach Award. The award honors individual volunteers who demonstrate significant and ongoing commitment to those affected by diabetes.

Faculty Awards

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MILLS

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MILLS
Simulation exercises become an essential component of clinical education

Artificial Intelligence

“I’ve never really worked on a patient with heart disease. Let me give you this medication. ‘We can do better than that.’”

Faculty observe as senior nursing students begin a simulation exercise on an E.R. patient who is presenting with chest pains.

“Simulation allows our students to engage in real-life clinical experiences in low-risk environments,” she said. “Our innovative approach enhances clinical competencies before students begin caring for patients in complex, high acuity patient care environments. By expanding the lab we’ve strengthened the educational process.”

KNOCKING DOWN WALLS

Since assuming responsibility for the simulation laboratory four years ago, Haycraft has worked hard to create a state-of-the-art facility designed to bridge theory with practice. She surveyed faculty about the most common disease events nurses encounter — chest pains, congestive heart failure, dehydration, confusion, asthma — and designed simulations around them. Next, she started knocking down walls.

The School of Nursing expanded the lab on the first floor from one small room with two computers, an exam table and two manikins to what it is today — two hospital units, four exam rooms, 36 hospital beds and two control rooms where instructors behind one-way glass operate nine, moderate-to-high fidelity manikins that simulate symptoms, diseases and conditions found in a real-care setting.

COME FLY WITH ME

Haycraft is passionate about her work. She believes simulation education has proven its worth in many other occupations and is becoming essential to nursing education.

“If you boarded an airplane and the pilot said, ‘hi, I’m Linda Haycraft, and I’ll be your pilot today,’ I’ve read all the books and heard all the lectures but I’ve never really flown a plane before. I hope you’re OK with that,” said faculty sometimes alter simulation scenarios.

Haycraft says nursing must improve simulation experiences because the number of nursing students in need of clinical education exceeds the number of on-site locations available for that education.

During the past few years, nursing school enrollment has exploded throughout the country, yet the number of hospitals where nursing students can be educated is relatively stagnant. Haycraft noted that the 120 SLU nursing students going through their pediatric rotation, for example, are competing with students from more than a half dozen other nursing schools in the area for positions at the only two pediatric hospitals in the city — SSM Cardinal Glennon Children’s Medical Center and St. Louis Children’s Hospital.

Eye for Detail

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Teri Murray, (’79, ’93, ’97) Ph.D., A.A.N., B.C., R.N., F.A.A.N., dean of the School of Nursing, said the expansion was an investment in SLU’s students.

“Simulation allows our students to engage in real-life clinical experiences in low-risk environments,” she said. “Our innovative approach enhances clinical competencies before students begin caring for patients in complex, high acuity patient care environments. By expanding the lab we’ve strengthened the educational process.”

Once the expansion was complete, Haycraft’s next step was to integrate simulation education into all four years of the undergraduate curriculum. In the past, only juniors and seniors ran through simulations. Now, freshmen observe a simulation during their Introduction to Nursing course to get comfortable with the setting. Using pre- and post-operative manikins, sophomores learn to administer medications, insert catheters, and address the pain management and spiritual needs of patients.

Eye for Detail

Haycraft pays painstaking attention to detail during simulations. Before the exercise, students receive a packet of information containing the patient’s history, suggested readings and a comprehensive list of learning objectives.

Once the students — no more than three per simulation — are at the patient’s bedside, Haycraft doesn’t expect perfection, but she expects professionalism. They have to speak to the manikin as though it were a real person.

The school installed voice modulators so faculty members behind the one-way glass speak for the manikins actually sound like the patients, whether the patient is a 56-year-old man with coronary artery disease, a 5-year-old boy with asthma or an 14-year-old woman with heart failure and atrial fibrillation.

Although the basic scenarios are set, Cynthia S. Rubelke, (’79, ’85) M.S.N., R.N., F.A.A.N., a part-time instructor in the simulation lab for the past four years, said faculty sometimes alter simulations on the fly.

“When something goes wrong or things don’t go as the students expect, we can make the manikin respond differently, and this can create a whole other learning experience for the student,” she said. “It’s just like the real world when things don’t follow the plan. The ability to change course can expose students to a situation they might not experience in clinicals.”

Behind each of the regulation hospital beds in the simulation lab is a head wall identical to those designed by the company that makes units for hospitals. Only the oxygen is impermeable. Everything else works exactly as it would in a patient’s room.
SimMan 3G features of curapersonals

Some of the curapersonals

• Eyes produce tears
• Eyes blink at various rates
• Pupils respond to light
• Arm automatically recognizes drugs and doses
• Manikin measures the quality of CPR, provides real-time feedback on compression rate, depth, release and hands-off time as well as generates palpable pulses, blood pressure wave forms and ECG artifacts.
• Manikin simulates the production of urine output and bowel sounds.
• Manikin simulates the production of tears.
• Manikin simulates the production of sneezes.
• Manikin simulates the production of urinate and hemorrhage. His pupils automatically dilate and constrict in response to light. His chest rises and falls, he produces lung, heart and bowel sounds, and his blood pressure and heart rate can be programmed to reflect distress. Students can defibrillate or catheterize SimMan 3G, set up an IV or administer medications. His right arm is so sophisticated that it can automatically recognize and respond to drugs and dosages. If SimMan 3G goes into sudden cardiac arrest, and the student injects, say, amoxicillin rather than adrenaline, SimMan 3G could die. If the experience supraventricular tachycardia (SVT) and the student gives the incorrect medication, adrenaline, but gives it too slowly, SimMan 3G will remain in SVT.

Watching the Clock

Haycraft also insists that simulations be done in real time with no shortcuts. If “Billy Kin,” the pediatric manikin with asthma, needs a five-minute breathing treatment, students are expected to deliver that treatment for the full five minutes. If a patient with chest pains needs nitroglycerin, the student is expected to pull the correct medication and administer it to the patient within the recommended amount of time. One of the manikins is fitted with a drug recognition system and responds physiologically to the right and wrong treatment. (See sidebar.) As fascinating as the manikins are, however, Haycraft said the debriefing room is where most of the learning occurs. Ceiling cameras record all simulations, and instructors and students review the recording after the hands-on experience.

“The hardest is when a manikin dies,” Haycraft said. “The students take it personally. They actually cry because they feel so bad. We don’t talk about the material in their preparation packet at that point because they have to process their feelings. I re-mind them that this is where it’s OK to make a mistake, and I’m certain they won’t make that mistake again.”

In response to student requests for more time in the simulation lab, Haycraft is planning to expand sessions to half-days rather than two-hour blocks. She’d like to add more personnel and another high-fidelity manikin. She’d also like to add interprofessional training to the curriculum, allowing nursing students to run through simulations with students from the University’s school of medicine and college of health sciences.

“This lab helps sell the school,” Haycraft said. “When we survey prospective students who come through on tours, they point to the simulation lab as the hook that reeled them in so we’re constantly looking to improve the educational experience.”

And if the feedback from students and prospective students isn’t enough, the School of Nursing got a boost from the Missouri Board of Nursing when members toured the lab two years ago as part of an accreditation visit. Members said they had visited larger simulation labs and labs with more manikins, but they had not seen a program as comprehensive and well run as the one at the SLU School of Nursing.

A Good Manikin is Hard to Find

Well, maybe not hard to find but hard to finance. SimMan 3G, the most high-fidelity manikin simulator in the laboratory, costs about as much as a fully loaded Lexus hybrid. SimMan 3G® can blink, sweat, cry, urinate and hemorrhage. His pupils automatically dilate and constrict in response to light. His chest rises and falls, he produces lung, heart and bowel sounds, and his blood pressure and heart rate can be programmed to reflect distress. Students can defibrillate or catheterize SimMan 3G, set up an IV or administer medications. His right arm is so sophisticated that it can automatically recognize and respond to drugs and dosages. If SimMan 3G goes into sudden cardiac arrest, and the student injects, say, amoxicillin rather than adrenaline, SimMan 3G could die. If the experience supraventricular tachycardia (SVT) and the student gives the incorrect medication, adrenaline, but gives it too slowly, SimMan 3G will remain in SVT.

Emily is the most common name among SLU students this year, which is why instructors chose the moniker for the simulation lab’s new birthing manikin. Emily is married but her husband, Scott, is serving in Afghanistan, so he is not present for the birth of their first child. Nurses usually don’t deliver babies, however, Haycraft has created a simulation in which a nurse would be more actively involved. During the simulation, Emily experiences late deceleration in which the fetal heart rate drops. Students have to determine what action to take to stop the deceleration. Spoiler alert: They should not Emily on her side, open her IV fluids and give her oxygen. An instructor playing an obstetrician helps Emily successfully deliver her baby, and students monitor the baby’s heart rate on a high-fidelity infant manikin in a warming bed at Emily’s bedside.

If there were a disaster in St. Louis, all we’d need is portable oxygen to turn this lab into a hospital overflow unit,” she said.
Suzanne Mahon
2012 School of Nursing Alumni Merit Award Recipient

SUZANNE MAHON (’83, ’86) D.N.Sc., R.N., A.O.C.N., A.P.N.G., one of only a handful of nurses nationwide certified in genetics, founded the Hereditary Education Program at Saint Louis University Cancer Center in 1999. She continues to lead the program, which offers comprehensive counseling and education for at-risk patients and families.

Mahon became interested in oncology during her last clinical rotation at SLU Hospital. She was offered a job before graduation and has worked in oncology for nearly 30 years. At the time, genetics was a relatively new field that focused on treatment, not prevention. “In the ’80s, we knew that people with a family history of cancer were more likely to develop the disease. But beyond better screenings, there was little we could offer them,” Mahon said.

While completing her doctoral program at Rush University in Chicago, Mahon had the opportunity to take courses in genetics and tumor biology. She did additional training at the University of Texas MD Anderson Cancer Center and Creighton University. Mahon was hooked. When the opportunity came to operate an independent cancer screening center at the former Deaconess Hospital, she seized it.

“I’ve always been in the right place at the right time, but I’ve also been willing to take chances—that’s key,” said Mahon, recipient of the School of Nursing’s 2012 Alumni Merit Award. “I never could have guessed how rewarding and challenging a career in genetics would be. I have been truly lucky, and I would take the same route again.”

The field of genetics has grown rapidly during the last 20 years. Researchers have identified a number of gene variants associated with specific diseases or conditions. About 10 percent of the population has a hereditary risk for developing cancer, especially cancers of the breast, colon, ovary, uterus and malignant melanoma. The discovery of the breast cancer genes BRCA1 and BRCA2 has made breast cancer one of the most requested genetic tests for disease susceptibility.

Credentialled genetics professionals play a crucial role in helping individuals and families determine their risk, decide whether to pursue genetic testing and make sense of their test results.

“What I’m able to do with patients is absolutely amazing. As a genetics professional, I have the rare opportunity to help patients prevent a serious disease,” Mahon said. “My job is to provide patients with better information about their risk for cancer so they can make informed decisions to reduce this risk—whether it be through earlier screenings, further genetic testing or preventive medications or surgery.”

Advances in genetic testing have not come without consequence, though. “When someone hears that he or she has a 90 percent risk of developing cancer, it can be extremely distressing. Genetic testing can create a lot of stress, which is why education and counseling is so important. I help patients understand the results and provide further recommendations and emotional support,” Mahon said.

A New Role for Nurses

Mahon said that nurses can play an important role in the field of genetics. “Providing genetic services requires a unique combination of psychosocial skills, knowledge of genetics and knowledge of diseases, such as cancer,” Mahon said. “Nurses are well suited to deliver these services because of their expertise in meeting the emotional needs of patients and families while delivering competent care to manage a disease. With additional training in genetics, nurses can provide comprehensive and seamless care to families.”

Advance practice nurses in all genetic specialties can use their clinical experience and documented cases to earn the credential in genetics. Mahon says this credential is an important step for nurses to establish their expertise and let patients and other medical professionals know that they have specialized knowledge in the field of genetics and are competent to assess hereditary risk and recommend steps to manage their risk.

A Leader in the Field of Oncology Nursing

Beyond her clinical work, Mahon has been a leader in the field of oncology nursing. She has authored or co-authored more than 110 peer-reviewed publications and has contributed to, edited or authored nine text and reference books for the Oncology Nursing Society. She was recently selected to revise the Advanced Practice Professional Performance section of the Oncology Nursing Society Standards for Practice.

Last year, the International Society of Nurses in Genetics honored Mahon with the Founders Award for Excellence in Patient and Professional Education in Genetics. Mahon’s research has received funding from a number of sources. Her current work in the field of educating women with a hereditary predisposition to developing cancer has been continuously funded by Susan D. Komen for the Cure since 2005.

Mahon also teaches medical students, residents and fellows and has precepted and mentored nursing students with an interest in cancer prevention and detection. She’s especially proud of her new role as a faculty mentor.

Mahon worked with Laura McLaughlin, ’(87, ’90) Ph.D., R.N., G.N.C., SLU assistant professor of nursing, on her dissertation project, which looked at how tastes change in head and neck cancer patients following treatment. Mahon encouraged McLaughlin to apply for the Oncology Nursing Society Clinical Journal of Oncology Nursing writing mentorship program, in which Mahon served as the mentor. The paper was published in April. In October, McLaughlin received an Oncology Nursing Foundation Clinical Research Career Development Award. Mahon again will serve as her mentor.

“Working with faculty members is another way I can stay connected to the School of Nursing,” Mahon said.

Passing the Torch

Mahon is the mother of three daughters, two of whom are enrolled in nursing programs at SLU. Mahon’s oldest daughter, Emily plans to graduate from the accelerated program this spring and already has a degree in music therapy from Maryville University in St. Louis. Mahon’s middle daughter, Maureen, is a junior in the traditional nursing program. Maureen has volunteered at the Cancer Center’s Resource Center since high school and hopes to follow in mom’s footsteps as an oncology nurse.

“Both of my daughters have made their decisions to come to SLU and study nursing independently and in different ways. While I didn’t push them to pursue nursing, I couldn’t be more proud of them,” Mahon said.

“Nursing is a challenging and satisfying career filled with many possible opportunities and options for those who are willing to use their skills and intellectual expertise,” she continued. “I have had the privilege of supporting and caring for patients and families throughout the cancer trajectory. I am confident that the care I give makes a difference and that their experience is a better one because of their interactions with a nurse.”

To nominate a classmate for the 2013 School of Nursing Alumni Merit Award, go to: alumni.slu.edu/NursingNomination2013. Nomination forms are due by March 28, 2013. If you have questions, contact Kate Palley, Assistant Director of Alumni Relations, at 314-977-2348 or kpalley1@slu.edu.
Even before globalization was a buzzword in health care, the School of Nursing was offering students the opportunity to study abroad. For more than 20 years, a handful of nursing students traveled each semester to the University’s Madrid campus, where they took general education courses and fulfilled some of the degree requirements for the Bachelor of Science in Nursing.

Then, three years ago, the school made a change to its International Nursing Program that caused enrollment to quadruple. Rather than offering students the occasional nursing course mixed with general education classes, the curriculum for freshman and sophomore nursing students in Madrid was revised to mirror that on SLU’s main campus — course for course.

“Before the change, nursing students who chose to study in Madrid only got a piece of the nursing curriculum,” said Judith H. Carlson, ’72, M.S.N., R.N., C.N.E., associate professor and traditional option coordinator. “When they returned to SLU’s main campus they had to play catch up with their classmates by going to summer school, or they stuck around for another semester, which was expensive. Now freshman and sophomore nursing students can go to Spain for either a semester or for their entire first two years and not miss a beat.”

The program is growing so quickly that the University is looking to add faculty in Madrid and already has expanded facilities by installing a fully equipped nursing laboratory to deliver courses.

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**BIG DRAW**

As many as 40 students enroll each semester in the study abroad program, and the number continues to grow. It is the only program in the country that allows nursing students to stay on track and graduate in real time. Students who study in Madrid — no matter how many semesters — receive their B.S.N. from Saint Louis University.

The program takes extensive coordination between the School of Nursing and the division of sciences, engineering and health sciences on the Madrid Campus. Taieb Gasmi, Ph.D., is chair of the division.

“Big Draw”

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“We’re constantly reviewing staffing, curriculum and course delivery to make certain students are fulfilling their academic objectives while learning to adapt to different concepts of cultural space in caring for the sick,” Gasmi said. “The growth of the program is a sign of SLU’s commitment to providing international experiences for its nursing students.”
Jordyn Gumm couldn’t wait to get exposure to another culture. When she was younger, she occasionally was allowed to go to work with her mother, an ER nurse in Grapevine, Texas. “I’d peak out into the waiting room and notice that at least half of the patients were Spanish speaking,” said the School of Nursing junior. “I wondered how you would communicate important information if you didn’t speak the same language.”

Gumm experienced this firsthand last year when she chose to spend the spring semester of her sophomore year in Madrid. Although she took Spanish classes throughout elementary school and in junior high, she was not fully conversant, as is the case with most nursing students in Madrid. For this reason, all students must take a specialized elective, such as Spanish for Nursing, to develop a professional level of Spanish outside conversational language and to prepare them to work side-by-side with Spanish health care professionals in clinical settings.

Gumm spent four weeks working with Spanish-speaking nurses in a nursing home and five weeks at a private clinic to electronic health records. Volunteers also may be needed to help transition the system and connect with existing resources in the community. Leslie Ford, a senior, volunteers as a medical interpreter to help bridge the communication gap between medical staff and patients.

Ford spent her freshman and sophomore years studying on SLU’s Madrid campus, where she took courses on language and culture and performed clinical rotations in Spanish hospitals. She began volunteering at Casa during her junior year.

“I believe access to high-quality health care is a basic human right,” Ford said. “Wealth and a country’s borders should have no impact whatsoever when it comes to an individual’s care.”

“(Working at Casa) has given me a chance to develop a broadened awareness of health disparities and cultural issues within the St. Louis community as well as make a small difference in the lives of my neighbors,” she said. “To see the smile and the appreciation beaming from the eyes of a patient who has finally been listened to because I was there to offer a hand — there’s no feeling like that.”

Volunteering at Casa also offers students valuable learning opportunities, said Dannie Paskewitz, a student in the Accelerated Generalist Master’s of Science in Nursing Program. Paskewitz said she frequently sees cases at the clinic that mirror her experiences as a student in the Accelerated Generalist Master’s of Science in Nursing Program. Paskewitz said she felt so prepared.”

Volunteers are critical to the success and sustainability of Casa de Salud. There is a particular need for family nurse practitioners. Nurses and other health professionals can volunteer as patient navigators and interpreters, or help with special events and projects. Volunteers also may be needed to help transition the clinic to electronic health records.

For more information, call Daniel Richter, volunteer coordinator, at 314-977-1258 or visit casadesaludstl.org.
I am selfish. If I look at what I wish would happen, the stark reality is this: If I am so set on him surviving, then I am asking for this little guy to live in a Third World country where his tumor may have continued to grow. Maybe I would be sentencing him to not having enough to eat, or clean water, or clothing or education. Instead, this little guy will be with the Lord, where there is no more suffering and he will have a glorious eternity, healthy and happy. Maybe the purpose of this was all for LOVE. When this little boy leaves this world, all he will be known is LOVE — the insane love that his poppa has for him — a love that touched every single one of us in the hospital.

The Patient in Bed Six

It should have taken two to three weeks for the official biopsy, but we knew he didn’t have two to three weeks. Just one week after presenting at the screening with a two-month-old tumor, the tumor had grown almost 25 percent. The growth rate told us more than we wanted to believe. The team decided to do an initial cytology, and it came back as we feared it would — malignant.

One of the hard truths of this country is that there is no chemotherapy or radiation available. It simply does not exist.

For two more nights I cared for him. I watched one of the most loving and dedicated fathers care for him. I watched his poppa soak bread in tea to make it a consistency his son could consume. I watched his poppa spoon-feed him water, rock him to sleep and wash him, tied to his back, in the middle of the night until he tumbled in his crib. This little guy is his ENTIRE world.

I watched the two of them curled up together in bed, poppa waiting to his every little stirring, making sure that his son was comfortable and in a spot to help his breath- in a spot to help his breath- ing. I watched this little guy sleep in peace. That was the breaking point. Knowing that it would not be so peaceful for him soon as his body betrays him. I watched the realization in his poppa’s face as he told us he could not help his beautiful son. And there I stood, wrecked in tears and angry. I am angry — angry that this is the reality for this little man.

I heard about Mercy Ships from a friend,” Wyson said. “The idea was planted like a seed, and it grew until I had the gumption to go for it.”

Wysong is in Guinea and has committed to Mercy Ships until April 2013. She has been keeping a blog during her mission. In this excerpt, Wyson describes her experience treating a two-month-old tumor

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If you or someone you know is continuing to live the University’s mission, please contact us at Cura_Personalis@slu.edu. We appreciate hearing from our alumni.

From Your Executive Advisory Board Chair

Trudy Valentine (’80) B.S.N., M.A.P.S., E.N.T.

It is with profound affection and deep gratitude to the School of Nursing that I write you this welcome letter. As you page through the inaugural issue of Caso Perso- nes, I hope you enjoy seeing the school as it is today. I also hope you take a moment to reflect on your time as a student and feel proud to call yourself a graduate.

Saint Louis University’s School of Nurs- ing provided me with a quality education by incredible instructors who understood that nurses caring for the whole person is our most important responsibility. I was hired on my first job interview at Massa- chusetts’ General Hospital in Boston because I was a SLU graduate. Times certainly have changed. My daughter, Christina, a graduate of the class of 2012, wasn’t able to interview with any hospital until she completed an online application. Nurses now wait with bated breath in hopes of being called back for personal interviews. I am happy to say that my daughter is an employed nurse.

Dean Teri Murray has done an out- standing job making sure our school continues to grow and improve to meet the increased demand for quality nurses. As chair of the School of Nursing’s Execu- tive Advisory Board, I have witnessed this firsthand. Since its founding in 1928, the nursing-school has remained committed to developing tomorrow’s nurses by providing them with the best faculty, state-of-the-art technology and outstanding curriculum. Our overall curriculum remains among the best in the region, and many of our programs are the first of their kind in the nation.

To all the nurses with their BSN’s, mas- ter’s degrees, doctors and certificates from SLU, thank you, and may God bless you each and every day. Please remember that your hands, hearts and minds are an extension of our magnificent faculty.

Nurses have been and will continue to be the world’s greatest healers because of schools like ours.
Bring together friends and classmates who hadn’t seen each other or campus in several years. Members of the Class of 1962 comprised the largest group in attendance as they celebrated their 50th anniversary. In addition to the annual Alumni Merit Celebration and Luncheon, alumni, students and friends of the School of Nursing were offered tours of Heritage Hall and the newly renovated simulation lab. Enjoy some images from Homecoming 2012.

Make plans now to join us this fall SEPT. 27-29, 2013.
Because you give...

“We are able to complete a great education that we may have not been able to receive otherwise, while also enjoying every moment of this journey with each other as sisters.”

Giving really does change lives.

Though the amounts and the reasons may vary, there’s one thing all gifts have in common: Together they make a world of difference to Saint Louis University.

Make your gift by using the envelope enclosed in this issue of Cura Personalis, or online by visiting giving.slu.edu.

For more information about making a gift, contact the Development Office at 314-977-8831.