

#### WHAT'S IN A NAME? Cura Personalis

Cura Personalis is published annually by Saint Louis University School of Nursing and is mailed to alumni and friends.

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in front cover, 6-9, 12-13, 21 and back cover andrew Mills, ('85, '87, '95) Ph.D., R.N. 

inside cover

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#### From the Dean

Welcome to the inaugural edition of the Saint Louis University School of Nursing Magazine, Cura Personalis. We chose the name, Cura Personalis, which means to care for the entire person, because nursing is a profession synonymous with caring. The very origins of nursing lies 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 - constitutes 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 lives of service and engagement. The articles exemplify how we live the Jesuit mission, 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.

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



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ON THE COVER

High-tech upgrades to the

to develop clinical skills

simulation lab allow students

SAINT LOUIS UNIVERSITY SCHOOL OF NURSING Winter 2013

Artificial Intelligence Simulation exercises become an essential

component of clinical

education

Faculty Profile: Suzanne Mahon Pioneer of nursing's

role in cancer prevention



Innovative study abroad program attracts growing number of students

Nursing Notes: School news briefs • 3 Shelf Life: Publications by faculty • 10

Alumni News: Catching up with classmates • 19



#### **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.



Above School of Nursing volunteers take a break on the playground at the St. Louis Crisis Nursery. From top to bottom: Shelley von der Lancken, Joanne Langan, Maura Lynch, Claire Roberts, Molly Roell, Linda Haycraft, Sheila Leander and Ashley Schmuke.

Right School of Nursing junior Claire Roberts and Aaron Alexander, a senior in the John Cook School of Business and member of SLU's hockey team, organize donations in the Crisis Nursery storage area.



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. We have great fun getting to know each other while we are truly making a difference in the lives of those we have served. Most of all, it gives us a greater appreciation for what others don't have and what we can do to make their lives just a bit more pleasant."

SLU Make A Difference Day participants provided service at 136 locations across the St. Louis area the highest number of sites served in the event's history.

#### SLU Professor Receives High Honors

Professor Norma Metheny, ('78) Ph.D., R.N., F.A.A.N., the Dorothy A. Votsmier Endowed Chair in Nursing, has received the 2012 Midwest Nursing Research Society (MNRS) Senior Scientist Recognition Program Award. The award recognizes an MNRS 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. She is a frequent speaker at regional and national conferences, presenting at the American Association of Critical-Care Nurses' National (AACN) Teaching Institute as early as 1976. Her innovative research and clinical contributions have been recognized by a long list of honors and awards, including the 2006 AACN Distinguished Research Lecturer.



#### 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.B.C, 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.

#### Five Nurses Honored in 2012 by *St. Louis Magazine*

Three Saint Louis University School of Nursing faculty members and two SLUCare 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 Holzemer, ('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 Souers 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.



Dorcas McLaughlin. Ph.D., R.N., P.M.H.C.N.S. **B.C.**, **P.A.T.** coordinates SLU's accelerated psychiatric/mental health nursing course. She also teaches courses in communication in health care and family violence. Since 1999, she has developed an Action Methods Classroom, where she used creative teachinglearning strategies based on psychodrama theory to prepare students for nursing practice.



Lee Smith, ('78) Ph.D., Joanne Thanavaro. ('79, '82) D.N.P., R.N. teaches public health nursing at the undergraduate level, **D.C.C.** is interim family nursing at the master's level and associate dean for research methods to doctoral students. Prior to becoming an educator, Smith spent 16 years as a public health nurse serving primarily maternalnursing courses at child populations. Her approach to teaching emphasizes the importance of the setting in hospitals public health nursing maxim "begin with people as they are and provides practical the situation as it is." applications to the



A.P.R.N., A.N.P.-B.C., A.C.N.P.-B.C., G.N.P., graduate education and the coordinator of the School of Nursing's adult nurse practitioner program and teaches a number of advanced SLU. With extensive experience working in the intensive care in Philadelphia and St. Louis, Thanavaro classroom to prepare her students for real-life medical situations.

#### Faculty Awards

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 for volunteerism in 2012 from President Barack Obama.

Mary Ann Lavin, D.Sc., 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

Vicki Moran, ('94, '97, '97) M.S.N., M.P.H., R.N., C.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

## Digital Classroom Unites Ph.D. Nursing Class



"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, '87, '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.

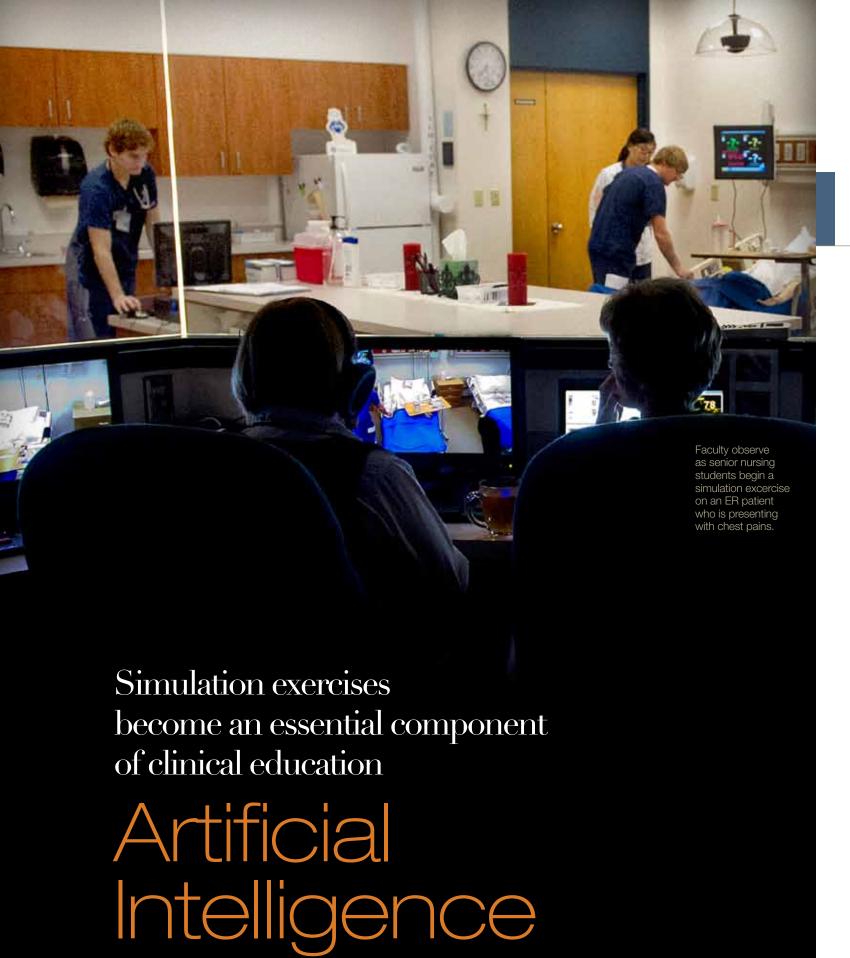
The pilot program, which also is being tested with the School of Public Health, facilitates and enhances the use of FuzeMeeting video software and allows for faculty members to provide learning environments with geographic and intellectual diversity.

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



Professionalism is important to Linda L. Haycraft, ('83, '98) M.S.N.(R), R.N., C.P.N.P. When students enter a patient's room she expects them to be in uniform, identification badge clearly visible and tattoos covered. They also must be respectful and informed. It doesn't matter that the patient is made of plastic and rubber.

#### "You might say 'It's just a manikin.

"What difference does it make if I'm wearing flip flops?" said Haycraft, assistant professor and coordinator of clinical simulation learning at the School of Nursing. "But it makes a difference. Working in the simulation lab counts as clinical experience. So yes, it's a manikin, but it's a manikin that simulates human behavior, and I insist students treat them the same way they'd treat a real patient."

#### **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,' how many would get off that plane?" she said. "We do the same thing with our patients. 'Hi. I've read the books and heard all the lectures, but I've never really worked on a patient with heart disease. Let me give you this medication.' We can do better than that."

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.

#### 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, 16 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.

Teri Murray, ('79, '93, '97) Ph.D., A.P.H.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 patient. The school installed voice modulators so faculty members behind the one-way glass who 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 84-year-old woman with heart failure and atrial fibrillation.

Although the basic scenarios are set, Cynthis S. Rubbelke, ('79, '85) M.S.N., R.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 unit identical to those designed by the company that makes units for hospitals. Only the oxygen is inoperable. Everything else works exactly as it would in a patient's room.

#### If there were a disaster in St. Louis, all we'd need is portable oxygen to turn this lab into a hospital overflow unit.

HAYCRAFT

Computers in each of the simulation rooms are loaded with software that mimics the Epic medical record system widely used in hospitals. Students have Internet access in the simulation rooms to research medications or symptoms. If still unsure, students can call for a nursing supervisor, a respiratory therapist or some other support staff for help. A simulation lab instructor will enter the room — in uniform and with the appropriate identification badges that Haycraft asked University security to create to lend even further authenticity to the simulations.

"The more I can do to keep the students in the moment the better their learning experience will be," she said.



Senior J.P. Moore (center) serts "Johnny Miner's" oxygen Chaekal and Stephen Mackey monitor the simulator's vital

Linda Haycraft ('83), M.S.N. (R.), R.N., C.P.N.P., gives voice to the manikin as he struggles for breath.

3 Instructor Cynthia S. Rubbelke ('79, '85) M.S.N., R.N., reviews a recording of the simulation with Mackey, Moore, Chaekal and Caroline Belz, a freshman obvserving the

#### 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 nitroglycerine, 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 de-briefing 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 remind them that this is where it's OK to make a mistake. and I'm certain they won't make that mistake again."



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 sounds

urine output and bowel

Arm automatically recognizes drugs and doses



#### HIGH **PRAISE**

Things turned out better for Stephen Mackey, J.P. Moore and Kuna Chaekal. It's Thursday morning, and the three seniors just completed their simulation exercise on "Johnny Miner," a 59-yearold retired coal miner with a heavy nicotine habit and COPD. They missed a couple of steps in the treatment process, but overall they (and their patient) did well.

"I like simulation because it gives us a chance to get used to hospital equipment and supplies before we have to deal with it in the real world," Moore said. "It takes away some of the shock."

"It's as close to real life as you can get without putting a patient in any danger," Mackey said. "Simulation is thinking outside the book."

Kuna said it makes her nervous knowing instructors are behind the glass in the control room.

"But once the simulation begins you get absorbed and start asking yourself the right questions about how to care for the patient," she said. "It's a really valuable exercise."

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 highfidelity 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.

Manikin bleeds at multiple sites

#### 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 he experiences supraventricular tachycardia (SVT) and the student gives the correct medication, adenosine, but gives it too slowly, SimMan 3G® will remain in SVT.

Emily is the most common name among SLU freshman 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 roll 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 highfidelity infant manikin in a warming bed at Emily's bedside.

Some of the Sim Man 3G® features of

Pupils respond to light

Eyes produce tears

Eyes blink at various rates

Ears, nose and mouth produce secretions

curapersonalis

## Hife

#### Barron, Mary L., Associate Professor

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publications

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Nursing

 $\Box$ 

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Farran, N. N., Ellis, P. A., Barron, M. L. (2012), Assessment of Provider Adherence to Obesity Treatment Guidelines. *Journal of the American Academy of Nurse Practitioners*. DOI: 10.1111/j.1745-7599.2012.00769.x.

Lavin, M. A., Entzminger, L., Barron, M. L. (2011), Internet Tools for Interprofessional and Advanced Nursing Practice. In McCormick, K., Saba, V. (Ed.), Essentials of Nursing Informatics. New York: McGraw Hill.

#### Benz, Margaret R., Assistant Professor

Benz, M. R., Thanavaro, J. L. (2012). The Distance Education Special Interest Group of NONPF. The Nurse Practitioner, American Journal of Primary Care, 37(8), 6. www.tnpi.com.

#### Bertram. Julie E., Instructor

Narendorf, S.C., Bertram, J. E. and McMillen, J.C. (2011) Diagnosis and Medication Overload? A Nurse Review of the Psychiatric Histories of Older Youth in Treatment Foster Care. 90(3), 27-43. Child Welfare Journal.

#### Budhathoki, Chakra B., Assistant Professor

Cunningham, M. A., Thanavaro, J. L., Lorenz, R. A., Delicath, T. A., Budhathoki, C. B., (2012). Effect of Bronchodilator Treatment on the Incidence of Postoperative Atrial Fibrillation After Cardiac Surgery. Heart & Lung, Elsevier, 41, 463-468.

Sax, P. E., Tierney, C., Collier, A. C., Daar, E. S., Mollan, K., Budhathoki, C.B., Godfrey, C., Jahed, N. C., Myers, L., Katzenstein, D., Farajallah, A., Rooney, J. F. Ha, B., Woodward, W. C., Feinberg, J., Tashima, K., Murphy, R. L., Fischl, M. A. (2011). Abacavir/Lamiyudine Versus Tenofovir DF/ Emtricitabine as Part of Combination Regimens for Initial Treatment of HIV: Final Results. The Journal of Infectious Diseases, 204(2011), 1191-1201. jid.oxfordjournals.org/.

#### Bultas, Margaret W., Assistant Professor

Bultas, M. W. (2012). Understanding Sports Preparticipation Cardiovascular Screening Recommendations. NASN School Nurse 27(6), 318-322. doi:10.1177/1942602X12453336.

Bultas, M. W. (2012). The Health Care Experiences of the Preschool Child with Autism. Journal of Pediatric Nursing, 27(5), 460-470. doi: 10.1016/j. pwsn.2011.05.005.

McLaughlin, L., Bultas, M. W., Shorey, S. (2012). Human Papilloma Virus and Head and Neck Cancer. The Journal for Nurse Practitioners 8(8), 663-664, doi:

McKee, S., Bultas, M. W., Ahearn, T. (2011). School Nurse Survival: Reviewing Clinical Skills in the Simulation Laboratory. NASN School Nurse 26(4), 251-256. doi: 10.1177/1942602X11409419.

#### Lach, Helen H., Associate Professor

Lach, H. W. (2012). Show Me Falls Free Missouri. Missouri Nurse, Spring, 2012, 18-21.

Lach, H. W., Ball, L. J., Birge, S. J. (2012). The Nursing Home Falls Self-efficacy Scale: Development and Testing. Clinical Nursing Research, 21(1), 79-91.

**Lach, H. W.** (2012). The Future of Falls Research: Nurses Should Lead the Way. Clinical Nursing Research, 21(1), 18-21.

Lach, H. W. (2012). Home Safety Inventory for Older Adults with Dementia. Hartford Institute for Geriatric Nursing, Best Practices in Nursing Care to Older Adults. Issue Number D12 2012 http://consultgerirn.org/resources.

Lach, H. W., Krampe, J.A., Phongphanngam, S. (2011). Best Practices in Fall Prevention: Roles of Informal Caregivers. Health Care Provider, and the Community. International Journal of Older People Nursing, 6(4), 299-306.

Shin, C. N., Lach, H. W. (2011). Nutritional issues of Korean Americans. Clinical Nursing Research, 20(2), 162-180.

Chang, Y.P., Lach, H. W., Edwards, D.F. (2011). The Collateral Source Version of the Geriatric Depression Scale: Evaluation of Psychometric Properties and Discrepency Between Collateral Sources in Patients with Dementia in Reporting Depression International Psychogeriatrics, 23(2), 961-968.

#### Cuvar. Karen M., Associate Professor

Cuvar. K. M. (2011). Fundamentals of Nursing. 9th Edition. In Berman, Snyder (Ed.), Activity and Exercise. (pp. 1122-1181) Upper Saddle River, NY: Prentice

#### Freed, Patricia E., Associate Professor

Freed, P. E., McLaughlin, D. B. (2011). FUTURES THINKING: Preparing Nurses to Think for Tomorrow. Nursing Education Perspectives, 32(3), 173-178.

#### Havcraft. Linda L.. Assistant Professor

Haycraft, L. L. (2011). Fluid & Electrolyte Balance in Children. In Metheny, N. A. (Ed.). Fluid & Electrolyte Balance: Nursing Considerations, 5th ed.(pp. 341-354). Sudbury, MA: Jones and Bartlett Publishers.

#### Koetting, Cathy W., Assistant Professor

Koetting, C. W., Lewin, L., Kilanowski, J. and Fitzpatrick, J.J. (2012) - Nurse Practitioner Knowledge of Sexual Abuse in Children with Cognitive Disabilities. Journal of Forensic Nursing DOI: 10.1111/j.1939-3938.2011.01129.x.

#### Krampe, Jean A., Assistant Professor

Krampe, J. A. (2012). Everything You Always Wanted to Know about Blending Quality Improvement and Research but Never Thought to Ask. In Sredl, D. (ED), Evidence-Based Leadership Success Strategies for Nurse Administrators, Advance Practice Nurses (APN) and Doctors of Nursing Practice (DNP). New York, Nova Science Publishers, Inc.

Krampe, J. A. (2012) Seniors Skype to the Music, Web Corner, Hartford Institute for Geriatric Nursing Report. Hartford Institute NYU 2(1).

Krampe, J. A. (2012). Next Practice: Healthy-Steps for Older Adult, National Lymphedema Network, Lymphlink.

Krampe, J. A. (2011). Exploring the Effects of Dance-Based Therapy on Balance and Mobility in Older Adults. Western Journal of Nursing Research. http://wjn.sagepub. com/cgi/content/abstract/0193945911423266v1.

Lach, H. W., Krampe, J. A., Phongphanngam, S. (2011). Best Practices in Fall Prevention: Roles of Informal Caregivers. Health Care Provider, and the Community. International Journal of Older People Nursing, 6(4), 299-306.

#### Langan, Joanne C., Associate Professor

Langan, J. C., Christopher, K. M. (2012). Factors Influencing the Decision to Evacuate or Shelter in Place: Follow-up of Hurricane Katrina Journal of Emergency Management, 10(3), 185-195.

Langan, J. C., Palmer, J. L. (2012). Listening To and Learning from Older Adult Hurricane Katrina Survivors. Public Health Nursing, 29(2), 126-135,

Cacchione, P. Z., Willoughby, L. M., Langan, J. C., (2011). Disaster Strikes! Long-term Care Resident Outcomes Following a Natural Disaster. Journal of Gerontological Nursing, 37(9), 16-24.

#### Lavin. Mary A.. Associate Professor

Ward, W., Armbrecht, E., Lavin. M. A. (2012). Medication Possession and Glycemic Control among Uninsured Type II Diabetics. The Journal for Nurse Practitioners. 8(7):528-533.

Lavin, M. A., Entzminger, L., Barron, M. L. (2011). Internet Tools for Interprofessional and Advanced Nursing Practice. In McCormick, K., Saba, V. (Ed.), Essentials of Nursing Informatics. New York: McGraw Hill.

Lavin, M. A., Laketa, E., Barron, M. L. (2011). Internet Tools for Patient Care in Advanced Practice. In Saba, V., McCormick, K. (Ed.), Essentials of Nursing Informatics 5e. (441-461) Philadelphia PA: McGraw-Hill.

#### L'Ecuver. Kristine. Associate Professor

L'Ecuyer, K., Meyer, G. A. (2011). Educating Students for a New Nursing Role: The Clinical Nurse Leader (3rd ed., vol. 13, pp. 3). Missouri State Board of Nursing Newsletter.

#### Leander, Sheila A., Assistant Professor

SmithBattle, L., Lorenz, R., and Leander, S. A. (2012). Listening With Care: Using Narrative Methods to Cultivate Nurses' Responsive Relationships in a Home Visiting Intervention with Teen Mothers. Nursing Inquiry, DOI: 10.1111/i.1440-1800 2012 00606 x

**Leander, S. A.** (2011). The Experiences of Black American Living Kidney Donors. Nephrology Nursing Journal, 38(6), 499-508; auiz 509.

Leander, S. A. (2011). Gender Disparity in Living Kidney Donation. Nephrology Nursing Journal, 38(1),

#### Lorenz, Rebecca A., Assistant Professor

Lorenz, R. A., Gooneratne, N., Cole, C. S., Kleban, M. H., Kalra, G. K., Richards, K. C. (2012). Exercise and Social Activity Improve Everyday Function in Long-term Care Residents. Journal of the American Geriatrics Society. 20(6). 468-476. DOI: 10.1097/JGP.0b013e318246b807.

SmithBattle, L., Lorenz, R. A., and Leander, S. (2012). Listening with care: Using narrative methods to cultivate nurses' responsive relationships in a home visiting intervention with teen mothers. Nursing Inquiry, DOI: 10.1111/j.1440-1800.2012.00606.x.

Cunningham, M. A., Thanavaro, J. L.; Lorenz, R. A., Delicath, T. A., and Budhathoki, C. B. (2012). Effect of bronchodilator treatment on the incidence of postoperative atrial fibrillation after cardiac surgery. Heart and Lung [Epub ahead of print]. DOI: 10.1016/j.hrtlng.2012.03.005.

Pohlman, S., Cibulka, N., Palmer, J., Lorenz, R. A., Smith, L. (2012). The placebo puzzle: Examining the discordant space between biomedical science and illness/ healing. Nursing Inquiry [Epub ahead of print]. DOI: 10.1111/j.1440-1800.2012.00592.x.

Lorenz, R. A., Harris, M., Richards, K. C. Sleep in Adult Long-Term Care. (2011). In Redeker, N. S., McEnany, G. P. (Ed.), Sleep Disorders and Sleep Promotion in Nursing Practice (pp. 339-354). New York, New York: Springer Publisher Company.

Lorenz, R. A., Rose, K., Gooneratne, N., Sullivan, D. (2011). Strength Training and Walking Exercise and Social Activity Improve Sleep in Institutionalized Older Adults: Randomized Controlled Trial. Journal of the American Geriatric Society, 59, 214-223.

#### McLaughlin, Dorcas E., Associate Professor

Freed, P. E., **McLaughlin, D. E.** (2011). Futures Education: Preparing Nurses to Think for Tomorrow. Nursing Education Perspectives, 32(3), 173-178,

#### McLaughlin, Laura A., Assistant Professor

McLaughlin, L. A., Mahon, S. M. (2012). When Food Just Doesn't Taste the Same. Coping with Cancer, 26(5), 11.

McLaughlin, L. A. (2012). Understanding Taste Dysfunction in Persons Treated for Cancer: Implications for Nurses. Clinical Journal of Oncology Nursing, 16(2), 171-178. cjon.org.

McLaughlin, L. A., Bultas, M. W., Shorey, S. L. (2012). The Relationship Between HPV and Head and Neck Cancer. The Journal for Nurse Practitioners, 8(8), 663-664.

#### Metheny, Norma A., Professor

Metheny, N. A., Stewart, B. J., Mills, A. C. (2012). Blind Feeding Tube Insertions in Intensive Care Units: A National Survey American Journal of Critical Care Nursing, 21(5), 352-360,

Metheny, N. A., Mills, A. C., Stewart, B. J. (2012). Monitoring for Intolerance to Gastric Tube Feedings: A National Survey. American Journal of Critical Care, 21(10.4037/ ajcc2012647), e33-e40.

Metheny, N. A., Stewart, B. J., McClave, S. A. (2011). Relationship Between Feeding Tube Site and Respiratory Outcomes. Journal of Parenteral & Enteral Nutrition (Sage Publications), 35(3), 346-355,

Metheny, N. A. (2011). Turning Tube Feeding Off While Repositioning Patients in Bed. Critical Care Nurse, 31(2), 96-97.

Metheny, N. A. (2011). Fluid and Electrolyte Balance: Nursing Considerations (5th ed pp. 398). Sudbury, MA: Jones & Bartlett Publishers.

Metheny, N. A. (2011), AACN Practice Alert: Prevention of Aspiration. American Association of Critical Care Nurses. http://www.aacn.org/ wd/practice/content/practicealerts/aspirationpractice-alert.pcms.

Metheny, N. A. (2011). Preventing Aspiration in Older Adults with Dysphagia. ORL- Head & Neck Nursing, 29(3), 20-21.

#### Meyer, Geralyn A., Associate Professor

L'Ecuyer, K., Meyer, G. A. (2011). Educating Students for a New Nursing Role: The Clinical Nurse Leader (3rd ed., vol. 13, pp. 3), Missouri State Board of Nursing Newsletter

#### Mills, Andrew C., Associate Professor

Mills, A. C., and Gillespie, K. A. (2012). Effect of Magnet Hospital Recognition on Two Patient Outcomes. Journal of Nursing Care Quality, 28 (ePub), doi: 10.1097/ NCQ.0b013e318268a710

Metheny, N. A., Mills, A. C., Stewart, B. J. (2012). Monitoring for Intolerance to Gastric Feedings: A National Survey. Journal of Critical Care. 21(2), e33-e40.

Metheny, N. A., Stewart, B. J., and Mills, A. C. (2012). Blind Insertion of Feeding Tubes in Intensive Care Unit: A National Survey. American Journal of Critical Care, 21(5), 352-360.

#### Murray, Teri A., Associate Professor

Murray, T. A., James, D. C. (2012) Evaluation of an Academic Partnership Using a Strategic Alliance Framework. Nursing Outlook, 60(4), 17-22. DOI: 10-1016/j.outlook2011.10.004.

Murray, T. A. (2011). Community-based Nursing and Home Care. In S. Lewis, S. R. Dirkesen, M. M. Heitkemper, L. Bucher, I. Camera (Eds.). Medical-Surgical Nursing: Assessment and Management of Clinical Problems (pp. 80-89). St. Louis: Elsevier Mosby.

Murray, T. A., MacIntyre R C Teel, C. S. (2011) An Analysis of Partnership Performance: The St. Johns Mercy Medical Center-Saint Louis University School of Nursing Dedicated Education Unit Project. Journal of Professional Nursing, 27(6), 58-63. DOI: 10.1016/i.profnurs.2011.08.005.

Teel, C. S., MacIntyre, R., Murray, T. A., Rock, K. Z. (2011). Common Themes in Clinical Education Partnerships. Journal of Nursing Education, 50(7), 365-372. DOI:

Neiderhauser, V., MacIntyre, R. C., Garner, C., Teel, C., Murray, T. A., (2011). Appendix G: Transformational Models of Nursing Across Different Care Settings: Transformational Partnerships in Nursing Education. Institute of Medicine. The future of nursing: Leading change, advancing health. (pp. G-4

10.3928/014834-20110429-01.

#### Schneider, Joanne K., Professor

Chou, H. F., Schneider, J. K. (2012). Self-regulation of Menopause, Menopause, 19(5), 534-540,

Kumsuk, S., Flick, L., and Schneider, J. K. (2012). Development of the Thai Breast Cancer Belief Scale for Thai Immigrants in the United States. Journal of Nursing Measurement, 20(2), 123-141.

**Schneider, J. K.,** Cook, J. H., Luke, D. A. (2011) Unexpected Effects of Cognitive-behavioural Therapy on Selfreported Exercise Behavior and Functional Outcomes in Older Adults. Age and Aging, 40(2), 163-168.

Chang, Y.-P., Schneider, J. K., Sessanna, L. (2011). Decisional Conflict among Chinese Family Caregivers Regarding Nursing Home Placement of Older Adults with Dementia. Journal of Aging Studies, 25(4), 436-444.

Chen, M. F., Wang, R. H., Schneider, J. K., Tsai, C. T., Jiang, D. S., Hung, M. N., Lin, L. J. (2011) Using Health Belief Model to Understand Caregiver Factors Influencing Children Influenza Vaccinations. Journal of Community Health Nursing,

#### Schuerman, Debra A., Instructor

Schuerman, D. A. (2011) Influenza Treatment in Convenient Care Settings. Advance for NPs & PAs, Nov, 2(11):24.

#### SmithBattle. Lee I.. Professor

SmithBattle, L. I. (2012). Moving Upstream to Address the Social Determinants of Early Childbearing. Public Health Nursing, 29(5), 444-454.

SmithBattle, L. I. (2012). Learning to See the Other Through Student-created Dramas. Journal of Nursing Education, 51, 501-504, DOI: 103928/01484834-20120820-19.

SmithBattle, L. I., Leonard, V. (2012). Inequities Compounded: Explaining Variations in the Transition to Adulthood for Teen Mothers' Offspring. *Journal of Family Nursing*, 3rd ed., vol. 18, pp. 409-431.

SmithBattle, L. I., Lorenz, R., and Leander, S. (2012). Listening With Care: Using Narrative Methods to Cultivate Nurses' Responsive Relationships in a Home Visiting Intervention with Teen Mothers. Nursing Inquiry, DOI: 10.1111/j.1440-1800.2012.00606.x.

Pohlman, S., Cibulka, N., Palmer, J., Lorenz, R. A., SmithBattle, L. I. (2012). The Placebo Puzzle: Examining the Discordant Space Between Biomedical Science and Illness/ Healing. Nursing Inquiry, DOI: 10.1111/j.1440-1800.2012.00592

#### Thanavaro, Joanne L., Associate Professor

Thanavaro, J. L., Foner, B. (2012), Preoperative Cardiac Risk Assessment and Medical Management for Noncardiac Surgery. Journal of Nurse Practitioner, 8(5), 354-364.

Thanavaro, J. L. (2011). Drug Induced Liver Toxicity. Journal of Nurse Practitioners, 7(10), 819-828.

Thanavaro, J. L. (2011). Postural Orthostatic Tachycardia Syndrome: Diagnosis and Treatment. Heart & Lung: The Journal of Acute & Critical Care.

Thanavaro, J. L. (2011). Diagnosis and Management of Primary Aldosteronism. The Nurse Practitioner, 36(4), 12-21 Thanavaro, K.L. and **Thanavaro, J. L.** (2011). Methadone-Induced

Torsades de Pointes: A Twist of Fate. Heart & Lung-Journal for acute and critical care, 40(5), 448-53.

Holzemer, E. M., Thanavaro, J. L., Malmstrom, T. K. (2011). Modifying Risk Factors after TIA and Stroke. The Impact of Intensive Education, Journal of Nurse Practitioners, 7(5), 372-377.

#### Palmer, Janice L., Assistant Professor

Palmer, J. L. (2012). Caregivers Desired Patterns of Communication with Nursing Home Staff: Just T.A.L.K.K.K. Journal of Gerontological Nursing, 38(4), 47-54.

Langan, J., Palmer, J. L. (2012). Listening To and Learning From Older Adult Hurricane Katrina Survivors. Public Health Nursing, 29(2), 126-135.

Pohlman, S., Cibulka, N., Palmer, J. L., Lorenz, R. A., Smith, L. (2012). The Placebo Puzzle: Examining the Discordant Space Between Biomedical Science and Illness/ Healing. Nursing Inquiry [Epub ahead of print]. DOI: 10.1111/j.1440-1800.2012.00592.x.



SUZANNE ('83, '86) D.N.Sc., R.N., A.O.C.N., A.P.N.G., one of only a handful of nurses MAHON, 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.

Credentialed 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 genetics 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.

I have had the privilege of supporting and caring for patients and families throughout the cancer trajectory and I am confident the care I give makes a difference.

MAHON

## 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 100 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 G. 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, '91, '11) Ph.D., R.N., O.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 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."



Mahon and her daughters, Maureen (left) and Emily.

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 Flatley. Assistant Director of Alumni Relations, at 314-977-2348 or kflatle1@slu.edu.

## DIFFERENT CONTINENT

# Carl-Gustaf Saluste, Ph.D., helps sophomore Megan Rach detect updated microbiology lab.

## SAME EDUCATION

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."

#### **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 Institute of International Education, a non-profit international education and training organization, recently selected the School of Nursing's Madrid program for a 2013 Andrew Heiskell Special Recognition Award for Internationalizing the Professions. The Heiskell Award honors outstanding initiatives in international higher education in the United States and showcases the most innovative and successful models for the internationalization of campuses, study abroad programs and international partnership programs.

"The program is a huge selling point for the School of Nursing," Carlson said. "When I meet students and families at freshman orientation, it's all they want to talk about. They say they chose SLU because of this opportunity. Some students intend to serve in Spanish-speaking communities, and others just want to expand their cultural awareness."

The International Nursing 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.

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.

"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 peek 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 throughout elementary school and much of junior high, she was not fully conversant, as is the case with most nursing students in Madrid. For this rea-

son, 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



hospital operated by Sanitas, one of Spain's leading private health care companies. She started IVs, gave injections and distributed medications.

"Even with all my years of Spanish, I still found myself resorting to charades at times," she said. "By the end, I gained so much confidence in my language skills and my clinical skills that I know I'll be better able to help my patients in the future. Plus, saying I performed clinical work in a Spanish hospital should give me an edge when I'm looking for a job back in Texas."

Gumm further honed her Spanish skills by choosing to live with a host family during her studies. Students also are encouraged to perform service work in a Spanish-speaking environment while in Madrid.

#### THE BIGGER PICTURE

In addition to growing as nursing professionals, Carlson said students grow as people. The experience of being on their own, so far from home and attending classes with students from throughout the world recalibrates their mindset.

"They come back with a different world view," she said. "They're more mature, more focused and have a greater appreciation of what nursing is about because they've had to navigate through language and cultural barriers to learn how to take care of someone. This program develops the whole person, which is fitting for a Jesuit university."





- 1 Professor Carl-Gustaf Saluste, Ph.D., prepares nursing students to conduct studies in the chemistry lab.
- 2 Jordyn Gumm and a group of other nursing students took a break from their studies in Madrid for a trip to Morocco where they rode camels and camped in the High Atlas Mountains.
- 3 Professor Diana Llamas Salvador, ('09) M.S.N., observes as junior Emma Lane and sophomore Stephanie Lippoli practice testing for strep throat
- 4 Professor Annmarie
  Muñana, M.J., B.S.N., R.N.
  teaches sophomore Hannah
  Wyler to listen for auscultating
  lung sounds with one of the
  programs high-tech mannequins.

#### **CULTURE AROUND THE CORNER**

Nursing students who want to broaden their cultural horizons a little closer to home are volunteering just a few blocks from the School of Nursing at Casa de Salud (House of Health), an innovative health clinic dedicated to helping Hispanic immigrants gain access to health care.

Opened in 2010 with the support of the University, Casa offers basic health care and treatment for minor injuries and illnesses. For long-term care, volunteers help Hispanic patients navigate the health care 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 studies.

"After a recent pharmacology exam on antifungals, I volunteered at Casa the next day, and all four patients I saw had fungal skin infections," Paskewitz said. "It was such a great learning experience, and I 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.** 

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#### INSERVICE

will be a regular feature in this publication. It celebrates School of Nursing alumni who continue to live out SLU's Jesuit mission as men and women for others. In this inaugural issue, we share Hannah Wysong's story.

Wysong graduated with a B.S.N. in 2010. The Pana, Ill., native spent two years working in the neurological/ neurosurgical intensive care unit at Saint Louis University Hospital before deciding to volunteer with Mercy Ships, an international charity that operates the largest nongovernmental hospital ship in the world. The organization has provided free health care to people in more than 70 developing nations.

"I heard about Mercy Ships from a friend," Wysong 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, Wysong describes her experience treating a two-and-a-half-year old boy with a massive oral tumor. The blog picks up after the boy had a CT scan and biopsy.



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 all feared it would — malignant.

One of the harsh 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 walk him, tied to his back, in the middle of the night to calm him until the Tylenol kicked in. This little guy is his ENTIRE world.

I watched the two of them curled up together in bed, poppa waking to his every little stirring, making sure that his son was comfortable and in a spot to help his breathing. I watched this little guy sleep in peace, 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 after we told him we 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. Angry that I am helpless, unable to take back what I wish this world had not given him and, honestly, angry because his poppa took it so well. Had he replied in an outburst maybe it would be easier than the humble acceptance and, "Thank you for trying. Thank you for your care." He did not even fight it; he accepted it.

After an ugly mess of tears on my end and a lot of deep conversations between a few nurses here on the ship, I am reminded of truths. The first is that we live in a broken world. This is not the life that God intended for us and He does not wish to see His children suffer. Everything that touches our lives comes to us after going through His hands. Yes, He could stop it, but it is all a part of His plan and this little guy's purpose.



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 ed-

ucation. 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.

was all for LOVE. When this

little boy leaves this world, all

he will have known is LOVE

poppa has for him — a love

that touched every single one

— the insane love that his

of us in the hospital.

Maybe the purpose of this

UPPER LEFT • Wysong takes a break from providing medical care to play a memory card game with one of her teenage patients aboard Mercy Ships.

ABOVE • Wysong and her Mercy Ships colleagues with a patient and his father. The patient was aboard Mercy Ships to receive his second surgery to treat a neurofibroma.

To read more of
Wysong's blog go to
hannahsjourneyinafrica.blogspot.com

You can learn more about Mercy Ships at mercyships.org

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.

#### ALUMNI CALENDAR

Basketball Pregame Receptions

Join us as the Billikens men's basketball
team hits the road this season. For more
details about events and watch parties,

visit alumni.slu.edu/billikens1213.

**Spring Training** Join us for preseason baseball action in Florida. Visit alumni. slu.edu/st13 for more details.

March 30 ● Almuni Easter Egg Hunt alumni.slu.edu/easter13

April 27 ● 23rd Annual Black Alumni Association Prayer Breakfast alumni.slu.edu/prayerbreakfast2013.

Sept. 27-29 Homecoming 2013
If you are interested in being a class reunion chair, please contact
Assistant Director of Alumni Relations,
Kate Flatley, at 314- 977-2348 or
kflatle1@slu.edu

## **CONTINUING EDUCATION**

**Feb. 21-22** ● Advanced Practice Nursing Conference

April 1 Valentine Lecture Series
Alumni and preceptors are invited to

attend this complimentary CEU event. Bernadette Melnyk, Ph.D., dean of the Ohio State University College of Nursing, will address evidence-based practice. For more information, go to alumni.slu. edu/valentine13

#### Available Online

Preceptor Preparedness: Preparing Nursing to Precept Undergraduate Nursing Students

Disaster Preparation Certificate Program Introduction to Glycobiology

Update on Pediatric Asthma

Poisonings: From Newborn to Nursing Home

Physical Abuse and Neglect Online Training Curriculum

Ethics Education in Health Care

For information on alumni events, please contact the Alumni Relations Office at 314-977-8335 or visit slu.edu/alumni/.

For information on the CNE programs, please call **314-977-1909** or visit **slu.edu/nursing/continuing-nursing-education**.

#### 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 *Cura Personalis*, 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 Nursing provided me with a quality education by incredible instructors who understood that, as nurses, caring for the whole person is our most important responsibility. I was hired on my first job interview at Massachusetts' 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. Students 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 outstanding 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 Executive 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, master's degrees, doctorates 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.

#### **HOMECOMING2012**

brought 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.







2 Nina Westhus Ph.D. ('68) catches up with Joan Carter. Ph.D. ('58) and Ruth B. Murray, Ed.D., F.A.A.N.

Members of the Class of 1962 look over memorabilia at the Alumni Merit Award luncheon.

4 ● Dean, Teri A. Murray, Ph.D., and Rosemary Bleem Lauber ('60).

5 Sr. Mary Teresa Noth, FSM, ('52), dean emeritus, and **Executive Advisory** Board Member, Janelle Criscione pose with the Billiker in Heritage Hall.







Did you graduate from the School of Nursing in: 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988, 1993, 1998, 2003, or 2008? Do you want to revisit campus? Are you interested in reconnecting with your alma mater? How about reminiscing with your

The Alumni Relations Office is searching for representatives from each class to act as reunion chairs and celebrations. If you are interested, please contact Assistant Director of Alumni Relations, Kate Flatley, at 314-977-2348 or kflatle1@slu.edu.

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



Sister Noreen

McGowan ('44)

## Vivian

Sister Noreen McGowan,a faculty member of the School of Nursing for three decades and the first director of nursing at SSM Cardinal Glennon Children's Medical Center, died in August at her home at The Sarah Community in Bridgeton. She was 97.

Sister Noreen was chair of the department of nursing of children as well as an assistant professor, associate professor and professor of nursing at Saint Louis University. She joined the nursing faculty in 1953, and spent most of her time at SLU teaching pediatrics and supervising nursing students on their clinical rotations. When she retired as a professor emerita in 1983, Sister Noreen was the last Franciscan Sister of St. Mary to serve on the nursing school's faculty.

Sister Noreen was a familiar face at Cardinal Glennon from the time the hospital opened in 1956 until her retirement in 2010. She cared for sick children and their families, understanding the importance of providing for the spiritual, emotional and physical needs of both. A conference room at Cardinal Glennon is named in her honor and for more than 25 years, the hospital has hosted the Sister Noreen McGowan Pediatric Nursing Conference.

## Pohlman ('65)

Vivian Pohlman, associate professor emeritus at the School of Nursing who directed the school's baccalaureate program in nursing from 1983 until her retirement in 1994, died in January 2012. She was 79.

A mentor to many undergraduates, Pohlman joined Saint Louis University as a nursing instructor in 1971. She was known as a tough professor who helped students clarify career and life goals and relished celebrating their achievements with them.

"The values and beliefs that are evident in her lifestyle make her an excellent role model for us," wrote Heidi K. Rudolph, 1986 president of the Undergraduate School of Nursing Coalition, in an award nomination letter. "She has a reputation for honesty, integrity, genuine concern for individuals and a great sense of humor. Her door is always open; her office more often than not full of students. She is a legend at the School of Nursing."

Prior to joining Saint Louis University, Pohlman worked as a nurse at Barnes Hospital, St. Louis City Hospital, DePaul Hospital and Firmin Desloge Hospital (now Saint Louis University Hospital).

#### INMEMORIAM

Mrs. Patricia (Gnau) Jenkins ('47) Sr. Mary Hoff ('49) Mrs. Mary (Buescher) Herbers ('49) Miss Fildres Runez ('50) Mrs. Dorothy (Thoma) Bergmann ('52) Mrs. Jeanne (Gibbons) McGroder ('52) Mrs. Bettie (Burch) Speer ('53) Mrs. Verna Murphy ('54) Sr. Joan Reily ('54) Miss Bernice Savitt ('55) Miss Marjorie Malnofski ('56)

Mrs. Dolores (Henzler) Muller ('56) Miss Celeste Knebel ('57) Mrs. Mary (Danis) Fellows ('58) Mrs. Carolyn Gallant ('58) Sr. Joanne Graham ('58)

Mrs. Mary (Collins) Sauter ('58)

Mrs. Marlene (Alderson) Tassi ('59) Miss Betty Grobe ('60) Miss Loretta Walsh ('60) Bro. William Farrelly ('72) Ms. Patricia McNary ('74) Mrs. Bonnie (McKee) McCrary ('76) Miss Nancy Gianino ('78) Mrs. Charlotte (Shakespeare) Badgley ('80) Mrs. Mary (Dicken) Devous ('80) Miss Jean Krost ('81) Sr. Anne Landolt ('83) Ms. Debra Broner-Levinson ('85) Rev. Romain Morales ('86) Mrs. Susan (McGrath) Connors ('87) Mrs. Kimberly (Bailey) Waters ('87) Ms. Sherri (Manalang) Lacap ('92) Mrs. Catherine (Sigmund) Murch ('94) Mrs. Amy (Tandowsky) Selkirk ('95)

Mrs. Frances (Thomaschewski) Stone ('58)

## NEW DECADE, NEW SPACE





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