VANDERBILT Nurse

Saving Lives
AT 2,000 FEET

FALL 2002

FROM THE Dean

PEYTON HOGE

Resources for Research

I want to take this opportunity to share some exciting news in the life of the Vanderbilt School of Nursing.

On September 19, 2002, the School was informed that it is the first school of nursing to receive a National Institute of Health/ National Center for Research Resources grant. This grant will allow us to renovate space in Godchaux Hall to provide infrastructure and integrated work space for faculty and students engaged in research and graduate education. The goal of the renovation is to create an environment in which VUSN's current and evolving research mission will flourish and grow for years to come. The project will accomplish three specific aims:

1. Renovate existing space to re-organize faculty, staff and doctoral education into three areas tentatively named the Center for Research on Clinical Interventions, the Center for Education and Research on Quality Improvement and Outcomes, and the Interdisciplinary Center for Workforce Studies.
2. Increase the productivity of faculty conducting research by creating and sustaining a comfortable research environment
3. Promote the development of interdisciplinary research and collaboration with investigators from other professional schools and disciplines across VU and with the Meharry Medical College Alliance.

Not only will the renovation of Godchaux Hall improve the space available for scholarly activities surrounding teaching, practice and research, but the improved learning environment will help our students absorb more quickly the knowledge needed to guide the practice of nursing, improve nursing education, promote interdisciplinary scholarship and respond to the health needs of society.

Colleen Conway-Welch

GERALD HOLLY

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ABOUT THE COVER:
Marcie Carter, a VUSN alumna and flight nurse for Vanderbilt's LifeFlight helicopter ambulance service. Photo by Neil Brake

FEATURES

DEPARTMENTS

Lives in Chaos

VUSN Professors and Students Teach Health Care Professionals How to Recognize Domestic Violence


DANA JOHNSON

Meeting the unique physical and mental health care needs of women and their children who have sought sanctuary in a domestic violence shelter is a challenge. It's one which Charlotte Covington, BSN'69, MSN'89, VUSN assistant professor in the family nurse practitioner program (right), has used to develop a targeted practice model that may help other advanced practice nurses in caring for this underserved population.

While working during the past two years with the Nashville YWCA Domestic Violence Shelter, Covington and Deborah Partee, BSN'79, MSN'83, assistant professor in the psychology/mental health program, learned much about the circumstances that lead nearly one-third of American women to experience physical or sexual abuse at the hands of a husband or boyfriend. (Commonwealth Fund survey, 1998).

The practice model that emerged from their shelter work has been presented at meetings of the American Academy of Nurse Practitioners and the National Organization for Victim Assistance, as well as at the Nurse Practitioner Symposium and the Health Care and Domestic Violence/Family Violence Prevention Fund Conference.

"Our model is based on a walk-in clinic for a specific population living in a closed setting," says Covington, explaining that the shelter is equipped to handle 50 women and children.

Covington typically sees each woman when she is admitted to the shelter. "Some of what we do is nursing. Some is advanced practice nursing. Sometimes patients have involved medical histories," says Covington. Some women need screenings for sexually transmitted diseases, others need medications, some of which are provided by the shelter at no charge. Covington helps pregnant women tie into local prenatal care. Partee assesses residents whom staff has identified as having mental health issues and helps them get treatment.

In the process of their clinical work, Covington and Partee meet the residents and listen to their stories. It's an intimate kind of care that helps residents re-establish a bond of trust and allows Covington and Partee to observe each one in a setting that's both compassionate and safe.

"These women's lives are in chaos," says Covington. She says her work is often a combination of guiding, supporting and nudging women toward taking initiative and relearning to make independent decisions. Along the way, the VUSN nurses have observed the circumstances that set domestic violence victims and their children apart.

"I thought I knew a lot about domestic violence," says Covington. But once she started providing care 12 hours a week to shelter residents, she says her eyes were opened to the complexity of the issue.

"The average woman leaves her abuser seven times before she finally leaves him for good," says Covington, adding that many abused women feel they have little or no control over their lives. Complicating her decision to leave is that she may be unable to escape an abuser without significant risk. And once she leaves, she may lack the financial resources or job skills to live independently. "We're trying to not just help these women who are abused, but help them break the cycle of violence," says Partee.

That's where health care professionals can play a key role — if they know how to recognize domestic violence and to talk with patients about it. "Abused women use the emergency department a lot because their lives are in such chaos. They can't schedule a doctor's appointment because they have no transportation or aren't allowed to go out," says Covington. Although battered women comprise 20-30 percent of ambulatory care patients, only 1 in 20 is correctly identified as such by medical practitioners. (Hyman et al., "Laws Mandating Reporting of Domestic Violence: Do They Promote Patient Well-Being?", *Journal of the American Medical Association*, June 1995).

To help educate medical professionals, six VUSN family nurse practitioner students, working with Covington and Partee, created a handbook that specifically targets domestic abuse screening in health care settings. The handbook includes information for victims of abuse plus safety plans, screening questions in English and Spanish, and a generic resource list. The handbook may soon be loaded on the shelter website with a link via the VUSN website.

"The handbook's goal is to make it easier for health care professionals to screen for domestic violence," says Covington, adding one of the reasons they often don't screen for it is they don't know how to help once domestic violence is identified.

Although battered women comprise 20–30 percent of ambulatory care patients, only 1 in 20 is correctly identified as such by medical practitioners.

"The work we're doing is important because victims of domestic abuse are an underserved population that needs the kind of health care services we can provide," says Covington. "They don't have access to regular, consistent care, so what we do can save the system money and help women and their children."

"At the same time, we're working with health care professionals to make them aware of the prevalence of domestic abuse while providing the tools they need to refer their patients to the right resources," says Partee. "Breaking the cycle of violence is key."

—*Mardy Fones*

The following is a questionnaire from the Domestic Abuse Resources handbook created by VUSN faculty and students working at the Nashville YWCA Domestic Violence Shelter. Designed to be posted or made available for patients to fill out, it can serve as an assessment tool and provide an avenue through which health care professionals can talk with patients about domestic violence.

- Do you feel anxious or nervous when you are around your partner?
- Is your partner constantly putting you down or telling you that you are worthless?
- Does your partner check up on what you have been doing and not believe your answers?
- Does your partner do or say things that make you feel guilty or that cause problems in the relationship?
- Has your partner ever threatened to harm you, your children or someone close to you?
- Have you ever been pushed, slapped, shoved, kicked and punched or physically harmed in any way by your partner?
- Has your partner ever imposed restrictions on your behavior (kept you from going out or doing things that you wanted to do)?
- Do you lie or downplay your bruises, cuts, scratches or other injuries to your family, friends, and health care provider?
- Have you ever felt forced to engage in unwanted sexual acts/contact with your partner or other people?
- Has your partner ever directed offensive sexual language or behaviors toward you? Or spoken negatively to other people about you in a sexual manner?
- Have you ever had thoughts about hurting yourself or others as a result of the discomfort in your relationship with your partner?

Conway-Welch Named to Advisory Council on Public Health Preparedness

Department of Health and Human Services Secretary Tommy G. Thompson has named Dean Colleen Conway-Welch as a member of his Advisory Council on Public Health Preparedness, which will advise the department on appropriate actions to prepare for and respond to public health emergencies, including acts of terrorism. Conway-Welch is the only council member representing the discipline of nursing. The group held its first meeting August 26-27 in Washington, D.C.

"This diverse group of very experienced professionals will be an invaluable resource in the ongoing effort to strengthen our nation's bioterrorism preparedness and response," Thompson says. "As we continue to build our public health capabilities for emergencies, their input will be an important element in our planning."

The committee will counsel the department on bioterrorism preparedness and response programs, states' preparedness programs, lessons learned from the anthrax mail attacks, research and development efforts, development of new products related to terrorism, and public health emergency response planning.

"If anything good came out of Sept. 11, and it's hard to imagine it did, it's the ability to repair infrastructure and strengthen our public health system and bring it up to a first-class operation that will benefit everyone," says Conway-Welch.

The council plans to meet next in January, with quarterly meetings to follow after that, officials said. Topics for the January agenda include updates on vaccine preparations, hospital readiness, drug availability and other related issues.

Norman Named to National Advisory Council


DANA JOHNSON

Linda Norman, senior associate dean of academics at VUSN, has been named to a three-year term on the National Advisory Council on Nurse Education and Practice (NACNEP).

"From my position with the committee, I have the opportunity to see the national picture when it comes to the needs of nurses and nurse education," says Norman. "It allows me to offer the VUSN perspective, what's going on in nursing and what the priorities should be. At the same time, it gives us the opportunity to see what others are doing as well as the emerging issues within the nursing profession."

The council advises and makes recommendations to Secretary of Health and Human Services Tommy G. Thompson and Congress on policy regarding the Public Health Service Act Title VIII, including nurse workforce, education and practice improvement issues. It may also make specific recommendations on the Bureau of Health Professions' Division of Nursing programs. According to Norman, the NACNEP played a significant role in the crafting of the Nurse Reinvestment Act, a federal initiative to increase and retain nurses.

From her seat on the council, Norman has two priorities. "The first is patient safety and how error reduction is taught in schools of nursing," says Norman. "The second is the nursing shortage which is occurring in all areas, not just staff nurses and faculty. While we're feeling a severe shortage in [staff nursing], the shortages will eventually hit advanced practice nursing as well and this is a concern to VUSN."

AROUND THE School

Conway-Welch, Jacobson Welcome New VUSN Class

DANA JOHNSON

Nearly 250 new students were given a warm welcome at VUSN's Fall Orientation August 20-22. The students were briefed on everything from Vanderbilt's academic programs and current research initiatives to how to get their photo ID badges. Dean Colleen Conway-Welch, in her welcoming remarks, challenged the students to excel while at Vanderbilt and later in their careers.

"My dad always told me to 'shoot for the top. There's more room there,'" she said. "You are shooting for the top." Conway-Welch cautioned the group, however, that being at the top requires hard work. "This is a different program than most," she says. "You will work very hard. You will wonder why you ever decided to do this. But we will help you through."

Highlighting the school's graduate programs, Conway-Welch discussed Vanderbilt's "Bridge" program, which provides multiple entry options for students with different educational and professional backgrounds. "One of the reasons we started the Bridge program was to attract a rich diversity of students," she said, looking across the room filled with people of all ages and ethnic backgrounds and from varied geographical locations. "We are glad you are here and will do everything to help you be successful."

Dr. Harry R. Jacobson, vice chancellor for Health Affairs, also welcomed the incoming class. "You're about to enter a profession that demands expertise and a detail for excellence," Jacobson said. "Money and glamour didn't get you here. Your intelligence and compassion got you here today. I'm extremely pleased you are here today and welcome you to the Vanderbilt family."

Sarah Ramsey, director of Student Affairs at VUSN, is excited about this year's student body. "It's a bigger class than we've had in the past, but it seems like a nice group," she says. Last year, 225 students were admitted to the School of Nursing.

Of the incoming class seeking a master's degree in nursing, 130 students are pre-specialty students without nursing degrees, 100 are bachelor-of-science-degree nurses and 19 are registered nurses with associate degree and diploma backgrounds.

Faculty News

Leslie Coleman, MSN'93, assistant professor, and **Joan King, BSN'72, MSN'75**, associate professor, presented a paper at the New Cardiovascular Horizons conference sponsored by the Cardiovascular Institute of the South. The conference ran from Oct. 31-Nov. 3 in New Orleans.

Charlotte Covington, BSN'69, MSN'89, assistant professor, published "Diarrhea: a Review of Common and Uncommon Issues," in the July issue of the online magazine *Advance for Nurse Practitioners* (*www.advancefornp.com*).

Terri Donaldson, lecturer in acute care, will publish a chapter on "The Role of the Transplant Coordinator" in the new book *Transplant Secrets,* edited by S. Cupples and L. Ohler, to be published in January by Hanley & Belfus Medical Publishers.

Ginny Moore, MSN'90, instructor in nursing, has been named to the board of directors of the Greater Nashville Affiliate of the Susan G. Komen Breast Cancer Foundation.

Robert F. Wheaton, adjunct professor of occupational health at VUSN and director of Vanderbilt Environmental Health and Safety, was named Member of the Year at the annual meeting of the Campus Safety, Health and Environmental Management division of the National Safety Council in Toronto July 16.

NEW FACULTY/STAFF

The Vanderbilt Nurse Midwifery Faculty Practice has added three new additions to its staff:

Liz Howard, a doctoral student in nursing science and instructor at VUSN, has returned to the practice she founded.

Latisha Lochabay, MSN'97, joins the Vanderbilt Nurse-Midwifery clinic after her return from a three-year stay in Micronesia as a nurse-midwife and midwifery manager.

Deborah Wage, MSN'91, worked at the VUSN's Vine Hill Clinic for several years and later at Cayce Clinic as an FNP before returning to the School for post-master's study in nurse midwifery. Four years ago she set up an independent nurse midwifery practice in Nashville. Wage also serves as CNM provider for Mercy Ministries, a home for unwed mothers.

NEIL BRAKE

Nurse-Midwifery Tour

Deborah Wage, MSN'91, explains the mission of the Vanderbilt Nurse Midwifery Practice to expectant parents.

HIGH ANXIETY

BY LEW HARRIS, BA'68

Photos by Neil Brake

"We have a lot of autonomy in the helicopter because it's just the two nurses there. We can always call back to the emergency room if we have a question, but for the most part, we have to be pretty confident that we can take care of whatever type of patients we receive, whether they be trauma, medical, pediatric or elderly. It is quite a bit of responsibility."

Marcie Carter is high on nursing — and nursing on high.

Marcie Carter came to VUSN knowing that she wanted to be a LifeFlight nurse. She remembers the benefits her sister experienced after being airlifted by fixed-wing aircraft from a small Louisiana hospital to a larger one following an auto accident. "Knowing how much of a difference they made for her was something that probably planted the seed for my wanting to do this type of work," she says.

LifeFlight, the critical care transport service of Vanderbilt University Medical Center, averages about 1,800 flights per year utilizing two American Eurocopter BK-117 twin-engine helicopters that cruise at 150 miles per hour. LifeFlight serves the area within a 170-mile radius of Vanderbilt, extending north into Kentucky and south into Alabama. Each flight has a pilot and two flight nurses on board and can transport up to two full-size patients. Dr. John Morris, professor of surgery and director of trauma at VUMC, oversees the program.

LifeFlight was a perfect fit for someone with Carter's experience and interests. After graduating with a bachelor's degree in 1990, Carter spent three months traveling in Australia and New Zealand. The former biology major then worked for about a year as a research assistant for Dr. Denise Wetzel in the Psychiatry Division of Psychoneuroendocrinology at Vanderbilt. She knew she wanted a career in health care, but one that still allowed time for skydiving, bicycling and other recreational activities. Nursing seemed to fit the bill.

Skydiving is one way Carter relieves the stress that is inherent in her job as a LifeFlight nurse.

Carter spent two years earning her MSN in the Bridge program at Vanderbilt, graduating in 1994. "The Nursing School program was really good in giving us the ability to think critically and make decisions based on our assessments of patients," Carter says, adding that her acute critical care clinical classes also prepared her well. "I remember taking classes on death and dying. They were very good, especially for the route that I went."

One of Carter's colleagues describes the stress that can build up after a series of trying flights as "filling your cup." It is important to empty it.

She worked for three years as an intensive care nurse in the neurology intensive care unit at Vanderbilt and another year at the Vanderbilt Hospital Emergency Room. Marcie also gained valuable experience working in the Pediatric Emergency Room.

"Part of the requirement for being a flight nurse is that you have to have a minimum of three years of either intensive care unit or emergency room experience," Carter says. "I think the experience I had in the neuro intensive care unit after finishing nursing school was definitely important in my being hired as a flight nurse."

AGGRESSIVE PROCEDURES

"We have a lot of autonomy in the helicopter because it's just the two nurses there," Carter says. "We can always call back to the emergency room here if we have a question, but for the most part we have to be pretty confident that we can take care of whatever type of patients we receive, whether they be trauma, medical, pediatric or elderly. It is quite a bit of responsibility."

Nurses often have to conduct aggressive airway intervention, including rapid sequence induction with oral intubation, nasal intubation, or, in the event no other airway can be secured, either needle or surgical cricothyrotomy.

Flight nurses can also perform needle chest decompression, chest tube placement and pericardiocentesis (inserting a needle into the pericardium, the membranous sac enclosing the heart, to remove fluid buildup). They also conduct central IV placement, blood transfusion with packed red blood cells carried on board and transportation of patients requiring intra-aortic balloon pump assistance.

Carter says LifeFlight nurses sometimes have to perform escharotomies for circumferential burns. In the latter procedure, if the patient has been burned so badly that the pulse to the arm or leg is lost, nurses cut the skin enough to provide sufficient elasticity for the blood flow and pulse to return to the injured extremity.

All of the procedures can be performed in the aircraft during transport, thereby providing the highest level of care possible in the most efficient manner. Sometimes, however, even the simplest interventions are rendered difficult.

"I recently had a bumpy flight where I had to give an IV to an 18-month-old child," Carter says. "That's hard because you've got a very small target and you're bumping around. Putting an IV in can sometimes be difficult even in an emergency room setting, but put yourself in a small environment and closed space and add some roller coaster rides in there and it can be really difficult. But honestly, I think everybody here just tunes that out and does their job."

LifeFlight carries a defibrillator on board. Medications are given per protocols with medical control advice and assistance always available via telephone or radio. The Emergency Department attending physicians at Vanderbilt provide medical control.

SUMMER IS TRAUMA SEASON

The busiest trauma season is the summer months because people are moving about, children and teens are out of school, and the days are warmer and longer. Unfortunately, serious accidents are more common, too. Automobile wrecks, farm mishaps and swimming or horseback riding accidents produce critically injured victims. Weekends are usually busier than weekdays.

The winter is a slower trauma season, Carter says, but there are still plenty of hunting accidents, burn victims, respiratory problems, aneurysms and, particularly around the holiday seasons, suicides. LifeFlight also transports a number of people who are injured while putting up Christmas lights, falling from rooftops or off ladders.

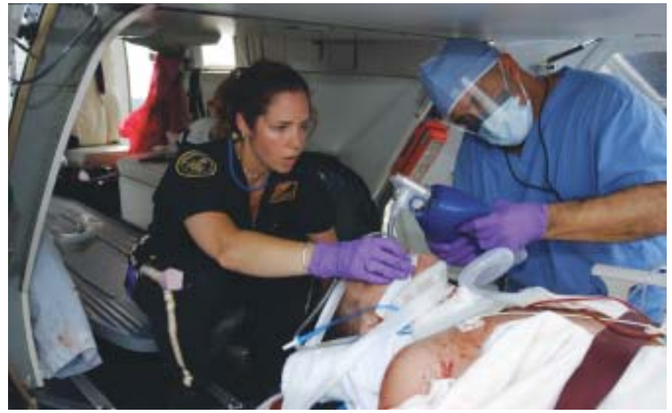
The pilots have landed helicopters in fields and road intersections, on bridges and even in people's front yards in an effort to get the victim to the hospital as quickly as possible. On the outbound flight, one flight nurse sits up front with the pilot to provide an extra set of eyes in the event of an unfamiliar landing site, such as a pasture. In such cases, pilots are usually in radio contact with officers or emergency medical service attendants on the ground to locate a suitable landing zone. LifeFlight hosts Tail Watch classes that instruct police officers, firefighters and emergency medical service personnel on how to set up a helicopter landing zone and work safely and effectively around the aircraft.

"Our pilots are absolutely incredible," Carter says. "One of my favorite places to land used to be a bridge near Trousdale Hospital. The hospital didn't have a helipad at the time and there's a bridge not too far from there where we could land. Officers would shut down the bridge on either side for us."

A LOVE OF TEACHING, LEARNING

Carter imparts her knowledge and experience by teaching the clinical portion of acute critical care classes at VUSN in both the fall and spring semesters. She has also taught a trauma elective at the Nursing School.

"I love it," she says. "Some of the students



Top to bottom: Carter en route to pick up an accident victim; checking intravenous fluids and medications on the way back to VUMC; upon arrival, Carter briefs Emergency Department staff on the patient's condition; rushing the patient to the VUMC Emergency Department.

come up with wonderful questions. If you want to be in a learning environment, then it's really good to be a part of teaching because I learn as much from the students as I could ever teach them."

LifeFlight hosts at least 12 courses a year for area medical workers. During the five-year period from 1996 to 2001, more than 3,500 emergency medical technicians, paramedics, first responders and nurses received training as part of LifeFlight's EMS Night Out program.

Several LifeFlight personnel are continuing their own education in the Bridge program at VUSN. Linda Passini, chief flight nurse and program manager of LifeFlight, is earning an MSN in informatics. Flight nurse Neil Worf will receive his MSN in the family nurse practitioner program. Lisa Stephens, another flight nurse, is earning the MSN in women's health. Maggie Hanlon, a former flight nurse who still subs occasionally, obtained her MSN and is a nurse practitioner with internal medicine at Vanderbilt.

"WE SEE A LOT OF DEATH"

Because of the critical nature of the trauma patients they transport, sometimes even the best medical interventions are not enough to save a life.

"We see a lot of death," Carter says. "That can be very hard. I try not to attach myself emotionally to the patient but sometimes you can't help it. If we go to pick up a patient who ends up being a trauma arrest or who dies prior to us getting there, it's part of our job to talk to the family and answer any questions they have. We also talk to the outside facility, whether it is a hospital or EMS, to make sure they are okay with everything that's happened and answer any questions they may have.

"An integral part of the job is that we're not only taking care of the patient but also the whole family. When a patient has expired, our focus turns to the family. We always want to make sure that they know that everything possible was done."

One of Carter's colleagues describes the stress that can build up after a series of trying flights as "filling your cup." It is important to empty it.

"Sometimes emptying it for me is going skydiving and just clearing my mind," Carter says. "When you skydive, you can't think of anything else because if you do, then you probably won't make it for the next jump. We all work hard at what we do, but we all have things we do outside of work to help us empty that cup."

Carter is a member of the Misty Blues all-women's jump team. She has performed exhibition jumps as far away as Seattle, where the team parachuted from a helicopter at the Seafair Festival. While in nursing school, she helped set a then-world record as one of 200 people who jumped and then linked hands in the air.

A fitness buff, Carter also bicycles regularly. For two years, she was part of a LifeFlight team assembled for the Tour de Cure, a road biking event sponsored by the American Association of Diabetes that starts in Murfreesboro and ends at the Chattanooga Aquarium. The two-day event requires riders to bike about 75 miles a day, with an overnight stop in Sewanee.

LIFEFLIGHT SAVES LIVES

Flights that save a life make LifeFlight invaluable.

"I feel like we make a huge difference in people's lives," Carter says. "If we can be there in the beginning of someone's unfortunate happening, whether it be a medical problem or a trauma, we can make a difference in a stronger way. It is so rewarding to know that you have actually impacted somebody's life in a good way and to see those results."

Not too long ago, Carter received a call from a man who had to be transported by LifeFlight after an automobile accident several months earlier. He had stopped by Vanderbilt Hospital and phoned her.

"He didn't remember much at all of the events surrounding his accident or the transport, but he looked about 100 percent better than when I had last seen him," Carter said. "Of course I had seen him at his worst. It was really wonderful to have him come back and say, 'Thank you.'"

A mother wrote LifeFlight a thank you note after both she and her daughter had to be transported because of an automobile accident last April. Her card said, in part, "[My daughter] sleeps with the teddy bear she received on the flight from the nurses and she named it 'Snuggles.' A mother can never thank one enough for the care given to the most precious thing, my child." ◆

Left: Lifeflight nurses Carter and Chris Redicker (in black) and Bedford County EMTs transfer a patient to the helicopter.

To the Rescue

I flew to Paris in a LifeFlight helicopter early last summer. Paris, Tennessee, that is.

Vanderbilt photographer Neil Brake and I spent a day in LifeFlight's Ride-A-Long program. We met LifeFlight nurse Marcie Carter at 7:00 one morning in the flight quarters high atop Vanderbilt University Hospital.

Shortly after arriving, Neil and I view a 20-minute instructional video and then participate in a helicopter and helipad safety orientation. We learn how to put on and adjust our flight helmets, where to plug in the headset microphone and earphones, which seat we are to occupy on a flight, and how to operate the seat buckles.

Flight coordinators in the Emergency Office of Communications, located in Medical Center North, field all calls for LifeFlight. They initiate a flight by radio to the nurses on duty. A loud ringing tells the nurses to listen up. Nurses carry a radio with them at all times.

The instructional video stressed that it is a good idea to eat breakfast before flying. Marcie echoes the need for breakfast and gives us a pager that will notify us about a flight.

Marcie decides I will be on the first flight they take and Neil will be on board for the second. I don't know about Neil, but to be truthful I am just a bit nervous and apprehensive.

Neil and I have just purchased breakfasts to go and are approaching the elevator when the pager beeps. We ride the elevator to the flight quarters and race down the corridor. I am already putting on my flight helmet and preparing to run up the metal stairs to the helipad when I notice Marcie and her fellow LifeFlight nurse, Chris Redicker, calmly sitting at their desks. They chuckle at our haste and say that the beeper was just a test page that is conducted each morning. We relax, eat our sausage and egg biscuits and wait for the first call.

About 11 a.m., Marcie informs me we have a flight. Approximately seven minutes later we are in the air, lifting off the pad in reverse. Pilot Mike Cobb explains that they lift off in reverse so that if an engine or other piece of equipment is not performing properly, it's easy to simply go forward and lower back down on the pad.

Soon we are soaring along at 2,500 feet on a perfectly sunny day, headed for Henry County Hospital, flying at 138 miles per hour with nary a bump. A flight nurse always rides in the cockpit on the trip out to help the pilot spot any obstacles when landing. Chris is in the cockpit and Marcie and I are in the area where victims are treated.

The first report we receive in flight is that a 43-year-old woman, nine months pregnant, had been pinned under her car in a one-automobile accident. We are told that her car had slammed into a tree and that a child riding with her had been ejected. That meant we might well be transporting two victims. The American Eurocopter BK-117 twin engine helicopters used by LifeFlight can carry two full-size adult patients in addition to the flight crew.

Above: LifeFlight can mean the difference between life and death for many of its passengers.

About 10 minutes later, we are given a further update. It turns out that the woman, Janie (not her real name), is age 23 instead of 43. She is indeed nine months pregnant as the first report indicated. Instead of being pinned under the car, however, she was upside-down because the automobile had rolled over. The car did not hit a tree. The best news of all is that the young girl riding with Janie had not been ejected. She was safe in her child-restraint seat, and Janie had carefully pushed her out through the window of the overturned car.

I ask Marcie about the discrepancy between the two reports. She says that is not at all unusual because the first call to the flight center is often made from the report of a highway patrol officer or a citizen who happens on the scene. As trained medical personnel arrive or the victim is transported to a hospital for evaluation, the information becomes much more accurate.

We arrive at Henry County Hospital at 11:48 a.m. and are whisked to the hospital's emergency room. Chris talks with the doctors and nurses who have been evaluating Janie, asking about any treatment that has been conducted and for pertinent records. He is in luck because Janie has been receiving her pregnancy check-ups at the hospital. The child who had been riding with Janie has already been evaluated and released.

While Chris is talking to the doctors and nurses, Marcie begins assessing the condition of the patient. "I begin assessing the patient the minute I walk into the room," Marcie says. "If the victim can talk and answer questions, of course, it makes doing the assessment much better."

Janie is conscious but complaining of pain in her right chest, right upper abdomen and lower left leg. Fortunately, the vital signs are good for the baby she is carrying. The Henry County doctors believe that Janie, with her injuries and the fact she is pregnant, will be better off being transported to Vanderbilt Hospital and its Level I trauma center.

We walk out of Henry County Hospital by 12:12 p.m., 24 minutes after we arrived. Janie, who has been fitted with a neck brace and is receiving an IV saline solution, is loaded into the helicopter through the rear-entry clamshell doors. These allow for safe, easy, straight-in patient loading and unloading. They are especially helpful in this instance because Janie weighs about 280 pounds.

Janie continues to complain of pain and Chris administers a drug into her IV line that will ease the pain but not threaten the pregnancy. On the flight back, both Marcie and Chris continue to minister to Janie, consult her medical records, and scan an X-ray taken of her at the Henry County Hospital.

We touch down at Vanderbilt at 1:07 p.m. Janie's stretcher is quickly wheeled to a waiting elevator with direct access to the Emergency Department. Chris and Marcie brief doctors about the course of her treatment thus far. We later receive a positive report about Janie and the baby she is carrying. Prognosis: good.

Later that afternoon, Neil goes on a flight to transport a much more seriously injured victim. He is a young man who had been riding an all-terrain vehicle at about 40 miles per hour before crashing into a barbed-wire fence. He was critically injured with a slashed throat and was losing blood rapidly. Marcie and Chris intubated him, gave him numerous IV bags of blood and saline, and performed other emergency measures to keep him alive on the way back to VUMC. Prognosis: critical.

Marcie and Chris return to the flight quarters briefly before going up to the helipad and scrubbing out the bloody helicopter cabin. They don't receive any other calls and end their 12-hour work day at 7 p.m.

—Lew Harris

THE *Heart* OF THE MOUNTAINS

BY MARDY FONES

Caring for the underserved is fundamental to the philosophy of nursing education at Vanderbilt University School of Nursing. During a Summer 2002 trip to the highlands of Peru, 25 VUSN students and graduates not only put their clinical skills to work, but also learned lessons in how attending to the emotional and spiritual needs of patients can enhance clinical care.

"In the hospital, you look at charts and monitors, and it can be easy to forget the patient," says Traci Warner, MSN'02, one of the trip's organizers. "That's where nursing students have the advantage. In a setting like Peru, you have to use your eyes. You have to listen to heart and lung sounds. You have to really see the patient."

The VUSN students joined other medical and nursing students from Harvard and Emory in the Summer Medical Institute project. The group ran eight mobile clinics serving the Peruvian and Quecha villagers. They treated patients with the help of translators, sometimes needing two — one to translate Quecha to Spanish and one to translate the Spanish to English.

The experience served as an affirmation of the importance of one-on-one care and the underpinnings of good nursing, says Roberta Bradley, assistant professor of nursing at VUSN. "You're working through interpreters, so patient interactions take twice as long. That allows you to soak up what's going on. It provides twice as much time to look at patients and their families," she explains.

TRACI WARNER

TRACI WARNER

TRACI WARNER

TRACI WARNER

JOCELYN GREENE

"Such trips are a wonderful opportunity to deliver care to a needy population and to see how priorities differ in another culture, how people get by day-to-day," says Bradley. "It's an opportunity to hone clinical skills and to see variation in patients. At the same time, the students see the worst-case scenarios, problems that have been neglected for a long time, so they can see first-hand the kinds of things we're trying to prevent."

Musculo-skeletal complaints, including back pain and arthritis, are common, as the Peruvians and native Quechua people often carry heavy loads great distances and the women routinely carry small children on their backs. Chronic gastro-reflux, a condition that can be worsened by eating the greasy food that is common in the local diet, is another frequent complaint.

Top: Quechua women and children in traditional dress. Above left: Loading medical supplies for the clinics. Above middle: Kathy Boyd, a Nashville nurse who accompanied the VUSN students, checks a patient's glasses prescription. Above right: Angela Beard, MSN '02, (left) and Angie Fountain doing a well-baby check-up. Left: Waiting for treatment outside the clinic in Chincerro.

Warner recalls seeing a five-year-old with severe impetigo on her face. "Not only was her face badly scarred, but she was emotionally scarred," says Warner. Impetigo is easily treated with antibiotics, but the child's family had neither the access to nor the money for care. With its mobile pharmacy, the team was able to provide the medication the child needed.

AT THE HEART OF NURSING

Sponsored by Medical Campus Outreach, a nondenominational ministry for health care students on six eastern U.S. campuses, this year's three-week Summer Medical Institute (SMI) was based in Cusco. A city at the cultural center of the Andes Mountains, Cusco has 300,000 residents, most of who are Quechua and speak either Quechua or Spanish. Surrounded by the sheer cliffs of the Andes, the city is located on an arid, dusty, high plateau.

Cusco is the former capital of the Incan Empire and many Quechua residents cling to traditional beliefs. Modern health care resources are scarce. Families are large and the essentials to care for them — nutritious food, clean water, basic sanitation — are sparse.

Dr. Brian Reidel, a pediatric gastroenterologist from the Vanderbilt Medical Center, works with another mission in Cusco. He helped the more than 75 students and other health care professionals gain access to nearby villages to provide care. The students saw more than 1,300 patients during the trip and worked in a variety of settings, including an orphanage, a government-organized hospital, makeshift clinics in small villages and a high-security women's prison.

Armed with their powers of observation, stethoscopes, otoscopes, a microscope and their faith and willingness to care, the nurses worked to provide much-needed care. Along the way, the nurses taught some of the rising second-year medical students basic patient assessment techniques and essential skills such as how to take blood pressures.

For Jocelyn Greene, MSN'02, the trip to Peru was her first outside the U.S. She says it provided quite an eye-opener. "In the U.S., it's rush, rush, rush, so it was amazing to have so many people waiting to see us when we went into the villages," says Greene, who looks back on the work she did with the women's care team as an opportunity to cultivate clinical skills and educate patients about prevention.

"Initially, I was unsure about doing pelvic exams," says Greene, "but on the trip I did a lot of them, so by the time I came back I was thinking 'another pelvic. I can do that.'

TRACI WARNER

Right: Nursing and medical students conducted vision screenings and distributed glasses to patients who needed them.

Standards of care are very different, too. We did pelvic exams on church pews and in one village we had an exam table up near the altar in a church."

The need for treatment and education about sexually transmitted diseases (STDs) was much in demand. "One woman who tested positive said she only sleeps with her husband, who is a bus driver," says Greene. "She brought him in and he admitted to sleeping around, so we tried to educate both of them about STD transmission and prevention."

Comparing her experiences in the Peruvian Andes to her last clinical site in the affluent Nashville suburb of Brentwood, Greene says, "I was thinking the people of Peru need me more, but my preceptor in Brentwood pointed out everyone has a disease process and everyone has spiritual needs." She parallels the Peruvian woman with a distraught Brentwood woman who came in for an HIV test after learning her husband was unfaithful. "The patients differed in their economic circumstances, but you can't diminish the importance of caring," says Greene. "That's the heart of nursing."

TEACHING AND LEARNING

Immersion in a different culture can be a valuable experience for nurses, says Colleen Conway-Welch, VUSN dean. "It allows them to appreciate the diversity of the world's population and the need to understand health status and health care through differing and sometimes opposing cultural values," she says. "The experience leaves them better prepared to provide culturally competent care to diverse populations."

Traci Warner and Jocelyn Greene with an ob/gyn patient and her child at the Chincerro clinic.

Angela Beard, MSN'02, couldn't agree more. Prior to going to Peru, Beard had been on several mission trips and worked as a nurse and Spanish translator at Metro Nashville General Hospital. She says lessons she learned while working on a domestic violence project here helped her in Peru. "One woman came to us and said her husband had hit her and that she'd been having headaches and passing out," says Beard. "[Domestic violence] is difficult to deal with in a culture where it is culturally accepted."

In addition to working with patients, Beard provided basic medical Spanish classes for others on the trip and was able to share valuable cross-cultural lessons. "During my work at Metro General and on a mission trip to Honduras, I learned about *el mal de ojo* —the evil eye," says Beard, explaining that some Hispanics believe it's a curse that one person can cast on another to cause illness. "One way it can happen is if someone compliments another person's child, but doesn't touch that child," says Beard. The solution? Offer the compliment, but be sure to follow it with even the slightest touch.

VUSN's emphasis on patient education was integral to the trip. "Basic concepts of health and illness are foreign to the Quechua people," says Warner. "Ideas such as handwashing and washing food before you eat it were new." Lucy, a Peruvian woman who speaks English, Spanish and Quechua, supported the work of the VUSN nurses by teaching patients basic health concepts about nutrition, preventing parasites and reducing the spread of STDs.

Many patients were more familiar with the care provided by native healers. "When they see a healer, they don't tell him what's wrong; the healer is supposed to know," says Warner. "So they didn't understand why we asked so many questions about, for instance, their headaches. Sometimes the patients would just switch the subject."

"The patients differed in their economic circumstances, but you can't diminish the importance of caring," says Greene. "That's the heart of nursing."

In addition to musculo-skeletal complaints, gastro-reflux and rashes, patients presented with urinary tract infections, dental problems, venous stasis ulcers and a generalized "ovarian pain," a common complaint from both men and women. The group also did vision screenings and distributed glasses to patients who needed them.

Along with basic clinical care, the volunteers devoted time at each clinic site to praying with patients. Armed with face paint and crayons, they also played with patients' children as a way to connect more deeply with the families with whom they came in contact. The cumulative effect, say volunteers, was affirmation of the powerful influence of astute clinical skills applied in combination with a caring demeanor and faith.

"There was one lady, she was about 60, who said she'd been having stomach pain and ulcers for seven years," says Laura Hansen, MSN'02, a veteran of a previous mission trip to India. "We gave her medication for gastritis, but then the doctor explained that stress can be a contributing factor to ulcers.

"She started to cry and talked about how her kids were in bad marriages and it made her sad. It was neat to see her respond to fundamental caring," says Hansen. "We saw her again the following week when she came back for more medication. She was so happy to see us. It seemed like a combination of caring and medication had really made a difference in her life." ◆

Students

Students travel far to attend VUSN

Registered nurse Annie Nodestine traveled a long way from home to attend Vanderbilt University School of Nursing. Nodestine grew up on a Navajo Indian reservation in Chinle, Ariz. She is pursuing her MSN degree and plans on going back to Arizona to help the people she's always known.

"I've lived on the reservation all my life. I was ready to do something different," she says. Excited and a bit nervous, she is already homesick. "It is really different here," she says of Nashville. "I really miss home." Nodestine and her 8- and 9-year-old sons just moved to their new home in student housing. "They like it here," she said.

She is looking forward to December 2003 when she will graduate with her master's degree and, more importantly, move back home. Nodestine will work for Indian Health Services at Chinle Hospital, her employer for the last 10 years. She applied to Vanderbilt after working with Vanderbilt School of Medicine graduate Dr. Jill Moses in Chinle. Moses is the daughter of Vanderbilt Cancer Center's director Dr. Hal Moses. "Jill and I are good friends," Nodestine said. "She talked me into applying here."

Another person traveling a long way to attend VUSN is Brooke McClendon of Tulsa, Okla. She, however, did not have to move to Nashville like Nodestine. McClendon, who has a bachelor's degree in nursing, is pursuing her neonatal nurse practitioner degree through the distance-learning program. She will visit the Vanderbilt campus several times throughout the year and do her clinicals in Tulsa — the reason she chose Vanderbilt. "Most schools won't let you start the degree like that," she says. — *Jon Coomer*

PEYTON HOGE

BBQ Supper for New Students

The second annual BBQ Supper for New Students was held at Dean Colleen Conway-Welch's home Tuesday, August 20th, the first day of student orientation. It was a wonderful opportunity for over one hundred new students, faculty, staff and members of the Alumni Association Board of Directors to get acquainted.

DANA JOHNSON

Caines Wins Adolescent Health Fellowship

Karen Caines, a doctoral student at VUSN, has been accepted as a fellow in the University of Minnesota Leadership Education in Adolescent Health Fellowship Training Program. This opportunity will provide Caines with the experience of being mentored by the leading researchers in healthy youth development. The team in Minnesota has worked very closely with Caines to develop a tailored program of study and practice for the next two years. She relocated to the Twin Cities in August.

Top: Dean Colleen Conway-Welch welcomes a guest to the BBQ Supper for New Students.

Above: New students take a break on the lawn of Frist Hall during New Student Orientation, August 20-22.

TOMMY LAWSON

TOMMY LAWSON

Julia Hereford Society Reception

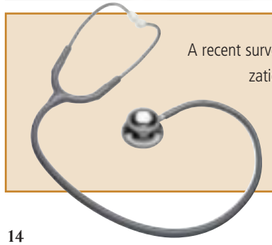
Randy Rasch, FNP specialty director (above right, center) and JHS members William and Helen Alford at the 2002 JHS reception, held April 25 in the new Martha Rivers Ingram Performance Hall at Vanderbilt's Blair School of Music. The event included an address by outgoing JHS Scholar Jessica Heckel (above left) and a talk on bioterrorism by VUMC's Dr. Bruce Gellin.

Below: (l-r) Vice-Chancellor for Health Affairs Harry Jacobson, Lena Walsh, Dean Conway-Welch, Libby Dayani and Robin Walsh at the annual JHS reception.

TOMMY LAWSON

VUSN Alumni Association Board of Directors Meeting

The Fall Vanderbilt University School of Nursing Alumni Association Board of Directors meeting was held Saturday, August 24, at the School of Nursing in the Godchaux Hall Living Room. Elizabeth Farrar, VUSN Alumni Board President, introduced the five newest members of the board: Leslie Coleman, MSN'93; Deborah Critz, MSN'92; Sue Walsh, BSN'61; Kim Parham, BSN'85; and Carol Komara, BSN'62. Highlights from the meeting were discussion of upcoming plans for the extraVUganza Reunion and Homecoming weekend to be held October 25 and 26 and the success of the new Alumni Award unveiled at Pinning Ceremony on August 11. The new award is aptly named the Award for Excellence in Service and Leadership to School and Community. Updates on VUSN and the state of nursing in America as a whole were provided by Dean Colleen Conway-Welch.



A recent survey of nurses sponsored by *NurseWeek* and the American Organization of Nurse Executives showed that 83 percent of nurses said they were very, moderately or a little satisfied with their jobs and that 60 percent would definitely or probably advise a high school or college student to become a nurse.

Reconnect with old classmates, catch up on the latest VUSN news and get the latest in job updates by checking out the Alumni and Development web site at *www.mc.vanderbilt.edu/nursing/alumni/alumni.html*

The Unspoken Addiction

Sexual addiction is a problem, and Carol Coleman-Kennedy and Amanda Pendley aren't denying it. In fact, they are some of the few people in their field who are willing to discuss it.

"Sex is everywhere — on billboards, the media and the computer — and it contributes to sexual addiction," says Pendley. "It's okay to have sexual images anywhere, anyhow, but once the word addiction is put out there, people don't want to talk about it."

Pendley and Coleman-Kennedy, who both graduated in 1999 with MSNs in adult psychiatry, are the authors of a 28-page article on sexual addiction published in the October issue of the *Journal of American Psychiatric Nurses*. The article, which the pair wrote for a course at the School of Nursing, describes in detail how to recognize, assess and diagnose sexual addiction during a substance addiction assessment. Substance addiction can sometimes be a symptom of an underlying sexual addiction, Pendley and Coleman-Kennedy say. They think it is vital that their nurse practitioner peers know how to recognize the symptoms of the disease.

"It is important to get the word out there, because unless the providers know how to diagnose it and see sexual addiction as something that is real, they can't do anything about it," says Pendley, now an NP with the Trover Foundation Center for Behavioral Health in Madisonville, Ky. "When sexual activities interfere with a person's normal, functioning life — work, marriage, et cetera — there is a problem."

Coleman-Kennedy, now the director of Dignity Geropsychiatry Inc., in Little Rock, Ark., agrees. She feels society is apathetic about the reality of sexual addiction. "I think there is a lack of knowledge and even a denial [about sexual addiction] out there. People don't understand that it's a brain disease," Coleman-Kennedy says. "It's a release of neurotransmitters that trigger a sensation in the brain just like in any other addiction. But there is emotional pain there, also. You have to see the person and the disease as two separate things."

Sexual addiction is a topic that is normally not touched in nursing schools, Pendley and Coleman-Kennedy say. It usually gets "shoved underneath the carpet," says Pendley. But considering the recent sexual misconduct of Catholic priests and former president Bill Clinton, both agree that their nursing peers and the public might start to listen.

"I think it is information that we need now, especially with all that has been going on." says Coleman-Kennedy. "[The timing] is just right."

Sexual addiction affects 20 million Americans, according to Pendley and Coleman-Kennedy's research. Sexual addiction can affect anyone, Pendley says. "It doesn't matter who you are, how much money you make or what you do. Professionals, clergy — it crosses all types," says Pendley.

Sexual addiction affects 20 million Americans, according to Pendley and Coleman-Kennedy's research.

Both Pendley and Coleman-Kennedy attribute their interest in addictions to their families' problems with them. Their specific interest in sexual addiction, however, originated from their attending a three-day conference in St. Louis, sponsored by the National Council on Addiction and Compulsivity. "Sexual addiction was fascinating to us because we had never heard of it before," says Pendley.

So when the two decided to take Prof. Larry Lancaster's "Writing for Publication" class in July 1999, it wasn't difficult for them to choose sexual addiction as the topic for their mandatory manuscript. However, while sexual addiction was a very pressing topic, it was also a controversial one. Some of their peers doubted that Pendley and Coleman-Kennedy would get their article published, Pendley says, but Pendley and Coleman-Kennedy weren't going to give up that easily.

"Amanda and I are resilient, self-reliant and independent people. If you throw a hurdle in front of us we'll find a way to get around it." Coleman-Kennedy says.

They submitted their article to the *Journal of American Psychiatric Nurses* right after graduation. When it came back, it had received good response. The article next went through peer evaluations for about a year, and then it was sent back to Pendley and Coleman-Kennedy for "a few minor revisions."

"It was tough, and it was so much work, but it was worth it," Pendley says.

Pendley and Coleman-Kennedy say health professionals must learn to recognize the disease in order to get the proper treatment for their patients. They hope their article will increase public awareness about sexual addiction.

"Once you bring it to the public eye, people will realize that it is a real disorder, and they shouldn't be ashamed of their behavior," Pendley says. "It is an impairment in people's lives."

— *Kelly Nolan*

Class ACTS

Remember When…

The Vanderbilt University School of Nursing student body, at their 1959 banquet at the Belle Meade Country Club.

Please Note: Class Notes are only available in the printed version of this publication.

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