



# VANDERBILT Nurse



LIFE!  
HOPE

## When Duty Calls





War has been the catalyst for profound changes throughout the history of the nursing profession. After Florence Nightingale's experience in treating wounded British soldiers in the Crimean War, she outlined her ideas about nursing in her book *Notes on Nursing: What It Is and What It Is Not*. She stressed that nurses should not just be trained to provide hospital care to the sick, but more importantly, they should help people stay healthy. In 1860,

she established the Nightingale Training School for Nurses in London. It initiated fundamental change in nurse training. She saw nursing "training" as occurring in an educational institution rather than a service institution. Although affiliated with a hospital, she saw nurse education as independent of hospital control (Smith, Cecil Woodham, Florence Nightingale, 1820-1910. *Toronto: Longmans, Green and Company, 1950*).



During the Civil War, Dorothea Dix and Clara Barton were the leaders of a national effort to organize a nursing corps to care for the war's wounded and sick. Dix succeeded in creating the army's first professional nursing corps. Clara Barton was instrumental in the creation of an American branch of the International Red Cross (Brumgardt, John R., *Civil War Nurse, The Diary and Letters of Hannah Ropes*).

Following the Spanish-American War, the Army Nurse Corps and, in 1908, the Navy Nurse Corps were created. During World War I, even though both Nurse Corps were enlarged, there was still an inadequate supply of nurses to care for the wounded. The acute need for an adequate supply of better-educated nurses who could serve during wartime provided a post-war incentive to move nursing education into college settings (Tomblin, B.B., *G.I. Nightingales: The Army Nurse Corps in World War II*. Lexington, KY: University Press, 1996). In 1943, the Bolton Act established

the Cadet Nurse Corps, a program which subsidized nursing education through student and institutional support in return for service. Enrollment in schools of nursing increased substantially during this time. The Korean and Vietnam Wars also validated the need for the U.S. to maintain an adequate number of nurses who could be relied on to assist the war effort.

Now, in the aftermath of the September 11th terrorist attacks, we are seeing changes in the role of nursing, especially the role of the nurse in the community. The nation has realized that — with the potential for nuclear, biological and chemical weapons being used on our nation's soil — we must educate nursing students, community based nurses and even retired or "former" nurses in the care of the population after a mass casualty event. We may well see a surge of interest in nursing as our nation struggles to make sense of this disaster and prepare for

new terrorist events.

In 1997, the Vanderbilt University School of Nursing became the only school in the country approved by the Pentagon for Air Force Academy graduates to earn an MSN. Since then, VUSN has trained three Air Force Academy graduates a year as acute care nurse practitioners. This program provides additional professional options for the Air Force graduates and enhances the role of advanced practice nurses in the military. We are exploring ways to provide these professional opportunities to the other branches of the Armed Services.

Just as nurses who came before us were deeply involved and impacted by their service in wartime, in this edition of the *Nurse* members of our School of Nursing family tell you their wartime stories and how they have been affected by the experience.

*Colleen Conway-Welch*

VANDERBILT  
**Nurse**

Harry R. Jacobson, M.D., Vice Chancellor for Health Affairs

Colleen Conway-Welch, Ph.D., Dean and Nancy and Hilliard Travis Professor of Nursing  
Alice Parkerson, Director of Development  
Allen Rosso, Assistant Director of Development  
Sonia Fernández, Alumni Coordinator

Laurie Parker, Editor  
Donna Pritchett, Art Director  
Jenni Bongard, Designer

F. Lynne Bachleda • Neil Brake • Nelson Bryan, BA'73 • Shelton Clark, BA'85 • David Crenshaw, BA'87 • Julie Hale • Jessica Howard • Dana Johnson • Jessica Pasley • Matt Scanlan • Tom Ventress • David Wariner, Contributors

Anthony J. Spence, E'75, Executive Director of Alumni Communications and Publications

The *Vanderbilt Nurse* is published three times yearly by the Vanderbilt School of Nursing, 200-C Mary Ragland Godchaux Hall, Nashville, TN 37240 in cooperation with the Office of Alumni Communications & Publications to inform alumni, students, parents, faculty and friends of the School about programs, activities and issues of interest. The editor welcomes letters and comments from readers. Correspondence, including letters to the editor and Class Acts, should be directed to the *Vanderbilt Nurse*, Office of Alumni Communications and Publications, VU Station B 357703, 2301 Vanderbilt Place, Nashville, TN 37235-7703, or by e-mail to [laurie.parker@vanderbilt.edu](mailto:laurie.parker@vanderbilt.edu). Address corrections may be sent to Alumni Coordinator, 206 Godchaux Hall, Nashville, TN 37240 or [sonia.fernandez@mcmail.vanderbilt.edu](mailto:sonia.fernandez@mcmail.vanderbilt.edu)

Visit the Vanderbilt University School of Nursing's Web site at [www.mc.vanderbilt.edu/nursing/](http://www.mc.vanderbilt.edu/nursing/)

Vanderbilt University is committed to principles of equal opportunity and affirmative action.

© 2002 Vanderbilt University



**FEATURES**

When Duty Calls 6  
*When nurses are needed in time of war, VUSN responds*

After the Shelling Stops 8  
*Alumna and professor Carol Etherington is there to pick up the pieces in the aftermath of war*



A Lesson in Violence 10  
*Melanie Lutenbacher hopes her research can make school a safe place for kids*

Carrying a Torch 13  
*Second-year student Emily Kyser runs to fight leukemia*

Life on the Edge 16  
*Frances Edwards resumes leadership of JHS*

**ABOUT THE COVER:**

Tom Ventress of Ventress Design created a time-spanning vision of nurses serving those in need, both military and civilian, from WWII through the September 11 tragedy. (clockwise, from top left: Head Nurse Alice Lund Christensen and members of the "Vanderbilt Fighting 300th" Hospital Unit during WWII; professor and alum Carol Etherington, MSN'75, comforts a victim of the violence in Angola; Janice Britton, BSN'44, preparing to board a transport plane in Korea; a U.S. Air Force flight nurse attends to the needs of American wounded prior to their aeromedical evacuation from Tan Son Nhut Air Base in Vietnam in January, 1967 (©Bettmann/Corbis); Etherington and Adi Kali, who lost both his arms during the warfare in Sierra Leone; the aftermath of the September 11 tragedy in New York.

**DEPARTMENTS**

From the Dean	inside front cover
On the Cutting Edge	2
Around the School	4
Students	13
Alumni News	15
Class Acts	inside back cover

## \$20 Million Johnson & Johnson Grant Aided by VUSN Study

REUTERS—Johnson & Johnson is planning to spend more than \$20 million over the next two years in a campaign to alleviate a nursing shortage that currently exceeds 120,000 and could triple within two decades. The program, called “The Campaign for Nursing’s Future,” was assisted by a Vanderbilt University survey of 1,005 people over the age of 21. The survey found the nursing shortage could harm the quality of health care.

The nursing shortage is driven by an aging population of nursing employees, lower nursing school enrollments, nursing faculty shortages and baby boomers needing more medical care.

“We found three in four Americans believe the nursing shortage is a serious health care problem, and people believe it will negatively impact the quality of care they get in the nation’s hospitals,” said Dr. Peter Buerhaus, senior associate dean of research at Vanderbilt University School of Nursing.



## Cross-Cultural Program Bridges Differences



*Program director Linda Norman hopes the grant will help alleviate the nursing shortage.*

Since reports, including one from VUSN, have predicted that the coming nursing shortage could wreak havoc on the health care industry by 2020, many in health care have offered solutions.

But the School of Nursing is doing more than discussing ways to alleviate the shortfalls expected in the workforce. Realizing that one of the solutions to the pending crisis is recruitment, Linda Norman, senior associate dean of academics, has begun a \$183,000 study to develop a program aimed at

promoting cultural and intercultural competence in nurses worldwide.

The grant, “Developing Intercultural Competence in Multicultural Health Care Workers,” was approved by the Fund for the Improvement of Postsecondary Education. It allowed for the creation of a six-site consortium which will serve as teaching institutions for this program.

“As we face the nursing shortage, there will be an increasing number of nurses from different countries and backgrounds recruited to fill in the gaps,” Norman says.

“The recruitment will be one way to meet the shortage needs. There will be many avenues of nursing that we will need to understand — the culture of nursing, how nurses are educated in other countries and what roles nurses play in other parts of the world.

“As we work to incorporate nurses from all nations into roles of health care delivery, it will be very important to pay attention to the differences in practices, languages and titles.”

Issues the consortium will address include: models of care and care delivery systems; the role of the family, relatives and significant others in the delivery of health and social care in different cultures; the similarities and differences in the roles of registered nurses, other professionals and members of health and social care teams in participating countries; religious beliefs and moral values; and how political, economic and cultural differences influence way of life, health problems and health care provision.

The group hopes to raise awareness of how culture operates in health care delivery while helping

prepare nurses to work in various health care systems worldwide.

Vanderbilt is the lead institution for the United States, while Bournemouth University in the United Kingdom is the leading European site. The other consortium sites include Queens College in Charlotte, N.C., Western Kentucky University in Bowling Green, Ky., Upsala University in Sweden and Pohjos-Savo Polytechnic in Finland.

The program will allow the institutions involved to “foster and strengthen trans-Atlantic ties by tackling together the challenge posed by the increasingly global nature of the nursing workforce,” according to the grant.

“While there is much recognition in the literature that it is essential for nurses and other workers in health and social care to be educationally prepared in order to be able to meet the needs of multi-ethnic patients and clients, there is little evidence of empirical research or projects into multicultural workforces and their implications for professional education,” the grant reads. “This project seeks to redress the balance.”

Norman says the group will spend the first year creating the curriculum. The program is equipped for 48 students who will be instructed using Web-based techniques as well as taking part in a three-week exchange program. Students will be prepared for their exchanges with appropriate language courses and practical cultural information, in addition to the required nursing protocols.

“The nursing shortage is not just an American problem,” Norman says. “This is something that all countries are dealing with.” —Jessica Pasley

## VUSN Attacks Childhood Asthma

*The most prevalent chronic health condition affecting school-aged children today is asthma, but with help from United Way, VUSN hopes to change that.*

Between 1980 and 1994, the prevalence of asthma increased 74 percent nationally among children ages five to 14. Asthma can cause frequent absences from school, curbed physical activity, visits to the emergency room and hospitalizations.

But it doesn’t have to be that way. Patient education, family education and health care coordination can dramatically reduce the problems associated with asthma in these populations. Last summer, United Way of Metropolitan Nashville’s Community Solutions Fund awarded the School of Nursing \$30,000 to start an Asthma Action Program within its existing school-based health programs at Stratton and Fall-Hamilton Elementary Schools. Low-income populations, minorities and children with asthma living in urban areas like those served by Stratton and Fall-Hamilton experience disproportionately higher mortality and severe disability in comparison to other populations.

Since 1995, VUSN has been providing comprehensive health care to approximately 1,000 children and their families and teachers at the clinic at Fall-Hamilton. The second clinic was founded at Stratton in 1997.

Because 105 of the children served through these clinics — approximately 10 percent of the total student body of both schools — suffer from asthma, VUSN has spent the last two years developing a comprehensive treatment approach to help these children.

The Asthma Action Program adds several components to the school-based health programs, targeted directly at educating children with asthma and their families, including:

- “Open Airways” classes to improve children’s skill and understanding in managing their asthma. This is a six-week curriculum

designed by the American Lung Association for third and fourth grade students, including one parent session.

- Individualized health counseling for all students with asthma, pre-K through fourth grade. One-on-one interviews and observations of children’s use of metered-dose inhalers leads to the development of an individualized health counseling plan for each child. Depending on each child’s needs, plans can include introduction of spacing devices to improve the child’s medication administration and peak flow meters children can use to measure subtle changes in their breathing before the onset of an asthma attack.
- Family-oriented workshops on identification and management of environmental triggers and home response to asthma emergencies. These workshops educate parents on potential allergic triggers such as dust mites, tobacco smoke, animal dander, etc. Topics also include interpreting asthma symptoms, the “step” approach to managing asthma,

emergency care at home and when and how to seek additional medical help. Environmental control items (e.g., special air filters for air conditioners and ducts) are offered at a discount for those who are uninsured or unable to afford them.

- Smoking cessation classes for parents and other family members. Second-hand tobacco smoke is a key trigger for many children with asthma and can contribute to chronic sinus and ear infections. The smokers themselves are at high risk of lung cancer and heart disease. If needed, cessation aids are available to participants at a discounted rate.
- A tobacco use prevention program for fourth graders at each school. Research indicates that more than 20 percent of Tennessee’s children begin smoking before the end of middle school, and that the earlier they start, the longer they will use tobacco and the more difficult it will be to stop. The program aims to support positive choices and create positive peer pressure against tobacco use in children.





Dr. Harry R. Jacobson outlines the goals and objectives for 2002 at the State of the Medical Center Address.

## School of Nursing Part of New VUMC Building Plan

In the annual State of the Medical Center speech delivered on February 4, Dr. Harry R. Jacobson, vice chancellor for health affairs, summarized key elements of the VUMC five-year strategic plan, highlighting new funding to recruit scientists, a doubling in annual spending for renovation of existing facilities and replacement of current equipment, and new funding to build research, administrative and parking facilities.

Speaking in Langford Auditorium to a near-capacity crowd of staff and faculty, Jacobson wove varied elements together to present a vision of Vanderbilt's future.

"In a generation, Vanderbilt will be known for three things," he said. "We will be recognized for Nobel-quality research across a broad spectrum of biosciences. We will be known as one of a small group of institutions that train doctors and nurses for academia. And we will be thought of as a place that offers hope to people with the most serious diseases and injuries."

With his leadership team, including Dean Conway-Welch, seated in the front rows, and with the accompaniment of a succession of charts and graphs projected at center stage, Jacobson alternated between analyzes of the current state of VUMC and the changes he and his team will promote to carry the institution forward. These changes include a five-year construction plan that promises long-needed renovations to Godchaux Hall and expansion of the School of Nursing.

Jacobson also introduced a newly-revitalized nurse recruitment effort and an ongoing study of the causes for high turnover in the first year of nursing after graduation.

## Mark Your Calendars for Office of Lifelong Learning

The Office of Lifelong Learning and VUSN faculty are planning the following events. Call the Office at (615) 936-2581 for more information.

Current Issues in Correctional Health	April 30, 2002
Introduction to Genetics Preconference	May 15
Project Management	May 18-20
Nursing Terminology Summit	June 27-30



## VUSN Instructor Featured in Winning Photo

**Patti Scott**, director of VUSN's practice clinic at Fall-Hamilton Elementary, is featured on the cover of the *Creative Nursing Journal's* 2002 calendar, "Passion in Practice." The photo, depicting Scott sharing a special moment with one of her young patients, was the winning entry in the journal's photo contest. It was taken by Dana Johnson, a staff photographer at VUMC whose work is often published in the *Nurse*.

## Faculty News

**Susan M. Adams**, assistant professor for the practice of nursing and director of the psychiatric nurse practitioner program, published "Integration of Mental Health Services Within OB/GYN Private Practice: A Collaborative Model" in *Nursing Administration Quarterly*, Fall 2001 (Vol. 26, Iss. 1). She was also recently elected secretary of the Tennessee Nurses Association.

**Peter Buerhaus**, senior associate dean of research, was a guest on National Public Radio's "Talk of the Nation" January 2. Buerhaus served as one of a panel of experts discussing the coming nursing shortage with host Neal Conan. In addition, Sigma Theta Tau, the international nursing honor society, has elected Buerhaus to a four-year term on its board of directors. Sigma Theta Tau is the second largest nursing organization in the world. The 79-year-old society has 250,000 inducted members. Its mission is to improve the health of people worldwide by enhancing nursing scholarship. Members are nursing scholars committed to the pursuit of excellence in clinical practice, education, research and leadership.

**Colleen Conway-Welch**, Nancy and Hilliard Travis Professor of Nursing and dean of the School of Nursing, was interviewed in the Fall 2001 issue (Vol. 26, Iss. 1) of *Nursing Administration Quarterly* about VUSN's highly successful fusion of education and practice.

**Charlotte Covington, BSN'69, MSN'89**, associate professor of nursing, published "Soothing the Burn: Modern Management of GERD" in *Advance for Nurse Practitioners*, Vol. 9, Iss. 7. In addition, she has been accepted for the Keystone Nurse Practitioner symposium in Colorado in July.

**Linda Norman**, senior associate dean for academics and **Donna McArthur**, former program director of the FNP program, were co-authors with Paul Miles, chief quality officer of the Center for

Clinical Improvement at VUMC, of "Partnership Model for Teaching Population Health Care Improvement" in the Fall 2001 issue (Vol. 26, Iss. 1) of *Nursing Administration Quarterly*. Norman and **Randy Rasch**, who recently came to VUSN from the University of North Carolina at Chapel Hill to assume McArthur's former post, recently spent eight days in Bournemouth, England, in collaboration with the University of Bournemouth, Queen's College (Charlotte, N.C.), Western Kentucky University (Bowling Green, Ky.), Pohjois/Savon Polytechnic Institute (Finland) and Uppsala University (Sweden) on the FIPSE grant.

**Judy Ozbolt**, Independence Foundation Professor, was elected to the board of directors of the American Medical Informatics Association and to the executive committee of the American College of Medical Informatics. At the annual symposium of the American Medical Informatics Association, Ozbolt chaired two panel presentations: "Twenty Years of Nursing Informatics" and "The Nursing Terminology Summit 2002: Resolving Ambiguities," and presented one scientific paper: "PathworX: An Informatics Tool for Quality Improvement." The latter was co-authored with **Irene Hatcher, BSN'66, MSN'97**, of the VUMC Office of Case Management and Grace Brennan of the Office of Information Management.

**Bonnie Pilon**, senior associate dean for practice, published an article on the "Vanderbilt School of Nursing Faculty Practice Program" in the Fall 2001 issue (Vol. 26, Iss. 1) of *Nursing Administration Quarterly*.

**Ken Wallston**, professor of psychology in nursing, was granted the Career Service Award by the Division of Health Psychology of the American Psychological Association at their fall convention. An article detailing his work and achievements appeared in the Fall 2001 issue of *The Health Psychologist*.

## Zeppos, Williams Named to Newly Created Positions



Nicolas Zeppos

David Williams

Pledging "simplicity, clarity, agility and accountability" in the University's senior leadership, Chancellor Gordon Gee has made two key appointments in the areas of academic affairs and student life.

Nicholas Zeppos, a legal scholar who has served for the past year as vice chancellor for institutional planning and advancement, has been named to the newly created position of provost and vice chancellor for academic affairs. He succeeds Thomas G. Burish, who is returning to the faculty after 10 years as provost.

Meanwhile, David Williams, the University's general counsel and secretary and vice chancellor for student life, has been named vice chancellor for student life and university affairs, also a new position.

"Nick Zeppos and David Williams share the characteristics that are most important to Vanderbilt at this point in our history: great intelligence and creativity, boundless energy and enthusiasm, and a zealous commitment to excellence," says Gee.

The reorganization and new appointments come after extensive consultations with faculty, students, staff and alumni in which several common themes emerged, Gee says, notably a "united passion and ambition for excellence."

# when DU+Y calls



Left: Evacuating the wounded in Korea.  
Below Left: Etherington with friend, Kosovo



COURTESY CAROL ETHERINGTON

BY F. LYNNE BACHLEDA

*Florence Nightingale first raised awareness of the need for military nurses through her distinguished efforts with wounded Crimean War soldiers in Turkey in 1854–56. Since its inception, the Vanderbilt nursing community has also met the special, rigorous challenges of providing superior education and care in times of national and international crisis. For this issue of Vanderbilt Nurse we contacted graduates from the past six decades, beginning with those who were active during World War II, and asked them to share their stories.*

“The war permeated every minute of every day. It influenced the food you ate, whether you could buy shoes. It was a dynamic, high-speed time,” recalls Virginia “V.A.” Crenshaw, a member of the class of 1942 who joined the VUSN faculty soon after she graduated.

“Everybody pitched in to do what they could,” Crenshaw continues. “I returned to teach at Vanderbilt because I knew that was how I could make a contribution. Absolutely the war influenced my decision to go into nursing education.”

During the war the student nurse enrollment swelled at Vanderbilt, as it did in other parts of the country, thanks in part to the

Cadet Nursing Corps that paid for nursing education. VUSN enrolled its first of three classes with cadet nurses in March 1944. These students were placed under the significant influence of the legendary dean at that time, Lulu K. Wolf Hassenplug. Hassenplug’s innovations in curriculum and social customs (she was the first faculty member to live off campus) aptly suited the times.

Improvisation and willingness to test new frontiers were two aspects of Hassenplug’s wartime legacy. Crenshaw recalls, “For example, we nurses started giving shots because of the lack of doctors then. That tradition carried forward because during the war years people found that well-educated

nurses could do so much more than they had been permitted to do prior to the war.”

A Rockefeller Foundation study conducted after World War I concluded that nurses should be educated in a university setting, and Vanderbilt received some of the early funding to institute that type of progressive program. Crenshaw started at Vanderbilt in 1939 because she felt “it was the best school in the country. When I wanted to pursue nursing education, Vanderbilt’s nursing school already had a reputation. It had money, and that meant resources to explore new ideas and programs that arose out of the times. For example, mental health took on a new importance in the war years. A lot of boys just went to pieces mentally, but the good that came out of that terrible situation was the new attention given to psychiatry.”

The VUSN curriculum shifted during the World War II years to accommodate anticipated needs. For instance, the Red Cross taught sessions in first aid and mass disaster. Crenshaw remembers how vital her liberal arts courses were, too. “Literature, history, the arts — that’s how you come to understand people and to appreciate how to provide care for the whole person.”

While Crenshaw was giving her best to

provide superior education to more nurses, another faction of Vanderbilt doctors and nurses also played a critical part in World War II. They were the famous “Vanderbilt Fighting 300th” Army General Hospital, immortalized in publications by Louis Rosenfeld, M.D., and Margaret S. Buchanan. The 300th personnel were stationed at Camp Forrest, Tennessee, before deployment to Tunisia and eventual posting to Naples, where a tuberculosis sanatorium had been converted into a well-equipped hospital. Head nurse Alice Lund Christensen supervised the approximately 100 nurses who were a vital part of the busy unit. The most hectic period was in early 1944, when the hospital treated over 3,000 patients and 130 surgical operations were performed in a single 24-hour period.

The “Fighting 300th” was honored with a Meritorious Service Plaque for Superior Accomplishment. Not only did they treat

who had taken advantage of the Cadet Nurse Corps option. “I was already interested in nursing and my father strongly supported my desire to make a contribution to the war effort. It seemed like the right thing to do.”

After she graduated, Britton applied to the Army and was commissioned as an officer, as were all nurses. “I went to basic training at Ft. Rucker, Alabama, where we learned how to pitch a tent and hiked, drilled and learned how to use a gas mask. We also had fun! After all, it was a bunch of young girls and young guys together...,” she chuckles.

Britton took flight nurse training in April 1945, and then transferred to the Army Air Corps. She was in the Pacific on her way to a ship in the Philippines at World War II’s end. Her tour of duty then carried her to Japan with the 801st Medical Air Evacuation Squad as a part of the army of occupation.

Her career as a flight nurse resumed during the Korean War when she provided care for patients who had received initial attention in the newly-created MASH units (Mobile Army Surgical Hospitals near the front lines) and were then on their way to full-fledged hospitals.

“My job was to care for those soldiers while we were in the air, which was sometimes especially tricky for those with heart and lung injuries because the planes were not pressurized. I was helping to take them from a bad place to a better place, though,

“The teamwork and sense of community are still present as we are tied to each other by events of momentous proportion.”

impressive numbers of wounded soldiers, they also made many medical advances, furthering treatment techniques for lung and head injuries, being among the first to use penicillin for the treatment of compound fractures and infections in war wounds, and making great strides in hepatitis treatment.

While some Vanderbilt nurses were serving together as a unit in the 300th, others pursued military medical service on their own. Janice Britton, BSN ’44, was one of those

Right: Britton and wounded U.S. soldiers aboard a medical evacuation plane in Korea.



COURTESY JANICE BRITTON

## “After the Shelling Stops...”

Carol Etherington, MSN ’75, is an assistant professor of nursing in community health for VUSN. Since 1996, she has worked with Doctors Without Borders (Médecins Sans Frontières or MSF), and she currently serves on their U.S. board. MSF delivers emergency aid to victims of armed conflict, epidemics and natural and man-made disasters. Founded in 1971 by a small group of French doctors, MSF maintains that all people have the right to medical care and the needs of these people supersede respect for national borders. MSF was the first non-governmental agency to both provide emergency medical assistance and to publicly bear witness for the populations they served. The group now oversees programs in more than 80 countries.

Etherington has been honored with the International Red Cross Florence Nightingale Award and is also an American Academy of Nursing Fellow. She has received a great deal of media attention for her domestic violence and national and international efforts, so much so that she gently attempts to deflect attention to others, saying, “I’m not sure people want to see my face again. So many people are doing so many good things...” Her international experience includes post-war and post-disaster work in Cambodia, Bosnia, Honduras, Poland, Sierra Leone, Tajikistan, Angola and Kosovo.

### VN: What is the Doctors Without Borders (MSF) strategy?

Etherington: MSF has three primary focus points — emergency medical assistance, advocacy and “temoinage,” which is speaking out on behalf of vulnerable populations. Every year almost 87 percent of their funds go directly to field

programs to place humanitarian aid workers. While MSF does have long-term programs for chronically vulnerable populations, the organization generally does not remain indefinitely in post-war situations. The strategy is to identify the local

(continued on page 9)



COURTESY G. ETHERINGTON

Left: A mass burial in Kosovo.  
Below: Head nurse Alice Luond Christenson and the "Fighting 300th"

and that was a really positive thing. Sometimes it was so simple to make them feel better. To pass the time, I would give out comic books and you would've thought I was giving away \$5 bills.

"I have to add, though, that those nurses in the MASH units on the ground had it really rough. There wasn't the hanky-panky that the TV show played up. Sometimes those nurses were knee-deep in mud and bathing out of their helmets, but they really made a difference."

The quick, competent care provided by MASH units significantly reduced the number of casualties. The mortality rate in Korea was half that of World War II, proving Florence Nightingale right. She had argued that the sooner treatment begins the better, for more lives will be saved and the morale of the those at the front line will be higher. MASH units, however, continued the trend that began in World War II of placing nurses closer and closer to the front, where their own lives were more imperiled.

Although Britton had not originally decided on a military career, she stayed in for eight years, until she married. She resigned her commission only because women officers were not allowed to have dependents. Her appetite for nursing in far-away places did not cease, however. In 1998, she went to Zambia for a two-year stint with the Peace Corps.

Richard Johnson was also a nurse in a peace-keeping army, as part of the Army Reserve 313th Surgical Hospital Unit in Kosovo. Johnson had distinguished himself as a student while earning his M.S.N. at Vanderbilt. He graduated in August 2000, and was deployed to Kosovo a week later. "We had known since March of that year that we were going," he says, "and that was fine with me as I calculated that I would be able to graduate before leaving. My specialty



at Vanderbilt was acute care, and I was eager to put into practice what I had just learned."

In Kosovo, Johnson took care of soldiers and civilians. It wasn't long before Johnson was supervising care for many of the patients. "Of course, I worked very closely with the doctors and they reviewed my work. That was one of the things that was very important to me about that experience. We were all working so closely together. I had access to three different rotations of doctors during the more than seven months I was there. Some of them had been out of school for several years, so I was able to share with them some of the newer information I had learned while at Vanderbilt."

Johnson was wounded while in Kosovo and was subsequently sent home early to recover, but he doesn't regret a minute of his time there. "I wouldn't change anything for the world. The [Kosovo] nationals that I worked with there were so grateful."

Despite the fact that he proposed marriage from Kosovo on Thanksgiving Day while being featured on "Good Morning America," Johnson's most poignant memory is that of a parting conversation with one of the translators with whom he had worked closely who told him, "Johnson, you did a very good job here.

You really helped us." To this Johnson replied, "I don't think I did that much." As he began walking away, Johnson heard the translator yelling, "You did a great job here! And Kosovo, she will never forget you!"

Johnson's injury has slowed him down, but made him more empathetic toward patients, who he misses very much. "We have blinders on over here. Fresh water, at least one good meal every day. Having been over there, it really makes me think. I don't take anything for granted."

Americans at home learned in the fall of 2001 that none of us could take such things as freedom, comfort and safety for granted anymore. Cathy Fuchs Glasser, MSN'84, has found that events such as the World Trade Center attack can activate old wounds from other wars. As a nurse practitioner at Manhattan's VA hospital, she saw first-hand another impact of 9/11.

"My experience with 9/11 was not one of direct interaction with the WTC site victims. We were 'on call,' waiting for the victims to come in, but, sadly, there were not many survivors to treat. Most of my work around 9/11 has been dealing with the complex emotions of the veterans of other wars. The Vietnam veterans were particularly traumatized. I work in the primary care internal medicine clinic, so I am no expert in post-traumatic stress syndrome, but that event triggered mental pain for many of my patients. It seems to have lessened somewhat, but many are definitely still seeking help because of the WTC tragedy."

In a tradition that will no doubt continue for decades on foreign soils and at home, nurses from VUSN have listened for the call of duty, responding to singular events and critical conditions in global history. Glasser spoke about the World Trade Center episode, but her words illustrate the bonds of nurses in all military circumstances: "The teamwork and sense of community are still present as we are tied to each other by events of momentous proportion." ♦

**(continued from page 7)**

leaders, craft a plan with them to address specific needs, help initiate that plan and provide follow-up support. After that, Doctors Without Borders pulls back so that the progress genuinely belongs to the affected communities.

Part of our job is to be respectful and refrain from imposing our way of thinking. Diplomacy plays a critical part in our work.

**One of your special interests is community health. How would you define it and how does it relate to conflict and post-conflict areas?**

Health is not just freedom from illness. There are many factors that make a community run smoothly so that human beings can fully realize themselves. There are social, spiritual, logistical, geopolitical and economic elements, to name just a few. Like the built environment, in a conflict zone these elements are also often demolished. Culture and heritage can be shattered, too. This makes rebuilding, in the greater sense of the word, very difficult.

**What similarities do you find from locale to locale?**

We are all the same at the base line. Cultures can, of course, be quite different, but we all experience emotions like joy, happiness, fear, anger and grief in the same ways. These things are universal. However differently we manifest those emotions or respond to each other, most people don't hate other people. They do, however, learn to hate policies and politics.

**What patterns do you see in post-war countries?**

When people are displaced in any number of ways, chaos begins to reign. For example, after a violent conflict, child soldiers often lack a core family history. So where do they turn for havens of safety and models of peace? Sometimes it is especially hard for very young soldiers to stop fighting and killing, even after the official war's end has been declared, because to stop fighting means facing the atrocities they have committed. Their identity has been so caught up in the war that to change is difficult, especially for young people who have known little else. In other cases, refugees often literally have no place to return to, so camp life becomes home life.

There are identifiable post-war stages, though.

During the time of actual conflict there are overwhelming, acute needs that supersede everything else. After the fighting usually comes the "honeymoon" stage where the pervading sentiment is "Thank heaven, I am alive." Then comes the reality of how much has been lost and what it will take to rebuild the society and individual lives. An insidious depression sets in for many because the task seems far too onerous. This can be especially debilitating for older people, who hold so many of the traditions and so much of the cultural wisdom.

**How is VUSN training people to work in these situations?**

Our program has nine specialties, and although none are geared specifically to international health, each specialty has students committed to international work and to serving the rapidly increasing multicultural populations within the U.S. Our programs are highly structured, which often makes inserting international aspects logistically difficult, but Dean Conway-Welch and Associate Dean Norman definitely pursue global opportunities. We could never send students into conflict zones, but we strive to turn out nurses with awareness and the basic foundation to make a real contribution.

One avenue for this effort is the International Health Coalition, founded in 1996 by two former Peace Corps volunteers, students Paula Larson (MSN'97) and Lenore Lampert (MSN'97). Mary Jo Gilmer and I serve as faculty advisors for this largely student-driven organization that seeks to educate other students on global health issues. The Schools of Nursing and Medicine also co-sponsored a Doctors Without Borders exhibit on Third World diseases during World Health Week in March.

**You were in New York City after the terrorist attacks. What did you observe?**

The experience was unspeakably tragic, and similar to working in a post-war zone. After the shock of the massive casualties, the question among many health and social service professionals was "How are we going to re-group?" Just as in war, so many people were just missing, and so many were impacted in ways that one would never expect. A small example among the many big examples: FedEx employees who serviced the

World Trade Center. The people who worked in the WTC were part of their everyday lives, and yet the FedEx staff didn't necessarily know their names, so they would never know if those familiar faces were still alive. Much disbelief and sorrow was manifested by this group even weeks after the attack, and many faced lay-offs themselves as their routes had simply ceased to exist.

This sort of gap was replicated over and over. There were no familiar opportunities for the all-important goodbye rituals that we all deeply need. In every culture the rites surrounding birth and death are key, and when those rituals are missing, a genuine void is created that needs to be addressed so people can regain a sense of self, others, and a measure of control over their lives.

**Where will you go next?**

I will perhaps go to Afghanistan in the late summer, but it really depends on what happens in the coming months.

Part of me would like to go to Afghanistan now, but I also know that now the country will be flooded with aid workers, and I actually prefer to go after the first wave of helpers moves back. The current emergency needs are real and acute, but there will be other needs to address for the country's long-term future. As always happens when people have suffered great trauma through violent crime, natural disasters or a prolonged war, they will be overwhelmed at the task of rebuilding, and it is important they know that many are willing to help them on that long journey.

**Why do you go to these war-ravaged places?**

In response to this question Etherington referred to a statement she made as part of a 1995 article for Tennessee Nurse, an eloquent, ringing reply that has likely echoed in the hearts of every nurse who has served in war. She answered, "... because nursing

in war zones challenges every skill, belief, and value that I have and because nurses bring a dimension of care to suffering people like no other professionals. Some may ask 'What does that mean?' Nurses, however, rarely ask. They already know." —F. Lynne Bachleda



New York, September 11, 2001

COURTESY G. ETHERINGTON

# A Lesson in VIOLENCE

A VUSN RESEARCHER HOPES TO MAKE SCHOOL A SAFE PLACE FOR KIDS

BY JULIE HALE AND SHELTON CLARK

Illustrations by David Wariner

*As she works to develop school- and community-based programs to develop safe environments for children and adolescents, Melanie Lutenbacher admits that sometimes she and other professionals have a hard time convincing people of the grave need for such programs in at-risk communities. "It's hard for someone who has no idea of violence to be able to understand that. 'What do you mean this mother has to put her child to bed in a bathtub because they're afraid of bullets coming through the window?' People just cannot even fathom," says Lutenbacher, who as the director of Vanderbilt's pediatric nurse practitioner program is one of Nashville's leading child advocates.*

*"I think that's where we need to do a lot more with community education and awareness, to really show people the connections and the impact violence has," she adds. "It can even have an economic impact. What impact does it have on employee attendance? Or school attendance? We have to demonstrate to the community in ways that help them understand that there's a link."*



If it's true that human beings learn by example, then Lutenbacher must have had some pretty good teachers. She credits the school health nurses she knew while growing up with sparking her interest in the field. If only those nurses could see her now.

"I just had a general interest in helping people," Lutenbacher says. "When I was in nursing school, I got very interested in community health, in working with vulnerable populations. While I was working on my very first degree, I worked with people in their homes and I learned about their situations from their perspectives. That exposure just heightened my interest."

By interacting with people in their environments, Lutenbacher found out first-hand how individuals deal with challenges like mental handicaps, physical disabilities and domestic violence. It's a personal approach that she still adheres to today. A New Orleans native, she came to Nashville seven years

ago from the University of Kentucky at Lexington, where she received her Ph.D. Prior to that, she taught at the University of Calgary in Calgary, Alberta, for almost nine years. Now, at Vanderbilt, she is applying her hands-on attitude to a series of studies about school violence that has culminated in a partnership with the Metro-Nashville Public School System.

Collaborating with Dr. William Cooper, assistant professor of pediatrics in the medical school, Lutenbacher designed a framework to help schools choose the violence prevention methods that best match their needs and resources. She hopes to implement the program this year at Fall-Hamilton Elementary School, where the School of Nursing maintains a health center. For now, the program is still awaiting funding. "This is really a community action/research approach," Lutenbacher explains. "We're taking a real-life situation, taking what we know in science, and trying to translate that into a workable, sustainable,

measurable effort." [VUSN also operates school clinics at Stratton and Park Avenue Elementaries.]

This move from research to action comes at a time when nearly a third of the nation's school children experience bullying, and one in three students admits that they don't feel safe in the classroom. Small wonder. In 1999, when 12 teens and a teacher were killed by a pair of students at Columbine High School in Littleton, Colorado, the impossible became plausible: With the gun of a grown-up, a kid could execute a crime of adult proportions, at school. While nothing before or since can compare with Columbine, and general incidents of school violence have declined since the late 1990s, prevention methods remain a top priority for federal agencies and educational institutions nationwide. The Tennessee State Board of Education included school safety as a goal last year in its Master Plan for Tennessee Schools. School violence is also a concern at the Centers for Disease

Control and Prevention in Atlanta, where studies on the topic are conducted on an ongoing basis in conjunction with the U.S. Department of Education and the Department of Justice. The CDC's verdict, according to its website: "We need to redouble our efforts to prevent violence in schools at the same time that we address violence in the larger community."

"Schools are still relatively a very safe environment for kids," Lutenbacher says, "but there are a lot of other influences that are going on that aren't as violent but are pretty damaging to children — the bullying, the harassment and those sorts of things. We read about things like Columbine and the guns, but those [incidents] are still in the minority. There are these other issues going on that have a profound effect on a lot of kids, and we really want to address those, too. I think if we focus on those, ultimately it will help decrease some of the more violent episodes."

The link between violence in schools and in the community at large is one Lutenbacher acknowledges as vital. "If we want to make a difference, we really need to look at the broader perspective," she says. "We need to connect the dots between different sectors of the community."

The studies she and Cooper conducted that led to the proposed Fall-Hamilton project did just that. In order to help schools find the best violence prevention strategies, Lutenbacher and Cooper reviewed almost two decades worth of research on existing methods. After evaluating countless programs, they found that only 25 had truly proven beneficial, demonstrating improvement through approaches like classroom teaching and peer mediation.

By classifying effective preventive strategies, the study makes it possible for schools to craft programs that have greater potential for success. But Lutenbacher and Cooper went one step further in a subsequent,

*...nearly a third of the nation's school children experience bullying, and one in three students admits that they don't feel safe in the classroom.*

expansive project involving focus groups comprised of members of various community sectors which have a direct impact on youth and violence. Judges and probation officers, faith leaders and legislators, educators and — yes — students were among those included in the discussions. Their input allowed the researchers to determine what elements were important to each group when designing a violence prevention plan. “Training people to know what to do about violence, how to help and to then evaluate what they’re doing — there are huge gaps in these areas,” says Lutenbacher. “Recognizing the interdisciplinary nature of all this, we decided to look at different community sectors and find out how they decide what to do to prevent violence, how they target whatever it is they target.”

Since all of the sectors had different needs, each one brought a unique agenda to the table when developing a strategy. Young people emphasized a need for respect from adults. Teachers were concerned with time — would the plan fit into their daily schedules? By identifying such requirements, Lutenbacher and Cooper leveled the playing field, creating a standard framework for the sectors to use when collaborating on a plan. It’s an evaluative tool that can also be applied to health care and other issues like family violence.

Because they comprise communities, it makes sense that families should also be part of the equation. As a result of her studies, Lutenbacher has made some critical links between violence in the home and aggressive behavior in the classroom. “In looking at the schools, we’re making a link back to the families,” she says. “We’re connecting child abuse, domestic abuse and youth violence, something researchers normally don’t do. But you can’t separate those three problems. Families don’t.” Lutenbacher, who has also done extensive research on abuse among low-income single mothers, has found that women who were abused during childhood often experience depression and have prob-

lems with parenting. They also tend to have partners who abuse them. As a result, their own kids have problems adjusting

socially. They may cause trouble at school, disrupting daily activities or fighting with other children. The fact that conflicts at home can lead to conflicts in the classroom indicates that violence is inherited behavior, a trait that is all too often passed on from one generation to another.

Regardless of their history or configuration, however, individual families are key to ending the cycle of aggression. Stopping violence at home, before it spreads to schools and other sectors of the community, is one of the first steps in breaking the sequence, says Lutenbacher. Many of the solutions to ending abuse lie in the nation’s households. Couples or single parents who want to set the right examples for their children will provide them with steady doses of support and attention. They’ll cultivate a safe, violence-free environment at home, making it a place where their kids feel love instead of fear. And when it comes time to punish, they’ll offer alternatives to violence. Solving conflicts constructively, through discussion and by using non-physical disciplinary strategies like grounding or “time out” or taking away specific privileges, will show children that violence and problem-solving are not interchangeable concepts.

“It’s difficult to do,” Lutenbacher says, “but environments need to be developed in which people feel they’re respected, like

they’re contributing and are part of the decision-making process. Even young children in elementary schools need to feel vested in their environment,” she adds. “The effort should be communal.”

Coming from Lutenbacher, who calls herself “a public health person” and who seems to take her research personally, the communal approach is only natural. By participating in projects that encourage multi-sector collaboration and the pooling of community-wide resources, she has stimulated dialogue and brought a variety of viewpoints to light. Humanizing the numbers — letting people, not percentages, do the talking — allows her to consider individual perspectives in her work. The only catch is that it makes the research process more difficult. “It’s a whole lot easier to go out and do quantitative surveys and crunch numbers,” she explains, “but we wanted to go beyond that.”

Setting high research standards has led to some exciting opportunities for the School of Nursing and the university as a whole. Thanks to outreach initiatives like the Fall-Hamilton Elementary project, the expertise of VUSN’s faculty will be felt far beyond the confines of the campus. Lutenbacher is excited about using the university’s resources in a community-outreach effort that will benefit the Metro area. “There are an infinite number of opportunities to connect Vanderbilt with the community,” she says, “and Chancellor Gee and Vice Chancellor Jacobson are interested in making those links. It’s a challenge, but that’s what’s exciting about working in this field.” ♦



## Nursing Students Help Addicts “Renew” Their Lives

*Several School of Nursing students are learning firsthand there is more to a person than their medical chart. Each spring, working through the non-profit organization Renewal House Inc., the aspiring nurses interact closely with drug-addicted mothers struggling to rebuild their lives.*

As the name implies, Renewal House is a place of rebirth and restoration. The community was established in 1996 to give impoverished, drug-addicted mothers and their children a new chance at life. Renewal House, a residential recovery facility in Nashville, and the non-residential program RenewalWORKS for Families offer addicted mothers the basic tools needed not only to live a sober life, but to gain full-time employment and provide their children a hopeful future.

Pairs of students in the “Integration of Theoretical and Clinical Aspects of Nursing I” class meet in the homes of mothers who are engaged in the hardest battle of their life — fighting off a powerful addiction to drugs or alcohol, often both. The majority of the mothers are unemployed, have been abused physically or sexually, and are raising their children alone.

While the nursing students are not yet qualified to make a diagnosis or provide treatment, they get a rare glimpse of a client’s life outside the sterile atmosphere of a clinic. While in the homes, they get to know mothers and their children and learn what challenges these mothers face each day.

“If you go to see clients in a clinical setting, you forget they have other things going on in their lives,” says student Jody Lindwall. “It’s important to keep an open mind and know that you don’t know everything that is going on.”

RenewalWORKS uses the information the students gather to better assist their clients. Lindwall met with a mother of three

trying to reconcile with her estranged husband. She was a recovering drug addict, had no vehicle and lived in a rural area. Lindwall’s family assessment was 22 pages long.

Students also assess communities in Middle Tennessee. They determine what services are available to community members such as transportation, sanitation services and libraries. These assessments give RenewalWORKS a greater understanding about the areas they currently serve and point them in the direction of potential areas of need. The students also spend up to four hours each week at RenewalWORKS discussing community health issues with clients. At the end of the semester, students hold an information session at RenewalWORKS. Last spring, they sponsored a health fair day.

Mothers who are selected to live at Renewal House often face more difficulties than those enrolled in the non-residential program. These women are predominately homeless and approximately 65 percent are addicted to crack cocaine. Currently, the 17-unit apartment complex that houses mothers and their children is at full capacity and 23 families are on the waiting list. Clients stay at Renewal House until the program’s objectives are met or they drop out; those who meet the objectives and graduate stay anywhere from six to 15 months. To graduate, mothers must either obtain or maintain



*Jody Lindwall, a nursing student, spent several hours each week last year working with RenewalWORKS, a non-residential program helping women develop the skills needed to improve their lives and those of their children.*

custody of their children, secure a full-time job, and exhibit improved parenting skills in addition to entering recovery from their addiction.

Tragically, their children’s health is one of the most severe compromises made by addicted mothers. Most “crack babies” are born prematurely and require intensive care for months. Of the 10 babies born to mothers in recovery at Renewal House, all were healthy and did not require time in a neonatal intensive care unit, saving at least \$1 million in hospital services.

According to Renewal House staff, programs like theirs that keep mothers and their children together during recovery — eliminating the costs associated with foster care and possible jail time — allow families to “heal as a unit.”

Although the prognosis for crack cocaine addicts is grim — the national success rate is nine to 12 percent — Renewal House has a success rate three times the national average.

“A single mother fighting both addiction and poverty has a lot stacked against her. To overcome addiction under such circumstances merits respect,” Lindwall says.

—Jessica Howard





DAVID CRENSHAW

## Carrying a Torch

Emily Kyzer, a second-year student at VUSN, had to overcome some pretty impressive obstacles before she could carry the Olympic torch on part of its journey through Nashville. She was diagnosed with a stress fracture last August and was unable to run for two months. But before that, she had had an even bigger hurdle to jump — leukemia. Kyzer won her battle against the disease a few years ago and will continue to fight it by running the Music City Marathon in April as part of Team in Training, a fund-raising program for the Leukemia and Lymphoma Foundation. A friend nominated Kyzer to participate in the December 16 torch run of approximately 1/8 mile in recognition of the long road she has already run. Assistant Professor Sandy Seidel, MSN'92, also helped the torch on its way to Salt Lake City.



DAVID CRENSHAW

## Pinning Ceremony

On December 7, 19 new graduates were granted their professional nursing pins. The pins are given to students who have completed the academic and clinical requirements necessary for their Masters of Science in Nursing degrees.

*Top Right: Barbara Peterson awards student Julie Barnett her pin*

*Bottom Right: (l-r) Nurse midwifery specialty director Barbara Peterson; specialty award winner Katherine Elizabeth Kelly and Dean Conway-Welch*



## Coming Attractions

- May 6 Summer classes begin
- May 10 Commencement and Investiture for August and December 2001 and May 2002 graduates
- July 4 No classes held
- August 9 Summer classes end
- August 11 Pinning Ceremony for August 2002 graduates at 2:00 p.m.

## Congratulations to...

**Tom Christenbery**, who presented his research on the effect of yoga breathing on shortness of breath in patients with COPD at the Southern Nursing Research meeting in February.

**Yvonne LaHaie**, who has been asked to speak at the annual National Kidney Foundation Clinical Conference in Chicago in April, on "The Role of the Nephrology Nurse Practitioner from a Student's Perspective."

**Bette Moore**, whose meta-analysis of skin-to-skin contact as a means of increasing breast-feeding duration will be published in the Cochrane Review.

**Sheila Ridner**, who is the first School of Nursing student to receive a pre-doctoral fellowship from the National Institutes of Health, through a grant from the NRSA. The fellowship pays partial tuition and a stipend and helps fund her research in lymphedema and breast cancer.

## Remember When?

Anita Hart Fuller, BSN'59, has donated to our archives several photographs taken during her senior year at VUSN. If you have any photographs of your time at the School of Nursing that you would be willing to share, please contact us at the *Vanderbilt Nurse*, Office of Alumni Communications and Publications, VU Station B 357703, 2301 Vanderbilt Place, Nashville, TN, 37235-7703; or e-mail [laurie.parker@vanderbilt.edu](mailto:laurie.parker@vanderbilt.edu) or call (615) 322-4624.

*Right: Eating illicit popcorn (cooking in the dorms was expressly prohibited) in Mary Kirkland Hall, Feb. 11, 1959. L-R, Valarie Ayre, Gail Borders, Barb Peters, Sara Jane Bradford, Martha Farmer, Karen Hansen, Ann Wheeler*

*Below: Mrs. Drake, housemother of Mary Kirkland Hall, honored the Class of '59 with a casual supper. L-R, Shirley Carmichael, "Momma" Drake, unknown, unknown, Jackie Chalmers*



Reconnect with old classmates, catch up on the latest VUSN news and get the latest in job updates by checking out our new Alumni web site at [www.mc.vanderbilt.edu/nursing/alumni/alumni](http://www.mc.vanderbilt.edu/nursing/alumni/alumni)

## Save the Date:

The 2002 Julia Hereford Society Reception will take place on Tuesday, April 23, from 5:00-7:00 p.m. at the Martha Rivers Ingram Center at the Blair School of Music. For more information, call Allen Rosso at (615) 343-7640.



## Thank You

Many thanks to the alumnae who called or wrote with the answer to the Fall issue's "Do You Know These Women?". The picture is of the 1948 graduating class, and the young women are:

**Front row** (l to r): Barbara Hawkins, Eleanor Hoover, Camille Legeay, Gloria Drake, Frances Fry

**Back row** (l to r): Mary Wofford, Barbara Ricard, Helen Harris Clayton (Founder's Medalist), Ann Flanigan, Dorothy Stewart, Virginia Ragland

Save the Dates!  
OCTOBER  
25-26, 2002

extraVUganza  
Homecoming\*Friends Reunion\*Alumni

VANDERBILT UNIVERSITY SCHOOL OF NURSING

In addition to the VUSN events, all Vanderbilt alumni will have starring roles in the campus-wide extraVUganza! VUSN alumni, classmates, friends and fans are invited to the biggest VU alumni weekend ever, including:

- \* Homecoming parade, tailgate, and football game
- \* Reunions for professional/graduate schools, and undergraduate class years ending in 2 and 7 (including class parties!)

- \* Exciting activities, dinner and dancing for all alumni
- \* Educational events with VU professors
- \* And much, much more!

Don't miss out on the excitement of the greatest alumni weekend VU has ever hosted!

For more campus-wide events or hotel information, visit [www.vanderbilt.edu/alumni](http://www.vanderbilt.edu/alumni) or call 615-322-2929.

## Life on the Edge

### Edwards named new JHS chair

Frances McGaughy Edwards, BSN'53, MSN'76, has assumed Libby Dayani's place as chair of the Julia Hereford Society, the donor society of VUSN. The shoes Dayani leaves for her to fill, if big, are at least quite comfortable: Edwards headed JHS from 1984-1986.

"All my life I have enjoyed a challenge," states Edwards. "Growing up, I was always 'on the edge.' As I got ready for college and wanted to go to nursing school, my family was not pleased. In fact, my mother had 'the vapors' when she couldn't change my mind! Well, nurse I became, and I have never been sorry."

Edwards started her nursing career as a visiting nurse in Nashville in 1953. She says of the experience, "I really learned about the community. I probably learned more than they got out of me!"

*"I came from a family that believed in community service, so it was expected of me. I believe, as my parents did, that volunteering is your soul, and you must volunteer."*

—FRANCES MCGAUGHY EDWARDS

with clients to give their bodies the added energy they needed to heal." She has since received certifications from the Colorado Center for Healing Touch, the American Holistic Nurses Association, and the Bowen Therapy Academy of Australia. She has lectured and published extensively on a variety of subjects related to nursing and health care.

Throughout her life, Edwards has been active in community and civic groups. "I came from a family that believed in community service, so it was expected of me," she says. "I believe, as my parents did, that volunteering is your soul, and you must volunteer."

Edwards began by volunteering at her church, then helped start the House Staff Wives Group in the Vanderbilt Medical Auxiliary while her husband, Bill, was in school. She later coordinated a program designed to interest high school students in health careers, traveling to high schools throughout the area and urging other professionals to do the same. "It was such a worthwhile program the Tennessee Hospital Association took it over and paid a staff!" she says.

Later she began working with Planned Parenthood as a volunteer sex educator. "I was their first," she says. "I later served on the board and have remained interested in the mission of that organization. I still serve on the advisory board."

"While I was president of the Tennessee Nurses Association, I became interested in public policy and political issues. As I became more involved, monitoring legislation on a city, state and national level, I realized how crucial it is for all of us to be involved. After all, if we don't let the Legislature and Congress know what we want, someone else will decide it, and not always the way we want. So, for the past few years most of my volunteer time and energy has been spent in educating lawmakers on health care issues that affect all of us and interviewing, raising money for, calling, writing and e-mailing candidates. There are only a few lawmakers who have a health care background, so somebody must educate them about the issues of health care and how it affects women and children." —Laurie Parker

Later, Frances became a leader in the field of human sexuality, conducting seminars and counseling. While earning her master's degree at VUSN, she became interested in stress in hospital patients. She wrote a research paper, "Relieving Patients' Stress During Arteriograms," which led her into joint practice with her husband for the next 18 years and to an interest in alternative ways to ease stress and pain and to promote healing.

"It has always been my mission to heal and to teach others to heal themselves," she says. "When I began hearing about therapeutic touch and healing touch, I saw a way to work



#### Frances McGaughy Edwards

**Education:** BSN'53, MSN'76 in psychiatric/mental health; human sexuality training; energetic healing courses

**Employment:** Private practice in complementary health care and energetic healing; adjunct faculty and guest lecturer, VUSN

**Professional Memberships include:** ANA, TNA, Sigma Theta Tau, National League for Nursing, Southern Surgical Nurse Association, Council on Human Sexuality, the Nightingale Society (founding member), Holistic Nursing Association

**Civic activities include:** League of Women Voters, Vanderbilt Alumni Association (first woman president, 1985-1986), Vanderbilt Board of Trust (1986-1989), Planned Parenthood, Alive Hospice board, YWCA, WIN-Tennessee Women to Elect Pro-Choice Women

**Honors:** VUSN Dean's Award, VUSN President's Award, Outstanding TNA Member of the Year, TNA Political Nurse of the Year

**Personal:** Married to William H. Edwards, BS'49, MD'53, since 1954; four children and nine grandchildren. They live in Nashville.

# Class

ACTS

**Kate Wells, BSN'43**, received the R.H. Hutcheson Sr., MD, award from the Tennessee Public Health Association, recognizing her for a distinguished career in public health. Wells has been with the Tennessee Department of Health for 50 years. She has worked as senior nosologist (medical coder) for the TDH Office of Vital Records since 1982.

**Sandra Jones Campbell, BSN'69**, has been listed in Sigma Theta Tau's 2002 *Media Guide to Health Care Experts* as an expert in stress management, positive attitude/workplace humor and nurse retention. Campbell is president of Winning Within Inc., a consulting company based in Indian Rocks Beach, Fla.

**Marcia Nightingale Carlson, BSN'69**, is now living in Latvia, following her husband Brian's recent appointment as the United States Ambassador to that country. The Carlsons have served the State Department in Venezuela, Yugoslavia, Bulgaria, Norway, England and Spain over the past 30 years. During that time, she has had a wide variety of work experiences including starting school health programs, running her own medical clinic and working for Defense Intelligence. While at Vanderbilt, she was an active member of Sigma Theta Tau, a member of the Honor Council and the 1969 Founder's Medalist.

**Carolyn Ijams Speros, BSN'71**, received her DNSc in December 2001 from the University of Tennessee Center for the Health Sciences. Speros is an assistant professor at the University of Memphis' Loewenberg School of Nursing and is a nurse practitioner in the Memphis area. She was nurtured through the DNSc program of study by **Dr. Peggy Ingram Veaser, BSN'71**, who was the associate dean of academic affairs at the UTCHS College of Nursing.

The **Rev. Margaret Caldwell Mullen, BSN'75**, married Dr. Robert Nelson Marshall Jr. on January 4, 2002.

**Marilyn Dubree, MSN'76**, director of patient care services and chief nursing officer at Vanderbilt University Hospitals, was interviewed about service academic partnerships in the Fall 2001 issue (Vol. 26, Iss.1) of *Nursing Administration Quarterly*.

**Mary L. Wooley, MSN'76**, director of quality improvement at Cariten Healthcare in Knoxville, Tenn., has been named a Certified Professional in Healthcare Quality (CPHQ) by the National Association for Healthcare Quality. The CPHQ certification recognizes professional and academic achievement by individuals in quality management, quality improvement, case

management, utilization management and risk management at all employment levels and in all healthcare settings.

**Alice Howze Martin, BSN'78**, has been confirmed by the United States Senate as the U.S. Attorney for the Northern District of Alabama. She will serve as the first female U.S. Attorney in the district and will have offices in Huntsville and Birmingham. She and her husband, Louis, have three daughters.

**Jean A. Bisio, BSN'82**, was recently promoted to senior vice president of disease management at Matria Healthcare Inc. in Marietta, Ga. She will be responsible for sales, marketing, business development and call center operations for the company's disease management products and services. Matria is a leading provider of comprehensive disease management programs to health plans and employers for women's health and the chronic conditions of diabetes and respiratory disorders.

**Melissa Terry Flynn, BSN'82**, is a certified nurse midwife in private practice in Columbus, Ga. Since completing a post-master's course in nurse midwifery at the University of Alabama in Birmingham ten years ago, Melissa has attended over one thousand births in Alabama, Georgia, and South Carolina. Prior to joining her current practice in October 2000, she worked primarily with medically underserved populations. She and her husband, Brian, have a son, Bailey, 12, and two daughters, Ivey, 9, and Lacey, 6.

**Lana Leinbach Yaney, BSN'86**, and her husband welcomed their second son, William Curtis "Will" Yaney, on August 16, 2001. Following her maternity leave, Leinbach returned to work part-time as a nurse anesthetist at South Shore Hospital in South Weymouth, Mass.

Nashville General Hospital has named **Byrd Crowder, MSN'94**, chief compliance officer. Prior to her position at Nashville General Hospital, Crowder was director of compliance and regulation with Nashville's Health 1-2-3 Inc. and director of product development at Health Net Inc. After earning an undergraduate degree at the University of Colorado and an MBA from Vanderbilt, Crowder earned an MSN from Vanderbilt, acquiring both her registered nurse and family nurse practitioner licenses.

**MaryLee Pakieser, MSN'95**, was elected to a second term as president of the Michigan Nurses Association during their October 2001 annual convention.

She is an FNP in a seasonal migrant farmworker clinic in Traverse City, Mich.

**Barbara Norman Hinson, MSN'96**, works for Maury Regional Ambulatory Care Center in Columbia, Tenn.

**Ann Greenwood Watson, MSN'96**, and her husband, Drew, announce the arrival of their first child, Ann Lawton Watson, on July 10, 2001. The family lives in Owensboro, Ky.

**Connie M. Chenosky-Miller, MSN'97**, has taken a new position as clinical director and sole care provider for the Cheyenne Crossroads Clinic, a federally-funded clinic providing health care for the homeless in Cheyenne, Wyo. She was recently board certified in advanced clinical management of diabetes. Chenosky-Miller, also a certified diabetes educator, was one of only 126 advanced practice nurses in the country to pass this first offering. In addition to her duties at the Crossroads Clinic, Chenosky-Miller also works as an associate for Dr. Gayla Herbel, an endocrinologist, in Greeley, Colo.

**Jody Lynn Fritch, MSN'98**, and Kevin Richard Donovan were married September 1, 2001, at Christ the King Catholic Church in Nashville. Following a wedding trip to Maui, Hawaii, the couple is living in Nashville.

**Elizabeth Keeley Roberts Hargis, MSN'01**, was married on August 4, 2001. She began work for the myelosuppression unit at Vanderbilt Medical Center in November.

## In Memoriam

**Sara Thompson Bass, BSN'40**, a longtime supporter of VUSN and an active civic volunteer, died of a heart attack at her home in Nashville on December 23, 2001. Bass was a member of Sigma Theta Tau and served as a surgical nurse at Vanderbilt Medical Center until her marriage to Dr. Allan D. Bass in 1944.

**Katherine A. Callaway, BSN'63**, December 26, 2000, in Green Cove Springs, Fla.

**Eloise Z. Ferguson Fauli, BSN'49**, in July 2000.

**Ruth E. Sholars, BSN'54, MSN'70**, September 15, 2001, in Redwood City, Calif.

*Vanderbilt University*  
VU Station B 357703  
2301 Vanderbilt Place  
Nashville, TN 37235-7703  
*Address service requested*

Nonprofit Org.  
U.S. Postage  
PAID  
Nashville, TN  
Permit No. 1460

*www.mc.vanderbilt.edu/nursing*

# Vanderbilt Nurses Make a Difference...

*so do members of the Julia Hereford Society*

Since our inception in 1909, VUSN has been on the cutting edge — preparing nurses, pioneering in research and expanding the possibilities for nurses in practice.

Today, we continue to lead nursing into the future, breaking down barriers and expanding the horizons of our profession.

While we are proud of our School, we know it is the students, alumni and faculty that make us strong. That is why recruiting the best and brightest students is our number one priority.

That is why becoming a member of the Julia Hereford Society makes you number one with VUSN.

Your \$1,000 investment goes directly to our scholarship fund, allowing us to help deserving students offset the ever-rising cost of tuition and help VUSN stay on the cutting edge.

To find out more about the Julia Hereford Society, please contact:

Allen Rosso  
Vanderbilt University School of Nursing  
206 Godchaux Hall  
Nashville, TN 37240  
615-343-7640  
*allen.rosso@mcmail.vanderbilt.edu*

