the whole is greater than the sum of its parts
US HELPING US, PEOPLE INTO LIVING—A COMMUNITY BASED AGENCY LOCATED IN PETWORTH, D.C.—OFFERS HIV TESTING AND LINKAGE TO HIV CARE. READ MORE ON PAGE 18.
**FEATURES**

**DIFFERENT PERSPECTIVES IMPROVE CARE**

Taking a fresh look at problems can bring new approaches to the increasingly complex issues encountered in today’s health care environment. At GW Nursing, researchers, practitioners and students of different backgrounds look through a new lens to improve quality of care and provide data for policies that will inform that care.

**UNDERSERVED AND DESERVING OF BETTER**

Advocacy, research and outreach are driving better patient-centered care for vulnerable populations and creating a welcoming, inclusive and safe environment in clinics. Sharing findings and best practices helps to close the knowledge gap while innovative patient outreach, engagement and assistance programs lead to learning opportunities.
This year the George Washington University School of Nursing challenged itself to develop a new strategic plan that will lead us into the next decade while reflecting on the school’s strengths, the principles of the nursing profession and the university and its namesake.

Seven goals were identified—with corresponding objectives and strategies—as the concrete outcomes necessary to fulfill the school’s vision and mission. We sat down with Dean Pamela Jeffries (PJ) and President Thomas LeBlanc (TL) who shared their perspective on the plan and their aspirations for GW Nursing.

**From the Dean**

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>What makes GW Nursing’s plan for the next three years strategic?</td>
<td>Strategic is a word that challenges us to see past today and ask ourselves “what if” to glimpse a future of possibilities. What if we are able to cultivate the next innovation in health care delivery or inspire a health advocate to take action? What if the last person to hold a patient’s hand is a GW nurse? These are the questions we asked ourselves during retreats, workshops and open feedback periods in which members of our community made their voices heard. The process was as reflective as it was forward-thinking, which increases its likelihood of success.</td>
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<td>One of the school’s goals and many of its strategies emphasize a student-centered culture of excellence. What does this mean to you?</td>
<td>Improving the student experience is one of the university’s five strategic initiatives, and I have spent a lot of time this year talking with students about how we can do this in our schools, including GW Nursing. During a recent round-table discussion with students at our Virginia Science and Technology Campus, I had the opportunity to learn more about how we can support a positive day-to-day experience for nursing students and, on a broader level, how we can enhance the school’s teaching, scholarship and research efforts so we are preparing our students for success as health care leaders.</td>
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<td>Your vision and mission speak to societal well-being, what do you see as the role of a nursing school?</td>
<td>As a university situated in our nation’s capital, we realized we have a responsibility to leverage our expertise and location to improve the health of all people. That’s why we established a Center for Health Policy and Media Engagement last year and our plan outlines how we plan to leverage this expertise to ensure nurses have a seat at the table in the health care policy conversation.</td>
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<tr>
<td>Culture transformation and a commitment to diversity were outlined in GW Nursing’s plan. How does that align with university priorities?</td>
<td>These are areas that are incredibly important to me. We must create a positive and rewarding experience for all those in our community—including our students, faculty, staff and alumni—and we cannot do this without fostering an environment where all feel they can reach their full potential at a diverse and inclusive university. I am particularly pleased to see GW Nursing leading by example by naming an inaugural assistant dean for diversity, equity and inclusion.</td>
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How do you see nursing contributing to the state of the health sciences?

PJ

Nursing plays an integral role in the advancement of health sciences. In the last 20 years, medicine has advanced more in the form of treatment as opposed to cures. These treatments can often create issues of their own, such as chemotherapy side effects. Nurse researchers’ perspective in direct-patient care offers valuable insight to the improvement of quality and effectiveness of treatment.

What are your aspirations for GW Nursing, especially considering the ever-evolving nature of health care?

TL

We know how important collaboration is to make meaningful progress on tough problems, especially in health care. To be successful we need individuals with backgrounds in nursing, medicine, public health, social work, engineering—even computer science, which is my area of expertise. It is exciting to see our nursing students and faculty using a collaborative approach by leveraging data and technology in novel ways, viewing health care through a new lens while emphasizing person-centered care. I am committed to supporting GW Nursing’s aspiration to continue to lead critical health care conversations while advocating for patients and the nursing profession alike.

Do you believe you will be able to achieve what your plan outlines?

PJ

We have set an ambitious, yet attainable, course to shape the future of health care delivery and our role in it. Ultimately, words are meaningless without execution. There are many things we aim to accomplish in the next three years, but we are in this together. GW

Learn more at: go.gwu.edu/NursingPlan

GW Nursing magazine bids farewell to Lynn Schultz-Writsel who has been a consulting editor since spring 2016. Beginning with her first issue, Lynn was an integral figure in the assurance of editorial quality and aesthetic of each publication. In spring 2016, she led a redesign of the young magazine with a special issue in recognition of the school’s five year anniversary. She also served as a valuable contributor on many of the refreshes you will see in this issue. Lynn has been an esteemed colleague over the last few years and her wealth of experience and contributions will be missed. We wish her all the best as she continues to enjoy retirement in beautiful Buena Vista, Colo.
Quality Does Matter for Online Education

The recently published “2018 Best Online Nursing Programs” by U.S. News & World Report could be an indicator of the value of applying the Quality Matters (QM) Quality Assurance System to nursing graduate programs.

The system, which at the advent of online education grew out of a grassroots movement of educators wanting to ensure quality course and standard outcomes, is managed through the QM nonprofit organization. More than 1,300 colleges and universities worldwide subscribe to its program, and 52,000 education professionals are now trained in course design, thanks to QM.

GW Nursing, ranked No. 5 along with three other schools in this year’s online nursing programs, is a subscriber to that system, and Dean Pamela Jeffries is a champion of its use.

To date, 37 GW Nursing faculty and staff members have completed the Applying the Quality Matters Rubric certificate and are focusing on ensuring continual improvement in the school’s online courses. As part of the QM Quality Assurance System, learners earn the certificate through workshops that teach a better understanding and appreciation of standard elements of a successful online course and emphasize evaluation from the student’s perspective.

Four GW Nursing faculty members also have a QM Peer Reviewer Certificate, and four hold a Master Reviewer Certificate.

GW Nursing graduate education is exclusively online for all graduate students, with some program options offering an occasional on-campus experience. Other students in traditional face-to-face classes, such as those enrolled in the school’s accelerated BSN option, may also experience online or blended courses.

“Improving the design of courses allows students to spend less time figuring out course navigation and location of resources, and more time on the pedagogy and instructional techniques that enhance learning,” said Miro Liwosz, GW Nursing’s director of Online Learning and Instructional Technology (OLIT).

The OLIT team—which includes Mr. Liwosz, two instructional designers, an instructional technologist and a multimedia developer—supports and actively consults with GW Nursing faculty on academic projects in teaching, learning and research. Over the past few years, the team has helped develop more than 100 academic online, blended and electronic presence courses, MOOCs and open educational resources. OLIT also trains faculty and staff on effective use of instructional technologies, manages a multimedia studio for high-quality audio and video recording and assists in the development and ongoing operations of a high-fidelity medical simulation center.

“The continuous investment in QM and our instructional technology infrastructure has primed GW Nursing to be a global leader in collaborative and continuing health care education and to provide effective delivery of education programs in face-to-face, remote—asynchronous and synchronous—and blended formats,” said Dr. Jeffries. GW
Breaking Down the Stereotypes

Google “Can a man be a ...” and the top autofill responses are widow, feminist, witch, midwife and nurse.

Yes, men can be nurses. But men are such a minority in the profession that memes about “male nurses” abound on social media, and pop culture leans into “nurse” stereotypes in movies and TV shows like “Meet the Parents” and “The Mindy Project.”

“I’ve been asked, ‘why are you a male nurse.’ That’s off-putting,” said Jess Calohan, a board-certified psychiatric mental health nurse practitioner and an assistant professor at GW Nursing. He joins other health care practitioners in discouraging the use of the “male” descriptor.

When he entered the U.S. Army in the early 1990s, Dr. Calohan encountered “some seasoned nurses and high-ranking people who didn’t believe men belonged in nursing.” Looking at his classroom today, he sees that changing and believes that more men in nursing will address the call by the landmark Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health,” for high-quality, culturally relevant care delivered by diverse providers to diverse populations.

Before he retired from the U.S. Army, Dr. Calohan treated service members with PTSD and served three deployments to Iraq. Those experiences and his current practice have shown him that “sometimes certain patients respond better to a male presence than a female presence.” He added, “Occasionally patients behave inappropriately with a female provider, but sometimes a patient just expresses a preference for one gender over the other.”

According to current workforce data from the U.S. Health Resources and Services Administration, the percentage of men in nursing has steadily increased in recent decades and is now 10 percent. In 2016, 12 percent of GW Nursing students were men, up from 5 percent in 2013.
Although Dr. Calohan was initially hired as a faculty member in the school’s MSN in psychiatric mental health nurse practitioner program option, he was also drawn to teaching in the BSN option for veterans.

“I have had male students come up to me and tell me it’s cool to have a male teacher,” Dr. Calohan said. While he formally advises some veteran students, he has found that “a lot of male veterans seek me out even if I’m not their assigned adviser.”

Modeling a diverse faculty and providing mentors students can relate to can go a long way to breaking down stereotypes that discourage men from entering the profession and limit the diversity needed in health care.

GW Nursing now offers a Master of Science in Nursing in psychiatric/mental health nursing. The program, which welcomes its first class in fall 2018, will prepare registered nurses to care for diverse populations as a psychiatric/mental health nurse practitioner.

The online curriculum consists of 50-credits (28 core and 22 specialty courses) and 600 clinical hours and provides a holistic perspective from which to assess, diagnose, treat, manage and evaluate acute and chronic mental illnesses. Course content is based on synthesized knowledge derived from nursing science, neuroscience, behavioral change theories, motivational theories, learning theories and other psychotherapeutic frameworks.

Students will learn about neuropsychopharmacology, interprofessional collaborative practice, crisis intervention, trauma-informed care, health policy, family systems theory, psychotherapy and group therapy. Their course content will include care of vulnerable populations, promotion of mental health and prevention of mental illness, substance abuse and co-occurring disorders, and other mental illnesses that occur across the lifespan. GW

For more information, go to: getinfo.nursing.gwu.edu/mentalNP

Cultivating Resilience and Self-awareness for Professional Well-being

The demands of a career in nursing can take a toll on even the hardiest student. Preparing them to face these challenges is one of the most important charges of a nursing school.

By teaching students specific coping strategies and the importance of seeing to their own well-being as well as that of their patients, the GW Nursing Professional Well-Being Initiative is training the next generation of nurses to face an ever-changing health care environment with resilience.

“We’re preparing our students to take on not only the challenges of providing high-quality care in different clinical settings, but also to tackle the issues of burnout and work-related stress that are causing so many nurses to exit the profession,” said Dean Pamela Jeffries.

Through nine modules incorporated in course progressions, students learn habits and practices that improve their well-being not only during their time in nursing school, but beyond into their careers. Topics covered include effective communication and conflict resolution, healthy stress management—which also considers the dangers of ineffective coping practices that can lead to addiction and other adverse health conditions—grit and resilience, effective time management, grief and loss and the use of the creative arts in self-care.

In one recent session, students were encouraged to explore creativity and self-expression as techniques for achieving work-life balance. “Even 15 minutes of ‘me time’ spent writing a poem, dancing or playing a favorite instrument can soothe and restore a weary mind and be a calming and self-revelatory self-care practice,” said JoAnn Conroy, a clinical assistant professor who specializes in mindfulness and nursing self-care.

“We want the nurses we educate and train to have longevity in the workplace. Healthy, satisfied nurses are more likely to be focused, mindfully present and prepared to provide safe and effective care to their patients and families. And they are more likely to champion these conditions in future leadership and health policy advocacy roles,” said Dr. Conroy. GW
Expansion, Renovation Bring Improved Campus Access, Enhanced Simulation Learning

Construction and renovations are underway at VSTC to expand GW Nursing’s footprint.

A retrofitted 8,683-square-foot Student Success Center and a 7,527-square-foot Objective Structured Clinical Examination (OSCE) lab will be a hub for student resources and state-of-the-art simulation learning.

The center features an open collaboration area and six group study rooms, plus a small testing center and office areas for enrollment management and student services.

The OSCE space includes 12 private exam rooms, two flexible acute care exam rooms, flexible conference room spaces and a break room, locker room and storage area. Students can be observed and evaluated as they go through a series of stations to interview, examine and treat standardized patients. The new lab space will feature state-of-the-art audiovisual equipment and SimCapture, a simulation management, recording and playback platform.

As GW Nursing expands its simulation space, the school is also making changes for undergraduates with a more accessible practice skills lab and more complex simulation scenarios, such as a new high-fidelity maternal fetal simulator. Minor renovations to the other lab spaces will increase access and capacity.

“We are working toward Society for Simulation in Healthcare accreditation for the labs,” said Director of Simulation and Experiential Learning Crystel Farina. “One of our first steps has been to form an advisory committee of graduate and undergraduate nursing faculty and students that approves policies and procedures, gives feedback about current simulation center uses, assists with prioritization of equipment and simulator purchases, and helps establish goals for the future.”

The committee is planning the addition of a simulation team that will support future accreditation through enhanced facilitation and debriefing on all simulations, ensuring that each student gets the same simulation experience.

“This investment in our students will hopefully lead to continuous improvement of retention, completion, employment and licensure outcomes,” said Dean Pamela Jeffries in a recent interview with The GW Hatchet. As a former president of the Society for Simulation in Healthcare, Dr. Jeffries is a proponent of the accreditation process and applauds the faculty and student work providing high-quality simulation learning.
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- Kathleen Firnbach, RN, ICU

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Different Perspectives Improve Care

Why modern health care issues deserve modern solutions.

BY ANDREW FRAUGHT
Every 66 seconds, someone in the United States develops Alzheimer’s disease, the country’s sixth-leading cause of death, according to the Alzheimer’s Association.

Approximately 25,000 freshly minted nurse practitioners (NP) graduate from training programs, according to the American Association of Colleges of Nursing. Where they go from there is anybody’s guess.

Accenture, a global professional services company, predicts there will be more than 2,800 retail clinics in the United States by the end of the year.

At its core, narrative medicine is person-centered and strives to locate resources and support available to vulnerable populations. The approach is practiced by a minority of health care professionals, but such efforts are growing across the United States.
Assistant Professor N. Maritza Dowling is analyzing information that could forge medical breakthroughs in treating a disease that affects twice as many women as men. She is studying cognitive data collected from postmenopausal women on hormone therapy. A biostatistician by training, her job is to make sense of the data, turning statistics into knowledge.

“Developments in medicine must necessarily be based on evidence,” Dr. Dowling said. “The vital linkages between accumulated empirical data and the generation of alternative explanations of observed phenomena require systematic scientific analysis that can’t occur without numbers and rigorous statistical methodology and research design. The solutions for many complex problems in medical and clinical research are made possible by statistical methods.”

Dr. Dowling’s work is part of a five-year, $10.8 million study—“Prevention of Alzheimer’s Disease in Women: Risks and
Benefits of Hormone Therapy”—funded by the National Institutes of Health. She is a co-investigator and lead statistician on the project, which launched last year.

The effort will examine the differences in amyloid deposition—a sticky abnormal protein found in the brains of those with Alzheimer’s disease—cerebrovascular lesions, cognitive function and mood and brain structure in women who were treated with different formulations of hormone therapy compared with a placebo during early post-menopause.

Dr. Dowling previously was a scientist in the Department of Biostatistics and Medical Informatics at the University of Wisconsin-Madison, where she worked on a multidisciplinary research team that brainstormed ways to develop and implement information systems and analyze and interpret data. It’s a practice she maintains in her work at GW.

“Collaborative research considerably enhances opportunities for important discoveries, advances and innovations that would be unlikely working in complete isolation,” Dr. Dowling said.

Her current work will follow the same group of women she studied while working at the Wisconsin Alzheimer’s Disease Research Center.

Biostatistics have already played a major role in reshaping how we understand public health issues such as cancer, chronic disease, human growth and development and HIV/AIDS. The field is considered a vital bridge between theory and practice.

An editorial in the *New England Journal of Medicine* called the application of statistics to medical and clinical research “one of the most important medical developments in the past millennium.” Dr. Dowling’s efforts are aided by computational probability, in which researchers rely on computer-intensive statistical methods.

Her work has become personal—her father was diagnosed with Alzheimer’s while she was studying the disease.

“My interest in Alzheimer’s disease research has provided me with a wonderful context to apply my quantitative skills and increase my knowledge in the field,” Dr. Dowling said. “I believe, however, that being able to combine both knowledge of the discipline and statistical insight is critical for advancing scientific understanding. Without numbers, there is no science.”

**THE SEARCH FOR NURSE PRACTITIONERS**

In 2017, GW Nursing faculty pilot-tested a first-of-its-kind survey to track hiring patterns and the marketplace for new NPs. Its purpose was to provide data for education programs and policymakers to inform their decision-making. The ultimate goal was to help align NP education with priority needs in the community.

The survey asked recent graduates a series of questions to assess job market demand for new NPs, such as whether they had a difficult time finding work, if they had numerous job options and the income they would be receiving. Questions were also asked about demographic characteristics and educational background, allowing researchers to match these data points to jobs NPs are taking and their experiences in the job market.

“We want to be able to say where demand is exceeding supply. For example, does demand for NPs in long-term care, rural communities or in geriatrics exceed supply?” said survey co-investigator Ed Salsberg, director of Health Workforce Studies at the GW Health Workforce Institute and GW Nursing research faculty.

“Results could be used by policymakers and hospitals to develop recruitment and retention strategies,” said co-investigator Assistant Professor Asefeh Faraz.

The pair conducted the study in September, electronically surveying 159 graduates from 31 NP programs around the country and are now engaged in analyzing that data.

Last year’s survey targeted family nurse practitioners, but the investigators plan to expand the sample size with a wider range of NPs in coming years to eventually include 5 percent of new graduates, or around 1,250 respondents.

With the increasing need for providers to serve a growing and aging population, NP programs have boomed, said Mr. Salsberg. The Bureau of Labor Statistics reported that employment of NPs, along with nurse midwives and nurse anesthetists, is projected to grow 31 percent from 2016 to 2026. Much of that growth has been fueled by a demand...
throughout the nation minuteclinics, led by nurse practitioners, are offering greater access to care.
for primary care practitioners.

“It’s important to collect data now, when in general the job market and the demand for nurse practitioners is very good. It will provide a baseline to compare to in future years,” Mr. Salsberg said.

Anecdotal evidence shows “that nurse practitioners do go into underserved settings,” Dr. Faraz said. “We want to make sure that is indeed where they’re going, and that they’re serving the very people who need to be served. We don’t have any good data on this, and it’s really critical right now as we’re talking about expanding the workforce to meet needs. It’s all conjecture right now. The end goal is access to care for the consumer.”

**PRIMARY CARE IN MINUTES, NOT HOURS**

Angela Patterson has 37 million reasons to be bullish about the future of “convenient care” treatment models in the United States.

That’s how many patients pharmacy chain CVS Health has treated at the MinuteClinic since its inception. MinuteClinic offers health care services at retail medical clinics located in select CVS Pharmacy and Target stores across 33 states and the District of Columbia. The company is the country’s largest operator of retail health clinics.

“I like to say we’re the safety net for primary care,” says Dr. Patterson, a GW Nursing Advisory Board member and chief nurse practitioner officer for MinuteClinic.

“For things like sore throat and vaccinations, it’s an affordable, convenient and quality alternative to the emergency room. It’s filling that gap when you can’t access your primary care provider.”

The clinics are staffed by family nurse practitioners and, in some states, physician assistants and are accredited by the Joint Commission, a national nonprofit, independent accrediting organization. Similar models have emerged at other pharmacy chains, including Walgreens.

For Dr. Patterson, retail health is built on three components: convenient access, quality care and affordability. MinuteClinic locations don’t require scheduling appointments, and walk-ins are welcome. A study published in the *Annals of Internal Medicine* found that care delivered in retail clinics is of comparable quality to the emergency room and urgent care facilities but delivered at 40 to 80 percent cheaper.

For the nurse practitioners and physician assistants who provide services, Dr. Patterson said “they’re very proud that we have a strong focus on evidence-based health care, as well as quality and safe health care. They’re also proud to be a significant partner in improving health and well-being across our country.”

Accenture, a global professional services company, predicts there will be more than 2,800 retail clinics in the United States by the end of the year.

**From Barracks to Bedside**

Growing up in Mexico, Carlos Rangel Meija’s passion for medicine was fueled by his father, a medical student who was forced to drop out of school due to a souring economy and limited job opportunities.

The young boy made a promise to himself: “I decided that I would be part of a medical team.”

He arrived in Utah as a high school exchange student, earning residency before joining the Navy and gaining citizenship. In the service since 2013, Mr. Meija has worked at military bases in Texas, Washington and Virginia training military personnel in basic health care.

Mr. Meija, who remains on active duty, is a step closer to realizing his lifelong dream. He’s in the second semester of GW Nursing’s Bachelor of Science in Nursing (BSN) veterans option, which is customized based on a student’s prior education, military service and experience.

The program was created to help Iraq and Afghanistan veterans return to civilian life and find jobs. By building on the training they received as combat medics, Navy corpsmen and Air Force medical technicians, students in the program are preparing to address nursing workforce shortfalls around the country.

“I knew that I was going to become a provider somehow, and nursing was going to be the way I was going to do it,” he said.

Mr. Meija is among eight active duty military personnel to take part in the GW Nursing program. There are 34 veterans in the BSN veterans option. These students are considered to have unique knowledge of and exposure to health issues and needs of the 22 million veterans in the United States.

“They [the Navy] selected us because we represent the qualities of a nurse and the qualities that they want of a Naval officer,” said Mr. Meija, who will become a commissioned officer when he completes the program. “GW has ensured that the military has a strong nurse corps.”
Behind every symptom is a story. That’s the message from the GW Center for Aging, Health and Humanities, whose community education programs are encouraging nurses and nurse practitioners, medical students and physical and occupational therapists to practice what in the past decade has come to be known as narrative medicine.

Center director and assistant professor Beverly Lunsford said health care providers are being encouraged to ask their patients three “magic” questions: “What is important to you today? What brings you here? How can I help?”

“Sometimes we don’t stop to look at the context of a person to see how everything is fitting together,” Dr. Lunsford said. “Part of the story is learning what’s immediately happening to them and what is of concern to them right now.”

Such queries are designed to nurture heightened empathy, creativity and self-reflection among care providers. Answers could spur community interventions, such as responses from social workers and nonprofit clinics that provide medications for uninsured and underinsured individuals. Or physicians might refer eligible patients to pharmaceutical companies that offer steep discounts.

“The narrative approach is trying to understand more about a person so we’re focused more broadly on a health problem within the context of who they are,” Dr. Lunsford said. “We might solve the medical problem, or we might think we have, but it doesn’t mean that they’re able to do what we’ve recommended or, even if they do, there might be three other problems that are going to bring them right back next week.”

When prescribing a medication, for example, a provider might not consider that a patient is unable to afford drugs, jeopardizing their ability to follow through on treatment. Some might lack a significant other and be unable to leave their home for groceries because snow is covering their driveway. Such circumstances pose challenges for health care, she said.

Nursing training programs are an ideal setting to encourage storytelling, Dr. Lunsford said.

“Nursing has always had a more holistic view of people,” she said. “We tend to sit and talk a little more with people. We’re trying to teach that to others. They too can help motivate them and find ways to make certain functional limitations work.”

Research has shown that a patient’s quality of life is threatened by negative attitudes about aging and chronic illness. Narrative medicine attempts to dispel older-age stereotypes. The hope is to instead focus on possibilities.

“If we can get a little bit of that story of who they are, it helps us maintain our sense of respect and dignity for that person,” Dr. Lunsford said. “That may, in turn, affect how they approach their health or illness.”
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UNDERSERVED AND DESERVING OF BETTER
Susan waits anxiously for the nurse practitioner to enter the exam room. She nervously bites her nails, trying to forget the embarrassing moment in the waiting room when the receptionist called out the name on her driver’s license, John, and the confused expression the nurse gave her as she stood up and quietly said, “That’s me.”

The door swings open to a brief flash of that same confused look on the face of a man in a white lab coat before the door abruptly shuts again. She hears hurried whispers outside the door. A minute later, he returns. “I’m sorry,” he says, looking away. “I thought I had the wrong room.”

The nurse practitioner checks her heart rate, but his touch is hesitant. He asks few questions and takes even fewer notes. When he stands to leave, she holds back her questions about cancer screenings and hormone therapy, wanting the encounter to be over as soon as possible.

As Susan leaves the clinic, the receptionist asks her if she’d like to schedule her next appointment. She shakes her head briskly before heading out the door.
Providing care reflective of the patient

For lesbian, gay, transgender and gender non-conforming patients, a scenario like this is all too common. Patients from vulnerable and underserved populations not only face discrimination and stigma but also other social and environmental barriers to accessing quality care that are complex and interconnected.

“Y ou can’t always expect people to be a hundred percent adherent to their medications when they might not be able to get food today, or they may not have steady employment or housing, or cannot miss work, or if they do, that means less income they’ll have,” said Assistant Professor Erin Athey.

Assistant Professor Dana Hines explained that these negative experiences cascade into health consequences.

“If you are a trans man and you don’t feel safe accessing health care or you’re being turned away because your provider isn’t comfortable checking you, or you’re outed in the waiting room and leave before your appointment, or you’re afraid to go back, then you’re not getting your routine screenings. If you develop cervical cancer or breast cancer, you can see how it would easily go missed,” she said.

These complex problems require strategic, multifaceted approaches. GW Nursing faculty are combating these challenges in their clinical work, research, teaching and community service. Through outreach, advocacy and education, professors and providers are leading the charge for better patient-centered care for diverse and vulnerable populations.

“Many populations don’t have the same ability to access or create the environment to achieve optimal health,” Assistant Professor Rhonda Schwindt said. “Our responsibility [as health care professionals] is to help provide that so they have the ability to have the same quality of life that everyone else does.

IN PRACTICE

Patient-centered care in clinical settings comes down to creating a welcoming, inclusive and safe environment.

Dr. Athey treats adults and youths living with HIV at United Medical Center’s infectious disease clinic in Southeast Washington, D.C., a community that has been disproportionately affected by the HIV/AIDS epidemic. She said she listens more than she talks when it comes to helping patients in this underserved community.

“Taking the time to establish that relationship and bring them back as often as you can builds that rapport with them,” she said. “Now that I’ve been in the community for a while, those relationships are the most important thing because there’s trust. When people trust you over time, you can start to help improve their health. They start realizing I’m here to support them.”

“Building trust and respect with lesbian, gay, bisexual, transgender, gender non-conforming, queer and/or questioning [LGBTQ] patients starts with inclusivity,” said Professor Kimberly Acquaviva.

“LGBTQ-inclusive care is treating patients in a manner that respects and acknowledges LGBTQ identities and experiences without requiring patients to disclose those identities,” she said. Simply asking a patient which pronouns they prefer to describe themselves at the beginning of each visit can go a long way in building respect.

“It’s things that seem so small but can make a huge difference,” she said. “Like having a two-step sex and gender question on patient forms or using a patient’s preferred name in mailings so as not to accidentally ‘out’ them as transgender.”

In addition to inclusive care, delivering quality and effective care for transgender individuals means practicing gender-affirming care, said Dr. Hines. For example, a trans person with male genitals who takes hormones and has breasts should have a breast exam as well as testicular and prostate cancer screenings.

“There could be health consequences like cancer that aren’t being checked that could potentially lead to other health care problems,” Dr. Hines said. “I think the problem is a lack of knowledge [among health care providers]. We have to do a better job of educating people early on in their academic careers so they will be prepared for caring for people they encounter in clinical situations.”

OUTREACH AND ADVOCACY

Outside of the clinic, innovative patient outreach, engagement and assistance programs offer tremendous opportunity.

Dr. Athey is developing a program to train barbers in low-income neighborhoods to talk about mental health with their clients.

“We’re trying to de-stigmatize mental illness to make it more acceptable to talk about and then give [the barbers] training so they can help connect people to access resources in the community.”

With help from a National Center for Civic Engagement grant, Dr. Hines is developing a peer navigator program for transgender patients seeking care in D.C.

“One of the main findings from a needs assessment was that trans people in particular have negative health care encounters throughout D.C.,” she said. “It’s widespread even at places that consider themselves to be LGBTQ-friendly.”

With the peer navigator program, Dr. Hines said volunteers will be trained to accompany transgender patients to appointments for support and to ensure the patients’ needs and concerns are met. Providers also can contact the program to learn about trans health if they aren’t knowledgeable.

“A peer navigator would be available to accompany trans people to their scheduled

...
Arrestees have rights even behind bars, including access to medical care. In fact, they’re the only population in the U.S. with a constitutional right to health care. The Eighth Amendment, which bars cruel and unusual punishment, entitles inmates to treatment for emergency and chronic conditions as well as annual checkups and tests.

“When a person is arrested and incarcerated, their freedom is forsaken, but their health care needs are not,” said Mildred Ogé, a student in the MSN in Nursing Leadership and Management program.

As an associate chief nursing officer for Jackson Health System, Ms. Ogé knows this firsthand. She supervises nursing staff who serve the inmates at the Metro West Detention Center in Miami—a facility with more than 7,000 inmates and the eighth largest jail by population in the United States.

“Our primary goal is to give premier correctional health care. In order to do so, we look at ourselves with a critical eye to see where our opportunities lie,” she said. “Our organization incorporates best practices, performs self-audits and involves the frontline staff, so they can see where improvements are needed and engage in the implementation to facilitate better outcomes.”

Her role is not only to oversee care for inmates but to ensure their constitutionally protected right to receive care is upheld. “Every arrestee receives a handbook of their rights, responsibilities and the rules; this includes the process for receiving medical care,” Ms. Ogé said.

“arrestee receives a handbook of their rights, responsibilities and the rules; this includes the process for receiving medical care,” Ms. Ogé said. “They’re in jail. We get it. They are limited, but that doesn’t mean that their right to health care is negated,” she said. “I came into this profession to give attention to those who need it and do it to the best of my ability, regardless of whether they are in a hospital bed or in a jail cell. I give care to help others, bottom line.”
Advancing Policy Through the Arts

By Diana Mason, PhD, RN, FAAN
Senior Policy Service Professor, GW Nursing Center for Health Policy and Media Engagement

One of the unique features of the Center for Health Policy and Media Engagement is our emphasis on the role of the arts in informing policy. We know that the best policies are developed in response to a well-documented problem, and the policies themselves should reflect evidence-based practices.

To understand health or social problems that individuals and communities face, get the problem on political agendas and determine its impact on people’s lives, we can use the arts to educate health professionals and policymakers about experiences of health and illness.

The center has received support from the Poetry Foundation, the publisher of Poetry magazine, for an initiative that engages GW Nursing students and faculty in reflecting on health, illness and caregiving through poetry. The center invited Seema Reza, a Washington-area poet, and Joy Jacobson, a poet and senior fellow at the center to join the initiative. Together, they will engage undergraduate and graduate nursing students, including those participating in global health experiences, and faculty seeking to incorporate poetry into nursing curricula.

Reflective narrative writing and storytelling is also an integral part of the work that the center does. Our media training sessions help nurses understand their fears about talking with journalists, and our workshops on “Narratives of Diversity,” led by Ms. Jacobson and Senior Fellow Kenya Beard, address nurses’ experiences of bias and marginalization.

The center’s fellows are recognized for their efforts to interpret policy through the arts. Ms. Jacobson’s poem, “Donor at the VLA,” was one of three submissions to be selected by Health Affairs for use in its inaugural poetry focus for its “Narratives Matter” section. Senior Fellow MK Czerwiec, a.k.a. “Comic Nurse,” uses comics to enhance people’s understanding of various issues in health and health care. She co-runs the website GraphicMedicine.org, which highlights the intersection between health and comics. She is currently working on a project to use comics to raise awareness of the importance of talking about end-of-life issues and policies. Her new book, Taking Turns: Stories from HIV/AIDS Care Unit 371, is the first graphic memoir created by a nurse.

The center is poised to bring these arts to others who are interested in advancing policy and practice.

Want to become more media savvy and build your media outreach? The center’s Nurse Messenger Media Training teaches skills on how to frame your message, tell distinctive, memorable, audience-centric stories with confidence. Learn more at: go.gwu.edu/NurseMessenger
HealthCetera Radio Takes it to the Next Level

By Barbara Glickstein, MPH, MS, RN
GW Nursing Center for Health Policy and Media Engagement

Radio and digital spaces are expanding the reach of “HealthCetera”, the media platform of the GW Nursing Center for Health Policy and Media Engagement.

Every Thursday from 11 a.m. to noon, a “HealthCetera” program airs on Little Water Radio, a DJ-owned, DJ-operated free-form community radio station in the South Street Seaport neighborhood of New York City. Streaming online at littlewaterradio.org, the content focuses on advancing the health of populations and includes coverage of health news, policy, research, science and the arts.

In the digital space, listeners can find “HealthCetera” on iTunes, TuneIn and Stitcher.

Other content on the “HealthCetera” media platform includes a blog and podcasts produced and published by the center. The content focuses on the latest real-world effects of health care and policy, offering evidence-based news, analysis and commentary by center senior fellows, a diverse and dynamic team of front-line experts.

Another radio show, “HealthCetera in the Catskills”, is produced and hosted by the center’s Senior Policy Service Professor Diana Mason and continues to air Wednesdays on WIOX radio in Roxbury, N.Y., from 2 to 3 p.m. every other week. The show explores the impact of local, state and national health and social issues in the communities of New York’s Catskill Mountains.

The center and its leadership and staff believe that journalism has an inherent role in promoting a healthy and just society, and see the expanding “HealthCetera” platform as an important contributor to incorporate poetry into nursing curricula.

Tuesday Brown Bag Lunches Create Policy, Research and Media Discussions

A new space for discussion of policy, strategies for advocacy and expansion of media skills is now available for GW Nursing faculty, alumni and local Sigma Theta Tau chapter members.

Hosted by the Center for Health Policy and Media Engagement, the sessions occur in person and online at noon on the first and fourth Tuesdays of the month. These brown bag sessions explore engagement in and development of research designed to evaluate existing policies and their effects on public health and health care. Topics are determined by surveying attendees about policy-related research interests.

The first session of the month focuses on media and policy outreach, such as the use of social media to advocate for issues and identifying and employing responsible sources to frame issues. Future topics include blogging, nurses as news sources, graphic medicine and using poetry with health professionals, patients and families.

The second sessions of the month are led by Assistant Professor Jeongyoung Park and often feature well-known experts. Past guests have included workforce researcher Patricia (Polly) Pittman, a professor in the Department of Health Policy and Management at the GW Milken Institute School of Public Health, and Robyn Golden, associate vice president of Population Health and Aging at Rush University Medical Center in Chicago.

For more information about upcoming Tuesday Brown Bags, visit: go.gwu.edu/PolicyBrownBag

Interested in being a guest on the radio shows or writing a blog post? Pitch a story about your research, clinical expertise or recently published book to: healthmediapolicy.com/contact

Reflective narrative writing and storytelling is also an integral part of the work.

For more information about upcoming Tuesday Brown Bags, visit: go.gwu.edu/PolicyBrownBag
Working Toward a Better Quality of Life After Cancer

Chemotherapy, while lifesaving, often leaves patients in pain. According to the National Cancer Institute, an estimated 30 to 40 percent of patients undergoing the treatment experience chemotherapy-induced peripheral neuropathy (CIPN), or damage to the sensory and motor nerves in upper and lower extremities.

Associate Professor Kathleen Griffith thinks exercise may lead to a solution for CIPN. As principal investigator for an ongoing National Institutes of Health study conducted at the Baltimore Veterans Affairs Medical Center, she is evaluating whether exercise effectively reduces pain associated with CIPN.

Dr. Griffith and her collaborators on the NIH study, “Exercise Effect on Chemotherapy-Induced Neuropathic Pain, Peripheral Nerve Fibers,” are currently enrolling participants and will measure pain reduction after aerobic or resistance training through patient self-reporting, quantitative sensory testing and examination of nerve fiber density.

As a longtime oncology care provider, Dr. Griffith has identified a number of persistent treatment-related symptoms in patients. Her practice inspired her to pursue research in symptom science.

“When the patient’s disease may respond well to chemotherapy, many remain riddled with symptoms they can’t overcome,” Dr. Griffith said. “This research may help reduce their symptom burden and improve quality of life.”

Dr. Griffith and her colleagues also have support for related work from a GW Cross-Disciplinary Research Fund award. They are documenting the natural history of CIPN development in conjunction with neurocognitive changes during chemotherapy. Faculty co-investigators include GW Nursing biostatistician N. Maritza Dowling; neuropsychologist Antonio Puente and medical oncologists Lauren Mauro and Holly Dushkin from the GW School of Medicine and Health Sciences; and Alice Ryan from the University of Maryland School of Medicine.

“The interprofessional nature of the study team allows us to leverage our different talents to implement the best research possible and ultimately improve symptom management for this population,” Dr. Griffith said. GW

Collaborating to Advance Health Policy

When national organizations join forces with nursing experts, discoveries with the potential to advance health policy can take shape. Associate Professor Ellen Kurtzman’s collaboration with the National Center for Health Statistics (NCHS), the nation’s principal health statistics agency and an office of the Centers for Disease Control and Prevention is one such case.

As a 2014 NCHS/AcademyHealth Health Policy Fellow, Dr. Kurtzman served in-residence and conducted research using NCHS data resources to explore the role of nurse practitioners (NP) in community health centers. She also examined how states’ occupational policies affect the quality of NP-delivered care.

Under the Affordable Care Act, many states revisited occupational policies as insurance coverage expanded and demand for primary care increased. Dr. Kurtzman found that NP outcomes did not vary among states that had occupational restrictions and those that do not. She believes this suggests lawmakers may be able to ease state restrictions on NPs without compromising the quality of patient care.

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“For a long time, I’ve been interested in how state policies influence the quality of care and services delivered by NPs,” Dr. Kurtzman said. “The public has a right to know how the policies affect patient care, especially as demand for these clinicians’ services has increased under health care reform.”
Dr. Geiger-Brown most recently served as the founding dean of the School of Nursing and Health Professions at Stevenson University in Owings Mills, Md. While there, she successfully completed a CCNE accreditation process for the school’s graduate program in nursing. Dr. Geiger-Brown previously spent 16 years teaching, conducting research and participating in faculty governance at the University of Maryland Baltimore where she also served as the associate dean for research.

Dr. Geiger-Brown holds a PhD in nursing science from the University of Maryland, an MSN in adult psychiatric and mental health from Columbia University, a BSN from Thomas Jefferson University and BA in psychology from Temple University.

Jeanne Geiger-Brown Named Associate Dean for Research

A well-known nurse researcher and former nursing school dean joined GW Nursing in January and is now leading the expanding research endeavors of the school.

Her research focuses on the adverse outcomes of occupational sleep deficiency. Through translation of that research, she has raised public awareness of fatigue among nurses working long shifts and health care practices and policies governing nurse work schedules. Evidence of sustained practice change resulting from her work includes the adoption of limits on the number of consecutive 12-hour shifts in some hospitals and the use of brief naps to reduce fatigue and sleepiness during night shifts. These contributions have the potential to affect patient safety and quality of care, as well as the health and safety of nurses.

“GW Nursing’s research program is impressive for a school that was founded fewer than 10 years ago,” said Jeanne Geiger-Brown. “I’m looking forward to this unique opportunity to work with an energetic and highly productive faculty to take it to the next step.”
A

KIMBERLY ACQUAVIVA. “Improving the critical care experience of LGBTQ patients and families.” Critical Connections, August/September 2017.

… “LGBTQ-inclusive hospice and palliative care: from ‘special population’ to inclusion – a paradigm shift.” National Hospice and Palliative Care Organization Newsletter, fall 2017.

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MAJEDA EL-BANNA, BILLINDA TEBBENHOFF, MALINDA WHITLOW, KAREN WYCHE. “Motivated strategies for learning in accelerated second degree bachelor of science in nursing students.” Nursing Educator, November-December 2017.


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BEVERLY LUNSFORD. “Inter-Disciplinary Team-based Care.” Integrative Geriatric Medicine. New York, N.Y.: Oxford University Press USA.


A. Lee, S. Cheng, DALE LUPU. “Integrative Palliative Care.” Integrative Geriatric Medicine. New York, N.Y.: Oxford University Press USA.

BOOKS, BOOK CHAPTERS AND MONOGRAPHS


BEVERLY LUNSFORD. “Inter-Disciplinary Team-based Care.” Integrative Geriatric Medicine. New York, N.Y.: Oxford University Press USA.


A. Lee, S. Cheng, DALE LUPU. “Integrative Palliative Care.” Integrative Geriatric Medicine. New York, N.Y.: Oxford University Press USA.
Haiti: A Paradox of Resources

By Mayri Sagady Leslie, EdD, MSN, CNM, FACNM

Global service provides opportunities for students and faculty, as well as those receiving care. In Haiti, it also offers an important opening to learn from the people of that country.

In January 2018, the GW Nursing Community and Global Health Initiatives Program partnered with a medical team from South Korea’s Pusan National University Yangsan Hospital to provide a week of primary care and patient education in Caracol, Haiti. The mission included dozens of local volunteers, nurses and translators, all under the lead of Professor Joyce Pulcini, director of community and global initiatives, Assistant Professor Carol Lang and me. Our team delivered care and education to more than 2,000 adults and children and, like several previous medical missions to Haiti, was sponsored by Sae-A Trading Co., Ltd.

During the mission, Assistant Professor Jeongyoung Park and I conducted the first phase of a mixed-method, community-based study focused on reducing childhood anemia. Taking the approach of “you are the experts” while listening to the locals, we expanded our understanding of both health care crises and opportunities for sustainable, community-led solutions.

Samson Alexis, who lives in Caracol, Haiti, served as our translator. When asked what he felt was needed to support the community in improving their children’s health, he said, “We have so many people, so many young nurses, doctors. They’ve had their ... degrees two, three years but they are not working. Even though they could help our population, they are not hired. Some go to other jobs, like in tourism.”

Underemployment among health professionals in Haiti is not a new issue. Social researchers have documented the displacement of Haiti’s health resources (facilities and workers) as an unintended effect of the assistance offered by other countries and non-governmental organizations (NGOs) who came in to support Haiti after the 2010 earthquake, the subsequent cholera epidemic and hurricanes. While
much good has been done, in some cases this has resulted in the loss of Haitian medical professionals to other countries, and a downstream lack of employment for Haitian health workers. Additionally, the focus of NGO support is often on acute and critical clinical issues, which may not address the deficit in ongoing primary care and sustainable, community-based solutions.

Forty percent of the (Haitian) population lack access to essential health and nutrition services
- U.S. Agency for International Development

Other factors, including geography, contribute to this ongoing deficit of care. The U.S. Agency for International Development estimates that roughly 40 percent of the population lack access to essential health and nutrition services. With 80 percent of Haitians living below the poverty line, life expectancy at birth is 65 years, and children under age 5 have double the mortality rate of the neighboring Dominican Republic.

A 2017 study by the Centers for Disease Control and Prevention showed that although about 91 percent of the population of Haiti lived within five kilometers of a primary care facility, only an estimated 23 percent of the entire population and just 5 percent of the rural population had access to primary care. GW Nursing’s recent mission focused on addressing these needs by offering temporary primary care and supporting ongoing, sustainable community-based care by and for the Haitian people.

In a country where there is one doctor or nurse per 3,000 people, the majority of Haitian health care is provided by nurses. The government health care system has made many improvements since the 2010 earthquake, including a network of community health workers that deliver local health education and coordination. However, these workers do not provide clinical services or care.

The underemployment of trained, Haitian health workers and an ongoing deficit of care together present a challenging paradox. The GW Nursing research project has raised the possibility of a public health nursing model led by Haitian nurses. This model could potentially address both sides of the issue by employing existing human resources to deliver primary health care where it’s needed.

The GW Nursing missions will continue to conduct research and develop partnerships with local leaders to support community-driven solutions to health care issues facing the Haitian people. The dual benefits of expanded access to primary health care and the greater employment of Haitian providers may eventually address the paradox of health care resources in Haiti. GW

The O’Neil Center is the industry’s first central resource combining guidance from prominent health care thought leaders, evidence-based research and proven translational tools to move patient and family engagement from theory to practice.

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Local and Global Presentations


Atlanta | At the American Association of Colleges of Nursing Baccalaureate Education Conference in November 2017, Associate Professor CATHARINE COX presented the poster, “Best Practice Tips for the Assessment of Learning of Undergraduate Nursing Students via Multiple Choice Questions.”

Baltimore | As an invited speaker, Associate Professor KAREN KESTEN presented “Healthy Work Environment and Workplace Bullying” at the University of Maryland in October 2017.

Cape Town, South Africa | Associate Professor MERCEDES ECHEVARRIA and colleagues presented “Recognizing Delirium in Hospitalized Children: A Systematic Review of Risk Factors and Characteristics of Acute Pediatric Delirium” at the September 2017 Global Evidence Summit.

Dallas | At the Association of Nurses in AIDS Care Conference in November 2017, Assistant Professor DANA HINES presented “Community Engaged Approaches for Recruiting Transgender Women in Health Research.”


Fairfax, Va. | Associate Professor JOYCE HAHN was a guest lecturer at George Mason University in October 2017. Her lectures to nursing graduate students were “The Regulatory Role of the Board of Nursing and the Policy Framework of a Changing Health Care Environment” and “Social Media and Professionalism.”

Homestead, Va. | Associate Professor CATHARINE COX gave the poster presentation, “Best Practice Tips for the Assessment of Learning of Undergraduate Nursing Students via Multiple Choice Questions,” at the Virginia Nurses Association Fall Conference, in November 2017.

Indianapolis, Ind. | Clinical Professor CATHIE GUZETTA and Assistant Professor QIUPING “PEARL” ZHOU presented the poster, “Attitudes of Junior and Senior Undergraduate Nursing Students towards Nursing Informatics,” at the Sigma Theta Tau International 44th Biennial Convention in November 2017.

Miami, Fla. | Dean PAMELA JEFFRIES was the keynote speaker at the University of Miami Simulation Hospital Dedication in September 2017.


New Orleans | At the 2017 Psych Congress in September, Assistant Professor QIUPING “PEARL” ZHOU gave
the poster presentation “Depression and Chronic Health Conditions Among Hispanics and Non-Hispanic Whites.” Associate Professor KAREN WHITT presented “How Effective are Family Health History Tools in Collecting Information on Race, Ethnicity and Reducing Health Disparities?” and “Collection of Family Health History in Czechia: Nursing Students’ Experiences” at the Transcultural Nursing Society 43rd Annual Conference in October 2017.

At the American Society of Nephrology Annual Meeting in November 2017, Associate Research Professor DALE LUPU presented “Pathways Project of the Coalition for Supportive Care of Kidney Patients” and research faculty member EDWARD SALSBERG presented “The 2017 Survey of Nephrologists Completing Training.”

Palm Springs, Calif. | Research Professor PATRICIA FARMER was the keynote speaker at the California Association of Colleges of Nursing and California Organization for Associate Degree Nursing Joint Conference in December 2017.


San Antonio | In January at the 2018 Student Veterans of America National Conference, Clinical Instructor CAROLYN CUMMINGS and Assistant Professor PAUL TSCHUDI presented “Double Time: Challenges and Benefits. One Model of an Accelerated Program.”

San Diego | Professor KIMBERLY ACQUAVIVA gave the keynote address, “Palliative Care and LGBTQ Persons: Countering Stigma and Nurturing Resilience,” at the September 2017 2nd National Symposium for Academic Palliative Care Education and Research sponsored by the California State University Institute for Palliative Care.

At the National League for Nursing Education Summit in September 2017, Director of Simulation and Experiential Learning CRYSTEL FARINA presented “Concept-Based Simulation: Using Technology to Make It Happen” and gave the poster presentation, “Why Stop After Graduation? Formative Evaluation in the Practice Setting.” Professor ANGELA MCNELIS and colleagues presented “International Clinical Experiences for Required Clinical Contact Hours: A National Survey” and “GuIDE: An Innovative Program to Facilitate Nurses’ Pursuit of Doctoral Education.” Assistant Professor GRETCHEL WIERMSA presented “Accelerated Second-Degree BSN Graduates: Are They Ready for Practice?”


At the George Washington University Teaching Day: Scholarship of Teaching & Learning Research, Assistant Professor MAJEDA EL-BANNA and Associate Professor BILLINDA TEBBENHOFF gave the poster presentation, “Lights, Camera, Action—Developing Pre-Health Professional Student Career Development through Film.” Associate Professor CHRISTINE PINTZ participated in the invited faculty-led session, “Fostering Creativity: How Design Thinking Can Enhance Your Teaching.”

Clinical Professor CATHIE GUZZETTA and Assistant Professor QIUPING “PEARL” ZHOU presented the poster, “Nursing research characteristics of Magnet® hospitals,” at the Council for the Advancement of Nursing Science, 2017 Advanced Methods Conference: Pragmatic Trials in October.

At the D.C. Board of Physical Therapy’s Fall Forum, Professor KIMBERLY ACQUAVIVA gave the presentation, “Providing LGBTQ-Inclusive Care to Physical Therapy Patients,” to physical therapists and physical therapy assistants. In October, Dr. Acquaviva presented to post-baccalaureate program pre-med students at the George Washington University School of Medicine and Health Sciences on “E-Professionalism and Social Media” with Professor JOYCE PULCINI and Alexandra Gomes, GW Libraries associate director for education, information and technology services.

Dean PAMELA JEFFRIES served as the co-chair of the November 2017 National Academies of Science, Engineering and Medicine Global Forum Workshop, “Improving Health Professional Education and Practice through Education.” In November at the Washington Regional Nursing Research Consortium held at the Catholic University of America, DNP student AMY GOAD presented “Preventable Cardiovascular-Related versus Unavoidable Occupational Causes of Firefighter Fatalities on Duty” and DNP student TINA HUMBLE presented “Pediatric Discharge Pain Scores: A Useful Quality Indicator?”

Assistant Professor ASEFEH FARAZ was a presenter in the workshop, “Successful NP Transition to Practice: A Practical Guide” at the GW Nursing On-Site Campus Experience in December.

ON THE INTERNET

Through an AARP/RWJF Campaign to Champion Nursing in America Removing Barriers Learning Collaborative webinar in September, faculty member NANCY RUDNER presented her research, “What Does Physician Supervision of Florida’s Nurse Practitioners Really Look Like?”

Associate Professor ARLENE PERICAK presented “Faculty Clinical Site Visits in Nurse Practitioner Education: Student Perspective” in a video on the Nurse Educator website in October.
Creating a Legacy Through Peer Mentorship

By Ruth Adams

No matter what age, the first day of school always seems a little scary. Adjusting to any new environment can be a challenge, but through the determined efforts of Becca Mahnesmith, BSN ’17, GW Nursing now has a formal undergraduate peer mentorship program.
“I felt first-semester students could benefit from mentors and third- and fourth-semester students could benefit from leadership experiences within the program,” said Ms. Mahnesmith.

Last year, she reached out to Malinda Whitlow, assistant professor and executive director of the BSN program, to help create one. A pilot program with six student mentors from Cohort 12 launched last fall.

Leesa Snyder, BSN ’17 and one of the program’s original steering committee members, underscored the benefits of the mentor program to first-year students. “I came to GW without knowing any students... and I remember being so lost at first, with so many questions and no idea who to [put] them to,” said Ms. Snyder. “When Becca came to me about the mentorship program, I thought of what it felt like to be a new student and realized what a comfort having a mentor would have been.”

At their undergraduate institutions, both Ms. Snyder and Ms. Mahnesmith found benefits in mentorship programs that they replicated in the new program.

As the faculty coordinator, Dr. Whitlow refined the interview, application and training processes for new mentors. Mentors commit to meeting with 10 students for an hour each week for the semester. According to Ms. Mahnesmith, mentors encourage mentees to develop their professional networks and “serve as learning brokers and to connect is where you can have the best patients and their experience. “Being able is connected to its department’s impact on health care costs. The team reviews feedback to improve the quality of care and reduce disciplinary and collaborative environment Ms. Stankiewicz emphasizes a multi-"huddle" of 50 department leaders, متى تكون حافزًا للعمل. "When I think of a rich environment for discussion from environments of the students provided "The varied backgrounds and practice viewpoints into her role as CNO to ensure the outcome represents a very aligned and up-to-date focus on the health care environment.

She praised Esther Emard’s health care quality class, which connects students to health care reform history and current policy and literature via discussion boards. "The varied backgrounds and practice environments of the students provided a rich environment for discussion from multiple perspectives,” Ms. Stankiewicz said. She incorporates this same multiplicity of viewpoints into her role as CNO to ensure quality class, which connects students to health care reform history and current policy and literature via discussion boards. "The varied backgrounds and practice environments of the students provided a rich environment for discussion from multiple perspectives,” Ms. Stankiewicz said. She incorporates this same multiplicity of viewpoints into her role as CNO to ensure quality class, which connects students to health care reform history and current policy and literature via discussion boards.

Through a daily service excellence “huddle” of 50 department leaders, Ms. Stankiewicz emphasizes a multi-disciplinary and collaborative environment to improve the quality of care and reduce health care costs. The team reviews feedback from rounds and operations so every team is connected to its department’s impact on patients and their experience. “Being able to connect is where you can have the best impact for your organization. The outcome of these daily service huddles is an immediate intervention that makes a difference to the patient that day,” she said. GW

Born to Nurse at Florida Hospital Orlando

By Ruth Adams

Cathy Stankiewicz, a student in GW’s Doctor of Nursing Practice (DNP) program, has both a personal and professional relationship with the Florida Hospital Orlando. She was born there and was named its chief nursing officer (CNO) in 2017.

As part of Adventist Health System, Florida Hospital Orlando is Florida Hospital’s main campus and a community hospital for the greater Orlando area, as well as a referral hospital for Central Florida and much of the Southeast, Caribbean and South America.

In her role as CNO, Ms. Stankiewicz leads and administrates nursing operations for the delivery of patient-centered care. “Nurses have the privilege of the most time with patients and families and often serve as their ‘voice’ regarding how health care operations impact them,” she said.

Ms. Stankiewicz is specializing in quality of care in the DNP program. “The course content truly exposed me to a broad and comprehensive perspective on health care,” she said. “I value GW’s focus on health reform and how the professors in the program are closely engaged in health policy due to the school’s location in Washington, D.C. To me, that represents a very aligned and up-to-date focus on the health care environment.”

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In the Media

+ Professor Kimberly Acquaviva was the featured guest in August 2017 on “The Focus Group” with Tim Bennett, a program hosted on Facebook Live and YouTube. The interview covered a wide range of topics, including her book, LGBTQ-Inclusive Hospice and Palliative Care: A Practical Guide to Transforming Professional Practice.
+ The January/February Nursing Economic$ podcast featured Associate Professor Joyce Hahn and co-author Wesley Cook discussing their article, “Beyond Lessons Learned: An Interview with a Nurse Practitioner Entrepreneur.”
+ Associate Professor Karen Kesten’s interviews at the May 2017 American Association of Critical Care Nurses National Teaching Institute are featured on the podcast FreshRN, “Nursing Certifications Explained” and the website The Nursing Show.
+ In October 2017, faculty member Nancy Rudner was the guest speaker on Peter Rosenberger’s nationally syndicated broadcast, “Caregivers with Hope: The Radio Show.” The piece aired on Truth Network and iHeart Radio. GW
GW Nursing Welcomes...

FACULTY

+ **JEANNE GEIGER-BROWN, PHD, MSN, RN, FAAN.** Dr. Geiger-Brown is profiled on page 25.

+ **ANNE-MARIE O’BRIEN, PHD, MSN, RN,** is a clinical assistant professor in the Policy, Populations and Systems (PPS) Community and a women’s health nurse practitioner. Before becoming a nursing professor and scholar she worked in private practice and urban academic health centers. Her focus areas include the social and ecological factors that influence a person’s engagement in health-promoting behaviors. She earned a PhD in nursing and health care innovation from Arizona State University.

+ **JEANNE MURPHY, PHD, CNM,** joins the PPS community as an assistant professor of nursing. Prior to joining GW, Dr. Murphy was a program officer in the Healthcare Delivery and Disparities Research Program at Patient-Centered Outcomes Research Institute. She completed her post-doctoral Cancer Prevention Fellowship with the Division of Cancer Prevention at the National Cancer Institute, where she designed and conducted research projects on prevention of breast and cervical cancer. She earned a PhD in nursing from Johns Hopkins University.

+ **KRISTEN CABRERA** is a new assistant director of admissions from Baltimore, Md. She received a bachelor’s degree in family science from the University of Maryland. She developed a passion for higher education while working with students in the College Park Scholars Program. She also earned a master’s degree in educational studies from the University of Glasgow.

+ **NIKKI GEBARA** joins the Online Learning and Instructional Technology team as senior instructional designer. Dr. Gebara is a certified Quality Matters Master Reviewer, engaging in quality assurance practices to promote and improve the quality of online education and student learning. She holds a doctorate in education with a specialization in online learning from the University of Missouri, Columbia.

+ **KATHERINE GREEN** is a program coordinator for the Center for Health Policy and Media Engagement. She holds a master’s degree in international relations and service development from the College of Mount Saint Vincent. Prior to joining GW, Ms. Green worked in global and national health advocacy, development, and policy.

+ **MELISSA JACKLIN,** an MSN program associate and comes from Inova Health Systems where she recruited recent graduates of BSN programs to work in a variety of hospitals and units. She has also worked for Marymount University as a BSN recruiter.

+ **ASHLEY JOHNSON** joins the clinical placement team as manager. She brings 10 years of project and relationship development experience along with successful placement administration outcomes. She has worked in people operations management for organizations including 2U, Congressional Country Club and Century 21 Redwood Realty, and has nine years in the education field. She is a graduate of Liberty University.

+ **BLAIR JOHNSON** joins GW Nursing as the director of Ventures, Initiatives and Partnerships, formerly Entrepreneurial Enterprises. He is a seasoned senior executive and results-driven multi-industry leader with over 25 years of business, academic and health care experience with particular expertise in strategy formulation, strategic planning, organizational design and community health. He is a sought-after speaker, C-Level Leader, strategist and adviser to CEO, COO, CFO and CNO leaders. He has led financial, technology, marketing, corporate development and human resource functions at several large national organizations.

+ **CAMISHA JOHNSON,** a program assistant for Community and Global Initiatives, is also a graduate student at the GW Elliott School of International Affairs, where she studies international security studies and conflict resolution. She earned a bachelor’s degree from Midwestern State University.

+ **EVAN MULLOY,** an information technology service associate, has worked as a government contractor for the past five years. He is a graduate of George Mason University and holds various industry certifications, including CompTIA A+, Network+, Security+ and ITIL Foundation.

+ **BETSY SHAW** is the school’s designated human resources manager. She is an accomplished HR professional with over 20 years of experience. In her most recent role, she served as a Xerox Corporation HR business partner, aligned to the health care and higher education industries.

+ **RYAN TUNKEL** is an assistant director of admissions. He holds a master’s degree from GW and comes from the GW School of Medicine and Health Sciences, where he was an admissions officer. **GW**
Awards, Honors and Accomplishments

- Professors KIM ACQUAVIVA and JANICE HOFFMAN are 2017 American Journal of Nursing Book of the Year award winners. Dr. Acquaviva’s book, LGBTQ+ Inclusive Hospice and Palliative Care: A Practical Guide to Transforming Professional Practice, was awarded first place in the palliative care and hospice category; Dr. Hoffman and co-author Nancy Sullivan were awarded first place in the digital products category for “Davis Advantage + Davis Edge: Online Personalized Learning for Medical-Surgical Nursing: Making Connections to Practice.”

- Associate Professor CATHERINE COX was elected to two-year terms on both the Eastern Nursing Research Society Membership Committee and the Virginia Nurses Association Nominating Committee.

- Modern Health Care named Assistant Professor ASHLEY DARCY-MAHONEY a 2017 Rising Star in their Excellence in Nursing awards for her leadership and sustained contribution to the health care industry. The award cited her work on the “Talk With Me Baby” language development program.

- Assistant Professor MAJEDA EL-BANNA received an honorable mention in the Virginia Nurses Foundation 2017 Leadership Excellence Nurse Educator awards. In September, Dr. El-Banna was certified as a nurse educator through the National League of Nursing.

- Sigma Theta Tau, Sigma Chapter appointed Instructor ESTHER EMARD to its Review Task Force for a two-year term.

- Associate Professor JOYCE HAHN is the Virginia Nurses Association representative to the Nurses on Board Coalition of the American Nurses Association Foundation group, which seeks to place 10,000 nurses on governing boards by 2020.

- Dean PAMELA JEFFRIES was named a North Putnam (Ind.) High School Alumni Association Distinguished Alumni.

- Associate Professor KAREN KESTEN was inducted as a fellow into the American Academy of Nursing in October 2017. Dr. Kesten’s contributions have enhanced care delivery and health outcomes for the public through standardizing practice and shaping the scope and certification of APRNs. Dr. Kesten has achieved the academy’s goal of advancing practice and policy through innovations in certification and advanced practice.

- In December 2017, Professor JOYCE PULCINI was selected as a Fulbright specialist by the J. William Fulbright Foreign Scholarship Board and the U.S. Department of State.

- Clinical Assistant Professor PAMELA SLAVEN-LEE was named to the Sigma Theta Tau Experienced Nurse Faculty Academy. Her mentors for the 12-month leadership development experience are Professor Marilyn Oermann of Duke University and Professor Donna Nickatis of Hunter College.

- Assistant Professor MALINDA WHITLOW was named to the Sigma Theta Tau Nurse Faculty Leader Academy. Her mentors for the intense international leadership experience are Professor Diane Billings of Indiana University and Professor Barbara Patterson of Widener University.

Grants and Funding

- Assistant Professors N. MARITZA DOWLING and JEONGYOUNG PARK received funding from GW Nursing for “The Inner Working of Patient-Centered Medical Home Model: How Do Nurse Practitioner-led PCMHs Differ from Physician-led PCMHs?”

- The Preeclampsia Foundation awarded a Vision Grant to Assistant Professors MAYRI LESLIE, LINDA BRIGGS and N. MARITZA DOWLING for the “PEACH Project: Preeclampsia Survivor Awareness of Cardiovascular Health Risk.”

- Associate Research Professor DALE LUPU has received a second year of funding from the Patrick and Catherine Weldon Donoghue Medical Research Foundation Greater Value Portfolio for “Advance Care Planning with Kidney Disease Patients: the MY WAY Project.”

- Assistant Professor RHONDA SCHWINDT and colleagues from Indiana University (IU) were awarded the IU Health Values Fund Grand Challenge for “Phased Multisite Cluster Randomized Trial Testing Screening, Brief Intervention, Referral to Treatment for People that Use Tobacco, Alcohol, and Non-Prescription Drugs.”

- Research faculty member EDWARD SALSBERG is funded by the Council on Social Work Education—on behalf of eight national social work organizations—for assisting the social work profession with understanding the size and scope of the workforce and to help improve the data infrastructure within the profession; the American Society of Nephrology for the fifth year of studying the nephrology workforce including trends in supply and demand; and the American Academy of Hospice and Palliative Medicine for a study of the hospice and palliative care physician workforce.
There’s an App for That

Using a readily available feature of modern life, Assistant Professor Ashley Darcy-Mahoney is helping parents prepare their children for lifelong success.

Launching this spring, “Háblame Bebé” is a childhood language development app for bilingual parents whose primary language is Spanish. Designed by a team that includes Dr. Darcy-Mahoney, the app draws on the same principles used in “Talk with Me Baby,” a program to improve language learning during children’s first months of life, and encourages Spanish-speaking parents to talk to their children in the language they’re most comfortable with.

Parents who speak English as a second language often talk to their children in only basic English phrases rather than their native language. Parents do this with the best intentions, under the false assumption that exposing children only to English will be most beneficial, said Dr. Darcy-Mahoney. In reality, she said, exposure to any language helps babies grow neural connections, and 85 percent of the brain is developed by age three. Because of this early development, the first months and years with parents are more powerful than school in a child’s intellectual growth.

The app, funded by a $75,000 grant the team won through the U.S. Health Resources and Services Administration’s “Bridging the Word Gap Challenge,” was created completely in Spanish. Its intent is to teach parents about the benefits of bilingualism and to address the “word gap,” the discrepancy in the amount of language exposure experienced by children from affluent families versus those in low-income families.

By age three, children from low-income families hear an average of 30 million fewer words than their more affluent peers. This early disadvantage significantly impacts vocabulary development and long-term academic achievement. The word gap can be closed by improving “language nutrition,” or the range of words babies hear. The app features educational modules and daily routines that offer choices and tracking to help users determine how often they provide language nutrition to their babies.

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Student Voices
Perspectives on the Health Policy and Media Engagement Graduate Certificate

The first cohort of GW Nursing’s new graduate certificate on policy shared their takeaways from the program with Associate Professor Mary Jean Schumann, executive director of the Center for Health Policy and Media Engagement.

“The faculty have been incredible. Not only are they experts, they really know how to interpret what is happening out there. They make policy come alive. They make policy real.

“I already am using it. In my school… we are talking about making curriculum changes and how we embed policy for students from day one, whether it is while talking about social determinants of health, the opioid crisis or infant mortality rate… At the board of nursing level, we are talking about how to help the APRN group achieve their goals.”

— PATRICIA A. SHARPNACK, DNP, RN, CNE, NEA-BC, ANEF
Dean and Strawbridge Professor
The Breen School of Nursing Ursuline College
Current President, Ohio Board of Nursing

“For anyone interested in policy and media, this is the ideal program – it gives you all of the skills and tools to have an impact on policy issues. [I’m] new to the Louisiana State Board and have served as president of the state nurses’ association. It was a great opportunity to learn about policy and media.

“[I’m] already using the knowledge to reach out, identify stakeholders and engage them in having Louisiana become a compact state. I anticipate teaching a policy course to our doctoral students.”

— JACQUELINE J. HILL, PHD, RN
Associate Dean, College of Nursing and Allied Health Southern University and A&M College

“The caliber of the professors speaks volumes. This has given me a greater appreciation for political strategy. Sometimes it is better to go for incremental change rather than trying to get the ‘whole loaf of bread’ at once. I can better determine who to influence and how to apply this knowledge to state work to advance our issues, and even apply it nationally and internationally. You just need to do it. Yes, the program has rigor. But what you get out of it is worth far more than you are putting in.”

— LINDA YOUNG, MS, RN, FRE
Nursing Program Specialist, South Dakota Board of Nursing
Program Director, South Dakota Center for Nursing Workforce

Congratulations!

GW Nursing Financial Analyst SRIJANA SILWAL and her husband completed the 2017 Marine Corps marathon last October. More than 30,000 runners in Washington, D.C., participated in the race, which generates millions of dollars for causes such as health and research, military family support and wounded warriors.

Editor’s Note
In the fall 2017 issue of GW Nursing (page 23), Clinical Assistant Professor of Nursing Ellen Farrell was incorrectly listed as “Lynn” Farrell. We regret this error.
HAZEL DARISSE

DNP, RN, CNOR
Divisional Director, Surgical Services, The George Washington University Hospital

Through 27 years of progressive success in the acute care nursing management and perioperative nursing fields, Hazel Darisse, DNP ’13, has developed the leadership and management expertise necessary to build strong nursing services in an academic health care environment.

Her perspective on nursing practice has always been driven by patient needs, and she is dedicated to educating the next generation of nurse leaders to navigate the shifting landscape of the health care industry. Dr. Darisse currently serves as the interim chief nursing officer (CNO) for the George Washington University Hospital, a position she also held in 2013.

You’ve had a very successful career at GW Hospital, beginning as a staff nurse on a medical/surgical unit and progressing to your current position. What do you consider to be the highlights and greatest accomplishments of that GW career?

I started my nursing career at GW Hospital in 1990 as a newly graduated floor nurse and soon transitioned to the operating room (OR), where my passion has been ever since. Open-heart surgery is where I thrived. I was the open-heart coordinator and took a couple of trips to Egypt to share our techniques with the nurses and surgeons there. I also led and worked with teams that increased on-time surgical first-case starts from 30 percent to 88 percent and reduced OR turnover time to 29 minutes [rated best in class], and implemented the kidney transplant and the robotic thoracic programs in the OR. Over a span of four years, I was part of a team overseeing the design and construction of four operating rooms that came in under budget with minimal downtime on the daily operating room schedule.

What drew you to the field of surgical nursing?

I like structure and discipline. Surgery and the operating room environment is just that. Surgeons are precise and organized; traits that I respect when it comes to safe patient care.

You’ve earned a MSN and a DNP from GW Nursing. How has that education helped advance your career?

My advanced degrees helped widen my vision on how to grow the next generation of nurses. They provided opportunities to acquire the resources and skills needed to function at a higher level in the organization.

Throughout your career, you’ve been closely involved in nursing education. What do you see as your successes?

I’m especially proud of creating educational opportunities and supporting learning for all nurses, and particularly GW nurses! The three-credit hour perioperative curriculum that GW Nursing and I collaborated on provided a resource to backfill the nationwide shortage of OR nurses, while compressing the OR internship for qualified GW Nursing graduates to fill open positions sooner. I also developed a training protocol for a surgical first assistant program and sponsored the first licensed surgical first assistant in Washington, D.C.
What are your next career steps?

I want to establish an organized mentorship for new nurses by setting up a professional pathway that will strengthen the skills they will need to achieve their goals. I learned from trial and error on my own professional path, and I wish to minimize this for our young nurses.

“Be a role model as a leader. Staff are always watching and they expect their leader to set a good example.”

- Hazel Darisse, DNP, RN, CNOR

What advice do you have for nursing students and others who want to follow in your footsteps?

You should have strong clinical experience on the front line for a minimum of five years. This will make you a better leader. Be a role model as leader. Staff are always watching, and they expect their leader to set a good example. And if you find your passion in nursing, success will follow. It was never my intention to be in a leadership position, but my passion for surgical nursing was deep and directed a professional path toward patient-centered care, staff engagement and career advancement. GW

Three anonymous gifts totaling nearly $150,000 have led to an opportunity for donors to support GW Nursing by naming the new and renovated GW Nursing spaces at Foggy Bottom and the Virginia Science and Technology Campus (VSTC).

These naming opportunities can memorialize or honor family, friends or colleagues, pay tribute to a group or class or recognize corporate support for the school. They range from $10,000 for locker areas, bulletin boards or a simulation control room to $500,000 for the student lounge in the new VSTC student hub or $3 million for a simulation lab.

At the Foggy Bottom campus, where faculty participate in national health and health policy discussions, opportunities include offices, the dean’s suite, conference rooms and the reception lounge.

VSTC, which is the educational technology hub and houses the school’s in-person programs, offers a wide variety of options for naming the expanded simulation areas and labs, classrooms, reception areas, offices and more.

“We’re looking forward to engaging the entire GW Nursing community in celebrating the expansion of our footprint and creation of state-of-the-art learning areas,” said Dean Pamela Jeffries. “We hope our alumni, corporate partners, friends and families, colleagues and supporters will help mark this milestone with us by creating a lasting legacy of their commitment to GW Nursing.”

For more information about the naming opportunities at GW Nursing, contact Dean Pamela Jeffries or Director of Development Katie Turcotte, kturcotte@gwu.edu, 202-994-0429.
Meet the Advisers to GW Nursing

CAPTAIN SHIMKUS is a retired U.S. Navy officer who began his military career in 1965 as a medic in the U.S. Air Force. After completing a tour of duty in Vietnam, he was honorably discharged and began his nursing education at Memorial Hospital School of Nursing and Salem State College in Massachusetts. He is an alumnus of George Washington University (Nurse Anesthesia ’81) and earned a Master of Arts in National Security and Strategic Studies from the U.S. Naval War College. He will complete the requirements for a doctorate in education from the college this year.

He received a direct commission in the U.S. Navy as a lieutenant junior grade in 1977. His tours of duty include the practice of nurse anesthesia and nursing leadership positions at the naval hospital in Guam and executive medicine positions in Naples, Italy; Guantanamo Bay, Cuba; and the hospital ship USNS Comfort.

In recent years, Captain Shimkus has served as a military professor and resident civilian faculty at the Naval War College. He currently teaches electives focused on chemical and biological warfare and Southeast Asia issues.

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NOT MANY PEOPLE KNOW THAT:
I am the father of 11 children and 22 grandchildren and have spent 52 years in federal service.

MY GREATEST WISH FOR GW NURSING:
Continue to educate involved and committed health care professionals that will make a difference.

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