Interprofessional Education
Teaching the Concept, Now Measuring the Results
UCLA SCHOOL OF NURSING

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INTERPROFESSIONAL EDUCATION OCCURS WHEN STUDENTS FROM TWO OR MORE PROFESSIONS LEARN ABOUT, FROM, AND WITH EACH OTHER TO ENABLE EFFECTIVE COLLABORATION AND IMPROVE HEALTH OUTCOMES. ONCE STUDENTS UNDERSTAND HOW TO WORK INTERPROFESSIONALLY, THEY ARE READY TO ENTER THE WORKPLACE AS A MEMBER OF THE COLLABORATIVE PRACTICE TEAM. THIS IS A KEY STEP IN MOVING HEALTH SYSTEMS FROM FRAGMENTATION TO A POSITION OF STRENGTH.


Doctors and nurses have worked together for hundreds of years, yet historically they have worked and been educated in silos, creating barriers to effective collaboration and teamwork. Study after study has shown that a strong, collaborative healthcare practice team improves patient safety, quality of care and health outcomes, including lower readmission and mortality rates. Conversely, failures in effective collaboration among interprofessional (IP) teams has been associated with increased patient harm, increased hospital lengths of stay, caregiver dissatisfaction turnover and decreased evidence based practice.

Based on these studies, in 2009 the UCLA School of Nursing and the David Geffen School of Medicine created a pilot program looking at ways to integrate the two disciplines at UCLA. Nearly a dozen nursing students joined third-year medical students in a class discussing healthcare topics of mutual interest, from legal, economic and ethical issues to team building strategies and differences between medicine and nursing. The idea was to try and get them together in a classroom environment, before they start working together in the clinical setting, so that students from both schools could develop team-building skills, increase their awareness of each other’s roles and get used to working together in making decisions to improve patient outcomes.

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FROM MY TIME AS A STUDENT HERE AT UCLA, I WAS ALWAYS A BIG FAN OF JOHN WOODEN. HE WAS A COACH WHOSE PHILOSOPHY WAS BASED ON TEAMWORK. HE ONCE SAID “TEAMWORK IS NOT A PREFERENCE, IT IS A REQUIREMENT”

Nursing education is serious business and the stakes are high. It has been my honor and privilege to support and enable the team approach at the UCLA School of Nursing. I have been inspired by the wisdom, the creativity, the serious thought, and the incredible efforts that our faculty and staff, as well as our students, put forward to create and ensure an outstanding
nursing program. Teamwork isn’t always easy, and we don’t always agree. Debate is a strong academic tradition and part of the teamwork process. In the end I am convinced that our vigorous and thoughtful discussions where everyone can participate, results in the best product for nursing education, for nursing research, and for nursing practice. It is one of the reasons we are in the Top 5 percent of nursing schools and #5 in NIH funding.

Our process also includes the involvement and contributions of many from our UCLA Health Sciences professional schools, the health system itself, and from our clinical partners and community agencies. These include nursing leaders and staff, physicians, and other healthcare providers who collaborate to provide our students with the best possible education and who do their best to facilitate our research efforts. The ultimate goal for these efforts is to advance the health of our communities and quality of care.

We are very excited about the growing collaboration with our nursing colleagues at the UCLA Health System. Pairing research expertise with real world challenges in caring for patients is stimulating for our faculty and for our students. And, being at UCLA, one of the top research universities in the world, provides our faculty and students with unparalleled opportunities to work alongside top scientists both in and outside of the School. For example, this year, we are co-sponsoring a two-day Nursing Research Conference “Becoming Agents of Change: Inspiring Inquiry and Innovation for Excellence in Patient Care.” This will be held September 20 and 21 at the new Luskin Conference Center. Several of our faculty will be presenting on their areas of expertise including simulation, interprofessional education, grant development and statistics.

We recognize that effective communication and teamwork among healthcare providers is tightly linked to patient safety and improved patient outcomes. In an interprofessional course, along with medical students from the David Geffen School of Medicine (DGSOM) and students from UCLA Dentistry, our acute care nurse practitioner students are discussing real world healthcare challenges and how they can work together to improve patient outcomes. Their exciting work, and the tools that were created as part of an interprofessional educational project with our physician colleagues, are presented in our cover story “Interprofessional Education: teaching the concept; measuring the results”.

In another example of interprofessional education, we will be collaborating with faculty from the DGSOM and the Fielding School of Public Health in the new National Clinician Scholars Program, scheduled to launch this July. Growing out of the RWJF Clinical Scholars program, (which was only for physicians), nurses will join with physicians to work together to cultivate health equity, eliminate health disparities and invent new models of care. In Southern California, our community partners include the VA of Greater Los Angeles, LA County Department of Health Services, Kaiser Permanente Southern California, Charles Drew University, Venice Family Clinic and the newly reopened MLK Community Hospital among others. Working together, we believe real change can be made.

Teams need leaders. I am proud that the School of Nursing has been turning out nursing leaders who are part of and leading healthcare teams for nearly 67 years. At its inception, the founding Dean, Lulu Wolf Hassenplug, envisioned a school with nursing students broadly educated in a university setting so that they could provide professional leadership, not just take orders. The many graduates from the UCLA School of Nursing are doing just that by improving health care and nursing education in communities in Los Angeles and across the country.
NEW LEADERSHIP AT UCLA HEALTH

UCLA HEALTH RECENTLY ANNOUNCED TWO VERY EXCITING ADDITIONS TO THEIR LEADERSHIP TEAM.

KAREN GRIMLEY
Late in 2015, Karen Grimley, PhD, RN was named Chief Nursing Executive for UCLA Health and is Assistant Dean in the School of Nursing.

Grimley was previously the Chief Nursing Officer at UC Irvine Medical Center and Volunteer Assistant Clinical Professor in the nursing program. Throughout her career, her leadership and advocacy on behalf of the nursing profession has enhanced understanding of the major role nurses play in achieving operational success and the critical importance of the nurse’s role in the effective delivery of safe, high quality patient care. In her new role, she will be responsible and accountable for the management of nursing professional practice, education, professional development, research, administration and overall delivery of nursing care.

“I think it is really important for UCLA Health to have a strong relationship with the School of Nursing,” she says. “I am committed to creating academic and clinical partnerships.”

JOHNESE SPISSO
Johnese Spisso was appointed to the position of President of UCLA Health, CEO of UCLA Hospital System and Associate Vice Chancellor of UCLA Health Sciences in February 2016. She is a nationally recognized academic healthcare leader with more than 30 years of experience, and oversees all operations of UCLA’s hospitals and clinics as well as the health system’s regional outreach strategy.

Before coming to UCLA, Spisso spent 20 years at UW Medicine, in Seattle, where she was chief health system officer and vice president of medical affairs for the University of Washington. While there, she played a major role in expanding collaborations with regional hospitals and in the operational integration of two major community hospitals into UW Medicine. She also helped to lead development of a statewide trauma system.

Educated as a registered nurse, Spisso rose through the ranks at UC Davis Medical Center to direct critical care; trauma, burn and emergency services; and the Life Flight Air-Medical Program. Before that, she was a critical-care nurse in the medical, surgical and transplant intensive care unit at the University of Pittsburgh Medical Center Presbyterian.

Spisso received a master’s degree in health care administration and public administration from the University of San Francisco, and a bachelor’s degree in health sciences from Chapman College. She received her nursing degree at the St. Francis School of Nursing. She has published numerous articles and book chapters on healthcare leadership.
FIRST NURSES CHOSEN TO JOIN NATIONAL CLINICIAN SCHOLAR’S PROGRAM

THE NATIONAL CLINICIAN SCHOLARS PROGRAM, OFFERS AN INTERPROFESSIONAL TRAINING OPPORTUNITY FOR NURSES AND PHYSICIANS AT FOUR UNIVERSITIES AROUND THE COUNTRY IN ORDER TO PREPARE THEM TO SERVE AS FULL PARTNERS IN HEALTH SYSTEM TRANSFORMATION THROUGH HEALTH CARE REDESIGN, IMPROVEMENT AND RESEARCH.

Maria Yefimova, a doctoral candidate from the UCLA School of Nursing, will be among the first cohort for the UCLA Southern California Clinician Leaders Program, beginning on July 1, 2016.

Yefimova shared: “I hope that NCSP will give me opportunities to expand my skills in multidisciplinary research, policy and systems-level implementation of health technology to improve lives of older adults. The tech companies that develop aging related devices are disconnected from the healthcare industry that caters to the aging consumer. As a nurse researcher with both technical knowledge and clinical expertise, I would be in a unique position to serve as a liaison between the two groups. Facilitating the engagement of engineers and older adults in health product development would benefit both parties and generate effective evidence based technology to improve lives of a vulnerable aging population.”

Another PhD candidate from the UCLA School of Nursing, Tiffany Montgomery will be joining the first cohort at the University of Pennsylvania.

“I chose to apply to NCSP because of its unique combination of practice, policy, and research. I was involved in national and international health policy work with AWHONN for about three years and I missed it dearly. NCSP will fulfill my desires to contribute to the women’s health field as a clinical practitioner, health policy advocate, and novice researcher. I don’t have to focus on just one area. You can’t beat that! ”

“Interdisciplinary collaboration among health care providers is critical to the future of quality health care and nurses are central to these efforts,” said Linda Sarna, who is a program director for the UCLA program. “The NCSP will provide the opportunity for nurses and physicians to work together to address the critical health care challenges and promote positive patient outcomes in our diverse community.”
CONGRATULATIONS

SHARRICA MILLER

Sharrica Miller, a fifth-year PhD candidate, was selected as a Johnson & Johnson/AACN Minority Nurse Faculty Scholar. The program, funded by the Johnson & Johnson campaign for Nursing’s Future and administered by the American Association of Colleges of Nursing, was launched in 2007 to enhance racial and ethnic diversity within the nurse faculty population in the US by providing financial support, mentoring and leadership development to graduate students committed to teaching in schools of nursing after graduation.

“This program just had my name on it,” said Miller. “I am passionate about fusing nursing education and research.”

Miller received her BSN from Howard University, her MSN from California State University Long Beach and has 10 years of clinical experience in pediatrics. Her doctoral research focuses on health services utilization among transitional age foster youth.

“Typically foster youth who emancipate out don’t have the skills to take care of themselves” said Miller. “They utilize healthcare inappropriately – they don’t have access and often don’t have insurance. I want to understand how they are utilizing healthcare services then find a way to better educate them.”

Miller, a former foster youth, hopes to inspire others to pursue higher education and give back to the community.

RHONDA FLENOY-YOUNGER

Rhonda Flenoy-Younger, our Director of Recruitment, Outreach and Admissions at the School of Nursing, has agreed to serve as the Assistant Director for Equity, Diversity and Inclusion. In this new role, she will work closely with Deborah Koniak-Griffin, the Associate Dean of Equity, Diversity and Inclusion in special outreach efforts to the staff focused on improving climate issues. Rhonda has been a member of the School of Nursing Council on Diversity, Equity and Inclusion from the beginning, and is committed to creating an equitable environment for all. As one of the staff representatives on the Council, she has been actively involved in a range of activities that will be relevant to her new role.

Rhonda has been employed at the University since 1983 and with the School of Nursing since 1985. She has done an amazing job with recruitment, pre-admission counseling, outreach and admissions for the Undergraduate and Graduate programs. In 2004, Rhonda received the Fair and Open Academic Environment Award from the UCLA Academic Senate for her valuable contributions to the work of the University. She also received the 2009 Best Practice in Graduate Nurse Recruiting award from the American Association of Colleges of Nursing.

Additionally, relevant to this role, Rhonda has coordinated several programs at the School of Nursing including the Summer Internship Program for Underserved Middle School Students in South Central Los Angeles. She is also the coordinator of the UCLA School of Nursing Mentorship Program and the advisor to the Pan African Nursing Student and Alumni Association.
For 8 years, Deniz worked as a hospital nurse in a University Hospital in Izmir, Turkey. She got a master’s and then started working on her doctoral degree, focused on community health. She loved her job and wasn’t really looking for new opportunities when she was approached by her professor (who was also a surgeon) who asked if she wanted to learn more about ostomy and wound care nursing. It was a new construct in Turkey and she jumped at the chance. In 2010, her hospital opened a wound/ostomy unit and she started taking care of these patients. To improve her care delivery, her professor suggested she attend a certification program, so Deniz was sent to the Cleveland Clinic School of Wound Ostomy Continence Nursing, becoming the second person in Turkey to get the same certification. On return, she changed the direction of her PhD dissertation and studied complications of ostomy patients at home.

In 2014, she was looking for ways to increase her knowledge of woundcare. She had heard of Dr. Barbara Bates-Jensen (Dr. BBJ) because they use a Turkish version of her wound assessment tool. She wanted to come back to the United States to do a postdoc, so asked BBJ if she could come study with her.

Since June 2015, Deniz has been working with BBJ on a project to test a new product for protecting skin from developing pressure ulcers and, if it is a tool that nurses can use. They finished data collection at the end of November and are currently analyzing the results so they can publish the data.

Deniz has found there are many differences between research in the United States and in Turkey. “Research is a much more stringent process here in the United States and privacy is much more complicated. I think I have improved my skin analysis and have different ways to analyze skin”.

In addition to the research, she has observed BBJ teach and she likes the casualness of relationships between students and faculty.

Outside the formal school setting, she has taken up another BBJ habit and has become a runner “well maybe more of a walker, but it is a good habit.” She likes LA and finds the people to be very friendly and relaxed.

She has welcomed the opportunity to get more fluent in English so she can publish in international journals. A poster she helped prepare for The Clinical Symposium on Advances in Skin & Wound Care was selected as “best poster.”

Deniz will return to Turkey in June and hopes that she will get the opportunity to do more research with BBJ in the future. “I hope that BBJ will come to my University and help us to improve our wound care and research capabilities in this very important area.”
Growing up in Louisiana, Allyson Stephens, MECN ’16, had long thought of a future in nursing. But rather than pursuing the traditional BSN route, she was drawn to Hollins University, a small women’s liberal art school in Roanoke, Virginia that, while lacking a nursing program, is known for fostering the values of community, diversity, and leadership. Here, Allyson excelled in Chemistry and Math, worked as a peer tutor, and enjoyed personal growth that would shape her future.

Upon graduation, Allyson sought new experiences in the diverse city of San Francisco, working as a math and science tutor and planning her path towards a graduate nursing education. She began taking prerequisite courses and volunteering as a clinical assistant at San Francisco General Hospital, the primary health center for the Bay Area’s most vulnerable citizens. In summer 2013, Allyson began applying to graduate nursing programs and was on her way to reaching that goal. However, an unexpected event would nearly jeopardize her preparation and hard work.

In late October 2013, Allyson was taking a prerequisite exam when she started feeling excruciating abdominal pain. After visiting urgent care, it was recommended that she go directly to UCSF’s emergency room, where a CT scan showed a large mass in her abdomen. The surgery to remove this mass lasted eight hours, and the diagnosis was in: ovarian cancer.

But Allyson was not to be deterred from the nursing path. The day after surgery, she submitted her application to UCLA School of Nursing!

Throughout her hospital stay and chemotherapy, she observed nurses and their care. “All through the experience, I kept thinking ‘this could be me one day – I hope!’ I really noticed what they were doing and how they made me feel.”
I know what it’s like when someone has to try 4 times to get an IV in – it’s frustrating and painful. When I see a patient grimace during an IV insertion, I empathize.
“I chose UCLA because I knew they had a great hospital and a top nursing school. I’m grateful for the care I received at UCSF, and because UCLA is in the same system, I knew it would be a wonderful experience.”

Allyson knows that her time as a patient will be invaluable in the care and compassion she will provide to patients — that she comes from a better place of understanding. “I know what it’s like when someone has to try four times to get an IV in — it’s frustrating and painful. When I see a patient grimace during an IV insertion, I empathize.”

She had never thought about oncology nursing before, “but now oncology nursing has a special place in my heart. It takes bravery and strength. It takes very compassionate, understanding nurses.” While Allyson continues to explore the many specialties in nursing, she knows that oncology nursing is in her future.

Two years clear of cancer, Allyson has fully engaged and embraced her nursing school experience. Currently, she is president of UCLA’s chapter of the Foundation for International Medical Relief of Children (FIMRC), a non-profit organization that provides global medical care to children in underserved communities. This past summer, she and four fellow nursing students performed medical outreach for 10 days in La Merced, Peru, which is 10 hours east (by bus!) from Lima. “It was an eye-opening and rewarding experience. We were humbled by the gratitude of the communities we helped through nutritional, environmental, and health education.”

In addition to her involvement in UCLA FIMRC, Allyson is co-president of the Oncology Nursing Club, newly formed last year. She and fellow members participated in Cycle for Survival in March — a nationwide event that raises money for rare cancer research. She also helps lead the group’s involvement in the American Cancer Society’s Relay for Life, held at UCLA’s Drake Stadium.

Allyson completed her clinical immersion at Children’s Hospital Los Angeles in the NICU. She greatly enjoyed and appreciated the positive attitude, friendly faces, and teamwork amongst the nurses. She also speaks highly of her preceptor. “I can’t imagine a better preceptor, Jenna Mittkus. She kept me involved, gave a lot of encouragement, and sought additional learning opportunities for me. She was approachable, and I felt comfortable asking questions.”
Allyson spoke of nervously allowing a nursing student to perform a procedure (their first!) on her as a patient at UCSF. This came full circle when a patient’s parent at CHLA, who first balked at a nursing student working with her baby, now considers Allyson “one of her girls, one of her favorite nurses.” This was exciting for Allyson because “she called me a nurse!”

She would like to work in Pediatrics, hopefully in critical care or oncology. “I like caring for people when they really need help, when they are most frightened. I like the challenge and pace. I like making sure that the families are being cared for, just like the patient is.”

As she approaches graduation, she is excited for the future. “Every day is a special day - I have the potential to make a difference.”
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Based on these studies, in 2009 the UCLA School of Nursing and the David Geffen School of Medicine created a pilot program looking at ways to integrate the two disciplines at UCLA. Nearly a dozen nursing students joined third-year medical students in a class discussing healthcare topics of mutual interest, from legal, economic and ethical issues to team building strategies and differences between medicine and nursing. The idea was to try and get them together in a classroom environment, before they start working together in the clinical setting, so that students from both schools could develop team-building skills, increase their awareness of each other’s roles and get used to working together in making decisions to improve patient outcomes.

The original collaborative class was one quarter and an elective for nursing students. Based on feedback, the class expanded to one year. Today, the course is known as Systems-based Healthcare and is a required course for third-year medical students and acute-care advanced practice nursing students. Because
oral health is an essential component of comprehensive healthcare, in 2013, the UCLA School of Dentistry became the first dental school in the country to join an IP education program, by joining the UCLA course.

Once or twice a month, for a total of 15 sessions throughout the year, nursing, medical and dental students meet in small groups to focus on the context of healthcare decision making. Topics are literally “ripped from the headlines,” and might include the legal, political and moral aspects of sexual assault, the economics and cultural considerations involved in end-of-life decision making, and the public and personal interpretation of what constitutes conflict of interest.

In a recent class, students discussed the topic of boundaries and burnout. During the class, students discussed compassion fatigue, moral distress and how they were related, what might cause burnout in health professionals, the impact of burnout on the patient and how to deal with it or prevent it. At the end, students were given a writing assignment: was there a time when you questioned whether this was the right career path for you, or have you ever found yourself really disliking a patient or you felt working in healthcare was powerfully satisfying rewarding?

Other schools of nursing, medicine and other allied health fields across the country are now creating programs.
where the students learn and work together. Yet, as IP education continues to expand, it is important to effectively evaluate these programs and measure learner outcomes.

Innovative Tools for Measuring Interprofessional Competencies

Up until now, the only tools for evaluation of IP education were based on student self-reporting with limited development of tools to assess competency. While helpful in program planning, self-reporting tools alone did not provide all the information that the UCLA program leadership wanted to know regarding what has changed in terms of students’ knowledge, skills behaviors, experiences and judgment and create standards for this measurement.

“We knew this was a huge gap area and a great opportunity to increase our interprofessional education opportunities with the medical students,” said Mary Ann Shinnick, Ph.D., ACNP-BC, Assistant Professor and Director of Simulation at the School of Nursing.

In 2012, the Josiah Macey Foundation funded a grant to support the development of a set of tools that could then be shared with others. An IP team of investigators from the UCLA School of Nursing and David Geffen School of Medicine set out to create tools for assessing the degree to which individual students have accomplished the competencies and objectives identified by the Interprofessional Education Collaborative (IPEC), an association of schools of various health professions formed to promote and encourage the IP learning experience.

The tools developed as a result of this grant increase the ability of IP education programs to measure student’s accomplishments and provide formative and summative results to individual students. In addition, the outcome results can be used for continuous quality program improvement and program evaluation. Some of the tools have been adapted from other disciplines for use in healthcare and some are new tools.

The framework for the tools used The Miller Pyramid, a model that uses knowledge as its foundation and that determines competency, shows how the learner integrates knowledge and skills and ultimately leads to action.

IF WE WANT PEOPLE FROM DIFFERENT HEALTH PROFESSIONS TO UNDERSTAND EACH OTHER AND NOT VIEW ONE ANOTHER AS POTENTIALLY ANTAGONISTIC, WE NEED TO HAVE THEM GROW UP TOGETHER AS STUDENTS.

Margaret Stuber, M.D., Assistant Dean for Well-being, David Geffen School of Medicine, Vice-chair for Education, Department of Psychiatry and Biobehavioral Sciences and Daniel X Professor of Psychiatry
**THE SIX TOOLS ARE:**

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<th>Tool</th>
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<tr>
<td><strong>IP Multi-source (360 degrees) Feedback Tool for IP Collaborative Practice</strong></td>
<td>(attending physicians, nurses, residents, student peers) for assessing IP collaborative practice competences in both the classroom and clinical settings, delivered via REDcap, a free, web-based electronic data capture tool designed to support clinical research tools.</td>
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<tr>
<td><strong>Teamwork Observation Tool</strong></td>
<td>designed to allow instruction clinical leaders and mentors to assess workplace collaborative practices of individual students or teams through observations in clinical IP settings using eWalk® a low cost software tool with built-in reporting mechanisms</td>
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<tr>
<td><strong>IP Objective Structured Clinical Examination (IP-OSCE)</strong></td>
<td>with two IP practice cases</td>
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<tr>
<td><strong>Video Analysis Assessment Tool</strong></td>
<td>with Collaborative Practice Scenarios using Zaption®, a free access software tool</td>
</tr>
<tr>
<td><strong>IP Knowledge Question Bank</strong></td>
<td>for use in informal testing, pre-post testing or student self-assessment</td>
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<tr>
<td><strong>IP Implicit Association Test</strong></td>
<td>of unconscious biases associated with nursing and physical roles through collaboration with the Harvard University Project Implicit</td>
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Tools are available at nursing.ucla.edu
FOR A GOOD EVALUATION OR ASSESSMENT YOU NEED AN ARRAY OF TOOLS THAT MEASURE ATTITUDES, KNOWLEDGE AND OBSERVABLE BEHAVIORS.

Deborah Koniak-Griffin, co-investigator on the Macy grant.

In developing the IP-OSCE, one of the six tools, acute care APN students were paired with third-year Medical Students in a clinic-based case of a chronic heart failure patient who recently lost his job and insurance coverage. The team was tasked with trouble shooting the patient’s problem of skipping medication doses to make them last. “Using the OSCE allows us to look at whether the nursing and medical students can work together, illuminates challenges and misconceptions and informs the educator in weaknesses of instruction,” said Shinnick. “The pairs of students overwhelmingly commented on their changes in misconceptions they had about each other and the benefits of the paired training.”

Sharing the Tools
Shinnick and Koniak-Griffin have attended several professional conferences to introduce and provide educators with this compendium of tools. (Part of the grant was to create and disseminate these tools – for free – for everyone’s use). Most recently Koniak-Griffin attended the AACN Doctoral Education Conference and Shinnick the National League of Nursing Conference and the International Simulation in Healthcare Conference, where they shared these tools with attendees.

“They are excited about it, they are hungry for it, they’ve never seen anything like it before,” said Shinnick. “Compendiums were distributed to a wide variety of audiences including Deans of Schools of Nursing and many educators from Schools of Medicine as well as leaders in simulation and professionals from all over the world – China, Sweden, Dubai, Qatar, South Korea, Australia.”

“And what is really a homerun is that we are giving the tools away,” both concurred. “This is one of a kind.”

On request, attendees at these conferences interested in the measurement tools were given a flash drive with all the materials. The tools are also available online at http://nursing.ucla.edu for anyone interested in using the tools to measure the effectiveness of their programs. “We needed to go beyond measuring just the attitudes of students in a learning program. We needed to know how this translated to actual knowledge and behaviors,” added Koniak-Griffin. “We look forward to hearing how others are using the tools and their results.”

The Long-Term Future of Interprofessional Relationships
The ultimate goal of IP education is that it is the norm, rather than the exception.

“There was so much work done to create these tools and our partners at the David Geffen School of Medicine were so committed to this. One great outcome from this is now we have now built a strong relationship that is fostering other collaborations,” added Shinnick. “For all of us, that is very exciting and we look forward to many more IP collaborations in the future.”
Healthcare is not a one size fits all proposition. Culture, ethnicity, education, socioeconomic status, age and gender can all play roles in how we access and use healthcare.

The UCLA School of Nursing is committed to building a healthy community for all. Whether it’s down the street or around the world, addressing health equality is key to better health for all. For example, numerous studies show that culturally sensitive approaches improve patient care. Through education and research, we are working to bridge the divide between the culture of healthcare and the beliefs and practices that make up a patient’s value system to improve the healthcare of our communities.

The City of Los Angeles, and the entire Southern California region, has long been defined by its ethnic diversity. There are more minorities in this region than anywhere else in the United States. This diversity allows us to work and engage with various populations through targeted research and education efforts, leading to improved preventive efforts and health outcomes.
Culturally Sensitive Research in the Korean Community

Among Asian-American immigrants, Korean American women have one of the highest mortality rates for breast cancer. Too often, due to low screening rates, the cancer is in an advanced state by the time it’s detected. Furthermore, studies suggest that the breast cancer incidence rate doubles among immigrants after they have lived in this country for 10 years and adopted Western lifestyles.

Eunice Lee, PhD., RN, Associate Professor, herself a Korean American immigrant, was looking for ways to improve mammogram screenings. “We introduced a culturally sensitive and spouse-based educational program called KIM-CHI (Korean Immigrants & Mammography: -Culture-specific Health Intervention,” said Lee. “By creating an acronym based on a healthy staple that is eaten almost every day in Korea, we believed Korean-American women would be encouraged to develop a habit of receiving a routine mammogram every year just as they have a routine habit of eating kimchi every day.”

Because the women have limited English proficiency and a general reluctance to pursue preventative medicine, they prioritize the care of family members over themselves, sacrificing their own needs to meet those of their husbands and children. Lee found that most Korean-American men didn’t know about the importance of breast cancer screening so they also developed the spouse-based educational intervention that they tested with almost 500 Korean-American couples recruited through Korean religious organizations. Half of the couples, the control group, took part in presentations and discussions about a healthy diet. Another group viewed a specially produced Korean-language DVD about breast cancer and screening, which included correcting common beliefs such as “No screening is needed if a woman doesn’t have symptoms.” Following the film the couples viewed a Power Point presentation and participated in a group discussion. Each couple also had a homework assignment to write down two things they learned about breast cancer as well as two things the husband could do to be supportive of his wife getting breast cancer screenings.

In a 15-month follow-up to the intervention, Lee and her colleagues found that women in the KIM-CHI group were twice as likely as women in the control group to get a mammogram — a very significant difference. They theorized that spousal support motivated the women in a number of ways, such as understanding that getting breast cancer screenings regularly helps women maintain wellness and, ultimately, better care for their families.

Lee is now preparing to test the paradigm of including spouses of Thai, Vietnamese and Mexican women for breast as well as cervical and colorectal cancer screenings.

Another faculty researcher working with the Korean community is Associate Professor Sarah Choi, PhD., RN. Her research focuses on identifying and understanding the biological, psychological, social, and cultural factors associated with chronic disease self-management among ethnic minority immigrants. Dr. Choi has been particularly interested in the role of family and social support in disease self-management among Korean immigrants with type 2 diabetes mellitus. Her study interests have
since broadened to include the self-management of risk factors among seniors in the areas of coronary heart disease and stroke prevention. Dr. Choi continues to develop and test community-based culturally tailored interventions focused on behavioral and lifestyle changes.

“I became interested in studying diabetes self-care while I was working as a family nurse practitioner in Central California. Many of my diabetic patients were ethnic minority immigrants and it was difficult for them to manage their diabetes well because of language, cultural practices, and limited resources. Because I speak Korean and am an immigrant myself, I am very aware of the important cultural factors that influence diabetes self-management behaviors in Korean immigrant adults and seniors, including social support. I am now working on developing an effective and practical diabetes self-management program for Korean immigrants addressing these cultural factors.”

Talking Circles and Social Support Improve Health Outcomes for Native Populations

Professor Felicia Hodge, Dr. PH, an American Indian, has clinical expertise in cultural competencies, health disparities, and health care among American Indians and is committed to removing barriers to care for the native populations. Continuously funded by the NIH since 1990, she conducts research on chronic health conditions among American Indian and Alaska Native populations. Her goal is to improve knowledge of preventive measures, improve access to health care services and make American Indians better health consumers. She has looked at the problems of cervical cancer, breast cancer, HPV, smoking cessation, nutrition, diabetes and cancer symptom management.

“My studies document that American Indians and Alaska Natives have had the poorest health, with cancer, heart disease, and suicide being among the top causes of death,” said Hodge. “Cultural interventions are long overdue and are critical to community wellness. We see so many issues of treatment noncompliance, compounded by illness belief differences in the social constructs of illness and understanding of why they are ill – these constructs need to be understood by providers.”

Many native populations are challenged in accessing treatment. Many live in rural areas where it is not easy to get to the doctor, to get ongoing physical therapy or cancer treatments or even ask follow-up questions. They have work to do to support their families and don’t want to burden anyone to take them for a doctor appointment so they keep their illness a secret.

“So they just keep working, suffering with horrible pain, until they die,” said Hodge.

Hodge also found that messages targeting non-native populations don’t always work for American Indians. “For example the American Cancer Society uses the term “fight against cancer” and that people won by ‘fighting the cancer.’ But American Indians don’t want to fight, they want to find out how to live their life, so the concept of fighting cancer doesn’t work for them.”

Some health issues are relatively new to American Indians, and that
presents its own challenges. “While cancer has been prevalent among AI/ANs for generations – we’ve seen it in old bones – diseases such as type 2 diabetes didn’t make an appearance until the late 1940s. So the communities don’t understand the illness, how it is presented, or what they need to do to address these issues.”

Hodge uses talking circles to facilitate the message because “one head is not above another, one voice is not stronger than another, each individual’s questions are equal and should be heard. You sit in a circle so you all learn together.” In using this method, Hodge has often found herself an observer, listening to others in the circle tell an individual ‘oh you should try this treatment or you should see a doctor.’ They work as a community and help one another.”

But to influence the best outcomes, Hodge has found that a strong social and family support is needed. “If you don’t have people who care for you and provide you support, then you become marginalized and you become lost.”

Skills-based Education and New Technology Reduces Heart Disease in African American Women

“I was so frustrated at seeing young African American women who had already had a heart attack before they were 50,” said Dr. Jo-Ann Eastwood, a nurse practitioner and associate professor at the UCLA School of Nursing. “Their illness hadn’t been picked up early enough. I asked myself: how can I help these women”

Working with three African American churches in Southern California, Eastwood partnered with the UCLA Wireless Health Institute to create a mobile app. She gave Android smartphones to 40 African-American women between the ages of 25 and 45 who had at least two risk factors for early-onset heart disease. The phones, which could only text, were loaded with an app Eastwood had configured that posed questions such as “Did you eat six servings of fruit today?” and “Did you get at least 30 minutes of activity today?”

Study participants wore the smartphones whenever they were awake. They also had to measure their blood pressure on Sunday nights, using Bluetooth-equipped blood-pressure cuffs that sent readings from the phones, which then streamed real time data to the researchers.

Preliminary results from the study have been promising. Compared with a control group, the church women had significant improvements in blood pressure and cholesterol levels, lower levels of anxiety and stress and improved eating and exercise habits. “They made lifestyle changes that are very important for heart health,” Eastwood said, adding that many participants commented the program had made them and their families healthier.
Preparing Our Students to Care for Our Communities

During their Public Health rotation, prelicensure students do more than just sit in the classroom. Working with community organizations, the students learn to assess and diagnose a problem in an underserved community, developing projects they hope will improve the quality of life for its residents. Many students are not from Los Angeles, so exposure to these neighborhoods has been quite an eye opener. And because the focus of their studies has been clinical practice, getting into the community really expands their knowledge base and provides them a much better understanding of the role that community health and prevention play in keeping people healthy. Not just observers, the students develop projects that could be implemented by the partnerships and organizations with which they work.

Highland Park is a historic neighborhood in Northeast Los Angeles that has been experiencing some gentrification with long-time businesses and trendy shops and restaurants creating a culturally unique neighborhood. One group of bachelor’s students, working with Professor Dorothy Wiley, Ph.D., RN, completed a community assessment of housing changes and walkability. Working with various community members and business owners, they assessed physical characteristics of streets and walkways, and evaluated traffic patterns in the community. The students used the CDC Walkability Assessment to determine if the neighborhood provided a safe and healthy environment for walking. On a walk through one tree-lined side street, the students pointed out large cracks, tree roots that had buckled pavement and other hazards that could cause falls. Once the students have completed their assessment – they plan to present their findings to business and community leaders.

In the heart of Skid Row, Lecturer Elizabeth Dixon, PhD., RN, worked with another group of students to conduct a “nutritional resources” assessment project to understand the issue of food access and food insecurity. Walking through a predetermined area in Skid Row, students surveyed about 120 homeless individuals over a two-week period asking questions such as “Did you worry that you would not have enough food? In the past month did you have to eat a limited variety of food due to a lack of money, community meals or other resources? Did you have to eat food you did not want to eat because of a lack of resources? Did you have to eat a meal smaller than you wanted because there was not enough food?” Students were surprised to learn that there were a lot of resources and that there is food available, yet there still are problems. Oftentimes people didn’t eat because they disliked the food, the environment was unpleasant or they lacked money. Once the students analyzed the data, they created a plan, which set a goal to reduce food insecurity from 54 to 36 percent among homeless individuals in the area by 2026 through changing the environments to make them more pleasant and welcoming. Their plan will be shared with the SRO Corporation, hoping that in turn it will be shared with a larger group of homeless advocates.

Hope Street Family Center, located in downtown Los Angeles, is a community health, education and recreation resource of California Hospital Medical Center that provides
PhD Students Address Vulnerable Populations

For 20 years, the School of Nursing has been funded by the National Institute of Nursing Research for a training program called the Ruth L. Kirchstein Institutional Research Training Grant (known as the T-32) that targets health disparities experienced by vulnerable populations. Dr. Felicia Hodge (PI/director) and Dr. Adey Nyamathi (co-PI/co-director) guide students in using measures and methods to help them better understand approaches to working in underserved communities. The program supports students who in turn want to work in their own communities and try and make a difference. Twenty-three predoctoral and 11 postdoctoral students have benefited from this grant.

Sharon Cobb, a doctoral candidate, conducted a pilot study on pain attitudes and beliefs among older African Americans in the Los Angeles area. She found pain to be prevalent and the results solidified her research focus: understanding the relationship between pain and obesity among aging African Americans. By uncovering their experiences, Cobb hopes to find ways to increase the quality of life and well-being in this population.

“Health care professionals don’t know a lot about older African Americans living with pain,” Cobb says. “In my preliminary data gathering, I found that 20 percent reported anxiety and depression. These individuals are, oftentimes, managing their pain with alternative methods because they are concerned about opioids and addiction.”

CURRENT T-32 RESEARCH TOPICS

PREDOCS:

Sharon Cobb - Pain self-management & contributing factors on quality of life among aging blacks

Patricia Leads - Symptom burden in Latinos with chronic heart failure

Tykeysha Thomas - The lived experiences and health impacts of micro-aggressions in college students

POSTDOCS:

Casey MacGregor - Effect of intimate partner violence on immigrant survivors and their extended families

Lindsay Williams - Women Veterans Perceptions of Mental Health Outpatient Services

in-home and on-site education, health, wellness, behavioral health and social services to educate children and transform the community and improve health outcomes among children at high risk for poverty-related poor health outcomes. Over the past several years, Lecturer Inese Verzemnieks, Ph.D., RN and her students have developed population-based programs to support the needs of this valuable program, including a number of obesity prevention efforts. For these projects, students created an interactive, hands-on event where the children rotated through a series of activities that helped them understand the value of exercise and encouraged healthy snacks and drinking water.

For the past three years, the Master’s Entry Clinical Nurse students have visited one of the PACE (Program of All-Inclusive Care for the Elderly) senior care centers affiliated with AltaMed Health Services, to give students exposure to gerontology care. PACE provides medical, social, nutritional and rehabilitative services for aging Latinos and Asians on the eastside of Los Angeles. Projects have included a survey of residents on their knowledge of end-of-life care and advanced directive issues and education programs for fall prevention.

This year, AltaMed and the School received a grant from HRSA which pairs MECN students with nurses at one AltaMed’s primary clinics to help achieve better health outcomes for patients with diabetes and heart failure. The students will develop health education programs that the nurses can deliver to patients to help increase the skill set of the nurses who work in the clinic. By moving this education program into the community, the hope is that patient health will improve and they can be kept out of the hospital.
Breanna Morales is a third year bachelor’s student at the UCLA School of Nursing and currently a cadet in Air Force ROTC, a program that prepares and trains its members to commission into the Air Force. Morales was inspired to first become a nurse at seven years old when she was admitted into the hospital for perioperative care for a right elbow surgery. This was her first interaction with a nurse, whose care and compassion left a lasting mark on Morales. During her last year of high school, Morales decided she wanted to join the Air Force because she wanted to serve our country’s troops and keep our country safe and free. Says Morales, “I wanted to be part of the team who provided care for the people who do everything to ensure our safety, and to give back to those who give their lives for my safety and freedom, as well as wanted to be part of the force who ensured and established the freedom and safety of the entire country.” Combining both her passion and compassion to serve her country and patients, Morales plans to join the Air Force as a registered nurse and serve in the Air Force as a trauma nurse.

The Patti Taylor Nursing Scholarship was established in 2014 by Operation Mend founder Ronald A. Katz in honor of faculty member Patti Taylor for her dedication to the nursing profession, Operation Mend and the military service members she serves.
WHY I GIVE

CHARLES GRIFFIS, MS ’83, PHD ’05

“I give to the UCLA School of Nursing because of my mother, who always taught me to be fair. ‘Turnabout is fair play,’ she would say, and after all the UCLA School of Nursing has done for me, she’s absolutely correct. I also give because of another woman—my patient, whom I cared for over 2 years—from sedating her when the first lump was biopsied in her breast, until sedating her to put in the central line for pain meds during hospice care. I befriended this brave and wonderful woman and her lovely family during this long journey, and the lessons I learned will carry me far, as I said when speaking at her memorial. She challenged me on her deathbed—‘Chuck,’ she said, her wasted hand gripping mine—‘you’ve got to do something about this dying in pain deal. Will you do that for me?’ And so I found the UCLA School of Nursing, and Dr. Peggy Compton, and Marie Cowan and MarySue Heilemann and all the rest. The School helped me fulfill my promise with my pain research, and will continue to produce those who care for humanity. So every time I give to the School of Nursing, in my heart I say: “This one’s for you.”

SUPPORT THE UCLA SCHOOL OF NURSING ANNUAL FUND TODAY!

Gifts to the UCLA School of Nursing Annual Fund provide critical support for the School’s highest priorities and affords our leadership the flexibility to seize unique opportunities and address unanticipated needs. Your participation will help the School of Nursing achieve its goal of preparing the next generation of nurse leaders.

To make your tax-deductible contribution, please visit our website: www.giveto.ucla.edu/SupportNursing

Or contact:
Tina Minh, Director of Alumni Relations
310-983-1140
tminh@sonnet.ucla.edu

ALUMNI SURVEY UPDATE

In November 2015, we launched an alumni survey in an effort to hear directly from you about your alumni experience and how we can grow our alumni services, and develop new and exciting engagement opportunities.

Thank you to all those who participated. Over 500 of our alumni provided key insights that are helping the School build a strong alumni program. Many of our alums expressed enthusiasm about getting involved with the School’s alumni and fundraising programs, as well as an interest in participating in the School’s professional and social networking opportunities, mentoring and volunteering activities.

We appreciate the strong response for the DNP program. The proposal is moving forward in the campus system. Based on your advice, we anticipate more class reunion-focused gatherings and events, and opportunities for involvement with the School’s Campaign and celebration of its 70th birthday during the University’s Centennial Campaign.

For those of you who missed the survey and would still like to be involved in alumni engagement program planning, or would like to share feedback, please contact Tina Minh at 310-983-1140 or tminh@sonnet.ucla.edu.
Elsie Beard Studer, MSN 65, had a long and distinguished career in the fields of nursing and hospital administration. She worked in teaching hospitals in Illinois and Michigan before moving to Los Angeles. And 20 years after receiving her bachelor’s in nursing, she returned to school to complete her master’s degree at UCLA; a degree that stood her well as she went on to become the Director of Nursing and eventually Associate Hospital Director at UCLA. Studer was the first Director of Nursing interim Dean Sarna worked for at UCLA.

“I was so fortunate to have someone of Elsie’s caliber as a chief nurse when I began my nursing career. She exuded confident leadership and was not afraid of change. She provided pivotal support as I transitioned to my first job as a professional nurse,” recalled Sarna.

When Studer passed away in 2014, UCLA was informed that she had bequeathed a portion of her estate to the School of Nursing. The money will be used to support important faculty and student research. We are grateful for her generosity, and for the legacy she has left for UCLA nurses which will enable them to expand their commitment to scholarship in the service of improving health, wellness, and quality of life throughout the lifespan.

Including the UCLA School of Nursing in estate plans, as Elsie Studer did, allows donors to build a meaningful and lasting legacy. At the same time, it offers donors the flexibility to choose the giving option that is best suited to their personal and financial circumstances. Gift Planning opportunities include making a bequest through a will or living trust, establishing charitable gift annuities or charitable trusts, and/or using a variety of assets such as real estate, life insurance, or retirement accounts. Some options result in estate tax savings while others provide both fixed income for life and significant income tax advantages.

For more information, please contact Joe Ward, Director of Gift Planning at jward@support.ucla.edu (310) 794-8823 or (800) 737-UCLA (8252).
ALTAMED SCHOLARSHIP

The School of Nursing was delighted to receive funding from AltaMed Health Services Corporation to establish the AltaMed Nursing Scholarship at UCLA in 2016. The gift provided nine students with scholarships to help with tuition and academic related expenses, including support to participate in school activities in Mexico and Cuba. The purpose of these scholarships is to work toward upgrading healthcare to underserved populations by providing support to students, with a focus on healthcare needs and issues specific to Latino communities, to continue and successfully complete their Bachelors and advanced nursing Master’s degrees. AltaMed Scholarship recipients are determined based on high academic merit and demonstrated financial need.

The nine inaugural recipients of the scholarship include Bachelor of Science: Stephanie Darden BS, Stephanie Fletes, Adam Gutierrez, Margot Hesel, Laura Regalado, Michelle Rios, and Advance Practice Nurses: Crystal Aguilar, Lindsay Mann, and Patricia Rojas-De La Paz.

“WE ARE ON OUR WAY TO DOING OUR PART TO ADDRESS SOME OF THE MOST PRESSING HEALTHCARE ISSUES IN OUR COMMUNITIES.”

Efrain Fuentes

Pictured below (from left): Mann, Aguilar, Gutierrez, Darden, Craig Kusunoki, Director of Financial Aid, Rios, Regalado, Maria-Elena Ruiz, Asst. Adjunct Professor and Rojas-De La Paz.
Dr. Evelyn Calvillo, DNSc ‘91, had two overarching goals for her professional life: addressing cultural differences to improve healthcare in communities and mentoring underserved students in nursing. In both those areas she has been a stellar success, which is why she is a 2016 Distinguished Alumni.

Evelyn began her career as a diploma nurse, working in hospitals in Texas. She realized that to improve her nursing skills and knowledge, she needed to advance her education. She earned a BSN from University of Texas at Galveston, an MSN from Loma Linda and ultimately was accepted into the first nursing doctoral class at UCLA. In 1991, she was one of the first four to graduate from the program and was the first Hispanic in California to earn a doctorate in nursing.

She started teaching nursing in 1986 at Loma Linda, then Chapman University and finally at Cal State LA, where she taught from 1990 to 2013. From the beginning of her teaching career, she has been interested in student issues and an advocate for student rights and always wanted learning to be useful as well as pleasurable. Through her career, she mentored many students, including Giovanni Hernandez, who nominated her for this award.

“Although she has contributed so much to nursing and is the most accomplished nurse I know, this is not why I’m nominating her; it is due to her selfless commitment to the development of nursing students. I’m living proof of her amazing ability to mentor and motivate. Dr. Calvillo has been a true inspiration in my life and the reason why I completed nursing school; moreover, the reason why I completed an MSN at UCLA. What I admire the most about her is that she believed in me even when I didn’t believe in myself.”

Dr. Calvillo had a strong research career trajectory focused on the health beliefs and lifestyle changes of Mexicans, Mexican Americans and other Hispanics with Type II diabetes and leukemia. Her most notable study was “Predictors of successful Hispanics diabetes management” funded by the NIH. She served as a consultant on the development of the healthcare delivery system focused on a diverse Medi-Cal population that was launched by LA Care Health Plan and was a founding member of
She was a strong advocate for nurses to have the ability to provide culturally appropriate and sensitive care. Her expertise in cultural competency led to an invitation by the American Association of Colleges of Nursing (AACN) to co-chair the development of faculty nursing resources to teach cultural competence to bachelor’s and master’s students. These toolkits are available today on the AACN website.

She has been published in many journals including Journal of Transcultural Nursing, Hispanic Voices, Pediatrics, Journal of College Students Development and Journal of Advanced Nursing.

Her most gratifying activities were the various nursing and university projects for retention and mentorship of underserved students in nursing and other academic programs. Her impact was acknowledged in 1997, when she received “Outstanding Professor of the Year Award” at CSULA. She is most proud of the recognition of her students.

**DR. SUSAN SPERAW**

Trailblazer is a word that defines Distinguished Alumnae Susan Speraw, MN ’92. An unconventional career path led her from caring for migrants and refugees from wars in El Salvador and Southeast Asia, to founding a unique nursing program focused on global and disaster nursing, to bringing running water and emergency preparedness to a rural community in Appalachia.

But first, she had to get into graduate school.

Wait listed for the Master’s program at UCLA, she was ultimately admitted and quickly adopted the motto that has framed her career: be fearless.

Her first class introduced her to an inspirational mentor who opened her world to the excitement of research and the path of teaching. “I was so grateful for Dr. Pamela Brink who taught with passion, hired me as a teaching assistant, then helped me get my first teaching job at Azusa Pacific University, which then led to a position at USC.” Brink also inspired her to get her doctorate “because in so many ways it would enable me to continue to grow and contribute to the profession I loved.”

For several years, Speraw worked at USC/LA County Hospital where she saw staggering numbers of women, immigrants from Southeast Asia and El Salvador, many who had been sexually assaulted, were often desperately sick and having babies without husbands or family support. Working with people who were in dire straits led her first to the master’s program at UCLA, and then to obtain a doctorate in clinical psychology because “With my master’s degree I knew my clinical nursing skills were good but I wanted more advanced training to help these patients through the emotional trauma they had experienced.”

In 1993, she accepted a faculty position at the University of Tennessee College Of Medicine–Chattanooga, where she worked with childbearing families who had chronically or terminally ill children. In 2002, she moved to the University Of Tennessee College Of Nursing in Knoxville, where she was presented with two amazing opportunities that framed her career.

In 1997, when she received “Outstanding Professor of the Year Award” at CSULA. She is most proud of the recognition of her students.
In 2004, the 9/11 commission report had just been published and while the report discussed how fire and police and other first responders could work better together, nursing wasn’t mentioned. “I thought, this was wrong. We needed nursing represented at the highest levels of disaster response leadership because the first person you are likely to see in an emergency is a nurse, and nurses are experts in working with other disciplines,” said Speraw. She wrote a grant that would train nurses to be leaders of disaster response teams. “Creating this program put all of my experience together – nursing, working with displaced people, managing physical problems related to emergencies, and providing emotional support to people in traumatic situations.” Her work led to the development of the Mass Casualty and Homeland Security Nursing program, which evolved into Global Disaster Nursing, the only program of its kind in the US. She also established the Tennessee Center for Preparedness and Emergency Response at the UT College of Nursing, Knoxville. Through partnerships she developed with leaders in government agencies, she was the first doctorally-prepared nurse invited to the Radiation Effects Research Foundation in Hiroshima, Japan, and with them developed a fully-funded internship program for Global Disaster Nursing students to study radiation effects there.

Speraw’s passion for caring and commitment to advancing training opportunities for her disaster nursing students lead to the next opportunity: The Appalachia Community Health & Disaster Preparedness Project, which focused on improving health and quality of life for the residents of Clay County, Kentucky. Ranked “hardest place to live in America,” its residents have long been plagued with health issues and lack of sanitation and clean running water. Speraw formed and led an interprofessional team comprised of educators and graduate students in disaster nursing, engineering, architecture, and law enforcement innovation. Together with the local community, the group brought clean running water to the area, and developed emergency resources. The experience gave disaster nursing students invaluable experience; working in isolated communities and with diverse disciplines—requisite skills for disaster leadership—high-intensity exposure to clinical work in low resource settings, and improving health in disadvantaged communities.

“In all the decades of my nursing career, there was never a day that I didn’t learn something new. There was never a time I wasn’t expanding my options and seizing opportunities for innovation. My career has been rich, textured, and amazing.

**DR. ELEANOR (ELLIE) WEINSTEIN, PhD, RN, FAAN**

Dr. Eleanor (Ellie) Saltzer Weinstein, BS ’66, MN ’68, has always been at the right place at the right time.

When Ellie graduated magna cum laude with a BS from UCLA, she went straight into the MN program and was honored for academic distinction as the Graduate Student of the year. One of her classmates in the masters
she married her second husband, Gerald Weinstein, chairman of dermatology at UC Irvine.

“I was so fortunate to have two wonderful husbands who supported my many endeavors,” she said.

When asked about her best achievement, Ellie said there wasn’t just one: citing having her own practice directly helping cancer patients, serving on the IRB at UC Irvine (“it kept me up to date as to what is going on in medicine”), and helping nurses and doctors launch their careers.

But the work she is most proud of was her role as Chair of the Leadership Council of the Program in Nursing Science at UC Irvine. “We started lobbying UC Irvine in the mid-1980s to open a nursing program, but it didn’t happen until 2007 and then as a program, not a school.” Coincidentally, one of the members of the Leadership Council was the late Rose Marie Nesbit, another UCLA Distinguished Alumna. “However we knew that someday the resources would come and we could become a school. When that day came, we wanted the academics to be ready for that.” And, that work paid off when this year UC Irvine was given $40 million to open a School of Nursing in early 2016.

“Ellie is a natural born leader and she has never shied away from any challenge,” said Carol Allen, who was one of her nominators, as well as a classmate.

“You never know what impact you might have,” said Ellie about taking advantage of all the opportunities presented. And it is her “I can do this” attitude toward her career and life is why she was selected as one of our 2016 Distinguished Alumni.
WE SALUTE OUR FACULTY WHO HAVE REDEFINED THE PROFESSION AND ACHIEVED TOP HONORS FROM TOP HEALTH ORGANIZATIONS

AMERICAN ACADEMY OF NURSING (FELLOW):
Barbara Bates-Jensen, Nancy Jo Bush, Mary Cadogan, Mary Canobbio, Lynn V. Doering, Anna Gawlinski, Deborah Koniak-Griffin, Eunice Lee, Mary Ann Lewis, Courtney Lyder, Jan Mentes, Adeline Nyamathi, Carol Pavlish, Nancy A. Pike, Wendie Robbins, Linda Sarna, Dorothy Wiley, Mary Woo

AMERICAN ASSOCIATION OF OCCUPATIONAL HEALTH NURSES (FELLOW)
Elizabeth Thomas

AMERICAN HEART ASSOCIATION (FELLOW)
Mary Cannobio, Jo-Ann Eastwood, Nancy Pike, Mary Woo

GERONTOLOGICAL SOCIETY OF AMERICA (FELLOW)
Jan Mentes

INTERNATIONAL RESEARCHER HALL OF FAME – SIGMA THETA TAU
Deborah Koniak-Griffin, Adey Nyamathi, Linda Sarna

NATIONAL SCIENCE FOUNDATION (FELLOW)
Nalo Hamilton

WESTERN ACADEMY OF NURSING (FELLOW)
Adey Nyamathi
CONGRATULATIONS
TO OUR 2016
DISTINGUISHED ALUM!

See stories on page 28