proof positive

From the laboratory bench to the patient’s bedside, research has revolutionized nursing practice. One school has always led the way.

INSIDE: Wireless Technology for Improving Health | Undergraduate Research | Profiles of Students and Faculty
IN JUNE, I STOOD IN FRONT of almost 400 graduating nursing students (including the first cohort of traditional bachelor’s students in 15 years), realizing that these amazing individuals are the future of health care. They have a multitude of paths to choose from and some have already begun their journey. I look forward to charting their progress and know that the education and opportunities we provided them at the UCLA School of Nursing will make all the difference in launching their successful careers.

The picture on the cover and the stories in this issue got me thinking about how much the profession of nursing has changed over the past few decades, and yet we still have so far to go to get the acknowledgement we deserve as a profession.

For most individuals, the picture of a nurse continues to be one of a caretaker and an individual who takes orders from a physician. That view is reinforced by what we see on television, in the movies and in the theater.

But we are so much more. We are researchers, scholars, advocates, advanced practice clinicians, healers and administrators. We manage patient care and facilitate quality of life. The health and well being of individuals, groups, and communities rests on the continuous, patient-centered, evidence-based care that is coordinated and implemented by nurses.

On a recent trip, when I told the person seated next to me that I was a nurse (that alone drew a comment of surprise), she mentioned how great the nurses were who cared for her mother who was suffering from Alzheimer’s. That is certainly one role for nurses, I replied. But, as I explained, while nurses are taking care of your mother, there are other nurses behind the scenes who are looking at ways to improve the care delivered to the patient through therapeutic touch therapy, identifying the potential for dehydration, ...
and eliminating pressure ulcers. Yet another group of nurses are doing laboratory research to identify early indicators of Alzheimer’s to help find a cure for your mother. She left the plane newly informed and, I hope, seeing nurses and nursing in a new light.

As I begin my third year here at UCLA, I am committed to finding ways to promote, educate, and reinforce the positive and accurate image of nurses and nursing. With the amazing work being done by our faculty, students, and alumni, the story should be easy to tell.

Warm regards,

COURTNEY H. LYDER, N.D., G.N.P., F.A.A.N.
Dean and Professor, School of Nursing
Assistant Director for Academic Nursing,
UCLA Health System

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The school is a year into its push to expand international collaborations, and already the effort has borne fruit.

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As part of the new capstone requirement, undergraduate nursing students are making a difference through research.

27 Community Commitment

Faculty, students and staff continue to fan out into the community to address the health needs of underserved populations.
Dr. Ann Bartley Williams has joined the school as associate dean for research, effective October 1. Williams most recently was at Yale University, where she was the Helen Porter Jayne and Martha Prosser Jayne Professor of Nursing and director of the Center for International Nursing Scholarship and Education, as well as professor of internal medicine.

A certified family nurse practitioner, Williams has worked for more than two decades caring for persons with AIDS in New Haven, Conn.; San Francisco; and abroad. Her research is a direct outgrowth of that clinical work. Williams designed and conducted some of the earliest studies of AIDS among drug users. Her work tested interventions to decrease HIV transmission, improve gynecologic care of women living with HIV, and increase patient adherence to antiretroviral medication. She has also worked in China, Vietnam, Thailand, and Poland to support the international effort to limit the spread of HIV and improve the care of those already infected. Williams is a fellow of the American Academy of Nursing.

The School of Nursing was the first entity on the UCLA campus to submit a study application to one of the university’s institutional review boards via a new online system, WebIRB, which is being implemented campus-wide beginning this fall, is a Web-based program for submissions to IRBs that are part of UCLA’s Office of the Human Research Protection Program. The first study to be submitted through WebIRB was “Foster Youth Stay Smart with ‘Street Smart,’ an HIV and Pregnancy Prevention Program for At-Risk Teens-Phase I,” headed by Dr. Angela Hudson, assistant professor in the School of Nursing. In addition to being paperless, the system is designed to increase efficiency of the research review process.

Dean Courtney H. Lyder’s speech to the School of Nursing at Fairfield University on the future of health care was covered in the Wilton Bulletin in Wilton, Conn.

The visit to the UCLA School of Nursing by Haiti Ambassador Raymond Alcide Joseph to express his gratitude for those who volunteered their services following the devastating earthquake in his country was covered in the Los Angeles Wave.

The Los Angeles Times profiled UCLA School of Nursing student Brittany McCullough, who doubles as an NCAA floor exercise champion gymnast.

The Chronicle of Higher Education profiled Dr. Linda Sarna, professor, for her anti-tobacco leadership. Sarna was also quoted in the Nurse Connect article “Should Nurses be Role Models for Healthy Living?”

“Nursing Students Get Hands-On Experience at UCLA Hospital,” published in the UCLA Daily Bruin, highlighted the fact that undergraduate nursing students, by working in a hospital environment before they graduate, have experiences unlike any other major at UCLA.

The unique mixture of students from UCLA’s nursing and medical schools in the Interprofessional Seminar/Doctoring 3 course at the David Geffen School of Medicine at UCLA was featured in UCLA Medicine magazine.

Patti Taylor, clinical nurse specialist lecturer and a retired U.S. Army nurse who volunteers her time serving wounded servicemen and women for Operation Mend, was featured in “UCLA People,” part of the UCLA Health System employee newsletter.
WORTH 1,000 WORDS

THE CHANGING FACE OF NURSING AT UCLA – Third-year nursing students Jeffrey Phu, Sean Scott, and Ilia Jbankov, and second-year nursing student Jonathan Lee, are part of Men in Nursing, the UCLA chapter of a national support group for men in the nursing field. The club seeks to connect males in the female-dominated profession.

BY THE NUMBERS

1,233
Number of qualified applicants to the school’s Bachelor of Science program.

50
Number of students admitted to the program.

$7,963,492
Amount of student financial aid needed for the Bachelor of Science program.

$1,396,571*
Amount of student financial aid awarded for the program by the School of Nursing.

*Amount does not include loans.

COMINGS & GOINGS

ARRIVING:
Gerald Au is the school’s inaugural director of information technology. Au brings to the position a strong background in IT processes as well as in-depth knowledge of campus systems. He has been at UCLA for nearly 11 years, the last four as IT manager in the Department of English. Au also serves as president of the UCLA Staff Assembly. He holds a Bachelor of Science in Electrical Engineering from UCLA and has worked in the private sector.

Jelizabeth True has joined the school’s staff as director of academic affairs post-licensure. True, who holds a Bachelor of Arts in Psychology and Art History from UC Santa Cruz and a Master’s in Education from UCLA, most recently worked in UCLA’s Department of Near Eastern Languages and Cultures.

DEPARTING:
Student Affairs Officer Kathy Scrivner has retired from the school after more than 30 years of service. The school also commemorated the retirements of lecturers Maggie Dewan-Smith and Josephine Ortiz.

Kulwant Dosanjh, who was instrumental in setting up the school’s simulation lab, has accepted a position in the UCLA Easton Center for Alzheimer’s Disease Research.

LOOKING AHEAD

A UCLA School of Nursing alumni reception will be held at the Grand Hyatt Washington, D.C. November 12.
transfoming

NURSING SCIENCE

A school with a history of blazing the trail for nursing research continues to push the boundaries – and improve health.

The year was 1967. Lulu Hassenplug, the UCLA School of Nursing’s trailblazing first dean, was preparing to retire.

“At the time, there was little science backing the practice of nursing. Nurses relied, as they always had, on wisdom passed down from other nurses. Folklore. Instinct. Trial and error. It would be several years before the federal government began providing funding for nurses to pursue doctorates – at first in disciplines such as education, anthropology, psychology and sociology; later still in nursing. Nearly two decades would pass before the National Center for Nursing Research (later granted institute status) was established within the National Institutes of Health, given an initial budget of $8 million to fund nursing research.

Against this backdrop, Hassenplug’s final faculty hire – an immunologist in UCLA’s Department of Surgery who wasn’t even a nurse – seemed extremely unlikely, if characteristically brazen for the school’s founding dean.

Dr. Donna Vredevoe would become the school’s first basic scientist. Shortly after Hassenplug retired, Dr. Maria Seraydarian – a physiologist whose research was, like Vredevoe’s, lab-based – came aboard. Over the next 39 years, until her retirement in 2006, Vredevoe would be joined by other basic scientists, providing a biological component to nursing research that had not previously existed and imparting laboratory skills to a new generation of scholars at the school.

Lulu was a pioneer in many ways, and this was one of them,” says Vredevoe. “There was no Ph.D. in nursing at the time, so nurses were getting Ph.D.’s in other fields. Lulu wanted to bring in the research methods from the basic sciences, as well as to cross disciplinary boundaries and build bridges to other schools and other parts of the campus, so she decided to bring in someone like me. I was surprised, but I thought, ‘This is the future.’ ”

“Few schools are able to combine behavioral sciences with the biological to conduct biobehavioral research the way we can. By doing so, we are able to tackle many meaningful questions, including how biology influences human behavior.” — Dr. Courtney H. Lyder

Roughly half of the school’s revenue comes from grants and contracts – the vast majority of them from the NIH.

But the numbers don’t tell the entire story. At the UCLA School of Nursing, the scope of nursing science is broader than at all but a few other institutions.

Nursing research has grown dramatically in the four-plus decades since, and the UCLA School of Nursing has continued to be at the forefront in pushing the scientific frontiers. Today the school ranks No. 7 in NIH funding, with nearly $10 million in annual research grants – more than the entire National Institute of Nursing Research inaugural 1986 budget. At a time when the State of California is mired in a severe budget crisis, the school is far less reliant than in the past on state funding, thanks to its research excellence.

One of nursing’s distinct characteristics is its focus on caring for and improving the quality of life for patients and their family members, not just in the hospital but in the home and the community. This is often done through education and other behavioral interventions, with an emphasis on prevention. As such, the vast majority of nursing research across the country could be classified as science aiming to affect behaviors toward the goal of improving health outcomes.

At the UCLA School of Nursing that is only one part of the picture. Among other things, the school’s faculty includes nearly a dozen basic scientists. Some are nurses prepared in the biological sciences – neuroscience, physiology, genetics.
Others are non-nurses, from an engineer studying links between brain changes, depression and physiology (Dr. Paul Macey; see the sidebar on page 9); to a physician studying HIV/AIDS (Dr. Dong Sung An, profiled on page 32). The school also boasts a group of nurses and non-nurses who are biobehaviorists. These faculty members marry the behavioral with the biological. With ample opportunities to exchange ideas and forge collaborations, the school’s researchers are addressing important health issues in greater depth than would be possible at most institutions.

“Few schools of nursing have such robust faculty prepared in the biological sciences,” says Dr. Courtney H. Lyder, the school’s dean. “And few are able to combine behavioral sciences with the biological sciences to conduct biobehavioral research the way we can. By doing so, we are able to tackle many meaningful questions, including how biology influences human behavior.”

As the presence of non-nurses on the faculty would suggest, the questions themselves have broadened well beyond nursing’s traditional purview. “The lines between nursing science and other sciences have blurred,” says Lyder. “Nurses manage disease processes and thus need to know how biochemistry affects the patients they encounter. Such questions don’t belong to just one discipline. Our findings are about advancing health, and so they can be used by other health disciplines – although we in nursing might apply them differently.”

Depending on the questions they are asking, the school’s research teams often include combinations of behaviorists, biobehaviorists, and biological scientists. In some cases, research observations of behaviorists will spark investigations by the laboratory-based scientists, and vice versa, to delve more deeply into the matter. “We strongly believe that bringing these different types of expertise together to address health questions is the best way to move science forward,” says Lyder.

Through a variety of formal and informal exchanges, faculty members learn about colleagues’ research, holding conversations that can lend new insight into a problem or pave the way for collaborations. “We don’t want silos,” says Lyder. “We want our researchers talking to each other and exploring potential synergies to solve real health problems.”

The school’s Office of Research facilitates many of these exchanges by holding seminars where faculty present and field questions on their research. At the school’s annual Research Day last spring, attendees were presented with a brief overview for each funded study. “It was so impressive to observe, in one sitting, the richness and breadth of the research being conducted at the School of Nursing,” says Lyder. “We truly are pushing health sciences forward.” Dialogues are also facilitated by the school’s centers, which bring together disparate researchers from the school and other schools on the UCLA campus for meetings to discuss their work and the types of questions that need to be addressed.

Opportunities for faculty to address important research questions continue to expand. Last fall, Lyder appointed Dr. Adey Nyamathi to a newly created position, associate dean for international research and scholarly activities. The administrative position, the first of its kind at UCLA, reflects the school’s growing interest in establishing international partnerships to advance the science. Already, the effort has resulted in a $1.75 million grant from Hong Kong Sanatorium and Hospital (see the article on page 18), as well as a number of exchanges at UCLA and abroad that are opening doors to new collaborations.

Even more recently, UCLA began making plans to establish the Patient Safety Institute, with Lyder – who has championed the issue over the course of his career – serving as executive director. The multidisciplinary, multi-school institute, based in the School of Nursing, represents a financial investment by the UCLA Health System to bring together leading experts from a wide variety of fields in an effort to ensure the best-possible quality of care for patients. The institute is sure to provide new opportunities for UCLA School of Nursing faculty to address an issue that is a top priority on the national health care research agenda.

“If you’re part of a health sciences research juggernaut such as UCLA, with one of the top hospital systems in the world, it makes sense that your focus will be on moving health science forward,” says Lyder. “This has to be a paramount priority for our school. We will continue to build on this great strength – and in so doing, we will continue to produce science that improves people’s health and quality of life.”
When Dr. Paul Macey was still in New Zealand embarking on studies toward his Ph.D. in Electrical Engineering, he couldn’t have expected one day to end up on the faculty of the UCLA School of Nursing. But in the course of earning his Ph.D., Macey joined a research group analyzing breathing and temperature recordings taken of babies in an effort to learn more about sudden infant death syndrome. For his postdoctoral fellowship he came to UCLA’s Department of Neurobiology, using advanced imaging techniques to investigate ways in which the brain controls breathing and blood pressure. Soon he was studying sleep apnea and its relationship to changes in the brain — and becoming interested in how the changes he observed were linked to depression, anxiety, and the ability to control blood pressure and heart rate.

Despite his engineering training, Macey had spent considerable time interacting with nurses, dating back to his Ph.D. studies. “That gave me a broad perspective on what this research is about,” he says. As he completed his postdoctoral work, Macey was increasingly talking to nurses about the clinical implications of his research. One of Macey’s collaborators was Dr. Mary Woo, a professor in the School of Nursing. After completing his postdoctoral studies Macey joined Woo as a member of the school’s faculty, where he is continuing to rely on his engineering expertise to make measurements designed to learn about how changes in certain brain regions relate to cognition, mood, and physiologic functions.

“In some ways engineering and nursing are similar in that they are both looking to solve specific problems through science as opposed to learning why things happen and then hoping solutions follow from that,” Macey says. “The difference is that nursing is looking at the whole person, whereas engineering is generally studying systems. Given my research interest, it’s a great fit. Working in a school of nursing helps to ground the problems I study in the realities of people’s lives.”
In her efforts to determine the most effective ways of educating low-income underserved minority populations on reducing their cardiovascular risk factors and improving their health, Dr. Aurelia Macabasco-O’Connell recently added a biological component to research that was once purely behavioral.

Macabasco-O’Connell, an assistant professor at the UCLA School of Nursing, has become interested in using biomarkers – early biological indicators of disease risk – to screen patients for left ventricular dysfunction. The goal is to identify these patients at a time when interventions to prevent further progression toward heart failure are most likely to succeed.

Macabasco-O’Connell’s research team has focused on B-type natriuretic peptide (BNP), a hormone secreted from the heart as it starts to stretch. Detectable in a simple blood test, BNP has been shown to be elevated in patients with heart failure. Macabasco-O’Connell’s group is seeking to determine whether BNP can be used as an early screening tool for patients who have left ventricular dysfunction but remain without symptoms. A pilot study with a low-income, uninsured Hispanic population found that BNP was useful in detecting asymptomatic patients as confirmed by the gold standard for diagnosis, echocardiography.

“Many of these patients were walking around thinking there was nothing wrong with their heart despite knowing they had high blood pressure and diabetes, which are risk factors for developing heart failure,” Macabasco-O’Connell says. “The BNP measurement provided us with an opportunity to educate these patients about the importance of treating these risk factors by explaining to them that there was already some dysfunction even though they didn’t yet feel it.”

Macabasco-O’Connell hopes to be able to confirm the utility of BNP blood tests in a larger study. She is currently targeting a younger population, going into the community to conduct screenings that are designed to determine whether left ventricular dysfunction can be found even earlier – and whether such screenings can improve community awareness and enhance efforts to promote preventive strategies.

“Too often, particularly among low-income, uninsured and underinsured patients, we detect problems only when patients end up in the emergency room and have full-blown heart failure,” Macabasco-O’Connell says. “By that point, treatment is more challenging and these patients typically need to be hospitalized and re-hospitalized, which is both a burden to them and a high cost to the health care system. Biomarkers, combined with education, offer an opportunity to detect these patients earlier, get them into the system, and prevent more of them from reaching that point.”
With genetics an increasingly key player in health care, more nurses than ever before are taking coursework or pursuing continuing education designed to help them better understand the dramatic advances occurring in laboratories all over the world. Dr. Nalo Hamilton, who joined the school’s faculty July 1, has followed the opposite path.

Hamilton earned her B.S. and Ph.D. in Biochemistry from Meharry Medical College, studying factors controlling the regulation of the BRCA1 and BRCA2 genes, which are associated with inherited breast cancer. As she began considering her options following completion of the Ph.D., Hamilton decided that a nursing education would help her get a better handle on the clinical relevance of the questions she was addressing in the lab. So she went to Vanderbilt University for her Master’s in Nursing with an emphasis on women’s and adult health, and became a nurse practitioner.

“I felt that as someone trying to find answers to an illness question, I could do only so much on the bench,” Hamilton explains. “It’s one thing to manipulate conditions in a fume hood or a petri dish, but when you’re dealing with human beings there are many other factors involved – their diet, their stress level, how they respond to medication, etc. I concluded that the way to ensure my research translated well to patients was to become a clinician, so that I could see the outcomes of the research through my patient encounters. I chose nursing because it deals with the complete individual – mind, body and spirit.”

Hamilton, recruited by Dean Courtney H. Lyder from Loma Linda University, now has a lab at the UCLA School of Nursing where she is studying how the BRCA1 and BRCA2 genes are regulated by external hormones. Moreover, as a women’s health nurse practitioner, she now has a strong grasp of the human impact of her work.
As an acute care pediatric nurse practitioner who has continued to work per-diem for the division of cardiothoracic surgery at Children’s Hospital Los Angeles, Dr. Nancy Pike is constantly motivated by and learning from her patients and their parents – and using that inspiration to guide her research. Pike, recruited to join the UCLA School of Nursing faculty last year, focuses on children with congenital heart disease – specifically, children born with single ventricle heart defects.

“Two decades ago infants with hypoplastic left heart syndrome routinely did not survive surgical palliation of their heart defect, but with advances in surgical technology, postoperative management and follow-up care these children are now surviving and transitioning to adulthood,” Pike explains. “As a result, issues related to their health outcomes with advanced age are just beginning to unfold. We want to identify those needs and determine how we can improve their health outcomes and quality of life living with a chronic illness.”

Informed by observations of her patients’ growth and maturity and the concerns expressed by her patients and their parents, Pike has been exploring biobehavioral research questions: the impact of psychosocial factors such as depression, body image, self-esteem, and social support on health outcomes and quality of life. She is also interested in other timely topics in single ventricle congenital heart disease. In one current study, Pike is looking at different feeding strategies for newborns with hypoplastic left heart syndrome, one of the most severe forms of congenital heart disease. “Approximately 10-15 percent of these infants die between their first and second heart operations, and although we have our suspicions the cause is unknown,” Pike says. She is studying whether the way these infants are fed could be associated with their risk for interstage mortality from micro-aspiration.

Pike is also assessing the knowledge level of adolescents with moderate to severe congenital heart disease and their parents about lifetime heart care as they prepare to transition to adult health services. “Many of these patients, once they leave their pediatric care providers, never seek adult health services and are lost to follow-up until they present in the emergency room with a major health crisis,” Pike explains. “By learning more about their knowledge levels prior to transitioning, we can develop more culturally based, cost-effective education interventions to reinforce their health knowledge and skills needed to promote self-management and independent living.”

Pike hopes to establish computer-based tools that will educate patients from the time they enter adolescence so that they will leave pediatric care well equipped to attend to their future health needs.
Dr. Wendie Robbins personifies the possibilities at a school where research runs the gamut from the laboratory to the clinic and the community. As a nurse practitioner working in rural public health clinics in the 1980s, she saw patterns in families with poor reproductive outcomes that led her to suspect links to environmental or occupational exposures. The experience compelled Robbins to pursue a career as a biologic nurse scientist, doing reproductive toxicology studies designed to provide insights that can be used to improve health outcomes for parents and children.

Robbins is now combining her clinical background with her lab expertise to head a study that could ultimately provide subfertile couples with a simple, natural and non-invasive strategy to address the problem: More walnut consumption for the men.

With funding from the California Walnut Commission, Robbins and faculty nutritionist Dr. Catherine Carpenter, along with a group of students – most of them undergraduates in the UCLA School of Nursing’s B.S. program – are conducting basic research to look at the effects of walnuts on male reproductive health. Specifically, they are asking whether semen quality can be improved by changing the proportion of omega-3 fatty acids to omega-6 fatty acids in a typical American diet through walnut consumption.

“There is a great deal of evidence that a diet rich in walnuts is beneficial to cardiovascular health, but no one has looked at its effect on male reproductive health,” Robbins says. “Yet, it seems that walnuts have nutrients that would be beneficial for semen. They have high levels of antioxidants, and the sperm membrane is very susceptible to oxidative damage. In addition, recent research indicates that men who had low folate levels had more chromosome abnormalities in sperm, and walnuts are rich in folate. If it turns out that simply supplementing the diet with nuts could replace the need for some couples to have to pursue expensive assisted reproductive technologies, that would really be something.”

For Robbins, another exciting aspect of the study is the chance it has afforded for undergraduates to play an active role in her research. Two undergraduate students who were working in her laboratory at the time, Beverly Egan and Erica Peterson, were instrumental in writing the proposal to the California Walnut Commission that resulted in the study’s funding. In addition to playing an active role in launching the study, these students also recruited additional students to join the team. All told, 10 – including a nurse practitioner student who mentored many of the undergraduates – have participated.

“I never thought I’d have a research experience like this,” says Samantha Esguerra, an undergraduate who is currently the lead student researcher on the study. In that role, she has worked with Egan and Peterson in ensuring that the researchers obtain the necessary information and has interacted extensively with the study’s subjects. “We are able to take the clinical skills we learned in our theory classes and apply them with the knowledge we have acquired through the lab,” Esguerra says. “My work with Professor Robbins’ lab and the walnut study has greatly shaped my college experience. I hope to continue to do research after graduation, no matter what nursing specialty I end up working in.”

For the study, 120 men are being randomized to eat either their usual diet or a diet enriched with three ounces of walnuts per day. “Diet is biobehavioral – it involves both biology and behavior,” Robbins notes. “We are conducting this dietary intervention trial focusing on the impact of changing a behavior, but in doing so we are taking advantage of our lab’s capabilities to apply the most up-to-date methods in studying molecular mechanisms related to our hypothesis.”
SON faculty explore the potential for wireless technology to improve health.

As part of the wireless pain intervention program being studied by Dr. Eufemia Jacob, children ages 10-17 with sickle cell disease quantify their pain intensity and specify its location.
Wireless technology’s influence on everyday life has been substantial—it’s hard to be in any public space these days without seeing people texting, talking on their smartphones, or working on their laptops. But could wireless devices also improve our health?

Several UCLA School of Nursing faculty members are doing more than just asking the question; they are involved in developing wireless tools and studying their potential impact on key goals such as the ability to identify early symptoms and assist patients with their self-care.

Pressure ulcers, also known as bedsores, represent a major quality of life problem for nursing-home residents that, in many cases, could be prevented. Dr. Barbara Bates-Jensen, associate professor at the school, believes technology could go a long way in improving pressure ulcer care.

Bates-Jensen has employed a handheld wireless device—previously confined to the cosmetics industry—that measures water in skin tissues. “When there is cell and tissue damage, the first response is an inflammatory reaction, which leads to increased fluid in the tissues,” Bates-Jensen explains. “We hope this device is capable of picking up that increase in fluid to provide an early warning sign for impending skin damage.”

In their initial studies, Bates-Jensen and her colleagues were able to use the technology to predict 25-30 percent of the skin damage before it was visible a week later, suggesting that the device improves the ability to detect damage at an early stage. “If we can predict something before we can see it, that increases the likelihood that we can develop interventions that would prevent the ulcer from occurring,” Bates-Jensen explains. “Currently with patients who have pressure ulcers or who are at risk for them, we provide preventive strategies that are fairly generic. If this device works as well as we hope, we have the potential for the first time to target our interventions at specific anatomic sites based on where we see the damage.”

She is now in the midst of a larger study, funded by the National Institute of Nursing Research and taking place in two dozen nursing homes, to look at the effectiveness of the technology in individuals with darkly pigmented skin. This is an important patient population, Bates-Jensen explains, because the current standard for detecting early signs of pressure ulcers involves looking for redness on the skin, which is much easier to see in patients with light skin than in patients with dark skin.

Bates-Jensen is also working with the UCLA Wireless Health Institute in an effort to improve the technology. The goal is to develop a device that is slightly larger and with multiple electrodes, so that it can envelop the entire bony area to get more accurate readings; the research team will then test the device, called the subepidermal moisture scanner, against the existing technology in nursing-home subjects. “We believe this is going to be far more useful clinically,” Bates-Jensen says.

Bates-Jensen’s interest in technology to improve nursing-care dates to her time as a graduate student at UCLA, when she developed a tool that became widely used to assess pressure ulcers, now referred to as the Bates-Jensen Wound Assessment Tool. Her work since that time has convinced her that technology has the potential to dramatically improve the care that’s delivered in nursing homes, beyond her specific interest in wound care.

“The nursing-home environment continues to struggle with both inadequate staffing and high turnover rates. Technology has the potential to provide a vehicle for continuity of care and continuity of information flow.”

— Dr. Barbara Bates-Jensen
been addressed early. Wireless technology has the potential to reduce the likelihood of these types of occurrences by enhancing communication between the child and the clinician.”

Because sickle cell disease requires special expertise on the part of clinicians, many patients live a significant distance from a health care provider who is a hematology expert, Jacob notes. Wireless technology provides the opportunity to facilitate symptom monitoring without requiring frequent visits. In the study, participants are provided with a direct link to a nurse practitioner and the ability to send unlimited text messages and make direct telephone calls, as well as resources such as educational materials and links to sickle cell websites.

The technology can also be beneficial by enabling a peer social support network. “This can connect these children and adolescents with others of the same age who have sickle cell disease,” says Jacob. “In some cases they share information about feelings and symptoms with each other that they would not bring up with an adult.” As part of the study, participants can use the iPhone to connect with peers through unlimited text messaging and telephone calls.

Although it’s too early in the study to know what the impact of the technology will be, Jacob says, “this has the potential to streamline the process of tracking pain and symptoms, facilitate communication, and increase access to clinicians with knowledge about their disease.”

Without proper symptom management and self-care, heart failure patients are prone to frequent hospitalizations, at a great expense both to their well being and to the health care system. Dr. Lorraine Evangelista, associate professor at the school, has begun a pilot study to test the feasibility of a wireless remote monitoring system as a tool for improving education and helping elderly heart failure patients better manage their symptoms at home.

The small wireless device, attached to the patient’s telephone, picks up and automatically transmits information to the health care team when patients engage in monitoring activities that include weighing themselves and taking their blood pressure and heart rate. Patients are also asked to answer multiple-choice questions related to symptoms of worsening heart failure through the device, which was developed at UCLA’s engineering school.

“Getting this information every day can make it easier to help these patients recognize their symptoms,” Evangelista says. “We can call them if something needs to be done, and often we are able to use that time to educate them – we will ask what they ate that might have caused them to retain water, for example, and if they mention a trigger food such as potato chips, we can use that as a teaching opportunity.”

Although nurses educate heart failure patients on such issues before they are discharged from the hospital, it’s often not enough. “This monitoring system gives patients a better understanding of how their symptoms develop and what they can do to try to prevent them from getting worse,” Evangelista explains.
Dr. Aurelia Macabasco-O’Connell, assistant professor at the school, is testing the same device in a population of low-literacy heart failure patients. “These are patients who typically don’t have a computer and often aren’t able to read large volumes of educational materials,” Macabasco-O’Connell says. Along with transmitting information that can be used to detect early signs of a problem, the technology also enables the health care team to track whether the patients are remaining vigilant about going through the daily monitoring routine. “If patients haven’t weighed themselves or taken their blood pressure, they are automatically provided with a reminder,” Macabasco-O’Connell says. “We’re hoping this will improve adherence to therapy as well as being useful as an educational tool.”

Macabasco-O’Connell sees significant promise for the technology to improve the health of many patient populations. “Often, by the time we see patients their symptoms have progressed to the point that they need to be hospitalized,” she says. “Wireless technology has the potential to promote self-care so that they never get to that point.”
A Long Way from Home

The school is a year into its push to expand international collaborations, and already the effort has borne fruit.

Refugee camp in Byumba, Rwanda, where Dr. Carol Pavlish works with the American Refugee Committee on women’s health and human rights research projects.
As reported in the Spring 2010 issue of *In The Know: News from the UCLA School of Nursing*, research collaborations overseas have become a major priority for the school. In the year since Dean Courtney H. Lyder formalized the effort with the appointment of Dr. Adey Nyamathi to the newly created position of associate dean for international research and scholarly activities – the first position of its kind on the UCLA campus – there has already been a major payoff: most notably, a $1.75 million grant from the Hong Kong Sanitorium and Hospital (HKSH).

Under the five-year collaborative agreement, the School of Nursing will work with the nursing administrators at the Hong Kong institution on ways to improve the quality of care and patient safety at HKSH. In particular, the school will collaborate with HKSH to enhance the quality of nursing care delivered at the bedside and in its ambulatory clinics; promote mentorship of the nurses in conducting clinical research; and enhance the evidence-based practices of HKSH nurses as well as nursing students.

“This is an exciting new relationship that will elevate the expertise of Hong Kong Sanitorium and Hospital nurses through evidence-based practice,” says Nyamathi. “It will combine cutting-edge education and research while introducing new practice models to the HKSH. The collaborative relationship will enable HKSH to build upon its status as a top hospital in Asia and ultimately become a worldwide model for patient care and nursing education for the 21st century.”

Nyamathi says that the relationship between the two institutions began to develop approximately two years ago, when Dr. Walton Li, HKSH’s director, expressed an interest in tapping into the UCLA School of Nursing’s expertise to advance nursing practice and improve nursing outcomes for patients seeking care at his facility. After several visits, both by the school’s leadership team to Hong Kong and by the HKSH administration to UCLA, an agreement was reached.

Under the grant, faculty at the UCLA School of Nursing and nurses at HKSH will develop and expand ties, toward the goal of building infrastructure and advancing research that will guide and promote evidence-based practice. The collaboration will include visits to Hong Kong – Nyamathi anticipates a rotating monthly presence, in which groups of 2-3 faculty at a time visit HKSH – as well as meetings using advanced multimedia technologies. Nyamathi also hopes the relationship will enable student and faculty exchanges in both directions.

“We believe this will serve as a model for international relationships involving our school,” adds Nyamathi. “Eventually, we would like to have sites in many parts of the world where our students and faculty can visit. We can share our expertise, but we also have a lot to learn from these institutions that can improve the practice of nursing here.”

As the school’s faculty begin to head to the international terminal at LAX for trips to Hong Kong, they may run into colleagues en route to or returning from other parts of the world.

When Dr. Sally Maliski visited the Presbyterian University of East Africa School of Nursing in Kikuyu, Kenya late last year, she was taken aback at the school’s dearth of resources. “They had none of the things that we take for granted at UCLA – including no library with nursing journals and books,” Maliski says.

The School of Nursing assistant professor’s visit to Kenya occurred via her involvement with Thousand Oaks, CA-based Care Now Foundation, which supports clinics in remote areas of Africa. As part of the trip, Maliski was able to visit...
Presbyterian University of East Africa and its connected hospital, where the school of nursing was being established. She taught at the school and conversed with the nurses at the hospital to learn more about their needs. Maliski also met with the director of the new nursing school, Mary Kamu.

“She is so energetic and visionary,” Maliski says. “She is working hard to move from a diploma program to a baccalaureate program, with the dream of eventually developing an advanced-practice nursing program focused on the needs of the African people. Both steps are critical to the growth of professional nursing in Africa, where clinicians and educators are desperately needed.”

Maliski was also impressed by the school’s students. “They are eager, bright, and really understand what nursing is and how it can transform the health of their country – and, indeed, the continent,” she says.

Since her visit to Kenya, Maliski has been in frequent email contact with Kamu and her leadership team as they develop a baccalaureate-level curriculum. At some point, Maliski hopes to be able to collaborate with the Kenyan nursing school on research in Maliski’s focus area, prostate cancer symptom management in underserved populations. Research on prostate cancer in Africa would have implications not only for that continent, but also for the United States, Maliski explains, given that African-American men have nearly twice the prostate cancer risk as U.S. men of other ethnicities. Maliski has been in contact with a school of nursing in Nigeria to discuss the possibility of a research collaboration exploring issues related to prostate cancer risk there.

But at the nursing school in Kenya, as in most of Africa, any discussion about such a research collaboration is at this point theoretical. “The capacity isn’t there,” Maliski says. “They don’t have cancer registries to even get a sense of what the situation looks like, and they can’t even obtain basic treatment that we have here. Cancer care is basically palliative care.”

For now, then, Maliski is focused on building the school’s capacity. After her return from Kenya, she put out a call to her faculty colleagues asking for nursing journals and books that could be donated to help the Kenyan school start a library. The response, she says, was overwhelming, requiring multiple shipments.

“I came back from Kenya firmly convinced that if we want to help promote health in Africa and other parts of the developing world, the way to do it is to support in-country nursing education, because their context is so different from the context in which we educate nurses here. Research is critical, but the first step in these developing countries is helping them build their capacity, in part through a curriculum that meets their needs.”

Prior to joining the UCLA School of Nursing faculty in 2006, Dr. Carol Pavlish spent nearly three decades teaching at College of St. Catherine in St. Paul, MN, a women’s college. There, she learned of the importance of viewing women’s health in the context of women’s political and socioeconomic wellbeing. Pavlish became acutely aware of the close link between education and women’s ability to exercise options – and saw that when given the opportunity, women tended to make decisions that improved the lives of their families and communities.

Much of this thinking has developed in the decade that Pavlish has been working with the nonprofit American Refugee Committee (ARC), which has provided humanitarian assistance and training to millions of beneficiaries in its 30-year history, working with refugee communities in seven countries. Since 2000, Pavlish has made regular visits to the African countries of Rwanda, Uganda, and Sudan in conjunction with the ARC, contributing her research and academic expertise.

What started as a health focus has evolved. “The women in these areas told us their health is much bigger than a physical experience – that it has to do with things like political autonomy and cultural traditions as well,” Pavlish says. “They kept talking about gender-based violence and not having opportunities for education. We realized we couldn’t address health without addressing these other issues.”

The community-based research of Pavlish and her ARC collaborators aims to deepen understanding about the social context that influences human rights experiences and gender relationships in post-conflict settings. Working most recently in southern Sudan, they have teamed with community-based groups in an effort to explore perspectives on human rights barriers women encounter. “In post-conflict settings human rights violations persist, and women and girls are especially vulnerable to discrimination and violence,” says Pavlish.

Pavlish was most recently in southern Sudan in August and September, field-testing and refining activities created by the community organizations before they are disseminated. Among the strategies are the use of drama and storytelling in an effort to develop and integrate a human rights framework that will be effective in the small villages.

“The stories we hear about human rights violations and gender-based violence are just heartbreaking,” says Pavlish. “But there are many people in the country who are committed to doing something
about it and improving the health and well-being of women and their families.”

Dr. Adey Nyamathi, who has spent a great deal of time in recent years doing collaborative research on HIV/AIDS in India, was visiting several years ago when she became intrigued by a discussion Indian scientists were having about a new strategy for promoting health in rural villages.

In 2005, as part of its National Rural Health Mission, the Indian government began using ASHAs (Accredited Social Health Activists). The concept involves training lay village women who reside in rural communities to be health advocates who can address the needs of marginalized community members and serve as liaisons to primary care providers – specifically, community nurse midwives, clinic nurses and physicians. At the time, the ASHA effort was focused on reproductive health. But Nyamathi saw potential benefits in training ASHAs in the area of HIV/AIDS. With encouragement from the then-Minister of State, Nyamathi applied for and was funded by the National Institutes of Health to examine the feasibility of such an approach.

An estimated 2.5 million people are infected with HIV in India, of whom roughly half are women. Access to antiretroviral therapy is expanding for people living with AIDS, but most of the treatment centers are located in urban areas – making the life-saving therapy difficult to obtain for the nearly half of the HIV-infected population living in rural areas. “The hospital is typically hours away from where they live,” explains Nyamathi. Even for those who obtain the therapy, she adds, there is a great need for support to help rural women adhere to the complex medication regimen. What’s more, many of these women are illiterate and have little decision-making power; rarely are they employed.

Nyamathi’s group is pilot-testing the effectiveness of a culturally appropriate, community-based HIV health promotion intervention program, ASHA-LIFE (Life Improvement For the Empowered), in improving outcomes related to physical health, mental health, adherence with therapy and HIV/AIDS knowledge among rural women with AIDS. Women in the ASHA-LIFE group are also being taught “life skills” to assist them in earning a livelihood.

The study, now in its third year, is already yielding dramatic results. After six months, adherence to antiretroviral therapy was significantly improved for the intervention group vs. the control group, and the stigma associated with HIV/AIDS had been reduced. “We have seen tremendous improvements among the women receiving the ASHA-LIFE intervention,” Nyamathi says. The research could lead to a new national model – the Indian Council for Medical Research has expressed an interest in expanding the intervention across India’s rural areas if the pilot study proves successful.

“It’s very exciting for India, but this is also an approach that could be effective in many impoverished areas where access to care is poor,” says Nyamathi, whose work in the world’s second-most populous country is yet one more significant piece in the school’s growing overseas presence.
As part of the new capstone requirement, undergraduate nursing students are making a difference through research.

Dr. Mary Ann Lewis (r.), professor and chair of the Undergraduate Program Committee, with the seven students who presented their capstone projects at the school’s Research Day (l to r): Beverly Egan, Katherine Bertelsen, Patricia De Jesus, Lindsay Sandberg, Leona Sandrik, Ryan Conahan, and Crystal Aguilar.
One by one, the student investigators presented their study findings to attendees of Research Day at the UCLA School of Nursing last April. Going through their PowerPoint presentations and displaying posters, they provided background on the questions they had addressed, detailed their study methods, outlined their findings, and discussed the implications.

By any measure, it was an impressive group of presenters. But these were not doctoral students, nor were they from one of the school’s master’s-degree programs. They were undergraduates in the school’s Nursing B.S. program – seven students representing the senior class of more than 50, each of whom completed a research project as part of their senior-year clinical immersion, when the students spend approximately 40 hours a week for the Winter Quarter working in a hospital nursing unit under the guidance of clinical instructors.

Members of the first graduating B.S. class since the school’s undergraduate program was reinstated in 2006 were fulfilling a new requirement of all of the program’s seniors: a culminating thesis-style research project known as a capstone. After being prepared for the experience in a fall leadership course, the students during their clinical immersion were charged with identifying a problem of interest to the unit, implementing a study, writing up the results, and then presenting and discussing their findings with the unit leadership.

“The capstone prepares students to consider research as an integral part...

“NONPHARMACOLOGIC PAIN MANAGEMENT IN EMERGENT CARE: AN EVIDENCE-BASED REVIEW”

Ryan Conahan

One of the first things Ryan Conahan noticed as he began his clinical immersion in a hospital emergency department was the large number of patients who were experiencing pain for prolonged lengths of time. “The nurses who were their first point of contact with the health care system were unable to prescribe pain medication, and the physicians wouldn’t prescribe until they had assessed the patient,” Conahan explains. “As a result, unless patients were severely ill or injured they were likely to wait significant periods for pain relief.”

In his UCLA School of Nursing coursework, Conahan had learned about non-pharmacologic pain management and how research had shown it to be an effective but often overlooked strategy for dealing with mild to moderate pain symptoms. With that in mind, he began his capstone project by surveying the unit’s nurses to learn about their knowledge and use of non-pharmacologic methods. Conahan found that many of the nurses had either never considered non-pharmacologic pain management or didn’t associate it with emergency care; moreover, many hadn’t learned about it in their nursing education.

So Conahan conducted a comprehensive review of the evidence supporting various non-pharmacologic pain management methods. He found 11 methods that studies suggested could be effective, from simple lighting and positioning strategies to more advanced techniques such as therapeutic touch and music therapy. Conahan then delivered a poster presentation to educate the nurses on the individual methods as well as the overall benefits of incorporating non-pharmacologic techniques.

“This helps the unit in many ways,” Conahan says. “For one, it can increase patient satisfaction, both by relieving pain and simply from patients seeing that something is being done to try to help them. It also has the potential to decrease analgesic use, which is very costly.”

The educational intervention proved persuasive. Two weeks after his presentation, Conahan interviewed the 30 emergency department nurses who attended and found that 29 said they were using the methods more than they had previously. The unit manager was particularly impressed with the evidence Conahan presented on music therapy, and began an effort to integrate classical music into the unit.
of their practice,” says Dr. Mary Ann Lewis, professor and chair of the school’s Undergraduate Program Committee. “Students learn that research makes a difference, and that it’s critical to be involved in asking questions and basing clinical decisions on scientific evidence.”

Few schools of nursing offer anything like the capstone experience, Lewis says, and most that do require it of only a select group of students. By exposing the entire undergraduate class to research, Lewis explains, the school is preparing students who see their trajectory as including graduate education. Even those who don’t end up pursuing a Ph.D. and going on to a career as a nurse scientist learn a way of thinking that is vital in clinical settings, Lewis says.

In many cases, the studies (four of which are featured in the accompanying sidebars) have had a significant impact on the nursing units. “One of the students said nurses who had been working 20 years on the unit told her they never understood some of the issues raised in her project,” says Lewis.

In many cases, the studies (four of which are featured in the accompanying sidebars) have had a significant impact on the nursing units. “One of the students said nurses who had been working 20 years on the unit told her they never understood some of the issues raised in her project,” says Lewis.

Studies have suggested that as many as half of all positive blood cultures are false-positives, with the culture having been contaminated by outside bacteria. Often, this is the result of improper technique on the part of the health care provider in drawing the blood. False-positive blood cultures incur a great cost – in increased diagnostic testing and lengthier patient hospital stays, as well as in declining patient satisfaction rates.

The 3.85 percent contamination rate in the hospital emergency department where Leona Sandrik was beginning her immersion was the highest of any unit in that facility – and significantly higher than that of the emergency department at neighboring Ronald Reagan UCLA Medical Center. Upon learning of these numbers from the unit’s nurse educator – as well as finding in her literature review that lack of ongoing training was a major contributor to higher rates of contaminated cultures in other emergency departments – Sandrik decided she would focus her capstone on an educational intervention aimed at reducing that percentage by going over proper technique for blood culture draws with the unit’s nursing staff.

Sandrik first administered a seven-question written survey to assess the staff’s knowledge of proper blood-culture collection procedure. She then delivered a five-minute PowerPoint presentation to the nurses at the morning and evening huddles, and left a poster display in the

“EDUCATIONAL PRESENTATION OF BLOOD BACTERIA CULTURE DRAW PROCEDURE TO EMERGENCY ROOM NURSING STAFF TO DECREASE RATE OF CONTAMINATION”

Leona Sandrik
While talking with the clinical supervisor at the medical-surgical unit where she was doing her immersion, Patricia De Jesus learned about a major problem – both at that hospital and across the nation – and settled on her capstone topic.

The supervisor noted that recent data collected by the hospital’s infection-control department indicated a high rate of central line-associated bloodstream infections (CLABSIs) in the hospital. De Jesus’ review of the literature made it clear that this was a national concern. CLABSIs account for 10-20 percent of all hospital-acquired infections and a significant number of deaths, with each infection increasing the length of hospital stay by an average of seven days and costing upwards of $50,000 or more to treat. De Jesus also learned that improved education of the nurses charged with managing central lines could have a major effect on patient care.

For her capstone, De Jesus sought to determine through a questionnaire of the unit’s nurses whether knowledge gaps pertaining to central line care among nurses in the unit could be contributing to the rate of CLABSIs, which was higher than the national average. Sure enough, she found that the nurses had many misconceptions about central line care and management policies on everything from frequency of central line dressing and tubing changes to use of a chlorhexidine swab, assessment of the insertion site, and justification of central line placement. “The policies are regularly updated based on new research,” says De Jesus. “But if proper education isn’t provided, many nurses continue to follow the old policies.”

Based on those results, De Jesus conducted an in-service training session for the unit’s nurses consisting of a slide presentation, a brochure, and a discussion. A post-training questionnaire found a substantial improvement in the nurses’ knowledge of central line care and management policies.

De Jesus believes her study underscores the importance of continuing education for nurses on central line care and management policies. “Proper education on best practice is vital in promotion of adherence to recommended guidelines and policies,” she says. “When a nurse is unfamiliar with the policy and the current recommended guidelines, it can impede infection control and jeopardize patient safety.”

break room for any nurses who weren’t present for the presentation.

After the educational intervention, Sandrik administered the same seven-question survey. The average number of correct answers rose from 4.8 to 5.8 – a suggestion that education can be an effective strategy for a unit struggling with contaminated blood cultures. Sandrik was pleased with the impact of her intervention. “It’s an indication that on average, the nurses who watched my presentation learned one new thing,” she says. “That has the potential to make a significant difference.”

“AN ASSESSMENT OF THE EDUCATIONAL NEEDS OF REGISTERED NURSES RELATED TO CENTRAL LINE CARE AND MANAGEMENT”

Patricia De Jesus
But it wasn’t only the nursing units that were affected; it was also the students themselves. “At first it was scary,” admits Ryan Conahan, whose capstone study explored the use of non-pharmacologic pain management techniques in an emergency department. “We were told to do a project with the potential to make a lasting impact on the unit, which seemed like a lot to ask of a student. But after completing it I felt so proud, and realized that a student can make a difference.”

Leona Sandrik also remembers feeling intimidated when she learned as a freshman that she would be required to complete a study in her senior year. But Sandrik, who implemented an educational intervention to reduce contaminated blood cultures in a hospital emergency department, found the experience highly rewarding. “It felt great to be not just a learner but someone who gave something back to the hospital,” she says. “Now I have the skill set that allows me not to just see a problem, but to study it in a way that can lead to positive changes.”

The capstone experience produced more concrete benefits for many of the students. “It was a great way to get to know all of the managers and nurses on the unit, and for them to get to know me,” says Katherine Bertelsen, whose capstone focused on bereavement support for nurses in the pediatric intensive care unit at Children’s Hospital Los Angeles. For Bertelsen, the pay-off for the close contact with the unit managers during her capstone came in the form of a job offer from the hospital after she graduated. Eventually, Bertelsen says, she may return to school to pursue a Ph.D. – something that never crossed her mind before her first research experience.

Lewis believes the capstones will have a ripple effect at a school in which research is already an integral part of the culture. “One of the reasons this is so exciting is that it creates a pipeline for our master’s and doctoral programs,” she says. “Our undergraduate program is enrolling the brightest students out of high school, and we should be grooming these students to pursue advanced degrees. The capstone, by giving students a taste of the excitement and rewards of self-learning and discovery, makes that an easy sell.”

“NURSING GRIEF SUPPORT IN THE PEDIATRIC INTENSIVE CARE UNIT”  
Katherine Bertelsen

Just days into her clinical immersion experience at the pediatric intensive care unit of Children’s Hospital Los Angeles, Katherine Bertelsen witnessed for the first time the death of a patient – and the emotional response of the unit’s nurses.

“The staff was so down that day,” says Bertelsen. “Everyone had become very attached to this patient, who had been in and out of the hospital all his life. I also heard that the unit had just experienced an unusual number of patient deaths over the holidays, and that it was taking a huge toll on these nurses.”

When Bertelsen began to inquire about the grief support available to grieving nurses during such times, she found it lacking. There were occasional debriefings, but nothing formal. Although an employee assistance program offered services, most nurses didn’t know about them or were working on the days when sessions were offered. After her literature review, Bertelsen concluded that this was typical for most hospitals.

Supported by her unit managers, Bertelsen decided to survey the nurses to determine what coping mechanisms would be most beneficial and what barriers stood in the way of their using existing services. She interviewed the managers, the employee assistance program coordinator, members of the palliative care team and nurses on the floor, then devised a written survey and distributed it to a sample of nurses with varying tenure and from different shifts.

The survey identified gaps in nursing grief support and suggested that these gaps were having an effect on patient care. After Bertelsen shared her findings with the unit managers, new coping strategies were considered and changes were made to remove barriers to use of services.

“There has been an assumption that nurses are able to provide emotional support to family members and patients facing death without any cost to their emotional well being,” Bertelsen says, noting that the assumption is unfair, particularly for those nurses who work in pediatric settings. “Without proper support,” Bertelsen says, “feelings can build up and have a significant impact on the personal life of the nurse as well as on his or her job performance.”
COMMUNITY COMMITMENT

For the underserved communities of Greater Los Angeles, the UCLA School of Nursing continues to be an invaluable resource. Here are a few of the many places you could find faculty, students and staff this year.

The UCLA School of Nursing Health Center at the Union Rescue Mission has given many clients a reason to smile.
In April, five nurse practitioner students from the Student Run Homeless Clinic participated in the “Volunteer in Westwood Day” under the supervision of Dr. Mary Marfisee, the clinic’s program director and adjunct assistant professor at the UCLA School of Nursing. The students checked on the health of 15 homeless people who are regulars around Westwood Village.

Above: Assistant Professor Maria Elena Ruiz and Clinical Lecturer Deborah Rice-Lang knew to expect a large crowd, and yet the sight of thousands of people inside the Los Angeles Sports Arena would take anyone aback. Ruiz and Rice-Lang led a contingent of UCLA nursing students — including Debra Gorman (l.) and Janet Cheng (r.) from the Masters Entry to Clinical Nursing program, pictured at left — who were part of the volunteer team providing free health services through the Remote Area Medical (RAM) clinic in April. Upon seeing the enormity of the crowd that had gathered — the men, women and children who had lined up overnight for the opportunity to receive much-needed care — Ruiz says the idea of volunteering her services as a nurse practitioner quickly turned from exciting to humbling.
To be sure, the health needs of underserved communities are daunting. But the school’s initiatives are making a difference. A case in point is the UCLA School of Nursing Health Center at the Union Rescue Mission. Since 1983, the center has provided primary health care to the homeless and indigent population on Skid Row – and given the school’s students a one-of-a-kind educational experience.

As the scene that greeted Ruiz and Rice-Lang said better than any words, the sad reality is that in Los Angeles, as in all major urban centers, many people lack adequate health services. As long as that is the case, look for the school to be represented in many of the places where volunteer nursing services are needed.
The faculty and staff of the UCLA School of Nursing had more to celebrate than most during commencement season in June. The 51 students who picked up their Bachelor of Science with a major in Nursing were the first in more than a decade to do so. Their commencement symbolized the rebirth of an undergraduate nursing program that had been suspended nearly 15 years earlier but was reinstated in 2005 in response to a statewide nursing shortage.

Erica Peterson, part of the reinstated program’s first group of graduates, was selected to speak on behalf of her class. She started at UCLA as a physiological science major, interested in the pre-med track, and then switched to nursing. “I always enjoyed the sciences, and at the time, I thought medicine was the only way to be in health care,” says Peterson.

An open house to explain the reinstated program inspired her to change majors. “For the first time, I saw how the nursing profession encompassed all aspects of health care,” Peterson recalls. “The faculty had the scientific background as their foundation, but their expertise extended beyond that. My passion for human interaction, education, research and healing did not have to be compromised by a career. Nursing had all of the possibilities, and I was excited to discover them.”

Three UCLA School of Nursing students were chosen to join 30 other Bruins in attending UCLA Day in Washington, DC last May. The annual trip was hosted by Bruin Caucus, a campus group that promotes advocacy, and the participation of the three nursing students – Dave Grzechowiak, Erica Peterson, and Haley Shimizu – was supported by Dr. Bonnie Faherty (M.N. ’75, Ph.D.). By the time their journey was over, the students agreed it had been the experience of a lifetime.

The mission for this year’s UCLA Day was to lobby for a bill, the American Competes Act (ACA), to increase federal funding for research. Although none of them had a background in politics prior to the trip, the three nursing students were able to learn on the fly, becoming political lobbyists on Capitol Hill. They absorbed information about the bill from its authors and used their nursing backgrounds to provide a different perspective when lobbying on behalf of the ACA in the Congress.

The students say they learned that politics has a major influence on health care and the possibilities for future research. “The influence nurses can have goes beyond just the hospital,” observes Peterson. “Nurses can advocate for policies and be at the forefront of change.” –Jeremy Divinity

The Graduate Student Nurses Association presented Operation Mend founder Ron Katz with a check for $3,000 during a special program at the UCLA School of Nursing in June. The GSNA board, consisting of 18 members, sponsored events every month during the school year to raise money for Operation Mend, the charitable organization at Ronald Reagan UCLA Medical Center that is providing reconstructive surgery at no cost to wounded soldiers.
PARTING WORDS:

excerpts from speeches at Commencement, June 2010

“I feel so honored to stand before you today as we celebrate our journey as the first undergraduate nursing class since 1996. Together, we created a legacy. We will leave here today with the skills, critical thinking, and will power to explore new paths. Our journey is far from over.”

ERICA PETERSON Representing the Traditional B.S. Class

“Registered nurses are the backbone of every medical setting. We are patient advocates at the bedside, in our communities, in our country, and around the world. Today, we stand together. We have successfully achieved a Bachelor of Science degree from UCLA.”

LIZEL CRAIG Representing the A.D.N.-B.S.-M.S.N. “Bridge” Class

“MECNs, you are here because you recognize that there is no other profession that gives you the privilege, the joy, and the sobering responsibility. You are here because you believe in the profession of nursing and you are surrounded by people who believe in your role in advancing this profession.”

HUI-WEN SATO Representing the Masters Entry to Clinical Nursing (MECN) Class

“Just as UCLA has changed us, we will change the world we touch. We will be the leaders who utilize evidence when we deliver care, develop new and innovative protocols, and transform the quality of care given to the populations we serve. And we will teach others to do the same.”

DEBORAH ROTHHAAR Representing the M.S.N. (Advanced Practice) Class

“What brought us back to nursing school? There are many factors, of course: a love of knowledge, a drive to explore, a desire to understand more of the foundations of nursing. But the most important factor for all of us is what brought us into nursing in the first place: a desire to improve the human condition.”

DAWN MEYER Representing the Ph.D. Class

Carolyn Ziminski, a Ph.D. student in the school’s Center for the Advancement of Gerontological Nursing Science, was selected as a 2010-12 John A. Hartford Building Academic Geriatric Nursing Capacity Predoctoral Scholar. The two-year award supports full-time doctoral education for nurses committed to careers in academic geriatric nursing.

Julia Lassegard, a doctoral student, was named 2010 AANA Foundation Doctoral Fellow by the American Association of Nurse Anesthetists and received a monetary award for her dissertation research.

Jennifer Esser, a student in the Masters Entry to Clinical Nursing program, has been awarded the Rose and Sam Gilbert Fellowship for the 2010-11 academic year. The award goes to a graduate student who attended UCLA as an undergraduate and participated on an NCAA team. Esser was a standout student athlete on the cross-country/track-and-field teams while majoring in biology.

Alina Wong was chosen as the nursing student recipient of the 2010 Scholarship of $1,000 to Promote Careers in Healthcare by the Southern California Association of Healthcare Recruiters. The association chooses two annual scholarships for students: one in occupational therapy/physical therapy and one in nursing.
He is a physician, a basic scientist and a new faculty member at the UCLA School of Nursing who is closing in on a potential cure for HIV infection. Dr. Dong Sung An is not a nurse, but when recruited by Dean Courtney H. Lyder to join the school’s faculty last April, he seized the opportunity and hasn’t looked back.

An’s lab has made discoveries that he is now translating into a new gene therapy strategy aiming to make human cells resistant to HIV infection. HIV binds to proteins on the surface of cells, called receptors. One such receptor, CCR5, is expressed on T-lymphocytes and macrophages, the main types of cells that HIV infects. “We know from other research that in the rare cases in which people are missing CCR5 expression on cells, they are naturally immune to HIV infection,” An explains.

SCHOLARLY AFFAIRS

Dean Courtney H. Lyder participated in a panel discussion, “Perspectives on Healthcare Reform,” at UCSF School of Nursing Alumni Day. In May, he spoke at Fairfield University in Connecticut about health care reform and the need to reform the nation’s nursing education programs. He also spoke at the Baptist Health South Florida Fifth Annual Wound Care Symposium on health care reform’s impact on the wound care specialty.

Associate Dean for International Research and Scholarly Activities Adey Nyamathi was a plenary speaker at the Wuhan International Conference in Public Health on the topic "Successful Community Engagement Using Culturally Sensitive Participatory Strategies.”

Section Chair Deborah Koniak-Griffin’s HIV prevention program for pregnant and parenting teens, “Be Proud! Be Responsible! Be Protective!” was selected by the U.S. Department of Health & Human Services, Office of Adolescent Health as an evidence-based model for preventing adolescent pregnancy. Koniak-Griffin also delivered a white paper on health disparities at a special National Institute of Nursing Research presentation on grants and programs of the Center for Vulnerable Populations Research.

Dr. Linda Sarna was the invited research scholar speaker at the 9th Annual Research and Evidence Based Practice Conference at UCLA in April. Her topic: “Research Unfiltered: Social, Political and Historical Context of a Program of Research.” In June she presented about tobacco and nursing action at a special invitational summit of the American Nurses Association in conjunction with the International Council of Nurses.

Dr. Barbara Bates-Jensen received the Journal of Wound, Ostomy and Continence Nursing Clinical Practice Award for her manuscript entitled “Subepidermal Moisture is Associated with Early Pressure Ulcer Damage in Nursing Home Residents with Dark Skin Tones: Pilot Findings.”

Dr. Felicia Hodge was selected as one of six experts in the field of women’s health to attend a meeting with the Agency for Healthcare Research and Quality director and leadership team.

Mary Canobbio spoke at two sessions of the World Congress of Cardiology, Scientific Sessions 2010 in Beijing, China.
Employing a technique known as RNA interference that led to a 2006 Nobel Prize for the two scientists who discovered it, An identified a small double-strand RNA molecule that reduces CCR5 expression on the surface of T cells, rendering them HIV-resistant in the laboratory setting. After further success in animal models, An and his collaborators are now preparing to conduct a Phase I clinical trial with the ultimate goal of using the molecule to inhibit HIV infection in human patients.

If successful, An’s strategy has the potential to become a welcomed alternative to the current standard of treatment for HIV/AIDS, highly active antiretroviral therapy (HAART). “The effectiveness of HAART is limited by difficulties adhering to daily drug administration, side effects, drug resistance, and cost,” An notes. “HAART is a lifetime treatment; we are working on a one-time treatment.”

Born and raised in Tokyo, An was in medical school in Japan in the late 1980s when he became fascinated by the work of one of his professors, a microbiologist who was one of Japan’s leading HIV researchers. He began volunteering in the professor’s laboratory and decided to pursue a Ph.D. after completing medical school. In 1995 he came to UCLA as a postdoctoral fellow in the Department of Microbiology and Immunology and later he became an adjunct faculty member at the medical school. He is a faculty member at the UCLA AIDS Institute.

Now that he has moved to the School of Nursing, An adds considerably to the school’s growing strength in translational research – the ability to turn laboratory observations into effective therapies for patients. As he prepares for the first clinical test of his scientific discoveries, he is pleased to be in an environment in which students and faculty are oriented toward patient care.

“This is a unique opportunity to provide students, particularly in the nurse practitioner program, with in-depth knowledge on the pathophysiology of HIV,” An explains. “These are students who in the future will be making decisions related to diagnosis and treatment. I have found them to be extremely bright and highly motivated to gain a better understanding of how HIV causes disease and where the research on treatment is headed.” When An discusses that future with his students, he knows of what he speaks.

HONORS

Four members of the UCLA School of Nursing faculty were elected into the prestigious American Academy of Nursing this year, and will be honored at the academy’s annual meeting in November: Drs. Barbara Bates-Jensen, Lorraine Evangelista, Sally Maliski and Dottie Wiley. The new inductions bring the school’s membership in the academy to 19 – or half of the faculty.

Dean Courtney H. Lyder received the National Black Nurses Association Trailblazer Award at the NBNA’s annual convention in August. The award recognizes an individual whose character places her or him in a position of leadership, particularly in the fields of nursing and medicine. It is given to someone who has taken risks.

Dr. Kynna Wright-Volel received the National Black Nurses Association Researcher of the Year Award for her groundbreaking research in health disparities and childhood obesity.

Dr. Maria Elena Ruiz received the National Hispanic Nurses Association Researcher of the Year Award for her groundbreaking research on Latino/a elder and migrant worker issues.

Assistant Dean for Student Affairs Suzette Cardin was selected as UCLA’s 2010 True Bruin Chancellor’s Excellence in Service Award winner for a record of exemplary and extraordinary service to the university.

Patti Taylor won the California Nurseweek Community Service Award.

Dr. Lorraine Evangelista received the 2010 Julita V. Sotejo Medallion of Honor from the University of the Philippines Nursing Alumni Association International for her work in understanding the nature, causes, symptoms, and prevention of cardiovascular infirmities.

ARRIVALS

DR. NALE HAMILTON completed doctoral studies at Meharry Medical College in Nashville, TN, where her research addressed the transcriptional regulation of the second breast cancer gene (BRCA2). Upon earning her doctorate, Hamilton completed her M.S.N. degree at Vanderbilt University with a dual emphasis in women’s and adult health. She is currently seeing patients as well as studying the signaling pathways that lead to the development of breast cancer.

DR. ELIZABETH ANNE THOMAS has been an occupational health nurse practitioner for 25 years, meeting the health, safety, and ergonomic needs of employees in various high-technology settings. Thomas completed her master’s (1989) and doctorate (2009) degrees at UC San Francisco. Her dissertation found an interaction between type 2 diabetes and pesticides exposure in predicting the occurrence of high-frequency hearing loss in the worse-hearing ear among a cohort of Mexican-Americans over age 65.
For students in the UCLA School of Nursing’s two pre-licensure programs, among the most challenging and important clinical experiences is a six-week rotation at UCLA’s Resnick Neuropsychiatric Hospital (RNPH). There, under the supervision of a nationally renowned nursing team, they gain skills that are at the core of all nursing interactions.

Students in both the undergraduate B.S. program and the Masters Entry to Clinical Nursing (MECN) program see patients with a wide variety of psychiatric diagnoses, under the guidance of an experienced nurse working on one of the units. For the MECN students, the psychiatric rotation is their first experience in a hospital setting.

“I am absolutely delighted to have our UCLA School of Nursing students come to us for their psychiatric nursing rotations,” says Diane Moreau, director of nursing at RNPH. “Our RNs mentor and teach the students, providing excellent role models for professional psychiatric nursing. The students appreciate the experience, and the staff feel they are contributing to our future in nursing.”

Psychiatric nurses help patients who have mental health problems and psychiatric disorders regain, improve, or learn coping strategies. They work with them to stay safe, teach them about recovery and wellness, and maximize strengths, as well as helping them in their efforts to cope with physical needs and medical illnesses.

“Psychiatric nurses need knowledge of the biological, psychosocial and developmental theories, as well as familiarity with current available research and evidence, to select interventions that will help patients with a variety of needs,” says Moreau. “Most of all, they need to be able to foster a genuine connection with patients and families, and use that alliance to help the patient and family identify and meet their goals.”

The school’s partnership with the RNPH for clinical training and supervision ensures that students are exposed to the best of the profession. RNPH is the nation’s sixth-ranked psychiatric hospital. RNPH nurses are key members of the health care team, serving as active decision-makers and advocates for their patients.

“There are two things I want students to get out of this experience,” says Linda Reynolds, RNPH’s nurse educator, who serves as the students’ clinical liaison. “I want them to learn how to communicate with patients – to be able to talk with them and compassionately listen to them as they share intimate details. And I want them to learn that psychiatric patients are people with an illness that can be treated, just like any other patient.”

In addition to sending pre-licensure students to RNPH for skills development and clinical experience, the school collaborates with RNPH in other ways. Dr. Anna Gawlinski, a professor at the school and director of evidence-based practice at Ronald Reagan UCLA Medical Center, has mentored RNPH nurses in projects related to evidence-based practice. In addition, several members of the RNPH nursing leadership team have clinical faculty appointments at the school. Moreau says she hopes to work with School of Nursing faculty to develop joint research or evidence-based practice projects focused on psychiatric nursing issues.

“It often takes up to 10 years before research findings are translated into clinical practice,” says Dr. Kris McLoughlin, director of nursing education and research at RNPH. “We have an amazing group of scholars at the School of Nursing, and working with them can ensure that we are able to apply the latest research on our units. We benefit greatly from a strong connection with the school, and so do our patients.”
They were just late bloomers,” said a UCLA School of Nursing professor more than 50 years ago about the school’s fourth graduating class. The Late Bloomers, as they continue to call themselves to this day, are the 21 students of the UCLA School of Nursing class of 1957. Fifty-three years after graduating, they persist as a remarkable testament that friends are forever. Indeed, the friendships formed at the school more than a half-century ago re-bloom with each passing year.

Going much of the time without methods of communication such as cell phones and email that are taken for granted today, the 21 students of the class of ’57 have remained in close contact all these years. They hold regular reunions and even have a newsletter that is sent to all members. Each Late Bloomer takes her turn organizing events for the group, but it is Rose Marie “Mimi” Nesbit who has taken on the responsibility of keeping track of everyone – both their whereabouts and their life events. She keeps close tabs on each member, and is well versed on each member’s family as well.

For the group’s reunion in 2007, the Bloomers and their spouses embarked on a cruise on the Royal Caribbean Monarch to celebrate 50 years of friendship and companionship. Rene Dennis, then the UCLA School of Nursing’s director of development, was invited to meet with the Bloomers and was able to share exciting updates about the school – including the successful reinstatement of the undergraduate program, which had been suspended in 1995.

Both the School of Nursing and the profession of nursing have changed dramatically in the last half-century. Since UCLA’s medical center wasn’t completed during their time on the Westwood campus, the Late Bloomers were dispersed throughout the Los Angeles area in public health departments for their clinical experiences. The professors knew all of the students extremely well because they would travel in groups of four or five to their clinical locations. Most of the class members ended up in public health nursing or school nursing after graduation, in part because the pay scales were higher than other types of nursing at the time.

Each Late Bloomer had distinct career experiences. But each also shared something – a love for the profession and the school that has helped to keep them together as a close-knit family. Fifty years of friendship takes effort. The Late Bloomers are a perfect example of the value of staying together and maintaining relationships. Many alumni classes lose contact, but the Late Bloomers established a model that Nesbit believes other classes would do well to emulate. “Our friendship is so important to us,” she says. At each reunion, class members look forward to hearing updates on everyone’s families and sharing life stories. These Late Bloomers blossomed together…and never grew apart.

— Jeremy Divinity

SPOTLIGHT: In Full Bloom

DISTINGUISHED ALUMNI SPEAKER SERIES
We are proud to announce our School of Nursing Distinguished Alumni Speaker Series. Come back to campus, catch up with your colleagues and learn about the exciting work being accomplished by our distinguished nursing alumni!

February 10, 2011, 6-8 p.m.
Salpy Akaragian, B.S. ’75, M.N. ’80 and networking

June 2, 2011, 6-8 p.m.
Kathy Dracup, M.N. ’74, D.N.Sc. and networking

For information and registration to the speaker series, visit giving.ucla.edu/SON_Speaker_Series

UPDATE YOUR INFORMATION/PROFILE
Stay informed and updated by making sure we have the correct contact information on your profile. You may call Teresa Valenzuela at (310) 794-6393 to update your information, or go to www.UCLAlumni.net/SON and click on the “Update Your Info” icon.

SON ALUMNI SURVEY
This fall you will be receiving an electronic version of the School of Nursing Alumni survey. We want to hear from you so we can make your alumni experience a better one. We hope you will take some time out of your busy schedule and give us your feedback. We will be posting the link on our Facebook page as well as emailing it to all of our alumni – another reason to make sure we have your updated contact information!
These charts and graphs provide an overview of revenues and expenditures for fiscal year 2009-10. Please note that the fiscal year is from July 1 to June 30. If you have any questions regarding any of the information provided in this report, please contact the UCLA School of Nursing Office of Development and Alumni Relations at (310) 825-0303. Thank you for your support!

UCLA School of Nursing Revenues 2009-10
Total $22,166,000
- Contracts and Grants (47%)
- General Fund (35%)
- Gifts and Endowments (10%)
- Indirects (2%)
- Professional Fees (5%)
- Sales and Services (1%)

UCLA School of Nursing Expenditures 2009-10
Total $21,719,000
- Faculty Payroll (26%)
- Staff/Administrative Payroll (18%)
- Contracts and Grants (37%)
- Supplies and Other Operating Expenses (7%)
- Scholarships and Fellowships (12%)

Market Value of UCLA School of Nursing Endowments

2009-10 Class Participation in the Annual Fund
HIGHEST BY EACH DECADE

<table>
<thead>
<tr>
<th>Decade</th>
<th>Year</th>
<th>Participation</th>
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<tbody>
<tr>
<td>1950s</td>
<td>1959</td>
<td>53.57%</td>
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<td>1960s</td>
<td>1962</td>
<td>61.54%</td>
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<tr>
<td>1970s</td>
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<td>21.74%</td>
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<td>1980s</td>
<td>1984</td>
<td>22.02%</td>
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<td>1990s</td>
<td>1995</td>
<td>17.04%</td>
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<tr>
<td>2000s</td>
<td>2003</td>
<td>15.79%</td>
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Congratulations to the class of 1979 for making the most donations to the Annual Fund this year. Thank you for your support!
ANNUAL FUND
Each year, gifts from alumni, parents, faculty, and friends made to the UCLA School of Nursing Annual Fund provide the School with a critical source of unrestricted income. These funds provide the Dean with the ability to respond quickly to the emerging needs of the School, including our students, faculty, and academic programs. Thank you for your continued support of the School through your donations to the Annual Fund!

UCLA School of Nursing Funding Sources Three-Year Comparison

FUNDING SOURCES
This comparison data of funding sources from the past three years shows clearly the impact of declining state support on the School’s operations and highlights the value of your donations.

*General Funds are provided to the UCLA School of Nursing from the State of California.
INDIVIDUAL AND FAMILY FOUNDATIONS

$1,000,000+
- Walton W. Li

$250,000 – $49,999
- Christian A. Felipe and Mary C. Felipe

$10,000 – $24,999
- Friedman Family Trust

$5,000 – $9,999
- Leslie A. and Dorothy A. Clark Trust
- Forest J. Grunigen
- and Dolores Rios-Grunigen

$1,500 – $4,999
- Linda B. Bolton
- Harry W. Boyd
- Bonnie A. C. Lee Fang Foundation
- Eugene B. Herley and Jo Ann S. Herley
- Courtney H. Lyder
- Richard A. Nesbit
- and Rose Marie Nesbit

$1,000 – $1,499
- John Antonio
- Carl A. Bertelsen
- and Carol K. Bertelsen
- Donald Guthrie
- and Janet K. Guthrie
- Caroline J. Han
- Barbara D. Lamm
- Mary L. Mayer
- Robert G. Mc Fadden
- and Jeanne B. Mc Fadden
- Barbara V. O’Grady
- Lorre N. Prasad
- Elise B. Studer

$600 – $999
- Rachel A. Waugh
- Heidi A. Welch
- Williams Family Trust

$500,000 – $999,999
- Helen L. Feild Health Corporation
- The Robert Wood Johnson Foundation

$100,000 – $499,999
- Retirement Research Foundation
- Ralph M. Parsons Foundation

$25,000 – $99,999
- American Nurses Foundation
- Bruin Biometrics

$5,000 – $24,999
- American Nurses Foundation Inc.
- Kuraya (USA) Corporation
- Multi-Investments Associates
- Northeast Valley Health Corporation

$1,000 – $4,999
- Hong Kong University of Science and Technology
- Kaiser Foundation Health Plan Inc.
- Maxicare Research and Educational Foundation
- Millennium Holdings, Inc.

$100 – $999
- JTB International, Inc.
- School of Nursing Alumni
- Shepherd Technology Training School

*Gifts received July 1, 2009 to June 30, 2010

It is important to us that we acknowledge you properly. If an error has been made in the listing of your name or gift, please contact Megan Aubrey at (310) 983-1140 or maubrey@support.ucla.edu

SCHOOL OF NURSING ANNUAL GIVING July 1, 2009 to June 30, 2010

Cynthea A. Brown
- Patricia G. Brownstein
- Barbara L. Buckman
- Rhonda L. Burns
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- Nancy J. Bush
- Marissa Camanga-Reyes
- John G. Colias
- and Mary M. Canobbio-Colias
- Judith S. Chapman
- Angel Chen
- Pa-Fang Cheng
- John D. Cheslick
- and Donna M. Cheslick
- Nancy J. Chesterton
- Marjorie L. Chun-Hoon
- Peter F. Ciampa
- and Colleen S. Ciampa
- Mary L. Clausen
- Cheryl Clement
- Martin J. Cohen and Joni I. Cohen
- Rona L. Cohen
- Thomas F. Collins
- and Betsy R. Collins
- Bart W. Connolly
- Michelle J. Cornell
- Debra J. Costa
- Eric J. Councilman
- Michael F. Cowan
- A. R. Crane-Okada
- Anne H. Cronin
- Catherine Cropley
- Zenon Culverhouse
- and Mady S. Culverhouse
- Carol Cummings
- Torin J. Cunningham
- and Carol Lynn W. Cunningham
- Michele A. Curtis-Lavin
- Veronica Dale
- Jill M. Davis-Prickett
- Patria O. De Luna
- Kristine T. De Queiroz
- Ann E. Dechairo-Marino
- Christi M. Denton
- Ara A. Derdeiarian
- and Anayis K. Derdeiarian
- Susan K. Dewey Hammer
- Constance M. Dillon
- Noel M. Domingo
- Caroline O. Dos Santos
- Marjorie R. Downie/
- Downe Family Trust
- Pauline G. Drucken
- Marie L. Earovolino Ramirez
- Thyrja Y. Endicott
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- Constance H. Fairchild
- Douglas Farmer and Gloria C. Farmer
- Mary T. Feeley
- Damion S. Feldmeth
- O. Kit Lokey and Carolyn Lokey
- Cristine Ferrero
- Sandra S. Field
- Stanley Fishfader and Gloria Fishfader
- G. Richard Fletcher
- and Alison E. Fletcher
- Joan C. Fromhmagen
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- Linda N. Gambro
- Kristine M. Geibbe
- Dolores A. Gillmore
- Vickie C. Gleed
Many of you have already included the UCLA School of Nursing in your estate plans. If you have not already included the UCLA School of Nursing in your estate plan, please contact Nicole Dunn in the Office of Planned and Major Gifts at (310) 794-2334 or (800) 737-UCLA (8252) if you would like to include the UCLA School of Nursing in your estate plans. If you have already included the UCLA School of Nursing in a bequest or other planned gift and your name is not listed above, we hope you will let us know. Your willingness to be listed as a member of The First Century Society encourages others to follow your example.

Matching Gifts
Aigmoid Foundation Inc.
The Baxter International Foundation
Blue Cross/Blue Shield
Foundation Matching Gifts Program
Chevron Corporation
Ernst and Young Foundation
IBM Corporation Matching Grants Program
Marathon Oil Company
The Medtronic Foundation
Northrop Grumman Foundation
USX Foundation Inc.
Wells Fargo and Company
Xerox Foundation

Planned gifts provide the resources that create extraordinary opportunities and preserve the future of the UCLA School of Nursing. There are a myriad of easy giving options from which you can choose – from naming us as a beneficiary in your will to a more complex trust arrangement. Please contact Nicole Dunn in the Office of Planned and Major Gifts at (310) 794-2334 or (800) 737-UCLA (8252) if you would like to include the UCLA School of Nursing in your estate plans. If you have already included the UCLA School of Nursing in a bequest or other planned gift and your name is not listed above, we hope you will let us know. Your willingness to be listed as a member of The First Century Society encourages others to follow your example.

The generous alumni, friends and parents who have chosen to remember the UCLA School of Nursing in their estate plans are a special group. Turning their individual passions into action, these donors have looked ahead to the needs of future generations. They have effectively put “money in the bank” to fulfill countless opportunities that ensure excellence – from scholarships to life-changing research, fellowships to distinguished faculty recruitment. Thank you.
61 Years of Uncompromised Excellence in Nursing