They come from different cultures, bringing rich life and professional experiences.

A glimpse at the diverse students drawn together by the common goal of a UCLA School of Nursing education.
MESSAGE FROM THE DEAN

Were it not for visionaries who answered a plea similar to the one I am about to make, I would not be in this position. Scholarships enabled me to go to graduate school and attain my advanced degrees, up through my Ph.D. Quite simply, I could not have afforded the education I received without that financial assistance. I have not forgotten the generosity of a stipend and paid tuition that paved the way for my career trajectory – and I am well aware that given today’s economy and rising fees, current and potential UCLA School of Nursing students face even greater challenges than I did as they struggle to determine whether their dream of becoming advanced practice nurses or nurse scientists is financially feasible. For too many talented individuals, advanced nursing education is not affordable without scholarship support.

Thus, my plea: that those who have the economic wherewithal contribute to our common goal of increasing the amount of support we can offer to deserving students. We strive to provide financial assistance, ranging from $1,000 to $20,000, to approximately 85 percent of the enrollees in our doctoral and master’s-degree programs, including the A.D.N.-B.S.-M.S.N. program for students with associate degrees in nursing. We are encouraging all of our doctoral students to gain experience as an academic by being a paid teacher’s assistant or paid research assistant for $15,00 or more per year. Your contributions toward achieving this goal will be extremely valued and valuable. If you would like to help, please contact Director of Development Naz Kaykhosrovpour or her assistant, Carl Tyler, at (310) 825-3109, or email ctyler@sonnet.ucla.edu.

The bottom line is that scholarships enable our school to attract the best students. They ensure that the ability to pay is not a factor in whether a talented individual seeks a graduate nursing education at UCLA. We have students who are struggling to raise children – some as single parents – or are still repaying undergraduate student loans. Our successful effort to draw a diverse student body means we attract individuals from low-income neighborhoods in Southern California from different races and ethnicities. Without financial support, many of these students would never attend our school. With such assistance, they can fulfill their dream of advanced nursing education, enrich the student experience for everyone, and go on to use their skills to elevate the nursing profession and make positive contributions to the health care system for years to come. Thank you for your consideration of a gift for scholarships to the UCLA School of Nursing.

Marie J. Cowan, R.N., Ph.D., F.A.A.N.
PARTING WORDS
Excerpts from speeches at Commencement, Spring 2004.

NURSING ADMINISTRATION ALUM DIRECTS UCLA HOSPITAL MOVE
With the assistance of students from the school’s M.S.N. in Nursing Administration program, Kelly Guzman (M.N. ’94) is overseeing the transition to two new facilities.

OTHER LIVES
Different Cultures, Common Goals
Students from diverse upbringings consider the impact of patients’ backgrounds.

Finding Fulfillment in a Second Career
While achieving success in other fields, they discover their love for nursing – and change course.

Making Plans to Go Solo
Student ponders an “other life” in future practice.

Coming of Age
Two students show it’s never too late to start.

SCHOOL OF NURSING ANNUAL GIVING
We endured a lot of headaches, shed many tears and yet we were still able to laugh at all the silly things that we did.

Those were the best of times.

As one student put it, “It was an unforgettable time of endurance which tested the strength of our minds and spirits.” I’m pleased to say it was one more test we passed with flying colors.

**ELIZABETH MANDILE**
Representing the M.S.N. Class

During the last two years, we’ve all grown intellectually and personally. We’ve been stretched by struggles and challenges perhaps more than ever before. We’ve written papers, studied for tests and put in countless clinical hours. Many of us did so while still working and setting aside time for our families.

For all of us there were times when we were stretched thin. Some people got engaged or married. Some people had children. Some people struggled with finances. Some people commuted long distances. Some people suffered losses of one kind or another. For me it was a recurrence of a tumor.

Yet, there were the worst of times.

But now they are vague memories that just don’t seem so terrible anymore. We can actually talk about our program and laugh at how hard we worked, knowing that it truly was worth the effort.

It was a difficult program, and with each other’s help, we made it through, because those phone calls and emails were answered by a classmate who had become a close friend. We were able to support each other and help each other make it through one more day, then one more week, then one more month. We made friendships that blossomed over the years and that will last a lifetime.

**ELENA ORNELAS-PELAEZ**

Representing the A.D.N.-B.S.M.S.N. Class

As I looked back over my first year and a half here at UCLA, I was reminded of a quote from Charles Dickens: “It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness…” Someone this quote seemed to sum up the baccalaureate program for me.

During our first quarter in the summer of 2002, I told myself, “This has to be the worst thing I have ever been through.” Then I progressed to Chemistry 14 A, R, and C. “OK? It could get worse!” Then came Life Science and Human Molecular Biology. Would the torture never end?

What about the 25-40 page papers that some of us stood up all night in order to finish on time? What about the fact that many of us felt that we had no life except work and school – and more school? What about the mind-numbing, frightening oral presentations we were forced to give (and listen to)? How many phone calls or emails did we get or send telling another classmate to give (and listen to)? How many phone calls or emails did we get or send telling another classmate, “I just don’t think I can do this anymore.”

Yet, there were the worst of times.

But now they are vague memories that just don’t seem so terrible anymore. We can actually talk about our program and laugh at how hard we worked, knowing that it truly was worth the effort.

It was a difficult program, and with each other’s help, we made it through, because those phone calls and emails were answered by a classmate who had become a close friend. We were able to support each other and help each other make it through one more day, then one more week, then one more month. We made friendships that blossomed over the years and that will last a lifetime.

**ELIZABETH DIXON**
Representing the Ph.D. Class

Answering the age-old question of what does a doctor-as秀 do, I will tell you that we have been prepared to function in many roles. We have been prepared as educators, to recruit, teach and mentor students who, in turn, will use this learning to educate and serve others. We have been prepared as scientific collaborators to critically appraise health research so that it can be refined and extended to answer important questions. Finally, we have been prepared as independent nurse-scientists to conduct research that will advance scientific understanding of human health and behavior.

In fact, through their dissertation research, this group of nurses has already made important contributions. In the area of pediatric research, Dr. Tricia Kramer evaluated the influence of social support, coping, and community resources on the health outcomes of mothers caring for ventilator-assisted children. Dr. Isabelle Pudar investigated the neurodevelopment of children who were born prematurely and exposed to steroids in the perinatal period. With respect to adolescents, Dr. Anita Bronshek investigated the factors influencing condom use among African American female adolescents and Dr. Mary Crouch developed and tested an instrument to measure the adolescent perception of inescapability. For adults, Dr. Joan Kesztenow investigated the impact of psychosocial factors on the health-related quality of life among individual cases having an angiogram for the diagnosis of coronary artery disease. All of these studies address important topics and fill gaps in current understanding.

We have the tools to make a difference in the lives of so many people. You can be certain that we will use them to the best of our abilities.
SCHOLARSHIPS AT THE UCLA SCHOOL OF NURSING

Scholarships are the school’s highest priority.
For more information on how to donate, contact (310) 266-1662.

We wish to express our appreciation to the donors who have contributed the following scholarship funds for students in the UCLA School of Nursing:

- Alpha Tau Delta Scholarship
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JOYCE NEWMAN GIGER TO HOLD HASSENPLUG ENDOwed CHAIR

Dr. Joyce Newman Giger, an expert in the assessment of cultural phenomena relevant to the delivery of health care and in the development of strategies to enhance the provision of culturally appropriate care, has been recruited to the UCLA School of Nursing as the holder of the Lulu Wolf Hassenplug Endowed Chair.

Giger, who most recently spent more than a decade as professor at the University of Alabama School of Nursing, has authored approximately 100 articles, more than a dozen book chapters, and five books, including the textbook Transcultural Nursing: Assessment and Intervention, which has been adopted widely by schools of nursing and translated into French. Her model for transcultural assessment has been widely cited. Among her many forms of service, Giger chairs the Expert Panel on Cultural Competency for the American Academy of Nursing.

Endowed chairs are created as a result of major gifts to the school in order to attract and support the work of a distinguished faculty member. Gift funds for the chair are invested, and resulting interest income is used to support the teaching and research activities of the professor selected to hold the chair. In addition to the Hassenplug Chair, now held by Giger, the school has two other endowed chairs: The Audrienne H. Moseley Chair in Community Health Research, held by Dr. Adeline Nyamathi, and the Audrienne H. Moseley Chair in Women’s Health Research, held by Dr. Deborah Koniak-Griffin.

DID YOU KNOW?

- Named student scholarships and endowments can be established based on funding amounts. Endowed scholarships can be established for a minimum of $50,000. Endowed graduate fellowships can be established for a minimum of $100,000. The UCLA School of Nursing appreciates contributions in any amount.
- You can make a gift to the UCLA School of Nursing that will provide income for your lifetime as well as an immediate income tax charitable deduction.
- If you are 75 years of age, you can establish a charitable gift annuity that has a 7.1% payout rate that will continue for your lifetime. The older you are the higher the payout rate.
- You can make a gift of your home, receive an immediate income tax charitable deduction and continue to live there for your lifetime.
- Bequests are a significant source of support for the School of Nursing.

For more information, please call Devon Brown at UCLA Office of Gift Planning (800) 737-8252 or visit www.giftplanning.ucla.edu
When Kelly Guzman graduated from the UCLA School of Nursing’s program in Nursing Administration in 1994, she couldn’t have imagined that a decade later she would be three years into a position as director of transition planning for UCLA’s impending move into two new hospitals – one in Westwood and one in Santa Monica.

Guzman is responsible for the move and fit-up of the replacement facilities, including the 1.2-million-square-foot facility under construction in Westwood (scheduled move-in date: Spring 2006) and the many-phased construction of the new Santa Monica-UCLA facility, with move-ins beginning in 2005. Her Herculean task involves working with multiple vendors, meeting the individual needs of numerous departments and coordinating tasks ranging from procurement of equipment, furniture and signage to determining where each unit and service will be located within the facilities. The Westwood replacement hospital, billed as the world’s most technologically advanced, represents the largest building undertaken in the history of the University of California.

“It’s a huge job,” Guzman agrees, laughing. “But it’s a perfect fit for a nurse” – especially, she notes, one with the preparation that comes from the school’s renowned M.S.N. in Nursing Administration program. Guzman thinks so highly of the program from which she graduated that she has taken in two of its students as interns and hired one, Hilda Flores, to work full-time as a project manager after Flores graduated in 2003.

Although many express surprise that a nurse would wind up in her position, Guzman believes it makes sense for several reasons. “You have insight into understanding what patients need, what the health care team needs, and how the ancillary services support those needs,” she explains. “As nurses, we understand better than most how hospitals work.”

By the time she was hired as director of transition planning in August 2001, Guzman had been in health care for 14 years, working for most of her career in management roles as a pediatric ICU and emergency room nurse. Prior to her current position, she was clinical director for ambulatory services at UCLA, providing clinical oversight of the outpatient UCLA Medical Plazas as well as the interventional floors.

Guzman says she continues to benefit from the knowledge she gained while a student in the school’s Nursing Administration program. She maintains close contact with Dr. Donna McNeese-Smith, associate professor and coordinator of the program. “I talk to the students and explain the amazing opportunities that are out there for them – that in addition to the traditional role of the nurse manager, we can manage projects and work with architects, construction teams and many other possibilities,” she says. “The basic skills you get from Donna’s program are very helpful when it comes to approaching various problems.”

One of the nursing administration students Guzman met was Hilda Flores. At an alumni conference where Flores was selling raffle tickets to raise money for her class, she approached Guzman and began asking about her role in the transition to the new hospitals. “Every day when I went to school I would see the hospital in Westwood being built,” Flores says. Guzman told her about the project and, eventually, about an opportunity for Flores to meet the administration program’s internship requirement by working on the transition team. “I figured, how often do you get the chance to be in on the building of a major new hospital?” Flores says.
Flores spent her internship focused on equipment planning. “Kelly doesn’t take just any student, because her job is pretty overwhelming,” she says. “But she took me in and I learned so much. She helps you to pursue whatever goal you need to meet for the curriculum and will guide you in the right direction, yet provide enough autonomy for you to be able to learn on your own.” Flores impressed her preceptor: When a project manager for the Santa Monica-UCLA transition retired, Guzman didn’t hesitate to hire Flores for the position.

Meanwhile, Lucy Rivera, a student in the Nursing Administration program who graduated in June, assisted Guzman as an intern by helping to coordinate aspects of the pediatric move and aiding in the development of the transition manual to be made available to the end users of the new Santa Monica and Westwood facilities.

“The students I’ve been exposed to from the UCLA program are really well prepared in problem solving,” Guzman says. “I didn’t have to spend a lot of time going over management basics such as understanding and managing productivity reports, budgets or daily operations. After seeing what a great job Hilda and Lucy did, everyone on our team is anxious for us to bring in other students.”

When Guzman was managing ER operations, she could seek support from colleagues doing similar work across the country. Because there are few precedents for the type of work she is doing now, there is no such networking group to advise Guzman when new challenges arise.

Though she’s well versed in the process as it relates to health care, Guzman has also had to become conversant in the language of construction and facilities – everything from electrical power, security and delivery of items to information technology and other building issues. “It’s interesting how many similarities I’ve noticed between construction and health care,” she says. “In construction, as in nursing, you have a lot of quality control checks as well as an incredible amount of documentation.”

Perhaps her biggest challenge, Guzman says, is managing expectations. “Everyone has been told that this will be the most technologically advanced hospital in the world,” she notes. “Well, if we order ‘high-tech’ equipment by today’s standards, it might be antiquated by the time the hospital opens. We have to ensure there is flexibility in our purchasing agreements so that when a new generation of technology becomes available, we have the option to upgrade before we move in.” At times, though, Guzman must inform the new hospital’s future occupants that notwithstanding a large budget and significant financial donations, cost considerations must still come into play.

Other challenges include managing the Santa Monica-UCLA building effort, which has dozens of phases and involves building while the hospital remains fully operational. “We move a department to an interim space while its floor is under-going construction, then we move a department into the newly renovated area,” explains Flores. “All of these moves require detailed plans to ensure that the new space meets the needs of the patients and the users.”

In addition to construction mitigation issues, Flores is immersed in the transition planning manual that Rivera helped to develop. “The idea is to help each department identify all of the move-related issues that it needs to consider,” Flores says.

Flores is constantly impressed by the adaptability of nursing principles to her new position. “The planning, implementation and assessment are all so ingrained in our heads,” she says. “And our emphasis on prevention rather than waiting for accidents or problems to occur is something that I’m always discussing with the construction staff.”

Flores is thankful not only for the education she received at the UCLA School of Nursing, but also for the opportunities to make connections with alumni such as Guzman while she was a student.

“This is very challenging, exciting work,” she says. “Other nurses always see the badge I wear with my nursing credentials on it and want to know how I got into this role. I feel very fortunate.”

Kelly Guzman, M.N. ’94 (Center), serves as Director of Transition Planning for UCLA’s move into two new hospitals. Lucy Rivera, M.S.N. ’04 (Left), assisted Guzman as an intern while a student in the School’s Nursing Administration program. As did Hilda Flores, M.S.N. ’03 (Right), whom Guzman has since hired as a Project Manager.
DIFFERENT CULTURES, COMMON GOALS

Students from Diverse Upbringings Consider Impact of Patients' Backgrounds

Alfredo Bimbela (above) was 4 when his parents decided to move from Guadalajara, Mexico, to Southern California. They settled in Santa Barbara—a mostly affluent area that, like all communities, includes a pocket of poverty. “That pocket is where I grew up,” Bimbela recalls. “You know if when you’re standing in it and you know if when you’re living in it.”

As he got older, Bimbela came to realize that he was straddling two worlds. “At school, I was in the United States, and at home I was still in Mexico,” he says. “The rituals, discussions, beliefs, and ideology in my family were all rooted in Mexico.” So was the language. As early as age 8, Bimbela recalls accompanying his parents on their health care visits so that he could play the role of interpreter.

“There is no doubt I was losing a lot in the translation,” Bimbela says.
What’s disconcerting to Bimbela, a second-year student in the UCLA School of Nursing’s Family Nurse Practitioner program, is that the problem persists.

“I’ll be walking through a unit and will come across a 10-year-old trying to interpret medical information for his parents,” he says. “When I see that, I can’t help but think that although we’ve come a long way, this still happens, and it’s up to us as providers to point out that this is not optimal care.”

Hoda Shawky was born and raised in the United States by parents who came from Egypt. Brought up as a Muslim, Shawky increasingly identified with her religion as she grew into adulthood. She wears the traditional Islamic woman’s dress, hijab, to cover everything but her hands and face.

“It’s a symbol of modesty,” Shawky explains. “Obviously, it identifies me as a Muslim, which means that I must reflect the values of what Islam teaches. But it’s also an outer reflection of my inner being and what’s in my heart.”

Her Muslim upbringing has influenced Shawky’s educational and career choices. After attending UCLA as an undergraduate pre-med student, she taught at the elementary school level for two years. “The one thing I knew was that I loved kids, but I didn’t feel like I wanted to be a school teacher the rest of my life,” she says. What appealed to her more was the idea of providing health care to children and their families. So Shawky received her baccalaureate in nursing and then enrolled in the UCLA School of Nursing’s Pediatric Nurse Practitioner program, where she is now in her second year.

“I always wanted to choose a career that would fit my Islamic beliefs,” she says. “I believe that it’s just as important to take care of society as it is to take care of yourself, and I thought, what better way than through pediatric nursing, where I can take care of kids and their families and do a lot of education, which my beliefs also emphasize.”

Flore Djang was born in the Republic of Cameroon, but her family moved from the Western African nation to France when she was a young child. Djang was an adult before she came to the United States. Like Shawky, she was originally a teacher. But when a close friend became seriously ill, Djang decided to get training as a nurse so that she could provide her care. She started as a licensed vocational nurse before becoming an R.N. “I didn’t realize there were so many differences in the levels of training of nurses,” Djang says. “Once I understood that and saw what I could do as a nurse practitioner, I decided that was for me.” She enrolled in the school’s bridge program, earning her baccalaureate degree before starting the master’s program, which she is on schedule to complete in June.

While a student she has also continued to work as a nurse in the liver transplantation unit, where so many cultures are represented among the 150 nurses that Djang and her colleagues have jokingly taken to calling themselves “The United Nations of UCLA.”

“When you’re exposed to so many different cultures, it really helps you to see health care in a different light,” Djang explains. “We learn to appreciate, for example, that people view compassion differently – some will hold hands to show it, others will make jokes, still others will not look at you. Every nurse handles patients differently; seeing that gives us all a greater ability to understand differences and be better providers of care.”

As Djang has learned more about the opportunities available to advanced practice nurses, her goals have evolved. She now plans to establish a practice incorporating aspects of both Eastern and Western medicine. In addition to her nursing education, Djang has been studying Chinese medicine and is on her way to becoming a licensed acupuncturist.

Her desire to incorporate non-Western approaches illustrates the independent thinking Djang brings to discussions with UCLA School of Nursing faculty and students, many of whom also come from other countries and bring their own unique backgrounds. “I’m an American now but my French culture makes me view things a lot differently, and I’m not afraid to voice those different opinions,” Djang says. “I’m always a little
weary when everyone thinks the same way, so I try to add something different to the discussions.”

Shawky, Djang and Bimbela are among the cohort of UCLA School of Nursing students whose cultural backgrounds enable them to bring insights that enrich the academic experience for everyone. For Bimbela, now in his second year of the school’s Family Nurse Practitioner program, this experience was not part of the original plan.

Bimbela earned a doctorate in clinical psychology from UC Santa Barbara, during which he completed a one-year clinical internship at the University of Texas Medical Branch in Galveston. From there, he moved to New York City to do a three-year fellowship in psychiatry at Memorial Sloan-Kettering Cancer Center. There, he directed a project providing breast cancer education and outreach in diverse communities and provided clinical psychological care for breast cancer patients.

As his fellowship neared completion, Bimbela applied for and was offered a position as assistant professor at a research and clinical cancer center in California, where he would develop a line of research in bringing breast cancer awareness and education to underserved communities. But Bimbela’s experiences practicing clinical psychology in New York City began to remind him of the problems he encountered with the health care system during his childhood, and he eventually decided to change course.

Most of Bimbela’s patients spoke Spanish as their primary language, and most, in addition to their complicated medical condition, required psychiatric medications. When Bimbela saw the need to initiate or change patients’ medications, he found himself spending valuable time interpreting for their English-speaking psychiatrists. “I had thought that New York, having a large Dominican and Puerto Rican population, would be an easy place to find Spanish-speaking psychiatrists,” he says. “When you’re exposed to so many different cultures, it really helps you to see health care in a different light. We learn to appreciate, for example, that people view compassion differently – some will hold hands to show it, others will make jokes, still others will not look at you. Every nurse handles patients differently; seeing that gives us all a greater ability to understand differences and be better providers of care.”

Especially after the terrorist acts of September 11, 2001, Shawky explains, people who had known nothing about Islam began to look at her suspiciously; as a result, she gained a new appreciation for those who treated her as a human being who just happened to be from a different religion. “When you’re around people who make you comfortable, it helps you to feel more confident and able to share your thoughts, feelings and dreams,” she says. “That comfort level really enables you to bloom, and that’s something I feel very strongly at UCLA.”

Her minority status has motivated Shawky to go the extra mile to learn about other cultures she is likely to encounter as a nurse practitioner; Shawky wants to make sure she is sensitive to other cultures’ needs in the same way that other health care providers need to understand the importance of modesty for Muslim men and women. “Some Muslims won’t even shake the hand of a person of the opposite sex who is not related to them, and shaking hands is such a common way to begin a health care encounter,” she notes. “It’s important to keep differences like that in mind.”

Shawky’s belief in equal treatment regardless of race, religion, ethnicity and socioeconomic status has led her to focus on uninsured patient populations. Among other things, she has worked as a volunteer at the UMMA Community Clinic in South-Central Los Angeles. UMMA (University Muslim Medical Association), started by UCLA students, provides access to high-qual-
ity health care for the underserved population of that community, regardless of ability to pay. Though it was founded by Muslim students, many of the staff and patients are non-Muslims.

“I have been really inspired by that clinic,” Shawky says. “It has opened my eyes to the fact that a lot of other people besides Muslims care just as much about the community as I do, and want to provide to a population of people who deserve health care just as much as somebody who is insured does. When we work together, there’s that immediate bond regardless of whether our backgrounds are similar.” Shawky hopes to continue providing services at UMMA or a similar clinic once she becomes a nurse practitioner.

In his experience, Bimbela says, the vast majority of health care providers want to do what’s right for patients from different cultures, but barriers that start with language often prevent them from providing optimal care.

“My colleagues will tell me they walk into a patient’s room not being able to speak the same language and they know their assessment is not complete,” he says. “Without the language component, all of the nuances are missed.” Even with the language, he adds, a great deal of non-verbal communication is overlooked or misinterpreted. For example, a patient’s presentation of fear can be misconstrued as resistance or hostility when the cultural context is not understood.

“There’s a lot of frustration with trying to provide care when you have these barriers, and there are no easy solutions,” Bimbela says. “But we need to understand that just saying we provide the same level of care for every patient is missing the point. We need to provide the care that’s necessary for each individual patient.

“Ultimately, we can’t know all cultures to such a degree that we fully appreciate and understand the nuances. If there’s a gentleman who is 60 years old and Korean-American, no matter how much I want to and how much I try, I won’t fully understand him as well as someone who grew up in that culture. But understanding our limitations and doing our best to overcome them can go a long way.”

This is Bimbela’s fifth degree program, and he says he has been highly impressed with the dedication of the faculty and, specifically, with the school’s commitment to ensuring that it graduates culturally competent advanced practice nurses. “In our group discussions, faculty try to integrate cultural diversity and how our different backgrounds influence the way we see clinical issues,” he says. “It’s evident that they listen to students and patients when cross-cultural issues come up, and they bring the scientific literature into the discussion of these issues and the barriers to care that communities face.”

“I always wanted to choose a career that would fit my Islamic beliefs. I believe that it’s just as important to take care of society as it is to take care of yourself, and I thought, what better way than through pediatric nursing, where I can take care of kids and their families and do a lot of education, which my beliefs also emphasize.”

— Hoda Shawky (left)
By his mid-30s, Craig Fujii had established a successful career as a photojournalist. Travelling the world to report with his camera, Fujii’s 18-year career included stints with major daily newspapers including the Detroit Free-Press, Seattle Times, Dallas Morning News, and Los Angeles Times. He worked for the Associated Press in Los Angeles and overseas in Cambodia and India.

But by 1997, after a long period of wondering whether he might prefer another career, Fujii was ready to leave the profession that had been such a major part of his life. “I enjoyed it for many years,” he says. “But at some point, I decided I wanted to do something that helped people directly.”

For 11 years, Michele McGowan was a speech pathologist. Eventually, she was hired by Cook County Hospital in Chicago to work on speech, language and feeding skills for infants and toddlers in the hospital’s pediatric ward and neonatal intensive care unit. It was McGowan’s...
first exposure to medically fragile children, and she was hooked. “Even though I was supposed to be paying attention to the developmental side, I found that I always had more interest in the medical aspect of what was going on with the children,” she says.

She moved to Colorado and began a speech pathology position in an outpatient setting. There, McGowan was working more closely with nurses, and she began to learn more about the nurse practitioner role. “I saw it as a combination of medical care and family-centered, empathetic interactions with children and their parents,” McGowan says. “It seemed like a perfect fit for me.”

While many UCLA School of Nursing students chose to follow the nursing path early on, Michele McGowan and Craig Fujii represent another group – individuals who left behind successful careers in other fields to pursue their new dream.

In high school – the last time Fujii had been pondering career options – nursing was the farthest thing from his mind. “I just saw it as something that girls did,” he says. But by the time he reached his 30s, he had become more open to the prospect. As he learned more about the health care system, he began to see the important role played by family nurse practitioners. In 1997, Fujii opted to end his career in journalism and work toward becoming an advanced practice nurse.

He went to Cal State Long Beach for his baccalaureate, during which Fujii began working in trauma intensive care at Harbor-UCLA Medical Center. He knew he wanted to continue his education in a graduate nursing program so that he could become a nurse practitioner. He applied to the UCLA School of Nursing and was accepted. “I was thrilled to be able to go to UCLA,” Fujii says.

Once McGowan realized that she, too, wanted to become a nurse practitioner, she moved to California. She completed her B.S.N., then spent the next year and a half continuing to work as a bedside nurse in UCLA Medical Center’s pediatric intensive care unit before entering the UCLA School of Nursing’s Pediatric Nurse Practitioner program in 2003. McGowan is now in her second year of the program and continuing to work in the PICU.

“This program has met all of my expectations,” she says. “The coursework is always challenging, and the clinical experiences are helping me to see what options are out there for me in the future. “What I love about becoming a nurse practitioner is that there are so many places we can work and so many ways we can use the skills we’re developing.”

“This is absolutely the best nursing education I could have received. It’s so great to go to a lecture and have people who are at the forefront of nursing research be the ones teaching you.”

— Craig Fujii

great to go to a lecture and have people who are at the forefront of nursing research be the ones teaching you.”

As he moved into nursing, Fujii found there was some adjusting to do. “Journalism can get tense at times, but it’s mostly a loose, laid-back business with a lot of free time,” he says. “I hadn’t realized how regimented nursing is – you really have to cross your t’s and dot your i’s. The socialization process of getting into the profession was fascinating to me.”

But Fujii also tells friends and family – particularly those who expressed surprise at his career switch – that in many ways, the new direction is not such a radical change.

“I always explain to people that the two careers have something in common,” he says. “Both journalists and health care professionals are very interested in helping their communities.”

Fujii graduated from the UCLA School of Nursing in June and, as part of the National Health Service Corps program, was hired as a family nurse practitioner at the Winslow Indian Health Care Center, which serves a large Navajo reservation with a population of 180,000. He is working in an ambulatory care setting in a clinic in Dilkon, Ariz., 40 miles north of Winslow. It’s an unusual experience that Fujii has embraced – a clinic where people bring homemade items that they’re selling to the medical office and goods are often purchased with silver or art.
Fujii recalls one of his least-favorite parts of his first career – having to knock on the door of a family that had just lost a loved one and ask for their reaction – and marvels at the contrast in environments.

At the same time, he’s proud of his time as a photo journalist and says his ability to draw on the talents he developed in that profession make him a better nurse practitioner.

“Because of my career in journalism, I entered nursing as someone who was sensitive to people’s emotions and able to interview patients in a way that, perhaps, feels less threatening to them,” he says.

McGowan believes she also gained an edge from her first career.

“In pediatric nursing, a lot of people struggle with knowing what is normal development and what is cause for concern,” she says. “For me, because of my training as a speech pathologist, that’s the easy part. I can confidently advise families that have concerns about their child’s development, telling them either that they have no need to worry or that their child does need intervention. With that strong base that I started with, I’ve been able to be totally focused on learning the clinical aspects.”

McGowan says she has never regretted her career change.

“I’m 38, and sometimes I wish I had started in nursing earlier so that I would be further into my career. But at the same time, my previous experiences have made this new career that much more interesting and enjoyable. I would tell anyone who has a strong desire to pursue a new career that it’s never too late.

— Michele McGowan
For Oswald Jauwena, the UCLA School of Nursing’s Acute Care Nurse Practitioner program has been an exciting process of learning not only the skills that will enable him to be an advanced practice nurse, but also the many options that will open up to him upon graduation next spring. Jauwena’s goal is an unconventional one: to open his own practice. “Many nurse practitioners work for a medical group or an M.D., but I’m planning to fly solo,” he says, smiling.

Most states require that nurse practitioners work in consultation with a physician, which would preclude a solo practice. But Jauwena has learned from faculty at the school that in five states, there are no such restrictions. He plans to gain experience in an urgent care or emergency room setting before going to one of those states, Washington, to pursue his goal.

“I'd like to be my own boss,” Jauwena says in explaining his ambition. “I don't want to have limitations when it comes to providing the best care for my patients.” He is even considering a future practice that would be cash-only rather than involving insurance companies, which place their own restrictions on the care that is covered.

Jauwena remembers dreaming as a child in Indonesia of having his own medical practice. When he moved to the United States as an adult, he trained to become a licensed psychiatric technician and began providing care to developmentally disabled individuals at the Lanterman Regional Center. While there, he became certified as an R.N. and went to work as a neurosurgery and trauma intermediate care nurse at Loma Linda University Medical Center. There, he learned more about the nurse practitioner role, and his dream of an autonomous practice was revived.

As part of his clinical practicum in the school’s Acute Care Nurse Practitioner Program, Jauwena is working at a liver transplantation unit with a clinical nurse specialist and adult nurse practitioner from the state of Washington. “She talked to me about what she was allowed to do there, and how there were few limitations,” Jauwena says. “The knowledge of our school’s faculty and the connections they’re able to make for me through clinical placements are really helping me see how I can meet my goals.”
IN HER LATE 50S, CONSTANCE THAYER IS FINALLY PURSUING HER DREAM AS A FAMILY NURSE PRACTITIONER STUDENT AT THE UCLA SCHOOL OF NURSING.

IT’S BEEN A LONG AND UNORTHODOX ROAD FOR THAYER, WHO HELD A VARIETY OF JOBS BEFORE SHE BECAME A NURSE. SHE WAS A LONG-DISTANCE TELEPHONE OPERATOR, A HOTEL DESK CLERK, A DENTAL ASSISTANT, A CHEF AT TWO HIGH-END RESTAURANTS AND THE PRITIKIN INSTITUTE.

Several years ago, Thayer finally found herself in a position to pursue her goal. In 2002, she earned her bachelor’s degree through the program offered by the University of Phoenix. The next year, she enrolled in the UCLA School of Nursing’s Family Nurse Practitioner program, attracted by the school’s reputation in the area of vulnerable populations.

Fulfilling one’s dreams often requires going the extra mile, and in Thayer’s case, that’s also literally the case. As a resident of Santa Barbara, her routine as a first-year student involved leaving her house at 5 a.m. to make it in time for a full day at the school, then spending the night with friends in Los Angeles and returning for another full day before driving home the next night. “It’s very hard,” she admits. But Thayer says she has been touched by the support she has received from faculty as well as her fellow students. What’s it like having peers younger than her own children? “Oh, it’s a kick,” she says. “Their friendships have meant a lot to me.”

Thayer says she also has gotten tremendous support from her husband. “I couldn’t do this without him,” she asserts.

Her first year at the school was exhilarating, as she began to realize that her dream of greater professional autonomy was going to be fulfilled. “My whole nursing career I was used to just taking directions from physicians, and all of a sudden I’m the person who is going to be providing the direction to others, prescribing and diagnosing,” she says. “That increasing sense of responsibility, and knowing that I’ll be able to help in that manner, is exciting.”

Thayer intends to use her education and certification as an advanced practice nurse to serve vulnerable populations. There are low-cost clinics in the Santa Barbara area where she would be happy to work, but ultimately she also hopes to travel to Central America and South America providing care to underserved populations under the auspices of a direct relief agency or other, similar circumstances. With that in mind, she has been studying Spanish for many years.

Finally, in the late 1970s, Thayer decided to become a nurse. She earned her associate degree in nursing in 1981. The nurse practitioner role had emerged and Thayer knew that’s what she wanted. “I liked the idea of being able to use that role to make a difference,” she says. “I went into nursing thinking that’s what I’d like to do.”

But, with young children and no program in her Santa Barbara community offering advanced nursing degrees, she decided to wait. She was a medical-surgical nurse at a local hospital, then worked in an urgent care setting before going into home care nursing and management. This went on through the 1980s and 1990s.

But the dream never died. “I always knew I wanted to work in an independent situation where I could help underserved populations,” she says. “I knew that with an advanced degree, I could do a lot more and be more effective than I could as a nurse without that education.”
These are grand ambitions often associated with younger students, but Thayer doesn’t see it as such a big deal.

“In some ways, what I’m doing is dramatic, but on the other hand, I’ve been thinking about it for a long time,” she says. “I didn’t want to be 70 years old asking, ‘Why didn’t I? I didn’t want to look back.’” In following through on her ambition, Thayer also thought about the example she would be setting for her family. “There’s a lot to be said for being an inquisitive adult, continuing your education, and challenging yourself. I’m a role model to my children and to my grandchildren.” She pauses, then adds, smiling: “And to myself sometimes.”

Unlike Thayer, Elena Ornelas-Pelaez didn’t plan to pursue graduate nursing education. But with her sons nearly grown and the knowledge that her unit needed a clinical nurse specialist, Ornelas-Pelaez decided to enroll in the UCLA School of Nursing’s bridge program, which gives associate-degree nurses the opportunity to earn a baccalaureate and master’s degree in three years. Ornelas-Pelaez is currently in the dual master’s program, which will qualify her for certification as a clinical nurse specialist and pediatric nurse practitioner when she gets her degree in June, eight months past her 48th birthday.

After working 12 years as a respiratory therapist, Ornelas-Pelaez decided to go to nursing school and graduated in 1991 with an associate degree. In her mid-30s, she had been the oldest student in her program – and figured her schooling was complete. For the next decade she was content working as a staff nurse in the neonatal intensive care unit at the Monica-UCLA Medical Center, where she continues to work full-time. But when her unit had trouble recruiting a part-time clinical nurse specialist, Ornelas-Pelaez approached her supervisors with the idea that she would go to school and get her certification as an advanced practice nurse.

While Ornelas-Pelaez was in the UCLA School of Nursing program, her unit found the clinical nurse specialist it had been looking for, leaving Ornelas-Pelaez to ponder her future. To her delight, she has come to realize that her options with the dual certification as clinical nurse specialist and nurse practitioner appear limitless.

“IT might make a difference once I’ve completed the program, in that I’ve been working more than half my life and have been used to the responsibility of balancing a work life with a home life and social life,” she says. “As an older student I think it’s easier for me to appreciate the education that I’m getting. I might have to work a little harder, but that just makes me more appreciative of the fact that I am here.”
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