FACULTY WELCOMES EIGHT NEW MEMBERS

New recruits add to school's research, teaching and clinical strengths
MESSAGE FROM THE DEAN

Last fall, the UCLA School of Nursing joyfully opened its doors to 57 new undergraduate students and to 58 students in the new Masters Entry Clinical Nurse (MECN) program, in addition to about 350 students in its existing programs. As a class, the undergraduate students are beautiful, young, energetic, creative, and smart (average GPA: 4.2; SAT: 1900). The MECN students, who already have a baccalaureate degree in another discipline, are also smart; older and wiser with fantastic life experiences; focused on nursing and "pushing the envelope." The faculty are very impressed with the students applying to our new programs. Our goal is to provide highly educated nurses to meet the acute nursing shortage in California and nationally.

The school is increasing its faculty by 22 full-time equivalent positions for the new programs. We have already hired eight tenure-track faculty this past year. Because we are a premier research school and wish to remain one, the focus of faculty recruitment has been expertise and/or potential to do research. Thus, both of our new pre-licensure programs will be taught by nurse scientists. The clinical education will be taught by practicing nurses in the hospitals (our practice partners) who have joint faculty appointments with the School of Nursing.

Some of these talented faculty will be introduced to you in this issue: Barbara Bates-Jensen, Elizabeth Dixon, Jo-Ann Eastwood, Angela Hudson, Linda Searle Leach, Carol Pavlish, Linda Phillips (appointed as the Audrienne H. Moseley Endowed Chair in Nursing), and Kynna Wright. More are being recruited for the 2007-08 academic year. I would like to recognize all of our existing faculty and staff in their exhausting efforts to develop the curriculum and competencies for courses for two new programs; mentor the new faculty; coordinate the clinical faculty with those teaching theory; evaluate 1,194 applications for admission to the undergraduate program for 2007-08 and 300 applications for admission to the MECN program for 2007-08, as well as the multiple other tasks (big and small) that they have performed while continuing to teach in the existing programs, conduct their research and submit grants.

Lastly, it has come to my attention that a majority of the MECN students already have educational debts of $30,000 or greater. Although scholarship funds for students have been the priority for Development for the last 10 years, we need to focus on scholarships for the MECN students immediately. Please contact Director of Development Rene Dennis for further information.

Marie J. Cowan, R.N., Ph.D., F.A.A.N.
NEW FACULTY & ENDOWED CHAIRS

Eight Scholars Add to School’s Breadth and Depth; Two Endowed Chairs Strengthen Geriatric and Biologic Research

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NEW SKILLS LAB PREPARES STUDENTS FOR PATIENT CARE

State-of-the-Art Simulation Technology Allows Students to Hone Skills and Ensures Valuable Clinical Lessons

DEVELOPMENT

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They focus on issues as wide-ranging as technology, provider-patient communications, and the impact of neighborhood conditions on health; on epidemics across the lifespan, from asthma in children to HIV and heart disease in adults, along with the special concerns of the elderly and the family members who assist them. Their research has taken them to vulnerable communities in Los Angeles and to refugee communities in Africa. They bring experience from the bedside and from the laboratory bench. Their leadership résumé includes the top position at the world’s largest specialty nursing organization.

On the pages that follow, meet the eight new members of the UCLA School of Nursing faculty, recruited in the last year to bolster the research, teaching and clinical strengths of a school that has expanded to include a reestablished undergraduate program and the new Masters Entry Clinical Nurse program. And meet the two endowed chairs (one of whom is among the eight new faculty members) whose funding support will help to bring renewed strength and focus to geriatric and biological nursing science at the school.
Pressure ulcers, also referred to as bedsores, represent a serious quality of life problem for nursing-home residents that, in many cases, could be prevented. Clinical guidelines exist for their prevention and treatment, but are too often not implemented. Dr. Barbara Bates-Jensen’s work has focused on improving the quality of care in nursing homes, particularly related to pressure ulcer care and skin health. Most recently, her efforts have revolved around using technology — including a Web-based software system she developed — to translate research findings into everyday nursing-home practice.

There are multiple explanations for why clinical practice guidelines for pressure ulcer prevention and treatment are often not implemented in nursing homes, Bates-Jensen says. She is addressing one that she believes to be particularly important: the insufficient use of technology. “There is no care setting that is more desperate for technology than the nursing home,” Bates-Jensen says. “All of the things we say that technology can do for nurses – give them more time at the bedside, prevent them from having to spend hours upon hours of completing paperwork – are especially needed within the nursing home setting, and yet that setting is well behind all other health care settings in terms of technology use.”

Using the clinical practice guidelines for pressure ulcer prevention and assessment, Bates-Jensen has developed a Web-based quality assessment software system for preventing pressure ulcers. In addition to providing a mechanism for capturing data on pressure ulcer assessments, the system includes protocols for monitoring whether or not the appropriate practices are being implemented on a routine basis. “Given that staff turnover rates are high in nursing homes, one of my goals was to develop an intervention tied to technology that could help nursing-home staff sustain changes in practice over time,” Bates-Jensen says. The software she developed is designed with that in mind — a program that is simple to use and enables staff at a variety of levels to evaluate their home’s success and identify areas that need improvement. Bates-Jensen is currently evaluating the software’s efficacy at a 100-bed nursing home.

Her interest in using technology to assist nursing homes in sustaining changes over time has led Bates-Jensen to introduce two additional devices into the nursing-home setting. One, included with the software program, is a wireless movement monitor — an object the size of a large coin that, when taped onto a nursing-home resident’s thigh, facilitates the monitoring of the individual’s horizontal and vertical movements. The device measures repositioning and activity levels. In her research, Bates-Jensen has found that turning and repositioning patients is often not accurately documented in the medical record; she also has found that it is not unusual for residents to go without movement for as long as six hours.

A second, hand-held device measures the moisture within the epidermal tissues. There is some evidence that very early pressure-ulcer damage can be signaled by changes that take place within the tissues as an inflammatory response to cellular injury or death. In a pilot study, Bates-Jensen found that the device helped nurses predict skin damage approximately one week before it became visible. “If we can predict something before you can even see it on the skin, it increases the likelihood that we can develop interventions that would prevent the ulcer from occurring,” she says. Bates-Jensen is excited to have moved her research program to the UCLA School of Nursing and its growing cadre of faculty in geriatric nursing. “I have a great passion for this field, which has such a need for nurses at all levels,” she says. “The opportunity to share my enthusiasm with students and help to bring more young, inquisitive minds into geriatric nursing was a huge draw for me.”
DR. ELIZABETH DIXON

As a public health nurse in Los Angeles County – honored as the country’s Outstanding Public Health Nurse for 1995 – Dr. Elizabeth Dixon gained an appreciation for the importance of population-focused nursing practice and the role of the social environment in influencing the health of disadvantaged groups of people.

Dixon, who received her Ph.D. from the UCLA School of Nursing in 2004 and joined the faculty last year after serving as project director for the school’s Center for Vulnerable Populations Research, seeks in her studies to identify and understand the major health-promoting characteristics of social environments such as neighborhoods and workplaces – characteristics that, if manipulated, could improve the population’s health. “Changing population health behaviors through policies or other means tends to be an extremely effective strategy,” Dixon explains. For example, she notes, taxing cigarettes as a health-promotion strategy has proved effective in getting more people to stop smoking than individual education.

Dixon’s previous research includes a large study of the relationships between social inequalities and health in neighborhoods. In a project that included more than 2,000 adults residing in 65 different Los Angeles County neighborhoods covering the gamut of incomes and including a wide variety of ethnic groups, she found that adult health is positively affected in neighborhoods where people have more control over their neighborhood environments and do not fear for their safety. In her research, Dixon looked at three specific neighborhood characteristics. The first, social cohesion and trust, refers to how residents get along and perceive that their neighbors are helpful. This characteristic was not found to be related to health at the neighborhood level, but the two others Dixon studied were. Informal social control is the extent to which residents perceive that other neighbors would be willing to intervene in undesirable situations for the common good of the group. For example, people in a neighborhood with informal social control would be more likely to join forces to block a liquor store from being opened if the business was deemed to have the potential to attract unsavory elements into the area. This characteristic, along with a third – perceptions of safety – were found by Dixon to be influential in determining the health of people in neighborhoods.

“Nurses can harness the power of these types of characteristics by helping people feel a sense of control over their neighborhoods and helping them to realize that they can make a difference, to a certain extent, in controlling their environments,” Dixon says, pointing to participation in Neighborhood Watch programs and Los Angeles’ Neighborhood Councils as examples. Nurses can also work with community-based organizations to enhance these characteristics through community capacity-building, she notes.

Dixon is now examining how worksite policies influence the health of employees. Policies ranging from the types of foods available in lunch rooms and cafeterias to whether there are opportunities and/or incentives for workers to engage in physical activity during work hours may have an important impact on worker health, she says.

“I’m primarily interested in investigating and working with health-promotion activities directed toward groups and populations, because changes at this level can have a greater impact,” Dixon says. “Individual-level interventions and health education are very important, but they have to be complemented by larger structural changes and health-promoting activities.”
Asthma and obesity are chronic health conditions with two key characteristics in common: Both are increasing at alarming levels among school-age children, and both disproportionately affect poor and underserved populations, particularly in Latino and African American communities. Dr. Kynna Wright’s research is exploring the factors driving the increase in childhood asthma, particularly as it relates to access to and utilization of health care services among underserved populations; and the links between asthma and obesity among Latino and African American children. “I am interested in learning why we still have these high rates of asthma among vulnerable populations despite the fact that access to health care has increased – most of the state’s children are now insured – and we now have state-of-the-art medications to treat and/or prevent asthma,” Wright says. “At the same time, obesity is at epidemic levels among school-age kids, and, like asthma, is hitting the underserved hard. The literature suggests that there are some links between asthma and obesity, but this needs to be studied more.”

Wright, who joined the UCLA School of Nursing faculty last year and is a member of the school’s Center for Vulnerable Populations Research, intends to examine these issues and, based on her findings, develop interventions to help prevent obesity and asthma exacerbations. To do so, she is engaging in community-based participatory research, an approach, championed by the center, in which the community stakeholders are equal partners in the project. Wright has been working with one community-based organization on an intervention that would involve parents as well as their children. “Because parents are very involved in their children’s health, it’s important to find an intervention that they support and that involves them as well as their kids,” she explains.

Wright’s doctoral dissertation at the UCLA School of Public Health examined racial/ethnic disparities in health care access and utilization among children with asthma, using data from the 2001 California Health Interview Survey. Her findings on the magnitude of the problem confirmed what she had seen anecdotally as a pediatric nurse practitioner working in underserved communities. “More than half of my clients were asthmatic,” Wright says, “and despite the fact that we were following the national guidelines on how to treat asthma, we were still seeing exacerbations and kids missing a lot of school because of their condition. I knew, as a result, that we needed to begin thinking ‘out of the box.’”

Wright is herself a graduate of the UCLA School of Nursing, having completed the school’s Pediatric Nurse Practitioner program in 1997. She maintained ties with the school, co-teaching a physical assessment course for several years. “I’m very interested in helping to promote excellence in the field of nursing,” she says, “and with the new programs that have recently opened at the school, this is an exciting time to join the faculty.”
DR. CAROL PAVLISH

Dr. Carol Pavlish conducts research in the refugee camps of war-ravaged nations such as Rwanda and Sudan, and in health care settings in the United States where palliative care is provided to terminally ill patients. Although these two interests may seem worlds apart, Pavlish sees a connection. “In both cases I’m listening to marginalized voices,” she explains.

At home – which from 1978-2006 was College of St. Catherine in St. Paul, Minn., and is now the UCLA School of Nursing – Pavlish has sought to give voice to the needs of dying patients and their families. As a certified oncology nurse, she is particularly interested in helping to implement the emerging view of palliative care as a partnership between palliative care specialists and other health professionals.

“It used to be that palliative care was considered comfort care when no other treatment was available,” Pavlish says. “Now, a lot of organizations have shifted to a view in which palliative-care specialty teams become partners with the actively treating teams much earlier in the course of a patient’s life-threatening disease. So many treatments create a lot of discomfort and diminish quality of life, and palliative-care specialty teams can help manage those aspects of living with the disease.”

Pavlish has sought to improve the plight of marginalized populations on the other side of the world through her work for the last several years with the American Refugee Committee (ARC), an international non-governmental organization that administers health care services for refugee camps in 10 countries. In conjunction with the ARC, Pavlish went to Rwanda to learn more about the health needs of refugee women from the Democratic Republic of Congo who have been living in Rwandan border camps since the 1994 genocide in Rwanda. At the behest of the community of refugee women, Pavlish helped to implement a collaborative, capacity-building program by teaching 13 refugee women how to plan and facilitate focus-group sessions with the larger community of refugee women.

Among other things, focus groups revealed concerns about the health implications of poverty, the struggle for survival, the overburden of daily work for women, ambivalence about family planning, and the lack of freedom in self-expression. ARC used the data to restructure some of its health care delivery, expand the capacity of community health workers to address women’s health concerns, and initiate plans for income-generation projects.

Pavlish has returned to the area several times, working with the refugee community to explore the topic of gender-based violence and analyze community readiness for a legal aid clinic. Most recently, she went to south Sudan and northern Uganda last September to learn more about the issue of gender-based violence by working with the women and girls, in conjunction with a consortium of agencies that included ARC, UNICEF, and faith-based organizations in the area. Based on those findings, Pavlish and colleagues have established a four-phase research project that will seek to document how the issue is perceived by the population in the context of their understanding of a human rights, justice framework and gender relations and then develop and implement interventions that are community-based, respectful of local realities, and observant of universal norms on human and people’s rights as advanced by the African Union.

“Nurses have always understood that health has to do with much more than physical ailments; it is determined by the context in which people live,” says Pavlish. “We can and should play an important role as advocates on social, economic, and political issues such as those that have been identified by these refugee communities.”
DR. JO-ANN EASTWOOD

During her 25 years in critical care nursing, Dr. Jo-Ann Eastwood recognized a serious deficiency in the treatment of women with heart disease, so Eastwood decided to pursue her part and address the shortage of data on how cardiovascular disease affects women. Until the early 1990s, women were typically excluded from clinical studies on heart disease, with results from studies of males simply applied to females for the purposes of diagnosis and treatment. “We now know that cardiovascular disease runs a very different course for women,” says Eastwood, who joined the faculty after completing her Ph.D. at the school.

As a doctoral student, Eastwood studied patients undergoing an initial angiogram for the diagnosis of coronary heart disease and the impact of uncertainty and psychosocial variables on the patient’s health-related quality of life. Upon completing her Ph.D., Eastwood continued the study of 48 men and 52 women, in an effort to compare the psychosocial, physical, and quality of life outcomes. “Intuitively we would think that patients who had been told that the angiogram was negative would have little or no untoward psychological effects from the experience,” Eastwood says. “However, even after one year the group without heart disease had lower quality of life scores than the patients with heart disease. This identifies a new population for nursing to design educational and supportive interventions.”

Women get cardiovascular disease approximately 10 years later than men because they are mostly protected by their estrogen levels prior to menopause. “Since female heart disease patients tend to be older, they have more accompanying physical conditions and higher rates of depression, which is highly correlated with heart disease,” Eastwood explains.

Eastwood’s early career included positions as a critical care staff nurse for neurosurgical, neurological and trauma patients; as the research nurse responsible for running a hyperbaric chamber; and as a critical care nurse in the first fully funded heart transplant center, at Stanford University. At Little Company of Mary Hospital in Torrance, Calif., she became a critical care instructor and ultimately served as supervisor of nursing patient education. In 1995, she began working as a certification specialist for the American Association of Critical-Care Nurses; while there, she conceived and implemented a national certification examination for clinical nurse specialists in adult, pediatric, and neonatal critical care. Eastwood’s research credentials were bolstered by her associations as a doctoral student with her faculty mentor, Dr. Lynn Doering, who is renowned for her research in depression and immune dysfunction after coronary artery bypass surgery; and with Dean Marie Cowan, who hired Eastwood as project director for a four-year study Cowan headed comparing care management by an acute care nurse practitioner and hospitalist multidisciplinary team with care management by a standard team of doctors and nurses.

For her own research program, Eastwood’s goal is to find ways to identify more women who show no clinical signs of heart disease but are experiencing sub-clinical changes that could be reversed with early treatment. She is currently looking into the possibility that a simple ultrasound could detect the thickening of the carotid arteries – an early warning sign for heart disease.

“The treatments are out there – statins, the correct diet and antioxidants can actually make the plaque in the arteries regress,” Eastwood says. “We need to find women who have early signs and treat them before they experience a coronary event that would be detrimental to the quality of their remaining years. If we found an economic way to screen the most at-risk populations, we could decrease the incidence of heart disease and improve lives.”
As president of the American Association of Critical-Care Nurses (AACN) nearly two decades ago, Dr. Linda Searle Leach gained a unique perspective on the importance of effective nursing leadership. In the years since she headed the world’s largest specialty nursing organization, Leach has taught and pursued research toward the goal of identifying factors in the health care practice environment that contribute to optimal delivery of care by nurses and other health professionals.

Leach had a rich career prior to entering academia, working first as a critical care nurse and then as a nurse administrator. She was a clinical nurse specialist and director of critical care at Santa Monica Hospital Medical Center, and surgical nursing director at Cedars-Sinai Medical Center. In her role as president of the AACN in 1988-89, she traveled the country and served as a media spokesperson on the nursing-shortage crisis, among other issues. “Being in that national leadership position was a transforming opportunity that influenced some of the choices I ultimately made after that,” Leach says.

Her theme in her communications as president was the difference that nurses make in the lives of patients and their families, and once Leach’s AACN leadership service was complete, she decided to enter academia to teach and pursue research in that area. From 1992-2001 she served as an assistant clinical professor at USC while also working toward her doctorate. Her research confirmed the importance of the nurse executive role and documented the relationship between positive nurse-executive leadership and organizational commitment among nurses. As an assistant professor of nursing at California State University, Fullerton, from 2001-2004, Leach taught nursing research and professional issues and conducted research on the practice environment of nurses.

Not long before she joined the UCLA School of Nursing faculty, Leach co-authored a major policy report, California’s Nursing Workforce: Increasing Capacity in Schools of Nursing for the California Institute for Nursing and Health Care. The report, which was requested by the governor, outlined recommendations to address nursing educational capacity issues for the state of California. It was instrumental in the decision that led to reinstatement of the school’s undergraduate nursing program and the establishment of the new Masters Entry Clinical Nurse (MECN) program.

At UCLA, Leach, who is teaching a health care policy course to MECN students, continues to delve into the impact of the practice environment on nursing while also exploring the professional role of the nurse in teams. She is currently analyzing data from a study of rapid response teams – hospital teams, typically headed by a critical care nurse, that are designed to intervene at the earliest signs of a patient’s decline. “These teams bring in the right resources at the right time – nurses initiate a call to the team to help intervene when a patient is becoming unstable,” Leach explains. Her study, which interviewed nurses who have called for a rapid response team as well as those who have served on such teams, will describe the contribution these nurse-led teams are making in saving lives.

“Patients in the hospital setting are much more complex and vulnerable than they were in the past. Because of that, it’s more important than ever to understand the factors that assist nurses in making their optimal contribution to patient care.”
Patients need to feel empowered to take the initiative and ask questions, and providers need to make sure their patients can decipher the information being conveyed.

Health literacy – the ability of patients to access and understand knowledge they can use for self-care and health promotion – has gained national attention as an issue that must be better addressed. “The patient-provider relationship is very powerful, so the information patients get from their provider is extremely important, but too many patients don’t understand what they’re told,” says Dr. Angela Hudson, who joined the UCLA School of Nursing faculty last July after five years on the faculty at California State University, Fresno, where she taught maternity and newborn nursing to nurse practitioner students and a research course for undergraduates.

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It came as no surprise when Hudson found herself drawn to the problem. “I come from a family of teachers, and I was looked at as the oddball in that I went into a different kind of service,” she says, smiling. “But in nursing we also do a lot of teaching.” As a nurse practitioner, Hudson became particularly interested in teaching HIV patients. In addition to providing ambulatory care to HIV-positive patients, she served as a nursing coordinator at an AIDS clinic and later as a case manager in a hospital HIV unit.

Her research initially focused on symptom management for patients with chronic illnesses. “For chronic conditions such as HIV, diabetes, or even menopausal symptoms, most of the onus of health care maintenance is on what patients do at home,” she explains, “so we need to know what information these patients get from their providers, how much they understand, and how they translate that information into self-care.”

Hudson is currently examining pregnant and postpartum women’s attitudes about prenatal HIV testing. One-fourth of the approximately 1 million U.S. residents living with HIV are unaware that they are infected. This prevents these 250,000 individuals from receiving treatment that could improve their health and extend their lives – treatment that is more effective when begun earlier in the course of the disease. Last September, the federal Centers for Disease Control and Prevention (CDC) issued new guidelines calling for voluntary universal HIV testing. The new guidelines aim to remove barriers to HIV screening that have been found to get in the way of both patients and their health care providers seeking tests.

Many women decline to be tested for HIV because of fear and the stigma that has been attached to taking the test, Hudson notes. In particular, she hopes to identify ways to increase voluntary testing among African American and Hispanic women, who comprise the majority of women infected with HIV.

Hudson continues to volunteer as a nurse practitioner for a Planned Parenthood clinic, where she provides prenatal care. “For several years, the standard has been to offer an HIV test to all pregnant women to decrease the risk of vertical transmission from mother to child,” she says. Hudson notes that many women, when offered the test by a receptionist or medical assistant, will decline. Often, when she provides more information on the benefits of knowing their HIV status, these same patients change their mind and consent to the test.

“It goes back to the power of the provider-patient relationship,” Hudson says. “If the health provider successfully communicates the right information to patients and removes the stigma around HIV testing, I believe it can make a huge difference.”

**Dr. Angela Hudson**

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Early in her career, as a public health nurse visiting homes where frail elderly individuals were being tended to by family members, Dr. Linda R. Phillips was struck by the discrepancy between the successful caregivers and the not-so-successful ones.

“It might sound obvious, but it is generally not acknowledged that some families do better at providing care than others,” says Phillips, who joined the UCLA School of Nursing faculty in the fall as the Audrienne H. Moseley Endowed Chair in Nursing. “We mistakenly assume that if the family is providing the care, it is the right and best thing for the elderly family member.”

Phillips saw firsthand that this was not the case. She found instances of abuse, but also situations in which family caregivers, while not willfully abusive, were either neglectful or incompetent for the role. Phillips recalls going to the home of one debilitated elderly patient who had bruises on both sides of her face in the shape of finger marks. When Phillips spoke with the daughter who was providing the care, she learned that the patient had not been eating and the daughter had been holding her face and force-feeding her. “This woman had the best of intentions, but she was obviously not handling the situation well,” Phillips says. “It was very difficult to know what nurses should do in situations like that.”

Her interest piqued, Phillips decided to return to school for her Ph.D. Ever since, her career has been devoted to teaching, studying, and finding solutions to the problems of elder abuse, family caregiving and nursing interventions for frail elders. After more than two decades on the faculty at the University of Arizona College of Nursing, she was recruited to the endowed chair at the UCLA School of Nursing last year.

While elder abuse is part of the issue, a more general concern for nurses is the overall quality of family care for frail elders whether it’s abusive or not, explains

ENDOWED CHAIR
DR. LINDA R. PHILLIPS
Phillips, who has studied all types of families and elder populations, including those with dementia, chronic heart failure, cancer, stroke, and other conditions.

There have been many studies on family caregivers, but little research specifically focusing on the quality of the care they give, Phillips notes. At the outset of her investigative program, she believed that education was the answer to the problem. “I thought that if we simply gave people enough factual information, they would do the right thing,” Phillips recalls, “and what I learned is that it’s much more complicated than that.”

The caregiver experience is extremely complex, she says. Because nurses and other health professionals have little time to spend with each family, they don’t get to know them well and, therefore, are likely to presume that with the right information, the family members will provide quality care. But research has shown that the education family caregivers receive tends to be inadequate.

Thus, Phillips began to focus on understanding the nature of the life-long relationships between frail elders and their family caregivers in the context of the caregiving role. “I have tried to learn what we need to do to help caregivers deal with a lot of the baggage they bring with them to caregiving,” Phillips explains. Sometimes, Phillips has learned, the content of the information itself needs to go beyond the mechanics of the care being provided. In one of her recent studies, an intervention that gave caregivers factual information designed to assist them in being non-confrontational made a significant impact.

“Most interventions in caregiving research have focused on reducing the caregiving burden,” Phillips says. “I have concluded from my research that this burden is exacerbated by relationship issues. It’s not just about how hard it is to be a caregiver; it’s how hard it is to be a wife or daughter who also happens to be a caregiver for that spouse or parent. Services such as respite care are helpful, but that’s not always the crux of the issue.” Family caregivers need long-term, intensive relationships with people who will support them, Phillips contends. That can be in the form of lay interventions such as support groups; often, though, caregivers are unable to get to the groups, or their situation is too complex to be alleviated in the group setting. In such cases, a supportive, informed listener can be the most helpful, and often it is nurses who fulfill that role, Phillips says.

Although her research has often focused on the negative sides of caregiving, Phillips recently completed a study that highlighted the moving stories of family members providing care for a dying relative. “It was heart-wrenching to hear these wonderful stories about what it means to provide care to a loved one who is dying,” she says. As a follow-up, Phillips is now collaborating with her UCLA School of Nursing colleague, Dr. Joyce Giger, to replicate this study using a cross-cultural perspective. At the same time, Phillips continues to have an interest in elder abuse, neglect and mistreatment in all settings. She recently submitted a proposal to study abuse in residential care facilities.

Phillips says she was drawn to UCLA by the reputation of School of Nursing faculty as well as UCLA’s overall excellence in geriatrics. She joins a growing group of faculty at the school who are interested in various aspects of gerontology. With the resources made available through the endowed chair, Phillips has begun to bring these faculty together in pursuit of a unified focus and strategy for developing knowledge in geriatric nursing.

“There are so many unanswered questions, as well as things we know a lot about that are not being transferred into the clinical arena. By combining the different skills and expertise of our gerontological nursing faculty through collaborations, we can do a better job of making a difference in practice.”

Thus, Phillips began to focus on understanding the nature of the life-long relationships between frail elders and their family caregivers in the context of the caregiving role. “I have tried to learn what we need to do to help caregivers deal with a lot of the baggage they bring with them to caregiving,” Phillips explains. Sometimes, Phillips has learned, the content of the information itself needs to go beyond the mechanics of the care being provided. In one of her recent studies, an intervention that gave caregivers factual information designed to assist them in being non-confrontational made a significant impact.

“Most interventions in caregiving research have focused on reducing the caregiving burden,” Phillips says. “I have concluded from my research that this burden is exacerbated by relationship issues. It’s not just about how hard it is to be a caregiver; it’s how hard it is to be a wife or daughter who also happens to be a caregiver for that spouse or parent. Services such as respite care are helpful, but that’s not always the crux of the issue.” Family caregivers need long-term, intensive relationships with people who will support them, Phillips contends. That can be in the form of lay interventions such as support groups; often, though, caregivers are unable to get to the groups, or their situation is too complex to be alleviated in the group setting. In such cases, a supportive, informed listener can be the most helpful, and often it is nurses who fulfill that role, Phillips says.

Although her research has often focused on the negative sides of caregiving, Phillips recently completed a study that highlighted the moving stories of family members providing care for a dying relative. “It was heart-wrenching to hear these wonderful stories about what it means to provide care to a loved one who is dying,” she says. As a follow-up, Phillips is now collaborating with her UCLA School of Nursing colleague, Dr. Joyce Giger, to replicate this study using a cross-cultural perspective. At the same time, Phillips continues to have an interest in elder abuse, neglect and mistreatment in all settings. She recently submitted a proposal to study abuse in residential care facilities.

Phillips says she was drawn to UCLA by the reputation of School of Nursing faculty as well as UCLA’s overall excellence in geriatrics. She joins a growing group of faculty at the school who are interested in various aspects of gerontology. With the resources made available through the endowed chair, Phillips has begun to bring these faculty together in pursuit of a unified focus and strategy for developing knowledge in geriatric nursing.

“There are so many unanswered questions, as well as things we know a lot about that are not being transferred into the clinical arena,” she says. “By combining the different skills and expertise of our gerontological nursing faculty through collaborations, we can do a better job of making a difference in practice.”
“Bench to bedside” is a phrase commonly used in biomedical science to describe the translation of laboratory findings into clinically useful strategies. Dr. Wendie Robbins began her career “at the bedside” as an obstetrical-gynecological nurse, but became disturbed by what she suspected were preventable reproductive problems affecting certain patient populations more than others. So Robbins went back to school for her Ph.D., shifting her focus from the bedside to the bench in an effort to do something about the problems she had seen.

Today, as a biologic nurse scientist at the UCLA School of Nursing, she brings her unique perspective to reproductive toxicology studies and works with epidemiologists, environmental scientists, nurses and other clinical experts to translate the findings into better health outcomes for parents and children. And as the newly appointed Audrienne H. Moseley Endowed Chair in Biological Nursing Science, Robbins heads a growing cadre of biological nurse scientists at the school who are conducting basic research to address important questions of their own.

While working as a nurse practitioner in rural public health clinics in the 1980s, Robbins saw patterns in families experiencing poor reproductive outcomes that led her to suspect links to environmental or occupational exposures. “I began to think about the potential influence of the environment on reproductive health,” she says. “We would travel long distances through flat desert to get to one particular clinic, and as we approached you would see a plume of dense smoke coming from the main industry in town, a copper smelter. You couldn’t help but wonder whether some of the clinical outcomes you were encountering were related to that plume drifting over the homes in the community surrounding the plant.”

Deciding that pursuing a career as a nurse scientist would enable her to make contributions that might prevent many tragic reproductive outcomes from occurring and promote health for parents and children, Robbins began doctoral studies at UC Berkeley. She did her dissertation with the Biomedical Research Group at Lawrence Livermore Laboratory. After earning her Ph.D., Robbins spent three years as a
member of the clinical research faculty at the University of North Carolina at Chapel Hill, School of Public Health. In 1997, she was recruited to the UCLA School of Nursing to serve on the faculty and direct the school’s Occupational and Environmental Health Nursing Program.

In the last decade, her lab has evaluated human sperm cells for chromosomal abnormalities resulting from environmental, occupational or lifestyle exposures. Robbins’ group has published studies on the effects on sperm DNA from smoking, alcohol and caffeine; from chemotherapy; from the antiretroviral agents used to treat HIV infection; from organophosphate pesticides; and from air pollution. She also went to China for a study of male reproductive effects from occupational exposure to boron.

Her group has found that certain chemotherapy drugs increase aneuploidy—a condition characterized by an abnormal increase in chromosomes—in sperm cells during and immediately after treatment, with the sperm returning to pre-treatment chromosome numbers by six months after conclusion of the therapy. Conceptions taking place during this period of increased sperm disomy are at risk for adverse health outcomes such as Klinefelter’s syndrome, Down syndrome, mental retardation and other developmental disabilities.

Robbins further found that aneuploidy can result from high levels of exposure to air pollution and smoking. Her pesticide studies found an increase in nullisomy—a missing sex chromosome—in sperm cells. In her research on the reproductive effects of occupational exposure to boron among male workers who mine the element in Liaoning Province, China, Robbins found that high exposure levels changed the ratio of Y- to X-bearing sperm, potentially influencing the gender of their offspring.

“In almost any health outcome, environment and underlying genetics both play a role, and if we want to understand these outcomes, we need to try to decipher what is genetic, what is environment, and how we might promote health through that understanding,” Robbins says. “By better comprehending people’s reproductive risks from various exposures, we can take measures to reduce those risks and promote healthy outcomes for parents and children.”

The research tools Robbins can now draw on to answer questions such as these have become far more powerful since her bench career began. But Robbins points to another change as being equally significant in advancing her efforts. “Scientific inquiry is increasingly collaborative,” she says. “The goal is to learn things from bench research that can be implemented in patient care and health, and to do that you need to work in multidisciplinary teams. Nurses have a distinct role in this effort, and that’s why this biological endowed chair is such a great opportunity.”

These are challenging but exciting times for basic-science nurse researchers, Robbins says. “Current numbers of biologic, bench nurse scientists are small and because of this, their capability is often overlooked or under-funded. On the other hand, this is an excellent time at UCLA to build a reputation for nurses as biologic scientists because units across campus are embracing interdisciplinary collaborations.” Opportunities for basic biological nurse researchers are presenting themselves in the disciplines of genetics, stem cells, nano-science, immunology, imaging, neurobiology, molecular biology and molecular toxicology, Robbins says. Moreover, as the School of Nursing expands programs to include new graduate and undergraduate student streams, early mentoring in basic laboratory research can build a rich pool of doctoral candidates for the biological nurse scientist role.

“Nurses play a critical role as basic biological researchers because they have come out of the patient-care milieu and really understand human health, susceptibility to illness, resilience, the impact of what they’re doing at the bench and how it might be implemented,” Robbins explains. “This endowed chair is a great opportunity to build on our strong cadre of bench researchers who are addressing different biological issues through their unique nursing perspective.”
In the UCLA School of Nursing’s new skills laboratory, there are no patients...though it might not always seem that way.

SimMan and SimBaby, two of the manikins occupying beds in the state-of-the-art simulation room, will actually “talk” to the person conducting the examination and respond to questions and actions. A stethoscope yields realistic sounds of the heart and lungs. The examiner can take the manikin’s pulse, start an IV and inject fluids. If need be, SimMan can be defibrillated with a 400-watt charge. The patients will cry and moan when in pain. Besides the male and infant manikins, there’s Nursing Kelly, Nursing Kid, and Noelle, a manikin who “gives birth.” While she’s in labor, you can monitor the fetal heart sounds.

With the initiation of the Masters Entry Clinical Nurse (MECN) and generic undergraduate programs, the school needed to create a skills lab to enhance the clinical education of students who have not previously worked with patients. With a grant from UniHealth, several computerized simulation manikins were purchased to provide a hands-on training environment. In addition to these full-size...
Students in the MECN and undergraduate programs — and eventually, in the other nursing programs as well — will use the training materials. In addition, the school will be collaborating with clinical partners at UCLA Medical Center, Cedars-Sinai Medical Center, St. John’s Medical Center, Santa Monica-UCLA Medical Center, West Los Angeles VA and Children’s Hospital Los Angeles to provide training for staff nurses using the simulation facility.

“When student nurses are being trained only with actual patients, you can’t guarantee that they’re going to have every experience you want them to have and, obviously, you also can’t let them make mistakes on real people,” says Dr. Mary Woo, professor at the school and director of the lab. “This enables a standardization of the types of conditions students see, and it allows students to respond to different situations and learn from their mistakes without harming patients.”

With the new technology, the manikins can be programmed to present specific symptoms and respond differently depending on the course of action the student nurses take. The technology also enables the students to be digitally recorded while responding to and treating the manikins, so that they can review their performance with a mentor. “The debriefing afterwards is a great educational opportunity,” says Woo. “If the instructor is constantly stopping the student during the exam, it’s not as realistic. Here, students have a chance to watch themselves and reflect on what they did.”

Students will rotate into the simulation lab in small groups to put into practice the material they learn in the classroom. “It’s one thing to sit around and talk about the clinical experience,” says Woo, “but until you actually perform clinical work, it’s kind of a mystery. This will better prepare students for their first hands-on clinical work.”
THE CHIRONIAN SOCIETY

The Chironian Society has gained nine members since the Fall 2006 issue of UCLA Nursing and the school is looking forward to the growth of that roster in the first year. The focus of The Chironian Society is to enhance the student experience and provide scholarships. The school will look to the society as the alumni fundraising arm, with annual renewal memberships that enable the school to forecast its ability to distribute scholarships each year.

Membership in The Chironian Society is available at the following annual levels:

- Dean’s Honor Roll $1,000
- Patron Member $500
- Regular Member $200

Pledges are accepted for annual memberships (to be realized within the fiscal year).

As a Chironian, you will receive an acknowledgement of your membership and invitations to UCLA School of Nursing events. You will also be invited to participate in various volunteering opportunities and, at the appropriate giving level, be listed in the UCLA School of Nursing Honor Roll.

We invite your membership. You may contact our new Development Officer, Rene Dennis, at (310) 206-3662 and/or visit our Web site: www.nursing.ucla.edu.

BUHLLOUGH LECTURE – DR. MARY GNEIL MUNDINGER (SECOND FROM LEFT), CENTENNIAL PROFESSOR OF HEALTH POLICY AND DEAN OF THE COLUMBIA UNIVERSITY SCHOOL OF NURSING, DELIVERED THE BONNIE BULLOUGH MEMORIAL LECTURE AT THE SCHOOL ON MARCH 7, ON THE TOPIC “THE CLINICAL DOCTORATE IN NURSING: THE FUTURE IS HERE.” PICTURED WITH MUNDINGER, FROM LEFT TO RIGHT: DR. DEBORAH KONAK-GRIFFIN, DEAN MARIE COWAN, AND DR. MARY ANN LEWIS.

CHANCELLOR’S ASSOCIATES EXPANDS OPPORTUNITIES

In January, the campus announced a redefined UCLA Fund, wherein all alumni, parents and friends have the opportunity to direct their annual unrestricted gifts to the academic areas of their choice. In the past, gifts toward membership in the Chancellor’s Associates were automatically allocated to the Chancellor’s Fund. Now, donors can direct these gifts to the School of Nursing and/or the Chancellor’s Fund and still receive the privileges of membership in the Chancellor’s Associates.

Alumni, parents and friends who contribute $2,500 or more annually to the areas of their choice are recognized as leadership donors known as Chancellor’s Associates. The Chancellor’s Associates are a diverse group sharing a dedication to UCLA. Through special networking events, they strengthen their ties to the chancellor and the UCLA community. In recognition of their vital support, the Chancellor’s Associates enjoy unique donor courtesies. As a member you receive:

- A personal campus liaison to assist you with UCLA questions or concerns
- Invitations to UCLA events and receptions
- Inclusion in the Chancellor’s Associates Membership Directory
- Access to UCLA’s top-ranked libraries
- A non-transferable donor campus parking permit
- UCLA Recreation Center privileges
- The option to purchase priority seating as available for football and basketball games
- Free admission to many UCLA athletic events (except football and men’s basketball)
- Recognition in the UCLA Fund’s Honor Roll of Donors
- Opportunities to meet other alumni, parents and friends of UCLA
- The UCLA Fund e-newsletter and other special communications
- An annual membership card

We hope many will take advantage of joining the Chancellor’s Associates with these outstanding benefits, while you help change lives and build great futures.

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As a member of The Chironian Society, you will be investing not only in the school, but also in the future of nursing professionals for years to come.

We invite your membership. You may contact our new Development Officer, Rene Dennis, at (310) 206-3662 and/or visit our Web site: www.nursing.ucla.edu.
CLASS REUNION

Six classmates, along with the widower of a seventh graduate from the master’s classes of ’67, ’68 and ’69, celebrated a 40th reunion last October. Organized by Mary Sloper, M.N. ’67, the reunion included a visit to the UCLA campus, with a presentation by faculty of the new undergraduate and MECN programs and their research; and a tour of the Factor Building and lunch with Dean Marie Cowan, Director of Development Rene Dennis and Assistant Dean for Student Affairs Suzette Cardin. Congratulations to Betty Crager, Sylvia Paulson, Cynthia Scalzi, Lee Schmidt, Mary and Don Sloper, Henry Etta Waters-Blackman and David Kirkpatrick (widower of classmate Betty Leisure) for celebrating the milestone of 40 years of friendship after college.

IN MEMORIAM

Members of the school attended the services held on October 6 to pay tribute to and remember Mary Zachary Brown, ’57. The school also suffered the loss of Helen Brown, ’66, and joined the family in celebration of her life on December 15.

RENOVATIONS NEARLY COMPLETE

The expansion of the school to include a new Masters Entry Clinical Nurse program and re-established generic undergraduate program has been accompanied by major renovations, both for aesthetic reasons and to create additional space to make room for the new faculty and programs.

Since 2003-04, a total of 69 staff and faculty offices and two research center offices have been remodeled. The reopening of the undergraduate program came with funding to not only renovate the school’s space, but also to create room for the new faculty positions that were appropriated. A portion of lobby space that had been part of the Student Affairs office has been converted into office space, and single-user office space has been converted to multiple office space. The Student Affairs suite itself was remodeled to update the furnishings and to make room for two additional staff. The school has also embarked on renovations of five laboratories, the common research area, and the cold room. Also recently completed was the upgrade of 10 classrooms, which began in 2002-03.

Work has also begun on the remodeling of the Ph.D. and student lounges. The Student Lounge renovation was made possible by a donation from the Graduate Students Nursing Association, with matching funds pledged by Dean Marie Cowan to remodel the lounge. The school has renovated its locker room to accommodate the additional students, and has upgraded the mailboxes for more students and security.

Finally, as part of its strategic initiatives, the school is in Phase II of an upgrade of audio-video equipment in the classrooms and auditorium.
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.

GIFT ANNUITY PAYMENT RATES
(Single Life)

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Please call for current benefits and rates for two persons.

For more information, please call Rana Dennis at (310) 206-8662 or visit www.giftplanning.ucla.edu