Fighting Cancer Proactively
Faculty Are on the Front Lines in a Multi-Faceted War

INSIDE: Students Overseas | Evidence-Based Practice | Profiles of Faculty, Students, Alumni and Staff
THIS YEAR MARKS THE 60TH ANNIVERSARY of the UCLA School of Nursing. The school’s mission has been consistently simple, starting with the very first dean, Lulu Wolf Hassenplug: quality health care for all. From the beginning, the school has been transforming nursing science through our pursuits of uncompromised excellence in research, education, practice, policy, and patient advocacy. You can say transforming nursing science is a part of the school’s DNA.

In the past six months, the school’s faculty and staff have been diligently working on identifying areas for streamlining curriculum, reducing redundancies in operations, forging new and innovative research teams, and identifying areas for strategic growth. The underpinnings of our new shared vision are predicated on some very simple tenets:

1) Identify and support educational and research programs that are poised to move into the top echelon to create new spires of excellence.
2) Increase interdisciplinary education and research collaborations, both domestically and with strategic global partners.
3) Continue to diversify faculty, students, and staff to ensure a true world-class nursing school.
4) Increase our community engagement through civic engagement.

I would be remiss if I did not share with you that our planning is taking place in the shadow of a state facing deep budget cuts. The University of California system has been hit hard by the budget reductions. The state’s legislative analyst has estimated that state revenues next year will be $8 billion below the assumptions contained in the budget stabilization measure approved by the legislature and governor in February. As a result, further cuts may be proposed at the time of the revision of the state budget in late May. You may be wondering...
ing how the budget cuts affect our School of Nursing? The chancellor has asked all of the deans to prepare for a 5 percent across-the-board reduction in funding, with the potential for further budget cuts. This comes in addition to the elimination of approximately $700,000 in state support for the re-opening of our traditional Bachelor of Science program.

The upcoming academic year will definitely pose some unique challenges for our School of Nursing. But we remain steadfast not to decrease enrollment in our educational programs – the nation needs more highly educated nurses now more than ever to stem the acute nursing shortage. This is why financial support from our alumni and friends is more important now than ever.

Many of you know that this is not the first time that our School of Nursing has faced significant state reductions in funding. A major strength of nurses is our resiliency now than ever – the nation needs more highly educated nurses now more than ever to stem the acute nursing shortage. This is why financial support from our alumni and friends is more important now than ever.

It is at a vital link between the school and the hospital. In the process, she serves as the best evidence from research. Care at UCLA is based on the best evidence from research. Anna Gawlinski leads an effort to ensure that clinical care at UCLA is based on the best evidence from research. In the process, she serves as a vital link between the school and the hospital.

DEPARTMENTS:

BRIEFLY-

STUDENTS

PRACTICE

FACULTY

ALUMNI

SUPPORT

Putting Science into Practice

Anna Gawlinski leads an effort to ensure that clinical care at UCLA is based on the best evidence from research. In the process, she serves as a vital link between the school and the hospital.

Education Abroad

Seven undergraduate students received support from the school to spend part of their summers volunteering in developing countries – experiences that reaffirmed their commitment to nursing.

UCLA SCHOOL OF NURSING

is published by the UCLA School of Nursing for the alumni, faculty, students, staff and friends of the school.

For information about academic programs and student affairs, call (310) 825-7381, or email nursinfo@ucla.edu.

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The UCLA School of Nursing is one of 58 nursing schools that received funding for student scholarships from the Robert Wood Johnson Foundation as part of a program aiming to address the national shortage of nurses and nurse faculty. The RWJF New Careers in Nursing Scholarship Program is providing scholarships of $10,000 each to 706 nursing students enrolled in accelerated programs during the 2008-09 academic year.

**WHAT’S NEW RWJF Scholarship Program**

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**CURRENT COMMENT**

“When you’ve seen the profound suffering of patients with tobacco-related cancers as an oncology nurse, knowing that this doesn’t have to be, you just feel compelled to do whatever you can to make a difference.”

– Dr. Linda Sarna, professor, UCLA School of Nursing (see page 6)
COMINGS AND GOINGS

ARRIVING: SOPHIE SOKOLOW
Dr. Sophie Sokolow, whose research explores the molecular mechanisms involved in the pathogenesis of Alzheimer’s disease, has joined the school’s faculty as an assistant professor. Sokolow received her pharmacy degree from the Free University of Brussels, Belgium, in 1994, and then spent several years working as a community pharmacist and as a consultant for the Belgium Ministry of Public Health. In 2004, she earned her Ph.D. in Biomedical Sciences from the Free University of Brussels before coming to UCLA for postdoctoral training. This included 18 months in the laboratory of Dr. Karen Gylys, an associate professor at the school. In addition to her research, Sokolow is teaching advanced pharmacology at the school of nursing.

DEPARTING: RENE DENNIS
Assistant Dean for Development Rene Dennis accepted an offer to join the senior management team of Dr. Rory Hume, now provost at the United Arab Emirates University in Dubai, where she started January 1. As special assistant to the provost, Dennis will recruit the senior leadership and faculty at the university and introduce new processes of review and accountability (similar to the UCLA Academic Senate and administrative reviews). At the School of Nursing’s holiday reception in December, the school and campus community celebrated Dennis’ 28-plus years of service at UCLA and wished her well in her new endeavor.

BEHIND THE SCENES
Loretta Sun
Loretta Sun isn’t a nurse, but thanks to her job as a contract and grant analyst at the school, she has received a crash course in the wide-ranging topics that faculty are pursuing in the name of advancing nursing science.

Sun assists Dr. Priscilla Kehoe, director of research, in supporting the school’s substantial research enterprise, which ranks in the top 10 among schools of nursing in funding from the National Institutes of Health. Her tasks include assisting faculty in submitting research grant applications, managing their proposals, and working with UCLA’s Office of Contract and Grant Administration in preparing the grants for final submission. She is a liaison to the fund manager who composes the proposal’s budget, and to UCLA’s Office of Protection of Research Subjects, helping to ensure that faculty research complies with the institutional review board’s requirements.

Sun, who holds a Master of Social Work degree with a concentration in research and a Master of Social Work degree with a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration in research and a concentration 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As an oncology nurse, Dr. Linda Sarna concluded she needed to devote her work to going after the culprit in 30 percent of cancer deaths. Among her myriad efforts, she and her team developed a pocket guide that has been used by nurses across the nation in counseling patients about smoking cessation.
As part of the first wave of oncology nurses in the early 1970s, Dr. Linda Sarna was a pioneer in describing the quality of life and symptom distress among people with lung cancer, including the rare lung cancer survivors. But at a certain point, Sarna decided that documenting the suffering of her patients, while extremely important, wasn’t enough. Most of them, she knew, would not have had to deal with the horrors of their diagnosis if they had not become addicted to nicotine, often as young children. Sarna decided that as a cancer nurse, she was obligated to do more to reduce the number of patients suffering from lung cancer.

“Tobacco control is cancer prevention,” Sarna asserts, pointing out that in addition to the vast majority of lung cancer deaths, 30 percent of all cancer deaths are related to tobacco use. “Nurses can be great champions for behavior change. We are the largest health care profession, we have intimate encounters with patients in all types of settings across all socioeconomic strata, and because we are one of the most trusted and highly regarded professions, our patients look to us for advice. Nurses can do this – we’ve done it for centuries.”

Sarna is one of a handful of UCLA School of Nursing faculty who are taking proactive measures – and often speaking out and influencing health policy – in an effort to prevent cancer or reduce the severity of its symptoms, particularly in vulnerable groups. From laboratories at UCLA to places as far away as China (where Sarna has helped to develop tobacco control policies), these faculty are engaged in the fight against a disease that is the leading killer in the world.

Tobacco Free Nurses Initiative, the first national program to help nurses stop smoking. Under Sarna’s leadership, the group launched a media campaign, worked with nursing organizations to increase awareness, and created a website (www.tobaccofreenurses.org) that features a library housing articles by and about nurses in tobacco control, as well as evidence-based guidelines and factsheets on smoking cessation. A supplemental grant through the Smoking Cessation Leadership organization at UC San Francisco enabled the group to work with national nursing organizations in developing tobacco control policies. The

From laboratories at UCLA to places as far away as China, members of the school’s faculty are on the front lines in a multi-faceted war against a leading killer.

“Tobacco control is cancer prevention.” – Dr. Linda Sarna

But the battle has been joined, and nurses are increasingly on the front lines with Sarna helping to lead the charge.

The turning point for Sarna came in 1996, with the release of the first evidence-based practice guidelines for how to help patients quit smoking. “Previously there had been a lot of nihilism – a belief that there wasn’t much that nurses could do to help patients quit smoking,” Sarna says. “Now we did have some proven strategies, but the rank-and-file nurse didn’t know about them.” Ever since, Sarna has been focused on translating the tobacco-dependence treatment guideline into practice, and on the pivotal role of the 3 million U.S. nurses in reducing the population of smokers, which now numbers 43 million.

In her efforts to get nurses to address tobacco use among their patients, Sarna learned there were barriers that needed to be overcome. Her 2002 survey of oncology nurses’ attitudes, behavior, and practices related to tobacco use and smoking-cessation interventions provided the first evidence that oncology nurses believed in their role but felt ill-prepared to take action. Sarna began to tackle the three major impediments that her study identified: 1) the significant number of nurses who are themselves smokers, making them less inclined to intervene with their patients and less effective when they do; 2) a lack of skills and confidence in how to intervene, in part because of insufficient content in nursing schools; and 3) a lack of leadership on the issue by nursing organizations.

To address the issue of smoking in the nursing profession (and, ultimately, the barriers related to lack of tools and leadership), Sarna was awarded a grant from the Robert Wood Johnson Foundation that led to the establishment of the...
Tobacco Free Nurses Initiative has been recognized by WHO as an exemplar of nurse-led programs and was highlighted as part of the 2005 World No-Tobacco Day celebration.

A grant from the Robert Wood Johnson Foundation enabled Sarna to lead the first external nurse scientist-led team to analyze tobacco-use data from the Nurses’ Health Study – the largest prospective study of women’s health ever undertaken. Sarna’s group examined 27 years of trends in smoking, non-smoking, quitting, mortality, and quality of life among the 200,000-plus nurse participants. “I consider this to be one of the major papers of my lifetime,” Sarna says. “Data from these nurses revealed the devastating impact of tobacco use, and we felt compelled to share this with our colleagues in an issue of Nursing Research.” The study, as well as an analysis Sarna’s team conducted using the Tobacco Use Supplement of the Current Population Survey, found a decline in smoking rates among nurses, although not as precipitous as Sarna would have liked.

To better equip nurses in how to intervene with their patients who are smokers, Sarna has worked both at home and abroad. At home, she and her team, in collaboration with the Agency for Research and Quality, created a pocket guide, “Helping Smokers Quit,” that has been used by nurses and other health professionals across the nation. Overseas, her UC-funded study of tobacco-related content in nursing schools in Pacific Rim countries (China, Hong Kong, Japan, the Philippines, and Korea) has had a significant impact on a region with the largest population of smokers. Her work in China, home to more than 350 million smokers, in collaboration with Dr. Sophia Chan, has addressed the critical importance of nursing interventions for tobacco dependence.

Sarna’s current focus includes a $1.38-million grant from the U.S. Centers for Disease Control and Prevention, “From Guideline to Practice: A Nursing Intervention to Help Smokers Quit.” As part of the first large nurse-led and focused study testing the implementation of the national tobacco-dependence treatment guideline into nursing practice, Sarna’s group is delivering educational content by teleconference to nurses in West Virginia, Indiana, and California, as well as via www.tobaccofreenurses.org.

Wiley, a nurse who worked as a public health epidemiologist and currently teaches public health nursing at the school, started her scientific career with a focus on HIV but began to move toward studies of human papilloma virus (HPV) as life-extending HIV treatment introduced a new concern: Now that HIV-positive individuals are living longer, they appear to be more susceptible to the cancers that can result from HPV than the general population. Among other things, Wiley took part in some of the first clinical trials of the HPV vaccine at UCLA; her group is continuing to follow women who participated in that trial, some of whom are now 10 years removed from having gotten the vaccine.

Approved in 2006, the HPV vaccine is considered extremely safe and effective in preventing the types of genital HPV that cause most cases of cervical cancer and genital warts, as well as other less common genital cancers. Without the vaccine, most people who are sexually active will get HPV at some point in their lives, though they are unlikely to ever know it. The vaccine is routinely recommended by the U.S. Centers for Disease Control and Prevention for all girls ages 11-12, as well as for girls and women ages 13-26 who have not yet started or completed the vaccine series.
Despite these recommendations, and the clear-cut cancer prevention benefits, Wiley has been frustrated by the misconceptions about the vaccine, even among clinicians. General, often misplaced fears about vaccines, along with skepticism in many communities born of historic injustices such as the infamous Tuskegee study (when African American men with syphilis were willfully left untreated), have resulted in significant gaps in compliance with the recommendations.

“There is so much confusion out there that we have a tremendous amount of work to do in education, to help people understand the value of this for children,” Wiley says. She is doing her part by speaking to groups of clinicians about the pathogenesis of HPV. “I see myself as needing to teach, teach, and teach again,” Wiley says, smiling.

Meanwhile, Wiley continues to study HPV epidemiology at a molecular level. Her current focus is on developing strategies to help the body better adapt to fighting the infections. With a two-year grant from the National Institutes of Health (NIH), she is studying ways in which the infections, methylation, and how chronic conditions – such as chronic stressors that promote cancer metastasis. Stress markers known as catecholamines – epinephrine and norepinephrine – have been shown in laboratory studies to have the ability to activate cancer cells and so-called angiogenic factors, which stimulate the blood vessel growth that is integral to the cancer process.

FitzGerald is currently involved in a study of women who present with a mass suspected to be ovarian cancer – including both those who are later diagnosed with ovarian cancer and those for whom the mass turns out to be benign. Her group is following these women both before and after surgery in an effort to determine any association between their mood, quality of life and certain inflammatory markers in the blood that are known to be related to stress – and how they may also play a role in cancer outcomes. “If we can better understand how chronic stress promotes these angiogenic and immune pathways, we might be able to develop an intervention to slow disease progression,” FitzGerald explains.

While other scientists are looking at these processes from a purely biological perspective, FitzGerald’s nursing background led her to incorporate quality of life measures into the study, including how sexuality and intimacy are affected – an issue about which there has been little research in women with ovarian cancer. 

The HPV vaccine, approved in 2006, is considered extremely safe and effective in preventing the types of genital HPV that cause most cases of cervical cancer and genital warts. But with many misconceptions about the vaccine, experts such as Dr. Dorothy Wiley are active in educating clinicians and the public, exploring the ways in which chronic stressors may promote cancer metastasis. Stress markers known as catecholamines – epinephrine and norepinephrine – have been shown in laboratory studies to have the ability to activate cancer cells and so-called angiogenic factors, which stimulate the blood vessel growth that is integral to the cancer process.

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A s a former postdoctoral fellow in psychoneuroimmunology – the study of the relationship between mood and the immune and nervous systems, and its effect on health – Dr. Leah FitzGerald, assistant professor at the school, also works in the laboratory, exploring the ways in which chronic stressors may promote cancer metastasis. Stress markers known as catecholamines – epinephrine and norepinephrine – have been shown in laboratory studies to have the ability to activate cancer cells and so-called angiogenic factors, which stimulate the blood vessel growth that is integral to the cancer process.

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“There is so much confusion out there that we have a tremendous amount of work to do in education, to help people understand the value of this for children.” – Dr. Dorothy Wiley
As a onetime cancer patient herself, Dr. Felicia Hodge has a unique perspective on the importance of effective communication between providers and patients and the gaps that often result from a lack of cultural understanding. Hodge, an American Indian who is a professor at the UCLA School of Nursing and director of the Center for American Indian/Indigenous Research and Education, became interested in the issue of pain control after she learned of studies indicating that providers tended to pay less attention to pain management in American Indian and other minority patient groups. As she delved further and began questioning American Indian patients, Hodge learned that many were suffering but not communicating this with their provider. “There are a lot of myths and much that needs to be shared on both sides,” Hodge says.

With a major grant from the National Cancer Institute, Hodge is now examining barriers to management of cancer symptoms (including pain, depression, fatigue, and loss of function) in American Indian cancer patients, as well as testing an intervention aiming to address these barriers. She is using storytelling as a method for eliciting information from patients on their cancer experience, since many patients have difficulty in answering questionnaires or participating in interviews. In addition, patients in the study have been given the opportunity to use art as a way to describe their pain. As part of the effort, Hodge has designed and is testing a culturally sensitive tool kit for patients and their families.

Many American Indian cancer patients and their families don’t realize that symptoms of pain, depression, fatigue, and loss of function are associated with cancer – or that these symptoms can be managed. “This leads to a lot of patients suffering in silence,” Hodge says. Her study seeks to help American Indian patients better understand the cancer experience and how they can manage their symptoms, and to describe the barriers – such as lack of knowledge about self-management tools and resources, or a reluctance to ask questions of their provider.

Story-telling is a common method of communication within most cultures. “In American Indian communities, it is part of almost daily communication,” Hodge says. “When American Indians can talk things through, it can help them to reach a conclusion or realization. Unfortunately, in a health care setting they often feel that providers don’t have time to listen to them, and that results in communication problems.” Artwork is also central to American Indian culture, she notes. As part of Hodge’s focus groups, patients began drawing pictures to express how their pain felt. “For some patients this is a more comfortable way to communicate, and it’s very exciting to see the new perspective we get from this method of cancer patients explaining their stories,” Hodge says.

Dr. Sally Maliski, assistant professor at the school, is also focused on cancer in underserved populations. Since arriving in 2005, she has been a primary investigator for IMPACT, a statewide program (based at UCLA and led by Dr. Mark Litwin) that provides free prostate cancer treatment to uninsured men whose incomes are no more than 200% of the federal poverty level. “There are multiple symptoms related to treatment for prostate cancer, and these low-income and uninsured men don’t have the same access to man-

“If we can better understand how chronic stress promotes these angiogenic and immune pathways, we might be able to develop an intervention to slow disease progression.”

— Dr. Leah FitzGerald

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— Dr. Felicia Hodge
management of those symptoms as better-resourced men do,” Maliski explains. Navigating the health care system can be daunting for anyone, but particularly for people with low literacy levels or who experience language barriers. Such is the case for many of the low-income, uninsured Latino men who are the subject of much of Maliski’s work. “There are many complexities around the diagnosis and treatment of prostate cancer, with a lack of consensus on the benefits of screening and a number of options related to early-stage prostate cancer treatment, each with unique pros and cons; yet, Maliski notes, how the large population of Latino males approach the decision-making process in prostate cancer is virtually unknown. Maliski is conducting an NIH-funded study aiming to describe how low-income Latino men diagnosed with prostate cancer decide on treatment. The study’s ultimate goal is to develop culturally appropriate intervention strategies that facilitate informed and confident decision-making.

Maliski is also addressing a concern revealed in her previous studies: the reluctance among many of these men to disclose their diagnosis to others, including their first-degree relatives — who are thus unaware that they are at increased risk and should be taking steps to ensure early detection. In the same NIH-funded study, she is looking at how these men decide whether to disclose their prostate cancer, and to whom; and at the perception of risk and understanding of prevention strategies among low-income Latino men who learn that their first-degree relative has been diagnosed. The intervention strategy Maliski has developed in an effort to improve communication and facilitate informed decision-making is based on the nurse-facilitated case management model that has been the cornerstone of the IMPACT program. The role of the nurse case manager for the program’s low-income patients is multi-faceted, Maliski explains. It involves education, coordination of care, and advocacy in helping patients get what they need for symptom management. It includes ensuring that patients remember and can get to their appointments, arranging for transportation as needed, making referrals to food sources for men who are having difficulty getting proper nutrition, and finding shelters for homeless men to access following their surgery. And it involves empowering patients with self-advocacy skills.

“I believe strongly that health care is a right rather than a privilege, and cancer symptom management is an area in which there is such a great need to help people who don’t have access to the tools that we know can be effective in managing these symptoms,” says Maliski, who has a separate study on associations between health literacy, ability to interact with health care providers, and disease-related and general quality of life outcomes in low-income prostate cancer patients. “Knowledge is critical, particularly in prostate cancer, but there are too many men for whom the patient education literature is not accessible because they either can’t read English or read well below the literacy level of the material.”

“Count Maliski among numerous nurses — from scientists to those practicing at the bedside — whom Sarna has influenced. She has been a leader in the growth and development of the oncology nursing specialty, authoring one of the first textbooks in the field and playing a key role in the UCLA School of Nursing’s establishment in 1976 of one of the nation’s first oncology nursing specialty programs. Many of these advanced-practice oncology nurses have been on the front lines in the tobacco-control fight. Sarna continues to deliver the tobacco-control content to all of the school’s baccalaureate and master’s students as part of their health-promotion courses. In her tireless efforts to make a global impact in the fight against tobacco, she has used the findings from her research to assist in developing and revising tobacco-control position statements of the Oncology Nursing Society, American Nurses’ Association, and International Society of Nurses in Cancer Care. She has received numerous awards for her work, most recently the Oncology Nursing Society’s 2009 Distinguished Researcher.”

And after being at it for the better part of four decades, she is as passionate about her work as ever. “When you’ve seen the profound suffering of patients with tobacco-related cancers as an oncology nurse, knowing that this doesn’t have to be, you just feel compelled to do whatever you can to make a difference,” Sarna explains. “Too many millions of people have suffered, and too many nurses have been silent.”
EDUCATION ABROAD

Seven undergraduate students received support from the school to spend part of their summers volunteering in developing countries – experiences that reaffirmed their commitment to nursing.
Wendy Evangelista needed four planes and 30 hours to get to Mateves Village, the rural Tanzanian community 20 minutes outside the city of Arusha—where she was to spend five weeks volunteering with One Heart Source, a nonprofit organization founded by fellow UCLA students to promote the well-being, growth, and development of abandoned children through high-quality care and education programs.

Evangelista was part of a teaching group at a primary school in the village that promoted HIV/AIDS education while running an after-school art and sports program twice a week. There were approximately 65 students in her class, ages 9-13. “The students didn’t allow the language barrier to stop them from learning—although we butchered the little Swahili we attempted, they still listened intently,” Evangelista says. “More importantly, they clearly conveyed their eagerness to learn about HIV/AIDS, which only motivated me to plan better lessons, creative songs and more fun games for the classroom.”

In addition to the school schedule, Evangelista’s group became involved with Women in Action, an Arusha-based nonprofit organization dedicated to providing home-based care to women and children affected by HIV/AIDS. They taught rudimentary math and language skills to toddlers and began making regular visits to an orphanage.

Evangelista says her experience was one of remarkable growth, helping her to realize her passion for promoting international health. “I thrived in another culture, wearing the customary kangas or floor-length skirts, eating traditional Tanzanian food, and greeting each elder with a respectable ‘Shikamoo!’” she says. “I valued each child’s hand I held, afraid that letting go would signify the end of that relationship forming between me and the child. Sure, I wasn’t able to move mountains during my time there, but I did move stepping stones and for now, that’s OK. Those few stones will pave the way for me when I return to Tanzania after receiving my B.S. in Nursing from UCLA.”

Seven students of the UCLA School of Nursing’s undergraduate program will never forget last summer, when funding from the school through the Dean’s Discretionary Fund enabled them to volunteer overseas.

Between them, they ventured to six developing countries on three continents, taking on wide-ranging responsibilities. But all seven students returned expressing similar sentiments: that their experiences had been both eye-opening and ultimately life-changing—while also reaffirming their commitment to nursing and its power to make a difference.
After visiting her family in Chengdu, China in 2007, Eilly Yang had told herself she would never return. Acclimating to the culture, relating to the natives and understanding their “un-American lifestyle” had been difficult and frustrating for Yang, who as a high school senior stayed behind in California when her parents decided to move back to their country of origin to take care of Yang’s grandparents.

That changed on May 13, 2008, when an 8.0 magnitude earthquake hit the Sichuan province near where her family lived. It took more than 48 hours before Yang learned that her family was OK, but many in the area hadn’t been so fortunate. By then, Yang had already decided she would look for an opportunity to get there—both to see her family and to join the earthquake relief efforts by volunteering at the area’s hospitals.

Through Sichuan Earthquake Relief, Yang helped to set up medical kits for survivors. Working alongside volunteers who had been there from the beginning, she heard firsthand accounts of the devastation that had occurred. One day while unwrapping antibiotic pills in the blazing heat, she struck up a conversation with a local man in Chengdu. “He told me how he found different body parts within the debris that could not be pieced together,” Yang recounts. “One victim he rescued was a girl with her right arm completely torn from her body.

Conversations like that really had an effect on me.”

For the last few days of her stay, Yang spent time observing her grandfather, a physician at the Sichuan hospital, where he has practiced for more than 50 years. “I witnessed the effects of poverty firsthand,” she says. “Low socioeconomic status often forced people to turn to other options in the health care setting. I realized that as a nurse, it is important to understand different methods of examination when choices are limited.”

Yang admits that she was originally attracted to nursing by the promise of a generous income. “After my trip to China I realized that there are a lot of people who need help, and it’s not the salary that matters most,” she says. “Volunteering to help those in need at a time of crisis reveals and develops values that are required of a practicing nurse. This was an experience that will complement my future career.”

For Lisa Low, time spent in Malawi was a stark reminder that it is easy to take certain things for granted. “It made me see that we have so much here, and the people there have so little,” Low says. By the end of the experience, she knew she wanted to use her nursing education to help impoverished populations in the future.

As part of a medical mission trip with her church, Low learned nursing skills such as taking vital signs and preparing and administering medications for sick people. “I rolled a device across their foreheads to take their temperature, used a blood pressure cuff and stethoscope to take blood pressure, listened to their respirations, and used a pulse oximeter for oxygen saturation—exactly what I am learning in my Fundamentals of Nursing class now!” Low says. “What is really exciting is that I am now learning the rationale behind the skills I performed in Malawi.”
Low will never forget one experience when she, along with two nurses, an emergency medical technician and a physical therapist, walked inside a dark hut with brick walls and a roof of dried hay. Immediately, the smell of rotting flesh was overwhelming. They found a burn victim who had been left untreated for approximately a month. He had experienced a seizure while starting a fire, severely burning both of his legs. Flies swarmed around the man, when the blanket covering his legs was removed, it exposed pink, raw flesh, bone, and dead skin. The group hydrated him intravenously, cleaned his wounds, put zinc oxide ointment on his legs, and covered them with clean dressing; he was unlikely to ever walk again. “It was a shocking experience, but being able to take care of some of his medical needs and pray for him was very touching,” Low recalls.

Low says the experience in Malawi taught her to live simply and to be thankful for everything she has. “The living conditions were very humbling,” she notes. “In the villages, there were no flushing toilets, just a hole in the ground. There was no electricity, kitchens, sinks, shower stalls, living rooms, TVs, computers, phones, or Internet. Many Malawians lived far away from health clinics and could not afford medical care. In comparison to the people of Malawi, I am so rich.”

In Vietnam, children who are born with physical or mental disabilities have traditionally been neglected or looked down upon – an attitude that has made life extremely difficult for many families, says Vu Tran. With the funding she received from the school, Tran volunteered for the Morning Star Center, a nonprofit day care center in Hanoi for early diagnosis, care, and rehabilitation for children with disabilities.

Tran was placed in a classroom with 10 autistic children ages 3-4, and two teachers. The room was small and the supplies limited. “Most of the time you would have seen me with one of the children on my lap, putting their hands together in a clapping motion as we sat down and watched karaoke videos,” Tran says. “I also loved to get them up and moving, showing them some of my dance moves they could follow.”

Communicating with the children was challenging, and Tran often felt discouraged when they were unresponsive. “It would take me repeating the same question about five times before one of the children would respond to what I was saying,” she recalls. “Most of the time I felt like I was talking to myself.” Draining as they were, Tran says, the 8-9 hour days taught her a valuable lesson on patience. She also feels better prepared for her future as a nurse. “I was taking care of children with disabilities in collaboration with the staff at the center; 10 years from now, I may be in a pediatric ward taking care of children along with the staff of a hospital,” Tran says. “I felt older, more responsible, because I was no longer a student but an adult in the eyes of the children.”

Going for the first time to the country that her parents once called home was also a special experience for Tran. “Traveling to a place where you get a different perspective is something everyone should do if given the opportunity – particularly for someone going into nursing, where we learn about the importance of delivering culturally sensitive care,” she adds.
It took nearly two full days of travel time for Joyce Lee Chang to journey from her home in Southern California to Casablanca, Morocco, where she was to volunteer as part of a church mission. After another 10-hour drive in a crowded van, she found herself a world apart from her hometown of Mission Viejo, Calif. The desert heat was scorching. Nonetheless, out of respect for the Muslim nation, Chang and the other women in her group were required to dress accordingly: fully covered from head to toe with head scarves, long skirts or pants, and long-sleeved shirts.

“Culturally, Morocco is a free land for men,” Chang notes. “On the other hand, women are much oppressed. They are not allowed to hang out in the cafes, or else they may be judged and looked down upon. When they do come out, they are not allowed to ride bikes or drive cars. As shocked as I was with some of the cultural differences, I am glad to have gotten the chance to see the world from a different angle and experience a piece of reality for the people in Morocco.”

Chang’s group planned and held a six-day children’s program at the city’s community center, as well as a sports program for women – most of whom have little opportunity for physical and recreational activity. Chang also made house visits. The homes were small, with up to six family members sleeping in the same crowded bedroom, usually without any beds. Access to clean water was limited. “It was fascinating to see how they lived their lives,” Chang says. “It was so different from what I was used to. I saw a lot of sick people, and although I couldn’t help them physically, I felt I was helping them emotionally just by talking with them, since the women in particular do not have much of a chance to socialize.”

As uncomfortable as it sometimes was, Chang says she will never forget her experience in Morocco. “I was humbled by the things I saw and blessed because I was able to appreciate the things I have, the place I live, the food I eat, and the community I work in,” she says.

In Guatemala, Kellie Miner learned a lesson that will stay with her as she goes into nursing. “After living in a country where I was a foreigner, I now have a better understanding of the experience and more compassion for the people who endure it,” Miner says. “I have seen how scary it can be in a place where one’s native language is not the national language, but I cannot imagine how frightening it must be if you are sick or have someone you love in a hospital where basic communication is an obstacle. My time spent in Guatemala helps me to empathize with people in the latter situation, which will be reflected in my caring for non-native English speakers as a nurse.”

Miner spent four weeks working for Nuestros Ahijados, an organization located just outside the Guatemalan city of Antigua. Nuestros Ahijados is a school, community center, dental office, and medical clinic for the impoverished population. The organization operates solely on donations – receiving food, clothing, monetary, service, and supply donations from people within Guatemala and internationally. Miner helped in a variety of ways: picking up donations of food throughout the
country, reading to and playing with the children, translating documents from Spanish to English, going on home visits, painting a new malnutrition center, sorting clothing donations, and tutoring children in math.

One of the most eye-opening experiences came on a visit to a malnutrition center just outside of Guatemala City. All of the children at the center were under the age of 5 and extremely malnourished. Some had been brought to the center by their parents because they were unable to afford to feed their children, while others were brought there by the Guatemalan equivalent of Social Services. “It was both tragic and heart-warming,” Miner says. “I was happy to see that the children were getting the help that they deserved, but it was horrible to see the state that they were living in. I will never forget those children and I often wonder how they are doing now.”

Typical of the UCLA School of Nursing undergraduates who were supported by the school for their volunteer work overseas, Yvonne Hu did not have it easy on her trip to Guizhou, an underserved province in the southwest corner of China. As part of an American team providing educational services through Thanksgiving Studios, Hu arrived in the province and then endured a shaky five-hour bus ride before getting to the hotel in Guizhou. “If there are paved roads in the mountain area, that is considered a luxury,” she says. “The majority of the roads consist of mud and rocks. Our necks seemed stiffer after each ride.”

With three other college students, Hu helped to run an entire school, responsible for delegating plans as well as serving as the English teachers. “Each day, I taught English from 8 a.m. to 3 p.m., did songs from 3 p.m. to 4 p.m., made house visits from 4 p.m. to 7 p.m., and then held team meetings from 8 p.m. to 11 p.m.,” Hu says. “Every day seemed like an entire week had gone by.” But, she is quick to add, “Although it was physically draining to work continuously, I felt joyful every time I was with the students.”

At the house visits, where Hu’s group made records of the injuries within the families so that Thanksgiving Studios would be able to go back to these families and provide them with health care, she was able not only to see her students’ living conditions, but also to experience how far they had to travel to school each day. The houses were as much as three hours away, and getting to them often involved hiking through mountains, waterfalls, streams, and steep mud slopes. “It was a grueling experience, but the most worthy of my life,” says Hu.

It also left her more excited than ever about her future profession. One day as she walked back to the school, Hu saw an injured boy on the street. His brother, who was also on the trip, had first aid with him, so Hu cleaned up the boy’s wound. Immediately, he stopped crying and screaming in pain. “His family told us they had never been treated this way before,” Hu says. “When I walked away, I felt a rush inside as I anticipated becoming a nurse.”
Anna Gawlinski leads an effort to ensure that clinical care at UCLA is based on the best evidence from research. In the process, she serves as a vital link between the school and the hospital.
At a time of strengthening ties between the UCLA School of Nursing and the Ronald Reagan UCLA Medical Center, **Dr. Anna Gawlinski** is playing a central role as a catalyst for a mutually beneficial partnership.

Gawlinski, an adjunct professor at the school, also serves as the hospital’s first director of evidence-based practice. In that role, which she assumed in 2002, she has instituted structures to engage staff nurses and other clinicians in the constant process of examining their practices to ensure that they are backed by the best available scientific evidence. This includes supporting efforts by nurses to conduct original research and, when appropriate, to bring the latest findings of relevant studies to the bedside.

The ultimate goal of Gawlinski’s work at the medical center is to obtain the best possible patient outcomes. But in the process, she also serves as a vital bridge that provides for invaluable synergies between the school and the hospital.

In her role as an adjunct professor, Gawlinski teaches clinical nurse specialist students who work with medical center clinical nurse specialists in the process of making important research-based practice changes at the hospital. In her position as director of evidence-based practice at the hospital, Gawlinski runs both a research institute in which staff nurses conduct studies and an evidence-based program fellowship for staff nurses. Both of these programs can lead to improvements in patient care and outcomes, and a number of nurses engaged in these programs have chosen to enroll at the school as graduate students. Along with teaching her own courses, Gawlinski brings her real-world knowledge to the school’s students as a guest lecturer. UCLA School of Nursing faculty members do their part by collaborating with and supporting Gawlinski’s research and evidence-based practice work at the hospital.

The last decade has seen an increased emphasis on using research-based decision making to improve the quality of patient care, sparked by the influential 2001 Institute of Medicine report *Crossing the Quality Chasm*. But ensuring that patients receive care based on the best available scientific knowledge is a complex undertaking.

“It is all too easy to discover that clinically important research findings are either not known by practitioners or not being used in actual practice,” Gawlinski notes. “New knowledge is being disseminated through presentations and publications at an increasingly rapid pace, and the average clinician is so busy caring for patients that it can be challenging to keep up with the latest evidence-based nursing techniques.”

Seeking to meet the high nursing standards that would qualify UCLA as a Magnet hospital (see the article on page 24), Heidi Crooks, the chief nurse officer and senior associate director of operations of the UCLA Health System, asked Gawlinski to help the hospital’s nurses and other clinicians meet the challenge by stepping into the director of evidence-based practice position.
Gawlinski, who started at UCLA as a clinical nurse specialist in the Cardiac Care Unit and Cardiac Observation Unit, was already an accomplished researcher, focusing on conducting and disseminating interventions to improve outcomes in acutely and critically ill patients. Her research on hemodynamics and oxygenation, for example, has assisted nurses in more accurately monitoring and intervening to correct and optimize hemodynamic and oxygen derangements in critically ill patients. Last year, Gawlinski received the prestigious Distinguished Research Lecturer Award from the American Association of Critical-Care Nurses for her “significant contributions toward improving patient care based upon research in acute and critical care nursing.”

In her current role, Gawlinski has focused on involving staff in the process of identifying important practice issues; searching, synthesizing and analyzing the literature; developing and assessing the feasibility of research-based practice changes; and, where appropriate, adopting these innovations – which gives the opportunity for further testing the research findings in a different clinical setting, then measuring the outcomes. “Efforts to instill and sustain research-based practices improve significantly when staff nurses are involved with the research from the start,” Gawlinski notes.

Every hospital nurse sees clinical practices that he or she suspects could be done better, or contemplates changes that might improve patient care and outcomes, Gawlinski explains. Empowering nurses in the process of incorporating the best evidence into clinical encounters builds the scientific foundation of nursing practice. “There are a lot of interventions we do that are based on tradition, clinician’s opinions or theoretical principles,” Gawlinski says. “That doesn’t mean they’re wrong, but if these approaches haven’t been tested, we don’t know if that’s the best way to take care of our patients. Our practices should not be based on tradition only, or on one person’s clinical experience.”

Changing traditional nursing practices can be anxiety-provoking for many people, and part of Gawlinski’s job is to help the innovators with strategies to ensure that the evidence-based changes are embraced by staff. “If we communicate that this is not being done just for the sake of change but because it will produce better outcomes, most nurses will embrace it because nurses want to do the best they can for their patients,” Gawlinski says.

Gawlinski works with teams of nurses and other clinicians, facilitating and guiding their efforts – through the fellowship program, among other avenues – to assess, implement and evaluate practice changes based on the latest research findings. Through structures such as the research institute and evidence-based practice fellowship program that she established, staff members can initiate and conduct their own studies on key practice issues they identify and make practice changes that are based on research, under Gawlinski’s mentorship. These structures have spawned a wide variety of changes. Based on findings that thoracic surgery patients were not consistently prepared for their postoperative experience, for example, one nurse developed a DVD to instruct the patients and their families preoperatively, and created a system whereby the video instructions can be viewed online. Another nurse conducted research on developing a standardized nursing shift report tool
based on an analysis of the literature; their instrument resulted in more thorough shift reports, decreased frequency of missed information when shifts changed, and fewer delays in shift starting time, among other outcomes.

The staff nurses who implemented the latter evidence-based change, Kristy Chung and Irene Davis, are among several who have gone through the fellowship program and then decided to enroll as graduate students in the School of Nursing. “Not only are we helping to improve care at the bedside through these changes, but these nurses are then taking the next step in their professional development,” Gawlinski says.

When Gawlinski teaches students who are learning the role of being clinical nurse specialists at the School of Nursing, she pairs them with a clinical nurse specialist preceptor at the hospital to assist in identifying, studying, and implementing evidence-based practice changes and giving them hands-on experience.

Gawlinski’s dual roles at the hospital and the school have also served to increase the involvement of faculty in improving hospital care. When a nurse in the hospital’s geriatric unit enrolled in the school and was working on a tool to better identify and intervene with elderly patients at risk for delirium, the school’s gerontology faculty held a roundtable discussion on the topic, invited the student to share her project, and provided feedback to help strengthen it.

“Faculty are able to see firsthand how the research they or their colleagues have generated is being used in the medical center,” says Gawlinski. Moreover, she notes, faculty can give suggestions to Gawlinski and the medical center staff about ways to apply their research. Meanwhile, Gawlinski and her medical center nursing colleagues discuss pressing practice issues that need to be studied, which can provide the faculty with timely topics to consider as they plot their future research path.

The benefits for the school’s students extend well beyond those enjoyed by Gawlinski’s summer course for clinical nurse specialists. When Gawlinski is asked to deliver guest lectures on research or implementing research-based practice changes, she is equipped with a multitude of examples of lessons learned in the course of the research and evidence-based initiatives at the hospital.

“We’re building on our knowledge of how to infuse innovations into practice, and we can then impart that to our students, who will be the future innovators,” Gawlinski says. Above all, she notes, “These students are getting a close-up view of the importance of scientifically based nursing practice.”
Lindsay Williams is blazing new trails as a UCLA School of Nursing student – just the way she likes it.

Williams had long wanted to be a nurse when she enrolled as a UCLA undergraduate in 2005, but since the campus had no nursing major for undergraduates at the time, she started as a physiological science major. That changed during Williams’ freshman year: The School of Nursing received funding to reinstate its pre-licensure undergraduate program, which had been suspended since 1993. Williams became part of the first class since reinstatement, starting in 2006.

Last fall, when a group of undergraduates at the school established Nursing Students of UCLA, they elected Williams as the group’s first president. NSUCLA (which includes both the pre-licensure undergraduates and students in the school’s Bachelor of Science “bridge” program for those who already have an R.N.) provides a vehicle for undergraduate nursing students to hold events, discuss any concerns, and increase their exposure on the UCLA campus.

Williams, who also serves on the boards of the school’s Multicultural and Diversity Committee and the UCLA School of Nursing Alumni Association, shrugs when asked why she was nominated to lead the new organization. “I guess I stand out,” she says. “If something is going on, people always say, ‘Ask Lindsay.’ ”

She is taking full advantage of her undergraduate years. Among other things, she was one of 10 winners of the 2008 “Cherokee A Nurse I Am” scholarship, a national contest in which applicants were asked to write an essay in response to an inspirational documentary on nursing. Williams has also worked as a research assistant to a member of the school’s faculty, Dr. Sally Maliski, on a study of the role spirituality plays in how low-income, underinsured African American men cope with their prostate cancer diagnosis. “To be able to work closely with a faculty member on her research has been a great experience,” says Williams, who had been interested in the topic since seeing two of her family members handle their cancer diagnosis and treatment so admirably. “It’s a way for me, early on, to see what the future might hold.”

After earning her B.S., Williams plans to work as a staff nurse for a short period of time before going on to pursue a master’s degree in nursing, and possibly a Ph.D. “Before I started this program, I didn’t realize how well developed nursing is as a science and a profession,” she says. “It has been so valuable to have the exposure I’ve had. It has inspired me to see what I can contribute.”
Nearly a dozen of the school's advanced-practice nursing students spent part of last fall in small-group classroom settings with students in the David Geffen School of Medicine at UCLA discussing wide-ranging health care topics of mutual interest, from legal, economic and ethical issues to team-building strategies and differences between medicine and nursing.

The unusual experience was part of a pilot program looking at ways to integrate nursing students in the medical school curriculum. Second-year students from each of the School of Nursing’s advanced-practice nursing specialties were invited to spend the quarter with third-year medical students in courses that were part of the medical school’s Doctoring curriculum, an innovative program that focuses on content such as communication with patients, ethics, behavioral medicine, and other psychosocial issues.

The collaboration was the first to result from an Interprofessional Education Task Force formed recently to find ways to integrate the two disciplines at UCLA. "Increasingly, physicians and nurse practitioners are working together on health care teams," says Dr. Aurelia Macabasco-O’Connell, an assistant professor at the School of Nursing and one of two faculty at the school (along with lecturer Maggie Dewan-Smith) who served as faculty tutors for the course, along with two medical school faculty members. "The idea was to try to get them together sooner rather than later so that students from both schools could develop team-building skills, increase their awareness of each other’s roles and get used to working together in making decisions to improve patient outcomes." As part of the pilot study, students agreed to take a survey before and after the course. Macabasco-O’Connell says the results indicate that the students found the experience to be of great value. She notes that in addition to assisting students with their clinical decision-making skills, the free-flowing discussions that took place in the course provided an excellent forum through which the nursing and medical students gained a better mutual understanding. Based on the feedback, next year’s advanced-practice nursing students will have the opportunity to take Doctoring as an elective course for the full year. Meanwhile, Macabasco-O’Connell says, other potential collaborative courses with the medical school are being explored.

Among the nurse practitioner students who came away from the Doctoring course feeling less isolated was Susan Valentine, a student in the Acute Care Nurse Practitioner program. "I found that a lot of the things that the medical students were going through and concerned about were very similar to what I was experiencing," Valentine says. "It was cathartic to be able to openly share what we were going through and give each other advice."
When UCLA School of Nursing students venture down the street for their clinical experiences, it is at a hospital that can boast of being among the top-tier facilities in nursing practice and patient care. Since 2005, the Ronald Reagan UCLA Medical Center has been designated a Magnet hospital by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association. The designation - considered the gold standard for nursing excellence - is reserved for the top 3-5 percent of hospitals.

The ANCC launched the Magnet Recognition program in 1994 to single out health care facilities that act as “magnets” in attracting and retaining nurses through work environments that provide them with sufficient autonomy, reward them for outstanding clinical practice, and are characterized by close collaboration between nursing and the rest of the hospital organization. The program, which also provides a vehicle for disseminating best practices and strategies, has identified other evidence-based “forces of magnetism,” such as the quality of the hospital’s nursing leadership, the strength of the theoretical structure supporting nursing practice, and the proportion of bachelor’s-prepared nurses at the facility.

To earn Magnet Recognition status, health care organizations undergo a vigorous evaluation by the ANCC. UCLA began the application and evaluation process in 2002 under the leadership of two staff members who are alumni of the school’s Nursing Administration program: Carolyn Borne (M.N. ’94), who serves as Magnet project director, and Julie Sorg (M.S.N. ’02), assistant project director. Their more than 1,500 pages of documentation on the hospital’s nursing practices and outcomes assisted Ronald Reagan UCLA Medical Center in becoming the 139th hospital to achieve Magnet Recognition in October 2005 out of approximately 6,000 eligible hospitals in the nation.

The hospital is currently applying for re-designation, which is required every four years.

“Magnet Recognition status is nursing's top honor, and accepted as the national gold standard in nursing excellence,” says Heidi Crooks, chief nurse officer and senior associate director of operations and patient care services at Ronald Reagan UCLA Medical Center, as well as an assistant dean at the School of Nursing. “This reflects UCLA staff’s compassion and commitment to creating an extraordinary environment of healing.”

Adds Borne: “In today’s complex medical environment, it is increasingly important that consumers become familiar with the Magnet designation so they can seek out the best health care providers available.”

In addition to being alumni of the School of Nursing, Borne and Sorg both serve as preceptors for the school’s Nursing Administration students and are invited by faculty to give guest lectures to nurse practitioner and clinical nurse specialist students on the Magnet environment.

The links between the school and the hospital in enhancing UCLA’s Magnet environment are plentiful. Dean Courtney H. Lyder and Crooks have worked collaboratively to provide opportunities and resources for the School of Nursing students and hospital staff to enhance nursing education and practice. The school provides academic programs to assist UCLA nursing staff in their professional development, and the medical center offers support (such as accommodating scheduling and work hours) to facilitate their enrollment. Members of the school’s faculty are invited to speak to medical center nursing staff at Grand Rounds.

“The support and resources that the UCLA School of Nursing provides are an important component to UCLA Medical Center’s ability to achieve Magnet Recognition,” Sorg concludes.
Advocating for Social Justice to Improve Health

Whether she’s conducting research in the refugee camps of war-ravaged African nations or working locally with underserved immigrants, Dr. Carol Pavlish is driven by a belief in the role of social justice in human health. It’s a conviction she conveys to students in the UCLA School of Nursing’s Masters Entry Clinical Nurse (MECN) program, who appreciate her commitment so much that members of the first graduating MECN class asked Pavlish to be their Commencement speaker.

“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,” Pavlish says. “We can and should play an important role as advocates on social, economic, and political issues.”

Pavlish joined the school’s faculty in 2006 after teaching for nearly three decades at College of St. Catherine in St. Paul, Minn. At that small women’s college, she focused largely on women’s health, particularly in the context of political and socioeconomic well being. Since 2000, working with the international non-governmental organization American Refugee Committee (ARC), Pavlish has been making regular visits to the African countries of Rwanda, Sudan, and Uganda. She is part of a group that facilitates dialogues in these communities to identify important health-related issues, then creates training programs and manuals that the ARC can use to effect change. Much of the current focus is to systematically engage the communities in seeing the connection between human rights – including the right to education, income-earning opportunities, and freedom from the threat of gender-based violence – and health, and to develop a system for addressing violations. Recently, Pavlish expanded her focus to include African immigrants to the United States. “I realized I was looking afar, but that these immigrant populations – especially the women – also experience significant disparities as a result of social injustice,” she says.

Pavlish, who teaches ethics and social justice as well as medical/surgical theory and clinical courses in the MECN program, is excited by the caliber of student being attracted to the program and the students’ ability to see health in a larger context. “Nursing has always known what it can do at the patient’s bedside, and that is very important, but the MECN students are coming in from other fields and bringing backgrounds that enable them to broaden the definition of how we improve people’s health,” she says. “I really connect with these students.”
IN MEMORIAM

Mabel Houdyshell, a graduate of the School of Nursing’s Class of 1953, passed away last August.

SPOTLIGHT: Kelly Guzman

Directing Hospital Transitions with Broad-Based Knowledge

Kelly Guzman (M.N. ’94) was even better prepared by the school’s Nursing Administration program than she realized at the time.

When she was a student, Guzman aspired to be a hospital administrator – a chief nurse, a chief operating officer or a chief executive officer. It was only later that she discovered her true passion was in project management. Guzman’s affinity and talent in that area led to her becoming transition planning director for the UCLA Westwood Replacement Hospital Project – the project that resulted in the Ronald Reagan UCLA Medical Center. She currently serves in a similar role as executive director for transition planning at Healthcare Technical Services, a Westwood-based consulting firm – working with hospitals to assemble and implement project plans and coordinate the logistics of their moves when they are adding a wing or replacing their facility.

In any such move, Guzman explains, “you have to have someone who understands the clinical implications of every part of the plan – someone who can work with the architectural, facilities, and IT people. And as nurses, we have a good understanding of hospital operations.”

These positions have demanded that Guzman have a remarkably broad-based set of skills and knowledge. At UCLA, Guzman was responsible for working with 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 would be located within the facilities. At HTS, she is responsible for everything from business development and contract management to marketing and human resources. “I should have paid better attention to some of the School of Nursing material on topics that I thought would never apply to my work,” Guzman says, laughing. “I’ve ended up pulling out my old notes for a refresher.”

Mentoring minority students has been particularly important to Guzman, who was the first member of her family to pursue a graduate education and says she received invaluable guidance from a member of the faculty, Mary Canobbio. Guzman has been active in the National Association of Hispanic Nurses, including serving as president of the Los Angeles chapter for two years. “I wasn’t necessarily raised to do what I ended up doing, and I’m grateful to have had the encouragement and guidance that I received,” she says. “Helping other people gain the confidence to take that next step has been very rewarding to me.”
Bequest to the School of Nursing

The school received a bequest in 2008 from the Margaret A. Williams Trust that totaled $120,727 to the Dean Marie Cowan Endowed Scholarship Fund. Margaret A. Williams was a master’s graduate in the Class of 1962. This generous gift brought the endowment total to more than $230,000. The first scholarship distributions will take place in fall 2009, benefiting students across all programs.

THE CHIRONIAN SOCIETY

The membership in The Chironian Society continues to grow and we are grateful to our alumni for their commitment. 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 to allow us to forecast our 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
- Sponsor 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.

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 the Development Office at (310) 206-3662 and/or visit our website: www.nursing.ucla.edu.

DID YOU KNOW?

- You can make a gift to the UCLA School of Nursing that will provide income for your lifetime as well as an immediate tax charitable deduction.
- If you are 75 years of age, you can establish a charitable gift annuity that has a 6.3% 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 (310) 206-3662 or visit www.giftplanning.ucla.edu

GIFT ANNUITY PAYMENT RATES
(Single Life)

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Please call for current benefits and rates for two persons.

Support

UCLA School of Nursing
Associate Dean for Academic Affairs

The School of Nursing at the University of California, Los Angeles (UCLA) invites applicants for the position of Associate Dean for Academic Affairs. The Associate Dean for Academic Affairs reports to the Dean and is responsible for the Academic enterprise of the School.

These responsibilities include: curricular and program functions (e.g., curriculum oversight, program evaluation, program development, course scheduling, and doctoral student program advisement), accreditation reports, faculty-related academic functions, and community-related functions.

Candidates must have the academic and scholarly credentials to qualify for a tenured appointment at UCLA. Part of their position (50%) will be faculty responsibilities of teaching, research and service. Candidates must have earned degrees in nursing, with current licensure and teaching experience at the graduate level. Salary will be commensurate with background and experience.

The University of California is an Equal Opportunity/Affirmative Action Employer.

Applications will be accepted until June 30, 2009.

Send letter of application and curriculum vitae to:

Dr. Courtney H. Lyder
Dean and Professor
UCLA School of Nursing
Box 951702
Los Angeles, CA 90095-1702
www.nursing.ucla.edu
Commemorating a Milestone with a Special Issue This Summer