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**Excellence in  
Nursing Administration**  
is published quarterly for  
members of the Honor  
Society of Nursing, Sigma  
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Second Quarter 2003 - Volume 4, Number 2

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## ■ Practitioners at the Podium:

### Educating nurses, and nursing, at Rush

Clinical relevance. It's a term you hear the moment you begin to explore the College of Nursing at Rush University in Chicago. Students at all levels say that the clinical relevance of their education is why they chose Rush. Faculty members are strident in their belief that remaining clinically relevant is the key to producing top-quality nurses. Administration leadership has integrated the idea so completely that 90% of the faculty have active clinical practices. Even the dean of the nursing college, [Kathleen Andreoli](#), DSN, FAAN, also serves as a director in the home health program for the affiliated hospital, Rush - Presbyterian - St. Luke's Medical Center.

### The Unification Model: From Christman to Today.

It was Luther Christman who first put the idea in solid, institutional form. He believed—rather, he evangelized—that health care depended on a steady stream of baccalaureate-degreed, clinically experienced nurses. And if they could move into advanced degrees, including a doctoral program, then they should also develop and maintain a clinical practice. This model, now called the Unification Model, is the keystone in the Rush nursing education. In the hands of Andreoli and her faculty, the model has expanded to include vast amounts of research that has its roots—and its investigators—emerging directly from the units and bedsides of the hospital.

### Three perspectives on a multidisciplinary approach.

In this issue of *Excellence*, you can explore how the model is expressed by the administrators, faculty and students of Rush. They are experienced practitioners, published researchers and deeply committed educators. They are also defining a pathway for all of nursing education to explore, learn from and even emulate. [Read the feature.](#)

Greg Perry  
Editor

## ■ Also in Excellence

### [As soldiers depart for war, nurses and the Red Cross are there to help families.](#)

The war in Iraq has pulled hundreds of thousands of military personnel out of their communities, and away

## ■ In this issue

The mission of Rush is to establish a national standard for excellence in the education of nurses while developing and applying clinically relevant science. In practice, a multidisciplinary culture must be cultivated and sustained. It's a culture that allows for educators to do a great deal, if not the majority, of their work outside the traditional classroom/lab structure. Read about how Rush has shifted traditional educational structures to allow the culture to flourish, and how administration leaders make decisions and communicate.

[Read the story](#)

### In [Excellence in Clinical Practice](#)

The Rush learning model draws few distinctions between the clinical setting and the classroom, and at the center is a cadre of nurses who move confidently between both. The Unification Model in place at Rush is the primary organizing structure that the school's degree programs and curricula are built upon. Department chairs and faculty members are in the midst of active and thriving clinical practices. Read about the practitioner/educator model and how it's being advanced by nurses with a passion for education that's equaled only by their dedication to excellent patient care.

[Read the story](#)

### In [Excellence in Nursing Education and Research](#)

Research is expressed as a continuum at Rush. Nurses investigate the very issues that confront them in their active clinical practices. The movement from questions to answers also skillfully incorporates undergraduate and graduate students as observers, designers, analysts, co-investigators



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from their families. In Cincinnati, nurses from Sigma Theta Tau have been there as part of a local Red Cross chapter's efforts to comfort the families and to serve them with crisis counseling and referrals.

and authors. Then, the cycle completes itself in the clinical setting, or the community, with cumulative evidence and improved outcomes. Read about several of the researcher/clinicians practicing at Rush, and about the robust research enterprise that has been created here. [Read the story](#)

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#### ■ [The EPA Aging Initiative: Protecting the Health of Older Americans](#)

The Environmental Protection Agency has launched a major initiative that aims to bring the nation's focus to people over the age of 65, and the environmental hazards they face as they age. Read about how Sigma Theta Tau International is supporting the EPA Aging Initiative by communicating the actions and goals and by supporting the EPA as they collaborate with research and health care professionals in local communities.

#### ■ [New on the Nursing Bookshelf](#)

Two career development books for nurses, and one that documents the successful "career" of a nursing organization have been released, or soon will be. Read previews of *Collaboration for the Promotion of Nursing*, *Building and Managing a Career in Nursing*, and *Becoming Influential: A Guide for Nurses*

#### ■ [Virtually Successful: Omicron Delta of the University of Phoenix](#)

The University of Phoenix has defined an academic model that facilitates adult learning, and an organizational culture that values innovation. It's no surprise, then, that the Sigma Theta Tau International chapter affiliated with the University of Phoenix—Omicron Delta—is also among the most innovative chapters in the society. Read about the chapter's structure, designed to align with the university's geographically distant, but closely connected, students and faculty.

#### ■ [Kaplan Launches Achievement Tests for Nursing Schools](#)

In a move that brings an additional resource for student assessments to nursing schools, Kaplan has launched STARS (Subject Test Assessment Resource Service), a proprietary, integrated testing program designed to evaluate students' progress through the nursing school curriculum. STARS will provide nursing schools with up-to-date assessment tools and the comprehensive score reports they need to evaluate student progress so they can intervene where necessary in a timely manner. Read about the test development and how some schools are putting the program to work.

#### ■ [This quarter in \*Reflections on Nursing Leadership\*](#)

For the second quarter, Sigma Theta Tau's award-winning magazine, *Reflections on Nursing Leadership*, is focusing on nurses building community. Read a preview of the issue, which includes a profile of nursing pioneer Helen Mussallem of Canada who served as a Nursing Sister from Canada during World War II.

## ■ Inside the Rush Model: Leading an Organization of Leaders



The administration team members at the Rush University College of Nursing are each working two, sometimes three jobs. Led by [Kathleen Andreoli](#), RN, DSN, FAAN, the vice president of nursing affairs

and dean, the Unification Model in place at Rush virtually demands that faculty members have an ongoing clinical practice right alongside their responsibilities as educators, lecturers and advisors. Many also are actively involved in research that seeks to answer questions posed in their clinical practice.

The mission of Rush is to establish a national standard for excellence in the education of nurses while developing and applying clinically relevant science. In practice, that means a multidisciplinary culture must be cultivated and sustained. It's a culture that allows for educators to do a great deal, if not the majority, of their work outside the traditional classroom/lab structure. It also requires a shift in traditional organizational structures, beginning with what faculty are called and how they are connected to the institution.

### Long Titles. Short Contracts.

Very few on the Rush nursing faculty are simply called "professor." Job functions are defined by three different categories: Educator/Practitioner; Educator/Researcher; and Researcher/Practitioner. And several of the nurses Excellence spoke to could more accurately be described as Educator/Practitioner/Researcher with a nearly equal emphasis on each. Administering a college and managing faculty with such diverse careers puts significant pressure on the administrators. The number one challenge? "Can't answer that," says Andreoli. "I can say that managing budgets, securing resources and evaluating the performance of our faculty are all continual challenges...but we embrace them and, I believe, manage them effectively."

One of the management tools that administration and

## ■ Responding to shortages in the school and the hospital.

The [Rush College of Nursing](#) is moving now to create solutions for the anticipated shortage in qualified faculty and the current shortage in working nurses.

A BSN to DNSc program is in development currently, and an accelerated BSN program is underway. This program is for students who already hold a bachelor's degree and are interested in a career in nursing.

The one-year accelerated program of study is a fast-paced, five-day-a-week curriculum combining classroom and clinical coursework. With very little marketing, the program has attracted a large group of student nurses from a broad variety of backgrounds, including teachers, engineers, attorneys and stockbrokers.

"We filled the program with very little marketing and keep getting inquiries from people with both very different and quite complementary backgrounds. They're proving to be excellent students as well," says [Margaret Faut-Callahan](#), CRNA, DNSc, FAAN, a professor and department chair for adult health nursing and the director of the nurse anesthesia program.

department chairs have to use is a contract. Rush College of Nursing has no tenured faculty. Department chairs and some senior professors work under five-year contracts. Junior professors are bound by three-year contracts, and adjuncts and other part-time faculty are offered one-year contracts. And while the non-tenured system would appear to favor administration and put untold years of academic success at risk for the faculty, it was the faculty who elected to initiate and maintain the system.

“For this system to work, effective communication must take place up and down the organization. It’s really about identifying values, then working to keep them aligned. That means a continual sharing of goals, successes and challenges,” says [Margaret Faut-Callahan](#), CRNA, DNSc, FAAN, a professor and department chair for adult health nursing and the director of the nurse anesthesia program.

In conversations with the nurses of Rush, the intricacies of managing workloads emerges as a consistent theme. The question of how to deal with concurrent demands requires constant attention and a flexible approach. Another thing becomes clear in conversations—they are, indeed, managing them. It’s evident that the richness and variety of the work have imparted in each a professional vitality. In every conversation, we heard comments such as, “I can’t imagine being this satisfied anywhere else,” and “Why should I leave? I can teach, publish, lecture and still practice.”

### **A proven system that replaces the we/they paradigm.**

There is no single policy or idea at the core of Rush’s success. Rather, there are layers of factors—organizational, cultural and historical—that all combine to form a solid foundation that the school has built upon. One of which is a faculty investment model for planning and decision making.

The model, which has been published in the Journal of Professional Nursing (Minnick AF, Halstead L, Use of a faculty investment model to attain the goals of a college of nursing. J Prof Nurs 17(2), 74-80, Mar-Apr, 2001), incorporates the principles of strategic planning, benchmarking, continuous improvement and management by objectives. These activities are focused on identifying goals and then investing resources toward their attainment. In developing and implementing the model, school administration brought together large and diverse groups of stakeholders. In the first year, the school realized a 10% savings in labor, a 3% enhancement in revenue and the addition of staff equal to 12% of total full-time faculty equivalents.

According to Andreoli, “For this to work, administration can not be seen as the bad guy. It has to be a close, honest and direct collaboration. Then, when the tough decisions are made—and we have had to make them—there is an understanding and a respect for the processes used to reach conclusions.” She adds, “When the institution’s goals are clear, and the guidelines for evaluating them are transparent, then the end decisions are supported by a large majority of the people affected by those decisions. It’s complex, but it’s absolutely essential.”

The investment model is designed to respond to fiscal prudence, a demand for new services, and the need for a managed transition from aging faculty members nearing retirement. In other words, it must embrace change, and it does. The school has developed several new programs, one that accelerates the development of potential faculty members, and another that is attracting mid-career individuals with baccalaureate degrees in other areas. (See sidebar.) Meanwhile, the administration has continued to add resources in the form of endowed chairs and new scholarships and has attracted funding resources that recognize the clinical value of the nursing science taking place at Rush.

### **Trust, respect and great expectations.**

The nurses, educators and researchers of Rush have become adept at juggling schedules, demands and projects. “It makes for some long days,” says [Lynne T. Braun](#), RN, PhD, CS, a nurse practitioner in the Rush Preventive Cardiology Center and associate professor at the college, “but we are supported by an administration that shares our goals, and the environment



itself is very collegial...very respectful.” Andreoli adds this, “We empower department chairs to set their curricula and goals, then support them as they move toward them. And frankly, we expect great things from each of our departments and their faculty.”

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## Outside Rush:

### Other schools and different collaborations with clinical partners.

While its Unification Model is distinct, Rush College of Nursing is not alone in its close collaboration with clinical partners. In 1999, the [American Association of Colleges of Nursing](#) (AACN) released the Essential Clinical Resources for Nursing's Academic Mission, which included a section on partnerships and models that supports nursing education. In a recent update to the report, the AACN has gathered additional data on partnerships that are strengthening clinical connections at nursing schools nationwide.

Some excerpts are below. A full version of the bulletin is available on the [AACN Web site](#).

The [University of Alabama Capstone College of Nursing](#) has just launched a Cooperative Education Program that allows students to alternate full-time study with work in a local hospital. Through this arrangement, students are paid to work full time at a hospital during their summers and for two spring semesters while upperclassmen. As students gain more training and experience, they advance in their work responsibilities and earn more money.

In 2000, the [University of North Carolina \(UNC\)-Chapel Hill](#) began exploring the feasibility of an accelerated second-degree BSN option within its undergraduate program. UNC Hospital offered to help fund this concept and committed \$75,000 to support faculty during the program planning and development year. When the program was launched in May 2001, UNC Hospital provided \$270,000 in scholarship monies to enable students to complete the program. In return for financial assistance, students signed contracts to work at UNC Hospital after graduation.

The [University of Colorado's](#) ability to double enrollments in the past three years has been facilitated by an education-practice partnership called the Clinical Scholar Model. A Clinical Scholar is a practicing expert nurse who is employed by a clinical agency or facility and holds a clinical appointment in the School of Nursing. Currently, Clinical Scholar agreements are in place in acute care and community-based settings, and provide continuity within the curriculum for obstetrics, pediatrics, medical-surgical nursing, community health nursing, nursing leadership and management.

[Miami University](#) pursues collaborations with a regional health alliance with the goal of graduating more nursing students and improving attrition rates. Through this partnership, the alliance builds relationships with potential nursing recruits by pairing students with nurses in its system who serve as mentors, offering scholarships, and funding a faculty position to support students at risk.

The [University of Alabama at Birmingham](#) has worked with the local Children's Hospital for years as a clinical agency to support student learning. In 1996, a new partnership model was formed by the two agencies whereby a nursing student is paired with a staff nurse for the student's pediatric clinical rotation. Each student works with a qualified staff nurse for an entire term and has the same hours as that nurse, i.e., weekends, nights, evenings, days, etc. The staff nurse participates in the student's evaluation, though the faculty member remains responsible for the learning experience, makes unannounced visits, and is on call during the student's clinical practice time.

[New York University](#) (NYU) reaches out to its many partners to expand students' clinical practice options, provide services to underserved populations, and create access to clinical research opportunities for faculty and students. The Division of Nursing has successfully secured federal funding to establish several school-based health centers in collaboration with two hospitals. These centers provide training opportunities for undergraduate/graduate nursing students and medical residents from the respective hospitals.

[Northern Illinois University](#) enjoys a close relationship with Kishwaukee Community Hospital, the only hospital in the university's semi-rural community. The hospital contributes financial support for the school's health center, which provides the only nursing care for the working poor in a three-county area.

[Self Regional Healthcare in South Carolina](#) established a clinical externship program to provide financial assistance to graduates of Lander University in exchange for a post-graduation work commitment. In addition to the externships, the medical center also brings clinical instructors, medical preceptors and a practice site to its university partnership.

In Massachusetts, [Salem State College](#) is collaborating with two local hospitals to provide a clinical externship program for students who have completed their junior year in the nursing major. The externship matches each student with a nurse mentor. Students are hired and paid as nursing assistants but work the same shifts as their preceptors/mentors.

[Mount Carmel College of Nursing](#) in Ohio initiated a partnership to recruit nurses into the profession with Mount Carmel Health, an integrated health system. Through the arrangement, the clinical partner agreed to pay 25% of a student's tuition and fees during freshman and sophomore years, and 50% of expenses during junior and senior years, in exchange for students working a minimum of 32 hours per two-week pay period. After graduation, the health system will fully repay senior-year tuition (up to \$12,000) in exchange for a three-year service commitment.

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## About Rush

Rush University is the academic component of Rush-Presbyterian-St. Luke's Medical Center in Chicago. The university includes the College of Nursing, Rush Medical College, the College of Health Sciences and the Graduate College.

The [College of Nursing](#) has roots reaching back to 1885, when the St. Luke's Hospital Training School of Nursing opened to offer diploma education to nurses. In 1903, the Presbyterian Hospital School of Nursing accepted its first students. From 1956 to 1968, nurses were taught at the merged Presbyterian-St. Luke's School of Nursing. Before the establishment of the College of Nursing in 1972, more than 7,000 nurses had graduated from these schools. Today, over 4,500 nurses carry baccalaureate, master's and doctoral degrees from Rush College of Nursing.

The Unification Model at Rush intentionally blurs the borders between nurses in research, practice and education. What remains clearly in focus in the model are the high standards of performance for all students and faculty in the college. The college ranks in the top 5% of graduate schools by the US News and World Report, and over 25% of the faculty are members of the American Academy of Nursing.

### **The college offers four degree programs: BSN, MSN, ND and DNSc.**

There are advanced practice programs of study in six clinical specialties, including public health nursing, pediatric nursing and a dual degree program with the university and the Kellogg School of Management at Northwestern University that offers both a master of science in nursing (MSN) and a master of business administration (MBA) simultaneously.

Nurse practitioner degrees (MSN) are offered in 10 specialties, including adult nursing, pediatric nursing, psychiatric-mental health nursing and one of the nation's leading programs in anesthesia nursing.

Both of the doctoral programs offered at the college are structured to attract advanced practice nurses with expertise in clinical phenomena, as well as investigative skills and leadership abilities.

### **Integrating complementary therapies.**

In response to the increasing use of complementary and alternative medicine (CAM) among the American public, Rush has created a CAM education program for nurses. Didactic and Web-based approaches deliver educational materials encompassing biological, social and cultural aspects of CAM use.

## New on the Nursing Bookshelf



Two career development books for nurses, and one that documents the successful "career" of a nursing organization have been released, or soon will be. Here's a preview.

### ***Building and Managing a Career in Nursing: Strategies for Advancing your Career***

Terry W. Miller, RN, PhD, and 13 expert contributors

Much like the clinical challenges nurses face, satisfying careers in nursing are also built on solid evidence, a firm grasp of the tools available and a self-confidence that grows from experience.

With the release of *Building and Managing a Career in Nursing*, nurses have a resource that aligns squarely with how contemporary nursing careers are unfolding.

"There is a distinct lack of career guidance for nurses that originates from research versus anecdote" says the book's editor and primary contributor, Terry Miller, RN, PhD. "The stories of nurses who successfully manage their careers can indeed be helpful, and this book includes several. But nurses today need more than cheerleading stories to succeed in these difficult careers we've chosen."

Four major perspectives on careers shape the book: discovering a career; developing a career; changing a career; and reclaiming a career. Each perspective is explored from a theoretical perspective, supported by the research when applicable and available, and then followed by real examples of how nurses have managed their careers.

The final part of the book presents the tools and strategies used by successful nurses as they search, match, choose and support their careers.

According to Miller, the book is organized and based on a conceptualization that became evident through a grounded theory study from 1988 through 1998 on people entering and leaving nursing. The first part of that study became his 1991 dissertation on career changers entering nursing.

This book, available in May 2003, goes well beyond the presentation of a particular theoretical framework or a traditional career model. The contributors address the major variations that



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characterize those who can be successful in nursing. It is a comprehensive exploration of career achievement and management every nurse should have.

Order [\*Building and Managing a Career in Nursing\*](#)

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### ***Collaboration for the Promotion of Nursing***

LeAlice Briggs, EdD, MSN, RN  
Sonna Ehrlich Merk, DNS, RN  
Barbara Mitchell, MSN, MS, RN

The success of Nursing 2000 is built on a 12-year foundation of innovation and collaboration. By working closely with health care agencies, universities, professional nursing associations and communities, Nursing 2000 has defined a model for rich and respectful collaborations that other organizations have studied and begun to emulate.

Now, they'll have a manual to work from.

The new book, *Collaboration for the Promotion of Nursing*, represents the first comprehensive distillation of the Nursing 2000 model that was born in central Indiana and is being implemented in other communities.

"As organizations and alliances continued to contact us seeking information on our programs and our organizational structure, it soon became clear that the time was right for us to fully document our organization and share what we have learned," says Barbara Mitchell, MSN, MS, RN, Nursing 2000 executive director.

The Helene Fuld Health Trust agreed and named Nursing 2000 a recipient of a \$150,000 grant in support of replicating the Nursing 2000 organizational model.

The grant provided the organization the opportunity to develop a detailed and practical guide for duplicating the Nursing 2000 model, as well as the opportunity to implement the prototype in the nursing and health care community outside central Indiana.

The guide has evolved into the publication, *Collaboration for the Promotion of Nursing*. The authors highlight their "lessons learned" and "successes realized," to assist those who may desire to establish a similar organization that promotes nursing as a profession.

Order [\*Collaboration for the Promotion of Nursing\*](#)

### ***Becoming Influential: A Guide for Nurses***

Eleanor J. Sullivan, RN, PhD, FAAN

As the nursing shortage continues to drive the development of programs aimed at reversing it, it's not surprising that nurses are increasingly being called into the rooms where approaches and solutions are being debated.

In her new book, *Becoming Influential: A Guide for Nurses*, Eleanor Sullivan poses several direct—and even provocative—questions for nurses to consider before they get there: Do you understand the true nature of influence, and are you fully prepared to put your influence to use for the advancement of your career, the betterment of nursing, and the benefit of your patients and others?

"It's a provocative book, packed with direct challenges to nurses and to nursing," says Sullivan. "I believe strongly that many—if not the majority—of nurses don't have the essential skills to influence. We could and should be more influential."



The book is organized into three parts.

**Understanding Influence** covers the basics of power and influence, including how influence works, how to understand and use your power and your image, how to make your interactions more effective, and how you can use politics to be more influential.

**Using Influence** deals with specific strategies to help you become influential, including how to achieve your goals, build a network, become a skilled negotiator, work with others to accomplish goals, and deal with difficult people and problems.

**Putting Influence to Work** encompasses perfecting your newly acquired skills, including telling others about nursing, managing your career, how to perfect your newly acquired skills, and how to prepare your successors and leave your legacy.

Eleanor Sullivan is former dean of the School of Nursing at the University of Kansas and past president of Sigma Theta Tau International. She has served on the board of directors of the American Association of Colleges of Nursing and on an advisory council at the National Institutes of Health, among others.

Sullivan has published several award-winning textbooks, including [\*Effective Leadership and Management in Nursing\*](#) (Prentice Hall), now in its fifth edition, and more than 40 articles in scientific and professional journals.

Order [\*Becoming Influential\*](#)

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## ■ One school. One chapter.

### Omicron Delta of the University of Phoenix

The University of Phoenix has been called, by some, a potent agent for change in higher education. Taken together, the university serves over 125,000 students from 126 campuses, including their Online campus, which in terms of enrollment, is among the nation's largest. The university has created an academic model that facilitates adult learning and an organizational culture that values innovation.

It's no surprise, then, that the Sigma Theta Tau International chapter affiliated with the University of Phoenix—[Omicron Delta](#)—is also among the most innovative chapters in the society.

Despite its many campuses and hundreds of online students, they are all part of a single university. There is no "University of Phoenix at Atlanta," for example. "It's all one school, with some very remarkable abilities at keeping each campus and every student connected. We set out to create a chapter that was appropriate for the nursing students within that kind of organization," says [Sandra W. Pepicello](#), RN, PhD, president of the Omicron Delta Chapter. The chapter was formed in 1998.

Like every chapter within Sigma Theta Tau, Omicron Delta contributes to nursing science through the encouragement, support and communication of nursing research. They are leaders, mentors, researchers and advocates for the society and for nursing. They also have very active e-mail accounts and have developed a number of technology solutions that connect geographically distant members for regular chapter functions.

### The conference call induction ceremony.

On a single day, the chapter conducts a single induction ceremony, accessed by members and new inductees on one of 18 University of Phoenix campuses. Each site joins on a conference call where a keynote speaker delivers the primary presentation, supported by a PowerPoint presentation that each location displays. Once the keynote has concluded, each campus continues with its own speakers, recognitions and traditions, just like other inductions.

"Members love our format. It's the ideal way to set the idea of a national, virtual chapter and still have the

## ■ When soldiers depart, nurses are there to comfort and serve.

The war in Iraq has pulled hundreds of thousands of military personnel out of their communities and away from their families. A deployment's moment of departure can be an emotionally wrenching affair.

In Cincinnati, members of Sigma Theta Tau have been there as part of a local Red Cross chapter's efforts to comfort the families and to serve them with crisis counseling and referrals.

"These people are all trying to be strong for each other, but they also have some very real needs that are right below the surface," says Veronica Steffen, RN, MSN, CS. We are there for them to talk, and observing to identify the ones who appear to need some extra help."

For those people, the nurses working with the Red Cross have developed a "buddy system" where they follow up with family members who appear to need additional assistance. Nurses are prepared to counsel directly and make referrals to mental health agencies in the Cincinnati area.

The changing face of the military also means that sometimes it's not the father getting on the plane, it's the mother. "That creates unique and difficult situations for children, and no matter what family member is deploying, we put a clear focus on the mental health of the children," according to Steffen.

personal experience of being inducted to such a highly thought of organization,” says [Pam Fuller](#), RN, MN, the past president and current faculty counselor for the chapter.

The chapter has approximately 1,500 active members and another 1,500 who are less active, but maintain their membership. For the upcoming induction on May 31, 2003, 499 nurses are joining Sigma Theta Tau.

Each year, the Omicron Delta chapter inducts more new members than any other chapter in the honor society. Not surprisingly, the chapter’s process for extending invitations and handling applications reflects its chapter structure as well.

### **The electronic application.**

Applications for membership are submitted, paid for and evaluated entirely in the electronic environment. “It was a big step forward and we’ve just completed it within the past 18 months,” says [Nancy Stuever](#), RN, MNEd, and recent past president. “Among the keys to our success here are maintaining control of our Web site on a server and hiring a competent webmaster. Fortunately, with our numbers we have the resources and critical mass to do that.”

### **A new structure to facilitate individual campus involvement.**

Like all chapters, one of the most persistent challenges is maintaining high levels of member participation. The nurses of Omicron Delta work just as many hours and have just as many commitments as all members. They also are separated by hundreds if not thousands of miles. Another solution was required to bring willing members into more active participation. Omicron Delta has created an additional “layer” of board members, called the second vice president.

Each campus location where the chapter is active (Utah, Online-Campus, Colorado, Hawaii, Northern California, Southern California, Sacramento, New Mexico, San Diego, Phoenix, Tucson, West Michigan, Detroit, Orlando, Ft. Lauderdale, Jacksonville, Tampa, San Jose, and Louisiana) has a member who has been elected or appointed as second vice president. S/he is responsible for communications within his or her geographic area or state to members and the board. S/he is the local contact and coordinator.

### **Challenges, goals and accomplishments.**

The chapter has developed a high-performance Web site, which serves as the electronic hub of the chapter. News of recent publications, awards and other accomplishments by members are posted there, and members can participate in several forums relating to practice and to the business of the chapter.

The e-mail member mailings are effective at reducing postage while they form a lively network of professional

Nurses on the Red Cross team are drawn from mental health fields and must complete additional coursework in crisis counseling and debriefing. They are connected by pager and ready to respond immediately.

As the military effort continues in Iraq and new deployments extend the call deeper and deeper into communities, the essential need for services from local Red Cross chapters, and from nurses like Veronica Steffen, will only continue.

We salute them.

### **LINKS:**

[www.cincinnatiaredcross.org](http://www.cincinnatiaredcross.org)

[Veronica.Steffen@med.va.gov](mailto:Veronica.Steffen@med.va.gov)

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## **In Reflections on Nursing LEADERSHIP**

The United Kingdom’s Royal College of Nursing described her as “Canada’s most distinguished nurse in her generation” and “a nurse of the world.” No wonder then that Dr. Helen Mussallem is featured in the 2nd Qtr. 2003 issue of *Reflections on Nursing LEADERSHIP*. Acclaimed for her role in fundamentally reshaping Canada’s nursing education system and revered for her efforts in improving the status of nurses worldwide, Mussallem is still opening doors for the profession. Learn more about this fascinating woman in the pages of RNL.

### **Other highlights ...**

— For nurses who have been “holding down the fort” for a decade or two, now is the time to take the lead, declare two Robert Wood Johnson Executive Nurse Fellows.

— Nurses save lives every day while their own emotional needs often go unmet. In an article that

exchanges. The chapter has been able to mobilize responses to several philanthropic opportunities.

Of course, there are challenges.

"Keeping up with our mobile members is tough," says Fuller. "And because the school has an open enrollment system, with students graduating year around, the invitations to potential members and their inductions can sometimes seem out of step with their academic progress. But we have many members who shape the chapter through strong and consistent involvement, and great support from the university and dean, so we have been able to meet our challenges head on and work toward effective solutions."

### What's ahead for Omicron Delta?

According to Pepicello, the chapter is focused on increasing attendance at the electronic meetings (chapter meetings are held through conference calls and online chat rooms) and perhaps holding them more frequently. "I want to explore the requirements for achieving a Chapter Key Award and make them inclusive of how a virtual chapter is structured," she adds.

Stuever also has a few words of encouragement and guidance for other chapters seeking to expand their electronic functionality, even if they are located near a single campus. "Members are always in motion, so it makes sense for every chapter to develop its electronic tools. I say go forward and don't be discouraged. Experiment and think small at first. It's an evolution that can lead to some wonderful things, for your chapter and for Sigma Theta Tau."

She added, finally, one additional bit of advice: "Oh, and get a good webmaster."

### LINKS:

[pam.fuller@phoenix.edu](mailto:pam.fuller@phoenix.edu)

[nlstuever@wi.rr.com](mailto:nlstuever@wi.rr.com)

[sandrabil@earthlink.net](mailto:sandrabil@earthlink.net)

### HIGH-PERFORMANCE WEBSITE:

[www.omicrondelta.net](http://www.omicrondelta.net)

introduces readers to convention keynote speaker Dr. Meg Carson and her work on post-traumatic stress disorder, nurses are reminded that they are heroes every day.

— Three society members who serve on boards of major nonprofit organizations share their perspectives on the challenges and rewards associated with board membership.

— Three nurses who've gone for their doctorates online encourage others to consider distance learning.



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## ■ Kaplan Launches Achievement Tests for Nursing Schools

In a move that brings an additional resource for student assessments to nursing schools, Kaplan Nursing, a part of the Kaplan Medical Division of Kaplan, Inc., has launched STARS (Subject Test Assessment Resource Service), a proprietary, integrated testing program designed to evaluate students' progress through the nursing school curriculum.

"It's never been more important for schools to produce nurses with the necessary skills to contribute right after they are licensed. Nursing schools have an increased need to document every student's progress," said Judy Burckhardt, RN, MEd, executive director of Kaplan's Nursing and Allied Health Programs. "Kaplan will provide nursing schools with up-to-date assessment tools and the comprehensive score reports they need to evaluate student progress."

According to Burckhardt, through detailed feedback on individual tests, nursing faculty will be able to effectively evaluate students' content comprehension and critical thinking skills. Equipped with this information, faculty will be able to identify at-risk students and intervene early to improve performance.

In one nursing school that is using the STARS program, the choice to go with Kaplan assessments was a natural extension of the relationship established through the NCLEX preparation tests. "Kaplan has a strong reputation for good, relevant tests and responsive service to our school," says Janet Schneiderman, RN, MN, interim vice-chair of the Department of Nursing at the University of Southern California. "Improving the testing experience for our students is important, and Kaplan does a good job there, too."

Developed by experienced nurse educators nationwide, the tests in the STARS program consist of 75-180 questions of varying levels of difficulty designed to assess a student's ability to apply nursing content to clinical situations. Each test is designed to challenge students and provide feedback regarding each student's ability to recall information, understand concepts, set priorities and make sound nursing judgments. In addition to the Nursing Pre-Admission Test, the course evaluation tests in the program include:

## ■ The EPA Aging Initiative:

### Protecting the Health of Older Americans

The Environmental Protection Agency has launched a major initiative that aims to bring the nation's focus to people over the age of 65, and the environmental hazards they face as they age.

According to the EPA, there are currently 35 million people over 65 years of age, and that number is expected to double over the next 30 years as the first of 76 million baby boomers turn 65 in 2011. Right now, people over the age of 85 are increasing at the fastest rate; there are currently over 4 million, and by 2050, the number is expected to be 19 million.

Older persons—especially those over 85—are more susceptible to hazards from the environment, which may cause or worsen chronic or life-threatening conditions. Moreover, they have accumulated a lifetime of environmental and occupational contaminants, which are capable of remaining in the body—such as lead, mercury and PCBs.

A partnership of support.

Sigma Theta Tau International is supporting the EPA Aging Initiative by communicating the initiative's actions and goals to members and by inviting members to contact the EPA as they

- \* Fundamentals of Nursing Test
- \* Wellness/Physical Assessment Test
- \* Psychological Test
- \* OB/GYN Growth and Development Test
- \* Medical/Surgical Test
- \* Pharmacology/Parenteral Therapy Test
- \* Nursing Assessment Test

"Faculty buy-in is essential," says Margaret Kroposki, PhD, associate dean at Greenville Technical College. "We contacted Kaplan just as we were making significant changes to our curricula and our semester structures. Kaplan worked with our administration and faculty to define what we needed from each class. And since we were migrating to shorter, five-week classes, turnaround time became a key issue...we can't intervene effectively if the class content is long past."

According to Burckhardt, Kaplan will provide timely, detailed feedback on every student's performance in such areas as critical thinking and the nursing process. Faculty will also receive an aggregate school report for each test. She adds, "The opportunity to measure progress against national norms will emerge as another key benefit to the STARS program. This will be powerful information that schools can integrate to fine tune their curricula to remain both competitive in the market of nursing schools and effective in their skills teaching."

#### **LINKS:**

[Kaplan Nursing](#)

[www.kaplan.com](http://www.kaplan.com)

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collaborate with research and health care professionals in local communities.

Right now, the EPA is holding public listening sessions in California, Iowa, Texas, Pennsylvania, Florida and Maryland—some of the states that are experiencing the most rapid growth of residents over 65 years of age.

The EPA also has developed a National Research and Action Agenda that will:

Determine research gaps on the impact of environmental health hazards to older persons.

Determine tools that can address the impact an aging society will have on our environment.

Identify model programs that will provide volunteer opportunities to reduce environmental hazards in local communities.

The EPA is making the health of older Americans a top priority. Keep watching for more news and opportunities to participate as the EPA and Sigma Theta Tau collaborate in this critical initiative.

#### **LINKS:**

[www.epa.gov/aging/index.htm](http://www.epa.gov/aging/index.htm)