This time of year, we plan budgets for summer and for the next academic year. It is a process that involves data gathering, making assumptions about the future, making choices, and identifying opportunities.

Not coincidentally to the budget process, recently, I helped moderate the AACN Executive Development Series on Financial Management for 1 ½ days in Washington, DC. Despite the lure of the cherry blossoms, I attended to my duties. My role was to introduce speakers (mostly deans) and moderate Q&A sessions and discussions designed for aspiring and new deans on the timely topic, financing nursing education.

There are several lessons for all of us. We enter a time in history when state support is thinning considerably. This is due to federal budget pressures which are passed on to the state governments – and from there to us, in institutions like our own.

Three “take-aways” I learned once again are:

1. **There is a serious need to increase revenue.**
   Ways to do that include expanding enrollment, securing grants, soliciting gifts, and generating practice revenue. We have done nearly all we can to reduce expenses. Now we must look to the revenue side of the equation.

2. **We need to partner with hospitals, health systems, and other entities.**
   Examples of shared resources between a School of Nursing and the practice setting include: faculty; students; tuition reimbursement/exchange; research consultation and access to data; knowledge and evidence-based practice; curricula and orientation; faculty practice; and advisory consultation.

Specifically: Dedicated Education Units; Clinical Nurse Leader Programs; Clinical Faculty/Preceptor Academy; Accelerated BSN-PhD/DNP and post-doctoral programs; endowed professorship for research at hospital; partnerships with free clinics; Research Institute co-chaired by Dean and CNO; and Inter-school collaboration and exchange of faculty.

3. **We can learn from those with memorable quotes.**
   On financial pressures in higher education:
   "I have enough money to last me the rest of my life, unless I buy something." (Jackie Mason). From Dean Gloria Donnelley’s presentation “Financing and Managing New Nursing Programs.”

   On Philanthropy:
   “You make a living by what you get. You make a life by what you give.” (Winston Churchill). And “Donors don’t give to institutions. They invest in ideas and people in whom they believe.” (G.T. Smith).
Recent Faculty Scholarship

(Updated April 12, 2012)

June 2011
Grotta, Patti, awarded New Investigator of the Year by the International Association of Infection Prevention at their annual educational conference in June 2011.

January 2012

March 2012

February 2012

April 2012
Overbaugh, Kristen. Improving Palliative Care through Community Based Participatory Research. Portland, Oregon: 2012 April. (Poster presentation for University of New Mexico for the Western Institute of Nursing Research Conference).


(Cont. on page 4)

Faculty Serving at National Level

Dr. Porter-Wenzlaff is part of a group of 17 faculty across the country working with the National League for Nursing to rewrite their certification for nursing educators (CNE). It is a new certification (about 5 years old) that only a few of SoN faculty have. [http://www.nln.org/profdev/corecompetencies.pdf](http://www.nln.org/profdev/corecompetencies.pdf)

By Dr. Cheryl Lehman
Myself (Incoming Chair of the Rehabilitation Nursing Foundation), Sharon Murphy-Potts (Secretary-Treasurer of the Association of Rehabilitation Nurses) and Rep. Bill Pascrell (D-NJ) in his DC office on April 27. Rep. Pascrell is the sponsor of legislation (H.R. 4238) to reauthorize the Traumatic Brain Injury Act, to provide funding through the CDC to states for brain injury patients to access treatment and rehabilitation programs. ARN is urging Congress to pass H.R. 4238, the Traumatic Brain Injury Act, which authorizes programs to develop research and improve the lives of individuals with TBI as well as their families. Kudos to Rep. Pascrell and his staff for their work on behalf of those with TBI.

L to R: Sharon Murphy-Potts, Rep. Bill Pascrell (D-NJ), and Dr. Cheryl Lehman. April 27, 2012.
Letter from The Chair  
(cont. from pg. 1) 

From Dean Breslin’s presentation on Funding the Mission: Seizing Leadership in Financial Management” 

On lessons learned from a nursing dean after serving also as a university provost and viewing things “from the balcony.” 

“What gets us into trouble is not what we don’t know…it’s what we know for sure that just ain’t so.” (Mark Twain). From Dr. Jean Bartels’ presentation on Funding Nursing Education. 

“It doesn’t work to leap a twenty foot chasm in two 10 foot jumps.” From Dr. Jean Bartels’ presentation on Funding Nursing Education. “You’ve got to be careful if you don’t know where you’re going because you might not get there.” (Yogi Berra). From Dr. Jean Bartels’ presentation on Funding Nursing Education. 

Part of my job as department chair is to help fund the future through your ideas for revenue generation. A question to ask ourselves: 

Are there services we could provide in our HRCMS Department to generate revenue? Home visits, legal consultation, educational classes, consultation, faculty practice, training programs, data management services, clinical workshops are examples. 

The idea would be that faculty would have release time perhaps a half day or day a week to engage in these revenue generating activities. The revenue generally provides funding to backfill our teaching as well as to fund other parts of the mission. Be thinking – I look forward to your ideas. Some ideas have already come forward. Help us to scale the 20 foot resource chasm in one, not two, jumps. As always, thank you for being part of the solution. 

Dr. Reineck 

ACE Report 

STUDENT SCHOLARSHIPS AVAILABLE FOR SUMMER CONFERENCE: A new Student Program has been launched by the interprofessional Program Planning Committee for the Summer Institutes on Evidence-Based Quality Improvement. This unique Program will engage Students of all levels in active discourse with the international speakers (such as Dr. Patricia Benner) of the Improvement Science Summit and/or the Summer Institute on Evidence-Based Practice. Through partnership with the Office of Admissions and Student Affairs, student scholarships are available for the Program. In addition, students may submit Project Abstracts for poster presentations and discussion. 

This is a wonderful way to engage our students in a top-notch conference right here in San Antonio, providing essential information to round out their skills for today’s healthcare system. The Student Program announcement was circulated last week to NURFAC by Dr. Stevens; call Kandice Hall at 210.567.1486 or email at HallKM@uthscsa.edu, for a second sending. 

INVESTIGATIVE TEAM OPPORTUNITIES: ACE continues to pull together teams to apply for grant funding. These grants focus on healthcare delivery improvements addressing the Improvement Science Research Network priorities (see www.ISRN.net). Upcoming project topics include: Engineering a Better Healthcare System; Coordination and Transitions in Care; Sustaining Team-STEPPS for Patient Safety; and Medication Errors. Please express your interest to Dr. Reineck, Dr. Stevens, and Dr. Braden...so that you can be contacted for a role in the ‘next grant’. All levels of interest are welcomed. 

(see pg. 5)
Recent Faculty Scholarship

(cont. from pg. 2)

Stevens, KR, Patel, Darpan, Puga, Frank. Dandelion Effect of a Team Training Program to Enhance Patient Safety and Quality. Austin, TX: 2012 April. (Paper accepted for presentation at the Innovation in Health Care Delivery Systems Symposium) - (paper authored by Dr. Stevens and presented by Darpan Patel and Frank Puga).

May 2012


Purcell, C.V. Recipient of a scholarship to attend the 2012 Oncology Nursing Society Annual Congress in New Orleans, LA.

June 2012


July 2012


September 2012

Stevens, KR. Using Evidence-Based Research to Improve Healthcare Outcomes. (Keynote speaker at the Interprofessional Partnership Conference) Chaing Mai, Thailand. 2012 September.

Ms. Kathy Reeves was inducted May 10, 2012 as a member of the UTHSCSA Academy of Masters Teachers! Congratulations, Kathy!

Also! Ms. Reeves received a service award for her ten years of service to the Health Science Center.

Ms. Jennifer Kreizschmar received her five-year service award! Jennifer works for Dr. Sharon Lewis.
ACE Report

(cont. from pg. 3)

SUMMER CONFERENCE FACULTY RATES: The Summer Institutes on Evidence-Based Quality Improvement are generating more interest than ever! See the full PDF of the 2012 powerhouse program at http://www.acestar.uthscsa.edu/

Contact your Department Chair to request registration funds or decide to invest in yourself to be part of this accelerating national movement in quality and patient safety.

IMPROVEMENT SCIENCE RESEARCH NETWORK ATTRACTS NATIONAL INTEREST: Numerous presentations are being given by the ACE Science Team in the next month, including a plenary session at the Western Institute of Nursing, podium presentations at the McCombs Business School Healthcare conference, and a podium presentation at the QSEN conference.

The team is eager to share these in your courses as well...contact us if you want to schedule for this summer or next fall.

ANNOUNCEMENTS

Adjunct Assistant Professor Dr. Patti Grota, retired from the VA after 30 years of federal service on February 1, 2012. She will be launching her career in academia working part-time in a BSN program at Schreiner University (Kerrville, TX). We wish her well in her new and future endeavors!

Mr. Paul Summers announced his retirement from the Health Science Center effective August 31, 2012 after 15 years of service.

A reception will take place August 24th in the large Galleria. More information will follow in August.

CONGRATULATIONS

To Ms. Lark Ford who received the Unsung Hero Award!

Unlocking Office Doors

We received word from our new UT Police Chief, that the police receive HUNDREDS of requests each month. See below. The police simply cannot continue to do this. They are enforcing the HOP policy 8.7.6 (attached). Please exercise care and help reduce this problem. Keep your keys on your person when on campus. Do not rely on the HRCSM office or the police. Rely on yourself, please. We will help you open your door if we are here at the time, subject to staff availability to leave the office. But please rely on yourself for this security measure. Thank you.

From the UT Police --

Effective immediately, UT Police will no longer unlock office doors, including office doors between 8a-5p (apart from scheduled room/event unlocks). The captain says his staff spend a vast amount of time unlocking office doors during business hours that deters them from concentrating on their security duties. (cont. pg. 9)
Beverly Wheeler, MSN, RN, ACNS-BC Clinical Instructor, asked her clinical students to write about a patient they had in nursing school that made them realize they had chosen the right profession. Although all of her student stories were outstanding, we selected one to feature in the HRCSM Pulse Newsletter.

Patient Reflection

A patient that I have had throughout my experience with nursing school that has made a big impact on my life was from this present semester in Adult II clinical. My patient was 18 years old and attempted to commit suicide. He was at a night club on a Saturday night and got into a fight outside of the club. He shot the police officer that was present and jumped into his truck and drove away. Police chased him and he ended up pulling over by the airport and shot himself under the chin. This ended up messing up his face completely. He had to have emergency plastic surgery when he was brought into the ER on his nose and mouth. The muscles inside his mouth were completely destructed and he was going to require some serious therapy to get the muscles working again. The bullet barely missed his eyes, so there is no eye damage and thankfully no brain damage. When I was caring for him, there was a lot of edema and redness around his face. He was completely aware of everything that was going on around him. He showed that he wanted to write to us to communicate since he could not talk. The nurse gave him a white-board and this is where everything really hit me hard. He started off by asking how bad his face looked. The nurse said that surgeries were going to be needed but he should be thankful that his brain is not damaged. At this point tears started pouring out of the boy’s eyes. He then wrote “Just pull the plug. I don’t want to be here anymore. I wish I did it right.” This totally caught me off-guard and really hurt me to think about what he was going through. He started kicking his legs and started to cry more. It was obvious he was in pain mentally and emotionally.

After going through this experience, it made me realize the exact reasons why I am in nursing school. I love helping people. I hate seeing anyone hurting or in pain. By being a nurse, my purpose is to help people feel better and provide support. With this boy, he put himself into a situation that has changed his life for forever. He also said that he did not want any visitors – not even from family because he did not want anyone seeing him like he was. Knowing this, the nurses and medical staff were going to be the only ones providing him care and support with what he was going through. Knowing that I could be the one providing care like this one day would make me feel so good about what I do. It also makes me realize how fragile life is and how thankful I need to be for what I have and the people around me.

I would be more than happy to know that this was shared with others. I would like everyone to know why nurses do what they do.
We are very proud to recognize the men and women who make our university one of the nation’s finest academic health science centers.

Congratulations to the recipients of our 2012 Presidential Awards!

**TEACHING EXCELLENCE Awardees**

Constance L. Fry, MD, Associate Professor and Residency Program Director, Department of Ophthalmology, Ophthalmic Plastic and Reconstructive Surgery, Ophthalmic Oncology, School of Medicine

Margit B. Gerardi, PhD, RN, WHNP, Assistant Professor, Family and Community Health Systems, School of Nursing, Division of Infectious Diseases, School of Medicine

Linda M. McManus, PhD, Distinguished Teaching Professor, Department of Pathology, School of Medicine, Department of Periodontics, Dental School

Kathleen A. Reeves, MSN, RN, CNS, CMSRN, CNE, Clinical Associate Professor, Health Restoration & Care Systems Management, School of Nursing

Nhung Tran, MD, FAAP, Assistant Professor, Department of Pediatrics, School of Medicine

Blane Trautwein, EdD, CED, Assistant Professor and Program Director, Deaf Education and Hearing Science Program, Department of Otolaryngology – Head and Neck Surgery, School of Medicine
Do you have control over your work environment? Do you ever feel frustrated that despite your best efforts, nothing seems to change on your unit? Do you get tired of work-a-rounds? Do you have co-workers who do not seem to care about what happens in the workplace? Do you ever ask yourself, how do I lead an interdisciplinary group of providers in delivering care that incorporates the Institute of Medicine’s six domains of quality, care that is safe, timely, effective, efficient, equitable, and patient-centered, in today’s rapidly changing environment? To explore these questions and develop innovative solutions, Drs. Brenda Jackson and Deborah Kendall-Gallagher, co-faculty for Leadership for Quality, Safety, and Health Policy, a core course in UTHSCSA School of Nursing’s graduate program, created and pilot-tested a clinical microsystems leadership project in spring 2012 to facilitate student learning related to applying clinical microsystems thinking and tools to practice.

Leadership for Quality, Safety, and Health Policy is designed to introduce students to the complex, and frequently, competing demands confronting today’s healthcare leaders. The drive to improve healthcare is ever-present across clinical settings with system transformation required to achieve and sustain improvements. Advanced practice nurses will be key payers in leading system transformation. Research demonstrates that transformation of healthcare delivery will require fundamental change at the front-line of care where healthcare providers and patients interact (Nelson et al., 2002). Front-line units, known as clinical microsystems (e.g., nursing unit, primary care clinic), are the building blocks of the larger macrosystem (e.g., hospital or integrated delivery system). Theoretically, a macrosystem is only as good as its supporting microsystems (Nelson et al., 2002).

The clinical microsystems development methodology, created by researchers at Dartmouth, is an evidence-based strategy designed to teach an interprofessional team of people taking care of a group of patients how to work together to improve their workplace and the care they deliver (http://clinicalmicrosystem.org/about/background/). Advance practice nurses are expected to develop improvement capability of interprofessional teams; the clinical microsystems leadership project is designed to provide students with the knowledge and skills needed to build such team capability.

The leadership project consists of two parts. First, students, working individually, conduct a self-assessment and reflective exercise using a clinical microsystem they are working in or worked in previously as a nursing student, staff nurse, Clinical Nurse Leader, manager, or other nurse-related position using the appropriate clinical microsystems Greenbook (inpatient, emergency department, or outpatient primary care) found at http://clinicalmicrosystem.org/materials/workbooks/. In Part Two, students repeat the process used in Part One but work in groups using hypothetical data. For both Part One and Two, students collect data from the following areas: (cont. pg. 9)
CLINICAL MICROSYSTEMS

EDUCATING NURSES TO LEAD AND IMPROVE CLINICAL MICROSYSTEMS

(Cont. from pg. 8)

◊ **Unit Profile:** Address: (1) **Purpose:** Why does your unit exist? (2) **Know Your Patients:** Take a close look into your unit, create a “high-level” picture of the Patient Population that you serve, i.e., gender, age distribution. List the top 5 Diagnoses/Conditions treated in the microsystem

- **Unit Staff Satisfaction Survey** – complete from the role you have, or had, in your selected clinical microsystem (e.g., nursing student, staff RN, manager, etc.)
- **Personal skills assessment** – complete from the role you have, or had, in your selected microsystem
- **Unit Activity Survey Sheet** – complete from the role you have, or had, in your selected clinical microsystem
- **Unit Processes Tool** – complete from the role you have, or had, in your selected microsystem
- **Unplanned Activity Tracking Card** – complete from the role you have, or had, in your selected clinical microsystem; estimate the type and associated percentage of unplanned activity in a 12 hour shift

Students then analyze the collective data and consider the following questions: 1) what unit processes are working well, 2) what unit processes present challenges, and 3) what patterns emerge? As a final step, students write a one to two page summary that describes their analysis, identifies the top three priorities for improvement based on the analysis, and recommend specific strategies for improvement.

Informal student evaluation of the project revealed that applying clinical microsystems thinking to practice allowed students to “see” their work environment from a systems perspective and better understand interrelationships among system components that, when aligned, lead to meaningful and sustained improvement. Additional information about clinical microsystems can be accessed from [http://clinicalmicrosystem.org](http://clinicalmicrosystem.org)


Unlocking Office Doors

(Cont. from pg. 5)

If it’s before 8a or after 5p and an office door needs to be unlocked, the individual(s) have to call UT Police themselves; no one may call for them and they MUST HAVE their ID badge number!

This is a HOP policy but was never enforced.

There may be moments when not even staff will be available between 8a-5p to unlock office doors therefore, everyone should be mindful to KEEP their keys on their person at all times while on campus.

If this continues to be a recurring issue, Captain Bleier will personally contact the department head. Here are some stats provided by Captain Bleier – averages about 342/ month:

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<tr>
<td>Jan 2012</td>
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<tr>
<td>Feb 2012</td>
<td>344</td>
</tr>
<tr>
<td>Jan 2011</td>
<td>370</td>
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<tr>
<td>Feb 2011</td>
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<td>Jun 2011</td>
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<td>Sep 2011</td>
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<tr>
<td>Oct 2011</td>
<td>378</td>
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<tr>
<td>Nov 2011</td>
<td>436</td>
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</table>
SON Wellness Program sponsored a Faculty/Staff Team to participate in the **5K Wilenchik Walk for Life** on Saturday, 3 March at 0800hrs in Schertz. This H.E.B. sponsored event is named after former Schertz City Councilman, Tony Wilenchik, who lost his battle with cancer in 2009 and was a tireless advocate for his community. All proceeds benefit the UT Health Science Center Cancer Therapy and Research Center (CTRC) of San Antonio. Last year over $28 thousand dollars were raised and for the cancer center. This walk was a wonderful way to showcase our school, serve our community and help raise money for the CTRC. Many familiar faces photographed represent participants in the 5K Wilenchik Walk for Life.
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The University of Texas Health Science Center at San Antonio
Department of Health Restoration and Care Systems Management
Mail Code 7975
7703 Floyd Curl Drive
San Antonio, TX 78229-3900
Phone: (210) 567-5883

HRCSM Pulse Managing Editor: Cecelia Dornfield