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Dr. Parsons contributed her expertise and wealth of perspective to the development of the DNP faculty and students, culminating in a highly successful DNP site visit March 25-27 from the CCNE visitors.

Dr. Decker masterfully organized the self-study and worked with Dr. Kennedy to articulate the program well to the visitors. The visitors said we were rock stars!

Ms. Shaw and Ms. Dittmar, our highly capable and knowledgeable DEU clinical faculty facilitators at MHS and VA, respectively, are nearing the time when the DEU concept will expand even further with new DEU units opening in the fall. ♦

Continued on Page 2.

Several years ago, I attended the Academic Chairs’ Conference in Orlando, FL. This is an intriguing and educational annual meeting of chairs from all disciplines. Dr. Jon Wergin, a scholar in academic leadership, presented the opening keynote. In his closing remarks, he invited attendees to consider writing a chapter for his then upcoming book, Leadership in Place. I was honored to write a chapter on shared leadership in a school of nursing.

At that time, I had served as an interim chair for one year and had just become chair of the Department of Acute Nursing Care, the precursor for our current HRCSM department. I was definitely a novice at academic leadership. But I had successive experience as a nurse manager, section chief, staff officer, personnel officer, training officer, assignment detailer, assistant chief nurse, deputy commander for nursing, and system chief nurse executive. So I felt I knew about leadership and management both from formal education and by being in the trenches. My philosophy of leadership I wrote when I was a chief nurse at Fort Hood, formed the underpinnings of much of what I conveyed in the chapter in Leadership in Place. The thrust of my chapter in Dr. Wergin’s book was that in an academic environment, leadership should be shared. What I mean by sharing leadership is:

1. recognizing faculty strengths and preferences and mobilizing them in new ways,

2. seizing opportunities to develop faculty leadership capacity by mutually designing challenging assignments, and

3. supporting faculty in new roles, encouraging them, listening to their concerns, making them resilient in the face of adversity, and removing barriers.

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Continued on Page 2.

Letter From the Chair

I wanted a vocation in nursing to help people, to help fix people. On my first clinical day during my first semester, my first patient wasn’t able to be fixed. He was on hospice and actively dying. The day prior had been his last to eat or drink so the nurses told me he would be gone soon. This went against everything that I had in mind. Starry eyed, I believed that with cups of pills and an expertly filled cup of ice water, I could help heal the sick. From my first patient I realized it wasn’t always about healing but about comforting. There was no health history taken or questions asked, it was hand holding ♦

Continued on Page 3.
Letter From the Chair

Continued from Page 1.

Dr. Cheryl Lehman and Ms. Mary Walker demonstrate their leadership for the accelerated curriculum working group. In addition, Dr. Lehman has taken on the pathophysiology mantel in both undergraduate tracks, and made such improvements that the students, faculty, and administration applaud her fine work.

Ms. Judy Malts shared her organizational awareness and clinical coordinator expertise in the production of the Course Coordinator’s Manual, printed and distributed in March 2013. Dr. Nancy McGowan continues capably as P.I. of an Emergency Nursing grant which provides opportunity for Clinical Nurse Leader (CNL) students to learn improvement of nursing care in emergency settings.

The leadership of Ms. Mary Stephens in 2012 and summer 2013 and Ms. Janis Rice beginning in spring 2013, with ongoing support of Christine Nicholas and Dr. Decker, led to an incredible streamlined immersion experience for undergraduate students. It’s getting better and better and requires an intensive amount of effort and planning.

Ms. Lark Ford (spring) and Ms. Jennie Shaw (summer) are mentoring Ms. Linda Juenke in the course coordinator role; Dr. Wes Richardson is mentoring Mr. Jim Cleveland in the course coordinator role; Ms. Mary Stephens mentored Beth Anderson in the course coordinator role; Ms. Ford demonstrates exceptional leadership in the Committee on Undergraduate Studies (COUS) as well as the Traditional Curriculum Working Group. Ms. Kathy Reeves and Ms. Judy Malts are coaching Sherry Weaver and Joyce Holubec as they coordinate courses in the accelerated BSN program this spring.

The entire Leadership and Management team role model professional nursing leadership in the conduct of the course which includes an innovative leadership colloquium.

Dr. Azizeh Sowan is demonstrating early leadership in her review of our informatics course, conceptualizing the focus and potential funding for her research program, and volunteering to serve on a committee of the Faculty Assembly. We welcome you once again, Dr. Sowan.

Ms. Teri Boese, Mr. Jim Cleveland, Ms. Debbie James, Ms. Chris Olson, Ms. Lark Ford, Ms. Denise Kiddar, Ms. Kristen Overbaugh, Ms. Angela Ross, Ms. Pam Smith, Ms. Mary Walker and Ms. Herlinda Zamora demonstrate their leadership by their doctoral studies past, present, and future.

Dr. Carole White, Ms. Mary Walker, and Dr. Wesley Richardson are demonstrating their leadership as the first HRCM Department Search Committee.

Dr. Mickey Parsons, Dr. Brenda Jackson, Dr. Kendall-Gallagher, Ms. Janis Rice, and Ms. Judy Malts are leading the first HRCM Department Promotion & Tenure Committee.

Dr. Linda Porter-Wenzlaff led the Decision-Critical Portfolio initiative and provided significant substantive input into the emerging nursing education major.

Clinical Immersion & Reflection (traditional BSN) faculty from HRCM this spring, led by Ms. Janis Rice are CPT Brandi Bedore USAFNCr, Ms. Isabell Stoltz, Ms. Teri Boese, Ms. Elizabeth Anderson, Ms. Vicki Dittmar, Ms. Mary Walker, and Ms. Melinda White, as well as FCHS faculty.

Ms. Joyce Borgfeld joined the Leadership & Management team at the 11th hour due to an expected faculty shortage and provided an excellent leadership experience for 4th semester students.

Mr. Glenn Ermer, Mr. Wilson Gatundu, Ms. Vanessa Lewis, Ms. Debbie James, Ms. Janice Pettis, Ms. Marykutty Prasad, Mr. Antonio Torres, Ms. Monica Kincade, Ms. Denise Kiddar, Ms. Joyce Holubec, and Dr. Larry Johnson are new, and in some cases, returning, faculty who are demonstrating their leadership by role modeling for the students they teach.

Dr. Denise Miner-Williams and Dr. Sharon Lewis through their leadership in the community, provide resources to help families reduce their stress in the midst of caregiving.

Ms. Diane Rankin brings her experience in clinical education to the first semester and role models effective teamwork and clinical nursing education principles.

Continued on Page 3.
What I Learned From My Patient

and oral swabs to help moisten his cracked lips. There were no, “thank you’s” but rather looking into thankful eyes that knew more than my own. At the end of the day, I looked at my cohorts who had gotten to practice skills. They passed meds and helped with patient’s activities of daily living and had things to brag about. I, on the other had, had only the memory for my first patient, who taught me it isn’t all about fixing people, but about giving comfort during the worst of days.

This letter was written by a student in response to an assignment given out by Beverly Wheeler, that asked them to write about a patient they had who inspired them or made them realize they were pursuing the correct profession.

Faculty & Staff Christmas Party 2012!

Letter From the Chair

Ms. Theresa Villarreal was accepted to attend the QSEN conference and demonstrated versatility teaching across many courses this past year. Mr. Tom Vorpahl and Ms. Pam Smith are finishing the last cohort of the ACNP program and beginning to develop the new Adult Gero NP program which will start Summer 2014.

Dr. Joe Schmelz exercises leadership in the Health Science Center as Assistant VP for Research. Dr. Kathleen Stevens leads her staff in the ACE Center toward many new inter-professional initiatives in improvement science, providing evaluation services in the community, and planning the Summer Institute on Evidence-Based Practice. These are all examples of shared leadership for which I am so proud and humbled every day. Thank you for sharing your leadership. May we all seek to be leaders in curriculum, delivery methods, educational design, governance, collegial relationships, cultural proficiency and innovation.

Lieutenant Colonel Takayo Maeda is translating Dr. Reineck’s *Readiness Estimate and Deployability Index (READI)* developed with funding from the Tri-Service Nursing Research Program into Japanese. The *READI* is also available in the Korean language. The *READI* assesses readiness to perform nursing care in austere environments. Visit [http://www.nursing.uthscsa.edu/ONRS/Resources/READI/Index.aspx](http://www.nursing.uthscsa.edu/ONRS/Resources/READI/Index.aspx)

**Clinical Nurse Leader Students**

Clinical Nurse Leader Students with Dr. Wesley Richardson, CNL Track Coordinator.

*Taken 25 April, 2013*
Snapshot of Overall Department Effectiveness

Fifty-one faculty members in the HRCSM Department were asked to participate in the survey. Of those, a total of 41 (or 80%) responded. Faculty provided feedback on findings at the April 19th Department meeting.

Overall Rating of Department Effectiveness

The overall rating of the HRCSM Department effectiveness is reflected in respondents’ assessment of the department’s current level of functioning overall.

As shown below, 68% considered it to be somewhat effective, effective, or highly effective (rating 4, 5, or 6) while 12% of the respondents considered the department’s current level of functioning to be highly ineffective, ineffective or somewhat ineffective (rating 1, 2, or 3).

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<thead>
<tr>
<th>Rating</th>
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<tr>
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Some respondents may have omitted or rated the item “Cannot Judge”

1 = Highly ineffective, 2 = Ineffective, 3 = Somewhat ineffective, 4 = Somewhat effective, 5 = Effective, 6 = Highly effective

Dr. Linda Harrington, UTHSCSA Alumni, on Informatics

Submitted by Clinical Assistant Professor Angela Ross, MSN, DNP Student, MPH, PMP, PHCNS-BC

The American Nurses Association defines nursing informatics as the integration of nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing and patient practices. The nursing informaticist facilitates this integration by supporting patients, nurses, and other providers in their decision-making in all roles and settings. Informaticists perform their duties through the use of information structures, processes, and technology.

Dr. Linda Harrington, Vice President and Chief Nursing Informatics Officer (CNIO) of Catholic Health Initiatives, says that her undergraduate education from the University of Texas Health Science Center’s (UTHSCA) School of Nursing provided a foundation for her continued education in nursing informatics. During her first UTHSCA clinical rotations at a local hospital, she recalls: “The first day, we focused on the patient, just communicating, gathering information. The goal was to connect to the patient first and foremost. From that clinical experience, I understood the importance of when the data is presented and its need to be timely and accurate to support clinical decision making. Communicating with the patient validates what technology has generated in comparison to what is communicated from the patient. Technology is just another form of communication.” Dr. Harrington also says UTHSCA instilled in her the principles of life-long learning, which led her to pursue a doctorate in education, a research-focused degree, and a Doctor of Nursing Practice (DNP), a practice-focused degree. To explain why she decided to pursue both degrees, Dr. Harrington uses this analogy: “The PhD is in essence constructing a violin and the DNP plays the violin.”

Informaticists’ expertise in integrating nursing, information, and computer science enables them to communicate across disciplines, and function in diverse settings such as healthcare organizations, academia, research, government, and industry. One major role focuses on developing and acquiring health information technology (HIT) such as the electronic health record (EHR), and improving workflow processes that provide quality.

Continued on Page 7.
Recent Faculty Scholarships

January 2013


February 2013


Sowan, Azizeh.  The sole winner awarded the “Best nursing project in All Arab countries” by the League of Arab States. Her project was regarding “Creating a culture for evidence-based nursing practice” and was implemented in 15 Jordanian hospitals nationwide.


Lehman, Cheryl.  Appointment with the Center for Rehabilitation Research using Large Datasets (CRRLD) Visiting Scholars Program at UTMB.

Stevens, KR., Ovretveit, John.  Co-authored manuscript that is under review with the open source journal, Nursing Research and Practice.

Stevens, KR., Puga, Frank, Patel, Darpan.  Science of Team Science accepted for publication.

Stevens, KR., Puga, Frank, Patel, Darpan.  Variation in IRB in multi-site studies article is under review.

March 2013
Stevens, KR.  Delivering on the Promise of Evidence-Based Practice - New Research Resources workshop was offered at the Midwest Nursing Research Society Conference. March 2013.

Ford, Lark, Rice, Janis.  Selected as one of the RN-to-BSN or MSN concept-based course developers for the APIN grant.

Lehman, Cheryl, named a visiting scholar to the Center for Rehabilitation Research using Large Datasets Program at UTMB in Galveston, Texas. She collaborated with Dr. Berndt and with researchers at the Center in conducting research into patient falls using Mediare data. Also, Dr. Lehman recently had an article published.: Lehman, C.A W Wirt, A.  (2013).  The Aging Population. In K. Maus (Ed.), Gerontological Nursing: Competencies for Care 3rd edition (pp. 29-60). Burlington, MA: Jones & Bartlett.

April 2013
Overbaugh, Kristen.  Family Caregiving: differences with and without Palliative Care Support. Anaheim, CA: 2013 April.  (Abstract accepted for poster presentation at 2013 Western Institute of Nursing Research Conference)

May 2013

Berndt, Andrea, Parsons, Mickey, Golightly-Jenkins, Clarice.  Interprofessional Quality Initiative @ MHS. Orlando, FL: 2013 May.  (Abstract accepted for podium presentation at 2013 34th International Association for Human Caring Conference)

Miner-Williams, Denise.  Family Caregivers of Wounded Warriors. Orlando, FL: 2013 May.  (Abstract accepted for podium presentation at 2013 34th International Association for Human Caring Conference)

June 2013
Recent Faculty Scholarships

Using Tic-Tac Toe to teach Blood Gasses to Nursing Students. New Orleans, LA: 2013 June. (Poster presentation at the 2013 Teaching Professor Conference)

Stevens, KR. Development of a Stakeholder-Based Research Agenda for Improvement Science. Chicago, IL: 2013 June. (Abstract accepted for a panel at the 2013 AAMC Integrating Quality: Improving Value and Educating for Quality Meeting.)

Welcome Azizeh Sowan, PhD to HRCSM!

Dr. Sowan received her BSN and Master’s in Nursing Education from the University of Jordan, and earned her PhD degree in Nursing Informatics from the University of Maryland, Baltimore in 2006. The focus of her doctoral dissertation was related to the effect of a computerized provider order entry system on medication administration, prescribing and dispensing errors. During the last seven years, she taught in the undergraduate and graduate programs. Main courses taught were adult health nursing, fundamentals of nursing, growth and development, communication skills, introduction to nursing informatics and scientific research in nursing, and research methods in nursing. She taught other courses at the university level for non-nursing students such as health education and first aids. She was also an active head (or member) of 3-5 committees at the school level in each academic year and at least one committee at the university level.

After she earned her doctoral degree, she worked on evaluating the technological applications in nursing education and practice. Main projects were related to testing the effect of a computerized insulin protocol on errors of initiating, titrating and transition of insulin infusion in ICU settings. This project was in collaboration with the University of Maryland Medical System, Ohio State University Medical System and the Hashemite University in Jordan. Her main focus in nursing education was related to optimizing the use of technology via effective pedagogy in e-learning environments (hybrid and distance), creating e-learning environments responsive to student needs, help-seeking strategies in technology-mediated learning environments, designing effective online testing formats, and the use of streaming videos to teach clinical courses. Her other projects focused on integrating service learning into the nursing curriculum.

She earned funds for different projects from different sources such as the USAID, Hashemite University Deanship of Research, and Abdel Hameed Shouman for Research Funding (Jordan). Her funded projects were: creating a culture for evidence-based nursing practice. This project was implemented in 15 Jordanian hospitals and included more than 2,000 nurses. Other funded projects were related to the design of a virtual-course with streaming videos to teach fundamentals of nursing skills, the effect of hospital accreditations on admission and discharge of ICU patients, and an assessment study for evidence-based practice.

She has many publications in highly ranked journals and received different awards. Currently, she is a member of the Capital Area Roundtable on Informatics in Nursing (CARING), the American Medical Informatics Association, Sigma Theta Tau, and the Jordanian Nurses and Midwives Council.

Future research will focus on telehealth, designing a system to communicate with conscious ventilated patients who cannot speak, and distance learning.

Dr. Linda Harrington

With a continued focus on national healthcare policy, informaticists have become key team members in the implementation of the EHR. Health care organizations will continue to focus on EHR because of The Centers for Medicare and Medicaid Services’ (CMS) incentive payment schedule for meaningful use, and because of future CMS payment penalties for failure to meet meaningful use criteria. HIT initiatives offer tremendous potential benefits but are also risky due to project issues. And furthermore, the development of HIT does not deliberately focus on improving outcomes, meeting the user’s expectations, and improving communication for both staff and patients. As Dr. Harrington explains, “It’s all about the data, data to improve clinical outcomes, which win enable clinicians to intervene earlier in care. Our target should be connecting the patient and utilizing technology to gain better timely information to improve care.”

“Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family.” Kofi Annan
Implementation Network e-Newsletter: Resource of the Month

The "Resource of the Month" section of the Implementation Network is meant to highlight a resource—a person, organization, or specific tool—that is contributing to the field of Implementation Science. In promoting different resources we hope to facilitate the growth of the field and improve access to and awareness of different resources.

Lastly, this section highlights the excellent efforts of the HRCSM ACECenter headed by Dr. Kathleen Stevens.

Click on the following link to be redirected to the site.

www.implementationnetwork.com

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