UCLA
SCHOOL
OF
NURSING
1949–1999
“The farther backward you can look, the farther forward you are likely to see”

Winston Churchill
IN MEMORY OF
LULU WOLF HASSENPLUG
(1903–1995)
AND DEDICATED TO NURSES EVERYWHERE

“NURSING is an Art, and if it is to be made an Art
It requires as exclusive a dedication,
as hard a preparation, as any painter’s
or sculptor’s work;
For what is the having to do with the dead canvas
or cold marble compared with
having to do with the Living Body
It is one of the Fine Arts; I had almost said,
The Finest of the Fine Arts.”

FLORENCE NIGHTINGALE
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When the time comes to remember the people who have made our dream of writing a history of our school a reality, the necessary moments of reflection rekindle memories of all that has transpired over the years. The idea to write the history of the UCLA School of Nursing was conceived by Lyola Murray, who then shared her dream with her friends at an Alumni Association meeting in 1986. Joan Butler Baggaley, Rosalie Barnett and Elsie Sweeney formed the original group. Over the intervening years, new members briefly joined in our endeavors. Halfway through the project we were joined by Frances Sharma Stoeckle, who immediately became a loyal and valuable member. Each member brought her individual strengths (and foibles!) to the project, and we can truthfully say, "We couldn't have done it without the group!"

There were a few people who believed in our vision and continued to inspire us, prod us, and support us, even as we became discouraged. They also extended a hand in financial support, and we want to express our gratitude to Lulu Wolf Hassenplug, Harriet Coston Moidel, Donna Ver Steeg, and Mary Jane and Rich Hungate, whose donation was matched by the IBM Corporation. During the early years, the School of Nursing Alumni Association also provided needed funding boosts.

When the current dean, Marie Cowan, arrived on campus in 1997, our project captured her interest. She pledged the support of the school and provided the necessary assistance for publication of the manuscript. At long last we knew our dream could come true. Thank you, Dean Cowan.

Our families gave their loyal support and patience, albeit weathered thin at times, to the project. We know that without our families’ love and understanding, this book would not have been written. Elsie would like to thank her husband, John E. Sweeney, and son-in-law K.C. Elton for their generosity in pitching in as deadlines approached.

As we reached into the past through our memories as well as the
memories of those we interviewed and all who graciously gave their time to answer questionnaires, a picture of an enduring, independent, and vibrant school emerged. Our gratitude is extended to our colleagues who helped with their encouragement, conversations, and correspondence. They include, in particular, Kay Baker, Rheba de Tornyay, Marilyn Eisz, Albert D. Hutter, Dorothy E. Johnson, Colleen Keenan, Marilyn La Pointe, Ada Lindsey, Lori Lindstrom, Mary Lyon, Betty Neuman, Agnes O'Leary, Jeanne Quint-Benoliel, Geraldine Padilla, Sharon Reeder, Mary Rees, Kathy Scrivner, Renate Smart, Aaron Strehlow, Marjorie Squaires, Sharadha Viswanathan, Donna Vredevoe and Aileen Walmer. In addition, Dan Gordon provided editing assistance. We thank you all.

We wish to recognize the contributions of all our alumni, deans and faculty members, past and present, who participated in a myriad of ways to enable the completion of our project. Without you, the makers of our history, there would be no History of the UCLA School of Nursing.

THE HISTORY COMMITTEE
May 8, 1999

For the members of the UCLA School of Nursing History Committee, this project has been a labor of love and the realization of a dream. Rather than attempting to chronicle every element of the school's half-century of existence, we have sought to capture the essence of the school's history by selecting some of the key people, programs, and developments for more in-depth coverage.

The school's leaders have played major roles in shaping the school's direction. Each dean and acting dean has made unique contributions to the school, and the results have been changes with the events of the time, innovations in programs and curricula, research that focuses on clinical questions and the expansion of international involvement. This pattern has continued throughout the school's existence, and has made possible its present status as one of the nation's leading nursing schools.

In 1929, public health nursing certificates were offered at UCLA through University Extension during the summer. By 1932, a handful of public health nurses wrote to the university administration requesting that a Department of Nursing Education be established in the College of Letters and Science. This became the forerunner of the School of Nursing.

Since then, the School of Nursing has contributed many accomplishments with intermittent turmoil. The 1950s were a time of academic innovation, development and refinement of its programs and curricula. The 1960s were tumultuous years for the school, involving growth, changes, and its first major crisis.

The 1970s were a productive decade, with the development of nursing theory at the school. Three patient care models—The Johnson Behavioral Systems Model (1968); The Neuman Systems Model: A Total Approach to Patient Problems (1970); and The Roy Adaptation Model (1971)—were tested and utilized by students in their clinical appli-
cations. This later led to the development of the Client-Centered Conceptual Framework (1979) through the concerted efforts of all faculty.

The accomplishments of the School of Nursing have continued through the 1980s and 1990s with periods of growth, development and new challenges. Budget constraints in 1981-82 and again in 1993 brought new challenges to the school to find a way to remain intact and viable. The school established its first nurse-managed clinic in 1983 at the Union Rescue Mission in Los Angeles’s Skid Row. Since then, the school has been involved in three other nurse-managed clinics.

The school continues to educate nurses to care for patients in the present as well as for the 21st century, through the focus of its programs and curricula. The school was one of the first in the West to implement an Acute Care Nurse Practitioner program, which continues to be the largest such program in the region. It developed an exemplary program in advanced nursing practice taught by Ph.D. faculty who are practicing clinicians. The program is designed to give master’s-prepared registered nurses an extensive body of knowledge coupled with a high level of clinical competence.

UCLA was the first nursing school in California to confer the Master of Science degree to nurses, in 1953. It also conferred a Master of Nursing degree in 1965 for clinical specialization. In 1996, the M.N. degree reverted to the M.S. degree, which had been phased out in 1970.

The doctoral program, which admitted its first students in 1987, changed from a doctoral degree in nursing science (D.N.Sc.) to a Ph.D. program in 1996. The program is designed to develop scholars who generate original, innovative research to enhance the scientific base for professional practice.

The baccalaureate program was discontinued, and in its place the Associate Degree of Nursing (A.D.N.) to Master in Science of Nursing (M.S.N.) program was implemented in the fall of 1997.

In all of these programs, the school has made an impact on nursing worldwide. As early as the late 1950s, international students began enrolling in the school’s programs, and this link has been strengthened through the years.

Today, the UCLA School of Nursing is considered one of the major nursing research centers in the nation. At this writing, 89% of the tenured faculty are funded for research. Their research spans every age group, from high-risk infants to quality of life issues for the elderly. Recently, more faculty have been recruited to enhance the base of nursing science in molecular biology, genetics, and neuroscience.

Thanks to a successful grass-roots fund-raising effort, the school endowed its first chair, named after Founding Dean Lulu Wolf Hassenplug. In 1995, the first professor from the School of Nursing was appointed to this chair.

The school ranks fifth in the nation among nursing schools with graduate programs, as reported in the March 1993 issue of U.S. News and World Report. There are more than 5,000 School of Nursing alumni, many of whom have made an impact on health care reforms and policies. Many have become change agents in professional nursing locally, nationally and internationally.

We hope that as you read this account of the school’s history, you will gain a greater appreciation for what the school has endured to survive and take pride in its achievements and accomplishments. The UCLA School of Nursing is positioned for continued growth, innovation and excellence as it plans and looks to the future.
Chapter I

THE BEGINNINGS
OF THE
SCHOOL OF NURSING

In the latter part of the 19th century, some of the nation's great state universities, and many of its schools of medicine, were growing and expanding. Some of the hospital-affiliated institutions of higher learning needed nurses to care for their sick. These nurses were totally under the direction of other professionals and had no power over their practice. At first, their duties were typical of those given to nurses in that era, including many housekeeping tasks. Little by little, hospitals began to offer academic work in the university setting for their nursing students. Baccalaureate degrees of nursing were conferred as far back as 1923.

The UCLA School of Nursing has different roots. There was no hospital at UCLA until 1955. The impetus for founding the School of Nursing was not to provide nurses to service a hospital, but rather to fill the urgently perceived community need for public health nurses.

At the beginning of the second quarter of this century, there were few drugs available for the treatment of communicable diseases. Penicillin and the sulfa drugs had not yet been discovered. Syphilis and gonorrhea had no specific or effective remedy. The same was true for tuberculosis. There was an enormous need for public health nurses to help protect the health of the community by assisting in the control of these diseases.
In 1925, UCLA was housed at the Vermont Avenue campus and, in 1929, offered nursing courses through University Extension. These courses, offered for six weeks in the summer, resulted in certification of these students as public health nurses. Four units of this curriculum were educational courses to assist students with teaching skills. The nursing program was moved to the UCLA Teachers College and labeled nursing education, as better-educated nursing supervisors and teachers were needed. In 1932, the UCLA Public Health Nurses Alumni Association wrote to Dr. Gordon Sproul, who was the administrator of the University of California system. The alumni group requested a separate Department of Nursing Education in the College of Letters and Science, which was housed on the Westwood campus. Sproul looked with favor on this request. He wrote to Yale University, where Dr. Elinor Beebe was an assistant professor of public health nursing. Beebe, who had her doctorate in public health, was offered a teaching position at UCLA at an annual salary of $3,000. Sproul wrote that his efforts were directed at increasing the effectiveness and benefits of public health nursing in California and on the West Coast.

Elinor Beebe accepted the position and began her tenure at UCLA on July 1, 1937. She revised and expanded the nursing curriculum to include classes in public health nursing and social casework, in addition to classes being offered in nursing education and preventive medicine. This revised program was moved to the College of Letters and Science and conferred a certification in public health nursing when students successfully completed the requirements.

The first classes of students were ready for field experience in 1938. In 1944, six years later, the Department of Public Health Nursing was established in the College of Applied Arts. These courses led to a Bachelor of Science degree and were offered to registered nurses. The Department of Public Health Nursing became the Department of Nursing in 1946, and an additional faculty member was added to develop courses in nursing education.

World War II affected everyone, including nurses, in the 1940s. Many civilian nurses delayed their pursuit of a college degree until the end of the war. About 1946, nurses who were discharged from military service started coming to UCLA through the GI bill. They formed their own alumni group. These nurses received a Bachelor of Science degree and certification as public health nurses when they graduated. Many remained in Los Angeles County to work for the Health Department, while others worked as nurses in the Los Angeles Unified School District.

In 1947, Lulu Wolf was asked by Provost Clarence Dykstra to come to UCLA to serve as professor and chair of the Department of Nursing. Lulu had been teaching at Vanderbilt University in Nashville, Tennessee. She accepted the position in 1948 with the understanding that she be allowed to develop her vision of a university school of nursing. She recruited a faculty that helped her with this challenging task. Her proposal was submitted to the Academic Senate for approval in May 1948. One month later, almost 20 years after the opening of UCLA's Westwood campus, the Regents of the University of California authorized the creation of the School of Nursing as one of the professional schools in the university system, with Lulu Wolf as the first dean.

Admission to the nursing program was offered to hospital-educated registered nurses who were interested in receiving bachelor's degrees. The School of Nursing had the same recognition, autonomy, physical accommodations and equipment as other professional schools on campus. Integral to its philosophy was its commitment to teaching, research and community service.

As the first dean, Lulu Wolf had a driving mission for herself and the profession of nursing. The UCLA School of Nursing became recognized nationally as innovative in theory and curriculum development, as well as for excellence in teaching and research. Inherent in the school's philosophy was a recognition that the old style of educating nurses in hospitals, in which the student was utilized to render uncompensated hospital service, was not educationally sound. Under the old system, there was no standardization, a deficit in theory and no payment for labor. In short, it was training, not education.

Lulu's philosophy of nursing education led to many changes nationally and internationally in how nurses were prepared for their practice.
Eliminated were the many repetitive tasks that had no educational significance. In addition, as college students, nurses were allowed to live where they pleased, pay for their college education as did other college students, and marry if they wished. These broad changes in curricula at UCLA resulted in the California Board of Nurse Examiners accepting the new dean's suggestions for the education of nurses. In turn, changes were made in the State of California requirements for nursing licensure.

As the UCLA School of Nursing evolved in those early years, it responded to the needs of the community. Such responsiveness has continued to be a strong motivational factor for the changes that have taken place at the school, and throughout nursing's history.

At historic moments, people of vision emerge. Through their exceptional leadership skills, they hasten the flow of events and facilitate changes more rapidly than would ordinarily unfold. They are the right people in the right place at the right time. If anyone deserves the title of "visionary" in the nursing profession, it is Lulu Wolf Hassenplug, the first dean of the UCLA School of Nursing.

Lulu Wolf was born in 1903 in Milton, Penn., near the Susquehanna River. The Wolf family was a traditional one. Frederich, Lulu's father, and Hattie, her mother, raised their three children in a large home with a spacious yard. Lulu was four years younger than her sister, Margaret, and sixteen months younger than her brother, Fred.

In the small town of Lulu's youth, life was somewhat idyllic. Her childhood years were a happy foundation for the formation of her confidence and intellectual growth. She attended school in the winter and swam and boated on the river in the summer. All of the neighborhood children played in the Wolves' yard, including Harry Hassenplug. Lulu would marry him many years later. From childhood, Lulu asserted
her independence and made her own choices. She initially wanted a career in the theater, but was discouraged by her father, who encouraged her to be a teacher. She finally decided on nursing, a profession that was then associated with long hours and menial tasks. Lulu’s first exposure to nursing had come when she was twelve and in the hospital for a tonsillectomy. She saw the way a nurse treated the children on the ward, and decided there was considerable room for improvement.

In the early 20th century, women attempting to combine marriage with a career found little societal support. With that in mind, Lulu set aside her desire for marriage and family to pursue her nursing career. It wasn’t until 1953 that she married her childhood sweetheart, Harry Hassenplug. Harry became an asset on her international trips. Together, they broke ground for a nursing school in China, and he charmed her nursing colleagues in Japan. Harry’s death in 1983 was devastating for Lulu, but she continued her life with dignity and energy. She was active in her local community of Palm Desert and became a member of the advisory board of the College of the Desert.

Lulu’s visions of the nursing profession became realities during her years as dean of the UCLA School of Nursing. Her contributions can be seen through her publications and speeches, through the memories of her friends and associates, and through the impact of the school’s graduates on nursing practice and education.

Lulu’s vision for nursing embraced the dignity of each human being and emphasized compassion for the sick. She had the foresight to recognize that nursing’s emergence as a profession was dependent on the development of a knowledge base that would enable nurses to assist individuals, families and communities in achieving optimal levels of health. She understood that nursing must work in partnership with other health disciplines toward this goal, but she also believed that nursing had its own unique role, a role that had to be more clearly defined. Above all, she was convinced of the paramount importance of university education of nurses through the graduate level, in order to prepare qualified professionals to practice at the bedside and to contribute to the growing body of nursing research.

“Courage is the first of human qualities because it is the quality which guarantees all the others.”

Winston Churchill
While these ideas have become well accepted in the nursing profession, it wasn’t that way when Lulu began as a student at the Army Walter Reed Hospital in Washington, D.C. in 1921. It wasn’t long before she began to question traditional methods of nursing education. Why were students being used to service the hospitals? Why were poorly prepared nurses used as teachers? Lulu’s ideas of what nursing education should be became clearer when she moved through her own teaching experiences, first at the Jewish Hospital in New York City, then at the Medical College of Virginia Commonwealth, and finally at Vanderbilt University. She took time away from her teaching role to earn a master’s degree in public health at Johns Hopkins University, and subsequently traveled to London and Europe after she was awarded the Florence Nightingale Nursing scholarship. These experiences enhanced her understanding of nursing education and practice outside the United States. From the time of her student public health nursing experiences at the Henry Street Settlement House in New York City, Lulu appreciated the interdependence of individual, family and community health. She valued preventive health actions as much as curative health actions.

Lulu accepted the appointment as dean of the UCLA Department of Nursing in 1948, having been recruited by University of California Provost Clarence Dykstra.

With Dykstra’s support, and aided by her own outgoing personality and sense of humor, Lulu began to implement her dream for nursing education. She knew what she wanted when she came to UCLA, having formulated her plan through many years of nursing education and practice. Before accepting the position, Lulu told Dykstra that she intended to introduce a university-based program for baccalaureate preparation of nursing students. She made it clear to the provost that she would return to the East Coast if she could not achieve this goal by the end of her first year. The system of hospital-trained nurses was outdated, she told Dykstra. The provost agreed, and Lulu accepted the position.

She first sought to eliminate obstacles to progress. There was an ongoing struggle among female-dominated professions to be recognized as professional colleagues by male-dominated professions. Lulu was criticized by some for her direct, confrontational style, but no one could deny her honesty or her purposeful actions to improve the profession of nursing and the quality of health care. She used the power she had earned through her education, talents and experiences to empower nurse educators and practitioners of nursing.

Upon her arrival at UCLA, Lulu began to carefully select master’s-prepared faculty, and together they started to lay the foundation for a unique program. This task involved many people. The university administrators and faculty in the behavioral and physical sciences were highly supportive of the fledgling school. They collaborated with Lulu and her faculty in the development of the basic science and humanities curriculum for nursing students. Lulu believed nursing students should be integrated into the life of the university like all other students. She and her small faculty made trips to Sacramento to gain the support of the California legislators and to work with the Board of Registered Nursing in adapting hours required for licensing nurses to the realities of a university-based program for nursing students. Lulu and her faculty interfaced with local nursing leaders and hospital staff to plan clinical experiences for students. Soon, the UCLA dean was recognized throughout the country as a nursing leader. She began to collaborate with deans of other university-based nursing programs. She co-founded the Western Council for Higher Education in Nursing (WCHEN), and was instrumental in facilitating the appointment of Jo Eleanor Elliott, one of her faculty, to the chairmanship of this organization.

In these early years, Lulu’s innovative ideas for nursing education at the university level were accepted and encouraged by university administrators. Her national reputation and intelligence were appreciated. In the western United States, a region that proved most open to change, Lulu was able to remove the shackles of preceding nurse educators. Students were no longer obliged to wear the caps that, in the past, had been closely associated with the persona and practice of the nurse. Lulu felt that a nurse should be recognized by her skills, not her apparel.

At that time, there were two programs leading to a bachelor's
degree, one for registered nurses and one for undergraduate majors in nursing. The dual UCLA programs combined the experience of the registered nurse with the enthusiasm of the mostly youthful undergraduate students, resulting in an enriched learning environment. Lulu and her faculty applied to the National League for Nursing and the California Board of Registered Nursing for accreditation of the UCLA School of Nursing. Both accreditations were granted.

Initially, there was no hospital at UCLA. Students were driven many miles by faculty to clinical affiliates all over Los Angeles County. Faculty and students got to know each other on these long car rides. Class size was small. The first three undergraduate classes admitted fewer than 20 students each, and the first class graduated eight students. Students lived where they chose. They were, as Lulu had wanted, part of the student body at UCLA. Some of the students held campus offices and were members of university academic and service honoraries.

An overwhelming feeling of optimism for the future of professional nursing permeated the school. Faculty encouraged students to think and form thoughtful judgments. Students were motivated toward graduate education. Much of the credit for this optimism can be given to Lulu, who was a trend setter and a talented administrator. She delegated authority and inspired colleagues and students to do their best, communicating a sense of trust in their abilities. She negotiated with humor and persevered until she achieved her goals. Lulu encouraged her faculty to be involved with decisions made about nursing on the local, statewide, national and international levels. Faculty played consulting roles for developing nursing programs: Dorothy Johnson traveled to India; Agnes O'Leary went to Egypt; Lulu consulted in Japan and China. Students from other countries were encouraged to come to UCLA and enroll in the nursing program. Statewide, Lulu became one of the main facilitators in networking with other collegiate nursing programs in the western United States. These organized efforts for the improvement of nursing education in the West were realized through the organization of WCHEN.

To support her innovative ideas, Lulu sought funding resources. She succeeded in obtaining research grants for faculty. The Rockefeller Foundation and Commonwealth Fund supported the groundwork for the doctoral program in nursing at UCLA. This support helped to promote the creative atmosphere for the scholarly work of Dorothy Johnson that led to the development of her theory for the Johnson Nursing Model, an internationally recognized model for nursing practice. Progress, creativity and exploration were key elements that characterized the school from the beginning. Lulu worked with other disciplines on the UCLA campus to plan a solid general education foundation for nursing students, integrating science and the humanities into the curriculum.

The School of Nursing had originally been housed on the ground level of Royce Hall, one of the first buildings on the UCLA campus. When the UCLA Medical Center building was completed in 1954, the school moved to new space reserved within that structure. Space acquisition and retention required political acumen and perseverance. Lulu's eventual goal was to have the School of Nursing housed in its own building, a goal that was achieved during the tenure of Dean Mary Rees. Lulu and her faculty set the stage for this achievement.

Of course, there were crises as well as successes, and Lulu did not win every battle. Fortunately, her leadership and her supportive faculty helped weather threats to the existence of the School of Nursing in 1967-68. Strong alumni, university and community support also played a part. The school had support from some leaders in the University of California system, and some state legislators. Lulu retired in October 1968, during the crisis precipitated by the UCLA administration's proposal to terminate the School of Nursing and create an Office of Nursing Education within UCLA Medical Center, which would have restructured the School of Nursing under the School of Medicine. Lulu hoped the School of Nursing could resolve the threat, reorganize and get on with the business of educating nursing students. She envisioned a new beginning for faculty and students under the leadership of a new dean.

Lulu's outstanding contributions to nursing education were recognized. She received many honors and awards, including the Mary Adelaide Nutting Award from the National League for Nursing, the Jessie...
M. Scott Award from the American Nurses Association and “Woman of the Year” from the *Los Angeles Times* in 1958. Her collection of memorabilia is housed in the Southern Regional Library at UCLA, and viewings can be arranged for nursing students, colleagues and friends through the Biomedical Library at UCLA. This inspirational collection provides a sense of hope for the nursing profession.

Lulu Wolf Hassenplug is remembered as a role model for nurses through her personal and professional life. Her driving force was a compassion for the human race. She continued to travel all over the world. She attended the 40th commemoration of the founding of the UCLA School of Nursing in 1989 as honored guest, and went to the 45th-anniversary celebration in the spring of 1995, where she greeted many old friends who surrounded her with respect, warmth and smiles. She died in August of 1995 at the age of 91.

People from diverse countries and walks of life have paid tribute to Lulu. The UCLA School of Nursing Alumni Association established a scholarship fund in her honor, from which deserving students continue to benefit each year. The Chironians, an affiliated nursing alumni group, began a drive in 1989 to establish a Lulu Hassenplug Chair to support the work of a distinguished faculty member in the School of Nursing. The drive was successful in receiving donations from numerous alumni and friends of the School of Nursing, and culminated in the chair becoming a reality. The University of California Oral History Program, through the efforts of the History Committee of the UCLA School of Nursing Alumni Association and the cooperation of the School of Nursing, has preserved for posterity, in a leather-bound book in the UCLA Southern Regional Library, the remarkable life and accomplishments of Lulu Wolf Hassenplug.

**Rheba de Tornyay**

To follow the administration of Lulu Hassenplug would be a hard act for anyone. Rheba de Tornyay, Ph.D., came to UCLA in July 1971 as the School of Nursing's second dean. Acting Dean, Agnes O'Leary had succeeded Lulu until Rheba's arrival.

Dr. de Tornyay received a doctorate in education from Stanford University. When she arrived at the UCLA School of Nursing, she found a small number of tenured faculty, frequent faculty turnover and very few faculty members with doctoral degrees. In her opinion, the prestige of the school depended on the excellence of the faculty. She succeeded in raising funds to recruit faculty, and brought several excellent assistant professors with doctoral degrees to UCLA. She also discovered that the publication record of the faculty had declined from third place in the nation to 17th place, and there was very little research in progress. Without research, the School of Nursing could not obtain grants from the federal government. Among other things, the lack of federal grants lessened the support of the university administration.

UCLA was trying to become a research institution, and the administration prioritized its professional schools. The decision was made that the School of Medicine and the School of Law should be retained, but the School of Nursing could be eliminated. At this time, some of the powerful people in the School of Medicine, as well as in university administration, viewed nursing in the old, conventional way, that nursing was handmaiden to medicine. They did not subscribe to the need for nurses to get bachelor's degrees, nor did they see nursing as an autonomous profession. Dr. de Tornyay found herself building bridges for the School of Nursing with the medical school, and with campus faculty. The UCLA School of Nursing had earned national recognition as a leading nursing program through the development of innovative nursing curriculum and nursing theory. Dorothy Johnson was one of the first nurses in the country to postulate that nursing should be grounded on a workable theory. Professor Johnson's work and Lulu Hassenplug's reputation as a leader in nursing contributed to the School of Nursing's
Dr. de Tornyay also found that the School of Nursing was badly in need of space. Dr. Betty Dambacher, who was acting dean following Dean de Tornyay, said that during Rheba's tenure, the School of Nursing had one-third of the space it needed to function. There was one classroom, cramped faculty offices, and an audiovisual room converted out of a janitor's closet. Betty said that if funds were not provided, the viability of the nursing program would be at risk. Rheba found that she could not attract quality research faculty to work in such limited space.

Dr. de Tornyay and Professor Harriet Moidel, as well as other faculty members including Dr. Donna Ver Steeg, worked diligently with the political structure on campus, in the community and in Sacramento to get a building for nursing.

Rheba was affected by the struggle to keep the School of Nursing at UCLA, the efforts to raise needed monies and the fight for essential space. These issues diminished the energy she needed to make progress in the development of the School of Nursing. She felt discouraged in communicating to university associates the importance of collegiate education for professional nursing. Repeatedly, she was advised that the Master Plan for Universities in California relegated undergraduate nursing education to the community colleges and state universities. The Master Plan for Higher Education in California established policies that had impacted the university system since 1960.

In 1974, the Dean's Search Committee at the University of Washington offered Rheba the position of dean of its School of Nursing. She did not want to leave UCLA and the faculty with whom she worked. Chancellor Young asked her not to leave, but told her that the building funds would probably not be obtained. She decided to accept the position of dean at the University of Washington, although she stayed another year at UCLA because of her loyalty to the School of Nursing. Her tenure as dean at UCLA ended on July 1, 1975.
Mary Reres

Dr. Mary Reres, the third dean of the School of Nursing, came to UCLA in 1977 and remained until 1985. Her teaching and clinical experience were lengthy and well rounded. Her publications, research, awards and honors were numerous. How could anyone expect this small, soft-spoken, intelligent woman to be such a terrific negotiator? Mary Reres came to the School of Nursing at a time when the qualities she possessed could help the School of Nursing move forward.

During the eight years of her tenure, Dean Reres reached many milestones. She was instrumental in increasing the number of faculty with doctorates from 13% to 55%. During that time, the university tenured five nursing faculty and advanced one to full professor. A completed doctoral program proposal for the School of Nursing was approved by the Academic Senate Legislative Committee. Following this, significant approval came from the system-wide Coordinating Council on Graduate Affairs, the Academic Council, the Academic Planning and Review Board, the California Post-Secondary Education Commission and finally the Regents of the University of California. These successful events displayed the strong qualities of Dean Reres as negotiator and leader. They also brought to fruition her ardent belief in advanced nursing education. In her years at UCLA, Mary Reres devoted herself to advancing the quality of nursing in practice and through nursing research. It was her firm conviction that nursing should be in the forefront in developing research in the rapidly developing technological age. It is no wonder that with her leadership in the School of Nursing, faculty nursing publications advanced to third place nationally.

Dean Reres believed in combining nursing science with nursing care. She felt there should be an emphasis on clinical specialization and nursing administration. She felt that faculty, including herself, should have as much clinical expertise as anyone else. She was thrilled that the first licensed UCLA Nurse Clinic, housed on Skid Row in Los Angeles, became a reality during her tenure. She strongly encouraged students to see poverty and its ramifications in order to understand the health

"She will play with reason and discourse and well she does persuade."

SHAKESPEARE, MEASURE FOR MEASURE
care needs of the poor and to render services based on the needs of this population.

Mary emphasized that curriculum development was the challenge and responsibility of all of the faculty members, with the focus on the mission of the School of Nursing and prospects for the future of nursing.

Some wonderful events took place during the tenure of Dean Reres. Ground was broken for the Louis Factor Building, the future home of the School in Nursing, in 1977. It was dedicated in 1981; the School of Nursing finally had a home. Classes in the past had been held in many different areas.

Also in 1981, the School of Nursing faculty co-hosted the first UCLA School of Nursing International Seminar on “The Care of the Aged.” Co-hosts included UCLA Medical Center and the UCLA Neuropsychiatric Institute. This seminar was conducted under the auspices of the International Congress of Nursing, and participants from 89 nations came as representatives of their countries. The seminar provided another opportunity for the School of Nursing to continue to expand its efforts to learn and understand the health care of other cultures. The faculty incorporated the knowledge it gained into curriculum and clinical practice. A transcultural thread continues to be woven today as the nursing faculty consults in other countries, and international students continue to enroll in the UCLA School of Nursing.

A very significant event occurred in 1984. The School of Nursing received its first major endowment. The estate of Audrienne Moseley, a nurse, granted $4.5 million to the school. Audrienne Moseley had never been affiliated with the UCLA School of Nursing, but she felt the quality of its educational programs was outstanding.

Mary Reres faced a crisis during her tenure. In 1981, California was hit with a funding deficit that affected the university. The university administration supported the reduction of the School of Nursing budget, which led to cuts in the number of undergraduate students admitted to the program. This was another difficult time for the School of Nursing, and Mary had the strong support of the alumni, faculty and staff, student body and community. Dean Reres was able to guide the school toward continued progress in its programs.

Even small events gave Mary Reres pleasure, and she considered them special and important. She was very proud that UCLA Nursing, the school’s magazine, was started during her tenure. She talked with fondness of her initiation of the Dean’s Tea for students, a monthly event she thoroughly enjoyed. High on her list of gratifying experiences was the introduction of computers to the School of Nursing, with the appointment of Dr. Betty Chang as computer chairperson.

It is hardly surprising that such an active and vibrant person did so much during her tenure. The energy and enthusiasm of Mary Reres continue to be seen in the successes of the School of Nursing. As in the past, the capable leadership of this dean made its own indelible impression on a progressive and outstanding School of Nursing.
Ada Lindsey

The search for a new dean for the School of Nursing began after the resignation of Mary Reres. Ada M. Lindsey's tenure as the fourth dean of the School of Nursing began July 1, 1986. She was welcomed by the students and faculty with great anticipation and expectations.

Dr. Ada Lindsey left her distinguished post as professor and chair of the Department of Physiological Nursing at the University of California, San Francisco School of Nursing, having been in that position for seven-and-a-half years. It was not easy to leave friends and colleagues of long standing and move to a new school and environment, but Dr. Lindsey was a person who accepted and met her challenges with determination and perseverance. This hallmark in her character served her well in the ensuing years of her tenure as dean, especially when called upon to deal with major budget cuts and proposed restructuring of the School of Nursing within the Center for Health Sciences.

Prior to her arrival at UCLA, Dr. Lindsey had already established a reputation as a nationally respected nurse researcher and educator through her publications. She also had experiences in establishing Ph.D. programs at the University of California, San Francisco and the University of Maryland. Ada had interrupted her nursing career prior to her appointment at UCSF to return to school to earn her Ph.D. in physiology at the University of Maryland, School of Medicine in Baltimore. She learned to be an independent thinker, a trailblazer and a consensus builder. Few nurses had pursued a course of study in physiology, much less within a School of Medicine. Dr. Ada Lindsey, in her quiet, yet firm and determined way, managed to survive and succeed.

Over the course of her life and career, Ada developed several outlets to give her balance and stability as a person. She was interested in diverse cultures, and with her husband, George, she traveled to many places. She visited countries and learned about particular cultures and their antiquities. Whenever possible, she photographed the ruins of cultures both past and present. Ada also enjoyed swimming, snorkeling and hiking to maintain physical fitness. She nourished her creative nature by reading

"Exceeding wise, fair spoken and persuading."
SHAKESPEARE, KING HENRY
and going to theater productions.

When Dean Lindsey arrived at UCLA, she established some initial goals. She hoped to increase the vitality and visibility of the School of Nursing nationally and internationally. She hoped to enlarge the School of Nursing's sphere of friends and donors. Dean Lindsey also wanted to increase support for faculty research. She established a visiting scholars program, inviting renowned nurse lecturers to UCLA. With the cooperation and assistance of the Nursing Alumni Association and its affiliated Chironian group, she succeeded in establishing the endowed Lulu Hassenplug Chair. During her first years as dean, the new doctoral nursing program was established. It was an exciting time of growth for the school.

Dean Lindsey played a vital role in supporting and assisting the faculty with the reorganization of the sections within the school. The previous five sections were merged into three in 1988. They became maternal-child health/primary ambulatory care; medical surgical/physiological nursing; and psychiatric mental health nursing/nursing administration. This represented a major change, and called for readjustments and reorganization for faculty and students. In addition, Dean Lindsey reorganized the administrative structure of the School of Nursing. The previous structure included an associate dean for student affairs, an associate dean for academic affairs and a one-third position for an associate dean of research. Ada's restructuring increased the associate dean for research position to one-half and added the associate dean for administration. The directors of nursing services at UCLA Medical Center, UCLA Neuropsychiatric Hospital and Institute and Harbor-UCLA Hospital were appointed assistant deans for clinical affairs.

As a result of the severe nursing shortage in 1987–88, the undergraduate enrollment was increased from 50 students per year to more than 100 students per year by the fall of 1989 through Dean Lindsey's negotiation. Admission of the additional 50 students was made possible by a financial subsidy authorized by Dr. Raymond Schultze, director of UCLA Medical Center. It was indeed significant to have the enrollment restored to pre-1982 levels. However, another reduction occurred in 1993 with new budget constraints within the School of Nursing and UCLA Medical Center. The State of California continued to support 50 undergraduate admissions per year, and UCLA Medical Center 40 students.

Dr. Lindsey worked hard to provide the faculty with ancillary support, space and equipment to pursue their research. She also provided the forum and opportunity to exchange ideas and research results with other faculty in the United States and internationally. Her efforts in creating a supportive and flexible environment resulted in increased grants to 43 faculty for the academic year 1991–92, a 100 percent increase over the academic year 1987–88. Through her efforts, external financial support increased. This resulted in the faculty's ability to receive more than $4.5 million in extramural research grant funds. Dr. Lindsey's own research background gave her the expertise to assist her faculty. Among other areas, her research examined problems in nutritional intake, functional status and weight changes in cancer patients. She also studied overall health status and social support of cancer patients in the United States and other cultures.

Through Dr. Lindsey's considerable support, and with funding from the Robert Wood Johnson Foundation, the School of Nursing was able to maintain the nurse-managed health center in downtown Los Angeles, where care was provided by nurse practitioners to homeless individuals. The health center was one of a very few that was recognized nationally by the National League of Nursing as a model nursing center. During Dean Lindsey's tenure, another nurse-managed health center was established by faculty with funding support from the Division of Nursing of the U.S. Department of Health and Human Services. This, too, was a model center providing primary health care to mostly Hispanic women and children in the Garment District of Los Angeles. These centers are exemplary examples of community outreach and service.

Dean Lindsey initiated and facilitated international exchange opportunities for both faculty and students. This, too, expanded the school's sphere of influence.

The establishment of the first endowed chair, the Lulu Hassenplug Donations for the Chair exceeded $325,000 after the culmination of a
four-year fund-raising campaign spearheaded by Jane Ryan, an alumna of the master's program. Contributions came from School of Nursing alumni, faculty and friends. The Hassenplug Chair brought additional distinction to the School of Nursing as well as to the university.

Dr. Ada Lindsey worked successfully with the faculty to see the school achieve a ranking of fifth in the nation, as reported in the March 1993 issue of *U.S. News & World Report*. It was the first time the magazine included schools of nursing in its ranking of professional schools. These rankings were arrived at through the use of a survey methodology sent to nursing colleagues across the country in schools with graduate programs.

Dean Lindsey successfully saw the school through the crisis of June 1993, when once again, the school’s nursing program and autonomy were threatened as a result of budget cuts. Dr. Lindsey, the faculty, alumni and nursing colleagues throughout the country fought hard against Chancellor Young’s proposal known as the Professional Schools Restructuring Initiative (PSRI). Through the political and problem-solving process, a compromise was reached. The school was preserved as an autonomous unit but was to be reduced in size. After much consideration about what would be best for the future of the UCLA School of Nursing, and having served more than eight-and-a-half years as dean of the school, Dr. Lindsey accepted a new position as dean of the College of Nursing at the University of Nebraska Medical Center. She left the UCLA School of Nursing February 28, 1995, in a viable position and in the capable leadership of Acting Dean Donna Vredevoe.

**Marie J. Cowan**

Dr. Marie J. Cowan’s tenure as the fifth dean of the School of Nursing began January 7, 1997. She was attracted to the school by its outstanding research-focused faculty, its rich clinical base in the nursing graduate programs, and sophisticated students at a premier university.

Her nursing career began in San Francisco in 1957, in a three-year diploma program at Mary's Help College, with all the letters and science courses taken in a junior college. The school was considered progressive in its curriculum. Previously, Cowan had completed two years of college work in liberal arts at St. Louis University in Missouri and the University of Maryland extension program in Munich, Germany.

She moved to California when Joe, her husband-to-be, transferred to UC Berkeley to work on a master's degree in engineering. Long-distance telephone calls were becoming costly and not conducive to their courtship. Marie was advised by her mother to go into nursing instead of medicine, since her intentions were to get married. In the 1950s and early 1960s, of course, women were generally expected to get married and raise a family; having a career was secondary and not encouraged.

Marie and Joe married after Marie completed her diploma program in nursing. She worked as a nurse at Herrick Memorial Hospital’s intensive care unit in Berkeley while Joe completed his coursework in engineering. With a colleague, Joanne Sulley, Marie embarked on starting an intensive care unit at Herrick, though neither of the women had any training or experience in this area. Within two years, they both developed protocols for critical care, and learned to read monitors and operate the “Byrd Machine,” a respirator and forerunner of the ventilators used today. This ultimately led to the establishment of an eight-bed intensive care unit at Herrick Memorial Hospital.

In 1962, after Joe completed his master's degree in engineering, the couple moved to Seattle, with the idea of “trying it out” for a year. After all, they wanted to attend the World’s Fair in Seattle. That one-year hiatus turned into 34 years. While Joe worked on his Ph.D. at the University of Washington, Marie decided to complete her Bachelor of
Science degree in nursing. She was able to do this in nine months, taking into account her two years of liberal arts courses at St. Louis University and the University of Maryland, as well as credit for courses taken in a junior college while attending the diploma nursing school in San Francisco. She worked in public health for one year, and then worked for about six years at the University of Washington Medical Center in the cardiothoracic surgical critical care unit.

Dr. Cowan describes herself as having been in the right place at the right time. She did not have a specific goal to obtain a master’s degree, much less a Ph.D. But, after her husband completed his Ph.D., she quit working for one year to stay home and take care of their two children. It wasn’t long before she became bored playing bridge and cleaning house. When the children started pre-school and elementary school, she decided it might be a good time to pursue a master’s degree part-time. She went for a consultation at the University of Washington. Within an hour, Marie Cowan left with an offer for a five-year stipend to get a Ph.D. as a nurse scientist in physiology and biophysics.

The federal government, in an effort to educate more nurse scientists, made available generous funding in the 1970s for nurses to pursue Ph.D.’s either in physiology, psychology, sociology or anthropology. Previously, most of the nurses who went on for their doctorates pursued their degrees in education, as this was one of the few options available to nurses at the time. Most of the doctoral degree programs in nursing science in the United States started in the 1980s.

In the course of her seven-year Ph.D. program, Dr. Cowan was able to complete all of the courses toward a master’s degree and doctoral degree. She was told it would not be necessary for her to do a thesis in nursing, so she graduated with a master’s degree in physiology and biophysics. She then went on to complete an interdisciplinary degree in physiology, biophysics, and pathology. Although she immersed herself as a researcher, Dr. Cowan felt she was never far from nursing. She was able to connect and transfer what she learned in the physiology and pathology courses she taught to her students.

After completing her Ph.D. degree, she was offered a joint position
at the schools of nursing and medicine in the Department of Pathology and the Division of Cardiology within the Department of Medicine. She spent the first 12 years of her tenure doing basic science research as a faculty member, and three years conducting research in nursing science. The idiom, “once a nurse, always a nurse” certainly applied. Dr. Cowan’s passion was research. She started to do it, found that she liked it, and it soon became a part of her faculty role to help others write grants for research. She has successfully obtained National Institutes of Health funding for research continuously since 1977.

Dr. Cowan indicates it was never her intention or goal to be a researcher, nor was it her goal to be in administration. Yet, once again she found herself in the right place at the right time. Dean Rheba de Tornyay appointed her Associate Dean for Research and Practice at the University of Washington School of Nursing. The school had just started a research program, and Dr. Cowan was given the opportunity to further develop and organize the program. She remained in that position for 12 years, during which the University of Washington School of Nursing rose to No. 1 in the nation in nursing research.

In 1996, Dr. Cowan was approached to submit her curriculum vitae for consideration for the position of dean of the UCLA School of Nursing. She was happy and content doing what she was doing, and did not pursue the invitation.

But the first round of candidates reviewed and interviewed at UCLA did not result in an appointment. Dr. Cowan’s name was once again nominated, and she reiterated she wasn’t looking for a change. She was asked by Dr. Mary Ann Lewis, professor at the UCLA School of Nursing, to do a consultation on the newly refurbished master’s program and on the ongoing work to change the D.N.Sc. program to a Ph.D. program. Dr. Cowan had previously consulted on these programs when Dr. Ada Lindsey was dean. She was impressed with how much had been accomplished by the school’s faculty in the three years since Dr. Lindsey’s departure. The faculty had completely refurbished the master’s program to focus on the preparation of advanced nurse practitioners, and had changed the doctoral program from a D.N.Sc. to a Ph.D. In addition, most of the tenured faculty had become certified nurse practitioners and were receiving NIH-funded research. They had held firm during the crisis of 1993 and in the absence of a dean.

Dr. Cowan was able to negotiate favorably with Chancellor Young on the terms of her accepting the deanship. She asked for and received the restoration of nine ladder-track, full-time equivalents (FTEs) that had previously been abolished, $500,000 in permanent funding per year, and funds for computers to enable the school to proceed with distance learning and virtual reality programs in students’ clinical courses.

Dean Cowan considers it a privilege and a challenge to be at UCLA. She plans to work with the faculty to implement the accepted strategic plans for the school. Dr. Cowan, who reports directly to Chancellor Albert Carnesale, views the current climate with upper campus to be very supportive. She has an outstanding relationship with the provost and dean of the medical sciences and with the leadership of UCLA Medical Center.

Chancellor Carnesale suggested having a third provost for the 11 professional schools at UCLA. The deans of these schools voted not to have a provost; rather, they selected Dean Cowan to chair the Professional Deans Council and to represent them at the Chancellor’s Executive Meeting. This position enables her to have access to the regents’ and budget reports, and gives the professional schools a voice in the decision-making process.

In addition, Dr. Donna Vredevoe was selected to chair the Academic Senate Committee for the academic year 1999–2000. Dr. Mary Ann Lewis was appointed to serve on the campus Committee on Committees and Dr. Linda Sarna on the executive committee of the Academic Senate. Nineteen faculty members in the School of Nursing are serving on committees within the Academic Senate. These are important and influential committees on campus, and have given the school a continued visible profile and input. Dean Cowan believes the school’s future is promising and positive.

During the first two years of Dr. Cowan’s term, the school has undergone many changes. There was administrative restructuring into
a matrix organization. The two chairs of the sections have direct line supervision of all faculty and some staff. The associate deans of academic programs, research and student affairs, in addition to the directors of development and administration, have indirect lines of supervision.

There has been an effort to facilitate greater access to the school's programs through the establishment of an A.D.N.-B.S.-M.S.N. program, whereby registered nurses from associate degree programs can obtain a B.S. and M.S.N. in three years, as well as the establishment of an Adult Nurse Practitioner in Environmental and Occupational Health program.

The faculty has increased its ranking in obtaining National Institutes of Health funds to No. 8 in the nation. Faculty practice at UCLA Medical Center has flourished, with about eight FTE faculty having positions outside the School of Nursing. In addition, the school is still responsible for the two nurse-managed clinics at the Union Rescue Mission and the Burke Center. Finally, the school is building a core of nurse scientists who do basic biological research. The school is planning to have an interdisciplinary doctoral degree in nursing and physiology.

Together with the faculty, students, alumni and the capable leadership of Dr. Cowan, the School of Nursing will thrive and remain a premier nursing school in research and advanced clinical practice.

**Acting Deans**

In the time span between deans, the leadership role of acting dean has been filled by seasoned faculty. These nursing leaders are the glue that held the School of Nursing together during the dean search process. They were challenged during the unfolding of the important events that impacted the school, including crises that threatened the school's very existence. The faculty, alumni and students of the UCLA School of Nursing are forever grateful to Agnes O'Leary, Harriet Moidel, Betty Dambacher, Donna Vredevoe, and Sharon Reeder.

**Agnes O'Leary**

Agnes O'Leary, an Irish woman with a wonderful sense of humor, referred to herself as one of the oldest living faculty members. She arrived at the UCLA School of Nursing in 1949 to teach public health nursing. She stayed until 1974, when she retired. Agnes was born in Artesian, South Dakota. She attended elementary school there and graduated from high school in Timberlake, South Dakota. She returned to Aberdeen and enrolled in a hospital nursing program, where she received her R.N. education. When she graduated from that program, she became a school nurse in South Dakota. Her family moved to Sibley, Iowa, and she went with them and pursued her nursing career in private duty and hospital staff nursing experiences. Eventually, she attended the University of Minnesota, where she received her bachelor of science degree, and later a master's degree in public health. During the interim years between her degrees and in the years after her...
degrees, she practiced public health nursing in Centerville, Iowa. Her teaching career began at the Catholic University of Washington, D.C., where she taught courses in public health nursing for many years. She had many interpersonal skills, including the ability to negotiate.

When she came to UCLA, Agnes worked successfully with colleagues on campus, in the School of Nursing and in the Los Angeles community. Her efforts resulted in quality clinical experiences for students. For many years, she taught students in the baccalaureate program and in the master’s program. Lulu Wolf Hassenplug appointed her chair of the Department of Public Health Nursing, and later assistant dean. Agnes served as faculty liaison to the UCLA School of Nursing Alumni for many years. She was regarded with respect and affection by alumni. She also served on the UCLA Medical Auxiliary as liaison for the School of Nursing.

Agnes led an active life after her retirement from UCLA in 1974. She sold her home in West Los Angeles and moved to a condominium in Sherman Oaks, California, where she lived for 10 years. She eventually moved to Westlake Village, California, to live near her niece, Noreen, a graduate of the UCLA School of Nursing. Another niece, Betty, is a retired Army nurse. Early in her retirement, Agnes traveled to Africa, Europe, Australia, China and the Caribbean. One of the highlights of her nursing career was the two years she spent in Alexandria, Egypt, as a nurse consultant to a collegiate nursing program. She also extended her public health expertise through her active affiliation with the American Public Health Association. She was truly committed to the profession of nursing and to public health.

Harriet Coston Moidel

Harriet Coston came to the UCLA School of Nursing in 1951. Her career on the faculty at the school spanned the next 28 years, until her retirement in 1979.

Like many nurses during her era, Harriet’s education in nursing was very different from that of nurses today. She first obtained a B.S. in science from UCLA in 1943. In 1947, she received her diploma in nursing from the Johns Hopkins Hospital School of Nursing in Baltimore, Maryland. In order to teach nursing, Harriet went to Teacher’s College, Columbia University, where she was awarded her M.A. degree in 1951.

Before coming to UCLA in 1951 as an assistant professor, Harriet was an instructor in nursing arts at California Hospital School of Nursing in Los Angeles from 1947 to 1949. This was followed by a year as a nursing instructor at Vanderbilt University School of Nursing in Nashville, Tennessee. When Harriet, a tall young woman with a stately demeanor, arrived on the scene at the UCLA School of Nursing, the school was in its infancy. She was to be a witness to and significant participant in its many years of progressive development.

Harriet became an associate professor in 1958 and a full professor in 1971. She served as an assistant dean from 1970 to 1971; associate dean from 1976 to 1977, during which she shared dual responsibilities as acting dean with Dr. Donna Vredevoe; and assistant dean for student affairs from 1978 to 1979.

Her entry into the School of Nursing presented her with many challenges. First, there was the interpretation of the California State Board...
of Nurse Examiners rules and regulations to accommodate the baccalaureate program planned for the school. Second, the school had to adapt its plans and philosophy to be accredited by the National League for Nursing. Subsequently, the school had to upgrade and find clinical facilities to meet the clinical needs of the students. UCLA Medical Center was not available in the early years. Throughout these early challenges, Harriet and the other dedicated faculty were forceful and instrumental in achieving their goals to meet the standards they had determined for clinical experiences.

Harriet worked with three deans during her tenure at UCLA. These included Lulu Wolf Hassenplug (1949–1968), Rheba de Tornyay (1971–75) and Mary Reres (1977–1985). Each dean credited Harriet with being a loyal, hard-working and dedicated team player, always prepared to lead or follow. Harriet was there to revel in the achievements of the School of Nursing, just as she was there to meet the challenges and endure the struggles faced by the school throughout those years.

Harriet participated with the other faculty in implementing the innovative ideas of Dean Hassenplug. She was part of the decision making about student uniforms.

Through the years, Harriet would be a pivotal and important contributor in the development and revision of the curriculum in all the programs of the School of Nursing, including the baccalaureate, master's and doctoral programs. Harriet's expertise in the medical-surgical sciences influenced the theoretical and clinical evolvement of the programs. The curriculum had to meet requirements of the University of California for admission and graduation. Students went to school during the weekdays only; weekends and summers were free. Students chose where they wanted to live and could marry or be married if they desired. Students took university classes with other students in other majors. Harriet was a pioneer for the rights of students, and was one of the faculty who fostered the spirit of cooperation between students and faculty. Harriet also believed the primary focus of nursing is the care of people, and she collaborated with Dorothy Johnson in the development of the role of clinical nurse specialist. Harriet played an active role in curriculum development until her retirement.

Harriet also directed her energies into securing a building on campus to house the School of Nursing. Perhaps this was one of her most arduous and difficult undertakings. Harriet was on the Building Committee from 1955 to 1964, and she chaired the committee from 1964 to 1965. After 1965, progress was slow, and in 1971, Harriet again became the committee's chair. This newly organized committee began to develop preliminary plans for a School of Nursing building and to gather political support for the California ballot measure Proposition 2, which passed on Nov. 7, 1972. Proposition 2 provided funds for four statewide health sciences building projects, including the UCLA School of Nursing building. Chancellor Young appointed Harriet chair of this committee in 1972, during Rheba de Tornyay's tenure as dean.

Securing a building for the School of Nursing was an extremely difficult undertaking for Harriet, but the crisis of 1968, in which it was proposed that the school become a Department of Nursing under the jurisdiction of the medical school, affected her in a more personal way. She joined with other faculty, students and alumni in organizing public meetings, writing letters to legislators and contacting the media. Her loyalties to Dean Hassenplug and the staff never wavered. Although there were other crises during her tenure, none would have the same psychological impact on her as did this crisis. She was one of the early faculty members who had worked very hard to establish an outstanding, autonomous School of Nursing.

The list of Harriet's accomplishments is never ending. She belonged to numerous professional and community organizations and received many awards. The Los Angeles County Heart Association and the American Heart Association bestowed on her several honors and recognitions. Her work with the Western Interstate Commission on Higher Education should not go unrecognized. She worked with diligence and organization, defining and planning graduate programs. Harriet worked on many university and School of Nursing committees. She gave prolific oral presentations and wrote and received many grants. Harriet was active in research and publications from 1955 to 1976. She married Mitchell
Moidel in June 1961, during her tenure at UCLA. Harriet was very saddened when her husband died from heart disease in September 1977.

Harriet has many friends, loves to travel and recently learned to ride horseback. She is an amazing woman and her presence was felt at UCLA, whether there were battles to win, bridges to build, struggles to endure or major contributions to be made. Without a doubt, Harriet Moidel, with her unique skills and stamina, helped to shape and influence the UCLA School of Nursing in most positive ways. She is another strong nursing role model affiliated with UCLA.

**Betty Dambacher**

Dr. Betty Dambacher was appointed acting dean for 1975–76, indicating she would do it for only one year with the expectation that a new dean would be recruited within that year. During her tenure as acting dean, Betty was confronted head-on with the school's second major crisis, with possible closure if funding for a new School of Nursing building did not receive approval by the state Legislature.

Betty rose to the task and gave her all to bring this to fruition, with the support of Executive Vice Chancellor William Gerberding. The Legislature eventually approved $1.6 million for the necessary funding after much perseverance by the School of Nursing and its supporters. The School of Nursing eventually received $4.4 million in matching federal funds. Private donors also contributed to the Factor Building.

Betty enjoyed most being a teacher and mentor. She believed the future of nursing rested in her students. She is fondly remembered as being a supportive, warm, inspiring and encouraging teacher and mentor. Her devotion and commitment to her students was evident in the way she related to each one she supervised in the clinical setting and in her lectures in the classroom. Her classic method for lecturing was to sit on a desk in front of the classroom with her feet dangling, pixie-like, beneath her.

Her intense personality coupled with her teaching ability made her a superb teacher. She was a scholar who individually, as well as in collaboration with her colleagues, published numerous articles on the subject of interpersonal relationships between nursing staff and psychiatric patients, a topic she continually explored during her career.

Dr. Betty Dambacher joined the faculty at the School of Nursing in 1964 as an assistant professor, after earning her doctorate in nursing science (D.N.Sc.) from Boston University. In addition to her teaching and research responsibilities, she served as chairperson of the graduate psychiatric nursing program until 1972. In 1969, she was promoted to associate professor, and from 1972 to 1974 she served as assistant dean of academic affairs. She was then appointed acting dean from 1975 to 1976, upon the resignation of Dean Rheba de Tornyay.

Betty was honored for her teaching abilities with the Distinguished Teaching Award by the Graduate Nursing Student Association and UCLA in 1968, and was selected Outstanding Educator in America in 1972. She was loved and respected by her colleagues in academia and nursing service.

She retired in 1980 with plans of doing private therapy on a part-time basis, along with writing, consulting and cultivating a rose garden. She was just beginning to enjoy her retirement, which included a move to Northern California, when she discovered she had a tumor in her lungs. She was not able to fulfill all her dreams and plans as she succumbed to lung cancer at the age of 66 on June 27, 1982.

Long-time friend Wanda Nations, an attorney and nurse, established the Betty Dambacher Scholarship Fund for needy students in the field of community mental health nursing, reflecting Betty's love and professional interest and work.
Donna Vredevoe

Dr. Donna Vredevoe received her Bachelor of Science degree in bacteriology from UCLA in 1959. She earned a Ph.D. in microbiology from UCLA in 1963, and subsequently studied at Stanford University from 1964 to 1965 in a postdoctoral fellowship in microbiology and immunology.

She joined the faculty of the UCLA School of Nursing in 1967. At that time, the school was looking for a person with basic science experience to assist students and faculty with research activities. Donna was the last person appointed by Dean Lulu Hassenplug for a faculty position.

Donna has served in various teaching and administrative capacities, including coordinator of doctoral studies from 1974 to 1977. She shared the role of acting dean with Harriet Moidel during the interim period from 1976 to 1977 before the appointment of Dean Mary Reres. Donna, currently a tenured professor, again found herself in the role of acting dean following the resignation of Dean Ada Lindsey on February 28, 1995; she served in that role until the appointment of Dean Marie Cowan in January 1997.

Donna is one of the non-nurse faculty of the School of Nursing. Her knowledge of science and research has truly enhanced the ability of nurse faculty to pursue their own research and to develop meaningful curriculum. Donna shares her expertise generously with her colleagues. She expresses her regard and devotion to the nursing profession. She has been an important advisor and representative of the School of Nursing on various UCLA academic committees. Through her networking, the visibility of the School of Nursing as a professional school has been enhanced. She has served on the powerful Academic Senate of the university and has been a member of the Academic Planning and Program Review Board of the University of California. Donna chaired the Building Committee for the Faculty Building, which today houses the School of Nursing and the Jonsson Comprehensive Cancer Center.

Donna feels the development of the nurse scientist program precipitated the emphasis on research in the School of Nursing. She believes that the framework for nursing research and curriculum development evolved from the nursing models developed by Dorothy Johnson, Sister Callista Roy and Betty Neuman. She feels that UCLA is now strong in the science of nursing because it is strong in research methodology, with faculty nurse researchers who meet the accepted standards for sound scientific research. Dr. Vredevoe stresses three components of faculty action in addition to the teaching role: scientific research, participation on campus academic committees, and advocacy in statewide politics. Donna has been a role model through her participation in all three of these arenas.

Historically, Donna believes diverse people on the faculty and diversity among the student body have contributed to the greatness of the school. She has been one of the few faculty present during the tenures of every dean. With her professional and academic background and experiences, she truly is one of the best-qualified faculty to lead the School of Nursing during transition periods between deans.

Donna perceives that academic nurses experience a dilemma balancing time to be at the bedside of the patient and time to do research. She thinks the UCLA School of Nursing faculty has succeeded in meeting this challenge. Faculty are focusing on research as a means to promote professionalism, and they have earned the respect of other disciplines.

When it comes to the continuation and survival of the School of Nursing, Donna has played a strong role. She has had the friendship and support of faculty, and she credits other colleagues for their substantial contributions to the school. A respected colleague, Dr. Donna Ver Steeg, advocated with Senator Vascanellos in Sacramento for state funds for the Factor Building. Another colleague, Dr. Sharon Reeder,
refused to let the idea of a doctoral program at UCLA die before Mary Reres became dean in 1977.

Donna is just as enthusiastic as ever about being part of the UCLA School of Nursing, which she considers a very exciting and intellectually stimulating place to work. Her role on the faculty continues to change. She has been teacher, consultant, researcher and administrator.

When Ada Lindsey retired on March 1, 1995, Donna again became acting dean. This was another difficult financial time for the School of Nursing. Reduction in state support for university education resulted in more budget cuts for the University of California system. Faced with another difficult transitional period, Donna's positive attitude toward the continuation of the School of Nursing on the UCLA campus influenced her faculty, and collaborative efforts were made with other disciplines on campus. During her two years as acting dean, Donna asked for and received funding for distance learning for students, and for virtual reality programs. She also established the position of the first full-time development coordinator to enhance the outreach of the School of Nursing to friends, faculty and alumni.

In 1997, with the appointment of Dean Marie Cowan, Donna returned to full-time research in immunology, one of her specialties. She also returned to teaching. Another recent outstanding achievement is her election to the position of vice chair of the UCLA Academic Senate from 1998–99, with the future role as chair of this committee in 1999–2000. This will be the first time a faculty member from the School of Nursing has held this position. Dr. Donna Vredevoe has led the School of Nursing through many difficulties and accomplishments. The alumni, students and community owe much to the faculty of the School of Nursing, particularly to its seasoned faculty, one of whom is Donna Vredevoe.

Sharon Reeder

Dr. Sharon Reeder came to UCLA in 1958 to pursue her master's degree. She eventually continued her education at UCLA, obtaining her Ph.D. in 1974. She has been a faculty member of the School of Nursing for 30 years. Her strength and ability to be a team player have been assets for the School of Nursing. She collaborated with and eventually married Dr. Leo Reeder of the UCLA School of Public Health. Together they wrote and published, contributing to the literature in maternal-child health and cancer.

Sharon progressed up the career ladder from instructor through professor of nursing. She served as acting dean, associate dean for academic affairs and associate dean for research in the School of Nursing. She strongly advocated for equality of health care for women, and has published on this topic. She co-authored several books on maternity nursing.

Beginning in 1980, Sharon was very active on campus-wide committees. She was secretary of the Academic Senate, and secretary and member of the Senate Executive Committee. Sharon served on the Chancellor's Advisory Committee on the Status of Women from 1982 to 1984, and was president of the Association of Academic Women from 1981 to 1982. As acting dean from 1985 to 1986, Sharon, with the school's faculty, succeeded in obtaining state funding for the School of Nursing through their perseverance and leadership.

Sharon believes that the nursing profession has been, is, and will always be essential to society. The connection between the individual and the nurse usually occurs during life crises, she contends. To be effective, the nurse needs preparation in the sciences, as well as in the psychological and social sciences. She valued the integration of these disciplines within the curriculum of the School of Nursing.

Until her retirement, Sharon was one of the seasoned faculty members at the school. She viewed her long years at UCLA as very stimulating and rewarding. She has known many faculty and was always impressed with their personal and intellectual caliber. She described the faculty as

"Your purpose is both good and reasonable."

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a family of nurse educators who are academic and scholarly. She saw the role of the seasoned faculty members as providing stability and strength to the School of Nursing through promoting understanding and interpretation of the connection between past and present endeavors.

Sharon believed that faculty and student relationships take on distinct characteristics at UCLA. Faculty expectations of students promote their accountability, responsibility and career commitment.

Sharon survived all of the crises experienced by the School of Nursing. Her international travels and perspective on women's rights helped to solidify her resolve for the survival of the school. Sharon was proactive for the School of Nursing on campus committees. She stressed the importance of communication between faculty and campus colleagues. She defined the process of prioritizing political participation, beginning with faculty involvement in major administrative positions of the Academic Senate committees. The next step, she said, is involvement in statewide politics, and then maintaining communication with the vice chancellor of the university. Sharon expressed pleasure that nurse faculty now serve on the Interdisciplinary Council of Academic Personnel.

Sharon believes that UCLA will continue to provide leadership in nursing research and practice. She notes that the current faculty is strong in carefully developed research methodology. The focus of combining science with care continues to enhance the knowledge base of practice, she contends. Scientists, she adds, assist nurse researchers in their scholarly pursuits. Sharon was instrumental in obtaining Allstate Insurance Company funding for nursing research and scholarships at UCLA.

UCLA is on the cutting edge in nursing education, Dr. Reeder asserts. Other frontiers she has seen developed include the landmark nurse-managed clinic on Skid Row that services homeless individuals and families in Los Angeles. Sharon's vision for the School of Nursing includes the emergence of a nursing Nobel Prize winner to add to the ranks of Nobel Prize winners at UCLA. Until her retirement in 1994, the UCLA School of Nursing continued to benefit from the devotion and professional energies of Dr. Sharon Reeder.

Chapter III

A FRAMEWORK FOR CURRICULUM AND QUALITY NURSING CARE

NURSE THEORISTS

The search for the scientific basis for nursing practice and nursing's uniqueness as a profession has led to the development of various nursing theories. Three prominent nursing theorists had close ties to the UCLA School of Nursing, either as faculty members or graduate students. These scholarly contributors to the profession of nursing include Dorothy Johnson, Sister Callista Roy and Dr. Betty Neuman.

Dorothy Johnson

Called a visionary by her peers, Dorothy Johnson devoted her nursing career to delineating the purpose of nursing practice by defining the specific contribution of nursing to patient care.

Her first contact with nursing students was at Vanderbilt University in the pediatric setting, from 1944 to 1948. Even then, she questioned the rationale in curriculum development. While at Vanderbilt University, Dorothy was given a facsimile 50th anniversary reproduction of Florence Nightingale's Notes on Nursing by the original publisher. This small book...
inspired her. Dorothy recognized that Florence Nightingale was an astute observer and nursing’s first scientist. Dorothy Johnson’s own evolving ideas were presented and discussed at nursing seminars, and later were published. Her ideas of an appropriate conceptual foundation to guide nursing practice were first presented in their entirety in 1968 at Vanderbilt University.

In 1949, Dorothy Johnson, called Dotty by her friends and colleagues, joined Lulu Wolf at UCLA. She knew Lulu from Vanderbilt, and had admired her vision for nursing and nursing education. At UCLA, Dorothy actively participated in the establishment of the School of Nursing within the academic setting.

She was housed, along with a small faculty contingent, in one of several temporary buildings that were formerly Army Quonset huts, on what was known as Site 3, located north of Royce Hall in an area of fields. The buildings were wood, and the offices were tiny, drafty and noisy. Here, she pursued her studies and teaching responsibilities until 1955, when the UCLA Medical Center nursing offices were ready for occupancy.

Dorothy Johnson taught undergraduate students until 1956, when she was assigned exclusively to the master’s program. Her primary area of expertise was maternal-child health. At the same time, she began work on an experimental undergraduate nursing curriculum based on the behavioral system model. Initially, the curriculum was built on common human needs, thereby attempting to identify what nursing did for people. The Rockefeller Foundation and the Commonwealth Fund supported a study by Dorothy Johnson and Dr. Eleanor Sheldon to define a scientific base for nursing. Dorothy credited Eleanor Sheldon, who was a sociologist, lecturer and member of the nursing faculty, with providing a great contribution to nursing thought. Dorothy would say that Eleanor challenged old ideas, wanted to know rationale, and would not accept unsupported opinions. After leaving the UCLA School of Nursing, Dr. Sheldon went to New York and became affiliated with the Russell Sage Foundation. Dorothy also credited Drs. Ruth Wu, Collette Kerlin, Carolyn Carlson, Roberta O’Grady, and Ieva Kade as faculty who made significant contributions to the development of the behavioral systems model and its application in curricula.

As she attempted to define the uniqueness of nursing, many of Dorothy’s ideas were ridiculed. It was hard for students and faculty to think in terms other than what medicine did for patients, since nursing had always been allied with medicine. Some nurses had difficulty thinking abstractly and accepting other ways of problem solving. Dorothy Johnson believed that nursing’s purpose was eluding nurses, as was the direction and focus of nursing research. She observed that the nursing profession still holds conflicting views of its purpose, but she felt that nursing was getting closer to defining this purpose, and would eventually succeed.

Dorothy Johnson always held the conviction that expert practitioners are master’s-level nurses. At UCLA, the clinical nurse specialization programs were developed at a time when other universities offered graduate-level programs only for teachers and administrators of nursing. Dorothy preferred the clinical specialist over the nurse practitioner. She was concerned that the nurse practitioner would be used to extend medical practice, and she feared the delivery of second-class medicine. She believed the nurse practitioner should focus on nursing, utilizing medicine’s tools and emphasizing preventive care. In 1968, Dorothy Johnson presented her paper at Vanderbilt University on the conceptual model of nursing, and she also presented her ideas on specialization in nursing. This paper was published in Image, the national publication of Sigma Theta Tau, and was later republished in The Best of Image.

Dorothy Johnson did not confine her energies to teaching and developing her nursing theory. She was also active in advocating for the School of Nursing on the campus. In 1949, she was part of a small nucleus of nursing faculty who met weekly with selected medical school faculty members regarding allotment of space on campus for the use of
both schools and the UCLA hospital nursing service. The blueprints were completed at this time, but many changes were proposed by faculty members of the School of Nursing. These faculty were told by others on the committee that the changes were expensive, costing $1,000-$2,000, and difficult to achieve. Dorothy recalled that with perseverance, some of the changes were implemented and the nursing faculty did make an impact on those early plans for the medical center.

Dorothy continued to pursue her early ideas of a behavioral systems model for nursing practice. She emphasized the bio-psychosocial-cultural factors that influence observable human behavior. Universal patterns of behavior were identified that apply to all regardless of age, sex, history and environment. The Academic Senate was supportive of these early efforts, especially Dr. Gustave Alt, the dean of the graduate division. Nursing became accepted on campus as an emerging profession with a limited body of knowledge. Campus supporters were ready to give the UCLA School of Nursing a chance to succeed.

During the 1960s and 1970s, Dorothy Johnson presented and published papers and articles delineating nursing competencies and the differences between technical and professional practitioners. She served on the committee for the California Nurses Association that was working on these subjects.

Dorothy Johnson predicted that the nursing program at UCLA would move toward graduate education as the entry level for nursing by the year 2000, a trend that was unfolding in other university nursing programs throughout the United States. She predicted that the undergraduate program would take six years, and would lead to a master's degree, with a doctoral degree to follow. Dorothy noted that nursing and engineering were the only professions with undergraduate education programs at UCLA.

She expected that as nursing moved toward the graduate level for practice, more students would be attracted to nursing and would have an increased ability to act as equal partners on the health team. The rewards of leadership, status and monetary remuneration would be accessible. Dorothy emphatically believed that nursing as a profession has been visible, separate in purpose and practice from other disciplines, and relatively independent for 2,000 years, and that it will be alive and contributing to humanity throughout the 21st century. The profession of nursing has indeed been fortunate to have among its ranks a unique scholar, Dorothy Johnson. Dorothy died in February 1999.

The Johnson Behavioral System Model (1968)

The model presents a view of each individual as a behavioral system consisting of eight interrelated subsystems. The model evolved as a natural outgrowth of Dorothy Johnson's beliefs about nursing and nursing practice. She developed assumptions concerning the profession's value system and the role of the nurse; thus, she provided a basis for the development of the model. Dorothy stressed that the model is not an abstract conceptual model, but is based on scientific theoretical knowledge selected as an appropriate orientation to nursing practice. It is based on the pre-existing body of knowledge developed over the years by a number of disciplines, including anthropology, physiology, child developmentalists and animal behaviorists.

The model views each individual as a dynamic organism or system, responding to an ever-changing internal and external environment. Eight efficient interdependent parts or subsystems are identified; together, these subsystems are believed to make up the totality of a person. Disruption in the function of any one subsystem affects the functioning of the whole system. The concept of behavior is basic to the model. Behavior is defined as what one does or says in response to stimulation from the environment. The model formulates assumptions about individuals and their behavior, and about the functions and consequences of balance or stability and change within the system of human beings.

Dorothy Johnson's theory is that individuals strive to maintain stability, homeostasis, by adjusting their behaviors to the perceived changes or stressors that are within and without their environment. The ability of a person to adjust to his or her internal or external environment predicates his or her success or failure. The nurse is a primary resource for the per-
son when stressors are related to health or illness. The nurse cares, nurtures, and interacts with the person and his or her environment to enable that person to attain his or her highest level of behavioral functioning.

The eight interrelated subsystems of the model are described as the affiliative, achievement, aggressive, dependency, eliminative, ingestive, restorative, and sexual subsystems. The structure of each subsystem is composed of four elements: an overall goal established by a basic drive, a set or predisposition to act, choices of action alternatives, and the action or behavior. The prerequisites necessary to maintain a healthy dynamic system are protection, nurturance, and stimulation.

**Betty Neuman**

Dr. Betty Neuman became known as a nursing leader following development of the Neuman Systems Model in 1970. This work was first presented at the UCLA School of Nursing, where Dr. Neuman held a faculty position as chairperson of the Community Health Mental Nursing program between 1967 and 1973.

Having completed her baccalaureate degree in the fall of 1957, Dr. Neuman again enrolled at the UCLA School of Nursing in 1964. She completed a Master of Science degree in the summer of 1966, and received a faculty appointment at the school in January 1967. Her responsibility was to develop the consultation program from which she had graduated into a community mental health program. Dr. Neuman's position was contingent upon writing a grant and receiving student funding for a two-quarter postgraduate program in mental health. One quarter she would teach Mental Health Consultation and the other, Community Organization and Planning. These courses began in the fall of 1967. Community mental health centers were just beginning to emerge, and this was the first program of its kind. Dr. Neuman had to develop her own teaching tools, as none existed. She sought student feedback to validate the use of these teaching tools as she continued to refine the program.

Dr. Neuman and Donna Aguilera, a faculty colleague, practiced within the three existing Crisis Intervention Centers then in existence in Los Angeles: the Jefferson Crisis Intervention Clinic, the Benjamin Rush Center and the Venice Clinic. Dr. Neuman obtained California licensure as a marriage, family and child counselor. Dr. Neuman also became a national fellow of the American Association of Marriage and Family Therapy.

Dr. Neuman was chosen by the UCLA School of Nursing curriculum committee to coordinate a nursing course requested by entering graduate students. The course content would help them select an appropriate clinical specialization. She developed a teaching model, based on her own philosophy and values, that gave direction to students for their program selection in community mental health nursing. She selected a young psychiatric nurse faculty member, Rae Jean Young now Memmott, to help facilitate the course. Following a two-year use and evaluation of the Neuman Model to verify and integrate various faculty lecturers' content, Dr. Betty Neuman and Rae Jean Young published the Neuman Systems Model for the first time in the 1972 May–June Nursing Research Journal. It was titled, "A Model for Teaching Total Approach to Patient Problems."

The energetic, dynamic and caring Dr. Neuman was born and raised on a family farm in southwestern Ohio. Both parents contributed to her interest in becoming a nurse. Her father, who was ill and hospitalized intermittently, spoke well of the nurses caring for him. He died when Betty was eleven years old. She felt a deep sense of gratitude and respect for the field of nursing, and knew then that she wanted to be a nurse. Her mother, too, was a caring role model, helping many in her rural community as a self-developed midwife.

After graduating from high school in 1945, Dr. Neuman worked at
the Dayton, Ohio Wright-Patterson Air Force Base, repairing and installing instruments in World War II military aircraft. She was saving money to enter nursing school when federal assistance from the Nurse Cadet Corps became available. She enrolled in a diploma nursing program at Akron General Hospital and graduated in 1947 with two special awards for excellence in nursing. Dr. Neuman recalls just missing the "black stocking" era, but fondly remembers the stiffly starched white collars and rustling white aprons that adorned the bright pink student dresses.

While working in a variety of nursing positions, she attended evening classes in preparation to enter the baccalaureate program at the UCLA School of Nursing, from which she graduated with baccalaureate honors in 1957.

The Neuman Systems Model brought a change of perspective and terminology to nursing as it gave worldwide holistic directives for nursing activities that are utilized across cultures. Dr. Joan Riehl, a faculty colleague, first brought to Dr. Neuman knowledge of the trend toward theory development by inviting her to co-author the first model book: Conceptual Models for Nursing Practice by Riehl and Roy (1974). Dr. Neuman declined because she felt she had a teaching tool rather than a model. When she was asked to contribute a chapter for the book, she developed tools that facilitated use of her system's theory. The increasing requests by nursing schools for curriculum consultation led her to publish her first book, The Neuman Systems Model, in 1982, with a revision in 1989. The second book edition illustrated the growth and development of her work, which was congruent with nursing and holistic trends, by increasing the depth of practice utilization and variety of educational patterns. She revised the book again in 1995. This revision contained many applications of the model internationally, for administration and research as well as practice and education. It made projections for 21st century relevancy as well as illustrating its diverse international utilization. The book's popularity and utility continue to grow worldwide.

In the summer of 1973, Dr. Neuman returned to Ohio and assumed positions at West Virginia's Department of Mental Health as the state's mental health consultant, and later as a curriculum consultant to Ohio University School of Nursing in Athens.

After completing her doctoral degree in clinical psychology in 1985, she received two honorary doctorates. The first was a doctorate of letters in 1992 from the Neumann College, a Roman Catholic Institution in Aston, Pennsylvania. The second honorary doctorate was in science in 1998 in honor of the use of the model in an eight-discipline curriculum in the Health Science Department of Grand Valley State University in Allendale, Michigan.

Dr. Neuman remained active at home and abroad, writing and conducting workshops, symposiums, seminars and consultation for model implementation and ongoing support. She initiated the Neuman Model trustee group of 22 committed professional nurses to carry forth the work and refinement of the model through consultation, research, lectures, conferences, and the Biennial International Symposia. The trustees also publish an annual Neuman newsletter. In 1994, 175 facilities around the world were identified as users of the model. The archives for the model are housed at Neumann College in Aston, Pennsylvania.

Dr. Neuman has become internationally recognized. Hers is one of the three most utilized models for nursing education and practice. Because the model is both concept and process relevant, she feels it will move well into the 21st century.

The Neuman Systems Model (1970)

The Neuman Systems Model was developed in 1970. It is based on the influence of dynamically organized systems theories such as deChardin's (1955), Edelson's (1970), Cornu's (1957), Gestalt's for its holistic approach and Selye's (1950) work on stress. DeChardin and Cornu wrote that in all dynamically organized systems, the properties of a part are determined to an extent by the wholes that contain it. This means no part can be considered in isolation. Edelson placed emphasis on the total organization of the field in his field theory, endorsing the idea that all parts of a system are intimately interrelated and interdependent. In Gestalt theory, each client/client system is surrounded by a perceptual
field that is in dynamic equilibrium. The model also uses Scyle's work on stress within the total environment.

The Neuman Systems Model views the client as a system represented as one person. Its principles are equally applicable for more than one person, such as groups of various sizes: family, community or social issues. The purpose of the model is to help nurses organize the nursing field within a broad systems perspective as a logical way to maximize the system's health condition. The components of the model are based on four major nursing concepts or subcomponents accepted as nursing's domain. They are Client/Person, Environment, Health and Nursing.

CLIENT/PERSON

The person is viewed as having a basic core structure that encompasses factors common to all organisms, such as normal temperature range, genetic structure, response patterns, organ strength or weakness, and ego structure. Lines of resistance protect the core structure of the client. Effectiveness of the line of resistance results in reversing the reaction to stressors, allowing the system to reconstitute. Ineffectiveness leads to energy depletion and death.

The normal line of defense, which is the usual wellness state, is protected by the flexible line of defense. The client reaches this state over time. Dr. Neuman identified five variables for analysis of any system as physiological, psychological, sociocultural, developmental, and spiritual.

The flexible line of defense protects the normal line of defense. It acts as a protective buffer system for the client's normal or stable state. Ideally, it prevents stressor invasions of the client's system, keeping the system free from stress reactions or symptomatology.

Each line of defense and resistance contains similar protective elements related to the identified five variables: physiological, psychological, developmental, sociocultural and spiritual.

Dr. Neuman added the spiritual variable in her 1989 text. It is viewed as innate, whether or not it is ever acknowledged or developed by the client or client system. Dr. Neuman views spirituality as being on a continuum of development that permeates all other client system variables. The client/client system may be completely unaware of the presence or potential of this variable, or even deny its existence. The client system may also have a highly developed spiritual belief in this protective variable, which supports client optimal wellness. Dr. Neuman believes the spirit controls the mind and the mind consciously or unconsciously controls the body, and that the spiritual variable positively or negatively affects such variables as grief or loss (psychological states) that may arrest, decrease, initiate or increase spirituality. Through careful assessment of clients' needs in the spiritual area, followed by purposeful intervention such as fostering hope that affects the will to live, the relationship between the spiritual variable and wellness may be better understood and utilized as an energy source in achieving client change and optimal system stability. The other four variables are more commonly used and understood in nursing.

ENVIRONMENT

Dr. Neuman defines the second of the four components of the Neuman Systems Model, the environment, as internal or external influences surrounding the client/client system. The client can be influenced or may influence the environmental forces either positively or negatively. The internal environment consists of forces or interactive influences contained solely within the boundaries of the defined client/client system. She defines these as intrapersonal factors or stressors. The external environment consists of all forces or interactive influences external to or existing outside the defined client/client system. It correlates with the model's inter- and extra-personal factors or stressors. Dr. Neuman also identified another important environmental factor, which she termed "created environment." This is an open system exchanging energy with both the internal and external environment. The insulating effect of the created environment, according to Dr. Neuman, changes the response or possible response of the client to environmental stressors, i.e., the use of denial or envy (psychological), physical rigidity or muscular constraint (physiological), lifestyle survival patterns (developmental), social space range (sociocultural), and sustaining hope (spiritual).

HEALTH

Dr. Neuman equates health with the wellness continuum and with
optimal system stability, which is a logical goal for nursing intervention in any system; it is viewed as a manifestation of living energy available to preserve and enhance system integrity. Variances from wellness or varying degrees of system instability are caused by invasion of stressors through the normal line of defense that require health care interventions.

Dr. Neuman developed a three-step nursing process for prevention/intervention. The nursing process was developed within the categories of nursing diagnosis, nursing goals and nursing outcomes. Doctoral students initially validated the format in 1982. Since then, it has proven its validity and social utility in a wide variety of international nursing education and practice areas. When using this nursing process format, the nurse acquires significant and comprehensive client data. This, in turn, helps to determine the impact or the possible impact of environmental stressors on the defined client system. Selected client data are then synthesized with relevant social science and nursing theories, which explains the clients' total health condition. This process provides the logic or rationale for subsequent nursing action utilizing the modalities of primary, secondary and tertiary interventions. Nursing diagnosis in the Neuman Systems Model utilizes available and relevant diagnostic nomenclature, i.e., North American Nursing Diagnosis Association (NANDA) guidelines, in conjunction with Neuman Systems Model concepts and terminology. Outcomes of the interventions used are based on nursing diagnostic goals.

This multidimensional and holistic systematic perspective of the Neuman System Model has, over the years, proven its relevance and reliability in a wide variety of clinical and educational settings in the United States and throughout the world. Its comprehensive approach accommodates a wide variety of health-related social science theories. Nursing theory is being generated through research into the model components, and it has the potential for unification of existing theories to address health care concerns worldwide and well into the 21st century. It is concept-relevant for the future of interdisciplinary health care.

Sister Callista Roy

Sister Callista Roy enrolled in the master's program at the UCLA School of Nursing in 1964 and received her degree in 1966. She majored in pediatric nursing and referred to Dorothy Johnson as her advisor, thesis chair, and mentor. Dorothy Johnson's work on the behavioral model was being implemented as introductory or junior-level course content, and Sister Roy, as a teaching assistant, participated in the development of the model. She attended lively faculty meetings as details of the curriculum were being discussed by faculty, course syllabi were being revised and students were reacting to conceptual challenges.

During her first semester on campus, Sister Roy was very busy. In addition to working with the faculty of the UCLA School of Nursing, she also pursued a research project for her master's thesis on role cues for mothers of hospitalized children. Her thesis, by that title, was published in Nursing Research in 1967.

Sister Roy attended Dorothy Johnson’s Advanced Pediatric Seminar course, for which a term paper was required. It was in this paper that Sister Roy described her concept of nursing based on the goal of promoting adaptation. She discussed her topic with Dorothy Johnson. Sister Roy recalled questioning whether she should focus on the Johnson model or develop her own ideas related to adaptation. Dorothy Johnson encouraged her to pursue her own ideas.

By the time Sister Roy completed her master's degree, she had developed her hypothesis and research design related to her adaptation model. With the encouragement of Dorothy Johnson, she sought funding for her project.

She returned to her role on the faculty at Mount St. Mary's in 1968
and began to introduce her model into the curriculum. The goal of the faculty there was to implement her changes by the spring of 1970. Sister Roy also published her first article on the adaptation model in *Nursing Outlook* in the spring of 1970. After this article appeared, requests for her to participate in curriculum consultation came from around the country. Dr. Elizabeth Carnegie, editor of the *Nursing Outlook*, reported to Sister Roy that her fan mail rivaled Agatha Christie's. The journal published two more articles by Sister Roy on her model, in 1971 and 1972.

In 1971, Sister Roy was accepted into the Ph.D. program in sociology at UCLA. At the same time, she served as chair of the Department of Nursing at Mount St. Mary's. Dorothy Johnson was a member of her dissertation committee, as well as being Sister Roy's colleague and friend. In 1978, Sister Roy was nominated to the American Academy of Nursing by Sigma Theta Tau. Books on her model have been published and republished since that time. Sister Roy is another scholar whose contributions have left their imprint on the UCLA School of Nursing.

The Roy Adaptation Model (1971)

The Roy Model had its beginnings in 1964, when Sister Callista Roy was challenged by Dorothy Johnson to develop a conceptual model for nursing in UCLA's graduate pediatric nursing seminar, which Dorothy Johnson chaired. Sister Roy continued to refine the model as a faculty member at Mount St. Mary's College in Los Angeles. During the summer of 1971, a pilot research study was conducted which led to the initial confirmation of the model, and the four ways in which man adapts in health and illness were identified.

The Roy Model is primarily a systems model with interactional levels of analysis. The patient is viewed as being composed of parts or elements linked together in such a way that force or tension may increase or decrease the linkages directly affecting the stability of the system. Sister Roy views individuals as bio-psychosocial beings in constant interaction with a changing environment. The force or tension on the system or the individual may come from within the system or from environmental or external infringements. The system of the individual and his or her interaction with the environment are the units of analysis of nursing assessment, and manipulation of parts of the system or environment is the mode of nursing intervention.

The eight assumptions of the Roy Adaptation Model are based on the model's approach to the concept of individuals and to the process of adaptation. The individual is considered to be a bio-psychosocial being who is in constant interaction with a changing environment. To cope with a changing world, he or she uses innate and acquired mechanisms of biologic, psychological and social origins. Health and illness represent one inevitable dimension of the person's life, and to respond positively to environmental changes, that person must adapt.

The work of Helson in 1964 on individual behavior and adaptation formed Sister Roy's assumptions that individuals' adaptation is a function of the stimulus to which they are exposed, and to their adaptation level. The strength of the confronting stimulus, the contextual or environmental stimuli and other residual or nonspecific stimuli form an adaptation level. The level of adaptation constitutes a zone that leads to a positive reaction; if the stimuli are outside this zone, the person cannot make a positive response.

The eighth assumption is that an individual has four subsystems or modes of adaptation: physiologic needs, self-concept, role function, and interdependence. The self-concept and role function subsystems develop in an interactional context, and are two of nurses' primary tools in manipulating elements of the system or environment in their own, or others', interaction with the patient. Sister Roy views the goal of nursing as promoting adaptation in the four adaptive modes. Nursing activities are directed at assessing patient behaviors and the factors that influence the adaptation level, and at intervening by manipulating the influencing factors previously identified as focal, contextual, and residual stimuli.

Since its inception in 1964, this model has become the basis of numerous nursing school curricula. It has been operationalized within hospital settings nationally and internationally. It is the focus of research on the master's and doctoral levels.
Chapter IV

A FIRM FOUNDATION IN EDUCATION

From its beginnings in 1949 to the present, the UCLA School of Nursing has focused on a firm foundation in education. The belief of the school has always been that learning is a lifelong process, and that education prepares a competent nurse. A pioneer in university-level education, the school, through its programs and curricula, has concentrated on a strong academic program. The School of Nursing has been able to adapt to external changes in bringing about and/or sustaining such assets as an international connection, coordination with other disciplines and continuing education. The teaching of the scientific basis for leadership, research, and clinical competency is one of the strengths in the School of Nursing's educational foundation.

For five decades, programs and curricula have been scientifically sound in content and community based in their approach to the quality of patient care and health promotion. Standards have been set for leadership in academic settings and in the community. The school's main concern regarding nursing practice has been with how health care is delivered to and received by the patients, their families and the community. Social and cultural differences have been an integral part of the programs and curricula. Research has been reflected in the programs and curricula from early times, and has been an important part of the students' education. The faculty and student body who are engaged in the
production and execution of programs and curricula have created the School of Nursing's firm foundation in education for the last 50 years.

The School of Nursing's international connection began in the 1950s and continues to this day. The world has effectively become smaller as a result of the technological advances made in the 20th century, making it easier for curriculum and research collaboration and communication.

Networking at the UCLA School of Nursing for the last 50 years has been boundless. It has been global and local, intra- and multidisciplinary. The school's faculty has recognized that learning goes in two directions and has encouraged learning the knowledge and wisdom of others as well as sharing its own knowledge and wisdom. Using the leadership, research and clinical competency skills taught at the School of Nursing, collaborations with other disciplines have been successful.

Continuing education programs have been a way for the School of Nursing to meet the needs of nurses in the community by increasing their knowledge and helping to update their practice. Clinical specialization programs such as the pediatric nurse practitioner, family nurse practitioner and nursing administration specialty with an internship component had beginnings as grant-funded programs through University Extension (UNEX). These programs were later added to the clinical specialization programs within the School of Nursing.

PROGRAMS AND CURRICULA

The UCLA School of Nursing has consistently initiated programs and curricula that have made major contributions to nursing education and the quality of patient care. The excellent faculty has continually been able and willing to add programs and rework the curricula to keep up with current times and budgets. In addition, the students have always considered themselves to be university students majoring in nursing. What follows is a by-decades descriptive account of the programs and curricula and the occurrences that influenced them.

The '50s

When the first dean, Lulu K. Wolf, came to UCLA in 1948 to begin a school of nursing, she knew she had an enormous task cut out for her. There was no program from start to finish and no one with a full professorship in nursing. At the time, the Department of Nursing was part of UCLA's College of Applied Arts. Lulu K. Wolf became the first professor and chairman of the Nursing Department in the new School of Nursing. Her first job was to hire faculty. She needed nurses with master's degrees; since there were few of those in the West, she would probably have to import them from the East and South. She hired five faculty members to plan the programs and curricula for the classes that were to begin in 1950. Dorothy Johnson, Agnes O'Leary and Eleanor Botsford joined the faculty in 1949 and taught pediatric nursing, public health nursing, and maternity nursing, respectively. Florence Weiner and Betty Jean Adams came to the faculty in 1950 and taught psychiatric nursing and medical-surgical nursing when classes commenced. In 1951 and 1952, the School of Nursing welcomed the following faculty to its staff: Harriet Coston (medical/surgical nursing), Charity Kirby (nursing arts), Claire Bartholomew (psychiatric nursing), Janet Walker and Ruth Hunter (public health nursing), Geraldine Skinner (orthopedic/surgical nursing), Maura Carroll (medical-surgical nursing), Margaret Taylor (public health nursing), Juanita Booth (communicable disease nursing), and Katherine Justus (maternal-child health nursing).

Upon graduation in 1954, the students received a Bachelor of Science degree and a Public Health Nursing certificate from the school. The dean and her faculty had to develop the curriculum to meet the regulations of the State Board of Nurse Examiners, pass accreditation by the National League for Nursing and find approved clinical facilities, as UCLA had no hospital at the time.

The students would be on campus for both the core courses and the nursing classes. Beginning with the first basic baccalaureate class in 1950, the students started their nursing classes in the sophomore year in the College of Applied Arts. Upon satisfactory completion they were advanced to the School of Nursing. It was not until the academic year
1959-60 that only students who had completed 60 units of required non-nursing courses would be admitted to the School of Nursing. Thus, the nursing major became an upper-division course of study. This concept was a first in the United States. Secondly, the staffs of the clinical facilities would have to update their thinking. The School of Nursing wanted the students to have clinical hours during the day with no weekends and summers. They also wanted the students to be able to combine their clinical practice with their theoretical knowledge. The clinical component was not to be just a work experience. The school planned to educate the students, not to train them.

The clinical facilities chosen for the first two groups of students were Harbor General Hospital in Torrance; the West Los Angeles Veterans Administration Hospital; Torrance Health Clinic for public health; and Olive View Hospital for communicable diseases. The UCLA School of Nursing could boast that it was the first nursing program in the United States to use a VA hospital. UCLA opened its medical center in 1955, one unit at a time. In 1954, eight students graduated from the baccalaureate program. The faculty number was also eight at the time. By 1955, the UCLA School of Nursing was still only one of five nursing schools in California to have a baccalaureate degree program.

When Lulu K. Wolf came to the School of Nursing, she also had the go-ahead for a master's degree program. A curriculum had to be developed. The graduate students would receive a Master of Science degree. This program had many problems at its inception. First, according to university regulations, to be admitted to a graduate program the student had to have completed a baccalaureate program equal to the one at UCLA. Applicants had to present evidence that they had completed upper-division courses in statistics, in psychiatric nursing with clinical practice, and in public health nursing with fieldwork. To make up the deficiencies of the baccalaureate nurses seeking graduate degrees, the three courses were offered in summer session. In this way, the graduate student would be able to proceed in regular graduate courses at the beginning of the school year. According to Margaret Nagele Colangelo, one of the two students who received the first Master of Science degrees in 1953, her courses were scattered throughout the two years. There were different students in each of her classes. By the fall of 1951, there were five part-time and five full-time master's students. In a School of Nursing admissions pamphlet dated Fall and Spring, 1953–54, it states the programs being offered at the School of Nursing:

"The School of Nursing at UCLA admits students of junior or higher standing and offers curricula for registered nurses leading to the degree of Bachelor of Science and Master of Science with a major in nursing. The school also offers a basic nursing curriculum for university women leading to a degree of Bachelor of Science."

Through the years, the programs and curricula would change often, and the 1950s were no exception. Programs and curricula improved or changed to meet timely needs. However, community needs and quality nursing care were always major considerations in development. Research principles were integrated into the curriculum as early as 1952 and would continue. By 1953, the curriculum utilized knowledge from disciplines of sociology, anthropology, psychology and physiology and applied them to the theory of nursing practice.
New programs were always being considered and frequently adapted. The doctoral program was discussed as early as 1957. At that time there were no doctoral programs in nursing. Nurses had to earn a doctorate in other schools and departments such as a School of Education or Department of Sociology. The '60s and '70s would see the School of Nursing’s push toward a doctoral program.

Grants were frequently sought and awarded. In 1958, Dorothy Johnson and Eleanor Sheldon received a grant for an experimental course, a two-year post-master’s program of study in the behavioral sciences and research methodology that started in the fall of 1959. This grant allowed the study of a scientific approach to define nursing and to develop a unique conceptual framework of nursing content in order to develop nursing curricula. Thus began the era of the nurse theorist.

Another big grant came in 1959 when the United States Public Health Service (USPHS) awarded the UCLA School of Nursing a five-year grant to increase faculty research.

By the end of the first decade of the School of Nursing, physical space for learning was a big problem. It was to be a problem for the school throughout the next two decades. The perseverance and stamina of the deans, acting deans, members of the faculty, student body, alumni association and community were the key ingredients that helped the School of Nursing get its own building in 1981. As the '50s gave way to the '60s, the School of Nursing was well prepared to meet any challenges to its programs and curricula.

The '60s

The same philosophy and purpose of the School of Nursing’s programs and curricula in the '50s followed into the decade of the '60s. Upgrading the faculty in the areas of education, research and the publishing of articles in professional journals was a major priority. The best and most current education for students, both theoretically and clinically, was promoted. The School of Nursing reached out regionally, nationally and internationally for the recruitment of the best students and faculty. The school wanted students of a high caliber and faculty members who were interested in the theory and practice of clinical nursing as well as research. Much would be dealt with and accomplished in the decade, especially in programs and curricula.

At the beginning of the '60s, the faculty totaled 39, with two faculty members, Marjorie Dunlap and Margaret Kaufman, having their doctorates in education. The number of graduate students was on the increase, as was the number of degrees awarded to them. However, the number of undergraduate students was increasing only slightly, and the number of degrees awarded to them was decreasing. This pattern would continue throughout the decade.

By 1963, the undergraduate program consisted of 66 upper-division semester units in liberal arts, nursing and related subjects built upon a 60-unit lower-division pre-nursing curriculum. An ad hoc committee was appointed to study the addition of a four-unit medical science course taught by a selected medical school faculty member. The School of Nursing faculty and Dr. Ralph Goldman of the medical school planned the course content. Few changes were made in the baccalaureate program, and they were mostly minor and in lower division. More course changes were anticipated, as the school was changing from the semester to the quarter system in two years. However, when the quarter system began, few changes in requirements had to be made. This would also be the last year in which a separate undergraduate curriculum would be offered for graduates of diploma and associate-degree programs. They would now be encouraged to go to state universities for their baccalaureate degrees. This change in policy at UCLA may have been influenced by the American Nurses’ Association Position Paper of 1965. The paper stated in part that:

Minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.

and

Minimum preparation for beginning technical nursing practice at the present time should be associate degree nursing.
From this period in the '60s until the middle '80s, when there was a shortage of nursing students, diploma and associate-degree R.N.'s had difficulty making entry into the baccalaureate program at UCLA. The requirements for enrollment were stringent and many of the same courses taken at other colleges were not transferable to UCLA and had to be repeated. There were also no provisions made for the working nurse because of the time constraints of the program.

Meanwhile, in 1962, the School of Nursing began working on the role of clinical specialization for inclusion in the graduate program. That same year, the school was awarded a five-year pilot project grant by the National Institute of Mental Health to design and prepare mental health-public health nurse consultants. The program developers were Dr. Phyllis Putnam, a faculty member, and Ida Estelle Dunlap, a mental health consultant who was appointed to the faculty. The success of this pilot program was due to a great extent to the three-year commitment of Marjorie Squaires. She later became the administrator of continuing education in the medical and health sciences after the pilot program was completed in June 1967. The study demonstrated that there was a need for the community mental health nurse specialist.

Much planning and development were going into the school's clinical specialization program. A proposal for a professionally oriented program leading to a new degree, Master of Nursing, was submitted to the UCLA Graduate Council in 1965. At that time there was an attempt to determine if two programs, one with a Master of Science degree and the other with a Master of Nursing degree, should be offered. The Master of Science program would be for the preparation of nurse scholars for teaching and beginning research. It was anticipated that this program would have coursework in nursing and basic sciences and require research training and a thesis. The majority of the students would be expected to proceed to doctoral study to prepare themselves for university teaching and research. A completely revised program for the Master of Science degree was instituted in 1966.

The Master of Nursing program would be for the preparation of the clinical nurse specialist. The primary aim of the Master of Nursing program would be to develop professional specialists with a high level of competence in a particular field of nursing. The program would also provide the opportunities for students to gain knowledge and skill in the functional areas of teaching, consultation or supervision. It would be designed to lead to careers in practice in a specialized area of nursing: in the teaching of technical nurses in community colleges and in administration. The students would have to take more clinical courses and would have to have a clinical major. The theoretical nursing models were an ideal framework for the clinical nurse specialists. At the end of the Master of Nursing program, the students took the comprehensive examinations. When the Master of Science program was eliminated, the graduates of the Master of Nursing program could decide between writing a thesis or taking the comprehensive examinations.

The two programs operated simultaneously after the Master of Nursing program started in the fall of 1966. Some Master of Science students switched over to the new Master of Nursing program. Soon, the Master of Science program would be phased out of existence per the recommendation of the UCLA Graduate Council to the Academic Senate. The Graduate Council believed that the School of Nursing graduate program should direct its full resources toward improving the Master of Nursing degree program. In 1969, Sister Mary Quayhagen was one of the last two students admitted to the Master of Science program. She graduated with the Master of Science degree in June 1970. The other student had dropped out of the program.

There were other important events that occurred during the 1960s. In 1964, President Lyndon B. Johnson signed the Nurses Training Act. This was the first comprehensive federal law to assist in the education of professional nurses. It helped the students at the UCLA School of Nursing by providing funds for them to study at the graduate level full-time. The students would be able to choose any field of nursing, and they would receive additional money to support themselves. That same year, the National League of Nursing Collegiate Board of Review granted continuing accreditation for the master's and baccalaureate programs. This was the third time since its founding that the
School of Nursing received its accreditation.

There were more grants awarded to the School of Nursing at the beginning of the decade than at the end, when the monies began to tighten. Two early grants worthy of mention were the Resource Unit for Independent Study (RUFIS) and the Neurological and Sensory Disease Project.

In 1963, RUFIS was established through the initiative of a small group of faculty and through a three-year grant from the USPHS, Division of Nursing. The purpose of this study was to bring together student resources for independent study. The students would acquire technological knowledge and the knowledge necessary to apply it to the health fields. Projectors, a phonograph with earphones, a film on asepsis, tape recorders with tapes and a calculator were part of RUFIS's first collection. Three rooms were also provided for the study. When the study for RUFIS was completed, someone was hired by the School of Nursing to be proctor of RUFIS. Materials and equipment were located in the School of Nursing's Graduate Reading Room-Library. Films, videos, audio tapes and special and historical books on nursing were collected. The faculty made videos on such topics as pain and clinical specialization. All of the faculty's publications were stored there too. When the School of Nursing building was completed in 1981, most of the RUFIS equipment and materials were relocated there.

The next grant, The Neurological and Sensory Disease Project, was financed in 1964 by the USPHS, Division of Chronic Diseases. The project would study undergraduate and graduate programs with a view to improving family-centered nursing services, particularly in the area of mental retardation. The project director was Agnes O'Leary, one of the first faculty members of the school.

The year 1967 would prove a difficult one for the School of Nursing. The faculty was concerned about the enrollment and wanted to increase it. The vice chancellor said no and wanted to decrease the enrollment to 190 from 236. There was also more talk about eliminating the undergraduate program altogether. The faculty did not want to give up the undergraduate program, as it was one of the best, if not the best undergraduate program in the country. However, by the end of the year the School of Nursing enrolled 270 students, and no one at UCLA bothered to count. The extra funds to pay for additional teaching and research personnel came from grants. In addition, there were other problem issues evolving at this time that threatened the closure of the school.

The need for tenured faculty was recognized early in the decade. Search committees were appointed periodically for the purpose of recruiting outstanding scholars with doctorates. The School of Nursing was well aware that more nurses with doctorates were needed if there was to be a doctoral program. By the end of the ’60s, the proportion of doctorally prepared faculty was up to approximately 10 percent. The doctoral program had been considered for some time, and finally in 1968, a formal Doctoral Planning Committee was established to spearhead faculty efforts in that direction. It would take many years for the doctoral program to become a reality; however, the wheels of progress had been set in motion.

As the ’60s ended, the faculty remained active as leaders in professional and community organizations. The baccalaureate program continued to improve, and Dr. Betty Jo Hadley guided the work of the undergraduate curriculum. The graduate program was actively involved with its new Master of Nursing program. Dr. Phyllis Putnam served as chairman of the graduate curriculum. The school had survived a major threat to its existence and, with the help of the UCLA interdisciplinary advisory committee, was searching for a new dean after Lulu Hassenplug's retirement in 1968. Both the baccalaureate and master's degree programs had become proving grounds for major changes in accepted professional curricula and practice. By 1968, UCLA had established the importance of unique theoretical constructs in nursing education. These same constructs would be used in the ensuing years to re-examine nursing practice and create new roles for the nurse. Great changes were taking place with programs and curricula as the ‘70s approached.
THE HONORS PROGRAM

An honors program was organized in 1960 for the purpose of providing special privileges to undergraduate students who had demonstrated superior academic achievement. Juniors and seniors meeting these criteria were invited to participate in the program.

The program included a weekly honors seminar, ability grouping in the laboratory, opportunities to attend special meetings off campus, independent study and special counseling. Students in the program were permitted to assume increased responsibility in selecting their own learning experiences and were assisted in obtaining greater depth in learning than the average student. Students routinely submitted papers on their learning.

Karen Hellwig, B.S. '66, M.N. '71, fondly remembers her experiences as an honors student. There were eight in her group, out of a total enrollment of 27 students. Her project was to develop research studies on an elementary level, then come back to the seminar to exchange findings with the others in her group. Although such projects were not controlled studies, Hellwig says it was unheard of at the time for undergraduate students to be doing this.

When students dropped out of the program, the causes were carefully examined and modifications were made to correct any problems. Students who participated in one or more of the Honors Seminars evaluated them as "fun, demanding and time consuming."

In the '60s, the faculty members responsible for the honors program included Dr. Dorothy Crowley, Margo McCaffery, and Ruth Wu. Faculty members outside the School of Nursing also worked with the students. In 1966, two students from the honors program became volunteer assistants for 10 weeks in the summer on a research team in the Department of Psychiatry.

To help enrich the learning experiences of the students in the honors program, the faculty committee sought extramural support from the university. The proposed project, with Margo McCaffery serving as investigator, was prepared as a five-year nursing education proposal. The proposal began in 1967 and was titled "Project to Enrich Learning Experiences of Undergraduate Honors Students Through Participation in Research Activities of Qualified Investigators." The project afforded students an opportunity for participation in the research of qualified investigators. It would determine whether such experiences helped students develop beginning skills in research methodology and stimulated them to seek graduate education in order to engage in future research.

In 1967, the honors committee continued to study the problem of adequate criteria for the selection of honors students. Another recurring problem was the cost in faculty time for a program that involved only a small group of students. At that point, the honors program was temporarily suspended. A short time later, the program resurfaced until 1971, after which time no data were found to confirm its existence.

Also in 1967, the committee was deciding whether or not a chapter of the national honorary nursing society, Sigma Theta Tau, should be established at the School of Nursing. Eight years later, a School of Nursing graduate student, with the guidance of the national organization of Sigma Theta Tau and the approval of interested faculty, alumni and students, organized a meeting to begin a chapter of Sigma Theta Tau on the UCLA campus. The chartering and induction of the chapter took place in 1978.

The '70s

The 1970s were as eventful as the previous two decades. Programs and curricula continued to preoccupy a great deal of time. Of course, there were many other events taking place, including two leadership changes.

The search for a new dean was completed in 1971 when Rheba de Tornyay became the second dean of the School of Nursing. She would remain at the school until 1975, when she resigned. Again, the search for a new dean was instituted. In 1977, Mary Reres became the School of Nursing's third dean.

The early-1970s objective of the baccalaureate program was that the graduate be prepared to assume responsibility for organizing, implementing and evaluating plans of nursing care in two types of situations:
Highly complex nursing situations in which the patients’ needs require the full-time attention of the professional nurse.

Highly complex nursing situations in which a group of patients are involved that require the services of professional nurses and other nursing needs that can be met by others.

By the end of the ‘70s, the goals of the baccalaureate program remained primarily the same; however, the faculty developed more sophisticated courses to meet those goals. In addition, the baccalaureate program provided for three major areas of theoretical content to be used in the clinical setting:

- **Nursing Maintenance**: the quality care of the patient.
- **Nursing Management**: the knowledge, management, preparation and treatment of illnesses and the promotion of health.
- **Nursing Sociology**: knowledge of the societal and institutional systems within which nursing is practiced: past, present and future.

The baccalaureate students were provided with many knowledgeable and rewarding clinical experiences throughout the ‘70s. The School of Nursing participated in a variety of courses and grant-supported programs in other hospitals, ambulatory care settings, county health departments, visiting nurses associations, and community mental health centers.

Courses in leadership, health care problems of minority groups, nursing in different cultures and human sexuality, which had been interwoven into the curriculum in the previous decades, were dealt with even more extensively during the ‘70s, as greater emphasis was placed on their importance in nursing knowledge. Faculty members such as Drs. Bonnie Bullough, Pamela Brink and Sharon Reeder, experts in these fields, taught the courses.

In 1971, new dean Rheba de Tornyay began a five-year review of the undergraduate program, including evaluation of the Johnson Theoretical Model for its use as the theoretical framework for the curriculum base. Results suggested that the model was "too restrictive," and other models were tested. The curriculum was reorganized to support a client-centered nursing model using nursing diagnoses as labels. Clinical and theoretical content were integrated. The Johnson and Orem models were used for the theory until 1977. Other models were integrated into the curriculum development. The use of nursing diagnosis became standard nomenclature.

A major problem surfaced in 1977, affecting the UCLA School of Nursing undergraduate program. A state Legislature bill (AB 3857) by Hon. Gordon Duffy required that all nursing schools should offer the prerequisite courses to licensure within the first nine quarters. In compliance with Article 4, Section 2786.5 of AB 3856, the Board of Registered Nursing (BRN) would have to deny accreditation to any school of nursing that did not offer all courses required by the BRN. The School of Nursing offered only an upper-division nursing curriculum. Lower-division required courses such as Biology 1A and Chemistry 1A were to be taken before entering nursing school. The law had to be implemented by the school by January 1, 1978 and applied to students who entered in the fall of 1978. Harriet C. Moidel, who, with Dr. Donna Vredevoe, had dual responsibilities as dean in 1976–77, applied to the BRN for approval of a curriculum in which nursing courses would begin in an eight-week summer session between the sophomore and junior years. In the curriculum plan, the courses required for licensure would be offered in the first nine academic quarters plus an eight-week summer session. The plan was submitted to UCLA’s Committee on Undergraduate Courses and Curricula. The committee voted to approve the program for one year. The committee members felt that the new law interfered with the School of Nursing’s curriculum, possibly resulting in a program that was inferior to the school’s present curriculum. The plan was considered a variance from the law, so the BRN forwarded the School of Nursing’s request to the office of the attorney general for an opinion. At the same time, an alternate plan also had to be developed. On September 28, 1977, Dean Reres wrote a letter to the executive secretary of the BRN stating that the faculty voted to maintain its current undergraduate curriculum. She noted that with early admission to the upper-division courses and permission to carry an overload, the
academically qualified students would take the coursework to be able to sit for the exam after the first nine quarters. This would comply with the intent of AB 3857. Thus, the curriculum was maintained.

In the 1970s, the goal of the Master of Nursing degree program was to develop the professional nurse specialist with an extensive body of nursing knowledge and a high level of clinical competence in a specialized area of nursing. The program also provided opportunities for students to gain knowledge and skill in the functional areas of teaching, consultation or administration. This new program of clinical specialization demanded much attention and refinement. Since the role of the clinical specialist was rather vague, it required the faculty to have a clear understanding of how to best prepare the curriculum for the students. Members of the faculty corresponded with other professionals on the role and function of the clinical nurse specialist. Dr. Phyllis Putnam, a member of the faculty from 1963 to 1990, wrote a grant request in 1976 that started the Geriatric Specialization nursing school programs at the UCLA School of Nursing and in other parts of the country. At the beginning of the '70s, the clinical specialization program was in its early stages. The Community Mental Health Specialization program was the most clearly defined program. Otherwise, the students took two clinical specialization courses in a field of their choice. By the end of the '70s, the curriculum was refined and included the following specializations:

- Maternity Clinical Specialist
- Psychiatric Clinical Specialist
- Community Mental Health Clinical Specialist
- Medical-Surgical Clinical Specialist
- Cardiovascular Subspecialization
- Respiratory Clinical Subspecialization
- Oncology Subspecialization
- Pediatric Clinical Specialist
- Gerontological Clinical Specialist

Teaching and administration remained as functional electives in addition to the programs in clinical specialization. The graduate of the Master of Nursing program was required to either take the comprehensive examination or write a thesis.

In 1979, the psychiatric-mental health clinical specialists, who provided psychotherapy to clients in a variety of settings, successfully lobbied for legislation to obtain third-party payments from insurance companies.

The early '70s saw the emergence of a new type of clinically prepared nurse in the school's graduate program. In 1972, the School of Nursing received a grant from the Division of Nursing, Health Services Resource Administration to prepare family nurse practitioners. Dr. Donna Ver Steeg, who joined the faculty in July 1973, eventually took over the leadership of the nurse practitioner (NP) program. She worked to spearhead a successful effort in Sacramento by the California Nurses Association to require nurses to achieve standards of practice for certification as nurse practitioners. Donna became a tenured professor at UCLA in 1980 after seven years of service to the university. Her presence on campus and her ease in political circles continue to enhance the visibility of the School of Nursing. She contributed her expertise to the development of the school's nurse practitioner programs as well as to all facets of the School of Nursing into the 1990s. She has also contributed her time and energies as liaison to the UCLA School of Nursing History Committee of the Alumni Association.

The NP was a role for which the students were prepared with a master's degree in a specialty that would enable them to fill a niche in the community setting. NPs gave physical examinations, treated patients and counseled and educated patients and their families. They worked in a group practice, in schools, in clinics and occupational settings. They gained their in-depth clinical experiences at UCLA Medical Center and its affiliated hospitals. The NP program at UCLA made its first appearance in the 1973 UCLA School of Nursing Announcement under the title: “Clinical Nursing Specialization, Section 5, Community Health Nursing.” It appeared in the areas of “developing skills in primary
By 1976, the nurse practitioner specialty was called Adult Primary Ambulatory Care. This specialty offered students preceptorships in their courses.

There was an enormous effort to establish a doctoral program in the '70s. The faculty's major objective in wanting this program was to prepare students as nurse researchers, university faculty members and leaders in the nursing community. By 1974, the doctoral program was supported by other disciplines in the university. In May 1975, Professor Fred Burwick, chairman of the Academic Senate's Committee on Educational Policy studied the request by Vice Chancellor Harold Horowitz to institute a program leading to the degree of Doctor of Nursing Science (D.N.Sc.) in the School of Nursing. The opinion of the Educational Policy Committee was that there was no rationale for such a program. Dr. Donna Vredevoe, chair of the Doctoral Program Planning Committee (1974–77), along with committee members Drs. Pamela Brink, Sharon Reeder, Marilyn Wood and Acting Dean Betty Dambacher, decided to pursue the review of the D.N.Sc. proposal with the Educational Policy Committee again in November 1975. The major obstacle at this time was that the School of Nursing was without a permanent dean, and the Educational Policy Committee was reluctant to work on a doctoral degree program under such conditions.

In 1979, the Doctoral Planning Committee wrote a post-master's doctoral program. The committee voted to go to take the proposal to the UCLA Graduate Council no later than 1982. Plans included a Master of Science degree leading to a Ph.D. or a Master in Nursing degree leading to a D.N.Sc. There were several western schools, including the University of California, San Francisco, the University of Arizona, the University of Colorado, the University of Utah and the University of Washington, that already had doctoral programs. However, the doctoral program at the UCLA School of Nursing did not officially begin until the fall of 1987. Some of the reasons for the delay in the '70s were related to budgetary problems, the crisis of 1976 that threatened the closure of the baccalaureate program, and the fact that the building was being planned and erected at the same time.

Some uplifting events occurred in the '70s. The National League for Nursing voted to grant continuing accreditation to the school's baccalaureate and master's degree programs in 1973. The next visit for accreditation purposes was scheduled at the eight-year interval in the spring of 1981. The UCLA School of Nursing continued to rank in the upper 10 percent of schools of nursing nationally. The audio-visual laboratory equipment was expanded and was readily available to the students for independent study. By 1978, the undergraduate class numbered 96 and the graduate student enrollment was 216. The school continued to have the highest standards for admission to its undergraduate and graduate school programs. Excellent faculty were recruited, and by the end of the decade more faculty members had their doctoral degrees.

During the '70s, as in the past, the faculty kept abreast of community problems and needs. These included alcohol and drug abuse, aging, family planning and primary care. “Wellness” became a major issue in the '70s, and attention focused on early disease detection, screening and risk appraisal. The faculty reformulated changes in both the undergraduate and graduate programs and curricula accordingly. The programs and curricula provided the students with the knowledge to develop leadership roles. The rich library resources, the modern health facilities for clinical practice, the location on campus within a Center for the Health Sciences, a research environment that fostered the scientific basis for practice, as well as the dedicated and superior faculty all contributed to the students' quality education. When the decade drew to a close and a new decade approached, the faculty and students pursued the areas for programs and curricula with the same forceful motivation for excellence.

The '80s

Trends within the health care system had a major influence on the school's programs and curricula in the '80s, a decade of many changes. By now, more of the faculty had their doctoral degrees, and the much-awaited doctoral program began in 1987. In 1981, a budgetary crisis at UCLA threatened the existence of the School of Nursing, especially the
baccalaureate program. This event, combined with the nursing shortage, so affected the school that graduate students continued to constitute the bulk of the student body. Computers became indispensable tools within the curriculum. Networking continued, and two new programs, the Visiting Scholar Program and the Regents' Lecturer Visiting Program, were added. A new building, the Louis Factor Health Sciences Building, opened its doors in 1981, providing the School of Nursing with a home of its own, and more space. Two nurse-managed clinics run by the school were opened, providing the students with different kinds of clinical experiences in health care and social and cultural issues. Dean Mary Reres resigned in 1985 and Dean Ada Lindsey became the dean of the School of Nursing in 1986. As in the past, the faculty and students kept pace with or ahead of other schools of nursing. Thus, programs and curricula were developed, revised or eliminated as nursing education changed to meet the challenges of the time.

TRENDS AND ISSUES
Trends in health care such as self-care, hospital care and home care first appeared in the '70s and peaked in the '80s. Escalation of hospital costs, compounded by a nursing shortage, were major problems that needed to be resolved. These developments greatly influenced the programs and curricula.

The power to control one's own health was a concept that started in the '70s, and by the '80s, people were becoming more physically active and learning more about how to maintain a healthy lifestyle. They wanted to feel and look good. The School of Nursing was in a good place, as it had advocated prevention and health promotion since its inception. The school's philosophy was that nurses helped patients help themselves. People needed to learn more about disease prevention and good health habits, according to this belief. To help, undergraduates and graduate students needed to expand their education in the areas of good nutrition, exercise and stress reduction. The curricula in the '80s was designed to do just that.

Hospital costs skyrocketed in this decade. According to the American Hospital Association's Hospital Statistics 1985 Edition, total expenditures for hospital care rose from $41 million in 1974 to $144 million in 1984. In addition, figures provided by the American Nurses Association showed that the nation's health expenditures in 1983 reached $354.5 billion, or 10.7 percent of the Gross National Product. This was a 10 percent increase over 1982. Reimbursements to hospitals by third-party payers (government or private insurance) had been severely restricted.

The diagnostic-related groups (DRG) system was initiated by Medicare in 1983 to regulate payments to hospitals, doctors and other ancillary services. The results were shorter hospital stays, with hospital patients being more acutely ill and requiring more intense specialized care. It also meant that the patients went home from the hospitals earlier and were sicker. More involved nursing care was needed, and it was imperative that nurses be prepared educationally for this. The senior population numbers were rising as the "graying of America" became real. At the beginning of the '80s, approximately 65 percent of nurses were employed in hospitals. This was changing, and community health care needed to be addressed in the curriculum. The UCLA School of Nursing molded the future of students through its curricula and shaped their minds and practices through its research.

Another health care trend in the '80s was the nursing shortage. The major reason for the shortage was that women's career choices had expanded, and there were more opportunities available to them. Before the '70s, teaching, nursing and executive secretary were the three primary selections for bright women. In the '80s, nursing was not as attractive, nor were nurses paid as well as attorneys, CPAs, doctors, company managers or administrators. Many women were getting bank loans and starting their own businesses. The nursing shortage was becoming critical.

In 1983, the American Nurses Association environment assessment document stated that more nurses with educational preparation for teaching, autonomous practice and sophisticated decision-making skills would be required. There would be increased numbers of nurses employed in non-hospital settings such as outpatient clinics, health maintenance organizations, home health and joint or solo practices.
It was estimated that nursing school enrollment was down 12 percent nationally, and the projection was that it would get even higher. California college and university nursing schools experienced a 7 percent drop. The U.S. Department of Health and Human Services predicted a 40 percent undersupply of nurses with baccalaureate degrees by 1990.

In the fall of 1987, the UCLA School of Nursing's enrollment began to suffer. The school experienced a drop in the total number of students compared to the previous year from 304 to 277. The master's degree program suffered the most, going from 252 students down to 221. In 1989, there were 119 students who graduated, and undergraduates made up one-third of that number. The problem was identified, and now plans for a solution needed to be made.

In making plans to improve student enrollment, the UCLA School of Nursing still wanted to retain the highest standards for selection of students. The school also knew that the community's perception of nursing had to change. Several selling points could be used to accomplish this. It needed to be stressed that upon graduation, nurses could work anywhere, and their salaries were on the rise. Hospitals and other health care organizations were providing incentives for nurses such as paid tuition for additional education, salary bonuses, and assistance with housing. As an example, in 1982, a part-time study plan was offered to nurses working at UCLA Medical Center. They were able to take advantage of fee reduction, fee reimbursements, and an option to study part-time while they worked. When the program began, it indicated that more nurses wished to work on advanced degrees. Another selling point was that nurses were able to work at a variety of jobs such as teaching, independent practice, long-term care, home health care, consulting, research and administration, as well as in the hospital.

In 1986, Dr. Jean Kerr, assistant dean of student affairs, attended a seminar in Nashville, Tennessee on marketing strategy. She learned how to get customers interested in a product and how to close a deal. She never thought the UCLA School of Nursing would have to aggressively go after graduate nursing students due to problems with enrollment in the undergraduate nursing schools. She returned to the School of Nursing with many good suggestions.

The School of Nursing made plans to use a broad approach and work with other schools nationally. The school also used an innovative approach in which it would recruit students from 73 community colleges in California that produced the majority of associate degree nurses. This plan was modeled after the one used by UC San Francisco. It allowed qualified students to enter UCLA and work for their B.S. and M.N. The School of Nursing also offered more scholarships and grants. The faculty talked to high school counselors about the School of Nursing program. They recruited diverse groups in high schools. They joined with UCLA Medical Center in getting financial help for working nurses to further their education. In the late '80s, major efforts were being made to rectify the problem.

COMPUTERS IN LEARNING

At the same time that the nursing-shortage crisis was affecting the School of Nursing, the use of computers was rapidly adding a new dimension to the nursing environment. Nurses were using computers in hospitals for ordering and charting. Dean Reres introduced computer technology in the school and also delineated curricula goals so that current coursework was up to date. In 1983, Dr. Betty Chang, associate professor and a national leader in the computer field, was the principal investigator of a two-year project on computer applications in nursing research and education. IBM awarded the school $39,000 and three personal computers for the study. The faculty and students realized that wherever they were professionally, computers would be there. Therefore, it was important that computer literacy be integrated into the curriculum.

By 1985, the computer lab had opened and was furnished with 10 IBM computers and five printers. The lab was established as a result of the School of Nursing's participation in IBM's "Advanced Educational Project," a project coordinated by the UCLA vice chancellor of research, Dr. Albert Barker. The $13 million grant installed computers around the campus with trained personnel to supervise them. It was an extension of the grant that started the project two years before.
Brenda Sherman, a graduate student whose specialization was cardio-pulmonary critical care, was an assistant in the computer lab when it opened. Learning styles using computers so sparked her interest that she decided that for her thesis she would test the idea that some students learned better by computer.

In the School of Nursing's computer lab, the computer assisted instruction (CAI) helped the undergraduates learn how to perform a number of basic skills such as diabetic urine testing, range of motion exercises and calculating dosages for injection of intravenous medications. Betty Chang, along with a visiting lecturer and former faculty member, developed a computer program that gave students as much repetitive practice as they needed and pointed out where mistakes were made. CAI was phased in first at the undergraduate level in six courses, starting with the Fundamentals of Nursing course. Students took a test showing their weak and strong areas. All of the students entered at the same level and went at their own speed. Then they applied the information in theory to practice.

The faculty always reviewed each new software program. The School of Nursing had a review policy in which the faculty member teaching the class must vouch for the usefulness of the program. If the program did not meet the course's standards, the faculty member could design a new program with a software package called PILOT.

In 1985, an experimental computer software course was developed by Betty Chang, titled “Computer Programs in Nursing Education and Health” in which students critically evaluated various types of health care software. They dissected programs that dealt with unit staffing vs. acuity level of patients; programs that kept track of continuing education units, vacation and sick leave; and reimbursement and cost accounting systems. Nursing administration students loved the course, and it became part of the curriculum.

In 1986, Betty Chang received funding from the USPHS for a two-year project on computer-aided research in nursing diagnosis. The same year, Dr. Adeline Nyamathi, assistant professor, received a $5,000, one-year grant from the Spencer Foundation through the UCLA School of Education for research on CAI vs. traditional learning; learning styles, retention and application of knowledge. Again in 1988, Betty Chang was funded for a five-year project by the National Institutes of Health's National Center for Nursing Research to develop computer software to aid in nursing diagnosis.

The UCLA School of Nursing was more advanced than most schools in its attempt to incorporate computers into its curriculum as part of course requirements. The faculty knew that computer systems did not replace the students' thinking, but they also knew computers enhanced theoretical learning and helped students do a better job clinically by providing more time for students to understand and care for patients and their families.

**Baccalaureate Program**

The baccalaureate program in the '80s continued to be the only generic nursing program (four-year program) in the University of California system. That, coupled with the fact that many of the state universities had baccalaureate programs, continued to threaten the existence of the undergraduate program at UCLA, especially at the time of the 1981 crisis, when UCLA had major budgetary problems. However, there was a pressing need for nurses in the workforce, so UCLA kept the School of Nursing baccalaureate program. In the fall of 1988, the School of Nursing welcomed 40 students to its undergraduate program. By 1989, the baccalaureate program's enrollment target was 100 students, but only 50 students were enrolled.

When the National League for Nursing visited the school in the early '80s, it recommended that a definitive conceptual framework be implemented. Gradually, through the efforts of the faculty, the client-centered model became the primary framework for curriculum development. The client-centered conceptual framework fit well with the philosophy of the School of Nursing. It addressed both the nurse-client (nurse-patient) and educator-learner relationships and was used in both the undergraduate and graduate programs. The nursing process components were assessment, diagnosis, intervention and evaluation. In this nursing
model, the nurse recognized the importance of self-care and the patient's right to participate in his/her health care. These nursing theory concepts provided the necessary hands-on experience for the undergraduate senior students. The nurse-client interaction encompassed nursing activities that included the psychophysical environment and sociocultural diversity as examined from the perspective of the health-illness continuum. The nursing activities were derived from the curriculum and formed the knowledge base needed to make informed judgements in research, theory development and utilization, as well as in clinical practice. The dynamic interaction between educator and learner reflected the progressive levels of mastery of the nursing process. Behavioral objectives were developed for each level of the curriculum in the baccalaureate and higher degree programs. The objectives reflected the student's increasing skill in utilizing the nursing process for research, theory or clinical practice situations. This framework allows the use of a variety of nursing models.

In the clinical component of the baccalaureate program, the students initially worked in the learning lab, practicing techniques on each other. They quickly moved to UCLA Medical Center, where they were supervised at all times by a faculty member. The medical center provided the students with unique experiences in caring for patients with complex and complicated health problems. A total of 140 clinical sites provided additional educational experiences for both the undergraduate and graduate programs.

Home health care, along with community health nursing, were included in the clinical curriculum of the baccalaureate student. The students had lectures and a preceptor who was a field nurse at a home health agency. They went with the preceptors on rounds and chose patients to follow. Assessments were made of the needs of the patients and their families, taking into account the community environment in which they lived. Economic/cultural situations were observed and recorded. Resources were checked and students could try to solve the problems. They often made referrals to community resources. Then, a nursing care plan was developed with the preceptor. More undergraduate experiences in home care were available in the "Advanced Community Health Care" class, where the students took on larger caseloads. Undergraduate students continued to be of the highest caliber at the UCLA School of Nursing, and the school ensured that they attained a superior education.

MASTER'S PROGRAM

The Master of Nursing curriculum was revised many times during this decade. Programs and curricular features were strengthened or eliminated depending on enrollment and community needs. For instance, more clinical specialties were constantly added, so that at one time there were as many as 18. The faculty was not able to manage all of that teaching, so consolidation of the specialties became necessary.

There was a major need for nurse practitioners because of the type of health care and insurance being rendered to patients. There was also a need for nurses to specialize in areas such as gerontology; because of the aging population; and oncology, because of the advances in technological procedures and pharmaceutical breakthroughs taking place with that patient population.

Students began to study a specialty that followed a path incorporating a subspecialty. The Community Mental Health Specialist program had an additional specialty called ethnic psychiatric nursing. Suzanne Holland, B.S. '77, M.N. '83, was in such a program in 1980. There were eight students in her class. The students received a grant from the National Institute of Mental Health that paid their tuition and gave them a monthly stipend. As part of the grant, they had to take 12 units a quarter and study an ethnic population with mental health concerns. This grant helped raise the enrollment in the community mental health specialty. The year before, there had been only four students in the program. But by 1988, the Community Mental Health Specialist program no longer existed. Community mental health was incorporated into the curricula of other specialties. Another example of a subspecialty in the '80s was within the Primary Ambulatory Care/Family Nurse Practitioner specialty. The students in this program chose one of two options:
gerontology or occupational health. Additional coursework was required. Even though the community nurse specialist and the nurse practitioner roles became clearer in the '80s, there was still a certain amount of blending taking place within their curricula. They assessed, managed and educated the patients and their families. Both programs focused theoretically on ethnic, racial, gender and cultural diversity. In the clinical setting, the students had the opportunity to work with Los Angeles's diverse mixture of clientele from various backgrounds.

In the past, the graduate students worked with knowledgeable preceptors, professionals who supervised and worked closely with students at their clinical sites. Many times the preceptors were physicians, social workers and others in related fields. In the '80s, the role of the preceptor became more clearly defined. Preceptors were mostly nurses, met the same qualifications required of all UCLA faculty and were appointed as assistant clinical professors, indicating that they did not receive a salary from the university. Students, faculty advisors and preceptors worked together to give the students the best possible clinical and theoretical experiences.

The clinical nurse specialists generally worked in tertiary care facilities, where they were able to interact with patients who had complicated and complex health problems. They also worked with private physicians. Some of their functions included caring for or educating the staff to care for these challenging patients; educating and counseling patients, their families and the staff; and stimulating and conducting research. UCLA Medical Center offered the ideal learning site to practice as clinical nurse specialists (CNSs), because the medical center's employees understood the role of the CNS. However, other institutions of care confused and misunderstood the CNS role, which was seen differently by different people. Even other nurses in the community did not quite understand what the CNS did.

Comparatively, the primary ambulatory care/nurse practitioner (PAC/NP) dealt mainly with minor acute and stable chronic problems and generally worked in a community setting. The UCLA nurse-managed clinics, with their diverse patient populations, were two of the many health sites providing exceptional clinical opportunities for the PAC/NP. The role of the PAC/NP required members of the health care system who more easily understood a more hands-on approach to nursing care.

In the graduate curriculum of the '80s, research and nursing theory remained an integral part of the first year's courses. The students chose their own nursing model, but were encouraged to use the self-care model when taking the physical assessment classes. Greater emphasis was placed on the core courses concerning ethical issues, medical anthropology, and women's health care. Graduate students also needed to have technical skills and be computer literate.

The second year of the graduate curriculum was primarily clinical, as it had been since the '70s. By the end of the '80s, the clinical specialist programs had been consolidated and several programs had options. Students could select one option from their program of choice. The programs were as follows:

MATERNAL-CHILD HEALTH
Maternity clinical nursing specialty
Pediatric clinical nursing specialty

This first specialty included the nursing management of the childbearing family. Guided options provided a focus for advanced clinical practice in low-risk pregnancy, alternative-birthing options, prenatal nursing, and basic neonatal intensive care.

The second specialty included the nursing management of a selected group of neonates, children and families. For example, neonatal care had become more complex in the hospital setting and required nursing expertise in management. Babies were also being sent home on hyperalimentation feedings (where concentrated nourishment flowed through a soft tube inserted into blood vessels near the heart), ventilators and tracheotomies. Parents and/or other caretakers needed instructions and education in these areas. The nurse specialist was the link between NICU and the family.
MEDICAL-SURGICAL NURSING
Cardiopulmonary option
General medical-surgical option
Nursing administration option
Oncology option

This clinical specialization program provided the students with the selection of one of four options taken after completing the basic medical-surgical specialty. The administration option was the more unique option offered, because it branched off into a different direction from the others. In this option the students focused on organizational theory, health services, financial management and the practice of nursing administration. In 1987, the School of Nursing developed a management series for its nursing administration option. Prior to graduation, the students had a full 10-week residency in a health care setting under the guidance of nurse managers. The students received a monthly stipend from the different organizations involved in health care. They were assigned projects to do, and these projects proved helpful to the students and to those at the clinical placement site.

PRIMARY AMBULATORY CARE / FAMILY NURSE PRACTITIONER
Family specialty
Gerontology option
Occupational health option

The gerontology option was the first developed for the clinical nurse specialist in the late ’70s. It became an option in the PAC/NP program in 1983. The need for this option was created because of the increasing numbers of elderly with their many health care problems.

The occupational health nursing option educated the FNP to obviate workers’ risks and keep them healthy. The Occupational Health and Safety Act of 1970 (OHSA) stated that all employees have the right to a safe and healthful workplace. Occupational health nursing was slowly integrated into the PAC/FNP master’s program and became an option in 1980.

In 1989, the UCLA School of Nursing started the first comprehensive master-level neonatal nurse practitioner program in the state to advance the care of the neonate. Dr. Mary Margaret Gottesman, was the program developer. A grant of $500,000 from the Division of Nursing of the U.S. Department of Health and Human Services funded the two-year program. It included all core neonatal nursing courses and research and theory courses. This specialty now required advanced nursing preparation. Previously, it was a certificate program.

PSYCHIATRIC-MENTAL HEALTH NURSING

The students had experiences in private and public inpatient and outpatient clinical facilities. The county community mental health centers had psychiatric emergency teams (PETs) that made home visits via referrals to acute mentally ill patients who needed hospitalization. Students, in addition to having clinic patients, were able to join a psychologist, psychiatrist or psychiatric social worker when they made the visits.

Students in any clinical specialization program interested in the specialized areas of mental retardation and developmental disabilities chose courses in these areas. Their clinical experiences varied, and were almost entirely community centered.

As in the past, functional electives such as administration and teaching were available to the students. Depending on career goals, the students chose functional electives in addition to that required for their clinical specialty. Appropriate coursework was available in the schools of education, public health and management, as well as the scheduled School of Nursing offerings. These courses were planned with a School of Nursing faculty advisor.

DOCTORAL PROGRAM

The doctoral program had a long and tedious journey before it became a reality. It began with discussions in the ’50s. Eventually, the 1958 grant for a two-year post-master’s program began to pave the way. The ’60s ended with the formation of a Doctoral Planning Committee. The pursuit for the doctoral program continued into the ’70s, with Dr.
Donna Vredevoe, as the chair of the Doctoral Planning Committee (1974-77). It was a disappointment to all concerned when their laborious planning came to a standstill at the end of the '70s, mainly due to the absence of a dean for two years. Other problems included UCLA's budgetary cuts, and the fact that the new nursing building was being planned and built at the same time as the doctoral program's request. Nevertheless, the faculty continued to persevere.

In 1981, a curriculum design for the doctoral program began and was submitted to the Academic Senate. At the time, the demand for doctorally prepared programs in nursing was growing. A doctoral program would meet community and state needs, as the University of California, San Francisco was the only university in the state that had one.

On October 9, 1984 the Academic Senate Legislative Assembly approved the School of Nursing's proposal for a doctoral program: a first step in the long process. Previously, the Academic Senate Council had reviewed the School of Nursing proposal and requested revisions. The council felt the School of Nursing had a better chance of getting the doctoral program if the school asked for a Doctor of Nursing Science (D.N.Sc.) as opposed to a Ph.D., which was originally proposed. The D.N.Sc. is regarded as a professional degree, clinically related, while the Ph.D. is an academic degree with a strong emphasis on theory. Both degrees have strong research components. The UCLA School of Nursing program more closely resembled the Ph.D. tradition even at the beginning. The school taught students to be better practitioners at the master’s level, not at the doctoral level.

After the Academic Senate's OK, the proposal for the doctoral program needed approval from the Systemwide Coordinating Committee on Graduate Affairs, the Academic Council, the Academic Planning and Review Board, the California Post-Secondary Education Commission and finally the UC Board of Regents. Final approval from the UC Board of Regents came in 1986.

The doctoral program began in the Fall Quarter of 1987. Students would enter a four-year program requiring three years of coursework and a dissertation. At completion, they were awarded a Doctor of Nursing Science (D.N.Sc.) degree. More than 250 inquiries were received by the School of Nursing about the new D.N.Sc. program. Twenty-four applications were submitted for the eight available openings. Seven students made up the first class.

When the program started, it was only the third doctoral program in California, joining UCSF’s and the private University of San Diego's. Nursing was lagging behind in research, because only 1 percent of the nursing population nationwide had doctoral degrees.

With the inclusion of the doctoral program, the School of Nursing would now have a stronger research base. As Dr. Jacquelyn Flaskerud, associate professor, stated, “Research helps to identify what part of patient care is ours and how our actions and judgments make a difference." The School of Nursing would also attract a high caliber of new faculty and students.

Students entering the doctoral program could specialize in one of three areas of study by the Spring Quarter of the first year. The three areas of study were focused on the patient and his/her environment, and were as follows:

- **Sociocultural diversity, formulation:** investigation, and evaluation of social and cultural similarities and differences that influence the perceptions of health and illness, and the utilization of health services. Courses can be taken in the Department of Anthropology and Department of Sociology.

- **Psychophysical environment, formulation:** analysis, and investigations of the effects of the psychological and physical environments (both internal and external) on health/illness states, on cooperation with treatment regimens, and on preventing hospitalization and re-hospitalization. Courses can be taken in the Department of Psychology and Department of Architecture.

- **Health-illness continuum, formulation:** analysis and evaluation of measures to enhance the patient's ability to promote, maintain, or regain health status and to combat illness states. Courses can be taken in School of Public Health and the School of Medicine's Physiology Department.
New courses were phased into the curriculum as student demand for them dictated. Students were able to enroll for one year in various departments of the UCLA campus that pertained to their nursing focus. There were more than 100 community agencies available for them to gain experiences.

In 1988, the School of Nursing welcomed its second doctoral class. Twelve new students enrolled. The students represented diverse backgrounds. Seven were from the UCLA School of Nursing, two were from Boston University, one was from the University of Washington, one was from the University of Utah and one was from the Higher Institute of Nursing in Alexandria, Egypt. The School of Nursing expected approximately 26 students to be admitted into the third class in 1989.

The school communicated and coordinated projects and grants with other educators from the very beginning. Students also benefited from this by being part of the projects and grants. This mode continued throughout the '80s and included two new programs.

**NEW PROGRAMS**

Dean Ada Lindsey was responsible for the development of a unique program in 1987 called a Visiting Scholar Program, which invited researchers and clinical experts from other universities for short visits to the School of Nursing. The first visiting nurse scholar, a professor and chair of parent and child nursing, was from the University of Washington. The aim of the program was to have visiting nurse scholars visit every quarter. The nurse scholars consulted and worked with the faculty and students and gave presentations in which the nursing community was invited. At the end of the decade, funding for the Visiting Scholar Program continued, and several very distinguished nurses were invited to the School of Nursing.

The second new program at the School of Nursing came in 1989 when the school welcomed its first Regents’ Lecturer Program. This program was sponsored by the UCLA Chancellor’s Office for a limited number of visits. Each department or school at UCLA had to make an application by proposal for the Lecturer Program. The lecturers, experts in their chosen nursing fields, visited for two weeks to deliver a public lecture and meet informally with faculty and students for consultation.

The first lecturer in 1989 was Dr. Suzanne Feethan, a director of research and education for nursing and operations at Children’s Hospital National Medical Center in Washington, D.C. Dr. Feethan was noted for her work as a family researcher. Her visit was for two weeks in February.

The School of Nursing hosted the second Regents’ Lecturer Program in April 1990. Kristine Gebbie, M.N. ’68, was a School of Nursing graduate from the Community Mental Health Specialist program. After graduation, she joined the UCLA faculty as a lecturer until 1972. In 1980, she assumed the position of administrator of the health division for Oregon’s Department of Human Resources until 1987. From 1987 to 1988 she served on a Presidential commission on the HIV epidemic. In 1988, she received the Arthur T. McCormack Award for Public Health from the Association of State and Territorial Health Officials, and in 1989, she was named a distinguished scholar by the American Nurses’ Foundation. She also became secretary for the Washington Department of Health in 1989. Kristine Gebbie is just one example of the School of Nursing’s many alumni who make an indelibly positive impact on the health care system.

**FACULTY**

Faculty members continued to be selected for their expertise, both in clinical areas of specialization and in research. The number of faculty members with doctoral degrees escalated rapidly in the ‘80s. In 1980, 46 percent of the faculty had doctoral degrees; by 1985, the proportion rose to 55 percent, and by 1990 it increased to 70 percent. Six new assistant professors with doctoral degrees were hired in 1989.

UCLA School of Nursing advanced to third place in research publications nationally, and that strength continued. Allstate Insurance Company and Allstate Foundation awarded a $1 million grant to UCLA, with the stipulation that $500,000 went to the School of Nursing in support of the school’s academic and research programs. The School of Nursing was internationally regarded for its emphasis on
research and dedication to the art and science of nursing. The research of the faculty attracted students to the doctoral programs from within and outside the School of Nursing.

The faculty members were also skilled in clinical practice (the art of nursing). Dr. Barbara Davis, director of the Gerontology Nursing Program at the UCLA School of Nursing, came to the faculty in the early '80s with 42 years of nursing experience and as a pioneer in the field of gerontologic nursing. Dr. Davis, who developed the first standards for certification programs for gerontology nurse practitioners, was one of many faculty who made lasting impressions on their students. They produced students who were professional leaders able to forge new trails in the nursing profession.

**Accreditation**

During the 1980s, the National League for Nursing paid two visits to the School of Nursing for accreditation purposes. The visit in 1981 resulted in the School of Nursing receiving an eight-year accreditation. The purpose of accreditation was to maintain high standards for nursing education and to have a common definition of minimum quality among nursing programs across the country. The next visit was scheduled for the academic year of 1989–90. The school was simultaneously reviewed by the Academic Senate's Graduate Council and Committee on Undergraduate Curriculum and Courses. Having three reviews going on at the same time demanded self study at all levels of the curriculum and in all aspects of the school. These included organization, material resources, administrative policies and evaluations, faculty, students, curriculum and how the School of Nursing evaluated all of the areas on a continual basis.

The Academic Senate committee's reviews looked at the undergraduate, master's and doctoral programs. It was the third year of the doctoral program, and its first review. As expected, the NLN granted an eight-year accreditation to the School of Nursing in 1991. The School of Nursing also passed the other two reviews.

By the end of 1989, it was estimated that graduate students would number 250–260, with 30 students studying in the satellite program being offered at UC Irvine. Master's degree graduates continued to be seen nationally as competent clinicians as soon as they made entry into the community. Job opportunities existed in disease prevention programs, acute to chronic rehabilitation services, discharge/referral/follow-up activities and post-acute testing for health promotion. It was not unusual for the School of Nursing's master'sprepared nurses to have a management or administrative position. Graduates interested in community health could work in the areas of gerontology, hospice care, mental health, neonatology or developmental disabilities. The programs and curricula in the '80s developed and changed rapidly. It was going to be interesting to witness what the programs and curricula in the '90s would bring.

**The '90s**

Like the preceding decade, the '90s continued to be a time of dramatic change in the health care system. This, in turn, affected the school's programs. Trends and issues that either emerged or took hold in the '80s became even more critical through the '90s. The University of California became more state-assisted than state-funded, causing severe budgetary cuts at UCLA in 1993. This brought about UCLA's Professional Schools Restructuring Initiative (PSRI), precipitating a major crisis for the campus, and especially for the School of Nursing. Again, the baccalaureate program was in grave danger. Eventually, a new program taking the place of the original four-year baccalaureate program was instituted. Dean Ada Lindsey resigned in February 1995 and Dean Marie Cowan joined the School of Nursing in January 1997. The Visiting Scholar Program begun by Dean Ada Lindsey continued until 1992, after which it was discontinued because of financial constraints. Several new programs were added. More faculty members had doctorates, and they were awarded twice as many research grants as in the '80s. The faculty continued to work together, energetic and productive as always. They changed, added, or eliminated programs and curricula as needed, always improving them and never losing sight of the original goal of the School of Nursing to maintain emphasis in the teaching of leadership, research and
clinical expertise. Exceptional students continued to enter the programs, bringing with them excellent ideas and experiences. Even the skills lab was updated to meet the needs of the students. Enrollment increased to its present 305 students. In 1993, the UCLA School of Nursing was ranked fifth in the nation among nursing schools with graduate programs by U.S. News & World Report. This ranking was based on the scholarship and quality of the school. In 1999, the School of Nursing ranked among the top 15 of more than 200 accredited schools of nursing in the United States.

Issues and Trends in Health Care

Registered nurses make up the world’s largest health care profession, and 97 percent of the nursing profession is represented by women. In these changing times it has been very important for professional nurses to be aware of who they are and how they fit into the health care system. The nurse of today is being affected in ways that did not exist at the beginning of the last decade. This fact is taken into consideration when planning the programs and curricula of the School of Nursing.

In the ‘90s, there continued to be changes in health care funding and services that brought a decrease in hospital admissions and shorter hospital stays. The higher costs brought tighter control by the third-party payers. Nurses were being asked to manage the length of hospital stays to prevent re-hospitalizations. They were in charge of managing and coordinating the patients’ care. Because of cost concerns, nurses had to keep accurate and detailed records, know how to handle the data and make best use of the computers. The new settings for patients were ambulatory care centers in various communities. Because hospital stays were shorter than ever, care was more concentrated and hospitalized patients were more acutely and/or seriously ill. Nurses needed to educate patients and families following discharge from the hospital about what the care entailed and what kind of patient behavior might be exhibited. Nurses were going into patients’ homes, nursing homes and hospices. All of this required expertise among the nurses in theoretical and clinical skills. These issues were expertly dealt with in the School of Nursing’s programs and curricula.

The new type of patient population in health care started in the ‘70s, became more pronounced in the ‘80s, and even more so in the ‘90s. The number of aging patients and foreign-born persons with many different languages and varying cultural backgrounds, values and behaviors was increasing. The school’s programs and curricula incorporated these important issues. A gerontology nurse practitioner specialty was started in the graduate program in the ‘80s. Both the aging and culturally diverse patients have been addressed in the undergraduate theoretical program and clinical sites have been set up to give the students exposure to these issues. The School of Nursing has been educating its students to be culturally competent.

The use of technology in health care reached an all-time high in the ‘90s. New technological procedures, instruments, machines and monitoring devices needed to be understood by the nurse and explained to the patients and their families. The nurse needed to know about the technology that would go home with the patient and be able to convey what the patient needed to know.

Another emerging issue in the health care system for the ‘90s and beyond is ethics, from the allocation of services to genetic engineering. Many of the ethical issues for nurses revolve around quality of life issues. The nurse needs to know the facility’s quality of life policy issues in order to advocate for patients and their families. The nurse’s advocacy role carries a tremendous responsibility. Ethical issues have always been incorporated in the School of Nursing courses. During the ‘80s, there was a greater emphasis placed on dealing with ethical issues, and courses were specifically set up for that. The ‘90s introduced a graduate course on quality of life issues. Nurses can get involved by joining organizations such as the American Nurses Association, and using the ethics committees in hospitals and on psychological rounds to deal with these issues.

Technology has also created exciting new ways to learn. Dr. Mary Woo teaches the School of Nursing’s Internet course. It consists of 22 interactive multimedia modules that students go through on their own time. They learn at home, which eliminates the commute to school, and
do it at their leisure, which enables them to work during the day. Because they're going at their own pace, the students can take extra time to learn, if needed. Dr. Woo meets with students in small groups twice a quarter for one-hour seminars. Distance learning was also introduced. Dr. Lynn Doering participated in the "Cardiac Rhythm: Theory and Analyses" course in which a nationally renowned expert in EKG monitoring lectured 100 students in a classroom at UCSF. This type of learning will expand the scope of courses offered, since not every faculty member within one school can be expert in every area of nursing.

In 1996, the School of Nursing began a pilot program that brought virtual reality and distance learning into the curriculum. The Office of the Chancellor provided the seed money. Virtual reality technology was developed to assist with clinical knowledge and practice expertise. It enabled potentially painful procedures to be practiced by computer manipulation, rather than on a patient. Distance learning utilizes the latest telecommunications technology to enable faculty to conduct clinical evaluations with students at the School of Nursing from off campus sites as far away as San Diego, Santa Barbara and Loma Linda.

A program was initiated to computerize and network all of the School of Nursing offices. This type of program, which has become very critical to nursing education and research missions, will move the School of Nursing into the international information environment of the 21st century. The School of Nursing's computer and multimedia laboratories have also been updated with new equipment, software and audio-visual materials. Direct student access to the Internet through the computer lab is implemented and a UCLA School of Nursing Internet "host" provides research and program information to friends of the School of Nursing worldwide. A grant from the Helene Fuld Health Tract has enabled the school to buy a state-of-the-art multimedia laser disk system for instructional and self-study use.

UCLA and the UCLA School of Nursing have been becoming less state-funded and more state-assisted. The School of Nursing has had to find other avenues to bring in extra monies. Grants, planned giving (e.g., wills, living trusts, etc.), endowments (e.g., the Lulu Hassenplug Chair, scholarship funds, etc.), and especially alumni support has kept the School of Nursing going in the right direction.

**Baccalaureate Program**

In the early '90s, the baccalaureate program continued as in the past. Changes in the curriculum were made for improvement and for meeting the health care needs of the community. The School of Nursing worked diligently in making the baccalaureate program and its curriculum the best. Then came June of 1993, when restructuring plans from the UCLA administration included a proposal that would eliminate the School of Nursing's baccalaureate program. That did not dissuade the school, and it continued with its dedication and commitment to keep a stronger baccalaureate program with an outstanding and relevant curriculum.

The goals of the baccalaureate program remained primarily the same as in the beginning. It emphasized both theory and clinical, health restoration and promotion, and patient advocacy and education. The students were encouraged to pursue graduate studies. They were also expected to provide leadership in clinical areas such as patient-teaching programs, patient-family support groups and conferencing with the personnel caring for the patient. Coordinating and managing other personnel caring for the patient meant that the students needed to be able to delegate and monitor patient care. These students also needed to consider legal and ethical matters, important issues in the health care system of the '90s.

An interesting trend had started in the baccalaureate program whereby students were more likely to be older and working on a second degree and career. These particular students had clearly defined aspirations and knowledge of what they would do with their degrees. Many of the students had previous experience in the health care field.

As a result of continual examination of the curriculum for its context in health care, the faculty made revisions in the areas of need. The increase in the numbers of elderly patients and their many health problems prompted the School of Nursing to integrate geriatrics and
gerontology into the medical-surgical course sequence.

The new community health courses were offered for the first time in 1992. The students had more respiratory monitoring and managing of medication courses. They took a two-unit pharmacology course in the School of Medicine's Department of Pharmacology. The course was presented for the first time in the Winter Quarter of 1992. It was to be part of the year-to-year curriculum. There was a greater emphasis on the nursing management skills in the senior year. Basic management skills were taught, such as how to staff a unit and make assignments. The course was revised by Dr. Mary Ann Lewis, professor of psychiatric mental health/nursing administration. She taught management skills and accentuated the application of management theories and concepts necessary to manage and provide efficient health care.

Admissions to the baccalaureate program continued to decline due to the budgetary constraints imposed on the School of Nursing by the PSRI of 1993. In the fall of 1993, 45 students were admitted to the program, accommodating only 22 percent of the applicants. In 1995, the enrollment was down to 32. The critical budgetary crunch led to the faculty's vote to suspend baccalaureate admissions for the 1996–97 academic year. At this time, the School of Nursing evaluated plans for the baccalaureate program beyond 1997. The news was not good for the generic baccalaureate program. It was decided by the faculty that even though the faculty reduction resulting from the original PSRI proposal was to be less than first proposed, the school could no longer financially provide for the four-year baccalaureate program. Since the community needs indicated that more associate-degree nurses wanted baccalaureate degrees with public health nursing certificates as well as master's degrees, it seemed the best route was to go in that direction. The generic four-year baccalaureate program graduated its last students in 1997.

Master's Program

Of all the programs in the School of Nursing, the master's program has had the largest enrollment since the '60s, and in the '90s the same was true. The master's program has undergone many changes in its specialty programs and curricula. This has occurred because of the constant changing within the health care system and the needs of the patients and their families. The severe budgetary limitations imposed by the PSRI of 1993 were also a major factor. The School of Nursing had to look at the specialties in the program to see what should be retained and/or strengthened, what could be merged, and what could be eliminated. The school was determined that through these efforts, the master's program would be thriving by the end of the '90s.

When the master's students graduated, they were very employable and went on to be nurse practitioners, clinical nurse specialists, teachers, administrators, consultants, and therapists. Nevertheless, a rethinking was taking place among the faculty. There needed to be a major overhaul of the program. Previously, the nurse practitioner (NP) and clinical nurse specialist (CNS) programs had been separate entities, and that was going to have to change. It was thought that a blending of the roles of the CNS and NP was in order, so that all graduates who took the right courses were eligible for the NP certification if they so wished. The courses emphasized both the symptom management and primary care aspects of the material being covered.

The atmosphere in the nursing work setting was changing. There was a growing demand for the CNS to work as a case manager. The NP was already functioning in primary prevention settings, but now would also be dealing with the chronically ill population. CNS skills were needed by the FNP to relate to the education and counseling of the patients and their families. State law granted NPs more authority to prescribe and collect reimbursement for their services, while denying the same rights to the CNS. This was and will continue to be a reason to drive up the demand for programs that will prepare students for the NP certification.

Another area to consider was that there should be a more concise
and orderly grouping of the clinical specialties. In 1994, there were seven areas of clinical specialization. In 1995, the clinical specialization program was condensed into four areas: Acute Care, Administration, Chronic Care and Primary Care. By 1999, there were still four areas, but Nursing Administration/Occupational Health was added to the Administration area, and Occupational Health, which had been in the Primary Care area in 1995, became Occupational and Environmental Health Nursing. The 1999 clinical specialization areas are as follows: Acute Care, Nursing Administration, Nursing Administration/Occupational Health, Gerontology, Oncology, Family, Nurse Midwifery.

Students in any adult nurse practitioner specialty may select the neuropsychiatric subspecialty. This subspecialty began in 1996.

Another area of concern in making changes was that the students were now older and many of them had more experiences than the students who had enrolled prior to the '80s. Most of the students had clear career goals. They were allotted more autonomy and greater latitude in the curriculum. They would have more opportunity to tailor their graduate education to meet their own needs.

In 1996, the School of Nursing received approval from the University of California Board of Regents to change the degree awarded to graduate students from M.N. to M.S.N. The new innovative curriculum for the M.S.N. degree program would prepare nurses with an extensive body of knowledge and a high level of clinical competence. The science base in the curriculum was strengthened. In 1996, about 80 percent of the graduates were prepared as NPs. In 1999, the percentage of graduates prepared as NPs was expected to reach 90 percent.

The Doctoral Program

The doctoral program graduated its first class in 1991 when four students, Evelyn Calvillo, Nancy Fawzy, Barbara Riegel and Pam Shuler, received their D.N.Sc. degrees. Opportunities in the job market for nurses with doctorates were unlimited and expanding, and the demand remained greater than the supply. This was proven true when, upon graduation, the first four graduates began exciting and stimulating careers. Dr. Evelyn Calvillo joined the faculty at California State University, Los Angeles as an associate professor of nursing with expertise in medical-surgical nursing. She was actively involved in an effort to recruit Hispanics into the nursing profession. Dr. Nancy Fawzy became the director of the Lorraine Mann Psychosocial Care Program for cancer patients at St. John's Hospital and Health Center in Santa Monica. She helped to develop the program. Dr. Barbara Riegel, with a background in cardiovascular risk-factor modification, worked as the coordinator of the clinical research program at Sharp Memorial Hospital in San Diego. She facilitated research methodologies for all of the hospital's physicians and nurses. Dr. Pam Shuler joined the faculty of the University of Kentucky Center of Rural Health as an assistant professor. She taught graduate students and helped set up a holistic family practice clinic that would serve to train nurse practitioner students and family practice residents. She was awarded a grant to devise a questionnaire to determine the reproductive health care needs of rural women.

The doctoral program's curriculum develops scholars who create original innovative research enhancing the knowledge base for professional nursing practice. The research focus is on the relationship between the patient and the environment and on the interventions appropriate to that relationship, which bring about the desired health outcomes. Students choose their field of study in the Spring Quarter of the first year. Since 1996, the students have selected one of two areas of study. Before that, they selected one of three areas of study. The two areas of study they currently select are as follows:

- Biobehavioral research focuses on studies that describe, explain, and predict biologic and behavioral factors that relate to health promotion and disease prevention.
- Health systems research examines the function, structure, process and outcome of a range of multidisciplinary health delivery systems such as hospitals, nursing homes, and community based organizations.
The students take courses in the School of Nursing to give them knowledge and skill to do independent research, research design and methods, as well as nursing theory. They take relevant courses in other departments or schools to learn the study of statistics and how to handle and interpret data, and to take some of their cognate courses. The UCLA School of Nursing’s doctoral program differs from the other schools in which students have a narrower specialty. At the School of Nursing, the students select an area, then they build their courses around that area.

Enrollment in the doctoral program in the '90s has been consistent, ranging in numbers between 35 and 40 in any given year. In the final analysis, UCLA’s Professional Schools Restructuring Initiative of 1993 did not have much effect on the doctoral program. In 1996, the University of California Board of Regents approved the change in the doctoral degree from D.N.Sc. to Doctor of Philosophy (Ph.D.). The Ph.D. provides a degree in either biobehavioral research or health systems research. Virtually all doctoral students go on to become nurse researchers, and often teachers.

**A.D.N.-B.S.-M.S.N. Program**

Beginning in the fall of 1997, the School of Nursing developed a new program for R.N’s. Since 70 percent of the nurses are from A.D.N. programs and generally have hospital-based skills, it seemed only logical to integrate both the B.S. and M.S.N. degrees into a three-year program. The A.D.N.-B.S.-M.S.N. program was designed for those very R.N.’s who sought either an undergraduate or a graduate degree in nursing science.

The A.D.N.-B.S.-M.S.N. program was built on the concepts of responsiveness to community needs, improving the care of the underserved, and redesigning the role of community health care. The rigorous course of study in the program increases the nursing skills and knowledge of nursing professionals so that they are better able to meet the growing demand for the community-based nurse in an increasingly diverse society. The direction the curriculum has taken is prompted by the fact that not only has patient care become very community centered, but it has also become very consumer driven.

A student participating in the three-year A.D.N.-B.S.-M.S.N. program must apply separately for the baccalaureate and master’s programs. The baccalaureate program begins during the summer and continues through the following fall or winter quarter. The program extends over a period of 4–5 quarters of full-time day study and two summers. A total of 180 units are required for the B.S. degree. Students accepted to the master’s program begin M.S.N. coursework in winter or spring and continue through the following spring.

The School of Nursing wants to keep the A.D.N.-B.S.-M.S.N. program small. In the first class, in 1997, was made up of four students; 11 students were in the 1998 class; and 12 students enrolled in 1999.

**M.B.A./M.S.N. Concurrent Degree Program**

In 1990, the faculty in the nursing administration specialty began working with the faculty from the Anderson Graduate School of Management to prepare a joint M.N./M.B.A. degree program. This combined effort was the result of a grant awarded to Dr. Olive Burner, assistant professor of psychiatric mental health/nursing administration at the School of Nursing, from the Commonwealth Fund. The concurrent degree program was designed for individuals who wanted to fill top-level positions such as vice president of nursing, vice president for patient services or chief operating officer.

In 1996, the M.N./M.B.A. program became the M.B.A./M.S.N. program. The program is and has been fully operational since it began. Upon graduation, employment opportunities exist in all sectors of the health care system, including hospitals, corporate health care headquarters, home health care agencies and long-term care facilities, as well as policy-making bodies and consulting firms. Students must apply to both the John E. Anderson Graduate School of Management and the School of Nursing Student Affairs Office.
Post-Master's Nurse Practitioner Certification Program

The Post-Master's Nurse Practitioner Certification Program (PMNPCP) is designed for the master’s-prepared nurse who seeks preparation as a nurse practitioner in advanced practice health care management of adults and children.

It all began when the post-master's family nurse practitioner program was added to the School of Nursing curriculum in June 1994. The program offered nine months of didactic and clinical training designed to prepare nurses for nurse practitioner certification. Following three months of three-days-a-week lectures, the students entered a clinical program consisting of 20-24 hours a week at various sites. The program was coordinated by Dr. Colleen Keenan, assistant professor of primary care, and Carol Gemberling, lecturer in primary care.

Additions to the PMNPCP were made for other specialization programs according to their needs. By 1999, there were five PMNPCPs:

- **ACUTE CARE NURSE PRACTITIONER (ACNP):** provides direct patient care in a variety of settings, including critical care units, other inpatient areas, emergency and urgent care, specialty outpatient clinics, and home care settings.
- **FAMILY NURSE PRACTITIONER (FNP):** practices as independent care provider and as member of interdisciplinary teams in primary, acute/tertiary, and chronic care settings.
- **GERONTOLOGY NURSE PRACTITIONER (GNP):** diagnoses, prescribes, and directs overall care of older adult individuals, particularly those challenged by chronic illness.
- **ONCOLOGY NURSE PRACTITIONER (ONP):** provides care to critically and chronically ill cancer patients and their families in a variety of settings.
- **PEDIATRIC NURSE PRACTITIONER (PNP):** also functions in a variety of settings, including ambulatory clinics, emergency and urgent care, and home care settings.

M.S.N. Curriculum for Certified Nurse Practitioners/Midwives

The School of Nursing also offers the opportunity for applicants with a B.S. degree in nursing and certification in California as an adult nurse practitioner, a family nurse practitioner, a pediatric nurse practitioner, a women's health care nurse practitioner, or a nurse midwife to earn the M.S.N. degree in one year. Students must meet the admissions requirements for the master's degree (except for the upper-division physical assessment course) and provide evidence of certification. Students are held to the school’s minimum of 44 units for the M.S.N. However, up to eight units may be waived via petition based on skill and knowledge obtained through certification training. This program began in the fall of 1999, with one student initially enrolled.

Postdoctoral Program. A truly excellent school of nursing requires postdoctoral fellows. These students bring fresh ideas to collaborations with faculty. They have already learned research skills, so they are able to produce a great deal of scholarly material in a short time period. This, in turn, accelerates their own scientific careers. The postdoctoral students study under the leadership of the School of Nursing's professors, who are renowned in their fields of research. In the past, a postdoctoral fellow occasionally came to the School of Nursing. However, 1995 brought an influx of postdoctoral students. Two research training grants were awarded from the National Institutes of Health/National Institute for Nursing Research that provides three postdoctoral fellows to study at the School of Nursing. They would conduct research in the areas of quality of life and vulnerable populations. Another student came with funding from her native Austrian government, also to study quality of life issues. In addition, a student from Japan came to study immunology of cardiac disease and AIDS. All students and faculty involved in postdoctoral studies usually meet once a month to exchange ideas on the subject. By the end of the '90s, the postdoctoral fellows were continuing to occupy an important position in the UCLA School of Nursing.
Functional Electives

As has been since the '70s, depending on their career goals, students may elect to take additional coursework in the schools of education and information studies, public health, and management. They must take their scheduled School of Nursing offerings and the coursework required for their clinical specialization. Their classes must also be planned with a faculty advisor. Graduate students applying for an instructional credential need to write to the state Board of Education for information.

Faculty

In order to improve and expand the programs and curricula at the School of Nursing, the school added new faculty members, highly educated with expertise in their fields, and increased the status and education of the present faculty. Full professors without nurse practitioner certification went back to school to become certified. It was expected that advanced nurse practitioner studies would increase due to the need for nurse practitioners in the health care system. The School of Nursing recognized that it had a practice discipline; therefore, the faculty must be well educated in theory, as well as being clinical specialists in their fields. The faculty members were committed to clinical practice and recognized the value of clinical scholarship. In this way, they met the students' needs. They also met the needs of the community by providing health care to the homeless and indigent, being true to the mission of the school. Examples of this were in the master's-level nurse practitioner programs.

Two nurse midwife faculty members have appointments in the School of Nursing; they are responsible for didactic and clinical instruction, coordination and direct supervision of practice for all midwifery special courses. In the School of Medicine, they precept first-year family practice residents and third-year medical students in antepartal, labor and delivery experiences. As advanced nurse practitioners they have full admitting and clinical privileges with prescriptive authority at UCLA Medical Center. With collaborating M.D.'s, they see private patients at the UCLA Obstetrics/Gynecology Suite.

Another faculty member is a certified occupational health nurse practitioner practicing 2–3 days a week in the UCLA Occupational Health Unit. Her faculty role integrates practice, education and research. She has nursing students with her at all times to diagnose and treat UCLA employees injured during work hours. She also participates in safety inspections, safety committee meetings and worker health and safety education programs.

In partnership with the Cardiothoracic Surgical Service at UCLA Medical Center, two faculty who are acute care nurse practitioners provide full post-op management of patients from intensive care to discharge home. Academic responsibilities include precepting graduate nursing students, providing placement and supervision at other sites, leading weekly seminars, and giving didactic instruction, as well as leading and participating in clinical research.

In 1993, the school's faculty included 11 full professors, four associate professors, 12 assistant professors and 30 lecturers. By 1995, 11 faculty were members of the prestigious American Academy of Nursing, which requires nomination, a critical review and election based on leadership and productivity. By the end of 1998, all of the nursing professors and associate professors except for one were fellows of the American Academy of Nursing. In 1999, the faculty consists of 11 full professors, four associate professors, 10 assistant professors and 19 lecturers. There is also one adjunct professor, one adjunct associate professor and one adjunct assistant professor.

As expected, there were continual increases in enrollment in the nurse practitioner programs. New faculty were prepared to teach advanced nurse practitioners and mentor doctoral and postdoctoral scholars. Some new faculty would be able to implement a plan for an interdisciplinary doctoral degree in nursing and physiology. In addition, the number of midwifery faculty has continued to grow.

The faculty was busier than ever in the '90s, as they annually increased their number of grants. In 1991, the School of Nursing faculty took in 20 grants worth more than $2.28 million. In 1992, the number
of research grants more than doubled, to 43, and the amount awarded was triple that of five years before. One reason for this success was that nursing research at the school addressed significant questions that were not only important to nursing but also important to a broader society. By 1997, more than half of the faculty had research grants from the National Institutes of Health. In 1999, 89 percent of the faculty that were on the tenure track had ongoing research grants. Grants were beneficial to the students in all the programs, providing them with more research knowledge and clinical experiences. Some grants gave the students the opportunities to gain more clinical practice in places like the UCLA School of Nursing-managed clinics and other clinical sites where they worked with such groups as the developmentally disabled and multicultural underserved patients. These were but a few of the areas where the students attained clinical expertise in their specialties.

The faculty continued to reach out to the community, near and far. “House Calls” started in 1992 to provide custom-designed on-site courses to hospitals and others in the health care system. The program was an annual four-day regional case management conference on a wide range of topics, from administration to physical assessment. The School of Nursing dean and faculty met with the UCSF School of Nursing for two days in 1997 to discuss strategic planning and explore ways in which the two schools could collaborate in the future. Issues discussed included the possibility of research collaborations, joint training grants, and international networking through the World Health Organization. Many of the faculty were invited overseas, where they lectured, consulted with nurses and government officials, and helped establish new programs in education and research.

By the end of the decade, the School of Nursing planned to recruit eight more faculty for the tenure track. One of these members would hold an endowed chair, coming in during the next four years. The faculty would continue with new ideas that would shape the programs and curricula in the best possible way. By the year 2001, it was hoped that there would be 45 teaching faculty with Ph.D.’s.

Conclusion

The '90s have been a decade of growth and new beginnings for the School of Nursing's programs and curricula. The burden of the budgetary cuts of 1993 required the dean and faculty to rethink and make the appropriate decisions concerning the direction the programs and curricula should take. The results have been exciting and innovative.

The main academic programs at the end of the '90s are the master's program, the Ph.D. program and the A.D.N.-B.S.-M.S.N. program. The A.D.N.-B.S.-M.S.N. program has been created to meet the needs of the nursing and health care communities. The master's and doctoral programs have been successfully restructured with much visionary input. The types of students entering the programs have been taken into consideration, and course content has been made accessible for their particular academic needs, both theoretically and clinically. The types of patients and families in the community have required the course content to include clinical competency with vulnerable and diverse populations. The course content also covers the issues and trends existing in health care today. A major positive contribution to the programs and curricula has been the continuing selection of the highest-caliber students. Advancing nursing science through significant and methodically rigorous research has been a critical component in the School of Nursing. This has been achieved through the leadership skills of the excellent faculty and deans, through their impressive increase in grants received and the undertaking of pertinent research. The increase in research grants has helped with funding, and has made a contribution to the programs and curricula by providing the students with more critical thinking and better patient care.

In the future, the school expects to continue increasing its enrollment and the number of tenure-track faculty. Interdisciplinary degrees will continue to develop, as will plans to increase graduate student enrollment at geographically remote sites in California through distance learning. The School of Nursing continues to be ranked among the top schools of nursing in the nation, and the plan is to stay there and/or improve its standing. As we move into the 21st century, the School of Nursing, as always, is thriving and growing.
INTERNATIONAL CONNECTION

Baccalaureate, Master's and Doctoral Students

The School of Nursing has been involved with the international community on several levels. As early as the late 1950's, international students came to UCLA for their baccalaureate and master's education. Dr. Imogene Cahill, lecturer in nursing, mentored and supervised the program. Agnes O' Leary, associate professor and assistant dean, Dr. Muriel Uprichard, lecturer, and Dorothy Johnson, professor, also took special interest in the students by providing them guidance, direction and support.

In the 1960s, the number of international students increased as a result of Dean Hassenplug's negotiation with the Kellogg Foundation to direct some of these students, supported by Kellogg grants, to UCLA. Prior to this, students were directed to Wayne State University in Detroit, Michigan.

Countries represented in the school's programs included Argentina, Canada, India, Korea, China, Iran, Japan, Lebanon, Taiwan, Egypt, Chile, Philippines, South Africa, Ireland, Italy, Columbia, Israel and the United Arab Republic, among others. Prior to academic year 1966–67, international students met as a separate group for professional and recreational purposes, under Dr. Cahill's supervision. She held discussion groups during lunch to help students adjust to UCLA and discuss problems they encountered. It was also a time for the international students to get to know each other and learn from one another about the status of nursing in their respective countries. In 1966–67, international students became an integral part of the total graduate group. This was mutually beneficial to all students and resulted in greater unity in the Graduate Student Nurses Association (GSNA).

The following international students are featured to illustrate some of the reasons students came from abroad to the UCLA School of Nursing, and the strengths they brought to the school:

Yuriko Kanematsu graduated in 1961 with an M.S. in pediatric nursing and returned to Japan in 1961. She is currently working at Iwata Prefecture University as the dean of the School of Nursing. Her greatest satisfaction is derived from meeting head nurses and supervisors whom she taught 25 years ago. They are now assisting her in the nursing program at the newly established university where she's a faculty member. She teaches freshman courses and serves as the school's dean. She is also conducting research on parental stress and diabetic patients. The parental stress study was started while she a student at the School of Nursing, as a collaborative project with Dr. Bonnie Holaday, Dean of Graduate School at Clemson University. “UCLA has been in my mind and a great help to my professional work,” Kanematsu states. She is looking forward to retiring in three years, when the first students graduate from the university. The number of nursing baccalaureate programs in Japan has increased in the past 10 years. There were 21 programs in 1994 and 64 in 1998. Japan has a shortage of teachers, which is why the older nurses are still working.

Dr. Jean A.C. Kerr came to UCLA from Canada in 1962 to study at the School of Nursing. She remained here for 30 years. She graduated Phi Beta Kappa with a B.S.N. in 1965. She then spent a year in Washington, D.C. before returning to UCLA for her master's. After serving on the faculty at the School of Nursing as a lecturer in psychiatric nursing, she again went back to school to earn her Ph.D. in sociology. In 1986, Dr. Ada Lindsey appointed her full-time assistant dean for student affairs. She was the right person for the position, as she knew the curriculum, program and university, and was able to help students with their problems. Prior to this full-time appointment, she had divided her time as assistant dean for student affairs and assistant professor of psychiatric mental health nursing. Her role was to make sure all of the students had the best possible experience with the least amount of anxiety, and that all of the students received what they wanted out of the program. Her greatest satisfaction occurred when she saw some of the former students' names in print for something they were achieving in the community. The satisfaction and reward was in knowing she had something to do with their education. She retired in 1991 to return to Victoria, B.C., Canada, with her husband. She's watched the school
change since she first arrived as a student in 1962 and saw it grow in stature. She has also enjoyed seeing the growth of the students.

Olga Alarcon received her M.S. in the mid-1960s in medical-surgical nursing. She returned to Chile, where she taught nursing at the University of Valparaso. She is now retired. Nai-Ping Ku received an M.S. degree in 1965 in medical-surgical nursing. She returned to Taipei, Taiwan to teach.

Naima Gabor, a doctoral student in medical-surgical nursing, came to the UCLA School of Nursing in 1987 from Egypt, where there were no doctoral programs in nursing. She wanted to help nursing students in Egypt think in a systematic way. After two years in the school’s Ph.D. program, she returned to the University of Alexandria, Egypt to complete her doctoral program and assume a faculty position.

Samira Moughrabi, a registered nurse from Beirut, Lebanon, enrolled in the master’s program in 1987 to study cardiopulmonary nursing. She graduated with an M.S. in 1990 and currently works in the coronary care unit at UCLA Medical Center. Initially she found the adjustment to the United States difficult because of the cultural differences. She came from a close-knit family system, and in the United States she was all alone except for a brother who was busy working most of the time. It was also difficult for her to adjust to the quarter system as opposed to a semester system. She was impressed with the number of clinical specializations and options offered in the School of Nursing’s graduate curriculum. She worked part-time at UCLA Medical Center in her second year as a graduate student and found this experience to be both educational and helpful in understanding the health care system in the United States. She enjoyed working directly with patients. She hopes to return to school to pursue a post-master’s degree in the near future.

Master’s student Wen-Yuh (Wendy) Tsau worked for three years at Cathay General Hospital in Taipei, Taiwan. She arrived at UCLA in 1988 to augment her knowledge in cardiopulmonary care. When she first arrived at UCLA, the transition from Taiwan to the U.S. system of health care was very difficult. It was hard for her to understand the various systems of payment for health care. She worked part-time in her sec-

ond year as a graduate student, and that helped her to understand the health care delivery system better. She was one of five graduate students who were awarded the Lulu Hassenplug Scholarship for academic year 1989–90. She graduated with an M.S. in 1990, and currently works at UCLA Medical Center in the coronary care unit.

Shizue Nitta entered the school’s master’s program in 1992 from Japan. She wanted to be able to teach nursing in a university and change nursing practice in her country. She graduated from the School of Nursing’s Ph.D. program in 1998 and has since returned to Japan.

The list of international students who attended the School of Nursing and graduated is extensive. Some graduates remained in the U.S. to make their contributions to nursing here, while others return to their homeland to make their contributions there. Those that have been featured here represent only a small sample of the larger group of international alumni from the School of Nursing. We regret very much not being able to include more of them.

Student Exchange Program

A second type of international involvement at the School of Nursing has been the student exchange program. The first formalized program occurred during the summer session of 1989, when the school hosted 16 students from Kitasato University School of Nursing in Kitasato, Japan. The decision to select the UCLA School of Nursing as the site for their first exchange was facilitated by Dr. Shigeko Hayashi, professor of nursing, who obtained her master’s degree from the UCLA School of Nursing in 1965. The idea of an exchange program had been in the planning stages since 1986, when Dean Ada Lindsey began her tenure at the School of Nursing. The decision to proceed with the exchange program was finalized in November 1988, following a visit by Dean Lindsey to the university in Japan. It was Dean Lindsey’s belief that international exchange programs were valuable because each institution gains a greater appreciation of the cultural diversity that exists between them and a better understanding of the world.
Over the years, this exchange program developed into an ongoing relationship with Kitasato University. The faculty at the UCLA School of Nursing has provided consultation to the students and faculty at Kitasato University on educational programs and curricula development. Ernestine B. Currier, lecturer in acute care, presented “History of Nursing in the U.S.” to more than 100 freshman students, faculty and guests at Kitasato University School of Nursing. She also attended an exchange program with Kitasato University School of Nursing July 11–22, 1994. Dr. Jan Lee, assistant professor of primary care, presented in 1995 a program on nursing research and a qualitative research seminar on self-management of chronic illness. Dr. Deborah Koniak-Griffin visited Kitasato University School of Nursing in 1997 to meet informally with students and faculty. While there, she gave lectures on HIV prevention programs for youth, adolescent pregnancy and the use of video technology to improve mother-child interactions.

**Students in Short-Term Programs**

A third type of international connection for the school involves providing experience and imparting new knowledge in nursing practice and education to short-term nursing students. As a result of the school’s worldwide reputation for its outstanding education and elite faculty, many nurses from abroad come to UCLA to improve nursing education and clinical practice in their country. In 1964–65, the School of Nursing hosted nine visiting nurses from Japan, Poland, Nigeria and Scotland. In 1988–89 alone, 37 visitors came to the School of Nursing to study everything from basic nursing education to advanced nursing practice, from teaching methods to research. These nurses came from Australia, China, Egypt, Japan, South Africa, Thailand, Armenia and Scotland. Many of these nurses were in prominent nursing positions in their homeland and were sent abroad at great expense by their government to acquire the knowledge base necessary to bring the level of health care in their country to a new plane.

Through the efforts of Dr. Cheryl Killion, lecturer in maternal-child health/primary ambulatory care, Peggy Zuma was invited to participate in the University of California’s South African Career Development Fellowship Program in the early ’90s. This program, established by the University of California in 1985, was designed to provide black South Africans at mid-career levels with short-term, non-degree, individually tailored training. It was under the auspices of the Committee on Education Exchange Programs with South Africa. Peggy Zuma, principal marron at Edendale Hospital in Ulunai, South Africa, was at the school from September 1990 to March 1991. During that period, she attended selected classes and visited community hospitals and health care organizations. She met and spoke with a number of nursing leaders to learn about nursing and health care in the United States.

Another student, Darunee Junhavat, traveled from Thailand in 1994 to spend one quarter at the school to exchange ideas on the clinical specialist role. Lucia Ter-Petrossian, the First Lady of Armenia, came to UCLA in August of 1994 to consult with the School of Nursing faculty and administration and obtain ideas on establishing higher-level nursing education at the Erebouni Nursing College. In turn, the First Lady invited Dean Lindsey, Dr. Jan Lee and Rita Tilkian to travel to Yerevan, Armenia to assess that college’s situation, make recommendations and develop a plan of action.

On September 9–11, 1997, more than 100 students and faculty from Toda Chuo College of Nursing in Toda City Faltama Perfecture, Japan visited the UCLA School of Nursing, UCLA Medical Center and the UCLA campus. This was the single largest group to visit the school at a single time.

It is indeed a small world, considering the impact the School of Nursing has had on the nursing profession worldwide over the past 50 years. The school has focused beyond national boundaries, become aware of the problems and concerns of nurses throughout the world, and reached out a helping hand. The result is an enriching, learning experience for the School of Nursing as well as the students.
Faculty Participation

The School of Nursing's participation is not limited to student enrollments, exchange programs or short-term visits by nurses worldwide. As early as 1964, Dean Lulu Hassenplug began to reach out to other countries. The School of Nursing cooperated with the School of Medicine in a continuing education program for physicians and nurses in the Orient. The program was offered at the University of Tokyo and Kyoto in Japan, Taiwan and Hong Kong April 4-24, 1964. Twenty-six nurses attended. Dean Hassenplug served as a staff member from the School of Nursing. She also participated in a workshop in South America May 15-20, 1967 at the University of Valle in Cali, Columbia.

In 1955-56, Dorothy Johnson, under the auspices of the Department of State-Mission to India, consulted as a pediatric nursing advisor to Christian Medical College School of Nursing in Vellore, India while on leave from UCLA. She recruited students from India to the School of Nursing. Agnes O'Leary also spent a year's sabbatical in 1958 consulting in Alexandria, Egypt and was instrumental in recruiting Afaf Meleis and other students from Egypt to the School of Nursing. Dr. Afaf Ibrahim Meleis graduated in 1964 with an M.S. from the School of Nursing and went on to get her Ph.D. Since 1980, she has been teaching at UC San Francisco. Many other faculty members have been active in building cross-cultural ties all over the world. They have been invited to share their expertise with other health professionals in China, the Philippines, Taiwan, Australia, New Zealand, the then-Soviet Union, Japan, Germany, Switzerland, India, Kenya, and in countries in South America, to name a few.

In 1981, the School of Nursing planned and organized the first international seminar under the auspices of the 17th Quadrennial Congress of the International Council of Nurses. The meeting, co-sponsored by the UCLA Neuropsychiatric Hospital and UCLA Medical Center, was held June 25-26 in Los Angeles. The conference focused on gerontology and nursing service administration. In 1982, various School of Nursing faculty were invited overseas to lecture, consult with nurses and government officials and assist in establishing new programs in education and research.

During the 1984 "Olympic Summer," Dean Reres hosted Sister Mary Columbia, president of the Board of Nursing in Ireland, and Constant Degan, the Italian Minister of Health in Italy, along with a few of his associates. They consulted with the dean on developing nursing education programs within the university setting.

In the early 1980s, Dr. Gwen van Servellen was invited to Australia and New Zealand to discuss the primary nursing model outlined in her books Primary Nursing: A Model for Individual Care and Cost Effectiveness of Primary and Team Nursing. In 1996, she presented two papers at the European Association of Nurses in AIDS Care International Conference in New Jersey, Channel Islands, seven miles from France.

Dean Reres was invited to Japan in the early 1980s to consult with nursing faculty there on university-based nursing education. The Japanese at the time were considering implementing such a program with a curriculum similar to that of the UCLA School of Nursing.

Dr. Anayis Deridian, assistant professor of medical-surgical/physiological nursing, initiated the first university program in cancer nursing and was invited by the International Union Against Cancer to design a multi-level educational program to upgrade cancer nursing in developing countries. In 1988-89, she was invited to accompany a team of University of California faculty to Leningrad State University in the then-Soviet Union to teach Russian counterparts in the Department of Psychology about research methodology and develop health outcomes. After two months in the Soviet Union, she collaborated with Russian scientists at the state universities in Moscow and Yerevan to measure outcomes of nursing care.

Dr. Donna L. Vredevoe presented a paper at the third International Symposium on Nephrotoxicity in Guildford, England in August 1988. Dr. Seiichiro Takeshita, a postdoctoral fellow from Japan's National Defense Medical College, came to UCLA to study immunology of cardiac disease and AIDS with Dr. Vredevoe as his mentor. He was under her supervision and guidance in her laboratory from 1993 to 1995. After
Dr. Takeshita returned to Japan, Dr. Vredevoe continued to work with him in collaborative research.

In August 1987, Dr. Susan Ludington spent part of her sabbatical in Bogotá, Columbia to teach infant stimulation and examine the effects of “kangaroo care” on premature infants. She also spoke at the International Congress of Pediatricians meeting in Bogotá. In September 1992, she visited Kuala Lumpur, Malaysia to talk on the same subject. Her published paperback edition of How to Have a Smarter Baby, a best-selling book on infant stimulation, was published in October 1986 and translated in French, German, Spanish, Dutch, Swedish and Japanese. Dr. Ludington was also a visiting research scholar at Queen's University in Kingston, Ontario, Canada in 1995. Her work on infant stimulation is known worldwide, leading to international chapters of infant-stimulation education programs in such countries as Canada, France, and the Netherlands.

Dean Ada Lindsey’s involvement in the international world of nursing has been extensive. As an example, she was a consultant to the Higher Institute of Nursing at the University of Alexandria in Egypt. She collaborated with others in the study of cancer patients in Switzerland, Egypt and Taiwan, examining the attitudes about cancer and its treatment and looking at social support systems for these patients.

In 1990, Dr. Geraldine Padilla was invited to give a series of lectures and workshops on health-related quality of life issues at the University of Bugen in Norway. She also helped to spearhead the 3rd Annual Conference Committee of the International Society for Quality of Life Research, held in Manila, the Philippines. She chaired the International Organization Committee for the conference, which is designed to support an international exchange of research on quality of life.

Dr. Maria Seraydarian, a biochemist who taught human physiology at the school starting in 1972 and conducted research on the energy of metabolism of the heart, collaborated with researchers in Belgium and France. As professor of medical-surgical/physiological nursing, she lectured and consulted in 1991 at the Beijing Medical University and the Shanghai Second Medical University's research laboratory for myocardial disease on adriamycin cardiotoxicity and myocardial energy metabolism.

She had wide international contacts through her membership in the International Society for Heart Research. In 1988–89, she joined with colleagues at the University of Lyon in France to study intracellular energy transport in heart cells. At the University of Louvain in Belgium, she collaborated with colleagues to determine the extent of muscle regeneration by studying the contraction characteristics of rat triceps.

Dr. Betty Chang, professor of medical-surgical/physiological nursing, went to the University of Valencia, Spain in 1993 to present a paper on “Research and Clinical Applications in Nursing Diagnosis and Computerized Systems.” In 1996 she was invited to Chiba, Japan to a “think tank” workshop: research on the elderly and their family caregivers, from a global perspective.

Dr. Kathleen Dracup traveled to Australia as a Fulbright scholar in 1995 to study reasons patients delay going to the emergency room following a heart attack, and to New Zealand in 1997 to consult with that country's Health Ministry as it considered a proposal to permit nurses to prescribe medications.

Dr. Adeline Nyamathi presented a paper in 1997 at the 4th International Congress on AIDS in Asia and the Pacific, held in the Philippines in Manila. Dr. Lina Zahr returned to her native Lebanon in 1996 to help establish the country's first A.D.N. to B.S.N. nursing program. After helping to finalize the curriculum, Dr. Zahr stayed on to teach the first course for the program on pediatrics and neonatology.

Dr. Susan Opas was invited in 1997 to meet with nurses at the Chuba Pediatric Hospital in Okinawa, Japan. She delivered a lecture on specialty education and training for pediatric and neonatal nurses at the seventh annual Japan Society of Neonatal Nursing meeting. She also presented three lectures to the Chuba Hospital nurses on issues of acute gastrointestinal problems, transition from hospital to home care and advocacy pertaining to child abuse.

Dr. Linda Sarna was one of a handful of nurses invited in 1997 to present papers at the 10th World Congress on Tobacco and Health in Beijing, China. This was an international gathering of approximately
2,000 health professionals and tobacco control advocates. She spoke on the nurse's role in tobacco control and care for victims of tobacco-related diseases. She presented the results of her study on a nationwide survey of 1,563 nurses at the 17th International Congress on Cancer Control in Rio de Janeiro, Brazil, receiving an award for one of the best nursing papers. She collaborated with Young Sook Tai, a visiting professor from the Department of Nursing at Kosin University in Korea, on a comparison study on cancer screening behavior among Koreans living in Los Angeles and Koreans living in Pusan, Korea.

This is just a small sampling of the wide array of participation by many faculty. It does not do justice to all the contributions made by the School of Nursing faculty over the years to the international connection. The list of faculty contributions to the international community, past and present, is boundless.

These international connections have helped to cement and nurture relationships, and increase knowledge and understanding of cultural differences in patients' response to health care concerns. It has facilitated ongoing research collaboration and provided rich learning experiences for all those involved. Through this connection, the School of Nursing has made an impact on nursing worldwide. Information technology has made it easier for such international collaborations. These international connections continue to build bridges and are far from being one-time visits, as they are mutually beneficial. The School of Nursing is considered a model for curriculum development and changes in nursing education, and that has become one the most valued exports by the School of Nursing to other countries. The School of Nursing will continue to host many international faculty and students in the years to come and maintain high visibility through these contributions.

INTERNATIONAL PLEDGE FOR NURSES

In full knowledge of the obligations I am undertaking I promise to care for the sick with all the skill and understanding I possess, without regard to race, creed, colour, politics or social status, sparing no effort to conserve life, to alleviate suffering and to promote health.

I will respect at all times the dignity and religious beliefs of the patients under my care, holding in confidence all personal information entrusted to me and refrain from any action which might endanger life or health.

I will endeavour to keep my professional knowledge and skill at the highest level and to give loyal support and cooperation to all members of the health team.

I will do my utmost to honour the international code of ethics applied to nursing and to uphold the integrity of the professional nurse.
COORDINATION WITH OTHER DISCIPLINES

From the beginning of the nursing program at UCLA, university collaboration has played an essential role. When Elinor Beebe was invited to UCLA to start a public health nursing program, the university was responding to a community need and request, and welcomed this new program. Provost Dykstra subsequently asked Lulu Wolf to UCLA to initiate a baccalaureate nursing program. She came at this invitation and was supported by him and his colleagues in her efforts to begin this program.

Lulu Wolf and her original faculty began planning curricula for students in the new School of Nursing, and they approached other departments on the UCLA campus to consult with them about what classes were available and about courses that would provide the science and liberal arts foundation for the nursing courses students would need. The departments approached were very helpful and supportive, particularly the Department of Chemistry. Students were advised to take recommended science and liberal arts courses, and these courses were included within the parameters of general education requirements for all university students.

In 1959, Dr. Burton Meyer came to UCLA to study the undergraduate and graduate programs. His investigation was funded until 1965, and during this time he provided his expert consultation to the School of Nursing. The school recognized that nursing education needs a balance of liberal arts and sciences.

Networking was expanded to include other collegiate nursing programs in the western United States through the organization of the Western Council on Higher Education for Nursing (WCHEN). This organization was the offspring of the Western Interstate Commission on Higher Education (WICHE).

WICHE formed WCHEN with a grant from the W.K. Kellogg Foundation. Thirteen states in the West were members of WCHEN, including Alaska and Hawaii. WCHEN evolved through the efforts of nurse educators in the western United States who pooled their talents and resources and worked together toward common objectives. They believed that people need better nursing care and were committed to preparing practitioners capable of providing that care.

In 1955, a higher percentage of students were in collegiate schools of nursing in the West than in the rest of the United States. The need for regional planning for both graduate and undergraduate programs in nursing was recognized by nursing leaders in the West. The first planning meeting occurred in St. Louis, Missouri on May 7, 1958. Dr. Harold Enarson, the executive director of WICHE, attended. Lulu Wolf was on the original advisory committee of western leaders to WICHE. Subsequently, Dr. Enarson appointed an ad hoc committee of these leaders and this resulted in the birth of WCHEN. This ad hoc committee was known as the Committee of Seven and included Lulu Wolf as chair. Margaret Taylor, who was on the faculty in public health nursing at UCLA, was appointed as a consultant to the Committee of Seven. This committee delineated the membership of WCHEN and recommended that WCHEN appoint a representative to WICHE. The committee also wrote the objectives of WCHEN, as follows:

- To recommend to WICHE policies relating to graduate education and research in nursing.
- To provide a medium for the exchange of ideas and sharing of experiences of the individual western institutions of higher learning that offer programs of education for professional nursing.
- To undertake cooperative planning for nursing educational programs within the western region under the auspices of WICHE.
- To identify problems with respect to nursing education that need cooperative study.
- To stimulate research in nursing within the colleges and universities of the western region.

Faye Abdulah from the U.S. Public Health Service served as chief executive of WCHEN for the first six months. Katherine Justus, a UCLA faculty member in maternal-child health, was also on the executive committee in 1957. Lulu Wolf was a leader in the formation of
WCHEN, and through her encouragement, Jo Eleanor Elliott, an assistant professor in the UCLA School of Nursing, was appointed the second chief executive officer, and served in that position for 23 years.

Jo Eleanor Elliott came to UCLA in 1953. She was appointed to the medical-surgical faculty. She was a wonderful role model, demonstrating to her students her skills in caring for patients. She left UCLA in 1956 when she agreed to work for WCHEN, of which she became a permanent staff member in 1957. She was known at WICHE as the “WICHE girl” for her tireless efforts. Through WCHEN, UCLA shared with other western schools avant-garde program innovations, and also learned educational strategies from other schools of nursing. WCHEN provided an avenue of communication among these schools of nursing. Four of the six schools considered as the top graduate nursing programs in Change were in the West. These western schools, including UCLA, networked with other schools of nursing throughout the United States.

Dr. Helen Nahm, a nursing consultant to WICHE, proposed tasks that were undertaken by WCHEN. One of her proposals was to design a doctoral program in nursing. Financial assistance for nurses undertaking graduate programs was also recommended. WCHEN sponsored important workshops, including one in 1962 for the purpose of defining nursing content. Under the direction of Jo Eleanor Elliott, WCHEN established the Western Society for Research in Nursing in 1973, and UCLA experienced benefits through networking with this group. When Jo Eleanor Elliott’s tenure ended with WCHEN, she accepted the position of administrator of the Division of Nursing with the National Institutes of Health in Rockville, Maryland.

WCHEN eventually evolved into the Western Institute of Nursing. In May 1988, five students and graduates from UCLA presented their research at the institute’s Research Information Exchange Session for Graduate Students of the Western Society for Research in Nursing.

The UCLA School of Nursing expanded its networking internationally through recruitment of nursing students from other nations and through consultation provided by UCLA faculty to nursing in other countries.

On campus, networking is an ongoing process. The school has encouraged faculty and students to develop collegial relationships with the many disciplines at UCLA that provide health care services to patients, families and communities. The view that the patient/client and multidisciplinary team are partners in promoting wellness, preventing illness and planning treatment for existing health problems is communicated in core nursing classes and in practical application settings.

The School of Nursing and the School of Medicine were new professional schools on the UCLA campus in the 1950s. Under the innovative and progressive leadership of Lulu Wolf, dean of the School of Nursing, and Dr. Stafford Warren, dean of the School of Medicine, collaboration between these schools was encouraged. The schools worked together to establish creative curricula and clinical facilities for their students. Both deans and their respective faculty shared the common objective of providing their students with joint clinical experiences. These efforts continued through the 1960s. There were many medical school faculty who encouraged the School of Nursing and offered their services as guest lecturers.

In 1965, a Joint Committee on Medicine and Nursing was formed by Dean Sherman Mellinkoff of the UCLA School of Medicine and Acting Dean Agnes O’Leary of the School of Nursing. Five representatives from each school were appointed to the joint committee to discuss subjects of common interest in patient care, education and research, and to reach and broaden areas of understanding. Committee members representing nursing included Imogene Cahill, Betty Dambacher, Dorothy Johnson and Marion Olson. Harriet Moidel of the School of Nursing served as co-chair.

In 1966, a Joint Committee on Nursing Service and Nursing Education was formed. Faculty members served as liaisons between the School of Nursing and Nursing Services at UCLA and other locations. In the 1980s, these efforts were continued through the Nursing Alliance. Members of this alliance included UCLA-affiliated nursing service representatives, UCLA faculty, the School of Nursing Alumni Association and Sigma Theta Tau. Efforts were successful in planning programs of
interest for all involved and in keeping open avenues of communication. A task force on the baccalaureate nursing program was also formed, and made recommendations for the program.

On campus, faculty from the School of Nursing served on University of California committees and have represented the School of Nursing well. Dr. Donna Vredevoe has served on the Academic Senate, the Academic Planning and Program Review Board of the University of California, and is presently chair of the UCLA Academic Senate. Dean Marie Cowan chairs the Professional Deans Council and attends the Chancellor's Executive Meetings. Dr. Sharon Reeder served as secretary of the Academic Senate. Currently, faculty members of the School of Nursing are serving on the Executive Committee of the Academic Senate.

The UCLA School of Nursing has also networked with the School of Business, as the Anderson School was formerly known. In the late 1950s, Charles Ferguson was borrowed from this school. He was a charming man who taught managerial courses on the master's level at the request of Dean Lulu Wolf Hassenplug. Dr. Ferguson was skilled in group process and used group process strategies in his classes to communicate managerial concepts. Dr. Ferguson was recognized nationally for his expertise. He was subsequently employed as a consultant after the Three Mile Island radiation incident. The late Charles Ferguson is remembered for his contributions to the education of nursing students at UCLA, where he was affectionately known as Chuck. He is also remembered for his wonderful sense of humor and his warmth and understanding.

In the late 1980s, health care in America became founded on the diagnostic-related groups (DRGs). With the introduction of DRGs, it became evident that graduate nursing students pursuing careers in nursing administration needed more business courses. Dr. Olive Burner was the chair of the psychiatric mental health/nursing administration section at the UCLA School of Nursing. She began a coordinated Master of Nursing and Master of Business Administration program with the help of funding from the Commonwealth Fund. The John E. Anderson Graduate School of Management, with the School of Nursing, established a program for a concurrent M.S./M.B.A. degree.

Such networking will continue as long as the School of Nursing is in existence. The potential for new collaborations is limitless.

CONTINUING EDUCATION

Long before mandatory continuing education for license renewal became effective, practicing registered nurses in California had a thirst for knowledge and a desire to update their practice. The UCLA School of Nursing responded to this need before continuing education nursing programs came under the purview of UCLA Extension (UNEX) in 1967.

A faculty committee on continuing education, appointed by Dean Hassenplug, was responsible for identifying the relevant continuing education programs to meet the needs of the nursing community. One of the early needs identified was to provide a pre-service educational program for nurse educators in junior colleges. This was made possible by a W.K. Kellogg grant.

A number of programs were inaugurated from September 1, 1959 through September 1, 1964. The first program was designed to help recruit and prepare faculty members for junior college programs or Associate Degree Nursing programs, as they came to be known. From its inception, this program was under the direction of Dr. Marjorie Dunlap, with the assistance of Zane Ivey to help with practice teaching activities. As a result of this program, two courses were added to the graduate program curriculum, one of which was an internship program for nurse administrators.

The second program in the Associate Degree Nursing project also targeted nursing faculty in junior colleges. The program was under the direction of Doris A. Geitgey from 1962 to 1964. Its purpose was to provide continuing consultation and assistance to teachers in junior college nursing programs throughout California. Consultation services by the School of Nursing continued until consultants employed by the state Board of Nursing Education and Registration assumed this role.

A post-master's internship program to facilitate the preparation of nurse administrators for these junior colleges was started in 1962 by
Dean Hassenplug. The first director to be prepared and placed in a junior college from this program was Doris Railson. Other students enrolled in this internship program for nursing administrators were Zelma McKibben, who became the director of the associate degree program at Mt. San Antonio College; Cynthia Barnes, at El Camino College; and Mae Johnson at Los Angeles Valley College.

During this five-year period (1959–64), workshops, conferences, extension courses and individual consultation services were provided to a number of faculty employed in A.A. degree programs in nursing. These activities were directed toward improvement of student performance evaluation, clinical facility evaluation and curriculum construction. In general, the program benefited teachers, administrators and students in A.A. nursing programs.

Continuing education programs continued to expand under the auspices of the School of Nursing, but the school was not able to meet all the needs of the community.

New demands were placed on the profession of nursing and the university, as a result of federal and state legislative changes and the emergence of new health programs. This came at a time when many in the field of nursing were still ill prepared to meet current responsibilities in their ongoing programs. The proportion of professionals to non-professionals was small and the ability of the professional nurse to direct and supervise the work of non-professional staff left much to be desired. In addition, the rapid growth of knowledge resulted in many nurses lagging behind the introduction of new and improved practices.

Doris Geitgey was appointed by Dean Hassenplug to direct and provide leadership to the faculty committee on continuing education programs. During academic year 1963–64, several courses were offered. A two-semester course in curricular innovations for teachers in junior colleges was held at Chaffey Junior College with an enrollment of 24 teachers, and at UCLA for 23 teachers, during the first semester. In the second semester, the course at Chaffey Junior College was cancelled but the one held at UCLA enrolled 23 teachers who completed the program. A two-week workshop for school nurses was held June 23 through July 2, 1964 in Riverside. A summer workshop, “The Nurse in College Health Services,” was held June 17–19 at UCLA’s Rieber Hall. Katheryn Argabrite chaired the program, with 37 nurses participating. Under the direction of Dr. Charles Ferguson, the ninth annual conference on “Supervision, Administration and the Nurse” was held at Rieber Hall June 14–17, 1964. A total of 110 nurses attended the basic program and 46 attended the advanced program. Angela Collette of the National League of Nursing conducted a workshop in in-service education programs at St. Vincent’s Hospital May 4–6, 1964 with 67 nurses in attendance. Angela Collette also conducted an institute on the “Team Plan in Nursing Service” at St. Jude’s Hospital in Fullerton May 7–8, 1964, with 70 nurses attending.

The School of Nursing assigned two full-time faculty, Marjorie Squaires and Doris Geitgey, to continuing education, supported by grants, during the academic year 1964–65. As a result of constant external demands and in spite of their best efforts, the faculty had difficulty developing a cohesive and coordinated program in keeping with the university’s responsibilities and resources. The school was not able to give the continuing education program the attention and resources it required. However, it was still able to make a significant contribution. Four semester courses were offered through Extension and taught by regular and clinical faculty, with 78 nurses attending. Eight intensive workshops, short courses and conferences enrolled 620 nurses. The WCHEN project, which involved nurses in leadership positions meeting for a week three times a year for two years, had an enrollment of 78 the first year and 60 the second year. There were well over 800 nurses enrolled in this program and at least one-third of these held positions through which they could be very influential in extending the outcomes of what they learned. This program was completed in 1973.

Perhaps the most exciting program in continuing education was the use of television for the first time by the School of Nursing. A successful weekly series of programs for practicing physicians was initiated in 1965–66 by Continuing Education in Medicine. Dr. Charles Smart of the School of Medicine offered the School of Nursing the opportunity
to participate in presenting a pilot series for nurses, using the existing facilities and resources of the School of Medicine. Five faculty accepted the invitation and the challenge of producing four half-hour videotapes for broadcast at weekly intervals in May 1966. Seventy hospitals in seven counties in Southern California, which participated in the series for physicians, provided the audience of nursing personnel. The programs were televised on KCET, channel 28. Twenty-four hospitals contributed support toward the cost of this pilot series and the rest of the financial support came from Continuing Education in Medicine. Study guides and pre- and post-tests were sent to participating hospitals.

Marjorie Squaires, who had major responsibility since 1964 for continuing education in the School of Nursing, coordinated the work on this series with four other faculty members. They wrote the scripts and produced and narrated the programs. They worked closely with Dave Caldwell and Claude Johnson of the Academic Communication Facility. Many weeks, hours and effort went into this series for rehearsals and production. Each program took approximately 14 hours to produce. A patient-centered approach was adopted for the total series. Techniques such as demonstrations at the bedside, dramatization, excerpts from films, panel discussions, frequent changes of scenes, cartoons and pre-imposed films were used to provide variety and continuing interest in the series.

An advisory committee of 30 nurse leaders and nurse practitioners from Fresno to San Diego met monthly at KCET for development and evaluation of the program. The program director, Marjorie Squaires, was invited to demonstrate these tapes at national nursing and television conferences. The following television programs were aired:

- May 12, 1966, “After the Day of Discharge,” with Marilyn Barbour as coordinator. Post-hospitalization needs of medical-surgical patients were identified and appropriate referrals to community resources, home or health agencies were addressed. (Marilyn Barbour was a graduate in the B.S. program at the UCLA School of Nursing.)
- May 19, 1966, “Special Techniques at the Bedside,” with Marie Branch as coordinator. The program reviewed current practices and discussed new concepts of care.
- May 26, 1966, “Facing Death,” with Grace Millington as coordinator. The impact of a poor diagnosis on the patient, family and nurse were explored. The problems and methods to help patients face death were demonstrated, with appropriate nursing interventions.

This successful experiment was one possible solution in meeting the growing demands and needs of the community of practicing nurses. It was costly and time consuming, but was found to be an effective mode of continuing education. Seventy hospitals participated, with an enrollment of 6,120 from these hospitals. The majority of the hospitals rated the programs high in value for postgraduate education and excellent in quality.

With funding from the Los Angeles branch of the American Cancer Society and the California Dairy Council, the television programs that began in May 1966 were expanded and developed more fully. Six additional programs were presented to 71 hospitals. Nineteen extended care hospitals that were out of the network range bought the videotapes. The number reached by this series was estimated to be 4,000. The programs listed below were planned and executed by Marjorie Squaires, who went well beyond the expectations of her full-time appointment as administrator-coordinator for continuing nursing education, and who was responsible for securing the funds:

- “Challenge to Womanhood: Mastectomy,” April 4, 1967. Moderator was Grace Millington, instructor in nursing. Community coordinator was Betty Jane Wendland, director of nursing education, Harbor General Hospital.
On July 1, 1967, Marjorie Squaires became the administrator for all nursing programs in continuing education, a component of continuing education in medical and health sciences. This position allowed her to facilitate working with the continuing education nursing committee in the School of Nursing and the expansion of continuing education offerings. She served in this capacity from 1967 to 1972. A great deal was accomplished despite the amount of time it took to work out the logistics with UNEX.

Marjorie Squaires was also appointed by Governor Reagan to the California Board of Nursing as a result of the School of Nursing’s support and active involvement in continuing education for nurse re-licensure.

A new approach to continuing education in nursing was tried in 1967. A series of six one-day symposiums were offered at Rodger Young Auditorium titled “Calling All Nurses: Nursing Care—The Individual Within the Team.” More than 1,100 nurses attended these Saturday workshops with interest and enthusiasm for the formal presentations and group work. About 45 percent of the participants attended all six symposiums and the Los Angeles Inservice Coordinating Council and Extended Care Council members volunteered as group facilitators.

All funding to support the continuing education programs was generated by Marjorie Squaires, as the programs were self-supporting. She spent many hours developing and writing grants for training and education. One of these grants focused on “Nursing Leadership Effectiveness,” a three-quarter course that was offered in Santa Barbara, Riverside and UCLA in 1967. She also initiated the “Four State—Community Mental Health Concepts for Nurse Leaders.” Planning for this began in August 1965 with the support of Dean Hassenplug. A total of six successful conferences were held in various places.

The second grant from the U.S.P.H.S. focused on “Nursing Leadership.” Planning for this project began in August, 1967, with Dean Hassenplug as project director and Marjorie Squaires as project administrator.

All of the grant leadership programs were reviewed by WICHE
Western Interstate Commission on Higher Education) with a view to developing a new regional nursing proposal for a continuing education seminar for WCHEN (Western Council on Higher Education for Nursing). The School of Nursing was on the cutting edge of continuing education in the 1960s and meeting the needs of the community.

Another committee in continuing education was formed on “Race Relations in Nursing.” This was prompted by the Los Angeles riots in Watts. The initial planning meetings were held in Watts, where an NIMH grant was developed by Marjorie Squaires on “Dynamics of Prejudice—Implications for Nursing.” Black and white nursing leaders met to plan the needs of nurses from minority groups for the purpose of improving relationships. The Race Relations Advisory Committee gave input to the content and format. This was a community mental health project funded by the USPHS and approved for three years. Conference No. 1 was held in Ojai, California February 8–13, 1970. Sixty applicants were accepted and 59 attended.

This was the last program grant Marjorie Squaires participated in. She resigned in 1972 after eight years of service to UNEX and the School of Nursing. Her accomplishments in continuing education at UNEX were self-evident. Everyone in the nursing community either knew her or had heard of her. She had a warm and supportive way of relating to people and was responsive to the needs of the community. Even to this day, there are nurses who participated in one of her numerous workshops or conferences who remember her with fondness and respect.

A course to prepare pediatric nurse practitioners was offered as a pilot project for the first time by UCLA Extension in June 1971. This program was started without grant funding. Sixteen nurses participated. A grant was approved in 1972 from the Division of Nursing, Health Services Resource Administration, and the Public Health Service for training in “Primary Extended Nursing,” or Primex as it was known, to train family nurse practitioners. Dr. Bonnie Bullough, Dr. Charles Lewis, and Joseph S. Geme, Jr., were involved in this program. Evaluation of the two programs was completed in 1975 for the pediatric nurse practitioner and 1976 for the Primex program (family nurse practitioner).

Following Marjorie Squaires’ resignation, Gladys J. Jacques was appointed coordinator-administrator of the Division of Nursing in UNEX under the Department of Continuing Education in Medicine and the Health Sciences. Some of the nursing programs offered during this period were: “Current Concepts in Pediatrics for School Nursing,” Parts I & II (1/73–6/73 and 1/75–6/75); School Nurse Specialist Course offered in two phases over two summers (7/73–6/74, a total of 240 hours); and School Nurse Specialist CE workshop (10/74).

On August 18, 1975, a proposal was submitted by the School of Nursing in cooperation with UNEX to implement grant-supported courses throughout the year. They were the Pediatric Nurse Practitioner programs, Workshops in Nursing Administration and teaching New Methods of Home Delivery Nursing Care. A few of the workshops offered were Current Concepts in Pediatrics, a one-day workshop (1/14/78); School Nurse Specialist CE workshop (10/74); and Nursing-Child Assessment Training over four Saturdays.

On October 22, 1979, Dean Reres announced the appointment of Dr. Joan Riehl as UNEX coordinator-administrator, Division of Nursing, to work on R.N. offerings. Concomitantly, Dean Reres and Dr. Riehl were negotiating with UNEX to increase the per diem salary paid to School of Nursing faculty who teach for UNEX.

In the fall of 1983, the UCLA School of Nursing was chosen to administer a national continuing education grant for schools on the West Coast. Dean Reres appointed Dr. Deborah Koniak-Griffin assistant dean for continuing education, a position she served in from 1983 to 1984. Dr. Koniak-Griffin worked as a full-time faculty member at the School of Nursing and at UNEX 20-percent time. In her role as the coordinator-administrator at UNEX, she was a consultant for nursing offerings being given through Extension, in cooperation with the School of Nursing.

In her role as assistant dean of continuing education for the School of Nursing, Dr. Koniak-Griffin was responsible for administrating the federal grant for continuing education. The goal of the grant was to develop...
and implement a series of curricula modules offered through continuing education programs in selected graduate programs in nursing administration. It was designed to assist nursing administrators in long-term facilities to meet professional standards, responsibilities and expectations. The grant was co-sponsored by the American Nursing Foundation and The Foundation of American College of Nursing Home Administrators, Inc., and by a three-year grant from the Kellogg Foundation.

Upon completion of this grant, the School of Nursing's relationship with UNEX's Division of Nursing changed. The nursing coordinator/administrator 20-percent position vacated by Dr. Deborah Koniak-Griffin went unfilled. The School of Nursing began to offer a few select conferences, seminars, and classes to the general nursing community on an ad hoc basis for continuing education credit. It was more convenient for the School of Nursing to obtain its own provider number from the Board of Registered Nursing and avoid having to work through UNEX. The School of Nursing did not receive any financial benefits for the CE programs it conducted through UNEX. With its own CE provider number, the school was free to offer its CE programs whenever it wanted to, and revenues generated from these programs went directly to the school.

The School of Nursing and UNEX are currently cooperative but separate. There continues to be ongoing nursing programs offered through Extension, but they're not related in any way to the School of Nursing. The programs on Lactation Education, Lactation Consultation, and Childbirth Education Training have been given for the past 20 years through UNEX and taught by two nurses as independent contractors with UNEX. They are compensated by the revenues generated from the courses they teach. Ida Bird, a graduate of UCLA, and Sandra Steppes teach in these programs.

In the latest School of Nursing catalogue, continuing education is described as follows: "The mission of the nursing Extension division, as represented by the School of Nursing, is to improve the quality of care by presenting educational and training programs designed to provide professional nurses from a variety of backgrounds and specialty areas with the knowledge and clinical skills required to maintain currency and competency. A variety of courses enable the practicing nurses to increase competencies in clinical practice and to expand into new nursing roles. Opportunities are available for sequential learning experiences in some specialty fields of nursing. All courses award CE. Selected certificate programs include Childbirth Educator and Lactation Education Consultant and Training. Additionally, multidisciplinary offerings are presented in cooperation with the Division of Public Health/Allied Health, Dentistry and Medicine."

The range of programs offered over the years through UNEX in conjunction with the School of Nursing has always had as its goal meeting the needs of the nursing community. This was reflected as early as 1925, in the first public health nursing courses offered, and in all of those that followed.
Science and Nursing Care

Nursing Research

Research has always been an important component of the School of Nursing. In the early 1950s, it was Dean Lulu Hassenplug's dream to provide guidance and time to help faculty do more research. She requested that a full-time, professional-level research position be created for this purpose, but at the time it was unusual. That didn't stop her. She utilized her influence and pursued funds outside the system from the Division of Nursing of the United States Public Health Service (USPHS). She knew the USPHS had money for research, and submitted a proposal to fit the allocation and purpose of these available funds. She requested "loose money," which is now called "discretionary funds." Dean Hassenplug explained she wanted money she could use to hire research assistants and be able to release faculty members for a month at a time to work with researchers or with a research team. Funds were eventually approved for Lulu to have her "loose money" through a "Faculty Research Development Grant" (FRDG). The funds provided for a full-time researcher, part-time research personnel and part-time research consultants. The grant was approved for five years, through 1965, after
the Department of Health, Education and Welfare visited the school and campus. It was extended for an extra year to permit Dr. Burton Meyer, co-principal investigator, to complete his report and continue to work with faculty and students.

The forerunner of the Faculty Research Development Grant was a two-year proposal (1957–59), in collaboration with the Western Council on Higher Education for Nursing (WCHEN), for an intensive study of the school's undergraduate and graduate curricula. One of WCHEN's purposes was to stimulate research in nursing within colleges and health care facilities in the West. Dorothy Johnson was released from her regular faculty duties to co-chair this project with Dr. Eleanor Sheldon, a sociologist appointed by Dean Hassenplug. The study was financed by the Commonwealth and Rockefeller foundations to identify teaching content from the undergraduate and graduate programs with a view toward finding the common strands for a doctoral program in nursing at the UCLA School of Nursing. It was a way to establish a research-oriented doctoral program in nursing. Since 1952, the School of Nursing had taken the lead in having courses in nursing research in the master's program. Still, in 1957 there were very few doctorally prepared faculty to guide students in clinical research. The project involved inviting nurse educators from all over the country to come to the UCLA School of Nursing for a seminar. In the process, it was discovered that no one else had the expertise to do clinical nursing research either. A few people were engaging in such research, including members of the School of Nursing faculty. But in general, it was clear that nursing just did not have the sophistication in research that was needed. The conclusion of the study was that funds were needed to start an experimental two-year post-master's program in nursing. The study was published in *Nursing Research* (1959) as "An Experimental Program in Nursing Research." Six students were enrolled in the two-year post-master's program. Two dropped out, one went on to study in an established doctoral program in sociology, and the other accepted a position elsewhere at a much higher professional rank than the School of Nursing could offer her. The two who completed the program accepted positions at a higher professorial level at the University of Washington and Boston University. The other two completed doctoral studies at UCLA, one in sociology and one in education. Among other things, the study emphasized to those nurses the importance of focusing on clinical research.

For the five-year research program, faculties outside the school were recruited. Three different faculty who made their unique contributions were Dr. Genevieve R. Meyer, a psychologist who served the first year; Dr. S. Stewart West, a physicist who served the second year; and Dr. Burton Meyer, who served for the remaining life of the grant. Upon termination of the grant, Dr. Meyer was hired as a full-time faculty member at the school. Faculty research began to appear in journals published in 1958–1959. These articles covered nursing theory, sensory deprivation, nursing models, nursing care practices and images of professional nursing.

Once a full-time researcher came on board, publications dealt with other subjects: states of recovery in nursing care of people with myocardial infarction, sleep patterns of the newborn, testing assumptions of rooming-in, isolation of patients, studies of different nursing assignments, crying in the newborn, patients' responses to nursing comfort measures, studies in communication on patients' reactions to stress, sensory deprivation and nurses' role in prevention of suicide, to name a few. These studies involved about one-third of the faculty.

One of the first products of some of these research activities was the development of a film, "This is Nursing." Margaret Taylor, a faculty member, approached the Office of Vocational Rehabilitation to secure funds for the film. With the help of the theater arts department on campus, the school was able to use aspiring actors and actresses. A classroom was converted to appear like a hospital corridor and a patient's room. The film was about a man who had a stroke and had given up on life. When his wife came to see him, the nurses had to reorient him and her to his current health status, while at the same time motivating him to get well. The patient eventually went back to work. The message of the film was the importance of teamwork and self-care by the patient despite his deficits.
A second film was also made, titled “Pain and Its Alleviation.” It was accompanied by an exposition and evaluation of the results obtained during instruction. The National League for Nursing supported this production with money it had secured from the Selentic fund. Dr. Virginia P. Crenshaw, a faculty member, chaired the committee that did the research and worked with the script writers and producers. The original committee was composed of Dr. Marjorie Dunlap, Dr. Margaret Kaufman, Mary Meyers, Dorothy Brown and Dr. Crenshaw. Pain is one of the major challenges a nurse faces in the care of patients. Dorothy Crowley eventually converted all of the research materials for the film into a pamphlet on pain alleviation. Marjorie Dunlap produced a pamphlet evaluating the project (1961) and later wrote more extensively on her results (1962).

The published research, by earning the school a reputation as a research school, helped to attract both students and faculty. The School of Nursing was at the forefront of nursing publications during this time frame. The nursing community at large believed the School of Nursing at UCLA was doing something different.

Dr. Jean Quint-Benoliel was one of the first nurses to engage in research in the care of the terminally ill patient, and she earned international acclaim as a result of her work. This was long before the hospice movement, which started in England, became popular in this country. Dr. Quint-Benoliel was sometimes referred to as the “death and dying” nurse. She attended UCLA as a master’s student in 1954–55 and joined the faculty as an instructor after graduation. In 1957 she became assistant professor. Between 1959 and 1961, she enrolled in a post-master’s program to educate nurses on nursing research. She took courses at the UCLA School of Medicine in physiology and statistics. In 1961, she became project director of a two-year study of women’s adjustment to mastectomy, which resulted in six publications. She credits Dean Hassenplug with stimulating nurses to think for themselves in their nursing practice, an approach to problem solving that helped Dr. Quint-Benoliel to develop her research skills. Dr. Quint-Benoliel’s pioneer spirit as a researcher introduced her to the process and problems of research of dying patients and their treatment by hospital personnel. She worked with Anselm Strauss for seven years in San Francisco. While there, she earned her doctorate degree at UCSF and simultaneously completed her research on how young children with diabetes adapt to their disease. Her list of publications is impressive and includes five books, 65 chapters in books, 70 journal articles, 15 reviews and 11 articles reprinted in books. The School of Nursing was fortunate to have her both as a student and a member of the faculty. Her contribution to nursing research became an inspiration and model for other nurse researchers.

Before Dean Hassenplug retired, she appointed Dr. Donna Vredevoe to the nursing faculty in 1967. The school needed someone with basic science experiences to assist students and faculty with their research activities. Dr. Vredevoe was the right person to fill that void and gained respect from students and faculty for her own research activities and her ability to assist them with their research projects. She was there doing the job before any formal position was created for an associate dean for research.

Dr. Phyllis Putnam, a member of the school’s faculty for 27 years, also taught courses in nursing research methodology. She wrote the grant request in 1976 that started the school’s Geriatric Nurse Specialist Program, the first of its kind in the country. She retired in 1990 and died in 1995.

Another very important contribution to the School of Nursing’s research portfolio came with the introduction and utilization of computers in research. Dr. Betty Chang, who was then associate professor and a national leader in the computer field, sought a contract with IBM to enhance research through the use of computers, provide instructional support to faculty in computer application and increase students’ understanding and use of computers. The contract was awarded in July 1983 and ended December 1984. She was given $39,000 and three personal computers. During this period, Dr. Chang gave a number of workshops in the community to nurses and nurse researchers in computer applications and software in the field. She wrote articles on computers in nursing in the Western Journal of Nursing and other journals. It was her belief that computers could help nurses do what they needed to
do more quickly, and thus ultimately give them more time for other creative work.

As a result of this initial study contract with IBM, Dr. Chang included a course on the critical evaluation of software in the curriculum at the School of Nursing. The course was designed to enable students to be more critical of the computer programs they used. She worked collaboratively and closely with Dr. Lewis Leeburg, a consultant to IBM's Department of Academic Information Systems, to identify the real needs and requirements for professional nursing research, education and practice.

This later resulted in the School of Nursing instituting a computer lab in June 1985 with 10 IBM computers and five printers. The lab was facilitated by the School of Nursing's participation in IBM's Advanced Education Project, a project coordinated by Dr. Albert Barber, UCLA vice chancellor of research. UCLA received a $13 million IBM grant in 1984. This made it possible for students to use the ABSTAT statistical analysis program to correlate measurements or data collected for their research projects. It was a tremendous help to have these computers for statistical analysis, as it was expensive to have it done elsewhere.

Dr. Chang was awarded a grant for $152,000 in 1985 for computer-aided research in nursing diagnosis. The co-principal investigator was Dr. Joseph DiStefano III, director of the biocybernetics lab in the computer science department. The two-year project came from the Division of Nursing, Department of Human and Health Services of the USPHS. The purpose of this study was to program a variety of signs and symptoms and have the computer programmed to suggest possible nursing diagnoses. Dr. Chang was also able to obtain funding from the National Institutes of Health, National Center for Nursing Research to develop computer software to aid in nursing diagnosis. This project, which was completed in 1993, helped nurses in collecting and analyzing data on patients. In today's climate, it would be difficult to imagine conducting nursing research without the help of computers.

In 1983, Dean Mary Reres appointed Dr. Sharon Reeder to a newly created position as associate dean for research at the School of Nursing. Dr. Reeder recalls that when she was a graduate student at the School of Nursing in 1958, the research courses were taught primarily by non-nurses, as there were few doctorally prepared nurses. As associate dean for research, Dr. Reeder played a role in connecting faculty researchers to each other and to sources of funding. She enhanced the faculty's active involvement in research through seminars, workshops with guest lecturers and personal guidance. She herself had been involved in research during most of her professional life and taught research courses to master's students. She wanted them to question certain phenomena, to ask "why," and to help students design research projects to answer the questions. Research in the 1950s and '60s primarily focused on the study of other nurses, but Dr. Reeder believed nurses also needed to study patients and clinical practice, and factors relating to environmental influences on health. This trend toward more clinically based research finally took root.

During Dr. Reeder's tenure as associate dean for research, more than 30 research projects were conducted by nearly 60 faculty members. Dr. Reeder was able to assist faculty to expedite their research projects, from notification of grant requests to writing proposals. More than $1.5 million was awarded from various grants and contracts of extramural support. These extramural funds came from the federal government, industry, and foundations. Intramural support came from the Academic Senate, which provided faculty with seed money to start promising projects before seeking external support. The Office of Instructional Development and Institutes also provided support. Some of the research centered in laboratories, where the energy metabolism of the heart was being examined and where animals were tested to determine whether taste functions change with age. Other studies evaluated nursing modalities in clinical settings and the hospital environment, with the goal being to recommend changes. Additional studies delineated health needs of ethnic groups, cancer patients and the elderly to design strategies for promotion of good health. The support of these projects came primarily from university and government sources. It was Dr. Reeder's firm belief that as nursing research came of age, the benefits from private
support for nursing research would emerge. Whatever course nursing followed in the '90s and beyond, Dr. Reeder believed research would be the key to its success. She vacated her position as associate dean for research in 1985 to assume responsibilities as acting dean when Mary Reres resigned. Dr. Reeder retired from the School of Nursing in 1994.

Dr. Ada Lindsey arrived July 1, 1986, and was committed to nursing research. She increased the position of associate dean for research from one-third time to half-time, and appointed Dr. Kathleen Dracup to temporarily fill that position in 1987, until Dr. Geraldine Padilla was recruited and appointed on a permanent basis.

The growing corps of nurse scientists devoted themselves to both clinical and basic research. In clinical research, nurses seek answers to specific problems, while basic research is conducted to gain a better understanding of how and why things happen. The point of basic research is not to solve an immediate problem or find an immediate application, says Dr. Geraldine Padilla, current associate dean for research at the School of Nursing. "We do it because we have questions we want answered to advance knowledge. Many scientific advances start in a lab."

Dr. Padilla was appointed to her position by Dean Lindsey on October 1, 1987. She was also appointed to the 1989-93 Nursing Science Review Committee of the National Center for Nursing Research of the National Institutes of Health (NIH). Her involvement on this committee was helpful to the School of Nursing in obtaining feedback on the faculty's grant proposals.

As stated in the 1998-99 School of Nursing Announcement, "The mission of the UCLA School of Nursing is to advance nursing science through the conduct and dissemination of research and expand its national and international leadership in the educational preparation of nurses.... Advancing nursing science through significant and methodologically rigorous research is a critical component of the school's mission." With this in mind, it became Dr. Padilla's goal for the office of nursing research to assist faculty in pursuing their scholarly objectives of scientific investigation and research dissemination.

A major indicator of research productivity is grant support. Based on School of Nursing (SON) data in 1987-88, the total research funding from all sources for the SON was $1,843,447 from 31 grants. Nine months into 1998-99, SON grant awards totaled $5,643,270 from 45 grants. Looking only at extramural research and research fellowship dollars, the SON increased its funding from $720,258 from 14 grants in 1987-88 to $3,659,396 from 19 grants by March of 1999, representing a 500 percent growth. Part of this success can be attributed to faculty participation in pre-submission mock reviews of grant proposals. Intramural support is a significant resource for the junior faculty, since the money allows them to conduct necessary pilot work to be more competitive in their applications for extramural research funding.

Dr. Padilla initiated the UCLA Nursing Research Conference in 1988 as a showcase for student research. The conference has broadened its focus to include all UCLA nursing because of growing interest. UCLA Medical Center staff now present their research at the conference, along with students and postdoctoral fellows. The conference in May 1998 attracted an estimated 128 people. Awards are given for the best oral and poster presentations.

The SON has a formal mentoring program for new/young faculty, which includes mentoring by senior faculty, grant-writing workshops, manuscript-writing meetings, and mock reviews. Another important support service pertains to statistical and research design consultation from Dr. Mary-Lynn Brecht, the principal statistician for the SON. Dean Ada Lindsey added Dr. Brecht's position in 1987. In recent years, the increase in use and grant funding has led to an increase in statistical staff. Other support services not under the associate dean for research but bearing on the research enterprise have also been enhanced. For example, two persons now offer technical computer support service, one for each of the school's two sections (acute and primary care). The word processing staff on each floor has learned to use more sophisticated computer programs to assist faculty with their grant preparations and research presentations.

Although faculty often collaborated on research projects in the past, this collaboration has become more formalized in recent years through the development of three clusters of research foci: cardiovascular
nursing, health of vulnerable populations, and quality of life. Dr. Padilla and Dr. Jacquelyn Flasgerud, along with their co-investigators, students and postdoctoral fellows, started the quality of life and vulnerable populations research training programs, respectively. Regular meetings are held to build a network among pre- and postdoctoral fellows, to discuss broader issues of science, and to find overlapping areas of scientific interest within these research clusters. Dr. Dracup provided the impetus for the cardiovascular nursing cluster by obtaining funding for multiple projects focusing on exercise and heart disease. Funding from the School of Nursing and from other grants contribute to core resources for each of these areas. Other expanding areas of research include maternal-child health and basic science.

Two major resources in the 1990s that have propelled the school's research program forward are computerization and space. In 1987, the SON had 6,356 square feet of research space. Today, the school has retrieved all of the space it loaned to other departments, tripling research space. The growth in research activities means that the school has also exhausted available space and will need to look elsewhere for space to accommodate additional projects.

Although each dean of the School of Nursing has placed nursing research high on her list of priorities, progress has not been without hurdles. When Dr. Rheba de Tornyay accepted the dean's position in July 1971, the school's research endeavors had declined as a result of having to recover and rebuild after the threat to its existence during the crisis of 1968. Publications by faculty had declined and very little research was in place. It meant starting all over again to regain and rebuild what was lost prior to her arrival. Everything seemed like an uphill battle. There was still a lot of insecurity as to the school's viability to remain intact and autonomous. Dean de Tornyay set her goals to recruit professors with doctoral degrees, but it was difficult to attract faculty when there was limited space for research. Without research, the school could not obtain grants from the federal government, which in turn diminished the school's status in the eyes of the UCLA administration.

During Dean Reres's tenure, it was her expectation that faculty would engage in original work and develop new knowledge through their scientific investigations. She states, "Research is what defines the field of nursing for tomorrow." It was believed that much of nursing care in the late 1970s and early 1980s was rooted in untested theories. Research faculty at the school believed it was important to validate or repudiate those theories through research. Dean Reres felt nursing research had low visibility outside the profession of nursing. She believed nursing research findings should be shared not just with other nurses but with other disciplines as well. She cited, as an example, the research done by nurses in the 1950s and 1960s relating to environmental influences on health, which was being revisited by social psychologists in the 1970s and 1980s, with similar findings. By the time Dean Reres resigned in 1985, the school had advanced to third place nationally in research publications. It was also during Dean Reres's tenure that the school initiated its first international scientific conference, held June 25-26, 1981 in conjunction with the 17th Quadrennial Congress of the International Congress of Nursing.

When Dean Lindsey began her tenure, she was determined to focus the school's efforts on research. The message was transmitted repeatedly and clearly to all faculty members that research was valued, respected and expected. Dean Lindsey's ability to recruit a half-time position for the office of research, as well as a statistician and computer programmer, helped faculty immensely. Her goal was to have faculty conduct research that would be scientifically sound and important to society. She provided an example by continuing her own research and publications. Extramural research support reached $4.5 million in a single year, a previously inconceivable achievement, during her tenure. Research also became a significant factor in faculty recruitment.

Despite limited research dollars in all health care disciplines, Dean Lindsey believed nurse researchers as a group had done comparatively well in obtaining funding. The National Center for Nursing Research was established within the National Institutes of Health in 1986 with a $16 million budget for research grants. By 1991, the budget had grown to $40 million. Support for nursing research at the School of Nursing
also came from sources such as The National Institute of Mental Health (NIMH), The National Institute of Allergy and Infectious Diseases, The National Heart, Lung and Blood Institute, The National Institute on Aging and private organizations such as the Robert Wood Johnson Foundation.

Dr. Marie Cowan, current dean and a renowned researcher herself, promotes interdisciplinary research relationships and the globalization of nursing research. She is continuing the focus on nursing research, with an emphasis on both basic science and clinical research. She was able to increase intramural support from $25,000 to $100,000, a four-fold increase, in 1998. "We have a very impressive nursing research faculty at UCLA. Research is part of the culture of the school," says Dr. Cowan. She reports that centers of research excellence are in place within the natural clusters of faculty research encompassing cardiovascular nursing, adaptation to health and illness of vulnerable populations, conceptualization and measurement of quality of life and biobehavioral research. Every age group is addressed, from high-risk infants to quality of life in the elderly.

**NURSING RESEARCHERS**

As compared to other disciplines, nursing research is still in its early developmental stages. Doctoral programs in nursing science began in the 1980s. The National Center for Nursing Research was initiated in 1986, and later became known as the National Institute for Nursing Research. With that, the first generation of nurse scientists, specifically educated in nursing science as opposed to other disciplines, began to establish programs of focused research.

Early nursing studies described and documented nursing phenomena. This had to occur before interventions could be tested. The systematic investigation and documentation of outcomes of care and treatment are relatively recent and limited. In the last five years, nursing received increased federal funding for intervention studies such as community-based programs for the elderly, chronic diseases in vulnerable populations and secondary prevention of cardiac disease. The UCLA School of Nursing has a very impressive nursing research faculty, with 89 percent of the tenure-track faculty receiving funding for their research. Research clusters have been formed within the School of Nursing among faculty who share common interests, expertise, research funding, subject populations, data banks, equipment, facilities and data collection instruments.

Nurse researchers who participate in these clusters, which translate into Centers for Research Excellence in the school, are the focus of the remainder of this chapter. The clusters are Cardiovascular Nursing, Health of Vulnerable Populations, and Quality of Life. Those nurse researchers involved in basic science and other research are also included.

**Cardiovascular Nursing**

Dr. Kathleen Dracup, professor in the acute care section, in 1995 became the first faculty member to be appointed for a five-year term to the newly established Lulu Hassenplug Endowed Chair. Her research focuses on the psychosocial aspects of heart disease and the role of the family in treatment and recovery. Her work in cardiovascular nursing began in 1975. Dr. Dracup had always placed the family at the center of her cardiovascular research. Her doctoral dissertation measured the effectiveness of patient-spouse support groups in cardiac rehabilitation. She found that support was helpful, although more beneficial to the spouse than to the patient, who tends to receive greater support from fellow cardiac rehabilitation patients. As a result of her study, many cardiac rehabilitation programs in the country use her model of patient-spouse groups. In another project, Dr. Dracup studied the effects of teaching cardiopulmonary resuscitation (CPR) to family members of people at risk of heart attack. Her findings indicated that patients of families who learn CPR are more anxious and feel sicker than patients of families who do not learn CPR. In conjunction with the Division of Cardiology and the Department of Psychology at UCLA, Dr. Dracup began testing several different ways to teach CPR to reduce the psychological effects on
cardiac patients. This was a five-year study funded by the National Institutes of Health (NIH).

Dr. Dracup visited Australia in 1995 on a Fulbright scholarship to conduct a study on why some people delay going to a hospital when they are experiencing chest pain. She speculated it might have to do with cost. Australia, with a socialized system of medicine, would make a good comparison, as cost would not be a factor. Dr. Dracup was able to obtain data from more than 300 subjects, which helped to substantiate the need for public health campaigns urging individuals not to wait when experiencing chest pains. Her next target of study was to consider the importance of heart-related problems in developing countries. With the support of Hassenplug funds and the University Pacific Rim Center, Dr. Dracup organized a conference at UCLA for nurse researchers from Pacific Rim countries. The researchers who attended the meeting have launched a collaborative project in which 1,000 patients will be studied using an adaptation of the methods Dr. Dracup applied in Australia. She used Hassenplug funds to develop nursing interventions to reduce delays in seeking medical care in high-risk patients.

Dr. Dracup's research focus in heart disease intersects with that of other nursing faculty who have cardiovascular expertise. Working with Dr. Lynn Doering, Dr. Dracup completed a randomized, prospective clinical trial testing various ways of preparing parents of infants at high risk for sudden death. This research was funded by a four-year grant from the NIH. The researchers taught CPR to 480 parents or other caretakers. After six months, parents who learned CPR reported significant reductions in anxiety and sense of burden and increased feelings of control as compared to the control group, which did not learn CPR. Upon a year's follow-up, there were 13 resuscitation attempts, all of which were successful.

Dr. Dracup is currently principal investigator of a $1.1 million four-year American Heart Association grant with a multidisciplinary group of 26 UCLA researchers from nursing, public health, and medicine to study the effects of exercise on heart failure patients. The project will measure the impact of aerobic and resistive exercise training in 300 patients with heart failure. Other individual research projects will focus on clinical outcomes, cost, autonomic function, immune status and quality of life. Participants in this project from the School of Nursing, along with Dr. Dracup, are Drs. Marie Cowan, Mary Woo, Donna Vredevoe, Geraldine Padilla, Lynn Doering, Mary Lynn Brecht, Roberta Oka, and Anna Gawlinski.

Dr. Donna Vredevoe, professor in the acute care section, analyzed the changes in immunologic function of patients with advanced heart failure. Her studies, which are also reviewed in the basic science section of this chapter, showed that there is a profound deficiency in cellular immunity and the nonspecific defense system of natural killer lymphocytes. The decrease in natural killer cell function was related to elevated norepinephrine, a chronically elevated hormone in advanced heart failure. Work by her doctoral student, Bernice Coleman, demonstrated that there was an elevation in immunoglobulin A (Ig A) associated with the decrease in cell-mediated immunity as measured by skin tests to recall antigens. Together, this has led to a new paradigm for analysis of heart failure as a disease in which the cell-mediated (th-1 lymphocyte) responses are decreased as the hormone (th-2 lymphocyte) responses are increased.

Dr. Lynn Doering, assistant professor in the acute care section, collaborated with Dr. Vredevoe on research into why these patients with heart failure are immunosuppressed and what that means in terms of increased incidence of infection and problems potentially related to morbidity and mortality. She also sought to answer questions on how patients with advanced heart failure physiologically adapt after cardiac transplantation. She studied the hemodynamic adaptation to postural stress in cardiac transplant recipients and found evidence of sympathetic re-innervation late after transplantation. Dr. Doering conducts research on the application of non-invasive technologies to measure cardiac output in critically ill patients following cardiac surgery. She is currently studying the effects of a computerized data management system on patient outcomes in the Medical Intensive Care Unit (MICU).

Dr. Marie Cowan, the school's dean, and Dr. Mary Woo share an
interest in heart rate variability. Patients with advanced heart failure are less able to vary their heart rate, which puts them at greater risk for sudden death. Dr. Cowan is seeking to alter heart rate variability by teaching progressive muscle relaxation with biofeedback. She recently completed a National Institute of Nursing Research-funded project studying the effectiveness of a psychosocial intervention for sudden cardiac arrest survivors. The results showed significant treatment impact on decreased mortality, depression and improved quality of life. She is currently involved in a multi-site clinical trial, “Enhancing Recovery from Coronary Heart Diseases” (ENRICHD), funded by the National Heart, Lung and Blood Institute for six years ending in 2001. The goal of this study is to look at the effects of a psychosocial intervention on mortality, recurrent myocardial infarction (MI), and depression. The study will also focus on social support in persons who are severely depressed and/or have low perceived social support after an acute MI.

Dr. Cowan has been funded by the National Institutes of Health since 1977. Her early research had to do with estimating the size of a myocardial infarct by electrocardiogram (ECG).

Dr. Mary Woo, assistant professor in the acute care section, focuses her research on brain/heart interactions and their influence on heart failure disease progression and mortality, particularly sudden cardiac death. Dr. Woo uses a non-invasive measure of autonomic nervous system tone (an independent predictor) and heart-rate variability to assess sudden death risk in patients with advanced heart failure, while also examining sleep and its association with sudden death risk. Furthermore, she is using transderm scopolamine in advanced heart patients with a view to its effects on autonomic tone and sudden death risk after a year. Currently, she is using magnetic resonance imaging to identify specific brain areas that may be linked to sudden death.

Dr. Geraldine Padilla, associate dean for nursing research and professor in the acute care section, has a long-standing interest in quality of life of persons with chronic diseases. Further information about her areas of research appear in the quality of life section of this chapter.

Mary Canobbio, lecturer in the acute care section, currently focuses her research on the gynecologic issues of women with congenital heart disease (CHD). She is interested in the reproductive issues facing these women. An area of focus is on pregnancy outcomes of women who were repaired surgically for complex cyanotic CHD. Information is available on common defects, but not on the complex ones. Mary Canobbio recently established an international pregnancy registry to examine immediate and long-term pregnancy outcomes. Her earlier studies on this rapidly growing population of adults born with congenital heart failure was the precursor for her research on postsurgical repair for complex cyanotic CHD. Surgical techniques introduced in the 1950s have enabled children with CHD to survive. Now that they’re adults in their 20s and 30s, they face new medical and psychological challenges. She collaborated with researchers in the UCLA Department of Medicine to identify various aspects of congenital heart disease, including the psychological impact on these patients and its effects on their illness in terms of employment, marriage and family. In her current research, Canobbio,
with partial funding from Parke-Davis, is taking a larger view of looking at the reproductive life span of women following heart transplantation. In addition, she is studying the risk of osteoporosis following heart transplantation. Other studies, which did show bone loss, were done on post-menopausal women. She will be studying women in their 20s and 30s to see if estrogen acts as a predictor.

Dr. Roberta Oka, assistant professor in the acute care section, has been awarded two grants to conduct a home-based walking and resistance training program in Class II-III heart failure patients. She is also interested in examining the efficacy of resistance training in elderly class III-IV heart failure patients as a way of reversing the effects of muscle atrophy and deconditioning, which are so common in end-stage heart failure.

Dr. Oka is an adult nurse practitioner as well as a researcher. She did her doctoral work at UCSF. Her dissertation explored predictors of physical activity levels in heart failure patients. She did a three-year post-doctoral fellowship in cardiovascular epidemiology, with an emphasis on physical activity.

Vulnerable Populations

Vulnerable populations are social groups who experience relatively more illness, premature death, and diminished quality of life than comparable groups. Vulnerable populations are often poor, many are discriminated against or subordinated; and they are frequently marginalized and disenfranchised. What this means is that vulnerable populations, in addition to poverty, experience low social status and lack power in personal, social and political relationships. Vulnerable populations typically include women and children, people of color, immigrants, the homeless, the elderly, and gay men and women. Vulnerability to illness and premature death is due to a lack of resources and increased exposure to risk.

The health care of vulnerable populations involves a new and emerging set of nursing knowledge and skills. Consistently, research has shown that lack of resources rather than risk factors is the best predictor of illness and premature death.

The School of Nursing received a research training grant in 1994 from the National Institute of Nursing Research on health issues concerning vulnerable populations. This was a new scientific area in which the school had, and continues to have, expert faculty credentials. Dr. Jacquelyn Flakerud is the principal investigator of the institutional grant for vulnerable populations. Dr. Betty Chang and Dr. Nancy Anderson are co-principal investigators. One of the criteria for receiving an institutional grant is faculty strength in the area of award.

Dr. Jacquelyn Flakerud, professor in the acute care section and former associate dean for academic affairs, has worked in nursing for more than 35 years, with more than 25 years of teaching experience in community and psychiatric nursing. Dr. Flakerud's research has two foci. The first is in the area of culture and mental illness. She is interested in the influence of culture on psychiatric labels, diagnosis, treatment, and utilization of mental health services; the effectiveness of client-therapist ethnic and language match on treatment outcomes; and the influence of ethnicity on psychiatric diagnosis and treatment. The second focus is in the area of culture and AIDS. Dr. Flakerud is interested in the influence of culture on AIDS knowledge, beliefs, behaviors, and health care practices; on sexual and needle use behaviors; and in the health outcomes of female caregivers of persons with HIV. Since coming to UCLA, Dr. Flakerud's work with culture and mental illness has focused mainly on Asian Americans and Asian immigrants. Her AIDS research has focused on low-income women, often Latinas, and immigrants. This work has received federal support such as a grant from the National Institute of Allergy and Infectious Diseases (NIAID) for a study on "Prevention of AIDS in Latina Women," a project that also addressed methodologic issues in working with culturally diverse populations. Her current research continues to involve AIDS and low-income women, action research methods, the effects of gender and ethnic matching on recruitment, retention and behavioral change of participants in vulnerable population research, and a recent focus on neuropsychiatric phenomena and dysfunction. She recently completed a six-year investigation with the Center for Interdisciplinary Research in Infectious Diseases at UCLA,
funded by NIAID, and 10 years of study with the Center for Asian American Mental Health Services Research at UCLA, funded by the National Institute of Mental Health. Other past sources of funding have included the Human Resources Services and Administration, National Institute of Drug Abuse, American Foundation for AIDS Research, and the University of California. She is currently the co-principal investigator on two grants for which Dr. Adeline Nyamathi is the principal investigator. In addition, Dr. Flaskerud is the director of the Social Policy and Dissemination Core of a School of Nursing-proposed Vulnerable Populations Center grant that is under review at National Institute of Nursing Research. The focus of the core will be on influencing social policy and disseminating research results through participatory action research.

Dr. Flaskerud has vigorously promoted vulnerable populations research in nursing through her writings and presentations. She has published her conceptualizations of vulnerable populations research in the Encyclopedia of Nursing Research, and in an issue of Nursing Research dedicated to vulnerable populations. She was the editor of a volume of Nursing Clinics of North America (June 1999) dedicated to this topic. At her suggestion, a volume of Advances in Nursing Science will be devoted to this topic in the year 2000. She and doctoral fellows (pre- and post-) supported by the grant presented a symposium on vulnerable populations research at the National Research Development Conference and the Western Society for Research in Nursing. Dr. Flaskerud used the vulnerable populations model to conduct her own research into the health status of female caregivers of adults with HIV/AIDS.

Dr. Adeline Nyamathi, professor in the acute care section and current associate dean for academic affairs, initiated her HIV risk reduction/behavioral change research when she developed a program that assisted researchers in disseminating AIDS information to more than 3,000 minority women. In 1998, she received a $1.7 million, five-year grant from the National Institute of Drug Abuse to provide AIDS education and counseling to at-risk minority women. This grant is administered with two co-principal investigators, Dr. Jacquelyn Flaskerud and Dr. Charles Lewis. The NIH has funded Dr. Nyamathi as a principal investigator for the past 10 years, during which the focus of her work has been on AIDS education and prevention among homeless women. Those who attended a specialized AIDS program showed significant reductions in drug use, diminished emotional distress and less use of avoidance coping after a two-year follow-up as compared with those who attended a traditional AIDS program.

Since then, Dr. Nyamathi has received funding for three additional grants from the National Institute on Drug Abuse and the National Institute of Mental Health for a total of $5 million (1991–98). These grants focused on AIDS risk reduction among homeless women and their significant others/intimate partners. Findings revealed significant behavioral change as a result of nursing intervention.

In 1998, Dr. Nyamathi was awarded $3.16 million from the National Institute of Drug Abuse for a five-year study to determine the best way to prevent tuberculosis among homeless men and women. This project will enable researchers from the School of Nursing to establish a prevention project in the Skid Row area of downtown Los Angeles. Researchers from the schools of medicine and public health will join Dr. Nyamathi's efforts. They hope to determine whether providing homeless men and women an eight-week, nurse-taught education course about tuberculosis and HIV prevention will increase compliance with medication therapy and reduce behavior that put them at risk for HIV infection.

Dr. Nancy L.R. Anderson, associate professor in the primary care section, has conducted studies with adolescents in juvenile detention that have followed a participatory inquiry approach using qualitative methods. The participatory inquiry approach of Dr. Anderson evolved from the application of an advanced practice clinical model used in the identification of the research problems. Ethnography, in the form of participant observations and informal interviews conducted in connection with group health education classes, involved the adolescents in the process of problem identification and research planning that led to several participatory inquiry studies. The detained adolescents shared
their perspectives by participating in interviews and focus group discussions conducted to discover how they resolved their teen pregnancies, made decisions about substance abuse, and defined health risk behaviors.

The ethnographic process created a climate conducive to cooperative working sessions where information was shared and beliefs were discussed. Mutual learning and respect were generated between the participants and the ethnographer through this process. This mutual learning helped the adolescents to identify and describe their beliefs as well as their problems. Furthermore, they recognized behaviors that were health promoting and those that were detrimental to their health or safety. At the same time, the ethnographer learned about the participants' values and developed insights about their strengths. A variety of strategies were employed to provide feedback to the participating groups and individuals: playback of data tapes in the sessions where they were made; follow-up interviews and/ or focus groups; participant validation of initial categories and themes; and participant validation of vignettes that characterized a composite of the findings. Finally, participant-identified health education sessions were convened to respond to the teens' requests for information. Content of the health education sessions included discussions about the cause and treatment of acne, muscle building strategies, infant care and infections.

The participants in all of the studies in this participatory research program spoke of their desire to help other teens in their home neighborhoods avoid the same problems and troubles they had experienced. The participants requested that messages from them to other teens be included in publications and presentations of the research results. These studies resulted in recommendations for other participatory investigators to allow the target group to set the research agenda and decide on the process and content of dissemination of results to other persons like themselves, and to include all of the feedback strategies employed. These findings provide the basis for subsequent work leading to a new grant application.

Among other projects where Dr. Anderson sought participant and community involvement was a project conducted with Dr. Deborah Koniak-Griffin and others to implement and evaluate a pregnancy prevention program. The investigators collaborated with such community agencies and neighborhood groups as the American Red Cross, L.A. chapter; the Girl Scouts of America in L.A. County; the Culver City schools; and local boys and girls club programs. Dr. Anderson is now collaborating with Dr. Martin Anderson, associate clinical professor of pediatrics and director of adolescent medicine at UCLA Children's Hospital, in the development of her current project.

Dr. Deborah Koniak-Griffin, professor in the primary care section, has spent the past several years studying the effectiveness of an intensive public health nursing program for adolescent mothers to improve maternal and infant health, increase parenting skills and promote positive life planning. She developed an early intervention program for adolescent mothers, with the interventions designed to help improve health and social outcomes, such as decreasing school dropout rate and improving parenting behaviors. This was a collaborative project involving school and public health nurses in San Bernardino County. She is in the process of evaluating this early intervention program (EIP) on the health and social outcomes of adolescent mothers and their children. The preliminary findings indicate that the school dropout rate is significantly higher in the comparison group, which received traditional public health care, than in the group receiving the more intensive intervention developed by Dr. Koniak-Griffin. She continues to follow the mothers to see whether the lower dropout rates will hold up over a sustained period of time. The intervention group also showed significant improvement in social skills, which they need to more effectively achieve their goals and have more options to offer their child.

Recently, Dr. Koniak-Griffin has begun to turn her attention toward HIV risk reduction in this same population of young mothers and mothers to be. Her findings indicate that both the intervention and the traditional public health nursing care received by the control group had a significant impact in reducing premature birth, low birth weight and Cesarean section rates. At six weeks postpartum, research findings revealed more positive educational outcomes such as lower dropout for
the adolescents in the EIP group and fewer total days of hospitalization for their infants. The study continues to show significant group differences between the EIP and control groups through the first year of life. The infants in the intervention group had improved health outcomes, as in fewer days of hospitalization and higher immunization rates.

The School of Nursing currently funds this ongoing pilot study. The pilot results from this study are providing essential preliminary data toward a federal grant application to support the first HIV prevention program for adolescent mothers and their male partners. Approximately 75 percent of the study population is Latino, a culture in which the male plays an important role in a relationship as the decision-maker. Gleaned from the pilot study, young Latino males are less knowledgeable about their own reproductive health and diseases than the young women.

Dr. Colleen Keenan, adjunct associate professor in the primary care section, is a nurse practitioner and co-investigator of the study “Reaching Adolescents and Their Parents,” of which Dr. Nancy Anderson is principal investigator. This study tests interventions developed to promote family communication between pre-teens and their parents, and to enhance self-esteem, decision-making and communication skills in children in the fifth, sixth and seventh grades.

A related area of research interest for Dr. Keenan is the improvement of health care outcomes in underserved populations. A study entitled “Nurses and Schools: A Partnership for Child and Family Health” examines methods designed to increase health care access for inner-city Latino families. Dr. Mary Ann Lewis and Dr. Anne K. Wuerker are co-principal investigators. They are looking at the effect of expanding health care services in a school-based primary care and referral clinic so that more family-oriented health education programs, women’s health and mental health services can be included.

Dr. Anne K. Wuerker, associate professor in the primary care section, has a research grant from NIH to investigate family relationships in persons with schizophrenia relative to communication patterns, parental attitudes toward the patient and course of illness. Her findings thus far show that negative parental attitudes affect outcomes but are also a reflection of symptoms. In the second year of the study, findings indicated that parents became discouraged when there was an increase in negative symptoms like apathy and lack of motivation in the family member with schizophrenia.

Dr. Mary Ann Lewis, professor in the primary care section, received funding from the Lanterman Foundation to conduct a comprehensive health assessment of the physical, dental, social and mental health of 353 adults at the State of California Lanterman Regional Center for developmentally disabled adults. Preliminary findings indicate that the level of mental retardation is significantly associated with lifestyle and health habits, as well as social contacts with family and friends. Persons with mild retardation (85 percent) had contact with family and friends, whereas those with severe and profound retardation had none. Dr. Lewis used the pilot data to submit a proposal to the National Institutes of Health for funding of a study that will test the effectiveness of a health promotion intervention program in this population.

In an earlier study funded for five years by the National Institute of Mental Health, Dr. Lewis found that 1,155 drug-using women and 236 non-drug using women were indigent, and fewer than half, or 38 percent, had high school diplomas. The drug-using group of women had criminal records and more than one-fourth were homeless. The comparison group of women had mental health problems and some (16.7 percent) were teenagers in foster care. Over 89 percent of all the children born to both groups of women were under court jurisdiction. An 18-month follow-up showed that 22 percent of 926 drug-using women had borne another infant placed in foster care and 7.6 percent of 185 comparison women had borne another child placed in foster care.

Dr. Lewis also conducted a randomized clinical trial funded by the National Institute of Allergy and Infectious Diseases to test the effectiveness of a child-centered/family-focused intervention to improve the outcomes of care for impoverished Latino children, ages 7–12, with asthma. The trial was terminated due to the ethical issues involving the poor quality of medical treatment. A nurse-managed model of care was implemented which demonstrated clinical and statistical reduc-
tions in hospitalizations and emergency/urgent care visits for both the experimental and control children.

Dr. Lewis has recently received funds from the Lanterman Foundation ($300,00) to test the effectiveness of a nurse-managed intervention to prevent unnecessary hospitalizations among a population of persons with developmental disabilities (N=375) residing in community care facilities.

Dr. Betty Chang, professor in the primary care section, has always focused her research on the care of the elderly. She received funding from the National Alzheimer's Disease Association (1992-95) to study the efficacy of an innovative intervention program to improve the performance of activities of daily living such as dressing, eating, bathing, ambulating and toileting, by persons with dementia. The study developed two specialized videotapes used in conjunction with a nurse line support program that demonstrates behaviors for spouses or caregivers to use as they assist with these daily functions. This intervention for family care was designed to reduce the burden and promote quality of life. Dr. Chang’s recent work, done in collaboration with RAND and the Sepulveda VA Medical Center, includes an examination of the quality of nursing assessment, interventions and outcomes in acute hospital patients.

In a related project, Dr. Chang, in collaboration with Dr. Linda Sarna, is focusing on perceived burden and preventive health care behaviors in the caregivers of persons with chronic illnesses. She is currently involved in looking at patients with breast cancer who are using a variety of conventional and non-conventional therapies for symptom management.

Dr. Chang participates in the care of ambulatory patients at UCLA’s Center for East-West Medicine. She has been impressed with the results obtained by patients with chronic, intractable musculoskeletal pain who have not obtained satisfactory pain relief from Western medicine and surgery.

Dr. Jill Berg, assistant professor in the acute care section, focuses her research on adherence and self-management of those with asthma. She is a new investigator at the school and is currently funded for small grants related to asthma self-management behaviors. She is presently examining the health needs of a vulnerable population, Latino adolescents.

Dr. Berg is the principal investigator on a UCLA Academic Senate grant entitled “The Perceptions of Asthma Severity and Asthma Management Among Latino Adolescents.” The purpose of the study is to investigate the perceptions of this high-risk group so that better asthma care can be tailored to this group. Focus group interviews will be conducted in either Spanish or English to facilitate a more complete understanding of the barriers to care and difficulties Latino teens experience related to the management of asthma. This pilot study information will then be used for a federally funded intervention study in this population. Other studies that are in progress include the development of an Asthma Self-Management Assessment Tool and a self-management program designed to reduce absenteeism in adolescents with asthma.

Dr. Mary Sue Heilemann, assistant professor in the primary care section, focuses her research on the effect of culture and cultural mixing on adaptation to health and illness. She was attracted to Los Angeles for the wealth of diversity in the population and by the School of Nursing’s strong emphasis on teaching cultural competency in its programs.

In 1983, she began her career in community health nursing and has since worked with a variety of immigrant groups, particularly Latino populations. She is currently completing a study that she conducted during her postdoctoral program at UCSF with Dr. Kathryn Lee. In this study she examined how U.S.-born Mexican-American and Mexican-born immigrant women cope with experiences such as post-traumatic stress syndrome, fatigue, sleep disturbances and psychiatric disorders in relation to trauma. She states: “I’m trying to get at what makes women resilient.” She hopes ultimately to shed light on strategies that are particularly successful for Latina women after traumatic life events. Dr. Heilemann notes that Latinos are expected to soon be the majority population in California. Currently, the majority of health-care providers are not Latino. She says, “If we hope to offer Latinos quality health care, we need to realize they are not a monolithic group. The first step toward that is to develop cultural competence.”
Dr. Mary-Lynn Brecht, principal statistician for the School of Nursing since 1986, brings a broad range of training and experience in research methodology, teaching, administration, and consulting. She has developed, directed, and provided statistical support services for the School of Nursing research office since its inception, setting objectives, initiating support activities, and supervising up to six statistical and computer support personnel. She has a B.S. in statistics and a Ph.D. in research methods and evaluation. She has 30 years of experience in computer programming, statistical computing, and statistical consulting on a wide range of health-care related studies.

Dr. Brecht has developed statistical software for general-purpose statistical programs on mainframe computers and the first general linear (and loglinear) model software for small PCs, which also included sample-size/power determination for complex experimental designs (GANOVA/GENLOG, Brecht et al., 1984). She has experience with all phases of research studies, including overall study designs (experimental, quasi- and non-experimental, evaluation), sample-size determination, instrument development, a wide variety of statistical analyses (e.g., structural equation modeling, survival analyses, spectral analyses, loglinear and Markov analyses, prevalence estimation methods, factor analyses, regression methods, (M)ANOVA, etc.), interpreting and presenting statistical results, and use of focus groups. Her work has resulted in numerous presentations at professional meetings, 50 publications, and a book on multivariate analysis (1990).

Dr. Brecht has been active in other professional and community arenas, serving on ad hoc review committees for the National Institute on Drug Abuse (NIDA) and the NIDA Center for Substance Abuse Treatment. She has been invited to participate in NIDA/NIJ conferences on prevalence estimation methods, an NIDA task force on drug abuse data systems requirements, and the Join Together (Robert Wood Johnson/Boston University) community work group on “Community Score Cards: Measures of Success or Failure in Measuring Substance Abuse.”

She is a reviewer for the American Journal of Critical Care and has also reviewed manuscripts on the Psychology of Addictive Behaviors (Addiction Research) in the Journal of Psychosomatic Research, Health, Education and Behavior, and Quality of Life Research.

She has maintained an overriding interest in facilitating the use of statistical methods through writing software documentation and giving numerous classes and workshops. She has also given workshops at professional meetings on topics such as the analysis of complex ANOVA/MANOVA/loglinear models, use of GANOVA/GENLOG software, measuring and analyzing change, and prevalence estimation methods.

For the School of Nursing, she has lectured in doctoral courses on measurement issues in developing culturally sensitive instruments, experimental and quasi-experimental designs, factor analysis and validity/reliability, multivariate statistical methods, sample size/power, missing data and methods of analyzing change. Dr. Brecht has also given workshops on data entry and analysis using SPSS, introduction to SAS, use of EQS for structural equation modeling, sample size/power regression, log linear models and other methods of categorical data analysis of repeated measures.

Quality of Life

The other institutional grant awarded in 1995 to the School of Nursing is for the study of issues pertaining to health-related quality of life. Dr. Geraldine Padilla, professor of acute care and associate dean for research, is the principal investigator of this grant. Drs. Kathleen Dracup and Linda Sarna are co-principal investigators.

In its first year, the grant supported the work of three pre-doctoral students. The second year, three pre-doctoral students and one post-doctoral fellow were supported, and in years 3-5, the grant supported three pre-doctoral and two postdoctoral fellows. The quality of life research training grant was renewed for an additional five years in 1997. As with vulnerable populations, health-related quality of life research is a relatively new scientific area of study.

Quality of Life has become a key variable in the evaluation of
health care outcomes, as well as one of the most talked about concepts in health care policy decisions. Recent technological advances, while extending patients’ lives, have prompted more questions about the quality of those lives. The term “quality of life” occurs in a variety of contexts, ranging from how best to enhance patients’ lives to decisions on whether to withhold treatment when the impact on quality of life is deemed unacceptable.

In most cases, patients make mental adjustments. As a result, the way health providers evaluate patients’ quality of life is often different from the way the patient sees things. Measuring quality of life that’s meaningful to researchers and clinicians is a difficult task. In the mid-1990s, an interdisciplinary group of UCLA and RAND researchers and several UCLA School of Nursing faculty met on a regular basis to examine the concept and its measurement. In most quality of life surveys, patients are questioned about their psychological well being, personal relationships and physical disabilities. Combining the patient’s perception along with objective clinical judgment of the patient’s functional status is one way to arrive at some form of measurement. The group from UCLA and RAND concluded that there was more than one view of quality of life, and that it was premature to define it.

Dr. Geraldine Padilla, professor in the acute care section and associate dean for research, addresses the impact of disease, medical treatment and associated nursing care on the quality of life of persons with cancer. She has found that quality of life, as it relates to health, is a multidimensional construct reflecting different aspects of well being. Dr. Padilla found that people of diverse cultural and linguistic origins and of disparate socioeconomic strata evaluate quality of life in different ways. Western culture emphasizes the individual’s quality of life, while Asians focus more on the quality of life of the group, particularly the family, where maintaining harmony is essential to everyone’s well being. Her studies have concluded that the severity of disease and treatment are not the most important factors in determining health-related quality of life. More important issues seem to be personal characteristics such as optimism and control.

Dr. Padilla’s recent research has also focused on the quality of life of persons living with other chronic illnesses, such as AIDS, rheumatoid arthritis, and heart disease. These studies have been carried out with patients from ethnically diverse Hispanic and Asian populations, many of whom are underserved by our health care system. A recently completed study of the quality of life of breast and prostate cancer patients involved Drs. Carol Moinpour and Patricia Ganz in the translation and testing of the Southwest Oncology Questionnaire into Spanish.

Another study, this one of women with gynecological cancer conducted with Drs. Mishel and Grant, showed that disease factors are less associated with quality of life than psychological factors such as uncertainty about illness.

Still another study (with co-investigators Grime! and Grant), on the home care of persons with cancer, showed the importance of considering age and gender differences in planning for self-care activities. In addition, the survivors of head and neck cancer radiation treatment exhibited various patterns of quality of life over time. The number and frequency of side effects of treatment, optimism, and belief in chance contributed significantly to quality of life outcomes. These studies addressed the importance of quality of life as an outcome of cancer.

Dr. Kathleen Dracup, professor in the acute care section and Lulu Hassenplug Endowed Chair holder, has studied the impact of cardiovascular disease on the quality of life of patients and family members. Her studies have included numerous interventions designed to improve the quality of life of patients and families during recovery from acute myocardial infarction (MI) or coronary bypass surgery. In an earlier study conducted in 41 patients admitted to a coronary intensive care unit post-MI, she examined the effects of a nurse-patient contract designed to improve patients’ sense of control. Patients who designed and signed a contract about family visiting, resumption of activity, and the daily schedule of nursing care reported significantly less emotional distress than patients in a control group. In a second study, she compared the quality of life of 141 patients who participated in a structured cardiac rehabilitation program and those who did not participate in such a pro-
gram at six-month follow-up. Patients who participated in formal rehabilitation were significantly less anxious and depressed, and had better psychosocial adjustment. They also reported being more satisfied with their marriage compared with patients in a control group.

Dr. Dracup and her colleagues in the UCLA Division of Cardiology have conducted several studies to assess the quality of life of patients with advanced heart failure who are considering heart transplantation. Interestingly, they have consistently found no relationship between quality of life and standard measures of cardiac function or disease severity. However, functional status has evolved as an important predictor of quality of life in this patient population.

In a recent study with Dr. Mary Riedinger, Drs. Dracup, Padilla and Sarna examined the gender differences in quality of life in 1,382 patients with heart failure. Women had significantly worse scores than men for vigor, basic and intermediate activities of daily living and social activity. These findings support the need for focusing on physical activity and functional status in patients with heart failure, particularly women. Therefore, Dr. Dracup and her colleagues are conducting a four-year study, funded by the American Heart Association Western Affiliate, to improve quality of life through a home exercise program.

Dr. Linda Sarna, associate professor in the acute care section, focuses her research on the experience of lung cancer survivorship. In July 1992, Dr. Sarna received an award as a new investigator from the UC Tobacco-Related Disease Research Program. She received the award for her study, “Impact of Nursing Care on Symptom Distress and Quality of Life.” With this three-year grant for $221,193, Dr. Sarna became the first nurse researcher ever funded by the program, which was created by the passage of Proposition 99, the 1988 California Tobacco Tax and Health Protection Act. Dr. Sarna’s initial study looked at the effectiveness of an assessment protocol to guide nurses in minimizing symptom distress and improving both physical function and general quality of life in patients with lung cancer.

Dr. Sarna has been interested in the school’s cancer nursing program since its inception in the mid-1970s. It was during her own master’s pro-
older adults is a strong predictor of mortality, hospital/nursing home care
and other poor outcomes. An important deficiency affecting func­
tional status in the elderly is vitamin B12. The lining of the stomach in
older persons tends to atrophy, making them less able to absorb what
they take in and placing them at higher risk for deficiency.” According
to Dr. Cadogan, “Vitamin B12 deficiency has been associated with neu­
rological, psychological and cognitive dysfunction. Typically, taking a
blood sample has identified this deficiency. But by the time the serum
vitamin B12 level drops, it is very late in the deficiency. At this point,
these individuals are likely to have problems that cannot be reversed.”
Her study focuses on two enzymes, methylmalonic acid and homocys­
teine, that are elevated prior to the depletion of vitamin B12. In this
study, Dr. Cadogan is looking for the symptoms that might be associated
with these early indicators. In the preliminary results from a clinical study
of about 270 individuals attending a geriatric outpatient clinic, Dr.
Cadogan found that vitamin B12 deficiency in its early stages is asso­
ciated with gait and balance disorders, as well as peripheral neuropathy,
thus placing these patients at higher risk for falls. “The next step is to
study whether treating vitamin B12 deficiency in its pre-clinical stage
would prevent the onset of the symptoms that we know to occur later
in the deficiency,” says Dr. Cadogan.

As an offshoot of that study, Dr. Cadogan is examining the specific
symptoms related to elevated homocysteine in the elderly regardless of
it relationship to vitamin B12 deficiency. Recently, elevated homocys­
teine was identified as an independent risk factor for vascular disease, which
is very common in older persons.

She is also examining the relationship between low albumin levels
and functional status in older persons. Dr. Cadogan states, “These are
people who have protein caloric malnutrition, which is common among
older adults, but they don’t show the typical symptoms associated with
this problem, such as weight loss and low body mass index.” The
answer to the question, “What is the low albumin measuring?” might be
a general barometer of frailty in the elderly. Dr. Cadogan found that a
nutritional intervention with protein, calories and vitamin supplemen­
tation seems to improve the albumin levels.

Another aspect of her study to prevent functional disability in the
elderly looks at the effects of a restriction of activities in healthy older per­
sons. “This is a classic marker of functional decline in the elderly, and yet
nobody has really sought to understand from the patients’ perspective
why they restrict their activities,” says Dr. Cadogan. She is interested in
finding out whether it is the advice of a doctor, lack of motivation or
physical ailments. An answer to this question might lead to an early inter­
vention in the process, when the greatest impact can be made.

Dr. Gwen van Servellen, professor in the acute care section, spe­

cializes in the psychosocial dimensions of disease and illness. She has
focused a good deal of her research effort on quality of life and the affec­
tive components of HIV/AIDS. To a lesser extent, she has examined the
similarities and differences in emotional distress among AIDS and
end-stage cancer patients. Dr. van Servellen’s research on the affective
components of quality of life among HIV/AIDS patients spans several
years. She has received numerous grant awards, the most recent focus­ing
on dimensions of quality of life and adherence to appointment keep­ing
and medication regimes among men and women with HIV/AIDS
receiving care in community-based clinics in the Los Angeles area. She
is actively collaborating with Drs. Mallory Witt and Gildon Beall at
Harbor-UCLA Medical Center to discover the relationship of affective
components and quality of life compliance with treatment and anti­
retroviral medication regimes among men and women with HIV/AIDS
receiving care in community-based clinics in Los Angeles County. The
long-term goal of this research is to design adjunctive measures, which
will enhance compliance and monitor the relationship between com­
pliance and quality of life.

Basic Science Research

Nursing today is a science, complete with its innovative and thorough
research that pushes the limits of knowledge through creative and
often complex studies. Basic nursing research explores fundamental questions without necessarily knowing where the answers will lead. It is driven by clinical needs and typically starts with a clinical question and proceeds from there. The following faculty members illustrate the importance of laboratory research investigating nursing questions.

One of the earliest basic science laboratory researchers at the School of Nursing was Dr. Maria W. Seraydarian, who was professor of nursing and chair of medical-surgical/physiological nursing (which became the acute care section) before her retirement in 1993. Dr. Seraydarian had been on the faculty since 1972. She was born in Warsaw, Poland and earned a master's degree in chemistry from American University in Beirut, Lebanon. She came to the United States and received a Ph.D. in biochemistry from Tufts University in 1952. She joined the faculty at the UCLA School of Nursing to continue her research and teach the importance of human physiology to nurses. She states, “I wanted to stress the science component at the school, which had traditionally had more of a psychosocial emphasis.” For 30 years or more, her considerable body of research focused on the energy metabolism of the myocardium. She was one of the pioneers who recognized the significance of intracellular energy transport in the heart. She focused on the production and regulation of energy in individual heart cells in culture. To unlock the mystery of energy metabolism and transport, she looked for answers in the mitochondria, a small component in the cell where energy is generated, and at the energy utilization site in the contracting heart cells. She wanted to know how the mitochondria was able to “determine” how much fuel to produce for various levels of heart activity.

Her findings led to the interesting possibility that the creatine-phosphocreatine-mitochondrial creatine kinase system is the regulatory and transport mechanism on the energy supply side to the energy-consuming site in the myocardium. The working heart produces fuel as it is used, unlike a car, which stores fuel until it is practically used up. This has potential clinical implications for a failing heart.

Another early pioneer in basic science research at the School of Nursing is Dr. Donna Vredevoe, professor in the acute care section. She became a member of the faculty in 1967, the first person to be hired by the School of Nursing with basic science experience. She did a postdoctoral fellowship in microbiology and immunology. Since joining the faculty she has been involved in her own research, in addition to helping students and other faculty with theirs. Her research is extensive and covers a variety of areas related to the field of her postdoctoral fellowship in microbiology and immunology. In the 1980s, she developed an immunoregulatory test system for use in the analysis of environmental and physiological stressors relevant to nursing practice. The project examined the effects of a number of environmental variables, such as metallic ion pollutants, on the human immunoregulatory system. The system she developed can be used to test the effects of nutrition, trauma and psychological stress on the immune system.

In 1990, one of her students suggested that the laboratory model she had used to study immunosuppression might be applied to patients with heart failure. Dr. Vredevoe received funding from the UCLA Program in Psychoneuroimmunology in 1992 and has since pursued this line of research. In her study of the physiology of heart disease, Dr. Vredevoe targeted one of the hallmarks of heart failure, which is a chronic elevation in norepinephrine, a hormone that increases the heart's response to stress. Dr. Vredevoe states, “Recent analysis by other investigators has characterized heart failure as being as much a neurohormonal disorder as a hemodynamic one. The consequences of the chronically high norepinephrine on the immunologic system in heart failure patients is relatively unknown.” She has focused on changes in immunological function as heart failure progresses with concurrent rises in norepinephrine as a consequence of the neurohormonal disorder of the disease. Her team of researchers showed that there is a decrease in the ability of natural killer lymphocytes, i.e., cells involved in antiviral and antitumor responses, to respond to cytokine activators. This decrease in response correlates with increases in serum norepinephrine, which is involved in regulation of the immune response. Her research team discovered that one-third of patients with advanced heart failure have profound deficiencies in natural killer lymphocytes' responses to cytokine stimu-
ants. Based on a sample of 220 heart failure patients, Dr. Vredevoe and her colleagues found that half of advanced heart failure patients could no longer react to skin test antigens to which they previously had been exposed and reacted.

Dr. Vredevoe hopes to elucidate the clinical consequences as well as the mechanisms involved in the immunosuppressive response. She believes that understanding the mechanisms could offer insight into the impact of stress on the immune system and thus lead to the development of new interventions, be they medications, dietary regimes or counter measures to protect at-risk patients from infection. “The ultimate goal of basic research in our school is always to find nursing interventions that will make a difference in patient care,” says Dr. Vredevoe.

Dr. Christine E. Kasper, former professor in the acute care section, joined the School of Nursing faculty in 1988. Dr. Kasper’s research is in muscle atrophy and exercise. She first became interested in this area of research when she was a master’s student at Rush University. She was struck by the patient’s degree of fatigue and inability to carry out their normal activities of daily living upon recovering from postoperative surgery or recuperating from an illness. This lack of energy occurred in the absence of other symptoms of illness or injury. As a doctoral student in the late 1970s and early 1980s, she collaborated with a group of exercise physiologists at the University of Michigan. At that time, exercise was thought to improve weakness and fatigue, which led her to look at how exercise might enable people with atrophy to recover more quickly. She found that patients suffered muscle atrophy caused by lying in bed for a lengthy period of time. As these patients began to resume their normal physical activity, she observed that muscle strength was slow to return. These observations led Dr. Kasper to ask such questions as, “Can exercise help to rebuild atrophied muscles, or should exercise be delayed to avoid further, possibly lasting damage?” Dr. Kasper decided to pose these questions formally in her research. She found that everyone adapts to his or her own normal level of what is known as “activities of daily living” such as brushing teeth, bathing, making breakfast, combing hair and dressing. With decreased levels of activity over time and decreased levels of exercise, the skeletal muscles adapt to the diminished activity level and start to atrophy within 24 hours. This condition parallels closely to what occurs in space flight with weightlessness. The simple act of picking up a cup of coffee does not require any effort in the absence of gravity. So the results in space are similar or worse than for that of a hospitalized or bedridden patient. Due to the relevance of her study to the space program, Dr. Kasper became the first nurse to receive a basic science grant to fund her research on muscle atrophy and the effects of exercise to rehabilitate these muscles both in space as well as in the bedridden patient.

Her initial study results, surprisingly, found that exercise did not help. What she did find was that exercise produced 30 percent degeneration of the fibers within the postural muscles. The postural muscles are those that support standing and posture. Dr. Kasper did not expect this finding. She has since replicated this study a number of times and obtained similar results. This led her to conclude that it is possible there is a period of time during atrophy when exercise may add to the problem.

In 1992, Dr. Kasper began to study the molecular basis of tension development in general muscle atrophy and the atrophy of skeletal muscle, resulting from changes in tension development. This led her to pursue the basic questions about nucleic signals that regulate cellular activity and the process of regeneration after atrophy. When normal baseline activity in an individual is significantly reduced, the muscles in turn reduce the regeneration of proteins, causing them to shrink. This process can begin as soon as eight hours after a patient becomes less mobile, affecting just about every hospitalized patient to some extent. This grant was funded by the National Institute for Arthritis and Musculoskeletal and Skin Disease.

In her experiment with rats, Dr. Kasper found that physical activity immediately following atrophy actually produced muscle damage. By the time she was a member of the UCLA School of Nursing faculty, Dr. Kasper found changes in morphology, then changes in cells, and finally alterations in the signals from the nuclei that regulate cell size. This is the focus of her current research.
After 10 years of painstaking work, she was able to verify that cellular damage could occur even when low-level exercise began too soon following atrophy. She states, “We showed that if the muscle has become so small that it can’t hold the weight of the patient, exercise can kill about 20 percent of the cells, while another 20 percent will be damaged but able to recover.”

This finding has implications for astronauts in space, where atrophy is a major problem. Through her funding from NASA, Dr. Kasper was able to conduct experiments on the space shuttle in which she was able to document the massive changes that zero gravity can cause to the nuclei of muscle structures and cells.

Dr. Kasper is extending her studies by collaborating with other researchers investigating issues of urinary incontinence, since the underlying principles are similar to those of atrophy.

Dr. Karen Gylys, assistant professor in the primary care section, focuses her research on the molecular pathophysiology of Alzheimer’s disease, in particular the role of the proteins beta amyloid and apolipoprotein E (apoE) in the formation of the characteristic lesions (amyloid plaques), found in the brains of patients with Alzheimer’s disease. The apoE gene has been found to be a risk factor for the late onset type of Alzheimer’s disease, which is the more common form. Dr. Gylys states, “Essentially nothing is known about what it does to help bring on the disease. It’s not even clear what its normal role is in the brain.” She is interested in finding out on a cellular and biochemical level what the role of apoE might be, and what’s different about apoE that makes it a predisposing factor. Not much is known about the process by which the lesions develop.

Dr. Gylys is approaching the problem from a pharmacological perspective. She is looking at the receptor-mediated function of the proteins. An understanding of the biochemistry of dementia would open the door to the development of drug compounds designed to block the process from occurring.

Although trained as a basic scientist, she feels her background as a nurse gives her more of a clinical focus. She states, “Being a nurse is very important to the science I do. I interact with the Alzheimer’s disease community here on campus, which includes a lot of other nurses and physicians. That enables me to focus on the big clinical picture when I’m conducting my research.”

Dr. Gylys began her career as a coronary care staff nurse before pursuing a master’s degree in human development. She became interested in neuroscience and went on to earn a Ph.D. in neuropharmacology and complete her postdoctoral studies at UCLA. She currently teaches pharmacology to nurse practitioner students at the School of Nursing.

Dr. Peggy Compton, assistant professor in the acute care section, also has a neuroscience background and does research into the biochemical and molecular basis for the development of tolerance to and dependence on opiates. She is one of the first researchers seeking confirmation that genetics plays a role in opiate addiction susceptibility and pain intolerance in humans. She became interested in individual differences that exist in pain tolerance while working with opiate abusers in methadone clinics. Evidence from animal studies strongly suggests an inherited susceptibility. She hopes to identify the genes that underlie the individual differences. This information would be extremely valuable not only in drug abuse treatment but in analgesic administration.

Dr. Wendie A. Robbins, assistant professor in the primary care section, has a background in epidemiological biomarker studies. Her research focuses on DNA stability related to environmental, pharmacological and occupational exposures.

While working as an ob/gyn nurse practitioner, she saw many families that had experienced poor reproductive outcomes due to environmental, workplace, or lifestyle exposures. She pursued a career as an environmental health nurse scientist to enable her to make contributions that might prevent these tragedies from occurring. Her laboratory research focuses on using genetic techniques and her knowledge of exposure susceptibility and risk factors of environmental toxins to evaluate human sperm cells for chromosomal abnormalities. Dr. Robbins hopes that understanding the associations of these genetic abnormalities in the context of the environment will provide important information.
that can be used to develop prevention strategies.

Dr. Robbins also serves as director of the federally funded Occupational and Environmental Health Nursing Program at the SON. She has a joint appointment with the School of Public Health Environmental Health Sciences Department. She received her Ph.D. from UC Berkeley in epidemiology and worked as a researcher for three years at the University of North Carolina at Chapel Hill.

Other Researchers

Dr. Susan Ludington, a former associate professor in maternal-child health/primary ambulatory care of the School of Nursing, focused her research on the youngest and smallest patient of the life cycle, the premature infant. Since 1988, her professional career has centered on the sensory environment of the infant and how it affects development. She was especially interested in an adaptation of “kangaroo care,” which is skin-to-skin contact between the mother and the premature infant. (Kangaroo care originated in Bogota, Colombia, as a method of care designed to provide warmth, rocking and immediate accessibility to milk supply for premature infants.)

Dr. Ludington’s findings, presented at the 1996 6th Biennial Meeting of the International Congress in Infant Studies, are that maternal skin is as effective as an incubator in maintaining the body warmth of the premature infant, and that the mother’s skin makes four times as many adjustments as standard proportional control incubators designed to vary in accordance with infant skin temperature. “These findings suggest that skin-to-skin contact can be safely used to maintain body temperature when infants are being held and when incubators are unavailable or inoperational, as they are in many developing nations,” says Dr. Ludington. This study, “Skin-Skin Contact for Preterm Infants,” was funded for four years (1991-95) for $1.36 million by the National Institute for Nursing Research/National Institutes for Health. Another finding was that breathing patterns improve in premature infants while they are being held; that, in turn, led to another study investigating breathing-pattern change in premature infants by evaluating cardiorespiratory and thermal responses in pre-term infants during “kangaroo care.” For a related study, “Skin Contact with Mothers for Ventilated Preterm Infants,” Dr. Ludington received funding in 1995 by the American Association of Critical Care Nurses. She also received the Hewlett Packard Research Award for critical care nursing.

Dr. Lina Zahr, associate professor in the primary care section, focuses on premature infants born to low-income Hispanic mothers. She received funding for this study in 1992. The study looks at whether having public health nurses follow up with regular home visits for 12 months would have a positive impact on the infant’s development long after the intervention has ended. As part of the study, every two weeks, trained nurses spend at least an hour educating mothers about their babies.

Early births born to low-income Hispanic families renders premature infants vulnerable to developmental difficulties that can include low I.Q., unstable temperament, eating, and vision problems and learning disabilities. The limited means of the parents hinder their ability to improve the situation. Dr. Zahr’s research has focused on finding nursing interventions that can offset these obstacles. Moving the setting for nursing interventions from the clinic to the home proved to be most effective. The infants showed substantial benefits when the intervention process began in the hospital, after the birth of the premature infant, teaching the mother basic skills of caring and understanding their baby’s behavior. Follow-up visits by a nurse at four and eight months showed overall improvements. However, the changes diminished over time, suggesting the need to continue the intervention periodically in the home.

Dr. Zahr’s current research interest concerns a home intervention program stressing cognitive-sensory stimulation of infants with hypoxic brain injury to enhance cognitive-sensory development. She submitted a research grant to the National Institute for Nursing Research to study this problem.

Dr. Susan R. Opas, associate professor in the primary care section,
was awarded a Project Share Fellowship in School-Nursing Education. The fellowship program, supported by the U.S. Department of Education, seeks to prepare nurses to deal with the growing numbers of schoolchildren who are chronically ill, disabled, repeatedly abused, addicted to drugs, or suffering from complex health problems. Dr. Opas has worked in pediatric nursing for more than 20 years.

Dr. Donna McNeese-Smith, assistant professor in the acute care section, conducts research that can be viewed as components of a systems view of a structure, process, and outcomes model for quality of care. Initially she focused on leadership at the patient-care manager level, and the influences of leader behavior on staff outcomes of job satisfaction, productivity, and organizational commitment. She then broadened this to include other manager characteristics, including motivation, and examined the influence of manager motivation on patient satisfaction. Age stage, developmental stage, and job stage, as well as work values of nurses, were examined in relation to employee outcomes of job satisfaction, productivity, and organizational commitment.

She has since moved to a broader view of health care systems. She is currently focused on the influences of managed care on care delivery processes and patient outcomes within the context of depression and substance abuse treatment. This includes care processes that have evolved as health care develops more of a managed care approach, including case management and population-based management.

Dr. McNeese-Smith’s present research has the purpose of examining two separate models of substance abuse treatment that have been created by managed care organizations to provide care. The goals of this study are to determine if there are differences between these models. She is also examining plans being proposed and implemented to provide substance abuse treatment within managed care in California and care being provided in Australia under a national health insurance program.

Dr. Dorothy Wiley, adjunct professor in the primary care section, focuses her research on epidemiological characteristics of HIV/AIDS and human papillomavirus (HPV) infection in men and women. She is principal investigator of a multicenter clinical trial to evaluate the efficacy of a new vaccine in young women. She is also studying a virus that is commonly associated with cervical cancer.

Dorothy Wiley has a wide range of professional experience, having taught community health in a nursing school, patient education in a large HMO and in-service nursing education for a large tertiary hospital. She also spent approximately four years at the L.A. County Department of Health Services in the HIV Epidemiology-Seroepidemiology Unit, where she directed the implementation of an HIV sero-study, a large, time-limited record-based incidence study in publicly funded clinics.

Dr. Suzette Cardin, adjunct professor in the acute care section, conducts research that examines health care delivery systems. She has been coronary unit director for the cardiac care unit/cardiac observation unit at UCLA Medical Center since 1984. She teaches nursing administration at the School of Nursing.
"If you have knowledge, let others light their candles at it."

THOMAS FULLER

Chapter VI

THE CHALLENGES

THE DORIS AND LOUIS FACTOR HEALTH SCIENCES BUILDING

At the UCLA campus, on a corner atop a hill sits a brick and glassed-in structure called the Doris and Louis Factor Health Sciences Building. This is the building that houses the School of Nursing. The school occupies six floors, including administrative and faculty offices, a 150-seat auditorium, research laboratories and an alumni/student lounge donated and furnished by the School of Nursing Alumni Association. A nursing practice laboratory, audiovisual facilities and a group interaction laboratory enable students to monitor, assess and evaluate nursing problems in direct health care.

As you enter this multi-storied building, the hustle and bustle in the spacious entrance way signifies people going to and from classes or offices. Around the corner, after you pass some offices, you reach the elevators. If you get off on the second floor, you pass the alumni/student lounge. There, student nurses are studying or relaxing, enjoying quiet time or each other. Most of them do not realize the struggles and the length of time it took others to provide this space for them.
The request for more space and a better location began with the first dean, Lulu Wolf, when she arrived on the UCLA campus in 1948. Her office was a room in the basement of Royce Hall, behind the women's restrooms. You had to enter her office through the back door of the building. It was there that she met with her small faculty in 1949 to work long and arduous hours establishing the UCLA School of Nursing. Ever the eternal optimist, Lulu was quoted as saying, “Even though we sit in the basement of Royce Hall at present, I'm sure we will eventually find our place in the sun.” Little did she know at the time that it would take until April 9, 1981, 32 years later, for the School of Nursing to find its place “in the sun.”

Despite all Lulu's requests to the UCLA administration for more space, it wasn't until 1951 that the nursing offices moved to a Quonset hut on the grounds behind Royce Hall. It was next to a restroom hut and a classroom hut where the UCLA band practiced day in and day out...not exactly an optimum place for serious work. When the students began to arrive in 1949, they had their classes wherever they could find rooms; sometimes, that was even outdoors.

By 1952, the enrollment in the baccalaureate program at the School of Nursing was increasing and the Master of Science program had begun, so Lulu kept up her desperate requests for more space. In 1954, the school moved into space provided in the UCLA Medical Center building. Offices and classrooms were shared with the School of Medicine. There was an area for offices and the nursing arts laboratory classroom on the third floor, above the library. Compared to what the school had previously had, this seemed like a step in the right direction. The next year, Dorothy Johnson became chairman of a committee to plan for a building program for the School of Nursing wing of the medical center; she held that position through 1964.

In the spring of 1956, preliminary planning began, and by 1957, a building program was submitted to the administration. Drawings were completed by March 1960, but by November 1961 the plan was dead. Other schools in the Center for the Health Sciences were vying for the same space. Little happened until 1964, when Harriet Moidel was appointed the School of Nursing Building Committee chair to continue the battle for more space. In 1965, the hospital built an addition to floors 5-10, and the School of Nursing obtained four...
offices and five classrooms located on floors 5, 6, 7 and 8. Although inadequate, this helped add to the space that was so very much needed. By the late 1960s, the school was eliminated from the building list. This, compounded by the crisis of 1968, in which the School of Nursing’s existence as an autonomous school was threatened, constituted a mighty blow.

Dean Hassenplug retired in 1968, and the second dean, Rheba de Tornyay, was appointed in 1971. Lack of space remained a crucial problem, and Dean de Tornyay felt that a School of Nursing building was the top priority. She argued that it was essential for the school’s survival and was also necessary to attract excellent new faculty members. The push for more space continued. In 1971, another building committee was formed, with Harriet Moidel as chair. This committee would develop preliminary plans for a School of Nursing building and gather political support for Proposition 2 on the Nov. 7, 1972 ballot. The proposition funded four University of California Health Sciences Building Projects, including the School of Nursing. Chancellor Young appointed Harriet Moidel as chairman of the building committee for the project in August, 1972. There would also be representatives from other departments on the committee. Proposition 2 was passed by the voters, brightening the school’s outlook.

The bond provided state funds, and these funds needed to be matched by federal funds. As Rheba set about making applications for federal funding, Harriet and her committee were doing much of the basic planning and legwork. The committee worked on many aspects of the building plans while Rheba worked on the political aspects on campus and in Sacramento. It was tedious and difficult. It would continue this way throughout Rheba’s tenure (1971-75) and beyond.

In April 1973, the Project Planning Guide for the School of Nursing building, planned and developed by the building committee, was forwarded to Chancellor Young. By September 1974, Biomedical Library expansion and School of Medicine academic space were attached to the School of Nursing project. In order to go ahead with plans, the school had to consent to these changes. In January 1975, the Jonsson Comprehensive Cancer Center building became attached to the School of Nursing building. It was exciting for the committee and all else concerned when the process for selection of an architect began in January 1975, and when planning funds were obtained the following month.

To get some idea of the real issue of space deficiency in 1975, one had only to look at the reality of the situation. In the 1974-75 enrollments in the School of Nursing, there were 95 undergraduates and 150 graduate students. While the undergraduate enrollments were expected to stay around 100, the School of Nursing expected the graduate enrollments to reach 280 students by 1983-84. The doctoral program was also in the early stages of being reviewed by the university. All of these students, along with faculty and administration, were being crowded into less than 10,000 assignable square feet (ASF). According to the Department of Health, Education and Welfare, the allotted
space for a school the size of the UCLA School of Nursing was 28,900 ASF. During this time, the school was housed in three borrowed areas of the Center for the Health Sciences. The space consisted of one large classroom, too large for small classes and too small for large classes; one seminar room; cramped faculty offices; no laboratories; and an audio-visual room converted out of a janitor's closet. The ability and determination of the students, faculty and administration to endure these hardships and still rank in the top 10% of the nation was nothing less than incredible.

The year 1975 continued to be a busy and complicated one. In March, several important events took place. On the 14th, an architectural firm was appointed by the Board of Regents, and on the 17th, applications were submitted to the U.S. Public Health Service and the National Institutes of Health for a $4,372,500 grant for the building. At this point, matching state funds were not forthcoming. The members of the SON Building Committee felt that to secure approval of such funds from the state Legislature, they had to utilize political pressure from a force outside the school. A strategy committee was formed to collect data needed to educate leaders who could help obtain funds. Alumni members contacted key legislators by phone, telegrams and letters, urging provision of state funds needed to construct the new building.

In June of 1975, at the peak of events concerning the building, a new problem arose. Rheba de Tornyay left the school, and Betty Dambacher became acting dean. Now the school was facing the arduous task of finding a new dean. Rheba de Tornyay was later quoted in the March 2, 1976 Daily Bruin as saying: “The problem over space for the School of Nursing greatly influenced my decision to leave UCLA. I had two senior faculty members who had no research space. One went to the University of Southern California, and the other had to use a place in the nuclear medicine lab. When a dean can’t find her faculty members research space, you know something is bad.”

On August 14, 1975, AB 2498 was introduced by Assemblyman Duffy. The bill, which was amended on August 21, 1975 and September 3, 1975, primarily said that state funds would be released when the president of the University of California certified to the director of finance that $2.2 million or more in federal matching funds were available for such purposes as the UCLA School of Nursing building. Opponents of the bill continued to argue that nursing schools should have a lower priority for the limited bond money than medical schools and teaching hospitals; that there is sufficient campus space to house the nursing program without a new building; and that the school does not turn out enough patient care nurses to meet the public’s needs. Duffy himself questioned the necessity of continuing the undergraduate nursing program in light of the school’s emphasis on graduate study. The bill died on the Assembly floor, dealing another blow for the school, as well as to the university.

On the other hand, in September of 1975, the U.S. Public Health Service, Division of Nursing funded the $4.4 million requested in the Building Construction Grant. By October, the UC Regents approved the site of the building. The regents also approved the 1976-77 Capital Improvement Budget, which included funding for the School of Nursing/Jonsson Comprehensive Cancer Center building. The school and the cancer center merged committees, with Donna Vredevoe as chair.

The political situation concerning the building was still in flux at the beginning of 1976. The existing bill (AB 2498) was carried over from the 1975 legislative session and was placed in the inactive file of the Assembly. The bill needed to be passed by the Assembly no later than January 30, 1976 to stay alive, since AB 2498 contained an appropriation. The bill couldn’t be approved by the Legislature in advance of the budget without a letter from the governor. Meanwhile, federal funds would not be released until state funds were approved.

On January 7, 1976, Acting Dean Betty Dambacher wrote a letter to Chancellor Young inquiring about the status of the School of Nursing building and the governor’s budget. During this time, there seemed to be little help coming from the University of California administration, so Chancellor Young began exerting pressure in that direction. On January 12, 1976, C.O. McCormick, vice president of the University of California system, sent a letter to Roy M. Bell at the state Department
of Finance in Sacramento. The vice president urged Bell to push for immediate passage of AB 2498. On January 14, 1976, when Chancellor Young responded to Betty’s letter of the previous week, he told her that the matching state funds for the federal construction grant were not included in Gov. Brown’s budget. He also stated that no action from UCLA would be taken until there was a response to the vice president’s letter by the state Department of Finance. AB 2498 would soon be obsolete, and it was evident that a new bill would have to be introduced.

In reference to this political nightmare, the School of Nursing and the Nursing Alumni Association decided to set as a goal the allocation of state funds for the building construction. As in the past, members got busy en masse writing letters, phoning, and sending telegrams to key legislators. They urged the provision of state funds for the building construction. Key members of the faculty, students and alumni association members made visits to the Assembly Committee’s hearings in Sacramento through June, 1976. They were ever present and much noticed. The plight for the much-needed School of Nursing building also made television news when Acting Dean Dambacher was interviewed on a Channel 4 news special on April 30, 1976. The acting dean pleaded for the release of state funds desperately needed to start construction. Her appearance did not go unnoticed by community members, nor by the politicians.

All of the efforts of the faculty, students, alumni, and UCLA and UC administrators, as well as by the community at large, paid off. Assemblyman Duffy introduced an urgent bill, AB 4109, into the State Assembly on March 26, 1976. This bill included construction funds for the new building. The bill had to pass through the various committees and eventually be put into the governor’s budget. Finally, the bill passed. In September, 1976, Gov. Brown’s 1976–77 budget included capital outlay funds for the construction of the building. The money was released in 1977, five years after Proposition 2 had passed.

In 1977, Mary Reres was appointed the school’s third dean. She would ably take on the responsibility of the School of Nursing building project. On November 30, 1977, the groundbreaking ceremony for the School of Nursing/Jonsson Comprehensive Cancer Center building
took place, and the long-awaited construction began.

The big day finally arrived on April 9, 1981. It was Dedication Day for the new building, followed by a School of Nursing Alumni Association reception. It was a grand day, and there would be many more wonderful days to come in the near and distant future. For example, on June 25, 1981, the occasion arose for nursing colleagues and guests of those attending the International Conference on the Care of the Aged, sponsored by the school, to tour the new building.

The struggles to attain housing for the School of Nursing began with the first dean in 1949 and ended with the dedication of the School of Nursing building during the tenure of the third dean in 1981. It took 32 years for the school to attain its goal. The amount of physical work and energy that this entailed was phenomenal. The proposals, committee meetings and correspondence that took place were numerous, the perseverance and stamina of all involved unbeatable. As the current generation of nurses takes on its own fights and struggles to keep nursing moving in the right direction, they should know that they can be proud of the excellent leadership, determination and fortitude of the nurses who preceded them. May they continue to enjoy their very own building.

The Crises

Through the course of its 50-year history, the UCLA School of Nursing has experienced several major crises.

On June 21, 1968, the UCLA administration circulated a proposal to terminate the school and create an Office of Nursing Education in UCLA Medical Center under the director of hospitals and clinics. If the Academic Senate Committee and the UC Regents had approved this proposal, the last class to graduate would have been those students admitted in the fall of 1968. Then-dean Lulu Hassenplug urged all faculty, alumni and supporters of the school to write or telegraph the regents. Phyllis Sussman, president of the alumni at the time, sent a survey on July 1, 1968 to all graduates of the School of Nursing asking for employment status and general involvement in professional activities. Such a profile would clearly indicate the level of excellence achieved in nursing by graduates of the school and the contributions they were making to the care of people. The response and support was tremendous, and a list of the school's distinguished alumni was compiled and distributed.

Dean Hassenplug wrote in the Daily Bruin on July 3, 1968, "despite the fact the school has been in operation since 1949 and has been approved by appropriate committees of the Academic Senate, the school has never been free from sometimes subtle and other times overt harassment from some of the medical school faculty." Nonetheless, Vice Chancellor H. Foster Sherwood started phase-out procedures to reorganize the School of Nursing. His proposal claimed there had been dissatisfaction over the past two decades with the nursing education program. To the contrary, the school had been reviewed by the Academic Senate committee three times and received a favorable report each time. It was felt by many that the proposal had to do with Dean Hassenplug's pending retirement.

It was Vice Chancellor Sherwood's contention that nurses should be trained functionally on the job while pursuing degrees in sociology and related sciences. This was an effort to revert to the more traditional apprenticeship method of education, rather than university preparation. The cost of the School of Nursing was also a major consideration in Vice Chancellor Sherwood's proposal. He defended his proposal by saying that nursing as such was not a profession, that it did not possess any unique core of knowledge or special techniques, and that was sufficient justification to abolish the school. The entire nursing community rallied to oppose the closing of the school, successfully using the political process to ensure its survival. The wounds, however, took time to heal. It was several years before the school recovered from this traumatic event during these early years. Unfortunately, it was not the school's last survival-related crisis.

The crisis of 1976 occurred during Dr. Betty Dambacher's tenure as acting dean. The bond issue in Proposition 2, which was passed by
California voters in 1972, provided funds for four statewide health science building projects, one of which was the UCLA School of Nursing. In 1976, the State Assembly Health Science Education Committee held hearings. The year before, Assemblyman Gordon Duffy, the committee chairman, carried legislation authorizing bond funds for the long-awaited nursing building, but the bill died on the Assembly floor.

Opponents of the bill argued that the nursing school had a lower priority for the limited bond money than the medical school and teaching hospital, and that there was sufficient campus space to house the nursing program without a new building. They also argued that the school did not turn out enough patient care nurses to meet the public’s needs. In the face of political pressure, Duffy questioned the necessity of continuing the undergraduate nursing program in light of the school’s emphasis on graduate study. He suggested that the community colleges and state universities could meet this need.

Executive Vice Chancellor William Gerberding testified that the UCLA administration would probably phase out UCLA’s nursing program unless the Legislature approved the funds for a School of Nursing building. He emphasized that the $1.6 million bond fund was needed to replace the physically cramped nursing school. Without a building, the School of Nursing would probably not remain a viable entity on the campus. Gerberding further testified that the School of Nursing needed its own space, as space was not available anywhere on campus. The Regents had approved $6 million in the 1976–77 budget request for a new nursing facility to be built next to the existing medical and dental school and Biomedical Library. The project, however, required legislative approval for the $1.6 million from the 1972 Health Sciences Bond Program to be matched by $4.4 million in federal grants. The new building was tentatively slated for construction in the fall of 1977.

Dr. Betty Dambacher, the school’s acting dean, explained to the legislative committee that at the present time, the school had one-third the amount space it needed in which to operate. The school had one classroom, cramped faculty offices, and an audiovisual room converted out of a janitor’s closet. Added to the problem was the school’s inability to recruit a new dean. The vice chancellor stated that unless the School of Nursing got a new building, it would be very difficult to properly recruit a dean. Rheba de Tornyay had suggested in her letter of resignation that the problem of space had greatly influenced her decision to leave UCLA. She indicated that there was no research space, and finding adequate space for the school was an uphill battle that consumed much of her time and energy.

Through determined and persistent political action on the part of faculty, students and alumni, the legislature finally appropriated money for the School of Nursing building, which was named the Doris and Louis Factor Health Sciences Building and dedicated on April 9, 1981. Another crisis won.

The school remained viable until the next crisis, in academic year 1981–82, during Dean Reres’s tenure. This crisis was precipitated by anticipated budget cuts to the university. Chancellor Charles Young proposed the elimination of the undergraduate program in 1983, after the students currently enrolled had graduated. Young’s proposal was to cut the School of Nursing’s budget by $800,000, or 40 percent of its operating funds. This included reducing the graduate program’s budget by half.

Young indicated he did not believe undergraduate nursing to be an essential part of the university’s curriculum because these degrees were available at other California institutions. Executive Vice Chancellor William Schaeffer said the undergraduate nursing school was chosen for elimination because it was less important than the university’s other programs. Once again, the UCLA administration considered establishing hospital clinical nursing programs. The UCLA School of Nursing Alumni, under the presidency of Sharon Valente, organized a “Save Our School” rally, letter writing and telephone campaign to oppose the elimination of the undergraduate program and 50 percent reduction of the graduate program. Tremendous support from alumni, faculty, students and the community at large resulted in a less drastic outcome. Dean Mary Reres, in a memo to faculty, staff and students, announced that Chancellor Young had agreed to the proposal submitted by the
School of Nursing to admit “generic” students to the undergraduate program in the fall of 1982, and to have a part-time R.N. degree completion program. The number of generic students was reduced from 50 to 25 to enable the admission of the part-time R.N. students.

In June 1993, the School of Nursing found itself in peril once again. Due to decreased funding, the UCLA administration proposed restructuring the School of Nursing, coupled with a 47 percent budget cut, which translated into cutting $1.33 million from its then-$3.1 million state-funded operating budget. At the same time, other professional schools faced a 17.5 percent reduction. Chancellor Young submitted his Professional Schools Restructuring Initiative (PSRI). Once again, UCLA’s administration indicated a negative opinion of nursing’s significance as a profession. It also failed to understand the School of Nursing’s accomplishments and nursing’s role in health care reform.

The chancellor’s proposal called for closing admissions to the undergraduate nursing program. It would also cut administrative overhead through a proposed reorganization and the loss of more than a dozen faculty positions. The School of Nursing would be under the administrative purview of the provost of medical sciences, a physician. The provost would also oversee UCLA Medical Center, the School of Medicine, the Jonsson Comprehensive Cancer Center, the Brain Research Institute and the Neuropsychiatric Hospital and Institute. The schools of public health, social welfare and urban planning and industrial relations would be combined into a School of Public Policy and Social Research.

A major objection to this proposal was the subordination of nursing to medicine at a time when nursing’s role as an independent contributor to the diversity of health care and biomedical research was growing. The impact of the proposal would have been to reduce the 42-member faculty over a three- to four-year period to those in the academic tenure track, numbering 23. It would decrease the school’s administration and jeopardize research and training grant funding due to the reduction in specialties and overall downsizing of the school.

The proposal was reviewed and studied by an ad hoc committee of the Academic Senate. During this time, Dean Ada Lindsey initiated regular meetings with the chancellor, while waiting for the report of the ad hoc Academic Senate committee and the response of other Academic Senate committees and its executive board to the committee’s recommendations. Dean Lindsey felt it was in the best interest of the school to have an ongoing dialogue with Chancellor Young. Student protest, legislative appeals and strong vocal community opposition were also expressed and heard.

After about nine months, the ad hoc committee of the Academic Senate issued a report supportive of the school’s position. Its recommendations and conclusions included preserving the baccalaureate program, leaving the refocusing of the graduate program to the School of Nursing to implement, and being sensitive to the need to maintain a critical mass in the school. Reducing the faculty to 23 full-time equivalent (FTE) positions would effectively kill the school, the committee warned. Finally, the committee recommended that transferring the School of Nursing to the purview of a provost was acceptable, provided the name be changed to provost of health sciences and that the provost not be the dean of the School of Medicine.

A compromise was reached with a 30 percent cut in effect, phased in over two to three years. Under PSRI, the undergraduate program would be phased out, enrolling only 32 students instead of the 45-50 students usually admitted. By the fall of 1996, all undergraduate admissions would be suspended until the School of Nursing faculty had time to evaluate alternative programs. The master’s and doctoral programs would remain intact, but would admit fewer students. The A.D.N.-B.S.-M.S.N. program was instituted in the fall of 1997, admitting the first class of four students: Peter Anderson, Kathryn Steffen, Kathleen Smith and Monique Vaillancourt.

The School of Nursing once again survived, and remains viable as it has for the past 50 years. It has thrived in spite of its adversities and become stronger and more cohesive. This has been achieved through the combined efforts and support of alumni, faculty, students, and nursing colleagues at the local, state and national levels and, most importantly, with the support of the community at large.
The Establishment of New Frontiers

Nurse Managed Clinics

Another milestone for the UCLA School of Nursing was the establishment of nurse-managed clinics. These clinics are a reflection of the vision and persistence of the deans and faculty involved, who were insistent on keeping ahead of the times no matter how difficult the tasks would be. Their desire was to have students gain as much experience as possible while meeting ever-increasing community health care needs. This clearly showed the School of Nursing’s dedication to the students and their interest in community health.

The first nurse-managed clinic began in 1983 and was the joint endeavor of the School of Nursing and the 100-plus-year-old Union Rescue Mission on Skid Row. In early 1983, Dean Reres was approached by the Union Rescue Mission administrator to consider starting a nurse-managed clinic at the facility. The Christian Medical Society had been operating a part-time clinic there for 20 years using professional volunteers, and could no longer continue because of a lack of personnel. Dean Reres decided this was a worthwhile endeavor to examine. She
asked two faculty members, Irene Stuart and Dr. Jo Ellen Murata, to look at the problems and formalize a workable plan with the Union Rescue Mission administration.

One of the main priorities was to ensure the personal safety of the nursing staff and students. The Union Rescue Mission agreed to provide security personnel for that purpose. A support staff was also needed to do patient intakes, initiate charts, take vital signs, order supplies and drive vans to transport people. The Union Rescue Mission would supply men from their programs who could be trained. During the summer, the two faculty members and Union Rescue Mission staff members became well acquainted and worked out the logistics. Their main goal was to eventually have a clinic that was operational 40 hours a week, Monday through Friday. The official name would be the UCLA School of Nursing Health Center at the Union Rescue Mission. Dean Reres, along with Associate Dean Donna Ver Steeg, head of the school’s nurse practitioner program, and Patricia Jasper, campus counsel, would handle the legal aspects.

By fall, the entire nurse practitioner faculty agreed that this was too good an opportunity to let pass. Although overly busy, they were eager to pursue the idea of a nurse-managed clinic for the homeless. This dedicated faculty saw the nurse-managed clinic as a wonderful educational experience for the students. They began developing basic committees to write the philosophy, policies and objectives for clinical practice and to plan manageable hours. In order to begin as quickly as possible, the faculty would have to work in the clinic eight hours each month. Therefore, the clinic would be open for four hours two afternoons a week. A volunteer physician would act as medical director.

Funds were also desperately needed, so one of the faculty members headed a committee to write a grant to purchase medications. The following year, members of the Los Angeles Countywide Coalition on the Homeless, along with the UCLA School of Nursing faculty, spent six months planning and writing a grant. It was written to hire a full-time nurse practitioner, a half-time social worker, a full-time outreach worker and a part-time physician. The Robert Wood Johnson Foundation and the PEW Memorial Trust eventually funded the program in December 1984 for $1.3 million over a four-year period. Thus began the perfect blending of resources.

Dr. Jo Ellen Murata served as the clinic's project director from 1983 to 1986. Irene Stuart became the director of clinical services. In 1987, Pam Schuler, the clinic's first nurse practitioner, became the clinical director. Dr. Maryalice Jordan-Marsh, chair of the School of Nursing's primary ambulatory care section, provided the students at the early stages of operation. By 1986, the clinic was licensed. Aaron Strehlow joined the staff as a full-time nurse practitioner that year.

In the first year that the clinic was fully operational, 9,600 patient visits were made. Each year, 30 nurse practitioner students had the experience of working with the physical and psychological problems of the homeless in an ambulatory setting. They learned to assess and manage the minor and major health problems of the inner-city poor. Since the UCLA School of Nursing had started early with this endeavor, it provided these students with a groundbreaking experience. It also provided valuable data for other nurse-managed clinics that would open nationally in the ensuing years.

Grants continued to help support the clinic, which also received money from private sources. For example, in October 1988, the UCLA Alumni Association and Home Box Office sponsored the Comic Relief concert at UCLA’s Royce Hall. Proceeds benefited the clinic. Comedians such as Whoopi Goldberg, Robin Williams and Billy Crystal have continued to perform yearly for Comic Relief, a nonprofit organization that has raised funds to aid the indigent and provide basic health care and related services to the homeless nationwide. The UCLA nurse-managed clinic has remained one of its beneficiaries. Another example of private funding came in 1996, when Syd Whalley (M.N. '80) donated $5,000 to the clinic for the purchase of wall-mounted oto-ophthalmoscopes.

By 1990, the clinic had provided care to patients in more than 30,000 visits. It provided referrals for medical and social services, and transported more than 5,500 patients to secondary services. It still managed to care for approximately 80 percent of the patients on site at
Dr. Gottesman researched downtown Los Angeles and noticed that there was no shortage in the number of women and children in the area. She became aware that preventive medicine for children was not being practiced. There was no such thing as well-child care; the children were not getting immunized; and there were no interventions for the delayed or developmentally disabled children. For illnesses, they had to go to a county hospital. Dr. Gottesman then conducted a survey, and she found that the women responded on three points:

- They were not taking their children anywhere for health care.
- They would be interested in a clinic providing free services.
- They did not want to go to the Union Rescue Mission for health care.

Soon, Dr. Gottesman and Dr. Mary Ann Lewis submitted a grant proposal to the Division of Nursing at the U.S. Department of Health and Human Services. The project was funded in October 1987. Para Los Ninos in the Skid Row area was selected as the initial site, the reasoning for this being that Esther Seely, a pediatric nurse practitioner on the faculty, was already providing well-child care there once a month. Dr. Gottesman stated that the initial area was a tiny “hole in the wall.” Staff had to cram all their “stuff” in there. They opened the clinic two days a week. Before long, they needed more space, as they were turning away 10–20 patients daily.

The School of Nursing began looking for a new site within the year. That site became the St. Francis Center, a family crisis intervention center located in the Garment District just outside Skid Row. Sister Kathy Wood, a recent UCLA School of Nursing nurse practitioner graduate, was the director of the St. Francis Center. She had the space, as well as knowledge of the community and its needs, and was hoping to open a health care clinic there. The center referred its clients for food, clothing, housing and adult literacy classes. There was also a preschool program for the children. The clients, many of them new immigrants, were mostly illegal. They did not speak English and some were illiterate in Spanish.

The UCLA School of Nursing nurse-managed clinic began to offer prenatal and child care. This new, larger clinic opened in January 1990.
five days a week, with Dr. Mary Margaret Gottesman as project director of the clinic. Irene Stuart became director of clinical services for the clinics at both Union Rescue Mission and St. Francis Center until her retirement in 1995. She was there from the beginning of the first nurse-managed clinic in 1983 and was considered a major driving force in both clinics' development and management. By 1991, St. Francis Center's nurse-managed clinic was licensed.

Several revenue sources were provided for both nurse-managed clinics. Federal funds came via the McKinney Homeless Assistance Act passed by Congress in 1988. St. Francis Center received a grant from the Division of Nursing, U.S. Department of Health and Human Services; state funds from Proposition 99, the tobacco tax initiative passed in California in 1988; and private donations, the largest of which came from Comic Relief.

The nurse-managed clinic in Santa Monica at the Burke Health Center began in 1996, after the clinic at St. Francis Center closed due to a funding problem. Dr. Colleen Keenan, associate professor at the School of Nursing, has been project director of the clinic since it opened. Dr. Keenan took over grant-writing and the second nurse-managed clinic when Dr. Gottesman left the School of Nursing faculty. Dr. Keenan's responsibilities have included direct administrative and clinical practice oversight of the clinic. She has maintained the administrative link with the Venice Family Clinic and the linkage with the UCLA School of Nursing faculty who practice at the center, as well as with those who are involved in the theory and clinical courses that intersect with the center. Dr. Mary Ann Lewis, professor of nursing and chair of the primary care section, has assisted Dr. Keenan with the community negotiations.

At the Burke Center, the UCLA School of Nursing and the UCLA School of Medicine have operated their own clinics as part of the public-private partnership between the L.A. County Department of Health Services and the Westside Coalition. The renowned Venice Family Clinic is also included with the schools. The School of Nursing has interfaced with the Venice Family Clinic by sending one student to the clinic each year. The staff at Burke Center has included two full-time nurse practitioners, a case manager and a medical assistant.

The Family Nurse Practitioner students are provided with experiences in primary health care for the working poor and the indigent in the area. The patients that are mostly being seen at the clinic are indigent Latina women and children. Four of the school's Family Nurse Practitioner students are assigned to the Burke Center's nurse-managed clinic every 10-week quarter. In their clinical practice, they have worked closely with their preceptors and have seen a wide variety of complex health issues. Funds for operating and salaries have come from grants and gifts. In 1998, the nurse practitioners have been generating enough revenue from the patients to pay approximately 50 percent of the expenses. Approximately 4,500 patient visits are seen on a yearly basis at the Family Nurse Practitioner Clinic at the Burke Center. This has constituted 25 percent of the entire Burke Clinic patient visits. Dr. Keenan explains: “Many of the patients are working, but they do not have insurance, so we have resumed primary responsibility for their care. This has helped the School of Nursing become a recognized leader in the community.”

What began in 1983 with the first nurse-managed clinic at the Union Rescue Mission on Skid Row has materialized into a successful reality and two diverse, though in many ways similar, nurse-managed clinics. Throughout the evolution of the clinics, the deans and their faculties have used endurance and ambition, along with plain hard work, to show how far nursing can venture and grow. The School of Nursing exhibited a great deal of self-direction as it entered into a new horizon for nursing. In addition, it possessed the ability and willingness to work with many other disciplines and organizations.

Among the many assets of the clinics has been that from the very beginning, they have provided the School of Nursing with much research material. The School of Nursing has compiled an enormous amount of data for research projects on the health-related needs of the homeless, indigent and working poor. Another asset of the clinics has been that both the baccalaureate and master's-prepared students have been given unique and enriching clinical nursing experiences. They have been able to work in ambulatory settings with target populations.
that they otherwise might not ordinarily see. This has helped the students gain knowledge of public health and its concepts of community health and disease prevention. Since the School of Nursing nurse practitioner students have provided many of the services at the community clinics, their clinical experience has been both broadening and challenging. They have seen many patients with varied and challenging diseases and psychosocial problems. This has rewarded them with an excellent educational opportunity.

As always, the UCLA School of Nursing has tended to be in the right place at the right time. The School of Nursing's ability to take advantage of these situations successfully has been a tribute to the school's progressive ideals and tireless work efforts.

PROJECT DIRECTORS OF THE UCLA SCHOOL OF NURSING NURSE-MANAGED CLINICS

Union Rescue Mission
Dr. Jo Ellen Murata 1983–1986
Dean Ada Lindsey 1986–1995
Dr. Nancy Anderson 1995–1997
Mary Lyon 1997–1998
Dean Marie Cowan 1998–

St. Francis Center
Dr. Mary Margaret Gottesman 1990–1995

Burke Center
Dr. Colleen Keenan 1996–

ORGANIZATIONS

UCLA School of Nursing Alumni Association. Before the present School of Nursing Alumni Association, there was another informal alumni group. In 1956, Dean Hassenplug approached members of this existing nursing group and asked them to form an alumni association. They agreed. A Board of Directors was recruited, and Norma Clauch became its first president. She later moved to Northern California.

At the beginning, program meetings were held each month in a conference room on the third floor of UCLA Medical Center. These meetings were educational in nature, and were well attended by alumni. This occurred before continuing education units were mandatory. Bylaws were established. Meetings were held in homes of members on a rotating basis. At first, membership was $3 a year, or $25 for a life membership. Once a year, in the spring, an annual meeting was held. An outstanding speaker was engaged, often one with national nursing significance or a well-known non-nurse. Many alumni attended. Later, continuing education courses were offered at luncheons. An important linkage was the representation of the School of Nursing Alumni Association on the academic and professional group of the UCLA Alumni Association.

When Dean Hassenplug retired, the School of Nursing was in jeopardy and was threatened with closure. The School of Nursing Alumni Association opened an office on Broxton Avenue in Westwood to fight this threat. A secretary was hired and many volunteers assisted in the office. A letter-writing campaign to all health organizations, legislators and other university schools was undertaken. Funds were raised to aid this effort. In the end, the School of Nursing prevailed as a result of an overwhelming pro-school response communicated to the Board of Regents of the University of California.

A second threat to the School of Nursing was turned back in 1976 by collaborative efforts with the alumni, who organized a march through the UCLA campus.

The alumni started a scholarship fund in 1964 to honor Lulu Hassenplug. The money was given to the UCLA Foundation and inter-
est from it provides scholarships for qualified students who receive the scholarship at graduation each year. The alumni raised funds for this project through theater parties and other events. Scholarships are also donated through memorial funds for deceased alumni whose families give to the scholarship fund and UCLA Foundation.

In the 1960s and 1970s, the alumni had a committee to assist students who needed tutoring to ensure their success in the School of Nursing.

In the early years, the School of Nursing Alumni Association published BruinNurse several times a year to help alumni keep in touch with each other, the alumni organization and the School of Nursing. Other publications with other titles followed for the same purposes.

Following the alumni’s success in raising money for the alumni/student lounge in the new School of Nursing space in the Factor Building, annual dues were no longer required for membership. The Chironians, the fund-raising arm of the School of Nursing Alumni Association, was organized. This group of nursing alumni became closely associated with the Development Office of UCLA Medical Center. The Chironians, through a contract with the School of Nursing Alumni Association, agreed that a percentage of funds raised each year would be given to the School of Nursing Alumni Association, which could use a portion of these funds to support life memberships for all alumni of the School of Nursing.

The Appendix at the end of this book lists the names of the presidents of the School of Nursing Alumni Association. We now have more than 5,000 alumni and, regrettably, could not list them all.

The Chironians. The annual fund drive began when the undergraduate program of the School of Nursing was threatened by state budget cuts. Early organizers of this drive were Phyllis Cooper and Karen Hellwig. Through this fund raising, the School of Nursing Alumni Association provided both financial and moral support to the School of Nursing. In addition to this undergraduate education campaign, the alumni undertook the project to fund a student lounge in the new Louis Factor Health Sciences Building, which was dedicated in 1981.

The annual fund drive evolved into the Chironians in 1987. Dean Mary Reres was very supportive of this group of alumni. Karen Kurner was the first chairperson of the newly named organization.

The name Chironians was selected because Chiron, the mythical son of the Greek god Saturn, was an instructor of the healing arts. He was known for his gentleness, kindness and friendship toward all humankind.

The Chironians have been assisted in fund raising strategies by the Development Office of the UCLA Medical Center, the Development Office of the UCLA Center for the Health Sciences and most recently by the Development Office of the UCLA School of Nursing.

Gifts from this organization provide the dean of the School of Nursing with seed money for faculty and student research, to equip facilities such as the skills laboratory, to support recruitment activities for outstanding students and visiting scholars, to supplement health care for the homeless, and to meet a host of other needs that arise annually.

Priorities for the 21st century include supporting the nurse-managed clinics for the homeless in Los Angeles with equipment, supplies and services; supporting the development of enhanced teaching methods such as distance learning to reach students in outlying communities; supporting student scholarships; and supporting the development of interactive learning utilizing virtual reality programs on computers to assist students with performing clinical interventions.

The Chironians has grown at a healthy pace since its inception. It enjoys increasing participation among alumni and has been a great contributor to the development of the UCLA School of Nursing.

The UCLA School of Nursing Board of Advisors. The UCLA School of Nursing Board of Advisors met for the first time on January 24, 1989. Influential members of the local and professional community were invited to sit on this board. Increased community awareness of the programs and contributions of the UCLA School of Nursing would be enhanced through their liaison efforts. The goals of this advisory board included the development of resources needed to promote the objectives of the School of Nursing and provision of counsel in long-range planning and public relations.

Inaugural members of the board included: Mr. Richard Matoff, Dr.
Afaf Meleis, Mrs. Rose Marie Nesbit, Mr. John Posey, Mrs. Judy Tallarico, Mrs. Adele Tomash and Mrs. Mickey Ziffren.

Alpha Tau Delta. According to Aileen Waltner, Alpha Tau Delta was the first nursing fraternity in the United States, founded at the University of California at Berkeley in 1921. Nurses at UCLA applied for permission to form a chapter. Permission was granted and a chapter was started in 1928, the third chapter in the fraternity. This chapter became the Gamma Chapter, and was later changed to the Gamma Pi Chapter.

Like other fraternities, Alpha Tau Delta had a pearl-studded pin, an initiation ceremony and its own colors of yellow, white, blue and gold. The formal initiation included candles and a Nightingale Lamp. The installing officer wore a veil similar to that worn by the Red Cross nurses. The fraternity had a national publication, “CAP” TIONS. Membership in Alpha Tau Delta is open to any nursing student enrolled in a baccalaureate-degree or higher degree program in an accredited school of nursing. The purpose of the organization is to further the profession of nursing and to provide education for the profession. It also promotes leadership and ethical standards and is a springboard for social interaction among members.

Raising money for scholarships is an important function of Alpha Tau Delta. Grants and student loans are given to deserving students. Scholarships are awarded based on need, scholarship and service records. The student loan fund is administered through UCLA's Student Affairs Office. The chapter sponsors lovely luncheons, fashion shows and other activities to raise money.

Alpha Tau Delta has supported the School of Nursing through crises. Gamma Pi Chapter donated to the Lulu Hassenplug Chair and its members support the Chironians. Eleanor Newby, a graduate of the UCLA School of Nursing and a member of the Gamma Pi Chapter, represented UCLA through her service as a national officer of the fraternity.

Sigma Theta Tau, International, Gamma Tau Chapter, UCLA. Marilyn Ezsz, RN, MN writes that... Gamma Tau Chapter of Sigma Theta Tau International (STTI) National Honor Society of Nursing was founded by Susan Istre (Sigma Beta Delta Chapter, University of Oklahoma), a graduate student in the UCLA School of Nursing Pediatric Clinical Nurse Specialist Program. After inquiring why there was no STTI chapter at UCLA, Susan was challenged by faculty member Dorothy Johnson and others to start one. After contacting the national organization for guidance and gaining School of Nursing administrative approval, Susan gathered interested faculty, alumni and students together for an organizational meeting at the School of Nursing on October 17, 1975.

The group was told that, in order to become a chapter of Sigma Theta Tau International, the UCLA organization needed to function as a local honor society for three years. A steering group was formed and officers were selected. Officers included: Gert Butler, chairperson; Susan Istre, vice chairperson; Lynn Messenger, secretary; and Barbara Foglia, treasurer. Faculty advisers were Mary Lloyd and Kathy Byrne. Other board members included: Marilyn Ezsz, programs; Lisa Hayes, bylaws; Nadine Taylor and Carolyn Troupe, eligibility.

Early activities of the board included 1) establishing a roster of UCLA-affiliated and other community-based Sigma Theta Tau members; 2) developing bylaws and guidelines for future activities; 3) recruiting and inducting new members in accordance with parameters established by the national organization; 4) completing the application for chapterhood; 5) offering scholarly programs and other networking activities for its members and the nursing community; and 6) preparing for the group's chartering as Gamma Tau Chapter in May 1976.

UCLA Chapter, Local Honor Society of Nursing inducted its first 17 members on May 3, 1976. The ceremony was held at the Sunset Recreation Center on the UCLA campus. Guest speaker for the event was Dorothy Johnson, professor in the UCLA School of Nursing, who spoke on “The Search for Truth.” Acting Dean Betty Dambacher welcomed the new inductees.

Meetings, programs and induction ceremonies continued over the next two years. Early programs included presentations by faculty on the role of the clinical nurse specialist, current issues, and advances in the profession of nursing. A two-day Writers Workshop, led by Suzanne Hall Johnson, was held in early 1977. In the spring of 1977, the honor society held a
major conference for the nursing community entitled “Nursing Models in Theory and Practice.” Presenters included Dorothy Johnson, Sister Callista Roy, Marilyn Christman, Brooke Randall, and Bonnie Holaday. A site visit was conducted in late fall of 1977. Maureen Niland, STTI national site visitor, met with the School of Nursing dean, faculty, alumni, local honor society board members, recent inductees and other school officials. Chapter organization documents were reviewed and found to be in order.

The UCLA Local Honor Society of Nursing Application for Charter was approved by the national Sigma Theta Tau Board of Directors and House of Delegates in early 1978. Preparations by the local board began for the May chartering ceremony and induction of members into the new Gamma Tau Chapter.

The Steering Committee selected the Century Plaza Hotel as its site for the Chartering and Induction Banquet. In May 1978, the UCLA Local Honor Society of Nursing became Gamma Tau Chapter, the 89th chapter of STTI. On the night of the chartering, 139 nursing scholars became charter members in the new STTI chapter. Maureen Niland presided over the ceremony, and Dean Mary Reres gave the keynote address. Officers of the first Gamma Tau Board were installed: Marilyn Eisz, chapter president; Lynn Messenger, vice president; Colleen Hellige, secretary; and Mary Jane Welch, treasurer.

The chapter continues to thrive more than 20 years later. Its goals and activities remain aligned with the purposes of Sigma Theta Tau International, which are to: acknowledge achievement and scholarship in the field of nursing; foster the development of leadership qualities in its members; promote high professional standards; support creative work in the discipline of nursing; and strengthen the commitment to the profession.

Student Organizations

Student organizations such as the Graduate Student Nurse Organization and the Pre-registered nurses Club existed to promote the welfare, camaraderie and contentment of students in the nursing programs.

MAJOR ENDOFMENTS

Major endowments and scholarships are an important resource for the UCLA School of Nursing to provide financial assistance to deserving students and to enhance the quality of nursing education. The federal government in the past has provided some assistance to students, but these funds are not always available.

An endowed gift is one that is held in perpetuity by the UCLA Foundation. This means the gift is invested, and only a portion of its average annual investment return is used for purposes specified by the donor. To guard against the eroding consequences of inflation, the remaining investment return is added to the principal. The goal is to ensure that the principal maintains its value over time and a donor can be confident that his or her gift will grow and continue to support the School of Nursing in the years to come.

The following scholarships and endowments to the School of Nursing as of April 1999 have been received and acknowledged with gratitude.

+ Audrienne Moseley. Audrienne Moseley died of cancer on April 26, 1980 at the age of 66. She was a former nurse and had heard of the excellent reputation of the UCLA School of Nursing. She wanted to provide money for scholarships and educational support of the school. Her husband, Corlis Moseley, was a founder of Western Airlines, general manager of Grand Central Air Terminal and West Coast manager of Curtiss Wright Corporation in the 1930s. Audrienne Moseley gifted the UCLA School of Nursing with $4.5 million through her estate in 1984. In addition to supporting scholarships and providing discretionary funds to be administered by the dean of the School of Nursing, she also hoped to support an academic chair in the future. To recognize her generosity, the Regents of the University of California named the auditorium in the School of Nursing in the Louis Factor Health Sciences Building the Audrienne H. Moseley Auditorium.
Lulu Hasenplug Scholarship. This scholarship fund was established in 1964. It was a grass-roots effort by the UCLA School of Nursing Alumni Association to honor the first dean by raising seed money for ongoing scholarships for undergraduate and graduate students. The initial efforts to raise money resulted in many receptions sponsored by individual alumni, who invited classmates and friends to support this fund. Since then, alumni have been able to contribute to this fund through the Chironians Annual Fund.

Rosalie Barnett Scholarship. The UCLA School of Nursing Alumni Association established this fund in 1995 to honor Rosalie Barnett, a devoted member of this organization. Rosalie hosted many of the alumni board meetings at her home for many years. The alumni association instituted this fund to recognize and acknowledge Rosalie's many contributions to the School of Nursing and the School of Nursing Alumni Association.

Katherine Argabrite Fund. Katherine Argabrite graduated from the UCLA School of Nursing in 1959 with a master's degree in psychiatric mental health nursing. She was later appointed to the faculty. She and her husband, George Argabrite, established a fund to further the mentor program of the School of Nursing and other graduate nursing programs.

Betty Dambacher. Dr. Betty Dambacher died in June 1982 of cancer at the age of 66. She was a beloved faculty member of the UCLA School of Nursing. Her friend, Wanda Nations, established a scholarship in her name to assist needy students in the field of community mental health nursing.

Bonnie Bullough Endowment. Dr. Bonnie Bullough made many contributions during her tenure on the faculty and as a student in the School of Nursing. Dr. Bullough graduated with an M.S. in 1962 from the School of Nursing and received her Ph.D. in 1968 from the school. She died in April 1996 of interstitial lung disease at the age of 69. Her husband, Dr. Vern Bullough, donated $25,000 to establish an endowment entitled “The Bonnie Bullough Memorial Lectureship,” for the purpose of bringing visiting scholars to the UCLA School of Nursing. In 1972, Bonnie Bullough developed the first nurse practitioner program in California, a certificate program through UCLA Extension which became a nurse practitioner specialty in the master’s program. Bonnie Bullough was professor in the USC Department of Nursing at the time of her death.

AllState Scholarship Fund. The AllState Insurance Company, a subsidiary of Sears Roebuck and Company, is one of the oldest and largest providers of nursing scholarships in the United States. The AllState Insurance Company and the AllState Foundation gave part of a $1 million grant to UCLA to support nursing scholarships. Dr. Sharon Reeder was instrumental in helping the School of Nursing receive these funds. A total of $500,000 was given to strengthen academic and nursing research programs. AllState believes that well-educated nurses are cost effective in the health care system.

Sally Thomas Scholarship. Dr. Sally Thomas died August 24, 1982 from a rare form of breast cancer at the age of 42. Dr. Thomas was an associate professor on the faculty of the school. She devoted much of her time to researching breast cancer and breast reconstruction, and the emotional coping skills of post-mastectomy patients. A scholarship fund was established in her name.

Shirley St. Amand Scholarship. Shirley St. Amand died in 1982 at the age of 34. Her husband, Ronald Enholm, established this fund to assist students in the primary ambulatory care program. Shirley worked as a nurse practitioner with cardiologist, Dr. Michael Wong. She loved her profession and her husband wanted to establish a memorial in her name.

Karen Van Brunt Scholarship. Karen Van Brunt was killed in a car accident on September 24, 1964. She was 21 years old and had just started the nursing program at UCLA. Her parents established a scholarship fund of $5,000 in her name in 1975. More than 20 years
later, the fund has surpassed $30,000 to help other students. Every
year, at Christmas and on Karen's birthday, friends and relatives join
Mr. and Mrs. Van Brunt in sending contributions to the fund.

+ **Diane Matoff Scholarship.** The husband of Diane Matoff donated
$10,000 for a scholarship fund in 1987 after her death. The fund is
used to enhance research for nurse practitioners in oncology and card-
avascular nursing.

+ **William Randolph Hearst Foundation Scholarship.** The income
from this fund is used to provide scholarships for financially dis-
advantaged students, under the direction of the dean of the School
of Nursing.

+ **Alice Marie Kelly Fund.** The income from this fund provides schol-
arship for needy students.

+ **Elvira C. Larson Scholarship.** The income from this fund is used to
provide scholarships for needy students.

+ **Anna and Henry Lavarans Scholarship.** The income from this fund
is to provide scholarships for needy students.

+ **Cecil E. Reynolds, M.D. Memorial Fund.** The income from this fund
is awarded to students with a specialization in surgical nursing.

+ **Irving Ochin Scholarship.** The income from this fund is used to pro-
vide scholarship support to promising needy students.

+ **Florence C. Anderson Scholarship.** Florence Anderson was named
after Florence Nightingale by her mother. She has never practiced
nursing and has had no previous connection to the UCLA School of
Nursing, but decided to designate the school as the beneficiary in her
will and make monthly donations. She wanted to help nurses get an
education so they could in turn help others. The income from this
fund will provide scholarship support for students with financial need.

+ **Diane F. Cooper Scholarship.** Diane F. Cooper, the school's associate
dean for student affairs, died in October 1995 from complications
of diabetes. She was 49 years old. She has been at UCLA since 1968,
having started as a staff nurse at UCLA Medical Center. In 1985, she
joined the UCLA School of Nursing faculty, teaching in the car-
diopulmonary clinical nurse specialist program. She received her mas-
ter's degree from the School of Nursing. The Diane F. Cooper
Scholarship Fund was created to honor Diane Cooper's contribution
to the nursing profession.

+ **Alice Stoessel, B.S. '44.** Alice Stoessel graduated from UCLA before the
School of Nursing was founded. Since then, she has enjoyed a career
as a public health nurse. She established a charitable gift annuity of
$50,000 in appreciated securities to support the School of Nursing.

+ **Beatrice Gould Levin, B.S. '59.** Beatrice Levin wanted her gift to ben-
et the future of the School of Nursing by establishing a $50,000
charitable remainder annuity trust. The funds will be used to create
an endowment fund in her name to support the school. She is a
retired public health nurse.

+ **Kaiser Permanente Corporate Gift.** Terry Bream, B.S.N. '67, M.N.
'72, presented to the School of Nursing a $25,000 check on behalf
of Kaiser Permanente. She is manager of the Department of Clinical
Services for the Southern California Permanente Medical Group. The
gift is used to support the school's advanced practice nursing academic
programs.

+ **Donna McNeese-Smith Scholarship Fund.** The nursing administration
class of 1998 established an annual scholarship fund in honor of their
mentor, teacher and program coordinator, Dr. Donna McNeese-
Smith. There were 12 graduating students in this group.

Additional scholarships and endowments to the UCLA School of
Nursing have been donated by the Bay District Cosmos Club, Blue Cross
of Southern California, The California Congress of Parents and Teachers,
the Janice Dolson Memorial Scholarship, the Aurora Martinez Memorial
Scholarship, the Jean Reid Gunther Memorial Nursing Scholarship, the Alice Marie Kelley Endowment Fund, the Elvira C. Larson Endowment Fund, the Reynolds Estate Scholarship, the Sara Scifers Memorial Scholarship, the Stella Soroker and Nursing Fund, the Star Scholarship, and the Eleanor Newby Grant of Gamma Pi Chapter of Alpha Tau Delta. The Chironians and Sigma Theta Tau also assist with scholarship funds.

Clara Arndt, a former director of nursing at the UCLA Center for Health Sciences, donated a Lectureship Fund. Funds are available through the Edwin and Catherine M. Davis Foundation, the Judith Bradley Lipot Memorial Scholarship Fund, the Ray Ross Fund for the School of Nursing, the Lillian Felson Fund, the Padilla/Canobbio Research Fund, and the Kangaroo Care Fund. Additional donors include Ada Lindsey, former dean, for L.A. Health Care of the Homeless and for the Pediatric AIDS Foundation. Former dean Mary Reres donated to the UCLA Medical Center Auxiliary. Mary Ann Lewis and Mary Margaret Gottesman are School of Nursing faculty donors. Funds have been provided by the Otsuka Pharmaceutical Company. The School of Nursing is grateful to all its generous donors.

The Lulu Wolf Hassenplug Chair

Academic chairs are professorships secured by endowments to support research and support staff and services of the chosen professor. The State of California provides the salary of the professor, but the chair supports and enriches the professor's work. Between $500,000 and $1.5 million is required to initiate the endowment. Men and women distinguished in their fields bring honor and excellence to the university through their work and reputation. Chairs help to attract superior young students to professional studies.

It was long a dream of the UCLA School of Nursing to have an endowed chair. A chair in honor of Lulu Wolf Hassenplug, the first dean of the School of Nursing, was proposed in 1979. Dean Hassenplug devoted 20 years of her personal and professional life to this internationally recognized and highly respected School of Nursing. The establishment of the chair was a milestone for nursing education and for the School of Nursing.

The organization of the drive to raise funds began in 1987 under the competent leadership of Jane Ryan, a graduate of the master's program of the School of Nursing. Alumni and friends of the School of Nursing were contacted in efforts to raise funds. These donors were able to lend their names to high scholarship, research and academic prestige. The drive to complete fund-raising achieved its dollar goal in 1994 at the time of the 45th-anniversary celebration of the School of Nursing. Donations and pledges exceeded $325,000. The campaign concluded one month before the death of Lulu Wolf Hassenplug.

In October 1996, Dr. Kathleen Dracup, professor of acute care, was named the first holder of the chair for a term of five years. The chair supports her research in the psychosocial aspects of heart disease and the role of the family in treatment and recovery.

The School of Nursing plans to establish future endowed chairs. The endowment gift of Audrienne Moseley may provide future financial resources for the establishment of a chair in her name.
Chapter VIII

EPILOGUE

We have recorded here a remarkable history of progress and success. This is, by necessity, an unfinished history of the School of Nursing. A careful perusal of the many steps of this history elicits admiration for the vision, the courage and the outstanding talents of our nurses since the very beginning of the middle 1920s, when our history begins. It was through the efforts of nurses themselves in every decade since that nursing has achieved its present remarkable status.

The focus of nursing practice ebbs and flows, but the threads that are woven through the programs and curricula at UCLA have remained constant. The strands of these threads include generalization and specialization, self-directed learning, science and liberal arts, advocacy, community contribution and support, and the advancement of professional women and men in our society. The final educational product is like a quilt of many patterns that embraces the comprehensive preparation of the graduate of the UCLA School of Nursing for professional practice.

One of the most important commitments throughout the history of the School of Nursing has been its search for knowledge for the benefit of both students and faculty. The curricula have been altered constantly as research, educational theory and tools of learning have progressed. The school's influence has been felt through the adoption of
nursing theories developed by Johnson, Neuman and Sister Roy by many schools nationally and internationally.

Networking has been a major way for the School of Nursing to be viable and demonstrate its outstanding and progressive educational system. Networking has helped recruit students across the United States and around the world. Many international students then return to their countries of origin to practice their profession.

Throughout its history, the School of Nursing has surmounted crises and challenges. The leadership, stamina and perseverance of the faculty and administration helped the school to endure and be triumphant. Like other professionals, nurses had to establish their own worth and professional autonomy.

Trends to hire doctorally prepared faculty and to encourage faculty to pursue doctoral degrees added to the prestige of the School of Nursing. Research and publication increased the distinction of the school. The first dean of the School of Nursing, Lulu Wolf Hassenplug, encouraged research. That encouragement and support continued through the tenure of each subsequent dean. Faculty continue to be recipients of many research grants. Centers for research excellence are present within the existing clusters of faculty research in cardiovascular nursing, adaptation to health and illness of vulnerable populations, conceptualization and measurement of quality of life and biobehavioral research. Faculty with common interests share expertise, research findings, subject populations, databases, equipment, facilities, data collections and instruments. Such collaboration fosters the research of doctoral students and provides a system for mentoring junior faculty. Future research will be increasingly interdisciplinary in nature, and the school’s faculty will continue to collaborate with other investigators across university campuses and disciplines.

As the School of Nursing positions itself for the 21st century, it will continue to prepare students to utilize critical thinking and analytical competence in caring for people in the hospital and in the community. The history of the School of Nursing should lead to a bright and productive future. We all benefit by knowing where we were, where we are, and where we are going in the future.

“Let today embrace the past with remembrance and the future with longing.”

Kahlil Gibran
Appendices

Chronology of Events
of the School of Nursing
(1925–1999)

1920s
1925 Founding of UCLA
1928 Beginning of nursing chapter of Alpha Tau Delta at UCLA
1929 UCLA offers public health nursing courses through Extension

1930s
1932 The Public Health Nurse Association writes letters to Gordon Sproul at Berkeley advocating a nursing program at UCLA.
1937 UCLA begins a nursing program in the Department of Bacteriology to prepare registered nurses for public health nursing certification.
1938 The first class of “trainees” is ready for field experiences in September. An assistant professorship in public health nursing is offered to Dr. Elinor Beebe.

1940s
1944 Department of Public Health Nursing is established in the College of Applied Arts, and the first program for R.N.’s leading to a bachelor’s degree begins.
1947 Lulu Wolf is recruited by Provost Dykstra to design a nursing school at UCLA. She is given a faculty appointment.
1948 The Department of Nursing at UCLA is created, and the first chair, Lulu Wolf, is appointed. She is assisted by three full-time nursing faculty.
1949 The Regents of the University of California, on the recommendation of the UCLA Academic Senate, authorize creation of the School of Nursing and give the title of dean to Lulu Wolf, formerly chair of the Department of Nursing. The Bachelor of Science in Nursing degree and the Master of Science in Nursing degree are authorized. The School of Nursing is housed in the basement of Royce Hall. The two specialized programs for registered nurses, public health and nursing education, are reorganized into an upper-division major in nursing. Specialization at the baccalaureate level is discontinued during 1949–50.

1950 International students are accepted into the B.S./R.N. program.

1951 There are 92 full-time B.S./R.N. students, 21 part-time B.S./R.N. students, five full-time master's students and five part-time Master of Science students.

1952 Fees for California residents at UCLA are $38.

1953 The first two students graduate from the Master of Science program.

1954 The Bruin's Nurses Club is established, a predecessor of the UCLA School of Nursing Alumni Association.

1955 The first class of the basic baccalaureate program graduates, consisting of eight students.

1956 UCLA Medical Center opens.

1957 California's two-year A.D.N. nursing programs are established, leading to changes in graduate nursing education. Pre-R.N. Club for basic students is formed, a precursor to an on-campus California Student Nursing Association group.

1958 Lulu Wolf Hassenplug is named "Woman of the Year" by the Los Angeles Times.

1959 Six students are admitted to a two-year post-master's program, focusing on physiological or psychological theories. This program, funded by the Russell Sage Foundation, is a precursor to the doctoral program.

1960s Chancellor Murphy appoints an ad hoc committee to determine the future of the School of Nursing at UCLA.

1961 A film is produced by nursing students entitled "This is Nursing." The topic is nursing care plans as applied in nursing practice.

1962 The UCLA School of Nursing participates in WICHE's Leadership Workshops, sponsored by the Kellogg Foundation.

1963 The Research Unit for Independent Study, funded by a grant from the U.S. Public Health Service, is introduced.

1964 Lulu Wolf Hassenplug Scholarship Fund is established by the UCLA School of Nursing Alumni Association.

1965 Increased space is given to the School of Nursing in UCLA Medical Center.

1966 Joan Wilcox Study on Clinical Nurse Specialists.

1967 Master of Nursing degree is introduced. Master of Science degree continues until 1970.
1967  Lulu Wolf Hassenplug chairs the National League for Nursing Baccalaureate and Higher Degree Programs. UCLA's vice chancellor recommends an end to the basic nursing program.

1968  Lulu Wolf Hassenplug retires as dean on November 1. Dorothy Johnson presents her nursing theory for the first time. A formal doctoral planning committee, under the leadership of Dorothy Johnson, is established to spearhead faculty efforts in this direction.

1970s

1971  Rheba de Tornyay is appointed dean of the School of Nursing. A committee is formed on behalf of a School of Nursing building.

1972  Chancellor Young approves the Building Committee in August. Proposition 2 on the California ballot passes on November 7, providing funding for the Health Sciences Building Program.

1975  The Regents of the University of California approve the site for the School of Nursing building.

1976  The School of Nursing building program is threatened. Marches of protest are organized by the alumni with community support. The protests are covered by the news media.

1977  Mary Reres is appointed dean of the School of Nursing. Groundbreaking takes place for the Louis Factor Building, which will house the School of Nursing and Jonsson Cancer Center. Orem Model is integrated in curriculum development. Nursing diagnosis nomenclature is first used. A new movement within the medical school and the university administration calls for elimination of the School of Nursing.

1978  Mary Reres and Harriet Moidel are involved in space usage negotiations for the School of Nursing.

1979  Progress is made on plans that began in 1967 for a doctoral program. Schools in the West with doctoral programs at the time include UC San Francisco, University of Arizona, University of Colorado, University of Utah and University of Washington. Harriet Moidel retires.

1980s

1981  Dedication Day for the Louis Factor Health Sciences Building by Dean Mary Reres. The historic date: April 9. The Alumni/Student Lounge is completed.

1982  Another budgetary crisis occurs, with threats to the undergraduate nursing program. "Save the School" campaign is organized. The first edition of UCLA Nursing magazine is published (Winter 1982, Vol. 1, No. 1). Annual Fund of the School of Nursing is initiated with Karen Hellwig as the first chairperson (1982–1987). Through an IBM grant, computers are introduced in the school. An initial grant is awarded for a computer lab at the School of Nursing.

1983  The UCLA Academic Senate approves a doctoral program for the School of Nursing.

1984  Mary Reres resigns as dean.
1986
Ada Lindsey is appointed dean beginning in July.

1987
The first seven students are enrolled in the doctoral program in September.
The school's second nurse-managed clinic opens at Para Los Ninos on Skid Row. It later moves to the St. Francis Center in the Los Angeles Garment District and offers prenatal and child care services.
The first Comic Relief concert, sponsored by the UCLA Alumni Association, benefits the School of Nursing Homeless Project and other UCLA projects.
The School of Nursing Visiting Scholar Program begins.
The UCLA Nursing Alliance is formed. Organizations represented include the UCLA School of Nursing, UCLA School of Nursing Alumni Association, Sigma Theta Tau, UCLA Nursing Service and UCLA Neuropsychiatric Institute.
The School of Nursing Annual Fund changes its name to the Chironians. Karen Kurner Braham is elected new chair.

1988
The Chironians launch a drive for a Lulu Hassenplug Endowed Chair.
First UCLA National Nursing Research Conference takes place October 27–28, jointly sponsored by the School of Nursing and UCLA Medical Center Nursing Service.
An outreach program is introduced at the School of Nursing. Graduate nursing programs are offered at UC Irvine in September.

1989
The first meeting of the Dean's Community Advisory Committee is held.
The 40th Anniversary Celebration of the UCLA School of Nursing takes place December 2.

1990s
1991
The first four students of the Doctor of Nursing Science program graduate in June.

1993
Lulu Wolf Hassenplug Chair is established.

1994
The 45th anniversary of the School of Nursing is celebrated.
Lulu Wolf Hassenplug dies in September.

1995
Rosalie S. Barnett Scholarship is established by the UCLA School of Nursing Alumni Association.
Ada Lindsey resigns as dean of the School of Nursing.

1996
UCLA School of Nursing nurse-managed clinic in Santa Monica begins services to the working poor and indigent at the reopened Burke Health Center.
M.N. degree is changed to an M.S.N.
D.N.S.C. degree is changed to Ph.D.

1997
Maria Cowan is appointed dean of the School of Nursing and begins her tenure in January.
The last baccalaureate class graduates in June.
The A.D.N.-B.S.-M.S.N. degree program begins in the fall.
On-line master's-level classes are introduced.

1999
Celebration of the 50th anniversary of the founding of the UCLA School of Nursing takes place in October.
SCHOOL OF NURSING
ALUMNI ASSOCIATION PRESIDENTS

Salpy Akaragian
Janice Betz
Norberta Brown
Norma Claunch
Phyllis Cooper
Annie Corea
Claire Glenin
Camille Goldsmith
Maureen Lerner-Gaffney
Johanah Hanser

Maureen Lerner-Gaffney
Lyola Murray
Leasel Omer
Dorothy Picard
Laurie Reyen
Carol Rogers
Marilee Rhein
Mary Stanley
Maureen Skiba
June Staudhamer
Phyllis Sussman
Palmeta Schoenberg
Lee Schmidt
Vangie Tangog
Sharon Valente

SCHOOL OF NURSING
DOCTORAL PROGRAM GRADUATES

Crystal Curtis Bennett
Jane Elizabeth Bolld-Sieffried
Evelyn Ruiz Calvillo
Suzette Cardin
Shoni Davis
Lynn Valerie Doering
Ayam Ramadan Mahmoud El-Hadad
Nancy Wilkins Fawzy
Sheana Whelan Funkhouser
Anna Frances Gawlinski
Jean Margaret Geise
Dorothy Anderle Johnson
Patricia Lynne Lee
Linda Mary Lillington
Richard Thomas Loving
Debra Kay Moser
Gayle Giboney Page
Barbara Riegel
Pamela A. Shuler
Bonnie Ellen Siegal
Amy Rex Smith
Patricia Marie Smyer
Barbara Ann St. Pierre
Betty Leong Tabora
Deborah Sue Walker
Cathy Rodgers Ward
Mary A. Woo
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Dr. Shizue Nitta - with Fran Sharma, 1999.


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Dr. Mary Reres - February 11, 1988.
Dr. Donna Ver Steeg - 1988.
Dr. Donna Vredevoe - April 23, 1988.

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Dr. Colleen Keenan - September 19, 1998.
Samira Moughrabi - April 5, 1999.
Dr. Betty Neuman - September 25, 1994 and January 27, 1996.
Wen Yuh Tsau - April 5, 1999.
Dr. Donna Ver Steeg - March 9 and April 24, 1999.
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Dr. Ruth Wu - March 9, 1999.

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Agnes O'Leary
Dr. Sharon Reeder
Sister Callista Roy
Dr. Donna Vredevoe


