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UNIVERSITY OF MINNESOTA
SCHOOL OF NURSING

OUR MISSION
To generate knowledge and prepare nurse leaders who create, lead and participate in holistic efforts to improve the health of all people within the context of their environments.

OUR VISION
The School of Nursing envisions a world where nurses lead collaborative efforts to attain optimal health for all people.

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The School of Nursing hosted Matthew Desmond, PhD, to discuss his ethnographic research and Pulitzer Prize-winning book *Evicted: Poverty and Profit in the American City*. Dean Connie White Delaney, PhD, RN, FAAN, FACMI, FNAP, introduced the event, with Executive Vice President and Provost Karen Hanson, PhD, facilitating the discussion at Northrop in October.
FROM THE DEAN

Dear Friends,

Consider our collective impact when 3 million nurses speak with one voice to transcend challenges together. Through research, education and service, we can strategically expand our influence on social and environmental issues that can profoundly impact health. The key is to recognize and seize opportunities to unite around common principles.

A recent example of leveraging our role as a force for good was the American Academy of Nursing’s call for Congress to launch a bipartisan National Commission on Mass Shootings. Nearly 100 organizations have since signed onto this statement.

The nursing perspective is both powerful and credible in advancing the cause of social justice, health equity, scientific discovery and education for health professionals around the world.

On these Minnesota Nursing pages, you will learn about an intervention study to end cervical cancer in the Karen refugee population from Burma. In this issue we also invite you to learn about an intervention study to end cervical cancer in the Karen refugee population from Burma. And here we interview national ethics leader and double alumna Martha Turner about her experience updating the Nursing Code of Ethics for the American Nurses Association in 2015.

Recently four national nursing organizations publicly reaffirmed nursing’s professional obligation to serve all patients regardless of our differences by issuing a proclamation on nursing civility. This bold action reminds us why nursing is the most trusted profession in the nation. Our school affirmed the proclamation, reminding us that we all share the responsibility to create environments that are healthy and safe for everyone.

Let us raise our collective voices for health.

Connie White Delaney
Professor and Dean

The feeling is mutual

Raising our voices for health

by Barb Schlaefer

When children turn 18, their health care experience can change abruptly.

The transition to new providers and expectations of greater patient independence can be especially daunting for a young person with mental health needs, says mental health nurse practitioner Barb Peterson, PhD, APRN, PMHCNS-BC, who practices at the Community University Health Care Center in south Minneapolis.

“Ask a pediatrician, I often work with the school, the family, the community and the case manager,” said Peterson, who is a clinical assistant professor at the University of Minnesota School of Nursing. “When our patients turn 18, we can lose these relationships. And unfortunately, these young adults then sometimes do not return to the clinic until they are in crisis.”

Peterson says this is why she and her colleagues are taking a more intentional approach to transitioning patients to adult care at CUHCC. She credits chief psychiatrist Madhuri Kasat Shors, MD, MPH, for what she says is a greatly improved communications process for moving patients to their adult provider team.

“Madhuri is a strong team person,” said Peterson. “She values all our perspectives and she knows we are most effective when we are able to collaborate, holding all our different skills and expertise to determine the best care plan for each patient.”

Now, planning begins with young mental health patients often a full year before their 18th birthday. Team-based care is the norm at CUHCC, says Shors, and the recent focus on care transitions for mental health is just part of the clinic’s mission to serve patients seamlessly.

“We are extremely interprofessional here,” said Shors. “Everyone brings something unique to the team and Barb’s background in nursing and mental health gives her a deep understanding of the many systems in which patients navigate. She recognizes that building a trusted provider relationship can take years. We are all working together as a team to ensure that the entire relationship, and the progress made, is not lost.”

Chief Psychiatrist Madhuri Kasat Shors, MD, MPH, and Clinical Assistant Professor Barb Peterson, PhD, APRN, PMHCNS-BC, say team-based care at CUHCC helps transition a patient to adult care.
For decades, military rule in Burma led to the systematic rape, beating and forced labor of Karen people, causing them to flee to refugee camps in Thailand. From there, more than 10,000 Karen refugees have resettled in Minnesota, making it home to the largest Karen community in the United States. The Karen people who have resettled in Minnesota bring with them the physical and emotional scars of their life in Burma, which the military government renamed Myanmar in 1989. The physical reminders of torture can include chronic pain and respiratory problems, and the psychological impact can mean living with fear, depression and panic attacks. Research shows that the negative mental health effects caused by war trauma and torture can extend to people who didn’t experience the torture themselves, as children of traumatised parents have higher levels of depression and anxiety.

University of Minnesota School of Nursing researcher Sarah Hoffman, PhD, MPH, RN, is studying how trauma is passed down to the next generation, in hopes of developing an intervention to prevent the intergenerational transmission of trauma. "Trauma has a profound impact on human health. So to understand it, to intervene effectively, is important," said Hoffman.

**FAMILY-CENTERED SOLUTIONS**

While extensive research has been conducted regarding intergenerational trauma, little has been published in relation to refugee migration. "Within the context of torture and within the context of refugee migration, there are relatively few studies that look at intergenerational trauma," said Hoffman, adding that none of the research conducted for this article is within the context of Karen refugees.

Sarah Hoffman, PhD, MPH, RN, University of Minnesota School of Nursing researcher, listens to a mother participating in a focus group at the Karen Organization of Minnesota.

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**Stopping the transmission of trauma**

Creating a family-centered intervention for Karen families

by Brett Stursa

For decades, military rule in Burma led to the systematic rape, beating and forced labor of Karen people, causing them to flee to refugee camps in Thailand. From there, more than 10,000 Karen refugees have resettled in Minnesota, making it home to the largest Karen community in the United States.

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**HEALTH PROMOTION**

Stopping the transmission of trauma

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“Torture happens to individuals, but it’s a tactic of war that’s intended to degrade and demean groups. Torture is an assault on collective identity.”

— Sarah Hoffman, PhD, MPH, RN, University of Minnesota School of Nursing researcher

The next step will be qualitative, and youth adjustment in 100 Karen women. The data will be analyzed to determine the associations between a mother’s exposure to torture or trauma, the perceived severity of these experiences, whether and how a mother chooses to communicate these experiences to her children, and how collectively the family functions.

Hoffman’s current project, focused on refugee health.

Hoffman is partnering with the Center for Victims of Torture, an international nonprofit agency headquartered in St. Paul. The center found the prevalence of torture and war trauma was extremely high in the local Karen community, with 27 percent reporting being tortured and 86 percent reporting experiencing war trauma. Center staff are eager to understand Hoffman’s research findings. “A really prominent experience women talked about was mothering,” said Hoffman. “It was an important part of their narrative from the beginning. Their children were often the reason for migration and pursuing resettlement.” Hoffman then developed a parenting intervention for Karen parents with adolescent children in partnership with the Karen Organization of Minnesota.

The studies report findings specific to refugee mothers who have experienced torture. “Limited research considers the effectiveness of family-centered interventions to interrupt generational trauma and facilitate healing for women refugees survivors of torture and their children.”

Hoffman sees a family-centered intervention as critical to the holistic recovery of the family. “Torture happens to individuals, but it’s a tactic of war that’s intended to degrade and demean groups. Torture is an assault on collective identity,” said Hoffman. “The interventions that we have to support recovery from experiences of torture, while effective and meaningful, are more individually focused. The idea is to develop a family-centered approach that facilitates collective recovery. As a public health nurse, my lens is the family and the community.”

Hoffman’s mixed methods pilot study will first collect quantitative data to compare patterns of family function and youth adjustment in 100 Karen refugee families where mothers have experienced torture or war trauma. The next step will be qualitative, with in-depth interviews of 30 Karen women. The data will be analyzed to determine the associations between a mother’s exposure to torture or trauma, the perceived severity of these experiences, whether and how a mother chooses to communicate these experiences to her children, and how collectively the family functions.

Hoffman’s current research builds on research she conducted in refugee camps on the Thailand-Burma border for her PhD dissertation. The work there and additional interviews with Karen refugees who resettled in Minnesota informed a series of ethnographic case studies. “A really prominent experience women talked about was mothering,” said Hoffman. “It was an important part of their narrative from the beginning. Their children were often the reason for migration and pursuing resettlement.”

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Hoffman’s research findings needed to inform an intervention completed in 2019 and will seek additional funding to develop the intervention.

Funding for the research is provided through University of Minnesota Building Interdisciplinary Research Careers in Women’s Health award. The research is supported through the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health.

“Women are so influential to the ways in which their children witness trauma and how collective memory plays out,” said Hoffman. “While we would like to interrupt the transmission of trauma, collective cultural memory is very important. One of the things I think about, as I watch women interact with their children and as I watch younger interpreters interact with an older generation that was impacted by the war, is how it is also important not to forget—so that the narratives of those who survived war are honored and not brushed away.”

It’s time to consider the PhD in Nursing program at the University of Minnesota. The program prepares students for leading roles in research, academia, corporations and health systems. Our graduates discover innovative ways to improve clinical practice and health locally and globally.

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CURIOUS? If you are the nurse who often asks WHY? WHAT IF? HOW?

SCHOOL OF NURSING

University of Minnesota
While working as a multi-organ transplant surgery coordinator at a major medical center in Brazil, Lisiane Pruinelli, PhD, RN, found she had a growing number of questions without answers. She noted that survival and quality of life varied widely for patients who had similar transplant procedures. Her curiosity and desire to optimize outcomes for patients drove her to learn more.

“I wondered what we could learn about the modifiable health characteristics that patients bring prior to transplant that predict outcomes,” said Pruinelli, assistant professor and OptumLabs visiting fellow. “I recognized there were some factors we could not change. So I began to ask what conditions and symptoms patients bring that we can actually influence prior to surgery to maximize outcomes.”

Liver transplantation became a viable and common treatment in the 1980s for people with diseased or damaged livers. While the majority of people survive the complex transplant surgery today, survival rates and patients’ post-operative well-being vary widely.

**STRENGTH IN NUMBERS**

Today, equipped with access to data on 25,000 liver transplant patients through the School of Nursing’s partnership agreement with OptumLabs, Pruinelli is developing a promising framework to identify risk factors prior to liver transplant surgery that are predictive of better outcomes.

Building on methodology from Pruinelli’s earlier study and existing literature, the team is grouping patients into clusters that are algorithmically derived subgroups. Using this method, liver transplant patients with similar combinations of problems can be assessed over time to identify which problems influenced outcomes most, either positively or negatively.

“The research to date is primarily disease-focused,” said Pruinelli. “So we bring a holistic approach for data modeling that encompasses more. Our model is comprehensive, including 175 possible health problems including mental health, frailty and conditioning, musculoskeletal, psychosocial, behavioral, environmental, pain and neurologic conditions that have seldom been considered as impacting liver transplant outcomes.”

**IMPROVING SURVIVAL RATES**

Pruinelli is working with the Liver Transplantation Program at University of Minnesota Health to gain insights and continuously refine her research.

“Lisiane’s program of research uses a unique methodology of clustering that is useful in helping us think in patterns,” said Timothy Pruett, MD, professor and chief of the Division of Transplantation at the University of Minnesota. “This novel approach, combined with the statistical power of the data, could give practitioners in disparate disciplines more refined predictive capacity to learn how we might better allocate resources or change care to improve survival rates for specific patients in the future.”

This study is aimed at generating evidence that can drive effective nursing interventions and ultimately decrease health care costs, Pruinelli said. “If we discover, for example, that patients entering transplantation with optimal nutrition and lower pain scores have a much higher likelihood of thriving after surgery than those who don’t, we have a case for investing in greater nutrition therapy and pain management,” she said.

OptumLabs is an open, collaborative research and innovation center founded in 2013. Its core linked data assets include de-identified claims data for privately insured and Medicare Advantage enrollees and de-identified electronic health record data from a nationwide network of provider groups. The database contains longitudinal health information on enrollees and patients, representing a diverse mixture of ages, ethnicities, races and geographical regions across the United States. The EHR data reflects all payers, including uninsured patients.

The research is funded by a Grant in Aid. Led by Pruinelli, the research team includes Gyorgy Simon, PhD, and Timothy Pruett, MD.

**INFORMATICS & SYSTEMS INNOVATION**

**Finding patterns**

A big data model to improve liver transplant care

by Barb Schlaefer

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Treynor Smith, 7, and Shawn Wedlund, who graduated from the DNP program, at a horse therapy appointment.

What families can teach us

Learning about everyday life with complex health conditions

by Brett Stursa

Treynor Smith was only 7 days old when he underwent his first open heart surgery for a congenital heart defect, truncus arteriosus. Essentially, he was born without a pulmonary artery. He has since had a second open heart surgery, at 16 months, which resulted in the surgeon stitching Smith’s aorta to his chest wall to prevent it from collapsing. Hospital stays, appointments with specialists and visits with therapists were a frequent part of his life for the first three years.

Now as a 7 year old, Smith’s visits have tapered down to a weekly therapy appointment and doctors’ appointments every few months. “For the first time in his life he’s about as normal a kid as you could get,” said his mother Amy Smith.

Getting there wasn’t easy. Smith navigated a complex web of appointments with cardiologists, GI specialists, pediatricians and others, quickly learning to lean on nurses when she had the chance. “If I didn’t get enough time to talk with the surgeon, had a question pop up or was just scared, the nurse was one of the people I could pull aside and talk to,” said Smith. “I know the value of really solid people in those roles.”

When the opportunity came up to participate in a program that gives nurse practitioner students insight into what it’s like living with a complex health condition, Smith didn’t hesitate. “I was absolutely willing to be involved,” she said.

The program, Families as Teachers, was created by the School of Nursing to connect advanced practice nursing students with families that have children with complex health conditions so students can gain deeper insight into families’ everyday lives.

“...
“A focus on the child isn’t enough. It’s really supporting families in the context of communities.”

– Ann Garwick, PhD, RN, LMFT, LP, FAAN, director of the Center for Children with Special Health Care Needs

“Shawn saw that we try to allow Treynor to have as normal of a childhood as we can,” said Smith. “We don’t want to put false limits and barriers up that don’t necessarily need to exist. At the same time, we are cautious. For example, even in t-ball, he wears a chest protector.”

Wedlund said it was valuable to see how a family copes with challenging circumstances. “The experience helped me see what it’s like to be a family with a child who has chronic health conditions and is able to adapt it to their lifestyle and live the best lifestyle they can,” said Wedlund.

Wedlund graduated last spring and is now working as a pediatric nurse practitioner in the neurosurgery department at Gillette Children’s Specialty Healthcare. There, the majority of his patients have complex neurological conditions, like hydrocephalus or genetic syndromes. “The families that we see, we usually follow them for a lifetime, so there is a lot of relationship building,” said Wedlund.

The experience with the Smith family makes Wedlund ask more questions as a practitioner. “We’re so focused on what medications they are on, what treatments they are undergoing and what we can medically to make them as happy and as healthy as possible. We don’t always focus on those other factors, as far as what the child is doing in terms of recreation, their friends, their perspectives on life that are really valuable to their happiness and health. I’m not always able to touch on those in a clinical visit, but I try harder to ask more questions,” said Wedlund. “It leads to an overall better relationship with families when we partner with them. It also leads to better care and better outcomes.”

**MN students learn from community teachers**

Nurse practitioner students aren’t the only ones learning directly from community partners. Students in the Master of Nursing program are paired with a community teacher, who is someone with a chronic medical condition willing to share the experience of navigating the health care system. Each community teacher works with a team of three or four students from the Medical School, College of Pharmacy, School of Nursing and the Occupational Therapy department at Gillette Children’s Specialty Healthcare. There, the majority of his patients have complex neurological conditions, like hydrocephalus or genetic syndromes. “The families that we see, we usually follow them for a lifetime, so there is a lot of relationship building,” said Wedlund.

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**STUDENTS ASKED TO LISTEN**

Family-centered care is particularly important for families with children who have complex health care needs, as families are typically the primary caregivers. “A focus on the child isn’t enough,” said Professor Ann Garwick, PhD, RN, LMFT, LP, FAAN, who leads the school’s Center for Children with Special Health Care Needs. “It’s really supporting families in the context of communities.”

The program got its start at the school in 1993, when the Center for Children with Special Health Care Needs was established. All pediatric clinical nurse specialist and nurse practitioner students participate in the program, which pairs a student with a family. Students meet families four or five times, in their home, during doctor’s appointments, school meetings and recreational outings. “They meet children outside of the four walls of a clinic room or hospital so the children can really just be themselves without feeling intimidated or in fear of their surroundings,” said Garwick.

Students aren’t given background information about the child’s condition, so they can focus on what families want them to learn. “We’re asking students to listen,” said Garwick. “The goal here is hearing and learning from the family.”

Sometimes that can be uncomfortable for students, who are used to meeting patients in a clinical setting where there are protocols and checklists, and they are responsible for teaching children and family caregivers. “The flipped role of learning from families has transformed how they plan and coordinate care with families in clinic and hospital settings,” said Garwick.
A better start for babies with substance exposure

Care coordination helps moms, babies

by Brett Stursa

As nursing director of The Family Birth Center at Park Nicollet Methodist Hospital, Allysia Jenkins, RN, had a concern about the care provided to mothers and babies with intrauterine substance exposure. Research shows that care coordination and early intervention improve outcomes for infants with substance exposure. But the birth center did not have a care coordination program or a dedicated care coordinator to assist new moms. Adding to the challenge, there was no standardized documentation when infants were born with exposure and the communication between in-patient and out-patient care was lacking. “I was interested in how we could better serve these patients and do it in a way that didn’t stigmatize them, by giving them empathetic, compassionate care,” said Jenkins, who is a student in the Doctor of Nursing Practice program’s health innovation and leadership specialty.

IMPLEMENTING MEANINGFUL CHANGE

Jenkins knew that if she was going to be successful at implementing meaningful change, she needed supportive colleagues. “A lot of my role in the project was really helping to build the stakeholder team and then advocating to senior leaders to get resources to implement this project,” said Jenkins. Ultimately, the team developed a care coordination program and advocated for the hiring of a social worker to help ensure the program was sustainable. “The ability to partner with a social worker was a huge win,” said Jenkins. “Adding her to the team, it was an immediate success. No one was falling through the cracks.” Now, when a cord blood toxicity screen is ordered to identify substance use, a care coordination referral is made automatically. If the test is positive, the social worker initiates a meeting with the family and an out-patient consult order is included in the discharge summary. An alert was added to the electronic health record to notify providers they need to add the diagnostic code for intrauterine drug exposure on the problem list when appropriate. This ensured the information was easily accessible for all providers. “It’s a flag so these families don’t fall through the cracks,” said Jenkins. Adding the code to the problem list resulted in improved communication between the clinics and birth center.

“This quality improvement project improved the care for these patients by standardizing the methods for identifying exposed infants and developing clear communication channels that supported care coordination services for infants and their families,” said Jenkins.

Jenkins’ work to address the challenge exemplified the DNP program requirement to develop and implement a system-level change. “Allysia took a systems approach to her project. Her team recognized a gap between in-patient and out-patient follow up as well as a lack of consistent support for mothers with substance use and abuse problems. Many health care systems consider their work complete when the patient is discharged from the hospital, but Allysia’s project recognized the ongoing risks and challenges that can impact the lives of infants and mothers,” said Clinical Associate Professor Teddie Potter, PhD, RN, FAAN, who was Jenkins’ adviser.

A BIGGER FOOTPRINT

Jenkins sought a DNP degree in health innovation and leadership after realizing she wanted to pursue leadership positions. “I felt like if I was going to do it, I needed skills and resources so that I could do it to the best of my ability,” said Jenkins, who earned a bachelor’s degree in nursing from the University of Minnesota and will graduate with a DNP degree this spring. Jenkins recently accepted a position as a provider engagement executive at the health insurance company Humana. She supports provider groups throughout the nation by sharing data and partnering with them to identify opportunities for improvement. “Up until now, my focus in my career has been very traditional health care, which I absolutely love,” said Jenkins. “This program expanded my perspective that we are a piece of this global puzzle of health care. It is really important for me to have a bigger imprint, a bigger footprint.”
Mary Fran Tracy, PhD, APRN, CNS, is a metaphor on the move. As a nurse scientist with dual appointments at the School of Nursing and University of Minnesota Health/Fairview Health Services, she can be spotted walking through the skyway connecting the facilities multiple times a week. "I'm a connector in this role," Tracy said. "It's important for me to immerse myself in both worlds so that I can bridge the gaps, improve the infrastructure for nursing research and identify opportunities for collaboration."

Creation of the new joint position was one strategy in a multifaceted partnership between the school and its largest clinical partner. The Nursing Collaboratory integrates the leadership of the organizations to advance their collective educational, research and practice goals. An early project for Tracy was developing a framework for connecting the health system’s needs for clinical solutions with doctoral students who are seeking real-world capstone projects. As a tenured associate professor, she understands the essential characteristics of a sound student project. Likewise, her 32 years in practice equip her with the ability to shape clinical system challenges into questions that can be answered through a research-based approach.

**EMPOWERING THE COLLABORATION**

"People approach me with their ideas and questions, and that is when I can facilitate and open doors," said Tracy. "Our aim is to empower the collaboration and continuously evolve and optimize the partnership."

The health system recognizes the value this position brings. "Mary Fran is foundational to helping our nurses better recognize the value of research and identify how they might be involved," said Laura Reed, DNP, MBA, RN, Fairview Health Services chief nurse executive and president of acute care hospitals. "She is doing so much to build research capacity, mentor nurses and empower them to ask questions and be part of a team to solve problems using an evidence-based or research framework."

One of Tracy’s objectives is to create a culture of research and an infrastructure that does not rely on one person’s contacts and knowledge, but rather exists and expands organically. Connie White Delaney, PhD, RN, FAAN, FNAP, dean at the School of Nursing, believes the new level of collaboration facilitated by the joint position will accelerate the translation of discoveries to practice. "When clinicians and researchers can ask and answer questions in real-time, the velocity of research translation can be accelerated," said Delaney. "We are forging a new model and look forward to co-creating a national network of similar partnerships so that we can share what we’ve learned with other academic health centers."

Tracy says she has already facilitated several projects. She is overseeing projects that involve evaluating the effectiveness and reliability of a new holistic pain assessment tool in adults, identifying best practices in self-administered injections for patients in the hospital and at home, and, with medicine, pharmacy and nursing colleagues, exploring the use of melatonin for elderly hip fracture patients in the hospital. The process of discovery is not, or should not be, linear, she said. Rather, clinicians and academicians are working in a continuous loop, informing one another’s work and sharing their expertise to benefit patients.

"The two worlds are very different," she said. "When we integrate, we can be very effective."
Supporting Afghan health educators

U of M leads partnership to advance education

by Barb Schlaefer

University of Minnesota faculty in nursing, anesthesia, dentistry and medical lab technology are partnering with faculty at Kabul University of Medical Sciences in Afghanistan to share the latest practices and resources used in teaching health professionals.

The effort is funded by $1.2 million from the US Agency for International Development.

Decades of armed conflict in Afghanistan have made seeking professional development and current teaching resources difficult for Afghan faculty. Because security and political challenges make travel difficult between Minnesota and Afghanistan, educational conferences are being held in India and Rwanda.

“Faculty in Kabul who teach health professionals are faced with a series of shortages. They lack proper teaching tools, medical lab equipment and current internationally-standardized course content and curricula,” said Rohina Amiri, MD, MPH, senior manager at the USAID University Support & Workforce Development program. “Students do not have access to very basic lab equipment or simulation facilities. The internet is not reliable. It is hard for faculty to teach and discuss skills to students by lecture only.”

The second of five workshops was held in January in India, with faculty from nurse-midwifery, dentistry and anesthesiology. Another workshop was held in Kigali, Rwanda with faculty in the medical lab technology field.

COMMON GROUND

“We found we have much in common,” said Professor Melissa Avery, PhD, APRN, CNM, FACNM, FAAN, who leads the School of Nursing’s Doctor of Nursing Practice nurse-midwifery specialty at the University of Minnesota. “While we are working hard to reduce reliance on medical and pharmacologic interventions during normal births that have become so prevalent in the US, our Afghan counterparts typically don’t consider these medical options. Our Afghan partners were quite interested in the scientific evidence supporting natural, physiological birth and learning new ways of supporting women through that process.”

Avery also learned from her colleagues in Afghanistan about differences in scope of practice for health professionals. “The Afghan midwife’s use of the stethoscope, for example, is quite limited. If midwives in Afghanistan have an opportunity to expand their role, we may be able to serve as a resource to them in making policy changes.”

Associate Professor Carolyn Porta, PhD, MPH, RN, SANE-A, FAAN, who serves as director for Global Health at the University of Minnesota School of Nursing, is the principal investigator for the project.

“This opportunity gives our Afghan colleagues the chance to broaden their international experience and gain exposure to emerging evidence and approaches to practice,” said Porta. “Likewise, for many of our own faculty, this provides them with exposure to global work—it’s a win-win for everyone involved, even if the circumstances that necessitate it are unfortunate.”

The work is funded by a sub-award grant from FHI360, a large global development organization funded by the USAID to implement a five-year, $96 million initiative strengthening higher education in Afghanistan. Faculty from the University of Minnesota School of Nursing, Medical School, the Center for Allied Health Programs and the Academic Health Center Simulation Center, as well as faculty from the School of Dentistry at Manipal University, India, and the University of Rwanda, are contributing their time and expertise to the project.

Midwifery faculty from the University of Minnesota, Kabul University and Manipal University participate in a workshop in India.
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Incontinence associated skin damage is an inflammation of the skin due to irritation and maceration. It is the most common physical complication of incontinence affecting patients in all settings, from critical care to those living in the community. IASD causes discomfort and pain for the patient, increases the risk of other skin damage, such as pressure injury, and raises health care costs.

Professor Donna Bliss, PhD, RN, FAAN, FGSA, and her colleagues have developed a scoring instrument to assist nurses assessing IASD and its severity. In addition to the severity scoring tool, the incontinence associated skin damage severity instrument includes instructive information for nurses. The information includes images of the color changes and other signs of IASD, a diagram of the body areas where IASD can occur, and word descriptions of the signs and location of IASD. Bliss and her research team have tested the instrument with several groups of nurses using photograph cases and shown it has good validity and reliability. It is the first such instrument for assessing skin that has been tested for use on light, medium, and dark skin tones. The IASD instrument is licensed by the University of Minnesota and is available at z.umn.edu/IASDassessment. Its use for educational and non-commercial research purposes is free. Bliss currently has a grant from MN-REACH, funded by the National Institutes of Health Research Evaluation and Commercialization Hub program, to assess the commercialization potential of the instrument.

**Professor Donna Bliss, PhD, RN, FAAN, FGSA**

**CENTER DIRECTOR:** Daniel J. Pesut, PhD, RN, PMHCNS-BC, FAAN

**KATHARINE J. DENSFORD INTERNATIONAL CENTER FOR NURSING LEADERSHIP**

**Foresight leadership**

Nursing foresight is the ability to forecast what will happen or be needed in the future considering emergent health care trends that have consequences for population and planetary health. Foresight and futures literacy is essential to the profession’s purpose, definition, professional scope and standards of practice. In September, the School of Nursing and the Densford Center hosted the Nursing Foresight Summit. Thought leaders were invited to discuss the creation of an initiative to enhance the future thinking capacity, wisdom and anticipatory leadership skill set of nurses and health care professionals.

The objectives of the Summit were:

1. Examine the value, key drivers and stakeholders related to a Foresight Leadership initiative to advance health care, innovation and learning that support vibrant communities and sustainable planetary health.
2. Establish and affirm a blueprint, strategies, principles and evaluation criteria that outline a road map for a Foresight Leadership initiative.
3. Articulate the synergy of the Foresight Leadership initiative with the school’s innovation trajectory and the Densford Center’s mission to develop next generation leaders.

The Densford Center is committed to developing resources and networks of people who are invested in learning more about the application and evaluation of future thinking models and methods.
Partnering for healthy student outcomes

The need to educate nurses about data science drove the nursing informatics faculty to develop an online continuing education course on Data Science Methods for Clinicians. The course provides an overview of new data analytic methods and application in health care. It also covers methods for reuse of big data in the context of health care for quality improvement and research, from an interdisciplinary team perspective. In partnership with researchers, clinicians generate and ensure quality of data, identify research questions, foster reuse of clinical data for research and interpret results.

Clinicians are the domain experts, working alongside researchers, informaticians and computer scientists. The online course provides clinicians flexibility in time to participate and 60 contact hours accredited for nursing, with interprofessional accreditation pending. For future offerings go to https://z.umn.edu/datascience2.

Valid and reliable results from data science research rely on the integration of standardized data from patients, nurses and the interprofessional team. Nurses need to know how to implement standardized data, advocate for health policies inclusive of all health care members and participate in data science research teams. The Nursing Knowledge: Big Data Science Conference addresses these issues. This sixth-annual national conference will be held June 13-15 in Minneapolis and is open to all. The action-oriented conference aims to share achievements of 10 virtual working groups and plans for future activities.

Big data reveals family-level problems

Team members Chih-Lin Chi, Brady Alsaker, Anne Chevalier McKechnie, Karen Monsen and Sasank Maganti, Assistant Professor Anne Chevalier McKechnie, PhD, RN, is leading an innovative big data collaboration that could pave the way for new understandings of family health. With Associate Professor Karen Monsen, PhD, RN, FAAN, McKechnie is examining the feasibility of using big data techniques to identify patterns within families with young children. Monsen invited McKechnie and her long-time mentor from the University of Wisconsin-Madison, Karen Pridham, PhD, RN, FAAN, to join a research team that already included University of Minnesota staff, students and faculty, including Brady Alsaker, MN, RN, University of Minnesota Medical Center; Sasank Maganti, a master’s degree student in the College of Science and Engineering, and Assistant Professor Chih-Lin Chi, PhD, MBA. Together, they are conducting a study with the Omaha System Data Collaborative, a practice-based research network. Data analyzed were collected by public health nurses during routine home visits with 8,638 families (10,332 individuals) across Minnesota. The families received 843,603 interventions (including teaching, guidance and counseling) for 39,080 problems (like parenting, growth and development). In addition to new and compelling observations about the relationships among three family outcomes (parent/child knowledge, parent/child behavior or improved condition), data visualization showed intervention pattern variations by problem. Moreover, family level analysis revealed more than double the number of problems compared to the individual level, including parental problems that were not identified for a child (like income). These and other unexpected findings regarding family level problems, interventions and outcomes were featured in the symposium Family Nursing Needs Big Data and Big Data Needs Family Nursing at the 49th annual Midwest Nursing Research Society Conference in April.

Connecting smiles

The birth of a child with a cleft lip, palate or other facial anomaly can be particularly challenging for parents, who now must navigate multiple surgeries and specialists, feeding challenges, therapies and worries about how their child will be accepted by others. The collaboration with the School of Nursing and the Center for Children with Special Health Care Needs, the School of Dentistry, and the Craniofacial and Cleft Clinics team at the University of Minnesota addresses this challenge.

Two Doctors of Nursing Practice students in the pediatric nurse practitioner specialty are developing a support program for parents of children with cleft lip, palate or other facial anomalies. Caitlin Giesen and Lisa Belkis began working with key stakeholders in the clinics in 2016 to complete a needs assessment and develop an evidence-based process through which the clinic could connect new and experienced parents of children with craniofacial anomalies. The resulting program, Connecting Smiles, was implemented in 2017. The program includes a mentor parent training session, a web-based enrollment process and tools for ensuring a successful parent-to-parent match. Once a new parent is matched with a mentor parent, the parents connect via phone and email for informal support. The program has been well-received by clinic leadership, families and providers. Cleft and craniofacial programs around the country have been reaching out to the University of Minnesota program to learn about how they might implement a similar program.
**BRIEFLY**

**New associate dean for research named**

Professor Diane Treat-Jacobson, PhD, RN, FAAN, was named the School of Nursing’s associate dean for research, beginning in July. Professor Ann Garwick, PhD, RN, LMFT, UP, FAAN, the current senior executive associate dean for research, began a two-year phased retirement in January.

**School receives Practice-Partnership award**

The American Association of Colleges of Nursing selected the University of Minnesota School of Nursing and Farview Health Services/University of Minnesota Health to receive the 2017 AACN Exemplary Academic-Practice Partnership Award. The award is in recognition of the accomplishments of the Nursing Collaboratory, which is a partnership of the three organizations recognized by a memorandum of understanding.

**School earns diversity award**

The School of Nursing was awarded the 2017 Health Professions Higher Education Excellence in Diversity Award from INSIGHT Into Diversity magazine. This is the second time the school has received this award, which recognizes schools with an outstanding commitment to diversity and inclusion.

**Spillane receives advocacy award**

John Spillane, of Wayzata, received the school’s Richard Olding Board Award. The award recognizes a non-nurse whose foresight, wisdom and advocacy for the nursing profession have led to better health care for all. Spillane, a School of Nursing Foundation Board member and business executive, has served as a tireless advocate and volunteer helping the school remain at the forefront of nursing education. His work with the school began with the establishment of the Elva Walker Spillane Leadership and Innovation Fund in honor of his late wife.

**Visiting scholars from Taiwan, South Korea**

Bi-Lian Chen joins the school as a visiting scholar from Taiwan. She is an informatics nursing specialist at the Taichung Veterans General Hospital Nursing Department and a PhD candidate at the National Yang-Ming University Institute of Nursing. While at the School of Nursing, she is engaged in the project Prediction Inpatient Re-admission on Discharge Plan and Nursing Care Plan.

Yeoungsuk Song joins the school as a visiting scholar from South Korea. Song is an associate professor at Kyungpook National University College of Nursing and will work to advance her research and scholarship in the areas of cardiovascular nursing and complementary therapies.

**AWARDS AND HONORS**

Clinical Assistant Professor Jane Anderson, DNP, APRN, ANP-BC, FNP-BC, was a recipient of a Courage Award from the Women’s Health Leadership Trust.

Professor Melissa Avery, PhD, APRN, CNM, FACNM, FAAN, received a media award from the American Association of Birth Centers for the book Freestanding Birth Centers: Innovation, Evidence, and Optimal Outcomes. In addition the book won an American Journal of Nursing Book of the Year Award in the maternal-child health category.

Professor Donna Bliss, PhD, RN, FAAN, FGSA, accepted an appointment to the editorial board of Applied Nursing Research. Bliss was also re-elected as chair of the Nursing Committee of the International Continence Society, and she was appointed to the Board of the Roads Research Foundation of the American Society for Parenteral and Enteral Nutrition.

Dean Connie White Delaney, PhD, RN, FAAN, FACMI, FNAP, was elected president-elect of Friends of the National Institute of Nursing Research. She is also serving as the Women’s Health Leadership Trust president.

Clinical Associate Professor Diana Drake, DNP, APRN, WHNP-BC, was elected chair-elect of the national Nurse Practitioners in Women’s Health.

Assistant Professor Martin Michalowski, PhD, was awarded senior member status within the Association for the Advancement of Artificial Intelligence.

Associate Professor Susan O’Connor-Von, PhD, RN, was selected to receive the American Society for Pain Management Nursing’s The Dr. Jo Eland, Excellence in Pediatric Nursing Award.

Clinical Professor Jeanne Pfeiffer, DNP, MPH, RN, CIC, FAAN, received The Scut Award, which is the highest honor given by the University of North Dakota Alumni Association & Foundation for achievement, service and loyalty.

Professor Jean Wyman, PhD, APRN, GNP-BC, FAAN, FGSA, was named the Rodney Appell Contingency Care Champion 2017 by the National Association for Contingence.

**NEW APPOINTMENTS**

Robyn Birkeland, PhD, joined the school as a research associate, working with Professors Christine Mueller, PhD, RN, FGSA, FAAN, and Joseph Gaugler, PhD, on research and education related to care provided to elderly people living with dementia in long-term care homes. Caspi’s specialty is in psychosocial strategies for prevention of various forms of behavioral expressions in this population. Caspi completed a postdoctoral fellowship at the VA Geriatric and Extended Care Data & Analysis Center. He earned a bachelor’s degree in social work at Tel Aviv University, a master’s degree in gerontology at Haifa University and PhD in gerontology at University of Massachusetts Boston.

Kimberly Moore, DNP, APRN, FNP, joined the school as a clinical assistant professor. Moore has experience in primary care, urgent care and integrative primary care. She earned a Doctor of Nursing Practice degree from St. Catherine University, a master’s degree in nursing leadership and education from Regis University, bachelor’s degrees in nursing and exercise science/wellness at the University of Central Missouri and completed her family nurse practitioner preparation through the Minnesota State University/Mayo School of Health Sciences post-master’s program. Moore will be practicing at the University of Minnesota Health Nurse Practitioners Clinic.
EXTERNAL FACULTY GRANTS

FACULTY PRINCIPAL INVESTIGATORS CALENDAR YEAR 2017

Avery, Melissa
ACNM-AACOG Maternity Care Education and Research
American College of Nurse Midwives / Josie Marlow Foundation

Bliss, Donna
Augmented Reality System for the Education of Primary Caregivers of Older Adults (SBIR)
Innovative Design Labs / National Institute on Aging

Bliss, Donna
Skin Damage Severity Assessment Instrument: Voice-to-Customer to Product Development for Practice
MIN-REACH / National Institutes of Health

Chi, Chih-Lin
Predictive Optimal Anticoagulation Treatment for Segmented Patient Populations (R01)
Harvard University / National Institutes of Health / National Library of Medicine

Clancy, Thomas
Workforce Study for Cardiac Implantable Devices
Boston Scientific Corporation

Fulkerson, Jayne
Future of Nursing Scholars 2016-2018
Robert Wood Johnson Foundation

Fulkerson, Jayne
Jonas Nurse Leaders Scholarship Program 2016-2018
Jonas Center for Nursing Excellence

Fulkerson, Jayne
New Ulm at HOME (NU-HOME) (R01)
National Institute on Aging / National Heart, Lung, and Blood Institute

Fulkerson, Jayne
Parents and Kids Prevent Diabetes University of Minnesota Foundation / Olmsted County Health

Fulkerson, Jayne
School Nurse-Directed Secondary Obesity Prevention for Elementary-School-Aged Children (R01)
Temple University / National Institutes of Health / National Institute for Nursing Research

Fulkerson, Jayne
Virtual Role Plays to Reduce the Occurrence of Childhood Obesity (Phase II) (SBIR)
SiMmersion, LLC / National Institutes of Health

Gaugler, Joseph
A Proactive Health Monitoring Intervention for Dementia Caregivers: The eHealthguru (R18)
Agony for Healthcare Research and Quality / US Department of Health and Human Services

Gaugler, Joseph
Improving Outcomes for Family Carers and Older Adults with Complex Conditions: The Adult Day Service Plus Program (R01)
Johns Hopkins University / National Institutes of Health / National Institute on Aging

Gaugler, Joseph
Minnesota Memory Care Management Center
Minnesota Board on Aging

Gaugler, Joseph
Social Support Aid for People with Dementia (SBIR)
Advanced Medical Electronics Corp. / National Institutes of Health

Gaugler, Joseph
The Residential Care Transition Module (R01)
National Institutes of Health / National Institute on Aging

Gaugler, Joseph
The Personal Health Record for Persons with Dementia and their Family Caregivers (R21)
National Institutes of Health / National Institute for Nursing Research

Hoffman, Sarah
Parenting Adolescent Refugees Post-Resettlement in Minnesota: A Pilot Intervention Targeting Karen Family Cohesion
Clinical and Translational Science Institute / National Institutes of Health

Hooks, Casey
Phenotypic and Genotypic Associations with Symptom Clusters During Childhood Leukemia Treatment (R01)
Duke University / National Institutes of Health / National Cancer Institute

Hooks, Casey
KAM: Kids are Moving: An Exercise Program for Children with Cancer Alex’s Lemonade Stand Foundation

Hooks, Casey
Physical Activity in Children Completing Treatment for Leukemia: How Does It Relate to Other Symptoms?
University of Minnesota Foundation / Chidlon Trust

Kaar, Marios
PMHNP and FNP DNP Student Readiness to Provide Integrated Care to Persons with Mental Illness and Complex Medical Needs Who Are Typically Underserved in Urban and Rural Communities
Health Resources and Services Administration / US Department of Health & Human Services

Kreitzer, Mary Jo
Medical Cannabis Symposium and Research Roundtable
Minnesota Department of Health / State of Minnesota

Mays, Ryan
A Community-Based Exercise Program to Improve Walking Outcomes in Patients with Peripheral Artery Disease (R01)
National Institutes of Health / National Heart, Lung, and Blood Institute

McKechnie, Anne
Preparing Heart and Mind: A Mobile and Web Application for Expectant Parents and Health Care Providers After Fetal Heart Disease Diagnosis
MIN-REACH / National Institutes of Health

McMahan, Sibohan
Community-Based Intervention Effectiveness on Older Adults’ Physical Activity and Falls (R01)
National Institutes of Health / National Institute for Nursing Research

McMahan, Sibohan
SHIFT the BALANCE
Minnesota Board on Aging

Petter, Teddie
The National Implementation of TEAM STEPPS
Health Research & Educational Trust / Agency for Healthcare Research and Quality

Safnner, Melissa
Exploring Adolescent Risk in Ugandan Fishing Communities: Phase 1
Sigma Theta Tau International - Zeta Chapter

Safnner, Melissa
Exploring Risk Behaviors in Ugandan Adolescents Living in Rural Fishing Communities: Phase 2
Sigma Theta Tau International

Sieving, Renee
Making Authentic Connections Evaluation Project
Minnesota Department of Health / State of Minnesota

Sieving, Renee
State Adolescent and Young Adult Health Capacity Building Program
University of California at San Francisco / Health Resources and Services Administration

Sieving, Renee
Understanding the Context of Northern Plains American Teen Pregnancy (F20)
Sanford Health / National Institutes of Health / National Institute on Aging / National Institute of Diabetes and Digestive and Kidney Diseases

Yu, Fang
Aerobic Exercise in Alzheimer’s Disease: Cognition and Hippocampal Volume Effects (R01)
National Institutes of Health / National Institute on Aging

Yu, Fang
Building a Workforce to Provide Exercise to People with Alzheimer’s Disease: The FIT-AD Certification Program
Minnesota Board on Aging

Yu, Fang
Concurrent Aerobic Exercise and Cognitive Training to Prevent Alzheimer’s in At-Risk Older Adults (SBIR)
Mise Technologies / National Institutes of Health

Yu, Fang
Memory Matters: A Mobile Aid to Stimulate Reminiscing in Persons with Memory Loss (SBIR)
Mise Technologies / National Institutes of Health

Yu, Fang
Building Interdisciplinary Research Careers in Women’s Health
National Institutes of Health / National Institute of Child Health and Human Development

Wymann, Jean (Co-PI)
Institute on Aging
National Institutes of Health / National Institute of Aging

Wymann, Jean (Co-PI)
Building Interdisciplinary Research Careers in Women’s Health
National Institutes of Health / National Institute of Child Health and Human Development

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National Institutes of Health / National Institute of Child Health and Human Development

*Data as of 2017.


Clinical Practice Guidelines. guideline on the management of patients with dementia. Care of patients with dementia. Journal of American Geriatrics Society, 65(10), 2169-2175.


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An ethics authority

Alumna Martha Turner’s work on ethics guides nurses

by Brett Stursa

Martha Turner, PhD ’98, BSN ’75, retired from the Air Force after 30 years, achieving the rank of colonel and serving as the consultant for health care ethics to the Air Force Surgeon General. Over the years, Turner developed an expertise in health care ethics, which eventually led to her position as the associate director of the Center for Ethics and Human Rights at the American Nurses Association and her work as co-author of the 2015 American Nurses Association Code of Ethics for Nurses with Interpretive Statements. From her early work in ethics for the Oncology Nurse Society and the Minnesota Nurses Association to serving on the Journal of Nursing Staff Development editorial board and on scientific review panels for the International Congress of Military Medicine, Turner’s contributions to the nursing profession are notable for their significance and variety. We asked her about the challenges of updating the Code of Ethics, changes to ethics over time and how her University of Minnesota education shaped her career.

You’ve provided direct care as a clinical nurse, developed ethics programs, taught PhD students and sat on editorial, professional and IRB boards, among many other contributions to nursing. Are there any positions that garner your attention more than others?

In my many occupations and roles, I’ve probably enjoyed most those that involved engaging with nurse interns. The energy and enthusiasm of new nursing graduates, their willingness to put into practice what they’ve learned, their eagerness to learn whatever could improve their practice and their flood of new ideas delighted me.

You co-authored the 2015 American Nurses Association Code of Ethics with Interpretive Standards. What was the most challenging part of the update?

The most challenging part was obtaining and incorporating the views of thousands of nurses all over the country. Because they practice and confront ethical problems in such diverse contexts, they had very different and sometimes conflicting perspectives. Reconciling these to produce a document that would be accepted and valued throughout the nursing community took much time and effort.

What are the biggest hurdles nurses face that make it difficult to practice with integrity?

I believe that fatigue is the biggest obstacle to U.S. nurses’ efforts to practice with integrity. On a practical level, lack of adequate staffing and poor scheduling procedures can cause this, on a theoretical level, the need to balance ethical practice with the demands of efficiency or economy can cause long-term fatigue or burnout.

You’ve helped develop many of the American Nurses Association’s position statements on an array of difficult topics. Is there a topic that you think is most misunderstood here in the United States?

I see pain management as the area most often misunderstood here in the U.S. Conflicts between patients, their families and their caregivers as to the type and quantity of pain management are frequent. Improving the ability of health care professionals to explain the positive and negative aspects or risks and benefits of pain management strategies to patients and families should be our goal.

As you think about difficult ethical issues over the years, what topic do you think we’ve seen the most dramatic change in how we think about it?

While capital punishment was abolished in Minnesota in 1911, more than a century ago, I think that, on a national level, the view of capital punishment, particularly as to the role of health care professionals, has changed dramatically during my professional lifetime.

You’ve worked with practitioners in India and Vietnam, as well as several other countries, to develop and expand care. What are the most noticeable differences between health care globally and here?

My experiences with nursing education in Vietnam and India made me appreciate the public health care standards we enjoy in the U.S., and also the standards of nursing education. The lack of a recognized basic curriculum for nurses and of a reliable system of measuring whether content has been mastered has significant consequences for everyone involved in health care, both providers and recipients. My efforts to establish education programs in nursing and public health, while successful in themselves, made me realize how much remains to be done in this area.

You were recently inducted as a fellow in the American Academy of Nursing. What was your reaction to the recognition?

I was honored to be invited to join a group of people who have done so much to advance the nursing profession in a great variety of settings, and I’m excited to work on expert panels with them to advance the theory and practice of nursing at local, national and global levels.

How do you think your education at the University of Minnesota has shaped your thinking now?

My undergraduate education at Minnesota qualified me to practice nursing and enabled me to enjoy it, decade after decade. The faculty also emphasized that learning should never end. My graduate education at Minnesota brought me into contact with the more theoretical world of nursing as I confronted the competing values and views that inform the profession.

“I believe that fatigue is the biggest obstacle to U.S. nurses’ efforts to practice with integrity.”

—Martha Turner, PhD ’98, BSN ’75

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MSN ’09, BSN ’05, RN, PHN
Past President
Medica, Director of Health Strategy and Consultation

Nicole Siddons,
DNP ’16, APRN, FNP-C
HealthEast, Family Practice Nurse Practitioner

Marc Skjervem,
MS, Ed, BA
University of Minnesota School of Nursing, Director of Student & Career Advancement Services

Stephanie Tisman,
BSN ’86, RN
North Memorial Medical Center, Infection Preventionist

Julie Vanderboom,
MSN ’88, BSN, RN
ANW/Allina Health System & Clinics/ Medica, Retired

Michelle James, MS ’05, BSN ’98, received the Mpls. St. Paul Magazine Outstanding Nurses Award in advanced practice nurse for her work at University of Minnesota Health.

Sarah Panagarakis, MS ’07, BSN ’00, received the March of Dimes Nurse of the Year award. She is a critical care nurse specialist at North Memorial Health.

Sandy Hagstrom, PhD ’15, received the American Association of Critical-Care Nurses Circle of Excellence Award, which recognizes individuals who exemplify excellence in high acuity and critical care nursing practice. Hagstrom is an advanced practice nurse leader for pediatric critical care at University of Minnesota Masonic Children’s Hospital. She is among 11 recipients nationwide and the only one from Minnesota.

Ada Collier, DNP ’17, is the first nurse to be the commander of the 452nd Aeromedical Staging Squadron at March Air Reserve Base in California. She leads more than 150 physicians, nurses, medical technicians and administrative personnel who are responsible for transporting patients off the plane and to a military hospital.

Sheryl Ramstad, DNP ’17, MN ’13, BA ’72, is the inaugural chief external relations officer at Hennepin Healthcare. Her role is to build partnerships that will drive critical work around public policy and advocacy and better align Hennepin County with the future direction of health care.

CLASS NOTES

Carol Ann Cavouras, MS ’71, was featured in the July-August 2017 Nursing Economics special issue on staffing excellence. Her career spans over five decades as a community and acute care nurse, educator and director of schools of nursing, chief nursing officer and entrepreneur.

Sandra Hoffman, BSN ’81, received the Mpls St. Paul Magazine Outstanding Nurses Award in women’s health for her work at Abbott Northwestern Hospital.

Martha Turner, PhD ’98, BSN ’75, was a recipient of a Courage Award from the Women’s Health Leadership Trust.

Marie Manthey,
PhD (hon.) ’99, MNA ’62, BSN ’62, FAAN, FRCN, co-authored Advancing Relationship-Based Cultures. It was awarded the James A. Hamilton Award by the American College of Healthcare Executive’s Book of the Year Committee. Additionally, Manthey was a recipient of a Courage Award from the Women’s Health Leadership Trust.

Melissa Fradette, BSN ’00, was honored with the Distinguished Nurse of the Year Award by March of Dimes. She is an intensive care unit nurse at St. Cloud Hospital.

Rose Bergerson, BSN ’00, received the Mpls St. Paul Magazine Outstanding Nurses Award in intensive care for her work at Children’s Minnesota.

Joan Gunderson, MS ’00, received the Mpls St. Paul Magazine Outstanding Nurses Award in the school nurse category for her work in the Bloomington School District.

SHARE YOUR NEWS

Have you recently received a promotion, been hired for a new position or been honored with a special award?

Let us know by going to www.nursing.umn.edu/alumni.
IN MEMORY

Eunice Hansen Smith, BSN ’33
Ardis Mudgett, BN ’40
Jean Kolbe, BSN ’42
Lois Ann Shearer, BSN ’44
Barbara Jensen, BSN ’45
Camilla Eklund Johnson, BSN ’45
Donna Moore, BSN ’45
Beatrice Smith, BSN ’46
Irene Bolin, BSN ’47
Doris Hanley Hall, BN ’47
Ethel Regan Palmer, BSN ’47
Dolores Flor, BSN ’48
Carol Veness Hocking, BSN ’48
Joanne Slatten Jacobson, BSN ’48
Colleen Schwartz, BSN ’48
Emogene Sollberg, BSN ’48
Dorothy Fettig Watson, BN ’48
Jans W Oakes, BSN ’49
Maria Brink Mueller, BSN ’51
Harriet H Anderson, BSN ’52
Marjory Swanson, BSN ’52
Janice McAlaney Wilson, BSN ’52

Vera Woodrich, MS ’62, BSN ’53
Jeanette Brick, BSN ’56
Carol Larson Eklund, BSN ’57
Warren Eldridge, BSN ’57
Ruby Hass, MNEd ’63, BSN ’58
Marilyn Uhl, BSN ’59
Jo Ann Brandjord Campbell, BSN ’62
Judith Varlting, BSNA ’62
Sophia Gomish, MSN ’63
Mary Jane Blume, BSN ’69
Winfred Fossum, BSN ’73
Anna Schick Fuhrmann, BSN ’73
Mary Beth Haller, BSN ’74
Joanne Deming, BSN ’76
Patricia Cox, BSN ’77
Angelina Stone, BSN ’78
Jean Haspealagh, MSN ’82
Patricia F Earle, MSN ’83
Gerry Gomes, MSN ’86
Jeanne Welch, MSN ’97
Enrika Steward, MN ’17

Remembering

Donna Hassel was the School of Nursing’s executive secretary in the Dean’s Office from 1980-2000. Her tenure with the school spanned the leadership of former Dean Ellen Fahy and former Dean Sandra Edwardson. Donald Kelsey was a steadfast supporter of the University of Minnesota and the School of Nursing. He had a career at the University of Minnesota Libraries and was best known by the School of Nursing community as the good-natured cashier at the school’s annual jewelry sale. He was a great supporter of his wife Carol’s countless hours as a volunteer at the school and as the co-chair of the School of Nursing Foundation Board of Trustees.

Grace Sarosi joined the faculty in 1964 specifically to design a curriculum for a new Master of Science in Medical-Surgical Nursing degree. The program began in 1965. Sarosi led and taught in the program until 1968, when she left the school.

Kathryn Waud White was a clinical associate professor at the School of Nursing. White led the Doctor of Nursing Practice program nurse anesthesia specialty and was instrumental in advocating for the bill that allows advanced practice nurses to be full practice providers today. She was awarded the Lifetime Achievement Award from the Minnesota Association of Nurse Anesthetists in 2016 and was a past president of the organization. She was co-editor of The Doctor of Nursing Practice Essentials.

A MESSAGE FROM THE DIRECTOR OF DEVELOPMENT

Answering the what if questions

There is a lot to be proud of at the School of Nursing. As an alum or friend who cares about our mission, you might know that the school:

• Awarded $2 million in scholarships for the 2017-2018 academic year
• Instituted a two year financial aid commitment to all full-time PhD students guaranteeing full tuition support
• Shared its research discoveries in 127 scholarly articles, six books and 11 chapters last year

These are a few of the many things that set our school apart. Did you know that the School of Nursing’s research discoveries are improving lives? Whether we are testing new interventions or educational programs, our findings drive the implementation of more effective, evidence-based practices. Childhood obesity, Parkinson’s disease, preventing falls in seniors, Alzheimer’s disease and refugee trauma are examples of the health challenges that our nurse scientists address.

As the school looks ahead, we know our research and discovery can lead to less invasive, more effective and less costly health care. At a time when National Institutes of Health funding for research has decreased, thanks to our outstanding faculty and students, we have grown our privately-funded research efforts to impact health care. Together, we are addressing health care’s largest questions.

The School of Nursing is known for asking—and answering—the question what if. What if we developed an arm exercise intervention for patients with peripheral artery disease? I am proud of the work that our school is doing to turn these what if questions into solutions. Discovering what works in health—it’s what nursing does and it’s what the School of Nursing is doing.

John Kilbride
Director of Development
kilbride@umn.edu
Fueling nursing leadership

Joanne Disch, Jane Barnsteiner establish Leadership and Innovation Fund to support new initiatives

by Meleah Maynard

Joanne Disch, PhD, RN, FAAN, and her wife Jane Barnsteiner, PhD, RN, FAAN, have both been nurses for nearly 50 years and have worked together many times on initiatives to advance nursing and nursing education. While nurses have played a vital role in health care, both believe that in these turbulent times, nurses are needed now more than ever. “We bring a perspective to health care that I call the ‘nursing lens’ because it’s relationship-based, people-focused and pragmatic,” said Disch, professor ad honorem at the University of Minnesota School of Nursing and former interim dean. “Nurses are on the ground, so we know what the issues are, and we understand how to provide care that meets people’s needs.”

These abilities, and many more, make nurses uniquely poised to influence the design of 21st-century health care models as innovators, advocates and leaders. And both Disch, who has held many academic and policy-making positions, including director of the Katherine J. Densford International Center for Nursing Leadership, and Barnsteiner, professor emerita of pediatric nursing at the University of Pennsylvania School of Nursing, want new approaches to person- and family-centered care. Disch and Barnsteiner are looking forward to seeing the development of the Joanne Disch and Jane Barnsteiner Leadership and Innovation Fund to support new initiatives deemed important by the fund is intended to support the design of 21st-century health care models as innovators, advocates and leaders. And both Disch, who has held many academic and policy-making positions, including director of the Katherine J. Densford International Center for Nursing Leadership, and Barnsteiner, professor emerita of pediatric nursing at the University of Pennsylvania School of Nursing, want new approaches to person- and family-centered care. Disch and Barnsteiner are looking forward to seeing the development of the Joanne Disch and Jane Barnsteiner Leadership and Innovation Fund to support new initiatives.

SCHOOL OF NURSING FOUNDATION BOARD OF TRUSTEES

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Interim Associate Dean for Academic Programs, University of Minnesota School of Nursing

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Veteran driven to integrate health systems

by Brett Stursa

After serving in the Army Medical Corp, Ian Wolfe went on to pursue a biology degree. “I quickly decided that I did not like looking through microscopes and that I wanted to be in a profession that had a bit more hands-on patient work rather than lab science,” said Wolfe. The decision led to a nursing degree and a career as a pediatric intensive care unit nurse.

As a nurse, Wolfe became frustrated by dysfunctional systems issues that led to poor patient outcomes. “This is partly because we don’t really have a health care system, more of a hospital system, loosely connected,” said Wolfe. “No matter what care issues I helped tackle in the hospital, I always seemed to come up against this larger issue.”

Wolfe researched different programs of graduate study and eventually decided to pursue a PhD in Nursing. After learning he was accepted into the program at the University of Minnesota, Wolfe learned he received a Katharine Densford Dreves Scholarship. “When I found out I was getting a scholarship, I was humbled that I would be deserving of such an award in honor of many great nurses who have come before me and from among many great nurses around me,” said Wolfe. Since that first scholarship, he has been awarded seven different scholarships, totaling over $20,000.

Receiving the scholarships allowed him more flexibility with work, life and school balance. “It takes a load of stress off and allows me to focus on my degree. It allowed me to be full time and complete my program more timely,” said Wolfe.

Ian Wolfe
He is currently working on his dissertation and plans to graduate in 2019. “I hope to use my degree and experience to build better health care systems,” said Wolfe. “An equitable health care system is also one that is efficient and economical. We can better care for people.”
The newest inductees to Sigma Theta Tau Zeta Chapter were welcomed into the honor society in the fall. Jennifer Lundblad, PhD, MBA, president and chief executive officer of Stratis Health, gave the commencement address.

The school celebrated fall commencement, with Master of Nursing and doctoral students graduating. Jennifer Lundblad, PhD, MBA, president and chief executive officer of Stratis Health, gave the commencement address.

The Dean’s Scholarship Reception brought together more than 500 grateful students, including Holly Osborne and Alyssa O’Donnell, and generous benefactors at McNamara Alumni Center.

Bioethics leader and scholar Ann Hamric, PhD, RN, led a rich discussion with Doctor of Nursing Practice students about instilling moral conversations into team-based care.

These future nurses took time for some sightseeing during a study abroad course in Ireland. Students explored the history of Irish nursing and health care as well as visited several clinical and community health settings during their visit in January.

The third-annual Planting Seeds of Innovation Conference gave nurses the insights and resources they need to bring to scale new ideas for products and processes that will improve health.

The newest inductees to Sigma Theta Tau Zeta Chapter were welcomed into the honor society in the fall.
CALENDAR OF EVENTS

Thursday, April 5
2018 All School Reunion

Friday, April 6
Nursing Research Day

Friday, April 6
Cardiac Arrhythmias

Sunday, April 8
The Benefits of Narrative Medicine

Thursday, April 19
Doctoral Information Session

Thursday, April 26
Child Abuse Summit: Tips from the Team

Friday, April 27
Integrated Behavioral Healthcare: Tough Issues in Integrating Care

Friday, May 11
Commencement Ceremony

Friday, May 18
University of Minnesota Health Geriatric Trauma Conference

Thursday, May 24
Bariatric Education Days

Saturday, June 2
Caring for a Person with Memory Loss Conference

Saturday, June 9
Nurse Anesthetists Respond: Addressing the Opioid Epidemic

June 13-15
Nursing Knowledge: Big Data Science Conference

Wednesday, June 20
Doctoral Information Session

July 30-Aug. 1
Adolescent Health Summer Institute