Research

Disaster Nursing: What is deeper in us
Music to Soothe the Stressed-Out Patient
Exploring the Caregiving Career
Respect for the Voice of Children
FROM THE DEAN

Bridges—connections and associations—permeate our lives. Bridges link us through time and space, and through life experiences. Bridges allow us to see and experience the multiple dimensions of who we are, what we value, what we do. Moreover, bridges are especially indispensable to our School of Nursing. Bridges saturate our lives—linking us as alumni, friends, students, faculty, staff, and colleagues of the School of Nursing. Bridges connect us to all parts of the campus, allow us to cross the Mississippi River, and link us to colleagues around the world.

Bridges are essential to successful and significant change. The SoN is changing—the tempo of change in the School is extraordinary. Bridges inform change, bond us with the past, link the past to our present relevance, and enlighten our imagination toward prediction and vision of the future. The bridges, the pillars of this change, are: engage the wisdom of students, faculty, staff, alumni, friends and colleagues in relationships; explore new knowledge and initiatives; and excel in research, education, and clinical practice. Minnesota Nursing exemplifies these bridges: engage, explore, excel.

Engage — During this past year two initiatives have been especially powerful in leveraging the faculty and staff connectedness and wisdom within the SoN. First, the collective creativity of the SoN has been expanded through four cooperative units focused on areas of excellence. The cooperative units are growing as learning communities, that is, as complex systems that share qualities of intentionality and adaptability. Connectedness through the bridges is essential to continuous adaptation to change, and maintaining and growing relationships essential for these intensely vibrant, alive learning cooperative units that drive change.

Second, implementation of the clinical track faculty role in the School was a powerful bridge between different approaches to generating new nursing knowledge. Schools of Nursing face transitions that require flexibility and creativity in how faculty are recruited, retained, and supported. Nursing shortages, nursing faculty shortages and impending faculty retirements, and complex clinical environments are requiring schools of nursing to explore new ways of supporting faculty and educating future nurses. Society as a whole, and the contemporary health care environment specifically, demand clinically competent, scholarly educators who will contribute to the profession through scholarship, education, and service. The Clinical Track in the School of Nursing is one approach to addressing flexibility, creativity, and professional advancement for faculty. The Clinical Track is one avenue to advance nursing science and the evidence base for direct care, leadership, consultation, and education in the care of individual patients, populations, and organizations. Most importantly the Clinical Track faculty role empowers us to leverage the cyclical translation of science from patient and population problems, to the research laboratory, to the classroom, to clinical scholarship, to patient, population, and organization care.
Explore — In this issue of Minnesota Nursing we invite you to explore the creativity and discoveries lead by scientists and research teams in our School. We invite you to travel with Carolyn Garcia through her engagement in the 35W bridge collapse and see the picture of nursing in disaster. Discover the science of intensive care unit patients, strategies for increasing their opportunities for self-management and control, and the use of personalized music interventions to decrease anxiety lead by Dr. Linda Chlan. Dr. Joseph Gaugler has committed a career to gerontological research and the science of caregiving. Explore this science through Dr. Gaugler’s research on the isolation and mental health issues of caregivers of persons with Alzheimer’s disease, dementia, cancer, and other chronic conditions; and social isolation of older adults in residential long term care facilities. The human spirit of families and the voice of children matter in societal issues of health care quality, safety, and access. Discover Dr. Barbara Leonard’s leadership and scholarship in fostering maternal and child health and the creation of the Center for Children with Special Health Care Needs, one of only seven nursing-focused centers of its kind in the US. Engage with Dr. Linda Lindeke’s story of her untiring commitment to listening to the children. Her leadership bridges the experiences and expertise of the children from designing facilities and services that meet their needs to the translational gap from scientific discovery to clinical excellence in pediatric and family care. And integrated throughout these stories hear the students’ stories—as the baccalaureate through doctoral students discover their thirst and excitement for research.

Excel — This issue of Minnesota Nursing invites you to examine the diffusion of new nursing knowledge, knowledge such as that exemplified in our features stories in this issue. You are invited to examine the SoN’s grantsmanship and diffusion of discoveries through the publications of our faculty and partners. Moreover, we invite you to celebrate the excellence of our education mission. Professionals completing two new educational programs launched one year ago graduate on December 14th. The doctorate of nursing practice (DNP) program is focused on preparing professionals for increasingly complex practice, faculty, and leadership roles. The professional masters program (MN) is an 18-month program for persons who hold bachelors, masters or doctorates in other fields to be prepared as nurses. These innovative programs represent strategies of the SoN, Academic Health Center, and the University of Minnesota to address the critical workforce needs for nurses in practice and for nursing faculty in our educational programs.

Engage, Explore, Excel — These bridges, pillars of strength, in the School of Nursing capture the drive, quest, and the connection of each one of you as alumni, friends, and supporters of the School—and as health care consumers. Your confidence in the School’s bold trajectory, your generosity, and your commitment to our shared vision distinctively position the School of Nursing to serve within our neighborhoods and global society, to boldly lead innovation of care, and make significant contributions to new nursing knowledge. Your confidence, generosity, and commitment enable us to serve you.

I welcome opportunity for dialogue; we are committed to being responsive to you. I can be reached at Delaney@umn.edu, 612-624-5959.

Most warmly,

Connie Delaney
Professor and Dean
When the six-lane freeway bridge collapsed into the Mississippi River this summer, Carolyn Garcia was there to help—just as she was for victims of other disasters, from local house fires to the 9/11 attack on the Pentagon. For nearly 15 years she has nurtured a personal commitment to disaster relief.

Garcia, PhD, RN, is an assistant professor at the School—now teaching the same public health nursing class that inspired her volunteerism almost 15 years ago. A wife and mother of two small children, she led the Red Cross Health Services team for victims of the I-35W bridge collapse this summer. She was interviewed by former School of Nursing Communications Director and Minnesota Nursing Editor Mary Pattock.
Mary Pattock: You headed up the Red Cross Health Services at the bridge disaster. What did you do?
Carolyn Garcia: The first thing was to activate the Health Service function, using Red Cross protocols. That included locating the agreements we have with hospitals to allow them to share the names of victims and their contact information so we can create a complete list of victims; contacting the medical examiner to follow-up on their notification of families of the deceased; and, collaborating with the police so we can cross-reference the names of victims. I decided how many volunteers we would need and for how many days, and coordinated with the other Red Cross services like Mental Health and Mass Care so efforts are not duplicated. At the beginning I was actually contacting volunteers. I was constantly on the phone.

I dispatched Health Service volunteers where they were needed. They would make home visits—typically we’d send a team consisting of a nurse, a mental health provider, and a family services worker.

We also had a volunteer nurse at the family center, where people were waiting to hear from their loved ones. If a family member left home without their prescription drugs, a Health Services volunteer could help get them from a local pharmacy. We (the Red Cross) received a donation from a local vision store, so we could offer updated eye exams and replacement of eyewear for survivors who lost these items. We worked with Northwest Airlines which donated emergency transportation for family members.

In one case, we even had to convince an employer not to fire a person who couldn’t get to work because her car had fallen into the river.

What drew you to relief work?
I was sitting in my senior public health nursing course in 1992, which was taught by Betty Lia Hoaberg, and a nurse from the Red Cross came to talk about international relief. Her stories drew me in, and we talked after class. She told me to start local, so first I volunteered at small house fires, then the tornadoes in Wisconsin in 1994, the hurricane in Puerto Rico in 1996, the Pentagon in 2001—that was all with the Red Cross. In 1995 I went to Rwanda with the American Refugee Committee for HIV/AIDS prevention work.

When I was a teenager in the 1970s I loved watching Emergency, which was about firefighters and EMTs, and Quincy, MD about a forensic pathologist who found out why people died. Later I thought, how about finding out how to prevent people from dying?

And that’s what public health is all about. Nursing is a perfect marriage of the art of caring, health promotion, and disease prevention in a holistic context. I like working with people in the daily environment to help them adapt to lead more fulfilled lives.

What are the rewards of relief work?
You just go in and do a job and most everybody is grateful for what you offer. It makes you feel good. You meet other volunteers, people you’d never otherwise cross paths with in your day job, make new friends and end up with a new network you didn’t have before. Like Minneapolis Police Lieutenant Kim Lund. She was fabulous, amazing. I loved seeing the working camaraderie of this military organization...how another environment worked.

Also, when disaster strikes, it equalizes the playing field. I help a millionaire or a poor person and treat them the same: In a disaster, the insurance you have, the car you drive...they don’t matter.

Do you have any fears going into a disaster site?
It depends on the situation. With the bridge I didn’t have fears, except a brief personal concern about taking care of my family. I had to self-restrict—I wanted to be immersed—but for just three days. Other volunteers also struggle with this. I did drive over a bridge that morning freaking out—but then everybody did. With the Pentagon I remember getting on a plane thinking, “Will my plane crash? Will I die? What about my family?” And with anthrax the question is, will nurses step up? Will there be any volunteers?
What prepared you for this work?
Nurses are well-positioned for disaster work. They have a holistic appreciation and fundamental care for humanity...that compassion that drives us. Because the work isn’t about technical things. You’re trying to get lives together— you help with your presence, you’re someone to listen, offer emotional support or find someone who will, do case management. You’re also dealing with the grieving process.

It goes to the deeper nursing skills. Anyone can fill out paperwork, do the technical part of the job, but experience is needed—people skills, talking with the hospital staff, political savvy, talking with the media and police. It’s about who you are as a nurse, your view of life, bringing out health in people rather than treating a disease.

If you have a view that you can go in and heal someone, that is very different from, “I can facilitate, support, that healing process.” It might mean sitting there silent, listening. If you do have that view you won’t do well in disaster response. The healing needs to come in its own time and place for each victim. You can’t fix the problem, and it’s not your job to do that.

My faculty role also prepared me. I’m always juggling a dozen random, not-necessarily-connected things that require prioritizing. That prepares you because with a lot of little things going on you don’t know what to expect. I’m completely comfortable with that now, but wouldn’t have been in 1994 when I first started in disaster relief.

Going into the bridge disaster, did you have any personal goals?
It was the first time I had the opportunity to activate a Red Cross function. I wanted to demonstrate that I can excel in a leadership position; I think I’m gifted in that area. The only way to grow is to succeed in a new opportunity. I administrated, and worked with the directors of the other Red Cross areas. Vonnie Thomas, an experienced disaster volunteer nurse who had been my supervisor at the Pentagon, gave me valuable insights in the first days and hours of our response to the bridge; I learned a lot from her experience and wisdom.

You said you felt gifted in this kind of work. What skills are you thinking of?
I am confident, have the ability to see the big picture, can keep a level of organization in a very chaotic environment, and function in that kind of stress. Then I have my core nursing skills of assessment, strategizing, and so on.

What advice do you have for people who want to get involved in disaster relief?
You have to go through basic orientation to be a Red Cross volunteer. Find out your skills—you don’t have to work in Health Services if you’re a nurse, for example. You could help in mass care, providing food to victims or relief workers, or do PR. You’ll still be helping.

The Red Cross has courses in each of the areas, like mass care, damage assessment, public affairs, mental health, health services, and I think some of them are online. Or if you are at the University, you can be part of the Medical Reserve Corps or explore online courses offered through the School of Nursing and School of Public Health’s Minnesota Emergency Readiness Education and Training (MERET) grant (www.meret.umn.edu).

What will you remember from this experience?
I’ll remember having the privilege of being one of the first of the first Red Cross responders. I’ll remember the compliments of local and national Red Cross that we did a good job. They were amazed we were so organized and didn’t need to bring in help from the regional or national offices.

I’ll remember fabulous stories of heroism. It’s really moving to hear stories of how people saved themselves...a loved one...a stranger. The stories show me how much people can step up and help, in contrast to how rude we can be on the road, in a grocery store or a restaurant. It reminded me of what is deeper in us.
There’s not much ventilated patients in an intensive care unit can control. Unable to breathe, swallow, or speak, they experience profound stress and anxiety.

The good news, says associate professor Linda Chlan, PhD, RN, is that listening to music tailored to the patient’s personal and cultural preferences can significantly reduce that anxiety.

“It’s about giving patients control in an environment that usually allows them no control over anything,” she explains.

Chlan has been studying the impact of music interventions on critically ill patients for nearly a decade.

“My background is adult critical care, and I’ve cared for many ventilated patients over the years,” she says. The placement of the endotracheal tube prevents these patients from speaking, she explains, so their ability to communicate is profoundly impaired. Plus, they can’t swallow, and they can’t eat, which is very stressful and anxiety-producing.

“As a nurse, I always wondered, ‘Is there anything we can do besides just giving medications to allay patients’ anxiety?’” she says. “I’ve been particularly interested in studying non-pharmacologic interventions.”
In April 2006, Chlan received a four-year National Institutes of Health grant to study anxiety self-management in ventilated patients using music. The project will involve about 200 ICU patients at five Twin Cities sites—the University of Minnesota Medical Center, Fairview; Abbott Northwestern Hospital; United Hospital; North Memorial Medical Center, and, the Veterans Administration Medical Center.

“In the NIH project we’re studying ‘patient-directed music intervention,’” Chlan says. “What we mean by that is patients can listen to whatever music they like, whenever they like, for as long they like, throughout their time on the ventilator in the ICU.”

Students assist with the project in a variety of ways. Four research assistants, all School of Nursing graduate students, conduct screening and recruiting, while undergraduates enter data and learn about research.

“I invite my advisees to be part of my research projects so they can learn about research outside of the classroom and have a keen awareness of what clinical research is like,” says Chlan. “Their contribution is key.”

Chlan’s team of co-investigators includes Dr. Annie Heiderscheit, a board-certified music therapist, who meets with patients in the music intervention arm of the study, to assess their music preferences. She uses a series of yes-no questions to find out if, for example, a patient is a musician, or likes particular instruments or types of music. Preferences run the gamut from classical to country. Heiderscheit uses the information to create customized CDs, which patients are encouraged to listen to while they are in the ICU. Headphones help ensure they can hear the music over the ambient noise.

Heiderscheit meets with patients daily to see if they would like any changes in the music. Chlan says she’s learned that: “Preferences change, based on what’s going on in your life. One gentleman was in the ICU for 28 days, and Annie made 16 CDs for him.”

Daily anxiety assessments determine the effect of the music intervention. Patients self-report symptoms of perceived anxiety using two paper-and-pencil assessments—the Visual Analog Scale and the Spielberger State Anxiety Inventory. Urine samples are collected every 24 hours and checked for the presence of the stress hormone cortisol; a decrease indicates less stress in response to the intervention.

Results from the first year of the NIH study are still being analyzed, but two of Chlan’s previous studies have already demonstrated the effectiveness of music intervention: “Acute Effects of Music on Stress in Ventilated Patients,” a 2002–2004 project funded by a U of M Graduate School Grant-in-Aid, and “Effects of Music Therapy on Anxiety, Discomfort, Satisfaction, and Perceived Compliance in Patients Undergoing Flexible Sigmoidoscopy,” funded in 1998 and 1999 by the Society of Gastroenterology Nurses and Associates Iowa Foundation and University of Minnesota Medical Center, Fairview.

“We found quite a profound decline in anxiety in patients who listened to music at least 30 minutes a day,” Chlan says. “We found a decreased heart rate, a decreased respiratory rate, and a trend toward decreased cortisol.”

Nevertheless, music intervention isn’t necessarily right for everyone, she cautions. “Not everyone likes music,” she says. “Some people would just prefer to read, pray, or meditate.”

While speaking at a conference this summer, Chlan met some nurses from Hong Kong who reported that when they had tried playing western classical music in their ICU, the patients hated it. “Our ears and brains are trained early on,” Chlan says. “Here in the West, the beat and the composition of our music is very different from in the East.”

For those who do like music, a radio in the ICU is not the best answer for a therapeutic intervention. Patients need to be able to choose their own music for the music intervention to be effective. “Many ICUs have radios and headphones,” Chlan says, “but our intervention is tailored to the individual’s preferences.”

Patients appreciate the extra effort to help them relax under extremely difficult circumstances. “Patients thank us quite a bit for providing them with music they prefer to listen to,” Chlan says…and their gratitude is music to her ears.

Linda Chlan, PhD, RN, Associate Professor

- Music intervention
- Outcomes and effectiveness of nursing interventions
- Testing non-pharmacologic relaxation and anxiety-management techniques with critically ill patients
Family members now spend years caring for elders with dementia and other disabling conditions.

Assistant Professor Joseph Gaugler, PhD, first became interested in gerontology during his undergraduate years at Gustavus Adolphus College when he volunteered in a nearby senior complex. Later he did internships at Catholic Charities in St. Paul and Martin Luther Manor in Bloomington.

“I met people who were caring for spouses with Alzheimer’s disease and became aware of the isolation and mental health issues that caregivers often experienced,” Gaugler says. “I also became interested in issues related to institutional care.”

Those experiences became the inspiration for an academic career that has focused on gerontology, with particular emphasis on caregiving. “Families do the bulk of caregiving for older adults, and most caregivers are women. It’s estimated that a typical American woman spends about 17 years caring for children. She also spends the same amount of time caring for elderly relatives,” he says.

Citing figures compiled by the Family Caregiver Alliance, Gaugler notes that the overall cost of family caregiving dwarfs the cost of institutional or home health care. This includes not only the value of services provided by family members, which are worth an estimated $306 billion, but it also includes the cost of lost productivity, wages and benefits, and the increased use of health care services by caregivers.

In his research, Gaugler explores the needs of those who care for family members with dementia, cancer, and other chronic, disabling conditions. He also studies related topics, including the effectiveness of community-based services for disabled adults and their caregivers and the social integration of older adults in residential long-term care settings.

In 2003, he received the Springer Early Career Achievement Award in Research on Adult Development and Aging from the American Psychological Association. The award honors a psychologist whose work has made significant early career contributions to understanding critical issues in adult development and aging.

CAREER TRANSITIONS

Because caregiving can extend for so many years, Gaugler sees it as a kind of “career.” And like any career, caregiving includes moments of transition.

The first is the onset of caregiving. “If caregiving is assumed abruptly—if it’s triggered by a diagnosis, for example—the outcome is usually poor. But if caregivers gradually become acclimatized to their role, things usually work out better for them,” Gaugler says.

The second important transition occurs when families begin to use community-based services. The sooner families begin using services like adult daycare, the more they benefit from them. In fact, early use often allows families to delay or even avoid institutionalizing an elder with dementia. Because the annual cost of nursing home care averages $75,000 per person, any delay means real savings to families, government programs, and businesses.

On the other hand, families who wait a long time to use community-based services receive less benefit. As a result, they are more likely to place their loved ones in long-term care.

Institutionalization—when it comes—is the next transition. It is a shift in caregiving, rather than the end. The institutional
context determines the success of this transition. If the elder’s needs are unmet, families and caregivers experience great stress. This stress is reduced when family members and staff are able to partner in the patient’s care.

Several of Gaugler’s research studies look at ways of strengthening the “care triad” of family, staff, and institutionalized elder. “Family involvement has a great influence on the person’s quality of life,” he says.

**SUPPORT FOR CAREGIVERS**

Gaugler is currently the principal investigator of a study evaluating the effectiveness of a support intervention for adult children who care for a parent with Alzheimer’s. The study is funded by a grant from the National Institutes of Health.

The intervention was first created by Mary Mittelman of New York University to ease the stress of individuals caring for a spouse. This is the first time it has been used with adult children.

The intervention includes three components: a series of six counseling sessions for the caregiver and the family, an ongoing support group for the caregiver, and additional counseling as needed. The additional counseling is provided over the phone, by e-mail, or in face-to-face meetings.

Mittelman found that the intervention enhanced feelings of social support and significantly reduced caregiver depression. The intervention also delayed nursing home placement.

“We wanted to know if this same intervention would be effective with a different kind of caregivers—adult children—who lived in different areas of the country,” Gaugler says. He and Mittelman are studying the intervention’s effects on two groups of 100 caregivers—one group in Minnesota and one in New York.

Although the first empirical results will not be available for 18 months, Gaugler says that the anecdotal evidence so far is positive: Families like the flexibility of the intervention, and so far very few have institutionalized their loved ones.

**NURSING-RELEVANT RESEARCH**

After five years on the faculty at the University of Kentucky, Gaugler returned to Minnesota in 2005. “I have a long history of collaboration with colleagues at the University, and now I have the opportunity to build on that history,” he says. “Besides, I’m a Minnesotan and my family is here.”

Although Gaugler is not a nurse, he is very much at home in the School of Nursing. “My research focus is holistic because I’m looking not only at the patient, but also at the family that surrounds the patient. This fits well with the holistic nature of nursing,” he says.

In addition, he is interested in the health trajectory of aging persons and their caregivers, as well as the development and evaluation of interventions that will lead to better and healthier outcomes.

“I like to say that nurses go from the bench to the bedside. They translate scientific findings into clinical care,” Gaugler says. “I enjoy being part of a multidisciplinary environment where I can collaborate with other scholars who work in nursing-relevant fields. Our job is to generate high-quality research that will help nurses care for patients and families more effectively.”
Research: It’s not just for PhDs!

Until she enrolled in the required undergraduate course, “Nursing Theory and Research,” Melissa Webster, ’07, wasn’t interested in research. “I didn’t know much about it, and I thought it would be tedious,” she says.

But the course, taught by Joseph Gaugler, opened her eyes. “I discovered that research is not only fascinating, but that it’s necessary for better practice,” Webster says.

So when Gaugler e-mailed students to ask if anyone wanted to help with a research study, Webster didn’t hesitate. “I responded immediately because it’s exciting to be part of a study—especially at the University.”

Gaugler wanted to learn how caregivers of cancer patients coped with their responsibilities. Webster’s main tasks were to recruit and interview caregivers, ensure that informed consent forms were signed, reimburse participants for completing the study, and complete other necessary paperwork.

She found participants by sitting in a clinic waiting room and asking relatives of patients undergoing radiation therapy if they were willing to participate. She screened those who said yes to make sure they fit the study criteria and then scheduled an interview.

“I learned how to follow interview protocols, which was something I hadn’t known much about,” Webster says. “And I enjoyed talking to the caregivers and hearing their stories.”

Her work changed the way she looked at nursing practice. She now thinks more about the effects of the patient’s illness on the family. “I also learned that family members often have good insight about things the patient may not be as aware of,” she says.

Webster, who works in the cardiovascular unit at Unity Hospital in Fridley, says her interviewing experience has helped her feel comfortable with patients and more able to ask difficult questions.

A recent graduate, Webster is still considering her options. She intends to go back to school at some point, but isn’t sure about a career as a full-time researcher. But, she says, it’s not out of the question, either. And just to keep her hand in research, she is helping Gaugler with a study of adult children who are caring for a parent with Alzheimer’s disease.
When kids in a recent study were asked what they would do to improve the quality of health care at hospitals and clinics, some of the younger ones suggested “fix the name bands so they wouldn’t scratch” and “have a circus area” while older ones said, “make it less childish” and “ideally there would be all individual bedrooms.”

As children’s hospitals expand and remodel across the country, they often seek expert advice on what color to paint the walls and what kind of technology to install to appeal to young patients. Unfortunately, what’s missing in most of these discussions, according to Associate Professor Linda Lindeke, PhD, RN, CNP, is input from an overlooked and valuable source—the young patients themselves.

“Children know best what comforts them when they’re sick,” says Lindeke, who has worked with children throughout her career. “In an effort to paint things the ‘right’ color—as defined by experts, perhaps—hospitals and clinics can miss what children are really saying they need.”

As a result, Lindeke has led several efforts to demonstrate the benefits of including feedback from children in quality assurance processes at health-care facilities.
Her research has been partially funded by the Densford Clinical Scholars Program of the Katharine J. Densford International Center for Nursing Leadership.

The Densford Clinical Scholars Program aims to improve patient care through creating partnerships between advanced practice nurses (APNs) from clinical facilities and faculty members from the University of Minnesota’s School of Nursing. Each APN and faculty member is considered a clinical scholar; together they blend clinical expertise and scholarship. The partners identify a clinical problem in the care setting that requires attention, and then they develop and implement a clinical intervention for improving the situation.

Through the Clinical Scholars Program, Lindeke teamed up in 2003 with Lauren Johnson, MS, RN, CNS, who works on special projects at Fairview Health Services in Minneapolis, to demonstrate the need for more input from children in quality improvement efforts at hospitals and clinics.

“We involved students from the very beginning,” Lindeke says. “They were in on the ground floor of deciding how we should design the project.”

For starters, Lindeke and her research team focused on children in hospitals. With assistance from Miyuki Nakai—then a graduate student, now a faculty member at Aichi Medical University College of Nursing in Japan—they surveyed 120 children who were inpatients at a large Midwestern hospital.

They asked children to describe the best thing about the hospital, the worst thing about the hospital, and what they would like to change about the hospital. Predictably, the older children provided more specific insights and recommendations than the younger ones. Nevertheless, even the youngest respondents had valuable things to say. It was a five-year-old, for example, who called attention to the scratchy armbands.

Following the hospital study, Lindeke and Johnson surveyed 116 children and their parents on their satisfaction with ambulatory pediatric subspecialty care at two outpatient clinics. The child’s version of the survey included 12 questions, such as “Were they nice to you?” “Did they let you make choices?” and “Would you tell your friends this is a good place to come if they are sick?” The parent version of the survey asked modified versions of the same questions—for example, “Were they nice to your child?” Did they let your child make choices?” and so on. For each question, children and their parents were asked to rate the clinic on a scale of 1 to 5.

Lindeke and her colleagues—including several students—then compared the mean scores from the children with those from the parents. Although some of the responses were similar, parents rated the quality of care higher than their child did on 8 out of 12 questions, and some of the issues identified by children weren’t mentioned at all by parents.

Lindeke was not surprised.

“The message of this work is, ‘Listen to the kids,’” she says. “Parents’ views are not necessarily a proxy for what the kids would say.”

She believes strongly that kids, like adults, have a right to express their opinions. “It doesn’t mean we do things their way,” Lindeke says, “but it means we know what they’re thinking.”

Sometimes health-care facilities will be able to use their suggestions and sometimes they won’t, she explains, but the simple act of asking kids for input is a way of showing them respect.

Often, the solutions to problems identified by kids are neither complex nor costly. For example, since children commonly express fear of shots and other painful procedures, patients who don’t need them should be told as soon as possible to reduce their anxiety. Likewise, when surveys show that children are frustrated when “they don’t tell you when they’ll do something,” and when “the doctor just talks to my parents while I just sit there,” health-care providers can change their approach to be more inclusive.

Even when specific suggestions are too impractical to implement, knowing what kids are thinking allows health-care staff to respond respectfully to their fears and pet peeves about visiting hospitals and clinics. For example, kids in one of the surveys complained that “people are always coming
It’s usually the student who asks faculty for assistance…but when Associate Professor Linda Lindeke, PhD, RN, CNP, needed help figuring out how to proceed with research on children’s perceptions of the quality of health care, she turned to Mary Chesney, a doctoral student in the School of Nursing.

Chesney also happens to be the clinical director of the Pediatric Specialty Clinic at the University of Minnesota Children’s Hospital, Fairview.

Lindeke, with Lauren Johnson, MS, RN, CNS, who works on special projects at Fairview Health Services in Minneapolis, had already surveyed children who were hospital patients. Now the researchers wanted to gather data about children’s perceptions of health care at outpatient clinics, and they needed advice on how to design the next phase of their study.

“Very early on in this project Linda Lindeke and Lauren Johnson arranged a meeting with me regarding the feasibility of taking the satisfaction survey that they’d been doing on inpatient care and repeating it in an ambulatory clinic setting,” says Chesney, who was very supportive of the project.

“As a nurse practitioner for more than 25 years, I thought it was a wonderful idea to be respectful of children’s voices and what works for them,” she says.

Initially, Chesney worked with Lindeke and Johnson to adapt the survey questions for clinic use. Later, she participated in the data analysis and helped disseminate the findings, presenting a poster at the Midwest Nursing Research Conference and co-authoring an article published in the July/August 2005 issue of the Journal of Pediatric Health care. Along the way, she gained the kind of valuable hands-on experience that she was seeking when she applied to the doctoral program.

“It’s been a wonderful experience,” she says. “Some absolutely phenomenal research goes on here.”
Like a symphony, Barb Leonard’s nursing career echoes with recurring themes. “I believe in the importance of the human spirit and spirituality,” she says. “I also believe in the strength of families: my research shows that most parents are crazy about their kids, and they want to do the very best they can for them.”

After 42 years at the University, Professor Leonard, PhD, RN, FAAN, has begun phased retirement. But she’s definitely busy. “I have commitments through 2010,” she says. “I’m still hard at work.”

LESSON LEARNED: LEMONS TO LEMONADE

When Leonard entered nursing, it was one of the few careers open to women. “My parents were delighted because nurses could always find jobs,” she remembers. “But practicality wasn’t the only reason I chose nursing. I also saw it as a way to make a difference.”

During her graduate studies at the University, Leonard was deeply influenced by a professor in the School of Public Health whose husband had died at age 35, leaving her to raise three young children. “She looked closely at their development,” and was able to study the impact of his death on them over time. Leonard says. “At lot of good came out of her experience of loss. She really did make lemonade out of lemons.”

Leonard never forgot that lesson. She has spent her entire career helping children with special health needs and their families by giving them tools to obtain services from the health care, social service, and educational systems. Very often she saw these families, too, “make lemonade.”
“Most families don’t see their child’s condition as a catastrophe. They’re able to go on with life and do well.”
THE IMPACT OF ILLNESS
After completing a master's degree, Leonard joined the faculty of the School of Public Health, where she taught public health nursing. She also headed up a team that described the scope of practice for pediatric nurse practitioners and developed the curriculum for their education.

“The University was really ahead of its time,” she says. “To develop the program, we worked with nurses, pediatricians, and groups like the Minnesota Nurses Association. Once the program was underway, the nurse practitioners were well accepted by patients and the health care community.”

In the late 1970s while working as a nurse practitioner in a pediatric neurology clinic at the University, Leonard developed another career theme: an interest in children with special health care needs. “I was struck by the impact of the child’s illness on the entire family, and the fact that many of the child’s needs had to be met by the community and the school,” she remembers.

The Individuals with Disabilities Education Act (IDEA) had been adopted only a few years before. IDEA mandated that children with disabilities receive a free and appropriate public education in the “least restrictive environment,” usually the general education classroom. In addition, the law mandated that children have an Individualized Education Program and receive special education and related services designed to meet their unique needs.

Many of the Leonard’s patients were eligible for services mandated by IDEA. She remembers one patient in particular, a boy who lived on an Indian reservation in northern Minnesota. To function well at school, he needed physical therapy. “The family and I negotiated with the school district, and we managed to get the services he needed,” Leonard says.

A PROGRAM OF NATIONAL SIGNIFICANCE
Then in the 1980s, Leonard turned her attention to maternal and child health, with a research program that continued to reflect her interest in children with special health care needs and the impact of conditions such as a child’s prematurity or cancer on the entire family.

In addition, she was involved—either as principal investigator or participant—in a number of training grants concerned with developing innovative health and education services for children with special needs and their families.

In 1991 she moved to the School of Nursing, where her federally funded research led to the creation of the Center for Children with Special Health Care Needs. Supported since 1993 by the Maternal and Children Health Bureau, it is one of only seven nursing-focused programs in the country funded by the bureau.

“It is considered a program of regional and national significance,” Leonard says. “More than 120 nurses affiliated with the center have earned master’s degrees.”

The center prepares advanced practice nurses to become leaders in children's health care. One graduate established the pediatric nurse practitioner role in the Indian Health Service. Another graduate, named Minnesota's School Nurse of the Year for her overall contribution to the field, was instrumental in the creation of a St. Paul Public Schools program for students with asthma.

In response to the current shortage in pediatric nursing faculty, the center has committed to focusing on doctorally prepared nursing leaders. Nine students are currently completing the PhD in nursing with an emphasis on pediatric nursing. “Our doctoral students are doing research in important areas such as fatigue in children newly diagnosed with cancer and the effect of foreign adoption on families,” Leonard says.

THE SPIRITUAL DIMENSION
Leonard’s own research includes studies of children dependent on ventilators, those with fetal alcohol syndrome, and children and adolescents with diabetes. She is currently looking at young teens with diabetes who are beginning to assume responsibility for their own care.

“Diabetes is a condition that takes a great deal of management, and 13- and 14-year-olds don’t want to be different. So the problem is how to help them deal with diabetes in a way that doesn’t jeopardize their health,” she explains.

As a direct result of her work with children and families, Leonard became a certified spiritual director, an interest she pursues in addition to her responsibilities at the University.

She believes attention to the spiritual dimension is an essential part of nursing, from both the patient and the nurse’s perspectives. “Most families don’t see their child’s condition as a catastrophe. They’re able to go on with life and do well. I’m inspired by their resilience and spiritual strength.” She also notes that Florence Nightingale, the founder of modern nursing, was very much involved with spirituality. “We all need to take care of ourselves spiritually. When we understand our own spiritual perspective, then we are free to empathize with others.”


ACTIVE GRANTS

Avery, Melissa
Technology Enhanced Learning in Graduate Nursing (TELIGN)
HRSA

Avery, Melissa
Development of an Exercise Intervention for American Indian Women with Gestational Diabetes: A Community-Based Approach
ACNM Foundation

Bearinger, Linda
Center for Adolescent Nursing Leadership
HRSA Leadership Education

Bearinger, Linda
Adolescent Health Protection Research Training
CDC

Bliss, Donna
The Impact of Fiber Fermentation on Fecal Incontinence
NIH / NINR

Bliss, Donna
Development of tool to identify perineal dermatitis and its severity
3M (via UMN Foundation)

Bliss, Donna
Evaluation of Characteristics and Typical Usage of Incontinent Products for Fecal Incontinence
Kimberly Clark Corporation

Bliss, Donna
Smart Seal Ostomy Appliance: Further Testing
NIH/NCRR (prime) / Korosensor (sub)

Carney Anderson, Lisa
The Perioperative Experience of Parkinson’s Patients (Title changed)
UMN SoN / Center for Health Trajectory Research

Chlan, Linda
Patient-Controlled Sedation Feasibility Study
UMN AHC Faculty Research Development Program

Chlan, Linda
Reducing Sedative Exposure in Ventilated ICU Patients
NIH / NINR

Delaney, Connie
Nurse Anesthetist Traineeship Program
DHHS / HRSA

Delaney, Connie
Advanced Education Nursing Traineeship Program
DHHS / HRSA

Delaney, Connie
Improving Informatics Competencies for Minnesota Nursing Leaders
UMN Office for Public Engagement

Delaney, Connie
Developing Predictive Models for Improving Home Care Patients’ Ambulation and Oral Medication Management Outcomes
UMN Graduate School – GIA

Disch, Joanne
Improving Patient Safety Through Effective Nurse-Physician Partnerships
Sigma Theta Tau International, Zeta Chapter

Disch, Joanne
Improving Patient Safety Through Physician/Nurse Partnerships
AONE Institute for Patient Care Research & Education

Garcia, Carolyn
An Instrument to Measure Latino Mental Health Knowledge
Sigma Theta Tau International, Zeta Chapter

Garcia, Carolyn
Understanding Culturally-Based Perceptions of Mental Health Among Mexican-Origin Immigrant Latino Adolescents and Parents: A Pilot Study
Sigma Theta Tau International

Garcia, Carolyn
Development of an Instrument to Measure Latino Mental Health Knowledge Using Community-Based Participatory Action Research
STTI / MNRS

Garwick, Ann
Web-based Asthma Education for Urban Head Start Program
NIH / NINR

Gaugler, Joseph
Caregiver Training in South India
Fogarty International (FIC) / NIH

Gaugler, Joseph
Comprehensive Support for Alzheimer’s Disease Caregivers
NIH / NIA

Gaugler, Joseph
Protocol Ag010012: A Multi-Site, Cross-Sectional, Non-Treatment, Prospective Trial to Collect Bio-Fluids and Neuropsychiatric Data from Cognitively Normal Elderly Subjects
Pfizer, Inc (Prime) INC Research, Inc (Subcontract)

Gaugler, Joseph
Nursing Home Training to Impact CMS Indicators
NIH / NIA (Prime) HealthCare Interactive, Inc

Gross, Cynthia
Impact of Mind-Body Interventions Post Organ Transplant
NIH / NINR
Halcón, Linda  
Recruitment Strategy for Testing Tea Tree Oil Treatment of Bacterial Infections  
UMN SoN / Center for Health Trajectory Research

Henly, Susan  
American Indian MS to PhD Nursing  
Science Bridge – Phase 2  
NIH / NIGMS

Kerr, Madeleine  
Latino-based Multimedia to Prevent NIHL  
NIH / NIDOC

Kreitzer, Mary Jo  
Residential Eating Disorders Grant  
Park Nicollet Institute (prime) / Blue Cross Blue Shield of MN Foundation (sub)

Kubik, Martha  
A School-Based Body Mass Index Screening Program: Phase II  
UMN / AHC – Development

Kubik, Martha  
A Clinic-Based Intervention Targeting Primary & Secondary Prevention of Childhood Obesity  
Allina Hospitals & Clinics

Kubik, Martha  
Team COOL Pilot Study  
NIH / NIDDK

Leonard, Barbara  
Center for Children with Special Health Care Needs  
HRSA

Liaschenko, Joan  
Common Daily Practices of Gene Therapy Clinical Research  
NIH/NHLBI (prime) / San Diego State Univ (sub)

Lindeke, Linda  
Service Use and Outcomes of Prematurity at Adolescence  
Minnesota Chapter, NAPNAP

Lindquist, Ruth  
Neuropsychological Functioning, Delirium, and Health Related Quality of Life of Patients Following On- and Off-Pump Coronary Artery Bypass Surgery: A 3-Year Follow-Up Study  
Minnesota Nurses Association Foundation

Lindquist, Ruth  
Acupuncture for Prevention and Treatment of Atrial Fibrillation in CABG Surgery Patients  
UMN SoN / Center for Health Trajectory Research

Moss, Margaret  
Native Nursing Careers Opportunity Program (NNCOP)  
PHS

Mueller, Christine  
Geriatric Nursing Education Project: Creating Careers in Geriatric Advanced Practice Nursing  
The John A. Hartford Foundation / AACN

Mueller, Christine  
Multicultural Health and Wellness Services for Seniors in Independent Housing  
UMN Office for Public Engagement

O’Boyle, Carol  
Minnesota Emergency Readiness Education and Training (MERET)  
DHHS / HRSA

O’Conner-Von, Susan  
Field Test of a Web-Based Program to Help Youth Cope with Cancer-Related Pain (Phase One)  
UMN SoN / Center for Health Trajectory Research

O’Conner-Von, Susan  
Field Test of a Web-Based Program to Help Youth Cope with Cancer-Related Pain (Phase Two)  
UMN SoN / Center for Health Trajectory Research

Peden-McAlpine, Cynthia  
Extending Pediatric Critical Care Nurses’ Expertise in Family Settings  
American Association of Critical-Care Nurses

Peden-McAlpine, Cynthia  
Understanding Dying in Critical Care: A Qualitative Study  
UMN Graduate School – GIA

Robertson, Cheryl  
Modeling Psychological Functioning in Refugees  
UMN SoN / Center for Health Trajectory Research

Sieving, Renee  
Prime Time: Health Promotion for Multiple Risk Behaviors  
NIH / NINR

Skay, Carol  
Enacted Stigma, Gender & Risk Behaviors of School Youth  
NIH / NIDA

Treat-Jacobson, Diane  
Predictors of a Successful Response to Exercise Training  
American Heart Association

Treat-Jacobson, Diane  
Interdisciplinary Clinical Research Scholar Program  
UMN / AHC

Westra, Bonnie  
Using Electronic Health Record Data to Predict Medical Emergencies for Homecare Patients  
UMN Digital Technology Center

Westra, Bonnie  
Leadership Through Nursing Informatics  
Robert Wood Johnson Foundation (prime) / Regents of the University of CA (sub)

Westra, Bonnie  
Improving Informatics Competencies for Minnesota Nursing Leaders  
UMN Office for Public Engagement

Westra, Bonnie  
Developing Predictive Models for Improving Home Care Patients’ Ambulation and Oral Medication Management Outcomes  
UMN Graduate School – GIA

Westra, Bonnie  
Predictive Modeling for Improving Incontinence and Pressure Ulcers in Homecare  
UMN SoN / Center for Health Trajectory Research

Wyman, Jean  
Center for Health Trajectory Research  
NIH / NINR

Yu, Fang  
The Impact of Aerobic Exercise on Cognition and Function in Older Adults with Alzheimer’s Disease  
The John A. Hartford Foundation

Yu, Fang  
Functional Impact of Aerobic Exercise Training in Alzheimer’s Disease  
CAPS Research
FACULTY

Bonnie Bata-Jones, MS, RN, FNP, clinical associate professor, retired from the United States Army as a Lieutenant Colonel. At a ceremony and reception at the Fort Snelling Officer’s Club she was presented with three achievement awards—the United States of America Meritorious Service Medal, the Department of the Army Certificate of Achievement and the Army Commendation Medal. She served 24 years in the Army Reserves in various positions, most recently as a nurse advisor for the Surgeon’s Office at the 88th Regional Reserve Command at Fort Snelling. She served in Operation Desert Storm in the Persian Gulf, Germany, Korea, and El Salvador.

Mary Dierich, RN, MSN, C-NP, teaching specialist, received the 2007–2008 Shelley Joseph-Kordell Scholarship.

Karen Dunlap, MSN, RN, BC, CAN, clinical assistant professor, received the 2007 School of Nursing Alumni Society Excellence in Nursing Education Award.

Carolyn Garcia, PhD, MPH, RN, assistant professor, was funded for her project, “Latino Healthy Youth Development Summit: Discovering Collaborative Research and System-level Solutions to Health Disparities,” by the President’s Initiative on Children, Youth and Families. She has also been selected to a three-year term on the Minnesota Visiting Nurse Agency Professional Advisory Committee.

Mary Goering, MS, RN, BC, clinical assistant professor, was inducted into Pi Lambda Theta, the International Honor Society and Professional Association in Education.

Helen Hansen, PhD, RN, associate professor, was elected to a three-year term to the Fairview Southdale Hospital and Clinics Board.

Mary Jo Kreitzer, PhD, RN, FAAN, professor and director of the Center for Spirituality & Healing, received Board of Regents approval of promotion to Professor.

Linda Lindeke, PhD, RN, CPNP, associate professor, was elected to a three-year term as president-elect of the National Association of Pediatric Nurse Practitioners.

Carol O’Boyle, PhD, RN, associate professor, received a plaque on behalf of the University of Minnesota from USAID and the American International Health Alliance (AIHA) in “recognition of service and dedication to the AIHA partnership program in the Caucasus.” The award recognizes both the School of Nursing and School of Public Health for their work in hospitals, public health disease prevention and adolescent programs, and the schools’ leadership and staffing work in these Eurasian states. Dr. O’Boyle has coordinated this project for four years. The plaque will be displayed in the School of Nursing dean’s office.

Dr. O’Boyle received Board of Regents approval of tenure and promotion to Associate Professor.

Jeanne Pfeiffer, MPH, RN, clinical assistant professor, was awarded the 2007 School of Nursing Public Service Award for her public service and leadership within the profession related to societal health care issues.

Bonnie Westra, PhD, RN, assistant professor, was appointed to the Minnesota e-Health Initiative Advisory Committee by Minnesota’s Commissioner of Health. The goal of the Initiative is to improve health care quality, increase patient safety, reduce health care costs, and improve public health by accelerating the use of health information technology in Minnesota.

Fang Yu, PhD, MSN, RN, assistant professor, was named a 2007 Clinical Research Scholar in the University of Minnesota Career Advance Program.

Linda Olsen-Keller, MS, APRN, BC, clinical associate professor; Bonnie Westra, PhD, RN, assistant professor; and Carol O’Boyle, PhD, RN, associate professor presented at the American Association of Colleges of Nursing (AACN) National Stakeholders’ Meeting on the Revision of the Essentials of Baccalaureate Nursing Education in Washington, D.C.

STAFF

Pat Bender, administrative director, was awarded the first School of Nursing Outstanding Service Award for Civil Service and Bargaining Unit Employees.

Linda Olson-Keller, MS, APRN, BC, clinical associate professor, keynoted Nurse Category Day at the 2007 United States Public Health Services Scientific and Training Symposium.

She talked about the value of nursing leadership as it applies to public health issues and how capacity-building and collaboration result in improved public health outcomes.
**STUDENTS**

Stefanie Amoroso was part of the team that won first place in the Annual U of M CLARION interprofessional Case Competition.

Rozina Bhimani received the 2007 Helen Wells Nursing Research Award.

Darlene Bjorklund, MA, APRN, BC, CNS, was named a scholar in the American Academy of Nursing’s Building Academic Geriatric Nursing Capacity (BAGNC) program.

Pamela Bjorklund, PhD, ’06, won a University of Minnesota Graduate School Best Dissertation prize for studies in the field of nursing. This award recognizes the University’s top recent PhD graduates. Dr. Bjorklund is the first nurse to receive this honor.

Kathy Buffalo was honored during a Native American blanketing ceremony marking the graduation of the SoN Native Nurses Career Opportunities Program (NNCOP).

Amy Cahoy received the 2007 President’s Student Leadership and Service Award. She also received the 2007 Barbara Volk Tebbitt Undergraduate Nursing Leadership Award.

Annette James received a National Alaska Native American Indian Nurses Association Merit Scholarship. She was also honored during a Native American blanketing ceremony marking the graduation of the SoN Native Nurses Career Opportunities Program (NNCOP).

Elizabeth Jones was part of the team that won second place in the Annual U of M CLARION interprofessional Case Competition.

Linnea Jorgensen received the 2007 Barbara Volk Tebbitt Undergraduate Nursing Leadership Award.

Charletta Lewis received a National Alaska Native American Indian Nurses Association Merit Scholarship. She was also honored during a Native American blanketing ceremony marking the graduation of SoN Native Nurses Career Opportunities Program (NNCOP).

Nicole Lynch was appointed to the State Advisory Council on Mental Health by Governor Tim Pawlenty.

Sahra Noor received the 2007 School of Nursing Alumni Society Outstanding Graduate Nursing Student Award.

Julie Novotny was part of the team that won third place in the Annual U of M CLARION interprofessional Case Competition.

Debra K. Olson was named a fellow in the American Association of Occupational Health Nurses.

Catherine Osborne received the 2007 President’s Student Leadership and Service Award.

Kristina Patel received the 2007 President’s Student Leadership and Service Award and a University of Minnesota Undergraduate Research Opportunities Program grant. She was also part of the team that won first place in the Annual U of M CLARION interprofessional Case Competition.

Elizabeth Rodgers won first place for her poster, “Strategies Used to Promote Retention in a Clinical Trial of Managing the Sensitive Problem of Fecal Incontinence,” in the Undergraduate Student Poster category at the 2007 Midwest Nursing Research Society conference.

Anna Toth won first place for her poster “Validating Data Associated with Perineal Dermatitis in the Minimum Data Set Compared to Nursing Home Records,” in the Graduate Student Poster category at the 2007 Midwest Nursing Research Society conference.

Cristina Santos received the 2007 President’s Student Leadership and Service Award.

Molly Secor-Turner received a one-year Ruth L. Kirschstein National Research Service Award fellowship from the National Institutes of Health to complete her dissertation, “Social Messages and Teen Sexual Health: Voices of Urban African American Youth.”

Melissa Webster received the 2007 School of Nursing Alumni Society Outstanding Undergraduate Nursing Student Award.

Misty Wilkie-Condiff received a National Alaska Native American Indian Nurses Association Merit Scholarship.

Audrey Weymiller was awarded a 2007 summer fellowship from Dartmouth College, New Hampshire.
CGN Faculty and Students Lead in Transformation of Nursing Care for Elders

Doctoral students have been highly successful in competing for the prestigious John A. Hartford Foundation Predoctoral Scholarship Awards. This two-year scholarship covers tuition, fees and a stipend, and is augmented by travel to national gerontological nursing leadership conferences. It allows promising students to take time out from advanced practice responsibilities to focus on building research and teaching expertise that will position them to discover and disseminate knowledge for nursing care of older adults.

Darlene M. Bjorklund, MA, APRN, BC, recently awarded a 2007–2009 JAHF Predoctoral Scholarship, will focus her dissertation research on the assessment and management of pain for the older adult patient who has sustained a traumatic fall requiring an ICU admission. A multi-model approach (non-pharmacological and pharmacological interventions) to pain management will be utilized. The goal is to obtain adequate pain control and decrease side effects such as the onset of acute confusion. Bjorklund was also a recipient of a 2007 summer Pre-Doctoral Clinical and Translational Research Fellowship through the Academic Health Center. She will be mentored by Associate Professor Linda Chlan, PhD, RN, and co-mentored by Professor Jean Wyman, PhD, RN, FAAN, and Professor Keela Herr, PhD, RN, FAAN (University of Iowa College of Nursing).
Mary M. Black, MSN, RN, a 2006–2008 JAHF Predoctoral Scholar, continues her dissertation study of depressive symptoms among Native American caregivers of individuals with Alzheimer’s or other dementias. An enrolled member of the Three Affiliated Tribes (Mandan, Hidatsa and Arikara) of Fort Berthold, ND, Black is participating in the NIH-funded Bridges to the Doctorate Program and serves as community program associate for the school’s Native Nurse Career Opportunity Program. She is also a 2005–2010 fellow in the American Nurses Association, Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program. Associate Professor Margaret Moss, DSN, JD, RN, the only Native American doctorally prepared nurse, who also holds a Juris Doctorate, in the United States with a research focus on American Indians and aging, serves as her mentor.

Laura Nelson Kirk, MS, RN, a 2004–2006 JAHF Predoctoral Scholar, is in the final phase of her dissertation research, developing and testing of a model that explains the occurrence of select neuropsychiatric symptoms in persons with mild cognitive impairment (MCI). Using a biopsychosocial model of human behavior, and in collaboration with the Mayo Clinic’s Alzheimer’s Disease Research Center (ADRC), she is examining the characteristics and circumstances of individuals who exhibit depressive symptoms, apathy and/or anxiety in a multiphase, mixed methods research project. An understanding of these characteristics that may predispose persons with MCI to neuropsychopathology will enable strategies for prevention and/or early intervention, thus leading to the enhancement of quality of life for elders and their families. Ms. Kirk’s mentor is Dr. Marsha Lewis, Emory University.

Kristine M.C. Talley, MS, RN, APRN-BC, a 2002–2004 JAHF Predoctoral Scholar, is looking for ways to prevent or limit the effects of disability in older adults. Her dissertation research funded by a NINR/NIH Predoctoral National Research Service Award, involves the use of longitudinal methods to investigate how fear of falling influences the development of disability in older women. She was designated an AARP Scholar for 2005–2006, received the Shelley Joseph-Kordell Memorial Scholarship for 2006–2007 and was awarded the Murial Ryden and Mariah Snyder Fellowship in Gerontological Nursing for 2007.

In the News
Six GNP students have been awarded 2007–2008 scholarships supported by the Hartford Foundation’s Creating Careers in Geriatric Advanced Practice Nursing program (Christine Mueller, Program Director) with matching funds from health care organizations that employ advanced practice gerontological nurses.

Elizabeth Hernick
Fairview Geriatric Services

Jennifer Kish
Fairview Geriatric Services

Daniela G. Kramer
Partnering Care for Seniors

Momodou Ceesay
Aspen Medical Group

Nicole Ressler
Evercare

Mary Jo Graham
Minneapolis VA Medical Center
Keys to the Future: Young People Abroad and at Home

For the first time in two centuries, children born today in the U.S. may have shorter life expectancies than their parents. Obesity lies at the heart of this sad prediction, yet it is only one of a number of issues that threaten the health of young people at home and abroad.

ABROAD: Globally, health professionals working with youth remain alert to common threats. Chronic conditions, substance use, violence, reproductive and mental health concerns top the list—which is why *Lancet*, a premier medical journal worldwide, decided to focus a series of six articles on young people, titling their lead editorial, “Adolescent health: an opportunity not to be missed.”

Adolescents, a group often overlooked by health providers—too old for pediatrics, too young for adult health—disproportionately suffer the consequences of inadequate care. Today’s generation of adolescents is the largest in history—worldwide 1.5 billion between the ages of 12 and 24. Yet, health providers describe feeling ill-prepared to address even some of the most common concerns of this growing population. Moreover, health services fall way short of being suited to the needs of this age group.

Responding to an invitation from the editors of *Lancet*, Drs. Linda Bearinger and Renee Sieving, of the Center for Adolescent Nursing, along with adolescent health experts from four continents, set about creating a series of articles that together would convey the challenges as well as the opportunities not to be missed if we are to assure a healthy future for today’s youth.

In their article published in the March 2007 *Lancet* issue, Bearinger and Sieving, along with co-authors from the World Health Organization (London, England) and the United Nations Population Fund (Amman, Jordan) detailed the critical issues affecting young people’s sexual and reproductive health. Urbanization, poverty, and lack of education underlie the vast differences in reproductive health outcomes such as early pregnancy and sexually transmitted infections. Other societal issues contribute significantly to risk—issues such as age differences between male and female partners, gender differences in norms for sexual behavior (expected for males, while negatively sanctioned for females) and early marriage.

Three key strategies, described in the *Lancet* article, offer a pathway for improving reproductive health outcomes:

1) Quality youth-friendly services provided by clinicians trained to work with this population

2) Sex education programs that offer accurate and comprehensive life skills

3) Youth development programs that connect young people with supportive adults and educational and economic opportunities.

AT HOME: As each *Lancet* article argued, responding quickly and effectively to the health needs of adolescents means preventing problems that, if unresolved, may become lifelong ills. This is why, at home, faculty and researchers in the Center for Adolescent Nursing, continue to design and test ways of preventing problems early on and promoting healthy development throughout adolescence. Sieving and colleagues, with NIH support, currently work with girls in community and school-based clinics to reduce sexual risk and violence involvement while keeping them connected with school. Dr. Marti Kubik, assistant professor, created and tested Team COOL, hoping to encourage teens in alternative learning centers to get active and exercise while eating right as well. Dr. Carolyn Garcia, assistant professor, is working with Latino/a youth in charter schools to develop ways to assess perceptions of mental health, particularly among those who have recently immigrated.

At home or abroad, adolescent health is an opportunity not to be missed. Please check in with us at www.nursing.umn.edu/CAN or read more about global youth issues at www.thelancet.com.
Quality and Safety Education for Nurses

Densford Center Director Joanne Disch, PhD, RN, FAAN, has been part of a major national initiative aimed at reshaping nursing education in the areas of patient safety and quality of care. In 2001, the Institute of Medicine (IOM) raised national awareness of the fact that hospitals and health care facilities are not the safe places the public believes them to be. In fact, it is estimated that approximately 100,000 individuals die annually from errors in care. Today, virtually every health care facility in the country has launched major initiatives to prevent or rectify these errors.

In 2003, the IOM challenged the faculties of nursing, medicine and the other health professions to incorporate content into their curricula so that graduates would be prepared “to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.” But how to do this?

The Quality and Safety Education for Nurses (QSEN) project (qsen@unc.edu) is the approach that the nursing profession is taking. Funded by Robert Wood Johnson, the project aims to reshape the nursing student experience by helping nursing faculty incorporate the safety and quality competencies recommended by the IOM into every nursing curriculum.

The six competencies are:

**Patient-centered care**: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients’ preferences, values and needs.

**Teamwork and collaboration**: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.

**Evidence-based practice**: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

**Quality improvement**: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

**Safety**: Minimize risk of harm to patients and providers through body system effectiveness and individual performance.

**Informatics**: Use information and technology to communicate, manage knowledge, mitigate error and support decision making.

Several stages in the project have been completed: (1) Specific learning objectives were developed for the knowledge, skills and abilities associated with the six competencies that students would need to acquire; (2) Teaching strategies were created to help faculty teach this content; (3) An invitation was extended to schools of nursing to implement the competencies into their curricula. Fifteen schools were selected and faculty from these schools will participate in a learning workshop this fall. (4) Discussion has begun on determining the quality and safety content that would be appropriate at the graduate level.

The School is certainly well positioned to take a leadership role in this initiative. Given the expertise of our faculty in informatics, teamwork and clinical research, our students are gaining a rich educational experience in these core competencies. In addition, Disch was co-author of two articles in the May/June 2007 issue of Nursing Outlook on the QSEN project: *Quality and safety education for nurses*, and *Promoting interprofessional education*. We are incorporating these competencies across the curricula.
Research in the Center for Child and Family Health Promotion Research focuses on promoting the health of childbearing and childrearing families; improving the quality of life for children with special health care needs and their families; promoting health of vulnerable adolescents; improving the access and quality of care for children and families from diverse cultural backgrounds; and designing effective health promotion interventions.

Center investigators are tailoring interventions to meet the needs of special populations with grants funded by NIH and foundations. Faculty investigators are conducting primary prevention intervention research projects to prevent noise-induced hearing loss among Hispanic construction workers (Dr. Madeleine Kerr, PI), promote healthy youth development (Dr. Renee Sieving, PI) and prevent obesity among children (Dr. Jayne Fulkerson, PI) and adolescents (Dr. Martha Kubik, PI). Center members are also developing interventions to prevent secondary complications of chronic conditions. Dr. Melissa Avery, PI is using a community-based approach to develop an exercise intervention for American Indian women with gestational diabetes. Dr. Susan O’Conner-Von, PI, is working with cancer experts and adolescents with cancer to field-test a Web-based program to health youth cope with cancer-related pain.

Doctoral Student Member Research Awards

Mary Benbenek received a Theresa V. James Fellowship to support her research on identifying dietary and lifestyle factors that affect bone health among young adolescent girls who have immigrated to Minnesota from East Africa. This scholarship is supported by the James Family and Center faculty to support doctoral student research related to the mission of the Center.

Molly Secor-Turner was awarded an NRSA award from NIH/NINR for her dissertation research on Social Messages and Teen Sexual Health: Voices of Urban African American Youth. Her faculty sponsors are Dr. Renee Sieving and Dr. Ann Garwick.

Mary Chesney has received a grant from the Minnesota Chapter of National Association of Pediatric Nurse Practitioners (NAPNAP) for research with families who have adopted children from foreign countries.

New Asthma Resource on Web Site
www.nursing.umn.edu/GetaHeadStartonAsthma

The Get a Head Start on Asthma Web site is designed to provide basic information about asthma and asthma management to parents and Head Start teachers who care for pre-school children with asthma. Written and audio answers to common questions about asthma are available in English, Hmong and Spanish. Information about medication administration and use of equipment is also provided. Additional Web-based asthma resources are tailored to parents and teachers.

This Web site was funded by NIH/ NINR (Grant Number: 5 R03 NR008752-02) for the Web-based Asthma Education for Urban Head Start Program. Ann Garwick, PI.
The Minnesota Center for Health Trajectory Research, established in 2005 with a $1.5 million grant from the National Institute of Nursing Research, is developing and testing innovative interventions that will help individuals and families create optimal pathways to health. Center researchers are exploring the interrelationships among the many biological, behavioral, psychosocial, and environmental factors responsible for health or illness and how to manage them over time.

The Center for Health Trajectory Research (CHTR) hosted Dr. Janet Larson, Professor and Department Head of Medical-Surgical Nursing, University of Illinois, Chicago, as the Center’s Visiting Scholar in April. Dr. Larson is internationally recognized for her research on pulmonary rehabilitation of patients with COPD. She presented three seminars to faculty and students focusing on research mentorship, balancing multiple faculty roles and work responsibilities and tips for writing winning NIH grant applications. She provided consultation to the CHTR Executive Committee on the continued development of the Center. Dr. Larson was also the keynote speaker for the School’s annual Research Day on April 20, 2007, mirroring the Center’s scientific focus. The title of her address was “A Research Trajectory to Promote Health and Function: COPD.”

Check out our new improved Web site: [www.nursing.umn.edu/CHTR](http://www.nursing.umn.edu/CHTR)

Explore links to research seminars and presentations sponsored by the Center are added to the Web site along with descriptions of the research being conducted by Center Investigators.

**CENTER DIRECTOR:**
Jean Wyman, PhD, APRN-BC, GNP, FAAN

**MISSION:**
Develop and test innovative interventions that help individuals and families create optimal pathways to health.

**FOR MORE INFORMATION:**
Linda Dahle, Program Administrator
Phone: 612-626-9443
E-mail: dahle081@umn.edu
[www.nursing.umn.edu/CHTR](http://www.nursing.umn.edu/CHTR)
In its 14 years of existence, what difference has the Center for Children with Special Health Care Needs (CShCN) in the School of Nursing made for this population of children and their families?

Government estimates are that 20 percent of all children in the U.S. have chronic health conditions requiring on-going treatment; many are life-long. Compared with adult health conditions that are much fewer in number, children have many more chronic conditions; there are over 200 identified syndromes alone. As a result of advances in medical science, children who once succumbed to their conditions in their first decade of life now live into their third and fourth decades and beyond. Today, health care providers of CShCN must understand the health care needs of this population, child development and the developmental needs of the families who are their most important care givers. A working knowledge of the health care system and how it affects the care of CShCN is also essential. The Center receives funding from the Department of Health and Human Services, Maternal and Child Health Bureau (MCHB) to prepare nursing leaders in the care of CShCN who are culturally competent, family- and child-centered, and prepared to deliver coordinated, community based care. The Center is designated by the MCHB as a project of regional and national significance.

The Center for CShCN has contributed to the care of this population by producing graduate nurse leaders in clinical practice, health system reform, research and teaching. This was accomplished by first gathering faculty members committed to the education of nursing leaders for this population. CShCN faculty conduct research on issues of vital importance to this population and provide consultation and technical assistance to maternal and child health agencies and related projects. The faculty assembled an advisory group comprised of leaders in health care for CShCN. These individuals help to keep the Center for CShCN current with community issues and concerns as well as serving as a vital network among themselves.

Today, over 120 master’s prepared pediatric nurse practitioners (PNP) and pediatric nurse specialists (PCNS) graduates specializing in the care of children with special health care needs serve in clinical roles—many they themselves created—as well as clinical teaching, research, and advocacy positions. Graduates are prepared to work with diverse populations in underserved rural and urban settings. One of the PNP/CShCN graduates was the first PNP to be hired by the Indian Health Service (IHS); she subsequently helped to shape the PNP role in IHS nationally. Graduates provide care coordination for children with the most complex health conditions, helping families achieve a degree of normalcy, otherwise not attainable. Several graduates are expert in the care of children with cancer. One doctoral student’s research is cancer-related. Several doctoral students are faculty in rural areas. Several other graduates have leadership roles with CShCN in school settings. Others are creating careers in genetics, a growing field for CShCN.

In the last four years the Center focused its attention on the creation of the next generation of nursing faculty and researchers. A national shortage of nursing faculty, especially of pediatric nursing faculty, necessitates a concerted, focused effort to educate nursing leaders at the doctoral level. Both PhD and Doctor of Nursing Practice (DNP) graduates are essential to resolve the faculty shortage. This year 10 post-master’s PNP/CShCN students will be granted the DNP degree. Several PhD students will graduate in 2008.

Has the Center for Children with Special Health Care Needs made a difference in its 14 years of existence? We think so!
In celebration of the School of Nursing’s 100th year in 2009, the School will honor 100 Distinguished Alumni who exemplify the breadth, diversity, culture and spirit of the School of Nursing. Help us to recognize deserving alumni (you may self-nominate) for this important distinction by submitting a nomination based on the criteria listed on the nomination form found on the next page.

Recipients of this prestigious award will be honored at the Centennial Gala on November 5, 2009.
UNIVERSITY OF MINNESOTA SCHOOL OF NURSING

100 Distinguished Nursing Alumni Nomination

ELIGIBILITY
Living alumni with nursing degrees from the University of Minnesota who have profoundly affected families, communities, the college or the nursing profession at the local, state, national or international level.

CRITERIA
In 250 words or less, please describe how the nominee contributed in one of the following ways:

- A sustained and profound impact on patient, population or community health
- A significant innovation that transformed health care or education
- A life-long contribution that has advanced the science of nursing
- An extraordinary impact on the School of Nursing

SELECTION
The Centennial Awards Selection Committee will review all nominations and make the final selection for the award recipients.

NOMINATION PROCESS
Individuals may nominate one or more people. Self-nominations are welcome. Nominations are not confidential and nominees will be contacted to provide supporting information. The nomination deadline is September 30, 2008. Completed nomination forms may be returned to:

School of Nursing
Attention: Cathy Konat
5-140 WDH
308 Harvard St. SE
Minneapolis, MN 55455
E-mail: kona0006@umn.edu

100 Distinguished Alumni Nomination Form

NOMINATION DEADLINE: SEPTEMBER 30, 2008

Date of submission

NOMINATOR’S INFORMATION

FIRST NAME MIDDLE INITIAL AND/OR MAIDEN NAME LAST NAME

ADDRESS

CITY STATE ZIP

DAYTIME PHONE HOME PHONE

E-MAIL

YOUR RELATIONSHIP TO THE SCHOOL OF NURSING

YOUR RELATIONSHIP TO THE NOMINEE

NOMINEE’S INFORMATION

FIRST NAME MIDDLE INITIAL AND/OR MAIDEN NAME LAST NAME

If known, please list nominee’s

ADDRESS

CITY STATE ZIP

DAYTIME PHONE HOME PHONE

E-MAIL

NOMINATION STATEMENT (please be as complete as possible in 250 words or less)

On a separate page, describe why the nominee is deserving of this recognition based on the criteria listed. Please give specific examples.

If the nominee is selected, we may edit this information for clarity, content and length for possible use in a publication. All nominees will be notified of their nomination and asked to submit additional information. Thank you.
Bright sunshine elicited warm remembrances and reminiscing at the Alumni Spring Celebration on April 21, 2007, as reunion classes and other alumni gathered for the annual event. Memories were shared by the reunion classes of 1947, 1957, 1967 and 1982, a panel discussed ethical issues, and awards were presented.
Larry Asplin, BSN ’97, MS ’00, was recently elected to the Board of the Competency and Credentialing Institute, Inc. (CCI). The Board is the certification body for surgery RNs and RN first assistants. It is currently expanding to Surgical Services Management Certificate Programs and other areas of healthcare that involve invasive procedures. Larry currently works as the clinical director for surgery and central processing at St. Cloud Hospital, St. Cloud, Minn.

Marilyne Gustafson, BSN ’57, was presented with the Nursing Alumni Society’s Distinguished Alumnus Humanitarian Award. As part of her volunteer efforts, Marilyne travels yearly to Haiti to do medical relief, works in a store raising money for political refugees and performs as a clown, bringing laughter to others’ lives.

Steven Hobbs, BSN ’87, received a PhD in nursing from University of Hawai’i at Manoa. His focus area is nursing informatics; his dissertation was “Clinical Nurses’ Perceptions of Nursing Informatics Competencies.” Steve is a staff nurse in the ER at The Queen’s Medical Center and adjunct faculty in the University of Hawai’i School of Nursing and Dental Hygiene. He is a member of Sigma Theta Tau Gamma, Psi Chapter, and an active officer on a state and national level of The Emergency Nurses Association.

Ruth Nelson Knollmueller, BSN ’59, received the C.E.A. Winslow Award from the Connecticut Public Health Association, in recognition of her contribution to public health and public health nursing. The citation cites “…in particular her vision, creativity and daring …her outstanding body of original work and …her long term impact on the field as an educator, mentor and consultant.” This award is named for Dr. C.E.A. Winslow, who established one of the first public health programs in the United States at Yale and who, in 1923, was chair of the committee which produced the Goldmark Report that argued for nursing education in universities.

Marie Manthey, BSN ’62, MS ’64, was featured in the May/June 2007 issue of The Nursing Spectrum magazine. “A Unique Type of Talk Therapy” discussed the nursing salons that Manthey started six years ago to provide an environment for stimulating conversation about current nursing issues.

Jacqueline Matuska, BSN ’02, recently accepted the position of assistant nurse manager on the progressive care unit and cardiac floor at Virginia Mason Medical Center in Seattle, Wash.

Peter Mitchell, BSN ’96, MS ’99, has been named to the Minnesota Department of Human Services Drug Utilization Board.

Gretchen Musicant, BSN ’78, MS ’86, Minneapolis Health Commissioner, was awarded the 2007 Paul and Sheila Wellstone Public Health Achievement Award in recognition of her public health leadership and work as an advocate for the urban poor, uninsured and disadvantaged.

Rebecca Otterness, MS ’95, was featured in the January 2007 issue of Caring Today, a magazine for the family caregiver. Rebecca is a long-term caregiver for her husband, David, who has advanced progressive multiple sclerosis.

Florence Ruhland, MS ’59, was honored in April as a Distinguished Alumnus at St. Cloud Tech, St. Cloud, Minn., her high school alma mater, with a bronze plaque made from a photo that appeared previously in this magazine.
Class Agents: Classmate Connectors

Looking ahead to the 2009 Centennial, we are engaging class agents. Check the list on the right to locate the agent for your class or, if your class does not yet have an agent, please consider serving in that role for the next two years. It’s a great opportunity to reconnect with classmates! Contact Cathy at 612-624-0103 or kona0006@umn.edu if you are interested. Duties include:

- Serving as the liaison between your classmates and the School of Nursing
- Updating contact information of classmates including e-mail address
- Promoting participation of classmates in Centennial activities
- Encouraging nominations for 100 Distinguished Alumni Award

<table>
<thead>
<tr>
<th>Class Agent</th>
<th>Class Year</th>
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<tbody>
<tr>
<td>Shirley Small</td>
<td>1945</td>
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<td>Mary Lou Smith</td>
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<td>Jean Hall</td>
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<td>Betty Thayer</td>
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<td>Lois Zumbarge</td>
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<td>Patricia Ruby Morse</td>
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<td>Janet Ford</td>
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<td>Susan Steiner</td>
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<td>Susan McKinley</td>
<td>Mar-57</td>
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<td>Kathryn Swanson</td>
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<td>Kathleen Broman</td>
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<td>Sandra Gure Monson</td>
<td>Aug-58</td>
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<td>Nancy Peterson</td>
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<td>Mary Lou Christensen</td>
<td>Mar-60</td>
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<td>Margaret Fullinwider</td>
<td>Aug-60</td>
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<td>Louanne Sheneman</td>
<td>1961</td>
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<td>Gwen Kline</td>
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<td>Carol Shukla</td>
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<td>Mary Ann Loftus</td>
<td>1967</td>
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<td>Nancy Reichmann</td>
<td>1968</td>
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<td>Naomi Strom</td>
<td>1969</td>
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IN MEMORY

Laurie Alvarez, BSN ’94, unexpectedly on April 23 at age 39. She was a transplant nurse at Rush Presbyterian St. Luke’s Hospital in Chicago, and later joined Northwestern Memorial as a transplant and coronary intensive care nurse. She was pursuing a degree as a nurse practitioner in cardiology and would have received her degree in 2008. She participated in the transplant Olympics with her father as part of the Chicago team.


Dagmar Brodt, BSN ’45, on March 8, 2007. She devoted her life to nursing practice and education, authored a nursing textbook and taught at several universities. Memorials have been directed to the School of Nursing.

Doris N. Eklund, BSN ’46, on Friday, March 23, 2007, in Billings, Montana, from complications of treatment for lung cancer. She was a member of the first group of women to join the Cadet Nurse Corps.

Helen Lief Erickson, a 1951 graduate in nursing education, on May 9, 2007 at the age of 88. Helen spent five decades as a missionary in Tanzania, where she opened a nursing training center in the 1950’s.

Cecile Kume, BSN ’49, MS ’58, on November 21, 2006, in Minneapolis, Minn.

Janet Moon Lewis, BSN ’60, in the fall of 2006. She received her diploma in 1948 and was a participant in the Cadet Nurse Corp. Memorials supported the “I Want to Be a Nurse Scholarship” for undergraduate students who have financial need.

Patricia Magnuson, BSN ’70, MS ’72 in public health nursing, on April 26, 2007.

Betty Mullin, BSN ’57, on April 6, 2007. Memorials were directed to the School of Nursing.

Jean Haggglund Parshall, BSN ’59, on April 27, 2007 in Florida. Memorials were directed to the School of Nursing.

Margaret Aasterud Williams, BSN ’56, on May 6, 2007 in Madison, Wisc., after a brief illness. She held nursing service and faculty positions at several schools, including the University of Minnesota, before joining the faculty of the University of Wisconsin-Madison in 1976. She retired as professor emerita in 1991.

Cornelia Long Wiseley, MS ’80, in August 2006, of ovarian cancer. She was a nursing instructor at Yakima Valley Community College, where she continued to work for the duration of her 4 1/2-year illness.
Discovery thrives at the School of Nursing, improving patient care through the power of nursing knowledge. Thanks to the support of dedicated donors, $1.2 million was raised in 2007 to advance nursing research, education and service.

Continuing efforts to address the nursing shortage have focused on supporting students. With matching dollars available from the University, 25 new undergraduate scholarships and graduate fellowships for nursing students have now been established and approved for matching funds. Donors creating or endowing new scholarships and fellowships include:

- Shirley Berglund, ‘61, created a new scholarship that gives preference to nurses practicing at HealthEast Bethesda Hospital who are pursuing advanced preparation with the goal of becoming nurse practitioners.
- Class of 1960 became the first class to join its collective resources to endow a scholarship.
- Eileen Kalow, ’71, established a fellowship in children’s health in honor of faculty member Barb Leonard (see story on page 14).
- An anonymous donor funded the Nursing Research Fellowship to support graduate students who are advancing health care research.
- The Margaret H. & James E. Kelley Foundation donated $25,000 for the Cynthia Kelley O’Neill Scholarship for Psychiatric Nursing. The Kelley Foundation has also endowed two additional scholarships.
- Leona Fangmann of Redwood Falls added $15,000 to the Rosina Hanslick Nursing Scholarship in honor of her late sister-in-law.
- A $300,000 bequest was received from Adela Olson. Born in Sweden, Adela never had an opportunity to attend college, but she always wanted to be a nurse.
- Karen Rothenbuhler attended the School of Nursing in the 1950s and joined the Heritage Society with a future gift commitment designated for scholarships.
- Claire Gauthier, ’51, was a public health nursing graduate and professor at the University of Wisconsin-Milwaukee. She left a $150,000 bequest that has established a nursing innovation fund designed to improve patient care through strategic student and faculty lead initiatives.

Special grants were awarded by the Nursing Foundation to support Nursing Research Day, student scholarships, National Alaska Native American Indian Nurses Association (NANAINA) Conference participation, and marketing for the School’s continence clinic. Two scholarships for undergraduate and graduate nursing students were awarded with proceeds from the Nursing Foundation’s annual Jewelry Sale. School of Nursing pins were provided to all BSN and post-baccalaureate graduates through the newly created Nursing Legacy Fund that supports this tradition.

As we celebrate the School of Nursing Foundation’s 50th year, we extend appreciation to the people who have made our success possible. Beginning with the late Elva Walker, recruited by Katharine J. Densford to establish the foundation’s first board, to the dedicated board chairs and trustees who have followed, we thank you. We recognize our 2007 chair Christine Seitz, the current board, our colleagues at the University of Minnesota Foundation, and our capable staff Jane Pederson.

We are grateful for Dean Delaney’s visionary leadership and for the faculty, alumni and students whose vibrant research, education and service demonstrate the power of nursing knowledge and discovery.

Improving patient care has been the heart and soul of the Nursing Foundation’s mission for 50 years. To our loyal donors, we say a special word of thanks. Your gifts are both pivotal and energizing. Because of you, discovery is thriving at the School of Nursing. We appreciate your trust, and we value your support. You make us proud.
In appreciation for the nursing care received by beloved family members, two brothers, now deceased, established the Danielson Nursing Scholarship at the School of Nursing some 16 years ago. These “Norwegian bachelor farmers” from southwestern Minnesota created the scholarship with the hope that these funds would enable new generations of students to become the nurses they so respected. Their dreams are being fulfilled. Thanks to the Danielson’s initial generosity and the power of compounded interest earnings, the Danielson Nursing Scholarship has now topped $1.2 million, producing $57,000 in scholarship distributions for the 2008 school year alone.

Noting the scholarship’s impact, two current Danielson Scholarship recipients express gratitude for this award:

Being a nurse has been a dream of mine for many years and I am excited to see all of the opportunities to serve unfolding. At this time I would say that my passion for nursing is in global health, where even now I will be using my skills this July on a medical mission trip to South Africa to work with HIV-infected patients. I am also passionate about working with people in need, especially children, which most likely roots from the time I have spent with my five younger siblings and the jobs I have held most of my life.

One never knows exactly where the future will take them but I plan to receive my BSN in nursing and hope to pursue a master’s one day.

I feel so honored that I was chosen for the Danielson Nursing Scholarship that I can hardly explain my gratitude. I knew I would receive a wonderful education at the University of Minnesota, but I did not expect to feel so touched by people I do not even know. I would like to let you know that I will continue to work hard this year.

Sincerely,
Ashley Theisen, Class of 2009

It has been a long-term goal and dream of mine to complete nursing school and follow in the footsteps of some of the greatest women in history, like Florence Nightingale. Nursing is a profession that requires patience, leadership, commitment, selfless acts, and most importantly the ability to care. A nurse needs to demonstrate both a soft-tough and a caring heart.

The most important fact about being a nurse is that I will have the unimaginable power to help people. I am confident that I have the traits that are required to become a successful nurse.

As you probably know, the path to earning a bachelor’s degree in nursing is a long and twisted road with many obstacles to overcome. One of these is the financial burden that comes with earning an education. Due to your generosity this has been slightly lifted for me. I am not sure how to express how appreciative I am of being chosen for the Danielson Nursing Scholarship.

Sincerely,
Emily A. Simon, Class of 2009
SHAREHOLDERS REPORT

We gratefully acknowledge the generous individuals and corporations who have made pivotal gifts to advance nursing research, education and service during the 2007 fiscal year ending June 30, 2007.

Key:
* Deceased
+ In Memoriam

BOLD Presidents Club members are honored for lifetime giving to the School of Nursing:
- Builders Society – Gifts or pledge of at least $1 million
- Regents Society – Gifts or pledge of at least $500,000
- Trustees Society – Gifts or pledge of at least $100,000
- Chancellors Society – Gifts or pledge of at least $50,000
- Founders Society – Gifts or pledge of at least $25,000
- Heritage Society – Recognizing future gifts

$100,000 and Above
Claire M. Gauthier *
Katherine R. Lillehei
Adela J. Olson *

$10,000–$99,999
Allina Health System
Shirley A. Berglund
Connie W. Delaney
Leona Fangmann
Warren Herreid
Eileen M. Kalow
Margaret H & James E Kelley Fdn.
Lucille N. Paradela-Fernandez
Jeannine M. Rivet
Wound Ostomy & Continence Nurses Society

$1,000–$9,999
Phyllis L. Dow
Fairview Health Services
Delphie Fredlund Family +
Esther A. Garrison *
Genesis Health System
Hennepin Faculty Associates/Minneapolis Medical Rsch. Fdn.
Margaret D. Horton-Davis
Hospice Minnesota
Patricia S. Kane
Carol J. Kelsey
Donald G. Kelsey
Chak Chi Lau
Lenora Yin Lau
Harry C. Lefto
Paul W. Lett
Kathleen J. Lucas
Marie E. Manthey
Mayo Fdn. for Medical Education & Research
John W. Miller
Marilee A. Miller
Minnesota Nurses Association Fdn.
Thomas D. Moberg
Jean A. Norrbom
North Memorial Health Care Community Fdn.
Barbara V. O’Grady
David W. Olson

$333–$999
Nancy G. Olson
Mary K. Oppegaard
Park Nicollet Health Services
Grace G. Peterson
Rahr Fdn.
Caroline B. Rosdahl
Gloria T. Ruschmeyer
Orlando R Ruschmeyer
Joyce M. Schowalter
Christine H. Seitz
Michael J. Seitz
Sigma Theta Tau
James R. Struthers
Theresa B. Sullivan
Hope B. Thornberg
Romana Urueta
James P. White
Mary Ann A. White
Nancy K. Williams
Marian M. Woehning

$33–$99
American College of Nurse-Midwives
American College of Nurse Practitioners
Sandra J. Anderson
Jean K. Andrews
Lorna M. Barrell
James Belka
John H. Borg
Mary Lou Christensen
Jean L. Christopherson
Raul F. Cifuentes
Elizabeth A. Cronquist
Caroline H. Falstad
Kay J. Fellows
Nile R. Fellows
Bruce A. Finger
Arlene T. Forrest
Ruth K. Freymann
Leonard O. Fritze
Nancy M. Fritze
Carol L. Gackle
George D. Gackle
Susan G. Gerberich
Gillette Children’s Specialty Healthcare
David L. Hashmall
George A. Henly
Lauren C. Johnson
LaVohn E. Josten
Barbara L. Kern-Pieh
Janet R. Kutz
Linda L. Lindeke
Charlotte A. Lindstrom
Harold R. Lindstrom
Yin T. Liong-Schaff
Susan A. McKinley
Minneapolis Fdn.
Lisa A. Motz
Christine A. Mueller
Mary H. Murai
Miyuki Nakai
Lisa N. Noel
Carol D. Nordgaard
Dale A. Olson
Ione E. Olson
Oppegaard Family Fdn.
Joanne M. Pedersen
Stephen W. Pieh
K. Ann Rabie
Sandra A. Rasmussen
Rose M. Relopez
Patricia A. Robertson
Rockwell Collins
Mary A. Rossi
Beth K. Schafer
Nancy L. Schamber
Carolyn L. Schroeder
Clinton A. Schroeder
Sigma Theta Tau Mu Lambda Chapter
Phyllis M. Smith
Frances M. Sullivan
University of Pennsylvania Health System
Julie L. Vanderboom
Steve A. Vanderboom
Elizabeth R. Vavra
Robert D. Vavra
Ruth D. Vavra
Helen Wells
Jan C. Wenger
Mary C. Wenger
$100–$332
Kay M. Acton
Susan G. Akey
Debrah G. Albert
Qamar S. Ali
Candace D. Allender-Kropf
Charles A. Amann
Marilynn R. Amann
Ione B. Ambrose
Harriet H. Anderson
Kathryn M. Anderson
Lisa C. Anderson
Jean P. Antonello
Martha A. Arneson
June J. Aspenson
Benjamin W. Atkinson
Gretchen H. Atkinson
Mary L. Auferheide
Melissa D. Avery
Annie J. Bailey
Barry K. Baines
Sandra L. Baines
Dorothy E. Baker
Robert J. Ballot
Louis W. Banitt
Mary P. Banitt
Mary B. Barkman
Miriam M. Barlett
Louise A. Barrow
Eileen F. Battle
Jeanne M. Batzli
Linda K. Bauck
Susan B. Bauer
Shirley M. Bersagel
Nancy A. Beyer
Arnold W. Bigbee
Donna Z. Bliss
Thomas C. Bliss
Linda M. Bloomquist
Roxanna L. Boelsen
Phyllis A. Boler
Cecilia P. Bolman
R. Morton Bolman III
Helen R. Bowlin
James R. Breitenbucher
Nathan A. Brennaman
Beverly A. Bridges
Corinne M. Daly
Anne M. Damon
Kathleen K. Davies
Carol L. DeMann
Sandra S. Deinard
Del Health Care
Lorraine B. Dennis
Kelly M. Derby
Martha E. Dew

“Welcome to the world of nursing—be proud—work hard—make wise decisions. Life is precious.”
Betty Fredrickson, Class of 1946

Judy A. Brink
Melvin L. Brown
Helen Bruce
Mary Jo M. Brun
Raymond W. Bullick
Carol L. Busman
Marjorie L. Byrne
Sandra L. Caligiuri
Amy M. Card
Eileen Carlson
Kathleen H. Chafey
Arlis H. Christenson
Dale L. Christenson
John H. Christopherson
Margaret L. Cleveland
Virginia B. Clifford
Sarah A. Cochrane
Linda K. Coleman
Shirley A. Conn
Jill E. Cordes
Charles E. Coryell
Nancy J. Coryell
M. Jean Craemer
Julia M. Cross
Susan K. Dewey-Hammer
Rosemary K. Dickhausen
Bernice E. M. Dickson
Christopher K. Dietz
R. Scott Dyer
Ruth A. M. Dyer
Lou A. Dykstra
Robert Dykstra
Eileen F. Dzubay
Mary K. Eberley
Ruth M. Elvig
Phyllis R. Engstrom
Robert E. Engstrom
Carley J. Engwall
Rebecca J. Enos
Gretchen L. Erpelding
Edward A. Fagerlund
Kathleen A. Fagerlund
Charles J. Farho
Joyce E. Farho
Mary A. Fautsch
Joan M. Fee
Karen S. Feldt
Walter R. Fetterley

“Congratulations on choosing nursing as your career! It has been more rewarding, satisfying, challenging, and fulfilling than I could have ever hoped for. I love it and I’m sure you will, too! Best wishes and good luck!”
Anna E. Rutherford, Class of 2002
“You have worked hard both to get in to the nursing school and to graduate. Use the skills you have learned to be an advocate for your patients! Congratulations.”

Jeanne Rice, Class of 1980

Carol L. Hamlin
Gregory P. Hamlin
Barbara J. Hanks
Betty J. Hanna
Jeni M. Hansen
Mary R. Hanstad
Kim T. Hara
Judith L. Harris
Ruby C. Hass
Ruth L. Hass
Kathryn D. Hathaway
Meri E. Hauge
Jan K. Haugland
Lisa M. Have
Ronald A. Have
Judith A. Haviland
Mary R. Hayes
Miriam R. Hazzard
Margaret J. Hegge
James E. Heimer
Michael R. Heller
Susan M. Heller
Marilyn Z. Hempstead
Linda M. Herrick
Avis M. High
Burke A. Hill
Frances M. Hirsch
Susan E. Hirst Ketcham
Rudolph K. Hoagberg
Frances M. Hoffman
J. Adele Hoglin
Megan Holmerg
Lorine M. Holshuh

Daniel D. Hoolihan
Rosemary M. Hoolihan
Laura Horn
Sharon M. Huber
Laddie W. Hughes
Henry G. Ingersoll
Marsha P. Ingersoll
Carol Irmiter
Richard J. Irmiter
Cynthia A. Jacobson
Helen M. Jameson
Jean J. Jasienski
Cecelia B. Jennewein
Charlotte K. Jensen
Dale Joel
Coral S. Joffer
Betty J. Johnson
Betty M. Johnson
Donald L. Johnson
Edna E. Johnson
Elizabeth M. Johnson
J. Stanley & Mary W. Johnson Family Fdn.
Joanne L. Johnson
Mary T. Johnson
Phyllis L. Johnson
Scott D. Johnson
Martha A. Jones
Jo Anne Judge-Dietz
Katherine J. Justus
Catherine J. Juve
Ruth C. Kahn
Gerald R. Kajander

Rebecca L. Kajander
Barbara S. Kaminski
Illola F. Keefe
Kristen A. Keirsey
Verliss L. Keller-Miller
Ann W. Kelly
Colette B. Kerlin
Marilyn A. Kerssen
Steven L. Kidd
Wendy E. Kidd
Elinor K. Kikugawa
Andrew W. Kiragu
Margaret L. Kirkpatrick
Linda G. Klammer
Karl O. Knollmueller
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“You may give as much as you receive! Enjoy!”

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“I am so glad that you have chosen nursing and the nursing field as your career. There is a great deal to do there and you’ll find your skills are always in demand. I hope and pray you love it!”  

Diane A. Johnson, Class of 1967

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Diane A. Johnson, Class of 1967

“The education you have received has prepared you well for the challenges of our times. Keep learning and promoting nursing!”  

Linda Wenkel, Class of 1967
Always remember the sacrifice and hard work that brought you to this day. Use your talents wisely. Be proud of your accomplishments.

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“I hope you have a long satisfying career in nursing. Make the world a better place—one person at a time.”
Jean Norrbom, Class of 1957

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Jean Norrbom, Class of 1957

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Every gift is important. If we have inadvertently omitted your name or misrepresented your contribution (made between July 1, 2006 and June 30, 2007, please be sure to let us know. Contact Laurel Mallon at 612-624-2490 or mallo001@umn.edu for more information.

“Nursing is not made of years— but of moments. Enjoy them all!”
Ellen McCay, Class of 1981 & 1983

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“This is an awesome time in your life when one chapter ends and an exciting new one begins. Take hold of this moment with confidence and a great sense of accomplishment. Congratulations!”
Sarah Dorff, Class of 2005

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NURSING FOUNDATION
April 11

**SCHOOL OF NURSING**

**RESEARCH DAY**

Pathways to Health: Building Knowledge through Partnerships
Presentations by researchers from the University of Minnesota School of Nursing and community partners. Poster displays including student posters throughout the day.

Keynote by Jacqueline Dunbar-Jacob, PhD, RN, FAAN, internationally recognized nurse researcher from the University Of Pittsburgh School Of Nursing.

<table>
<thead>
<tr>
<th>9 a.m.–4 p.m.</th>
<th>Research Day presentations; keynote at 9:15 a.m.</th>
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<tr>
<td>4–5:30 p.m.</td>
<td>Reception for School of Nursing alumni, retired and current faculty and Sigma Theta Tau members</td>
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McNamara Alumni Center
Register by April 2, 2008.
For more information, go to www.nursing.umn.edu

**NURSING HERITAGE RECEPTION**
Heritage Gallery, McNamara Alumni Center
4–5:30 p.m.

Join Dean Delaney, reunion classmates, current and former faculty and members of the Sigma Theta Tau for appetizers in the grand and historic Heritage Gallery. Enjoy historical University and School of Nursing memorabilia while reconnecting and relaxing with friends.

April 12

**SCHOOL OF NURSING**

**ALUMNI SPRING CELEBRATION**

A Fashionable Walk through Nursing History
Join friends and colleagues for this special event featuring nursing uniforms and vintage fashion throughout the decades. Historical milestones of the School and reunion class memories will be woven into the fashion event. School of Nursing alumni, retired and current faculty, students and friends are invited to attend. Classes of 1948, 1958, and 1983 will receive special recognition.

| 11 a.m. | Registration, silent auction & vintage jewelry sale |
| 11:30 a.m. | Dean’s welcome, introduction of reunion classes |
| Noon | A Fashionable Walk through Nursing History
• Lunch featuring food through the eras
• Nursing uniforms and high fashion of the decades modeled by alumni and students; narrated by Dr. Joanne Disch, director, Katharine J. Densford International Center for Nursing Leadership
• Live music from the eras |
| 1:45 p.m. | Fashion parade of guests in vintage attire |
| 1:50 p.m. | Reunion class photos, tours of the School of Nursing |
2007

December 14
Master of Nursing & Doctorate of Nursing Practice Commencement

2008

January 11
Minnesota Tiger Summit: Preparing for 2010

January 31
Community Forum: A Nursing Perspective on Health Care Reform

February 8
Lighting the Lamp Ceremony

February 29
Nurse Practitioner/Midwife Student Conference

April 8
Florence Schorski Wald Lecture

April 11
Nursing Research Day

April 12
Alumni Spring Celebration

May 15
BSN Commencement

2009

Centennial Year