Prepare to LAUNCH

Professor Sieving brings a teen pregnancy prevention program to scale

13 Program evaluation: a research niche grounded in partnership
17 Predicting patients’ potential for violence
19 Leading the way in nursing informatics
6 Prepare to launch
Professor Sieving brings a teen pregnancy prevention program to scale

10 A healthy habit
New research suggests family meals may curb childhood obesity

14 A new perspective on women’s health
DNP students see familiar, new health challenges in Brazil

22 Nursing inventors
Nurses are well-positioned to invent products that improve patient care

38 School health leader paves way for healthy, lifelong learners
Heiman named School Nurse Administrator of the Year

SECTIONS
04 From the Dean
06 Research
14 Education
19 Outreach
25 Center News
29 School News
38 Alumni News
43 Development News

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Mind, body, spirit

Doctor of Nursing Practice students, from left, Katelyn Erickson, Kristin Kelly and Yingying Chen practice acupressure, a healing technique using pressure, during an Integrative Health and Healing class. The Integrative Health and Healing specialty is the first of its kind in the country, and provides a strong foundation for nursing leadership and expertise in integrative health.
Dear Friends and Colleagues:

When the Institute of Medicine released the *Future of Nursing: Leading Change, Advancing Health* report in 2010, it gave voice to many who recognized the central role nursing plays in transforming health care. In December 2015, *Assessing Progress on the IOM Report The Future of Nursing* was released and illustrates how far we have come together in just five years.

The report’s initial recommendations became the springboard for strategic initiatives across the country. By articulating how nurses can contribute more fully to the triple aim of a better patient experience, improved outcomes and lower costs, the recommendations provided a road map for future-oriented schools and systems.

In Minnesota we advanced the recommendations on many fronts. Two examples:

- **Removing scope of practice barriers:** Minnesota became the 19th state to grant advanced practice nurses the authority to practice to the full scope of their education and license. The change facilitated the opening of the University of Minnesota’s first nurse-led primary care clinic.

- **Doubling the number of doctorally-prepared nurses:** Anticipating future health needs, the school replaced its Master of Science in Nursing program with the Doctor of Nursing Practice program in 2007. Now ours is the largest DNP program with an on-campus component in the country with more than 350 students.

We celebrate the progress that is well documented in the 2015 IOM progress report. Perhaps even more compelling is the progress over the past five years are the latest challenges posed to us in the 2015 report. This distinguished progress report committee advises the nursing community to generate better nursing workforce data and make diversity and cultural competence top priorities.

Most insightful, I believe, is the call to broaden the base for support of true team-based care. The concept of interprofessional care is not new; however, our approach and presumptions as nurses deserve a fresh look.

Let ours not be a nursing revolution, but rather a patient care revolution. We would be wise to let go of old hierarchical perceptions and boldly assume our seat at the table. We must intensify our strategies to reach out to physicians, pharmacists, administrators, dental professionals, policy makers and other colleagues as true partners with the patient in charge and at the center.

Thank you to so many who have advanced the agenda, particularly the Robert Wood Johnson Foundation. With progress underway and more barriers removed, it’s our call to courageous action and unbending expectations for the best for patients, families and communities.

**FROM THE DEAN**

**True team-based care**

“Collaboration requires all members of a team working to their full potential on behalf of the patient and with respect for the contributions of other professions to the work ... all health care professionals will need to work together to plan how to attain this goal.”

*Assessing Progress on the IOM Report The Future of Nursing*

As an integrative therapies program manager, Megan Voss, DNP, RN, works closely with physicians in the Pediatric Blood and Marrow Transplantation Unit at Masonic Children’s Hospital in Minneapolis, Minnesota. Young patients and their families come from around the world for experimental treatments that offer hope and also bring potentially catastrophic risks. With a Doctor of Nursing Practice degree in integrative health and healing, Voss is able to support sick children in partnership with the full care team.

“We have a collaborative team approach to care that results in more contributions from multiple disciplines to benefit the patient. We rely on each other’s areas of expertise to offer the patient a wider array of treatment options and create a seamless care system for the patient as much as possible.”

– Diana Drake, DNP, APRN, WHNP-BC

“The feeling is mutual

Clinical Associate Professor Mary Benbenek, PhD, APRN, FNP-BC, CPNP, and family practice physician Ryan Kelly, MD, co-manage patients at the Community University Health Care Clinic, a primary care clinic in an underserved neighborhood of Minneapolis.

“Dr. Kelly is knowledgeable in the acute management of chronic diseases, which is very helpful in those scenarios when patients are developing unstable conditions. He welcomes questions and offers input into long-term management. I provide primary care while freeing him to manage those more acute patients requiring more complex medical care. Two heads are usually better than one.”

– Mary Benbenek, PhD, APRN, FNP-BC, CPNP

Two days each week, Clinical Assistant Professor Diana Drake, DNP, APRN, WHNP-BC, sees patients at the Women’s Health Specialists Clinic at the University of Minnesota, where she serves as one of four members of the clinic’s interprofessional leadership team. She and Carrie Terrell, MD, care for women across the lifespan who have a range of health interests and needs.

“We have a collaborative team approach to care that results in more contributions from multiple disciplines to benefit the patient. We rely on each other’s areas of expertise to offer the patient a wider array of treatment options and create a seamless care system for the patient as much as possible.”

– Diana Drake, DNP, APRN, WHNP-BC

“Diana’s expertise in holistic health and integrative approaches helps us offer patients more options for wellness optimization and management of acute or chronic disease.

– Carrie Terrell, MD

“While I design trials and implement complex treatment plans, Megan brings comfort through healing touch, acupressure and other approaches. She is focused on the whole patient. Together, we find ways to heal the sick child. While I focus on finding a curative intervention for the disease, Megan teaches them how to heal from within. Our kids and their families need both; not one more than the other.”

– John Wagner, MD

– Carrie Terrell, MD
Professor Renee Sieving, PhD, RN, FAAN, FSAHM, is getting calls from like-minded strangers around the country.

When the teen pregnancy prevention program she and her team developed was recently added to two federal short lists of effective intervention programs, organizations from five states contacted her to learn more.

Sieving’s program was catapulted into the national spotlight last year when the U.S. Department of Health and Human Services identified it as a teen pregnancy prevention program meeting the highest standards for rigor and effectiveness. At about the same time, the Centers for Disease Control and Prevention added the program to its published list of interventions for preventing sexually transmitted diseases.

“While these federal lists have existed for several years, now the federal government is linking substantial funding to the replication of evidence-based programs that have been reviewed and met certain standards,” Sieving said. “It’s exciting to see our program acknowledged.”

Last year $65 million was awarded to organizations and agencies across the country to implement evidence-based pregnancy prevention programs like Sieving’s as part of a broader strategy by the Department of Health and Human Services to more closely align federal resources with results. “The goal is to make the best use of government spending by investing in programs that have the strongest research evidence,” said Brian Goesling, associate director of Human Services Research for Mathematica Policy Research, the firm conducting the evidence review for the Department of Health and Human Services. “The Obama administration picked teen pregnancy prevention as one area to feature this new policy approach.”

continued on page 8
A YOUTH DEVELOPMENT MODEL THAT WORKS

The teen pregnancy prevention program, called Prime Time, was implemented as an 18-month intervention in a randomized trial involving 253 adolescent girls at four sites in Minnesota. The program is designed to be implemented by clinics that serve teens who are at high risk for pregnancy. The program’s aim is to reduce two primary precursors to teen pregnancy, specifically risky sexual behaviors and disconnection from school.

Sieving and her colleagues developed the model, informed by research and Sieving’s 20 years of experience as a nurse practitioner in adolescent health. “As a practitioner, I saw firsthand the shortcomings of a health care system that only reacted to problems,” Sieving said. “I had a sense that we could do more to help these girls develop their capacity to make wise choices for themselves and that we could demonstrate the return on such an investment.”

The Prime Time program engages teens in monthly one-on-one case
management sessions for 18 months. The sessions focus on social and emotional skills, healthy relationships, responsible sexual behaviors and positive family, school and community involvement. In addition, each teen is involved in training to be a designated peer educator.

THE PROGRAM’S RESULTS
In a randomized trial, Prime Time participants reported significantly greater use of dual contraceptive methods for a full year after the program concluded. Also a year after the program ended, the percentage of participants reporting they abstained from sex for the previous six months was three times higher than a control group. Participants also reported significantly greater involvement in education. Of the program participants who completed high school, 72 percent reported being enrolled in college or technical school versus 37 percent of control group participants.

These findings combined with the well-designed model and rigorous evaluation contributed to the program being listed as one of just 23 pregnancy prevention programs meeting the highest standard for evidence review.

“A well-designed randomized controlled trial is considered the ‘gold standard’ in evaluation research,” said Goesling. “To meet the highest standard, the evidence must also show that the program changed the actual behaviors of study participants, not just their attitudes and intentions.”

With inquiries about the program coming in from near and far, Sieving has paused subsequent research and pivoted to developing comprehensive materials for agencies interested in implementing Prime Time in their communities. A three-day training and user-friendly intervention manuals are being developed to ensure that little is left open to interpretation for those implementing the model in their communities. A national distribution firm will promote the program and market the manuals.

NO SHORTCUTS
Sieving says her new role in taking a program to scale differs from her work as a researcher in that the translational work involves even more detailed documentation of all aspects of the program. She is immersed in learning the business aspects of taking a product to the national marketplace.

“Our materials address every detail, such as the experience and qualifications of program staff, the structure of the program and appropriate caseloads for staff,” said Sieving. “The quality of program delivery as it is implemented by groups across the country will impact youth outcomes.”

Compared to many other programs on the federal government’s lists of evidence-based prevention programs, Prime Time provides more personalized services and extensive asset development for each participant. The total estimated cost of implementing the program is $2,800 per participant.

“There are no easy answers or quick fixes to preventing early pregnancy among vulnerable adolescents,” said Sieving. “This program showed results because the investment in young people’s positive development was real.”

Sieving is eager to return to her research to refine approaches to preventing risky sexual behaviors. In the meantime, she is excited about the prospect of meeting more like-minded people from around the country who are interested in having a lasting positive impact on youths’ lives.

Prime Time program development and research were funded by the National Institute of Nursing Research at the National Institutes of Health and the Centers for Disease Control and Prevention. Training and materials are being developed with funds from the University of Minnesota’s Center for Translational Sciences Institute and the Centers for Disease Control and Prevention.
Most parents know the struggle of preparing dinner and getting the family together around the table.

Busy schedules, evening activities, errands and the lure of technology are all barriers to a family sit-down dinner, an activity that research shows strengthens families.

While creating a family-centric meal might be difficult, parents now have another reason to make it happen while their children are young. New research suggests that having family meals with your children before they enter puberty holds promise for curbing obesity.

Professor Jayne Fulkerson, PhD, found that preparing and eating healthy meals together may prevent excess weight gain in younger children. The research was published recently in the International Journal of Behavioral Nutrition and Physical Activity.

“The research results suggest if younger children eat frequent and healthful meals with their families, they may be less likely to gain excess weight as they grow,” Fulkerson said.

The HOME Plus study is the first randomized controlled trial to test a family meals-focused program to prevent excess weight gain. The study involved 160 children, ages 8 to 12, and their parents or guardians. Parent surveys and child body mass index checks were performed at the beginning and end of the program, as well as nine months after the conclusion of the program. Families assigned to the HOME Plus program participated in 10 monthly family group sessions and five goal-setting phone calls. Families assigned to the control group received only a nutrition newsletter highlighting healthy family habits.

The HOME Plus study found children participating in the HOME Plus program who had not started puberty gained less weight compared to children who did not participate in the family meals-focused program.

The significant effect among prepubescent children suggests the intervention may be more effective with younger children. Program participants who had started puberty did not see significant differences in excess weight gain compared to the control group.

“Additional research to confirm the effectiveness of the program specifically for prepubescent children is needed,” Fulkerson said.

Fulkerson hopes these results will encourage parents to make family meals a priority and teach their children how to create healthy meals in the process.

“Teaching children how to prepare healthy meals and snacks gives them a life skill that can promote a lifetime habit of healthy eating,” Fulkerson said.

The study was funded by the National Institute of Diabetes and Digestive Kidney Disease of the National Institutes of Health.
Professor Jayne Fulkerson, PhD, found that preparing and eating healthy meals as a family may prevent excess weight gain in younger children.

“Teaching children how to prepare healthy meals and snacks gives them a life skill that can promote a lifetime habit of healthy eating.”
Professor Christine Mueller, PhD, RN, FGSA, FAAN
When the state of Minnesota invested $18 million in a new funding model designed to incentivize quality and safety in nursing homes, state officials were eager to objectively gauge its effectiveness. The University of Minnesota was a logical partner.

Once the state’s program was underway, Professor Christine Mueller, PhD, RN, FGSA, FAAN, worked with her research team to evaluate how the model impacted participating nursing homes across Minnesota. The team included researchers with expertise in nursing, aging, public health and management at three universities. “The results of a good program evaluation can play an important role in informing policy and program development,” said Mueller, associate dean for the School of Nursing. “There is growing demand for program evaluation. To be effective, this work must be highly collaborative.”

Mueller, who holds the Long Term Care Professorship in Nursing, has dedicated much of her career to researching nursing home quality, safety and staffing.

Nursing home costs are increasingly straining family finances and state budgets as the nation’s population over age 65 soars. Yet universal directives for reducing costs and improving quality of care can be difficult to enforce across diverse care centers and settings.

A PROGRAM EXPERIMENT
The Minnesota program, called Performance-Based Incentive Payment Program (PIPP), began as an experiment initiated by the Minnesota Department of Human Services. By awarding long-term care facilities funding up front for their plans to improve outcomes in specific areas, the state hoped to leverage more grassroots ideas and engagement from the people who understand the operations and the residents’ needs best.

The research team was involved in evaluating and refining the program. The team evaluated the improvement of quality in nursing homes on more than a dozen measures ranging from fall reduction to wound prevention to pain management to the reduction in use of antipsychotic medications. The team was charged with determining whether this incentive-funding approach had broad appeal, or if it was attracting primarily facilities with the most resources or the best performance.

“The capacity to improve quality in nursing homes has dramatically increased as a result of this innovative state program,” said Mueller. “Many of the quality improvement efforts in nursing homes that have been selected for the program are led by nurses.”

Because facilities submitting proposals identified their own improvement goals, program administrators sought to understand whether progress on other quality measures decreased when a focus was placed on just one or two quality measures. The team measured effectiveness through a range of quantitative and qualitative evaluation strategies, including federal Medicaid reporting, interviews, site visits and discussions with participating facilities.

A LONG-TERM PARTNERSHIP
“Collaboration with the University has resulted in a transparent evaluation of our programs and guides policy direction and future investments by our agency in supporting quality improvement in nursing homes,” said Valerie Cooke, program manager with the Minnesota Department of Human Services. “Christine and her team have established strong credibility and trust with nursing home staff and many welcome them into their facilities.”

Now in its seventh year, the PIPP program is admired nationally for its competitive approach, innovative funding mechanisms and outcomes. The program is credited for contributing to Minnesota’s high ratings on nursing home quality. The evaluation team continues to be involved in improving this and other state-funded care services.

The initial program evaluation of the PIPP program was funded with a grant from the Agency for Healthcare Research and Quality. Subsequent evaluation work was funded by the state of Minnesota.
“We’re really looking at Afro-Brazilian women and what their experiences are.”

– Professor Diana Drake
A new perspective on women’s health

DNP students see familiar, new health challenges in Brazil

by Brett Stursa

Nine students in the women’s health nurse practitioner and family nurse practitioner specialties of the Doctor of Nursing Practice program immersed themselves in a variety of the health care settings throughout the port city of Salvador da Bahia, Brazil to gain an international perspective of health care during a practicum for the School of Nursing.

While the school has a long tradition of global programming with prelicensure students, this was one of the first times the school offered the opportunity to doctoral students. “An international view of women’s health really enhances the DNP program,” said Clinical Assistant Professor Diana Drake, DNP, APRN, WHNP-BC. “I really believe we are better providers if we’ve experienced a global view of health care.”

Melissa Jones, a women’s health nurse practitioner student, was eager to gain an international perspective on women’s health to expand her knowledge of diverse health care practices and approaches in different cultures. “I hope that by drawing on global women’s health experiences, in addition to my local women’s health experiences, I will be a more culturally competent health care provider,” Jones said.

While in Brazil, they made community home care visits and held a health fair in the Quilombo village. “The health fair was an incredible experience to interact with individuals from a completely different background than our own, yet so seamlessly be able to connect with them about their health,” said Jones.

continued on page 16

DNP students and faculty discuss the connection between healing and spiritual beliefs in alternative health care with Mãe de Santo Makota Valdina, a leader in the Candomblé community.
The students experienced alternative healing in the Candomblé tradition. They observed health care within the prison system and spoke with sex workers at Forca Feminina, a center that supports sex workers.

“We’re really looking at Afro-Brazilian women and what their experiences are,” said Drake.

Each student was given a fictitious patient case set in Brazil that was built and examined throughout the experience. They gave presentations on their experiences and patient cases after they returned from the 10-day practicum.

While this was one of the doctoral-level immersion offered by the School of Nursing, it won’t be the last. In March, a DNP practicum was offered in rural Honduras. Ten nurse practitioner students and two faculty went to Santa Lucia, Intibuca in Honduras, and Drake is already thinking about the next practicum in Brazil.

Above right, students tour the Penitentiary Lemps de Brito to get an understanding of health care in prison. Right, DNP students and faculty, along with a community nurse, provide hypertension and diabetes screenings during the Quilombo Community Health Fair. Below, a woman waves goodbye to DNP students and a community agent after a home health care visit in the town of Cachoeira.

continued from page 15
The need to better assess a patient’s risk for acting violently was clear to Jamie Giles, a psychiatric nurse at Regions Hospital in St. Paul, Minnesota. From graphic news reports of nurses being physically assaulted to stories colleagues shared and incidents Giles witnessed herself, the evidence was convincing. “It’s scary,” said Giles. “There has been increasing violence occurring over the last couple of years.”

As a student in the psychiatric/mental health nurse practitioner specialty of the Doctor of Nursing Practice program, Giles knew that literature supported the use of risk assessments in predicting patients’ potential for violent acts, but she saw a gap in the use of such tools. Giles hoped to close the gap by implementing a risk assessment at Regions Hospital. The work met the DNP program requirement to develop and implement an evidence-based project to advance system level change.

“A lot of people coming in are going through some of the hardest times of their lives and to walk with them as they heal is just something that is so rewarding,” said Giles. “But working in the mental health field, especially inpatient mental health, there is definitely a risk of patients being violent on the unit. It is an issue that needs to be addressed.”

**IMPLEMENTING THE ASSESSMENT**

Giles worked with the workplace violence committee at Regions Hospital to create a violence risk assessment tool. It includes seven behaviors to assess, including irritability, agitation, history of violence, making threats and attacking objects. The assessment doesn’t require nurses to use a scale or range, only to determine whether behaviors are present or not. Each behavior that is exhibited is given a score, and the numbers are added to determine the risk for violence. The levels range from low, medium and high to severe. There are suggested interventions for each risk level, which can be as simple as giving the patient gum for low risk to physical restraints or administering medications as needed for severe risk assessments.

Giles worked with more than 200 nurses on four units to implement the use of the assessment. The project was piloted on the mental health unit, two medical units and the psychiatric pod of the emergency department. She created online education to teach nurses how to complete the assessment and worked with the hospital’s information technology department so that nurses could chart their patients’ risk assessment in their electronic health records. Assessments were made every shift throughout the patients’ entire hospital stay.

*continued on page 18*
The pilot went well enough that Regions Hospital adopted it hospital-wide and other hospitals want to use it. “It’s gone really far,” said Giles. “It’s great to see how useful it is.”

**ASSESSING THE RESULTS**

Giles’ project had four aims: increase nurses’ comfort in identifying patients who are at risk of being violent, increase nurses’ confidence in knowledge of risk behavior, increase their competency regarding de-escalation and increase the use of nursing interventions. Pre- and post-pilot surveys demonstrated a statistically significant change in the number of nurses who felt “very confident” in their knowledge to recognize patient behaviors with potential for violence. “Findings from this project support implementing a violence risk assessment for nurses use to help increase nurses’ confidence in their knowledge of patient behaviors that increase potential for violence,” said Giles.

After conducting a chart audit, Giles determined the highest risk of violence, on average, occurred after a week stay. The finding was notable to Giles, as some research suggests stopping assessments after three days.

“The scope of her work, bringing four inpatient units together to pilot this risk assessment, is a huge accomplishment,” said Associate Professor Merrie Kaas, PhD, APRN, PMHCNS, FGSA, FAAN. “She developed and tested her leadership skills as a doctorally-prepared mental health nurse leader.”

Since completing the project and graduating with a DNP degree in 2015, Giles began work as a nurse practitioner in an outpatient mental health clinic in Plymouth. “It’s been very, very rewarding,” said Giles, about her experience implementing the assessment. “I am so thankful that people actually got something out of this and it is helping them improve their everyday practice.”
More than 3,000 faculty, nurse educators and clinical nurses participated in workshops and webinars taught by nursing informatics experts from the University of Minnesota School of Nursing over the last three years thanks to grants totaling $865,000 from the Gordon and Betty Moore Foundation. The grants allowed the school to develop resources such as free courses, webinars, workshops and a website to inform nursing faculty throughout the country on the standards and methods essential to teaching nursing informatics.

“There is a tremendous need to increase the number of nursing school faculty prepared to teach nursing informatics,” said Tom Clancy, PhD, MBA, RN, FAAN, associate dean for faculty practice, partnerships and professional development. “Nationally, faculty kept saying they don’t understand how to teach nursing informatics. They are required to teach it but they didn’t understand how to teach it.”

The School of Nursing was quick to partner with the American Association of Colleges of Nursing to offer its expertise on the topic, knowing nursing informatics is essential to improving the safety and quality of care nurses provide. While the Moore Foundation grant ended in 2015, the school is committed to sustaining the workshops, webinars and academic courses.

The school’s leadership in developing nursing informatics curriculum is just one of many efforts undertaken by the school to advance nursing informatics.
Leadership on national informatics organizations

**CONNIE WHITE DELANEY**
- American Academy of Nursing, Expert Panel on Nursing Informatics member
- AMIA, Nursing Informatics Work Group, past chair
- Alliance for Nursing Informatics, founding co-chair
- AMIA Academic Forum, member
- International Medical Informatics Association, International Nursing Minimum Data Set Task Force chair
- Healthcare Information and Management Systems Society, member
- Midwest Nursing Research Society, Health Systems, Policy and Informatics Research Interest Group, past chair

**BONNIE WESTRA**
- AMIA, member
- Healthcare Information and Management Systems Society, member
- Alliance for Nursing Informatics, past co-chair
- AMIA, Education Committee (2014), Nominating Committee (2013), Symposium Planning Committee chair (2014)
- Minnesota e-Health Advisory Committee (2007–2015), co-chair multiple workgroups
- Consortium on Omaha System International (2001–2015), board member

**TOM CLANCY**
- AMIA (2011-2012) Planning Committee for the National Symposium member

**CHIH-LIN CHI**
- IEEE, International Conference on Healthcare Informatics registration chair
- AMIA, member
- Institute for Operations Research and the Management Sciences, member

**KAREN MONSEN**
- AMIA Academic Forum, chair elect
- Omaha System, board member
- Healthcare Information and Management Systems Society, member
- ANIA-CARING Nursing Informatics Organization, member
- American Academy of Nursing, Expert Panel on Informatics and Technology member
- Midwest Nursing Research Society, Health Systems Policy and Informatics Research Interest Group member
- American Public Health Association, Health Informatics Information Technology Special Interest Group member

**ROBIN AUSTIN**
- AMIA Consumer and Pervasive Health Informatics Working Group, chair elect
- Healthcare Information and Management Systems Society Minnesota Chapter, member
records and that the data are available in sharable, comparable formats to inform care. Dean Connie White Delaney, PhD, RN, FAAN, FACMI saw a need for a conference focused on collaboration, moving away from a tendency to work in silos. “We wanted to create an urgent movement of people working together across traditional boundaries, sharing what they knew,” said Delaney. “The focus is on synergy rather than competitive energies.”

Initiatives and key tasks around education, practice, policies and research are identified at each conference and are advanced throughout the year in 12 committees. “The conference concludes each year with a strong sense of momentum. We have made significant progress, but there is still work to do,” said Delaney.

**ACADEMIC EXCELLENCE**
The school's leadership in nursing informatics is also reflected in its academic programs, with informatics embedded into the prelicensure and doctoral programs. At the doctoral level, the school offers a PhD degree with a focus in informatics as well as a Doctor of Nursing Practice degree with a nursing informatics specialty. The Doctor of Nursing Practice program prepares nurses to utilize and teach effective use of technology in health care. The work hasn't gone unnoticed, with U.S. News and World Report ranking the school's nursing informatics graduate program second in the county.

The Center for Nursing Informatics at the School of Nursing further connects students and faculty through collaborations locally, nationally and internationally. “Nurses and the field of nursing make major contributions to health care. However, as a profession, we need to do a better job of making nursing data more useful for research purposes,” said Associate Professor Bonnie Westra, PhD, RN, FAAN, FACMI. “Our goal at the center is to lead the discovery, application and cutting-edge thinking for nursing and health informatics scholarship to improve the health of individuals and communities.”

Visit [http://z.umn.edu/informaticsresources](http://z.umn.edu/informaticsresources) for more information.
Nursing inventors

Nurses are well-positioned to invent products that improve patient care

Planting Seeds of Innovation participants listen to fellow attendees discuss prototypes they designed.
Casey Hooke, a pediatric clinical nurse specialist, cringes when she sees children walking around the hospital with IV tubing dragging on the floor collecting bacteria. Bringing those germs to their beds, where central line care occurs, increases the risk for infection.

These everyday occurrences inspired Hooke to create a device that keeps IV tubing off the ground. The inspiration came to her when she saw a dog running next to its owner on a bike that had a metal bar mounted on it with a bungee-style leash.

From there, Hooke, an assistant professor at the School of Nursing, collaborated with Teresa Herriage, a Doctor of Nursing Practice student at the time, to create an IV line lifter, which is a flexible device that secures to the IV pole to keep the tubing off the ground. A 2015 clinical project conducted by Herriage showed a significant decrease in contamination when the line lifter was used. A patent application was submitted last fall.

Hooke shared her unlikely journey from a CNS to inventor during Planting Seeds of Innovation, a one-day workshop sponsored by the School of Nursing, University of Minnesota Health and Fairview Health Services, that taught participants about the process of taking an idea to market.

“Nurses are a major untapped source of ideas for improving patient care,” said Clinical Associate Professor Teddie Potter, PhD, RN, FAAN, who heads the health innovation and leadership specialty within the Doctor of Nursing Practice program. “Offering a workshop about this topic empowers nurses to bring to scale the innovations that nurses create to change lives.”

Associate Dean Tom Clancy, PhD, MBA, RN, FAAN, agreed. He and Potter recommended the idea of hosting a workshop to the Nursing Collaboratory, a joint effort of Fairview Health Services, M Health and the School of Nursing that works to develop sustainable solutions to improve health outcomes. "The vision of the collaboratory is to look for ways that we can collaborate on projects that benefit Fairview, M Health and the School of Nursing," said Clancy. “You put faculty, students and working nurses together and that’s the population you want to be innovating.”

With limited advertising, more than 100 people applied to attend the Planting Seeds of Innovation workshop, which was limited to 30 people. “I think nurses have a lot of ideas but they just don’t know how to develop and test them,” said Clancy, explaining the workshop’s popularity. “There is really an entrepreneurial spirit developing right now because you can bring your idea to market.”

Throughout the workshop, which was held in December, participants heard from nurses who were at various stages of taking an idea to market, and they had a chance to design their own device and create a prototype.

“This workshop maintained such an exciting energy throughout the day. Nurses, as innate innovators and inventors, need this type of engaging learning and networking opportunity, and a focus on nursing innovation,” said Anne LaFlamme, DNP, RN, LHIT-HP, chief nursing information officer for Fairview Health Services and M Health. “The partnerships between Fairview and M Health, the School of Nursing, the Densford Center and the Medical Devices Center made this day a huge success.”

As for Hooke, she is still waiting to hear about the patent and is working with a manufacturer to get the IV line lifter on the market for pediatric institutions to purchase. “We’re committed to getting this out to pediatric patients,” said Hooke.
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University of Minnesota
School of Nursing
Registration is now open for the 2016 Nursing Knowledge: Big Data Science Conference June 1-3 in Minneapolis. The Center for Nursing Informatics has led national conversations and strategic initiatives through the conference for the last three years. The 2016 Nursing Knowledge: Big Data Science Conference will continue to advance the inclusion of standardized nursing data, captured in standardized ways and integrated into clinical data repositories for business operations and research.

For the past year, 12 virtual collaborating working groups, composed of national nursing leaders in practice, professional organizations, health policy and education, have demonstrated a concerted effort to shape health policy for including nursing data in the electronic health record, streamline workflow processes, standardize nursing data, and demonstrate the value of using nursing data to effect the quadruple aim of better health, patient outcomes, costs of care and workforce satisfaction.

Examples of activities accomplished by these work groups include developing a compendium on precision nursing and best practices, creating a repository of health information technology policy-related educational tools and resources, collaborating on validation of nursing information models, submitting nursing assessment data for inclusion in national data standards, and providing workshops, conferences and educational resources to scientists, faculty and administrators.

Multiple publications resulted from this effort along with presentations locally, nationally and internationally. Advancing the new quadruple aim, which adds satisfaction of providers, through nursing big data science is possible with the coordinated efforts of so many talented nurse leaders. More information about the conference can be found at http://z.umn.edu/bigdata.
The in/on distinction

One of the goals of the Katharine J. Densford International Center for Nursing Leadership is to educate, coach and build the competency and confidence of nurse leaders to understand themselves, to motivate teams and to transfer nursing wisdom to the next generation of leaders. Part of this competency and confidence is discerning the difference between being in the business of nursing and on the business of nursing.

Such distinctions are well articulated by organizational strategist Chris McGoff, author of *The Primes: How Any Group Can Solve Any Problem*. When working *in* the business, you operate the systems and solve the problems that already exist. When you work *on* the business, your activities either change or transform the business, you bring forth new ways for the business to operate and you produce extraordinary results.

The Nurses on Boards Coalition is working to get more nurses on boards to be both *in* and *on* the business of nursing. Nursing influence on boards is about *on* the business of nursing rather than *in* the business of nursing. The *in/on* distinction helps people see how they can use their nursing knowledge to exert influence and leadership to work *on* the business of nursing and transform the way things are done.

If you want to learn more about board leadership, check out a recently published work *Nurse On Board: Planning your Path to the Board Room* (Sigma Theta Tau International, 2015). In this book, both Professor ad Honorem Joanne Disch and Professor Daniel Pesut share leadership insights about their board leadership experiences.

Building capacity

Anticipating the critical need for nurses who can care for the nation’s rapidly growing older population, the Minnesota Hartford Center of Gerontological Nursing Excellence is preparing new faculty for academic careers in gerontological nursing. Over the past eight years, the center offered career development opportunities, scholarships and travel grants to 33 PhD and DNP students. Of the graduates to date, 75 percent went on to obtain a faculty or faculty affiliate position, and three current students hold faculty positions.

Several graduates hold faculty positions at nursing schools in Minnesota. At the University of Minnesota, Niloufar Niakosari Hadidi, PhD, is an associate professor and coordinator of the Adult-Gerontology Clinical Nurse Specialist specialty within the DNP program. Mary Dierich, PhD, is a clinical associate professor and Dianne Willer-Sly, DNP, is a clinical assistant professor. At Metropolitan State University, Marjorie Webb, DNP, PhD candidate, is an associate professor and chair of the School of Nursing, and at Globe University/Minnesota School of Business, James Friedman, PhD student, serves as program faculty. In greater Minnesota, Denise Meijer, DNP, is an assistant professor at Bemidji State University, Sara McCumber, DNP, is an assistant professor at the College of St. Scholastica, Jack Rydell, DNP, is an associate professor at Concordia College and Tai Sims, DNP, PhD student, is an assistant professor at Minnesota State University – Mankato.

Graduates are also serving on the faculty in schools beyond Minnesota. Arin Van Wormer, PhD, is an assistant professor at the University of Wisconsin-Eau Claire, Paula McNeil, DNP, is an assistant professor at University of Wisconsin-Oshkosh and Audrey Weymiller, PhD, is an assistant professor at the University of Arkansas, Fayetteville.

Thank you to the John A. Hartford Foundation, Jonas Center for Nursing and Veterans Healthcare and our other funding partners who supported our students to become the next generation of academic nurse leaders.
Help for expectant parents with fetal anomaly diagnoses

Expectant parents experience a myriad of emotions related to the impending birth of a child, including a potpourri of joy and excitement mixed perhaps with a touch of trepidation given the unknowns. When a fetal anomaly such as a life-threatening defect of the cardiovascular, digestive or cerebrospinal system is diagnosed, those initial feelings give way to a high level of outright distress. These expectant parents often endure distress that can interfere with their development as caregivers. In the United States, anywhere from 3 to 10 percent of infants are born with major anomalies. Yet, no reliable instruments have been developed to assess expectant parents’ needs or their developmental trajectories as caregivers after such a diagnosis.

In response to this need, Assistant Professor Anne Chevalier McKechnie, PhD, RN, IBCLC, is developing two self-report instruments for expectant parents with major fetal anomaly diagnoses. The first instrument, Communication about Needs and Information of Relevance, captures variations in expectant parents’ perceived personal needs and prompts discussion in a clinical setting before birth. The second instrument, Framing and Reconciling, Agency, and Management of Expectations, measures expectant parents’ psychological and behavioral approaches for managing maternal-fetal health care following a major fetal anomaly diagnosis. McKechnie’s work in this area is supported by recent University of Minnesota Grant In Aid funding, which will include two stages of development and testing. Her work will include cognitive interviews and field-testing with a focus on psychometric properties. She will collaborate with researchers and clinicians in both Minnesota and Wisconsin.

Family stress in the ICU

The primary source of stress for mothers with a child in the intensive care unit and children at home was the constant pull between the hospital and home needs and stressors related to separation, according to research recently completed by Sandra Hagstrom, PhD, APRN, for her dissertation Family Stress in Long-Term Pediatric Critical Care. Hagstrom was a pre-doctoral fellow in the Center for Children with Special Health Care Needs whose research was informed by her expertise in pediatric critical care as an advanced practice nurse leader at University of Minnesota Masonic Children’s Hospital.

Although it is recognized that a child’s admission to the ICU is stressful, little is known about family stress after the initial days in the ICU. This mixed methods study described sources of stress for families whose children remained in the ICU for one week or longer and how stress sources changed over time.

The amount and types of baseline stress varied among families, and their perceptions of success managing previous stressful situations influenced their confidence in how they could effectively deal with the ICU experience. Participants described how stress built over time in the ICU but diminished as uncertainty about their child’s condition decreased. Hagstrom concludes that pediatric nurses need to identify the stressors families in the ICU are facing related to separation, the child’s acute illness, ongoing health care needs and effects on family roles and responsibilities in order to individualize care and best support each family.
Setting a healthy course

A great challenge for parents, guardians, educators and health professionals is how to think about, talk about and guide young people on positive paths toward adulthood, particularly on the topic of sexual health. We understand that adolescence launches a time of intense introspection – about identity, relationships, attitudes, values and behaviors – influenced by cultures and contexts of childhood. And, we know that values and behaviors that determine a healthy course are set well before young people become sexually active.

During the 2016 Adolescent Health Summer Institute Setting a Healthy Course: Talking about Sex in the Middle School Years, learn strategies for engaging young teens and their families in conversations about values and behaviors that set a course toward healthy sexuality. Talk with young people, health professionals and educators who are committed to teaching about sexual health and improving clinical and social services. Consider evidence-based approaches with diverse groups of teens. Gain skills for working across multiple cultures and contexts, and understand the acquisition and influence of gender norms during early adolescence.

The 2016 institute will be July 25–27 at the TIES Event Center, St. Paul, Minnesota and is offered by the School of Nursing Center for Adolescent Nursing in co-sponsorship with Minnesota Departments of Health and Education, UMN Healthy Youth Development • Prevention Research Center and UMN Office for Public Engagement. For further information contact Jenna Baumgartner at baum0272@umn.edu.

Addressing effects of dementia-related illnesses

Alzheimer’s disease affects 100,000 Minnesotans over the age of 65 and that number continues to grow. Center members are at the forefront of leading new state initiatives to improve the care of older adults with dementia and their caregivers. Both projects are funded via a new Minnesota Board on Aging grant program that focuses on helping community organizations raise awareness about Alzheimer’s disease and other forms of dementia.

Using evidence from her National Institutes of Health-funded research program, the FIT-AD Certification Training Program led by Associate Professor Fang Yu, PhD, RN, FAAN, will be a professional development program for exercise providers on how to safely prescribe, implement and evaluate exercise programs for people with memory loss. The ultimate goal of this project is to positively impact the daily lives of people with dementia and slow the progression of the disease through physical fitness. Partners on this program include the University’s Academic Technology Support Services, University Recreational Center, YMCA and Centrex Rehab.

An initiative led by Professor Joseph Gaugler, PhD, will provide ongoing support to family caregivers served through the Minnesota Memory Care Management Center. This new center, housed at the Fairview/U of M School of Nursing dementia care clinic in Burnsville, Minnesota, is offered in collaboration with Fairview Health Services, Alzheimer’s Association and Wilder Foundation. This initiative will enhance care planning and use of community resources. It also will include an advocate team to facilitate culturally-tailored, comprehensive care planning for Hispanic/Latino families.
AWARDS AND HONORS

Clinical Assistant Professor Robin Austin, DNP, DC, RN-BC, was elected chair-elect of the American Medical Informatics Association’s Consumer and Pervasive Health Informatics Working Group.

Chief Administrative Officer Katharine Bonneson, DPA, was awarded CFO of the Year for health care nonprofits by Minneapolis/St. Paul Business Journal.

Clinical Assistant Professor Diana Drake, DNP, APRN, WHNP-BC, received the Inspiring Educator Award from the National Association of Nurse Practitioners in Women’s Health. She was also selected to serve on the National Association of Nurse Practitioners in Women’s Health Board of Directors.

Professor Jayne Fulkerson, PhD, is serving as associate editor of the International Journal of Behavioral Nutrition and Physical Activity.

Professor Kathleen Krichbaum, PhD, RN, ANEF, FGS, FAAN, is the chair of the Academic Health Center Faculty Consultative Committee.

Clinical Assistant Professor Dan Lovinaria, DNP, MBA, APRN, CRNA, is serving as president of the Minnesota Association of Nurse Anesthetists.

Professional development events

Upper Midwest Healthcare Legal Partnership Learning Collaborative Inaugural Conference
March 24
St. Paul, Minnesota

Florence Schorske Wald Lectureship on Palliative Care and Hospice Care
April 10
Bloomington, Minnesota

2016 Minnesota Network of Hospice & Palliative Care Annual Conference
April 11-12
Bloomington, Minnesota

School of Nursing Research Day
April 22
Minneapolis, Minnesota

Medical Cannabis: Clinical Applications and Evidence
April 28
Minneapolis, Minnesota

Bariatric Education Days 2016
May 25
Bloomington, Minnesota

Care Across the Continuum: A Trauma and Critical Care Conference
Sept. 20
Plymouth, Minnesota

American Nurses Credentialing Center contact hours offered. See www.nursing.umn.edu/continuing-professional-development for more information.

CALENDAR OF EVENTS
BRIEFLY

School, M Health make joint hire

The School of Nursing and University of Minnesota Health appointed Mary Fran Tracy to the new joint position of associate professor/nurse scientist. This unique position is intended to create synergy between the two organizations to advance nursing research and scholarship. Tracy earned a bachelor’s degree from the University of Iowa and a master’s degree and PhD in Nursing from the University of Minnesota.

Dental service added to the menu at clinic

Delta Dental of Minnesota Foundation awarded a $275,000 grant to the School of Dentistry to integrate dental service in the University of Minnesota Health Nurse Practitioners Clinic, which is run by the School of Nursing. “New research is showing that oral disease is a cause or a contributing cause to chronic diseases like diabetes and heart disease,” said Tom Clancy, PhD, MBA, RN, FAAN, associate dean for faculty practice, partnerships and professional development. “If someone comes in with dental issues, we’ll try to identify if they have other health issues that should be addressed, and we will be developing a joint assessment.” The dental service will begin this year.

Patients will soon be able to receive dental service at the Nurse Practitioners Clinic.

DNP courses receive national recognition

The school had its first two online Doctor of Nursing Practice courses, Systems Leadership and Innovation and Science of Nursing Intervention, Quality Matters certified. For a course to receive the national certification, it has to undergo a review by a Quality Matters review team. The school’s goal is to have all the DNP core courses Quality Matters certified.

NEW APPOINTMENTS

Brittany Gregorich joined the school as a data collection and intervention assistant. She is assisting in recruitment, data collection and delivery of the intervention for the HOME Plus study. She earned a bachelor’s degree from the University of Wisconsin-River Falls in exercise and sport science and is pursuing a master’s degree in public health at the U of M.

Becky Kunz joined the school as a cooperative assistant for the Population Health and Systems cooperative unit. Most recently Kunz was a program coordinator for University of Minnesota Extension’s Center of Youth Development. She has a master’s degree in organizational leadership from the University of Northwestern and a bachelor’s degree in psychology and outdoor recreation and education.

Karl Olson joined the school as a clinical assistant professor and has a faculty practice at Community-University Health Care Center. He earned a Doctor of Nursing Practice degree from the University of Minnesota and is a certified psychiatric-mental health nurse practitioner.

Amy Palmer joined the school as a clinical placement coordinator in the Office of Academic Programs. She assists with Doctor of Nursing Practice student placements. Palmer earned a bachelor’s degree in English and history at the University of Minnesota and is pursuing a master’s degree in higher education at the U of M.

Angela Thul joined the school as an executive assistant working with the chief administrative officer and the assistant dean for faculty practices, partnership and professional development. She earned a master’s degree in public administration from Hamline University and a bachelor’s degree in political science from the University of Minnesota-Twin Cities.
EXTRAMURAL GRANT AWARDS

FACULTY PRINCIPAL INVESTIGATORS

CALENDAR YEAR 2015

Avery, Melissa
Advanced Nursing Education Health Resources and Services Administration

Avery, Melissa
Assuring Quality and Diversity in Advanced Practice Nursing Health Resources and Services Administration

Bearinger, Linda
MN Knowledge to Practice in Adolescent Health (MN-KPAH) (T21) Health Resources and Services Administration

Bliss, Donna
Skin pH Modulation Through Curled Fiber in Incontinence Briefs Hartmann USA, Inc.

Bliss, Donna
Disparities in Incontinence and Perineal Skin Damage in Nursing Home Elderly (R01) National Institute of Nursing Research / National Institutes of Health

Cheung, Corjena
Yoga versus Aerobic and Strengthening Exercises for Managing Osteoarthritis University of Iowa / John A. Hartford Foundation (Prime)

Cheung, Corjena and Talley, Kristine Wise and Well (D2D) Clinical and Translational Science Institute (CTSI)

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

Clancy, Thomas
Integrating Healthcare Informatics into Quality and Safety Education for Nursing Students Gordon and Betty Moore Foundation

Delaney, Connie White
University of Pittsburgh Clinical and Translational Science University of Pittsburgh / National Institutes of Health (Prime)

Delaney, Connie White
Greater Plains Collaborative Clinical Data Research Network University of Kansas Medical Center / Patient-Centered Outcomes Research Institute (PCORI) (Prime)

Fulkerson, Jayne
Childhood Obesity Prevention in Rural Minnesota (COPRMC) (D2D) Clinical and Translational Science Institute (CTSI)

Fulkerson, Jayne
Healthy Home Offerings via the Mealtime Environment (HOME) (R01) National Institute of Diabetes and Digestive and Kidney Diseases / National Institutes of Health

Fulkerson, Jayne
Futures of Nursing Scholars Robert Wood Johnson Foundation

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

Fulkerson, Jayne
Parents and Kids Prevent Diabetes University of Minnesota Foundation / Olafson Trust

Gaugler, Joseph
A Proactive Health Monitoring Intervention for Dementia Caregivers: The eNeighbor (R18) Agency for Healthcare Research and Quality / U.S. Department of Health and Human Services

Gaugler, Joseph
Comparative Effectiveness of Dementia Caregiver Interventions: Towards a Person-Centered Care Planning Tool (K18) Agency for Healthcare Research and Quality / U.S. Department of Health and Human Services

Gaugler, Joseph
Social Support Aid for People with Dementia (SBIR) American Medical Electronics Corporation / National Institutes of Health (Prime)

Gaugler, Joseph
Creating Objects with 3D Printers to Stimulate Reminiscing for Memory Loss (SBIR) Moai Technologies / National Institute on Aging / National Institutes of Health (Prime)

Gaugler, Joseph
Memory Matters: A Mobile Aid to Stimulate Reminiscing in Person with Memory Loss (SBIR) Moai Technologies / National Institutes of Health (Prime)

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

Gaugler, Joseph
Living Well with Memory Partners University of Wisconsin-Madison

Hooke, Mary
KAM: Kids are Moving: an Exercise Program for Children with Cancer Alex's Lemonade Stand Foundation

Hooke, Mary
Phenotypic and Genotypic Associations with Symptom Clusters Duke University / National Institutes of Health (Prime)

Kaas, Merrie
Enhancing Interprofessional Integrative Psychiatric/Mental Health Nurse Practitioner Education to Address Health Care of Persons with Psychiatric Disorders and other Chronic Conditions Health Resources and Services Administration

Kreitzer, Mary Jo
Nursing Leadership in Integrative Health and Healing and Co-Curricula Program George Family Foundation

Kubik, Martha
School Nurse-Directed Secondary Obesity Prevention for Elementary School Children (R01) National Institute of Nursing Research / National Institutes of Health

Lindquist, Ruth
Developing and Testing a New Model to Reduce Risks for Heart Disease and Stroke University of Alabama / National Institutes of Health (Prime)

McMahon, Siobhan
STRIDE - Randomized Trial of a Multifactorial Fall Injury Brigham and Women's Hospital / National Institute on Aging / National Institutes of Health (Prime)

McMahon, Siobhan
Enhancing Motivation for Physical Activity to Reduce the Risk of Falls Among Community-Dwelling Older Adults: A Wellness Intervention (KL2) Clinical and Translational Science Institute (CTSI) / National Institutes of Health
## EXTRAMURAL GRANT AWARDS

### FACULTY PRINCIPAL INVESTIGATORS

#### CALENDAR YEAR 2015

| McMahon, Siobhan | Multifactorial Intervention for Falls Injury Prevention  
| Essentia Institute of Rural Health / National Institute on Aging / National Institutes of Health (Prime) |
| McMahon, Siobhan | SHIFT the BALANCE  
| Minnesota Board on Aging |
| McMorris, Barbara | Eliminating Health Disparities Initiative  
| Big Brothers Big Sisters of the Greater Twin Cities / Minnesota Department of Human Services (Prime) |
| McMorris, Barbara | Evaluation of Big Brothers Big Sisters School-Based Mentoring Program  
| U.S. Department of Justice |
| McMorris, Barbara | Partnering for Healthy Student Outcomes  
| Healthy Youth Development-Prevention Research Center / Centers for Disease Control and Prevention |
| Mueller, Christine | VA Nursing Academic Partnership  
| Minneapolis VA Healthcare System / U.S. Department of Veterans Affairs |
| Mueller, Christine | Evaluating a Comprehensive State-Level Model to Improve Nursing Home Quality  
| Indiana University / Agency for Healthcare Research and Quality (Prime) |
| Mueller, Christine | New Careers in Nursing Scholarship Program  
| Robert Wood Johnson Foundation |
| Mueller, Christine | New Careers in Nursing Technical Assistance  
| Robert Wood Johnson Foundation |
| Mueller, Christine | Home and Community Based Service Performance-Based Incentive Payment Program  
| State of Minnesota |
| Porta, Carolyn | Reducing Stigma, Promoting Resilience: Population Health Interventions for LGBTQ Youth  
| University of British Columbia / Canadian Institute of Health Research (Prime) |
| Potter, Teddie | The National Implementation of Team STEPPS  
| Health Research and Educational Trust |
| Robertson, Cheryl | American Refugee Committee Ebola Care and Treatment in River Gee County, Liberia Project  
| Centers for Disease Control and Prevention (Prime) |
| Schorr, Erica | Utilizing Wearable Technology to Monitor Physical Activity and Sleep After Coronary Revascularization (PreK)  
| Clinical and Translational Science Institute (CTSI) |
| Sieving, Renee | Lead Peace Middle School Service Learning Program  
| Hennepin County |
| Sieving, Renee | Healthy Youth Development Prevention Research Center  
| Centers for Disease Control and Prevention |
| Sieving, Renee | MN Project Connect Client Outcomes Evaluation  
| Minnesota Coalition for Battered Women / U.S. Department of Health and Human Services (Prime) |
| Sieving, Renee | Understanding the Context of Northern Plains American Teen Pregnancy  
| Sanford Health / National Institutes of Health |
| Talley, Kristine | Preventing Toileting Disability in Frail Older Women (K to R01)  
| Clinical and Translational Science Institute (CTSI) |
| Treat-Jacobson, Diane | Healthy Aging and Mobility Initiative  
| Margaret A. Cargill Philanthropies |
| Treat-Jacobson, Diane | Long-Term Outcomes of Supervised Exercise in Peripheal Artery Disease (PAD): Impact of Differing Modes of Exercise 14 years Post-Intervention  
| Society for Vascular Nursing |
| Westra, Bonnie | Evaluating a Software Program for Predicting Sepsis  
| Wolters Kluwer |
| White, Kathryn | Nurse Anesthetist Traineeship Program (NAT)  
| Health Resources and Services Administration |
| Wyman, Jean | FLAG-Facilitated Learning to Advance Geriatrics  
| Gerontological Society of America |
| Wyman, Jean | Center of Geriatric Nursing Excellence (MnHCGNE)  
| John A. Hartford Foundation |
| Wyman, Jean | Jonas Center for Leaders Scholarship Program  
| Jonas Center for Nursing Excellence |
| Wyman, Jean | University of Pennsylvania + PLUS Clinical Center (PENN + PLUS CC)  
| University of Pennsylvania / National Institutes of Health (Prime) |
| Yu, Fang | Aerobic Exercise in Alzheimer’s Disease: Cognition and Hippocampal Volume Effects (R01)  
| National Institute on Aging / National Institutes of Health |


Delaney, C.W., Kuzeimsky, C., & Brandt, B.F. Guest Eds.). Journal of Interprofessional Care, 29(6).


Faculty Publications
Calendary Year 2015


ON THE BOOKSHELF

Clinical Associate Professor Kathryn White, DNP, APRN, CRNA, co-authored The Doctor of Nursing Practice Essentials, Third Edition, with Mary Zaccagnini, faculty ad honorarium.
School health leader paves way for healthy, lifelong learners

Heiman named School Nurse Administrator of the Year

by Brett Stursa

Mary Bielski Heiman’s nursing career includes being a pediatric certified nurse specialist in a hospital setting, a school nurse in the Minneapolis School District and a nurse administrator in both the Minneapolis and Edina school districts. “I am so grateful for all of the opportunities that I have had during my nursing career,” said Heiman. “If I had to choose another profession, it would still be nursing.” Her achievements drew the attention of the School Nursing Organization of Minnesota, which named her the 2015 School Nurse Administrator of the Year. We asked Heiman, who earned bachelor’s and master’s degrees from the University of Minnesota School of Nursing, what the future holds for school nurses, what it takes to be an effective nurse administrator and how she’s avoided burnout.

Q As the health services coordinator for Edina Public Schools, you work with 15 school nurses throughout the district. What about your work do you think would surprise nurses who don’t work in school settings?

We provide a broad range of health services beyond the stereotypical band-aid. In our district alone, our health staff recorded nearly 41,000 encounters with students for first aid, treatments and medication administration in the 2014-2015 school year. We completed nearly 8,500 blood glucose checks for students with diabetes, screened more than 5,500 students for vision and hearing and nearly 91 percent of the students were sent back to class. It is important to keep them at school learning.

Q What do you think the most significant change in the role of a school nurse has been since you began your career?

The responsibility to safely meet the complex management needs of acute and chronic student health needs continues to rise in the schools. This includes life-threatening allergies, asthma, diabetes and children with
special health care needs. Students attend school 10 months of the year, five days a week, seven hours a day. This equates to a lot of direct face-to-face service hours and continuity of care that requires collaboration and coordination with students’ families, care providers and classroom teachers.

Q  What do you think makes an effective nurse administrator?
As a school health leader, I have to ensure that school nurses have the resources and knowledge to manage the needs of their students. For example, it is imperative that school nurses have the ability to work with classroom staff to understand how a student’s health concern, such as seizures or asthma, will impact a student’s school day.

How do you see the role of the school nurse changing in the future?
I foresee that school nurses will be a more consistent player and collaborative provider within the medical home teams. School nurses are key to improving the health and academic outcomes of students. I would like to see school nurse funding come from outside the walls of a school district. With creative support from health care plans and community agencies, school nurses will be reimbursed for ongoing student health education in areas such as asthma and diabetes during a school year. I see there will be growing evidence to indicate the positive outcomes on student health when there is a school nurse involved.

Q  You’ve published numerous articles in professional publications. One of the topics you’ve written about is compassion fatigue and burnout. Are there coping strategies that you’ve used to help you avoid burnout?
I have learned to seek out a mentor or colleague who I can speak to about my work. I’ve encountered many complicated situations within my leadership and supervision roles. It is important to have someone who can listen. Mentors have helped me to stay positive, confident and inspired to do my work effectively. Overall, I’ve learned it is critical to have fun while at work and while not work, maintain a sense of humor and to exercise as much as possible.

“I foresee that school nurses will be a more consistent player and collaborative provider within the medical home teams. School nurses are key to improving the health and academic outcomes of students.”
December’s final jewelry sale raised more than $22,000 for nursing scholarships, the second highest revenue achieved in its 23 year history. These funds will be added to the Florence Ruhland Endowed Fellowship established by the School of Nursing in memory of Ruhland to honor the many years she chaired the jewelry sale. Although the difficult decision was made to make 2015 the last jewelry sale, earnings from endowed fellowship will continue supporting students for years to come.

With Laurel Mallon’s leadership from the beginning, the first sale was held at a Nursing Alumni Society annual meeting after alumni and friends were invited to donate costume, vintage and collectible jewelry to the School of Nursing Foundation. In the mid-1990s the sale became part of an annual antique show held at Har Mar Mall in St. Paul, Minnesota. In recent years, the sale shifted to the University’s Academic Health Center complex where it was embraced by the broad University community.

The sale’s largest income came in 1999 when $35,000 was raised after receiving an estate gift of exquisite jewelry from a generous School of Nursing alum. Since 1992, total income from these benefit sales has exceeded $226,000.

This year the jewelry sale supported the awarding of nine scholarships. As one recipient shared, “After many months of contemplation, I decided I wanted to pursue a career in nursing. The journey to get to this point has been long and expensive, but so worth it. Health care in our country is changing, and I want to be one of the leaders that changes things for the better. I know that a lot of work and care goes into the funding of this scholarship and am very grateful that you’ve chosen to invest in students like me.”

Thank you to the jewelry donors, volunteers and School of Nursing staff who have supported this project over the years. We invite you to contribute to the Florence Ruhland Endowed Fellowship at www.nursing.umn.edu/donors-and-friends and continue this wonderful legacy.

Carol Kelsey, BSN ’60
Jewelry Sale Chair, 2006-2015
Randy Huard, DNP ’15, is an assistant professor in the Nursing Science division of the School of Health and Human Services at St. Cloud State University. His teaching assignments are in public health and mental health.

Debra Cathcart, DNP ’14, MS ’83, RN, was named chief nurse executive for University of Minnesota Health. She had been serving as associate chief nursing executive and vice president of nursing for the University of Minnesota Medical Center and University of Minnesota Masonic Children’s Hospital.

Anna Grossbach, DNP ’14, BSN ’11, is employed as an RN clinical integration project manager at Fairview Health System’s corporate supply chain.

Anne LaFlamme, DNP ’13, accepted a newly-created position of chief nursing information officer for Fairview and University of Minnesota Health in November. She is responsible for improving and standardizing nursing and clinician workflow with electronic health record and other health information technology.

Michael Petty, PhD ’11, MS ’96, RN, received the Heart & Stroke Medical Professional Hero Award from the American Heart Association and American Stroke Association. Petty is a cardiothoracic clinical nurse specialist at the University of Minnesota Medical Center.

Alice Sanders, MSN ’09, BSN ’05, RN, is now clinical program manager of case management for Medica. Her previous position was program supervisor for the home care and assisted living program, Minnesota Department of Health.

Angela Mund, DNP ’08, MS ’99, CRNA, is serving as president of the Medical University of South Carolina Faculty Senate for 2015-2016. The president presides over the Faculty Senate which is the voice for over 1,500 faculty. Mund joined the MUSC faculty in 2010 as assistant program director/assistant professor in the Anesthesia for Nurses Program. She became the director of the program in 2012.

Do you have employment news, a class note or a nursing memory to share? Please share your news via our website at http://www.nursing.umn.edu/alumni/submit-a-class-note/index.htm or email mallo001@umn.edu.

Update your contact information at http://www.update.umn.edu/update_U_contact_info.html.
IN MEMORY

Berniece Kleaver Anderson, BSN ’40
Elizabeth Hove Pietz, BSN ’43
Marion Mae Kost Thorson, BSN ’43
Barbara A. Smith Otte, BSN ’45
Marcella Keller Smith, BSN ’45
Marcella “Mickie” Corbett Walsh, BSN ’46
Corinne Margaret Daly, BSN ’47
LaVila Cress Hatten, BSN ’47
Julia Schweizer, BSN ’47
Dorothy C. Webbeking Worst, BSN ’47
Mary Alice Anderson, BS ’48
Marilyn Mueller Whitney, BSN ’48
Mary Jean Fetzek, BSN (circa ’50)
Jacquelyn Winger Falk, BSN ’53
Janet Russell Eck, BSN ’55
Romana Marina Urueta del Carpio, BSN ’56 – Retired in 2006 from the School of Nursing as faculty emeritus in maternal child health

Harriet Stafford Dukelow, BS in Nursing Education ’57
Audrey Hansen Schweitzer, BSN ’58, MS ’59
Mary Carroll DeGutes, BSN ’59
Robert E. Channer, MS ’66
Lois G. Bernhardson, BSN ’70
Marian Jean (Stewart) Enos, BSN ’71, MS ’73, PhD in Education ’87
Susan L. (Nipper) Dunn, BSN ’83
Marjorie J. Smith, MA ’75, PhD ’84 – recognized as 100 Distinguished Nursing Alumni
Sandra L Lovell, BS Nurse Anesthesia ’78, MS ’86
Carol Jeanne Eversman, MS ’91
Rebekah Booth, BSN ’13

ALSO REMEMBERED

Curtis Burkland, established a nursing scholarship in memory of his wife, Louise Pohl-Burkland, who held a lifelong regard for the School of Nursing.

Bruce Bliss Dayton, endowed the Grace B. Dayton Scholarship established in honor of his beloved mother who was a charter member of the School of Nursing Foundation board in 1958.

Eldred Mugford, created the Eldred George Mugford in Memory of Clare Helen Mugford R.N. Scholarship Fund in honor of his late mother who graduated from the Milwaukee County Hospital School of Nursing, worked as surgical nurse and later specialized in caring for the elderly in their homes.

Support programs that enrich the lives of our students and alumni.

Stay connected. Become a member.
In their own words

As someone who cares deeply about the school, you no doubt have your own words that describe the School of Nursing. Whether an alum, friend, parent or grandparent, you have your own personal connection to the school that frames how you think about our mission.

Dean Connie White Delaney and I recently gathered together several supporters of the school who share your passion for our mission and we asked them several different questions to help us understand that passion and the relationship between them and the school. Words such as visionary, leadership, research, interprofessional and vibrant were often used in their responses. I want to share several responses to one of our questions and invite you to share your own thoughts with me to get a broader perspective of the school. Your insights into our mission will help us in our work to grow our base of support.

Why do you care about the School of Nursing?

“The school acts as a catalytic force in both nursing and interprofessional health care. While other academic centers seem to lag and focus inward, the school has looked outward to the community, nation and internationally to see where the needs are - both current and future - to determine what role they can play in creating a better world. The school is recognized as progressive, positive and action oriented and I’m proud to be associated with it.”

“The research they are conducting is very practical, broad and a major contributor to global health. The school is developing the knowledge and leadership skills of students to provide care and to conduct and implement research findings.”

“My career was enhanced by excellent learning opportunities, critical thinking skills and encouragement by the faculty to view myself as a person of influence in the advancement of nursing practice.”

“I care about the school because of the care I received from its graduates. Nurses are the boots on the ground in health care.”

It is a privilege to serve the school knowing the impact that we have on people’s lives. These are their words describing why they care about the school. I invite you to share yours with me at kilbride@umn.edu

John Kilbride
Director of Development
kilbride@umn.edu
Our students (2015-2016)

FALL ENROLLMENT

951 STUDENTS ENROLLED

Bachelor of Science in Nursing .................. 435
Master of Nursing .................................. 127
Doctor of Nursing Practice ..................... 348
PhD .................................................. 41

• Our students come from **33 states**
• **40%** of School of Nursing students receive scholarships from the school

ETHNICITY

- 3% Hispanic
- 7% Black
- 8.5% Asian
- 2% American Indian
- 1.5% Unknown
- 78% White

STUDENTS OF COLOR

13.6%  14.5%  15.8%  21%  21%
2011  2012  2013  2014  2015

GENDER

- 14% male
- 86% female
Scholarship helps BSN student earn degree debt-free

by Tom Steffes

The experience Chi Tran’s family had living in a Malaysian refugee camp gave them determination to reach for every opportunity once they arrived in the United States. After earning a degree in biology, society and environment, she sought a more direct and personal way of helping others. “I realized that nursing is the perfect fit for me because it reflects all of my interests and it will provide me with opportunities to connect with interesting people,” Tran said.

Tran is now a sophomore in the Bachelor of Science in Nursing program on the Rochester campus and she recently received the Mary and Cyrus Scholarship from the School of Nursing. The scholarship made it possible for Tran to pay her tuition without taking on debt. “I honestly teared up when I found out that I was selected for this scholarship,” she said. “I am in school because of them.”

In addition to classes, Tran works as a certified nursing assistant for 20 hours a week. “The job itself can be incredibly demanding but rewarding,” said Tran.

After completing her Bachelor of Science in Nursing degree, Tran expects to enroll in a doctoral program. “I am still figuring out what I like most about nursing,” said Tran. “I am a firm believer that a person’s life is not carved in stone, that the path changes constantly. I know for sure I will pursue a career as nurse and that I am striving to achieve a career that requires a doctorate degree.”

Chi Tran, a sophomore, attends the Bachelor of Science in Nursing program on the Rochester campus.
DNP students in the women’s health specialty staffed the Sisters Standing Up To Breast Cancer screening at the River of Life Church in St. Paul.

From left, Kathy White, Dan Lovinaria and Roxanne McMurray simulate a procedure to place a tracheotomy during a legislative committee visit in December.

Master of Nursing students were inducted into the Zeta chapter of Sigma Theta Tau in November.
BSN student Michelle Moreno-Lee assesses the foot health of a patient during a student nurse-run clinic at the Phillips Neighborhood Clinic while clinical associate professors Jeanne Pfeiffer and Mary Benbenek observe.

Dean Connie White Delaney congratulates graduates at commencement in December.

The Minnesota chapter of the National Student Nurses Association raised $3,200 for the Pet Away Worry and Stress program by hosting a 5K race.
CALENDAR OF EVENTS

March 29
Emerging Professionals Network at the Lakes & Legends Brewing Company
Visit www.minnesotaalumni.org for more information

April 15
University-wide Annual Alumni Celebration
Visit www.minnesotaalumni.org for more information

April 21
Nursing Alumni Spring Celebration and Reunion

April 22
Research Day

April 22
Doctor of Nursing Practice and PhD Information Session

May 4
Center on Aging Science and Care Innovation launch event

May 13
Spring Commencement

June 1-3
Nursing Knowledge: Big Data Science

June 4
Caring for a Person with Memory Loss Conference

July 25-27
Adolescent Health Summer Institute

For more information www.nursing.umn.edu