

SPRING/SUMMER 2017

FORWARDNURSING

UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF NURSING

FROM INQUIRY TO IMPACT

Nursing scholars channel curiosity
into practice change

INNOVATING INSTRUCTION

Concept-based curriculum
to launch this fall





Recent DNP graduates celebrate in Cooper Hall after earning their doctoral degrees, which prepare them for careers in advanced practice and leadership in the healthcare system.

Front Cover: Assistant Professors Linsey Steege, Barbara King, Lisa Bratzke, Tonya Roberts

Photography Front/Inside Front Cover: Alexander André/School of Nursing

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CONTENTS

FEATURES

4 INNOVATIVE INSTRUCTION

Concept-based curriculum
to launch this fall

7 FROM INQUIRY TO IMPACT

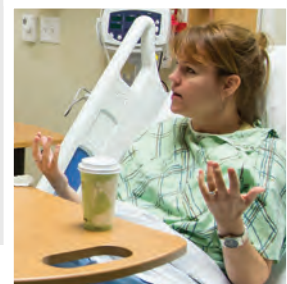
A closer look at the nursing scholars
channeling their curiosity into change
that improves nursing practice, patient
experience and health outcomes

14 LEAD FROM WHERE YOU STAND

Evidence-based practice fellowships
empower UW Health RNs

16 EXPECT THE UNEXPECTED

Preparing students for
unpredictable patients



IN THIS ISSUE

2 Dean's Corner

3 Nursing News Now

13 Diversity Dialogues

18 Development

20 Scenes

22 Class Notes

24 Achievements

Inquiry and Innovation: Our Investment in Nursing



Dean Linda D. Scott

School of Nursing Mission

To develop leaders for the profession and society—we make discoveries, enhance systems and improve health through research, education and practice.

Nurses play a pivotal role in improving health outcomes. Because nurses comprise the largest segment of the healthcare work force, any action or decision that affects nursing affects the entire healthcare system and the personal health of individual patients, their families and the public at large.

At the University of Wisconsin–Madison, it is our privilege to be a positive force in nursing that advances the profession and the future of care. Our discoveries generate knowledge, interventions and applications that help nurses improve systems and offer their patients the best care possible. In this issue, we offer a glimpse into some of those efforts, which include new strategies to eliminate barriers that prevent nurses from walking patients, unparalleled longitudinal data that seeks to unlock the mysteries of Alzheimer's disease, and early work toward developing a new, better model for long-term care. The wide terrain of our scientific investigation is bound by a common thread: a deep commitment to enhancing patient care and health outcomes.

We also take seriously our responsibility to prepare future nurses for the current realities of our complex healthcare system. We are committed to proven educational practices as well as innovative approaches to teaching and learning. These include experiential learning using unique simulations developed and embraced by our faculty, as well as infusing concepts throughout our curriculum to develop critical thinking skills necessary in today's nursing environment. In this issue, you will learn how our curriculum prepares our graduates to enter the workforce ready to practice—even when presented with conditions or situations they did not confront during their undergraduate education.

Even as our healthcare system grows increasingly complex and clinical information proliferates exponentially, UW–Madison graduates will continue to enter the workforce expertly prepared for successful and satisfying practice. This is an investment in the future of care that pays off now and for generations to come.

Sincerely,

A handwritten signature in black ink that reads "Linda D. Scott".

Linda D. Scott

Dean and Professor

University of Wisconsin–Madison School of Nursing



Photography: Alexander Anand

*At the University of Wisconsin–Madison, nurses lead.
They lead to the future of health and healthcare, for Wisconsin and the world.*

NURSING News NOW

New and Improved

Check out our new website at www.nursing.wisc.edu. We packed the pages with useful information and captivating photos, and we streamlined the search function. Take the site for a spin and let us know what you think. Email your feedback to Amy Bethel at abethel@wisc.edu.

Interested in seeing Cooper Hall?

Email us at
alumni@son.wisc.edu
to set up a tour!

Kari Hirvela and Paula Woywod pose with Millie in the Cooper Hall home simulation environment.



New National Ranking

After just five years, our Doctor of Nursing Practice program ranks 26th on the *U.S. News and World Report* list of top graduate nursing programs! The three-year full-time or five-year part-time DNP program emphasizes leadership development as it prepares registered nurses for advanced practice.

Millie Makes Her Mark

Call her a late bloomer. Millie had already made quite a name for herself around here after starring in several scenarios in the Center for Technology-Enhanced Nursing, Cooper Hall's state-of-the-art simulation suite. But now, at the age of 90, she is set to break onto the national scene thanks to a four-part gerontological simulation package developed by Clinical Assistant Professor Kari Hirvela MS '07, RN, and Clinical Instructor Paula Woywod, MSN, RN.

The simulation series follows Millie through various stages of health and transitions from home care to a hospital stay and eventually into a skilled nursing facility. Millie is a fictional patient with a thorough health and personal history, and she is represented in simulations by a high-fidelity manikin.

Although Millie is not a "real" patient, she enables students to follow her health over time and get to know her as an individual and not simply a case study for a specific exercise or an example of a certain illness or condition. As a result, Millie presents a unique learning opportunity that students seldom, if ever, encounter in their clinical rotations.

"Millie's our star," Hirvela says. "She has the backstory of having a dog and losing her husband and enjoying gardening. Students talk quite a bit about her social history in their interviews with her. That's really important, so students don't focus too narrowly on what her problem is right now."

Hirvela and Woywod developed the series with support from the Helen Daniels Bader Fund, and they worked with the school's Center for Aging Research and Education to make the series freely available to other schools and colleges of nursing. Woywod is pleased that students in nursing school across the country may soon meet Millie and learn about the intricacies and the joys of gerontological practice.

"Developing students' critical thinking skills is essential to ensuring that our graduates are prepared to address the complexities of older adult needs, including transitions in care, out in the real world," Woywod says. "Millie makes that learning more personal, more authentic and, we expect, more successful."



Photo by: Alexander André

Concept-based curriculum organizes instruction around broad ideas and employs modern teaching and learning strategies

by Jennifer Garrett

This fall, incoming first-year nursing students will experience a concept-based undergraduate curriculum. Undergraduate Program Director Karen Solheim '73, PhD, RN, FAAN, has been leading the school-wide effort to develop the curriculum, which is organized around several concepts that span the continuum of care and practice settings.

The curriculum also leverages an active-learning instructional approach that reverses the traditional classroom dynamic. Students encounter course materials independently before class through readings or lecture videos. In class, they work closely with instructors to apply broad concepts, such as intercranial regulation, to specific examples, such as multiple sclerosis.

"This is where the content meets the concept," says Clinical Professor Barb Pinekenstein, DNP, RN-BC, CPHIMS, a member of the school's concept-based curriculum task force.

Pinekenstein says the proliferation of health information has driven schools and colleges of nursing to find innovative ways to prepare student nurses for future practice, as the still-growing body of knowledge is already too vast for students to master.

"No nurse can know everything. There is just too much content," she says. "What the concept-based curriculum does is prepare students to deeply understand the

healthcare concepts that carry across practice areas and illnesses and lifespans, and then transfer their understanding from setting to setting."

Solheim and Pinekenstein add that the curriculum also supports critical thinking, clinical judgment and team collaboration skills, all of which are essential in nursing practice.

Other faculty members, staff, students and preceptors have been involved in what Clinical Associate Professor David Dwyer, MS, RN, calls a transparent and collaborative process. Dwyer, who has been on the curriculum development team almost from the start, expects students to adapt quickly.

"We are organizing the curriculum around concepts instead of content, but we are still teaching content," Dwyer says. "We will be teaching students differently so that they are better prepared to apply what they've learned, but we are still preparing them to pass their boards and enter the nursing practice."

Solheim agrees. "Curriculum development is a living process, and curriculum is always being updated and changed," she says. "The concept-based curriculum reflects a more comprehensive development process, but this is not the first time we have altered our instructional approach to meet the demands of our evolving profession."

Kelsey Paisley, who just finished her first year of the undergraduate nursing program, served as a student representative on the curriculum development team. Paisley, who will continue with the former curriculum for her second year of nursing studies while new first-year students will experience the new curriculum, is excited for the curriculum launch. "It shows that as the field of nursing is progressing," she says, "we're progressing with it." ❧

From Inquiry to Impact

A look at the innovative yet **pragmatic research** driving science, advancing nursing practice and improving healthcare


Nurses have the numbers. They are the largest—and most trusted—segment of the healthcare work force, and a prominent face of the healthcare system itself. The quality of nursing care directly and profoundly affects the quality of overall healthcare as well as patients' perceptions of it.

“Advancing nursing science and practice is a powerful and effective way to advance healthcare,” says Associate Dean for Research and Sponsored Programs Barbara J. Bowers, PhD, RN, FAAN. “We, as nurses and scholars, have a tremendous opportunity to make an impact by looking deeply and critically at nursing science and the nursing practice.”

Bowers understands that outside academia, research can seem esoteric, obscure or impractical. But she says research here is fundamentally pragmatic and grounded in the current reality of practice and healthcare. Nursing faculty members, she says, search for findings that work within and enhance existing systems, and their work guides larger-scale reform to improve working conditions for nurses and well-being for patients, families and communities.

The result is impact and influence on both practice and policy. Here we share a look at some of that work. One story introduces an intervention that enables nurses to walk patients more often. Another explains the emergence of tools that enable long-term-care staff members to foster meaningful relationships among residents. Another explains why interdisciplinary teams of researchers are beginning to look at possible Alzheimer's disease causes in clusters rather than individually.

“It is difficult, if not impossible, to describe our research enterprise as a singular endeavor. Our researchers work across the spectrum in pediatrics, gerontology, mental health, palliative care, cognition and more. But a common thread running through all of the work,” Dr. Bowers says, “is that our researchers are looking at practical advances in nursing science and practical solutions to complex health problems at a systems and an individual level.”



Clinical Professor Roger Brown, a statistician and methodologist in the School of Nursing, assists PhD student Dami Ko with her research data. Brown, an expert in applied statistics and research design, works closely with School of Nursing faculty members and students. He also lends his vast statistical expertise to health sciences researchers across campus.



Empowering Nurses to Keep Patients **MOVIN'**

by Chris Barncard, UW–Madison science writer

Barbara King and Linsey Steege

Laughter may get a lot of credit, but Barbara King MS '87, PhD '10, APRN-BC, makes walking sound like the best medicine.

“We know it maintains our health and well-being,” says King, a University of Wisconsin–Madison assistant professor of nursing. “It maintains our ability to breathe, our bone structure, our muscle mass. We have all the data that says getting up and walking is good. But we still put people in bed and keep them in bed.”

In hospitals, that is. Studies have shown that older patients in particular spend as much as 96 percent of

their hospital stay confined to a bed, and as many as 65 percent of them who are able to walk on their own will lose that ability during a hospital stay.

King and Linsey Steege, PhD, a systems engineer on the School of Nursing faculty, set out to get hospital patients on their feet and walking—movement that could drastically change the condition in which they leave the hospital. They found success in a 13-week pilot study with the help of nurses in a unit at UW Hospital in Madison.

“They were able to show significant changes in the number of patients getting out of bed, how often they’re getting up and how far they’re walking,” Steege says. “And they kept it up because everyone—the nurses and the patients—could feel the difference.”

King and Steege, along with colleagues from UW Hospital, published their program for mobilizing older adult patients via a nurse-driven intervention—or “MOVIN”—in the *Journal of the American Geriatric Society*. Their partner nurses at UW Hospital have presented their findings at national conferences.

Both researchers say there are complex reasons why some hospital patients walk very little during their stays despite the fact that moving is beneficial.

“This is one of the most missed nursing care opportunities. Nurses are the ones at the bedside. It is within their scope to get patients up and walking,” Steege says. “But what Barb found was that they weren’t, but it is not because they don’t want to.”

King points to a cultural shift in nursing that began decades ago as physical therapy practitioners became more common and emphasis on avoiding in-hospital injuries, such as falls, grew. Nurses were also weighing professional risk as they learned more and more about injuries—such as back problems they could develop from hefting less-mobile patients—that could hamper their careers and cause staffing issues at hospitals.

“If I’m a nurse, and I have a frail 85-year-old patient who looks like she could fall, and her room is filled with equipment and cords, and our unit is particularly busy that day, and I see she has a physical therapy appointment soon, I’m probably going to wait for physical therapy to get her up first,” King says. “Every day there are a lot of reasons that nurses reach decisions like that. Nurses can face so many risks and barriers.”

Which is exactly what made bedside care an excellent target for intervention. Nurses are in the best spot to assess a patient’s condition before walking and to recognize the benefits patients experience once they begin moving around.

“How short of breath do you get? Do you look dizzy? Can you walk as far as you did last time? Do you have trouble going from sitting to standing?” King says. “That’s all data gathering that helps nurses understand how much support patients need and whether the patient is progressing and getting better.”

Steege’s engineering approach helped to examine the hospital unit as a system, and that enabled Steege and King to identify obstacles that can keep patients from

walking. These included available nurse and aid time, equipment, space and clutter, training and motivation, communication, and result recording. Once they knew what the obstacles were, they could evaluate them together and design an intervention that removed or reduced as many as possible so that they were not simply trading one burden for another. “We needed to get away from individual people doing this and move to a system for an entire unit to get the entire organization moving forward with the same goal,” Steege says.

In their pilot project, that meant reconfiguring processes to put 18 nurses squarely in charge of the decision to get a patient walking. They worked through identifying the baseline strength and health indicators a patient must show to safely get up and go. And before the project launched with real patients, the 18 unit nurses came to the School of Nursing Center for Technology-Enhanced Nursing, or CTEN, which houses a realistic hospital suite where they got a refresher on how to support patients as they get out of bed and walk.

UW Hospital provided funding for a nursing assistant to help patients walk the halls and staff training time to improve nurse confidence in determining a patient’s ability to walk and getting ill patients up to move.

“We made a simple system for recording patient movement, and we put whiteboards in each room for tracking a goal—three times a day—so that the nurses and patients would see it often,” Steege says. “Eventually, they had patients watching their boards and asking their nurses, ‘It’s getting kind of late, should we get that last walk in?’”

Everyone reported benefits beyond improved health outcomes for patients, which King and Steege are exploring in their next study.

“The patients get a change of scenery. They get to talk to someone a bit. They brightened up,” King says. “And the nurses saw psychological changes in their patients. They told us their patients were sleeping better. They were asking for less pain medication. They were happy, and they were thanking nurses for getting them walking.”

And that long list of good results made work more rewarding for the staff, who took ownership of the task just as the researchers had hoped.

“Burnout and turnover of nurses is a problem, especially in a general medicine unit like the one that took on this challenge,” King says. “But what the nurses told us was they were more excited to come to work, and felt really fulfilled at the difference they saw from the effort they made to get their patients moving.”

A Hopeful Vision for Long-Term Care

Tonya Roberts looks forward to a **better future** where person-centered care is the cornerstone of the nursing home

by Diane Farsetta, PhD, staff coordinator and outreach specialist for the Center for Aging Research and Education

They wake at the same time every morning. They eat when meals are served. They bathe and dress when the assistant arrives to help. Life can be very structured in some nursing homes, and that means residents may lack the ability to make basic decisions that most of us make—and take for granted—every day.

“Historically, long-term care is institutional, medically driven and task-focused care,” says Tonya Roberts '03, MS '08, PhD '12, an assistant professor in the UW–Madison School of Nursing. “Care is organized around the task so that staff can be efficient.”

Efficiency, though, comes at a cost. In skilled nursing facilities, the decisions that increase staff efficiency often limit residents' choices about how to go about their days. That, Roberts says, greatly erodes quality of life.

A better model, she believes, is person-centered care, which organizes care around the individual rather than the task. Person-centered care also allows for more unstructured activity, giving residents greater opportunity to interact with one another and form relationships that promote quality of life.

If person-centered care became the norm, Roberts says, moves to long-term-care facilities could be less

disruptive. In some cases, they could even be positive transitions for many older adults and their families. She believes it is possible to move long-term care in that direction.

“My goal is for long-term-care services and supports to provide the resources that residents need to live and thrive rather than wait and die,” she says.

Roberts discovered person-centered care in graduate school. “I knew right away that person-centered care was what the long-term-care field needed,” she says.

Roberts says it is well established that relationships—between staff and residents and among the residents themselves—are critical to resident well-being and are key elements of person-centered care. She wanted to better understand those relationships—how they are formed, what the elements are, and how to sustain them.

In her doctoral dissertation, she looked closely at the process by which residents and staff developed close relationships. Her early findings suggested promising approaches for articulating elements of relationships and fostering relationship development. She is now looking further into how to promote communication between residents and staff so that resident needs are met and that positive relationships develop. This



Photography: Alexander Andre

Tonya Roberts

improves not only quality of life for residents but also working conditions for staff.

Roberts is also considering relationships among residents—an aspect of long-term-care life that is often overlooked. Friendships are vital but fragile in nursing homes. A change in lunch tables or a room reassignment can sever social connections and end relationships. And Roberts notes that while a busy, varied activities calendar is often considered an indicator of nursing home quality, it can unintentionally make it more difficult for residents to get to know each other.

“You’re rolled in at the start of this structured activity,” Roberts says. “Whether it’s singing or music or bingo or whatever, you get involved in that activity immediately. You don’t have the opportunity to interact with the people around you. As soon as the activity’s over, there’s an effort by staff to get everyone out of the room and back to where they came from.”

Roberts would also like to see residents have more opportunities to call on one another in unstructured ways. “We need to allow people to get together and just be together,” she says, “with no other agenda.”

“She is already influencing policy at a national level.”

— Dr. Barbara J. Bowers

In Practice and Policy

Tonya Roberts is part of a large, nationwide movement to transform the culture of long-term care by advancing person-centered care.

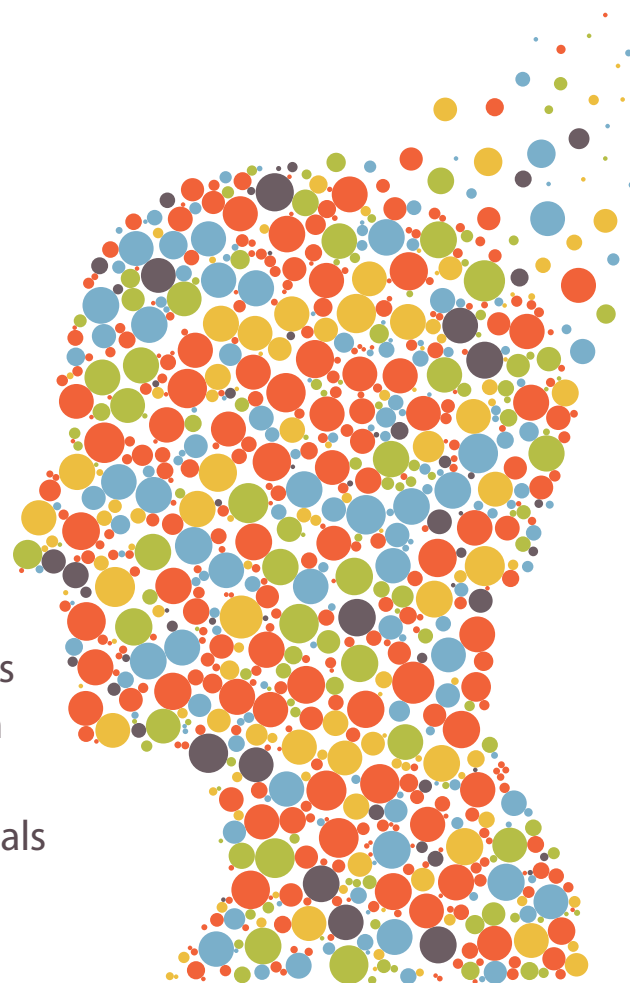
The Centers for Medicare and Medicaid Services (CMS) support that movement in part by running the National Nursing Home Quality Improvement Campaign (NNHQIC), an online resource center offering free, evidence-based tools for health-care providers, consumers and other constituents. NNHQIC identifies person-centered care as one of its nine enumerated goals, or focus areas, where long-term-care facilities can concentrate efforts to advance quality of care and quality of life.

Barbara J. Bowers, PhD, RN, FAAN, is the School of Nursing’s associate dean for research and sponsored programs, and she says the CMS guidelines clearly reflect the influence of Dr. Roberts’ work. “CMS is the national organization that oversees all of health care in the United States. Tonya’s work was used to build a portion of their site,” Bowers says. “She is already influencing policy at a national level.”

Bowers says that although Roberts is in the early stage of her research career, her influence in person-centered care is already palpable. “One of the things that distresses long-term-care nurses more than anything is the lack of high quality of life for residents and the isolation they experience,” she says. “Promoting relationships is something nurses want to do, and this site gives nurses the tools and knowledge to do it.”

**For more information
on NNHQIC, visit
www.nhqualitycampaign.org**

Getting to the Heart of Dementia



A Q&A with Assistant Professor
Lisa Bratzke PhD, RN, ANP-BC, FAHA, who studies
cognition and works closely with the **Wisconsin
Registry for Alzheimer's Prevention** (WRAP)
in its renowned longitudinal studies on individuals
with family histories of Alzheimer's disease.

What is your role with WRAP?

I am involved in two ways. First, as an advanced-practice nurse, I conduct physicals of study participants when they come to Madison every two years. This was not part of the initial WRAP study. It was added because research was showing that there may be physiological predictors of dementia, and those physiological changes may occur before we detect changes in cognition. The physicals help researchers track and analyze data so that we better understand what is happening throughout the body as dementia develops.

My research also uses some of the data collected in the study. I look at co-morbidity in patients with dementia or changes in cognition. My work looks at pairings or clusters of either conditions or chronic illnesses that might predict or precipitate the onset of dementia. Research is moving in that direction, and we are starting to identify what some of those clusters of diseases or conditions might be.

What have you found so far?

Right now we are looking at the ways depression, sleep disorders and cardiovascular disease might affect the development of dementia or Alzheimer's disease. Interestingly, we are seeing that sleep disturbances are particularly suspect, which was somewhat of a surprise. Many researchers are looking more closely at sleep now.

We are seeing indications that high cholesterol is a potential exacerbating factor across all of the conditions we studied. So when an individual has high cholesterol in addition to another chronic illness, such as depression or sleep apnea or hypertension, that may increase that individual's risk of developing dementia.

This tells us that we need to look closely at combinations, or clusters, of diseases and conditions because they may be more predictive of dementia or changes in cognition. It aligns with what we already know about heart failure, for example. Half of patients with heart failure suffer from cognitive decline. But

if heart failure were the main or only driver, we would expect a majority of heart failure patients to experience changes in cognition. The fact that half will not suggests that something else is at play.

What happens next?

There are many researchers from different disciplines working on this, and a few of us are starting to coalesce around disease clusters. It is an important step. For a long time, the research paradigm was built on looking at risk factors of individual conditions or diseases. But the majority of people over 65 years old do not suffer from just one chronic illness. They have multiple health issues or diseases. And now our evidence indicates that it is disease in combination that most affects cognition. However, we need more research to better understand the dynamics of the disease clusters.

Fortunately, Mark Sager, who founded the Wisconsin Alzheimer's Institute and the WRAP project, and Sterling Johnson, who leads WRAP now, had the foresight to collect many variables, even though they did not know initially whether or how they were related. This study has already generated massive amounts of data, and we are continually gathering more. That data has already yielded invaluable insights, but we have really just begun to explore, analyze and synthesize it. The work continues.

Why is your nursing background valuable to this kind of research?

When I started working in the area of cognition, my feeling was that multi-morbidity was involved in the development of dementia, and that is the direction I have tried to advance my research. It is gratifying to have the findings that validate those assumptions, and I am honored to contribute to this important work.

I also feel that it is important to mention that I believe my ideas stem, in part, from my nursing preparation and practice. Nurses are trained to look at patients holistically, to see them each as a whole person who needs support in their efforts to self-manage their care and independently carry on their lives at home, at work, in the community. They are not simply cholesterol patients or depression patients. This is a unique training paradigm within healthcare disciplines.

My nursing preparation and practice experience framed my views and gave rise to my theories about multi-morbidity. What I, as a nurse, bring to this research is unique, and our findings demonstrate that it is also valuable to the science.

What drew you to study cognition, heart disease and multi-morbidity?

My grandfather was a farmer, a school board president, the patriarch of our family and the pillar of our community. He developed heart failure and slowly suffered irreversible cognitive changes that transformed who he was. To see him lose his independence was devastating. He and my grandmother were my role models. That is the driving force.

Lisa Bratzke '88, MS '92 is an assistant professor who studies multi-morbidity, heart disease and cognition. She is part of the Wisconsin Registry for Alzheimer's Prevention team and a Fellow of the American Heart Association. Her work has influenced an important AHA guidance and is shaping the course of future dementia research.

Lisa Bratzke with WRAP volunteer Jayne Fox.



From Question to Career

Passionate PhD graduate **Natasha Crooks** channels innate curiosity into research designed to eliminate sexual health disparities, particularly for black women

by Jennifer Garrett

When Natasha Crooks '13, PhD '17 came to UW–Madison as an undergrad in 2008, she never imagined she would still be here nine years later. But Crooks is finally ready to pack her bags as she prepares to move on to a postdoctoral fellowship at Emory University in Atlanta to continue her research.

Crooks first entertained a career in nursing as a high school student in the UW–Madison PEOPLE program, the residential summer introduction to higher education for high school students of color. “It was the first thing I chose, but I saw myself in it,” she says.

That changed once she enrolled in the school. As a student in a predominantly white school pursuing a predominantly white profession, she did not encounter many other students, instructors or practicing nurses who looked like she did. Crooks began to doubt her decision.

“Suddenly I didn’t see where in any of it I fit in,” she says.

Crooks raised her concerns with her professors, who encouraged her to channel her frustration into a research project interviewing other students about the school climate. She did. Now she considers the project a watershed. “I had an ‘aha’ moment,” she says. “I really saw myself advocating for under-represented students. I realized I could work in the same way on health disparities.”

Fast-forward a few years to Crooks’ dissertation. Still focused on health disparities, Crooks set out to determine why black women experience higher rates of sexually transmitted infections than other populations. Thinking it might have something to do with the sexual maturation process itself, she designed her early research to learn what black women experience as they grow from girls into teens and then adults.

She conducted 20 interviews with black women who shared intimate details about fatherless childhoods marred by sexual trauma, lack of access to reliable information about sexual health, and mixed messages from families, churches and the media.

“I got so much great data,” Crooks says. “Even when I wasn’t asking, they were telling.”

Diversity Officer Mel Freitag, PhD, says Crooks’ departure is bittersweet. Freitag worked closely with Crooks to develop a course on culturally congruent care, and Crooks immediately impressed her with a natural poise and ability to work confidently alongside experienced faculty members and administrators.

“I was one of her mentors, but I didn’t see her as a student. I always considered her a colleague in every sense of the word,” Freitag says. “Natasha is fearless. She never fails to ask challenging questions and engage with complex social problems in and outside of the classroom. She has an amazing future ahead of her, and we will miss the passion and innovation she has shared with the School of Nursing for the past nine years.”



Natasha Crooks

Photography: Alexander André

The Responsibility for Diversity in Curriculum and Research

by Dr. Mel Freitag



Photography: Alexander André

I recently attended a health disparities conference at Xavier University, a historically black university in New Orleans, Louisiana. Students and scholars came from around the country to present on health disparities of underrepresented populations. They touched on everything from diabetes to cancer to heart disease to mental health.

The presentations were framed by the social determinants of health model, which emphasizes that we must work to end racism, homophobia, transphobia, and other “isms” to close these gaps. While the realities of health disparities feel bleak, the presenters themselves were uplifting and inspiring as they called for academia to expand efforts to address the root causes of health disparities directly in curriculum and research. I agree that integrating diversity into academic preparation and nursing research is essential if we are to truly address and eliminate health disparities.

The University of Wisconsin–Madison has made strides to support and empower underrepresented students. This fall, the School of Nursing will take another important step forward with our concept-based curriculum, which embeds the study of historical trauma, intersectionality (the overlapping of different identities such as race, gender, religion, sexual orientation, etc.), social justice, health equity and culturally congruent care. These concepts are threaded throughout the curriculum. Objectives are leveled throughout various courses and the concepts are repeated in different ways by different faculty members across different settings. In this curriculum, all of our scholars will have the responsibility, capacity and resources to “do” diversity.

I am excited about this opportunity that welcomes all—even the most privileged among our faculty and students—to this important social justice conversation

about how we can be part of the solution to health disparities by addressing them head on with our students. I look forward to us sharing experiences. I also look forward to learning from each other—students from faculty and faculty from students—as we try to advance the dialogue.

In her speech accepting the Frank A. Calderone Prize, which is widely regarded as the highest honor in public health, physician and Columbia University Professor Mary Bassett emphasized that fighting to end racism is not about individual blame. Rather, it is about understanding that the infrastructures that uphold these systems are perpetuating racism, which in turn creates poor health outcomes for specific racial and “othered” groups. All educators and scholars have a responsibility to call it out when they see it, to call out the injustices in communities, in hospitals, in policy, in research. Because only when we acknowledge it can we work to resolve it. “Understand that anti-racism is not a witch hunt,” she says, “but a collective healing, without which our nation will remain painfully and inequitably divided, corroding opportunity, spirits, and bodies alike.”

This work is a journey. I believe real solutions depend on our ability to develop cultural competency capacity across all scholars and in the span of our students’ experiences. And to do that we need to explicitly and repeatedly address these structural inequities and build social identity awareness directly into the fabric of our research, our courses and our conversations. I invite you to join us. We will go farther and do more to eliminate health disparities and social injustices when we evolve together.

Dr. Freitag is a clinical associate professor and the diversity officer for the UW–Madison School of Nursing.



LEAD

from where you stand

Elise Arsenault Knudsen

Empowering UW Health RNs with evidence-based practice fellowships

by Teri Shore, UW Health corporate communications strategist
Photography by John Maniaci

It is no secret that nurses play a vital role in caring for patients and families. While all nurses affect lives, some are also looking for ways to influence practice itself.

At UW Health, nurses have an opportunity to drive improvement and practice change through the Evidence-Based Practice (EBP) Fellowship Program, which provides a formal and focused way for nurses to pursue individual projects and integrate research findings into nursing practice.

Élise Arsenault Knudsen, MS, RN, ACNS-BC, is the clinical nurse specialist for research and evidence-based practice at UW Health, and she designed and leads the fellowship program. She is

also currently pursuing her PhD at the UW–Madison School of Nursing.

Arsenault Knudsen's personal spirit of inquiry has certainly shaped her practice and pursuit of higher education, and it is something she feels is important to bring to other nurses. "When we developed the EBP Fellowship back in 2014, the literature I initially reviewed showed that patient outcomes improve and job satisfaction for nurses is higher when a program like this is in place," she says. "Nurses feel more engaged, reenergized and reinvigorated. It gets them back to why they wanted to become a nurse."

The 17-month EBP Fellowship Program has two primary goals. First, it provides structured time away from patient care for direct-care nurses to engage in a project that can improve patient outcomes. Second, it enables participants to grow as nursing professionals and improve skills through one-on-one support from mentors.

"From an organizational standpoint, it's important to highlight that a program like this is a grassroots, clinically driven effort," says Arsenault Knudsen. "Changes should come from clinicians who care for patients day-to-day, and evidence-based practice

supports optimization of the delivery of that care. [And] most importantly, we want to make it meaningful for the nurses themselves, having them see how they can effect change and be innovative and valued contributors to patient care. I try to engage the nurses on this and add a level of enthusiasm, helping them to see that they are leading from where they stand.”

Arsenault Knudsen acknowledges that evidence-based practice and literature reviews go hand-in-hand, but the program moves projects beyond that and towards actual practice change. “Getting through the articles is part of it, but the really cool thing is that we spend a majority of the time on the change process,” she says. “We also recognize that this process is going to go beyond the year of fellowship and typically expect the fellows to need another six months in order to get it into day-to-day practice.

“It’s fun to share my learnings about what that change process looks like—how important it is to be intentional, plan for it, determine the best way to share the information and engage other nurses. It becomes the unit’s/area’s project, not just the fellow who’s leading it.”

After the literature review is completed and practice recommendations are established, the fellowship supports time to design and carry out a pilot and determine how the new practices actually impact patient care. Nurses begin the program as informal leaders in their work area, and this fellowship further develops that role.

“Each EBP fellow identifies a topic or a trigger, which is identified through their clinical experience, to focus their EBP project on in order to complete during their fellowship,” Arsenault Knudsen says. “The project’s impact may directly influence patient care and outcomes or professional nursing practice or process. The breadth of projects has promoted nurse-led improvement in patient care in multiple areas across UW Health.”



Élise Arsenault Knudsen works with fellow Lucy Lomeli during a formal learning session.

Putting Ideas into Action

Evidence-Based Practice Fellowship projects directly impact patient care and nursing practice.

PROJECT	IMPACT
Family Presence During CPR in the ICU	100% of families were invited to be present during CPR
Nitrous Oxide for Pain Control in Pediatric Patients with Burn Injuries	Decreased dressing change recovery time periods while maintaining pain control
Improving RN Communication During Direct Admission	Improved nursing workflow and communication on an inpatient medical unit
Standardizing Central Line Maintenance for Outpatient Apheresis	Replaced the use of Heparin lock with saline-only lock and a Tego connector to maintain line patency; 100% of lines remained patent during the pilot.
Venous Thromboembolism (VTE) Prevention in Neuroscience Patients	Standardized, patient-specific VTE prevention nursing practices
Monitoring End Tidal CO2 in Intubated Patients	Refined process and equipment for monitoring patients to enhance nursing assessment
Developing a Pathway to Insulin Pump Therapy	Improved clinician knowledge, process and patient educational materials before initiating an insulin pump
Guidelines for NICU Lighting	Developed recommendations to guide gestational age-appropriate lighting for NICU patients

Expect the Unexpected

There's no telling what patients will say or do. This **simulation** gets students ready for that.

by Jennifer Garrett

Photography by Alexander André

Clinical Associate Professor Cassie Voge, MS, RN, AOCN, wants to make her students uncomfortable. She loves it when a patient asks her students to be Facebook friends, shouts insults in an angry outburst or cries uncontrollably.

It is all part of a psychosocial simulation that Voge designed and introduced last year to prepare students for difficult or unexpected patient interactions.

The patient in this case is actually a School of Nursing employee in a hospital gown. The students, who work in pairs, know the patient is an actor. They also know that the patient is going to say or do something challenging—they just don't know what that will be.

Voge says the simulation gives students a chance to practice dealing with patients who might be lonely, angry, anxious, confused or sad. These encounters help students learn how to control their reactions when shocked or surprised, say “no” without offending the patient or steer conversations back on track after things have gone awry.

“The whole point of simulation,” Voge says, “is to practice skills—in this case, therapeutic communication skills—in a safe environment.”

This awkward patient encounter is usually the first clinical experience for first-year nursing students. As such, it is meant to ease anxiety before clinical rotations

begin and also familiarize students with the school's simulation facilities in the Center for Technology-Enhanced Nursing (CTEN).

“We have fun with it,” Voge says, “but we try to use the most common examples that students will encounter when they begin their clinical rotations.”

Social media comes up a lot. So do complaints about other members of the provider team or requests for advice about how to handle treatment recommendations.

“We'll have the patient say, ‘I was just diagnosed with cancer and the doctor said I needed chemo. I don't know what to do. What would you do?’” Voge says.

The point is to drive home the importance of developing therapeutic communication skills, which are nuanced and tricky to master because there are many right answers—and also many wrong ones. “We talk about interpersonal relational skills as being a bit ‘gray’ in that there can be many effective and therapeutic responses,” Voge explains, “and, yet, nursing students and other healthcare professionals still can make mistakes when communicating with patients and families.”

The exercise helps students learn what some of the common pitfalls are—things like recommending a treatment (“Oh, definitely have the chemo—that's your best option!”), minimizing a concern (“Try to think

positive!”), expressing platitudes (“It’ll be fine”) and overstepping professional boundaries (“Sure, I’ll be your friend on social media!”).

The clinical group discusses each interaction immediately after a pair of students finishes meeting with the patient. They talk about what went well, what could have been better, and what students will do differently the next time. They even talk about facial expressions to body language.

Voge says the group debriefing is valuable for students both when they participate in the simulation and when they watch their classmates. “In a sense, it’s a ‘two-for-one’ in that we are not only guiding the students around the complex topic of how to communicate with patients and families, but also teaching them how to communicate with and critique each other,” she explains. “It isn’t always easy to provide constructive criticism to a colleague. Doing this during simulation debriefing is a great first step in making this a part of their professional nursing practice.” ✨

Clinical Associate Professor Cassie Voge plays a patient during a simulation with students Halle Giaimo and Lauren Collison.



Funding Future Nurses

Gwen P. Shapiro Scholarships deliver financial and emotional support to rural students

by Jennifer Garrett

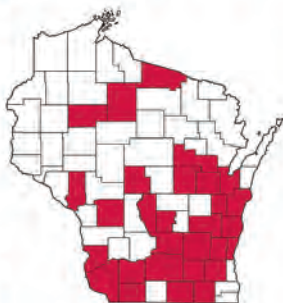
Adams
Brown
Calumet
Columbia
Crawford
Dane
Dodge
Fond du Lac
Grant
Iowa
Jefferson
Lafayette
Manitowoc
Marquette
Monroe
Outagamie
Ozaukee
Price
Rock
Rusk
Shawano
Sheboygan
Trempealeau
Vilas
Walworth
Washington
Waukesha
Waupaca
Wood

51

Students

29

Counties



**2016-2017 Gwen P. Shapiro
Rural Wisconsin Nursing
Scholarship Recipients**

Rebecca Krause '17 was a bit nervous when she moved from Waupaca to Madison to study nursing. She had taken a few years off between high school and college to travel, and returning to school a bit older than most of her peers amplified the anxiety she had about entering a rigorous program away from home. But Krause found needed support—both financial and emotional—in a fan she had never met but who nonetheless put faith in the Waupaca native.

Gwen Harris, like Krause, came to Madison from a small town. In her case it was Cuba City, a town with fewer than 3,000 residents in 2010 and fewer still in the late 1940s when she left home. But Harris was drawn, as Krause was, to the state's flagship university where she intended to soak up as much as she could of the intellectualism and culture. She never left.

Gwen eventually married Herman Shapiro, a physician and UW alum, and the two built their lives in and around campus. She worked for decades at UW Hospital and Clinics, eventually assuming the position of head nurse. He was a cardiologist and on the faculty of the School of Medicine and Public Health. The couple never had children, and the bulk of their estate became the Herman and Gwen Shapiro Foundation, which has awarded more than \$3.3 million to the School of Nursing and \$14.2 million to the university since its establishment in 1995.



Herman and Gwen Shapiro

Much of that funding has supported students who, like Gwen, did not grow up in or around metropolitan areas like Madison or Milwaukee. Just this year the school awarded \$120,000 in Gwen P. Shapiro Scholarships to 51 undergraduate students from rural communities.

The Shapiro Foundation scholarships make a huge impact on our students, many of whom come from rural communities throughout the state," says Dean Linda D. Scott, credentials. "Even the smaller scholarships enable students to work less and learn more by devoting those extra hours to studying, student organizations, extra clinical rotations or shadowing. Those experiences all contribute to student success, and the Shapiro Foundation enables more students to take advantage of more of those opportunities."

Krause definitely felt the impact. She says the funding enabled her to limit her hours at the two jobs she worked while a full-time student and still graduate debt-free.



Rebecca Krause near her home in Waupaca

“If I could thank Gwen Shapiro personally, I would want to say thank you for believing in me. Thank you for making a way. Thank you for recognizing our potential and helping us reach it. Thank you for setting forth a tradition of generosity and giving back. Thank you for your selflessness.

I would want her to know that her gift and foresight is very much appreciated and not taken for granted, and that in the future myself and others will certainly follow her example and give in kind to those who come after us. Thank you for your example and legacy. ”

—Rebecca Krause

“The scholarship takes some of the stress away. The scholarship has allowed me to focus on my classes rather than on the stress of paying for them,” Krause says. “I know many of my classmates have shouldered large loans to help them through school. I believe this carries with it its own residual stress, knowing that you are behind before you even truly begin. I am grateful that the scholarship has allowed me to avoid some of this debilitating debt.”

David Walsh, a UW graduate and Shapiro family friend, helped establish the foundation and currently chairs its board of directors. Walsh says Gwen wanted to help students like Krause make the transition to Madison and then position them for greater success once here.

“She cared about students who came from rural Wisconsin, and she wanted to offer them support so they could spend more time on their studies,” Walsh explains.

Scott says many some students continue to return home on weekends or breaks to help their families, and many plan to return upon graduation. Salaries in rural areas tend to be lower, she notes, making it more stressful and difficult for students to borrow money to pay for their degrees. “We need more nurses to practice in rural areas, and we need to minimize their student debt so that it’s feasible for them to do that,” Scott explains. “The Shapiro scholarships help us help students keep their educational costs down.”

Walsh is proud that the foundation continues to support students like Gwen, and he says she would be pleased at the impact the foundation has had on the school. “I think the greatest asset the state has is people like Gwen who are not just about Madison and Milwaukee, but who were passionate about people throughout the state,” he says. “That’s the core of the Wisconsin Idea.”

For Krause, the scholarship certainly made a financial impact on her life, but she points out that it did more than defray costs. It helped her persevere when school felt overwhelming, and it gave her the confidence to pursue and secure a residency at UW Hospital, where she begins work this summer.

“The scholarship gave me some emotional and mental support,” Krause says. “I know that there are people who believe in me enough to invest their money in my education and future. That means something.” ❧



All photography, except 4 and 6, is by Alexander André.

Scenes

A look at what's happening with our students, faculty, staff and alumni



8



9



10



11



12

1. **Elisha Smith** '14, who works in the critical care unit at Gundersen Health System in LaCrosse, Wisconsin, represented his employer at the Enhancing Diversity in Nursing Career Fair at Cooper Hall in February.
2. The student **Geriatric Interest Group** hosted a luncheon for nursing students, faculty and older adult residents of Capitol Lakes and Avalon Assisted Living.
3. A young visitor learns how healthy lungs sound during the **UW-Madison Science Expeditions**. This was the second year the School of Nursing participated in the free, campus-wide open house event in April.
4. Postdoctoral fellow **Traci Snedden** fits a Northland Pines High School soccer player with headgear for a study regarding sports-related concussion in adolescent athletes. Primary investigators Tim McGuire, PhD, of the UW-Madison Athletic Training Program, and Alison Brooks, MD, of the School of Medicine and Public Health, are leading the study, which is fully funded by a \$300,000 grant from the National Operating Committee on Standards for Athletic Equipment.
5. Nurse scientist **Heather Royer** PhD '08 takes a break from her work at the VA to explore the findings at the Nursing Research Poster Fair at the Health Sciences Learning Center in April.
6. The School of Nursing sent a large group of faculty, staff and students (posing at Monona Terrace) to **Nurses Day at the Capitol**, the annual event hosted by the Wisconsin Nurses Association, on February 28.
7. **Elizabeth Biermeier-Hanson** '17 writes a postcard to an alum on Thank A Badger Day, the March 12 campus-wide event for students to share their appreciation with alumni across the country.
8. **Bucky Badger**, wearing his properly fitted bike helmet, visits an exploration station in Cooper Hall during the Science Expeditions. The American Family Children's Hospital Kohl's Safety Center team came to Cooper Hall to fit and sell bike helmets as part of postdoctoral fellow **Traci Snedden's** Brain Safety station.
9. Second-year nursing students **Leslie Wright** and **Anna Miller** signal their Badger pride after celebrating their upcoming graduation at the Nurses Alumni Organization Senior Sendoff at Cooper Hall in early May.
10. The **Center for Aging Research and Education (CARE)** hosted a healthy aging fair with nursing, pharmacy, nutritional sciences and audiology students at Goodman Community Center in March.
11. **Adam Schneider** DNP '17 practices his technique on a pig's foot during a December "Learn to Suture" event organized by Clinical Assistant Professors Tracy Salazar, DNP, RN, and Wendy Halm, DNP, FNP-BC, APNP, and Clinical Instructor Jeff Kobernusz, MS, RN.
12. Clinical instructor **Liz Collins**, MSN, RN, CNE, demonstrates a lift to Milwaukee high schools students who visited Cooper Hall with the GEAR UP program, which exposes underrepresented students to UW-Madison and other Wisconsin colleges and universities.

Keeping up with Alumni

1970s

After obtaining a PhD in nursing education and working in the University System of Georgia as a professor at North Georgia and West Georgia, **Michelle Paetsch Byrna '79, MS '89** retired in May. She and her husband will now split their time between Greenville and Charleston, South Carolina, to be closer to her daughter, son-in-law and grandson.



Michelle Paetsch Byrna

1990s

Susan Gold '91, who founded the Talking Health Out Loud HIV education project and works in the UW Health HIV Clinic and Pediatric Infectious Disease Clinic, received a Mandela Washington Fellowship Reciprocal Exchange Award to collaborate with Sicily Mburu, a Kenyan physician who founded AIDS No More. The women met at a Global Health Institute event that brought together healthcare workers from the Young African Leadership Initiative and UW–Madison to discuss their work with HIV/AIDS patients. Gold was also a 2007 Fulbright Scholar and was the first clinical registered nurse to receive the honor.

Gold has been traveling to Kenya and Tanzania for more than a decade. In 2012 she began taking UW–Madison students to help teach her curriculum on reproductive health. While in Africa she also prepares trainers to talk to kids and teens about sexuality and deliver reproductive-related health education.

"I'm really proud and humbled by the awarding of the fellowship, and I think it reflects the support I get from UW Health... It also makes a difference in lives every day," Gold says. "The ability to collaborate and partner with the African organization opens up even more opportunities in getting accurate information out to kids who really need it."

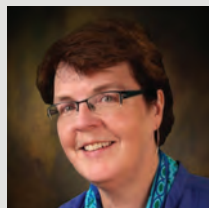


Susan Gold

Sally Norton MS '94, PhD '99 received the 2017 Distinguished Researcher Award from the Hospice & Palliative Nurses Association. The award recognizes a nurse researcher who has demonstrated longevity and consistency in research that advances the mission and vision of HPNA via high quality research, research presentations and publications in peer-reviewed journals.

Dr. Norton is the Independence Chair in Nursing and Palliative Care at the University of Rochester School of Nursing. She serves as a co-director of research for the Division of

Palliative Care in the Department of Medicine. Her research is focused on palliative care and end-of-life decision-making.



Sally Norton

Adrienne White '97 received the Wisconsin Alliance for Women's Health 2017 Woman of Character Award in March. White is a women's health clinical nurse specialist at UW University Health Services. This award recognizes her years of service improving the health of women in her care and for her volunteer work in West Africa to establish a healthcare center run by and for young women in the area.

2000s

Melanie Krause '06, MS '07, PhD '10 is the new Deputy Assistant Inspector General for Healthcare Inspections. Melanie was previously the director of hotline coordination for the Office of Healthcare Inspections as part of the Office of Inspector General within the U.S. Department of Health and Human Services. In that role, Melanie oversaw the clinical review of several thousand healthcare-related complaints annually. She also managed a portfolio of about 70 healthcare inspections.

Before joining the OIG, Melanie was a senior analyst with the Government Accountability Office

and was responsible for overseeing performance audits of federally funded healthcare programs. In that role, she served as a day-to-day supervisor for project staff and met regularly with congressional clients. During her time with GAO, she was detailed for a year to the U.S. Senate Committee on Veterans Affairs, where she was responsible for initiating oversight of VA medical facilities and providing consultation to committee members and their staff. She has received a number of awards during her tenure in federal service, including both individual recognitions and team awards. Prior to moving to Washington, DC, Melanie worked in Wisconsin as a registered nurse at a county-run skilled nursing facility that specializes in the care of adults with serious mental illness.

2010s

UW Health featured **Aya Yassin '13** in its Everyday Remarkable print advertisement series that highlights exemplary UW Health employees. Yassin's ad celebrates her natural talent for nursing along with her dedication to continually improve her practice.

Since **Devin Callaway '14** finished his bachelor's degree, he has been busy building the experience and credentials necessary to apply to nurse anesthesia school. He applied and was accepted to Saint Mary's University of Minnesota, and he began his studies this May.

Shortly after passing the NCLEX in summer of 2014, **John Olson '14** traveled to China to teach English. While in China, he fell in love with

KEEP IN TOUCH!

Email alumni@son.wisc.edu with any updates to share with fellow alumni. Send a photo to accompany your update and win a School of Nursing prize.



a classmate from Kazakhstan. They have since gotten married and recently welcomed the birth of their first son. He currently works in China as an English teacher.



Devin Callaway

The Midwest Nursing Research Self-Care Research Interest Group presented their Junior Investigator Award to **Chen Xiao Chen, PhD '15** at the April 2017 annual meeting. The award recognizes her dissertation research on beliefs about dysmenorrhea and their relationship to self-management.

In Memoriam

We offer our deepest sympathies to the families and friends of those who have passed away.

Arneita A. Halle Cert '43, '47
(December 13, 2016)

E. Ann Buck Cert '42, '43
(December 19, 2016)

Marilyn H. Marquardt '72
(February 11, 2017)

Debora S. Suchomel '01
(February 14, 2017)

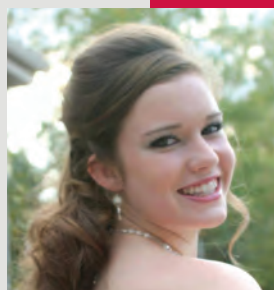
Diane S. Jones '85
(March 3, 2017)

Marilyn J. Priebsch '76
(November 11, 2016)

Peggy A. Schuber '80
(February 4, 2017)

Katinka C. Stout Cert '53
(February 24, 2017)

Ruth M. Fox '54
(March 8, 2017)



Megan Casey

REMEMBERING MEGAN CASEY

The School of Nursing lost a vibrant member of the student and school community when freshman Megan Casey died, along with her father, in a plane crash over Lake Erie during the winter holiday break. Casey was a member of the freshman direct admission class and was passionate about her journey toward nursing practice. Her family established the Megan E.

Casey Memorial Nursing Scholarship Fund in her memory soon after her death. Gifts to the scholarship will create an endowed fund to support aspiring nursing students who share Casey's dedication to health and the nursing profession.

Linda Procci '72, MS '74

Class Act

The Los Angeles chapter of the Wisconsin Foundation and Alumni Association awarded **Linda Procci '72, MS '74** a Badger of the Year Award. To many, it is an obvious choice. Procci led the capital campaign for Signe Skott Cooper Hall and, with her husband Warren, contributed more than \$100,000 toward the building fund. She is an adjunct professor for the school and serves on the Board of Visitors. Additionally, she sits on the WFAA board and on the Dean's Advisory Board for the Wisconsin School of Business.

Reena Chandra-Rajpal, director of development for the UW–Madison School of Nursing, works closely with Procci. She is not surprised that the LA chapter recognized her with this important alumni award.

"Linda is not just a donor. She is a doer," Chandra-Rajpal says. "She also understands that she cannot do it all alone. She works hard to engage other alumni in service and philanthropy, and that is why she won this award."

Procci's relationship with UW–Madison goes back decades. Her father was an alumnus, and the Johnson Creek native never considered studying anywhere else. "If you were going to go to the most prestigious school in the state, you were obviously going to go to UW–Madison," she says. "It was the only place I applied."

Although she left Wisconsin for the west coast upon graduation, Procci never really left UW–Madison behind. Like many Badger alumni, Procci carries UW–Madison close to her heart. But to suggest her affections are the stuff of nostalgia is to oversimplify her relationship with her alma mater and to overlook the way she forged a career—and really lives her life—as a Badger.

Procci credits her UW–Madison degrees for her ability to quickly get a professional foothold in the healthcare system and eventually climb the corporate ladder to the leadership roles she held for the bulk of her career. "When I got my first job out here, I had a brand-new master's degree with almost no experience. I thought they were out of their minds to hire me, but they were impressed with what I knew," Procci says. "And soon I was, too. My colleagues were attending seminars and conferences to learn about new research or emerging practice, and I already knew it."

Prior to her retirement in 2013, Procci worked for 17 years as the vice president of service line operations at Cedars Sinai Medical Center in Los Angeles. Before that she served for 15 years as vice president and chief operating officer at Good Samaritan Hospital in Los Angeles. None of that would have been possible, she says, without the strong foundation in nursing science and leadership that she developed at UW–Madison.



"I couldn't have made the move to Los Angeles without my time on campus," Procci says. "I've thrived here, but I was prepared."

Touched and humbled by the Badger of the Year honor, Procci plans to continue working on behalf of the university in Los Angeles, in Madison and wherever else she may be needed. "The University of Wisconsin just continues to give to me generously, which makes it easy to give back," she says, "but I seriously doubt I will ever feel I have broken even."

John Mills met Procci soon after assuming the presidency of the Los Angeles chapter of WFAA, and he was immediately impressed with her dedication. "This is not an award that is given annually," Mills says. "It is given when it is deserved, and Linda deserves it."



Nurses Alumni Organization
UNIVERSITY OF WISCONSIN–MADISON

News of Note

from School of Nursing Students, Faculty and Staff

Roger Brown, PhD, received the 2017 Academic Staff Excellence in Research Critical Support Award. Brown, a professor of research methodology and medical statistics in the School of Nursing and the School of Medicine and Public Health, is an expert in applied statistics and research design.

Clinical Professor **Karen Solheim** '73, PhD, RN, FAAN, received the 2017 Academic Staff Chancellor's Hilldale Award for Excellence in Teaching. Solheim, who directs the undergraduate program, also led a panel on refugees, resettlement and health for the UW–Madison Global Health Institute's Global Health Symposium in April.



Karen Solheim

Diane Lauver, PhD, RN, FNP-BC, FAAN, has assumed leadership of the PhD program. She succeeds **Kristine Kwekkeboom** '89, MS '95, PhD '99, RN, FAAN who remains on the faculty.

Clinical Faculty members **Gina Bryan** '99, MS '02, DNP '12, PMHCHNS-BC, APNP, **Tracy Saladar**, DNP, RN, CPNP-PC, **Sarah Endicott** DNP '13, RN, GNP-BC, APRN, and **Jennifer Fiegel-Newlon** '98, MS '01, DNP '12, PMHNP-BC, FNP-BC, APNP, presented sessions at the Wisconsin Nurses Association APRN Forum in Green Bay in April.

Saladar and Bryan teamed with Clinical Assistant Professor **Wendy Halm**, DNP, FNP-BC, APNP, and School of Medicine and Public Health Professor **Richard Brown** to present the workshop "A Sensational, Scalable,

Online, Multidisciplinary SBIRT Training Program" at the National Organization of Nurse Practitioner Faculties Annual Conference in Washington, DC, in April.

Saladar also traveled to Denver, Colorado, with postdoctoral fellow Traci Snedden, PhD, RN, CPNP-PC, APRN, CNE, to teach a pediatric nurse practitioner primary care review course at the National Association of Pediatric Nurse Practitioners conference.



Tracy Saladar and Traci Snedden

Dean **Linda D. Scott**, PhD, RN, NEA-BC, FAAN, co-authored "Nurse Practitioner Transformation to the Doctorate of Nursing Practice: Crossing the Boundaries and Navigating the Process" for the *Japanese Journal of Nursing Research*. Dean Scott also presented "Impact of Sleep and Fatigue on Nurse and Patient Safety" at Children's Mercy Hospital in Kansas City, Kansas. She later presented "Holistic Review: A Strategy to Diversify the Nursing Workforce" to the University of New Mexico College of Nursing in Albuquerque, New Mexico. Dean Scott will begin a three-year appointment to the editorial board for *Nursing Outlook* in July.

Two School of Nursing faculty members and one PhD student earned recognition from the Midwest Nursing Research Society. Associate Dean for Research and Sponsored Programs **Barbara J. Bowers**,

PhD, RN, FAAN, received the 2017 Lifetime Achievement Award in recognition of her vast scholarship and leadership in nursing research. Assistant Professor **Barbara King** MS '87, PhD '10, RN, APRN-BC, received the John A. Hartford Foundation Award for her work to optimize nursing care of hospitalized older adults. Current PhD student **Anne Roll**, MS, BSN, received the Sally Lusk Grant dissertation award.

In April, Bowers, King and Roll were among a large contingent that attended the annual MNRS Research Conference in Minneapolis, where Roll presented a poster titled "Family and Friends in the Social Networks of Aging Adults with Down Syndrome."

Dean Scott also participated in the poster presentations with "LGBT inclusivity in nursing health assessment textbooks." Assistant Professor **Elisa Torres**, PhD, RN, presented her paper "Lifetime Physical Activity Associated with Alzheimer's Disease Biomarkers in Cognitively Asymptomatic Adults." Clinical Professor **Barb Pinekenstein**, DNP, RN-BC, CPHIMS, served on a panel with King, while Professor **Eileen Kintner**, PhD, RN, FAAN, attended as a board member serving on the nomination committee. Professor Kris Kwekkeboom presented her work on the role of inflammation in pain, fatigue and sleep disturbances among advanced-cancer patients, and Professor Diane Lauver served on the conference planning committee. Postdoctoral fellow Traci Snedden presented both a paper and a poster regarding her research in adolescent traumatic brain injury.

Assistant Professors Elisa Torres, Barb King and **Linsey Steege**, PhD, were selected as Fellows in the UW–Madison Teaching Academy in recognition of their excellence in and commitment to teaching and learning.

Deb Hopke retired after more than 37 years with the School of Nursing. Hopke worked in the academic programs office where she supervised administrative support staff and developed systems and processes for admissions, advising, student records, clinical placement and assessment.

Clinical Professor **Lori Anderson** '79, MS '01, PhD '06, RN, was appointed to the National Board for Certification of School Nurses. Anderson also serves on the National Association for School Nurses Workforce Acuity Taskforce, which is presenting findings at the National Association of School Nurses conference in San Diego in June.

Assistant professor **Lisa Bratzke** '88, MS '92, PhD, RN, ANP-BC, FAHA, and the School's **Center for Aging Research and Education (CARE)** earned an Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment mini-grant to develop short training videos to help local businesses better recognize and respond to dementia.

Two leaders from the **Wisconsin Network for Research Support**, a patient and community engagement resource based at the School of Nursing, were part of the instructor team for "Engaging Patients & Other Stakeholders in Translational Research: Tools and Best Practices for Research Teams," a two-day campus short course in June. Director of Stakeholder Training **Betty Kaiser**, PhD, RN, and Director of Stakeholder Engagement, **Gay Thomas**, MA, led sessions to help research teams plan for effective, sustainable stakeholder engagement in their studies.

Diversity Officer **Mel Freitag**, PhD, presented the poster "Queer as Subject and Queer as Politic: Creating a Paradigm Shift in Nursing Curriculum" at the Xavier University 10th Annual Health Disparities Conference in New Orleans, Louisiana. Freitag also presented at the National Association of Diversity Officers in Higher Education conference in Washington, DC.

In May, Freitag teamed with recent graduate **Natasha Crooks** '13, PhD '17 to lead an interactive session titled "Building Students' Culturally Relevant Practice: Bridging Social Justice and Nursing Curricula" at the UW–Madison Teaching and Learning Symposium. Freitag also co-presented a poster with her undergraduate honors student, **Salma Salama**, titled "We Belong Here: Re-framing the STEM Experience with Students of Color at a Predominantly White Institution (PWI)."

Karen Pridham, PhD, RN, FAAN, received a UW Institute for Clinical and Translational Research pilot project award, which will supplement an existing American Heart Association grant, for her research on parent communication regarding feeding an infant with a heart defect. The project award will enable Pridham to collaborate with American Family Children's Hospital.

Andrea Gilmore-Bykovskiy '09, MS '10, PhD '14, RN, and her research team launched a new clinical intervention at the William S. Middleton Veteran Affairs Hospital to improve prevention of and responses to dementia-related behavioral symptoms for hospitalized veterans. Her team also established a new collaboration with the German Center for Neurodegenerative Diseases (DZNE) to optimize measurement and detection of meaningful changes in dementia-related behavioral symptoms. The UW School of Medicine and Public Health and DZNE jointly funded the project.

Current PhD student **Zhiyuan (Effy) Yu** '15 received the 2017 Sigma Theta Tau International Research Award from the Beta Eta-at-Large chapter. Current PhD student **Dami Ko**, MS, RN, PhD '17 presented the award to Yu at a recognition ceremony in April. Ko, who received the same award last year, will relocate to Nashville, Tennessee, to begin a post-doctoral fellowship at Vanderbilt University after she graduates in August.

Recent PhD graduate **Maichou Lor** '11, MSN '13, PhD '17 received the fourth annual UW–Madison Award for Mentoring Undergraduate

Students in Research, Scholarly and Creative Activities. Lor received \$2,000 for use in professional activities. She will begin a post-doctoral fellowship at Columbia University in New York later this summer.



Maichou Lor

Recent PhD graduate **Anna Krupp** MS '06, PhD '17 accepted a dual post-doctoral fellowship with the National Clinician Scholars program and the Center for Health Outcomes and Policy Research at the University of Pennsylvania.

Several graduating seniors earned honors prior to commencement. **Taylor Hayes** '17 received the Future Nursing Leader Award from the Wisconsin Nurses Association. **Natalie Albino** '17, **Tenzin Kunsang** '17, **Maryam Mohamud** '17, **Taylor Torcaso** '17 and **Zihui (Nicole) Zhao** '17 all received UW–Madison Adult Student Scholarships in 2017.

Ummulkhair Drammeh '17 was a UW Outstanding Undergraduate Returning Adult Student award finalist. **Rebecca Krause** '17 and **Wangdue Tsomo** '17 were also among the nominees. Finalists each received a cash award of \$500 while nominees received \$100.

Brooke Mortensen '17 received the Meyerhoff Undergraduate Excellence Award for Leadership, Service and Scholarship. **Haley Spranger** '17 was named Outstanding Undergraduate in Training. **Clare Costello** '17 and **Heather Hynick** '17 earned DAISY In Training honors.

DNP student **Troy Lawrence**, '10, DNP '17 received the Mary L. Keller research award.

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Upcoming Events

Thursday, July 13

Bunge Society Dinner from 6–9 pm at
Signe Skott Cooper Hall

Thursday, August 31

White Coat Ceremony

Thursday, October 19

Dr. Catherine Alicia Georges,
AARP president-elect, presents the
18th annual Littlefield Leadership
Lecture “Building a Culture of Health for Older
Adults Through Community Engagement”

November 3–November 5

UW Family Weekend

Saturday, October 21

NAO Badger Tailgate Lunch, after which the
Badgers take on the University of Maryland Terrapins
in the Homecoming football game at Camp Randall

