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# FORWARDNURSING

UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF NURSING

## What Nurses Know About OPIOIDS





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# Growth Needed to Meet Demand for Nursing Education and Care

One critical aspect of preparing for the future of care is addressing the shortage of nurses educated to provide healthcare in and beyond our state. Though we proudly develop nurses as leaders for the profession and society, there remains a daunting challenge: Wisconsin will need far more nurses than we can educate at our current size.

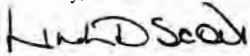
The shortage of registered nurses is expected to widen in the coming decades. Wisconsin nursing workforce projections from 2016 predict that the state nursing shortage will grow to 27,700 by 2040.

At the same time, there is an abundance of qualified, passionate students who want to change lives as Badger Nurses. Each year we receive approximately 450 applications for the Traditional BSN (TBSN) program, which has the capacity to admit only 160 students. Similarly, the one-year Accelerated BSN (ABSN) program, launched with an inaugural cohort of 32 students in May 2018, receives three times more qualified applicants than we can serve.

The convergence of Wisconsin's critical need for nurses with the recurrence of unmet student demand for our programs makes clear that we must build capacity to enroll more students in the School of Nursing. I am proud that despite complex and costly growth constraints we have innovated to serve more students. But at our current size, we still have to decline too many qualified prospective nurses. Our limited capacity is a barrier for students who want to improve health through research, education and practice; and it limits our ability to improve the health of our state by meeting more of the need for nursing care. We have to find a solution.

Building capacity to educate more nurses is not feasible without additional base resources. We are working closely with leaders on campus to secure the state funding necessary to increase our enrollment in the TBSN program by 25%. This is in addition to the planned expansion of our ABSN program, which will add eight students to the cohort size each year, reaching its maximum capacity of 64 students by 2023. If we are successful in securing funds for growth, we will make strides in meeting the healthcare and educational needs of our state. I am steadfast in my commitment to both.

Sincerely,



**Linda D. Scott**

Dean and Professor  
University of Wisconsin–Madison School of Nursing

Dean Linda D. Scott



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

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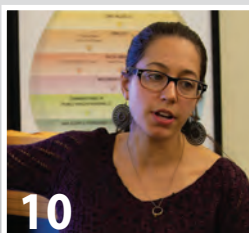
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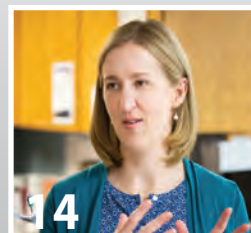
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## Focus on Native Health

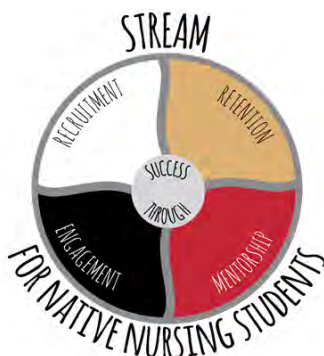
The School of Nursing continues its commitment to Native American health with a new collaboration with the School of Human Ecology and Nelson Institute for Environmental Studies. Together, the three campus units are recruiting to assemble an interdisciplinary research team to work closely with Wisconsin Native Nations to address tribal health, environmental and social challenges. The three new faculty members will collaborate closely with tribal communities and Native organizations to identify needs and determine priorities while advancing science.

The new positions are part of the campus-wide cluster hire program. Launched in 1998 as a partnership between the university, state and the Wisconsin Alumni Research Foundation, the cluster hire initiative provides departments with seed money for building faculty teams to address critical issues that span multiple disciplines.

This Native American environment, health and community faculty team evolved from a 2014 campus meeting where Wisconsin Native Nations and UW system leaders met to discuss ongoing relationships, community concerns and opportunities for future collaboration. That meeting led to the development of the Native Nations UW Working Group and a strategic plan calling for this kind of interdisciplinary research team.

"The School of Nursing is committed to contributing to efforts to reduce health disparities experienced across society. Native American communities, in particular, experience high incidences of many chronic conditions, such as diabetes and depression," says Dr. Linda D. Scott, School of Nursing dean and professor. "Nursing science can lead to improved community health and wellbeing, and collaboration across disciplines will lead to more sustainable and culturally appropriate solutions that factor in environmental priorities and engage existing social structures and systems."

In other efforts to support Native American communities, the school co-hosted the third annual Native Nations Nursing Summit in Menominee in November.



The free summit focused on educating nurses about culturally responsive and trauma-informed care within Native communities. "There is evidence that many Native communities struggle with the long-term effects of historical trauma," says Audrey Tluczek, School of Nursing professor and conference coordinator. "Health professionals within those Native communities have taken the lead in developing approaches to care that address community needs and are aligned with traditional tribal values and practices."

The event also included information about pathways to the profession for middle and high school students, career advancement opportunities within nursing, and continuing education for registered nurses and advanced practice nurses.

Mel Freitag, School of Nursing diversity officer, says increasing the ranks of Native nurses is a priority for the school and the state. "We hear from Native communities that they want to better understand the various ways into and career paths within nursing—beginning with middle and high school students who are starting to contemplate careers—so that is a big facet of the summit," she says. "We also know that Native nurses want to play a more meaningful role in their healthcare systems, so we are incorporating learning opportunities to promote empowerment and leadership among Native nurses."

In 2017 Tluczek and Freitag also launched STREAM, the school's other program for Native American students, with a \$1.3 million Health Resources and Services Administration grant. The program includes a comprehensive system of support services that will help to admit and graduate 30 Native American nursing students over the next four years.



## Communities as Cornerstones of Public Health

The United States Deputy Surgeon General, Rear Admiral Sylvia Trent-Adams, visited the School of Nursing last fall to deliver the 19th Littlefield Leadership Lecture, an annual speaking event that brings in a renowned nurse leader to share experiences and ideas to educate and inspire the Madison-area nursing community.

Trent-Adams' talk framed public health as community health and called for authentic interaction with the people that health policies and programs serve and support. That means going where they are, listening and learning about their needs and challenges.

Her remarks reflected her commitment to nursing's holistic approach that looks beyond symptoms to how individuals and their families live with illness and work toward improved health. She also called for a prioritization of health promotion, a culture of advocacy for health and healthy lifestyles rather than a culture that responds to disease and disorders as they occur.

"We don't have a healthcare system. We have a sick care system," Trent-Adams says. "I would like to see us move in the direction of health. How do we keep people from getting sick in the first place?"

That involves addressing social determinants of health—things like housing instability, food and employment insecurity, access to transportation, and insurance—on a community level. Trent-Adams argued that we are more successful when we focus on health in the community rather than in the clinic.

*As Deputy Surgeon General, RADM Trent-Adams advises and supports the Surgeon General in communicating the best available scientific information to advance the health of the nation.*

*The Littlefield Leadership Lecture is named after Dean Emerita Vivian Littlefield, who led the UW–Madison School of Nursing from 1984 through 1999. The annual event is free and open to the public.*

# Leading Nurses to Lead

Clinical Professor **Barb Pinekenstein '73** has spent her career mentoring nurses and encouraging them to share their expertise at the highest level.

by Jennifer Garrett



Dr. Barb Pinekenstein has some unfinished business. She has tried twice to retire, but one thing keeps pulling her back to work.

“I want my legacy to be the development of nurse leaders. I’m really clear on that, and that’s why I’m here,” Pinekenstein says.

Pinekenstein has spent her entire career in nursing. Most of it was practice—first as a staff nurse, then a clinical nurse specialist and later two decades as a chief nursing officer and vice president for clinical informatics. The past four years have been dedicated to nursing education at the School of Nursing, where she was named the inaugural Richard E. Sinaiko Professor in Health Care Leadership. During much of that time she served on the board of the Wisconsin Center for Nursing, the state’s first nursing workforce center that has earned national recognition for workforce planning, leader development, and fostering diversity in the nursing profession.

While she worked in different capacities in each organization, there was also one constant from role to role: leadership development. Wherever she could, Pinekenstein worked to establish formal mentoring programs to help nurses identify professional and personal goals and then strategically pursue them. Embedded in all her mentoring work was a concerted effort to convince nurses to seek and hold board positions not only in healthcare systems but also community organizations so they could share their experiences, ideas and unique perspective.

“I would like to see nurses on boards everywhere, including community boards where their vision and passion for improving the health of their communities would make a difference,” Pinekenstein says, listing off the various kinds of organizations that could benefit from a nurse’s expertise and insight. The Red Cross. The United Way. The Alzheimer’s Foundation of America. Even places like Old World Wisconsin and the local library boards.

“As nurses we have skill sets we can bring to a lot of different settings,” she says. “Nurses excel at assessment, collaboration and quality improvement. Nurses are great problem solvers and transformers.”

Still, Pinekenstein believes health system board participation by nurses is essential as organizations face aging populations and nursing workforce issues, along with increasing practice and system complexity and, of course, mounting financial pressures. Unfortunately, many decisions are made without a nurse in the room. According to the American Hospital Association in 2017, the nursing workforce claimed 3.6 million nurses, but only five percent of hospitals had a nurse serving as a trustee.

“That’s really low,” Pinekenstein says. “Nursing should have a voice at the leadership table to make sure all providers have the resources and environment they need to provide exceptional care and to make sure we can advocate not just for resources but also for a healthy work environment.”

Associate Professor Linsey Steege, a human factors engineer on the School of Nursing faculty, works closely with Pinekenstein to study fatigue among nurse managers and executives. Steege sees the impact of all of Pinekenstein’s work but especially her commitment to developing nurse leaders at the school and beyond. “I think Barb is motivated by her own experiences as a nurse leader,” Steege says. “She is a great teacher and she sees the potential for research to positively impact practice and is constantly identifying strategies to help facilitate that translation.”

In recognition of her work to advance nurse leadership, Pinekenstein was named to the 2018 class of Fellows of the American Academy of Nursing. It is one of nursing’s highest honors, and it recognizes nurses who have made significant contributions to nursing and healthcare.





# What Nurses Know About Opioids

The opioid epidemic continues to claim lives, disrupt families and challenge communities, but nurses are hardly standing idly by. In many settings, they are creating solutions, implementing new programs, and driving change that is good for nurses, patients, health systems and communities.

by Maggie Ginsberg

**B**y now, the story of the opioid epidemic is brutally familiar and exhaustively documented: where it began, why it took hold and how it rages on. Although overdose deaths continue to rise—opioids accounted for two thirds of the 66,632 overdose deaths in 2016, an overall number up 21.5 percent from the previous year and now the leading cause of death in Americans under 50—the public health response is gaining traction.

The Comprehensive Addiction and Recovery Act of 2016 spurred states into action, and most now mandate compliance with their respective Prescription Drug Monitoring Programs. Federal funding for and access to Medication-Assisted Treatment and Opioid Overdose Reversal (naloxone) has increased. Prescriptions and “doctor shopping” are down, patient engagement is on the rise, and providers are ordering more comprehensive and varied pain treatment plans that focus on whole health. In fact, as more health care organizations implement multidisciplinary response protocols, the shape of the solution is looking especially familiar to nurses. Case management. Care coordination. The community and family as a patient.

Unfortunately, that doesn’t mean nurses are always invited to the high-level-planning and decision-making table, or that they’re given the necessary authority in the field.

“The definition of what is an epidemic, and the treatment of those things, speaks to everything nursing is. Nurses are uniquely positioned, but we’re not being utilized at high enough rates in these roles,” says Dr. Gina Bryan ’99, MS ’02, DNP ’12.

Bryan is an advanced practice psychiatric nurse who is also a clinical professor and director of the Post-Graduate Psychiatric Certificate Program and psychiatric mental health track of the DNP program. Active in state and national policy work regarding opioids and addiction, Bryan knows the data on opioids and addiction, and she knows the proposed solutions to stem the epidemic. In her work both in clinical settings and with legislators and other advocates, she sees a constant and concerning trend: a propensity to overlook the patient and community knowledge that nurses have.

“Bachelor-prepared registered nurses are by far the most underutilized health care providers in the health profession,” she says. “You have this group

of uniquely educated people, meaning they've had all the science education, all the direct patient care education, plus they've had health policy, medical ethics, community-based health, population health, global health. There is no other health care provider educated like that."

As providers on the front lines, and the largest segment of America's healthcare workforce, nurses spend the most face time, garner the most trust, and are arguably best positioned to assess which patients may need intervention. While the American Nurses Association has recommended expanding nursing's role in addressing the nation's opioid crisis, including expanding access to MAT, many states, including Wisconsin, still limit APRNs from prescribing MAT without an (often expensive) collaboration agreement with a physician. This limits access to treatment, particularly in rural communities where an APRN may be the only provider available.

"We need to allow any high-quality, trained, educated healthcare provider to do their job to the full scope of their training and education, and that absolutely is implicated in substance use disorders and the opiate crisis," says Bryan. "Because if people do not have access to treatment, we don't slow down these epidemics."

Lisa Bullard-Cawthorne is the Prescription and Non-Prescription Opioid Harm Prevention Program Coordinator in the Division of Public Health at the Wisconsin Department of Health Services. She is currently part of a five-member team funded by the

federal CDC's Prescription Drug Overdose Prevention for States grant, tasked with community and healthcare interventions such as provider education on prescribing practices and overdose fatality reviews, improving the Prescription Drug Monitoring Program, policy evaluation particularly related to Naloxone, and efforts to provide comprehensive care for pregnant and postpartum women who use opioids. She says DHS works closely with other state agencies and has partnerships with pharmacy, medical and dental licensing and professional associations. Efforts have also included input from groups of advanced practice nurse prescribers, like Bryan, but Bullard-Cawthorne is not aware of formal channels for glean insight from RNs.

"I really do think that it's important for nurses to be at the table," says Bullard-Cawthorne. Her team examines root causes of substance use disorder, intersections with mental and behavioral health, equity and access to care, trauma or adverse childhood events—all things bachelor-prepared nurses are already trained to look for. "They're a really important team member, and they're usually the first providers to develop a rapport and relationship with a patient, and so I think there's a huge role."

Formal partnerships aside, Bullard-Cawthorne has seen the way involving nurses has elevated various projects, such as providing valuable perspective in the multidisciplinary Overdose Fatality Reviews with the Department of Justice and community partners. When the PDMP was updated to the ePDMP in

Gina Bryan







Rochelle Carlson

2017, one of the critical shifts was that providers can now assign delegates—nurses—to check the PDMP for them. The PDMP has its limits, and nurses are uniquely positioned to dig deeper with each patient. They can recognize a history of use disorder, know to ask whether a woman of reproductive age plans to get pregnant, or pick up red flags for contraindicated prescriptions that could prove fatal in combination with opioids.

“Nurses in their traditional role care about the person as a whole being,” says Bullard-Cawthorne. “They’re asking questions about the rest of that person’s life, not just isolating a symptom.”

## A Nurse-Led Shift

In 2012, before the changes ushered in by CARA or the existence of Wisconsin’s PDMP, Rita Swanson and her colleagues were facing a problem like none they’d ever seen.

Swanson is a registered nurse and population specialist practicing at Monroe Clinic, where she has worked for 19 years. While Monroe Clinic is headquartered in its namesake rural Wisconsin community, it has satellite locations throughout southern Wisconsin and northern Illinois. Swanson was in family practice at the Freeport, Illinois, branch when the opioid crisis hit there. As the epidemic took hold, it created a sense of urgency as patients struggling with addiction were increasingly interacting with the clinic. “It was getting so that they were calling us three, four times a day, and it was so time consuming for nurses. We saw escalating behaviors. I don’t want to say threatening, but they were pretty aggressive in their calling. And there was a lot of fragmentation in the care, too.”

The staff organized. In an effort Swanson says was led by nurses, they formed a multidisciplinary team that invited doctors, pharmacists, risk management and marketing specialists to strategize solutions. They collaborated with the medical practice and executive

committees to get as much input as possible. The result was the Chronic Pain Management Agreement, which Monroe Clinic instituted system-wide, and which Swanson says has been a true game changer.

“While we met some resistance or skepticism from the older patient population, it also opened up a whole new conversation with them about safe handling and dependence and efficacy,” she says. “I think they responded better to nursing because we spent more time with them explaining the whys, and they felt less threatened by nurses doing the agreements.”

With some exceptions such as post-surgical and hospice patients, all who are prescribed opiates must sign a CPMA that holds both providers and patients accountable for their care. The extensive agreement not only reinforces the goals of chronic pain management and educates patients on alternative interventions, it also turns patients into accountability partners. What began as a time saver for nurses has translated into stronger patient relationships. Swanson also says having a CPMA in place gives nurses a way to act on the information they glean about patients through assessment and interaction. It provides an authority and autonomy they were lacking before, and it gives them a sense of agency in addressing the opioid crisis.

“Nurses didn’t always feel comfortable approaching a provider to say hey, let’s get a urine drug screen on this person,” says Swanson. It also relieved the pressure for those times when patients would call and needle the nurses to fill prescriptions early, a difficult position for natural caretakers whose first instinct is to help relieve their patients’ pain. “Now it was like, sorry, this is the agreement. It took the onus off the nurse as the bad guy.”

## A National Model

Veterans are one of the opioid epidemic’s hardest hit populations, reporting chronic pain at two to three times the rates of civilians. Sixty percent of veterans of operations in Iraq and Afghanistan report chronic pain, as do 75 percent of all female veterans, so it follows that rates of opioid prescription have historically, naturally, been higher. In 2014, the U.S. Department of Veterans Affairs launched its Opioid Safety Initiative, and in 2018, they rolled out the Stratification Tool for Opioid Risk Mitigation (STORM), resulting in a progressive pain management response that could serve as a model for civilian healthcare.



STORM is a dashboard that synthesizes everything from a patient's medical history to his or her mental health, comorbidities including other medications aside from opioids, and more—essentially anything that helps nurses assess whether a patient would be at higher risk for overdose or suicide if an opioid were prescribed. STORM also suggests risk mitigation strategies based on individual patient information, and it is linked to all EMRs throughout the country, ensuring continuity of care.

“Instead of looking at prescriptions and what opioid doses patients were on, we're now looking more at patients and what puts them at higher risk for potential overdose, intentional or unintentional,” says Emily Anderson '07, a registered nurse and case manager for the multidisciplinary pain clinic at the William S. Middleton Memorial Veterans Hospital in Madison. Anderson advises providers and sees patients, who now receive a comprehensive pain assessment and a more tailored treatment plan to ensure safe and effective use of opioids.

“Looking specifically at individual patients and their risk factors is where I think nurses can really play a role,” says Anderson, citing the strong relationships built with patients from pre-op education to post-op follow-up care. “There's a huge amount of trust in the nursing staff. Nurses are uniquely poised to provide this education. We have a unique perspective and unique training as far as patient education goes, that other disciplines simply don't have.”

She says although the Madison VA was not overwhelmed by the opioid crisis, STORM has helped the hospital effectively reduce prescriptions. But, Anderson cautions, the issue is not that simple. Reducing prescriptions is not necessarily the end goal, and an overemphasis on prescription rates could prove harmful in other ways. For example, a recent national VA report says patients are at increased risk of suicide and overdose in the six months immediately following initiation or discontinuation of chronic opioids.

“They're not benign medications, and taking them away is not necessarily a benign process,” Anderson says. “It's a fragile, potentially destabilizing time, and I think we need to look at each patient individually and assess function overall.”

While looking at the whole patient aligns naturally with nursing education, the Madison VA's Rochelle Carlson MS '89 says there is still a significant learning curve when it comes to treating pain.

“In my era, as healthcare providers and as nurses, we were trained that pain is a fifth vital sign, and that we should really focus on treating pain,” says the advanced practice nurse who is the VA's chief nurse overseeing most of the 50-some practicing APRNs in Madison.

“That all came at a time when we were taught that there was no evidence that addiction would be a significant issue if we gave patients opioids to control non-cancer pain. But what we were taught then isn't true now, and our focus on pain at the time helped create the perception that we could make patients pain-free.”

Instead of trying to eliminate a patient's pain, nurses now work to help patients manage pain while restoring function. This shift required both providers and veterans to reevaluate their expectations. It also necessitated addressing mental health, since stress, anxiety and depression can either manifest as or exacerbate pain. Overall, it is a move away from thinking about symptom relief and toward a more holistic approach to wellbeing—something intrinsic to nursing practice, which makes nurses well suited to this kind of approach.

“I think as nurses and nurse practitioners we have always tried to look at the whole person, but now we have more tools to do that,” says Carlson. “We are learning to work with our other colleagues like pharmacy and mental health and some of the other whole-health professionals, and they are helping us to learn more. We're learning about other complementary and alternative ways to treat pain, like talking to patients about yoga and meditation. Some of our nurse practitioners are even learning more specifically about battlefield acupuncture.”

Patients at the VA can also opt to enroll in something called Pain University, which further educates them about the vast non-pharmaceutical pain management



Jim Williams

How has your  
practice changed  
because of the opioid crisis?  
**Share your experiences**  
by emailing  
**ForwardNursing@son.wisc.edu.**

strategies and engages them in decision making regarding their care. Pain University

includes group sessions, mindfulness practices, and opportunities to learn yoga, tai chi and other body work practices. It is part of the whole-health wellness framework that the VA has been using to help veterans recognize that the vast majority of their healthcare occurs outside the clinic and hospital, and also to empower veterans to adopt behaviors that promote health.

Jim Williams served in the army in the early 1970s. Although he avoided combat in Vietnam, he developed debilitating hip and lower back pain a decade ago. His service qualified him for VA benefits. He had several surgeries to address the cause of his distress and various other health issues. While he had some improvement, he continued to struggle with pain despite a prescription for the maximum dose of the opiate Tramadol. Eventually his mental health began to deteriorate.

Upon the recommendation of his care team, Williams found his way to a mental-health group therapy class

affiliated with Pain University. From there he began to explore a wide range of VA wellness programming. He started with a mindfulness and body movement class and soon was driving regularly to Madison from South Beloit to take tai chi, yoga twice a week, and art classes.

Earlier this year Williams successfully stopped taking Tramadol, graduated from Pain University, and went back to work for the first time since 2009. He credits the breadth of programming, and particularly the new ways of thinking he learned in Pain University, for the vast improvements he has seen in his health and his life. "I was on my opiate for five years—the max load," he says. "I didn't think I could get off it. But this has been life changing. I am able to do things I thought I wouldn't do again."

Ultimately, Carlson says, that is what the program is about: helping veterans learn not only how to handle their pain, but also to recognize how much power they have to make personalized changes in their behaviors, habits and mindset that improve their overall quality of life.

"Really our goal is to use all of the tools to provide a more individualized approach to help patients manage their pain," Carlson says, "to think about everything: their function, their sleep, their physical activity—everything."

## Expanding the Provider Pool

Trina Ford was already a nurse practitioner when she first started to recognize that addressing a patient's mental health issues could improve their physical health.

"When we controlled their depression, it was also easier for them to manage their diabetes. Their blood pressures went down," Ford says.

Yet most of the mental healthcare the patients received in the northern Wisconsin health systems where she worked was from primary care providers without specialized education. "Primary care ends up dealing with so many of the mental health issues that affect physical health," she says, "but it was overwhelming to do both."

So Ford decided to go back to school. She worked in Rhinelander at the time, but the Psychiatric Mental Health Care Certificate program required just one trip to Madison per month for in-person classes. The rest of the classwork was online. What really made

the program possible was that it supported and arranged the time-intensive clinical rotations at sites throughout the state so that students could learn close to home. "There was no other way I could do it," Ford says.

Dr. Gina Bryan, who directs the certificate program, says rural clinical placements make the program possible for students like Ford.

"We are very thoughtful about the time students spend on campus so we can keep the program as open as possible," Bryan says. "We know that young providers tend to gravitate toward more urban areas, but those with more experience and established lives often want to remain and build a practice in their home communities. We want to enable them to learn in their home communities, too."

Bryan says the emphasis on clinical placements in rural and other under-served areas is also an effort to better meet the mental health needs throughout

Wisconsin. Depression, anxiety and addiction, for example, are problems everywhere, but there is not adequate access to treatment everywhere.

The Wisconsin Department of Health Services reports that more than half of adults who need mental health services are not receiving them. Also, the majority of Wisconsin counties are designated by the Health Resources and Services Administration (part of the U.S. Department of Health) as Health Professional Shortage Areas for mental healthcare, meaning that they lack sufficient providers to meet the needs of the population.

The Psychiatric Mental Health Certificate is an 18-month capstone certificate for licensed registered nurses with a master's degree. The program has a 100% board certification pass rate, and currently 95% of graduates of the certificate program and the psychiatric mental health track of the DNP program practice in Wisconsin.



# Time for Full Practice Authority

Wisconsin residents are concerned about access to high quality healthcare. This is especially true in rural areas like the community where I live and worked as a geriatric nurse practitioner. Waits for appointments and drives to clinics can be long. Coverage can be limited or non-existent, as can provider and patient awareness of available options and services.

While there is no single solution to the problem, there are answers. One is to allow advanced practice registered nurses to practice to the full extent of their education, training and experience.

Currently, Wisconsin state law limits APRNs to what the American Academy of Nurse Practitioners refers to as “reduced practice.” Practically speaking, this means that APRNs in Wisconsin practice with less freedom and more restrictions than comparably educated and licensed peers in some states, including bordering states Minnesota and Iowa. Reduced practice results in decreased access to quality healthcare, poorer health outcomes and the flight of providers.

Currently, advanced practice registered nurses in 22 states and two U.S. territories have full practice authority. An additional 11 states do not allow APRNs full practice authority but impose fewer restrictions than Wisconsin. The Academy of Medicine and the National Council of State Boards of Nursing recommend the full-practice model.

In Wisconsin, one restriction is that APRNs must have a documented collaborative practice agreement with a physician. The APRNs carry the responsibility of securing the collaborative agreement.

A legislated collaborative agreement is not the same as collaboration. All health care professionals collaborate. It is an ethical imperative in practice, and nursing has long been a champion for collaboration and an innovator of team-based care. The required collaborative practice agreement is simply a restrictive document that burdens APRNs and restricts their ability to practice in underserved areas where they lack access to a physician to sign the agreement.

Under the current law, APRNs practice under their own licenses and assume full responsibility for patient care. The law does not require the physician to provide education or training to the APRN or to see any of the patients under the care of the APRN in collaboration or



*Sarah Endicott DNP '13*

consultation. However, the physician is able, and likely will, take a percentage of the APRN's billing as part of the agreement.

I collaborated with nurses, physicians, physical therapists, speech therapists, occupational therapists and dietitians every day of my practice. Each of us brings expertise, experience, and a unique view to patient problems. Together we provide excellent care. Yet APRNs are the only healthcare professionals legislated to collaborate. Required collaboration that subordinates one profession to another is not true collaboration and it is not the way I work with my colleagues from other disciplines. And if collaboration is legislated for nurses, it should be for all healthcare professionals.

Legislative collaborative agreements also create arbitrary barriers to care. In a brief released in October 2018, the Wisconsin Policy Forum reported that 20 of Wisconsin's 72 counties do not have a practicing psychiatrist. Several other counties share a single psychiatrist. In order to practice in these under-served counties, psychiatric advanced practice nurses—who are educated, trained and licensed to provide psychiatric mental healthcare—would need to enter into a collaborative practice agreement with a physician who has less education and training in behavioral health. The other option is to enter a collaborative practice agreement with a physician who does practice in that county and who does not know the population or the local behavioral health resources.

There are better ways to meet the mental health needs of Wisconsin.

Ultimately, legislated collaborative practice agreements prevent APRNs from taking care of the patients who need them most. They do not improve care; they only limit access to it. We need to allow full practice authority for APRNs so that the people of Wisconsin can access the healthcare they need and deserve.

# The Future Problem Solver

Recent PhD graduate **Theresa Watts '19** had questions. When UW–Madison let her look for answers, she found some. Now the New York native wants to use her PhD to find solutions to vexing public health problems and to eliminate health disparities.

by Katharine Tyllo

Theresa Watts

Theresa Watts is the PhD student that almost never was. She struggled with serious feelings of inadequacy as an undergraduate nursing student at SUNY-Plattsburgh. She nearly dropped out. But her advisor encouraged her to hang on, and she did. By her senior year she started to feel more at home. What made the difference was a course on public health.

“That’s where it all made sense to me,” Watts says. “I wanted to be a public health nurse. And so two weeks after taking my NCLEX, I started my master’s in public health.”

Now, more than a decade later, Watts has a master’s degree in public health from George Washington University and her PhD from UW–Madison. The uncertainty that marked her early undergraduate days has been replaced with confidence and success. Last year, she published findings from her hepatitis C virus research in the U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report—a significant achievement for any early-career scientist, let alone one still in training.

Watts acknowledges the attention and sees it as an opportunity to find solutions to public health problems.

“I’m interested in identifying health disparities that form patterns of infectious diseases and afflict the health of disadvantaged populations,” Watts says.

Madison first appeared on the Long Island native’s radar when she learned about Susan Zahner, associate dean for faculty affairs, at a conference. Zahner’s research focuses on improving the performance of local public health systems, and she also studies public health nursing practice improvement and public health workforce development. She initiated and directs the Wisconsin Public Health Research Network, a virtual organization that connects public health practitioners across the state to facilitate research that is relevant to public health practice. All of that impressed Watts.

“I based my decision on where to go to get my PhD most strongly on who I wanted to work with,” Watts says. “I really wanted to get mentored by someone who had strong research skills and experience in public health nursing.”

Watts was also drawn to the structure of the PhD program, which allows students to pursue their own research questions. And Watts had questions.

While working as a public health nurse prior to starting the PhD program, she had noticed an increase of hepatitis C virus among young adults. That surprised her because the disease had not been prevalent in that population. When she got to Madison, she was able to dig into some data and



explore some of her theories about what was going on and why.

“Nationally, we are seeing an increase in hepatitis C virus, due to an increase in injection drug use associated with the opioid epidemic, because risk behaviors associated with injection drug use are the main way hepatitis C virus spreads,” she says. “This school gave me the space to research this as opposed to other universities where maybe you just research a piece of what your advisor is doing.”

Watts partnered with the Wisconsin Department of Health and Human Services as part of a health policy course. She scoured Medicaid data collected from 2011 and 2015. She found a 93% increase in the number of pregnant women living with hepatitis C virus.

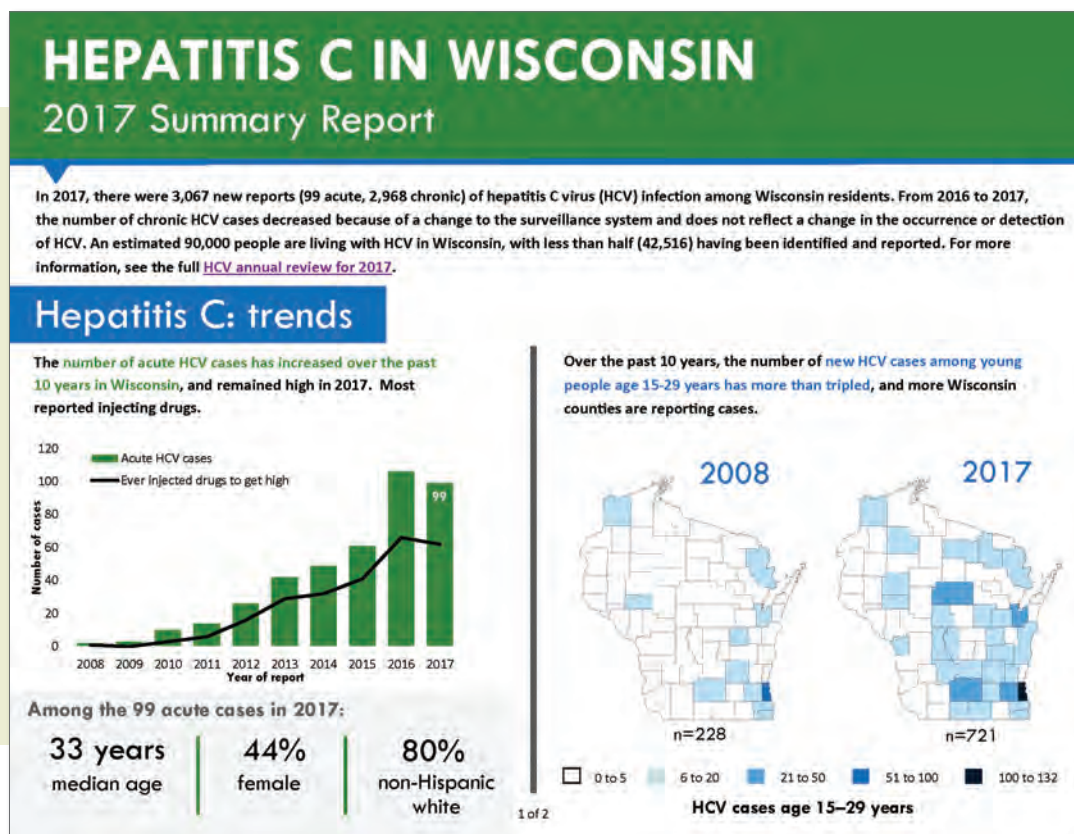
What she found next was also alarming: Of all the infants born to mothers with hepatitis C, only 34% were tested for the virus. “There’s a huge gap in the infant testing and prenatal care,” Watts says. “I believe we should actually be treating everyone for hep C and especially be treating people before they become pregnant. And the goal of this would be to prevent transmission from pregnant parent to child down the road.”

Hepatitis C is curable with antiviral drugs. Yet treatment requires diagnosis, and diagnosis requires screening. The current screening process for adults born after 1965 is a risk-based approach, meaning that individuals must disclose to their provider if they have come into contact with a risk factor, the most common of which is injection drug use. “Yet individuals, especially pregnant people, might have a disincentive to disclose that information,” Watts says, “because it could lead to stigmatized care, incarceration or removal of an individual’s children.”

Watts has a simple answer. Instead of risk-based screening, she proposes universal prenatal screening. That would eliminate the need for disclosure and would enable healthcare providers to identify pregnant women and infants at risk. In the end, more infants would receive the care they need, and fewer parents will be stigmatized or punished because of drug use.

“My research and teaching is not focused on ending drug use,” Watts emphasizes. “We need to end the *consequences* of drug use, such as the spread of hepatitis C virus, and I believe nurses, as the most trusted medical profession, could be instrumental.”

Wisconsin Department of Health Services





Assistant Professor  
**Traci Snedden**  
discovered that college athletes fare better than their peers when it comes to mental health. The findings could be an opportunity to model and offer more comprehensive support services to all students.

by Chris Barncard

# an **ATHLETE** advantage

Competing at the highest level in college sports while managing a full class schedule and generally navigating a new life as an adult would seem fraught with an unusual amount of stress and anxiety.

That may be the case, but a study of students at the UW–Madison finds the university’s Division I athletes in enviable psychological shape—reporting a level of mental wellbeing far above their non-athlete classmates.

That’s a bit of a surprise to Dr. Traci Snedden, who led the study published by the American Journal of Health Promotion in December. Previous research examining smaller groups of international, elite or college athletes had offered mixed results on athlete mental health.

“There’s so much happening with these student-athletes amidst their athletic involvement, travel, performance pressure, academic responsibilities, and some of them

reaching to go pro,” says Snedden. “It makes you wonder, what’s going on with their mental health? How are they balancing all of this?”

In 2016, Snedden and her collaborators in the UW–Madison School of Medicine and Public Health recruited 842 athletes from UW–Madison’s NCAA Division I sports teams and 1,322 undergraduates who weren’t members of a Division I team. Each completed a standardized survey of the quality of their physical and mental health called the VR-12.

“Here you have a large group of people all on the same academic calendar, in the same degree programs, in the same wonderful climate, and we gave them the same measure at the same time of year,” says Snedden. “However, when we compared the non-Division-I undergrads to the Division I student-athletes, the athletes’ results reflected more positive overall mental health.”





Traci Snedden

The Division I athletes posted an average VR-12 mental health score of 55.46. Their scores were substantially higher than any of the four levels of physical activity the undergraduate students self-selected: club athletes (45.74), intramural sports players (45.46), regular exercisers (44.04) and physically inactive (41.39).

A difference of 7.9 points on the survey's mental health scale is considered clinically significant.

"That's a difference in score that should prompt further attention from a health care professional," Snedden says. "We see a large difference here, even while the two groups—the Division I student-athletes and the non-Division-I undergrads—have roughly the same results on the physical component of the survey."

The non-athlete students' mental component scores were also below the survey's population norms for males and females ages 18 to 34. Snedden would like to focus future research on just what might be contributing to these results. But, relative to the high-scoring Division I athletes, Snedden proposed some potential difference-makers.

"Just think about the difference in resources," she says. "The DI athletes have resources to support their academic success readily available—tutors and advisors, study hours. They have healthy food available. They have athletic trainers and team physicians if they get an injury, a sore throat or a fever."

More typical undergrads may not have health insurance coverage in Wisconsin or the campus area.

"They might not have experience with or are unaware of (UW–Madison's) University Health Services, don't know how to navigate health care needs, or don't feel they have time to take care of an illness," Snedden says.

The resources extend specifically to mental health, as well.

"Division I athletic programs have psychologists, psychiatrists and mental health advisors available to them to support their athletes' general mental health needs, and keep their head in the game," Snedden says. "Similarly, UW–Madison is doing a great job offering mental health services to all of our students (athletes and non-athletes), recently launching a number of important initiatives and supporting a very active campus-based NAMI (National Alliance on Mental Illness) group. But our undergrads are probably, like many people, still struggling with 'What do I do? Nobody cares. Can I tell anybody?'"

The disparity in reported mental wellbeing is enough to suggest that extending similar and additional resources to undergraduates in general could be helpful. And the dwindling mental health scores as physical activity drops among undergraduate students leads Snedden and her collaborators to strongly conclude that campus environments that promote physical activity are also likely to raise overall mental health.

*This research was supported by grants from the National Institutes of Health (R01HD071089 and R25GMO83252).*

# Are Fitbits the answer to nurse fatigue?

by Jennifer Garrett

Activity trackers might lead to better outcomes for hospital patients—when nurses wear them.

Millions of individuals already use tiny fitness trackers to prompt physical activity in hopes of improving their health. Now a School of Nursing researcher is taking them a step further by using them to track nurse movement in hospitals. The hope is to uncover important data about what causes fatigue in the work environment and what health systems can do to minimize its impact not only on nurses but on patients as well.

Hospital nurses spend a lot of time on their feet. Their work is physical, taxing, even grueling. Lifting patients, pushing and pulling heavy equipment, moving supplies. Factor in 12-hour shifts, irregular schedules, constant interruptions and all the other demands of life, and it is no wonder that nurses struggle with fatigue.

While a frustration for individual nurses, fatigue is also an even bigger problem than that. Dr. Linsey Steege, a human factors engineer and associate professor in the School of Nursing, says fatigue contributes to medical errors and staff attrition, both of which can have devastating consequences for patients while also driving up cost for health systems and consumers.

“I became interested in focusing on how to improve how we support nurses so that they in turn can be

safe and provide the highest quality patient care,” she says. “[But] when I looked around, there was a lot of research on physical fatigue [and] sleep deprivation for medical residents, but much less on how nursing work is contributing to fatigue and how fatigue is contributing to stress, burnout and, worst of all, medical error.”

Fatigue is also a key reason that nurses leave the field, which already faces a workforce shortage that challenges health systems, particularly in rural areas, to provide safe and effective care.

As an engineer, Steege looks specifically at how nurses operate within and are affected by the workplace in order to determine what health systems and the nurses themselves could change to minimize fatigue and its effects. Yet before she could offer a solution, Steege had to figure out what factors cause fatigue and in what circumstances.

The first step is collecting data, and for Steege that was also the first challenge. “Can we directly measure the demands that add up to fatigue without adding more burden? Asking nurses who are already struggling with fatigue to do more—even something like filling out a survey at the end of a 12-hour shift—is problematic,” Steege says.

“It further burdens an already burdened staff, and it potentially compromises the integrity of the data if nurses wait until a later time when they feel



better rested or recovered to provide feedback. Their recollections may not be as accurate as their impressions at the moment.”

While Steege’s research does involve some direct nurse feedback during shifts, the key to her study is passive data collection.

This is where Fitbits come in. The nurses in Steege’s study wear the activity trackers that record steps, heart rate and sleep information, all of which she analyzes to determine how work demands influence fatigue levels.

Steege actually uses a variety of passive data collection tools that provide her with more detail than the consumer wearable trackers capture. She also taps into other data sources to gather additional factors about the work environment—things like noise levels, volume of pages and calls, time spent in electronic health records, nurse movement patterns, shift staffing reports, and patient acuity data that indicates how “sick” a particular patient load is—that she layers on top of the physical activity data to get a clearer picture of the toll of any given shift on any given nurse.

She compares the approach to the oil-change monitoring on cars. Auto engineers design the monitoring systems to capture not only miles driven but also terrain, weather conditions, and even driving speed and style to determine when an oil change is needed. Car owners do not have to manually enter the quality of roadways or wind velocity on a particular trip. The vehicles do all that automatically—passively—and then recommend when maintenance is required. The result is that maintenance schedules vary from car to car, driver to driver.

Steege is trying to do the same thing with the nurses she studies: gather as much information about their work environment and how they interact with it to determine what factors are the biggest contributors to fatigue, when in a shift those factors are most problematic, and, ultimately, how much fatigue is too much. Eventually Steege wants to develop strategies that are flexible enough to account for the variability of nursing practice—from shift to shift and from nurse to nurse—and that enable health systems to design staffing policies and schedules that recognize the causes of fatigue and minimize the impact of it on nurses and patients.

“That is what human factors engineering is—designing or modifying work environments to optimize performance while keeping people safe,” Steege says. “The hospital is a work environment. We tend to focus on patient safety, but we need to consider nurse safety

and wellbeing as well. If health systems do not account for the burden of fatigue on their nurses, medical errors and turnover will both increase, along with cost.”

Rebecca Rankin is a the director of informatics for UW Health, and two of her nursing staff members support Steege’s study at UW Hospital. Rankin says there are myriad reasons why the research is important, namely nurse wellbeing and patient outcomes. She also welcomes the opportunity to look at nursing work scientifically. “For me it’s a real exciting opportunity to use data to positively impact how we take care of ourselves as nurses and to understand what contributes to nurse fatigue in the inpatient environment,” she says.

Nurses are the population Steege studies, but she encourages health systems to look closely at fatigue and other wellness issues for all providers. She points out that when a nurse, physician or therapist is unhealthy, care is inherently compromised. So if health systems are genuinely interested in providing high-quality care, she says, they must attend to the health and wellbeing of their providers.

“We cannot push the problem onto nurses by solely emphasizing self-care as a solution to fatigue,” Steege says. “It has taken us a while to get here, but health systems are realizing that work environments and policies that do not promote or that actually undermine health in providers are problems for the health system to resolve.”



*Christina Butzine is a nurse in the transplant unit at UW Hospital. She has participated in Linsey Steege’s fatigue research.*



Dean Linda D. Scott and JoAnn Brink

# THE Two-Decade Diploma

Life might have slowed her down,  
but nothing was going to stop  
**JoAnn Brink '18** from getting her  
BSN from UW-Madison.

by Doug Erickson



Everything you need to know about JoAnn Brink's approach to life—from her compassion to her grit—is captured in a story from the Crazylegs Classic in 2002.

She was competing in the annual campus race when a runner in front of her collapsed from a heart attack. Brink performed mouth-to-mouth resuscitation while another runner began chest compressions. A police officer soon arrived with a defibrillator.

The man lived. Brink finished the race.

Last December, Brink crossed a different finish line. This one took just as much perseverance—and a little more time—to reach. She earned her BSN through the BSN@Home program, an effort that took 20 years. She estimates that she outlasted at least four, maybe five, advisors along the way, and she jokes that she is grateful that each one recognized her determination and let her remain enrolled in the program despite her slower-than-normal progress.

"If you know me at all, I fight, I claw," Brink says. "There was no way I was not going to finish that degree."

Brink had already been a registered nurse for decades, which helps explain why she had the ability and composure to come to her fellow runner's rescue. At the time she was working as a registered nurse at UW Hospital with a two-year associate degree in nursing from Madison Area Technical College in 1997.

While she loved working as a nurse, she was always determined to continue her education. "The two-year degree at MATC is outstanding—I can't say enough good things about it," she says. "But ... I love to learn, and I felt the four-year degree would make me a more well-rounded person."

Brink squeezed in classes wherever she could—usually one per semester—while working full time. Many classes were at night or on Saturdays. A few were online. And there were blips. She took off a couple of years to have a baby, then a couple more to rebound from a divorce.

For eight years, she worked the 7-to-7 shift in the trauma intensive care unit at UW Hospital. Many mornings, she would leave the hospital and drive to MATC, then grab an hour of sleep under a blanket in her car. With no time to change, she attended class in her scrubs. She is fairly certain her professors noticed.

"I'm one of those students who sits in the front row, so the instructor is going to know me. I ask a lot of questions. I just learn more that way," she says.

Brink loved being a student, though she doesn't sugarcoat the path it took to her bachelor's degree.

"It was hard, and I never thought it would take this long," she says. "It seemed like every road block in life that could be thrown in front of me was."

But by December, she had overcome them all.

Brink's final task and one of her greatest honors before receiving her degree was serving as the flag bearer for the School of Nursing during the opening procession at winter commencement at the Kohl Center on Dec. 16.

"JoAnn has been a part of the School of Nursing longer than most of us who work here," says Karen Mittelstadt, assistant dean for academic affairs. "It is highly unusual to take quite that long to graduate, and yet everyone who knew JoAnn also knew she had the tenacity to finish. She is a wonderful example for her classmates and was a great choice to represent the school."







# Scenes

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





1. School of Nursing ambassadors work to promote the school through tours, recruiting events and more. The 2018–2019 ambassadors included: Bottom row (L to R): McKenzie Klipp, Leeah Eisch, Emily Hanna, Mimi Le. Top Row (L to R): Deandre Hill-Stanton, Ellen Drewry, Kay-Jah Charles, Matt Drakas.
2. Nursing school is hard work but it isn't all work. Students study—and take breaks—between classes in the Cooper Hall atrium.
3. Every year the school hosts two recruiting fairs to connect students with employers. This year 31 employers and more than 100 students met in Cooper Hall to discuss career possibilities. Here, an attendee talks with Dan Hoechst, a recruiter from electronic health records giant Epic.
4. Valerie Burnett, a student in the first cohort of the accelerated BSN program, performs blood pressures during an Institute on Aging colloquium in the fall.
5. Assistant Professor Traci Snedden celebrates with her daughter and first-year nursing student Alaina Snedden at the annual white coat ceremony.
6. Nursing students administered flu vaccines during the fall University Health Services immunization drive. For the second year in a row, UW–Madison won the large-university division of the Alana Yaksich National College & University Flu Vaccination Challenge. The challenge is run by Alana's Foundation, named in honor of a Michigan girl who died of the flu in 2003. The foundation started the challenge in 2014 to address low rates of flu vaccination among college students.
7. School of Nursing alumni, faculty, staff and friends gathered at Union South for the annual Nurses Alumni Organization Homecoming Tailgate before the 11 a.m. kick-off for the game pitting the Badgers against the University of Illinois Fighting Illini.
8. Sara Brown, a student in the Adult Gerontology Primary Care Nurse Practitioner track of the DNP program, develops her skills in the December suture lab led by DNP clinical faculty. The suture lab is a hands-on workshop that teaches DNP students to repair lacerations and incisions.
9. Dr. Rolanda Johnson, assistant dean for diversity and inclusion at the Vanderbilt University School of Nursing, delivered the keynote address at the annual Nursing Workforce Diversity Conference in March. Each year the conference addresses current issues related to attracting students from underrepresented groups to the nursing profession as well as supporting and retaining them once in practice.
10. Clinical Instructor Liz Collins observes as first-year BSN student David Rivera-Beck practices IV preparation during an open lab. The open labs let students hone skills they develop in simulations and during clinical rotations.
11. First-year BSN student McKenzie Klipp takes a blood pressure during a falls-prevention workshop at St. Mary's Hospital last fall. Nursing students join students from other schools on campus, including pharmacy and physical therapy, to provide community members with fall-risk assessments.



# The Badger Nurse Network

## A 21st century way to engage alumni

Nursing education depends on partnership. From forging relationships for student clinical placements to establishing connections for students to meet with recruiters for potential employers, partnership is critical to student and alumni success.

However, it is not always clear how alumni can maintain a sense of partnership with the school after they graduate, especially if they have been away from campus for some time. Still, in those years nurses develop insight, expertise, and important health system and community connections that could benefit students and the school.

The challenge for the school was creating a way for nurses to engage, identify what they have to offer, and then share it with students and the school. Fortunately, there was a solution: the Badger Nurse Network.

The School of Nursing launched the Badger Nurse Network in the spring of 2018 to create more opportunities for alumni to partner directly with the school to identify and create professional development and mentoring opportunities, provide job-seeking connections and resources to students and graduates, expand clinical placement sites into new health systems and communities, and potentially open doors to new data collection sites for researchers. The network will also serve as a forum for bigger-picture conversations about subjects like rural healthcare, workforce challenges and nursing leadership.

"We want to open communication lines for feedback and to explore collaboration opportunities," says Marlee Promisel, alumni relations officer. "We know our alumni have so much to offer our school, our graduates and the profession—no matter how long they have been in or out of practice. We wanted to create a way for them to share their expertise, insight, connections and experience while also learning how the school can best support them and their communities."

The Board of Visitors alumni engagement committee, with input and support from Dean Linda D. Scott, laid the groundwork for the network and recruited founding members. In particular, Peggy Zimdars, Linda

Procci and Mary Behrens reached out to hundreds of alumni for input. Conversations are ongoing, and Zimdars says they continuously uncover new ways for the network to engage alumni to support the school and students. "I don't think we have recognized all the ways the Badger Nurse Network might benefit the school and alumni," she says.

Currently, the network has almost 200 members—with graduates from 49 classes, 14 states and three countries—who engage via email, social media and events. Procci was thrilled when the network membership reached triple digits in April, and now she has her sights set even higher. "I would love it if we have 1,000 members in time for the centennial in 2024."

Michelle Steltzer '92, MS '99 is a pediatric nurse practitioner at the Ann & Robert H. Lurie Children's Hospital of Chicago and an early Badger Nurse Network recruit. She always considered herself a loyal alum, so when she got the call to join the network, she welcomed the opportunity to engage more formally with the school and to directly support students and new alumni.

Steltzer has already invited a recent graduate to shadow her at work, and she remained in touch afterwards to offer insights into Lurie's hiring process. Steltzer says she loved helping a new nurse navigate a large and daunting health system, and it made her realize how valuable sharing her experience—individually and through the network—could be to individual students and the entire school.

"I just think it's important to support people," Steltzer says. "I think the biggest thing about the network is just allowing those kinds of connections. That is the biggest resource."

Linda Procci



To learn more, visit  
[nursing.wisc.edu/badger-nurse-network/](https://nursing.wisc.edu/badger-nurse-network/)

While student-alumni connections are a valuable part of the BNN, the network is not just for practicing nurses. Whether you're a practicing nurse, retired or pursuing a different profession, the Badger Nurse Network needs your feedback on how your nursing education has helped you in your professional and personal pursuits. Once a Badger Nurse, always a Badger Nurse!



# Heart of Gold

**Susan Gold '91** received the 2018 Outstanding Alumni Award from the Nurses Alumni Organization. Well known and recognized for her international humanitarian work, Gold retired from UW Health in 2017. A nurse's nurse, Gold led by example, by working with grace and compassion and by putting the patient and the family first.

***You came into the nursing profession in your 30s. What was your reason for making a career change?***

Growing up with very limited resources, it took me 20 years to graduate college! When we moved to Madison and our youngest was two, I decided it was time to finish my degree. The nursing profession was something to which I always felt drawn. It's what matched me. My parents raised me and my seven siblings with the philosophy that a life well lived is a life that made a difference. I have continued that philosophy by raising a teacher, a doctor and a police officer. It took me five and a half years, but it was absolutely the right decision and I became a nurse the weekend before I turned 40.

***When was your first trip to Africa and how did you initially get involved with caring for and educating teenagers there about HIV?***

My first volunteer stint in Africa was to Kenya in the fall of 2003. I was assigned to Nyumbani Children's Home. This is an orphanage for more than 100 HIV-positive children. It was then that I realized how little the adolescents knew about HIV, reproductive health and prevention of transmission. Since they were starting to receive antiretroviral (ARV) medications instead of preparing to die, they needed to prepare to live long healthy lives. My Fulbright Scholarship gave me the opportunity to evaluate a curriculum by teaching classes that cover those issues.

***You've received two extremely impressive awards—the Fulbright Scholarship and Nelson Mandela Fellowship. How did those affect your practice and life?***

First, these awards demonstrate the commitment UW Health makes to nursing and nursing research. In addition, they have allowed me to reach nearly 1,000 African adolescents and more than 70 UW undergraduates who accompany me on my trips. They gave me time to develop relationships that resonate in my life every day. I have learned in my practice to do more with less and to never forget the power of nursing. The foundation of my nursing practice in Swahili is "tuka sawa." We are all the same.

***What does this honor, being recognized by your UW–Madison peers, mean to you?***

The NAO award means a great deal to me. It is such an honor to be recognized by the school that gave me the skills that led to the work I do today. It is

confirmation that the education I received at the UW–Madison School of Nursing has a global impact. It is a reminder to me that no matter where I am in the world I am always a UW alumni and nurse.

***In addition to your contributions to nursing practice and HIV awareness, you've done some other amazing things, such as climb Mount Kilimanjaro in Tanzania. Where do you get your remarkable drive?***

I have tried to live my life with no "should haves." I am so grateful for every day that I am healthy and loved and able to do what means the most to me. I really want no regrets and to know that I always did my best and took advantage of every opportunity that came my way, or knowing I worked hard to develop each one.

***What have you been doing since you retired in 2017?***

Since I retired I have been, as most retired people say, busier than ever. I have been able to spend more time with my family, especially my daughter and her family in Miami. I am working per diem, usually a few days per month in the HIV clinic. This keeps my clinical skills current and keeps me in touch with my patients and my colleagues. I have also been back to Kenya and Tanzania several times. I am traveling with UW students twice per year now, and after May I will have taken more than 100 students to Africa. My program, Talking Health Out Loud, has also received grants that enable me to return to Africa and work with the adolescents there. We have added a mental health module that we were able to pilot last December in Nairobi, Kenya.



Susan Gold and Dean Linda D. Scott





## Women's Place is at UW: Celebrating 150 Years of Women Grads

May 2019 marked the 150th anniversary of the awarding of bachelor's degrees to women at UW–Madison. Campus has been commemorating this anniversary by celebrating the contributions of women and the achievements of our alumnae through a series of events, projects and stories. Reflecting on the past can help us reflect on the present and envision the future, and it allows us to explore how UW–Madison can be a better place for women to learn, grow and thrive. To read some of these stories and learn more about the 150th anniversary of women graduates, please visit [www.wisc.edu/women](http://www.wisc.edu/women). One of those stories—a feature on Signe Skott Cooper (for whom Cooper Hall is named)—will appear in the next issue of Forward Nursing.

### Share Your Expertise!

Preceptors have invaluable experience and insight that can help prepare current BSN and DNP students for practice. If you would like to contribute to the education of your future colleagues, consider becoming a preceptor. Working with students also hones valuable teaching skills and can help advance your career. Plus, you can earn ANCC clinical hours for your service.

We are always looking to welcome new preceptors from existing or new clinical sites.

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- Psychiatric Mental Health, NP



School of Nursing  
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[go.wisc.edu/DNPprogram](http://go.wisc.edu/DNPprogram)



# News of Note

## from School of Nursing Students, Faculty and Staff

### GRANTS

**Dr. Jessica Coburn** and **Dr. Kristen Pecanac '09, MS '12, PhD '16** received Baldwin Wisconsin Idea Seed Project grants for "Engaging Wisconsin Dairy Farms to be leaders in Health and Safety" and the LGBTQ+ Health Summit, respectively.



Jessica Coburn

**Dr. Earlise Ward** received a Wisconsin Partnership Program Catalyst Grant for her work with the Second Baptist Church, the YWCA Madison and the Urban League of Greater Madison. Ward's work is a faith-based depression management program for African Americans.

**Dr. Wendy Crary '09, Dr. Dan Willis, Dr. Diane Lauver, Jenny Athanas and Heidi Neuhauser** received a campus Igniter grant to develop three new summer term courses focused on the science of wellness in body, mind and spirit.

**Dr. Kim Whitmore** and **Dr. Lori Anderson '79, MS '01, PhD '06** received a grant from the UW-Foundation to develop eHomeCare, an innovative healthcare delivery support system for homecare nurses in order to improve the care of children who have tracheostomy and/or ventilator in the home and community, especially in underserved rural areas.



Kim Whitmore

### AWARDS

**Dr. Andrea Gilmore-Bykovskyi '09, MS '10, PhD '14** received the 2018 Innovation Award from the National Hartford Center of Gerontological Nursing Excellence in Reston, Virginia, for her leadership in the development of the PeRsOnalized ApproaCh and Targeted InterVEntions (PROACTIVE) treatment protocol. Gilmore-



Andrea Gilmore-Bykovskyi

Bykovskyi was also selected as a Center for Collaborative Health Equity fellow.

**Dr. Lisa Bratzke '88, MS '92** received the 2019 Van Hise Outreach Teaching Award, an award recognizing her commitment to her students and the Wisconsin Idea. The *American Journal of Nursing* named **Dr. Karen Pridham's** book, *Guided Participation in Pediatric Nursing Practice*, the child health book of the year. Current faculty members **Dr. Audrey Tluczek, Dr. Traci Snedden** and **Dr. Lori Anderson** all contributed chapters to Pridham's book.



Lisa Bratzke

**Dr. Diane Lauver** received the Wisconsin Nurses Association 2018 Norma Lang Excellence in Nursing Research award for her contributions to nursing science in and beyond Wisconsin. **Dr. Gina Bryan '99, MS '02, DNP '12** was named one of Madison Magazine's Top Nurses of 2018. The University of Illinois Urban Health program named **Dean Linda D. Scott** a distinguished honoree for outstanding leadership, strength and dedicated public service at their 40th anniversary gala.



Diane Lauver

**Karen Mittelstadt**, assistant dean for academic affairs, received the Chancellor's Award for Leadership at the College, School or Community level for her visionary leadership during the Academic Affairs office restructuring, which led to improved student services, reduced redundancies, and better alignment of employee strengths and responsibilities. **Jonathan Henkel**, student information and technology manager, received a campus administrative improvement award for building an "app" infrastructure to improve admissions, advising and clinical placements.



Karen Mittelstadt

## APPOINTMENTS

**Dr. Kris Kwekkeboom '89, MS '95, PhD '99** was named the new program co-leader for Cancer Prevention and Control at the UW Carbone Cancer Center. **Dr. Linsey Steege** was appointed to the Institute for Healthcare Improvement National Steering Committee for Patient Safety Subcommittee for Workforce Safety. **Dr. Kim Whitmore** was appointed to the Board of Health for Madison and Dane County. **Dr. Gina Bryan** was invited by Chancellor Rebecca Blank to serve on an ad hoc task force to review mental health resources and related support on campus.



Kris Kwekkeboom

## PROMOTIONS/NEW HIRES

**Dr. Tracy Saladar, Dr. Laurie Newton '03, MS '06, DNP '12, Dr. Sarah Endicott DNP '13, and Dr. Wendy Halm** were promoted to clinical associate professor. **Dr. Audrey Tluczek** was promoted to professor.



Tracy Saladar

## IN THE NEWS

**Dr. Gina Bryan and Dr. Aeron Adams DNP '17** were featured in a WPT documentary *Medicine on Main Street* in April. Their segment explained how advanced practice nurses and the psych/mental health track of our DNP program help address the mental health needs of the state.

## PRESENTATIONS

**Dr. Susan Zahner** served on a panel about health policy at the American Academy of Nursing conference in Washington, DC, in October 2018. Dr. Zahner also presented the keynote "Partner for Impact" at the Henry Street Consortium Fall Conference.

**Dr. Barb Pinekenstein** delivered a podium presentation on "Innovations in Fatigue Risk Management" at Sigma Theta Tau in New Orleans on February 22. **Dr. Betty Kaiser '96, MS '02, PhD '08, Gay Thomas and Kat Phelps** presented "Successful patient engagement: Case studies and toolkits" at the Association



Betty Kaiser

for Clinical and Translational Science Conference March 5-8 in Washington, DC.

**Katie Pavek '08** presented "Mindfulness: What is it, really?" at the Inaugural National Summit on Promoting Well-being and Resilience in Healthcare Providers in Columbus, Ohio.

**Liz Collins and Kyoko Schatzke** presented "Impact of an Innovative Simulation on Students' Self-reported Interprofessional Competencies" at the AACN Faculty Development Conference in New Orleans on November 14.



Kyoko Schatzke

**Dr. Andrea Gilmore-Bykovskyi** presented "Supporting Dementia Caregivers in Symptom Management: Current Strategies and Future Directions" at the Wisconsin Alzheimer's Institute 16th Annual Conference. **Dr. Laurie Newton** was elected to serve a three-year term on the board of the Society for Ears, Nose and Throat Advancements in Children. She also presented "Fast Track Ear Tubes: A Quality Improvement Project" at the organization's annual meeting in Houston, Texas.

**Dr. Sarah Endicott** traveled to Washington, DC, to present a poster on the Dementia Simulation Toolkits at the national conference for the Geriatric Advance Practice Nurses Association.



Sarah Endicott

**Dr. Traci Snedden** presented her abstract "Academic concerns, requested and received support among adolescents in the four weeks following a concussion injury: A pilot study" at the 13th World Congress on Brain Injury in Toronto this past March.

**Dana Schardt MS '02 and Dr. Mara Eisch** will be presenting at the Nurse Educator Conference in the Rockies in Vail, Colorado, in July.



Mara Eisch



# PUBLICATIONS

Following is a selection of faculty publications from 2018/2019:

**Ersig, A.L.** (2019). An exploratory study: transition to adulthood for college students with type 1 diabetes and their parents. *Journal of Pediatric Nursing*, 46, 12-17.

**Ersig, A.L.**, Schutte, D.L., Standley, J., Leslie, E.J., Zimmerman, B., Hanrahan, K., Murray, J. C., McCarthy, A.M. (2019). Genetic Variants and the Cortisol Response in Children: An Exploratory Study. *Biological Research for Nursing*, 1099800419826315.

**Ersig, A. L.**, Werner-Lin, A., Hoskins, L., Young, J., Loud, J.T., Peters, J., Greene, M.H. (2018). Legacies and Relationships: Diverse Social Networks and BRCA1/2 Risk Management Decisions and Actions. *Journal of Family Nursing*, 1074840718815844.

**Ersig, A.L.**, Williams, J.K. (2018). Student and Parent Perspectives on Severe Food Allergies at College. *Journal of Pediatric Health Care*, 32(5), 445--454.

**Gilmore-Bykovksyi, A.L.**, Block, L., Hovanes, M., Mirr, J., Kolanowski, A. (2019). Analgesic Use Patterns among Patients with Dementia during Transitions from Hospitals to Skilled Nursing Facilities. *Research in Gerontological Nursing*, (Epub ahead of print).\*

**Gilmore-Bykovksyi, A.L.** (2018). Commentary on Apathy as a Model for Investigation Behavioral and Psychological Symptoms in Dementia. *Journal of the American Geriatrics Society*, 66(S1), S13-S16., PMID: PMC5905721\*

**Gilmore-Bykovksyi, A.L.**, Block, L., Walljasper, L., Hill, N., Gleason, C., Shah, M. (2018). Unstructured Clinical Documentation Reflecting Cognitive and Behavioral Dysfunction: Toward an EHR-Based Phenotype for Cognitive Impairment. *Journal of the American Medical Informatics Associations*, 25(9), 1206-1212., PMID: PMC29947805\*

**King, B., Gilmore-Bykovksyi, A.L.**, Kennelty, K., Roberts, T., Mirr, J., Gehring, M., Dattalo, M., Kind, A. (2018). Impact of Hospital Context on Transitioning Patients from Hospital to Skilled Nursing Facility: A Grounded Theory Study. *The Gerontologist*, 58(3), 521-529. PMID: NIHMS850413, PMID: doi: 10.1093/geront/gnx012\*

**Gilmore-Bykovksyi, A.L.**, Block, L., Johnson, R., Goris, E. (2018). Apathy and Passivity in Dementia: A Simultaneous Concept Analysis. *Journal of Clinical Nursing*. PMID: 30184283\*

**Jang, M.**, Vorderstrasse, A. (2019). Socioeconomic status and racial/ethnic differences in web-based survey participation. *JMIR Research Protocols*.

**Jang, M.**, Brandon, D., Vorderstrasse, A. (2019). Relationships among parental psychological distress, parental feeding practices, child diet, and child BMI. *Nursing Research*.

**Jang, M.**, Jeon, S., Nam, S., Song, H.J., Whittemore, R. (2018). Relationships of obesity-risk behavior patterns with socioeconomic status and acculturation in Korean-American women. *Clinical Nursing Research*.\*

**Jang, M.**, Grey, M., Sadler, L., Jeon, S., Nam, S., Song, H.J., Whittemore, R. (2018). Obesity-risk behaviors in Korean American children and their associations with body mass index (BMI). *Journal of Clinical Nursing*, 27, 3408-3417.\*

**Jang, M.**, Johnson, C., D'Eramo-Melkus, G., Vorderstrasse, A. (2018). Participation of racial and ethnic minorities in technology-based interventions to self-manage type 2 diabetes: A scoping review. *Journal of Transcultural Nursing*, 29(3), 292-307.\*

**King, B., Pecanac, K.E.**, Krupp, A., Liebrecht, D., Mahoney, J. (2018). Impact of fall prevention on nurses and care of fall risk patients. *The Gerontologist*, 58, 331-340., <http://dx.doi.org/10.1093/geront/gnw156>\*

**King, B., Gilmore-Bykovksyi, A.L.**, Kennelty, K., Roberts, T., Mirr, J., Gehring, M., Dattalo, M., Kind, A. (2018). Impact of Hospital Context on Transitioning Patients from Hospital to Skilled Nursing Facility: A Grounded Theory Study. *The Gerontologist*, 58(3), 521-529. PMID: NIHMS850413, PMID: doi: 10.1093/geront/gnx012\*

**King, B., Brown, R.L., Steege, L.**, Kuo, F., Wang, H., Brown, C. (in press). Ambulation Patterns Post Discharge in Older Adults Identified as Fall Risk: A Descriptive Pilot Study. *Research in Gerontological Nursing*.\*

**Kwekkeboom, K.L.**, Tostrud, L., Costanzo, E., Coe, C., Serlin, R. C., Ward, S., Zhang, Y. (2018). The role of inflammation in the pain, fatigue, sleep disturbance symptom cluster in advanced cancer. *Journal of Pain and Symptom Management*, 55(5), 1286-1295.\*

**Kwekkeboom, K.L.**, Zhang, Y., Campbell, T., Coe, C.L., Costanzo, E., Serlin, R. c., Ward, S. Randomized controlled trial of a brief cognitive-behavioral strategies intervention for the pain, fatigue, and sleep disturbance symptom cluster in advanced cancer. *Psycho-Oncology*, 27(12), 2761-2769.\*

**Pecanac, K.E., Brown, R.L.**, Steingrub, J., Anderson, W., Matthey, M.A., White, D. B. (2018). A Psychometric Study of the Decisional Conflict Scale in Surrogate Decision Makers. *Patient Education and Counseling*, 101, 1957-1965.

**Pecanac, K.E.** (2018). Combining conversation analysis and event sequencing to study health communication. *Research in Nursing and Health*, 41, 312-319.\*

**Pecanac, K.E.**, Schwarze, M.L. (2018). Conflict in the intensive care unit: Nursing advocacy and surgical agency. *Nursing Ethics*, 25, 69-79. PMID: 27032936, PMID: PMC5045761\*

**Pecanac, K.E.** (2018). The Nurse as Researcher. *Journal of Palliative Medicine*, 21, 1365.

**Pecanac, K.E.**, Wyman, M., Kind, A.H., Voils, C.I. (2018). Treatment decision making involving dementia patients in acute care: A scoping review. *Patient Education and Counseling*, 101, 1884-1891.

**Pecanac, K.E.**, Rainbow, J.G., King, B., Steege, L. (2018). Use of simulation in multi-modal researcher training for observation studies. *Simulation in Healthcare*, 13, 47-51.\*

**Roberts, T., Gilmore-Bykovksyi, A.L., Lor, M.**, Liebrecht, D., Crnich, C.J., Saliba, D. (2018). Important Care and Activity Preferences in a Nationally-Representative Sample of Nursing Home Residents. *Journal of the American Medical Directors Association*. PMID: NIHMS911047\*

**Snedden, T.R.**, Scerpella, J., Kliethermes, S., Norman, R., Blyholder, L., Sanfilippo, J., McGuire, T., Heiderscheidt, B. (2018). Sport and activity impacts health-related quality of life among collegiate students. *American Journal of Health Promotion*. PMID: 30586999, DOI: 10.1177/0890117118817715\*

**Steege, L.**, Pasupathy, K., Drake, D. (2018). A Work Systems Analysis Approach to Understanding Fatigue in Hospital Nurses. *Ergonomics*, 61(1), 148-161.\*

**Zahner, S.J.**, Hayney, M.S. (2018). Meningococcal serogroup B outbreak response. *Journal of American College Health* [Epub ahead of print]., DOI: 10.1080/07448481.2018.1469502\*



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## Upcoming Events

### Welcome Into Nursing Day and White Coat Ceremony

Thursday, August 29

First-year nursing students discover their new home at Cooper Hall and receive their white coats.

### Littlefield Leadership Lecture, featuring Dr. John Lowe of Florida State University

Tuesday, October 8

Dr. Lowe, the first Native American fellow in the American Academy of Nursing, is a Cherokee Native American tribal member and the founding and current executive director of the Center for Indigenous Nursing Research for Health Equity.

### NAO Badger Tailgate and Homecoming Game

Saturday, October 12

Join fellow Badger Nurses, family, faculty, staff and friends for brunch, followed by the Homecoming football game against the Michigan State Spartans at Camp Randall.

### Native Nations Nursing Summit

Friday, November 15

The Ho-Chunk Nation hosts the annual conference for current and prospect Native American nurses and community members at the Ho-Chunk Gaming Wisconsin Dells Hotel and Conference Center in Baraboo.

