

SPRING 2021

FORWARDNURSING

UNIVERSITY OF WISCONSIN-MADISON | SCHOOL OF NURSING

VOICES FOR CHANGE

*How nurses advocate for patients,
underrepresented populations,
and themselves*



BREAKING THE CODE • PRIDE AND PREJUDICE • A TIMELESS TRADITION

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Front cover: Nurses are natural advocates –for their patients, for populations, and for themselves. This issue focuses on the many ways nurses are picking up the metaphorical megaphone and amplifying their voices to create change.

Inside front cover: During the 2020-2021 academic year, new protocols and procedures often left Cooper Hall fairly empty. However, students such as Jack Eder x'22 still found ways to safely take refuge and call Cooper Hall home.

Illustration and photo by Alexander André, School of Nursing.

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WE'RE SPEAKING

Through research and practice, nurses advocate for themselves and each other



BREAKING THE CODE

As natural advocates, nurses have the power to break down barriers



PRIDE AND PREJUDICE IN HEALTH CARE

The impact of stigma on LGBTQ+ health



A TIMELESS TRADITION

Meet the Nurses Alumni Organization award winners



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Dean's Letter



Like the word “nurse,” the word “advocate” is both a verb and a noun. It suggests that the person taking the action embodies it. This is true for both words, and the shared trait is fitting because “nurse” and “advocate” are so closely tied. In fact, the American Nurses Association (ANA) refers to advocacy as a pillar of nursing. Regardless of their practice area, ANA states that nurses “instinctively advocate for their patients, in their workplaces, and in their communities; but legislative and political advocacy is no less important to advancing the profession and patient care.”

This issue of *ForwardNursing* is dedicated to nurse advocacy and the breadth of circumstances in which nurses act on behalf of individuals, families, communities, populations, and health care providers themselves. When you read these articles about students, faculty, staff, and alumni from the School of Nursing, you will recognize that “advocate”—as an identity and as an action—is a core competency of our profession. As such, it must be an ongoing part of the formal and informal student learning experience; and it is at the UW–Madison School of Nursing.

Beyond our curricula, students in the School learn from and collaborate with faculty, staff, peers, mentors, and our alumni who conduct research and scholarship, improve access to health care, and provide important outreach. Through this, our students begin to identify where their voices are needed in the profession and society and internalize the social mandate to respond accordingly through research, education, practice, and policy.

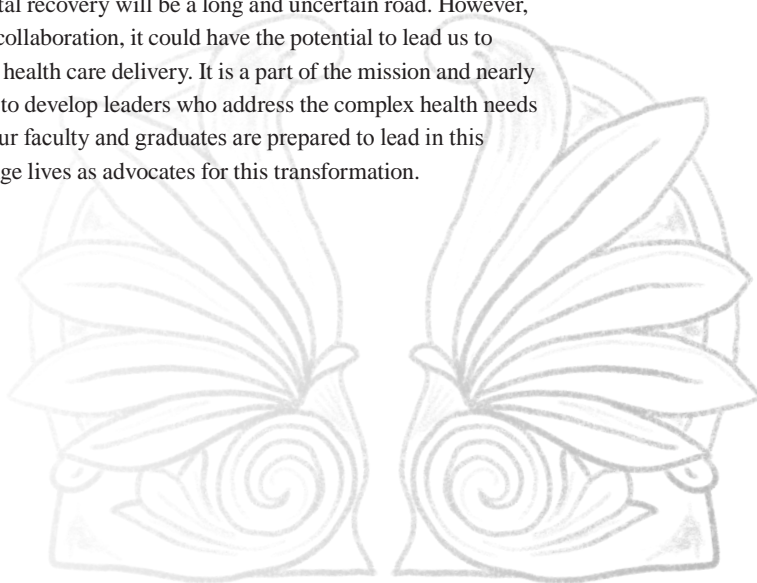
Advocacy is a common thread in nursing during all times and circumstances, but its urgency was heightened in the past year. As the dual pandemics of COVID-19 and racial inequality further exposed social determinants and created a disparate burden on underserved communities and populations, nurses responded. With the availability of vaccines, nurses have acted to increase education and delivery, often to those who face the greatest barriers to vaccination. In addition, a need for advocacy on behalf of nurses themselves—a need that predated the pandemic—has persisted to crisis levels.

Before, during, and after the pandemic, nurses seek to understand and intervene to mitigate health disparities where they are rooted. Among the things we know about nursing in the post-pandemic world is that systemic and societal recovery will be a long and uncertain road. However, with the right focus and interprofessional collaboration, it could have the potential to lead us to more sustainable and equitable systems of health care delivery. It is a part of the mission and nearly 100-year legacy for the School of Nursing to develop leaders who address the complex health needs of society. I am proud and confident that our faculty and graduates are prepared to lead in this future of nursing. Badger nurses will change lives as advocates for this transformation.

Sincerely,

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

Linda D. Scott



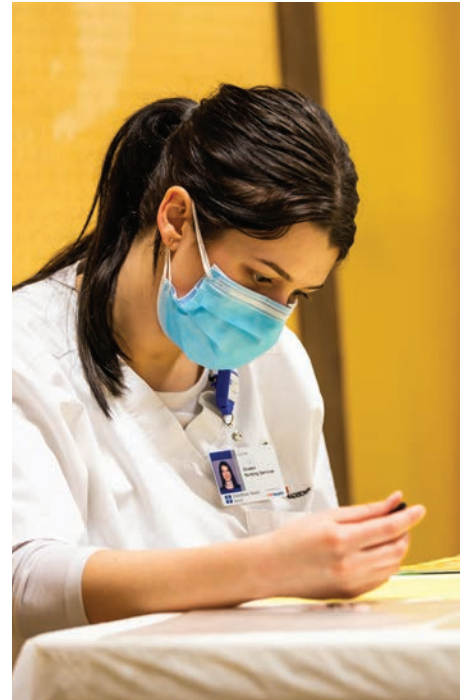
Vaccination Efforts in Full Swing

UW–Madison School of Nursing is making an impact with vaccination efforts statewide through BN-CoVED initiative

Thanks to a \$185,000 COVID-19 Response Grant from the Wisconsin Partnership Program (WPP) at the UW School of Medicine and Public Health, and through a philanthropic gift from Activision Blizzard, the UW–Madison School of Nursing has been helping with vaccination efforts across the state.

The resulting initiative, *Badger Nurses Collaborating on COVID-19 Vaccine Education and Delivery* (BN-CoVED), supports the UW–Madison School of Nursing as it collaborates with community partners and nursing schools at UW–Eau Claire, UW–Green Bay, UW Oshkosh, and UW–Stevens Point to vaccinate the public against COVID-19.

Co-led by Susan Zahner, DrPH, RN, FAAN, professor and associate dean for faculty affairs, and Barbara Pinekenstein '73, DNP, RN-BC, FAAN, clinical professor and interim associate dean for academic affairs, the initiative supports the coordination, education, and deployment of nursing students, faculty, staff, and alumni volunteers to provide clinic support and vaccine administration. In addition, educational programs on preventing spread and making safe choices during the ongoing pandemic are being implemented to help stop the spread of COVID-19.





“The UW–Madison School of Nursing has a long history of partnering with campus and local public health departments to staff influenza vaccination clinics and during public health emergencies. Our prior experience with these efforts demonstrates that we are an ideal partner in contributing on multiple levels of implementation and outreach,” says Zahner. “We greatly appreciate our community partners who assist us in preparing our student nurses for the workforce. This award gives us a chance to support them in their response to this public health challenge.”

Student and faculty volunteers participate in clinics Monday through Saturday, including at University Health Services, UnityPoint Health - Meriter, Sauk County, Walworth County, and the Ho-Chunk Nation vaccination efforts in Baraboo.

The students gain valuable experience as well as earn clinical hours while they volunteer. But for students such as Kayla Van Boxtel '21, it means more than just that. “Being able to contribute to warding off this disease is so empowering and rewarding, and it just makes me feel like all this suffering all of us have been experiencing is moving toward a resolution,” Van Boxtel explains.

As of the end of April, the BN-CoVED initiative has served nine clinical sites, and has accrued over 2,595 student clinical hours and 462 faculty clinical hours. The included photos are from an afternoon at the Jefferson County Health Department clinic, where School of Nursing students were on site to administer vaccines to community members, many of whom were local educators.

LEARN MORE

For more information on the School of Nursing's vaccination efforts through the BN-CoVED initiative, please visit nursing.wisc.edu/innovation/bn-coved

WE'RE SPEAKING:

Through Research and Practice, Nurses Advocate for Themselves and Each Other

By Jenny Price

Katie Pavek '08, PhD'21, was six months into her nurse residency at UW Health University Hospital when she hit a wall. She felt burned out and started to question her career choice.

Pavek eventually learned she wasn't the only one who felt that way, and that research confirmed nurses often struggle at this pivotal point in their transition to practice. "Nobody was really talking about it," says Pavek, who recalls thinking, "Why are we all suffering in silence?"

When she started in 2015 as a full-time clinical instructor in the School of Nursing, this memory came roaring back as Pavek witnessed the same stress and anxiety in her students and began to fear they were ill-prepared in some ways for the transition to their chosen profession. "I was counseling them more through that than I was through the actual course content," she says. "That was my 'a-ha' moment."

Burnout is one of the leading causes for nurses to leave the profession, which contributes to the national workforce shortage. The pressures of the pandemic, which made nurses more visible than ever, are expected to make it worse. But nurses in the field and

scholars in the School of Nursing are pushing for policy reforms, researching the root causes and effects of the critical issues facing the profession, and implementing new evidence-based tools to improve working conditions and patient outcomes. Silence is not an option. Neither is suffering.

"Advocacy is a pillar of our profession, whether we are advocating for the patient or we're advocating for the profession," says School of Nursing Dean Linda Scott, PhD, RN, NEA-BC, FNAP, FAAN. "Without that, we actually lose a vital part of our practice."

Last fall, Scott was among a group of 11 nursing school deans from around the country who pushed for action to address well-being, resilience, and suicide prevention among students. The American Association of Colleges of Nursing (AACN) adopted their resolution, encouraging academic leaders to offer programs, screenings, and support for



ILLUSTRATIONS: ALEXANDER ANDRÉ

nursing students, faculty, and the campus community to help manage mental health and prevent suicide and burnout.

Prior to the pandemic, nurse suicide rates were higher than the general population, and Scott says attention to the issue is even more critical as the crisis lingers. “You can imagine what those statistics might be now after having been in a pandemic more than a year and knowing that we’re still not out of this,” she says. “No matter how resilient you are, there will still be moments where individuals are at risk.”

It has been about 20 years since Scott began studying nurse fatigue to understand the relationship between errors and nurses regularly working long shifts and overtime, a body of work that showed the need for increased nurse staffing and better fatigue management. Research remains a critical piece of advocacy, Scott says. “To make informed decisions, you need the evidence,” she says. “What research does is generate that new knowledge and provide evidence to help truly advocate for policy change.”

RESEARCH MEETS PRACTICE

Hospital-based nurses experience the highest rates of turnover in the profession, but the existing methods for measuring their occupational stress are decades old, Pavek says. So, she is digging into whether those tools reflect current nursing practice and are still valid and reliable. She is also trying to identify profiles of nurses who have high levels of stress and coping abilities in order to compare their characteristics with nurses who also have high stress but low coping abilities.

“If we can identify these kinds of profiles of nurses, we may be better positioned to identify them upstream and help them navigate occupational stress or stress in general by developing more appropriate coping strategies based upon their profile rather than a one-size-fits-all approach,” she says.

For some nurses, a mindful breath before entering a patient’s room may be helpful, but for others it may not. Pavek sees that as the next phase of her research: how to build more tailored interventions for stress management.

There is a wide spectrum of how nurses experience stress, says Élise Arsenault-Knudsen, MS’10, PhD’19, who works as a clinical nurse specialist at UW Health.

“Some people can bounce back in five minutes; some people take five hours; some people might need a week off,” she says. “But right now, we don’t have great processes to accommodate that level of individualization.”

Arsenault-Knudsen recalls a conversation with a nurse manager who recounted the reality of nursing care — that when a patient codes and dies, whether expected or unexpected, the process nurses follow immediately afterward doesn’t change. “You do postmortem care, you take care of what needs to get done, that room gets cleaned, and that nurse has another patient to take care of,” she says. “There’s not often really time for recovery and processing those emotions.”

One of the ideas that the pandemic has reinforced is the image of the “super nurse,” says Arsenault-Knudsen, which speaks to how nurses in our society are held up as heroes; but that can work against them exercising self-care and advocating for workplace changes that promote well-being. The construct, outlined in a 2015 paper by School of Nursing Professor Linsey Steege, PhD, and Jessica Rainbow, PhD’18, now an assistant professor at the University of Arizona, is a major barrier to addressing fatigue.

“In my opinion, this image of nursing should be challenged; we don’t need to be perpetuating this,” Arsenault-Knudsen says. “If you think that you are supposed to — as a new nurse — aspire to be the superhuman, then that’s a tall order.”

In her role at UW Health, Arsenault-Knudsen helps nurses conduct and use research to bolster their practice. In her role, she oversees a UW Health committee for nursing practice guidelines; one guideline that was adopted even before the pandemic provides a set of recommended strategies to prevent and mitigate nurse fatigue. During her graduate studies, she did research on nurse fatigue with Steege, and says she learned the importance of systems-level changes to decrease fatigue and burnout among nurses.

“You could have a perfectly well-rested, well-hydrated, well-fed nurse who’s done all of their mindfulness and resiliency training,” Arsenault-Knudsen says. “[But] if nurses, no matter where they are, show up to an environment where there’s a number of things that cause them to have to work unnecessarily harder, either in a given day or over time, you really start to see that wear

on an individual nurse, but also on a nursing workforce more broadly.”

In the last several months, she’s seen the visible exhaustion on faces of nurses she’s known for years who are typically upbeat, bright-eyed, and optimistic. For her, that adds to the urgency to accelerate research and findings to make sure that systems can take up new practices to improve outcomes for nurses and patients. “I think one of the neat things about working at UW Health is the Academic Practice Partnership that we have with the School of Nursing and the ability to go across the street to one another and say, ‘Okay, well, what do you know? And what do we need?’”

Arsenault-Knudsen co-authored a study with Steege and fellow PhD candidates Hyeonmi Cho, PhDx’22, and Sarah Brzozowski, PhDx’21, that found the number of patients a hospital nurse or unit discharges in a 12-hour shift was a significant predictor of fatigue by the end. This kind of work can help predict fatigue levels among nurses and develop systems to proactively monitor and manage it, but much more research is needed, Arsenault-Knudsen says.

“We don’t have a robust body of evidence to go from to say, ‘If you do these five things, you will have decreased fatigue,’” she says. “One of the fundamental reasons for that is because we’re still humans caring for humans, and so there are so many different variables to consider.”

SYSTEMS CHANGE

Brzozowski, a PhD candidate in the School of Nursing who has also studied fatigue, is the daughter of a nurse who told her not to follow in her footsteps. She didn’t listen.

She has devoted her research to creating systems that better support nurses. “At the center of that is the patient,” she says. “If you can do that, it only increases the quality and the outcomes for the patient.”

After studying Spanish and business as an undergraduate, Brzozowski returned for a nursing degree, inspired in part by the nurses she met while volunteering at the hospital where her mom worked. “One thing that stood out to me was how humble nurses were,” she says. In her current professional role as director of Magnet® and Nursing Excellence at UW Health, her job is to recognize nurses for

their work. “It’s the most amazing job ever,” she says. “You talk to a nurse and they’ll say, ‘Well, that’s just what I do.’”

Brzozowski’s dissertation is focused on professional nursing practice, leadership, and job satisfaction in primary care across the country. And because leadership models have not been tested in primary care settings, she’s also looking to understand what practices can — or can’t — be translated and transferred from one setting to the next so leaders and nurses have what they need to be successful and patients have great outcomes.

Brzozowski, who also has an MBA and is fascinated by organizational culture, conducted a study where she interviewed direct care nurses throughout the region about what they do and what tools they need to be successful, as well as their perspectives on their work environment and leadership. “If nurses share their voices to help us better understand their needs, we can build off of that,” she says. “This allows leaders to better understand how nurses are perceiving a situation or feeling about things, and what actions need to be taken to remedy them.”

GIVE VOICE TO ADVOCACY

Scott embarked on her research into nurse fatigue after the Institute of Medicine released its 1999 report — called “To Err is Human” — that revealed there were almost 100,000 deaths associated with preventable errors. The path of Scott and the nurse scholars that have come after her show how research can fuel advocacy by building a case for changing both organizational and legislative policy.

When Scott began, there was only anecdotal evidence about the connection between errors and how many hours nurses worked, but her research documented the relationship. “The more hours they worked, the greater the risk for error,” Scott says. “In order to really truly advocate for policy change, having that type of data really helps to move those changes forward.”

And Scott also says the biggest change she witnessed over time is how nurses have found more ways to advocate beyond the patient’s bedside. That includes efforts by some School

of Nursing faculty members to push for changes to Wisconsin law to allow advanced practice registered nurses to offer care to the full extent of their education, training, and experience. In the 20 counties where there is not a practicing psychiatrist, a change to full practice authority for nurses would provide patients with much-needed options for mental health care.

“We have always been rated the most trusted profession among the public, but yet nurses don’t tend to be at the decision-making table — whether it’s in the boardroom or in the political arena,” Scott says.

Scott says School of Nursing students begin building that mindset through participation in events where they can influence policy, such as Nurses Day at the state Capitol. The event typically draws 1,000 RNs, APRNs, student nurses, and nursing faculty who receive training to prepare for group meetings with legislators. DNP students learn how to write policy briefs and how to advocate at that level, she says.

“You’ve got two minutes for that elevator speech — how are you going to grab the attention of a legislator and hopefully sell your case?” she says. “It’s making sure that we use our voice in that way.”





“Advocacy is a pillar of our profession, whether we are advocating for the patient or we’re advocating for the profession. Without that, we actually lose a vital part of our practice.”

— Dean Linda Scott

ADVOCACY IN THE AGE OF COVID-19

Researchers document the toll

A new study from School of Nursing researchers reported for the first time on the poor sleep, elevated fatigue, and psychological problems of hospital nurses during the COVID-19 pandemic in the U.S. “The levels of post-traumatic stress, depression, and anxiety are worrisome,” according to the study released in November. Nursing staff experienced poor sleep, fatigue, and multiple psychological problems during the COVID-19 pandemic, researchers reported. Staff who were involved in the care of coronavirus patients, worked more than 40 hours per week, and skipped 30-minute breaks showed generally worse self-reported outcomes. The researchers, including Professor Linsey Steege, PhD, and PhD candidate Hyeonmi Cho, recommended that nursing administrators:

- Monitor for fatigue and distress on nursing units
- Revisit current scheduling practices
- Reinforce rest breaks
- Provide access to mental health and sleep wellness resources with additional support for their frontline nursing groups

NO ONE’S PUNCHING BAG

Katie Pavek ’08, PhD’21, sometimes bore the brunt of frustrations from depleted families and patients when she worked as a nurse in general medicine and geriatrics. “I’ve been called about anything you can think of,” says Pavek, now a clinical instructor in the School of Nursing.

Pavek was grateful for more experienced mentors on her unit who set an example for how to set boundaries. “In no other profession would you walk into somebody’s office or workplace and chew them out or swear at them or call them names, and it would be OK,” she says. “Ninety-nine point nine percent of the time, I would politely excuse myself in the situation and give them time to calm down and come back, and there’d be an apology the minute I walked in the room.”

In a new study Pavek co-authored with Hyeonmi Cho, PhDx’22, and Professor Linsey Steege, PhD, on workplace verbal abuse experienced by nurses, 80 percent of participants reported experiencing verbal abuse from patients or their families. The authors note that nurses are viewed by patients and families as people who will “listen to anything.”

Nurses in their 20s reported more verbal abuse from physicians than their counterparts in older age groups, and those who experienced verbal abuse from physicians or other employees were less likely to feel comfortable reporting safety problems. The study recommends more interventions and education, especially for early-career nurses, and more efforts by nursing leaders to monitor instances of abuse and resolve them.

Pavek says she works to help nursing students understand that “we’re not punching bags,” while also having the compassion to recognize when people are struggling to find the balance between taking it in stride and sticking up for themselves. “As long as your patient is safe, you can always walk away,” she says.

Breaking the Code

REMOVING THE BARRIERS THAT PREVENT THE BLACK COMMUNITY FROM HAVING LONG, HEALTHY LIVES

BY PAYTON R. WADE

IT STARTS AT THE VERY BEGINNING

Imagine living in a society where the quality of life was not correlated to the color of your skin or your class in society. As trained advocates, nurses help bridge the gap in the quality of health care people receive by assessing and addressing various social determinants of health, such as a patient's environment or their access to proper resources. For the Black community, systemic racism is one such determinant.

Systemic racism has played a major part in everyone's lives, but it is different when a system can affect your quality of life and determine how long you live. According to the Centers for Disease Control and Prevention (CDC), for every 1,000 white babies born, only 5.2 die before the age of one. But, for every 1,000 Black babies born, 11.5 die before their first birthday. Even at birth, a Black child's likelihood to see their first birthday is over two times less likely than if they were White.

It is a struggle that extends well into adulthood. People from racial and ethnic minority groups are consistently at a disadvantage when it comes to health care. Recently, the CDC has published findings that, "Long-standing systemic health and social inequities have put many people

from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19." And the inequities extend beyond the pandemic.

Sherrelle Jackson, DNP, RN, FNP-BC, clinical assistant professor at the School of Nursing, notes that diabetes, hypertension, and kidney disease are the three leading causes of death in the Black community. These three diagnoses are significant because they are all preventable. This issue starts with the lack of resources and in-depth education when it comes to health care for Black people.

ADVOCATING FOR THOSE WHO CAN'T

As natural advocates, it is important for nurses to help educate their patients and continue to provide the necessary resources to help make health care more equitable.

Elisha Smith '14, DNP'21, notes the importance of nurses within their communities, emphasizing, "Nursing sees patients as a whole. We see all of the needs and are part of the whole picture."

The direct connections and the ability to assist patients are why many nurses chose the profession; but for some, it is also deeper than that, as making change within their community drives their passion.



“You must find that unity because there are so many forces trying to break us apart, and whenever we help each other, we’re breaking that system.”

— JESSI KENDALL



Jackson says, “Advocating for people who do not have a voice for themselves and wanting to help those within our community,” are two of the main reasons she got into nursing in addition to her desire to help her family.

Madison native Jessi Kendall ’14 says, “I try to use my own personal experience growing up in Madison to break the codes and bring my expertise into being an advocate. You must find that unity because there are so many forces trying to break us apart, and whenever we help each other, we’re breaking that system.”

All three of these nurses are utilizing their expertise to help break down the barriers that are preventing members of the Black community from obtaining the resources and education they need to live the healthiest and longest lives possible.

Jackson explained a time when she went through one of her patient’s schedules to see where he could incorporate lifestyle changes to help with his disease because he was not successful with utilizing the tips given before. It was this extra step that Jackson took that potentially saved this man’s life. A true advocate knows to take the time to understand

their patient’s circumstances and educate them, rather than assuming the patient knows how to incorporate changes in their life.

“There’s a lot of resources for patients, but the issue is whether or not they have access to those resources,” says Jackson. “[They] also don’t always know what [they] need due to the lack of education, so [they] don’t know what to ask, and health care providers often assume people know.”

DOING THE EXTRA WORK

Jackson, Smith, and Kendall all identify as Black/African American. So, what can those who do not identify as Black do to be advocates as well?

Kendall says, “Others who are not Black can advocate for their patients by being willing to be honest with themselves and realize that some of the things that seem self-explanatory are not always so.” She continues to say, “Health care professionals look at themselves as someone who is out there doing something positive, and that is true. But just like when someone walks through the door to our home, we personalize

and welcome them based on their needs, and health care workers must do the same thing.”

By identifying the community they are assisting, and doing the proper research to provide the correct resources, nurses can make a big impact and better advocate for their patients. Minor changes such as doing research to personalize resources given to those in the Black community can go as far as extending one’s life expectancy.

It is not only up to those in health care who identify as Black to make a difference by being advocates. People who are not Black must also see this as a priority. Health care workers save lives and making slight changes can save even more lives, especially of those whose life expectancy is already lower than the majority of the population from birth.

Smith is constantly thinking about how he can do more within his position to help others, adding, “My degree is for the community. I think we as a health care community have to do the extra work to know the community we serve. Every Black community is not the same; we need to do the research and meet them where they are.”

PRIDE and Prejudice IN HEALTH CARE

BY CAITLIN CLARK

Throughout our country's history, cases of homophobia, transphobia, and legal discrimination have plagued the LGBTQ+ community, especially when it comes to health care. From political discussions and policy changes regarding LGBTQ+ patients' health care rights, to events like the mishandling of the HIV/AIDS epidemic or the 1995 death of Tyra Hunter, a Black trans woman who was denied medical care after a car accident when the EMTs discovered that she was trans, much of the LGBTQ+ community has developed a general mistrust of medical institutions. Negative interactions with providers who have personal biases against the LGBTQ+ community, or who do not understand their patients' needs, deepens this mistrust, which leads to poorer health outcomes for patients, or patients avoiding seeking care altogether.

To improve health outcomes for LGBTQ+ patients, nurses must challenge their own biases and advocate for their patients, as individuals and as a community. "Nursing theory and nursing practice are so much more patient-centered and holistic than traditional medical theory and practice," says Anna Landry '19, who identifies as queer and currently works as an inpatient nurse on the general surgery unit at UW Health University Hospital. "We are the most trusted professionals for a reason. So, I think that for nursing professionals and researchers to dedicate resources to improving health equity for LGBTQ people is very impactful in itself. Because we know that nurses touch so many lives in so many different ways, and nurses work in so many different areas. I think when nurses' attitudes change, it affects so many different lives and that's meaningful."



CHALLENGES FACING LGBTQ+ PATIENTS

For many LGBTQ+ patients, it is a struggle to find providers who understand their unique health needs, respect their wishes, and provide a safe environment. “Providers see things from a very heterosexual lens, and so questions get missed that could affect the topics that are brought up during the discussion or what advice they give you for your health,” says Beth Alleman Borkowski ’19, who identifies as bisexual and currently works as an infection preventionist at UnityPoint Health - Meriter. “Removing some of those biases and having more open-ended questions and [keeping an] open mind on asking [those] questions can improve care.”

Transgender patients face additional challenges. They are frequently misgendered or referred to as their dead name (the name they had prior to changing it as part of their gender transition) despite correcting the provider. In addition, trans patients may experience the phenomenon known as “trans broken arm syndrome,” in which the patient will go in for one problem (like a broken arm) but their diagnosis is misattributed to hormone therapy or another aspect of their transition.

Additionally, LGBTQ+ patients might not receive care in line with their wishes in situations when they cannot make decisions for themselves. “Oftentimes, if [advanced directives or living wills] aren't set up properly, non-married partners might not be recognized as the primary decision maker. And sometimes, estranged family members may be contacted prior to queer folks' chosen family members. If we contact your next of kin, and your next of kin isn't someone who values your identity, then that's going to significantly impact your care,” says Alex Dudek, a queer nurse working in the Trauma Life Support Center at UW Health University Hospital while completing their master of public health at UW–Madison.

Unfortunately, even if patients find LGBTQ+-friendly health care providers, they may not be able to afford their care because nondiscrimination policies for health insurers are not universal throughout the country. According to the Movement Advancement Project (MAP)¹, 42 percent of the LGBTQ+ population live in states with insurance protections that include sexual orientation

and gender identity; 13 percent live in states with insurance protections that include only gender identity; and 45 percent live in states that do not have LGBTQ+-inclusive insurance protections. Additionally, 57 percent of the LGBTQ+ population live in states that prohibit transgender exclusions in health insurance service coverage. Coverage through Medicaid and state employee benefits also varies by state.

When treating LGBTQ+ patients, nurses and other health care professionals need to understand how a variety of factors, including these barriers to safe and accessible health care, intersect to create a full picture of a patient's health.

Landry says, “I think more emphasis needs to be placed on the systems of oppression that create health inequities. Oftentimes when we mention statistics like, ‘LGBTQ+ people are twice as likely to struggle with mental health issues, and trans people are four times as likely to struggle with mental health issues’ (from the National Alliance on Mental Illness), the blame is unintentionally put on the identity for whatever health disparity exists. There is nothing inherent about being gay that makes me more likely to have depression or any other health issue; it's the structure of a very hetero- and cis-normative society that I exist in that causes these problems, and also creates barriers to adequate health care. I think that in order to treat LGBTQ+ patients in an equitable manner, nurses and health care providers have to understand that.”

BECOMING A VOICE FOR CHANGE

Landry, Borkowski, and Dudek served on the planning committee of the inaugural Wisconsin LGBTQ+ Health Summit in 2019 alongside School of Nursing Diversity Officer Mel Freitag, the event's founder. The event explored how to build an inclusive and just culture of health, and gave its leaders a new platform for advocacy.

“There's a tendency to gear course material to an audience of student nurses that are presumably straight white women. And there's reasons for that, because that demographic does make up a large portion of the nursing workforce. But I think it does almost everyone a disservice when it's done

that way,” says Landry. They continue, “[One reason] that the LGBTQ+ Health Summit felt so remarkable was that I think as a queer person, I am so used to hoping that my existence will be tolerated by the rest of the world, while sometimes still expecting the worst. The bar is so low sometimes. But the Health Summit was more than just tolerating LGBTQ+ people, it was celebrating and prioritizing us and our needs. Events like that really make a better future possible.”

Borkowski adds, “The biggest thing I always found very helpful was hearing from people with lived experience. And I think through the planning committee, it was very deliberate about having speakers and presenters with that lived experience, who are willing to answer questions and talk about it. You have an opportunity to learn about it beforehand, which is another reason it's so important to have things like this.”

For nurses who are just starting out in advocacy, Dudek shares some advice: educate yourself and increase self-awareness about your personal biases, how your identities intersect with those of others, and how your identities and privileges may impact your work. “Even for folks who are just getting started and might feel like they're working in a little bit of a silo, just starting to increase our own knowledge can be really beneficial. And starting those really difficult and sometimes uncomfortable conversations with others about changing the way we talk about patients.”

¹ “Healthcare Laws and Policies.” Movement Advancement Project. Accessed April 2021. https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies.





SCENES

Life During the Coronavirus Pandemic

From administering vaccinations to providing life-saving care, UW–Madison School of Nursing alumni, faculty, and students have played vital roles in the fight against the novel coronavirus (COVID-19) pandemic. Current and future Badger nurses submitted photos to share a glimpse into their day-to-day lives during the pandemic.

Cooper Hall and classroom photos courtesy of Alexander André.



Looking at Health Through a Different Lens

By Alexander André

Nicole Thomas



As high school was coming to a close, Nicole Thomas, PhD'23, RN, project assistant at the UW–Madison School of Nursing, wasn't sure what path was in her future. She was working as a personal care giver in community-based residential homes. While much of that experience felt right, the way forward wasn't clear. "From early in childhood, I recognized I was a bit of a caretaker. That was just an inherent part of my nature," explains Thomas. "I was that type of person that just wanted to extend myself to help people along the way."

Thomas ended up finding a pamphlet about practical nursing, and things just clicked. "I started my journey as a nurse, and I absolutely loved it; from that point I realized, 'Yep, this is what I'm going to do!'" Her journey has brought her through many different perspectives of nursing, from bedside to research. Under the advisement of Lisa Bratzke '88, MS'92, PhD, RN, ANP-BC, FAHA, Thomas is using her PhD program to develop research in the burgeoning field of epigenetics and the intergenerational transmission of trauma.

What led you to pursue your PhD?

THOMAS: I know a lot of people approach their nursing careers and education differently, but starting out as a personal care worker, and then a CNA, then a practical nurse, then an associate degree nurse, and then a BSN has allowed me to see the effects of nursing care through different lenses. It's been a good evolution to help understand how the different social dynamics that are occurring in the world can lead to the embodiment and manifestation of health.

The path to my PhD really started in my last position, which was research oriented. The principal investigator (PI) was a maternal fetal medicine doctor, and her study was looking at the health of women with postpartum hypertension. Based on her hypotheses and research design, she implemented a postpartum program for remote patient monitoring of women at risk for severe high blood pressure. My job was to monitor the patients daily, and then implement interventions based on our nurse-driven protocol.

Though we didn't have a lot of women of diverse ethnic backgrounds in the program, from an anecdotal perspective, it often appeared that participants who identified as women of color to have higher and more aggressive blood pressures. Often what I was implementing also didn't seem to have the same effect on these participants as it did for the white participants with the same diagnoses, with or without similar socioeconomic status. This kept happening, and I started asking questions about why this was happening.

Although some may find this controversial, I view race as a social construct, not a biological factor, so why am I seeing increased incidence of women of color exhibiting these symptoms seemingly more severe, especially when from similar socioeconomic backgrounds? I started doing my independent research after speaking with my PI, who introduced me to the weathering hypothesis. The weathering hypothesis was formulated by Arline Geronimus, Sc.D., and it discusses how the effects of systemic and interpersonal racism can be embodied *within* people, and essentially manifest symptoms. That was really my "a-ha" moment.

How are you applying your experience to your research?

THOMAS: Essentially, I have taken the experiences that I've gained at the bedside and my prior research position, and decided to look into how they relate to Native American women in the United States. I'm really interested in learning how current societal constructs can perpetuate the effects of historical trauma, the subsequent effects on health, and the pathways in which traumas can transmit to future generations.

There are theories saying that genetic changes and epigenetic changes may occur from historical and other types of trauma, which can be passed down from potentially heritable and non-heritable pathways. My interest focuses more so on the potential epigenetic changes resulting in non-inheritable pathways of trauma being reproduced and ways to mitigate these risks by assessing the upstream determinants of policies in and outside the health sector contributing to this cycle. I'm interested in looking at why and how disparate outcomes are occurring from a different lens, an indigenous lens. I am approaching this research from specifically an indigenous lens, with decolonized approaches, to match the resiliency, life experiences, and the epistemology of a culture that may not be in alignment with westernized medicine. It's a really interesting topic for me that I'm hoping to become more of an expert on.

BRATZKE: The other thing [Nicole] is looking at is health equities, and what she's finding is that some of what typical western medicine considers good health outcomes may not encompass outcomes important to many Native American people. We don't even have the tools necessarily to measure what these good health outcomes could look like because no one's really taken the time to learn what good health outcomes are within that native population. That sets a whole other sort of wheel in motion around health care, and what we need to be advocating for and thinking about when we're taking care of our patients.

How important is advocacy to nursing, and how are you incorporating it as you work on your PhD?

THOMAS: I think that nurses in general have the term "advocate" embedded within them! That is what we do in bedside nursing. Being an advocate is always something we're doing for our individual patients, but I also think that nurses have the ability to affect change within their communities, at the national and even global level by advocating for equitable health practices to be implemented within policies.

For me, I feel that any type of policy is a health policy, even if originating outside the health sector. All policies have the risk to overflow into other areas of life, which could then affect people's health. I don't have a wealth of policy knowledge, but what I've observed over the years is that elected officials are typically going to represent the concerns from their constituents who represent the majority. Yet, as nurses, we know and see that much of the

Lisa Bratzke



health policy formation that is most needed is usually for our underrepresented populations. If patients are underrepresented in health care settings, it's my assumption that they are likely underrepresented constituents as well. My logic guides me to believe that this is a barrier for policy formation among the underrepresented. As nurses, and as one of the largest workforces, I feel it's important for us to act as unified representatives in our community to represent those groups who don't have the support in numbers behind them.

I think some areas that have been under-investigated in native populations may be related to the upstream determinants of health. By identifying what upstream barriers are occurring from a socio-political standpoint, we can advocate, support, and implement more effective policies that enhance health and look at their potential outcomes holistically.

BRATZKE: Advocacy is really a huge part of why Nicole's research is so important, because she's not only teaching patients how to advocate for themselves, but also encouraging communities to form solidarity and advocate for their neighbors. There are different populations that are more vulnerable than others, and different populations that are less likely to advocate or be able to advocate for themselves.

Part of nursing research is to build the science, and when you build the science, you're better able to advocate for newer or different treatments. Things like precision medicine; as we've been able to build the science, we're better able to advocate for our patients in terms of what they actually do or do not need.

THOMAS: We have the knowledge of the health of populations because we are working with patients at the bedside and seeing how policies may be affecting their lives directly and indirectly. We have that insight, that powerful insight, that allows us to speak to and advocate for people who may not be able to make those connections, and we have the ability to articulate to representatives on the hill.

I think that nursing is an important discipline that is able to transform health in the United States. I'm proud to be a part of that; I'm proud to be at this university.



Members of the Goodman Community Center (top) and Lussier Community Education Center (bottom) CARDS® groups gathered online in January to celebrate their milestone tenth birthday.

“Why are health inequities so stark in the very communities often underrepresented in research? Is there any connection between the two? If there was any way to move the needle on getting more participation in research, would that have any impact?”

— Gay Thomas

with their target audiences, the CARDS® are helping to improve health equity one community advisory board meeting at a time.

The CARDS® can be described as two trained, long-standing focus groups whose primary role is to advise researchers. The wide array of racial, ethnic, and socioeconomic backgrounds that are embraced in the CARDS® makeup are voices that are often rarely represented in the world of academic research.

“As we were developing the proposed infrastructure of our program in our grant proposal, we kept running into questions,” explains Gay Thomas, director of stakeholder engagement for WINRS. “Why are health inequities so stark in the very communities often underrepresented in research? Is there any connection between the two? If there was any way to move the needle on getting more participation in research, would that have any impact?”

Under the guidance of Barbara Bowers, PhD, RN, FAAN, associate dean for research, professor, and Charlotte Jane and Ralph A. Rodefer Chair of the School of Nursing, WINRS was launched in 2010 with the goals of increasing the number and quality of health research studies in Wisconsin

Celebrating a Decade of Success with the CARDS®

By Megan Hinnars

For a little over a decade, the Wisconsin Network for Research Support (WINRS) has been focused on patient and community engagement, as well as providing innovative services to help clients and researchers connect with participants and key stakeholders throughout every stage of their projects.

Housed within Signe Skott Cooper Hall and supported in part by the UW–Madison School of Nursing and a grant from the Clinical and Translational Science Award (CTSA) program of the National Center for Advancing Translational Sciences within the National Institutes of Health (NIH), WINRS strives

to bridge the gap between patient and public stakeholders and research teams, bringing underrepresented voices into the development of research and educational programs in an effort to reduce health disparities.

Their innovative work and unique services include linking researchers to local community partners called Community Advisors on Research Design and Strategies (CARDS®), a group conceptualized by WINRS with the goal of helping to address the lack of diversity in research-based initiatives. By helping researchers more effectively communicate and connect



CARDS

COMMUNITY ADVISORS ON
RESEARCH DESIGN AND
STRATEGIES

*Real-life feedback on research
and educational materials*

communities experiencing poor health outcomes, as well as increasing employment opportunities for community members. The CARDS® model was introduced shortly after, and the WINRS team of Thomas, Betty Kaiser, and Katrina Phelps have been thinking outside the box ever since.

It started with building an innovative and solid foundation for the focus groups. “We decided to work with trusted brokers within the community in order to recruit members to join the CARDS®, partnering with local community centers and utilizing a liaison within those centers to tap into the community,” says Thomas. The team partnered with two local centers, Goodman Community Center on the near east side of Madison and Lussier Community Education Center on the west side, and the rest is history.

“The idea was to bring together a group of people, and then bring the researchers to them,” explains Thomas. “Instead of having the focus group members come to an unfamiliar setting on campus, the goal was to flip the setting and have the groups meet where they are comfortable in a more familiar setting. A place where community members feel more at home. By bringing the researchers to them, it creates a structure

where the expertise is then in the hands of the focus group, and the researchers are coming to them to ask for their assistance and input.”

WINRS celebrated their milestone ten-year anniversary in 2020, which included commemorating a decade of success with the CARDS®. Looking back at the last decade, it is easy to see the impact that has been made. “At this point, we’ve had over 200 meetings with over 100 different research teams,” says Thomas. “We have a lot of repeat business, which I think is a sign of satisfaction.”

The CARDS® have played a direct role in influencing a wide variety of patient- and public-facing materials, from how to increase participation in colon cancer screenings, to developing materials to help people better communicate with their surgeon about high-risk surgeries, as well as developing materials for depression studies.

“The breadth of topics and types of research has been amazing,” Thomas explains. “It’s been everything from recruitment materials, written materials, websites, smart phone apps, videos, health education – it’s just been fascinating and it’s always stimulating. It’s always something new every time. But in that newness, there is also sameness.”

It’s that sameness that gives CARDS® members the confidence to continue to use their voices to make a difference. “They trust that they are going to be respected,” Thomas points out. “They know that they are going to be with people who respect them, they know that they can speak frankly in front of the group, and they know that they can be confident and comfortable with the flow of the meeting.”

During the anniversary celebration, which culminated in two Zoom gatherings to revel and reflect on how far both WINRS and CARDS® have come over the years, it was easy to see that what has developed with the CARDS® is a uniquely symbiotic relationship founded on mutual respect, unending support, and whole-hearted appreciation for each other.

The benefits don’t just stop with the researchers who use the service. CARDS® members, some of whom have been involved since the beginning, speak fondly of the family that it has evolved into over the years. The no-judgment atmosphere and

collaborative model that allows everyone to have their time to express their thoughts and opinions has allowed the two separate groups to form steadfast bonds built on trust and collaboration. Members also note the benefits of being able to approach their everyday lives from more analytical angles, as well as being able to share these skills with their fellow community members.

As WINRS sets its sites on the next ten years, Thomas has high hopes for the CARDS® model. The ultimate goal is to build similar models at other institutions, creating additional learning communities and tailoring those groups to fit the desired needs of the organization. “I would love to see the CARDS® model expanded so that other communities, institutions, researchers, and policy makers can utilize similar opportunities,” Thomas adds. “It’s a resource that I would like to make more widely available.”

For now, the CARDS® will continue to forge ahead with their unique practices and methods that continue to produce exceptional results. By amplifying the voices of their communities and advocating for the health and wellness of their friends and family, the CARDS® are truly making an impact and helping to innovate how researchers and organizations are communicating with those that they hope to serve.

**FOR MORE INFORMATION ON WINRS
AND CARDS®, VISIT
WINRS.NURSING.WISC.EDU**



**The Wisconsin Network
for Research Support**
*Innovative patient and community
engagement services for researchers*

Honoring a Nurse: A Legacy of Care and Education

Ask anyone who met Florence Grossberg what they remember most about her, and they will tell you her positive energy, radiant smile, and compassion for others. They'll also tell you about her passion for nursing and education, as well as her commitment to making the world a better place. A native of the Bronx, New York, Florence found her true calling in 1944 when she joined the United States Cadet Nurse Corps. In 1946, she earned her bachelor of science in nursing from the New York University Bellevue School of Nursing and later went on to receive a master of nursing education from Columbia University Teachers College.

After a successful career in hospital and clinic nursing, Florence became a certified health and nursing teacher and taught at Walton High School in the Bronx for 20 years. Her skills in teaching were lauded, but she had a natural talent for mentoring and encouraging her young students to pursue their interests in health careers, especially nursing. She started lessons by writing "SMILE" in large letters on the board, and she motivated students by listening to their challenges, helping with solutions, and telling them, "You can do it!" Her genuine concern for the well-being and success of her students made her a beloved teacher.

Florence and her husband Jules Grossberg moved to Madison, Wisconsin, in 2014 to be closer to their son, Dr. Paul Grossberg, his husband, Dr. Dean Ziemke, and their family. Throughout her life, she encountered innumerable students, health professionals, and caregivers; and she encouraged them to pursue any opportunity to learn and advance their careers. She was particularly fond of encouraging registered nurses to go back to school for a bachelor of science in nursing. Beyond nursing and teaching, she was also an advocate for women's rights, equality, and exercising one's right to vote.

After Florence's passing at 97 years young, Paul and Dean wanted to ensure her legacy would endure. The Florence Grossberg Nursing



Florence Grossberg and family celebrate her grandson Jacob's graduation from UW-Madison in December 2016. Front row (left to right): Florence Grossberg, Jules Grossberg. Back row (left to right): Dean Ziemke, Jacob Ziemke, Paul Grossberg.

Scholarship was created in Florence's memory to provide support to students at the School of Nursing who come from socioeconomically disadvantaged backgrounds and diverse environments. Staying true to her teachings, the fund will provide tuition assistance and mentorship opportunities for students enrolled in the BSN@Home program, an RN-to-BSN program designed for registered nurses to further their nursing education and earn a bachelor's degree while working full time. This is the School's first scholarship to directly support students in the BSN@Home program.

Though Florence was not a Badger nurse herself, she

loved living in Madison, and her family has a strong history with the university. Paul is a clinical professor emeritus in the Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health, and Dean received his bachelor's and master's degrees in journalism, and doctorate in mass communications from the UW-Madison College of Letters and Science. In addition, Florence's grandchildren are all UW alumni—Paul and Dean's children, Sean Grossberg and Jacob Ziemke, and Dr. David and Karen Grossberg's children, Sam Grossberg and Hannah Grossberg. Creating this fund in honor of their family's matriarch allows them to keep Florence close to home while continuing her life's work of creating opportunities for future generations of nurses.

"My mother believed in the importance of education and creating opportunities for those from disadvantaged backgrounds," says Paul. "She had so much love for her family, students, and everyone around her. Our family wanted to honor her career as a nurse, educator, and mentor by giving back and creating opportunities for those who wish to further their education."

To learn more, visit supportuw.org or email Scott Fletcher, director of development, at scott.fletcher@supportuw.org.

Keeping up with Alumni

Theresa (Terri) Harvath '81, PhD, RN, FAAN, FGSA, of the Betty Irene Moore School of Nursing at the University of California, Davis, has been installed as the new president of The Gerontological Society of America (GSA).

Tolu Oyesanya '11, MS'12, PhD, is a current assistant professor at the Duke University School of Nursing. She received the 2020-2021 Novice Faculty Excellence in Didactic Teaching Award. The purpose of this award is to recognize a member of the faculty of an American Association of Colleges of Nursing (AACN) member school who systematically investigates questions related to student learning and the conditions under which it occurs to improve outcomes.

Channel 3000 and Madison Magazine's list of Top Nurses for 2020 was announced in January, naming two UW–Madison School of Nursing alumni. **Aniqueka Scott '19** (graduate of the first accelerated BSN cohort) received the 2020 Top Nurse practice award. **Rachel Ruhland '17** also received the Top Nurse practice award for her help in transforming the ICU at the William S. Middleton Memorial Veterans Hospital.

Several Badger nurses were recognized as finalists of Madison Magazine's Top Nurses 2020, including **Stephanie Barman '16; Elizabeth Horan '20; Jennifer Weitzel '98, MS'10; Lauren Jerzak '14; Cory Fink '08; Anne Mork '06, MS'09; Erinn Mullan '01; Nancy Patrick '90; and Howard Wiese '07.**

Elisha Smith '14, DNP'21, was featured by the Alzheimer's Association Wisconsin Chapter. The profile highlighted his civic engagement, scholarly work, and personal experience in dementia care.

Caleb McClung, DNP'19, was approved by the Executive Committee as the Advanced Practice Caregivers (APC) Lead for Behavioral Health at Gundersen Health System. McClung was voted into this role by the psychiatric prescribers and assumed the new role on January 1, 2021. McClung joined other APCs in the organization fulfilling lead roles within their respective departments.



Lydia Lemmenes '14 and Dustin Weiss (bachelor of science in economics, Class of 2013) were married in Madison, Wisconsin, on July 13, 2019. A truly Badger affair!

In Memoriam

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

Joyous Roethe '47, July 29, 2017

Carol Rice '49, October 18, 2019

Beverly Engeldinger '50, April 21, 2020

Carol Rinke '50, August 29, 2019

Olive Hughes '51, November 11, 2020

Dotha Swan '60, February 10, 2021

Jean Hankins '62, December 20, 2020

Joyce Kulas '63, MS'77, January 1, 2021

L. Cheryl Bilinski '65, December 28, 2020

Nancy Furrer '66, January 24, 2021

Sheryl Allen '67, DOD: Unknown

Carol Tropple '73, December 29, 2020

Jeanne Schlafer '74, December 27, 2020

Joan Ellis '75, July 29, 2018

Cynthia Keys '76, August 31, 2020

Susan Detert, MS'83, January 26, 2021

Sheri Bartz '95, June 30, 2020

Sharanne Stitgen '98, January 1, 2021

Sandra Miller '01, November 29, 2018

Karen Brown '01, May 28, 2019

Celebrating 100 Years!

It's not every day that we can celebrate a 100th birthday, but the School of Nursing is excited to honor and celebrate not one, but two Badger nurses turning 100! The saying remains true, no matter your age—you are a Badger nurse for life!



Anita Ramsey Halbach '42 turned 100 on March 9, 2021. Anita followed in the footsteps of her sister, Marie Ramsey Linxwiler, to the nursing profession. In reflecting on her time in the nursing program, she shared with her granddaughter, Courtney Halbach, that UW–Madison has always held a special place in her heart—not only for her nursing education, but for the health care professionals she learned from and worked alongside at University Hospital. After graduation, Anita began working in Madison as a private-duty nurse. During that time, she also married Eugene Halbach Cert'42. Eugene was the oldest son from a dairy farm family, and once World War II broke out, he returned home to the farm as an essential worker in the war effort. They both moved to Waterford, Wisconsin, and Anita commuted by bus to Milwaukee to work at St. Mary's Hospital. She continued her nursing career until she started her second career as a full-time mother to seven children. She said even though her nursing career was short-lived, the skills she learned as a nurse were incredibly helpful to raising children and sustaining a farm. Anita currently resides in Tuscon, Arizona, and continues to stay connected to the School of Nursing. She donated her nursing pin to the School of Nursing in 2002, and it was awarded to a deserving student upon graduation.



Janice Spoerl Saunders '43 celebrated her 100th birthday on December 26, 2020. Jan was born in Knowles, Wisconsin, and now resides in New Canaan, Connecticut. In 1944, she was inducted into the Army at Camp McCoy in Wisconsin. She did her basic training at Camp Ellis in Illinois and Camp Chaffee in Arkansas. In December 1944, she boarded a troop train for Seattle, Washington, and on her 24th birthday shipped off on the USS President Johnson for a 10-day journey to Hawaii. After a time in Hawaii, her unit was shipped off to Eniwetok Island and Saipan. In May 1945, she was stationed in Okinawa. Her unit of nurses was dropped on a beach, in the dark, the night after the Japanese strafed the airport. Her 75th Field Hospital was the first field hospital on the unsecured island, treating patients from Iwo Jima and other areas of conflict. She survived a typhoon that destroyed the hospital. After the war ended, she returned home and was honorably discharged as a 1st Lieutenant. After working at Hines Veterans Hospital near Chicago, she went to New York and married Army Captain Edward Long Saunders. They raised four children before retiring to Fort Lauderdale and Vero Beach, Florida. Jan is now a grandma to seven, and a great-grandma to nine.

A Timeless Tradition



Canary Savage
Girardeau



Cassie Dietrick

Each year, the UW–Madison Nurses Alumni Organization (NAO) salutes alumni who have made significant contributions to the nursing profession. The most recent winners — Canary Savage Girardeau Cert'55, who received the Distinguished Achievement Award, and Cassondra (Cassie) Dietrick '19, who received the Outstanding Badger Nursing Award — serve as exemplary leaders in the profession and society. Girardeau completed her registered nurse certification at the UW–Madison School of Nursing more than 65 years ago, and is recognized as the first African American graduate of the School. She is presently a senior program associate at Summit Health Institute for Research and Education (SHIRE) in Washington, D.C., where she has brought her nursing expertise to the organization and has been instrumental in implementing wellness circles for D.C. residents with chronic conditions. Dietrick completed her bachelor's degree through the BSN@Home program in one year (average completion is two years) while managing the demands of a growing family, work, engagement in the Wisconsin Air National Guard, and a deployment to Afghanistan. She currently works as a nurse at UnityPoint Health - Meriter in Madison.

“The most rewarding part of nursing is helping others. To advocate for those who can't or don't know how to advocate for themselves. To improve the lives of others.”

— Cassie Dietrick

Are you currently engaged with the School of Nursing? Why do you choose to stay engaged with the School?

GIRARDEAU: I'm a member of the alumni group, and keep up with the informational material they send so that I can keep current with news and events. I also traveled to Madison from my home near Washington, D.C., for the opening of the new School of Nursing and was treated to a tour and was able to meet with some current instructors.

DIETRICK: I am not currently engaged with the School of Nursing, but I am interested in joining the NAO. Upon graduation I was adjusting to a new normal of coming home from overseas and a new job in the NICU. I feel now I would have the ability to actively contribute to an organization that does so much for the nursing community and students.

What was your favorite experience at the School of Nursing? Why?

GIRARDEAU: My favorite experience, by far, was my public health rotation,

because I had discovered rather quickly that public health was the specialty that I was most interested in. Learning psychological nursing was also a great experience, as it opened my eyes to a side of nursing I knew nothing about.

DIETRICK: My favorite experience was my clinical at Meriter's NICU. It allowed me to take the time to see if this was a specialty that was truly for me.

What's the most rewarding part of being a nurse?

GIRARDEAU: There is NOT one, "most rewarding" part. There are many, and they include interaction with my patients, the sense of help and hope I can give someone at their most vulnerable, and the feeling of self-worth I'm able to attain caring for others.

DIETRICK: The most rewarding part of nursing is helping others. To advocate for those who can't or don't know how to advocate for themselves. To improve the lives of others.

What's the biggest challenge facing nurses today?

GIRARDEAU: The biggest challenge facing nurses today is just "keeping up" with new diseases, new treatments, and new technology. Also, in this unique time in our lives, it is a huge challenge to continue to serve our patients, and yet remain healthy and safe from COVID-19.

DIETRICK: The biggest challenge that I have faced as a nurse is trying to find the best way to adapt your communication skills to each patient in order to provide the best care and create a team including the patient or family. A team approach lets the patient understand that you are working with them to provide the best possible outcome and allows them to have a say in their treatment. Care can be more seamless without as many conflicts if everyone is able to find a way to work together as a team.

Interview edited and condensed for length. Read the full Q&A at nursing.wisc.edu/alumni/awards

Appointments

Kayla Van Boxtel '21 was selected to serve on the Alliance of Nurses for Healthy Environments Student Nurse Committee.



Kayla Van Boxtel

Linsey Steege, PhD, served on the Institute for Healthcare Improvement-convened National Steering Committee for Patient Safety (NSC), which created a new national action plan intended to provide health systems with renewed momentum and clearer direction for eliminating preventable medical harm.

Awards

Rachel Chenoweth, DNPx'22, a current student in the doctor of nursing practice (DNP) psychiatric/mental health program, was selected as a Student Scholar by the American Psychiatric Nurses Association (APNA).

Julie Astrella and **Roberta Pawlak, PhD'11**, were selected as finalists in the 2020 Top Nurses list from Channel 3000 and Madison Magazine.

The Pediatric Research in Sports Medicine Society (PRiSM) awarded **Traci Snedden, PhD, RN, CPNP, CNE**, with the Kevin G. Shea Award for Best Scientific Poster - Athletic Training for her poster, "Pediatric Healthcare Provider Knowledge and Perceptions of Sports Specializations."



Roberta Pawlak



Traci Snedden

Grants

Kristen Pecanac '09, MS'12, Cert'13, PhD'16, and **Heidi Neuhauser** received a UW Instructional Continuity Educational Innovation (EI) Initiative grant.



Kristen Pecanac



Heidi Neuhauser

New Hires

Jeneile Luebke '02, MS'09, PhD, will continue in the School of Nursing as an Anna Julia Cooper Postdoctoral Fellow for one year (2021-2022) before starting her role as an assistant professor in August 2022.



Jeneile Luebke

Angela Fernandez, PhD, MPH, LICSW, has accepted a position for the Native American Environment, Health, and Community Faculty Cluster beginning in August.

In the News

Linda D. Scott, PhD, RN, NEA-BC, FNAP, FAAN, was a guest on *Healthcare's MissingLogic* Podcast Episode #77: Insights on Nurse Fatigue, the Impact on Nursing and Patient Safety and What You Can Do.

Barbara Bowers, PhD, RN, FAAN, was interviewed on WORT 89.9FM in Madison to discuss why nursing homes were hit so hard by COVID-19.



Barbara Bowers

Linsey Steege, PhD, was featured in a *Health* story titled "Burned Out by COVID Caregiving, Health Care Workers Say It's Time to Fix the System. Is Anyone Listening?"

Retirement

Barbara Bowers, PhD, RN, FAAN, professor, associate dean for research, and Charlotte Jane and Ralph A. Rodefer Chair, is retiring in August after 37 years of service to the School of Nursing.



Betty Kaiser

Betty Kaiser, administrative program specialist for the Wisconsin Network for Research Support (WINRS), is retiring in May after 20 years of service to the School of Nursing.



Eileen Kintner

Eileen Kae Kintner, PhD, RN, FAAN, Professor and Mary W. and Carl E. Gulbrandsen Chair in Pediatric Nursing, is retiring in May after four years of service to the School of Nursing.



Diane Lauver

Professor **Diane Lauver, PhD, RN, FAAN**, is retiring in May after 31 years of service to the School of Nursing.



Inside back cover: You can't stop a Badger! Even though COVID-19 changed the campus experience, it didn't keep us from preparing Badger nurses to be leaders for the profession and society.

Back cover: CJ Maternowski '21, administers a COVID-19 vaccination to a local educator in Jefferson County as part of the School of Nursing's BN-CoVED initiative. For more on the School's BN-CoVED efforts, see pages 4-5.

Photos by Alexander André, School of Nursing.



School of Nursing

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