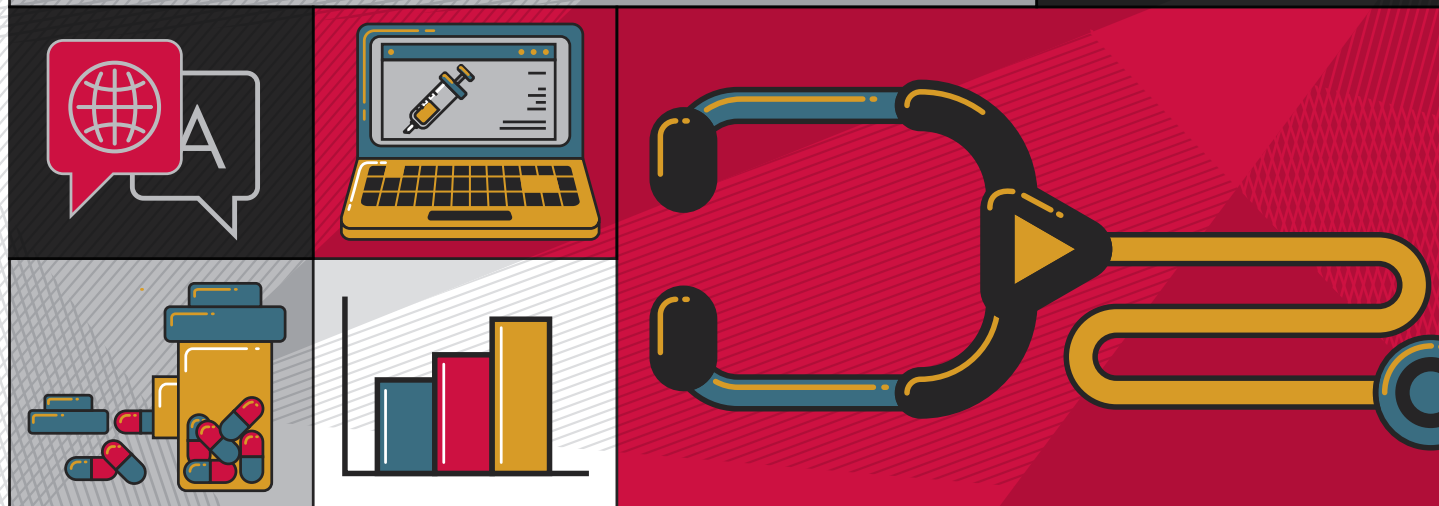


SPRING 2022

FORWARDNURSING

UNIVERSITY OF WISCONSIN-MADISON | SCHOOL OF NURSING



PUSHING BOUNDARIES

Through Innovation and Research



A PLACE FOR INNOVATION • EASING THE BURDEN • DATA FOR ALL

ForwardNursing
Volume 8, Issue 1
Spring 2022

CO-EDITORS

Caitlin Clark
Megan Hinnens
Connect with us: ForwardNursing@son.wisc.edu

STAFF WRITERS

Grace Houdek
Jordan Langer

ART & DESIGN

Jackapan Pairin, *art and design*
Sarah Page of UWSMPH Media Solutions, *design*
Uncredited photos are either stock or supplied
photography.

EDITORIAL ADVISOR

Kevin Check

CONTRIBUTORS

Scott Fletcher
Sarah Glodich
Meredith Temple
Additional contributions made by freelancers

SCHOOL OF NURSING ADMINISTRATION

Linda D. Scott, *Dean*
Susan Zahner, *Associate Dean for Faculty Affairs*
Lisa Bratzke, *Associate Dean for Academic Affairs*
Barbara Pinekenstein, *Interim Associate Dean for Academic Affairs*
Linsey Steege, *Associate Dean for Nursing Research and Sponsored Programs*
Dundee McNair, *Associate Dean for Administrative Affairs*
Katie Bleier, *Assistant Dean for Academic Affairs*
Kevin Check, *Assistant Dean for Institutional Affairs*

NURSES ALUMNI ORGANIZATION

Ashley J. (Rusch) Fielek, *President*
alumni@son.wisc.edu

PROSPECTIVE STUDENTS

Office of Academic Affairs
608-263-5202 | academic.affairs@nursing.wisc.edu

SUPPORT THE SCHOOL OF NURSING

Scott Fletcher, *Director of Development*
608-263-6007 | scott.fletcher@supportuw.org

Alison Lazar, *Associate Director of Development*
608-512-9135 | alison.lazar@supportuw.org
nursing.wisc.edu/support

The UW–Madison School of Nursing is committed to eliminating all forms of racism by employing strategies to support diversity, equity, and inclusion in our profession and to act against racism proactively and purposefully. A full statement outlining the School's ongoing commitment to operationalize anti-racism in everything we do can be found at go.wisc.edu/z9q209

Front cover: Design by Jackapan Pairin



Inside front cover: Students Helena Lara '22, and Vy Pham '22, take a break from their clinical rotations for some lunch and good company in the Cooper Hall atrium. Photo by Alexander André.

IN THIS ISSUE

- 2 Dean's Letter
- 3 Cooper Hall Chronicles
- 6 A Place for Innovation
- 12 Easing the Burden
- 14 Data for All
- 20 Scenes
- 22 Ageism in Research and Health Care
- 24 Meet the New Endowed Faculty Members
- 26 Alumni News
- 27 2021 NAO Award Winners
- 28 Beyond the Surface



6

A PLACE FOR INNOVATION

Cooper Hall plays a key role in the innovative teaching and research happening at the School



12

EASING THE BURDEN

Finding the right tools for pediatric care through symptom science research



14

DATA FOR ALL

Addressing health disparities begins with more diversity in research



22

AGEISM IN RESEARCH AND HEALTH CARE

Age discrimination in health care has broad-reaching negative impacts

Dean's Letter

Innovative research is essential to our educational mission to develop leaders for the profession and society. Making discoveries, enhancing systems, and improving health through research, education, and practice requires creative problem solving in every aspect of what we do. We are fortunate that Signe Skott Cooper Hall was designed — and continues to evolve — to inspire teaching, learning, and collaboration. It is an ideal learning lab for nurse leaders; a place to develop new ways to improve health through team science.

Innovation drives the methods and foci of research and scholarly work being conducted in the School, in health systems, and in the communities we serve. Our aims and approaches challenge the status quo. By doing so, we are able to reach understudied and underserved populations. The School's impact is then furthered through collaboration to disseminate knowledge and translate it into evidence-based practice. This leads to partnerships with others who share our aspiration to improve health outcomes for all.

The School's ability to achieve such meaningful impact through academic nursing today is made possible by its history and legacy of leadership. Since 1924, nurse educators and scientists in the School of Nursing have prioritized excellence in teaching, learning, research, and mentorship. They—and, in turn, our alumni—have contributed their expertise and vision to leverage developing knowledge and new and changing technology in service to the profession. Signe Skott Cooper spoke to this when she described pushing boundaries as a school. She said, “We were on the cutting edge of changes in nursing and were able to explore many new approaches to helping nurses learn and improve their practice.”

Indeed, the School has responded to changing health needs, complex care systems, and persistent societal challenges for nearly 100 years. Yet, it is possible that the greatest threat we have faced has been the Covid-19 pandemic of the past two years. It is a credit to our faculty, staff, students, and partners in research and clinical care settings that we were able to achieve continuity in our academic and research enterprise.

The difficulties presented by the pandemic could have set us back in mastery, progression, or discovery. Instead, potential disruption was met with determination to create new ways to teach, learn, collaborate, investigate, and remain on course. The School of Nursing community was *uncompromising* in our standards and commitments. Our response to the pandemic is yet another illustration of adaptability that has characterized the School's past. This will also be our path to maximizing future impact.

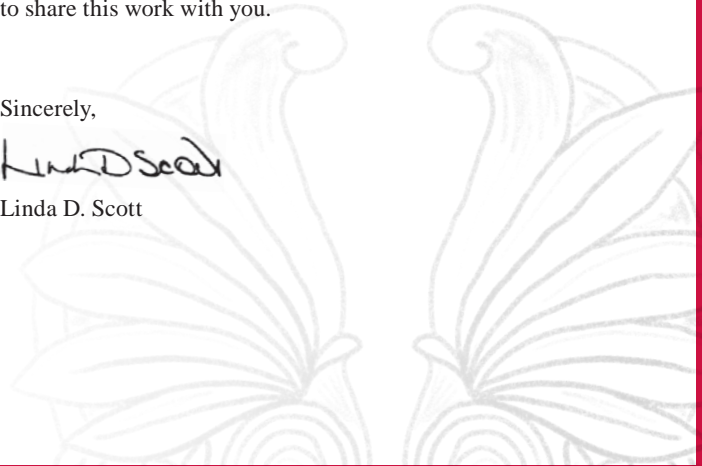
This issue of *Forward Nursing* features research in the School of Nursing. As you read, you will recognize how research programs and scientific approaches are driven by shifts in society and health care alike. Our faculty, staff, and students apply an equity lens to better understand unmet health needs. Then, they formulate innovative research aims and methods to develop knowledge in the context of changing populations and circumstances. I know you will be inspired at how the School is advancing nursing science to expand our opportunities to improve, protect, and promote health for all.

As we continue our trajectory, we will pursue strategic growth and collaborative partnerships in areas that are critical to our mission. We will look to you for support as we gather momentum and resources to educate and prepare the next generation of innovative nurse scientists, clinicians, and educators. It is an honor to share this work with you.

Sincerely,



Linda D. Scott



SoN Recognized for Diversity Initiatives



Top Colleges for Diversity

in promoting health equity and improving health outcomes for all,” says School of Nursing Diversity Officer Mel Freitag, PhD.

Officially announced on October 15, the annual Health Professions HEED Award is a national honor recognizing U.S. health colleges and universities that demonstrate an outstanding commitment to diversity and inclusion. As one of just 51 recipients selected nationwide, the School was selected for its commitment to social justice and health equity. This marks the first time the UW–Madison School of Nursing has been selected as an honoree. Recipients were featured in the December 2021 issue of INSIGHT Into Diversity Magazine. For more information, please visit go.wisc.edu/oi7peg.

The School of Nursing was selected as a 2021 Health Professions Higher Education Excellence in Diversity (HEED) Award recipient by INSIGHT Into Diversity magazine, the oldest and largest diversity-focused publication in higher education.

“We hope that this recognition will only continue to support us in building a culture of health, and ultimately produce an explicitly anti-racist nursing workforce that will take a leadership role

In the News

The Mobilizing Older Adults via System-based Intervention (MOVIN) project, led by **Barb King, MS’87, PhD’10, RN, APRN-BC, FAAN**, and **Linsey Steege, PhD**, was featured in the Wisconsin Hospital Association newsletter in November 2021.

Appointments

Linda D. Scott, PhD, RN, NEA-BC, FNAP, FAAN, was named to the Wisconsin Board of Nursing.

Diane Farsetta, PhD, was named to the Area Agency on Aging (AAA) of Dane County Board of Directors.



Diane Farsetta

60 Seconds with New BOV Chair, Nancy Fraser Michalski



Meet Nancy Fraser Michalski ’82, the new chair of the Board of Visitors (BOV), and vice president of medical legal services

for Elevate Services. She has over 35 years of experience, including as an RN, nurse entrepreneur, and in medical billing. A nationally recognized expert, Fraser Michalski has extensive experience testifying in both state and federal courts about medical services and the pricing of medical care.

Q: Tell us a little about your career and what has led you to your current role.

Michalski: A few years after receiving my BSN from UW–Madison, I was given an amazing opportunity to help build and open the second surgery center west of the Mississippi, which launched in 1987. I worked in the operating room as director of surgery and the medical billing department.

I ran that business for 17 years until the facility was sold in 2001. I then started my own business working with lawyers on bodily injury cases providing medical records analysis, medical bill audits, and life care plans. I grew this business over 10 years working with law firms, insurance companies, and the corporate law department to improve case outcomes. In 2012, Elevate Services, a global start-up law company, acquired my business. I now run the Med Legal team in Elevate, continuing to delight customers and grow the business I started 20 years ago.

Q: What are your goals for the Board of Visitors over the next few years?

Michalski: As the leader of the BOV, my primary goal is to support Dean Scott in achieving her vision for the school as we head into our centennial and commemorate the impact of Badger nurses. Our focus in the coming years will be to further align board composition with the future of nursing, continue to enhance alumni engagement,

prepare for our centennial celebration, and support the School’s fundraising initiatives. It will be an exciting time in our history as we prepare for a spectacular 2024 that launches Badger nurse leaders into the next 100 years!

Q: If you had 60 seconds to pitch the board to a prospective member, what would you say to convince them to consider joining the BOV?

Michalski: If you have a passion for impacting health through the nursing profession or are compelled by the opportunity to improve lives and communities through equitable health care, then you would be honored and gratified by contributing your time, expertise, and resources to support the School in this way. As a Badger nurse, I am proud that my alma mater demonstrates leadership to this extent. However, the reward comes from feeling connected to the School’s ability to prepare Badger nurses who change lives, impact health, and build equity.

Retirements

Karen Solheim '73, PhD, RN, FAAN, long-time clinical professor and global health program director, retired from the School of Nursing in January 2022.



Karen Solheim

New Hires

The School of Nursing welcomed **Sean Wojtczak** as an executive assistant for the Office of Academic Affairs.



Sean Wojtczak

Awards

Jessica LeClair '05, MPH, RN, with support from **Susan Zahner, DrPH, RN, FNAP, FAAN**, and School of Nursing alumna **Theresa Watts, PhD'19**, received the 2021 Public Health Nursing Paper of the Year award from the *Journal of Public Health Nursing* for the paper "Nursing Strategies for Environmental Justice: A Scoping Review."



Jessica LeClair

LeClair was also chosen by the Population Health Research Interest Group of the Midwest Nursing Research Society (MNRS) to receive the 2022 Distinguished Student Award.

Kitty Montgomery, PhD, RN, PCNS-BC, CPHON received the Early Career Research award from the Association of Pediatric Hematology/Oncology Nurses in October 2021. This award was created to recognize an APHON member who has a building record of conducting funded research but has not received NIH RO1 funding, primarily facilitates research by others, or has evidence of contributions to evidence-based knowledge of nursing care for children and their families in hematology/oncology arenas.



Kitty Montgomery

Montgomery also received the 2022 Emerging Leader Award from the Hospice & Palliative Nurses Foundation. This award celebrates hospice and palliative care nurses who have exhibited leadership and made unique contributions early in their careers.

Dean Scott Selected as President-Elect of AAN

The American Academy of Nursing (Academy) announced its election results for president-elect, treasurer, Board of Directors, Fellow Selection Committee, and Nominating Committee in October, 2021. **Linda D. Scott, PhD, RN, NEA-BC, FNAP, FAAN**, dean of the School of Nursing, assumed the role of president-elect.



Inducted into the Academy in 2008, Scott previously served two terms on the Academy's Board of Directors from 2015-2019 and is actively involved in the Fellow Selection Review Steering Committee, having previously served as chair of the committee in 2014. While her research focuses on the impact of fatigue and sleep deprivation, she has been a staunch advocate for economically disadvantaged students throughout her career. Scott leads diversity efforts across the University of Wisconsin–Madison campus, including implementing a holistic admissions process for the School of Nursing.

Elected by her peers, Dean Scott assumed her role within the organization following the conclusion of the 2021 hybrid Health Policy Conference on October 9, 2021. She will serve two years as president-elect before assuming her role as president.

"I am beyond honored to have been selected as president-elect by my peers," said Scott. "As we continue to respond to a global pandemic and social injustice, I look forward to collaborating with Academy Fellows to advance health policy, research, and practice that maximize equity, diversity, and inclusivity in our efforts toward the Academy's vision of healthy lives for all people."

In her role as president, Scott will serve as the Academy's official representative and spokesperson, serve as an ex-officio member of all committees (except the Nominating Committee), report annually to the ANA Board of Directors and biennially to the ANA House of Delegates, as well as establish the order of the agenda for annual business meetings, special meetings of the Fellowship, and meetings of the Board of Directors. The president-elect shall also assume the duties of the president in the president's absence, or at the discretion of the president.

The American Academy of Nursing serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,900 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

Grants

Co-project leads **Barb King, MS'87, PhD'10, RN, APRN-BC, FAAN**, and **Diane Farsetta, PhD**, were awarded a two-year contract for the project "Engaging Older Adults as Advisors to Improve Health Research and Address Disparities." The project is funded by the Patient-Centered Outcomes Research Institute's (PCORI) Eugene Washington Engagement Award: Capacity Building program.



Barb King

Mel Freitag, PhD, was awarded a grant to support "The Wisconsin LGBTQ+ Health Summit: Promoting Best Practices and Advocacy." The grant is funded by the Evjue Foundation at the UW-Madison.



Mel Freitag

Megan Zuelsdorff, PhD, was awarded a Pandemic-Affected Research Continuation Initiative grant to support the study "Stress and Resilience in Dementia: Social-biological Dimensions of Alzheimer's Risk and Resilience Across Diverse Communities." The grant is funded by the Office of the Vice Chancellor for Research and Graduate Education.



Megan Zuelsdorff

Kristen Pecanac '09, MS'12, Cert'13, PhD'16, RN, was awarded a Pandemic-Affected Research Continuation Initiative grant to support the study "Surrogate Outcomes: The Influence of End of Life/Palliative Care Communication Strategies and Health Literacy." The study is funded by the Office of the Vice Chancellor for Research and Graduate Education.



Kristen Pecanac

Andrea Gilmore-Bykovskiy '09, MS'10, Cert'14, PhD'14, RN (site PI), and Dr. Whitney Wharton (PI, Emory University, School of Nursing) were awarded an R24 grant to support the study "Building Community and Research Engagement among Sexual and Gender Minority Older Adults at Risk for Alzheimer's Disease and Related Dementias." The study is funded by the National Institute of Aging.



Andrea Gilmore-Bykovskiy

Anne Ersig, PhD, RN, was awarded a Fall Research Competition grant to support the study "Allostatic Load and Biological Aging in Adolescents with Chronic Health Conditions." The study is funded by the Office of the Vice Chancellor for Research and Graduate Education.



Anne Ersig



Three Inducted as NAP Distinguished Fellows

Three School of Nursing faculty have been recognized for their ongoing contributions and professional achievements in health care with elections into the National Academies of Practice (NAP) as Distinguished Fellows. **Gina Bryan '99, MSN'02, DNP'12, APRN, FNAP, FAAN**, **Traci Snedden, PhD, RN, CPNP, CNE, FNAP**, and **Susan Zahner, DrPH, RN, FNAP, FAAN**, were inducted in early March during the NAP Conference. For more, visit go.wisc.edu/a92o59.

Kris Kwekkeboom '89, MS'95, PhD'99, RN, FAAN, was awarded a Fall Research Competition grant to support the study "Coordinated Management for Co-Occurring Cancer-Related Symptoms." The study is funded by the Office of the Vice Chancellor for Research and Graduate Education.



Kris Kwekkeboom

Maichou Lor '11, MS'12, Cert'14, PhD'17, RN, was awarded the Wisconsin Idea Collaboration Grant to support the project named "Collaborating with the Hmong Community to Create a Culturally and Linguistically Appropriate Hmong edition of the Planning AHEAD Curriculum." The study is funded by the Office of the Vice Chancellor for Research and Graduate Education, in partnership with the UW-Madison Division of Extension and WARF.



Maichou Lor



A Place for Innovation

By Caitlin Clark and Grace Houdek

Photos by Alexander André, Todd Brown, Grace Houdek, and Todd Maughan

As the leading nursing research institution in Wisconsin, the School of Nursing requires an equally innovative environment that stimulates productivity, creativity, connection, focus, and well-being. Signe Skott Cooper Hall, home to Badger nursing since 2014, stands as one of the most innovative and advanced teaching and academic research facilities in nursing across the nation.

The five-story, 166,348-square-foot building is LEED (Leadership in Energy and Environmental Design) Silver-certified and meets the highest current standards for green engineering and sustainability, reflecting the School's commitment to environmental health. The copious amount of natural light and green spaces also support physical and mental well-being for students, staff, faculty, and visitors.

Cooper Hall can also adapt to the ever-evolving needs of the nursing profession and health care with its high-tech classrooms and conference rooms, dozens of research project offices, and a large, flexibly designed third and fourth floor layout that accommodates office spaces and six signature research areas.

Words alone are not enough to convey everything there is to love about Cooper Hall. Take a peek inside to learn more about what makes it a key component to the innovative teaching and research happening at the School of Nursing.

An Inclusive Learning Community

Cooper Hall offers some of the largest active learning spaces in the country, designed to support best practices in nursing and interprofessional health education. In addition to a 300-seat auditorium, Cooper Hall also has classrooms that are fully interactive and integrated both wired and wireless instructional technology.



TIERED CLASSROOMS

Tiered classrooms are ideal for lectures, student presentations, and guest speakers. The room's layout and microphones make it easy to move about and participate in class discussions.

ACTIVE LEARNING CLASSROOMS

Active learning classrooms are designed for student collaboration. With LCD screens around the room, students always have a good view of presentations. Each table, or "pod," is equipped with microphones, outlets, and inputs to share laptop screens onto the TVs so they can present from their seats. When not in use for teaching purposes, students can use these spaces for studying.



World-Class Facilities. All in One Place.



SHAPIRO HOSPITAL SUITE

In the Shapiro Hospital Suite, students get to use state-of-the-art technology and experience high-pressure, high-stakes health emergencies in a safe setting. The human patient simulators can re-create health scenarios at every stage of patients' lives. The hospital suite includes:

- 1 patient & visitor waiting area
- 4 hospital rooms
- 2 control rooms
- 2 debriefing rooms
- 1 fully functional patient bathroom
- 1 medication room
- 1 nurses' station

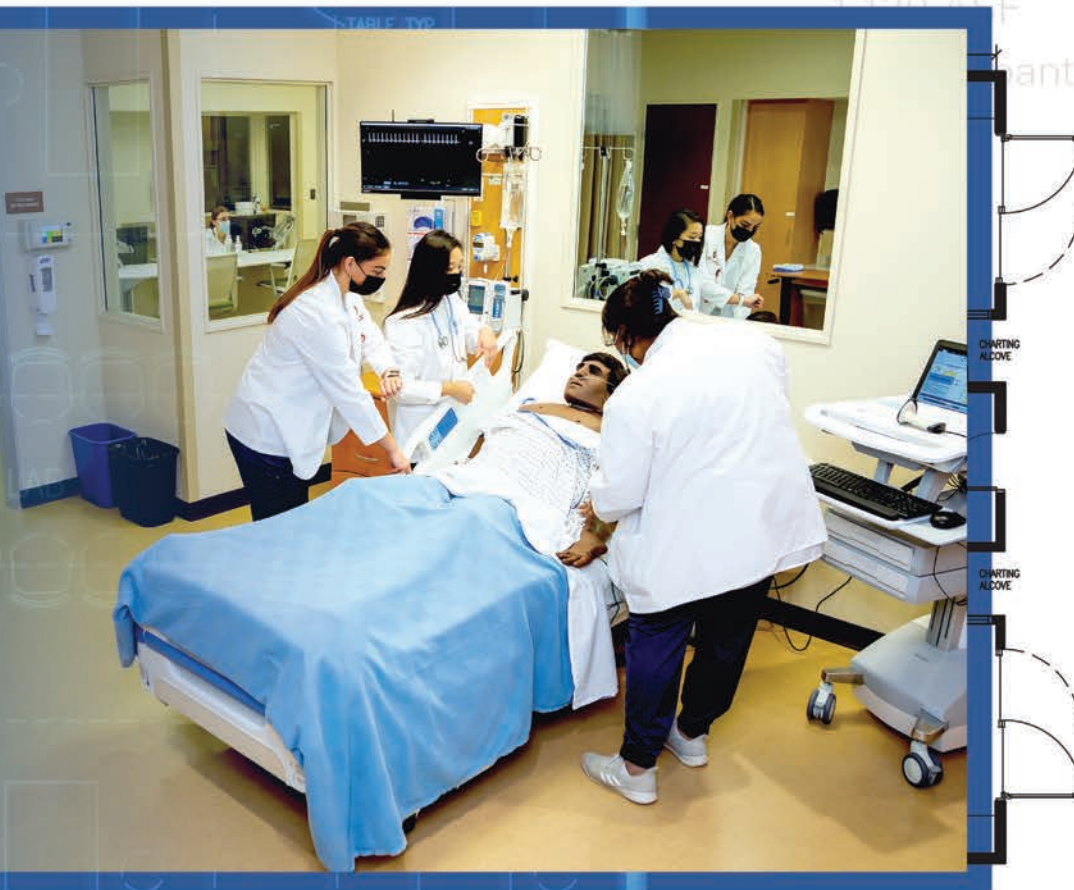
WEIKEL CLINICAL EDUCATION SUITE

The Weikel Clinical Education Suite helps students develop and practice nursing skills in a fully functioning clinic. The clinic area allows students to practice with specially trained actors who simulate behaviors and symptoms of real patients in different scenarios. Nearby, the eHealth Laboratory familiarizes students with the quickly developing discipline of e-health and telehealthcare. The clinical suite includes six examination rooms, a large skills lab, and a patient waiting area.

CENTER FOR TECHNOLOGY-ENHANCED NURSING

More than half of Cooper Hall's second floor is devoted to the **Center for Technology-Enhanced Nursing (CTEN)**, a suite of fully functional, simulated environments where students get to practice their skills hands-on. Our active learning environments address health care's standard of excellence: team-based, patient-centered care that stretches from the first clinic visit or hospital admission to in-home monitoring, encompassing the entire continuum of care.

When clinical sites closed their doors to student nurses during the COVID-19 pandemic, the remainder of their clinical hours were completed in CTEN, ensuring on-time completion for graduating students.



SIMULATED HOME ENVIRONMENT

Students can practice providing care in a fully-functioning one-bedroom apartment that simulates where a patient might reside. This area is equipped with floor sensors, cameras, and a state-of-the-art video recording and debriefing system.

Enriching the Mind and Body

The best innovation comes from collaboration and personal wellness. Outside the classroom, students and faculty can use a variety of public spaces to share ideas, stay active, and take much-needed breaks during hectic days.



CURRAN COMMONS

Located on the first floor, Curran Commons is the most popular place to meet up with friends, classmates, and colleagues. This versatile space has work stations, whiteboards, various seating areas, and even a fireplace!

REVIVE

Students and staff stop at Revive to fill their cup of coffee and grab a snack before their next class or meeting.

OUTDOOR SPACES

On warm, sunny days, students can be found in the courtyard hanging out, studying, or attending classes.

WILLIAMS CORNER

Located on the fifth floor, Williams Corner is a quiet spot to work as a group or independently. You can also get some fresh air on the balcony.



TREADMILL DESKS

Treadmill desks located on the second and third floors get the body moving while also allowing for work to get done.

MASSAGE STATION

Affectionately known to students as "Quinn", the massage station is an ideal spot to unwind and release tension during a stressful day.

MEDITATION & SELF-CARE ROOMS

Three different rooms on the first floor are designed for students to take time for mental well-being.

WALKING PATH

Cooper Hall has a one-mile indoor walking path, perfect for an indoor workout during cold or rainy days. When weather permits, take a scenic walk or bike ride outside on the nearby Lakeshore Path.



*Follow the arrows for
a quick workout!*

Email alumni@son.wisc.edu with questions or to schedule a tour of Cooper Hall!



Easing the Burden

For two School of Nursing faculty, pediatric palliative care and symptom science drive their innovative research

BY GRACE HOUDEK

The Effects of Discordance

When Assistant Professor Kitty Montgomery, PhD, RN, PCNS-BC, CPHON, noticed misalignment in the way young children with cancer report their symptoms compared to the way their caregiver does, she scratched her head and wondered why this occurs.

“Children with cancer and their parents don’t always agree on the symptoms the child is experiencing,” says Montgomery. “More often, parents are saying symptoms are there when the child says they are not, or that the symptoms are there, and they are happening at a higher degree.”

According to Montgomery, this discordance can occur for various reasons, including if the caregiver themselves has a history with handling mental or physical illness, or is also living with a chronic health condition. Parents may feel more “in tune with what’s going on, both from a psychological and physical perspective, and therefore feel like they are recognizing more symptoms than their child is reporting,” said Montgomery.

The results of this could mean improper courses of treatment. Overestimating symptoms raises the concern of putting the child on incorrect or unnecessary medication, and if symptoms are underestimated, then the child may not receive the proper care they need. While research on the effects of discordance is ongoing, Montgomery notes, “Evidence suggests parents can overestimate physical symptoms, but underestimate psychological symptoms, or those that don’t have an obvious visual cue.”

This discordance is why it’s important to not rely solely on the parent’s symptom report. It’s because of this that Montgomery’s research focuses on children, specifically children with advanced cancer, using their symptom reports and gathering data utilizing technology to generate better patient-reported outcomes.

It comes with many challenges. While children can inform their health care team about how they are feeling, symptom experiences look and sound different from one child to the next. “We still don’t have answers to the question that guides our work; why do children who have the same disease and same treatment have vastly different symptom experiences,” said Montgomery. “One of the gaps we have clinically is we don’t have a systematic way that we assess symptoms. We have all these nice tools, but they are not integrated into the clinical setting.”

Because of this, Montgomery has found that it is crucial to use the child’s input whenever possible while also ensuring assessments are done through child-friendly language that is specific to adolescent development.

The hope, she says, is to advance the science further by investigating patterns of symptom burden in children with advanced cancer to enhance the understanding of factors that place children at risk for high symptom burden. “If we can identify those factors, we can implement personalized symptom management strategies to mitigate suffering and improve quality of life,” said Montgomery.

Montgomery acknowledges that trying to completely get rid of symptoms is a hard ask, but points out that management of symptoms can be better, saying, “We’re not going to come out and say we can achieve zero symptoms, suffering, or distress — but we should be able to reduce it.”

The “Long Arm” of Pediatric Illness

Addressing symptom management at a young age with the goal of bettering palliative care is important when it comes to management of a serious or chronic illness. However, Assistant Professor Anne Ersig, PhD, RN, also notes that it has the potential to address long-term health as it helps to alleviate stressful situations that can have lasting impacts on one’s life course.

Ersig focuses her research on stress and anxiety associated with chronic illnesses, exploring how adolescents with childhood chronic health conditions, as well as their families, respond to illness-related stressors.

Through her research, she has found that it is common for children to have high levels of stress due to their illness. “Experiencing stress from a chronic condition is normal, [the illness] is a stressful situation,” said Ersig. “People are unique, but it’s likely that anyone who experiences it is going to undergo some degree of stress from it. The goal is to make sure that stress is well managed and is as low as it can possibly be for each person.”

While there is little research to know the life-long effects of childhood chronic illnesses on mental health at the moment, Ersig has found that the extremity and presence of stress in one’s adolescent years has a “long arm” into adulthood and is higher for those with childhood-onset chronic illnesses. “The immediate effects of early life stress and adversity on children’s lives are profound,” said Ersig. “Evidence also connects early life adversity with adult health and well-being. This means that we need to improve identification of those at increased risk earlier in their lives, and then develop and apply appropriate interventions to improve health and well-being across the entire life course.”

Ersig notes that most kids with chronic health illnesses have normal life expectancies — meaning they will be living with, and managing, symptoms that come naturally for a long time.

“We’re not likely to ever be able to cure them all. We may be able to mitigate some of the effects of [their illnesses], but there are always going to be chronic health conditions that need to be managed, and there’s always going to be stress generated from living with those health conditions,” said Ersig.

Finding The Right Tools for the Job

While illness-related stress will most likely never go away, nurse researchers like Montgomery and Ersig are hoping to make life a little easier for pediatric patients by providing them with proper tools and care to address their needs — both short and long term.

After asking the “why,” they are now both addressing the “how.” Instead of allowing health care workers to maintain reactionary methods, they are finding ways to be more proactive in assessing and treating symptoms earlier and more accurately.

Knowing that there is still work to be done and questions to be answered, research by Montgomery and Ersig is ongoing. However, both have earned recent recognition for their work and each have been awarded several grants to support their respective areas of research.

For both Montgomery and Ersig, the work they are doing to improve palliative care and symptom science for pediatric patients highlights just how important it is for nurses to continue to ask the important questions as they continue to search for ways to ease not just the short-term, but long-term symptom burden for pediatric patients.

“One of the gaps we have clinically is we don’t have a systematic way that we assess symptoms. We have all these nice tools, but they are not integrated into the clinical setting.” — KITTY MONTGOMERY

Data for All

School of Nursing staff and alumni are demonstrating why diversity within research is critical to health outcomes.

By Maggie Ginsberg



Native Hmong speakers. LGBTQ+ and nonbinary populations. Indigenous, Black, and Latinx communities. Victims of trauma and gender-based violence. All of these groups, while diverse even within themselves, have one key thing in common: They are vastly underrepresented in scientific research and therefore underserved in health care.

“I really do observe that there’s a lower quality of care for non-English speaking individuals,” says Maichou Lor ’11, MS’12, Cert’14, PhD’17, RN, a School of Nursing assistant professor and researcher focused on data collection to improve care for those with communication challenges.

She’s also a Hmong refugee who came to the United States in 1994 at the age of six. “The general absence of health data on the Hmong population and other subgroup populations really raised a lot of questions for me,” says Lor. “Why are they not included in surveys? What are the health disparities they encounter, and how can health disparities be addressed in the absence of data?”

Those are big questions that extend beyond the Hmong or other non-English-speaking populations — and Lor isn’t the only School of Nursing faculty, staff, or alumni for whom the mandate to close those gaps feels personal and pressing. But even for those who aren’t part of a non-majority population, diversity in research is foundational in creating objective measures that give nurses data and ultimately deliver better outcomes for every patient.

“Nurses are the number one most trusted profession, so we need to be trustworthy for everybody, not just for the people who look and talk and live like us,” says Madelyne Greene, PhD, RN, whose research examines the systemic mechanisms that cause and perpetuate disparities in sexual and reproductive health. “The reason that we need diversity in nursing research is because there’s no possible way that a homogenous group of people is going to be able to ask the right set of questions that will encompass what each and every person experiences in care, and academic nursing right now is homogenous; it is overwhelmingly comprised of white women.”

Luckily and notably, there is a wealth of innovative research currently underway by UW–Madison School of Nursing leaders to address these health inequities, and more.

Bridging the Linguistic and Cultural Gap

Lor earned her bachelor’s, master’s, and doctorate in nursing from UW–Madison, and grew up deeply embedded in Wisconsin’s Hmong community. Even before she had the data, she knew anecdotally that something wasn’t right about the health care she and her community received — or, more to the point, didn’t.

“There’s more and more cardiovascular disease in the community, and people are really scared because they don’t know how to manage it,” Lor says. “And a lot of these things are manageable and preventable if their blood pressure was addressed or if their diabetes was addressed. But people don’t quite understand the concept of chronic conditions, and one of the biggest factors is addressing the culture and language component.”

While the Hmong language has unique challenges—it is primarily oral, and even many of its native speakers can’t read or write it—other refugee and immigrant communities face similar barriers. Even communication through metaphors or verbal expressions, such as tonality or elongation of a word to differentiate severity of pain, doesn’t always translate between cultures.

“I did a pain characterization study and we learned that, for example, Hmong patients would describe pain in metaphors such as, ‘It hurts like chicken pecking’ versus saying ‘It’s throbbing,’” says Lor.

Lor was awarded a K23 grant to help the Hmong population communicate their pain symptoms in culturally and linguistically appropriate ways, working with a previous physician and a Hmong resident at the UW Health Northeast Family Medicine Clinic to map Hmong metaphors into the western medical terminology and co-creating images to supplement intake assessment forms. This further built on her dissertation, during which Lor received a fellowship through the National Institutes of Health (NIH) to develop and test a novel data collection method for the Hmong population to increase their participation in surveys. That method utilized an audio computer-assisted self-interview system that ultimately took those oral translations and color coded them into categories. Then, they were presented to the subject simultaneously with written English text for a family member to help assist with the survey.



MAICHOU LOR

More recently, Lor is collaborating with a physician, an audiologist, and a linguist to develop the “Word Recognition Test in the Hmong Language” — one that doesn’t yet exist in the U.S. — leveraging oral surveys, folklore and children’s books, as well as audiometric testing traditionally used to diagnose hearing loss. She has also received a Baldwin Wisconsin Idea Grant from the university to enlist the Hmong community’s help in creating a dictionary and glossary of Hmong health concepts for use by medical interpreters.

To help address the history of distrust between underrepresented populations and public health systems that are contributing to these groups not being reached, Lor is collaborating with the director of the Wisconsin Longitudinal Survey. Together, they aim to develop a community-based advisory group to build infrastructure for engaging the Hmong community in research and public engagement and education efforts. That engagement and bridging the overall communication gap is so critical to health outcomes.

“All of the work I’ve been doing is really trying to address the culture and language component so that we can bridge any gap related to any kind of health condition,” Lor says.



“WHEN OUR CURRICULUM IS VERY MEDICAL-MODEL BASED AND NOT HOLISTIC, AND WE’RE NOT LEARNING ABOUT THE NEUROBIOLOGY OF TRAUMA AND HOW THAT IMPACTS OUR HEALTH, IT’S REALLY EASY TO PASS SOMEONE OFF AS NON-COMPLIANT OR DIFFICULT.”

— JENEILE LUEBKE



JENEILE LUEBKE

Using Research to Support Indigenous Survivors of Sexual Assault

According to a nationally representative sample from the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010, of 2,473 Indigenous women in rural, reservation-based, and urban areas, 84.3% reported that they had experienced violence during their lifetime. As a PhD prepared nurse researcher, an enrolled member of the Bad River Band — one of six Ojibwe bands in Wisconsin that are federally recognized tribes — and a survivor of intimate partner violence herself, Jeneile Luebke ’02, MS’09, RN, PhD, wanted to better understand the prevalence of this experience. More to the point, she wanted to apply research to make it stop.

“One of the biggest pieces I wanted to understand was, ‘What are the barriers to help-seeking?’ Because I knew, even as a

highly educated woman, I kept that secret,” Luebke says. “I just didn’t trust anyone enough to talk about what I had experienced.”

Luebke, who will begin a faculty position in the School this fall as an assistant professor, first came to UW–Madison through the RN to BSN program. She then earned her master’s degree from the School of Nursing and went on to teach clinical courses at Edgewood College for 11 years. In addition, she spent five years as the maternal health nurse for a local Native American tribe, visiting mothers and babies in their homes.

“That was really my first introduction to understanding the health impacts of intimate partner violence and sexual assault and intergenerational trauma,” she says. “What most people didn’t know then is that I knew all too well what intimate partner violence was, but what I didn’t realize is how many other Indigenous women were experiencing it as well.”

Luebke found completing her PhD program to be a healing experience for her. For her dissertation, beginning in February 2020, she conducted lengthy interviews with 34 members of Indigenous tribes in Wisconsin; some were multiracial, all were between the ages of 18 and 55, and 2/3 had never sought formal help after experiences of violence. “It was just kind of exploratory, because there were no published academic studies about this in Wisconsin,” Luebke says. Then the pandemic hit, aggravating all of the factors that exacerbate instances of domestic violence, something Luebke was able to

witness and track in real time, unfortunately.

In May 2020, her research team received a \$2 million Department of Justice (DOJ) service grant, named *Tracking our Truth*, to expand options for culturally relevant, advocacy-driven, and safe medical forensic care to American Indian women in Wisconsin after experiences of sexual violence. Luebke defended her dissertation that August and got right to work in her post-doctoral fellowship at UW–Madison. *Tracking our Truth* specifically allows for the hiring of Indigenous advocates and Sexual Assault Nurse Examiners (SANE), and also offers a free 40-hour culturally specific sexual assault advocacy training program by Red Wind, an Indigenous-led nonprofit organization created in response to the increasing needs of Tribal and Native specific programs to develop culturally specific responses to domestic violence, sexual assault, and stalking. The grant also provides a free 40-hour SANE training, plus a two day skills lab course through the International Association of Forensic Nurses (IAFN) to help more nurses become SANE-certified, and partners with agencies across the state to help them set up their own SANE programs. The trainings are held both in Milwaukee and the northern part of the state.

This spring, she’s a co-investigator and key part of a new multi-site NIH R01 grant for a mixed-method study interviewing individuals as well as conducting focus groups and surveys to look at the barriers to care after experiences of violence during COVID-19 for Black and Indigenous women. Using research

to understand how intersecting identities affect overall health is critical to good nursing care — and isn't always obvious.

"When our curriculum is very medical-model based and not holistic, and we're not learning about the neurobiology of trauma and how that impacts our health, it's really easy to pass someone off as non-compliant or difficult," she says. "Nurses really need to understand that sometimes people come in and they've had a traumatic experience and don't always present like a typical person (who hasn't experienced trauma). And if people have bad experiences during their interactions with nurses and other providers, especially Natives or other people of color, they're likely not to come back."

Using Indigenous Practices to Prevent Chronic Disease

Angela Fernandez, PhD, MPH, LCSW, joined the School of Nursing as an assistant professor through the campus Native American Environment, Health and Community faculty cluster. Trained in clinical social work and public health with experience working across nations and health care settings, she brings a unique perspective. But it's her identity as an Indigenous person that drives her research, which examines the role of cultural practices that involve a connection with Nature — like gathering wild rice or burning sage in prayer — in the prevention of chronic disease.

"In my community, the woods is a place of healing," says Fernandez, who grew up on the Menominee Reservation in northern Wisconsin. "You go into the woods to grieve, to participate in ceremonies — things that are important for healing emotionally and healing physically." As a clinician, she also saw firsthand the multiple health benefits of connection with Nature through community gardening among Milwaukee's immigrant populations.

For Fernandez, research can illuminate Indigenous health interventions — which are culturally acceptable and sustainable. She has a grant to develop a psychometric measure based on interviews from American Indian participants across 10 tribes and three geographic regions, part of the American Indian Chronic Disease Risk and Sleep Health (AI CHERISH) study. The largest epidemiologic study of sleep health ever

conducted with an American Indian sample to date, AI CHERISH studies how common sleep deficiencies are among this population, and whether they are associated with chronic disease, such as diabetes and cardiovascular disease. Fernandez' grant takes it a step further; she wants to know how participants' involvement with cultural practices that involve a connection with Nature may play a role in prevention. Does hunting, fishing, gathering, burning sage, or participating in other cultural practices connected with Nature make a difference in their sleep health or chronic disease outcomes, and does this vary by whether they live in urban or rural places? Fernandez' psychometric measure is made up of 12 questions that are currently under review by tribal review boards. Upon approval, it will be added to the AI CHERISH survey, and will provide data which she can analyze to develop the measure and answer these questions. But the implications are even bigger.

"I have this opportunity as a researcher to tell the story of who we are and what's important to us, and what makes us healthy," says Fernandez, who has worked on similar NIH-funded studies. One such study, "Yappalli - The Road to Choctaw Health", is a culturally-focused, strengths-based outdoor



ANGELA FERNANDEZ

experiential obesity and substance use risk prevention and health leadership program that involved walking the Trail of Tears with Choctaw women. She sees her current research as inextricable from healing colonial traumas through human interconnection within Nature—not just studying disease, but the ongoing health practices that have helped Indigenous people survive and thrive. "I am very passionate about telling the story of why it is that we have the health disparities we have. When I look at colonization and historical traumas, I'm equally passionate about telling stories of why we are so strong and so resilient."

"I have this opportunity as a researcher to tell the story of who we are and what's important to us, and what makes us healthy."

— ANGELA FERNANDEZ



MADELYNE GREENE

“

“There’s a lot of innovation and creative thinking that needs to happen in our health system and in the broader social structures that we now know so deeply impact health outcomes.”

— MADELYNE GREENE

”

Innovating Reproductive Health

As a Hillman Fellowship recipient, Greene’s doctoral program was specifically focused on innovation in nursing research. “Typically, when people think of innovation they think about technology,” Greene says. “But there’s a lot of innovation and creative thinking that needs to happen in our health system and in the broader social structures that we now know so deeply impact health outcomes.”

Greene’s research is focused in two arenas. One is focused on LGBTQ+ health, specifically experiences with sexual and reproductive health care — the knowledge dearth, care gaps, exclusion, discrimination, biases, and assumptions. The other arena homes in on maternal health outcomes, especially for racial minorities. Wisconsin, for example, has one of the worst maternal mortality racial gaps in the country. Greene believes that’s due to largely preventable causes and highly variable access to maternity care, including where a person lives.

“I’m interested in thinking about how to get the highest quality, most up-to-date and relevant, personalized care to populations that are traditionally marginalized or structurally excluded from receiving that super high quality and tailored care,” she says, citing the example of trauma center levels and corresponding protocols. “If you live in a rural area and you go to a small hospital because you had a stroke or an accident, people in the ER know exactly what to do to try to stabilize you and get you to the next correct place. If you go to a hospital that doesn’t have the right resources, there’s a

very clear system to transport you to the next level. But in maternal health and obstetrics, that system does not exist.”

Greene is building upon existing data sets created by fellow researchers at UW–Madison, including Dr. Deborah Ehrenthal and Dr. Lawrence Berger from the School of Medicine and Public Health, that include everything from birth records to Medicaid claims, to early childhood school records to incarceration records. Greene will additionally link to a data set of hospital-based information to track every birth hospital in the state – level of care provided,

number of births each year, what resources they have, and more. “All of that is linked together so that we can trace back each delivery, the mother’s health history, and facility-based information about that birth, and try to start unpacking what happens at different levels of care and how better systems could be built.”

Part of Greene’s work is battling insidious cultural beliefs that continue today, further perpetuating these disparities that lead to poor health outcomes. For example, women’s complaints of pain tend to be taken less seriously than men’s, particularly Black



women—she cites the article tennis pro Serena Williams wrote about the traumatic blood clot she suffered after the birth of her baby, and how her complaints of something feeling wrong were ignored—or the misnomer that queer women don’t need STI screenings or pap smears. “Their cancers are diagnosed at later stages, which we would have caught, so the assumptions are actually impacting care decisions and recommendations,” she says.

Leveraging the Importance of Social Networks for LGBTQ+ Populations

Elliot Tebbe, PhD, LP, is a psychologist who came on board as an assistant professor at the School of Nursing in the Fall of 2020. His research primarily centers on LGBTQ+ population mental health and disparities, particularly among the trans and gender diverse communities, or TGD. Lack of experience and training are still causing far too many negative interactions for patients, he says, even from well-meaning providers. As such, many patients rely more on crowdsourcing their social networks than on healthcare systems.

“I’m a queer and trans person myself and honestly, I don’t know that I trust my provider as much as I do first asking a lot of other trans folks, then judging that against what my provider says,” Tebbe says.

“Because I’ve been told all kinds of weird stuff over time from providers who don’t know what they’re talking about, or haven’t had that experience, or they’re operating on what they learned 15 years ago.”

Tebbe hopes his research can support TGD communities in receiving reliable qualitative data while also changing the system to serve patients better. One of his current projects is a competitive grant to support his study called “TGD Social Networks and Health,” which examines TGD communities in southern Wisconsin. He’s also conducting a qualitative study around sexual health among individuals in urban Midwest centers, as much of the existing research has been limited to the coasts.

In addition, he has received a two-year grant from the Office of the Vice Chancellor for Research and Graduate Education’s (OVRGE) Understanding and Reducing Inequities Initiative with co-investigator Stephanie Budge, associate professor in the Department of Counseling Psychology in the UW–Madison School of Education, to support their pilot e-therapy trial addressing healing and stigma in transgender and nonbinary populations.

The grant allows them to recruit and train 10 Black, brown, Indigenous, trans, or nonbinary therapists to provide free counseling to patients who reflect these same identities. Sessions are recorded and data is collected along the way with a goal of addressing internalized stigma and the



ELLIOT TEBBE

intersections of racism and transphobia.

All of this research, Tebbe says, is particularly relevant to nurses because they are typically a patient’s first interaction wherever they go. Although his work is focused on systems, he says he’s learned through his research that one positive interaction with a health care provider can make all the difference in the world for these patients.

“Don’t discount the power of that individual connection,” Tebbe says. “Look for opportunities to advocate within the system. Educate other nurses. Educate other providers. Be fearless in trying to change the tenor of how trans folks are treated within clinic settings.”

DON'T DISCOUNT THE POWER OF THAT INDIVIDUAL CONNECTION.
LOOK FOR OPPORTUNITIES TO ADVOCATE WITHIN THE SYSTEM.
EDUCATE OTHER NURSES. EDUCATE OTHER PROVIDERS.
BE FEARLESS IN TRYING TO CHANGE THE TENOR OF HOW
TRANS FOLKS ARE TREATED WITHIN CLINIC SETTINGS.

– ELLIOT TEBBE



SCENES

A glimpse into the lives of
Badger nursing students.

*Photos by Alexander André, Caitlin Clark,
and student submissions.*





Ageism in Research and Health Care

By Diane Farsetta, PhD, Center for Aging Research and Education

This story originally appeared on CARE's website, go.wisc.edu/7b0c18



University of Wisconsin–Madison School of Nursing Assistant Professor Kristen Pecanac '09, MS'12, Cert'13, PhD'16, RN, studies interactions among health care practitioners, patients, and family members as they make treatment decisions in hospital settings.

She says the peer review process has provided her with clear examples of ageism.

"I did a study where I looked at conversations between physicians and older adults during daily rounds," says Pecanac.

"There was one conversation where there were really, really long pauses. The physician would ask the patient a question and they weren't responding. I was in the room, so I could take notes. I could see the patient falling asleep. Early in the conversation, when asked how they were doing, they said, 'I couldn't sleep, I was really anxious.'"

"When I submitted the paper for publication, I received a lot of interesting comments from reviewers," says Pecanac. "They said this wasn't a great example because 'obviously, the patient doesn't have the cognitive capacity to engage in this conversation.' When even in the transcript that I provided, the physician said, 'I know we're bothering you when you're really tired.'"

"Everything was centered around the patient being tired. But the reviewers were saying, 'That's another issue with older adults — how much can they actually engage in these conversations?'"

It's not the only example Pecanac has of ageist reactions to her research. And she's not the only School of Nursing faculty member whose research challenges ageist assumptions.

"Part of my work has been to show that the cognitive changes that occur with aging are not such that people aren't able to follow

medication regimens, lifestyle regimens, or other treatment," says Associate Dean for Academic Affairs Lisa Bratzke '88, MS'92, PhD, RN, ANP-BC, FAHA. "But reviewers have assumed that older adults are not going to be compliant."

"I've also had reviewers say that older adults aren't able to do MRIs because they can't lie still and understand what they're supposed to do," says Bratzke. "That they couldn't lie flat for 45 minutes due to arthritis or heart failure or whatever. When in reality, claustrophobia has been a much bigger deterrent from MRIs than any aging-related issues."

Their experiences illustrate the broad reach of ageism, from health research to care provision, to health policy and funding decisions, to the dearth of providers specializing in older adult care.

Psychiatrist Robert Butler, MD, who coined the term ageism in 1969, defined it as "a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, 'uselessness,' and death."

Studies by Yale School of Public Health Professor Becca Levy, PhD, and others have shown that holding negative age stereotypes decreases health-promoting behaviors, worsens

health outcomes, and increases healthcare spending.

Ageism can also obscure the dangers of supposedly vetted treatments.

"I was taking care of a woman in her 80s who became depressed," says Louise Aronson, MD, MFA, a professor of medicine at the University of California, San Francisco and author of [Elderhood: Redefining Aging, Transforming Medicine, Reimagining Life](#). She was speaking during a webinar on "Confronting Ageism in Health Care," organized by Kaiser Health News and The John A. Hartford Foundation.





“I was a relatively new doctor. I prescribed her one of the new medicines,” says Aronson, referring to SSRI antidepressants. “The big excitement was that these were newer and safer. They didn’t have side effects!”

“So I gave [an SSRI prescription] to her. She got worse and worse,” says Aronson. “The medicine I had given her had lowered the sodium in her blood—something that we now know commonly happens with these medicines, but that we didn’t know happened at that time because there were no older people in the studies of these drugs.”

Ageism can also decrease quality of care.

“There are numerous examples of health consequences of ageism from the health care provider side,” says School of Nursing Clinical Professor Sarah Endicott, DNP’13, PMHNP-BC, GNP-BC.

“Neglecting to ask patients about their sexual lives or substance use based on ageist ideas can have very real, detrimental health effects. These include missed treatment opportunities, delayed care, drug interactions, and missed diagnoses.”

“I see it from the patient side, too,” says Endicott. “When I worked in primary care, I’d have older adult patients come in and dismiss their own symptoms for so long, thinking it was normal due to their age. We then miss a crucial window of time to intervene early, before people suffer lasting consequences. For example, a patient who ignores or dismisses shoulder pain may end up with a frozen shoulder or chronic osteoarthritis, when intervening early with therapy may have prevented functional decline.”

Ageism can also skew funding priorities. “We can’t give people the strengthening exercises that would prevent falls, but if you fall and have a fracture, you can get emergency care that will cost many thousands,” says Aronson. “You will get a surgery that will cost tens of thousands. You will have hospital and rehab stays, driving the bills to hundreds of thousands. Whereas the actual rehab you needed to prevent not all but many falls would have just cost hundreds of dollars.”



“Then there’s the famous argument that older people use up too much of the health care dollar,” adds Aronson. “It’s life stage appropriate. We have three major stages of life: childhood, adulthood,

and elderhood. When have you ever heard someone say, ‘Those children are using up too much of the education dollar. Why are they all so stupid? Why do they require so much education?’”

While ageism can take many forms, its impact on individual and community health, the healthcare system, and research is always negative.

The FrameWorks Institute, a social science research firm and part of the Reframing Aging Initiative, suggests three strategies to counter ageism, based on their research:

- **Appeal to values of justice**, pointing out that older people often aren’t treated as equals in our society
- **Give examples of ageism and positive responses**, such as older patients’ pain not being taken seriously, which could be addressed by expressing concern and asking about potential underlying causes or ways to alleviate symptoms
- **Use language that emphasizes shared interests**, such as “as we age” or “what we need when we’re older”

Learn more about the Center for Aging Research and Education at care.nursing.wisc.edu.

Endowments Empower Faculty and Students at the School of Nursing

By Esther Seidlitz
Wisconsin Foundation and Alumni Association

In 2014, longtime benefactors of the University of Wisconsin—Madison John and Tashia Morgridge announced a giving program that has changed the university's trajectory. Before this \$100 million Morgridge Match, it was more difficult to entice the best and the brightest to the UW. It was hard to compete with the warmer weather, higher pay, and greater opportunities for endowed positions that other schools could offer to highly qualified educators and researchers.

That's not to say the Morgridge Match provided the direct funding necessary to hire brilliant new faculty members. Rather, it encouraged other donors to participate in the support and retention of the excellent faculty already at the university through endowed chairs and named professorships. As Chancellor Blank said at the time, "These new chairs will provide appreciation, resources, and professional status to highly productive UW faculty; they will help retain these researchers at UW; and they will give us additional tools to recruit new rising stars from elsewhere to Madison."

In addition to a more prestigious title, recipients of faculty endowments receive additional funding from the investment returns to supplement their income, pursue new avenues of research, buy better equipment, and hire research assistants. These benefits ultimately build up and contribute to a greater culture for both faculty and students, making the UW a more competitive school in terms of recruiting and retaining talent.

With the Morgridge's matching program, other generous donors were able to double their capacity to endow professors and cement their legacies at the UW. A \$500,000 donation or commitment became \$1 million to endow a professor and a \$1 million commitment became \$2 million to name a chair.

Richard Sinaiko is one such donor who maximized his ability to give back to a beloved institution on his own terms and according to his values. The Richard E. Sinaiko Professorship in Health Care Leadership now funds the scholarship and efforts of Barbara Pinekenstein '73, DNP, RN-BC, FAAN, who is working to educate and empower the next generation of nursing leaders. As a Madison native, the son of a nurse who graduated from the Wisconsin School of Nursing, and a prominent

health care leader, Sinaiko's endowment is a gift that will keep on giving back to the things that are important to him.

While Pinekenstein is grateful for the additional support she has to pursue her own passions, she is more grateful for what her endowment has meant to the School of Nursing and to Sinaiko. As she explains, these endowments "are about supporting excellence and helping to support the vision of the school, and linking the hopes and dreams of the donor and the vision and mission of the school."

Such gifts will continue to support the university beyond any one recipient's tenure. Renewed commitments from donors like the Morgridges and constant support and generosity from the UW community has helped double the number of endowed faculty at the university in the last seven years. Since 2014, the School of Nursing has gained a total of six named chairs and professors, three of which were established within the last year.

In the last year, Lisa Bratzke '88, MS'92, PhD, RN, ANP-BC, FAHA, Barb King MS'87, PhD'10, RN, APRN-BC, FAAN, and Linda Oakley, PhD, RN, received new appointments as endowed professors and chairpersons. These endowments, established by generous donors, reward these educators for their dedication to the School of Nursing, honor their achievements, and improve their resources. These rewards will keep on giving back as endowed faculty members are empowered to advance the School of Nursing and its students through innovative teaching and research.

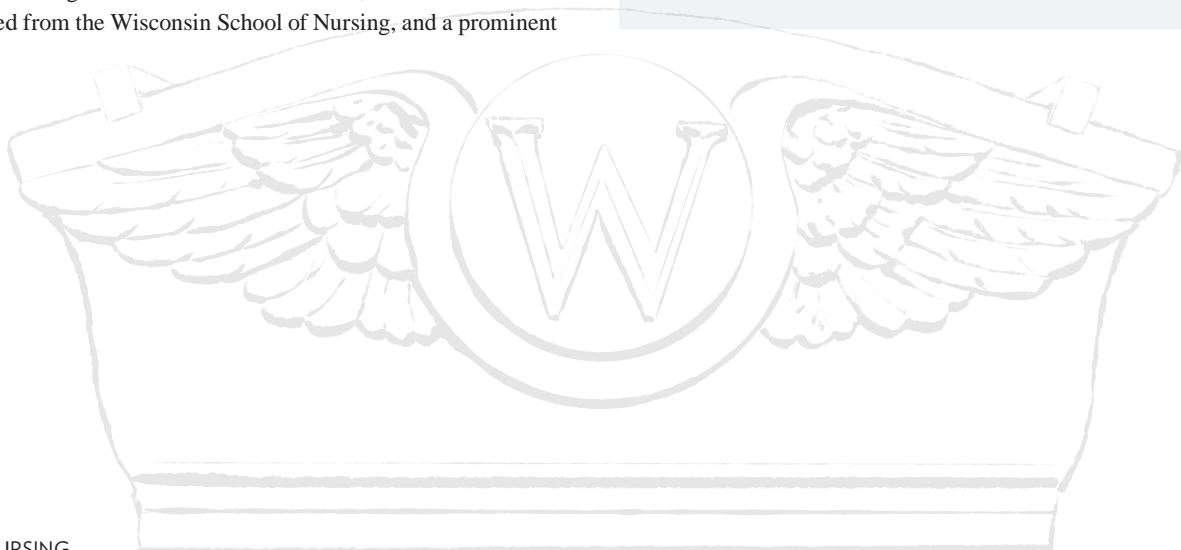
Contact a member of our development team to learn more about endowments.

Scott Fletcher

Director of Development
scott.fletcher@supportuw.org
608-263-6007

Alison Lazar

Associate Director of Development
alison.lazar@supportuw.org
608-512-9135



Meet the Newest Endowed Faculty Members at the School of Nursing:



Lisa C. Bratzke '88, MS'92, PhD, RN, ANP-BC, FAHA

Sekelsky Professor for Education Innovation, Associate Dean for Academic Affairs

- PhD, University of Nebraska Medical Center; Nursing
- MS, University of Wisconsin–Madison; Nursing/CNS Education
- BS, University of Wisconsin–Madison; Nursing

After more than 20 years of clinical practice, Lisa Bratzke brought her expertise to the UW as a faculty member in 2013. In addition to her newly-named professorship, awarded in January of 2022, she served as SON's Undergraduate Program Director and Honors Program Coordinator and recently accepted the Associate Dean position for Academic Affairs. Bratzke focuses her research on brain health and cognitive aging with the goal of slowing cognitive decline and improving self-management of chronic diseases such as Alzheimer's.



Barb King, MS'87, PhD'10, RN, APRN-BC, FAAN

Charlotte Jane and Ralph A. Rodefer Chair

- PhD, University of Wisconsin–Madison; Nursing
- MS, University of Wisconsin–Madison; Nursing
- BA, College of St. Scholastica; Nursing

Barb King has been teaching at the UW for over a decade. She seeks to improve outcomes for hospitalized older adults by investigating patient experiences, fall prevention methods, and ambulation recovery processes. This expertise has made her a very valuable director of the Center for Aging Research & Education. King's chair position, awarded in July 2021, recognizes her excellent research and allows her to pursue it further.



Linda D. Oakley, PhD, RN

Louis J. and Phyllis Clark Jacobs Professor in Mental Health

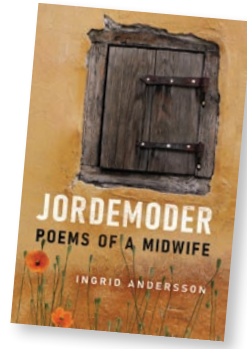
- PhD, University of Washington; Nursing Science
- Post-Doc, University of California, San Francisco; RWJ Clinical Nurse Scholar
- MS, Boston University; Psychiatric Nursing
- BS, California State University, Chico; Nursing

Linda D. Oakley has been expanding and sharing her expertise at the UW for 30 years while continually serving Dane County as a psychiatric nurse practitioner. Her research focuses on the social determinants of public health outcomes in Black communities, including stigma, trauma, and cultural resilience. Oakley's new position, awarded in July of 2021, will give her more resources to study mental health issues and strengthen communities with self-management strategies.

Keeping Up with Alumni

Wendy Belden '93, MS'99, earned her doctor of nursing practice (DNP) degree from Walden University. Her capstone project was entitled, "An Educational Program for Nursing Home Nurses on Sepsis in Older Adults."

Ingrid Andersson '95, MS'06, published a book of poetry with several classmates and past teachers. Jordemoder: Poems of a Midwife (Holy Cow! Press) is informed by her work as a registered nurse and a certified nurse-midwife in the Madison area since 1995. Narrative creative writing by health care professionals has inspired her since nursing school, and has become a critical transformational means of navigating tough times. The book was released this April during National Poetry Month.



Melanie Krause '06, MS'07, PhD'10, has been selected as chief data and analytics officer for the Internal Revenue Service. In addition to leading the Research, Applied Analytics, and Statistics team, Krause will co-lead the Data and Analytics Strategic Integration Board. She will work across the enterprise to coordinate research activities to advance areas of strategic importance to the Service. One key area of focus will be continuing to make progress on an IRS data strategy that, in coordination with IT, expands the use of data and analytics to drive decision-making at all levels of the organization and aligns with the Federal Data Strategy.

Élise Arsenault Knudsen, MS'10, PhD'19, was promoted to a nurse scientist at UW Health in spring 2021.

Chloe Strait '21 accepted a position on P5 at University Hospital in Madison, WI.



Congratulations to our two doctor of philosophy (PhD) winter graduates!

- **Sarah Brzozowski, PhD'21, MBA, BSN, RN, NEA-BC**
Dissertation: "Examining Nurses' Perception of Practice, Practice Environment and Leadership in Primary Care"
- **Andrea Strayer, MS'91, PhD'21, AGPCNP-BC, APNP, CNRN**
Dissertation: "Older Peoples' Social Process of Living with Degenerative Spine Conditions and Trying to Return to Normal"

Jennifer Orshak, PhD'21, received the 2022 Outstanding Dissertation Award from the MNRS Health Promoting Behaviors Across Lifespans research interest group.

In Memoriam

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

Helen Holt Baillies, Cert'41, September 28, 2021

Inez Daniels McMillan, Cert'44, December 14, 2021

Eleanor Foregger Erdevig, Cert'43, '45,
October 15, 2019

Wilma Schaefer, Cert'45, May 31, 2016

Marion Kachelski, Cert'46, '50, August 13, 2021

Shirley Rowlands '51, November 27, 2014

Arvone Turner Loper, Cert'51, '52, June 25, 2017

Shirley Kirchman, Cert'52, '53, April 29, 2020

Corrine Kastorff Silver '52, April 22, 2017

Janice Zischke, Cert'53, '54, December 2, 2021

Mary Anderson Johnson '54, January 20, 2020

Peggy Ward MacMillan, Cert'57, '57,
November 10, 2021

Lyndoll Wells '57, August 6, 2016

Elaine Kloepfel '60, January 8, 2022

Elizabeth Black Kramer '63, November 3, 2021

Karen Schwebs Sorenson '63, January 15, 2022

Myrna Brent Hobbs '64, August 15, 2021

Jean Evans Clement '66, November 25, 2013

Carol Vant Howley '71, December 21, 2021

Jacqueline Koos Platz '72, December 2, 2019

Sheridan Ash '74, June 26, 2019

Catherine Thomas '82, August 21, 2021

Roberta Ryan Martin, MS'87, January 4, 2022

Rose Chujor '18, DOD: Unknown

Joanne "Jo" Conger, former faculty,
September 20, 2021

A Conversation with the 2021 NAO Award Winners



Linda Kautza Procci

Distinguished Achievement Award



Emily Hansen Schumacher

Outstanding Badger Nurse Award

Describe how your nursing education has influenced your career or life path.

PROCCI: I was very fortunate that after graduation in 1972, several faculty members suggested I proceed directly into the master of science in maternal/child health program. I was going to be in Madison for two more years while my husband was completing his residency in psychiatry. I learned how to think [critically], interact successfully in a complex environment, be articulate, describe processes for change, and use evidence to create a successful argument for decision making. Couple this with the foundation as a specialist in nursing and as a generalist in health science, and I was prepared to facilitate and lead interdisciplinary teams. I sought positions that used these skills and thrived in major medical centers' operations.

SCHUMACHER: When I was applying for registered nurse (RN) jobs as a new graduate, organizations were impressed with my UW–Madison degree. They knew the excellent reputation and rigor of the

Throughout her 39-year career, **Linda Kautza Procci '72, MS'74, PhD**, had numerous progressive leadership and management roles in complex, academic, tertiary, and integrated health care organizations in the Los Angeles area. She has also volunteered for a variety of boards and committees in Los Angeles and at UW–Madison for almost 30 years. **Emily Hansen Schumacher '10, DNP'18, CPNP, APNP**, is currently a pediatric nurse practitioner in developmental pediatrics at UW Health. She also mentors nursing students and is an active clinical preceptor. Both recipients are exceptional nurse leaders who exemplify the qualities recognized by these awards.

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

program. Receiving my degree from UW–Madison helped me get my first-choice job in pediatrics at UW Health in their RN residency program. While working towards my doctor of nursing practice (DNP), I had the opportunity through UW to participate in an advanced training program for graduate students in different health care disciplines called LEND (Leadership Education in Neurodevelopmental Disabilities). I would not have had this opportunity if I wasn't a UW student; ultimately, completing this training helped me land my dream job at the Waisman Center as a pediatric nurse practitioner in developmental-behavioral pediatrics. I also met my husband at UW–Madison (in Organic Chemistry) and we spent a lot of time studying together at Ebling Library during our undergraduate years!

What advice would you give to recent graduates?

PROCCI: If a door or opportunity presents itself, take it. Explore the many career options that exist. Your true passions will become known, and they may be something [different from] what you imagined when you first graduated. I did not imagine that my career would be in medical center operations! Remember — you must be a lifelong learner.

SCHUMACHER: It sounds cheesy, but don't lose sight of your goals and dreams.

Nursing is an incredible and unique career that allows you to work in almost any setting, with any population, and make an impact. My LEND training was life-changing. It helped me realize that I wanted to work at the Waisman Center as part of a multidisciplinary clinic in developmental pediatrics. Susan Heighway was my preceptor, and she was an incredible nurse practitioner (NP) who retired a few years ago. Once she retired, I investigated the opening of her job and was heartbroken when I found out they wouldn't be hiring another nurse practitioner. A few years passed by and I worked inpatient pediatric hematology, oncology, and neurosurgery and in the pediatric emergency department at UW. I also taught community health at UW and brought a group of undergraduate nursing students to Malawi. Then I was in the cafeteria one day and overheard the medical director of the Waisman Center talking about how they wanted to hire an NP! I introduced myself to her on the spot, applied for the job, went through two rounds of interviews (while on maternity leave!), and was hired. I'm now celebrating two years in this incredible position this month!

Beyond the Surface

By Grace Houdek

As a senior in high school, Courtney Maurer '12, DNP'21 thought about a range of careers, including journalism, psychology, and social work. But after seeing the way her grandmother was taken care of in hospice, she discovered her calling to work directly with patients as a nurse.

After graduating with her bachelor's degree in nursing, she worked in an adult general care unit at University Hospital for two and a half years. She then transferred to the cardiac intensive care unit where she still works part-time.

While working as a bedside nurse, Maurer also attended school part-time to earn her doctor of nursing practice in adult-gerontology acute care. As part of her final capstone to receive her doctorate, she completed an evidence-based quality improvement project.

"I was in a place where I had to really think about what this project was going to be that was going to consume my life over the next year," said Maurer. "I wanted it to leave a mark, and I wanted to make a difference. But also, it has to be something I'm passionate about."

Inspired by the social activism of the Black Lives Matter movement in 2020, Maurer asked herself, "What am I not good at when it comes to dark skin and patients with dark skin tones?"

Through her reflection, Maurer realized she did not know enough about assessing and documenting pressure injuries on people with dark skin. While the skills are taught in nursing programs, nurses practicing in predominantly white communities often experience a lack of exposure to patients of various races and ethnicities in practice. This leads to fewer opportunities for those nurses to practice and maintain their skills.

"If you're not exposed and you don't know, it's okay. You just have to ask and find those resources and seek them out," said Maurer.

During her project, Maurer found extensive literature on dermatology for dark skin, but very little about pressure injuries.



"Push yourself into a topic or field or something you're uncomfortable with but super curious about because that's what's going to keep your interest."

— Courtney Maurer

Pressure injuries in light skin tones are revealed earlier as it is easier for nurses to visually see changes in the skin. However, assessing dark skin for pressure injuries relies on touch. "Your eyes can deceive you. Folks with dark skin who have pressure injuries, you really want to feel the skin," said Maurer.

"The nurses are the first ones to notice skin changes. When you have someone with dark skin and you're not necessarily taught how to assess that differently, you miss things," continued Maurer. She added that missing pressure wounds can lead to the breakdown of the skin, which can go down through the muscle layers to the actual bone and cause deadly infections.

She began her research by surveying the nursing ICU staff at University Hospital to understand what their past experiences, knowledge, and perceptions were with dark skin. Not surprisingly, many nurses lacked confidence and understanding of what needed

to be done differently when assessing darker skin tones.

Through this survey, she discovered a need to update documentation charts so nurses can better report what they see. "Our charting was not optimal; there were not options to document someone's skin as black or purple or maroon or some of these colors that were non-white," she said. "You can assess someone, and you can find something, but unless you have the capability to document it [via] electronic record charting, you're going to miss it."

Maurer also created a five-minute instructional video where she modeled a skin assessment on a patient with dark skin and shared it through UW Health and the School of Nursing. Additionally, she collected follow-up surveys, shared visual examples of injuries, and developed a list of resources recommended by national guidelines.

The project concluded in 2021, but the work is not done. Maurer has since passed the assignment down to another nurse and current UW DNP student who will continue to spread awareness and educate peers.

Over the last decade, Maurer learned that trying something new is not easy, but the rewards for persevering are invaluable.

"Push yourself into a topic or field or something you're uncomfortable with but super curious about because that's what's going to keep your interest," said Maurer.



CREATE YOUR LEGACY.

Give back to the School of Nursing by including us in your estate plans or through other forms of giving. Contact our Development Team for details!

Scott Fletcher

DIRECTOR OF DEVELOPMENT

scott.fletcher@supportuw.org
608-263-6007

Alison Lazar

ASSOCIATE DIRECTOR OF
DEVELOPMENT

alison.lazar@supportuw.org
608-512-9135

SAVE THE DATE!



HOMECOMING

OCTOBER 22, 2022

1,300 MEMBERS AND COUNTING!

Join a professional network of Badger nurses from 42 states and 8 countries! Open to all School of Nursing students, faculty, staff, and alumni.

LEARN MORE

 @BADGERNURSENETWORK

 NURSING.WISC.EDU/ALUMNI

 ALUMNI@SON.WISC.EDU



BADGER
NURSE NETWORK



BECOME A LEADER IN NURSING RESEARCH

nursing.wisc.edu/graduate-programs/phd



School of Nursing

UNIVERSITY OF WISCONSIN-MADISON

Signe Skott Cooper Hall
701 Highland Avenue, Madison, WI 53705
nursing.wisc.edu • ForwardNursing@son.wisc.edu

Nonprofit Org.
U.S. Postage
PAID
Madison, WI
PERMIT NO. 658

Stay in touch! [f](#) [t](#) [i](#) [in](#)

*Students enjoy a sunny day in the Cooper Hall courtyard.
Photo by Alexander André.*

