

Nursing is the **frontline** of health. Nurses are the **face** of patient care. *What could be more important?*

advances

university of nebraska medical center college of nursing spring 2008



College leaders chart course to keep UNMC in the top tier of nursing science & service.

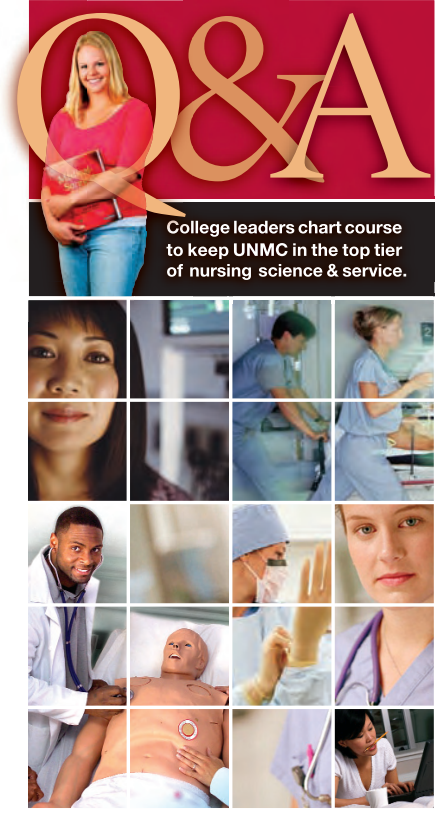
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advances

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CONTENT | CREATIVE Paladin

DESIGN | PRODUCTION Markers Design

PHOTOGRAPHY Dan Brick, Markers Design

ACKNOWLEDGEMENTS Faculty and staff, UNMC College of Nursing — special thanks to Dan Brick and Dani Wilson-Baxter; UNMC Alumni Affairs; UNMC Public Affairs; University of Nebraska Foundation

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Briefly.

Omaha Building Addition
A large gift from *Ruth and Bill Scott* will permit construction of a \$14 million addition to the College's Omaha building. See p. 27.

Norfolk Division Planned
The Norfolk community launched a \$12.9 million campaign for a nursing education center to address the health care deficit in northeast Nebraska. Plans call for a partnership between UNMC, *Northeast Community College* and the hospital, *Faith Regional Health Services*. A 35,000 sq. ft. facility would house Northeast's 2-year nursing program and UNMC's 5th College of Nursing division. Final agreements are pending.

Olson Chair Holder
Dr. Ann Berger, director of the PhD program and a national authority on chemotherapy fatigue and sleep disturbances in breast cancer patients, was named to the *Dorothy Hodges Olson Endowed Chair*.

90th Anniversary Gifts
The College celebrated its 90th Anniversary with a series of events culminating in the announcement of gifts exceeding \$3 million. The total has since grown. See p. 25-27.

National Education Collaborative
As a member of the *Health Professions Education Collaborative*, UNMC works with 18 top health science universities to advance interprofessional team education and training, as suggested by the *Institute of Medicine*. Within UNMC, nursing students train with their counterparts at the five other health colleges.

Three New Endowed Chairs
Three more endowed chairs were funded, one immediate and two future, bringing the number of endowed faculty positions to seven. See p. 25-27.

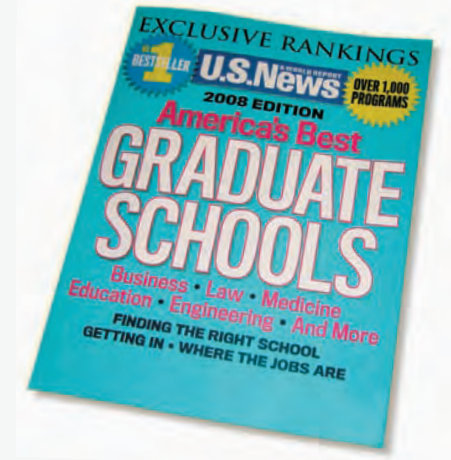
Postdoctoral Fellowships
The College launched a *Postdoctoral Research Training Program* under the direction of Dr. Karen Schumacher. See p. 9.

UCSF Research Lecturer
Dean Virginia Tilden was named the 2007 University of California at San Francisco School of Nursing *Helen Nahm Research Lecturer*. Nahm served as dean from 1958 to 1969 and created the school's Doctor of Nursing Science degree (held by Dr. Tilden).

Research Conference Host
The College hosted the 31st annual conference of the 13-state *Midwest Nursing Research Society*, the largest of the nation's regional research groups. Held at Qwest Center Omaha and adjoining Omaha Hilton, the conference drew over 800 participants and featured presentations, workshops, meetings, exhibits and an event to raise grant funds.

ANF Research Grant
The Lincoln division's Dr. Bunny Pozehl was named Virginia Stone RN Scholar by the *American Nurses Foundation*. Her research examines energy expenditure in heart failure patients, her longstanding care specialty.

New Faculty Awards
The *Kathryn Sandahl Philp Creativity and Innovation Award* recognizes fresh approaches in teaching, research or practice/service. The *Donna Westmoreland Memorial Mentorship in Teaching Award* salutes leadership in faculty mentoring and teamwork.



U.S. News & World Report ranks the UNMC College of Nursing graduate program among the top 8% in the nation. Five other UNMC programs are also listed among the nation's top.

UNMC Distinguished Scientists
Drs. Lani Zimmerman and Sarah Thompson were named to the elite group of *UNMC Distinguished Scientists* for their work, respectively, in cardiac and end-of-life care.

Healthcare Reform Commission
Sen. Chuck Hagel charged his Healthcare Reform Commission with proposing bold, sweeping reform for America's health care system. Dean Tilden was named to the 15-member interdisciplinary group. Read its recommendations under *News Room* at <http://hagel.senate.gov>

Academics Restructuring
Academic programs are now consolidated under the leadership of an associate dean and a director for each level — BSN, MSN, PhD and Postdoctoral. See p. 6-9.

Departments Renamed
Two department names were simplified and now better reflect academic nursing direction. The former GPCH department (gerontological, psychosocial & community health) is now *Community-Based Health*. The PAES department (parent/child, administration, education & science) is now *Families & Health Systems*. The *Adult Health & Illness Department* name is unchanged.



High-impact nursing.

The frontline of modern health science.



The College of Nursing was founded in 1917, and Dr. Virginia Tilden became its sixth dean in 2003.

Under Dean Tilden's leadership, the College has increased its visibility and significantly improved its already substantial record in national academic rankings, average GPA at admission and diversity enrollment. Dr. Tilden has also driven upgrades in faculty, facilities, curriculum, learning technologies and international programs.

THE ADVANCES INTERVIEW WITH DEAN VIRGINIA TILDEN

Q. Dean Tilden, you often say that we need not just more nurses but different nurses. What do you mean?

A. Modern health care grows more complex daily. There are new public health threats — infectious agents and bioterrorism. Hospitals have essentially become intensive care units. Short patient stays mean nurses must compress care into less time.

At the same time, the Institute of Medicine cites a vast “quality chasm.” Too many medical errors, too many wrong-sided surgeries, too many mismanaged hospital stays, too many low birth-weight babies.

As the largest of the health professions, nursing is uniquely suited to be a solutions leader. We must include leadership training that fosters high-impact nursing. Tomorrow's nurses must be critical thinkers, clinical decision-

makers and sentinels of patient safety. They must train in interprofessional teams, and they must be expert communicators with multiple disciplines. They must anticipate risks and intervene early to prevent medical errors. They must base care on research, evidence and keen observation — using health informatics not only to record patient data but also to shape clinical decisions, predict patients' needs and guide outcomes.

Q. Nebraska and the U.S. face a nursing shortage that grows larger as waves of Baby Boomers enter retirement. How is the College addressing the shortage?

A. We've increased enrollment nearly 30% since 2002 — without new resources, without additional faculty, without lowering admissions standards. We've launched fast-track programs. Our accelerated BSN program is tailored for

students with a college degree in another field who are equipped for an intense curriculum. Our Fast-Track BSN to PhD program is designed for those who want to become nursing educators and research scientists. It shortens the traditional path from bachelor's through master's to doctoral degree.

Our “teach the teachers” initiative addresses the faculty pipeline squeeze that limits nursing education capacity. We actively encourage students to take teaching courses and to become future faculty. As the only PhD program in Nebraska, we feel a particular obligation to address the faculty shortage.

Q. Cramped, aging facilities also constrain enrollment just as the College is in a steep growth curve. How are you dealing with this problem?

A. All across the country, university buildings are aging faster than state coffers can stem the decline. And there's little room in state budgets for capital construction. Thus, we're improving and expanding our facilities as aggressively as fundraising and major gifts permit.

We're looking at upgrades, especially to our Lincoln and Scottsbluff facilities. There's great solutions creativity in the Norfolk initiative. With the financial support of the Norfolk community and through strategic partnerships with the local hospital and community college, we're moving toward a 5th division that will address the serious shortage of nurses and nurse faculty in the northeast Nebraska. Final agreements are pending, but all signs appear positive.

A \$14 million Omaha building addition will add 50% more space dedicated largely to classrooms, clinical labs and other learning resources. It will permit a substantial enrollment increase and also help recruit new faculty. Without a very

large gift from Mr. and Mrs. Bill Scott, this addition would simply be a dream. The College of Nursing will be eternally grateful to the Scotts, long known for great philanthropy to the University of Nebraska, especially UNMC. (See p. 27)

Q. Research has long been high among your imperatives, and that's reflected in the College's top ranking and steady progress in research during your tenure. What's ahead?

A. Researchers across the U.S. feel the pinch of the downturn in funding by the National Institutes of Health, and — with the nation at two wars — federal research funding will not change soon.

Our faculty has responded with energy and optimism. I see no downturn in the number of our grant applications and new creativity in knocking at different doors. We're looking, for example, more toward foundations and other non-federal agencies. And we're doing more to join and lead interprofessional research teams since most funders prefer this approach.

Q. What sort of academic culture must the College offer to attract and retain top-notch faculty and graduate students?

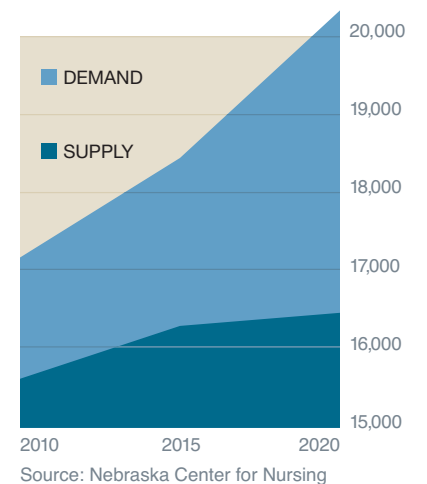
A. Our culture must be seen as vibrant, curious, and willing to try new things. Colleges should also be reflective and deliberate. We aren't Starbucks or Nordstrom's so we don't change just because the seasons do.

Our guiding principle must always be quality. Are we preparing the best graduates for a future we can only envision? How do we stay nimble? How do we adapt programs quickly in the face of compelling need? But without moving so fast that we compromise quality or create new problems? The best cultures figure out how to do this. I think we're one of them.

“Let whoever is in charge keep this simple question in her head — not, how can I always do this right thing myself, but — how can I provide for the right thing to be always done?” ~ FLORENCE NIGHTINGALE

“ Tomorrow's nurses must be critical thinkers, clinical decision-makers and sentinels of patient safety. ”

Nebraska's Projected Nursing Shortage



The long and short of it.

Huge waves of retiring Baby Boomers will dramatically increase demand for nurses.

3,838 Projected **Nebraska** nursing shortage in 2020.

808,000 Projected **U.S.** nursing shortage in 2020.

Preparing nimble leaders and advocates.

Tomorrow's nurses face challenges undreamed of just a generation ago. Health problems are more complex, treatment is a new world of medical technology, and care is compressed into shorter periods. As health care must anticipate change, so must nursing education. At the UNMC College of Nursing, two things have not changed — rigorous standards and attentive, personal care.

THE ADVANCES INTERVIEW WITH ASSOCIATE DEAN SARAH THOMPSON

Q. What is your focus in shaping the bachelor's, master's and doctoral curriculum?

A. Our curriculum must be responsive to the dynamic face of health care — and to Nebraskans particularly but reflective of our increasingly global, interconnected society.

We expect certain demonstrated competencies at every program level — BSN, MSN and PhD. Those are the compulsories — the required core knowledge and skills.

Beyond that, our goal is to produce nurse leaders who are nimble — ready for change, quick to adapt, fast to respond. Who evaluate, modify and intervene as

fleeting conditions demand. Who understand that, as evidence changes, nursing practice must change. Who are hungry for lifelong learning. Who realize the complementary nature of education, research and practice. Who appreciate the differences among cultures and colors but see what connects them all as humans. Who can create care models at the population level but deliver that care at the personal level. Who can help lead new care models wherein prevention and chronic illness are the focus instead of emergency care. Who are passionate about improving health. And who advocate for the vulnerable.

Q. What forces affect the nursing curriculum?

A. We look at prevailing health and socioeconomic data. As health problems and care change, it's imperative to rethink how we teach. Some nursing schools still teach health conditions and events in isolation. For example — stroke, diabetes, hip fracture.

Most health problems don't occur in isolation. They're rooted in chronic illness and interacting factors — including genetics, environment, socioeconomic status, pre-existing conditions, behaviors and conditions such as smoking, obesity and lack of activity. These things often cross whole life spans and family generations.

Thus, a practitioner may see a stroke patient who also has hypertension, heart disease, osteoporosis and diabetes. Those problems may be further complicated by limited access to care, no insurance, no transportation, little family support. It's all interrelated.

So our curriculum favors integration, not isolation. We address the patient as a whole, examining interwoven medical conditions and other factors that affect health. And our curriculum will evolve with prevailing evidence patterns among populations.

Q. Isn't that holistic approach why UNMC stresses interprofessional education?

A. Absolutely. No one person can evaluate a patient from a holistic perspective. It takes a health professionals team working together — physician, nurse, dentist, pharmacist, physical therapist, occupational therapist, social worker and many times, psychologist or psychiatrist.

Consider a heart patient. Coronary bypass surgery may fix the immediate problem, but are we helping the person lose weight, stop smoking, reduce stress, manage medications or combat depression that may trigger smoking, overeating or self-neglect?

Take it a step further. We may suggest an exercise program that begins with walking. But perhaps that patient lives in an unsafe neighborhood — and has no car to get to a park or mall. We need to look at the big picture — the whole health context.

Interdisciplinary teams can form integrated care strategies for individuals with multiple interacting chronic illnesses. Holistic care requires a team that not only understands the 360-degree patient but also each other's disciplines. As teams collaborate, they learn how to speak the same language and gain respect for the benefits each discipline brings to the patient.

Interprofessional clinical training is also key to reducing medical errors and care disparities among populations. Hospital errors are often traceable to communication issues. Studies thus far suggest that an interdisciplinary approach results in fewer errors, greater patient and family satisfaction, better outcomes and less professional stress.

Nurses are the linchpin of care. They hold the process together. They're the primary patient contact. In the future, nurses will have larger roles in primary care and case management. They must be able to communicate quickly and expertly among disciplines for care quality and patient safety.

Our goal is to produce nurse **leaders** who are nimble — ready for **change**, quick to **adapt**, fast to **respond**.



54 Average age of nursing faculty in the United States.

To replace retiring faculty, it's imperative to prepare more teachers. The nationwide faculty shortage is a principal reason behind the nation's nursing shortage.

Rising enrollment.

The College has nearly 1,000 students, 35% at graduate level.

In addition to directing the academic programs, Dr. Sarah Thompson has a substantial body of research in end-of-life and palliative care.

Visionary, student-centered and exceptionally comprehensive.

As one of the nation's top health science universities, UNMC offers a comprehensive nursing curriculum from baccalaureate to master's to doctoral through postdoctoral plus continuing education programs.

THE ADVANCES
INTERVIEW WITH THE
PROGRAM DIRECTORS



Louise LaFramboise
RN, PhD
DIRECTOR
BACHELOR'S PROGRAM

Q. What things about the BSN program set it apart?

A. Our faculty is outstanding — great stability, long tenure, broad and deep expertise, extraordinary ability to connect with students. As a group, they're creative, innovative, highly adaptable and open to new ideas that enhance education. The environment is student-centered, with interactive, problem-based electronic options that foster independent learning, critical thinking and decision-making.

Q. How do you help RNs advance their education? In a large, rural state like Nebraska, they often live far from the closest UNMC campus.

A. We've created a friendly, all-distance RN to BSN curriculum. All coursework and clinical requirements can be completed in the student's home community or one nearby. Coursework is designed specifically for RN students. If they've already completed certain courses as part of their ADN degree, they need only 20 credits to earn a BSN. Most RNs complete all requirements with 24 credits.

Q. What lies ahead for the undergraduate program?

A. We're freshening the curriculum to reflect the Institute of Medicine's care quality and patient safety recommendations — a convergence of evidence-based practice, patient-centered care, informatics, interprofessional education and care collaboration. We're also expanding the accelerated program to ease the nursing shortage.



Constance Visovsky
RN, PhD, ACNP
DIRECTOR
MASTER'S PROGRAM

Q. U.S. News ranks the graduate program in the top 8% in the U.S. What sets it apart?

A. Exceptional education begins with exceptional faculty — teachers who inspire students, who make learning dynamic. We have remarkable faculty depth and breadth of specialty expertise. Many are known nationally in their field. We've been a leader in distance education, and we're expanding delivery of virtual classrooms and clinics across the state, nation and globe.

Q. Where is the master's program headed?

A. We're enhancing the program to increase flexibility, efficiency and core competencies. As throughout the College, we're embedding the visionary guidelines set forth by the Institute of Medicine for care quality and patient safety. We strive for best-practices leadership in education focused on evidence and outcomes.

We continuously evaluate and adjust our specialty tracks to meet the demands of today's complex health care, especially for advanced practice nurses — nurse practitioners and clinical nurse specialists.

The nursing shortage has our full attention, and we're creating a nurse educator track to develop faculty. As part of our interprofessional education efforts, we're exploring a dual master's degree with UNMC's College of Public Health.



Ann Berger
RN, PhD, AOCN, FAAN
DIRECTOR
DOCTORAL PROGRAM

Q. What draws students to the UNMC PhD program in nursing?

A. Doctoral students are drawn here by the reputation of the faculty and their leading-edge research. They're also attracted by UNMC's national reputation as a top health science research center. Our faculty offers a wide range of specialties and research interests, and that's appealing. Our distance program is a draw, especially for far-away students who only need to be on campus once a semester.

Q. You offer a Fast-Track BSN to PhD program. Who is it intended for?

A. It's for academically strong BSN graduates who want to be educators and researchers. Full-time students can finish in 4-1/2 years without all the clinical requirements of the MSN program.

Q. Are scholarships and financial aid available for full-time PhD students?

A. Scholarships are available from the federal government, professional organizations and private donors through the College. UNMC also offers student loans. A popular way to support doctoral education is a graduate fellowship, which covers tuition and provides a monthly stipend.

Q. What things are ahead for the doctoral program?

A. Our primary focus has been to prepare nurse researchers. With the national shortage of qualified nursing faculty, we'll increase our efforts to prepare teachers. Our intent is to develop nursing leaders as educators, researchers and public policy advocates.



Karen Schumacher
RN, PhD
DIRECTOR
POSTDOCTORAL PROGRAM

Q. Why did the College begin a postdoctoral training program?

A. Dean Tilden launched this program in 2006 to expand the College's research mission. A postdoctoral fellowship is the path to becoming a funded, independent investigator. It presents opportunities to ramp up publication, learn a new research method and plan a new study as a principal investigator. Fellows benefit the host institution by helping incubate new ideas crucial to a thriving research environment.

Q. Are there areas of research emphasis?

A. There are six areas in which our faculty has depth of research expertise: healthy lifestyle behaviors, cancer symptom management and survivorship, health services, symptom management/risk modification in cardiac care, end-of-life and palliative care, family care, and health disparities.

Q. How do postdoctoral fellows spend their time?

A. They work on a research team with their sponsor and with multidisciplinary collaborators across campus. One of UNMC's great strengths is its collaborative environment. They also write grant applications and manuscripts for publication.

Q. What's ahead for the postdoctoral training program?

A. Recruitment is a major near-term goal. We're building a cohort of fellows engaged in a stimulating exchange of ideas. Long term, we'll seek external funding from the National Institute of Nursing Research.

“**Exceptional education begins with exceptional faculty.**”

By any possible measure, a better education means a better nurse.

Advanced education pays in many ways. Obtaining a bachelor's degree or higher widens career options, raises professional respect, boosts earnings and improves outcomes.



Endless dividends in better care.



Dr. Bernice Yates has a widely respected body of research in cardiac care. She has twice won outstanding teacher awards at UNMC.

Nursing research produces evidence. That evidence is used to improve care, prompt intervention, raise efficiency, cut costs, correct problems, influence policy, change practice, propel better systems and create better outcomes. Research by nurse scientists produces some stunning breakthroughs and many advancements, big and small. To individual patients and their families, all are huge.

THE ADVANCES INTERVIEW WITH ASSOCIATE DEAN **BERNICE YATES**

Q. How has UNMC College of Nursing research touched people's lives?

A. Our studies have improved life for people across Nebraska, the region and the country. Our research focuses on three areas, so let's look at examples in each.

The first is *Health Promotion and Disease Prevention Research*. It focuses on activities and behaviors that help people make lifestyle changes and move toward optimal wellness. In one study, we examined diet and physical activity in midlife and older rural women and tested forms of healthy behavior promotion. Overall, the program resulted in weight loss, better fitness and fewer related health problems. In another study of single black mothers, those who used our New Mothers Network website improved parenting skills and self-esteem.

The second area is *Symptom Management Research*. It focuses on reducing pain, fatigue, nausea and other symptoms that accompany disease and the treatment of

disease. The effect is to increase physical and psychosocial functioning and quality of life. Here are some recent findings from separate control-group studies: After cardiac surgery, women had less pain, fatigue and trouble sleeping when they received symptom management intervention. Heart failure patients in an exercise Heart Camp exhibited lower stress levels and greater confidence in their capacity for activity. In women undergoing breast cancer chemotherapy, resistance exercise maintained lean body mass, upper body strength and physical function. A separate study among breast cancer patients found ways to lessen fatigue and sleep disturbances caused by chemotherapy.

The third area is *Health Services Research*. It focuses on improving health care systems, especially in care access and delivery. It gives policymakers hard data to assess impact of system changes — on care accessibility, usage, quality, cost and outcomes. A recent study, for example,

provided evidence that tested technologies improved hospital medication safety and decreased adverse drug events.

Q. What services does the Niedfelt Nursing Research Center provide?

A. The center provides guidance in research program initiation, funding search, grant and manuscript writing and on-going projects management. Two research analysts consult on research design, methods and statistical analysis from project conception to final report. Staff members provide help with applications, manuscript editing, budget preparation and post-award administration, including account monitoring, compliance and equipment purchase. These services also support graduate students engaged in research.

Q. How has nursing research evolved?

A. Some people think that research is relatively new to nursing, but Florence Nightingale pioneered nursing research more than 150 years ago. In the 1980s and 90s, research became a major force in marshalling scientific data for evidence-based nursing practice. Previously, most federal funding went to studies involving disease diagnosis and cure. In contrast, nursing seeks to improve health and treat people's response to disease. A major advance came in 1985 with creation of the National Center for Nursing Research. Formed under the National Institutes of Health, NCNR provided visibility at the federal level. In 1993, NCNR became the National Institute of Nursing Research, a change that lifted professional recognition and federal funding.

Q. What studies are currently under way?

A. We're examining large health issues that reflect U.S. demographics. As Baby Boomers retire and as longevity increases, there is exploding demand for family caregivers, assisted living, skilled nursing homes and hospice care. People live longer with chronic illness, and they could require sustained nursing care for years, even decades. Today, 25% of all deaths occur in nursing homes. By 2020 that figure will approach 40%. As a society, we must learn to talk openly about end-of-life care.

One study investigates care in over 100 nursing homes in Nebraska and western Iowa. Family members are asked about care quality, pain management, family stress and staff attentiveness to their loved one's wishes. Nursing home staff is asked about family communications, including nature and timing of end-of-life planning discussions and how families are informed of dying and death. The goal is to make end-of-life care the best it can be for the resident and family.

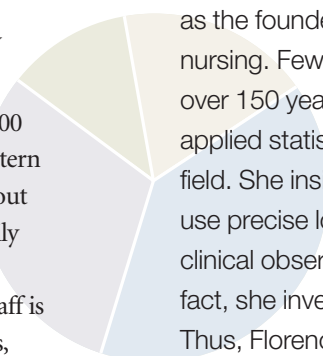
Another study examines the extraordinary demands on caregivers during cancer treatment for a loved one. Their lives are filled with anxiety and unrest. They help with incision care, pain management, tube feedings, the effects of radiation and chemotherapy — fatigue, appetite loss and more. They try to maintain the patient's weight and keep spirits up — all while managing their own lives and responsibilities, often including young children. In some cases, they drive hundreds of miles to get to our cancer center. That involves complications and expenses — directions, gas, lodging, meals. All these factors need to be considered as nurses develop and test support for caregivers.

Economic health, too.

85: Jobs created by UNMC College of Nursing research. The U.S. Department of Commerce estimates that every \$1 million of research funding creates 31 new jobs.

Thanks, Florence.

Many know Florence Nightingale as the founder of modern nursing. Fewer know that — over 150 years ago — she applied statistical analysis to the field. She insisted that nurses use precise logs and charting in clinical observation — and, in fact, she invented the pie chart. Thus, Florence might also be considered the founder of nursing research and informatics.



“Today, **25%** of all deaths occur in nursing homes. By 2020, that figure will approach **40%**. As a society, we must learn to talk openly about **end-of-life care.**”



The 24/7 digital buffet.

Ed tech, sim patients, virtual illness.



DUAL ROLES: Dr. Cheryl Thompson directs health informatics for UNMC system-wide and also heads informatics and learning technologies within the College of Nursing.

Classrooms, clinics, books and beyond. MySpace, YouTube, iPod, iPhone, Wii, PlayStation, Blackberry. These and their equivalents are how today's generation interacts. How they learn. As electronic devices converge, multitasking increases. As nursing education evolves with evolving technologies, it becomes more personal. More portable. More interactive. And 24/7 on demand. In this issue, Patricia Carstens talks about the College's learning resources. In the next issue, Cheryl Thompson will address the burgeoning role of informatics.

THE ADVANCES INTERVIEW WITH **PATRICIA CARSTENS**



Patricia Carstens MS
DIRECTOR
UNMC CLINICAL
SKILLS CENTER

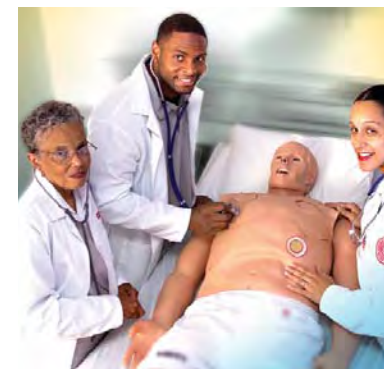
Q. You direct UNMC's clinical skills center for all health professions. Do aspects of training help future nurses and physicians, for example, better understand each other's care perspective and interdependent roles?

A. Yes. Clinical skills training is moving rapidly to a multidisciplinary approach. The goal is to enhance care quality and patient safety through collaborative teamwork. Nursing and Medicine are working together to develop training opportunities, including patient simulations. It's important that health

professions students work together before they enter the workforce. They gain new, broader perspective, and the patient gets better care.

Q. The College of Nursing is on the leading edge in using interactive patient simulators. How are these used in training?

A. For everything from childbirth to end-of-life care. High-fidelity pediatric manikins, for example, can mimic asthmatic symptoms or critical illness. Adult manikins can exhibit pulmonary disease, heart failure, emphysema, diabetes, pre-eclampsia and more. They can speak, bleed, cough, vomit, show allergic reaction, produce secretions and heart, lung and bowel sounds. They can react to right and wrong treatment or



mock medication through verbal and physiological responses. Students can take blood pressure, pulse and respiratory rates.

Q. Are simulators used for public health education in community outreach programs?

A. Yes. The College created a multi-disciplinary program with the UNMC Center for Bioterrorism to educate health professionals — doctors, nurses, EMTs and other first responders — on bioterrorism preparedness. It has an online component plus a mobile unit that travels the state. Both employ interactive simulation.

Q. Is learning support moving to interactive, on-demand, 24/7 anywhere access?

A. Absolutely. Many interactive resources at the College are available online. We're creating a series of on-demand streaming videos that demonstrate correct procedures for clinical skills.

Q. The College offers a learning buffet of digital resources. Do you find that these accelerate as well as facilitate the learning process?

A. Accelerate, I'm not sure. Facilitate, no question. Students today learn differently than in the past. Some who find lectures

"The character of the nurse is as important as the knowledge she possesses." ~ W.R. JARVIS

or a narrated PowerPoint difficult may thrive when the same information is presented in interactive animation. Students today tend to approach subjects on their own terms, in non-linear fashion, and they're adept at multitasking. Multiple presentation forms let students learn in their own way and at their own pace.

Q. Which resources tend to be most heavily used?

A. The College heavily uses discussion boards, narrated PowerPoints and streaming video on its Blackboard learning management system. All courses have Blackboard sites. We actively explore new technologies — some are piloted by a class. A number of classes use blogs, podcasts, video conferences, archive video and online testing.

Q. Does technology represents a sea change in nursing education?

A. Technology has changed not just nursing education but all education. Today's students grew up with it — they expect it. Clearly, much health science education must be done in person and in real time. But a large amount of content can be delivered through technology. I once heard an educational futurist describe today's students as "digital natives" and their teachers as "digital immigrants." Soon all new faculty will be digital natives as well.

Q. Will nurses of tomorrow carry a super all-in-one device that merges voice and data, web access, video interface, updatable patient charts and more?

A. The technology is already here in some forms — other pieces are coming

rapidly. Protecting patient data is a problem in wireless applications, but IT experts are exploring solutions. So, yes, a super all-in-one device is coming for nurses — and other health professionals.

Q. When you envision learning technology at UNMC in five years, what do you see?

A. In technology, five years is a very long time. That said, I envision more simulation, virtual reality, digital interactivity and online presentation, resources and learning tools. I see students learning through virtual surgery on a simulated patient with virtual feedback displayed on the walls of the surgical simulation room.

Health care education, of course, will never be completely digital. It's high science and high art — people caring for people with great attentiveness, respect and compassion. There's no substitute for hands-on clinical learning. But learning technologies are vital in the preparation of competent, caring health professionals who work seamlessly together in the patient's interest.

“

Students today tend to approach subjects on their own terms, in a non-linear fashion, and they're adept at multitasking.

”

Divisions ■ Serving Nebraska border to border

UNMC COLLEGE OF NURSING

A 500-mile nursing campus.

Nebraska is a grand expanse, diverse in its landscape and peoples. The College serves the state border to border through four divisions — Scottsbluff, Kearney, Lincoln and Omaha. A fifth is planned in Norfolk. Each is charged to educate the next generation of nurses. Each is charged to nurse Nebraskans in need, be they urban, rural, black, white, or brown. And each is charged to engage with local communities to advance health care.

THE ADVANCES INTERVIEW WITH THE DIVISION LEADERS



Susan Wilhelm
RN, PhD
ASSISTANT
DEAN
SCOTTSBLUFF

Q. How would you describe your student mix?

A. We attract students from a 5-state region. A few come great distances, including two sisters from Nevada who love the learning environment here. Our enrollment is 16% minority and 13% male. We have very active participation in the Student Nurses Association at every level. Half of the Nebraska SNA board is from our division, and one of our students is a national SNA officer, a first for Nebraska.

Q. How is your division engaged in local health care?

A. We collaborate with Panhandle Community Services on community health programs for people with little access to care. Faculty and students provide health screening services, and a

faculty member has a grant to screen Native American children for asthma. We work with Heritage Health on senior clinics and Cirrus House on mental health promotion. Our bilingual Hispanic teen mothers class offers prenatal education, including breastfeeding and infant care.

Q. How do you address the nursing shortage in Western Nebraska?

A. The shortage affects the entire U.S., but it's most severe in rural areas. Lack of care affects both physical and economic health. We partner with community leaders and health providers — Regional West Medical Center and area hospitals, for example — on innovative programs to attract, retain and upgrade nurses throughout our region.

Q. What things are you working on?

A. A promising area is joint efforts with area community colleges and 4-year colleges to interest students in nursing. Everybody wins. Our curriculum complements theirs, and theirs complements ours. Students discover a rewarding career. Nebraska gets more nurses.



Steven Pitkin
RN, MN
ASSISTANT
DEAN
KEARNEY

Q. What's the educational profile of the Kearney division?

A. We're located on the University of Nebraska-Kearney campus, with 17 faculty members and 129 undergraduate students. Most come from and return to practice in rural Nebraska communities. Enrollment is 10% men and four students are from outside the U.S. All undergraduate courses have an online component, and five faculty members teach the online RN to BSN program. Ours is a stimulating, interactive learning environment focused on critical thinking and judgment skills, and we use multiple simulated learning tools, including high-fidelity patient manikins.

Q. What's your division's research involvement?

A. We were instrumental in developing the Central Nebraska Evidence-Based Nursing Practice Council. Our faculty taught the EBP process in two area

hospitals, co-sponsored a workshop, completed a joint EBP project, and engaged students in examining evidence linked to nursing practice problems. Faculty serve on research committees of area hospitals and have two major grants focused on hypertension in rural women and osteoporosis in female cancer survivors.

Q. How is the division engaged in community health?

A. Faculty and students serve at the UNK Student Health Service and in clinics that provide ambulatory care for new immigrants, well-child examinations, and Head Start physicals. We created an innovative, need-based program in which our pediatric students function as the school nurse for Zion Lutheran School. They provide comprehensive health screening, notify parents, coordinate referrals and manage care within the school. They do age-appropriate education — healthy diet, flu prevention, hand washing, dental health, personal safety and so forth. School bullying was also studied, and their briefing paper was used by the board of education to shape school policy.



Kathleen Duncan
RN, PhD
ASSISTANT
DEAN
LINCOLN

Q. How would you describe the Lincoln division?

A. We offer a traditional undergraduate college experience. Our location close to the University of Nebraska main campus lets students immerse themselves in campus life if they choose. They can live in campus housing, join campus organizations, participate in campus sports and so forth.

Q. What's your undergraduate mix?

A. They look like America, and they look like Nebraska. It's a diverse mix of backgrounds. They come from ten states, two countries — and 75 Nebraska hometowns.

Q. What trends do you see among Lincoln nursing students?

A. Many of our undergraduates are interested in careers as nurse practitioners — they're contemplating graduate education. Among graduate students, interest is spread evenly among our specialty tracks. The Learning Resource Center is a magnet at all levels. Students are very tuned in to our advanced learning technologies and tools. Most students in the BSN program work in Nebraska after graduation. That's something we foster to ease the state's nursing shortage, and we encourage rural and small-town community service.

Q. How is the Lincoln division involved in community health care?

A. We sponsor the Senior Health Promotion Clinic to provide services to the elderly. It served over 1,200 patients last year. Faculty members supervise students in providing services at health fairs, public clinics and screenings. Several faculty members are nurse practitioners in private practice — in areas such as primary care, psychiatry, cardiology, gerontology, employee and women's health. Faculty members also conduct research at area clinical agencies.

"Nurses dispense comfort, compassion and caring without even a prescription." ~ VAL SAINTSBURY

NSNA Chair

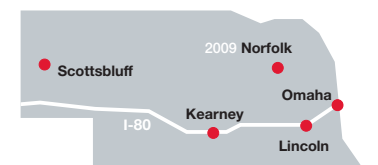
Scottsbluff student **Jenna Witt** is Nominations and Elections Chair for the National Student Nurses Association. Seven students from Scottsbluff attended the NSNA convention.

NSSNA Award

Carrie Davidson of the Lincoln division was named Student Nurse of the Year by the Nebraska State Student Nurses Association.

NCN Vice Chair

Kearney assistant dean **Steven Pitkin** was appointed to a 3-year term as vice chair of the Nebraska Center for Nursing, created by the Nebraska Legislature to address the state's nursing shortage.



We partner with community leaders and health providers on innovative programs to **attract, retain and upgrade** nurses throughout our region.



Nursing Nebraskans in need.

Rural, urban, young, old, multicultural.



Dr. Susan Beidler serves on the board of the National Nursing Center Consortium. She developed the Beidler Levels of Ethical Issues Framework for practitioners caring for the vulnerable in nurse-managed centers.

The College operates nurse-managed health centers statewide for people with little other access to basic care. As the din for U.S. health care reform grows louder each day, these centers form exceptional models for the future.

THE ADVANCES INTERVIEW WITH **SUSAN BEIDLER**

Q. What is the role of the Morehead Center for Nursing Practice?

A. It brings all faculty practice, including our nurse-managed health centers, into an integrated system. Formed in 2004 and named for a grateful patient, the center also develops future practices.

Q. What services do nurse-managed health centers provide?

A. NMHCs provide primary care such as health promotion, disease prevention and chronic disease management. They're managed and staffed by advanced practice nurses and often serve as a safety net for the uninsured or underinsured. They furnish accessible, affordable care that reduces costly emergency room use and hospitalization, particularly among poor rural and urban communities where care disparities are most common.

Q. Are nurse-managed centers new?

A. No. They evolved from public health nursing. Their earliest roots were in the late 1800s New York settlement houses that provided basic care to immigrants. During the last century, nurse activists

struggled to serve people with little money or access to care. In the 1970s, schools of nursing created nursing centers to provide opportunities for student learning, faculty practice and service to their communities.

Q. What nursing centers does the College operate?

A. They're spread throughout Nebraska. In Omaha, we operate the Family Health Care Center and the Ambulatory Care Community Health Program. The Mobile Nursing Center is also based in Omaha but travels throughout Nebraska and Western Iowa. In downtown Lincoln is our Senior Health Promotion Center. In Kearney, we collaborate with the Community Action Partnership and in Scottsbluff with Panhandle Community Services. Separately, we also have faculty members who are contracted to provide primary care, specialty care, consultations and program evaluations throughout the state.

Q. What care is provided?

A. The Mobile Nursing Center provides health screening, education and, most

importantly, follow-up and referrals for urban and rural residents, all from a 36-ft. van. Faculty and students travel widely to provide diabetes screening, blood pressure monitoring, breast exams and other detection and prevention services.

The Ambulatory Care Community Health Program provides home visits and other health services for underserved and vulnerable Omahans. Faculty and students provide education, assessment and chronic illness management.

Lincoln's Senior Health Promotion Center serves low-income, at-risk elderly people of all colors and cultures, including some refugees. Among the most needed services is foot care. With decreased mobility, circulation, and sensation that come with aging, foot care is critical but difficult for seniors to do themselves. Proper assessment and care can prevent loss of mobility and serious complications, including infection and amputation.

Our collaborative programs based in Kearney and Scottsbluff offer education, screening and care for the vulnerable, in city and rural settings, including for our Hispanic and Native American populations in central and western Nebraska.

Q. What trends do the College's nursing centers see?

A. Diabetes is pandemic. As our society ages, diabetes increases. It occurs with higher frequency in Hispanic, African and rural Americans. It can have severe complications such as heart disease, kidney disease and amputation. A major focus is preventive care for people at high risk. Screening, early detection and referral can add many years of healthy living, reduce disability and cut costs of care. We obtained a 5-year federal grant to use our statewide NMHCs to help reduce care disparities for people with Type 2 Diabetes Mellitus.

Q. Why aren't there more nurse-managed health centers?

A. The short answer is insurance. Many health insurers do not pay nursing centers. Without this revenue, it's difficult to operate. Plus, NMHCs are committed to serve the poor and uninsured. While most patients are able to pay something, it rarely covers costs.

Q. So how, for example, does the Family Health Care Center stay open?

A. Substantial support is provided by UNMC and the Chancellor's fund. This funding doesn't just defray operating expenses. It assures that the community receives needed services — and that UNMC nursing and other health-professions students have the opportunity to learn how to care for people from all walks of life.

Q. What's ahead for nurse-managed health centers?

A. The 47 million people now without health insurance will likely grow in today's difficult economy. Last fall, federal legislation was introduced to create a mechanism for NMHC funding. Nursing centers present a sensible model for health care, and not just for the poor and uninsured. They provide accessible, affordable, quality care focused on health promotion, disease prevention and lower costs. They also provide excellent chronic care management.

As a society, we have the choice of paying for an ounce of prevention or a pound of cure. By increasing the numbers of nurses and NMHCs, we can help people prevent avoidable illness and complications from unavoidable disease. We can also cut their cost of care.



“

Nursing centers present a **sensible model** for health care, and not just for the poor and uninsured. They provide accessible, affordable, quality care focused on **health promotion, disease prevention and lower costs.**

”

Perception versus reality.

Many people think there's a nursing shortage because people don't want to go into nursing as a career. In fact, interest far exceeds capacity to educate. Throughout the U.S., qualified applicants are turned away because of insufficient faculty, facilities and resources.

The cost of excellence.



Patty Sherman is the University of Nebraska Foundation's director of development for the UNMC College of Nursing.

Why your gift is needed.

Many think the College is fully funded by tuition and state revenue. Those sources, however, leave a sizable shortfall, which must come from grants and gifts.

Donor profiles, pages 25-27

The UNMC College of Nursing ranks in the top tier of the nation's approximately 100 major nursing schools. How does it fund continuing excellence in nursing education? The answer may surprise you. Tuition and state funds do not meet operating costs. The College must aggressively seek grants. And a significant portion comes from donors, big and small.

THE ADVANCES INTERVIEW WITH **PATTY SHERMAN**

Q. Patty, what is the Foundation's role for the College of Nursing?

A. The University of Nebraska Foundation is a non-profit organization formed by the Board of Regents to raise and manage gifts for the College of Nursing, other health colleges at UNMC and for the entire University of Nebraska system.

Q. Can I make a donation in honor or memory of a family member or friend?

A. Memorials and honorary gifts are a superb way to recognize a relative, friend, teacher, classmate or anyone important in your life. *You can also create a permanent fund named for you — or the person(s) you wish to honor.*

Q. Can my gift be designated for a specific purpose or area?

A. Gifts can be for specific purposes or unrestricted. Unrestricted gifts are used for areas of greatest need and allow flexibility as needs change.

Q. In what areas does the College need help?

A. Scholarships, faculty support, the research center and community outreach clinics (for example, the *Mobile Nursing Center*) are key areas in which donors can help.

Q. Why are endowed faculty positions important?

A. An example is the *Dorothy Hodges Olson Endowed Chair*. Endowed chairs and professorships enable the College to attract and retain outstanding educators. That's important because: 1) To train more students to solve the nursing shortage, we first need more faculty. 2) A large share of our existing faculty will retire soon, and we need to replace them by preparing more teachers.

Q. Can alumni create a fund to mark our graduating class?

A. That's a popular option for classmates. An example is the *Class of 1965 Esther Sock Dworak Memorial Fund*, which supports children's needs at the College's family clinic.

Q. How can I include the College in my estate planning?

A. Estate and trust gifts can be in the form of real estate, stock, insurance policies and more. They're structured to provide important benefits for the donor, including tax advantages and lifetime income streams.

For details, please contact Patty Sherman at 402 502-4114 or psherman@unfoundation.org

All gifts, no matter how small, are welcome. Use envelope at right.

Strong bonds, lasting ties.



Kimberly Cuda directs the UNMC Office of Alumni Affairs.

UNMC College of Nursing alumni are among its most important stakeholders. You're a vital part of our past, and we want you in our future. Consider this an open invitation. You're always most welcome.

Save the date.

The 2008 UNMC Alumni Weekend will be September 19-20. Watch your mail for registration information. Visit www.unmc.edu/alumni for details about activities and to see who'll be attending.

Alumni awards.

Dr. Susan Hassmiller (MSN, class of 1983), senior program officer with the Robert Wood Johnson Foundation and director of its National Nurse Funders Collaborative, received the *Distinguished*

Alumnus Award at last fall's Alumni Weekend. Dr. Judith Billings, who retired as assistant dean of the Kearney division in 2005 after 30 years of service there, received the *Honorary Alumnus Award*.

Visit the museum.

Next time you're in the neighborhood — if you haven't already seen it — make sure to visit the *College of Nursing and Alumni History Museum* on the 3rd floor of the Omaha building. Call 402 559-5414 for an appointment.

FOR MORE INFORMATION

Call (402) 559-4385 or (888) 725-8664 or email kcuda@unmc.edu

By the numbers.

Since 1917, The College of Nursing has graduated more than 10,000 nurses. The numbers below will grow with spring graduation ceremonies.

Total Graduates 10,543

Nursing Diploma	1,460
AS/ASN	1,968
BS/BSN	7,319
MSN	1,202
Post Masters Certificate	59
PhD	44

Figures include multiple degree holders.

If you haven't already, please join the Alumni Association now.

YOUR NAME _____ SPOUSE NAME _____
 DEGREE(S) _____ CLASS YEAR(S) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ E-MAIL ADD ME TO E-DIRECTORY

Select Membership Category

- Life Member** — 2 payment options:
 - One-time payment of \$800
 - 4 annual payments of \$230
- 3-year membership** \$115
- Alumni or Friend** \$40
- Senior** (over 65) \$25
- Donation for student and alumni programs \$ _____
- I am a Lifetime Member and would like to donate \$ _____

Make your check payable to CONAA or charge by credit card:

- VISA MASTERCARD DISCOVER

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

Donations are tax deductible. You can also join or renew online at www.unmc.edu/alumni.

CUT OUT OR COPY FORM & COMPLETE. USE ENVELOPE AT LEFT.

Inclusion ■ Nursing without borders

UNMC COLLEGE OF NURSING

“Nursing encompasses an art, a humanistic orientation, a feeling for the value of the individual, and an intuitive sense of ethics, and of the appropriateness of action taken.” ~ MYRTLE AYDELOTTE

Without cultural borders. Without geographic borders.

1 Undergraduate students **Joanna** (left) and **Ijeoma Anukam** (right) were drawn to the Scottsbluff campus from Nevada. Their mother Esther (center) and father Cornelius came to the U.S. from Nigeria. **2** Doctoral student **Nadin Abdel Razeq** plans to practice and teach neonatal and pediatric pain management in her home country of Jordan. **3** Faculty member **Yaewon Seo**, RN, PhD, previously taught at Yonsei University College of Nursing in her home city of Seoul, South Korea. Her research interest is heart failure management. **4** Hawaii-born **Matthew Oxiles** will serve as a family nurse practitioner after completing his MSN degree this spring. **5** **Rosa Weatherly**, RN, BSN, serves in the Mobile Nursing Center and is a founder and president of the Nebraska chapter of the National Association of Hispanic Nurses. UNMC hosts the state chapter. **6** Formerly a physician in China, **Lufei Young** is a Lincoln PhD student with a research and practice interest in heart disease management among senior women. She lives in Beatrice, Nebraska. **7** **Sangeeta Agrawal**, MSc, a research coordinator, was born in India and formerly lived in Canada. **8** **Eric Rivera**, MS, a database analyst, was born and raised in Puerto Rico. **9** Master's student **Amal Sufian** plans to return to Palestine to pursue oncology nursing. **10** **Jennifer Graetz**, a Kearney exchange student from Colon, Germany, likes UNMC's learning technologies and “multifaceted approach.” **11** Lincoln student services advisor **Michele Saucier** is a former medic and has a master's degree in health education. **12** **Shuhong Luo**, from Beijing, China, applies her IT background to nursing informatics in the Fast-Track BSN to PhD program. **13** **Khaled Suleiman** will return home next year to Amman, Jordan, with a PhD degree to share his expertise in cardiac surgical nursing.



America was once called a melting pot. The students, faculty and staff of the College might be called a human quilt — a rich blend of colors and cultures, each unique yet alike, joined seamlessly by common purpose, by shared passion for nursing, by shared compassion for the ill. Here, you meet a few. In future issues come more introductions.

It no longer works to think about what separates countries. Everything, from our shared atmosphere to interconnected economies, links us together. Disease and illness know no borders, and thus nursing leadership can know no boundaries.

THE ADVANCES INTERVIEW WITH **SHEILA RYAN**

Sheila Ryan
RN, PhD, FAAN
DIRECTOR
INTERNATIONAL PROGRAM

Q. You're a board member of the Global Education Development Institute. What's its focus?

A. We're building a network of institutional exchange relationships to advance nursing education, processes and performance. We facilitate international faculty and student exchanges, engage dedicated nurses for service around the globe and create partnering arrangements to advance health care worldwide.

Q. GEDI provided inspiration and support for "Nursing Without Borders." What's the book's approach?

A. It presents 24 global nursing success stories. It was published by Sigma Theta Tau International and co-authored by Sharon Weinstein and Ann Marie Brooks, who invited these stories from outstanding nurse leaders. The book identifies common threads in learning needs and opportunities for international coalitions. GEDI supported this book as a forum for what became the book's subtitle: "Values, wisdom, success markers."

Q. What insights do the stories bring?

A. They provide vision and practical advice on nursing's role in global health, including administration, education, practice, policy and research. The chapters, fairly short and easy to read, contain "lessons learned" about globalization, collaboration, empowerment, bias and sustainability. Often, the biggest lesson learned from another culture is about your own culture. And I like knowing that my passion for global communities is shared by so many.

Q. Where has the College focused recently?

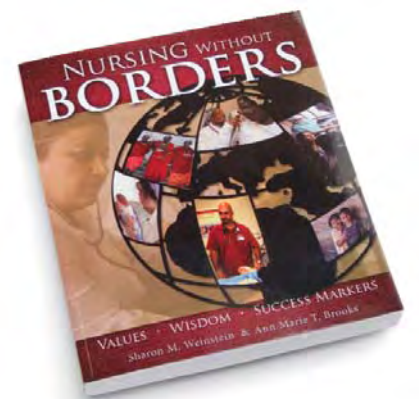
A. We've focused on Asia and the Middle East. Our successful exchange partnership in Jordan is well along, with great levels of mutual trust. Our Shanghai collaboration has BSN student exchanges each semester and recently added graduate student and faculty exchanges. I've been developing relationships in India and we'll start soon on online program exchanges. China and India are attractive partners because of their phenomenal growth and attendant needs. India has targeted health care tourism, which will require more graduate nursing specialization in areas such as oncology, neonatal intensive care, bone marrow transplant and cardiothoracic surgery.

Q. How would you describe a good international partnership?

A. Shared goals and mutual benefits are obviously important. As trust builds over time, good partnerships keep looking for more ways to collaborate. Partnerships are best built when principals have experience in both cultures. Resources matter but not as much as clear communication and expectations about resources. The main thing is to open your mind to possibility and understand that we're more alike than different.

Q. With increasing globalization, what do you see ahead in transcultural nursing education?

A. I envision open, transparent sharing of educational resources, especially as distance and online learning technologies evolve. Students everywhere will increasingly expect international learning options. The more we share health knowledge and practice, the better we understand each other's cultures, the more cooperative the world becomes.



Nursing Without Borders presents 24 global nursing success stories. One of them is the UNMC College of Nursing program in Jordan.

UNMC nursing advancements. Helping state, nation and globe.

Whether the work at hand is nursing education, research or practice, the ultimate goal is better health care. Many faculty members are well-known experts in their fields, especially in cancer, cardiac, wound, pressure ulcer and end-of-life care. The College also cuts a wide footprint in bioterrorism preparedness, international programs, health services organization, health promotion for rural populations and minority health disparities, especially migrant worker health, smoking cessation in African-American youth and asthma among Native American children. On these pages are a few leaders responsible for major advances in nursing care. You'll meet more next issue.

3 million voices.

Nearly 3 million Americans are registered nurses — easily the largest group of licensed health professionals in the U.S. They also have the most patient contact. **Collectively, nurses can be a powerful force for positive change in health care.**

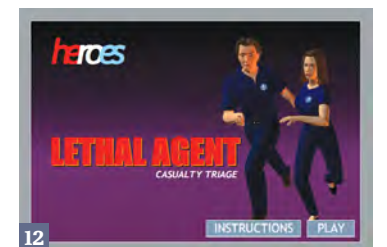


1 Dr. Sheila Ryan (p.21), a widely sought authority on **global health education** and internet learning communities, has developed programs in eight countries and shaped 80 courses offered at eight sites over two continents. **2 Bunny Pozehl**, RN, PhD, APRN, BC, **8 Lani Zimmerman**, RN, PhD, and Drs. Louise LaFramboise (p.8) and Bernice Yates (p.10) are

leading authorities in **cardiac nursing specialties**. **3 Drs. Karen Schumacher**, **4 Constance Visovsky** and **10 Ann Berger** (p. 8-9) are broadly recognized authorities in **oncology nursing specialties**. **5 Carol Pullen**, RN, EdD, is team leader of UNMC's bioterrorism preparedness education collaborative (see **12**) and a recognized expert on

health promotion among rural women. **6 Joyce Black**, RN, PhD, CPSN, CWCN, and **9 Janet Cuddigan**, RN, PhD, CWCN, CCCN, are internationally known experts in **wound care and pressure ulcers**. Dr. Black is also lead editor of **Medical-Surgical Nursing**, a widely used textbook (see p.24). For patients and their families, **7 Drs. Sarah Thompson**

(p.6) and **11 Virginia Tilden** (p.4) have shined bright, comforting light on a subject often avoided in American society: **end-of-life care**. **12 The HEROES** simulation program trains first responders in **bioterrorism preparedness**. It has a mobile simulation unit, and its interactive website has had over 450 registered users worldwide. Visit www.onlineheroes.org.



Serious challenges ahead.

What lies ahead for today's nursing students? Excerpts from Dean Virginia Tilden's keynote address at the 2008 convention of the Nebraska State Student Nurses Association:

You are entering nursing at a time when a serious shortage is predicted. You will be part of the solution, particularly those of you who become faculty educators, since more faculty will have a multiplier effect on the pipeline of new nurses for the future. You will also be the edge runners of health care reform, a drumbeat that is loud in the country and well past the tipping point of resistance.

You are entering a troubled health care system. The evidence is everywhere. About 16% of Americans have no health insurance — that's 47 million people. Americans rank 46th in the world in life expectancy and 42nd in infant mortality. Americans have a higher rate of obesity than all other industrialized countries. Medical errors are common, as are hospital-acquired infections. In fact, the 4th leading cause of death today is admission to a hospital. The presidential candidates have real plans to improve health care, with only the details as points of disagreement among them. This is good news. So is the focus on cost, coverage, and most importantly, change.

You will be instruments of change. You will be a different kind of nurse than previous generations. You will make decisions based on research-based evidence. You will be expected to use expert clinical decision-making skills, to anticipate risk and intercede to protect patients from medical errors, to work

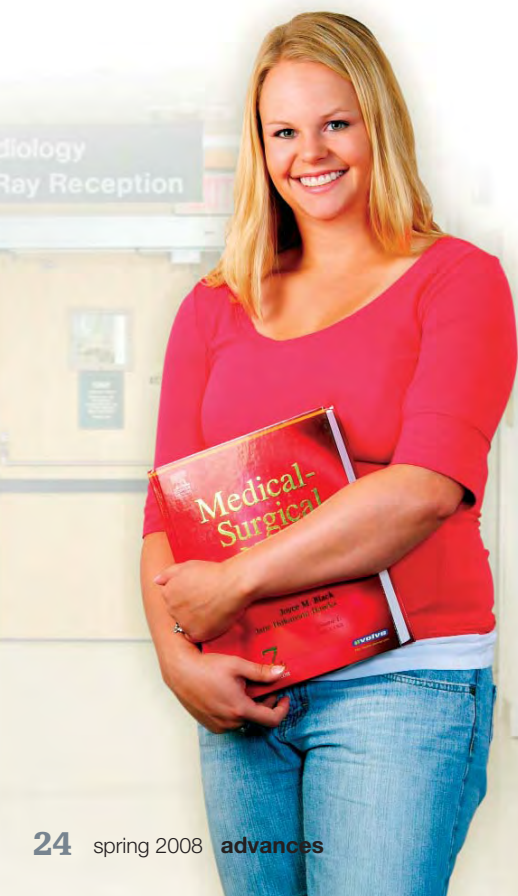
effectively in interprofessional teams, to view every negative event or near-miss as a learning opportunity for system improvement, to use informatics not just to record patient information but also to help you make clinical decisions.

You are being invited into a career, not just a job. A career asks for your heart, not just a shift's worth of your time. A career requires commitment and engagement. A career expects you to stay abreast of new knowledge, to continue your education toward an advanced degree, to put your patient's needs ahead of your own.

More open doors await you than you can possibly walk through. The website of Johnson & Johnson's Campaign for Nursing's Future lists 97 specialties in nursing. Some require the BSN, some the MSN, and some the PhD. All need bright, dedicated nurse leaders.

You can lead change. Nurses are the largest body of all of the health professions and the largest percent of hospital employees. Our numbers alone position us to be a powerful voice for patient care and quality improvement. Take training in leadership, public speaking and professional development. When you exert the effort, you can become a forceful, persuasive leader and advocate.

Scottsbluff student and National Student Nurses Association committee chair **Jenna Witt** holds "Medical-Surgical Nursing," one of the most widely used nursing textbooks in America. Its lead editor, Joyce Black, PhD (p.23), is a longtime College faculty member.



Profiles in vast generosity.

At the 90th Anniversary Celebration last October 19, Dean Virginia Tilden and Patty Sherman, the NU Foundation's director of development for the College of Nursing, announced gifts totaling over \$3 million. By year's end, the total had grown to over \$4 million — and in February, Ruth and Bill Scott designated a very large gift to help fund an Omaha building addition.

FUTURE ENDOWED GIFTS

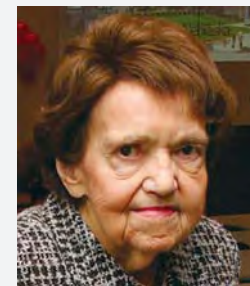


Gladys Sorensen

Gladys E. Sorensen Endowed Chair in Nursing

Gladys Sorensen, EdD, RN, FAAN, a 1945 alumna and formerly dean of University of Arizona College of Nursing, endowed a faculty chair to advance clinical nursing education and research. She also increased her estate gift to the Christine Heide Sorensen Nursing Scholarship, created in memory of her mother by family members.

Under her two-decade tenure as College of Nursing dean (1967-87), the University of Arizona became the first university west of the Mississippi to offer a nursing PhD program and gained national respect for its research. In recognition, the University of Arizona created the Gladys E. Sorensen Endowed Professorship in 1997. She received an honorary doctorate from UNMC in 1985, the Living Legend award from the American Academy of Nursing, which she also served as president, and was a board member of the American Association of Colleges of Nursing.



Carol Wilson

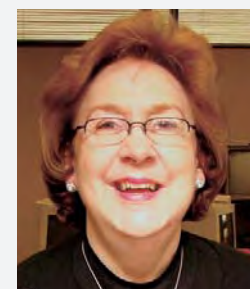
Kathleen Walker Johnson Distinguished Chair in Gerontological Nursing

Kathy and Roger Johnson moved to Florida 34 years ago, but they've remained loyal to their native state and to UNMC, where both earned degrees. "It's been an honor to give back," said Roger, a Nebraska City native who received a pharmacy degree in 1960. He serves on the College of Pharmacy Alumni Association Board of Directors, and the couple has long directed substantial funds to pharmacy scholarships.

Kathy, who grew up on her family's 1883 homestead near Page, Neb., earned her BSN degree in 1963 and went on to receive a MSN degree in geriatric nursing. She retired as director of the University of South Florida's memory disorder clinic and now does volunteer work. Her endowed chair will support nursing education in care for the elderly.



Robert Martina



Sharon Holyoke

CONTINUED

Sharon Bonham Holyoke & Edward A. Holyoke, Jr., M.D. Nursing Scholarship

The Holyokes made this estate gift in appreciation of the scholarship that Sharon received as a UNMC student. A 1966 BSN graduate, Sharon was an assistant instructor at the College from 1968-70, then received her MSN in 1971 from the University of Colorado. She started the Rural Community Health Nursing Program in Ogallala and later the Sand Hills District Health Department. She received the 1979 Nebraska Nurse of the Year Award. In 1988, Sharon returned to the UNMC nursing faculty, with specialties as a gerontological and family nurse practitioner. She received the 2003 Rosalee Yeaworth Teaching Award and the 2007 Donna Westmoreland Mentorship Award.



Roger and Kathy Johnson

James Robert and Joan A. McVay Western Nebraska Division Nursing Research Fund

Joan McVay and her late husband created this estate fund to encourage rural nursing research in the Nebraska Panhandle. Joan is a retired faculty member of the College's Western Nebraska Division and is heavily involved in community activities in her adopted home of Scottsbluff.

A new donor wall of honor was recently completed just outside the Dean's office on the 2nd level of the Omaha building. Similar gift recognition walls are planned for the 3rd level.



IMMEDIATE ENDOWED GIFTS

Audrey Solberg Smith Distinguished Lectureship for Teaching Excellence

On the 60th anniversary of her graduation from the UNMC College of Nursing, Audrey Smith endowed an annual lectureship to support, salute and encourage extraordinary achievement in teaching.

Mrs. Smith earned her GN in 1947. She moved to Washington with her husband Bill, a dentist, and received her BSN from UNMC in 1965 after completing final courses through the University of Washington.

Mary Ann Linder Memorial Nursing Scholarship

UNMC associate vice chancellor for research James Linder, M.D., and his children created a scholarship for single parents. “Managing school, jobs and raising a family as a single parent is a difficult challenge,” Dr. Linder said. “We hope this fund eases the difficulty.”

The fund is named in memory of his mother, Mary Ann, a single parent afflicted with multiple sclerosis. She received excellent nursing care, he said. “Without such care, she would not have seen her grandchildren grow.”

Phyllis Morgan Urwiller Nursing Scholarship

Michigan residents Dr. Kenneth & Mrs. Phyllis Urwiller, both graduates of UNMC, created this scholarship in appreciation of the superb education Phyllis received as a member of the 1952 class of the College of Nursing.

Then director Irma Kyle encouraged her to get involved in service, and Phyllis became the second president of the Nebraska Student Nurses Association. Her classmates still keep in touch — a testament, she said, to the bonds formed during clinical training.

Carol M. Wilson Memorial Nursing Fund

Profiled in the 2007 issue of *Advances*, Carol died last November after a long, prolific nursing career. This 1951 alumna served the College in a number of key roles, including director of nursing service.

She received the Nebraska Nurses Association Distinguished Service Award in 2005. Carol twice served as president of the Alumni Association and gave generously of her time and treasure over many years. Her estate gift, combined with memorials in her honor, supports health care systems, informatics, safety and technology.

Pauline M. Dougherty Memorial Nursing Scholarship

Robert Martina created this scholarship in memory of his wife, a 1942 alumna who served as a Navy flight nurse during

World War II. She was in the first group of elite nurses assigned to patient evacuation in the Pacific's bloodiest battles, from Guadalcanal to Okinawa. Pauline's war memoirs, photos and memorabilia — donated by Robert — are in the College of Nursing Museum on the 3rd level of the Omaha building.

Bertha Pankratz Endowed Chair In Nursing

A frugal nurse who invested wisely, Bertha Pankratz was born in Omaha, attended nursing school in Boston and spent her career as a practical nurse in Grand Island, Neb.

She bought stock when prices were low and lived simply even after her investments made her wealthy. “Being a nurse was her love,” said her great niece, Trudy Supalla. Bertha believed passionately in education and, when she died in 2006 at age 93, the largest gifts in her estate went to educational institutions.

Class of 1968 Family Nurse Practitioner Scholarship

To mark the 40th anniversary of their graduation, the Class of 1968 increased the endowment of their scholarship fund, which remembers classmate Nancy Anderson Griffith.

Scott philanthropy to fund Omaha addition, help ease Nebraska nursing shortage.

A \$14 million addition to the Omaha College of Nursing building was made possible by a very large donation from Ruth and Bill Scott, longtime benefactors of UNMC and the University of Nebraska.

“I think the nursing shortage is the key issue in health care today,” said Bill Scott. “Nurses play such an important role in health care. You can't underestimate the value of nurses. They are truly the first line to patients. With the Baby Boomers aging, the need for nurses has never been greater. Ruth and I are honored to make this donation. We hope the additional space will enable the College of Nursing to recruit and train more nursing students and faculty and put the nursing shortage in Nebraska behind us.”

The addition will be on the east end of the present building, connected by a short grade-level link. The 42,550 sq. ft. structure, housing classrooms, labs, faculty offices and research space, will allow a 25% enrollment increase. Construction will begin in October with completion by March 2010.

“You can't underestimate the value of nurses. They are truly **the first line to patients.**”

Ruth and Bill Scott



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Susan Martin, 1970
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Anita E. Brenneman, 1961
Donna R. Buffington, 1959
Mary L. Carlson, 1981
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Elizabeth D. Clark, 1955
Mary E. Coniglio, 2004
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Susan M. Dalton, 1975
Julie K. Danielson, 2007
Janelle R. Davis, 1965
Karen R. Eakins, 1958
Debra D. Franzen, 1972
Greta A. Gourley, 1975
Kathryn A. Govaerts, 1961
Amy M. Haddad, 1979
Vivian E. Harris, 1940
Lorraine L. Hedman, 1962
Carmen J. Horn, 1960
Diane L. Hughes, 1980
Leann K. Jeppson, 1980
Shirley M. Johnson, 1956
Debra A. Kozeny, 2000
Roberta A. Kroeger, 1984
Jennifer D. Larson, 2000
Marjory Laymon, 1949
Delilia M. Lodge, 1964
Jean L. Lopez, 1973
Mary E. Lutz, 1968
Sheila F. Malolepszy, 1972
Mary E. Martin, 1969
Sheryl L. Messinger, 1976
Connie L. Milliken, 1967
Glenda R. Muehling, 1975
Deborra L. Quinn, 1999
Marilyn J. Rajokovich, 1955
Anita L. Saldeen, 1958
Virginia J. Skold, 1963
Audrey S. Smith, 1947
Gladys E. Sorensen, 1945
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Mary F. Welcer, 1948
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This Donor Report reflects support benefiting the University of Nebraska Medical Center College of Nursing. We gratefully acknowledge the following outright gifts made through the University of Nebraska Foundation from 7/1/06 through 1/31/08. These generous contributions were received from alumni, friends, faculty, corporations and foundations. (We apologize for any omissions or errors.)

Grants ■ Research, education & training

UNMC COLLEGE OF NURSING

Faculty

Barnason, S. (PI), Hertzog, M., & Sankaranarayanan, J., (10/20/06 – 10/08/08). *Piloting of a Medication Education & Decision-Making (MED) Intervention for Elderly Heart Failure Home Health Care Patients.* American Nurses Foundation.

Barry, T. (PD). (7/1/07 – 6/30/12). *Reducing Disparities in Type 2 Diabetes Care Through a State-Wide Network of Nursing Centers.* U.S. Department of Health & Human Services, Nursing Education Practice and Retention Grant, CFDA 93.359 (Grant: 6 D11HP08312-01-01).

Berger, A. (PI). (10/1/05 – 6/30/08). *Fatigue & Breast Cancer: A Behavioral Sleep Intervention.* UNMC College of Nursing Dean's Fund for Cancer Research.

Berger, A. (PI), Farr, L., Von Essen, S., Kuhn, B., Lynch, J., Kessinger, M., Lee, K., & Davis, T. (8/1/02 – 04/30/08). *Fatigue & Breast Cancer: A Behavioral Sleep Intervention.* National Institutes of Health, National Institute of Nursing Research (R01 Grant: 1 R01 NR07762-01A1).

Berger, A. (PI), & Grem, J. (3/15/06 – 3/15/08). *Fatigue and Related Factors During Chemotherapy for Colorectal Cancer.* Oncology Nursing Society Foundation.

Berger, A. (PI), & Grem, J. (1/1/06 – 6/30/08). *Patterns and Relationships of Fatigue and Other Factors During Chemotherapy for Colorectal Cancer.* UNMC Eppley Cancer Center Translational/Collaborative Research Award.

Brage-Hudson, D. (PI), Campbell-Grossman, C., Keating-Lefler, R., Foxall, M., Hertzog, M., Pridham, K., & Brennan, P. (9/1/05 – 8/31/08). *Web Based Intervention for African American Mothers.* National Institutes of Health, National Institute of Nursing Research (R15 Grant:1 R15 NR009996-01A1).

Buchanan, L. (PI), Berger, A., Kessinger, A., & Rennard, S. (3/15/06 – 3/15/08). *Smoking Cessation Intervention for High Risk Populations.* Oncology Nursing Society Foundation.

Buchanan, L. (PI), Khazanchi, D., Dick, K., & Fowler, Z. (4/1/06 – 3/31/08). *Follow-up Relationships Intended to END Smoking Portable Electronic Device Study.* UNMC College of Nursing Research Fund.

Chaperon, C. (PI), & Rasmussen, N. (9/1/07 - 3/31/08). *Blood Pressure Rhythm Pre-Intervention Study in VCD-induced Perimenopausal Mice.* University of Iowa Gerontological Nursing Interventions Research Center.

Cramer, M. (PD). (6/1/06 – 5/31/08). *Evaluation of Douglas County Healthy Start Initiative.* Charles Drew Health Center.

Cramer, M. (PI), Chen, L., & Roberts, S. (6/05 - 9/09). *Epidemiological Birth Outcomes in Two Cohort Groups.* External Evaluation for Omaha Healthy Start. HRSA/Bureau of Maternal and Child Health.

Cuddigan, J. (PI). (7/1/07 - 6/30/09). *Pressure Ulcer Treatment Guidelines Revision.* National Pressure Ulcer Advisory Panel.

Filipi, M. (PI). (7/1/07 - 6/30/08). *Impact of Structured Weight Resistance Training on Balance in MS Patients.* MARS Foundation.

Head, B. (PI). (9/1/07 - 8/31/08). *Mentoring Grant in Gerontological Training.* University of Iowa Gerontological Nursing Interventions Research Center.

Houfek, J. F. (PI), Barron, C. R., Daughton, D. M., Hertzog, M. A., Reiser, G. M., & Rennard, S. I. (02/20/07 – 02/28/08). *Effect of Genetic Education on Smoking: A Feasibility Study.* UNMC College of Nursing Research Fund.

Kaiser, K. (PD). (7/1/05 – 6/30/08). *Nebraska Medicaid Managed Care Program.* Lincoln/Lancaster County (Nebraska) Health Department.

Kaiser, M. (PI), Kaiser, K., Barry, T., Agrawal, S. (11/2/07 – 11/1/08). *Becoming a Mother: Healthy Effects of Life Transition in Pregnant Low Income Women.* UNMC College of Nursing Research Fund.

LaFramboise, L. (PD), Miller, C., & Jensen, J. (7/15/07 – 9/30/08). *QSEN Project – Pilot School Learning Collaborative.* University of North Carolina at Chapel Hill.

LaFramboise, L., (PI), Schumacher, K., & Yates, B. C. (2007 – 2008). *Impact of Family Caregiving with Heart Failure.* UNMC College of Nursing Research Fund.

LaFramboise, L., Todero, C. (Co-PD), & Campbell-Grossman, C. (7/1/04 – 9/30/07). *Accelerated BSN with Virtual and Simulation Learning.* US Department of Health & Human Services (Grant: 1 D11HP03117-01-00).

Megel, M. (PD), Black, J., Clark, L., Carstens, P., & Agrawal, S. (11/1/06 – 11/1/08). *Decreasing Anxiety in Nursing Students Through the Use of SimBaby Minikin™.* UNMC College of Nursing Education Research Fund.

Miller, C. (PI), & Zimmerman, L. (11/1/06 – 11/1/08). *A Feasibility Study of the StepWatch Activity Monitor and the Actical Activity Monitor in Coronary Artery Bypass Graft Patients with Diabetes.* UNMC College of Nursing Research Fund.

Pozehl, B. (PI), Duncan, K., Norman, J., & Hertzog, M. (9/1/07 – 8/31/08). *Psychometric Testing of Measures to Estimate Energy Expenditure in Elderly Heart Failure Patients.* American Nurses Foundation.

Pozehl, B. (PI), Duncan, K., Norman, J., Hertzog, M., Krueger, S., & Dunbar, S. (4/13/05 – 3/31/08). *Heart Failure Exercise and Resistance Training CAMP.* National Institutes of Health, National Institutes of Nursing Research (R15 Grant: 1 R15 NR009215-01).

Pullen, C. (PI), Walker, S., Hageman, P., Boeckner, L., Hertzog, M., Hulme, P., Fayad, P. (8/1/06 – 5/31/11). *Modifying Lifestyle in Prehypertensive Older Rural Women.* National Institutes of Health, National Institute of Nursing Research (R01 Grant: 2 R01 NR04861-05A2).

Rasmussen, N. (PI), & Chaperon, C. (3/1/07 - 2/28/08). *Variability in In-bred Strains of Mice.* UNMC College of Nursing Research Fund.

Rodehorst, K. (PI), Wilhelm, S., Stepan, M., Hertzog, M., Schlenker, E., Stout, J., Robertson, D., & Kanade, S. (9/15/05 – 9/14/08). *Screening for Asthma Among Children in Northern Plains Tribal Communities.* Aberdeen Area Tribal Chairmen's Health Board.

Sather, L. (PD). (4/1/07 – 3/31/08). *Breast Cancer Outreach, Education, and Screening for the Underserved in Nebraska.* The Nebraska Affiliate of Susan G. Komen for the Cure.

Sather, L. (PI). (8/15/06 – 9/30/07). *Increasing Accrual of Women and Minorities to UNMC Eppley Cancer Center Clinical Trials.* UNMC Eppley Cancer Center.

Schumacher, K. (PI). (4/1/05 – 3/31/07). *The Development of Family Caregiving Skill During Treatment for Head and Neck Cancer: A Pilot Study.* 2005 UNMC College of Nursing Ferlic Gift Fund.

Seo, Y. (PI), LaFramboise, L., & Dumitru, I. (11/2/07 – 11/1/08). *Factors Related To Disability in Activities of Daily Living in Persons with Heart Failure.* UNMC College of Nursing Research Fund.

Sharp, J. (PI), **Berger, A., Kessinger, M., McGuire, T., & Garvin, K.** (09/04 - 07/09). *Stem Cell Quality Assays: Correlation with Aging/Health.* National Institutes of Health, National Institute on Aging (R01 Grant: R01 AG024912-01)

Sittner, B. J. (PD), Schmaderer, M., Zimmerman, L., & Agrawal, S. (3/1/07 - 2/28/08). *Simulated Training for Enhancing Patient Safety with Rapid Response Teams.* UNMC College of Nursing Education Research Fund.

Snyder, R. (PI), Fields, W., Rizos, A., Abarca, J., Bates, D. W., & Rothchild, J. (9/1/05 – 8/31/07). *Impact of Community Hospital CPOE System on ADE Outcomes.* Agency for Healthcare Research and Quality (R01 Grant: 5 R01 HS013131-03).

Thompson, S. (PI), Tilden, V., Wan, T., Petroski, G., & Scott-Cawiezal, J. (11/1/06 – 11/30/10). *The Impact of Quality End-of-Life Care in Nursing Homes.* National Institutes of Health, National Institute of Nursing Research (R01 Grant: 7 R01 NR009547-02)

Tilden, V. (PD). (1/1/07 – 12/31/08). *WND Accelerated BSN Program.* Regional West Medical Center.

Visovsky, C. (PI). (10/1/05 – 6/30/08). *Diabetes and Cancer: Impact of a Common Multiple Morbidity.* UNMC College of Nursing Dean's Fund for Cancer Research.

Visovsky, C. (PD). (Year 32: 07/01/07 – 06/30/08). *Professional Nurse Traineeship.* US Department of Health and Human Services (Grant: 2 A10 HP 00056-07-00).

Waltman, N. (PI), Ott, C., Lindsey, A., Gross, G., Twiss, J., Moore, T., Berg, K., Anderson, J., & Heaney, R. (4/1/02 - 12/31/07). *Prevention of Osteoporosis in Breast Cancer Survivors.* National Institutes of Health, National Institute of Nursing Research (R01 Grant: 1 R01 NR07743).

Wilhelm, S. (PI), Rodehorst, K., Stepan, M., Hertzog, M., Agrawal, S., Ryschon, T., & Robertson, L. (3/1/06 – 12/31/07). *Motivational Interviewing to Promote Sustained Breastfeeding.* UNMC Minority Health Education and Research Office Grant.

Zimmerman, L. (PI), Barnason, S., Nieveen, J., Chen, L., Anderson, J., Gangahar, D., Dodd, M., & Baun, M. (5/1/02 - 1/31/08). *Symptom Management Intervention in Elderly CABG Patients.* National Institutes of Health, National Institute of Nursing Research (R01 Grant: 1 R01 NR07759-01A1).

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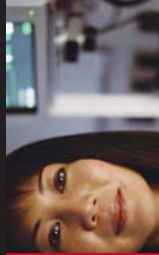
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