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

**Who will care for you and yours?**

MIA: Nebraska’s critical nursing shortage.
A bold path forward. Building a cure for Nebraska's nursing shortage.

Evidence elevates care. In touch. Patient perception is reality.

One-on-one guidance. Student services foster academic success.

All-out war on illness. Public health pivots on proactive nursing.

360-degree teaching. Brain Fiv. Tapping into the Why...

The power of many. Plug in. Speak up. Give back.

Who will care for you and yours?

White coat legacy. Pocket alums pay it forward.


Constant need to know. College’s continuing ed aims high, reaches far.

The role of the charitable.

Research, education and training.

Professional journals.
**A bold path forward.**

With Nebraska’s severe nursing shortage projected to worsen, Dean Tilden asks communities a simple question: Who will care for you and yours? Her response: Unparalleled building to raise enrollment. Accelerated programs for students and faculty. Higher academic standards for better care quality. Not just more nurses, but better educated nurses. Her message to Nebraska: Help us help you.

**Q.** Health care sits with the recession at the center of national anxiety. Where does nursing stand today?  
**A.** Over 3 million Americans are registered nurses. We’re the gig of the health professions, and we have to be. Nurses have the most contact with patients — in every care setting.  
**Q.** If the supply of nurses is down, does that mean demand is slowing?  
**A.** Just the opposite. Interest far exceeds capacity to educate. Across the U.S., qualified applicants are turned away because of insufficient faculty, facilities and resources. UNMC has had to turn away half of qualified nursing applicants — over 1,000 students in the past five years alone.

**Q.** Is the nursing shortage because students aren’t interested in nursing?  
**A.** That model can be replicated statewide on a smaller scale. At minimum, local partnerships can create “Nursing Nebraska” scholarships, work-study programs and other incentives for qualified students in exchange for post-graduate service commitments in their communities. Everyone wins. Students may not otherwise be able to fund their education, and communities may not otherwise be able to attract nurses.

**Q.** What’s on your agenda in the year ahead?  
**A.** We’re working on centers of excellence to move nursing to the next level. They will require donor help, and it’s my job to make the case. Nursing stands at a transformational crossroads. Donors big and small find it exciting — and forever rewarding — to be part of large efforts that yield large dividends in better patient care.

**Q.** You also initiated an ongoing series of meetings with local business leaders, educators and health care providers. What’s the goal?  
**A.** The nursing shortage carries a dual penalty. It affects both physical and economic health, especially in small towns and rural areas. Nebraska communities need health care to draw and hold residents — and the businesses that employ them. The goal is to form benefit-laden partnerships to help communities attract, educate, retain and upgrade nurses.

**Q.** Is Norfolk a model for local partnerships across Nebraska?  
**A.** Absolutely. Norfolk civic and business leaders are near completion of a $12.9 million campaign to fund a collaborative nursing education center. It will operate as a partnership of Northeast Community College, Faith Regional Health Services and UNMC. That model can be replicated statewide on a smaller scale. At minimum, local partnerships can create “Nursing Nebraska” scholarships, work-study programs and other incentives for qualified students in exchange for post-graduate service commitments in their communities. Everyone wins. Students may not otherwise be able to fund their education, and communities may not otherwise be able to attract nurses.

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**Q.** With Nebraska’s critical nursing shortfall, projected to worsen, Dean Tilden spurred new and planned construction unprecedented in the College’s nine-decade history.  
**A.** We recently finished a $600,000 upgrade in Scottsbluff. We’re looking at expansion in Kearney. In Omaha, construction is underway on a new nursing sciences center. Planned in Lincoln is a $37.5 million home to replace cramped rental space. In Norfolk, we’re working on a new UNMC nursing division as part of a nursing education collaborative.

**Q.** The College is also reshaping the curriculum. In what ways?  
**A.** We’ll expand our accelerated BSN program to get more nurses into service faster. We’ll add an accelerated MSN program. The nursing pipeline is choked by a faculty shortage as well as inadequate space. So we’ll increase enrollment in our fast-track BSN to PhD program, created for those who want to be educators. Throughout the graduate program, we’re adding elements to incent and prepare teachers, especially for high-demand specialties. We’re adopting Institute of Medicine recommendations, particularly at the BSN level. It’s all aimed at elevating care quality. The focus is on critical thinking, collaborative training and patient safety. One goal is to manage illness and disease in context of the patient’s background, environment, circumstances — everything that bears upon health. We want students trained in holistic care, not just isolated health events.

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Evidence elevates care.

Nationally known for improving cancer care, Dr. Marlene Cohen has a prodigious body of publication and a long record of research funding by the National Institutes of Health. Her studies focus on human reaction to cancer diagnosis, symptoms and treatment.

Q. What informs your work?
A. Florence Nightingale was the first among many to discuss the need to understand patients' perceived needs in order to meet those needs effectively. My work has been designed to better understand patients' experiences because the meanings that patients attribute to their experiences help create the needs they have and determine how these needs can best be met.

Q. In what areas have you focused — and why?
A. My program of research focuses on understanding how the world is perceived by patients, their family members, and professional staff. I've examined these perspectives in order to improve the care that professionals provide.

Among her many lasting contributions to nursing, Florence Nightingale pointed out how important it is to understand patients' perspectives. It is far more likely that nurses and other professionals will meet needs that they understand than those of which they are unaware.

My earliest work compared nurses' and patients' perspectives — first with persons who had surgery, then with persons in critical care settings. I was struck by how nurses, other professionals, and even family members understood little about patients' experiences. After the studies of people with acute illnesses I studied persons with a chronic illness, diabetes, and again found disparity in staff members' understanding.

I then started a job in a cancer center, learned more about persons with cancer and became fascinated with the variety of needs this disease and its treatments evoke. I'm interested in just about everything. I've studied nurses' experiences working with persons with cancer. I've also studied persons who do not have cancer, to examine ways to promote health and prevent disease — cancer screening, for example.

In addition, my research has examined care of persons undergoing active treatment, including breast cancer and stem cell transplantation patients. I've worked with cancer survivors, and my recent studies have been with people at end of life, including a group enrolled in a Phase I clinical trial. Each study has led to another. I found both differences and similarities among the experiences of patients who had different cancers and treatments.

My goal is to describe these experiences so that staff can better understand them and to develop more effective interventions to help patients and their loved ones.

Q. What studies are you engaged in now?
A. I'm continuing work on three previously funded projects. Two of the studies examine symptoms at end of life. One involves the effect of hydration and the meaning of hydration to the families and patients. The other examines fatigue, combining a drug, methylphenidate, with a therapeutic telephone call from a nurse. It's fun to work with the nurses doing these interviews and the therapeutic phone calls, and to hear the fascinating stories of the patients and families.

The third study is work with a physician colleague who is a new investigator, helping her examine symptoms that children with cancer experience. All of these studies examine cultural similarities and differences, which has been an important theme in much of my research. The distance technology for which the College is so well known has helped me stay in touch with my research teams in Houston.

I'm also developing a grant proposal with Associate Dean Sarah Thompson and Dean Virginia Tilden to look at symptoms in persons with cancer who are in nursing homes, a setting in which Drs. Thompson and Tilden have expertise. I look forward to developing other studies with colleagues here in Nebraska.

Q. In what nursing specialties is the College's work influential?
A. As a new Nebraskan, I'm still learning about the College, but my decision to come was really influenced by the fine work of faculty members. They are excellent teachers who care very much about students and student learning and success. This passion for education is demonstrated by the six training grants that were submitted just last December, all of which propose various ways to improve the education we provide. They are also outstanding research scientists. The College has great strength in both oncology and cardiovascular research.

In both of these fields, the College has gained major funding for important and innovative investigations. Examples include heart failure studies involving exercise and weight loss, and symptom studies examining sleep disturbances, fatigue, and neuropsychology. In addition, several proposals are now being reviewed which will bring exciting new opportunities to the College. I look forward to sharing these with you next year.
Dr. Garcia joined the College in January in the newly created post of Assistant Dean for Student Services. He brings deep background in student affairs.

**Student services foster academic success.**

When BSN students reach UNMC, they’ve already completed pre-requisites but now face stiffer academic hurdles. MSN and PhD students need support matching their advanced level. Nearly all must balance study and work. Student services come in many forms but have one goal: thriving students who win their degrees.

Q. What attracted you to the UNMC College of Nursing?
A. I’ve worked at several other universities and UNMC stands out as one of the most caring and supportive places for students. With over 1,000 students, the College of Nursing is the biggest of UNMC’s health colleges. It comprises one third of UNMC students and continues to grow.

Q. What was your first challenge?
A. Being new to the position, to UNMC, and to the state of Nebraska, I had a huge learning curve.

Q. What is the scope of student services?
A. The digital generation demands a different perspective to the College of Nursing. I bring deep background in student affairs and an assistive teaching experience.

Q. How are student services changing?
A. Student services can involve everything from recruitment and advising to locker assignment and coordinating the white coat induction ceremony. The basic student services challenge is the same in Nebraska as in Colorado, Arizona or elsewhere — to help students be successful in and out of the classroom.

Q. What’s on your student services agenda?
A. We need to reach out to students sooner and to keep communicating with instructors than student services staff, so faculty are an important link in our retention and mentoring efforts. A 500-mile wide nursing campus poses some logistical issues. We’re upgrading our all-campus student information system. We’ll work to improve communication between campuses so that students feel more connected to UNMC as well as their city campus.

Q. What’s ahead?
A. We want our students to look like Nebraska, America and the world. An inclusive nursing college reflects UNMC’s position as a world-class health sciences center. Nebraska’s Initiative 424 makes inclusion more challenging in recruiting and graduation, supporting them every step of the way.

Q. What’s your role?
A. We bring a different perspective to the College of Nursing, given that my background is in student affairs and student services.

Q. For the first time, student services are led by an assistant dean. How do you see your role?
A. Our role encompasses the total student: academic success, involvement, leadership, satisfaction, progression, mentoring, career exploration and much more. We work hard to ensure that each student’s focus goes beyond applying and being accepted to becoming a successful nursing student.

Q. What’s the scope of student services?
A. Student services is the core mission of student services.

Q. What’s ahead?
A. Transitions can be difficult. Undergraduate students who go straight to college may assimilate differently than students who work first. Most RNs advancing to a BSN degree continue to work full time and thus do part-time study.

Q. What’s a new student to UNMC experience like?
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All-out war on illness.

Generous donations from longtime UNMC benefactors Ruth and Bill Scott provided primary funding for both the new Center for College of Nursing Sciences and College of Public Health building now under construction. A community health expert discusses the dividends that will flow from these gifts.

Q. How does Nebraska benefit from the Scott gifts?
A. The Scotts had the remarkable vision to recognize and address Nebraska's pressing needs in two inseparable areas: nursing and public health.

The new nursing facility will help solve the state's critical nursing shortage. It allows us to increase enrollment. To expand accelerated programs to prepare nurses and faculty. To improve educational services and support for our campuses and clinics across the state. All of which means more nurses for Nebraska.

The BSN degree is entry level for public health nursing. The nursing shortfall means Nebraska's regional public health departments can't hire enough BSN and especially advanced practice MSN public health nurses. Our state badly needs both not only to provide nursing care but also to help shape public health policy.

The Scott gifts really brighten the picture. Especially for rural health departments, where nurse deficits are greatest. And generally for wider public access to basic health care—through school nurses, for example, and at community clinics and shelters.

Nebraska's economy is helped, too. UNMC will be able to attract more nurses and public health research funding, which means jobs across the state.

Q. What are the aims of COPH?
A. To prepare a professionally trained workforce for state and local health departments. Nebraska has a fairly new regional system of departments. The state and UNMC are positioned for national leadership in health care delivery for a rural population. Innovation and collaboration are priorities.

COPH will offer advanced education in environmental/occupational health, epidemiology and biostatistics. Joining the current master's degree will be doctoral programs in toxicology, health promotion, health services research and administration.

Q. What do the Scott gifts mean for UNMC?
A. They enable UNMC to extend its state, regional and national leadership in public health education, policy and practice. They also strengthen UNMC's position in the top tier of health science universities. The College of Nursing (CON) and the College of Public Health (COPH) will have state-of-the-art facilities, which are key in attracting top students and faculty members.

COPH did not have its own building. It had to borrow classroom and clinical space scattered across UNMC. A new home will centralize faculty and resources. It will also facilitate collaboration in research and education with all UNMC health colleges and with public health agencies. CON and COPH, for example, are working on a joint MSN/MPH degree program.

Q. What drives nursing? Prevent avoidable illness, manage unavoidable disease, expand access to basic, affordable care. That's also the ROOT of public health policy.
In her modest, understated manner, Katherine Bravo, RN, MSN, PNP, per- colates enthusiasm for her work. She’s a pediatric nurse practitioner, with clinical specialty in children’s urology and medical/surgical nursing. Her calling came early in her training. “I knew it was my first pediatric rotation,” she said. “You see the joy in their eyes. It’s incredibly rewarding.” She also coordinates the Omaha division’s pediatrics training. Accelerated BSN program and RN to BSN classes. “I love to see the evolution,” she said, comparing new students to new parents. At first, they’re “eager but nervous,” afraid of making mistakes. With knowledge and experience, she said, “Their confidence grows. They ‘get it.’ Then they’re able to teach them to practice with integrity.”

Outstanding nurses have special ability to relate to people and gain trust. Pamela Jones, RN, MPH, PhD, is one of them. Her talent is apparent as she speaks with articulate ease about community health nursing — where there’s routine need to work not just with patients and students, but a wider range of health professionals, government agencies and local stakeholders. With early background in oncology and hospice nursing, she “found my niche” in public health. Of special interest are health disparities and the role of community groups, churches and service organizations in influencing behavior. Her current research examines their impact in tobacco prevention and cessation among African-American men. Like most things in life, she said, health hinges on relationships.

Her father was a physician. Her mother was a teacher. Her older sister was a nurse. For a small-town Minnesota girl fascinated by science, the career path was a natural. After earning her BSN degree, Mary Megel, RN, PhD, began work under intense conditions — as a U.S. Navy nurse in the Vietnam War. Her three advanced degrees merged her driving passions: nursing and education. She’s taught an extraordinary breadth of courses to undergraduate and graduate students, all of which she dismisses as “absolutely fun.” She quotes with ease passages from Florence Nightingale’s seminal Notes on Nursing. “I’m a teacher,” she said simply. “I’m here for students. I make a point to be in my office if they have questions, problems or want to talk about nursing.”

Growing up in Seoul, South Korea, Yaewon Seo, RN, PhD, found joy in helping people. Her parents were her model, as was a nurse relative. Yonsei University School of Nursing, where she earned BSN and MSN degrees, set her sights high. A new dean inspired her on the need to keep growing and to balance teaching, research and practice. After her PhD at Case Western University, she was drawn to UNMC by its cardiac research. Her research examines heart failure symptom management, restorative exercise and daily living activity disabilities. Her clinical background is medical/surgical nursing, and she enjoys clinical teaching. Like her former dean, she said, educators should lift student aspirations. Her husband, a computer systems analyst, is a PhD student in information science.

“I can’t remember not wanting to be a nurse.” With those simple words, Margaret Wilson, RN, CPNP, expressed the fire that drives her teaching and research. Her specialty is pediatric nursing, especially children’s response to pain and hospital stress. Quiet children, she noted, may be in pain. Her work factors temperament, personality and environment. It tests interventions and medication, with focus on preventive, proactive care. In adult transplant patients, she explores how nurse interaction with caregivers aids recovery. She’s advised many PhD students, “helping them improve their communication and get their work published.” On teaching: “I love it when students get it, especially after they’ve struggled,” she said. “It’s about how they can make a difference, especially in children’s lives.”

His words radiate quiet passion, empathy and great urgency. During early training, on psychiatric nursing rotation, he met an unforgettable 23-year-old. The man, unable to speak coherently, played flawless classical music. From that moment, Michael Rice, APRN-BC, PhD, FAAN, lived to nurse the mind. He tells how physical and mental illness converge. How an abused woman has eight times the risk for postpartum depression. How maternal health risks can predispose child psychosis. How his psychiatric nursing column advocates evidence-based practice. How the solution forms in a collaborative, multidisciplinary team treating the 360-degree patient. How he returned to his native Nebraska to help improve its mental health services. How, long ago, his parents shaped his path.
Nursing is the **frontline** of health. Nurses are the **face** of patient care. What could be more important?

Triple alum heads association.
Her colleagues say she leads by example. Her students say she stimulates and inspires. Her friends say she always steps up. Meet Rebecca Keating-Lefler, RN, PhD. This extraordinary woman was driven to lead, now including the alumni association.

At age 14, Beckie Keating lost her mother to a tragic fall. That experience, coupled with her father’s habitual willingness to help people, led her to nursing. Her parents set the mold: one person can change the lives of others.

She earned all three of her nursing degrees from UNMC. She’s a teacher, mentor and role model in the College’s department of Families and Health Systems. Her specialty is women’s health and high-risk obstetrics. Her research focus is single, low-income mothers. Her educational passion is health policy, leadership and health outcomes management.

She long ago walked the talk: she and her husband created a nursing scholarship fund for disadvantaged students. Her “pay it forward” outlook now guides the alumni association. It can leverage the power of many; she said, to make good things happen — banding nurses together, for example, to fund a class gift or to influence health policy.

“Health care in our country is at a critical point,” she said. “As the biggest of the health professions, nurses are in a pivotal position to lead the way. But we must speak up.”

She noted that the College of Nursing is the largest of UNMC’s schools, with the most alumni. “It’s important,” she said, “to connect, to give back, to foster the next generation.” A place to start, she suggested, is sponsoring a new student at the White Coat Ceremony (see p. 23).

Join or renew your membership now. Go to [www.unmc.edu/alumni](http://www.unmc.edu/alumni). Click on Join at top left. It’s fast and easy.

**2008 distinguished alumnus award.**
Maj. Gen. Kimberly Siniscalchi, RN (MSN — UNMC ’88) is chief of the Air Force Nurse Corps and assistant surgeon general for medical force development, directing over 19,000 nurses and 34,000 medical personnel. Assignments included chief of medical combat support operations and chief White House nurse.

**Alumni Weekend is Oct. 2-3.**
Visit [www.unmc.edu/alumni](http://www.unmc.edu/alumni) for details. Watch your mail for registration forms.

**PRESIDENT NURSING ALUMNI ASSOCIATION**
Rebecca Keating-Lefler, RN, PhD 402-559-4185 rkeating@unmc.edu

**THE POWER OF MANY.**

Teacher. Mentor. Donor. Leader. Dr. Rebecca Keating-Lefler, here surrounded by her students, guides the way for both students and alumni.
When you or yours need urgent medical care, whose face will you see most often?

If you or a loved one is hospitalized by sickness, disease or injury, who is always there? Who is the one constant? Who is the face of 24/7 care?

Nurses are the hub of health care — whether treatment comes in an emergency room, doctor’s office, community clinic, homeless shelter or, especially, school clinic and nursing home.

Precisely because they’re always there, nurses are sometimes taken for granted. Sometimes undervalued.

Next time you need medical help, please consider the many levels of care that face brings you.

1. **Act as patient advocates.**
   As the largest of the health professions — with the most patient contact — nurses are a powerful voice for their patients as well as for broader health care reform.

2. **Form the hub of health care.**
   Beyond managing the patient’s prescribed care, nurses are the hub connecting the whole medical team. They must communicate expertly with doctors, pharmacists, therapists and other health professionals.

3. **Blend vast knowledge with nimble skills.**
   Modern nurses must call on broad nursing knowledge backed by agility in health informatics, medical technologies and hands-on procedures.

4. **Make critical care decisions.**
   Today’s nurse is routinely expected to make key care decisions based on evidence and keen observation.

5. **Shift focus to wellness & prevention.**
   Nursing is predicated on health promotion, disease prevention and illness management — an affordable, proactive model often lost in an expensive, reactive system that defaults to emergency treatment and intensive care.

6. **Widen access to basic health care.**
   Nurse practitioners, clinical nurse specialists and nurse-managed health centers are increasingly the first line of care, especially in rural areas.

7. **Stand as sentinels of patient safety.**
   Nurses must be forever vigilant, must anticipate patient risks, must act quickly in preemptive treatment, must intervene early to prevent medical errors.

Nurses are much more likely than any other health professional to recognize and correct errors that are often life-threatening. — Institute of Medicine
THE URGENT QUESTION BEHIND TWO PRESSING PROBLEMS

Will enough nurses be there when you need them?

Like a tightening vise, two converging forces put exponential pressure on tomorrow’s nursing care. At risk is the likelihood that there will be sufficient nurses, across all specialties, to care properly for you and your family.

PROBLEM ONE
Snowballing shortages.

Like the entire U.S., Nebraska faces a critical — and growing — shortage of nurses. The state’s current shortfall is projected to jump to 20% — nearly 4,000 nurses — by 2020.

The problem is mirrored — and the nursing pipeline choked — by a nationwide shortage of faculty. Not only is there insufficient faculty, many teachers are nearing the end of their careers. Reflecting national numbers, the average age of nursing faculty at UNMC is 54.

PROBLEM TWO
Tsunami demand.

As it ages, the largest generation in U.S. history puts unprecedented strain on health care.

Huge waves of retiring Baby Boomers will dramatically increase demand for nurses everywhere — at physician offices, community clinics, outpatient centers, hospitals and nursing homes. A gathering tsunami looms for geriatric care.

Completing the perfect storm: Rapid medical advances, rigorous new care standards and increasingly complex medical technologies demand more — and better educated — nurses across all specialties.

OUR SOLUTIONS: A BOLD CHARTER OF PARTICULARS

What we’re doing to end the nursing shortage and elevate the quality of care.

SOLUTION ONE
Raise enrollment capacity with unprecedented construction.

This would have been unthinkable without enormous help from generous donors. Never before in the College’s nine-decade history has there been so much building afoot over such short time.


This is not about bricks and mortar. It’s the how we’ll get more nurses and more faculty working to serve Nebraska communities.

SOLUTION TWO
Add speed: Accelerated preparation of both nurses and nursing faculty.

To get more nurses into service faster, we’re expanding our one-year Accelerated BSN program. We’ll streamline our RN to BSN program to advance current nurses. And we’ll increase our fast-track BSN to PhD program, created for those who want to be educators.

SOLUTION THREE
Embed IOM benchmarks across curriculum to elevate care quality.

With all the health sciences at UNMC, the College of Nursing is fast adopting Institute of Medicine recommendations throughout our bachelor’s, master’s and doctoral curriculum. IOM guidelines include interprofessional team training, critical thinking, evidence-based practice, wide application of informatics, cultural sensitivity, continual quality improvement — and foremost — patient safety and patient-centered care.

Half of Nebraska’s nurses with bachelor’s degrees are UNMC graduates. But today at UNMC and across the U.S., half of all qualified applicants are turned away because of insufficient faculty, facilities and resources.

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www.unmc.edu/nursing
Center for Palliative and End-of-Life Care Research and Training

This is a giant unmet need — and a subject often avoided. We must address it squarely: by 2020, nearly 40% of deaths will occur in nursing homes.

Dual purpose of this Center:
1) Interprofessional training for nursing, medical, and pharmacy students in team-based care of the dying.
2) Research focused on alleviating pain and anxiety, on easing life in its final stages.

Health Promotion and Disease Prevention Research

We'll work closely with the College of Public Health on shared goals. The research focus will be to discover how public health nurses and school health nurses can slash disease risks in Nebraska, especially in small towns and rural areas.

Center for Nursing Cancer Care

Working collaboratively with the UNMC Eppley Cancer Center, nursing faculty and students will develop state-of-the-art cancer survivorship programs. This Center will also conduct research that seeks advancements in cancer care.

Center for Health Care Quality Improvement

The patient-centered goal is simple: develop new nursing standards and practices that prevent errors, reduce mistakes, prompt intervention, increase safety, improve care and create better outcomes. This Center will expand and concentrate nursing faculty engaged in quality improvement for patient care delivery systems.

Center for Advancing Symptom Management

Nursing care often centers on lessening discomfort — on managing symptoms of disease or its treatment. This Center will be a hub for faculty research and student education focused on alleviating difficult symptoms such as pain, nausea, fatigue and insomnia.

Center for Geriatric Education Excellence

To answer the swelling demand for elder care, we will increase geriatric nursing faculty and students and develop more master’s and PhD geriatric specialists to serve the state. To counteract workforce burnout in nursing homes, we will offer a Geriatric Leadership program to prepare nurse administrators for long-term care facilities.

Center for Nursing Education Excellence

The Nursing Education Center will be a leader in sophisticated learning technologies. Robotic patients, computerized simulations, miniature ICUs and trauma centers will replace 50% of the need for nursing student training sites in clinical agencies. In addition, the Center will develop educator pathways in the MSN and PhD programs that inspire and encourage students to become nursing faculty.

Accelerated Pathways to a Nursing Career

To address the nursing shortage and build on our successful Accelerated BSN and Accelerated PhD programs, we will open an Accelerated Master’s-Entry program for academically gifted students with baccalaureate degrees in other fields to enter nursing at the master’s degree level.

Patience care

Imagine endless dividends in better care

How you can help.

Our driving imperative is unchanged since 1917: UNMC will lead the front rank of nursing science and service — through bold vision, with bold action.

Our endeavors fall squarely under UNMC’s three-fold mission: education, research and patient care.

The things that excite us most are presented here. They will yield endless dividends in better care. They also require donor help to see fruition. We warmly welcome your participation.

“Quality patient care hinges on having a well-educated nursing workforce.”

C. Fay Raines PhD, RN

President, American Association of Colleges of Nursing
CREATE A LASTING LEGACY

Why your gift is needed.

Many think the UNMC College of Nursing is fully funded by tuition and state revenue. Those sources, however, leave a sizable shortfall, which must come from grants and gifts. Your gift enables us to prepare tomorrow’s nurse leaders and scientists. It helps ensure a nurse will be there when you or a loved one needs care. All gifts, no matter the size, are most welcome and appreciated.

• Gifts may be designated for any purpose or unrestricted.

• Naming opportunities are available — for example: an endowed scholarship, professorship or learning center in your family or foundation name.

• Memorials and honorary gifts are a superb way to recognize a relative or friend.

• Estate gifts can be structured to provide lifetime income and tax benefits.

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For more information on giving:
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University of Nebraska Foundation
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Communicating the vision.

Since our last issue, the College has a new development director. Kathy Wolfe brings vast communications expertise to her post at the NU Foundation. “It’s my privilege,” she said, “to express the College’s vision. I hope my enthusiasm is contagious.” Find out. Help realize the vision. Kathy’s contact information is above.

New garb. Old tradition. Fresh twist.

In generations past, students were formally ushered into nursing by a capping ceremony. Caps are long gone, but the tradition lives on as the Nightingale White Coat Ceremony.

At the event, sponsored by the alumni association, new students recite and sign the Nightingale pledge, which emphasizes scientific, patient-centered care. Elements include dedication, ethics, integrity, advocacy, respect, collaboration and leadership.

The effect on students and their families is apparent, said Tiffany Brunt, a student services advisor who coordinates the ceremonies. “You see pride on their faces. They sense they’ve entered a true profession. They stand straighter.”

Waiting in the coat pocket is a personal legacy, a passing of the torch. A card presents the name of their white coat sponsor. Included is the alum’s address and year of graduation.

Among these “pocket alums” is Pam Bataillon, assistant dean for administration. “For students, it brings the heritage alive,” she said. “It creates a human link. For alums, it’s touching to get a note in return — and rewarding to follow their progress.”

That legacy is a bargain, said student services director Larry Hewitt. “You can sponsor a white coat for $45,” he said. “Many alums gift five or ten.” To sponsor a coat, go to nufoundation.org/nursing.

Pocket alums pay it forward.

White coat legacy.

The White Coat Ceremony launches new nursing students with a symbol and pledge of professionalism. In the pocket is a personal legacy.
Exceptionally well qualified at all levels: In the Accelerated BSN program, for example, CON students last year had an average 3.73 GPA at entry.


Blazing new frontiers.

Like those before them, they are eager, enthusiastic, passionate about nursing. Everything else has changed. Today’s students face a fluid, technology-filled future in which they must know more, do more, and make fast, critical decisions at high levels of patient care. Here you meet the new face of nursing.

BSN

1. As a girl in Chiang Mai, Thailand, Wattana Barrett wanted to be a nurse. But when she began university study, she found that, at 4’11”, she was “too short for nursing.” So she earned a degree in biology and kept her dream alive as a science teacher. She came to the U.S., married, and got a job in comparative medicine at UNMC, where she also volunteered at the Child Life Center and College of Pharmacy. Meanwhile, she took nursing prerequisite courses at UNO. She then began the Accelerated BSN program, an intensive, one-year path for strong, degree seeking students. “My teachers are so understanding and classmates help out,” she said. “Heart, cancer, transplant — you gain so much patient experience here.” She plans to be an ICU nurse and, after more school, a nurse anesthetist.

2. Abigail Simeende-Tsimba grew up with her future husband in Harare, Zimbabwe’s capital and largest city. He came to the U.S. first, she joined him in 2002, they married, and she attended Bellevue University, where the couple had friends. A scholarship to UNO followed. Abigail majored in biology and minored in chemistry but found herself drawn to nursing. “As a career, biology felt limited and nursing seemed more rewarding,” she said. Now a AC1 student in the Traditional BSN program, she likes the learning environment. “There’s one-on-one time with instructors, and you can go to them with problems. Students help each other out.” Obstetrical and pediatric nursing are currently among her career interests. Her husband followed. Abigail majored in biology and minored in chemistry but found herself drawn to nursing. “As a career, biology felt limited and nursing seemed more rewarding,” she said. Now a AC1 student in the Traditional BSN program, she likes the learning environment. “There’s one-on-one time with instructors, and you can go to them with problems. Students help each other out.” Obstetrical and pediatric nursing are currently among her career interests. Her husband

3. Her heart is on her sleeve. “I love UNMC,” said Lisa Briga. “I love the College of Nursing.” This high-energy, high-focus native of Omaha also loves learning. She has a bachelor’s degree in business and a master’s in health promotion earned while working at a Fortune 500 firm. Finding that “not meaningful,” she then got a BSN degree while working two jobs, in ICU at one hospital, in dietetics at another. Her MSN specialty track, nurse practitioner in women’s health, fits between full-time work in ICU and as a graduate assistant. Inspiration came from her parents, both teachers. Her model was watching ICU nurses care for her grandfather: “They helped families. They gave me strength.” Her goal is to own a women’s holistic health clinic focused on evidence-based practice. Her friends say: If Lisa wills it, it will happen.

4. Raised on a farm near Oakland, Iowa, Melissa “Missy” Smelkac became interested in nursing when, just out of high school, she assisted the EMT crew with the local volunteer fire department. That led her to Omaha for a BSN degree and work in ER nursing. Seeking more autonomy, she entered CON’s MSN program in 2007. Her specialty track is family nurse practitioner, and she continues to work in ER as a graduate assistant. “Care goes above and beyond here,” she said. At the family nursing clinic, she said, a team once worked 4 hours to stabilize a diabetic woman with severe hypoglycemia and no insurance. “I thought, ‘no where else! It’s nice to make a difference.” She and her husband, a cardiovascular ICU nurse, expect their second child in August.

5. For Nadin Abdel Razeq, surgery opened the door to an advanced nursing career. While hospitalized in her home country of Jordan, she found herself thankful for and intrigued by her nursing care. That interested her to a BSN degree at The Hashemite University, a MSN degree from the University of Jordan, and — after a web search — to UNMC for her doctoral nursing studies. Her specialty interest is neonatal and pediatric pain management. There is “great need” in that area across the world, she said. As a graduate assistant, she helps senior faculty with research studies. “People here are friendly, open and helpful,” she said, “with respect for other cultures.” Now in her second year of PhD study, she plans to teach, practice and do research in Jordan.

6. Khaled Suleiman would never say so, but he is a trailblazer of sorts in his home city of Amman, Jordan. He was the first exchange student in a collaborative education accord reached by the College’s international program director, Dr. Sheila Ryan, and her peers at Al-Zaytoonah Private University of Jordan. After obtaining his BSN and MSN degrees there, Khaled came to UNMC to concentrate on cardiac surgical nursing. As a strong student with fluent English skills, he found the academic transition smooth. Adjusting to American food and social customs was hard, he said, but he soon made “many friends. Everyone is so nice.” His research interest is deep disturbances in patients recovering from cardiac surgery. After receiving his PhD degree in 2009, he will teach and practice in Amman.
As the College approaches its 30th year in CNE, much has changed. The learning landscape shows a seismic shift. Rapid medical progress can outdate knowledge within a few years. Health care routinely employs technologies not long ago considered science fiction. It’s now imperative that nurses stay on the front edge of advancement.

Constant need to know.

Q. What are CNE requirements?
A. They vary by state. A total of 32 states require CE for nurses, ranging from a high of 30 hours every 2 years to 5 hours each year.

Q. What’s the scope of the College’s CNE program?
A. We provide high-quality, low-cost, continuing education to nurses throughout Nebraska and the U.S. We collaborate with professional groups, medical education firms and providers of continuing medical and pharmaceutical education. Our programs span the spectrum of delivery options, from traditional live conferences and printed learning materials to teleconferences, webinars, online offerings and live video.

Q. What forces shape CNE?
A. Flexibility and convenience, for starters. Nurses have congested schedules with little free time. They’re responsible for satisfying their state’s CE requirements to maintain licensure, and it can be difficult to get time off to attend local or out-of-town conferences.

Q. What’s ahead?
A. In 2009, 178 programs served 16,353 nurses, generating 11,600 contact hours. Of those, 26 were live meetings and 4 were independent study. In 2008, 178 programs served 16,353 nurses, generating 54,112 contact hours. Almost half were independent online study.

Q. How is CNE evolving?
A. One local indicator is online registration for conferences, begun in 2007. Of the total, nearly two-thirds were from outside the metro Omaha and Lincoln areas. Serves rural and underserved areas is among our goals.

Q. What about rural reach?
A. Onelocal indicator is online registration for conferences, begun in 2007. Of the total, nearly two-thirds were from outside the metro Omaha and Lincoln areas. Serving rural and underserved areas is among our goals.

Q. What’s ahead?
A. We’re launching an online, multi-module certificate program in hemophilia nursing that fills a national need. For the first time, hemophilia nurses can be certified for advanced competency through a formal learning and assessment process.
The roll of the charitable

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**Brain IVs**
Teachers inject stimulus  Page 12

**Special section**
Solving the nurse deficit  Page 15

**Pocket alums**
Legacy notes in white coats  Page 23

**Next gen RN**
The fresh face of care  Page 24