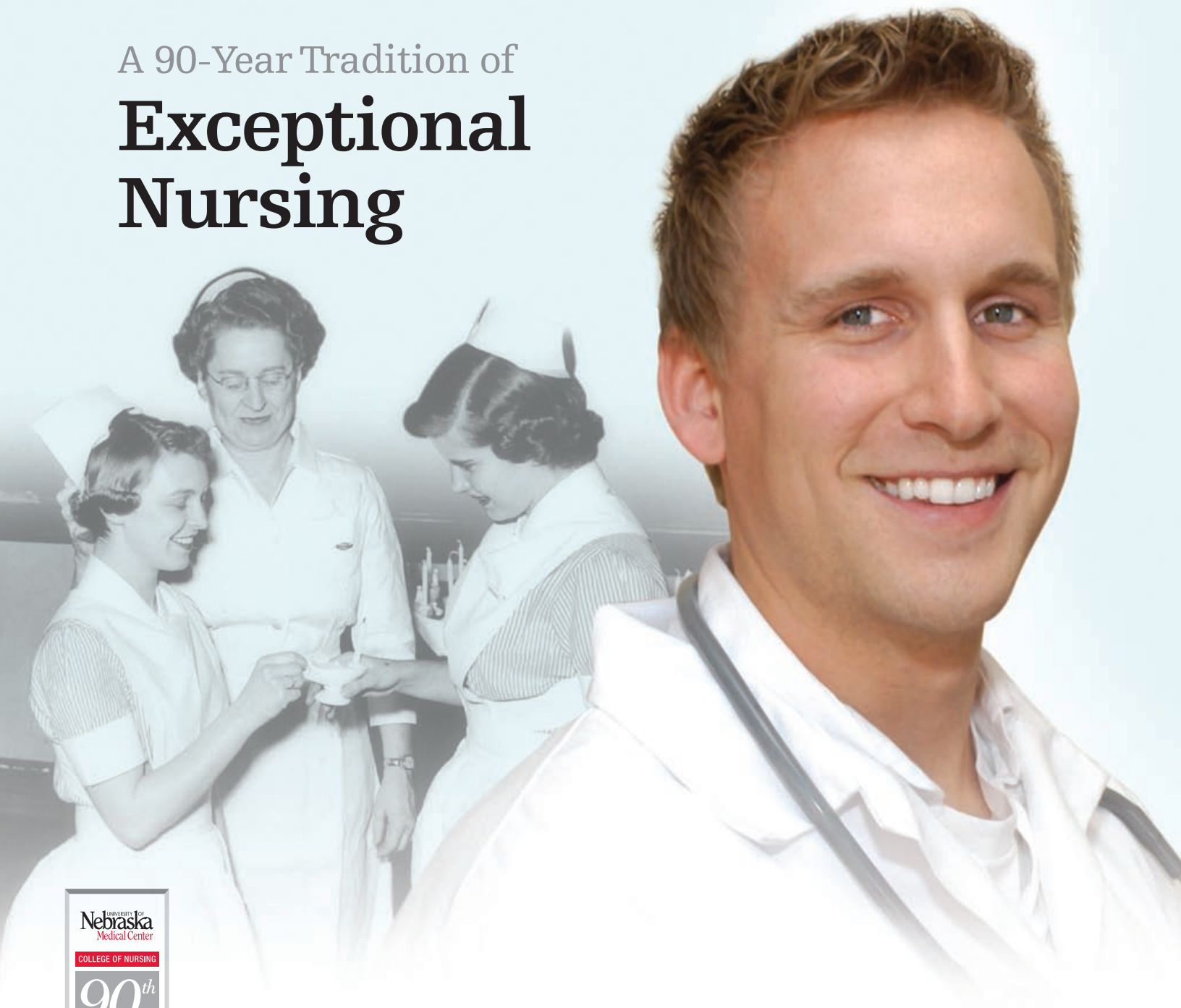


advances

university of nebraska medical center college of nursing spring 2007

A 90-Year Tradition of
**Exceptional
Nursing**



OMAHA

LINCOLN

KEARNEY

SCOTTSBLUFF

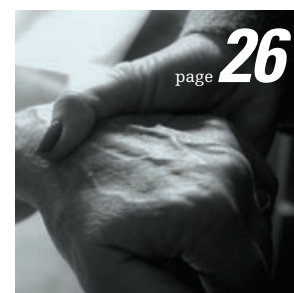
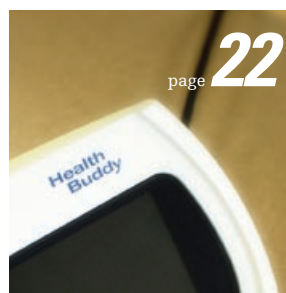
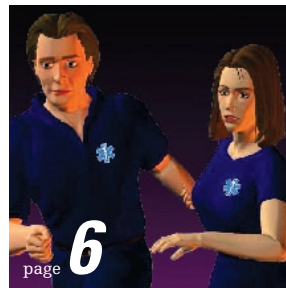
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Cover:

UNMC College of Nursing student, Landon Kleeb



advances

UNMC College of Nursing

Advances is published annually by the University of Nebraska Medical Center College of Nursing. Permission is granted to reprint any written materials herein, provided proper credit is given.

UNMC College of Nursing

Advances

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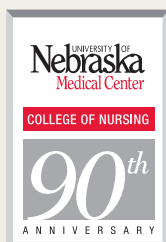
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Historic Photography provided by the UNMC College of Nursing and Alumni History Museum.

You may also read issues of Advances online at: www.unmc.edu/nursing

Welcome to excellence.



As I review the 90-year history of our College of Nursing, one 90-year constant leaps out. For nine decades of nursing education, there has been but one unwavering standard – uncompromising excellence.

This issue of *Advances* will acquaint you with our past, introduce a few of our many distinguished alumni, and present some recent educational and research enterprises.

Long known for its academic reputation, the UNMC College of Nursing has made dramatic strides forward in facilities, faculty, curriculum, research programs, learning technologies, clinical practice initiatives and global educational partnerships.

In the years ahead, our journey to excellence will accelerate. Let me be clear: We intend, in short order, to be in the very top tier of U.S. nursing schools.

Likewise, UNMC has become an international destination for top-flight educators, students, researchers, physicians, nurses and other health care professionals — as well as for patients seeking rare, highly advanced, life-saving medical services. The UNMC campus is 500 miles wide, serving communities across Nebraska and beyond with premier education, research and practice programs.

Students, faculty, staff, donors and research funders alike are drawn to the best. Alumni also crave a continuing association with excellence. If you're among those groups, welcome to a world-class health science center — and to an extraordinary nursing college.

Virginia Tilden, DNSc, RN, FAAN

Dean & Professor, UNMC College of Nursing

P.S. As this issue went to press, U.S. News & World Report had just released its rankings of university graduate programs. Our master's degree program ranked 32nd out of 396 schools – among the top 8% in the country!



A look at 90 years by the numbers.

Since 1917, the UNMC College of Nursing has graduated more than 10,000 nurses. In 2007, we will confer over 130 more degrees at spring graduation ceremonies—helping to address the current nursing shortage in Nebraska and nationwide.

Total graduates	10,224
<i>By level*</i>	
Nursing Diplomas	650
AS/ASN	1,965
BS/BSN	7,040
MSN	1,147
PhD	34

*Figures include multiple degree holders.

For more information or to arrange a tour, please call (402) 559-5184. Or visit our website – unmc.edu/nursing.



new chronic care collaborative models

When the Family Health Care Center was forced to turn away up to 70 patients a month, Dr. Kate Fiandt knew something had to change quickly.

Healthcare problem solving involves both science and art, says Kate Fiandt, DNSc, APRN, FAANP, Associate Professor of Nursing and director of the Morehead Center for Nursing Practice, which operates a number of nurse-managed clinics.

One of them, the Family Health Care Center, serves an ethnically diverse, highly vulnerable population in South Omaha. Started ten years ago with seed money from a U.S. Department of Health and Human Services grant, the center routinely sees patients with chronic illnesses, many of whom live below the poverty level. When growing demand began to exceed capacity, Dr. Fiandt sought fresh solutions.

“We had to find a new way of delivering health care,” said Dr. Fiandt. “We began implementing the chronic care model and changed how we delivered care. In doing so, we were able to accommodate many more people per month, and we dramatically decreased our no-show rate as well.”

New chronic care models are part of an initiative that involves the University of Nebraska Medical Center College of Nursing and 21 other academic medical centers nationwide. The Association of American Medical Colleges has partnered with the Robert Wood Johnson Foundation to improve chronic illness care through an Academic Chronic Care Collaborative.

Through a partnership with the MacColl Institute for Healthcare Innovation, the collaborative aims to improve treatment of people with chronic conditions who receive their care in academic health systems.

Other participants include Duke University, University of Cincinnati Medical Center, Vanderbilt University Medical Center, University of Michigan School of Medicine, Case Western Reserve University School of Medicine and Emory HealthCare. The UNMC College of Nursing is the only nursing school in the collaborative.

Dr. Fiantdt, Nebraska's only Robert Wood Johnson Foundation Executive Nurse Fellow, explains there are multiple components in formulating quality care for the chronically ill. Delivery design is just one tool to serve more patients at the center.

Part of delivery design is the group visit, which combines patients in similar diagnosis groups for quarterly meetings with a nurse practitioner. The group visits replace individual clinical appointments, and average group size is four patients.

Dr. Fiantdt says patients look forward to the group meetings as a chance to share ideas, give support and relate to others with

similar conditions. "They disclose things in a group setting that they might not disclose one-on-one."

Another identified element of excellent chronic care is self-management support. Dr. Fiantdt introduced this concept by training clinic medical assistants to be patient coaches. The coaches help patients set culturally appropriate goals. "It makes patients feel more connected to the practice and gives medical assistants more job satisfaction," Dr. Fiantdt said.

"Sixty percent of our clinic population is Spanish speaking," she said. "Sometimes you just don't get all the cultural nuances when you work through an interpreter." Early in the life of the center, Dr. Fiantdt insisted that medical assistants and office staff be both bi-lingual and bi-cultural, so coaching was a natural fit that improved care outcomes.

Clinical informatics is another part of the chronic care model. Dr. Fiantdt added this component by starting a registry of patients with diabetes. Through registries, the focus shifts from individual patients to patient trends and outcomes. For example, by running average blood pressure charts of 132 diabetic patients, the clinic established baseline data to guide intervention and preventive health counseling.

"We had to find a new way of delivering health care."

Dr. Kate Fiantdt



Nurses who know how to integrate clinical informatics into a private practice will be in high demand, Dr. Fiantdt said. "Healthcare providers are very interested in the kinds of information generated from patient registries, and nursing graduates with these skills will be important to Nebraska clinics and beyond."

Key to better health care, especially for the chronically ill, is an open mind, fresh thinking, innovation and collaboration, Dr. Fiantdt said. "When you approach challenges in the traditional way, you often find yourself just getting more frustrated. It's exciting to have new models." ●●●●

HEROES PREPARE FOR THE WORST



It's July 4th and 50,000 revelers pack Omaha's Memorial Park for the annual concert and fireworks. Suddenly, hundreds become violently ill. They struggle to breathe, lose consciousness, foam at the mouth. Confusion and fear reign. As first responders in protective gear begin triage, fatalities seem certain. The cause: a chemical agent released by bioterrorists.

Fortunately, that scene takes place only in the virtual world. It's part of an online tool to prepare nursing, medical and allied health students for post-9/11 realities of life in the 21st century – bioterrorism and public health emergencies.

Since August of 2005, Elizabeth Beam, MSN, RN, and Stephen Smith, BS, have worked with a multidisciplinary UNMC team to create web-based interactive learning modules that help students prepare for the worst. Beam is the College of Nursing's biopreparedness coordinator and also faculty simulation coordinator. Smith, an instructional technologist, designed the website and built many of its features.

The website offers multiple learning opportunities – simulations, presentations, videos, interactive tools, educational games and links to additional resources. It functions as an updatable warehouse of ready information on food and water contamination; radiation exposure; viral agents; chemical agents such as ricin, botulism and cyanide; personal protective equipment; and other biopreparedness subjects, including catastrophic, multiple-injury triage.

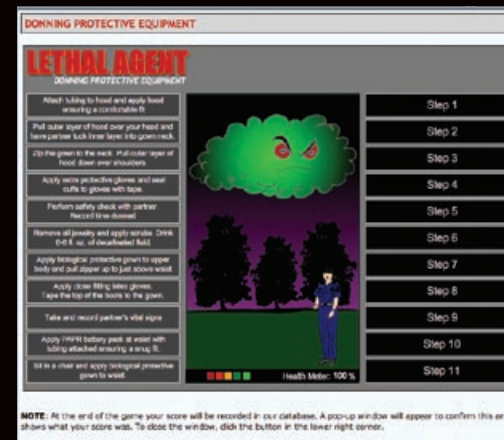
Website development was funded through a UNMC Programs of Excellence grant awarded to the College of Nursing. Carol Pullen, EdD, RN, Professor of Nursing, is team leader. Collaborators include Patricia Carstens, MS, Director, Learning Resources, College of Nursing; Philip Smith, MD, medical director of the UNMC Center for

Biopreparedness Education (CBE); Jan Tompkins, School of Allied Health Professions and Sharon Medcalf, CBE director.

The grant team named the website HEROES, short for **H**ealthcare and **E**mergency Responder **O**rganization **E**ducation through **S**imulation. The HEROES site is what Beam calls a “biopreparedness buffet.” Faculty can choose modules most appropriate for the class that they’re teaching.

“The interactive learning modules created by the College of Nursing are an important contribution to the national preparedness effort,” said Dr. Smith, CBE’s medical director. “They use an innovative approach and state-of-the-art technologies to make preparedness learning more interesting, effective and real.”

The educational project is a natural fit since the largest biocontainment unit in the country is located at the University of Nebraska Medical Center.



Beyond the online resource, the grant also funded a traveling tool chest of high-tech, high fidelity, hands-on simulation gear. One of the most popular is “SimMan.”

A full-bodied mannequin, SimMan can be programmed with pre-set symptoms reflecting a host of public health and bioterrorism emergencies. A wireless microphone allows an instructor to respond as Sim Man while students assess his condition. Sim Man comes with changeable skin inserts that simulate lesions from biochemical agents as well as a mouth-foaming feature that mimics contact with nerve gas.

The interdisciplinary team could be the envy of Hollywood artists with the special moulage and make-up kit that they use to simulate a variety of injuries, including chemical burns, small pox lesions, bruising and hemorrhage. Such realistic simulation helps students assess condition quickly, accurately and with greater confidence, says Patricia Carstens, the College’s Director of Learning Resources.

Above are several screen captures from an interactive HEROES simulation.

The learning tool chest also includes “Tuff Kelly,” a true weight rescue and extrication mannequin; an army cot with accessories; a portable demonstration kit; and a collection of ID vests to signify responders at an emergency enactment site.

Grant dollars also funded a HEROES super crew pick-up truck and trailer to transport the simulation equipment across the state for conferences, education and training.

“Biopreparedness education is critical not just for UNMC students but also for Nebraska, the nation and world,” Dr. Pullen said. “This project provides an international resource since the HEROES website can be accessed anywhere, anytime.”

Visit www.onlineheroes.org ●●●●

In 1917, thirteen students became the founding class of a new school of nursing in Omaha. It soon faced a massive health crisis. An influenza pandemic killed hundreds locally – millions worldwide – and put staggering new demands on nursing.

Against unimaginable odds, the infant school survived that deadly threat and the Great Depression that followed a decade later. It evolved into the University of Nebraska Medical Center College of Nursing and today, 90 years later, it continues to embrace new challenges to nursing science as one of the top-ranked programs in the country.

Across a 500-mile, statewide campus, the College of Nursing is now the largest school in the UNMC system and the largest nursing school in Nebraska, with an enrollment of more than 1,000 students in its Omaha, Lincoln, Kearney and Scottsbluff divisions. The curriculum has grown to include bachelor's, master's, doctoral and postdoctoral programs. The faculty has increased from two in 1917 to 132 full and part-time, 60% of whom hold doctorates. Research thrives, as reflected in the College's ranking in the top quartile of federal funding to schools of nursing.

That's not all that's changed. Students no longer have to live in dorms or ask permission to marry. Caps are gone, and the capping ritual has been replaced by induction ceremonies that focus on professionalism and the moral foundation of patient-centered nursing care. Also gone are capes and curfews.

Six deans have led the College since 1917. The three most recent share their reflections on the occasion of our 90th Anniversary.

When Charlotte Burgess, the newly hired superintendent of nurses, arrived in Omaha, University Hospital wasn't completed; furniture and equipment had yet to be unpacked; and there was not a nurse in sight. Less than a month later, four graduate nurses had been recruited to staff the hospital. And in another month – Oct. 16, 1917 – the School for Nurses opened its doors with two faculty members, 13 students and a mission to "develop nurses of the best type."

on our 90th anniversary: looking back, looking forward



1917

Charlotte Burgess is hired as superintendent of nurses for the 130-bed University Hospital and the School for Nurses opens with 13 students.

1923

Conking Hall opens, providing residence and classroom space for nursing students.

1939

The School of Nursing participates in a study by the National League for Nursing Education to establish accreditation criteria. Nursing faculty given university rank.

1946

Irma Kyle succeeds Charlotte Burgess as Director of Nursing.

1952

First class of BSN students enters.

Rosalee Yeaworth, PhD, RN, FAAN, Professor Emeritus and Dean Emeritus of the UNMC College of Nursing, was recruited in 1979 from the University of Cincinnati College of Nursing and Health, where she was assistant dean for graduate programs.

"I was excited by what I saw here," she said. "The baccalaureate degree was offered across the state, there was a two-way television connection to Lincoln, and I liked the faculty, its friendliness and its obvious concern for people."

Faculty development was one of her top priorities. "When I arrived in Omaha, one-third of the faculty didn't have master's degrees. I told them that if I could find someone with a master's degree, I would hire them."

Dr. Yeaworth further encouraged master's level faculty to pursue doctoral degrees. "I'm emphatic about being prepared. I always provided support for faculty development, and I worked hard to recruit doctorally-prepared faculty." In 1989, she achieved one of her primary goals by the launching the College's own doctoral program.

A published author of more than 50 pieces, Dr. Yeaworth was also a strong proponent of research during her tenure. She recruited key research faculty who helped the College of Nursing become one of the top 15 schools in the country in research funding.

She remembers stressful days in the early 1980s when survival of the Lincoln division was at risk. "Budget reductions threatened the Lincoln division but high levels of community support helped prevent closure," she said. "And, as the state's need to educate and retain nurses grew, the College expanded with additional campuses."

Dr. Yeaworth opened the Western Nebraska Division in Scottsbluff in 1986, brought the Kearney State College Department of Nursing into the NU system in 1991, introduced new electronic learning technologies, and



Dr. Rosalee Yeaworth, Dean 1979-1994

initiated nurse practitioner services, including the Family Health Care Center and the Mobile Nursing Center. "We got things accomplished because we had creative people and administrative support." With a smile, she added, "My master's degree in psychiatric nursing was also handy."

Reflecting on her 15 years as dean, Dr. Yeaworth said, "What I miss most are the relationships with the faculty and the graduate students. I also miss the graduations."

Last spring, she again donned her cap and gown and marched to the strains of "Pomp and Circumstance" as she had many times before. This time, she was especially proud. She was there to see her granddaughter receive her bachelor's degree from the UNMC College of Nursing. Her granddaughter plans to focus in two areas that Dr. Yeaworth championed during her tenure as dean – research and nurse practitioner services.

1957

New School of Nursing building dedicated.

1963

Control of nursing service and nursing education separated. Carol Wilson named director of nursing service.

1965

BSN program accredited by the National League for Nursing (NLN)

1967

Rena Boyle succeeds Irma Kyle as director and associate dean.

1969

Dr. Boyle's title changed to dean, MSN program begins and Nursing Care Research Center established.



Dr. Ada Lindsey, Dean 1995-2003

Before arriving at UNMC in 1995, **Ada Lindsey**, PhD, RN, FAAN, Professor Emeritus and Dean Emeritus of the UNMC College of Nursing, was dean of the UCLA School of Nursing.

"I made several visits in 1994 and explored Omaha and the other divisions," she recalled. "The College had a very good outgoing dean in Rosalee Yeaworth. She had built a solid base, strong central support and good financial health. I was also attracted to the idea of working with a rural population, which I had not done previously."

Under Dr. Lindsey's leadership, the College strengthened its economic foundation, securing more and larger research grants from federal agencies, private foundations and national nursing associations. A passionate and persuasive fundraiser, she spearheaded appeals to corporate and individual donors – and increased alumni contact, saying that frequent communication was key to continued support.

A skilled lobbyist, Dr. Lindsey routinely made the case for how increased state funding could better serve Nebraska residents, especially in rural areas. Through her efforts, the College received state approval to move faculty from nine-month appointments to 12-month appointments, which allowed year-round research, clinical practice and Nebraska outreach programs.

Building on previously established donor relationships, Dr. Lindsey established two endowed faculty chairs. Under her leadership, distance education flourished, faculty practice

grew to serve diverse populations in diverse settings, and groundwork was laid for an expanded international program.

She also upgraded learning technologies, teaching tools and informatics. In addition, she added a marketing and recruiting specialist, Dani Eveloff, MSN, to increase awareness of the College, attract faculty members and draw qualified applicants to its expanded undergraduate and graduate programs.

For her own cancer care investigation, sustained throughout her career, Dr. Lindsey received a prestigious oncology research award in 2003 from the National Oncology Nursing Society.

Closely aligned with her interest in alumni relations was her desire to honor and preserve the College's past. "When I arrived as dean, I was struck by the fact that Nancy Schneckloth and others had put together a book about the history of the College," Dr. Lindsey said. While there was a small room to store historical items, the materials weren't accessible to students, faculty or alumni. She vowed to remedy the problem.

"As I began to meet alumni and hear their stories at reunions, I gained even more respect for the College's long and rich history. I thought it was important to preserve those memories and our involvement in nursing education. I wanted a permanent place to showcase periods of the college's history and its contributions to nursing education, practice, research, and community service."

Her vision came to fruition in June 2005 with the opening of the UNMC College of Nursing and Alumni History Museum on the third floor of the Omaha College of Nursing building. Dr. Lindsey returned for the "bandage cutting" grand opening.

"What I miss most," said Dr. Lindsey, reflecting on her time as dean, "is working closely with colleagues, faculty, staff, alumni and students – especially doctoral students. I also miss the Huskers."

She believes the future is bright. "As they have since 1917, dedicated people continue to be drawn to UNMC for first-rate nursing education. There are more opportunities in nursing than ever before. Science is moving forward with great promise. There are many mysteries yet to be solved, but major headway is being made through research. I am optimistic and always hopeful."

1972

The School of Nursing becomes the College of Nursing.

1974

Students enter the Lincoln Division.

1976

New College of Nursing building, with Nursing Care Research Center dedicated.

1979

Rosalee Yeaworth succeeds Rena Boyle as dean.

1983

All programs receive continued accreditation from the NLN.

1987

Students enter the West Nebraska Division in Scottsbluff.



Dr. Virginia Tilden, Dean 2003-present

“I am pleased to have linked arms with my fellow UNMC deans to address the Institute of Medicine’s blueprint for quality healthcare.”

Dr. Virginia Tilden

“The goal is to enable faculty to identify their passion and pursue it through one of our missions. We have a tremendously dedicated faculty who are committed to excellence. While all of us teach and serve on committees of the College and University, our scholarship goals can be different depending on individual expertise and interests. Collectively, we cover all of the missions of the College. But, individually, we dedicate our scholarship to research or teaching or practice. In this way, each of us leads from our strength and from what we love to do.”

Another top priority for Dr. Tilden focused on the College’s clinical nursing centers. These already existed, but there was no unifying structure to assist them. With a large estate gift from a grateful patient, Dr. Tilden opened the Morehead Center for Nursing Practice to provide coordination and support services. The donor gift was large enough to also create the Kenneth E. Morehead Endowed Chair in Nursing. In keeping with the gratitude expressed by Mr. Morehead for the excellent nursing care he received, this Chair is dedicated to clinical nursing research that improves patients’ lives.

Innovative education programs are another high priority for this dean. During her tenure, the College has seen the opening of its Accelerated BSN program, its Fast-Track BSN to PhD program, and its postdoctoral research training program. “The time is right in the country for such programs,” said Dr. Tilden. “With the nursing shortage compounded by the looming faculty shortage, society needs nimble and creative education programs that can be adapted as needed in response to the fast pace of society today. We also want to be competitive for the best faculty

Virginia Tilden, DNSc, RN, FAAN, arrived on a glorious autumn day in the fall of 2003 to take the helm as the sixth dean of the College. She had served for many years as associate dean for research at Oregon Health & Science University School of Nursing, a national leader in nursing education and nursing research. She helped drive the school’s phenomenal growth in research, rising to 8th in the country in NIH dollars.

Dr. Tilden was attracted to the UNMC College of Nursing because she felt the College was poised for its next big step, thanks to the groundwork laid by the two previous deans. Chancellor Maurer’s vision for the medical center matched her own vision for nursing education and nursing research.

Dean Tilden brought new ideas to build on the College’s solid foundation. A major innovation was the Faculty Role Differentiation Plan, in which faculty take an “intensive” role in their area of emphasis.

1988

Nursing Care Research Center renamed the Florence Niedfelt Nursing Research Center.

1990

PhD in nursing program added.

1991

Students enter the college’s newest division in Kearney, as the University of Nebraska at Kearney joins the NU system.

1995

Ada Lindsey, PhD, RN, FAAN, succeeds Rosalee Yeaworth as dean of College of Nursing.

2003

Virginia Tilden, DNSc, RN, FAAN, succeeds Ada Lindsey to become the sixth dean of the College.

2007

College of Nursing celebrates 90 years of excellence.

in the country, and having a postdoctoral research training program here will be a major boost in faculty recruitment.”

A national academic trend embraced by Dean Tilden is inter-professional education. “I am pleased to have linked arms with my fellow UNMC deans to address the Institute of Medicine’s blueprint for quality healthcare. One element is to have students from different disciplines train together on those aspects of patient care where we all come together – for example, in managing chronic illnesses.” UNMC is incorporating inter-professional education into its strategic plan.

With her strong background in health policy, Dr. Tilden has been a powerful advocate for nursing and the College with legislators at the state capitol in Lincoln and in Washington, D.C. Sen. Chuck Hagel appointed her as the only nurse on a 15-member commission formed to advise him on national health care reform.

The author of over 90 publications and book chapters, Dr. Tilden has maintained an active program of research on improving care of the dying with almost continuous funding since the mid-1980s. “I love being a dean, but what really lights my creative fires is nursing research. This College is a wonderful place for scholarship in all the areas where academic nursing impacts society: teaching, research, and practice.”

In the past century, essentially the history of the College of Nursing, human lifespan increased more than in the previous nine centuries combined. In 1900, average lifespan was 47 years; today, it’s 78. We’ve seen exponential advances in medical and nursing science. We’ve also faced exponential new challenges – AIDS, avian flu, bioterrorism, obesity and geriatric care being merely a few. Nursing is the frontline of health. Nurses are the face of patient care. These remain our imperatives as the College of Nursing celebrates its 90th Anniversary and embraces the 21st century. ●●●

Join your fellow UNMC alumni and friends for an exciting reunion weekend this fall!

2007 UNMC Alumni Weekend

One Class – World Class

October 5–6

Watch your mail for registration information. Visit www.unmc.edu/alumni for up-to-date details about activities and to see who will be attending the 2007 UNMC Alumni Weekend.

'Accidental' alum donates time and treasure

A broken leg took Carol Wilson, MA, RN down a career path she never intended – and the College of Nursing is doubly thankful.

Armed with a degree in philosophy and religion from Park College in Missouri, Carol was doing graduate work in religious studies at Iowa's Drake University when a bad fall put her in the hospital. Her leg was shattered but not her spirit.

The injury left her on crutches for three months, unable to continue her studies or her job at a local church. So the Omaha native returned home and, after recovery, decided to enter the School of Nursing at the University of Nebraska. Her interest was sparked both by her injury and by an earlier job at Rockland State Hospital in New York.

After graduation, Carol became evening supervisor at University Hospital in 1952, taught nursing arts and later served as head nurse on the medical floor. She left to earn a master's degree in nursing administration from the University of Iowa in 1956, then returned to serve as assistant to School of Nursing director Irma Kyle. In 1963, she was named director of nursing service.

"One of the issues I worked hard on was salary increases for nurses," she said. "Our successful efforts spread to other local hospitals and nursing salaries went up citywide."

After a 42-year nursing career, Carol retired. "I was a workaholic so people thought I would have a hard time

adjusting. It took me about one day."

She received the Nebraska Nurses Association Distinguished Service Award in 2005 in recognition of her volunteerism and leadership. She twice served as president of the UNMC College of Nursing Alumni Association and this year is completing her final term as a board member.

In addition to giving her time, Carol has provided generous financial gifts over a long term. "I support the College of Nursing because it is doing an excellent job, period. From my perspective, the future there looks very promising indeed."

Her interests today include gardening, reading mysteries, playing the organ, listening to classical music and enjoying

Carol with her schnauzers, Happy and Frosty



her two schnauzers, Happy and Frosty. She also is an avid duplicate bridge player and plays in the same studio as fellow enthusiasts Warren Buffet and Bill Gates.

Then & Now

Graduates from the 40s and 50s give us a peek through their prism.

Talk to nurses who worked with children in the 1950s and one subject is bound to come up – polio.

A 1944 College of Nursing graduate, Dorothy Patach worked through two polio epidemics. “We performed all patient care through the doors and windows of the iron lung. You had to work fast so that the machine wouldn’t lose pressure.”
Malvina “Vinn” Brunn Stephans, a 1951 graduate, spent the next two years caring for children in iron lungs.

Vinn also remembers nursing many children with serious burns. Dorothy added that childhood diseases rarely seen today were then common, including measles, chicken pox, mumps, diphtheria, tuberculosis and scarlet fever.

What they didn’t see was an epidemic of childhood obesity.

Dorothy attributes overweight children to pervasive junk food and today’s popular culture – heavy on sedentary habits and light on meal planning, sound nutrition and vigorous activity.

“When I was growing up, we always sat down to an evening meal together,” Dorothy said. “Plus, school children had the opportunity to walk home for lunch each day so they were getting both a healthy meal and exercise.”

Dorothy also thinks children aren’t encouraged to do any physical work around the house. “I grew up in the city but I still had plenty to do outside. I could paint or mow the yard or pull weeds. We didn’t have organized sports like they do today, but I took dance lessons and went ice skating.”

Vinn agrees. “A big problem is lack of exercise, she said.



“We didn’t see diabetes like they do now. It’s largely because of the food system today.

“Schools cut back on gym classes and parents use TV, computers and video games as babysitters.”

Betty Huttenmaier Rath, a 1949 College of Nursing graduate, says earlier generations of children went outside to play instead of sitting in front of a screen. Typical snacks were a piece of fruit, a peanut butter sandwich or a glass of milk, she recalls, and one cookie was a big treat.

Vinn says food choices contribute to an increase in another disease in children and adults. “We didn’t see diabetes like they do now. It’s largely because of the food system today. We simply didn’t have as much access to sweets, processed foods and fast foods loaded with sugar and fat.”

The three alumni shared these other reflections on changes in health care:

- ✦ Simple things could contribute to higher rates of asthma and upper respiratory infections. “Buildings are so closed up today,” Dorothy said “We were able to open windows and give patients fresh air, although we never put patients in a draft. We hung draft sheets or screens around them.”
- ✦ Patients, especially new mothers, go home too soon, Betty says. She taught new mothers classes at UNMC and believes that next-day discharge is too fast, mostly for the baby. Although surgical procedures are less traumatic today, she feels that recovery time is short. Dorothy added: “Patients used to be admitted the night before surgery so they could rest up and get ready.”
- ✦ “Meds were so easy then,” Vinn said. Added Dorothy: “We didn’t have as many medications or as many reactions.”
- ✦ They all recall a line drawn between physical and mental health. “Today’s care reflects that mental, spiritual and physical health are intertwined,” Vinn said
- ✦ All three also cited today’s early detection methods in changing cancer outcomes. “Mammograms are a great tool,” Betty said. “I’m surprised at the number of women who don’t routinely get a mammogram.”



UNMC alum Dorothy Patach and Vinn Stephans

The three women concur on another point: their nursing degrees opened doors throughout their careers.

Dorothy Patach was assistant operating room supervisor and clinical instructor at UNMC until 1948 when she became an operating room supervisor at Clarkson Hospital on the medical center campus. She worked at Jennie Edmundson School of Nursing in Council Bluffs, Ia., as nursing arts instructor until 1959. Her next 30 years were spent at the University of Nebraska-Omaha, first as director of nursing and allied health and then as assistant to the dean of arts and sciences.

Vinn Stephans balanced nursing with raising three daughters. She worked in Omaha at Children’s Memorial Hospital, Hattie B. Munroe Center, University of Nebraska-Omaha College of Adult Education, Clarkson Hospital, and the University of Nebraska Family Planning Clinic. She also worked in the emergency room at Shriners’ Orthopaedic Hospital in Salt Lake City and at Omaha’s Catholic Charities, where she used her associate degree in chemical dependency counseling. Today she is a parish nurse at Omaha’s Kountze Memorial Lutheran Church.

Betty Rath taught obstetrical and gynecologic nursing at Boston Lying-In Hospital, Barnes Hospital in St. Louis and Long Island College in Brooklyn. She returned to UNMC in 1960 and taught classes for new mothers until 1976. “Nursing today offers more possibilities and flexibility than ever before,” she said. “There is nothing more rewarding than helping people, and I encourage young students to explore nursing as a career.” ●●●●

9 decades, 2 directors, 1 focus: students



In our 90-year history, just two people have served as Director of Student Services. They come from very different backgrounds. The first was a former music major; the second, a Green Beret medic. Both have witnessed dramatic changes in student life.

In 1959, **Sybil Sawinsky Sedivy** was pursuing her master's degree in guidance and counseling when she learned of an opening at the then School of Nursing. The former physical education teacher and music major was soon hired. Among her duties: direct student activities such as tennis, bowling, ice skating and, yes, choir.

The 1960s brought a larger role, including recruiting and registration duties. In 1964, School Director Irma Kyle invited her to a nursing conference. "Since I wasn't a nurse, she thought I should learn about the field," Sybil said. "One of the speakers was Rena Boyle. Everything she said went

over my head. When I learned she was to be the next dean, I was pretty nervous."

Dean Boyle gave her responsibility for the nursing dormitories. "I'd pray that I didn't see anything inappropriate," she said. Enrollment skyrocketed when the articulated career ladder program was introduced in the 1970s. There were nearly 500 applicants a year, she said. "Most were highly qualified and admission decisions became much harder."

Sybil recruited throughout the entire state, coordinated scholarships and financial aid and worked with the University of Nebraska-Omaha for non-nursing courses. In the 1980s, she supervised the transition from manual to computer records for all divisions.

Easily the most satisfying part of her 31-year career, she said, was helping students succeed. "It was so rewarding to advise students, help them through difficult periods, see them graduate and move on to nursing careers based on service to others."

For that reason, Sybil was particularly proud to be inducted, in 1974, as an honorary member of the College's alumni. At the time, she was the only non-nurse member.



When **Larry Hewitt** was hired to succeed Mrs. Sedivy in 1990, he had completed military service as a Green Beret medic, a master's degree in education and sports medicine, and a stint as director of education at a health careers college.

His hiring arrangement allowed him to shadow Mrs. Sedivy for six months prior to her retirement, a period he describes as invaluable. "Not only did she show me the ropes, she taught me to stay focused – on students, their needs, their success. The rest is details, and I try to keep it simple on a day-to-day basis. I concentrate on the mission and the resources."

On a typical day, Larry visits with pre-nursing students about required coursework. He also introduces prospective students and their families to the College of Nursing.

"One adage guides me," he said. "We don't get a second chance to make a first impression. We present the College on two levels: what students want to know, and what parents want to know. As a father and grandfather myself, I know what concerns families. Whether it's a student or parent, I try to anticipate questions and make them feel comfortable. I treat them like family."

While blocks of his day are spent analyzing data and preparing reports, Larry says his other primary work is to plan, arrange and coordinate services. "Needs change with each wave of students. The College serves a student population from diverse ethnicities and cultures, and more and more male students are drawn to nursing. Our key role is as liaison. We provide a support network, and we're problem solvers. Where some see obstacles, I see opportunities."

Larry started a leadership academy for students who want to engage in personal development. He also served on the committee that developed induction ceremonies for new students similar to the white coat ceremony for medical students. As part of their induction, new classes hear a special message from the Dean, receive a nursing pin and sign an ethics pledge.

Like Mrs. Sedivy, Larry finds graduations memorable. After the initial visit, he often doesn't see the whole family together again until graduation. Then, he said, "We're all beaming – the graduate, the family and me. It's rewarding to be part of the process that got them to that day." ♦♦♦



some
of our
best &
brightest

The College has many distinguished graduates in the vanguard of nursing science and service. Here are brief profiles of just a few.

Kathryn Barnard, PhD, RN, FAAN

*Professor Emeritus, University of Washington
1960 – BSN, UNMC College of Nursing*

Dr. Kathryn Barnard's pivotal work on behalf of at-risk infants has revolutionized pediatric health care. Her 30-year career produced critical research, pioneering evaluation programs and widely used teaching models on the formative importance of a nurturing parent-child relationship. In 2001, she conceptualized and raised funds to open the Center for Infant Mental Health at the University of Washington where she continues her work today. Named a Living Legend in 2006 by the American Academy of Nursing, she has published more than 140 works and produced a seminal video training series. In 2003, she received the Episteme Award, considered by some to be the Nobel Prize of nursing.

Pamela Bataillon, MBA, MSN, RN

*Associate Professor and Assistant Dean for Administration,
UNMC College of Nursing
1978 – MSN, UNMC College of Nursing*

Pamela Bataillon oversees all business and administrative operations for the College of Nursing. She was formerly a Robert Wood Johnson Foundation Health Policy Fellow – the only woman in Nebraska ever to receive the fellowship – and served in the office of U.S. Senator Blanche Lincoln of Arkansas. Before that, she was Chief Operating Officer of the Visiting Nurse Association (VNA) of the Midlands (Nebraska), administrator-county health director of VNA of Pottawattamie Co. (Iowa), and in 1998 was a candidate for Lt. Governor of Nebraska. At local, state, federal and international levels, she is sought as a consultant and guest lecturer on the interrelationship of health policy, practice and politics.

Ann Malone Berger, PhD, RN, AOCN, FAAN

*Niedfelt Professor, Advanced Practice Nurse and
Director of the PhD Program
1984 – MSN, 1996 – PhD, UNMC College of Nursing*

Dr. Berger's clinical background includes a decade in all levels of coronary care and over two decades in oncology nursing. Her prodigious research has focused on symptom management, in particular chemotherapy fatigue and sleep disturbances in breast cancer patients (see story, this issue). She is also an expert on the use of wrist actigraphy. She has extensive classroom and clinical teaching experience and continues in clinical practice. She has held leadership positions within the Oncology Nursing Society and has received dozens of honors, including the UNMC Outstanding Teacher Award and the Oncology Nursing Society Excellence

Award. She has been appointed to the NIH/NINR Nursing Science, Children and Families Study Section, for 2005-2008.

Joyce M. Black, PhD, RN, CPSN, CWCN

*Associate Professor, UNMC College of Nursing
1981 – MSN, 1999 – PhD, UNMC College of Nursing*

Dr. Joyce Black's passionate interest in wound care spans some 30 years. She is president of the National Pressure Ulcer Advisory Panel, which is currently in collaboration with European colleagues to focus global attention on the prevention and treatment of pressure sores. Dr. Black is also lead editor of *Medical and Surgical Nursing*, one of the most widely used nursing textbooks in America. For 25 years she served as the editor of a journal for plastic surgery nurses and in 2005 was the recipient of the Alvin Earle Outstanding Health Sciences Educator Award, presented by UNMC students to teachers who demonstrate superior subject command and communication skills.

Kathleen Chavanau, MSN, RN

*Executive Director, Quality Improvement and Clinical
Support Services, Children's National Medical Center
1989 – BSN, 1995 – MSN, UNMC College of Nursing*

Kathleen Chavanau always wanted to impact the lives of as many pediatric patients as possible. Today, she is achieving her goal as head of Quality Improvement and Clinical Support Services for Children's National Medical Center in Washington, D.C. A widely published author and presenter on quality improvement, she recently ushered her hospital through a comprehensive redesign of its health care delivery systems. The new clinical pathways that resulted have already lowered infection rates and shortened stays. In 2004, she was named chair of the National Quality Forum on Setting Home Health Care Measures. In 2005 she was in the front row when President Bush signed the Patient Safety Bill into law.

Mary Jo Dropkin, PhD, RN

*Associate Professor of Nursing, Long Island School of Nursing
1978 – MSN, UNMC College of Nursing*

Early in her career, Dr. Mary Jo Dropkin was moved by the horrific disfigurement that affects head and neck cancer patients. It moved her to spend the next 19 years at Memorial Sloan Kettering, doing research to improve care and recovery for similar patients. She won two research grants, including an RO1 award from the National Institute of Nursing Research, an arm of the National Institutes of Health. Now at Long Island School of Nursing, Dr. Dropkin is currently researching the recovery of African Americans from oral cavity and pharynx cancer, collaborating with Columbia

University, Harlem Hospital and Cornell University. She serves as a consultant to several cancer organizations and is an international presenter.

June Eilers, PhD, RN, BC, CS

*Clinical Nurse Specialist and Clinical Nurse Researcher
The Nebraska Medical Center
1971 – BSN, 1974 – MSN, 1996 – PhD, UNMC
College of Nursing*

Dr. June Eilers' work in oral mucositis is internationally respected. In 1993, she and her colleagues developed an oral assessment guide to measure changes in the oral cavity that can occur when a patient undergoes cancer treatment. That guide continues to be used worldwide. Beyond her continuing research in oral mucositis, Dr. Eilers' work has focused on pain management of mouth sores. She is chair of the Pain Resource Network, a pain management advocacy group that collaborates with physicians and pharmacists. She is also an advocate for lay caregivers, recognizing that families are sharing more health care burdens, and she continually works to advance best practices in oncology nursing.

Susan Hassmiller, PhD, RN, FAAN

*Senior Program Officer, Robert Wood Johnson Foundation
1983 – MSN, Community/Public Health Nursing, UNMC
College of Nursing*

Dr. Susan Hassmiller began her career teaching community health nursing, first in Nebraska for the State Department of Health, then in Washington, DC, at George Mason University. She went on to serve as co-creator and director of a Capitol Hill program to train health care professionals and public health leaders on national policy making. Today, she is the RWJF Unit Leader for Human Capital, overseeing the National Scholars and Fellows Program and the National Nurse Funders Collaborative. She also recruits national partners, such as the American Red Cross, to invest in the future of nursing, something she sees as essential to solving today's nursing shortage.

Beatrice Kalisch, PhD, RN, FAAN

*Division Director of Nursing Systems
University of Michigan
1965 – BSN, UNMC College of Nursing*

Dr. Beatrice Kalisch is the Titus Distinguished Professor and Division Director of Nursing Systems at the University of Michigan in Ann Arbor. She has a prodigious body of research in multiple areas. A recent project was the

Group Electronic Mentoring (GEM) Nursing Program, which enrolled more than 1100 students and enlisted 275 nurse mentors. Dr. Kalisch also works as a consultant, has authored 10 books and 90 articles, and has traveled to 11 countries as a presenter. She is listed in numerous bibliographies; serves on local, state and national advisory committees; and has received many awards including distinguished alumnae awards from the University of Maryland and the University of Nebraska.

Gladys Sorensen, EdD, RN, FAAN

*Dean and Professor Emeritus, University of Arizona
School of Nursing
1946 – BS, University of Nebraska; 1985 – HonDr, UNMC
College of Nursing*

The University of Arizona College of Nursing celebrates its 50th anniversary this year and one woman in particular was key to its growth and success – Dr. Gladys Sorensen, dean from 1967 to 1987. Under her leadership, the university became the first school west of the Mississippi to offer a PhD program in nursing and received national recognition for its varied research initiatives. In her honor, the university created the Gladys E. Sorensen Endowed Professorship in 1997. She received the UNMC Distinguished Alumni Award and the prestigious 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.

Barbara Swenson, MS, RN, PNP

*Founder and Owner, A Parent Resource
1965 – BSN, UNMC College of Nursing*

During her career, Barbara Swenson developed a play therapy and rooming-in program at a Los Angeles hospital, established a statewide child abuse prevention program in Michigan and worked for the nation's first bone transplant program in Seattle. Since 1998, she has focused on the work she loves most. Her company, A Parent Resource, offers individual consultation and educational classes to parents in the Seattle area and beyond. Her four decades in pediatric nursing built a strong foundation for her consulting practice, which furnishes compassionate, non-judgmental guidance with a touch of humor. She counsels clients in person, by phone and email and has 22 parenting support groups meeting on a regular basis. ●●●●

China student exchange reshapes perspectives

Imagine a health care system comprised of 500 hospitals in a city of 17 million people. Acupuncture for pain management during open heart surgery. Herbal baths to delay dialysis. Caring for patients in 10-bed wards where the nurse is also the occupational therapist, physical therapist and social worker.

Those were some of the eye openers for five UNMC College of Nursing students during the first-ever exchange program with Shanghai Jiao Tong University from October 7-29, 2006.

Chelsey Bolton, Alison Tysor, Katy Weisenburger, Jennifer Baumert and Becky Odvody earned credit as Level 5 nursing students for clinical work at two hospitals: neuro ICU at Renji Hospital and cardiac ICU at Shanghai Children's Medical Center.

Louise LaFramboise, PhD, RN, Assistant Professor of Nursing and Director of the Undergraduate Program, joined the students in China for a portion of their stay. She worked with her Chinese faculty colleagues and also administered student exams.

Nursing education in Shanghai has fallen behind, reports Dr. LaFramboise. "It's more than a nursing shortage issue," she said. "The goal is to advance nursing specialty fields."

Dean Virginia Tilden, explains. "Although baccalaureate nursing education in China approximates ours," she said, "master's education is in a fledgling state and PhD education is almost non-existent. Dean Lily Hsu of Shanghai Jiao Tong School of Nursing says her most urgent need is to consult on master's education and clinical specialization of advanced practice nursing."

Dean Tilden visited Shanghai and Dean Hsu last November to explore opportunities to create visiting professorships for faculty who wish to lecture and consult.

During spring 2006, the UNMC College of Nursing hosted four students from the university. The Chinese nursing students were in Omaha for four weeks studying community health and mental health with the help of Marlene Lindeman, MSN, RN, Assistant Professor, and Margaret

Kaiser, PhD, RN, Assistant Professor.

According to Sheila Ryan, PhD, RN, FAAN, Charlotte Peck Lienemann & Alumni Distinguished Chair and Director of International Programs, China is an excellent partner for this collaborative venture because of its infrastructure and competitive nature.

"We don't know what it's like to have the resources of a billion and a half people," Dr. Ryan said. "Chinese students study incredibly hard to get into college and they only pick the cream of the crop for the medical fields."



"We're an excellent partner for China because of our distance learning program. The vision is to eventually do collaborative research and compare eastern and western results."

"Our students definitely broadened their world view," Dr. LaFramboise said. "They gained an international perspective. They saw first hand the reality of densely populated areas and how something like SARS can spread like wildfire when people live so close together. And they have a much greater appreciation for the conveniences of home." ●●●

AT-HOME GUIDANCE AFTER ELDER CARDIAC SURGERY

John, a 70-year-old farmer, had coronary bypass surgery three days ago. Everything went well. Recovery is proceeding nicely and discharge is imminent. There's a whirlwind of instructions, and suddenly John is out the door – and on his own, or so it seems.


That scenario applies frequently to elderly patients who have had cardiac surgery. Nurses at UNMC are testing post-discharge, long-distance, at-home guidance to lessen anxiety, improve functioning and reduce postoperative complications.

The College of Nursing's Lincoln division is in the fifth and final year of a research study titled "Symptom Management

Intervention in Elderly Coronary Artery Bypass Graft Patients." It is funded by a \$1.3 million grant from the National Institute of Nursing Research, an arm of the National Institutes of Health.

The study investigates whether elderly patients who receive nursing intervention in the early discharge period – compared to routine follow-up only – experience fewer problems and demonstrate better physiological and psychological function.

Principal investigator and Niedfelt Professor Lani Zimmerman, PhD, RN, said work to date suggests that prompt and proactive postoperative management in elderly patients is important in the short and long-term recovery process.



"Patients go home with limited symptom management skills in as few as two or three days after surgery."

Dr. Lani Zimmerman



From left: Dr. Lani Zimmerman, Dr. Susan Barnason (standing) and Dr. Janet Nieveen

The device helps patients know how to self-manage symptoms at home and when it is appropriate to call their health care provider, Dr. Zimmerman said. A private company developed the Health Buddy hardware, but the script content is the intellectual property of the College of Nursing.

Throughout the study, symptom management is measured in both groups at discharge, short term at three and six weeks, and longer term at three and six months after surgery.

“Patients don’t always remember instructions about managing their symptoms at home,” Dr. Zimmerman said. “It helps to remind them. Instructions need to be repeated and reinforced to help patients help themselves. The goal is to guide them back to normal function, and let nurses intervene when needed.”

The service is especially important for patients from rural areas. “Of elderly bypass surgery patients in Lincoln, 70% live outside the city or even out of state,” Dr. Zimmerman said. “They go back home and there’s not always specialized cardiac care available if they have questions or problems. They can end up back in the hospital because they don’t recognize and address symptoms early. The Health Buddy provides guidance and support to help keep them on track.”

As lead investigator, Dr. Zimmerman mentors team members who wish to expand on the research. “My role is to help them find a piece in the data that they can expand, perhaps to look at sub-populations,” she said. “For example, one of the doctoral students is looking at diabetic bypass patients. Another co-investigator is studying more acute patients.”

Women also merit further study, she says. Female study subjects have been more responsive – not surprising since women generally tend to be drivers of health care.

“When it comes to cardiovascular problems, women are underserved,” Dr. Zimmerman said. “They present with different chest pain symptoms and they don’t get referred as often.” She submitted a continuation study proposal to NIH that focuses specifically on females. If the grant is approved, she is eager to see if the encouraging results from the current research hold when tested in a larger sample of women. ●●●

“Patients go home with limited symptom management skills in as few as two or three days after surgery,” Dr. Zimmerman said. “Complications might be prevented with early detection and care.”

Post-discharge symptoms typically include pain, weakness and fatigue but may also involve infection, pulmonary problems, drug reactions and heart rhythm irregularity. The research shows that 13 to 44% of elderly patients are re-hospitalized for cardiac-related problems after bypass surgery.

The research team recruited 280 participants who were 65 years or older at the time of their first coronary artery bypass surgery. Women numbered 41 or 15% of the survey. The mean age was 71 years old. The oldest participant was 86.

The participants were randomized into two groups. Both groups received routine postoperative care. One group also was sent home with a telehealth nursing device called a “Health Buddy.”

The Health Buddy is attached to the telephone line much like an answering machine. It transfers patient information to a secure Internet site monitored by cardiac nurses. The device also communicates nursing instructions and questions to patients, allowing nurses to interact and intervene before problems escalate. Patients use the Health Buddy for six weeks.

Dr. Zimmerman’s research team includes Susan Barnason, PhD, RN, Co-Investigator and Associate Professor; Janet Nieveen, PhD, RN, Co-Investigator and Assistant Professor; Melody Hertzog, PhD, Statistician; Le Chen, PhD, Health Care Economist; Paula Schulz, MSN, RN, Project Coordinator; Connie Miller, PhD, RN, Research Nurse; Doris Rasmussen, MSN, RN, Research Nurse; Mara Baun, DNSc, FAAN, Consultant; Marylin Dodd, PhD, RN, FAAN, Consultant; and Deepak M. Gangahar, MD, Consultant.

reducing breast cancer chemotherapy fatigue



What Dr. Ann Berger remembers most was her mother's fatigue. Battling leukemia, she fought valiantly to keep daily life normal for her five children but was exhausted by chemotherapy. She died at age 53.

That memory has framed and inspired the long and distinguished research career of Ann Berger, PhD, RN, AOCN, FAAN. Dr. Berger is currently testing interventions that may reduce fatigue in women undergoing chemotherapy for breast cancer.

Dr. Berger is Niedfelt Professor and director of the College of Nursing's doctoral program. She and her team are in the fifth and final year of a \$1.5 million grant from the National Institute of Nursing Research, a division of the National Institutes of Health.

"Without a doubt," said Dr. Berger, "the number one most prevalent and distressing symptom for breast cancer chemotherapy is fatigue." The problem is long-term, and she hopes her findings will help improve quality of life during and after treatment.

It's the first study of its kind in the nation, and patients call it life changing. Dr. Berger's team recruited 220 women with breast cancer and divided them into two groups. One group

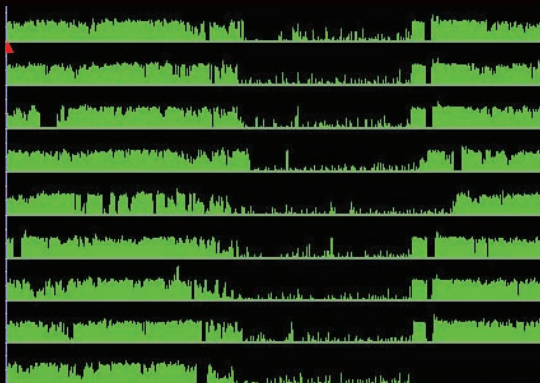
changed sleeping habits; the other, eating habits.

"Fatigue in Breast Cancer – A Behavioral Sleep Intervention" compares immediate and consequent fatigue between the two groups. The study examines stage I, II or IIIA breast cancer patients, age 19 and older, postoperative, during four or eight cycles of adjuvant chemotherapy. The women were randomly assigned to the interventional (sleeping) or attentional (eating) group.

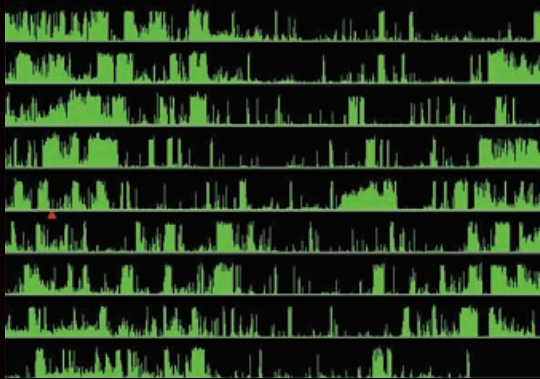
Cancer-related fatigue (CRF) has a rippling effect on a patient's life — with significant physical, emotional, social and economic consequences that may persist for months or years after completing treatment, Dr. Berger said. Unsatisfactory sleep is a companion to fatigue and further debilitates waking hours.

"When you add fatigue into the model, you also get more pain, anxiety, depression, lower activity rates, poor appetite and sleep interruption," Dr. Berger said. Little is known about the relationship between fatigue and insomnia in breast cancer patients, and the study hopes to shine light on the association.

Women in the attentional control group are instructed in healthy eating habits. The interventional group meets with a nurse educator to learn the four components of behavioral sleep intervention. First is sleep restriction. Group members are told to limit nighttime sleep to the amount they normally get. They can add one additional hour if they feel ill. If they need a 30 to 40-minute nap during the day, the nap is to be



good sleep pattern



poor sleep pattern

“When you add fatigue into the model, you also get more pain, anxiety, depression, lower activity rates, poor appetite and sleep interruption.”

completed at least four hours before bedtime. There should be no long naps.

The second technique, stimulus control, instructs patients to use their bed only for sleep — no TV, reading or eating in bed. They also learn “not to make the bed your enemy.” If subjects aren’t asleep after 20 minutes in bed, they’re instructed to get out of bed and try again later. It’s important that the bed be associated with falling asleep quickly, Dr. Berger said.

The third technique is relaxation therapy — yoga, warm baths, candles, incense, soothing music or audio books. “The body sends out chemicals when it’s time to naturally go to sleep,” said Dr. Berger, “but modern society blocks those chemicals with all its technology. Before electricity, we were able to fall asleep more easily.”

Finally, participants are taught to practice “good sleep hygiene,” which includes avoidance of caffeine and heavy meals six hours before bedtime.

Women in both groups were given an actigraph to monitor 24-hour movement and activity. The size of a wristwatch and worn on the non-dominant wrist, the device scientifically measures sleep/wake, activity/rest and circadian body rhythms. “This is the largest data set on actigraphy in the world,” Dr. Berger said.

Study participants meet with a research team member two days before each chemotherapy treatment for assessment and to reset the sleep plan for the next cycle. “It’s a rigorous study,” said Dr. Berger. “Each participant has a total of eight to 12 visits with a team member.”

Dr. Berger has devoted the last 15 years to the discovery and description of factors that influence chemotherapy-related fatigue. She said prevailing thought in the past was to advise patients to reduce their activities, take time off work and get more sleep. Her research supports the contrary: that activity is beneficial. The social and interpersonal networks people build through daily activities prove therapeutic.

Through continued research, Dr. Berger hopes to refine sleep intervention techniques that dramatically enhance long-term quality of life for women who have chemotherapy for breast cancer.

“Of the 10 million cancer survivors today, five million are breast cancer survivors. One third of those women report a poor quality of life following treatment. That has to change.” ●●●●

Dr. Berger’s research team includes Julie Chamberlain, MS, RN, Project Director; Lynne Farr, PhD, Physiologist; Trish Fischer, BSN, CCRC, Research Nurse; Brett Kuhn, PhD, Sleep Psychologist; Kathryn Lee, PhD, RN, FAAN, Consultant; Mary Pat Roh, BSN, Research Nurse; Susanna Von Essen, MD, Pulmonologist; Ann Kessinger, MD, Oncologist; Tom Davis, PharmD, Pharmacist; Sangeeta Agrawal, MSc, Research Analyst; and James Lynch, PhD, Statistician.



FACING IT SQUARELY: *end of life care*

It's the great paradox. In American culture, we worship youth, disguise aging and deny death. It's so uncomfortable that we often push old people out of sight and mind. TV, movies and video games sensationalize death – but it's all pretend. For most of us, death is the elephant in the living room that nobody wants to talk about. One woman, a widely respected nursing research scientist, squarely addresses the issue in career-long studies that examine end-of-life care.

The subject becomes more urgent as the huge Baby Boom generation now starts entering retirement. The years ahead will put unprecedented strains on geriatric nursing and end-of-life health care.

Today, 25% of all deaths occur in nursing homes. By 2020 that figure will approach 40%.

"I used to have the naïve belief that a nursing home was one place where death was acknowledged," said Sarah Forbes-

Thompson, PhD, RN, Professor of Nursing and Associate Dean for Academic Programs.

Then, in a 1997 pilot study, she was amazed to learn that staff didn't talk about death, didn't plan for death, and didn't acknowledge death until the very end, even for residents who were permanently placed and in the last chapter of life. That situation, she noted, just mirrors the culture.

"For a long time, society has been afraid to talk about the end of life," Dr. Thompson said. "We don't talk about it. We don't plan for it. We don't embrace old age as a season." While there are exceptions, of course, that tends to be case for the resident's family as well as nursing home staff, she said. "It's on everyone's mind, but there's no forthright discussion. While no one intends it, it's like a conspiracy of silence. And silence stands in the way of quality care."

As longevity increases, there is exploding demand for assisted living facilities, skilled nursing homes and hospice care. The health system must find ways to provide

sophisticated care to increasing numbers of elderly patients who live longer with chronic illness. Each patient could need sustained nursing care for years, even decades. Improving the present model is the focus of Dr. Thompson's research.

Her latest study, funded by a \$1,639,507 grant from the National Institute of Nursing Research, an arm of the National Institutes of Health, will examine organizational structures and systems, staff communication and teamwork, staff knowledge of palliative care – and how the entire process affects care quality for end-of-life patients. Dean Tilden is co-investigator of the study and brings her long experience in end-of-life research, particularly in managing large data sets and collecting data from families.

The four and a half year study will encompass 100 nursing homes in Nebraska and Western Iowa. It goes beyond care delivery. Willing family members will be interviewed a month or more after the death of their relative. The sessions encourage free-form feedback on care quality and include questions on pain management, staff attentiveness, patient hygiene, support services, communication with family members, whether the resident's preferences were honored and if the family was satisfied with end-of-life care.

"In that situation, family members are extraordinarily stressed and burdened," said Dr. Thompson. "If they don't feel like their loved one is getting good end-of-life care, they

"The data from family members excites me," she said. At least 25 family members from each nursing home will be interviewed, so there will be data from more than 2,500 participants. Other studies have covered Alzheimer's disease and its impact on family, but little research was done previously on chronically ill nursing home residents and the family members involved with their care.

The research team will also interview nursing home staff members. Topics cover attitudes about death, approach to dying residents, palliative measures and family communications – including nature and timing of end-of-life planning discussions, how the family was informed of dying and death, and whether memorial services were offered.

"WE DON'T TALK ABOUT IT. WE DON'T PLAN FOR IT. WE DON'T EMBRACE OLD AGE AS A SEASON."

Additionally, the study will look at staff turnover and its impact on care. Turnover rates will be analyzed by type of nursing home – for-profit and not-for-profit status, for example, and rural and urban location.

The current project grew out of a study Dr. Thompson conducted for the Kansas Department on Aging that measured three specific non-clinical or organizational processes: staff communication, teamwork and leadership. Research found that strong organizational processes combined with good palliative care led to better, more sensitive approaches to residents and their families.

Study findings, said Dr. Thompson, will help guide policy decisions, foster improved nursing care and suggest ways to increase family comfort, confidence and satisfaction. The Nebraska Hospice and Palliative Care Partnership, she noted, has been influential in promoting greater awareness and sensitivity in end-of-life issues.

"Ultimately, she said, "we want to reinforce what's good about nursing home care and help replicate what works. We hope our work helps bring planning out of the darkness, helps end the silence, and helps people to have the best life possible to the end." ♦♦♦



Dr. Sarah Forbes-Thompson

Dr. Thompson's research team includes Virginia Tilden, DNSc, RN, FAAN, Co-Investigator; Colleen Buescher, MS, Project Coordinator; Sheila Johnson, BSN, RN, Research Nurse; Lisa Church, MSN, RN, Doctoral Student; Marge Bott and Byron Gajewski, University of Kansas Medical Center, Data Analysts.

don't sleep well and they don't eat well. It has huge health implications for family members, many of whom have young children to care for as well."



designing early interventions for a lifetime of health

Kara is a 19-year-old single mom of a 2-year-old girl.

She lives in Lincoln, Neb. with her mother and two younger siblings. Kara has little money, scant support and no reliable transportation. Her son hasn't seen a doctor since he was 6 months old.

That scenario plays out over and over all across the nation. Katherine Kaiser, PhD, APRN, BC, Associate Professor of Nursing, and her research team are exploring factors that influence health seeking by young, low-income women with children. The results of this research will guide the design of interventions that will help moms like Kara get regular preventive child care for their children.

Dr. Kaiser will tap her long experience in related arenas. Since the late 1990s, she has been a consultant and quality management director of the enrollment and education arm of Nebraska's Medicaid Managed Care Program.

Through the College of Nursing's intergovernmental contract with the Nebraska Health & Human Services System and the Lincoln-Lancaster County Health Department, Dr. Kaiser's team provides services for continuous quality improvement. Services include program management, care delivery analysis and quality-indicators monitoring.

They also work with the public health nursing program known as Nebraska Health Connection/Kids Connection – providing recommendations to improve enrollment and education for young parents. This contract has been renewed for two years, representing 12 total years of funding.

As part of her contract agreements, Dr. Kaiser has permission to use program data for professional scholarship



Dr. Katherine Kaiser

and teaching. A recent study focused on African-American women and children with asthma, using 2000-2006 aggregated data from Lancaster, Douglas and Sarpy counties in Nebraska. Dr. Kaiser and her research team began to interpret study results in early 2007.

"We're looking closely for indicators of health disparities – trying to understand why we see different health outcomes in different populations, even among those receiving Medicaid benefits," Dr. Kaiser said. The Nebraska study has the potential to be a model for other states and may position Dr. Kaiser for a federal grant from the National Institutes of Health.

"Not many states have set up their Medicaid managed care program like Nebraska, using a public health nursing model," she said. "This is an advantage for nurses doing research with low income and vulnerable populations. Most states would be interested in this type of quality management and research because it impacts outreach to the disadvantaged, access to health care services and benefits, and – ultimately – health outcomes."

"This research is very different than clinical trials research where specific protocols are tested. This type of outcomes research is not always a direct linear relationship. From pilot studies, we suspect that people in vulnerable populations use a different set of assumptions in making health care decisions – they may have a different world view of health care."

Unraveling complicated, interrelated dynamics is a critical part of Dr. Kaiser's work.

"Even in two-parent families, most of the health care



“Even in two-parent families, most of the health care decisions are made by the mother. We have to look at the burdens women have.”

decisions are made by the mother. We have to look at the burdens women have. Issues such as depression and other health problems affect the family as a whole, especially children who depend on their mother for things related to health and health care.”

According to Dr. Kaiser, preliminary research shows that mothers who seek health care for themselves are also good about seeking care for their children. The team also has learned that the self-reported health status of the mother (e.g., excellent, good, fair, poor) has a bearing on whether she will seek care for her children.

“Not only do we need to unravel the physical factors but also examine the social factors,” Dr. Kaiser said, listing issues such as transportation, family support and cultural perceptions.

One goal of the research program is to design an intervention that will ultimately improve long-term outcomes for families in vulnerable populations. The intervention will likely be

targeted toward younger moms, like Kara, faced with their own health-seeking issues that may extend to their children.

“It’s quite possible that some of the young moms have never really learned how to use the health care system,” she said. “In families that descend from multi-generational poverty, health care may have never been a priority.” The intervention plan may include “health coaches” who can reinforce good health decisions and behaviors.

“Most importantly,” said Dr. Kaiser, “we need to not only teach moms what they can do to keep their children healthy, but also explain why it is important for their children’s lifelong health. This may be one approach to reducing health disparities by providing a stronger health foundation in childhood.” ●●●●

Dr. Kaiser’s research team includes Margaret Kaiser, PhD, RN, Co-Investigator; Teresa Barry, MSN, RN, Public Health Project Associate and Co-Investigator; Li-Wu Chen, PhD, Consultant; Sangeeta Agrawal, MSc, Research Analyst; and Sheila Likness, MSN, RN, Data and Nurse Specialist.

Research Grants: Faculty

- Barnason, S. (PI), Hertzog, M., & Sankaranarayanan, J.,** (10/20/06 – 10/20/07). *Piloting of a Medication Education & Decision-Making (MED) Intervention for Elderly Heart Failure Home Health Care Patients.* American Nurses Foundation.
- Berger, A. (PI), Farr, L., Von Essen, S., Kuhn, B., Lynch, J., Kessinger, M., Lee, K., & Davis, T.** (8/1/02 – 04/30/07). *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).** (10/1/05 – 6/30/07). *Fatigue & Breast Cancer: A Behavioral Sleep Intervention.* UNMC College of Nursing Dean's Fund for Cancer Research.
- Berger, A. (PI), & Grem, J.** (1/1/06 – 6/3/07). *Patterns and Relationships of Fatigue and Other Factors During Chemotherapy for Colorectal Cancer.* UNMC Eppley Cancer Center Translational/Collaborative Research Award.
- Berger, A. (PI), & Grem, J.** (3/15/06 – 3/15/08). *Fatigue and Related Factors During Chemotherapy for Colorectal Cancer.* Oncology Nursing Society Foundation.
- Brage-Hudson, D. (PI), Campbell-Grossman, C., Keating-Lefler, R., Foxall, M., Hertzog, M., Pridham, K., & Brennan, P.** (9/1/05 – 8/31/07). *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 – 3/31/07). *Follow-up Relationships Intended to END Smoking Portable Electronic Device Study.* UNMC College of Nursing Research Fund.
- Campbell-Grossman, C. (PI), Brage Hudson, D., Keating-Lefler, R., & Fleck, M.** (9/1/06 – 6/30/07). *A Description of the Needs and Concerns of Hispanic, Single, Low-Income Mothers.* UNMC College of Nursing Grant Boost Award.
- Grigsby, K. (PI), & Tidikis-Menck, P.** (6/1/05 – 5/1/07). *Changes in Nursing Practice After Implementation of an Automated Clinical Documentation System.* Sigma Theta Tau International.
- Head, B. (PI), Scherb, C., Mass, M., Conley, D., Moorhead, S., Jensen, G., & Reed, D.** (1/1/06 – 12/31/06). *Nursing Outcomes Effectiveness: Hospitalized Elders with Pneumonia.* University of Iowa Gerontological Nursing Interventions Research Center.
- Head, B. (PI), & Bull, A.** (6/1/06 – 5/31/07). *Refinement of Physical Activity Measurement Protocol for Young Urban Minority School Children.* UNMC College of Nursing Research Fund.
- Houfek, J. F. (PI), Barron, C. R., Daughton, D. M., Hertzog, M. A., Reiser, G. M., & Rennard, S. I.** (02/20/07 – 02/19/08). *Effect of Genetic Education on Smoking: A Feasibility Study.* UNMC College of Nursing Research Fund.
- Hulme, P. (PI), & French, J.** (2/7/06 – 2/6/07). *Does the HPA Axis Mediate the Relationship Between Child Maltreatment and Depression?* UNMC College of Nursing Research Fund.
- Kaiser, K. (PI), Chen, L., Barry, T., & Agrawal, S.** (3/1/06 – 2/28/07). *Predictors of Health Services Use for Low Income African-American Children.* UNMC Minority Health Education and Research Grant.
- LaFramboise, L. (PI), Yates, B., Barnason, S., Riegel, B., Barron, C., Sime, W., & Berger, A.** (6/1/04 – 5/31/06). *Outcomes for Spousal Caregivers Receiving a Telehealth Social Support Intervention.* 2004 UNMC College of Nursing Development Research Grant.
- LaFramboise, L., (PI), Schumacher, K., & Yates, B. C.** (2007 – 2008). *Impact of Family Caregiving with Heart Failure.* UNMC College of Nursing Research Fund.
- Miller, C. (PI), & Zimmerman, L.** (11/1/06 – 11/1/07). *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.
- Nelson, A. (PI).** (9/19/05 – 9/18/06). *Psychosocial Responses of Youth Pre- and Post- Insulin Pump Therapy.* Novo Nordisk Pharmaceuticals.
- Piper, B. (PI).** (10/1/05 – 6/30/07). *Cancer-related Fatigue: Translation of NCCN Evidence-Based Guidelines into Practice: A Computerized Pilot Feasibility Study.* UNMC College of Nursing Dean's Fund for Cancer Research.
- Piper, B. (PI).** (9/1/05 – 6/30/06). *Reducing Barriers to Symptom Management & Palliative Care.* Subcontract with City of Hope National Medical Center.
- Pozehl, B. (PI), Duncan, K., Norman, J., Hertzog, M., Krueger, S., & Dunbar, S.** (4/13/05 – 3/31/07). *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.** (1/1/06 – 6/30/07). *A Web-Based Approach to Weight Loss for Rural Midlife African American Women.* UNMC Minority Health Education and Research Grant.
- Rasmussen, N. (PI), & Agrawal, S.** (5/1/06 – 4/30/07). *Circadian Nociception and Gene Expression in Mice.* UNO/NASA Nebraska Space Grant.
- Rasmussen, N. (PI), & Chaperon, C.** (2007 – 2008). *Variability in In-bred Strains of Mice.* UNMC College of Nursing Research Fund.
- Rodehorst, K. (PI), Wilhelm, S., Stepsans, M., Hertzog, M., Schlenker, E., Stout, J., Robertson, D., & Kanade, S.** (9/15/05 – 9/14/06). *Screening for Asthma Among Children in Northern Plains Tribal Communities.* Aberdeen Area Tribal Chairmen's Health Board.

Sather, L. (PI). (8/15/06 – 8/14/07). *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.

Snyder, R. (PI), Thompson, C., Fields, W., Rizos, A., Arbaca, J., Bates, Rothchild, J., D., Seger, D., & LeMoine, J. (9/1/05 – 8/31/06). *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-Cawiezel, 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).

Visovsky, C. (PI), Brown, J.; Cowan, K.; Courneya, K.; Dal Bello-Haas, V., & Moore, S. (9/01/05 – 3/31/07). *Strength Training for Therapy-Induced Muscle Weakness*. National Institutes of Health, National Cancer Institute (R03 Grant: 1 R03 CA103488-03).

Visovsky, C. (PI). (10/1/05 – 6/30/07). *Diabetes and Cancer: Impact of a Common Multiple Morbidity*. UNMC College of Nursing Dean's Fund for Cancer Research.

Walker, S. (PI), Pullen, C., Hageman, P., Boeckner, L., Hertzog, M., Hulme, P., Fayad, P., Karnja, N., & Minor, M. (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).

Walker, S. (PI). (2/1/06 – 7/31/06). *Modifying Lifestyle in Prehypertensive Rural Women*. UNMC Bridge Grant.

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 – 2/28/07). *Motivational Interviewing to Promote Sustained Breastfeeding*. Minority Health Education and Research Grant.

Zimmerman, L. (PI), Barnason, S., Nieveen, J., Chen, L., Anderson, J., Gangahar, D., Dodd, M., & Baun, M. (5/1/02 - 1/31/07). *Symptom Management Intervention in Elderly CABG Patients*. National Institutes of Health, National Institute of Nursing Research (R01 Grant: 1 R01 NR07759-01A1).

Research Grants - Graduate Students

Anderson, K. (PI), & Pullen, C. (Advisor). (01/10/05 - 01/10/08). *Physical Activity Adherence in Black Women Over 65*. National Institutes of Health, National Institute of Nursing Research (NRSA Grant: 1 F31 NR008969-01).

Bosak, K. (PI), & Yates, B. (Advisor). (1/1/06 – 12/31/07). *A Telehealth Intervention for Lifestyle Changes to Reduce CHD Risk in the Metabolic Syndrome*. American Heart Association Predoctoral Fellowship.

Schulz, P. (PI), & Yates, B. (Advisor). (9/5/06 – 9/4/08). *Predicting Physical Function in Elderly CABG Patients*. National Institutes of Health, National Institute of Nursing Research (NRSA Grant : 1 F31 NR009742-01A1).

Educational/Special Projects Grants: Faculty

Bataillon, P. (PD). (11/15/05 – 11/14/06). *2003-2004 Health Policy Fellowship Program*. Robert Wood Johnson Foundation.

Cramer, M. (PD). (7/1/06 – 6/30/07). *Tobacco Free Nebraska Program (MOTAC)*. Nebraska Region 6 Behavioral Healthcare Services.

Cramer, M. (PD). (6/1/06 – 5/31/07). *Evaluation of Douglas County Healthy Start Initiative*. Charles Drew Health Center.

Fiandt, K. (PD). (07/01/03 – 6/30/07). *Increasing Access to Care: Integrating FNP/PMH-APN Roles*. US Department of Health & Human Services (D09 HP00535-01).

Fiandt, K. (PD). (6/1/04 – 5/31/07). *RWJ Executive Nurse Fellows Program*. University of California-San Francisco.

Fiandt, K. (PD), Ryan, S., Thompson, C., & Peterson, J. (11/1/05 – 10/31/06). *Quality Allies: Improving Care by Engaging Patients*. Institute for Healthcare Improvement.

Kaiser, K. (PD). (7/1/05 – 6/30/07). *Nebraska Medicaid Managed Care Program*. Lincoln/Lancaster County (Nebraska) Health Department.

LaFramboise, L., Todero, C. (Co-PD), & Campbell-Grossman, C. (7/1/04 – 6/30/07). *Accelerated BSN with Virtual and Simulation Learning*. US Department of Health & Human Services (1 D11HP03117-01-00).

Megel, M. (PD), Black, J., Clark, L., Carstens, P., & Agrawal, S. (11/1/06 – 11/1/07). *Decreasing Anxiety in Nursing Students Through the Use of SimBaby Minikin™*. UNMC College of Nursing Education Research Fund.

Pullen, P. (PD), Carsten, P. (7/1/05 – 6/30/06). *Interdisciplinary Bio-preparedness Training Using Virtual Simulation Modules*. Nebraska University Programs of Excellence.

Sather, L. (PD). (6/1/06 – 5/31/07). *Preventive Health Screenings for the Underserved*. Sarpy/Cass County (Nebraska) Department of Health & Wellness.

Sittner, B. J. (PD), Schmaderer, M., Zimmerman, L., & Agrawal, S. (2007-2008). *Simulated Training for Enhancing Patient Safety with Rapid Response Teams*. UNMC College of Nursing Education Research Fund.

Wilson, P. (PD). (Year 31 07/01/06 - 06/30/07). *Professional Nurse Traineeship*. US Department of Health and Human Services (2 A10 HP 00056-07-00).

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- Barron, C. R., Foxall, M. J., & Houfek, J. F. (2005). Coping with breast and gynecological cancer screening. *Health Care for Women International*, 26(3), 247-261.
- Berger, A. (Ed.). (2005). Multidisciplinary care in cancer management. *The Journal of Supportive Oncology*, 3(6), Supp. 4, 3-5.
- Berger, A. (2005). Book Review: Gitlin, LN & Lyons, K.J. Successful grant writing: Strategies for health and human service professionals (2nd Ed.). New York: Springer. *Western Journal of Nursing Research*, 27(5), 652-654.
- Berger, A., Berry, D., Christopher, K., Greene, A., Maliski, S., Swenson, K., Mallory, G., et al. (2005). Oncology Nursing Society Year 2004 Research Priorities Survey. *Oncology Nursing Forum* 32 (2), 281-290.
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- Black, J., & National Pressure Ulcer Advisory Panel (2005). Moving toward consensus on deep tissue injury and pressure ulcer staging. *Advances in Skin and Wound Care* 18(8), 415-421.
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