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

Omaha Building Addition

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

Norfolk Division Planned

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

Olson Chair Holder

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

90th Anniversary Gifts

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

National Education Collaborative

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

Three New Endowed Chairs

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

Postdoctoral Fellowships

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

UCSF Research Lecturer

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

Research Conference Host

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

AFN Research Grant

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

New Faculty Awards

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

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

UNMC Distinguished Scientists

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

Healthcare Reform Commission

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

Academics Restructuring

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

Departments Renamed

Two department names were simplified and now better reflect academic nursing direction. The former GPCN department (gerontological, psychosocial & community health) is now Community-Based Health. The PAES department (parent/child, administration, education & science) is now Families & Health Systems. The Adult Health & Illness Department name is unchanged.
All across the country, university researchers across the U.S. feel the pinch.

Virginia Tilden
nursing

UNMC COLLEGE OF NURSING

leadership

its sixth dean in 2003.

Dr. Virginia Tilden became

The College of Nursing

Leadership advances
to address the faculty shortage. As the only PhD program in Nebraska, we feel a particular obligation to address the faculty shortage.

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

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

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

A $14 million Omaha building addition will add 50% more space dedicated largely to classrooms, clinical labs and other learning resources. It will permit a substantial enrollment increase and also help recruit new faculty. Without a very large gift from Mr. and Mrs. Bill Scott, this addition would simply be a dream.

The College of Nursing will be eternally grateful to the Scotts, long known for great philanthropy to the University of Nebraska, especially UNMC. (See p. 27)

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

A. Researchers across the U.S. feel the pinch of the downturn in funding by the National Institutes of Health, and — with the nation at two wars — federal research funding will not change soon. Our faculty has responded with energy and optimism. I see no downturn in the number of our grant applications and new creativity in knocking at different doors.

We’re looking, for example, more toward foundations and other non-federal agencies. And we’re doing more to join and lead interprofessional research teams since most funders prefer this approach.

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

A. Our culture must be seen as vibrant, curious, and willing to try new things. Colleges should also be reflective and deliberate. We aren’t Starbucks or Nordstrom’s so we don’t change just because the seasons do. Our guiding principle must always be to prepare the best graduates for a future we can only envision. How do we stay nimble? How do we adapt programs quickly in the face of compelling need? But without moving so fast that we compromise quality or create new problems? The best cultures figure out how to do this. I think we’re one of them.

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

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

The long and short of it. Huge waves of retiring Baby Boomers will dramatically increase demand for nurses.

3,838 Projected Nebraska nursing shortage in 2020.

808,000 Projected U.S. nursing shortage in 2020.
Preparing nimble leaders and advocates.

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

THE ADVANCES INTERVIEW WITH ASSOCIATE DEAN SARAH THOMPSON

Q. What is your focus in shaping the baccalaureate's and doctoral curriculum? A. Our curriculum must be responsive to the dynamic face of health care — and to Nebraskans particularly but reflective of our increasingly global, interconnected society. We expect certain demonstrated competencies at every program level — BSN, MSN and PhD. Those are the compulsories — the required core knowledge and skills. Beyond that, our goal is to produce nurse leaders who are nimble — ready for change, quick to adapt, fast to respond. Who evaluate, modify and intervene as fleeting conditions demand. Who understand that, as evidence changes, nursing practice must change. Who are hungry for lifelong learning. Who realize the complementary nature of education, research and practice. Who appreciate the differences among cultures and colors but see what connects them all as humans. Who can create care models at the population level but deliver that care at the personal level. Who can help lead new care models wherein prevention and chronic illness are the focus instead of emergency care. Who are passionate about improving health. And who advocate for the vulnerable.

Q. What forces affect the nursing curriculum? A. We look at prevailing health and socioeconomic data. As health problems and care change, it’s imperative to rethink how we teach. Some nursing schools still teach health conditions and events in isolation. For example — stroke, diabetes, hip fracture. Most health problems don’t occur in isolation. They’re rooted in chronic illness and interacting factors — including genetics, environment, socioeconomic status, pre-existing conditions, behaviors and conditions such as smoking, obesity and lack of activity. These things often cross whole life spans and family generations. Thus, a practitioner may see a stroke patient who also has hypertension, heart disease, osteoporosis and diabetes. Those problems may be further complicated by limited access to care, no insurance, no transportation, little family support. It’s all interrelated.

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

Q. Isn’t that holistic approach why UNMC stresses interprofessional education? A. Absolutely. No one person can evaluate a patient from a holistic perspective. It takes a health professionals team working together — physician, nurse, dentist, pharmacist, physical therapist, occupational therapist, social worker and many times, psychologist or psychiatrist. Consider a heart patient. Coronary bypass surgery may fix the immediate problem, but are we helping the person lose weight, stop smoking, reduce stress, manage medications or combat depression that may trigger smoking, overeating or self-neglect? Take it a step further. We may suggest an exercise program that begins with walking. But perhaps that patient lives in an unsafe neighborhood — and has no car to get to a park or mall. We need to look at the big picture — the whole health context.

Interdisciplinary teams can form integrated care strategies for individuals with multiple interacting chronic illnesses. Holistic care requires a team that not only understands the 360-degree patient but also each other’s disciplines. As teams collaborate, they learn how to speak the same language and gain respect for the benefits each discipline brings to the patient. Interprofessional clinical training is also key to reducing medical errors and care disparities among populations. Hospital errors are often traceable to communication issues. Studies thus far suggest that an interdisciplinary approach results in fewer errors, greater patient and family satisfaction, better outcomes and less professional stress. Nurses are the linchpin of care. They hold the process together. They’re the primary patient contact. In the future, nurses will have larger roles in primary care and case management. They must be able to communicate quickly and expertly among disciplines for care quality and patient safety.

“The advances interview with associate dean sarah thompson

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

Average age of nursing faculty in the United States.

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

Rising enrollment.

The College has nearly 1,000 students, 35% at graduate level.
As one of the nation’s top health science universities, UNMC offers a comprehensive nursing curriculum from baccalaureate to master’s to doctoral through postdoctoral plus continuing education programs.

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

Q. How do you help RNs advance their education? In a large, rural state like Nebraska, they often live far from the closest UNMC campus.
A. We’ve created a friendly, all-distance RN to BSN curriculum. All coursework and clinical requirements can be completed in the student’s home community or one nearby. Coursework is designed specifically for RN students. If they’ve already completed certain courses as part of their ADN degree, they need only 20 credits to earn a BSN. Most RNs complete all requirements with 24 credits.

Q. What lies ahead for the undergraduate program?
A. We’re refreshing the curriculum to reflect the Institute of Medicine’s care quality and patient safety recommendations — a convergence of evidence-based practice, patient-centered care, informatics, interprofessional education and care collaboration. We’re also expanding the accelerated program to ease the nursing shortage.

Q. U.S. News ranks the graduate program in the top 8% in the U.S. What sets it apart?
A. Exceptional education begins with exceptional faculty — teachers who inspire students, who make learning dynamic. We have remarkable faculty breadth and depth of specialty expertise. Many are known nationally in their field. We’ve been a leader in distance education, and we’re expanding delivery of virtual classrooms and clinics across the state, nation and globe.

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

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

Q. You offer a Fast-Track BSN to PhD program. Who is it intended for? A. It’s for academically strong BSN graduates who want to be educators and researchers. Full-time students can finish in 4-1/2 years without all the clinical requirements of the MSN program.

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

Q. What’s ahead for the doctoral program?
A. Our primary focus has been to prepare nurse researchers. With the national shortage of qualified nursing faculty, we’ll increase our efforts to prepare teachers. Our intent is to develop nursing leaders as educators, researchers and public policy advocates.

Q. What’s ahead for the postdoctoral training program?
A. Recruitment is a major near-term goal. We’re building a cohort of fellows engaged in a stimulating exchange of ideas. Long term, we’ll seek external funding from the National Institute of Nursing Research.

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

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

Q. How do postdoctoral fellows spend their time?
A. They work on a research team with their sponsor and with multidisciplinary collaborators across campus. One of UNMC’s great strengths is its collaborative environment. They also write grant applications and manuscripts for publication.

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I attribute my success to this — I never gave or took an excuse.” ~ FLORENCE NIGHTINGALE
Endless dividends in better care.

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

To individual patients and their families, all are huge.

Q. How has UNMC College of Nursing research touched people’s lives?
A. Our studies have improved life for people across Nebraska, the region and the country. Our research focuses on three areas, so let’s look at examples in each.

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

The second area is Symptom Management Research. It focuses on reducing pain, fatigue, nausea and other symptoms that accompany disease and the treatment of disease. The effect is to increase physical and psychosocial functioning and quality of life. Here are some recent findings from separate control-group studies:

After cardiac surgery, women had less pain, fatigue and trouble sleeping when they received symptom management intervention. Heart failure patients in an exercise Heart Camp exhibited lower stress levels and greater confidence in their capacity for activity. In women undergoing breast cancer chemotherapy, resistance exercise maintained lean body mass, upper body strength and physical function. A separate study among breast cancer patients found ways to lessen fatigue and sleep disturbances caused by chemotherapy.

The third area is Health Services Research. It focuses on improving health care systems, especially in care access and delivery. It gives policymakers hard data to assess impact of system changes — on care accessibility, usage, quality, cost and outcomes. A recent study, for example, provided evidence that tested technologies improved hospital medication safety and decreased adverse drug events.

Q. What services does the Niedfelt Nursing Research Center provide?
A. The center provides guidance in research program initiation, funding search, grant and manuscript writing and on-going projects management. Two research analysts consult on research design, methods and statistical analysis from project conception to final report. Staff members provide help with applications, manuscript editing, budget preparation and post-award administration, including account monitoring, compliance and equipment purchase.

These services also support graduate students engaged in research.

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

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

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

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

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

Economic health, too.

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

Today, 25% of all deaths occur in nursing homes. By 2020, that figure will approach 40%. As a society, we must learn to talk openly about end-of-life care.
In technology, five years is a very long time. When you envision learning technology at UNMC in five years, what do you see?

A. In technology, five years is a very long time. That said, I envision more simulation, virtual reality, digital interactivity and online presentation, resources and learning tools. I see students learning through virtual surgery on a simulated patient with virtual feedback displayed on the walls of the surgical simulation room. Health care education, of course, will never be completely digital. It’s high science and high art — people caring for people with great attentiveness, respect and compassion. There’s no substitute for hands-on clinical learning. But a large amount of content can be delivered through technology. I once heard an educational futurist describe today’s students as “digital natives” and their teachers as “digital immigrants.” Soon all new faculty will be digital natives as well.

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

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

Q. Which resources tend to be most heavily used?

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

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

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

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A 500-mile nursing campus.

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

THE ADVANCES INTERVIEW WITH THE DIVISION LEADERS

Susan Wilhelm
RN, PhD
ASSISTANT DEAN SCOTTSBLUFF

Q. How would you describe your student mix?
A. We attract students from a 5-state region. A few come great distances, including two sisters from Nevada who love the learning environment here. Our enrollment is 46% minority and 13% male. We have very active participation in the Student Nurses Association at every level. Half of the Nebraska SNA board is from our division, and one of our students is a national SNA officer, a first for Nebraska.

Q. How is the division engaged in local health care?
A. We collaborate with Panhandle Community Services on community health programs for people with little access to care. Faculty and students provide health screening services, and a faculty member has a grant to screen Native American children for asthma. We work with Heritage Health on senior clinics and Curtiss House on mental health promotion. Our bilingual Hispanic teen mothers class offers prenatal education, including breastfeeding and infant care.

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

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

Steven Pitkin
RN, MPH
ASSISTANT DEAN KEARNEY

Q. What’s the educational profile of the Kearney division?
A. We’re located on the University of Nebraska-Kearney campus, with 17 faculty members and 129 undergraduate students. Most come from and return to practice in rural Nebraska communities. Enrollment is 10% men and four students are from outside the U.S. All undergraduate courses have been adapted for rural students. We work with Heritage Health on senior clinics and Curtiss House on mental health promotion. Our bilingual Hispanic teen mothers class offers prenatal education, including breastfeeding and infant care.

Q. What’s your division’s research involvement?
A. We were instrumental in developing the Central Nebraska Evidence-Based Nursing Practice Council. Our faculty taught the ERP process in two area hospitals, co-sponsored a workshop, completed a joint ERP project, and engaged students in examining evidence linked to nursing practice problems. Faculty serve on research committees of area hospitals and have two major grants focused on hypertension in rural women and osteoporosis in female cancer survivors.

Kathleen Duncan
RN, PhD
ASSISTANT DEAN LINCOLN

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

Q. What’s your undergraduate mix?
A. They look like America, and they look like Nebraska. It’s a diverse mix of backgrounds. They come from ten states, two countries — and 75 Nebraska hometowns.

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

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

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

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

“Nurses dispense comfort, compassion and caring without even a prescription.” ~ Val Saintsbury
Nursing Nebraskans in need.
Rural, urban, young, old, multicultural.

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

Q: What is the role of the Morehead Center for Nursing Practice?
A. It brings all faculty practice, including our nurse-managed health centers, into an integrated system. Formed in 2004 and named for a grateful patient, the center also develops future practices.

Q: What services do nurse-managed health centers provide?
A. NMHCs provide primary care such as health promotion, disease prevention and chronic disease management. They're managed and staffed by advanced practice nurses and often serve as a safety net for the uninsured or underinsured. They furnish accessible, affordable care that reduces costs.

Q: Are nurse-managed centers new?
A. No. They evolved from public health nursing. Their earliest roots were in the late 1800s New York settlement houses that provided basic care to immigrants. During the last century, nurse activists struggled to serve people with little money or access to care. In the 1970s, schools of nursing created nursing centers to provide opportunities for student learning, faculty practice and service to their communities.

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

Q: What care is provided?
A. The Mobile Nursing Center provides health screening, education and, most importantly, follow-up and referrals for urban and rural residents, all from a 36-ft. van. Faculty and students travel widely to provide diabetes screening, blood pressure monitoring, breast exams and other detection and prevention services. The Ambulatory Care Community Health Program provides home visits and other health services for underserved and vulnerable Omahans. Faculty and students provide education, assessment and chronic illness management.

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

Q: Why aren't there more nurse-managed health centers?
A. The short answer is insurance. Many health insurers do not pay nursing centers. Without this revenue, it's difficult to operate. Plus, NMHCs are committed to serve the poor and uninsured. While most patients are able to pay something, it rarely covers costs.

Q: So how, for example, does the Family Health Care Center stay open?
A. Substantial support is provided by UNMC and the Chancellor's fund. This funding doesn't just defray operating expenses. It assures that the community receives needed services — and that UNMC nursing and other health-professions students have the opportunity to learn how to care for people from all walks of life.

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

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

Perception versus reality.

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

That's a popular option for classmates.

Kimberly Cuda

Memorials and honorary gifts are a

Gifts can be for specific purposes or

An example is the

Scholarships, faculty support, the

That's important because: 1) To train

most students to solve the nursing

shortage, we first need more faculty.

2) A large share of our existing faculty

will retire soon, and we need to replace

them by preparing more teachers.

Q. Can alumni create a fund to mark

our graduating class?

A. That's a popular option for classmates.

An example is the Class of 1965

Esther Sock Dworak Memorial Fund,

which supports children's needs at

the College's family clinic.

Q. Why are endowed faculty positions

important?

A. An example is the Dorothy Hedges Olson

Endowed Chair. Endowed chairs and

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

“Young people from the Global Education Development Institute (GEDI) in the U.S. and the University of Jordan—each with their own unique experiences and perspectives—will collaborate to create a forum…for the book, which aims to celebrate the diversity of nursing education and practice.” – Sheila Ryan, RN, PhD, FAAN, Director, Global Education Development Institute, UNMC

“I envision open, transparent sharing of knowledge between universities as a way to advance health care worldwide. The book identifies opportunities for international coalitions. The chapters, fairly short and easy to read, contain ‘lessons learned’ about globalization, collaboration, empowerment, bias and sustainability. Often, the biggest lesson learned from another culture is about your own culture. And I like knowing that my passion for global communities is shared by so many.” Sheila Ryan, RN, PhD, FAAN, Director, Global Education Development Institute

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

**The Advances Interview with Sheila Ryan**

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

2. **Where has the College focused recently?**
   - A: We’re focusing on Asia and the Middle East. Our successful exchange partnership in Jordan is well along, with great levels of mutual trust. Our Shanghai collaboration has BSN student exchanges each semester and recently added graduate student and faculty exchanges. I’ve been developing relationships in India and we’ll start soon on online program exchanges. China and India are attractive partners because of their phenomenal growth economies, links us together. Disease and illness know no borders, and thus nursing leadership can know no boundaries.

3. **What insights do the stories bring?**
   - A: We’re building a network of institutional exchange relationships to advance nursing education, processes and performance. We facilitate international faculty and student exchanges, engage dedicated nurses for service around the globe and create partnering arrangements to advance health care worldwide.

4. **What do you see ahead in transcultural nursing education?**
   - A: I envision open, transparent sharing of educational resources, especially as distance and online learning technologies evolve. Students everywhere will increasingly expect international learning options. The more we share health knowledge and practice, the better we understand each other’s cultures, the more cooperative the world becomes.

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

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

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**Without cultural borders. Without geographic borders.**
UNMC nursing advancements. Helping state, nation and globe.

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

3 million voices.

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

1 Dr. Sheila Ryan (p.21), a widely sought authority on global health education and internet learning communities, has developed programs in eight countries and shaped 80 courses offered at eight sites over two continents. 2 Bunny Pozehl, RN, PhD, APRN, BC, 8 Lani Zimmerman, RN, PhD, and Drs. Louise LaFramboise (p.8) and Bernice Yates (p.10) are leading authorities in cardiac nursing specialties. 3 Drs. Karen Schumacher, Constanza Vasovsky and 10 Ann Berger (p. 8-9) are broadly recognized authorities in oncology nursing specialties. 5 Carol Pullen, RN, EdD, is team leader of UNMC’s bioterrorism preparedness education collaborative (see 12) and a recognized expert on health promotion among rural women. 6 Joyce Black, RN, PhD, CPSN, CWCN, and 9 Janet Cuddigan, RN, PhD, CWCN, CCN, are internationally known experts in wound care and pressure ulcers. Dr. Black is also lead editor of Medical-Surgical Nursing, a widely used textbook (see p.24). For patients and their families, 7 Drs. Sarah Thompson (p.6) and 11 Virginia Tilden (p.4) have shined bright, comforting light on a subject often avoided in American society: end-of-life care. 12 The HEROES simulation program trains first responders in bioterrorism preparedness. It has a mobile simulation unit, and its interactive website has had over 450 registered users worldwide. Visit www.onlinheroes.org.
Serious challenges ahead.

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

You are entering nursing at a time when a serious shortage is predicted. You will be part of the solution, particularly those of you who become faculty educators, since more faculty will have a multiplier effect on the pipeline of new nurses for the future. You will also be the edge runners of the pipeline of new nurses for the future.

You are entering a troubled health care system. The evidence is everywhere. About 16% of Americans have no health insurance — that’s 47 million people. Americans rank 46th in the world in life expectancy and 2nd in infant mortality. Americans have a higher rate of obesity than all other industrialized countries. Medical errors are common, as are hospital-acquired infections. In fact, the 4th leading cause of death today is admission to a hospital. The presidential candidates have real plans to improve health care, with only the details as points of disagreement among them. This is good news. So is the focus on cost, coverage, and most importantly, change.

You will be instruments of change. You will be a different kind of nurse than previous generations. You will make decisions based on research-based evidence. You will be expected to use expert clinical decision-making skills, to anticipate risk and intercede to protect patients from medical errors, to work effectively in interprofessional teams, to view every negative event or near-miss as a learning opportunity for system improvement, to use informatics not just to record patient information but also to help you make clinical decisions.

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

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

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

Profiles in vast generosity.

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

FUTURE ENDOWED GIFTS

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

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

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

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

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

The Holyokes made this estate gift in appreciation of the scholarship that Sharon received as a UNMC student. A 1966 BSN graduate, Sharon was an assistant instructor at the College from 1968-70, then received her MSN in 1971 from the University of Colorado. She started the Rural Community Health Nursing Program in Ogallala and later the Sand Hills District Health Department. She received the 1979 Nebraska Nurse of the Year Award.

In 1988, Sharon returned to the UNMC nursing faculty, with specialties as a gerontological and family nurse practitioner. She received the 2003 Rosaler Leaworth Teaching Award and the 2007 Donna Westmorland Mentorship Award.

Roger and Kathy Johnson

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

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

IMMEDIATE ENDOWED GIFTS

Audrey Solberg Smith Distinguished Lectureship for Teaching Excellence

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

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

Mary Ann Linder Memorial Nursing Scholarship

UNMC associate vice chancellor for research James Linder, M.D., and his children created a scholarship for single parents. “Managing school, jobs and raising a family as a single parent is a difficult challenge,” Dr. Linder said. “We hope this fund eases the difficulty.” The fund is named in memory of his mother, Mary Ann, a single parent afflicted with multiple sclerosis. She received excellent nursing care, he said. “Without such care, she would not have seen her grandchildren grow.”

Phyllis Morgan Urwiller Nursing Scholarship

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

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

Carol M. Wilson Memorial Nursing Fund

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

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

Pauline M. Dougherty Memorial Nursing Scholarship

Robert Martina created this scholarship in memory of his wife, a 1942 alumna who served as a Navy flight nurse during World War II. She was in the first group of elite nurses assigned to patient evacuation in the Pacific’s bloodiest battles, from Guadalcanal to Okinawa.

Pauline’s war memoirs, photos and memorabilia — donated by Robert — are in the College of Nursing Museum on the 3rd level of the Omaha building.

Bertha Pankratz Endowed Chair In Nursing

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

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

Class of 1968 Family Nurse Practitioner Scholarship

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

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

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

“Nurses — one of the few blessings of being ill.” ~ SARA MOSI WOLFE

“Nurses — one of the few blessings of being ill.” ~ SARA MOSI WOLFE

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

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

“Nurses — one of the few blessings of being ill.” ~ SARA MOSI WOLFE

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

Ruth and Bill Scott

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

Donors

Donor Report

The roll of the charitable

This Donor Report reflects supporting benefit the University College of Nursing. We gratefully acknowledge the following gifts made through the University College of Nursing from 7/1/08 through 7/1/08. These generous contributions were received from individuals, friends, faculty and communities. (We apologize for any omissions or errors.)

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