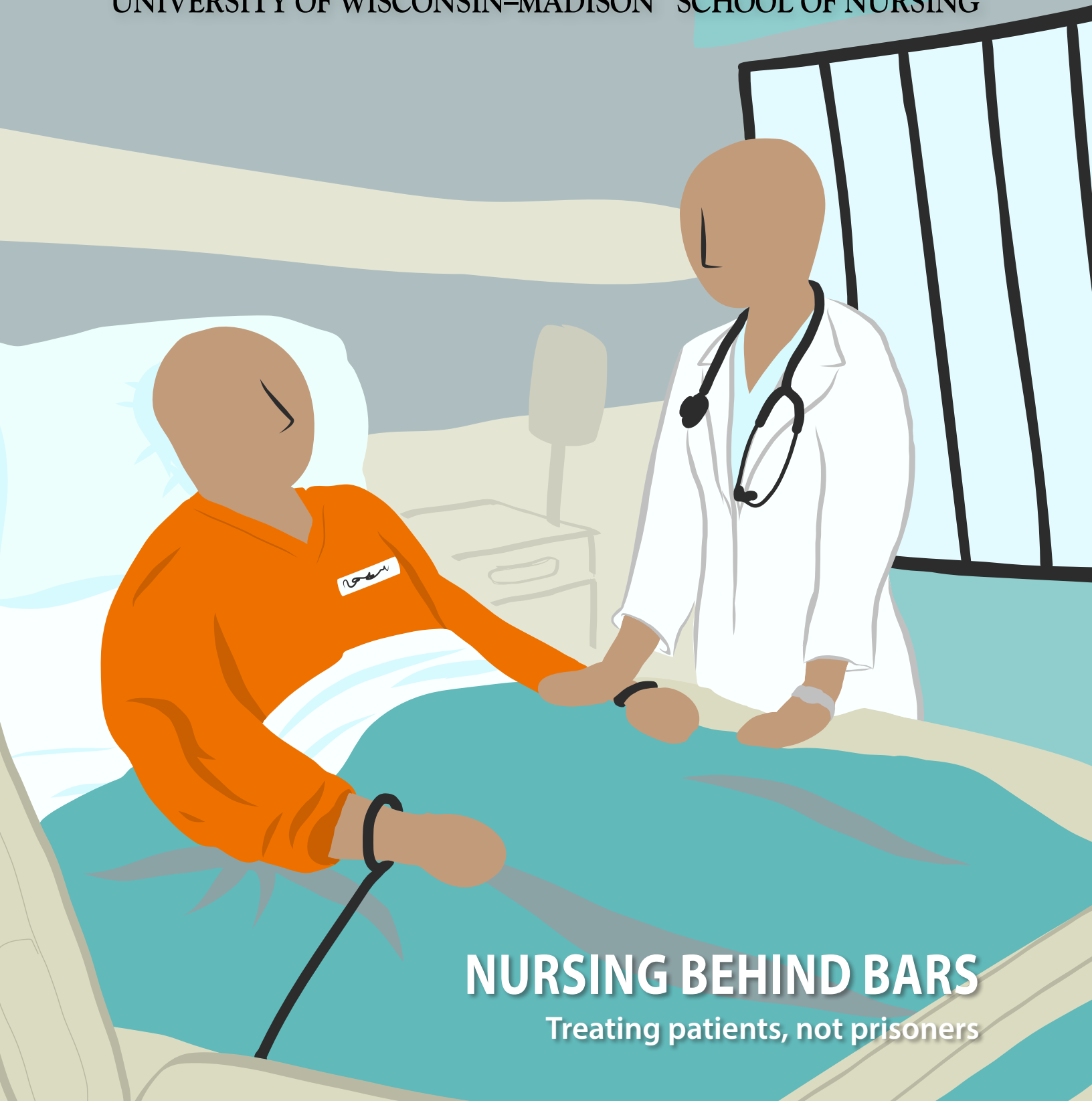


FALL 2018

# FORWARDNURSING

UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF NURSING



## NURSING BEHIND BARS

Treating patients, not prisoners



## ForwardNursing

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Twenty students from area high schools learned about careers in healthcare during the PEOPLE program internship this summer. The PEOPLE program is a five-week residential camp for rising high-school seniors, and it functions as a pre-college pipeline for low-income students and students of color.

Cover art, inside front cover, back cover:  
Alexander André/School of Nursing



# Nurses, Healthcare Experts

It will come as a surprise to no one that I am a passionate advocate of nurses, nursing practice, nursing science, and nursing education. As the dean of a respected and renowned school of nursing, I live this passion every single day as I advocate for our students, faculty, alumni, patients, and communities. Yet I am aware that the nursing profession is misunderstood, and this misunderstanding prevents the public from fully appreciating the impact nurses make in all facets of life. The stereotype of the staff nurse is not untrue: there are nurses who work at the bedside and improve health outcomes at an individual level. But that story is incomplete. Nurses are more than their stereotype. Yes, they are compassionate caregivers. They are also leaders, scientists, and change agents bringing about improvements in health and well-being for all populations.

Annual Gallup polls reveal that nursing is regularly viewed by the American public to be the most trusted profession. At the same time, an important study from the Center for Health Policy and Media Engagement at the George Washington University finds that nurses are quoted as experts in news stories about healthcare only two percent of the time. This is a confounding contradiction. How can nurses be the most trusted of all professions and also so rarely asked to share their expertise in health and well-being?

Clearly, the way the public sees nurses and nursing is not the way we see nurses and nursing. We see nurses like Dr. Karen Pridham '57, MS '66, who has dedicated her life to advancing guided participation, an evidence-based approach that nurses use to help parents gain confidence and competence in their ability to care for children with chronic health conditions. We also see nurses like Dr. Andrea Gilmore-Bykovskyi '09, MS '10, PhD '14, who is pioneering ways that nurses and physicians can use electronic health records to identify acute-care patients who may be at risk for dementia.

Throughout the rest of the magazine we share inspiring and, perhaps, unexpected things happening at the school and among our alumni and friends. We will continue to seek and advance the stories about nurses leading change and making a difference in science, in the community, and, of course, at the bedside so that more people will begin to see nurses for what they are: experts who promote patient and population health and wellness compassionately and holistically.

Sincerely,



**Linda D. Scott**

Dean and Professor

University of Wisconsin–Madison School of Nursing

Dean Linda D. Scott



*At the University of Wisconsin–Madison, nurses lead. They lead to the future of health and healthcare, for Wisconsin and the world.*

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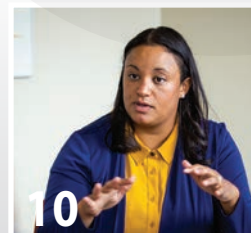
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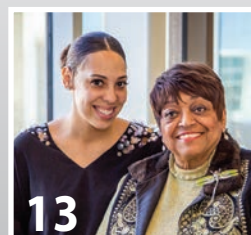
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# NURSING News NOW

## Diversified Workforce Improves Health

The second annual **Nursing Workforce Diversity Conference** on February 7, 2018, attracted more than 100 attendees who explored ways to deliver more culturally congruent care along with strategies to recruit and retain diverse nurses. They also learned how the school's holistic admissions process will diversify future nursing classes. A career fair at the conference then connected students and job-seeking nurses with more than 20 area employers and community organizations.

The conference featured a range of leaders working to advance diversity in healthcare professions. Dr. Judith Martin-Holland, associate dean for academic programs and diversity, academic administrator, and associate clinical professor at the University of California, San Francisco School of Nursing, delivered a keynote that offered ideas for ways to not only attract more diverse nurses but also support those students and nurses who encounter challenges to learning and practice because of perceived differences.

**Dr. Mel Freitag**, diversity officer, notes that the conference grew significantly in its second year, revealing a desire for evidence-based best practices, insights, and collaborations across the profession to diversify the workforce. "Diversity and inclusion work can really make a direct and immediate impact on the quality of patient care and entire health systems," Freitag says.

"This conference advanced many of the conversations we were already having about diversity and also prompted some new discussions. I expect these diversity conversations that began at the conference will continue in our classrooms, clinical sites, and other healthcare settings in Wisconsin and beyond."

The second annual Nursing Workforce Diversity Conference was funded in part by the Evjue Foundation, Inc., the charitable arm of The Capital Times. The Evjue Foundation supports educational, cultural, and charitable causes that enhance the quality of life in Madison and Dane County.



Alexander Anderson School of Nursing

## Assistant Dean Karen Mittelstadt Recognized by UW System Regents

The UW System Board of Regents selected **Karen Mittelstadt**, assistant dean for academic affairs, to receive a 2018 Academic Staff Excellence Award. These awards recognize exceptional service to the university and are the UW System's highest honor bestowed on members of its academic staff.

Mittelstadt has had a hand in several landmark initiatives and events at the School of Nursing, including a reaccreditation process for the doctor of nursing practice degree program, the creation of a new accelerated bachelor of science in nursing program, and a sweeping redesign of the undergraduate curriculum. Mittelstadt specifically helped ensure that the new concept-based curriculum aligned with accreditation standards as well as university policies, and she shepherded 25 new courses through the campus approval process.

She is one of five academic deans who present to students, parents, and guests at UW—Madison's Student Advising, Orientation, and Registration. She actively participates on the Academic Advising and Policy Leaders Committee, a group of deans who work together to improve the student experience and academic achievement on campus. She also serves on scholarship and student award committees, participates in new advisor training, and was recently selected to participate in the Kauffman Administrative Development Program, which develops UW—Madison campus leaders.

"This award is an incredible honor," Mittelstadt says. "A lot of what I do is rather behind-the-scenes—trying to bring different people and ideas and initiatives together. It's wonderful to be recognized and celebrate with the staff, students, and faculty with whom I get to work every day."



## Dean Linda D. Scott Urges Health Systems to Prioritize Sleep for Nurses

*We all know we need sleep, but nurses with demanding jobs and family responsibilities often find it hard to get as much of it as they should.*

Aware of the problems this can cause for nurses, patients, and health systems, **Dean Linda D. Scott** and other members of the American Academy of Nursing are taking the initiative to change that. Scott coauthored a wake-up call on the subject—a position statement published in the journal **Nursing Outlook** recommending that nurses and employers get educated on the health and safety risks of fatigue and long hours. The position statement also encourages health systems to work collaboratively with nurses to use

*research findings to design schedules and policies that promote a rested and alert workforce.*

"Many healthcare organizations may not fully understand the health risks for both nurses and their patients from a tired workforce," academy president Karen Cox says regarding the organization's statement, which warns that long, irregular, and overnight shifts require careful management.

Scott and the academy believe it is critical for employers to assume some of the responsibility for ensuring a rested, and therefore safe, workforce. Nurses still must tend to their own sleep hygiene in their off-hours, but they should also have and take the opportunity to work with healthcare organizations to schedule shifts, structure work time, and implement policies that prioritize, promote, and support rest and recovery.



## Associate Dean Barbara J. Bowers Named to International Hall of Fame

**Dr. Barbara J. Bowers**, associate dean for research and sponsored programs and Charlotte Jane and Ralph J. Rodefer chair, is one of 20 individuals from around the world inducted this year into the Sigma Theta Tau International Nurse Researcher Hall of Fame. Bowers is known nationally and internationally for her seminal contributions to the science and practice of nursing in the care of older adults, especially those living in long-term care or residential settings.

With a research career that spans more than three decades, Bowers has completed more than 55 funded projects supported by both federal sources and foundations. A prolific writer, Bowers has authored more than 100 extensively cited, peer-reviewed, databased papers as well as 19

book chapters. She also founded and directs the Center for Aging Research and Education, which is housed within the School of Nursing and helps put aging research into action in communities throughout Wisconsin and beyond.

Bowers consults frequently with government agencies around the world and researchers across a myriad of disciplines. She is renowned for her influence on gerontological science, healthcare policy, and research methodology.

"My research has focused on finding ways to support older people and the people who care for them. This work is fundamental to what we, as nurses, do," Bowers says. "I have always believed in the power of nursing science to advance care and improve the quality of life."



## Gay Thomas Wins Prestigious Academic Staff Award

**Gay Thomas**, director of stakeholder engagement for the Wisconsin Network for Research Support (which is housed in the School of Nursing), received the Chancellor's Award for Excellence in Research: Critical Support for her work to increase the diversity of research study participants.

Health researchers often struggle to recruit people for studies, and they especially struggle to draw participants from underserved populations.

## Ohio State University Dean Calls for Nurses to Lead Wellness Initiatives

**Dr. Bernadette Melnyk** kicked off Nurses' Week at the School of Nursing by sharing her evidence-based strategies for promoting health and wellness among the nursing workforce. Melnyk is vice president for health promotion, chief wellness officer, professor, and dean of The Ohio State University College of Nursing and professor of pediatrics and psychiatry at the OSU College of Medicine.

Melnyk argues that schools and colleges of nursing play a critical role in developing and advancing a culture of health for the nursing profession. "We should be role-modeling healthy lifestyle behaviors, creating cultures of well-being," Melnyk says.

At Ohio State, Melnyk installed standing desks and implemented standing meetings, the latter of which both minimized time spent sitting and increased meeting efficiency. Melnyk also requires data collection and analysis for all wellness efforts and programs. "We measure outcomes of every single thing we do every single year," she says.

Health promotion has long been fundamental to nursing practice, which is why Melnyk believes nurses should drive the wellness charge in educational institutions and other organizations.



"Dr. Melnyk's compelling messages about health promotion and leadership are important for all nurses to hear," says Dean Linda D. Scott. "Nurses are better able to care and advocate for patients when they also care for themselves and advocate for healthy workplaces, organizations, and systems."

This is a troubling scenario that perpetuates health disparities. In 2010, Gay Thomas co-founded the Wisconsin Network for Research Support to address this persistent challenge.

Instead of bringing community members to researchers, Thomas and her colleagues take researchers into the community through a range of advisory groups and other partnership strategies. Rather than presenting researchers as the "experts," they help community members use their own lived experiences to advise researchers on effective communication with the people they hope to reach.

Thomas led the creation of two unique groups that together are called the Community Advisors on Research Design and Strategies and has facilitated more than 200 meetings between research teams and these groups. Thomas and her team have leveraged lessons learned from the Community Advisors to develop more than 20 additional patient and community advisory groups, generating powerful advice to advance patient-centered research.

Started with a single grant from the National Institutes of Health, the network today exists as a successful fee-for-service resource—an amazing testament to Thomas's passion. "Gay is the backbone of this unique and innovative resource for researchers," says Dr. Barbara Bowers, associate dean for research at the School of Nursing.

# Nursing BEHIND BARS

## Putting the Patient Before the Prisoner

By Maggie Ginsberg

Photography by Alexander André

**Y**ou might forget you're locked inside a maximum-security prison if not for the white bars on registered nurse Paula Stelsel's office window. Stelsel '92 is the nursing supervisor of the 60-bed infirmary at Dodge Correctional Institution in Waupun, the only 24/7 inpatient facility for men in the entire state of Wisconsin Department of Corrections. It is essentially a hospital at the heart of a prison, and nurses are its lifeblood.

"Working here, I've touched on everything from dialysis to post-op to hospice care. You're getting a little bit of everything, and if you enjoy patient education, what a great place to come and work," says Stelsel, who is one of more than 500 licensed nursing staff working inside Wisconsin's state-run institutions. For the past 19 years, Stelsel has been at Dodge, where she manages both the infirmary team of CNAs, LPNs, and RNs, as well as an adjacent dialysis unit. Medical supervision comes from one full-time physician and one nurse practitioner—a ratio that offers registered nurses a rare autonomy that is present throughout much of correctional nursing.

"The mission of DOC is focused on reentry. How do our offenders get what they need while they're here, to go back out and succeed?" Stelsel says. "Well, their healthcare is a huge piece of that."

Just outside Stelsel's office door, nurses wearing brightly colored scrubs (and discreet body alarms) are making copies and planning lunch while others tend to patients. The five-chair dialysis unit and the occupational therapy

room are quiet today, but laughter arises from the day space lounge, where inmates—"patients," always, to nursing staff—are gathered to visit with one another. Soon they'll go back to their rooms on one of three infirmary wings that look just like hospital corridors except for the locked steel doors. The infirmary boasts many of the features present in any modern hospital—negative pressure rooms, a call light system, medical beds, and electronic records—but just beyond the nurses station, corrections officers sit in a station of their own, quietly monitoring screens and tracking every move.

Stelsel grew up in Waupun, working for years at the local community hospital. She drove past her hometown's two prisons countless times with no real idea of what went on inside or of the ongoing need for highly skilled, compassionate nurses.

"Probably the biggest change for me, coming in from a community dialysis unit 19 years ago, was just learning how to feel safe in the environment and get used to the extra safety precautions," says Stelsel.

The transition did not take long, she says, as she gained experience with the patients and took advantage of professional training. Stelsel also credits a collaborative partnership with security staff, who are not healthcare professionals but are nonetheless integral members of the healthcare team in a prison.

"Now I'm committed. I'm going to retire from here," she says smiling. "I think this is just my calling."





*Paula Stelsel in her office at the Dodge Correctional Institution in Waupun*

## Correctional Nursing Reality

According to the most recent data gathered in 2008 by the Health Resources Service Administration, there were between 18,000 and 20,000 registered nurses working in correctional settings in the country. Here in Wisconsin, these nurses serve more than 35,000 people across 19 state prisons and 76 jails. Many, like Stelsel, have found the experience both rewarding and surprising.

“There’s a perception out there that prisons are like people see on TV, dirty and dangerous. But that’s not the case. They’re really not that far from a regular clinic that everyone and anyone goes to. The clientele is just a bit different,” says registered nurse Robert Frank. After completing his psychiatric certification at UW–Madison, he spent four years working at Dodge and three and a half years as a nurse practitioner at nearby Fox Lake Correctional Institution. “A lot of inmates haven’t had care, so you can enact meaningful change just by providing your compassionate care as a nurse. Their health literacy is pretty low, and a lot of them are very appreciative of the help that you give them, the compassion that you show them, the empathy. They’ve just never experienced those things.”

About a third of individuals under correctional supervision are housed in local jails throughout Wisconsin. They, too, receive healthcare services from registered nurses like Tania Wenzel.

“I never in a million years saw myself in correctional health care,” says Wenzel, a public health nurse who for 20 years has been practicing with the Jefferson County Health Department, which provides nursing for the county jail. Her team, which includes RNs as well as LPNs, sees between eight and 12 patients a day in a clinic setting, performing sick calls, follow-ups, and intake assessments for every new inmate. They see drug addiction and alcohol withdrawal, high blood pressure, diabetes, and more. They are constantly educating. They help deputies, for example, recognize alcohol withdrawal symptoms. They also precept nursing students from UW–Madison and other schools. The nurses also teach their patients—about pushing fluids, proper nutrition, the importance of sleep, and especially how to continue their healthcare once they’re released.

“One of my passions is making it so that people know what’s available outside of jail,” says Wenzel. “Because the vast majority are from, and will come back to, our community.”





## Corrections, a Community Nursing Calling

Although the public associates nurses with hospitals and clinics, much of nursing today happens in the community and outside the walls of the traditional healthcare system. Dr. Karen Solheim, director of undergraduate programming, says community health is woven throughout the School of Nursing curriculum, and course objectives include learning outcomes in social justice and congruent care. In their senior-year rotations, students are guaranteed at least one community health experience in schools, parishes, public health, home health, and corrections.

“Students have found the experience is sometimes quite tough, but also very meaningful,” Solheim says. “Not everybody resonates with it, but there are some who, when they get to a community or public health setting, they find their calling. They think, ‘This is me.’”

For many students, community experience brings their first exposure to the significant health barriers impacting not only underserved populations as individuals but as a community.

“The students’ eyes are opened to many different socioeconomic statuses, different lifestyles, home and educational circumstances,” says Solheim. “One of our goals is to put that in the larger context and think about social justice in relation to that, including access to care.”

At the School of Nursing, it is the director of clinical practica who connects undergraduate and graduate students with clinical rotation placements. Dr. Tina DeGroot served in that role until early August before leaving to join the faculty at Edgewood College.

“My view of this role is really about workforce development,” she says. Once DeGroot started driving all over the state to ask hospital executives and directors of nursing not what they could do for the School of Nursing but what the School of Nursing could do for

them, her placements became more varied—particularly in community nursing and especially in corrections.

“I was really surprised at this last graduating class that so many students wanted exposure to correctional nursing and psych mental health,” she says. She attributes this interest to students’ increasing personal experience with family members who may be incarcerated, addicted, or living with mental health issues—all of which are talked about more openly today with less stigma than in the past. In just one year, she increased correctional placements from one student to between five and eight per semester and anticipates growing interest in the practice area.

“I think the life lessons that our students can take away from the breadth of the clinical placements here is really one of the broader goals of the School of Nursing. And what I’ve learned is that the nurses who are now preceptors are so excited to be able to teach our nurses what corrections is, and what impact nurses can have in interrupting that cycle of disparate healthcare,” says DeGroot. “They’re a captive audience. They’re not going anywhere. It’s the perfect patient population to make big major changes in healthcare.”

## Patients Before Prisoners

Mary Muse is a certified correctional nurse and director of nursing for the Wisconsin Department of Corrections. Muse has worked in correctional nursing leadership since 1995 and for the Wisconsin DOC since 2009.

Muse says that although correctional healthcare has its obvious challenges, it also enables nurses to gain confidence and competence across specialty areas as well as in both acute and emergency care. Beyond that, Muse explains, correctional nursing poignantly—and daily—reinforces the philosophy behind the entire nursing practice and profession.

“In nursing, one of the things you learn is to take the patient where they are. Working in corrections gives you that opportunity. It teaches you to be humble, recognize differences in life experiences, and how to not be judgmental,” says Muse, whose nursing career spans more than three decades and includes hospital, community-based health centers, academia, and corrections. “Everyone is an individual. Everyone has intrinsic value. They may have made some bad decisions, but that’s already been dealt with. That’s why they are here. It’s not our role to judge or impart sentencing or discipline. Our role is to care, apply knowledge and skill to assist the patient with healing, and to educate.”



Tapping into compassion is not a problem for Muse, who sees the lion's share of prisoners as individuals who faced difficult, sometimes impossible, life circumstances, such as extreme poverty, that forced decisions that ultimately led to incarceration. She is especially empathetic with those with undiagnosed or untreated mental illness, including addiction, who may never have ended up in prison in the first place had they had access to adequate and affordable mental healthcare earlier in their lives. "These people deserve care," Muse says. "It is a shame that we have to be their mental health provider."

Overall, prisoners are an especially vulnerable population facing serious health challenges, such as disproportionately higher rates of infectious diseases, sexually transmitted infections, addiction, hepatitis, cancer, and mental illness. At Dodge, for example, 37 percent of the prison population has a mental health diagnosis. (At Taycheedah Correctional Institution, the state's only maximum-security women's prison, that number is a staggering 91 percent.) Prisons and jails also face the same aging baby boomer population and projected nursing shortage that affect the rest of society. The need is great, the scope of practice broad, and the opportunity to make a difference, Muse says, is profound. And yet unlike other healthcare settings looking to hire the best nurses, prisons are also fighting perception.

"We have to compete for the same pool of nurses, and we are challenged because people don't often know a lot about corrections, or they have some fear or myths about working in the correctional setting," Muse says, noting that nurses may also not realize how much correctional healthcare has evolved.

There was a time, what Muse calls the dark days, when physicians, nurses, and other providers were nowhere to be found in jails and prisons. There were no standards of care, and prisoners treated their own wounds or sought assistance from other inmates. Then came the landmark 1976 *Estelle v. Gamble* ruling, which determined that prisoners had a constitutional right to healthcare. Now the National Commission on Correctional Health establishes standards for healthcare in jails and prisons, and the American Nurses Association publishes standards for correctional nursing.

Muse works hard to dispel misconceptions and to highlight the rewards of correctional nursing. Relationships with people like DeGroot at the School of Nursing are invaluable, as they help her reach students while they are still forming their ideas about where and how they will practice in their careers. The tide is turning, Muse says, noting that she, like DeGroot, has seen an increased interest among students to learn more about practicing in prisons and jails. "More and more over the years, people get it. That there's just something in corrections that's really good," she says, "and that it's a practice worth participating in."

*Maggie Ginsberg is an award-winning Madison-area freelance writer.*



## Nursing in Uniform

Prisons are not the only settings that house a fully functioning internal healthcare system behind guarded gates. The military also provides healthcare to men and women in the armed services, along with their families, and most outsiders have little insight into how that system functions or how it differs from what civilians experience.

Theresa Dachel MS '05, DNP '18 is an exception. The School of Nursing clinical assistant professor served as a United States Air Force critical care nurse from 1997 until 2002. Dachel was trained for emergency care in the air and on the ground, and she also served as part of the team that treated and transported critically ill individuals during peacetime and war.

Dachel says one of the key differences about military nursing is that it routinely required her to fulfill multiple roles at the same time. For example, while assigned to the ICU, she would also perform hospital supervisory duties including unit rounding, assisting in the emergency room, and morning reporting to the hospital command section. When stationed overseas, she served as the medical group's infection control officer—implementing and overseeing the entire hospital infection control program—while simultaneously working in the ICU. And when assigned to guard medical supplies, she did it all armed, which was a strange concept to grasp for someone who identifies strongly as a nurse and who was first trained to treat the wounded.

"I'm wearing weapons on my hips when I have a stethoscope around my neck," she says, emphasizing the irony.

There were other differences, too. In civilian nursing, Dachel points out, the most critically ill individuals draw the most medical attention and receive the most resources. During war, however, attention and resources are directed first toward individuals most likely to return to the line of duty. That, Dachel says, was tricky for her to grasp at first and was always a challenging way to practice.

There were benefits, though, too. She traveled the world and enjoyed an expansive scope of practice. Eventually Dachel left the air force in 2002 (although she maintained inactive military reserve status until 2011). Now focused on her roles as a nurse practitioner and educator, Dachel recalls her military service fondly. "It was an honor," she says, "to serve the country and others."

— Jennifer Garrett

A

# Sixty-Year Career

**Dr. Karen Pridham** is the atypical emerita professor who maintains an active program of research, teaches classes, mentors young scientists, and publishes extensively. But as prolific as she has been, she is best known for her unfailing devotion to her patients, their families, her peers, and her students.

by David Tenenbaum

Seventy years after New Glarus native Karen Pridham set her feet on the path toward steady improvements in the practice and humanity of nursing, the basic pavement is clear: smarts, aptitude, humility, and the ease and grace to forge strong human ties.

But the first step included two unusual ingredients: music and polio.

The year was 1948 and the polio vaccine would not be invented until the next decade. Pridham, 13, had left her home to attend a University of Wisconsin music clinic. Her alto saxophone studies were interrupted when she contracted polio and was sent to the hospital in Madison.

Fortunately, her case proved mild, and while in the hospital she assisted women on “iron lungs” (respirators) in the polio ward.

Still, the resulting impression was indelible. “I thought I’d like to do that, do something in a healthcare setting,” Pridham says, reflecting on the experience.

A few years later—and a day after high school graduation—Pridham boarded a bus back to Madison. She shared a room at the YWCA with her sister and worked as a nurse’s aide at Children’s Orthopedic Hospital. That fall, Pridham began nursing school at the University of Wisconsin, funded by the Knapp and Rennebohm Foundations and a scholarship that she had earned as class valedictorian. “I wanted to be a professor here,” she says “but I thought it would be a far stretch for me.”

It wasn’t a far stretch at all, but it has certainly been a long stretch. In May of this year, Pridham, 84, was wrangling with editors about hot links in the digital version of her recent book, *Guided Participation in Pediatric Nursing Practice: Relationship-Based Teaching and Learning With Parents, Children, and Adolescents*, the second in her career. It could be her last—she’s pondering full retirement but is admittedly having difficulty putting aside her enduring passion: caring for severely ill children, many of them born highly prematurely, and their families.

It was a passion born in Madison’s Greenbush neighborhood. Soon after earning her degree, Pridham worked for the Madison public health department. She made her way through the community checking children’s immunizations, identifying vision problems, and encouraging routine preventative medical and



dental care. “It was downright fascinating,” she says. “I worked mostly on foot. In spring, people were out with their children, and I visited as I went.”

Pridham, who came from the relatively homogeneous, Swiss-dominated New Glarus, loved meeting families where they lived and learning about their lives. “There were African American families moving in from the South, whites from rural areas, Jews from Russia, Italians; it was a real melting pot.”

Yet her ability to relate with diverse people was tested when Pridham worked as a nurse at Lapham School on Madison’s east side. She remembers that students with chronic illnesses were frequently absent from school. Concerned, Pridham went to the children’s homes to ask questions and offer help, which the parents overwhelmingly refused. “I realized I had much to learn about how to communicate with parents,” she says. “I certainly was not offering anything in a way that was acceptable.”

Eventually that desire to do better prompted Pridham to return to school in 1964 for a master’s in nursing under the mentorship of Florence Blake. Pridham credits Blake with transforming pediatric nursing across the country and around the world. She provides a seminal example: Although hospitals now openly accommodate parents of children, concerned mothers and fathers were generally excluded from a child’s hospital room into the 1960s.

“Florence emphasized that the children did better if parents were allowed to visit,” Pridham says. It is an idea that today seems so obvious that we take it for granted, but Pridham says it was Blake who made that humane and sensible practice the norm.

Pridham recalls her first class with Blake, “We worked with children in hospital pediatric units, babies, toddlers, adolescents, as participant observers. We had to observe carefully and write up in field notes the details of the conversation and our emotional reaction,” she says. “We had to turn in the notes to Ms. Blake. She read and commented on each aspect of the episode.”

The class set the style for Pridham’s own teaching: lots of exposure to the real world, a wide-angle view of the situation, an interest in detail, and an emphasis on the family.

Because the School of Nursing did not then offer doctorates, Pridham earned a PhD in continuing and adult education at the School of Education in 1972 and then spent the majority of her career working on nursing issues related to children with chronic or critical illness.

Pridham always stood out for her ambition, intelligence, and hard work, says Dr. Christopher Green, who collaborated with her in pediatric pulmonology research and is now chief medical officer at American Family Children’s Hospital. “She was willing to do things that were technically difficult, such as developing a system to measure energy expenditure of babies,” he says. “She worked, worked, worked to get it going.”

Green notes that Pridham was visionary in her insistence on interdisciplinary care that had pediatricians, lung specialists, nurses, pharmacists, and social workers all working together on pediatric cases. “She was ahead of her time,” he says. “Now people all over the country recognize the importance of interdisciplinary care, but she knew that early on.”

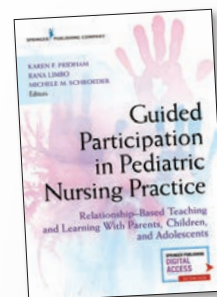
Feeding was another interest. Drawing on her early public health experiences, Pridham and her master’s students videotaped breast- and bottle-feeding in patients’ homes and then reviewed the tapes with the mother. “Getting into the parent’s space was eye-opening, especially for clinicians who were only familiar with problems from the clinic visit,” she says.

Gradually, she forged her observations into a theory called guided participation, which, among other things, offers a novel way to convey ideas about problematic experiences or questions. Rather than making parents and nurses adversaries, guided participation makes them allies in the quest to help the child.

Rana Limbo saw Pridham’s sensible, helpful approach while working toward her PhD in the 1990s.

Limbo, who is about to retire as associate director of a bereavement program at Gundersen Medical Foundation in La Crosse, points to many characteristics to explain Pridham’s influence.

“In no particular order, it’s because she’s unassuming, extraordinarily bright, and listens carefully to every idea. She’s complimentary and very empathic, an exemplar with children. She learned from the best, from Florence Blake, and carried that tradition through to the work I did with her. She’s fascinated by people’s stories, and wants to know all there is to know. Not because she is snoopy, but because she is truly interested.”



Dr. Pridham’s book *Guided Participation in Pediatric Nursing Practice* is currently available for \$85 from Springer Publications ([springerpub.com](http://springerpub.com)) and Amazon.com.

Bonus! Earn continuing education credit (CME, CNE, and CEU) with *Guided Participation for Clinical Practice with Parents and Children*, an online course offered through the UW–Madison Interprofessional Continuing Education Partnership. Visit <https://ce.icep.wisc.edu/guided-participation> to register and enroll.

# Improving Dementia Detection

Dr. Andrea Gilmore-Bykovskyi '09, MS '10, PhD '14 is developing a **data-mining tool** to help hospital nurses and doctors better detect impaired cognition

By Chris Barncard

Andrea Gilmore-Bykovskyi

The memory and reasoning problems associated with Alzheimer's disease and other kinds of dementia go woefully underrecognized when people visit the hospital. Searching for clues in electronic health records could steer many more patients to better treatment and follow-up examinations—especially patients from minority groups, who tend to be less likely to receive specialized care.

A study published recently in the *Journal of the American Medical Informatics Association* suggests that mining the unstructured notes that doctors and nurses add to EHRs could significantly improve recognition of dementia in hospital settings and lead to more people being accurately diagnosed.

The cognitive impairment that marks dementia is usually diagnosed in a primary care office or tested in a memory clinic. Even then, official diagnosis is not always written into the part of the EHR specifically reserved for recording an important diagnosis or medical problem.

One problem is that this diagnosis is stigmatizing. “We see a lot of people prescribed an anti-dementia medication, but they never actually have a dementia diagnosis entered into their electronic health record because healthcare providers may want to spare them that stigma,” says Dr. Andrea Gilmore-Bykovskyi, a dementia researcher and assistant professor at the University of Wisconsin–Madison School of Nursing and lead author of the new study. “Another problem is that a lot of groups of people at highest risk for developing dementia tend to be racial and ethnic minorities or people from low socioeconomic backgrounds, and they tend to have less access to the primary care or specialized memory care clinics where diagnosis typically happens.”

Barriers to a diagnosis and official documentation in an EHR add up when people arrive at a hospital with a serious illness or injury. For example, a patient with a complete hip fracture (common among older people) may need to be rushed to surgery. Some complications, such as high blood pressure or diabetes,



need immediate consideration. Assessing cognitive functions may be lower on the list of priorities.

“When somebody reaches the hospital setting, you have the culmination of these barriers,” Gilmore-Bykovskiy says. “Clinicians are not diagnosing 40 to 60 percent of dementia. Those cases already haven’t been detected in the outpatient setting, or maybe they have but haven’t been diagnosed. Now, maybe this person had some changes in their condition. They’re presenting those to you, but you don’t know them or their background personally.”

But hospital and recovery clinic doctors and nurses are making notes in EHRs—describing their observations and interactions with a patient, the treatment they’ve chosen, and how the patient responded.

“When your physician comes to see you, they may write a note about the conversation they had with you and the plan they’ve made for your care,” Gilmore-Bykovskiy says. “They add those to your electronic health record, but in what we call unstructured fields—‘progress notes’ or ‘provider notes.’”

Researchers from UW–Madison, William S. Middleton Memorial Veterans Hospital in Madison, and Penn State University reviewed the notes from unstructured fields in records for 343 people who had been diagnosed with dementia. They were looking for words and phrases that describe cognitive dysfunction, such as “forgetful at times,” “increased confusion in the evening,” “disoriented and agitated,” “limited by confusion,” and “hard to find words.”

“Ninety percent of the records had notes reflecting one or more of these descriptors of confusion or cognition,” Gilmore-Bykovskiy says. “They don’t all

map to the established, standardized language for detection of cognitive impairment, but it’s clearly about cognition. And that’s far more accurate than catching 40 to 60 percent.”

If those common terms could be flagged by EHR systems as clinicians record their notes, Gilmore-Bykovskiy believes doctors and nurses and future care providers would make prescription and treatment decisions better tailored to their patients’ cognitive functioning, and probably refer more unrecognized dementia cases to follow-up care and subsequent diagnosis.

“Clinicians already have measures and training to identify cognitive impairment, but evidence tells us those tools are not sufficient,” she says. “You could think of flagging their notes as another tool to support a clinician’s capacity to improve care for these people.”

Because people from the racial and economic groups more likely to miss dementia diagnosis are also more likely to go directly to a hospital clinic or emergency room for medical care, flagging EHR notes may improve their treatment rates. And it could be a boon to research into the causes and treatment of dementia.

“There’s a national dilemma boosting access and participation in Alzheimer’s research—particularly among racial and ethnic minorities,” says Gilmore-Bykovskiy, whose work is supported by the National Institutes of Health and the Wisconsin Alzheimer’s Disease Center. “We need more mechanisms to catch people (and their biological children) early. If there’s ever going to be a solution to Alzheimer’s disease, that’s where it’s going to happen, because we know the disease starts decades before anybody has clinical symptoms.”

## Diversifying Research Recruitment

Dr. Andrea Gilmore-Bykovskiy is going at dementia from a variety of angles. In addition to developing tools for healthcare providers, the School of Nursing assistant professor is also working to improve research recruitment approaches so they reach a wider audience of older adults experiencing changes in memory and thinking.

This summer the University of Wisconsin Institute for Clinical and Translational Research awarded her a Collaborative Health Equity Research Pilot Grant to support these ongoing efforts. “Older adults from racial and ethnic minority groups and lower socioeconomic backgrounds are disproportionately impacted by dementia,” says Gilmore-Bykovskiy. “At the same time,

they are far less likely to participate in clinical research trials looking to unlock keys to dementia prevention and treatment.”

Most dementia research recruitment happens in primary and specialty care, so individuals without access to that type of care are thereby excluded. The resulting underrepresentation of racial and ethnic minorities is a significant problem, Gilmore-Bykovskiy says, because it limits understanding of the disease and perpetuates existing health disparities.

However, most older adults with dementia are likely to use acute or emergency services over the course of their disease. Recruiting from acute or emergency care

settings would then offer access to a greater range of individuals. Currently, though, little to no research recruitment takes place in those settings.

“Scientists must go to potential research participants where they are,” Gilmore-Bykovskiy says. “If older adults are using acute care settings for a significant portion of their healthcare, we need to have a significant presence there and utilize appropriate recruitment strategies for those settings.”

An added benefit, she adds, is the unique opportunity to connect people to additional care and potentially beneficial services.

## The Diversity Advantage

Healthcare today is incredibly complex, and illness is often immeasurably overwhelming. In this challenging environment, nurses must do more than deliver care. Nurses also help patients find meaning, identify appropriate choices, maximize quality of life, and even heal in both living and dying. This unique balance is part of what makes nursing such an appealing career for so many.

It is true that nursing is an attractive field, and our undergraduate program attracts prospective students from across and beyond Wisconsin. To select the students who are best prepared for and most capable of developing the humanistic skill sets that all patients need and deserve, we use evidence-based admissions criteria. The criteria ensure, among other things, that our students come from diverse backgrounds. The curriculum then prepares students for diverse patient populations.

Diversity is far from the only criterion considered during admissions, and it is just one of many ideas woven into the curriculum. Yet we know that diversity among our students and a genuine appreciation for it in practice ultimately enable nurses to better humanize the health and illness experiences.

This past year we developed—with the support of a U.S. Health Resources and Services Administration grant and through consulting with the American Association of Medical Colleges—and adopted a formal holistic review strategy that enables us to be more intentional about evaluating a fuller range of qualities, experiences, and attributes that are known predictors of success in nursing education and practice. These include demonstrated personal alignment with values undergirding the discipline of nursing, such as human dignity, care, resilience, compassion, social justice, and cultural competency. We know these qualities are valuable to nursing practice, and we aim to admit a class with strength in all of them.

Our new strategy reflects more of an evolution of previous practices than it is an abrupt change. In fact, we have been using elements of holistic review in our admissions practices for many years. As always, we have full confidence in each and every student in our incoming class, and we intend to support all nursing students to ensure their success in the program and in their careers.



*Dan Willis, associate dean for academic affairs*

Health disciplines are overwhelmingly moving toward holistic admissions processes. According to HRSA, 93 percent of dental programs, 91 percent of medical schools, 82 percent of public health programs, and 78 percent of pharmacy schools conduct holistic review during their admissions processes. By contrast, only 47 percent of undergraduate BSN nursing programs currently use holistic admissions processes.

The healthcare community also overwhelmingly supports efforts to diversify the nursing profession. The American Nurses Association, the National League for Nursing, and the Institutes of Medicine all cite extensive evidence that a diverse nursing workforce that reflects the population it serves improves patient access, satisfaction, and outcomes. Evidence also shows that increasing diversity among all health professionals helps reduce the staggering health disparities that plague segments of the population.

Currently, the Wisconsin Center for Nursing reports that the Wisconsin population is 85 percent white, while registered nurses in Wisconsin are nearly 95 percent white. Also, although the population is roughly equal in terms of gender, less than 7 percent of nurses in Wisconsin are men. Clearly, we have an opportunity to improve these statistics, and the UW–Madison School of Nursing is committed to working to that end.

In my own practice, research, and experience, I have discovered that we, as nurses, are exposed to vast diversity in our patient populations. We can better anticipate and meet patients' needs when we understand and respect them. We come to understand and respect people who are different from us by learning and working with people who are different from us.



# Nurse Leaders, Present and Future

**Barb Nichols, a Wisconsin nursing icon, and Brianna Young '18, a recent graduate with a bright future, both recognized as 2018 Outstanding Women of Color**

by Jennifer Garrett

The UW–Madison Division of Diversity, Equity, and Educational Achievement recognized Brianna Young '18 and Barb Nichols, a longtime School of Nursing advocate, partner, and friend, at the Outstanding Women of Color Awards.

Together, their awards show how nurses can demonstrate leadership at every point in their careers. “Barb Nichols has been the first woman of color in many leadership positions. Brianna Young is inspirational in her ability to navigate difficult situations with grace, and she uses her personal experiences to advocate for change for future underrepresented students,” says Dr. Mel Freitag, School of Nursing diversity officer.

The two women connected long before the awards ceremony. Young joined the undergraduate chapter of Alpha Kappa Alpha, a historically black sorority. Nichols is a member of the sorority’s graduate chapter. Other members saw the opportunity for Nichols to mentor Young and encouraged the two to meet. Then Young attended a diversity event, where she spotted Nichols across the room. Ready for a black nursing role model, Young made a beeline to introduce herself. Nichols, impressed with the initiative, gave Young her contact information and the two became acquainted. Nichols valued the opportunity to mentor another promising black nurse, and Young appreciated the insight, guidance, and friendship that developed.

“When I realized I was being awarded alongside Barb Nichols, I had to do a double check,” Young says. “I really value having her in my life.”

More used to accolades, Nichols used the award as an opportunity to reflect on her long career. “Nursing has provided both an avenue and a bridge to meet so many kinds of people all around the world,” Nichols says. “I don’t always get awards for diversity, and to have it combined [with leadership] made it more holistic.”

Nichols began her career in the 1950s as a naval nurse and later the only African American registered nurse at Boston Children’s Hospital. The next sixty years saw her assume myriad leadership positions, and she eventually became the first African American president of both the Wisconsin Nurses Association and the American Nurses Association. She has earned four honorary doctoral degrees and has published more than 200 articles on nursing practice.

Young came to campus as a Posse scholar with the program that offers full-tuition scholarships to student leaders from urban areas such as New York, Los Angeles, Washington, DC, and Chicago. She served as both a STEM and School of Nursing ambassador to recruit other diverse students to the health sciences and to help dispel misconceptions about nursing.

She also founded an Afro-Caribbean dance troupe to give students like her a safe place to escape the sometimes overwhelming stress of being a person of color at a predominantly white institution. Young stood out in the classroom, too, earning her way into the School of Nursing honors program. Back in New York City during the summer, Young conducted National Institutes of Health–funded research, which was published before she earned her degree.

Brianna Young and  
Barb Nichols





All photography except image 10 by Alexander André.

# Scenes

A look at what's happening with our students, faculty, staff, and alumni





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1. Dr. Susan Zahner, associate dean for faculty affairs, was a panelist at the Evidence-Based Health Policy Project capitol briefing in February. She spoke about the nursing shortage and pathways to nursing practice during the event focused on Wisconsin healthcare workforce issues.
2. The School of Nursing welcomed the inaugural cohort of the accelerated BSN program. In May, 32 students received their white coats and began their 12-month journey toward nursing practice.
3. Current BSN student Yaning Yang and PhD student Chayannan Jaide participated in the annual Nursing Poster Fair in April. Faculty, students, and practicing nurses presented research, quality improvement projects, and other scholarly endeavors during the two-day event in the Health Sciences Learning Center.
4. Eileen Partridge, a DNP student, wears gear that simulates what a visit to a clinic is like when living with dementia. Dr. Sarah Endicott, clinical associate professor, ran the simulation with graduate nursing students in the School of Nursing Center for Technology-Enhanced Nursing.
5. The School of Nursing welcomed more than 300 visitors in April for Science Expeditions, the annual three-day campus open house that showcases the diverse research and discovery happening across the university.
6. Kelli Romine practices a pelvic exam on a model patient in a DNP health assessment lab run by Dr. Katie Lothe, clinical associate professor.
7. The School of Nursing and the Center for Humanities welcomed MK Czerwec, known as "Comic Nurse," for a public lecture and hands-on workshop (pictured here) in March. Czerwec is one of the founders of graphic medicine, a field that explores illness, caregiving, and disability through comics.
8. Emily Schumacher '10, DNP '18 talks with other DNP students and area advanced practice nurses at A Shot to Get Connected, an annual Nurses Alumni Organization networking event.
9. Graduating seniors Jacob Hallock and Andrew Tuten celebrate at undergraduate convocation.
10. The School of Nursing welcomed grandparents and their grandchildren participating in the Wisconsin Alumni Association's Grandparents University® program in July. Attendees practiced wound care and dressing changes on a manikin to learn about tasks nurses perform.
11. Abby Elsholtz, a junior starting her first year of the nursing program this fall, talks to a guest from Sebring Living at the Geriatric Interest Group Luncheon during Careers in Aging Week last April.
12. Dr. Linsey Steege was named the Mary W. Guldbrandsen and Carl E. Guldbrandsen Chair in Health Informatics. She is pictured here with Mary Guldbrandsen (left) and Dean Linda D. Scott (right) at the annual Bunge Society Dinner for major donors.





## Inaugural White Coat Campaign a Success

You did it! This past spring, the School of Nursing challenged alumni, employees, and friends to raise \$5,500 in a crowdfunding campaign to purchase white coats for our students. In all, 74 donors contributed \$7,300, which was enough for 292 white coats at \$25 each. The total included 70 individual donations along with a \$500 matching gift from the Nurses Alumni Association and three

additional \$500 matching gifts from Nancy and Ira Kaufman, Richard and Patricia Sinaiko, and Mary and Jerome Behrens.

Why white coats? The white coat is an important symbol in nursing education. For undergraduates, it represents the transition from the classroom to the clinical setting. For doctor of nursing practice

(DNP) students, it represents a formal commitment to advanced education and improving patient outcomes. "White coats symbolize the professionalism of nursing," says Dr. Gina Bryan '99, MS '02, DNP '12, clinical professor. "The ceremony acknowledges an important transition, and for all nurses, a white coat names us as a valued member of the interdisciplinary healthcare team."

## Estate Gift to Support First-Generation Nursing Students

Dr. Joanne Disch '68 attended three different universities in three different states, but the journey that took her to the faculty at the University of Minnesota School of Nursing and to the presidency of the American Academy of Nursing (2011–2013) and chairmanship of the AARP board of directors (2006–2008) began here at the University of Wisconsin–Madison.

A first-generation student from Madison, Disch recalls working hard to forge connections and build a support network. She relied on the School of Nursing faculty and other mentors for their insights and advice. "I really felt that I had phenomenal experiences," she says. "It was a great affirmation that the career choice I made was the right one, and I never felt I was disadvantaged."

Disch wants to ensure that other first-generation students feel as at home as she did. She and her wife, Dr. Jane Barnsteiner, also a first-generation nursing student, established a legacy gift for the school through their estate. Reena Chandra Rajpal, director of development for the school, says planned gifts are particularly good options for donors looking to make a bigger impact. "A lot of people will say to me, 'I wish I could do more,'" Chandra Rajpal says. "This is a way to do more."

A former member of the Board of Visitors and a donor to the Signe Skott Cooper Hall building campaign, Disch has already done a lot. Yet her planned gift also enables her to convey her vote of confidence in the direction the school is heading.

"Building the gift into the estate creates a commitment. It lets the school know that we're out here supporting what they're doing," Disch says. "I've had a phenomenally fun, fulfilling career. The sense of foundation that I feel being from Madison ... getting my nursing degree there—all of that evolved from my first nursing experiences at the school."

**For information about giving options,  
contact Reena Chandra Rajpal at  
[reena.chandrarajpal@supportuw.org](mailto:reena.chandrarajpal@supportuw.org)**



Joanne Disch and Jane Barnsteiner



# Keeping up with Alumni

Board of Visitors member **Mary Behrens '64** received a 2018 State Award for Nurse Practitioner Excellence from the American Association of Nurse Practitioners at the AANP national conference in Denver in late June. Behrens is the AANP representative on the Movement Is Life Caucus, which works to break the cycle of inactivity and obesity, joint problems, heart disease, depression, and health disparities. She is the current president of the Wyoming Center for Nursing and the UW Health Science Advisory Board.

Board of Visitors member **Dr. Pat Lasky MS '68, PhD '80**, emerita professor and former interim dean, received the 2017 Distinguished Alumna of the Year Award from the Marquette University College of Nursing.

The American Academy of Nursing named **Dr. Joanne Dische '68** one of its 2018 Living Legends. This designation is reserved for a small number of exceptionally accomplished academy fellows who have demonstrated at least 15 years of outstanding contributions to nursing practice and healthcare. Dische will be recognized with six other fellows during the academy's annual policy conference in Washington, D.C., in November.

## 1960s

**Sally Hohnstein '88** received the Dr. Thomas Williams Award, which is presented annually to a healthcare worker at Central DuPage Hospital in Winfield, Illinois, to recognize outstanding leadership and volunteerism. Williams was a beloved surgeon and nurse advocate, and his family created the award in his honor after he passed away from cancer. The entire hospital staff votes, and Hohnstein was selected to receive the award because of her mentoring, committee work, willingness to fill staffing gaps on her days off, and extensive volunteerism in the community. "It was a big honor to be chosen by my peers," she says. "It is so nice to be recognized for doing a good job while promoting the profession I love."

## 1980s

**Dr. Tolu Oyesanya '11, MS '12, PhD '16** joined the Duke University School of Nursing in August and is a member of the Division of Healthcare in Adult Populations. She recently completed a postdoctoral fellowship in brain injury research at the Shepherd Center in Atlanta and was an instructor at the Nell Hodgson Woodruff School of Nursing at Emory University. Her research focuses on care of patients with traumatic brain injury in acute and post-acute treatment settings as well as support of family caregivers.



**Natasha Crooks '13, PhD '17** was selected as a 2018 Health Disparities Research Institute Scholar by the National Institutes of Health. She also received the 2018 Outstanding Qualitative Dissertation Award from the Midwest Nursing Research Society.



**Rachel Azanleko '13** is the chair elect of the Wisconsin Public Health Association's Public Health Nursing Section. The Wisconsin Public Health Association is an affiliate of the American Public Health Association and is the largest membership association for public health professionals in Wisconsin.

## 2010s

**All of Us**  
RESEARCH PROGRAM



The future of health  
begins with you.

Now enrolling participants  
at UW Hospital and  
Signe Skott Cooper Hall.

[joinallofus.org](http://joinallofus.org)



Precision Medicine Initiative, PMI, the All of Us logo, and "The Future of Health Begins With You" are service marks of the U.S. Department of Health and Human Services.

## In Memoriam

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

**Joanne Martin Cert '44, BS '45**  
(August 1, 2017)

**Bruce A. Cody '88**  
(December 26, 2017)

**Mary Lange Cert '53**  
(January 14, 2018)

**Vergie Macmillan Cert '46**  
(March 11, 2018)

**Mary Scherbert '63**  
(March 22, 2018)

**Marlene Schwartz '73, MS '76**  
(April 16, 2018)

**Mary Herr '93**  
(April 25, 2018)

**Elise Wear '68, MS '73**  
(May 13, 2018)

# Pins for Peers

## Seniors honor classmates at year-end celebration

The School of Nursing honored four graduates with nursing pins at the Nurses Alumni Organization annual senior send-off and pinning ceremony in May.

A long-standing tradition in nursing education, pinning at UW–Madison has evolved over time from a universal practice to distinguish all registered nurses to a distinct honor for a select group of students chosen by their classmates. This year four students received pins, three of which were donated by individual alumni and one of which was given directly from the NAO.

**Brooke Briesemiester** received an alumni pin donated by **Pamela Mielke '71**. Mielke dedicated her career to family nursing and briefly worked for the School of Nursing as a clinical instructor.

Briesemiester enrolled in the nursing program expecting to work in mental health. A leader on campus as well as in the classroom, she served as the UW–Madison chapter president for Best Buddies, a program that fosters friendship as well as employment and leadership opportunities for individuals with intellectual and developmental disabilities. Upon graduation, the South Milwaukee native began a nurse residency program at Aurora Psychiatric Hospital in Wauwatosa.

**Annie Rosebear-Ace** received a pin donated by **Kathleen Netteshiem Engel '76**, a retired nurse consultant for the California Department of Corrections. A longtime supporter of the School of Nursing, Netteshiem Engel has donated to the Signe Skott Cooper Hall building campaign, the NAO, and the Center for



*Tararinsey Seng, Brooke Briesemiester, Dean Linda D. Scott, Annie Rosebear-Ace, Natalie Kustner*

Aging Research and Education, which operates out of the School of Nursing.

Rosebear-Ace chose to major in nursing after witnessing the care her mother received during a long bout with cancer, which eventually claimed her life. Multiple classmates nominated the senior, citing her compassion, kindness, and ability to maintain excellent grades while also working two jobs and voluntarily caring for an elderly woman with dementia. Rosebear-Ace hopes to work in women's health.

**Tararinsey Seng** made her way to UW–Madison with the Posse program, a scholarship program that funds clusters of students from the same urban area who attend college at the same university. Originally from Cambodia, Seng moved to California as a young girl. She learned English while attending school and serving as a healthcare advocate for her father. Upon graduation, Seng returned to California to begin a nurse residency program at Scripps Health in San Diego.

Seng received a pin donated by **Elizabeth Brehm '70**. Brehm worked at University Hospital, in critical care in Portland, Maine, and in the surgical ICU at Tufts-New England Medical Center in Boston.

**Natalie Kustner** received a pin donated by the Board of Visitors to recognize leadership.

Kustner excelled in all aspects of her nursing education and served as an official school ambassador to promote nursing programs and recruit students. Known among her classmates for her kindness, gratitude, and spirit of service, she was also highly regarded among faculty for her interest in advancing nursing practice and effecting policy change.

Inspired by her brother with Down syndrome, Kustner aspires to infuse his positive spirit into nursing practice and healthcare. She plans to work in critical care before returning to graduate school for an advanced degree in nursing.





# News of Note

## from School of Nursing Students, Faculty, and Staff

Academic Affairs team members **Darby Sugar, Molly Censky, Kristi Hammond, Kate Knudson, and Katie Bleier**, along with Diversity Officer **Dr. Mel Freitag**, presented the closing session at the annual Office of Undergraduate Advising Conference in February. The “Move Into Student Wellness: A Little Less Talk and a Lot More Action” presentation featured Wellness Wednesdays, also known as Drive-Thru Wellness, which the Nursing Learning Center coordinates to promote health and balance among undergraduate nursing students. Katie Bleier also co-presented “Tools for Difficult Conversations: An Introduction to Solution Focused Brief Therapy” with Sara Rodock, a student services coordinator in the College of Agricultural and Life Sciences.

**Dr. Mel Freitag** was also a featured speaker at the National Association of Diversity Officers in Higher Education annual conference in March in Washington, DC. She co-presented a talk on building diversity and equity into faculty and staff competencies.

In March **Jonathan Henkel**, student information and technology manager, presented a session titled “Collaborative by Design: Tech Tools and Tips for Working Well With Others” at the UW–Madison Showcase, an annual event where employees from across the university share successful projects and best practices with their colleagues.

**Dr. Susan Zahner**, associate dean for faculty affairs, presented during the Evidence-Based Health Policy Project February Capitol Briefing “Right Providers in the Right Places: What Policies Build Adequate Workforce in Wisconsin?” The periodic EBHPP briefings provide legislators, staff, state agency employees, and other interested parties with timely information and research related to priorities raised in the legislature. They also address broader, ongoing social issues.

A psychiatric advanced practice nurse, **Dr. Gina Bryan ’99, MS ’02, DNP ’12**, has advocated for greater practice authority for nurses in order to meet the growing need for mental health care. In February she testified before the State of Wisconsin Joint Finance Committee in favor

of the HOPE legislation that would provide increased funding to train more psychiatric advanced practice nurses. She was also appointed to the Governor’s Task Force on Opioid Abuse.

**Gay Thomas**, co-director of the Wisconsin Network for Research Support, has been invited to join the Stakeholder Advisory Group for the Patient Centered Outcomes Research Institute’s new Research Fundamentals and Training Resources project. The project will develop training programs to prepare researchers and stakeholders to work together in patient-centered outcomes research and community-engaged research processes. The two-year initiative kicked off on April 18 in Washington, DC.

University Housing selected DNP program director **Dr. Pam McGranahan DNP ’08** as a 2018 Honored Instructor. Award recipients are selected from nominations from students currently living in university housing.

**Drs. Barb King and Linsey Steege** were promoted to associate professor with tenure in June. Steege also graduated from the Madison Teaching and Learning Excellence fellowship program along with assistant professors **Dr. Andrea Gilmore-Bykovskiy ’09, MS ’10, PhD ’14; Dr. Tonya Roberts ’03, MS ’08, PhD ’12; and Dr. Traci Snedden**. Steege also received a UW–Madison Vilas Faculty Early Career Investigator Award, which recognizes research and teaching excellence and provides a year of flexible research funding. Snedden received a Midwest Nursing Research Society New Investigator Award from the MNRS Adolescent Research Group at the organization’s annual conference in Cleveland in April. She was also invited to join the board of the Wisconsin Brain Injury Association, and she provided the keynote at their annual meeting in June.

**Dr. Kris Kwekkeboom ’89, MS ’95, PhD ’99** received one of 16 UW–Madison Vilas Faculty Mid-Career Investigator Awards. The awards recognize research and teaching excellence, and they provide two years of flexible research funding.



Mel Freitag



Susan Zahner



Gay Thomas



Kris Kwekkeboom

**Dr. Kim Whitmore**, assistant professor, has been elected co-chair of the Midwest Nursing Research Society Family Health Research Interest Group. In May she participated in the Wisconsin Idea Seminar, which took 38 faculty and academic staff members on a five-day tour to deepen their understanding of the state and reaffirm their commitment to public service and the Wisconsin Idea. In June Whitmore co-hosted the first Wisconsin Lifespan Respite Summit, a free networking meeting designed to connect policymakers, researchers, family caregivers, and statewide partners working toward the development of a statewide strategy for strengthening the respite care system. Finally, Whitmore received Summer Term Igniter funding, a new source of support for summer courses or programming, to develop a summer respite camp immersion experience for undergraduate nursing students.

**Dr. Barb Pinekenstein '73** will be inducted as a fellow in the American Academy of Nursing in November. Fellowship in the academy is considered one of the nursing profession's highest honors.

**Dr. Laurie Newton '03, MS '06, DNP '12** attended the National Association of Pediatric Nurse Practitioners annual meeting in Chicago. Newton, along with colleagues from Children's Hospital in Milwaukee, led an intensive workshop titled "Sweet Dreams: A Multidisciplinary Approach to the Pediatric Patient With Sleep Apnea." She also presented a clinical roundup titled "To Clip or Not to Clip: An Update on Pediatric Tongue Tie," and she presented a poster with four pediatric DNP students (**Khira Ahmed-Yahia '12, DNP '18, Wanda Meeteer DNP '18, Katryn Remler '10, DNP '18, and Emily Schumacher '10, DNP '18**). **Dr. Traci Snedden**, assistant professor, and **Dr. Tracy Saladar**, clinical assistant professor, also attended the national NAPNAP conference and led the two-day pediatric nurse practitioner primary care review course for more than 200 attendees.

**Dr. Jennifer Fiegel-Newlon '98, MS '01, DNP '12** received the 2018 Recognition of Personal Achievement from Easter Seals Wisconsin for 20 years of service to the organization and community.

**Dr. Sarah Endicott DNP '13**, clinical assistant professor, presented on end-of-life care for people living with dementia at the Alzheimer's and Dementia Alliance 19th Annual Understanding Alzheimer's Disease, Dementia, and Memory Loss Workshop in Fennimore in March.

PhD student **Theresa Watts** received a 4W Engagement Grant for her dissertation research, which she presented at the third annual 4W

Summit on Women, Gender, and Wellbeing and the 41st Wisconsin Women and Gender Studies Conference "Our Bodies, Our Earth: Voice, Violence, and Peacemaking." Watts is researching the increase in hepatitis C virus among women of childbearing age, likely fueled by the rise of injection drug use related to the national opioid epidemic.

PhD student **Élise Arsenault Knudsen** received the PhD Research Award, a \$1,000 prize, from the Beta Eta Chapter-at-Large of Sigma Theta Tau, the International Honor Society of Nursing. She also presented a poster titled "Nurses' Perception of Practice Change: A Descriptive Qualitative Study" at the Wisconsin Institute for Healthcare Systems Engineering conference on campus in May and at the Academy Health Annual Research Meeting in Seattle in June.

PhD student **Effy Yu '15** received a grant from the Association of Women's Health, Obstetric and Neonatal Nurses to develop a conceptual model that explains Chinese immigrant mothers' postpartum depression experiences. She also received the \$2,500 Midwest Nursing Research Society's Joseph & Jean Buckwalter Grant, which funds emerging research scholars. Yu's program of research covers the well-being of vulnerable immigrant and refugee populations.

PhD student **Lacey Alexander '12, MS '14** received a Capstone PhD Teaching Award in February. Alexander, who has been teaching since 2012, was one of 15 teaching assistants recognized by the Graduate School.

**Tshachee Lee '18** presented her research project "Understanding Cultural Meanings of Colors and Emotions in Hmong Populations" at the UW-Madison Undergraduate Symposium in April. The annual symposium showcases undergraduate research from all areas of study at UW-Madison.

Several students received awards prior to commencement. **Tararinsey Seng '18** received the Future Nursing Leader Award from the Wisconsin Nurses Association. **Emily Menting '18** was named Outstanding Undergraduate in Training. **Jessica Rainbow PhD '18** received the Mary Keller Research Award, which recognizes a doctoral student. **Deidre Bieman '18, Tenzin Kusang '18, and Samuel Carlson '18** were all finalists for the UW-Madison Outstanding Returning Adult Student Award, and **Rose Chujo '18** was a nominee. Finalists earned a \$500 cash prize, and nominees received \$100.

The 2018 graduating class also selected Carlson to be the student graduation speaker, and the Wisconsin Union's Willis Jones Leadership Center named Carlson the February Authentic Leader of the Month. **Amanda Baumgartner '18** received the Meyerhoff Ginsburg Undergraduate Excellence Award for Leadership, Service, and Scholarship. **Amanda Williams '18** and **Cassidy DeVault '18** earned DAISY in Training honors. **Smita Sikhrakar DNP '18** and **Wanda Meeteer DNP '18** won the school's annual DNP Excellence Awards. **Natalie Kustner '18** and **Anne Roll PhD '18** won the Signe Skott Cooper Writing Awards for undergraduate and graduate students. The awards, presented at the School of Nursing convocation, include a \$500 cash prize.



Barb Pinekenstein



Jennifer Fiegel-Newlon



## PUBLICATIONS

Following is a selection of faculty publications from 2018:

Conn, V., Anderson, M., Killian, C., **Bowers, B.**, Wyman, J., Herrick, L., Zerwic, J., Smith, C., Cohen, M., Benefield, L., Topp, R., Fahrenwald, N., Tittler, M., Larson, J., Varty, M., Jefferson, U. (2018). Launching Successful Beginnings for Early Career Faculty Researchers. *Western Journal of Nursing Research*, 40(2):153-174.

Wang, L., Tao, H., **Bowers, B.J.**, **Brown, R.L.**, Zhang, Y. (2018). When nurse emotional intelligence matters: How transformational leadership influences intent to stay. *Journal of Nursing Management*, 26, 358–365., DOI: DOI: 10.1111/jonm.12509, onlinelibrary.wiley.com/doi/pdf/10.1111/jonm.12509.

Oyesanya, T., **Bowers, B.J.**, Royer, H., Turkstra, L. (2018). Nurses' Concerns about Caring for Patients with Traumatic Brain Injury. *Journal of Clinical Nursing*, 27(7-8):1408-1419.

Barrett, B., Hayney, M.S., Muller, D., Rakel, D., **Brown, R.L.**, Zgierska, A.E. Meditation or exercise for preventing acute respiratory infection (MEPARI-2): A randomized controlled trial. *PLOS ONE*, 13(6), e0197778., <https://doi.org/10.1371/Journal.pone.0197778>.

**Gilmore-Bykovskiy, A.**, Block, L., Walljasper, L., Hill, N., Gleason, C., & Shah, M. (2018). Toward an EHR-Derived Ontology for Detecting Cognitive Impairment: The Utility of Unstructured Clinical Documentation. *Journal of the American Medical Informatics Associations*. (Epub Ahead of Print). PMID: PMC-In progress.#

**Gilmore-Bykovskiy, A.L.** (2018). Commentary on Apathy as a Model for Investigating Behavioral and Psychological Symptoms in Dementia. *Journal of the American Geriatrics Society*, 66(S1), S13-S16. PMID: PMC5905721.

**Gilmore-Bykovskiy, A.L.**, Kennelly, K., DuGoff, E., & Kind, A.J.H. (2018). Hospital Discharge Documentation of a Designated Clinician for Follow-Up Care and 30-day Outcomes in Hip Fracture and Stroke Patients Discharged to Sub-acute Care. *BioMed Central Health Services Research*, 18(1):103. PMID: PMC5810181.

**Gilmore-Bykovskiy, A.L.**, Johnson, R., Walljasper, L.,\* Block, L., & Werner, N. (2018). Under-Reporting of Gender and Race/Ethnicity Differences in NIH-funded Dementia Caregiver Support Interventions. *American Journal of Alzheimer's Disease and Other Dementias*, 33(3):145-152. PMID: PMC5809319.

**King, B.**, **Gilmore-Bykovskiy, A.**, Kennelly, K., **Roberts, T.**, Mirr, J., Gehring, M., Dattalo, M. & Kind, A. (2018). Impact of Hospital Context on Transitioning Patients from Hospital to Skilled Nursing Facility: A Grounded Theory Study. *The Gerontologist*, 58(3):521-529. PMID: PMC5946923.

Affi, T.D., Granger, D., **Ersig, A.**, Tsalkian, E., Shahzani, A., Davis, S., Harrison, K., Acevedo Callejas, M., & Scranton, A. (2018). Testing the theory of resilience and relational load (TRRL) in families with type I diabetes. *Health Communication*. DOI: 10.1080/10410236.2018.1461585.

**Ersig, A.L.**, & Williams, J.K. (2018). Student and parent perspectives on severe food allergies at college. *Journal of Pediatric Health Care*. DOI: 10.1016/j.pedhc.2018.03.006.

Werner-Lin, A., **Ersig, A.L.**, Mueller, R., Young, J., Desai, R., Hoskins, L.M., & Greene, M.H. (In Press). Catalysts towards cancer risk management action: A longitudinal study of reproductive-aged women with BRCA1/2 mutations. *Familial Cancer*. DOI: 10.1080/07347332.2018.1469565.

**Ersig, A.L.**, Schutte, D.L., Standley, J., Leslie, E.J., Zimmerman, B., Hanrahan, K., Murray, J.C., & McCarthy, A.M. (In Press). Genetic Variants and the Cortisol Response in Children: An Exploratory Study. *Biological Research for Nursing*.

**Kwekkeboom, K.L.**, Tostrud, L., Costanzo, E., Coe, C., Serlin, R.C., Ward, S., Zhang, Y. (2018). The Role of Inflammation in the Pain, Fatigue, Sleep Disturbance Symptom Cluster in Advanced Cancer. *Journal of Pain and Symptom Management*, 55(5), 1286-1295.

Ramly, E., Stroik, B., **Lauver, D.R.**, Johnson, H.M., McBride, P., Lewicki, K.S., Arnason, J., Bartels, C.M. (2018). Assessing unwanted variations in rheumatology clinic pre-visit rooming: Methods to build capacity for population management. *Journal of Clinical Rheumatology*, DOI: 10.1097/RHU.0000000000000795.

Bartels, C.M., Ramly, E., Johnson, H., **Lauver, D.R.**, Panyard, D., Li, Z., Sampene, E., Lewicki, K., McBride, P. (2018). Connecting rheumatology patients to primary care for high blood pressure: A nursing protocol improves timely follow-up and population blood pressures. *Arthritis Care Res*, DOI: 10.1002/acr.23612.

Worawong, C., Borden, M.J., Cooper, K., Perez, O., **Lauver, D.R.** (2018). An evaluation of a person-centered, theory-based intervention to promote health behaviors. *Nursing Research*, 67(1), 6-15. DOI: 10.1097/NNR.0000000000000254.

Wilber, J., Braun, L.T., Arslanian-Engoren, C., **Lauver, D.R.**, Holloway, S. (2018) Assessing and addressing cardiovascular risk in young women. *American Academy of Nursing on Policy. Nursing Outlook*, 66, 325-328.

**Pecanac, K.E.**, Schwarze, M.L. (2018). Conflict in the intensive care unit: Nursing advocacy and surgical agency. *Nursing Ethics*, 25, 69-79.

**Pecanac, K.E.** (2018). Combining conversation analysis and event sequencing to study health communication. *Research in Nursing and Health*, 41(3):312-319.

**Pecanac, K.E.**, **Rainbow, J.G.**, **King, B.**, **Steege, L.** (2018). Use of simulation in multi-modal researcher training for observation studies. *Simulation in Healthcare*, 13, 47-51.

**Roberts, T.**, **Gilmore-Bykovskiy, A.L.**, Lor, M., Liebreit, D., Crnich, C.J., Saliba, D. (2018). Important Care and Activity Preferences in a Nationally-Representative Sample of Nursing Home Residents. *Journal of the American Medical Directors Association*. PMID: NIHMS911047

Min, A., **Scott, L.D.**, Park, C., Vincent, C., Ryan, C.J., Lee, T. (2018). Impact of Medicare Advantage penetration and hospital competition on technical efficiency of nursing care in US intensive care units. *Int J Health Plan Mgmt*, 1-13., DOI: 10.1002/hpm.2528, doi.org/10.1002/hpm.2528

Lee, S.E., Vincent, C., Dahinten, S., **Scott, L.D.**, Park, C.G., Lopez, K.D. (2018). (50:4 ed., pp. 1-9). *Journal of Nursing Scholarship*, DOI: 10.1111/jnu.12396.

**Solheim, K.** Intentional community relationships and global health nursing. *International Nursing Review*, 52(1), 1-2.

Oyesanya, T., **Snedden, T.R.** (2018). Pediatric nurses' perceived knowledge and beliefs of evidence-based practice in the care of children and adolescents with moderate-to-severe traumatic brain injury. *Journal of Specialists in Pediatric Nursing*. doi. org/10.1111/jspn.12209.

**Krupp, A.**, **Steege, L.**, **King, B.** (2018) A systematic review evaluating the role of nurses and processes for delivering early mobility interventions in the intensive care unit. *Intensive and Critical Care Nursing*, 47, 30-38 (doi: 10.1016/j.iccn.2018.04.003).

**Steege, L.M.**, Pasupathy, KS, Drake, DA. (2018) A Work Systems Analysis Approach to Understanding Fatigue in Hospital Nurses. *Ergonomics*, 61(1), 148-161, (doi: 10.1080/00140139.2017.1280186).

Sagherian, K, **Steege, L.M.**, Geiger Brown, J, Harrington, D. (2018) The Nursing Performance Instrument: Exploratory and Confirmatory Factor Analyses in Registered Nurses. *Journal of Nursing Research*, 26(2), 130-137 (doi: 10.1097/jnr.0000000000000215).

Clarke, M.A., Moore, J.L., **Steege, L.M.**, Koopman, R.J., Belden, J.L., Canfield, SM, Kim, M. (2018) Toward a patient centered ambulatory after-visit summary: Identifying Primary Care Patients' Information Needs. *Informatics for Health and Social Care*, 43(3), 248-263 (doi: 10.1080/17538157.2017.1297305).

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Pratt, R., Gyllstrom, E., Lange, C., Hahn, D., Baldwin, L., VanRaemdonck, L., Nease, D., **Zahner, S.** (2018). Identifying barriers to collaboration between primary care and public health: Experiences at the local level. **Public Health Reports**, 133(3): 311-317.

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## Upcoming Events

### Accelerated Program Applications Close

Sunday, September 16

The 12-month BSN program puts students on the fast-track to nursing practice.

### DNP Informational Session

Thursday, September 20, and Thursday, October 18

Email [admissions@nursing.wisc.edu](mailto:admissions@nursing.wisc.edu) to register.

### Littlefield Leadership Lecture

Tuesday, October 9

Rear Admiral Sylvia Trent-Adams, deputy surgeon general, will deliver the 19th annual lecture on nursing leadership.

### Homecoming Tailgate and Game

Saturday, October 20

Join us for a tailgate breakfast at Union South before the game. Visit <https://go.wisc.edu/NAOhomecoming> for tickets.

### Native Nations Nursing Summit

Friday, November 16

The Menominee Nation hosts the fourth annual event for individuals interested in the health of tribal communities.

### Winter Commencement

Sunday, December 16

Fall graduates will be recognized at the Kohl Center.

*Natalie Kustner poses with Bascom Hill's Abe statue one last time as an undergraduate*

