



# NURSING Dimensions

## A Dream Deferred, a Future Worth the Wait

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Todd Brown



From the eighth floor of the Wisconsin Alumni Research Foundation (WARF), Alan Fish (left), Teresa Adams (center), and Mark VanderWoude can view the parking lot (seen in right back-drop) where the new Nursing Science Center will be constructed.

It had been quite a week. One day, \$28 million in funding to help build a new University of Wisconsin–Madison School of Nursing building had been unexpectedly allocated by the state joint finance committee in a late-night budget meeting at the Capitol. A few days later, the money was gone, eliminated in a new version of the budget—a gift given, then snatched away. Then, the local media suddenly took an interest in it. The *Wisconsin State Journal* ran a front-page story and photo. Even out-of-state newspapers were covering the story.

*“I think it’s important to emphasize one more thing: We have never designed a building that we didn’t build.”*

– Alan Fish

The *Chicago Tribune* headline read “Assembly Democrats Don’t Want Nursing School.” Nursing schools from around the country were calling, too. What was going on in Wisconsin? Despite projections of a severe nursing shortage over the next twenty years, was it true that the State of Wisconsin really did not want a new nursing school building to help educate more nurses?

That same week, when faculty and staff came together on a Friday afternoon in June for a school-wide building planning session, a whirlwind of questions swirled across the room. Was the university really behind this project? What did this budget brouhaha really mean? Had all of this attention about the new building helped or hurt the school’s prospects for building the new \$47 million Nursing Science Center? And the biggest question of all: Was there really ever going to be a new School of Nursing building?

These were legitimate questions. Many participants at that Friday afternoon planning session knew that the quest for a new School of Nursing facility dated back at least to the early 1990s, and probably earlier.

In fact, during the twenty-seven years that Mark VanderWoude, assistant dean for facilities and planning, has been at the School of Nursing, the school’s space in the Clinical Science Center (CSC), he says, has undergone three large remodeling projects and dozens of smaller renovations to address changing needs and adapt to a less-than-ideal educational space in the CSC. There had also been consideration in the late 1990s given to relocating the school to the bottom seven floors of the Wisconsin Alumni Research Foundation (WARF) building on Walnut Street. However, there were no teaching classrooms in that plan. Ultimately, the decision was made to pursue building a new facility.

In 2001, a plan for a 48,000-square-foot facility was submitted to the UW–Madison Campus Planning Committee. It became a top campus construction priority. Unfortunately, there was no state money for building that year. Over the next eight years, the drive and dream for a new building did not go away. In fact, the size doubled to 93,000 square feet, primarily to incorporate more teaching classrooms, more research space, and room for an expected 30 percent future growth.

“We have tweaked our current building as much as we can,” VanderWoude says. “We’ve used up all of our opportunities in this space.”

\* \* \*

Now, as the June planning meeting was getting under way, the arrival of the afternoon’s ‘guests’ gave the affair a hopeful sense of possibility that maybe the school’s building quest was not a pipe dream after all. Associate Vice Chancellor Alan Fish and Capital Budget Administrator Teresa Adams—two key leaders overseeing the construction of \$800 million in new campus buildings in the coming biennium—were on hand to field questions and discuss the project. When Doug Sabatke, a UW campus architect, was introduced as the project manager, there was a collective gasp. The new building has a project manager! Suddenly, the long-talked-about Nursing Science Center seemed to be taking shape.

*Continued on page 2*

## Dean's Message



Jeff Miller, University Communications

Katharyn A. May  
DNSc, RN, FAAN  
Dean and Professor  
UW-Madison School of Nursing

As Congress debates the reform of the American health care system, nurses and the nursing profession must be at the table.

The nation is facing a major shortage of primary care and family practice doctors. Health care coverage will potentially be offered to millions more Americans, but the question remains: Who will provide primary care? The answer: Nurse practitioners (NPs). From private practice to nurse-managed health centers, NPs have proven their capacity to take on this role. A report by the Congressional Office of Technology Assessment found that NPs working in physician practices could decrease patient visit costs by one-third.

Nurse practitioners are the fastest-growing group of primary care

professionals in the country. Compared to physician training, the education of an NP costs four to five times less and can be completed at least four years sooner.

Increasing the availability and quality of nursing across settings throughout the lifespan can also produce significant cost savings. One great example is the Nurse-Family Partnership (NFP), which has helped change the lives of vulnerable, low-income first-time moms and their babies through ongoing home visits from registered nurses. The NFP model is an investment that has saved communities more than twice the cost of the program.

The nurse-managed health center, an innovative new model for primary and preventive care delivery, is another powerful ingredient in

health care reform. These centers could be expanded to reach more than 20 million people—nearly half of the 46 million currently uninsured.

One of the most promising models of care delivery is the Transitional Care Model (TCM), developed to cut health care costs by using advanced practice nurses to design comprehensive care plans that smooth the transition from the hospital to other settings. The model has shown impressive outcomes in reducing expensive rehospitalization, achieving in one study a net savings of more than \$18,000 per patient.

At the School of Nursing, we often say that there is a nurse in everyone's future. As the nation reforms its health care system, this has never been truer.

### NURSING DIMENSIONS

*Nursing Dimensions* is written for alumni, friends, faculty, staff, and students of the University of Wisconsin-Madison School of Nursing. It is published twice a year by the School of Nursing with assistance from the Wisconsin Alumni Association. The printing of this newsletter is funded by private contributions.

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*A Dream Deferred (Continued from page 1)*

Fish addressed the media controversy about the building being added and then removed from the state budget. "You've probably been hearing a lot about this building in the papers, and I imagine it's a little confusing," Fish began. People shifted in their chairs, nodding their heads, paying attention, waiting.

"Our plan all along was to design it in 2009–2011 and build it in 2011–2013," Fish said. "It was important for people to know also that we had a plan to execute it that did not require the Legislature to vote on it right now and for people to understand what the plan would be, which is largely to use gift funds to do the design and put it through the campus planning committee and the Board of Regents and get it in front of the Legislature in 2011. So frankly, these recent events may prove helpful when we go back to the process, because there will be people who wanted to do it this year who will be even more motivated to get it into the budget in 2011."

Fish stopped for a moment to let what he'd just said sink in.

"I think it's important to emphasize one more thing," he said. "We have never designed a building that we didn't build."

\* \* \*

Currently, the school's building planning is in full force: Numerous subcommittees are at work, making assessments about space and functional needs with Sabatke. Adams and Fish make themselves available to talk about how the university process works for building a new facility.

"You really do need to be aware of the fact that this is the best chance

you'll ever have to recreate yourself," Fish says. "So many programs are limited, restricted, or directed based on their physical space. Nursing is a good example right now.

"When you recreate yourself in a new facility, it gives you a chance to rethink your mission and functions. Nursing will now have a chance to create an identity, create a brand that's definable here on campus. The visibility of that site and the proximity to the

graduate environment."

With a \$6 billion budget deficit, the recession is hitting the state hard. The way Fish sees it, however, the economic downturn is actually a good time to build.

"In some ways, it's a counter-cyclical investment the state is making right now in a very deep recession," he says. "Two things are happening. One, we're getting great value for our construction investment because there's so much competition. Two, because there are

so many construction workers out of work, and construction companies with not enough jobs to do, the fact that the state still is in the building business is keeping people in jobs."

And so, after basic planning and doing a national search for architectural firms, what else will the school need to do?

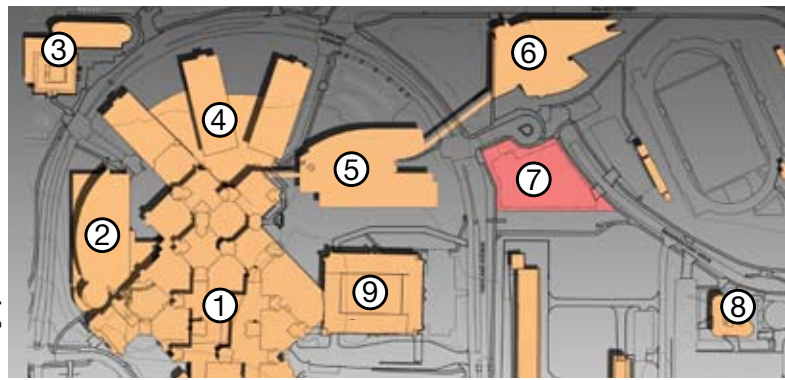
"There's a process that the campus uses to prioritize their capital projects," says Adams, "a process that

Dean May and the nursing project will be working on in the fall. We'll be making presentations to our campus planning committee, and they will have to priority-rank any project that has a state funding component. We'll send those to UW System, and they will priority-rank for the regents all of the campus projects. You have to keep advocating for your project: It's really important to make a good argument, a strong justification on the campus ... and have your initial funds."

Given the school's history in trying to get the new building construction off the ground, it seems unlikely that anyone will take for granted the necessity of making a good argument for the building. Certainly, VanderWoude won't.

"All I can say is that it's about time!" VanderWoude says. "The development, design, and building of this project will take me into my retirement from the university."

Drawing by Zimmerman Architectural Studios, Inc.



The west campus master plan includes 1) Clinical Science Center/University Hospital and Clinics (UWHC), 2) American Family Children's Hospital, 3) Waisman Center, 4) Wisconsin Institutes for Medical Research (WIMR), 5) Health Sciences Learning Center, 6) Rennebohm Hall/Pharmacy, 7) site for proposed Nursing Science Center, 8) WARF, and 9) UWHC parking ramp.

HSLC will make nursing symbolically an equal partner in the whole academic health center," he explains.

According to Fish, the old institutional construction aesthetic held that buildings, and their interiors, were created to last hundreds of years, making them very difficult to remodel. "We're now building hybrids," he says. "The exteriors, the ceilings, the building envelope, the mechanicals, and the windows are really robust, but inside, they're more changeable. You want to have a building that is easy to remodel and repurpose over time."

The new building, Teresa Adams says, also needs to retain a human scale. "In preplanning meetings, we heard a lot that the human scale doesn't really exist over in your building right now. You also need to take into account the space outside the building. And we need to keep in mind that nursing is an undergraduate as well as a

# Treating Cancer Pain with Alternative Non-drug Strategies

If necessity is a major factor in the development of new health care treatments, then for Kristine Kwekkeboom, PhD, RN, her *empathy* for the cancer patients she was treating is also a strong motivator.

Kwekkeboom, an assistant professor at the University of Wisconsin–Madison School of Nursing, says that her new National Institute of Nursing Research-funded study of alternative, non-drug strategies for pain and other symptoms resulting from cancer, “Patient-controlled Cognitive Behavioral Interventions for Cancer Symptoms,” came directly from her work as an oncology nurse.

The researcher says that she was seeing too many cancer patients with unmanaged symptoms, forcing her to think of ways that she could offer patients help. Nationally, Kwekkeboom’s observations about undertreating pain have been borne out. A recent study by the Harvard School of Public Health found that, in a survey of forty metropolitan hospitals, one-third of the patients did not feel their pain was well controlled.

“The research and treatment that I’m working on grew out of a desire to help patients with unrelieved cancer pain,” Kwekkeboom says. “Pain medications provided some relief, but there were times when the effects of those medications started to wear off or when patients experienced flares in their pain, and my only option was to call a doctor and to ask the patient to wait for more medication. During that waiting time, I had to watch patients suffer, which was very distressing. I was compelled to find other methods of symptom management that I could use to help those patients, in addition to taking medications.”

*“The research and treatment that I’m working on grew out of a desire to help patients with unrelieved cancer pain.”*

– Kristine Kwekkeboom

Kwekkeboom focused her research on cognitive and behavioral (mind-body) strategies, including mental imagery, relaxation, and distraction techniques. These strategies are part of basic nursing education. When nurses diagnose symptoms like pain, fatigue, or anxiety in their patients, they can prescribe these strategies independently, without a doctor’s order, as opposed to medications.

Before launching the new research project, Kwekkeboom conducted a feasibility study last year to see if adult cancer patients of all ages would actually participate in a research study that involved using relaxation and guided imagery techniques delivered on an MP3



Kristine Kwekkeboom (right) prepares two research team members, Kristen Abbott Anderson (left) and Lauren Park (center), to teach study participants about the use of an MP3 player to deliver a symptom management intervention.

player and used independently at home. The symptoms that Kwekkeboom focused on in this study were pain, fatigue, and sleep disturbance. All but three of the thirty participants completed the two-week study and used the treatment strategies, on average, once a day. There was no significant difference between symptom ratings made at the beginning of the study and two weeks later, Kwekkeboom says, but she was encouraged to find that, when patients used one of the non-drug strategies, their symptoms improved in the period immediately after—the alternative strategies temporarily alleviated the symptoms.

She is particularly interested in symptom clusters that appear to accompany the toxic chemotherapies or radiation therapy given to advanced cancer patients. Cancer researchers are finding that certain symptoms tend to “cluster,” co-occurring at the same time. It is possible that this one treatment can help patients control the cluster of all three symptoms.

Kwekkeboom’s new study will involve patients who have advanced lung, colorectal, prostate, or gynecologic cancer that is either re-occurring or progressing despite treatment. The study will focus on 104 patients who will be divided into two groups—those who get the treatment right away and others who record their symptoms for two weeks and then are offered the treatment. Patients will select their preference of guided imagery, relaxation, and distraction strategies from twelve options provided on an MP3 player and use the strategies as often as needed, whenever and wherever their symptoms occur. They will be asked to keep a log of which strategies they use and when. Patients can continue to use any prescribed medications, using the non-drug strategies as additional treatment.

One reason these alternative symptom management strategies are effective, Kwekkeboom says, is that there is more to symptoms like pain than just ... pain.

“These kinds of strategies do a good job at treating symptoms in ways that medications alone cannot,” Kwekkeboom explains. “Medications target the sensory dimension of symptoms. For example, analgesics are used to reduce the intensity of the pain sensation, but the non-drug strategies help to give people a sense of personal control over their symptoms and let them know there is something they can do to change their pain, fatigue, or sleep disruption and change the way they think about their symptoms.”

“Symptoms like pain have affective and cognitive components in addition to the intensity of the sensation,” she says. “Patients feel the intensity of the symptom, but also react to it cognitively and emotionally, often with dysfunctional thoughts and fear or anxiety about what the symptom means. The symptom is a reminder that you have a life-threatening disease, so there are a lot of thoughts and emotions that go along with the sensory experience.”

Kwekkeboom says that, at the end of the study, she will study patient responses to each type of non-drug strategy and will try to further understand how the strategies work and for whom.

“My ultimate goal is to equip practicing nurses with a theoretical basis to match individual patients with the most appropriate strategies,” she says. “I want to give nurses a set of questions that they can ask a patient and then use the patient’s answers to determine what kind of treatment is going to work best for their patient.”

## Fighting the Battle against Elderly Incontinence

Denying the hardship of urinary incontinence (UI) on our nation's elders draws the ire of Kelly Kruse-Nelles, MS, APRN, clinical associate professor at the UW-Madison. "That older people don't mind being wet and certainly don't mind wearing diapers is an appalling myth," she asserts.

Elders—particularly frail elders—Kruse-Nelles explains, represent an underserved population with a lot of continence-related co-morbidity, particularly in community and long-term care settings. Skin breakdown, recurrent urinary tract infections, feelings of isolation, depression, low self-esteem, and the increased risk of falls and resulting injury, she adds, characterize the clinical impact of UI.

*"Depending on which article you read, urinary incontinence costs Medicare between \$14 billion and \$20 billion a year."*

– Kelly Kruse-Nelles

"Depending on which article you read, urinary incontinence costs Medicare between \$14 billion and \$20 billion a year. These costs not only include co-morbidities, but also

pads and laundry," says Kruse-Nelles. "While 99 percent of elders in long-term care receive absorbent products to manage UI, only 1 percent of nursing home residents across the country have received evaluation of their urinary incontinence. That's a huge problem."

With involvement by NPs nationwide, Kruse-Nelles and colleague Laura Croft Maw, MS, APRN, from Lehi, Utah, co-chaired a task force to develop national care standards for advanced practice continence nurses (APCNs) in long-term care settings. What resulted was *Advanced Practice Continence Nurse in Long-Term Care: Scope and Standards of Practice* (2008), published by the Society of Urologic Nurses and Associates (SUNA) and built on federal guidelines of effective UI management by the Centers for Medicare and Medicaid (CMS).

Kruse Nelles was the first to bring a UI practice model to Wisconsin. And none too soon, because about the same time (2004), Medicare put in place a revised federal guideline to evaluate nursing care in long-term care settings. "Facilities often receive citations by Medicare for inappropriate use of urinary catheters and lack of continence care," says Kruse Nelles. "Helping nursing staff feel confident in assessment skills and behavioral interventions is crucial."

Kruse-Nelles currently heads UroGyn Consultations, LLC, in Madison. She has partnered with nurses and primary care providers of long-term care facilities in Richland Center, Lancaster, Mt. Horeb, Dodgeville, and Madison to

improve continence care. At each site, she provides continence consultation that includes a comprehensive review of the resident's medical record and history. With the resident's permission, she performs a focused physical exam and diagnostic testing. From this information, she recommends an individualized UI treatment plan.

Kruse-Nelles recently put together a guideline for a bladder retraining/toileting program involving the use of intermittent—versus indwelling—catheterization at a long-term care facility in Mount Horeb. "There are long-term consequences to indwelling catheters," she says. "Risk of recurring urinary tract infections, kidney infection, bladder stones, and damage to the urethra and bladder are among them."

As a result of the evaluations, all but two of the eight residents with indwelling catheters began voiding on their own, and plans were put in place to help residents achieve continence.

"If the resident hasn't voided within twelve to twenty-four hours after catheter removal, he or she is typically labeled with urinary retention, and the catheter is put back in," Kruse-Nelles says. "But the bladder is a muscle that can get weak, so it needs to 're-learn' to expand and contract."

Kruse-Nelles has been a member of the School of Nursing clinical faculty since 1996, teaching master's-prepared courses in the areas of adult, geriatric, and women's health with a focus on primary care. Urinary incontinence as a symptom, she says, is threaded throughout the course content as it relates to areas such as common gynecologic problems, menopause, and diabetes.

Evaluation and management of UI is content that Kruse-Nelles has integrated in the curriculum in the past four years. "Nurse clinicians who have this information are more likely to avoid UI pitfalls, such as unnecessary catheter use, falls, and infections," Kruse-Nelles explains, "and are also more likely to preserve the patient's dignity by acknowledging the problem and offering treatment recommendations. The course content is also about reversing attitudes and myths about UI."

Now in her fifth year as continence consultant, Kruse Nelles recalls what gave her role its momentum. "Early in my practice, I worked out a continence plan with a patient who was missing important events in her life for fear of bladder accidents," explains Kruse-Nelles. "One day, she came to my office. 'I'm here to tell you that I'm totally continent; I attended my grandson's basketball game last night,' she said. That was a huge victory for both of us."



In March of 2009, Kelly Kruse-Nelles attended the Society of Urologic Nurses and Associates (SUNA) Annual Symposium in San Diego. There, she presented SUNA task force findings on the development of a national scope and standard of practice for advanced practice continence nurses (APCNs).

## Luecke Named 2009 Nurse of the Year

In May of 2009, the *Milwaukee Journal Sentinel* and the Milwaukee and Waukesha district nurses' associations named Jeffrey Luecke, BS'95, RN, the Nurse of the Year. Luecke, who was nominated by his colleagues, is employed as a registered nurse at Walker's Point Community Clinic, part of Aurora Health Care of Milwaukee. He holds a master's degree in theology and is trained in parish nursing. Currently, he is pursuing a master's degree in family practice from Concordia University in Mequon, Wisconsin.

The Q&A session below describes Luecke's ties to the UW–Madison School of Nursing and his commitment to health care's underserved populations both in Wisconsin and worldwide.

### **Q: Why do you call nursing your "dream job"?**

A: I was attracted to nursing as a career because at the heart of this profession is caring for people in need. I believe God gives each of us desires, passions, and gifts that are to be used for the benefit of others, and nursing has offered the opportunity to use my passions and gifts in service to others in a way unique to who I am. Therefore, being a nurse is not just a position, but it is part of who I am. It brings me great pleasure to serve others in this way.

### **Q: Explain the impact that the School of Nursing's community health nursing class had on your future as a nurse.**

A: Professor Bernice Owen made the difference for me. She was a great mentor who "walked her talk" and was a great advocate for those on the fringe of society. I had the privilege of having her as a preceptor in my community health rotation. It was during this experience to serve youth at Operation Fresh Start's health care clinic on Madison's east side that I decided community health was the direction I wanted to take. Prevention and wellness just made, and still does make, sense to me—that is, putting energy into helping people avoid health problems in the future.

### **Q: What effect did the UW–Madison School of Nursing in general have on the direction of your career?**

A: Attending the UW–Madison exposed me to people of many other cultures and from all over the world. I had several friends and knew fellow students from other countries. This opened my eyes to the richness of learning about other cultures, but also the great needs around the world. The exposure gave me the interest to serve overseas.

### **Q: Upon graduating from the UW–Madison, you served in the Peace Corps in Paraguay, South America. You said it changed your life. In what way?**

John Krejci



Fellow co-workers nominated Jeffrey Luecke for Nurse of the Year honors, describing him as "going above and beyond" what is expected of his role to attend to his patients.

A: I learned that most of the world does not experience life as we do in the United States. In Paraguay, people have fewer possessions; therefore, their lives are not driven by materialistic need, like they are here. It was a blessing to experience this relationship with neighbors where relishing each day's experiences was more important than accumulating wealth.

The experience also exposed me to the great health care needs outside the United States and the need for good primary care/prevention. There is no extensive tertiary health care system similar to what we have here, so prevention is even more important in the care of one's health.

### **Q: What prompted you to pursue an MS as a family practitioner?**

A: I truly had never thought of pursuing a nurse practitioner degree until I worked at Walker's Point Community Clinic, which serves a large Spanish-speaking population. The clinic is mostly staffed by nurse practitioners, who provide good nursing care as well as have some additional autonomy in the area of prescribing. I want to return overseas to do primary care/public health medical missions, so I see the nurse practitioner program as better preparing me to do this.

### **Q: Walker's Point Community Clinic is recognized as an innovative model for improving the health of one of Wisconsin's most disadvantaged communities. As a member of the clinic, what have you contributed toward attaining this recognition?**

A: Walker's Point Clinic is a healing environment: Everyone on the team is committed to providing excellent care, despite the challenges of having limited resources in working with the uninsured. I hope that I have helped enhance the provision of holistic care for our patients. I am able to provide spiritual counseling for patients who want to talk about the interaction of the physical and spiritual aspects of health and to connect patients to faith communities in Milwaukee, if need be. I hope that I have helped the clinic focus on preventive care of our patients and our connectedness to the greater community in the provision of our care.

## Prevention Behavior Is First Line of Defense



Laurie Hartjes, MS, RN

As fall semester 2009 gets under way, university health services nationwide are bracing for a more virulent strain of the H1N1 virus to threaten campus settings.

Lost in the anxiety of this looming threat, however, is another globally significant infectious disease that is under-recognized on many campuses: malaria.

Malaria is an ancient but resurging disease caused by a parasite injected in humans via a female Anopheles mosquito. Student populations are increasingly being exposed to malaria and other unfamiliar diseases when traveling to risk regions globally for academic, volunteer, and recreational reasons, says Laurie Hartjes, MS, RN, a doctoral candidate at the University of Wisconsin–Madison School of Nursing.

“Study-abroad participation has increased more than 150 percent over the past decade, with the most rapid growth in developing countries,” says Hartjes. “Institutions of higher education increasingly emphasize it. The combination of global travel and students’ incomplete or inaccurate understanding of risks and prevention behaviors creates a hazardous situation.”

In 2007, Hartjes examined perceptions of travel health risks

and prevention behaviors among UW–Madison study-abroad students.

Data demonstrated that, generally, study-abroad students consider most health threats to be neither likely nor worrisome. According to Hartjes, this lower perception of risk provides less motivation to prepare for unfamiliar risks, such as malaria, which ranked in the bottom half of students’ perceived health threats.

*“There currently is no vaccine for this disease, so prevention measures require personal knowledge of the disease. Malaria can kill or disable quickly, but is curable if treated promptly.”*

– Laurie Hartjes

Malaria now affects more people than at any time in history, says Hartjes, adding that more than 100 countries currently present a malaria risk. “There currently is no vaccine for this disease, so prevention measures require personal knowledge of the disease. Malaria can kill or disable quickly, but is curable if treated promptly.”

“Sometimes the microscopic parasites hitchhike home in the liver and don’t cause symptoms for months to years after being infected,” she explains. “Returning to the United States infected but untreated is called ‘imported malaria.’ The importation makes it possible for local mosquito populations to pick up and pass the parasites to people who have not traveled.”

Hartjes and Linda Baumann, PhD, RN, professor of nursing and named national ambassador of the Paul G. Rogers Society for Global Health Research, are currently designing a Web-based game that engages students in travel health prevention behaviors. Called “Life and Death in the Age of Malaria,” this game invites players to assume the identity of a series of student travelers going to different destinations and to make decisions that affect the simulated risk of malaria infection.

It’s a prevention tool to supplement the educational resources currently available, says Hartjes. The interactive online format, however, makes it appealing to this digital generation of travelers, and it is designed to make the learning more memorable and effective.

In May of 2009, Hartjes went to Budapest, Hungary, to the biennial International Society of Travel Medicine conference, where she presented a poster on her research. Her findings are published in the September/October 2009 issue of the *Journal of Travel Medicine*.

While at the conference, Hartjes passed an exam to certify her as a travel health specialist. According to Hartjes, it’s a relatively new health science serving as a springboard to analyze the needs of the typical or not-so-typical traveler—eco-hiker, diver, high-altitude climber with special needs—and to offer the most personalized risk-reduction plan.

“Preparation and prevention measures are key,” Hartjes says, “because you don’t always know what to expect once you reach your destination—limited access to health care services, counterfeit drugs, the need to urgently travel to a distant location for post-exposure rabies treatment. A safe journey is well worth the preparation.”

## In Other News

**Patricia Flatley Brennan**, PhD, RN, FAAN, Lillian Moehلمان Bascom Professor of Nursing and chair of the Department of Industrial and Systems Engineering, is among five University of Wisconsin–Madison faculty whose research proposals will establish the Wisconsin Institute for Discovery (WID). Brennan’s proposal for the Health Technology Design in the Living Environments Laboratory is aimed at accelerating the development of personal care diagnostic and therapeutic technology with the goal of supporting individuals’ and families’ detection, recognition, and management of health problems.

Additionally, Project HealthDesign, a \$10 million Robert Wood Johnson Foundation-funded program under the directorship of Brennan, was selected to

receive a 2009 Public Media Award from the Sigma Theta Tau (STT) International Honor Society of Nursing. The award recognizes “Grantee Videos,” for capturing the ingenuity of nine grantee proposals through vignettes that illustrate the potential of personal health applications to help individuals and families better manage their health. The award will be presented at STT’s Fortieth Biennial Convention in Indianapolis in November of 2009.

**Wendy Crary**, MS, RN, School of Nursing alumna and clinical instructor, patented a programmable digital thermometer (PDT) to use with SimMan, a computerized patient simulator designed by Laerdal. The PDT incorporates this assessment component of patient care with

the already-present visual readouts for several other patient vital signs, creating an added layer of authenticity to the patient care environment. Crary’s patent was filed with WARF in June of 2009.

The University of Wisconsin–Madison Teaching Academy inducted clinical associate professors **Regina Dunst**, MS, CPNP, and **Susan Tipple**, MS, RN, in May of 2009. As fellows, they represent faculty who have demonstrated excellence in teaching and a commitment to improving the quality of teaching and learning across the campus.

**Kristine Kwekkeboom**, PhD, RN, assistant professor of nursing, received the Advancing the Science of Nursing

## Patterson Family Creates Own Story of Philanthropy

“I married into this ‘Badger clan’ and was immediately swept up in the enthusiasm and love the family has for the University of Wisconsin,” says James Patterson, an author of thirty-nine *New York Times* best-sellers who has sold more than 150 million books worldwide. “I have become a massive Badger fan in all ways.”

This enthusiasm has translated into a significant gift for the University of Wisconsin–Madison School of Nursing. Patterson and his wife, Susan, will establish the Lorraine and O.B. Solie Nursing Scholars Fund in honor of Susan’s parents. Nursing students who plan to pursue their doctorates in nursing will be eligible for \$10,000 a year in scholarships.

*“Nursing is not on people’s radar the way it should be.”*

– James Patterson

“I hope the fund will inspire people to go into nursing,” Susan notes. “We’ve all been in situations where we rely on those contacts with nurses to assure you, to care for you, and to make you feel good. Nurses don’t get the respect they deserve.”

Susan earned her bachelor’s and master’s degrees from the UW–Madison. Her mother, Lorraine Solie, earned her nursing degree at the UW and, later, became head nurse at the State of Wisconsin General Hospital and taught at the School of Nursing. O.B. Solie, who earned bachelor’s and master’s degrees in art and design from the university, died in 2006. “Nursing is not on people’s radar



Lorraine Solie (left) and Uba Backonja (center), a student in the School of Nursing’s Early Entry PhD program, celebrate with UW–Madison Chancellor Biddy Martin at a June 2009 building campaign event where Martin announced the establishment of the Lorraine and O.B. Solie Nursing Scholars Fund.

the way it should be,” James says. “Hopefully, contributions like this and others will shine a light on it. It’s something a lot of men and women would find very, very rewarding.”

James Patterson made national headlines with his Page Turner Awards, which honor schools, libraries, and bookstores “doing a great job spreading the joy of reading.” He has also established a need-based scholarship program at Manhattan College, where he earned his undergraduate degree.

Coleen Southwell, working on behalf of the School of Nursing, helped the Pattersons craft a fund they were

passionate about, James says. “What’s important to me,” he explains, “is that we are choosing situations where the contributions will be used wisely.”

*To find out more about the Lorraine and O.B. Solie Nursing Scholars Fund, contact Coleen Southwell at (608) 263-6007 or [coleen.southwell@uwfoundation.wisc.edu](mailto:coleen.southwell@uwfoundation.wisc.edu).*

award from the Pain and Symptom Management Research Section of Midwest Nursing Research Society (MNRS). The award was presented at the section meeting during the MNRS annual conference held in March of 2009.

Doctoral student **Florence Naab** was chosen as a 2009–2010 Population Policy Communications Fellow by the Population Reference Bureau (PRB) in Washington, D.C. Naab focuses her doctoral research on couple infertility—particularly, the role that African cultural beliefs and perceptions about couple infertility play in the psychosocial health of women faced with this condition. The Policy Fellows Program will assist Naab and other fellows to understand how research informs

the policy environment and to tailor their findings for a policy audience.

**Jane Peace**, PhD, RN, a 2008 graduate of the UW–Madison School of Nursing doctoral program, will begin a two-year postdoctoral fellowship at the University of North Carolina at Chapel Hill, beginning fall semester 2009. As a trainee, she will conduct research in the School of Nursing’s T32 program, titled “Interventions to Prevent or Manage Chronic Illness,” and in the Center for Genomics and Society’s training program, titled “Ethical, Legal, and Social Issues Related to Genomic Research.”

**Earlise Ward**, PhD, LP, assistant professor of nursing, was named to the

African American Mental Health Research Scientist (AAMHRS) Consortium. She is a scholar of the UW Institute for Clinical and Translational Research (ICTR) and affiliate to ICTR’s Collaborative Center for Health Equity (CCHE). Both roles support consortium goals, which include advancing involvement by African American research scientists in National Institute of Mental Health initiatives while building a supportive research network of African American mental health research scientists.

# Come One, Come All to the Fair!

Like most fairs, it's a chaotic composition—throng of participants, loud conversations, laughter, and movement. But for these fairgoers, the attraction is not the rush of the ride, but the thrill of inquiry.

The fourth annual Nursing Research Poster Fair was held April 29, 2009, in the atrium of the Health Sciences Learning Center. In concert with the Nursing Research Council of the UW Hospital and Clinics, the UW–Madison School of Nursing showed fair participants where nursing practice—informed by research—is headed.

Nearly forty research posters filled the atrium. They represented the tackling of myriad health care issues, from promoting competencies in nursing

education for safer care of patients to reducing the incidence of pressure ulcers for bedridden patients.

Nursing doctoral student Rachel Roiland, BS, along with major advisor Susan Heidrich, PhD, RN, and industrial engineering doctoral student Oscar Perez, MS, displayed their findings on assessing symptom “clusters” in older breast cancer survivors to improve symptom management and quality of life.

“The poster fair is an opportunity for those from the academic world and the clinical world to come together and engage in learning from one another,” Roiland notes, adding that maintaining the bridge between these two worlds is vital in helping nursing research thrive.

Researcher Karen Kehl, PhD, RN, addressed the needs of family members related to a loved one's death in the home—both to understand what is happening and to provide care. As an Institute of Clinical and Translational Research scholar who teaches undergraduate honors and graduate nursing courses, Kehl values the fair as a teaching tool.

“It is a great introduction to research poster events,” Kehl says. “It gives me an excellent opportunity to teach undergraduate and master's students how to critically appraise research posters.”

“From a student's perspective,” adds Roiland, “the research poster process is a great opportunity to learn from more seasoned researchers.”

Top photos from left: A research fair visitor surveys the brochure of poster projects exhibited at the 2009 Nursing Research Poster Fair. Nursing student Max Warren (center) discusses project data with fellow student fairgoers. Doctoral student Rachel Roiland explains the findings of her project, which was supported by the National Institute on Aging and the National Cancer Institute.

Bottom photos from left: Nurse researcher Karen Kehl clarifies her findings on gaps in written materials that prepare families for death in the home. Nursing students and colleagues from other health professions schools on campus survey rows of posters. Nursing student Andrea Gerstbrein (left) talks with clinical faculty Diana Girdley about her research team's findings on aiding the recovery of burn and wound patients through ambulation.

Brad Fedie



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