Caring for Communities:

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Our theme for this academic year is “choosing greatness.” This theme is inspired by the book “Great by Choice” by Jim Collins and Morten Hansen. The authors identified three themes that were central characteristics of 10 of the greatest organizations in the U.S. These typify our work at the Sinclair School of Nursing (SSON) and include: 1) fanatical discipline to achieve goals; 2) productive paranoia—keeping an eye on possible scenarios in the future, planning for these while pushing forward; and 3) empirical creativity—engaging in innovations based on supporting evidence. To us, greatness is synonymous with excellence. That is what you will find throughout our SSON with examples depicted in this issue of Mizzou Nursing.

Nurses provide care to persons throughout the life cycle in many settings. You have most likely heard me say “nurses are needed wherever people are found.” This issue of Mizzou Nursing highlights care being given in schools, communities and in foreign countries by students and alumni. Our Nursing in Communities course affords students unique opportunities to design and implement projects to advance the health of the community and its residents. Just two such projects are described here. One is an intervention to detect traumatic head injuries in student athletes. The others are a project to teach elementary students about diabetes and development of a resource book made to help diagnose skin diseases and rashes in elementary students.

Dr. Tina Bloom, Associate Professor, is making an impact on the safety of women who have been subject to intimate partner violence (IPV). Dr. Lea Wood, Director of the Essig Simulation Center, has implemented an IPV training program as a simulation to enhance students’ comfort in dealing with this sensitive issue.

Our alumni are our greatest advocates. You will enjoy learning about mother/daughter alums’ service in Haiti and Eileen Hacker (BSN, 1943) and her husband, Alden, of 73 years. Military service as well as the 9/11 event are commemorated by Dr. Nancy Birtley, Assistant Teaching Professor, in her “March to the Arch.”

Our plans for a new building continue and depend upon your support. Note the brief on “planned giving” in this issue. Also included in this issue is a listing of members in our Nightingale Gift Society. If your name does not appear on this list, we would like it to be.

Join us with your support as we continue “choosing greatness.”

Judith Fitzgerald Miller
Comments on Accreditation Invited

The Sinclair School of Nursing at the University of Missouri-Columbia is hosting an accreditation evaluation of its baccalaureate, master’s and doctor of nursing practice programs with the Commission on Collegiate Nursing Education (CCNE). The site visit is scheduled for February 22-24, 2017. As part of the process, you are invited to provide input to the accreditation team. Written and signed third-party comments will be accepted by CCNE until 21 days before the visit (February 1, 2017). Evaluators consider third-party comments that relate to the program’s compliance with the accreditation standards. Standards may be accessed at http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf

Please direct any comments to:
Email: thirdpartycomments@aacn.nche.edu
Mail: Commission on Collegiate Nursing Education
   Attn: Third-party Comments
   One Dupont Circle NW, Suite 530
   Washington, D.C. 20036
Greetings Tigers, from the Office of Advancement!
The energy of the campus is officially in high gear with the students back after their summer break! The Sinclair School of Nursing is coming off a very successful fundraising year for 2015-2016, raising more than $4 million in cash, pledges and planned gifts to continue to advance the school to greatness. We are thrilled and grateful for the hundreds of donors who contributed to efforts such as the new nursing facility, student scholarships, faculty support, research funds and diversity programs.

As you will read in this issue of Mizzou Nursing, the faculty and staff of the Sinclair School of Nursing have much to be thankful for. The “giving of themselves” mentality wholeheartedly describes a nurse, and Mizzou nurses demonstrate that through philanthropy. Whether it’s a $25.00 annual fund donation or $25,000 to fully endow a student scholarship, every single dollar makes a difference towards the education and experience of our future nurses.

No matter how healthy or unhealthy a person may be, nurses are needed in everyone’s life. Hospitals and other health care providers are already experiencing a nursing shortage, and by the year 2020, it’s projected America will be short more than a million nurses.

The Sinclair School of Nursing is fully engaged in fundraising for a brand new nursing building that will increase enrollment by 25% the very first year. Thanks to Richard Miller of Columbia, Mo., and Mike and Millie Brown of Leawood, Kan., and others, we are well on our way of making this dream into a reality. I invite you to be a significant part of history in contributing to this vital effort to not only benefit our nursing school, but the citizens of the entire Midwest. Needless to say, your investment in the #1 Nursing School in the country will be well placed!

Mizzou Nurses, let’s have another historic year in the Sinclair School of Nursing’s Advancement Office! Go Tigers!

Matt Osterthun
Director of Advancement
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TIGERS IN THE SPOTLIGHT

Faculty Member Receives Fulbright Grant

Dr. Greg Alexander, PhD, RN, FAAN, a professor at the Sinclair School of Nursing, was named a 2016-17 Fulbright U.S. Scholar in March. Dr. Alexander will be working with a research team at Macquarie University in the Australian Institute of Health Innovation Centre for Health Informatics and Centre for Health Systems and Safety Research for four months in early 2017. His project is a descriptive, cross-sectional study to investigate information technology sophistication as it relates to resident care, clinical support and administrative processes and quality measures in a sample of nursing homes in New South Wales, Australia. Dr. Alexander has been a member of the gerontology research team that has received $35 million in grants from the Department of Health and Human Services Centers for Medicare and Medicaid Services to conduct research to enhance the health of older adults.

RN to BSN Graduate Addresses MACC Students

As a self-described lifelong learner, Michael Weston values education. With two associates’ degrees from Moberly Area Community College (MACC) under his belt, Weston completed the RN to BSN program from the Sinclair School of Nursing in 2012. He has worked as a nursing supervisor in the progressive care unit at University Hospital in Columbia for the last two years, where he often has MACC nursing students completing their practicums. He returned to his alma mater this spring to speak to these students at their pinning and graduation ceremony. Weston said he encouraged students to be confident in their capabilities. “They are going to be anxious about all that is ahead of them, state boards, new jobs, etc.,” he said, “but I just reminded them that they’ve got this.” Weston also encouraged graduates to be lifelong learners. And he is setting the example. Having served as a service line specialist for University of Missouri Health Care, Weston is planning to graduate in December with a master’s in health administration and move on to a clinical manager position. With all his degrees though, he says “graduating from Sinclair was a big deal for me.”

New Faculty Join the Sinclair School of Nursing

Stefani Birk  
DNP, MBA, MS(N), RN  
Assistant Teaching Professor

Lydia Mejia-Johnson  
DNP, RN, CHFP  
Assistant Teaching Professor

Olumayowa Odemuyiwa  
MSN, RN, CCRN  
Instructor
improving nursing home care of older adults

$19.8 million CMS grant funds phase 2 of MOQI project

In April, TigerPlace was abuzz with some big news. On April 6, 2016, it was easy to see celebration was in the air. Champagne-filled glasses awaited members of the faculty and staff of the Sinclair School of Nursing. University of Missouri Interim Chancellor Hank Foley, Interim System President Mike Middleton and Provost Garnett Stokes joined the crowd as members of the media stood in back.

In the front stood a sign draped with a black curtain. With speeches from Foley and Sinclair School of Nursing Dean, Judith Fitzgerald Miller, Dr. Marilyn Rantz, executive director of TigerPlace, came to the podium and revealed what stood behind that black curtain: an announcement of a $19.8 million grant, the largest research grant in MU history.

The nearly $20 million grant came from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) to expand the Sinclair School of Nursing’s Missouri Quality Initiative for Nursing Homes (MOQI). The program is a collaboration between the University of Missouri, federal and state Medicaid agencies and 40 Missouri nursing homes, mostly in the St. Louis area.

A large part of the project is working to reduce hospitalizations among nursing home residents. The new grant will fund a study on payments to nursing homes that reduce hospitalizations.

Currently, there is a problem with how Medicare makes payments to various entities for treating patients, Rantz says. MOQI will use this new funding to start assessing the Medicare payment model for nursing homes, and ultimately how that influences patient care.

Rantz says hospitals generally receive greater Medicare payments than nursing homes for the exact same services. For example, if a hospital treats a patient for pneumonia, they can bill CMS for $203. However, if a nursing home treats a patient for the same thing, they can only bill CMS for $136. According to Rantz, this disparity in payments can lead nursing homes to hospitalize patients who could have been offered care at the nursing home.

“One of the challenges nursing homes face in
determining care is the amount of payment they receive from CMS,” Rantz says. “This inequity means that decisions about resident care can come down to money—not what is best for the patient.”

Under the new grant, CMS agreed to standardize payment under Medicare Part B for the treatment of qualifying conditions. In other words, they will increase the amount paid to participating nursing homes for the onsite treatment of approved conditions. Rantz and her team of researchers will then study whether the incentive of increased payment will help nursing homes reduce hospitalization rates.

Rantz’s research team is an interdisciplinary group. Sinclair School of Nursing members include professor Greg Alexander, professor Marcia Flesner, program coordinator Jessica Mueller, associate professor Lori Popejoy and associate professor Amy Vogelsmeier. It also includes Colleen Galambos, professor in the College of Human Environmental Sciences’ School of Social Work, and Greg Petroski, a biostatistician in the Medical Research Office.

This is not the team’s first grant. The Missouri Quality Initiative for Nursing Homes began back in 2012 with an initial CMS grant award of $14.8 million for a project on reducing avoidable hospitalizations among nursing home residents. In this study, participating nursing homes used proactive prevention measures to identify and treat common health problems.

This study was highly effective and led to an increase in the quality of patient care and decreased hospitalization at participating nursing homes.

“CMS recognized our major accomplishments in reducing potentially avoidable hospitalizations by 39%, saving CMS millions of dollars,” Dean Judith Fitzgerald Miller said during the grant announcement. “We have already seen monumental success. Our researchers received kudos from CMS from the first phase of the project. Having the opportunity to expand this program showcases the university’s commitment to improving nursing homes and care of older adults, not only in Missouri, but across the nation.”

The second phase of the program will take place at an additional 16 nursing homes that have systems in place to manage the most common diseases associated with hospitalizations, including pneumonia, dehydration, congestive heart failure, urinary tract infections, skin cancers and asthma.

Interim Chancellor Hank Foley commended the team at the announcement and said the grant funding will improve patient care at nursing care facilities nationwide, but the MOQI project will benefit Missouri health care in particular.

“The grant represents Missouri taxpayer money that went to Washington and came back to Missouri—a boon for the university’s researchers and their collaborators on the MOQI project,” he said.

In both phases, the team has been in good hands. Rantz’s pioneering work in nursing home care quality spans 30 years. She is regarded as a premier international expert in quality measurement in nursing homes and research programs to improve the quality of older people. Yet, she is quick to pass the praise to her research team. She says the patience and persistence of the MOQI team has clearly paid off and has resulted in measurable improvements to patient care in Missouri nursing homes, which led to this new CMS funding.

“The whole point is to ensure that when you need a nursing home, things work really well, and you get good quality care,” she says. “That’s our objective, and that’s been the result of this work.”
You probably read the title of this article and wondered what does that mean. I plan to explain why Missouri needs to become a “Green State” and how progress toward that goal will impact the role of advanced practice registered nurses (APRNs) and access to care for Missouri residents. APRNs practice in the state of Missouri under statutory authority that requires a collaborative practice agreement with a physician and restrictive collaborative practice rules that were put into state regulations in the 1990s. The collaborative practice rules were written over 30 years ago through forced collaboration between the Missouri Board of Healing Arts and Missouri State Board of Nursing. The rules were not evidenced-based and have resulted in a practice environment for APRNs that is limited due to the arbitrary rules.

The American Association of Nurse Practitioners (AANP) monitors the limitations placed upon APRNs in the 50 states and the District of Columbia annually, and categorizes the APRN practice environment using three colors: Green, Yellow and Red (See graphic below). Green states are considered Full Practice states where APRNs can evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments including prescribing medications under the authority of the State Board of Nursing. Twenty-one states and the District of Columbia are categorized as Green states. Yellow states are considered Reduced Practice states where state laws reduce the ability of APRNs to engage in at least one element of APRN practice and requires a collaborative agreement with a physician in order to provide patient care. Seventeen states are categorized as Yellow states. Red states are considered Restricted Practice states where state laws restrict the ability of an APRN to engage in a least one element of Nurse Practitioner practice and requires supervision, delegation or team management by a physician in order to provide patient care. Thirteen states are categorized as Red states, including Missouri, unfortunately.

Regulations surrounding APRNs in Missouri serve as barriers to access of health care that increase cost...
and time associated with delivery of health services. Research performed by Sinclair School of Nursing faculty in 2014 examined “nationwide, state level analyses of Medicare or Medicare-Medicaid beneficiaries of potentially avoidable hospitalizations, readmission rates after inpatient rehabilitation and nursing home resident hospitalizations and then compared them with state health outcome rankings. States with full practice of nurse practitioners have lower hospitalization rates in all examined groups and improved health outcomes in their communities.”* Results indicated that obstacles to full scope of APRN practice have the potential to negatively impact our nation's health. The financial implications of being a Red State were identified in a report from a 2012 Missouri Foundation For Health, which revealed that Missouri could save $1.6 billion over the next decade through expansion of the scope of APRN practice (meaning removing the barriers of the collaborative practice agreement and rules), and $4.3 billion through shared decision making with palliative care and patient care coordination.

An area of great need in Missouri is rural counties that have no or limited access to primary care physicians and mental health providers. In 2014, three counties had no primary care physicians, and 28 rural counties had only one primary care physician. People who have access to primary care have fewer preventable emergency department visits and hospital admissions. APRNs, according the Missouri State Board of Nursing data in 2016, reside in every Missouri county but one. Removal of the restrictive APRN barriers in Missouri would allow nurses residing in rural settings to open up businesses and employ people while providing care to an underserved population.

There is a primary care shortage in Missouri that cannot produce enough physicians to increase access to care for Missourians. APRNs are a resource that could change the health care environment leading to improved outcomes. A final observation comes from the 2016 Commonwealth Fund Scorecard on Local Health System Performance. The scorecard examined 36 indicators of access, quality, avoidable hospital use, costs and outcomes across U.S. communities from 2011 to 2014. One challenging observation in the report revealed that rates of premature death from treatable medical conditions were mostly unchanged in the years studied. Better performance in green states show where you live matters when it comes to health care. Living in red Missouri may not be good for your health and removal of the APRN barriers would change that. In upcoming issues, I plan to share actions that could help turn Missouri into a Green State.

For most of their time in the Sinclair School of Nursing, students learn in the classroom and work to apply this theory in clinical settings in the hospital and in the Essig Simulation Center. However, for one semester, students get a taste of what a career in nursing outside of the hospital setting could look like.

In the Community Health class, students, usually in their last semester, are assigned a semester-long partnership with a preceptor and then create a project to better the health of those in that community. Many work alongside school nurses and see it as a way to give back to the community.

Erin Swope, for example, went back to her hometown of Cuba, Missouri, to organize a concussion study among their athletic department. Erin says she got the idea for her semester-long project from her past experiences and recent news coverage on concussions. When she was a young student-athlete in Cuba, she had several head injuries—including being hit in the head with a baseball bat in middle school—but was never diagnosed as having a concussion because she never went to a doctor for her injuries. As a result, Erin has had some long-term effects and wanted to help the next generation avoid that.

After talking to the school nurse and coaches for various sports teams, she created a survey for student-athletes and non-athletes alike. The school nurse informed her that three softball players had recently come in with concussion symptoms. While it seemed that athletes were reporting head injuries, there was no certain protocol in place for treating them. She wanted to help change this.

Once she had interpreted her data, Erin set out looking for an intervention. Since Cuba is a small, rural town, they do not have the financial resources to have trainers or doctors on site at athletic events. As a result, there are times when an athlete will immediately re-enter a game after suffering a head injury. This can result in greater damage and/or longer-term effects. Erin found the King-Devick test and thinks it could be
a great solution for Cuba High School and other rural schools as well.

At the beginning of the season, athletes take the test on an iPad or other tablet to establish a pre-injury baseline score. When a suspected head injury occurs, they take the test again on the tablets. A worse post-injury test score indicates a concussion may have occurred and the athlete should be removed from play.

There is some cost involved as the athletic department would have to purchase subscriptions to the test and potentially a tablet, but it seems like a reasonable expense. There is a new athletic director in town, so Erin is hoping by the fall, the school will have implemented the test.

All in all, Erin was grateful for the experience. She eventually wants to focus her career on care in rural areas. She graduated in May and began a job in the oncology department at University Hospital.

Senior Camryn Bates also used her personal experience in her semester-long community health project. Camryn was assigned to a Columbia elementary school to work with the Juvenile Diabetes Research Foundation (JDRF) walk to raise money and education on diabetes. Paired with classmate Grace Nauman, they met with their preceptor, who leads up the annual JDRF walk at the school.

What made this so exciting for Camryn is that she has had Type 1 diabetes since she was a child, which is part of the reason she chose a career in nursing. “What got me interested in nursing was that I wanted to be able to help kids with Type 1 diabetes,” she says.

Her community health project could not have been a more perfect assignment. Part of the project involved educating students on diabetes, which is what Camryn says was her favorite part. She was able to share personal stories and thinks the students learned more than they would have without her stories.

“I really got to connect with them,” Camryn says. “They took so much interest in me and thought I was so cool. They had so many questions specifically about me.”

She was also able to connect with a few students who also had Type 1 diabetes. Her connection with the students paid off. Due to their efforts, the school raised the most money it ever had for the JDRF walk, around $4,600. Camryn hopes to use her experiences from her community health semester in her career. She graduated in May and is pursuing pediatric nursing. Down the road, she thinks she would like to be involved with JDRF.

Perhaps one the most long-standing projects from the semester, however, was taken on by Alexandra Kilpatrick. She was assigned to Russell Boulevard Elementary to work alongside the school nurse there. In the first couple of weeks she was at the school, she saw a handful of children come in with different rashes that they could not pinpoint. These rashes presented a unique challenge and learning experience for Alexandra, as she had not seen many of the rashes or skin diseases in her previous clinical experiences.

In order to create a project that would be helpful for the years to come after her semester there, Alexandra went over her findings on concussion protocols at Cuba High School with the school athletic director. She hopes her project will help the small, rural school keep its students safe when dealing with head injuries.
Alexandra Kilpatrick designed this book for school nurses to use as a resource tool when treating students with rashes.

decided to create a resource book of common rashes and skin diseases seen in schools. Some of these include scarlet fever, MRSA, chicken pox and hand, foot and mouth disease.

She spent hours studying various diseases and included information and pictures of what the rashes looked like, symptoms, treatments and, most importantly, how long the child should be held out of school.

“The most important part of the book I focused on was whether the disease was communicable and what they needed to do,” Alexandra says. “It’ll be easy for the school to use and determine which kids should be sent home going forward, and it was information I didn’t really know before. It is something I will definitely take with me in the future.”

Additionally, Alexandra included which rashes or diseases had vaccines and highlighted the importance of them, especially in a school setting.

“A lot of the diseases that have the potential to be life-threatening have vaccines and can be prevented,” she says. “That’s why vaccines are so important in a school setting, because those diseases are also highly communicable.”

Alexandra graduated from the Sinclair School of Nursing in May and then moved to Fort Worth, Texas, for a pediatric nurse residency program.

With a master’s degree in public health nursing, Mary Fete helps lead the community health course. She says it is important for nursing students to think about health care outside of the hospital setting.

“Most of the patients we take care of in the hospitals/ICUs may not be in this position if we had more upstream thinking and care in our country,” she says. “Many of the problems we see in patients, such as obesity, motor vehicle accidents, cardiovascular and other chronic diseases are totally preventable.”

Therefore, Fete is passionate about her students and making sure they have the experiences they need.

“Nursing students need to experience the community nursing specialty,” she says. “They need to be prepared to be advocates in their communities to promote health and well-being. Ninety nine percent of all of patients’ care happens in the communities where they live. These students are the nursing leaders of the future, and they will be actively involved in public health no matter what nursing area they practice.”
Each year, people across the United States stop to remember the 3,000 victims of the September 11, 2001, attacks on the World Trade Center, Pentagon and Pennsylvania field.

There are moments of silence, flags are lowered to half-staff, and at the University of Missouri, flags are hung between the legendary Columns. In St. Louis, there is the annual 9/11 March to the Arch, a 21-mile memorial walk that begins in West County and concludes at the base of the Gateway Arch. The event symbolically begins at 9:11 a.m. on September 11.

This year, Sinclair School of Nursing alum and faculty member Nancy Birtley, DNP, APRN, PMHCNS-BC, PMHNP-BC, participated in the march with her family for the second consecutive year.

“This is an emotional journey with much physical pain,” Birtley says, “none of which compares to what our firefighters, police officers, soldiers, those killed or injured in terrorist attacks and their families endured.”

As this year was the 15th anniversary of the attack, the march took a small detour to Art Hill in Forest Park, where there were 7,071 full-sized American flags, one to represent each fallen soldier since the attack. Each flag had a picture and dog tag from one of the fallen soldiers.

“I cannot begin to tell you the overwhelming emotions I felt as those flags came to view and when I heard the sound of over 7,000 dog tags tapping the flag poles as the wind blew,” she says. “Tears still come to my eyes.”

This year was extra special as Birtley was joined by her husband, eldest daughter and her future son-in-law, who is in the Army National Guard and has served in Afghanistan.
Unfortunately, intimate partner violence (IPV) is a sad reality for many throughout the state of Missouri and the United States. And many times, nurses are at the front lines of intervention. Throughout the Sinclair School of Nursing, faculty members are preparing student nurses to be attune to the signs of domestic violence and working to help victims.

According to the Centers for Disease Control and Prevention, intimate partner violence refers to any “physical, sexual or psychological harm by a current or former partner or spouse, which can occur among heterosexual or same-sex couples and does not require sexual intimacy.”

Throughout the U.S., it is estimated that 1 in 4 women and 1 in 7 men have been the victim of severe physical violence by an intimate partner. Outside of the harm in the immediate altercation, domestic violence can have long-standing effects on the victim’s physical and mental health. According to the CDC, women who experienced violence by an intimate partner in their lifetime were more likely to report having asthma, diabetes and irritable bowel syndrome. Both men and women who experience this kind of violence were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health.

Therefore, it is likely all health care providers will encounter intimate partner violence during their career. However, according to Dr. Lea Wood, director of the Sinclair School of Nursing Essig Simulation Center, most health care providers lack the training needed to feel confident and competent in screening patients for IPV. To combat this incompetency, Dr. Wood created the IPV Training Program implemented in the Essig Simulation Center.

The IPV Training Program combines didactic and interactive learning. Students started the session by reviewing a presentation that discussed the prevalence, significance and epidemiology of IPV, the impact IPV has on the victim, health care provider and the health care industry, appropriate screening tools and interview techniques and general safety plan.

The students then moved into an experiential learning phase, wherein they watched an exemplary screening vignette, discussed interview strategies and reviewed an IPV resource card. Finally, students moved into the simulation center. Interacting with a standardized patient, the students had the oppor-
nity to conduct an IPV screening interview, provide resources and collaborate with the patient to develop a safety plan. They then met as a group to debrief and discuss the effectiveness of different strategies they practiced.

While in their simulation training, students were taught to go beyond looking for the hallmark signs of IPV. The importance of routine screening for all patients was emphasized. Dr. Wood taught the students to conduct interviews with patients following some basic guidelines:

• Introduce the topic as a routine screening for all patients
• Ask permission
• Ensure confidentiality
• Conduct the screening in a non-judgmental manner
• Thank the client for answers
• Validate patient responses empathetically
• Offer resources and referrals as appropriate

Overall, students are finding this training to be both useful and necessary.

“The response from the students was overwhelmingly positive,” Dr. Wood says. “I have received several e-mails from students expressing gratitude for the experience and how it has benefited them in both clinical experiences and personal situations.”

The simulation training is already a staple in the undergraduate track, but because of the success and necessity of the training, the program is expanding. It now includes two simulation scenarios. The first is screening for IPV after signs of physical abuse were evident, and the second includes a male victim of emotional abuse. The training has now been integrated into the Doctor of Nursing Practice program in addition to the traditional undergraduate track.

Dr. Tina Bloom, who has spent much of her career dedicated to intimate partner violence work, believes health care providers should expand their knowledge of the issue.

“It is critically important that health care providers know about intimate partner violence and how to ask patients about it and how to effectively connect their
patients with safety planning services,” she says. “First of all, we want our patients to get better and/or stay healthy, and partner violence is a serious issue in terms of abuse survivors’ physical and mental health. When we don’t address it, we don’t stand much of a chance of improving overall health outcomes for our patients. Secondly, people generally trust health care providers. We are in an almost unparalleled position to convey the incredibly powerful message to a person, who is likely isolated, frightened and ashamed, that no one deserves to be abused and that safety planning services are available that are free, confidential and can increase safety for abuse survivors and their children. Third, we know that survivors of intimate partner violence are very much with us in our health care systems. In fact, an abused woman is far more likely to be seen in a health care setting than to have contact with police.”

While preparing students to screen for IPV will help many in the future, Dr. Bloom is working on innovative but tangible ways now.

Working as a nurse in a very intense, busy, high-risk perinatal unit on the West Coast, Dr. Bloom’s career would be altered forever. She had been considering what to do as a next step in her career when her coworker got a job as a full-time research nurse for Dr. Mary Ann Curry. As it turned out, Dr. Curry actually needed two research nurses for the project, and Dr. Bloom’s coworker recommended her for the job. Dr. Curry, who is an alumna of the Sinclair School of Nursing, was working on a large, randomized controlled trial of a nurse case management intervention for pregnant women who were abused by an intimate partner or at high risk for such abuse.

“I remember being absolutely blown away when I learned how common intimate partner violence actually is during pregnancy,” Dr. Bloom says. “How was it that something so harmful to maternal-child health was also something I’d never really learned about as a nurse? How was it that we didn’t really ask all these high-risk pregnant women about intimate partner violence?”

Dr. Bloom also credits Dr. Curry for pushing her to take the next step in her career.

“She was very generous with her mentorship and guidance and convinced me to start thinking about graduate school,” she says. “I wanted to learn how to prevent partner violence and make a meaningful difference for vulnerable pregnant women and children.”

Since that initial break, Dr. Bloom has continued to explore ways to protect those who have been abused. For the last decade, she has been working on an online program to assist battered women. This work started while she was in graduate school, working for Dr. Nancy Glass, a nurse-researcher who specializes in intimate partner violence. Dr. Glass and Dr. Karen Eden developed a safety planning decision aid for abused women.

“One of the critical issues in this field is safety planning with abused women, a dialogue where advocates and women identify her level of risk, her resources and her priorities and then make a plan for increasing her safety, which is quite effective to reduce violence exposure, but the vast majority of abused women don’t access services where they can receive safety planning,” Dr. Bloom says.

Therefore, the team decided to put the program on
a laptop. Dr. Bloom beta-tested it for the programmer and then took it around to domestic violence shelters for abused women to test the program. The abuse survivors who tested the program responded to it positively, had less conflict about their safety decisions after just one time using it and thought it would be very useful to have it online, where they could access it privately and over time.

Since that initial study, Dr. Bloom has been part of the large, multidisciplinary, multi-site team Dr. Glass built to take this work further. The team adapted the safety planning decision aid for a web-based format in response to women’s feedback and conducted a large, NIH-funded randomized controlled trial of the intervention with 720 abused women, whom they followed for a year.

Dr. Bloom developed new tailored components of the decision aid for pregnant or postpartum women. She was funded by the Robert Wood Johnson Foundation to test the feasibility and acceptability of the program with hard-to-reach pregnant women.

Most recently, the team has adapted the decision aid for college women, who are the highest risk age group for an abusive relationship, and developed a component that can be used by a friend or family who is concerned about a loved one’s relationship.

The team has also adapted the decision aid into a downloadable app for smartphone use, especially important in trying to reach college students. They are currently conducting a dissemination trial of the app with college students in order to learn which strategies are most effective to increase awareness of the app and to increase uptake and use of it. The program, called myPlan, will soon be available free for anyone to download as an app or use online.

“I’m very proud to be a part of this work,” Dr. Bloom says. “What we’ve learned overall is that the decision aid supports women’s safety planning efforts, that abused women can and will access safety planning information online or via smartphone safely, and that this program can be a really useful complement to existing safety services.”

For Dr. Bloom personally, the work has been her life’s calling.

“Talking to violence survivors, hearing their stories, witnessing their strength and designing and testing interventions that fit their priorities and needs is incredibly fulfilling.”

Dr. Bloom’s app, myPlan, is currently being tested on college students, the age group at highest risk for abusive relationships, and will soon be ready for free downloads on both Apple and Android devices. It will also be available online.
It is not rare for mothers and daughters to take trips across the country—or even across the world—together. But to travel together to serve as medical missionaries to a third-world country might be a little more rare. That is just what Elizabeth Soto and her mom Tricia Jester did this summer. Instead of your traditional summer vacation, Elizabeth and Tricia packed their bags and headed to Saint-Louis-Du-Nord, Haiti, with Northwest Haiti Christian Mission, to assist with eye exams and surgeries for the impoverished living in the area.

For Elizabeth, this trip quickly became “one of the most treasured moments of [her] life.” She has long been inspired by her mom and has chosen to follow in many of her footsteps. Tricia Jester graduated from the Sinclair School of Nursing in 1982 and went on to work for University Hospital in the cardiac ICU. It was there that she decided she wanted to pursue a career as a cardiac nurse specialist, so she moved to Alabama to pursue the Cardiac CNS program at the University of Alabama-Birmingham (UAB). However, while she was there, her career took a little twist.

While in the process of applying to Cardiac CNS programs, she shadowed in the recovery room and learned about being a nurse anesthetist. UAB also happened to have a nurse anesthesia program, so she decided to apply there and got accepted. The rest, as they say, was history. She graduated in 1988 from UAB as a nurse anesthetist and has continued that career since then.

Nurse anesthetist is not her only role, though. Tricia has raised two daughters, Elizabeth and Ami. And she must have done something right—both have also gone on to graduate from the Sinclair School of Nursing. Elizabeth graduated in May 2012, Ami in December 2014. Ami worked for a little over a year at University of Missouri Psychiatric Center as a mental health nurse before accepting a job at Research Medical Center in Kansas City. She has not left the University, however. She is just beginning the DNP program to become a mental health nurse practitioner.

Elizabeth is also continuing her education, but she is once again following in her mother’s footsteps. She is currently enrolled at the Truman Medical Center School for Nurse Anesthesia in Kansas City. Learning more about her career has given Elizabeth an increased
appreciation and deeper respect for her mom, especially from a professional viewpoint.

“I have always looked up to her, but going through anesthesia school has given me such a deeper respect for her,” Elizabeth says. “I know the depth of the responsibility that is placed on her shoulders every time a patient is in the operating room. I know the moment that everyone is looking to you to make sure the patient stays alive. I know that she is the calm in the storm, has made quick, life-saving decisions in the moment and that surgeons trust her greatly with their patients. I not only respect her as my mother, but I have a deep profound respect for her as a fellow anesthetist.”

Elizabeth has cherished conversations with and advice from her mom while going through this round of schooling, but this trip was a way for her to learn from her mom hands-on. Tricia served as Elizabeth’s preceptor while in surgeries.

The group was in Haiti to serve at the eye clinic. Many came to get exams and glasses, but some also required more extensive care. This is where Elizabeth and Tricia served. They helped get patients ready in the pre-operative area by putting in eye drops to dilate the eye so the surgeon could operate, put in IVs and performed eye blocks, local anesthetic to provide anesthesia and analgesia to the eye during surgery. They also were a part of surgeries such as enucleations, where the eyeball was removed, and pediatric cataract surgeries. These surgeries required general anesthesia, and the pair used their skills to administer the anesthesia.

The pair both have a passion for serving in third-world countries, whether through church or medicine, and both said this trip was a reminder to go back to the basics of the work they love.

“Anesthesia is the same both here in the United States and in a third-world country like Haiti,” Elizabeth says. “Even though we have more bells and whistles, newer technology and more equipment, the process is still the same. We gave the same drugs that we give here in the United States. I was impressed with how easy it is to rely on all of our high-tech bells and whistles—there is a monitor for anything and everything here—but down in Haiti, they might not have it. If you don’t have that equipment, or it malfunctions, you rely on your basic nursing skills. You learn to adapt to your circumstances. You learn to provide an excellent anesthetic with minimal information about the patient.”

From working side by side, the mother-daughter duo found that it may not only be a love for nursing that’s genetic, but the way they perform the trade too.

“The saying about anesthesia is that there is more than one way to skin a cat, meaning there are a thousand different ways to do anesthesia and none of them are wrong,” Elizabeth says. “It has been funny to learn
Elizabeth and Tricia assist a Haitian patient with an eye exam.

that we skin the cat in a very similar fashion, meaning out of all the ways to do anesthesia, we have landed on a very similar technique.”

For Tricia, it has been special to watch both of her daughters join her ranks as Sinclair School of Nursing alumae and to see them continuing their education.

“I always told the girls they could be anything they wanted to be,” she says. “In fact, neither of them started their careers at Mizzou as nursing majors, but both switched early on. But it is special that they both decided to be nurses, too, and I think they are pretty good nurses too.”

She adds that she has enjoyed being able to offer advice as Elizabeth learns the art of being a nurse anesthetist. “It’s not an easy job,” Tricia says, “but it is an extremely important one that I love. I think Elizabeth loves it too, and I love sharing that with her.”

Because of this, this experience was different from anything she had experienced in the past. She had been to Haiti on both medical and religious mission trips in the past. She had even gone with Elizabeth and her sister, Ami. But this was the first time they got to work alongside each other doing what they love.

“This trip was really special for me,” she says. “We raised both of our girls to think service was important and to go out of their way to help others. I think that’s a big reason both of them pursued nursing as a career. I could not be more proud that that idea stuck.”

Both Elizabeth and Tricia have plans to continue participating in medical mission trips, both as a pair and individually.

“We have been given so much,” Tricia says. “And while it is in the definition of our job to help others, I think it is so important to go out of the United States and help those who are more poor than we can imagine and have no access to decent health care.”

“I went on my first mission trip when I was in high school,” Elizabeth adds. “It was actually a trip just like this one; I went to Haiti with my mom and sister, and we worked on eye surgeries. When I was a freshmen in college, I went to Honduras with my church. I love going on trips. I think going to third-world countries and serving the poorest of the poor is something I’m called to do.”

With less equipment, the pair had to rely more on basic nursing instinct instead of “bells and whistles.”
Imagine our excitement when we discovered Eileen Hacker, a treasured 1943 BSN alumna. Eileen resides in her own home in St. Louis with her husband, Alden. The life experience of this couple, married for 73 years, is vast, incredible and joy-filled. Their early years—as well as their entire lifespan—are lessons in history. To say they have lived life fully and have experienced change within our society is an understatement with Eileen at age 96 and Alden at 98. On a recent visit to their pristine ranch-style home, I was greeted at the door by both Eileen and Alden. Our conversation and tour of their home left me with an impression of them as a very gentle, loving couple who is devoted to their only daughter (and son-in-law), their granddaughter and recent great-granddaughter. Pictures of their family fill the walls of their home and dozens of photo albums are found throughout. Among the memorabilia are treasures from ancestors and a Hummel collection.

In reviewing Eileen’s academic years, it was discovered that her clinical experiences were held in neighboring states such as pediatrics at the University of Minnesota, obstetrics in St. Paul, MN, and public health in Kansas City, Minn. She also had a three-month experience in a tuberculosis hospital in Glen Lake, 12 miles outside of Minneapolis. She completed some of her arts and science courses in Rolla where she met Alden. (Her hometown was St. James, Mo). Alden is a graduate in metallurgy from MU-Rolla. The nursing program required 60 credits of course work prior to the clinical nursing part of the program. Eileen was asked to recall memories of her school of nursing experience. She recalled faculty members: Helen Nahm, Ruby Potter and Louise Hilligas, Director of Nursing. Ms. Hilligas was a WWI army nurse and was a “spit and polish” type instructor who wanted perfection and tended to instill fear in some students.

Eileen described having four hours of class and four hours of “duty” (clinical experience) each day. Students earned their room and board by their clinical work. While on duty, Eileen described the nursing students as doing everything for patients and the unit. Orderlies were part of the team to help minister to men. She remembered Otis as a favored orderly. On campus, Eileen and her classmates lived in the Graduate Nurse’s home overlooking the Chancellor’s residence. Eileen indicated early
Then and now: Eileen (Smith) Hacker graduated from the Sinclair School of Nursing in 1943. Today, at 93, she resides in St. Louis with her husband, Alden, and they are still active in their community.

on she wanted to be a writer, but this was during the depression and she was encouraged to be a nurse, one of a few viable roles for women at that time. Both of Eileen’s parents were well-educated teachers (father was an MU graduate and mother was 10 credits short of a degree). The Hackers’ daughter and son-in-law are both journalists.

Ms. Hacker related that she and Alden were married during her last year in the program, although she indicated she “was not supposed to be married” during the nursing program at that time. Alden had been in the army ROTC while a student at Rolla, was “called to active duty” after his graduation and was sent overseas.

The car manufacturing parts company, where Alden worked, had the ability to develop shell cores to be used in the war. Alden’s metallurgy competence was called into play. He described war memories including being the target of enemy fire and helping air fighter planes land in Okinawa. It is seldom that one is privileged to interview a WWII veteran, such as Alden Hacker, who was promoted to Colonel in 1960, while in the army reserves.

After graduation in 1943, Eileen taught at a school of nursing in St. Louis–Deaconess Hospital—for two years while Alden was overseas. Few nurses had a bachelor’s degree so she was moved right into teaching. Eileen and Alden then worked in Connorsville, Indiana for 18 years. Housing was at a premium when they moved to Connorsville but they were fortunate to live in the headquarters of former US congressman, Finnley Grey, in a house called the Canal House. Canals were the source of bringing water from the local Whitewater River to the residents. Many fond memories of Finnley Grey were shared including Grey’s propensity to impersonate Abraham Lincoln.

While in Connorsville, Eileen worked as a county school nurse for high schools in five townships. Teenage pregnancy was an issue even at that time in the early ‘40s. Eileen worked to have students “inoculated” as for measles. She tested students for tuberculosis. The Salk polio vaccine had not been discovered at that time. Ring worm was another issue students encountered. Eileen was credited for diagnosing ring worm and was contacted by health systems around the country to obtain her insights.

Eileen worked as a realtor for a period of time in St. Louis. They have been active with community agencies including youth leadership programs sponsored by a veteran’s organization. Eileen worked for the Red Cross, was on the board for a nursing home and was an officer in many church clubs. They devoted time to the Walker Scottish Rite Child Voice–Speech Clinic including being on their board. At 98, Alden continues to be a board emeritus member. They are active in their church. How wonderful for them to be in good health, astute about current affairs, enthusiastic about their alma mater, having competence with technology – including the computer with active engagement in e-mail.

I tried to get their secrets about living such a successful life, enjoying independence and contentment, but it just seems as though living a good life being even-tempered and gentle as well as being grateful for daily gifts characterizes them.

How fortunate for us at the Sinclair School of Nursing to know the Hackers.
As laughter filled Leadership Auditorium in the Student Center, University of Missouri officials announced two gifts to the MU Sinclair School of Nursing (SSON) totaling $3 million to support the construction costs of a new academic building for the SSON. Michael and Millie Brown have given $2 million to support the new building. Richard Miller has given $1 million to support the same project.

“We cannot thank the Browns and Mr. Miller enough for their vision and support,” said Hank Foley, MU interim chancellor. “This new building will contribute to the state’s economy by strengthening the workforce of a profession that is highly marketable and vital to all Missourians’ quality of life. These gifts will enable MU to admit more stellar students to study nursing and go on to gratifying careers in a highly reputable and much-needed profession.”

The proposed new SSON building is planned to be built near the current nursing building. It will include approximately 104,000 gross square feet, featuring larger classrooms, clinical seminar rooms, a simulation center and a research and innovation center. The new building will allow the SSON to admit as many as 40 additional students to the academic program each year, which will represent a 25 percent increase in enrollment. The new building is still in its early fundraising stages. Officials estimate the building will cost approximately $55 million to complete. These funds will be raised through private gifts, state matching funds and $11 million in SSON matching funds.

In an energetic and passionate speech, Michael Brown said he believed in the future and leadership of the SSON.

“We are incredibly grateful to Michael and Millie Brown and Richard Miller for their leadership gifts for our new Sinclair School of Nursing building,” said Judith Miller, dean of the SSON. “Their generosity is helping spearhead this project, the first step in moving it from a dream to reality. We will be able to establish a building that conveys the strength and health care leadership of this school of nursing. With the impending shortage of professional nurses in this nation, this new building will enable us to increase the number of students admitted to the clinical major by 25 percent. We will have cutting-edge learning environments so students can develop not only as competent nurses, but also as thought leaders making substantial contributions within health care systems.”

Michael and Millie Brown are residents of Leawood, Kan., and both are MU alumni. Millie earned a bachelor’s degree in nursing and Michael earned a bachelor’s degree in electrical engineering. Michael was
one of the founders of Euronet Worldwide, Inc., and has served as the president and chief executive officer since 1996. Michael serves on MU’s comprehensive campaign cabinet and Millie is a member of the SSON Campaign Executive Board.

“As alumni of MU, Millie and I believe the Sinclair School of Nursing, under the leadership of Dean Miller, currently provides nationally-acclaimed academics for a limited number of students,” said Michael Brown. “Advancement of an improved facility, with additional educators and programs, will allow the SSON to be a national leader in nursing education, perfectly located in the Midwest. We also believe the Sinclair School of Nursing will be a capstone for the University, bringing more students, advanced health care research and educators from around the nation to MU. This will also assist Mizzou in fulfilling its responsibility to educate nursing professionals to address the challenging health care needs in the region. This is a tremendous opportunity for growth for the school, the University and the region.”

Richard Miller, a resident of Pittsburg, Kan., and Columbia, Mo., is one of MU’s most dedicated and generous donors. Miller currently serves as tri-chair of MU’s comprehensive fundraising campaign, Mizzou: Our Time to Lead. Miller also serves on the SSON Campaign Executive Board and has previously given $300,000 to the SSON to support the Safe Practices Room, which provides a training space for students to participate in patient care simulations. Miller is president and CEO of Miller’s Professional Imaging/Mpix, and earned a bachelor’s degree in mathematics from MU. He says his daughter’s experiences at MU helped inspire him to support the SSON.

“My daughter, Grace, had a terrific experience as a student at the SSON, graduating cum laude with a bachelor’s degree in 2012,” Miller said. “In touring the facilities and getting to know Dean Miller and the faculty and staff, I was thoroughly impressed with everyone associated with the school. The state of Missouri has a dire need for nurses and new facilities will help to fill a portion of that need.”
The Nightingale Society was founded by the MU Sinclair School of Nursing in 2003 to encourage private giving to help secure the financial future of the school. The support of our alumni, friends, faculty and staff is crucial to the success and stability of our nursing education program. These members have chosen to support the school’s mission. The Nightingale Society allows the Sinclair School of Nursing to honor donors for their gifts to the school and the Nursing Alumni Organization.

Membership in the Nightingale Society is offered at either the annual or sustaining level. Annual members have given at least $1,000 in a calendar year. Sustaining members have given $25,000 or more in their lifetime. The school recognizes its annual and sustaining members each spring with a Nightingale Society reception.

**Members**

**Ambassadors**
- Mr. Michael J. & Mrs. Mildred Masure Brown
- Mr. Kenneth W. & Mrs. Barbara J. Levy
- Mr. Richard G. Miller
- Mr. Walter & Dr. Marilyn Rantz

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- Mr. Steven G. & Mrs. Gina Lanham

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- Mr. Richard & Mrs. Christy Montgomery
- Dr. V. James & Mrs. Verna Adwell Rhodes

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- Ms. Karen Ehlmann
- Dr. Ira & Mrs. Gail Hubbell
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- Mr. Richard J. & Mrs. Donna C. Otto
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Each spring, the Sinclair School of Nursing hosts a Nightingale Society reception to recognize elevating, new sustaining and new annual members.
Making a gift through your will is not just for older adults. In fact, there are many ways to make a planned gift at almost any age.

25 – 40 years of age
Everyone needs a will. Now that you are out of college and settling into a career, you need a will as a part of your personal financial plan. If you are well into your career and have started a family, you need a good financial plan anchored by a will and protected by life insurance. Life insurance gives your plan stability. A will takes care of guardianship for children and provisions for the unlikely event of incapacity. Flexibility and stability are essential to such planning. The most flexible kind of gift you can make is one through your will. Include the Sinclair School of Nursing for a gift as a percentage or a contingency in your will.

40 – 55 years of age
Life insurance provides great protections for a business or for your family. Over time, however, circumstances change and a policy may no longer be needed. You can give a paid-up life insurance policy, or a new policy bought for the purpose of a gift, to the School of Nursing. Premiums you pay for your gifted policy are tax deductible. As life circumstances change, you may want to review and update your will, too.

55 – 70 years of age
Your finances may be more complex at this stage in life. Consider creating a revocable living trust. Advantages include privacy and efficiency with the avoidance of probate. Talk to your tax advisors about the best plan for you. Whether you simply update your will or create a revocable living trust, consider making a gift to the School of Nursing through your estate. You will receive recognition for your generosity through the Nightingale Society and the Mizzou Legacy Society.

As you approach retirement, you must carefully consider how you will receive and retain income in retirement. Supplement your retirement through a charitable gift annuity. A gift annuity pays you income during your lifetime and whatever remains will go to the School of Nursing. You get a deduction when you make your gift annuity and receive partially tax-free payments for life. You can create a gift annuity now and defer the date you start receiving payments until you think you will need the income.

70+
When you turn 70 ½ years of age, you must take income from your IRA and other qualified retirement plans. You can make a rollover contribution from an IRA to the Sinclair School of Nursing that will fulfill your Required Minimum Distribution (RMD) obligation. Certain rules apply, but you can roll over up to $100,000 from your IRA directly to the University for the Sinclair School of Nursing without adding to your total taxable income.

Gift annuity rates are based on age. Rates will range between 5 percent and 9 percent from age 70 to age 90, locking in an attractive payout guaranteed for life or for two lives. For example, a 75-year-old couple that establishes a gift annuity with $50,000 may receive partially tax-free payments of $2,900 each year for the rest of their lives.

Talk to your tax advisor about ways to make a gift. Contact the Sinclair School of Nursing Advancement Office for help creating your legacy through a planned gift.
Don’t miss out

27th Annual Sinclair School of Nursing Awards Banquet & Alumni Reunion

Awards Banquet
Friday, April 21, 2017
6:00pm @ Country Club of Missouri

Alumni Reunion
Saturday, April 22, 2017
8:30 am @ SSON

Featuring graduates of ’57, ’67, ’77, ’87, ’97, ’07
All SSON alumni are invited to attend