



College of Nursing

SOUTH DAKOTA STATE UNIVERSITY

Winter 2016



**ADVANCED
PRACTICE
NURSES**

**IMPACT
HEALTH
CARE**



Dear College of Nursing Alumni and Friends,

This year heralds the 50-year celebration of nurse practitioners in the United States. What a great milestone to recognize as we honor our own 80-year history of nursing education at South Dakota State University. In 1965, the first nurse practitioner degree started at the University of Colorado. At SDSU, we are proud to celebrate our legacy of educating certified nurse practitioners (CNP) and clinical nurse specialists (CNS), two of the roles within the definition of advanced practice registered nurses (APRN). SDSU started offering advanced practice programs in 1979. We are proud of our graduates who have advanced their education and serve the health-care workforce as an APRN, which also includes roles as certified nurse midwives (CNM) and certified registered nurse anesthetists (CRNA).

Nurse practitioner education arose out of a concern for the health needs of populations of people, not because of a physician shortage. This is an important historical point shared in a recent interview with Loretta Ford, Ed.D., PNP, FAAN, and Henry Silver, M.D., a pediatrician who together co-founded the first nurse practitioner program. In the May 2015 issue of "The Nurse Practitioner," Ford noted they met with many state boards of nursing and medicine to educate them about the program because "it was the right thing to do." When you do the right thing, good things follow. Visionary leaders like Ford and Silver continue to build the legacy role of APRNs. These professionals provide affordable, accessible and high-quality health care to millions of Americans.

This issue of the College of Nursing magazine honors some of our very own APRN faculty, students and alumni. The demand for APRNs in South Dakota is at an all-time high! According to the 2015 Workforce Report published by the South Dakota Board of Nursing, the total number of APRNs in S.D. increased by 31 percent between 2010 and 2014. Most intriguing in this data are a 52 percent increase in the number of CNPs from 425 to 651 between 2010 and 2014. As APRN education, regulation and practice continue to evolve across the United States, there is one thing we are certain of, and that is the important role these professionals play in health care. The next 80 years of the College of Nursing at SDSU will continue to make a tremendous impact on health and quality of life for people across the globe.

With best regards,

Nancy Fahrenwald, Ph.D., RN, APHN-BC, FAAN
Dean and Professor
SDSU College of Nursing (BS, '83)

College of Nursing

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Cover photo:

The College of Nursing has been preparing advanced practice nurses for several decades. Adam Norenberg and Stacy Eden are currently in their second-semester nurse practitioner practicum course. They use a new piece of technology on Norenberg's 11-month-old son, Hunter, in SDSU's laboratory space in Sioux Falls.

The College of Nursing

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Advanced nursing degrees

Focus, toil made graduate-degree dream come true

Long hair and the Beatles may have been the most memorable introduction of the mid-1960s, but not the most significant, particularly in the field of nursing.

The Nurse Training Act of 1964 sought to phase out hospital schools, increase the number of baccalaureate- and master's-prepared nurses, and fund programs for nurses seeking advanced degrees. In 1965, an American Nurses Association report called for all nursing education to take place in institutions of higher education and require at least baccalaureate degrees for nurse leaders.

At State, nursing education had existed since 1935, but always at a baccalaureate level.

By the 1970s, the profession had amped its call for advanced-degree nurses, particularly for nursing faculty.

SDSU administration heard that call, according to Carol J. Peterson, who served as dean of the College of Nursing from 1977 to 1987. Before taking the position, she was developing two-year allied health programs at St. Mary's Junior College in Minneapolis, but had done consulting work in South Dakota.

At the urging of Associate Dean Beth Hanson, she came to Brookings for an interview but really wasn't interested in relocating.

Impressed by president's understanding

University President Sherwood Berg had a simple and direct message for her: "We need leadership. We need a bachelor's program and a master's program, and we're the only ones in the state that can do it," Peterson recalled. "I was so struck by the sensitivity to what was needed."

Graduate School Dean Christopher Sword and Harold Bailey, vice president of academic affairs, also were supportive.

So in fall 1977, Peterson's husband, Charles, took early retirement from his position as a business manager at Honeywell, and they relocated.

Cupboards nearly bare

In summer 1977, the decision had been made to discontinue the college's one year of clinicals in the Twin Cities and use South Dakota facilities. While hospitals in Sioux Falls and Brookings filled the need, the cadre of master's-prepared faculty that instructed in the Cities didn't exist in South Dakota.

The University of Minnesota had a master's program. The only other options in the Midwest were the universities of Iowa and Nebraska.

"When the program was brought back to SDSU in the summer before I arrived, none of the faculty based in Minneapolis relocated to Brookings. That fall, only 25 percent of our nursing faculty had master's degrees and only 15 percent were in nursing," said Peterson, a U of M graduate.

Working in an area without opportunity

The reasons were simple: It hadn't been considered necessary and it certainly wasn't available.

"In nursing programs, so many times the faculty already had family and couldn't be uprooted. It wasn't feasible for them to go to Minneapolis to get a master's degree," Peterson said.

That was certainly the case for Eleda Brotzky, who earned her bachelor's degree from State in 1960 and started working at the college in 1966. "I always wanted to get more education, but I was married and had two children. I didn't just want to leave them for X years. There was no place available unless you went to Minneapolis, Omaha or Lincoln. There wasn't much opportunity to go on."

So she eagerly signed on, part of a group of 12 in the first master's cohort and one of five graduates in 1982.

Help by Division of Nursing

The Board of Regents had been approached with the idea of a master's program before Peterson's arrival. In fall 1977, the Regents approved a plan for developing a Master of Science program. Peterson immediately went looking for

funding and found it from the U.S. Public Health Service.

The Division of Nursing within the agency told her she could sit in its office and view grant proposals from other states.

"So I flew to Washington, D.C., and spent a whole day in their office reading proposals, particularly one from New Mexico that was in a similar situation to South Dakota. I went home and wrote a grant proposal. We got funded for three years and then renewed for another two years (for a total of \$650,000). It funded faculty time, consultants and library purchases," Peterson said.

The other Peterson, Hofland

A second Peterson also figured in the establishment of the master's program. Evelyn, no relation to Carol, helped SDSU establish the four-year nursing program when she served at State in 1954-61. When she returned in 1977, she held a doctorate from the University of California-San Francisco and had 10 years experience teaching there and at the University of Minnesota.

In 1982, she was named as the first head of what was then known as the department of advanced studies, a position she held until 1993.

Carol Peterson said Evelyn Peterson had a major role in getting the program developed and accredited. "She was a seasoned graduate faculty member with experience at several large universities," Carol Peterson said.

Working with the Petersons was Sharon Hofland, who had been on the faculty since 1972.

In fall 1979, she was released from teaching to focus on developing the master's program. Based on surveys of South Dakota nurses, it offered tracks in nurse educator, clinical nurse specialist and nurse practitioner. The academic year was spent developing the program framework and the core and specialty track courses as well as course objectives and syllabi.

Hofland returned to the classroom the following year, teaching at the graduate level.

Former Dean Peterson said the biggest obstacle in establishing the master's program was "an absolute disbelief within the nursing profession that we could ever pull it off. People would say to me, 'Where are you going to get faculty?' There weren't many (master's-prepared) faculty. That's why I taught a class."

The nurses who did have master's degrees were in education. "The idea of a nurse with a master's degree working at Sioux Valley, that was unheard of," Peterson said.

However, there was no problem attracting nurses into the program. "There was demand within the profession. They wanted it desperately," she said.

'Dean Peterson ... great promoter'

Brotsky said, "I think everyone was excited to be starting because we all wanted and needed (a master's degree). We were thankful that Dean Peterson was a great promoter."

She recalls having 10 to 20 students in

her classes, including some from other schools of nursing. "We got to be good friends. When you're working together on a project, you bond together quite well," Brotsky said.

During this time, practicing nurses were being asked to do more physical assessments, a skill that had not been taught in the past. So the college offered for-credit night classes around the state to groups of 20 to 30 nurses, teaching them to do physical exams and diagnostics, Peterson said.

For many, that advanced learning whetted their appetite to get a master's degree. It also fueled RN Upward Mobility classes for associate-degree educated nurses.

Peterson moved from dean to vice president of academic affairs in 1987, about the time the master's degree program received accreditation.

Olson returns as dean

After her 10 years as dean, the college was headed by two acting deans and a dean who served two years.

Roberta Olson, a 1964 graduate, was hired as dean in 1994. She remembered the charge she received from Peterson: "'Within 10 years I would like to see a Ph.D. program established.' I thought, 'Wow ... at least it's a 10-year window.'"

She took the charge seriously, knowing that to be teaching at the doctoral level, there needed to be more faculty members with doctorates.

Her first move was to contact Nancy Bergstrom at the University of Nebraska Medical Center to see how the Omaha school could help interested SDSU faculty. An initial meeting in 1996 attracted about a dozen faculty. Nine—two from Brookings and seven from Rapid City—started classes in fall 1997.

Conference call classes

In these days before Skype and the explosion of the Internet, classes were taught by a satellite downlink to the classroom in Omaha.





Nancy Fahrenwald, the current dean, was in the class. She remembers, “We heard the audio via the telephone. We could see the Omaha site, but not the other SDSU site. The satellite dish installation was complex because it was so new to education.”

Fahrenwald was the first to complete her doctorate, defending her dissertation Aug. 30, 2002. A total of six had completed their doctorates by 2007, including Barbara Hobbs, who is currently the assistant dean for the West River Nursing Program.

In addition to the joint call, students needed to spend an hour on the phone with their University of Nebraska adviser every Friday. Once per semester, students needed to travel to the Omaha campus, a full-day’s drive for those in Rapid City. But it was better than any other alternative.

Fahrenwald, who was teaching in Brookings, said, “It would have been very difficult to have gone away to get a degree.”

Olson said when she became dean there were 13 faculty members with doctorates. When she left, there were 19, but only one—Marge Hegge—was there when she arrived. “We grew our own and we recruited,” Olson said.

Ph.D. classes start in 2005

In 2001, Olson wrote a proposal to the Board of Regents for SDSU to start its own



doctoral program. For two years, that didn’t move beyond the desk of the executive director of the Regents, Olson said. “We could have started in 2003 if things had moved faster,” she said.

When the proposal actually got on the Regents’ agenda, “it moved right through,” being approved in December 2004.

Classes began in fall 2005 with a cohort of 14; nine of them graduated. Cohorts are formed every other year in odd years. That spreads out the teaching burden and provides enough in the cohort that a few can leave the program while still having enough students for good discussion, Olson said.

DNP classes start in 2009

The doctor of nursing practice program was started in 2009 for registered nurses already holding a bachelor’s or master’s degree as an advanced practice nurse. The initial cohort of 33 had 23 with a bachelor’s and 10 with a master’s.

A master’s of nursing practice degree had been in place since 1980, but the college deepened the curriculum at the behest of the accrediting agency. “We anticipated a dip with admissions when the DNP program started, but the admission rate was about the same,” Olson said.

She explained that the Ph.D. in nursing and the doctorate of nursing practice are entirely separate programs.

Those in the Ph.D. program create original research. These nurse scientists are generally faculty members or nurse researchers based in hospitals. SDSU has had three from upper-level management at Sanford Health complete the Ph.D.

On the other hand, DNP graduates put into practice the research developed in Ph.D. programs. DNPs have direct patient care as nurse practitioners, nurse anesthetists, clinical nurse specialists and nurse midwives.

“We have not seen people go into the DNP that we thought would go into a Ph.D.,” Olson said.

What the future holds

She credits a prepared faculty for the smooth rollout of SDSU doctoral programs. “If you have only taught at the bachelor’s level, you are much less prepared to teach at the doctoral level. At the master’s and doctorate level, they’ve already had the basics. You need to be able to offer and expect more,” Olson said.

Mary Minton, current head of graduate nursing, said “The most important trend is the support for our younger nurses to start the graduate path following completion of the baccalaureate degree. We are addressing the need to grow the next generation of graduate-prepared clinicians and educators to offset the effects of a significant number of retiring nurses.

“We continue to experience a healthy surge in graduate program enrollment.”

For school year 2015-16, there are 191 enrolled in graduate education—70 in master’s programs, 99 in doctor of nursing practice and 22 in the Ph.D. program.

The explosion in doctoral education coincides with a time of increasing complexity in nursing.

“You’ve got to have master’s- and doctoral-prepared people or you can’t teach at the level that students need to learn at,” Peterson said.

Dave Graves

Top left: Master’s-degree students in the first doctor of nursing practice class in 2009 are, front row, from left, Jo Gibson and Kathy Zambo; second row, Jeanne Kleinhesselink and Kathy Schweitzer; third row, Bonnie Petersen and Deb Hickman; fourth row, Nancy Sarver and Michelle Van Wyhe; in back, Laura Withorne-Maloney.

Faculty and students in the first cohort of the inaugural doctorate of nursing program engage in discussion at the Health Science Center at SDSU in Sioux Falls in fall 2005. Pictured, from left, are Linda Burdette, Janet Lord, Julie Symes, Tish Smyer, Sandra Bunkers and Deb Letcher.

AN ARRAY OF DEGREES

SDSU offers the following options in its graduate nursing department:

- Master of Science (M.S.) degree offered in three specializations:
 - Family Nurse Practitioner—educates licensed nurses (RNs) in the diagnosis and treatment of common ailments; certified nurse practitioners can function independently within their expanded scope of practice.
 - Nurse Educator—graduates are qualified to teach as an instructor or lecturer in RN programs, “onboard” new graduates and provide continuing education for staff nurses.
 - Clinical Nursing Leadership (administration or clinical nurse leader tracks)—designed for clinical unit management (head nurse, division director) and as director of nursing or vice president of nursing in a hospital.
- Certificate options (For students with a previous master’s degree)—family nurse practitioner, clinical nurse leadership with an emphasis in clinical nurse leader, and nurse educator.
- Doctor of Nursing Practice (DNP) with a specialization in family nurse practitioner, neonatal nurse practitioner, pediatric nurse practitioner, pediatric clinical nurse specialist or psychiatric mental health nurse—practitioner specializations are offered in collaboration with the University of Missouri–Columbia and the University of Missouri–Kansas City. Depending on the specialty, students may enter these programs with either a bachelor’s or a master’s degree in nursing.

Additionally, nurses prepared at the advanced practice level and holding a master’s in nursing as clinical nurse specialists, nurse anesthetists or nurse midwives can also enter the post-M.S. to DNP program at SDSU.
- Ph.D. in Nursing—Prepares nurse scientists to assume roles as health-care researchers, faculty members and health-care administrators. Cohorts of 10 to 12 students are admitted every other fall in odd years. The program offers research in these tracks:
 - Health promotion/disease prevention in underserved and rural populations;
 - Health outcomes; and
 - Nursing education.

HISTORY OF ADVANCED DEGREES AT THE COLLEGE OF NURSING:

- Fall 1977, Regents approve plan for a Master of Science program to be developed.
- 1979, college receives a federal grant to develop and implement the master’s program. It’s designed as a two-year, full-time program or three to four on a part-time basis. Courses offered in the fall to an initial cohort of 12 students, primarily SDSU faculty members.
- 1980, graduate program becomes fully available.
- 1981, first graduate of the master’s program.
- Jan. 1, 1982, program becomes funded through the South Dakota Legislature.
- 1982, Evelyn Peterson serves as coordinator of the graduate program.
- Betty Holst graduates in spring 1982 with a master’s degree in the nurse practitioner option. She passes the certification exam and becomes the first nurse prepared in South Dakota to be a certified family nurse practitioner.
- August 1984, as part of a collegewide restructuring, the advanced studies department is created for the master’s program and the neonatal nurse practitioner program with Marge Hegge in charge.
- 1988, first outreach courses in the master’s program were offered. A cohort of 20 students took classes at Sioux Valley Hospital in Sioux Falls.
- Early 1990s, graduate program classes are offered on a part-time cycle in Rapid City, Sioux Falls and Sioux City, Iowa, in addition to Brookings.
- January 1995, the Department of Advanced Studies becomes the Department of Graduate Nursing.
- July 1997, grant is received for one-time funding to deliver M.S. in nursing instruction in Pierre. Classes begin in January 1998 with 13 students commuting to Pierre from central South Dakota.
- 1997, the clinical nurse specialist track was closed due to low enrollment and lack of job opportunities for graduates. It had been around since the master’s degree program started in 1979.
- Early 1990s, an average of 30 nurse practitioner students complete the program each year compared to two to five students in the nurse educator track.
- Fall 2005, Ph.D. program established with an initial cohort of 13 students.
- 2005, clinical nurse leader track was added to the master’s in nursing program. It prepared a specialist in direct patient care with additional understanding of leadership and evidence-based outcomes. Augustana collaborated with the program for the first three years.
- 2009, doctor of nursing practice program established for advanced practice nurses—nurse practitioners, nurse anesthetists, clinical nurse specialists and nurse midwives. The first cohort enrolls 33 new students—23 with a bachelor’s and 10 with a master’s. University of Missouri-Kansas City (neonatal) and the University of Missouri (pediatric, family mental health) partners with SDSU for those tracks.

Graduate Nursing leaders

- Evelyn Peterson, DNSc, RN, 1982-1990
- Marge Hegge, Ed.D, RN, FAAN, 1990-May 1994
- Bill McBreen, Ph.D. RN, CNS, acting, July 1994-December 1995
- Barbara Heater, Ph.D., RN, January 1996-July 1997
- Roberta Olson, Ph.D., RN, acting, July 1997-February 1999
- Penny Powers, Ph.D., RN, February 1999-December 2003
- Roberta Olson, Ph.D., RN, acting, January 2004-May 2005
- Sandra Bunkers, Ph.D., RN, FAAN, May 2005-June 2012
- Lynette Stamler, Ph.D., RN, FAAN, Oct. 2012-June 2014
- Mary Minton, Ph.D., RN, CNS, Aug. 2014-present

Teaching advanced practice nurses

Instructors' real-world experience helps in classroom and vice versa

Health care is a dynamic, ever-changing environment. As a result, professionals, faculty and students need to have the latest information. To help prepare students for what they will face when they enter the working world, many College of Nursing faculty work in various health-care environments.

"I think one of the benefits of having our instructors actually work in practices—in the real world—is that they're out there in the health-care environment of today," said Megan Moeding, who is in her third year of the doctor of nursing practice program. "They're aware of the challenges and the changes that are on-going in health care today and also the situations we may come across in our practice."

Which is exactly why the college has 10 faculty members also working in various health-care roles.

"They're there to support us and maybe to even give us ideas or help us be aware of what they're seeing in their practice," said Moeding, who takes classes in Sioux Falls while working at the Avera Heart Hospital of South Dakota. "If I come from a completely different background, I may not be aware of the issues other providers face in their setting. Having the faculty bring us their real-world experiences helps prepare us for the challenges we may encounter in our own practice."

Nicole Gibson '00/'05/'14, Mary Beth Johnson and Sheryl Marckstadt '94/'96/'15 are just a few of the faculty who are advanced practice nurses. They talk about how they balance both roles.

Gibson

Gibson had always been interested in health care, whether it was for humans or animals, but that interest switched solely to humans after working in a nursing home in high school.

"That job helped make me become aware of all the possibilities a nursing career can offer and the impact we can have on patients," she said.

After receiving her bachelor's degree from State, she worked in a cardiovascular unit and saw firsthand the role nurse practitioners play in care.

"There were a couple of nurse practitioners who served as role models for the nurses on the floor. Their support, leadership and encouragement really brought me to the path to become an NP," Gibson said. "I always had an idea in the back of my mind to do it as it would expand my career as a nurse and allow me to impact and direct patient care."

She first earned a master's degree and became a family nurse practitioner before deciding to pursue the doctorate of nursing practice program. She completed her DNP in 2014.

Classroom transition

After spending three years as a full-time health-care provider, Gibson made the transition to being in front of the classroom in 2008.

In addition to her class load and overseeing clinicals, Gibson works one day a week in a cardiovascular clinic. Her specialty is in electrophysiology, the study of heart rhythm and heart failure.

"Doing both helps me keep pace with practice innovation and changes in health care," she said. "I get to bring in real-life experience, which students really are engaged in hearing. Students tell us they like to hear that we're still in practice and have us share our experiences with them. With the way things are changing in health care, especially when educating the future health-care providers, we need to keep up."

"For me, the idea to teach really happened when I was studying to be a nurse practitioner," she said. "The faculty who

served as our mentors had the ability to continue clinical practice and educate nurse practitioner students.

"Access to health care can be a challenge for our South Dakota residents. And when you consider our population is getting older and the high number of people who are aging, the need for access will explode," she continued. "My impact to answer that need will be training and developing nurse practitioners who will provide access to care for our state's residents."

Best of both worlds

But it's not all teaching for Gibson, who admits doing both has advantages.

"I have the best of both worlds. I see the value I get from being in both roles," Gibson said. "The relationship between practice and teaching and scholarship is pretty synergistic. All of them support partnerships with academic and health-care providers. I have the connection in both the clinical and academic realm."

"For example, when teaching earlier in the fall semester, I was talking about how to determine when patients need to be on anti-coagulation medicine and how to utilize that knowledge in clinical practice," she continued, noting there are guidelines and tools to help determine what amounts patients need or when they qualify for anti-coagulation medicine.

"What really sets the nurse practitioner apart is that they take the entire patient into consideration, not just the disease process," Gibson said. "You take into consideration what the patient tells you and what you see, take in the guidelines and recommendations and you take into account the patient's beliefs, it's really a holistic picture, when deciding on a plan of care. You want to follow evidence-based practice and guidelines, but you have to put the patient at the center of care, so that means you may

tailor a patient's care to fit one's needs as well as your recommendations."

Likes patients

The holistic approach allows Gibson to look at ways for patients to avoid prescriptions through lifestyle changes and supportive treatments or services.

"It's a collaborative decision in what the next step will be for the patient," she said. "I try to get patients to think about all of the options available. I can talk about what we recommend from a purely provider viewpoint, but in the end, we're going to find what works best for both and is something the patient agrees with.

"If you have good relationships with patients, they'll be forthright, but you have to listen to what they say," Gibson continued. "The exam and diagnostics will then support what you're thinking, but that's based on what they tell you. The nature of my specialty practice means I see my patients pretty often. I can tell pretty quickly through my first observations how they're feeling because I believe I know them so well. For example, when they change their personality, positively or negatively, I know there is more to the story. I just have to listen to what they are going to tell me next.

"I missed the relationship I had with the patients when I focused only on teaching," she said. "I learn just as much or more from patients as they learn from me. There's never two days that are the same, but that's the beauty of clinical practice."



“The relationship between practice and teaching, and scholarship is pretty synergistic. All of them support partnerships with academic and health-care providers. I have the connection in both the clinical and academic realm.”

Nicole Gibson DNP, RN, NP-C '00/'05/'14

Johnson

The teaching bug found Johnson early in her nursing career. After working in Tennessee and Illinois, Johnson relocated to Aberdeen and the only RN opening was to teach adult ICU/medical/surgical nursing at Presentation College.

"I never thought I'd teach," Johnson recalled. "They figured since I came from a neonatal ICU, as long as the intensive care was part of it, I could do it. However, it didn't go together but I did it."

But that time in the classroom prompted her to pursue a master's degree at the University of Minnesota. Despite the hours spent on the weekly commute, Johnson also worked at St. Luke's Hospital as an RN in postpartum and labor and delivery and newborn nursery.

After finishing her master's degree, Johnson worked as a clinical nurse specialist at St. Luke's in postpartum/labor/nursery full time.

"I eventually did get into teaching obstetrics at Presentation and taking students to OB/delivery at St. Luke's," she continued. "It was hard, but if I had to do it all over again, including making the weekly commute to Minnesota, I would do it the same way."

Johnson then spent a year in Boston before landing in Sioux Falls as a CNS in postpartum and delivery with Sioux Valley. She was a nurse practitioner for 15 years before

the teaching bug bit her again.

"It just works so well to have that hands-on patient experience to relate and to share. You can explain so much more and can educate so much better, I feel, if you have the real-life experiences to share instead of teaching from a book," she said. "You can always relate to those experiences and I have

several years of those so it seems I always have a story.

“Practicing keeps me on my toes,” Johnson continued. “Medical-wise, we’re changing all of the time so practicing makes me keep up with the pace with what is happening out there.”

Chance to educate

Johnson currently spends one day each week with the Brookings Family Planning Clinic, located in the Wellness Center at SDSU.

“I have always kept a hand in the clinical aspect of it,” said Johnson, who is licensed as an RN, CNS and CNP. “I like the students and I like the patients. Not all of the patients are students as we see community members, too. I love the hands-on teaching I get to do in family planning—a lot of annual exams and physicals, and talk about birth control issues and sexually transmitted infections.

“There is always a chance to educate people, that’s what I love,” she continued. “I like making women aware of what’s going on with their bodies—again, it’s the education piece. I get to make them aware of different things. And I get to do the same in the classroom, educate and teach the students.”

Similar to the fact she didn’t plan on teaching, Johnson didn’t plan on being a nurse.

“I decided when I went to Luther that’s what I wanted to do. I met with the dean of nursing, was impressed, and made the decision,” she said. “Although for the four years I was there, I asked myself, ‘Is this



“It just works so well to have that hands-on patient experience to relate and to share. You can explain so much more and can educate so much better.”

Mary Beth Johnson M.S., RNC, CNP, CNS

really what I want to do?’ I think what I really liked about it was you can go so many different ways with nursing.”

Like teaching.

“Teaching works into my life at this time,” Johnson said. “I have always enjoyed teaching. I think you’re always nervous when you’re in front of the class. I don’t care if it’s your first day, your 1,000th day or

whatever. I always get a little nervous, but once I start talking, I’m OK. I get so filled with excitement about the topic. I hope that is seen by students ... and patients as well. I do like what I’m doing. I am interested in what they’re learning and what their questions are.”

Marckstadt

Unlike Gibson and Johnson, Marckstadt’s teaching debut took some time. She had been working as a nurse practitioner for 12 years before taking over a classroom.

“Despite enjoying teaching in my clinical practice setting, I waited until I had a solid practice base established,” Marckstadt said.

Marckstadt taught undergraduate students in online courses for two semesters before her debut in front of a classroom.

“When teaching online, I was paired with another faculty member. I learned much about the craft,” she said. “When I was standing in front of the eager faces of the NP students, it felt gratifying to be up there. It was quite

rewarding to give back to my practice.

“It happens all of the time where I can pull in my practice into my teaching. In fact, I can think of three different examples from working the night before in urgent care that I might use,” Marckstadt continued. “Time and time again we hear from the students that our personal stories are the most

beneficial to them, they're real and they stick with them."

Work provides insights

Marckstadt started working as an RN in critical care, which provides her with several personal stories, but the interactions with numerous specialists and one nurse practitioner's actions made her think about being a physician or nurse practitioner.

"I was so impressed with a certain nurse practitioner in critical care who conducted rounds and could also diagnose and treat patients. That, and my thirst for more knowledge, made me decide to go on," she said. "She would ask me questions I didn't know the answer to which made me thirst for more information. She provided the nurses with a lot of education. We could ask her anything we wanted to as she had a very collaborative relationship with the nurses on the floor. The more I worked with her, the more I realized becoming an NP was the role for me. It's more holistic, more about health promotion and education, along with advancing the nursing role to include diagnosing and treatment."

Likes to investigate

Currently working at Avera for her clinical practice site, Marckstadt splits her



“It happens all of the time where I can pull in my practice into my teaching. In fact, I can think of three different examples from working the night before in urgent care that I might use.”

Sheryl Marckstadt Ph.D., RN, CNP '94/'96/'15

time between Urgent Care and the Employee Health Department, where she provides care and guidance in the medical hazardous drug surveillance program. The program provides care for any staff that might handle hazardous materials, conducts a full exam every three years along with

laboratory evaluations and hazardous material counseling.

"We ask about any spills they might have had and other facets of their jobs," she said. "It's completely different than what I was doing previously as a nurse practitioner. I find it so interesting to treat employees in one's own facility, providing health promotion and guidance."

All while practicing and teaching, Marckstadt earned her doctorate of philosophy in nursing in May.

"I think it all goes back to my investigative approach. I've always wanted to figure things out, figure out why this is happening," she said. "I do a great deal of investigating on why is this happening with this patient or what can be done to help this patient?"

"The Ph.D. is more in line with my passions," Marckstadt continued. "I did some research for my dissertation and I'm excited to get a few things going yet this year."

And the research will add to what she can bring to the classroom.

"This is a great place to teach. I probably could teach elsewhere but don't think I'd make the same impact by teaching online. Even though I started teaching that way, I know I'd now miss the interactions with the students."

Matt Schmidt

Nearhood finds niche in oncology



After a brief introduction to oncology during her undergraduate days, Kim (Hildebrand) Nearhood '80/'93 had her pending career in mind.

"I remember a very small section on cancer nursing," she recalled. "I felt that was my niche; that's where I wanted to be."

Nearhood, a family nurse practitioner at the John T. Vucurevich Cancer Care Institute in Rapid City, has spent most of her career in oncology in Minneapolis and Rapid City.

It's a little different than what her career plans were after enrolling at State from Mitchell High School.

"I was thinking of going into medical school, but I decided I didn't want to go to school that long. I thought nursing would be easy but I learned quickly that was not the case," Nearhood said, breaking into a laugh.

Despite her busier-than-expected academic load, Nearhood was also involved

“ I wanted to have more input in my patients' care so I went back and did a post-master's certificate for the nurse practitioner. I'm very happy I did that even though it was kind of late in life.”

Kim (Hildebrand) Nearhood '80/'93

in the Hobo Day Committee and Student Senate.

“We put on Hobo Day without much input from the university, other than meeting the president. It taught us a lot ... a lot about time management,” said Nearhood, noting she met her husband, Bruce '81, while on the Hobo Day Committee. “People would look at us and say we were partying all of the time but we weren't. We went to bars each night during Hobo Week but didn't drink. We went to fire up students, get them excited to be Jackrabbits and get them to come to the parade and the game. We took it very seriously. It was a lot of fun then and it's a lot of fun now to go back and see friends and be a Jackrabbit again.”

That attitude toward getting the job done and an SDSU connection played heavily in her decision to earn her master's degree from State in 1993 and add a post-master's certificate in 2006.

“The West River Nursing program allowed me to go to school part-time, work full-time, have children, be at home with my family ... to do it all here. It was great, really really helpful, and the same with the NP program that I could stay here. Even though it was part-time and took me longer than other programs, it still worked better with my schedule.

“And when you include SDSU's national standings—meaning that if you enter this program, you know you have a 98 percent chance of passing the national exams—it's an easy decision,” she continued. “You have a great chance of learning what you need to know in order to move on.”

Likes challenges

After graduation in 1980, Nearhood worked in an oncology unit at a

Minneapolis hospital. When she and her husband decided to move to Rapid City in 1985, Rapid City Regional was opening an oncology unit so she started there.

“I've had some breaks from oncology but most of the time I've been in oncology and have always loved it,” she said. “I love the challenge of it. It's always changing. There are always new treatments, always something else going on, but the patient interaction and being with people at all stages—whether it's a new diagnosis or they're halfway through treatment, having problems with treatment, and possibly the treatment not working and dealing with that, or end of life—it's incredibly rewarding.

“I'm reminded every day by a situation with a patient how fortunate I am. My problems pale in comparison to theirs. My patients teach me a lot about what is important in life.”

'Newish' NP

After earning a master's degree in 1993, Nearhood was looking to become a clinical nurse specialist. When it didn't quite work out the way she wanted, she returned to State for more education.

“I wanted to have more input in my patients' care so I went back and did a post-master's certificate for the nurse practitioner. I'm very happy I did that even though it was kind of late in life,” Nearhood said. “I'm still a 'newish' nurse practitioner but I'm so happy I did that. When I got my nurse practitioner, there wasn't a job in oncology. I worked in specialty areas, doing mostly inpatient work. Those opportunities taught me a lot about medicine and surgery and have proved invaluable to me. You never know where life is going to lead you. It's

important to take advantage of every opportunity. Good things will come.”

An NP position became available at the Cancer Care Institute and Nearhood was hired on in 2014.

Busy business

She sees an average of six to eight scheduled patients each day. However, that number rises when including calls or questions from patients. The NPs do a lot of triage.

“Unfortunately, business here is booming,” Nearhood said. “We see patients in follow-up, those who are in midst of treatment, patients who are having problems with their treatment, patients who have side effects that aren't managed at home and help them through that, or people have problems in the chemo suite,” she said. “The NPs do a lot here. We write prescriptions, help with pain management, symptom management and do a little bit of counseling.

“What's beautiful about getting the NP degree is that you can do a lot of things with it,” she continued. “With the FNP, at least for now, you can work wherever you want and with all ages.

“There is ongoing education with many people who still do not understand the role of a nurse practitioner. I am honored when patients tell me they feel fortunate to have seen me that day. I tell them they are lucky to have seen a nurse practitioner.”

Matt Schmidt

Since starting at the John T. Vucurevich Cancer Care Institute in 2014, Kim Nearhood claims her patients teach her what is important in life.

West River DNP



West River celebrates first DNP graduates

While it was several courses and many clinical hours ago, Cynthia Stocks vividly remembers the first day of class when she started her pursuit of a doctor of nursing practice degree.

"I remember the first day of class and Pat Shaver came into class and laid out all of the classes for the next five and one-half years," she said. "I remember looking around at my classmates and seeing them have a panicked look on their faces. I remember focusing on getting through one assignment and then one course at a time and I'd get through it. It's overwhelming at first but it's done one step at a time, kind of like that story about how does one eat an elephant?"

Stocks, Audrey Bickerdyke, Jean Cunningham, Kimberly Mitzel-Oberloh, Ericka Privitt and Laura Schirber were the first DNP cohort to graduate from the West River Nursing Program.

The class admitted pursuing the degree was not easy and there were some issues of being the first class.

"Honestly, the process was hard at times," Shirber said, echoing statements made by others. "In the end, I would encourage people if they wanted a part-time program that has in-class sessions. You can develop relationships with your instructors and gain valuable feedback. I was able to

work throughout my program and that helped with financial issues."

Now completed, they look forward to starting their careers.

"I feel having the DNP is very helpful," said Stocks, a member of the Sioux Valley Hospital School of Nursing's class of 1986, the program's last class of diploma nurses. She added a bachelor's degree in nursing from State in 2011. "I feel the coursework gives a good grounding in academics and the clinical experiences offered here in the West River area have been outstanding. The competencies that we are required to meet give an excellent view of the practice of a family nurse practitioner. With the additional research and project that is required with the DNP, I feel another layer of insight is added to the NP role."

Mitzel-Oberloh pursued the DNP because it was to become the new standard for NPs.

"I feel much more prepared than if I was to have done the master's program," said Mitzel-Oberloh '06.

Schirber initially thought of a master's degree, but wanted to go part-time and have some in-person classes.

"I think I will have many options for my career and the profession is respected more and more in health-care systems," she

said. "South Dakota is bordered by states with a full scope of practice for nurse practitioners, which is major for our state when we have that authority as well."

That full scope made it hard for Stocks to determine an area of concentration.

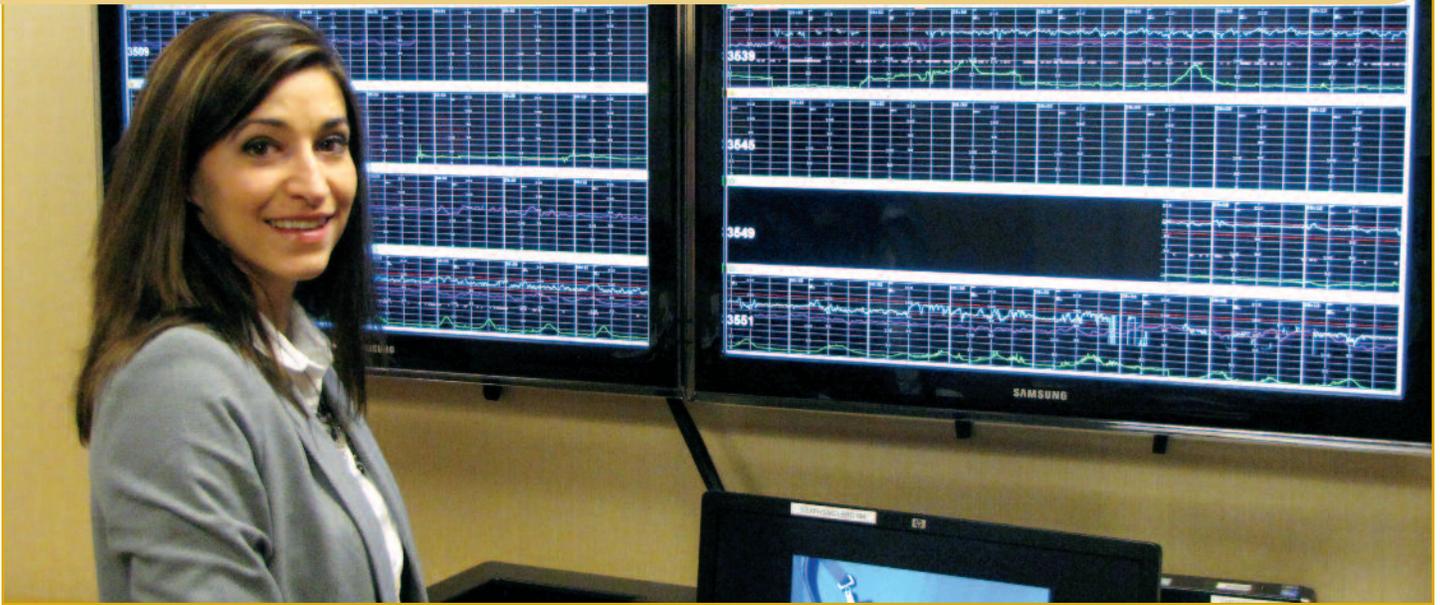
"I don't feel I'm quite ready yet," Stocks said in April. "I came from surgical intensive care and like it. I enjoy the hospital setting but I also enjoy the clinical setting and also was at a hospice. You step out of the world you were at and experience other things. It's a lot of fun. I've enjoyed them."

"I thought the clinical experiences we had in West River were outstanding," she continued. "We had some wonderful family practice rotations, I felt the pediatrics experience was really good. One of the nice things of being a family nurse practitioner is you get a variety of clinical experiences so that you are very well prepared so you can do pediatrics, family medicine, women's health, oncology ... I really like it."

Matt Schmidt

Back row, from left, Pat Shaver, Shirley Roddy, Cindy Stocks, Kim Mitzel-Oberloh and Robin PetersonLund; front row, from left, Laura Schirber, Erika Privitt, Jean Cunningham and Audrey Bickerdyke. Shaver, Roddy and PetersonLund are faculty members. This photo was taken following the final class the DNP class took at the West River program in Rapid City.

Brenna Tate experiences miracles every day



Brenna Tate says she gets to experience miracles nearly every day when she goes to work at Sanford Hospital. Tate '02/'08 is a certified nurse midwife with Sanford Obstetrics and Gynecology and part of her desire to be in that role dates to when she was a teenager. That desire was reinforced years later when giving birth to her daughter, Kieran.

"I got to see my first baby born when I was 13 or 14 and thought it was the most amazing thing I had ever seen in my life," said Tate, noting her mother worked in health care. "I had my daughter when I was pretty young (20). I thought that experience was very powerful for me.

"I now get to be involved in other peoples' experiences and do that every day," she continued "I get to experience miracles every day. It's amazing."

But she hasn't always had that feeling about her job. After receiving her bachelor's degree, Tate was a nurse in intensive care.

"It was not for me," said Tate. "I didn't enjoy it immensely like I do my job now. I made the transfer to women's health and worked in labor and delivery for a couple of years as a nurse before I decided I really loved it. This is where my passion is and that's why I decided to become a nurse

practitioner. I wanted to be the one delivering the babies. I wanted to be the one in charge."

Repeat customers

Being in charge means a variety of responsibilities for Tate, who might see anywhere from 20 to 25 women in a day spent working in clinical, performing routine wellness physicals, obstetrician or prenatal visits or seeing a patient who might have an issue, such as a breast lump.

Due to the numerous visits, Tate has the chance to develop relationships with her patients. Another factor that allows her to possibly have repeat customers.

"I think really building the relationship with the patients is key," said Tate, adding that she wanted to be a nurse midwife as an undergraduate. "I have worked here for six years and have numerous people I've seen and gotten to know during that time. For example, one patient is expecting her fourth child and I've delivered her other three. She brings her kids to the visit and you get to see these babies you delivered, see them talk and interact, it's really cool to see that.

"You don't get that when you're a labor/delivery nurse," Tate continued. "In that role, they come in, you get to take care

of them for 12 hours, maybe see them at the end of your shift or on your next shift and that's it. I really love that continuity and am able to really build a relationship."

Tate said nurse midwifery is an important role in health care, one that can be served by advanced practice nurses.

"The majority of women can be served well by having their care with a nurse midwife versus a physician and certainly have very, very good outcomes," Tate said.

It's very important to have advanced practice nurses, specifically in women's health, to have that availability for our patients.

"The times when you really feel you helped someone or made a difference in that experience is what keeps me coming to work," she continued. "When the mother was able to have the experience she wanted, and I was able to facilitate that, that's wonderful. That's what makes it all worth it."

Matt Schmidt

Brenna Tate switched from intensive care to being a certified nurse midwife and enjoys every day at work. She takes a break from viewing a display of electronic fetal monitors.

Cook, Jones enjoy advanced practice roles at VA



Lesley Cook sits next to the Minnehaha County Veterans Memorial at the VA in Sioux Falls. While Cook enjoys mentoring her staff, she knows her work is all about the patients.

The Veterans Health Administration is the nation's largest integrated health-care system with more than 1,700 sites of care, serving nearly 8.8 million veterans each year. Lesley Cook '93/'00/'15 and Julie Jones '75/'93 are two of the nearly 300 licensed health-care practitioners providing care to veterans in Sioux Falls.

Jones, who is in her 27th year at the VA, started in Hot Springs before taking a position in Sioux Falls in 2006. Cook is also in Sioux Falls but started in St. Cloud, Minnesota.

Cook wanted to diagnose, treat

Earning an advanced degree got Cook in the door at the VA, doing primary care for mental health patients as a nurse practitioner. She worked in primary care for a number of years and later moved to

extended care and rehabilitation, a role she continues in Sioux Falls.

"We have a variety of experiences on the floor, which I really enjoy about working in this area," said Cook, noting her area has

“ I couldn't be the health behavior coordinator if I didn't have my CNS, which is very significant because this is my ideal job.”

Julie Jones '75/'93

patients in hospice, rehabilitation, long-term care, respite care and the occasional sub acute care. "It just plays into my whole geriatric experience. And our whole population is getting older and they're getting sicker, that's how I ended in geriatrics."

That interest encouraged her to become certified in geriatrics. However, Cook was then looking for the next challenge. That came with a DNP.

"It was not about me getting my doctorate immediately, I felt I needed to hone my skills for a number of years," she said. "I wanted to be able to diagnose and treat. It took me a number of years before I felt ready. When I got to that point, I knew I was ready to be a better provider for my patients. She chose to pursue the DNP to allow her to impact organizational change.

One change she made as a result of her DNP education was implementing an Individualized Music Program on the Community Living Center.

"The purpose of the program is to provide nursing staff a nonpharmacological treatment option to prevent or reduce agitated behaviors in patients with

“ If I can take someone in the room with me, say these are the things I’m looking at and this is the information that I need from you and take that moment to teach, that’s gratifying for me.”

Lesley Cook '93/'00/'15

dementia,” she said. “It has taken a lot of work and support from the VA, but it has been a very gratifying program. The veterans seem to enjoy listening to music that connects them to their past and reminds them of who they once were.

“Every day is new and exciting,” Cook continued. “There are new challenges every day ... sometimes they’re frustrating. It’s never dull. I enjoy that. It keeps me on my toes.”

Busy but patients first

With approximately 30 patients in her area, Cook is typically always on the go.

“Patients come first,” she said. “I love working with the staff as well. I love being a mentor and teacher to them in addition to my role of being a provider to patients.

“I’ve grown into that role, I’ve just melded it seamlessly with the other responsibilities,” she continued. “If I can take someone in the room with me, say these are the things I’m looking at and this is the information that I need from you and take that moment to teach, that’s gratifying for me.”

But in the end, it’s still about the patients.

“I enjoy the populations—veterans and the older population. I get a lot from the personal interactions,” Cook said. “My patients give me a lot of joy, I enjoy helping them. I enjoy seeing them get better and making them feel better. That makes me feel like I’ve done something good for the day.”

Jones has many titles

A native of Highmore, Jones worked part-time at Brookings Hospital and at Rapid City Regional before starting at the VA.

“I’ve just loved it,” she said. “I was so excited during orientation. I love the atmosphere, structure and potential of VA. I was told you could go anywhere and have a

job or you can go to the VA and have a career. I think what I saw was it was more than a job.”

Jones works as a health behavior coordinator but she has many other titles: certified healing touch practitioner and instructor, mind/body medicine advanced facilitator, laughter leader and certified aromatherapist and most recently was certified as an advanced practice holistic nurse and trained in battlefield acupuncture.

“They all fit together to promote health and well-being in an integrative health fashion, which is what I’m supportive of,” said Jones, a member of the health promotion/disease prevention team whose purpose is to transform the VA from a chronic disease focus to a preventive focus.

Ideal job

Shortly after starting at the VA, Jones decided to become a clinical nurse specialist. She said she never thought about pursuing an advanced degree until starting at the VA. She knew others were pursuing master’s degrees and it piqued her interest.

“There were three tracks in the advanced program—education, nurse practitioner or clinical nurse specialist. I originally was doing the education track and changed to CNS and am very glad that I did,” she said. “When you go into CNS, you go into research, education, management or clinical practice. It didn’t limit me to one thing. I like variety.

“I couldn’t be the health behavior coordinator if I didn’t have my CNS, which is very significant because this is my ideal job,” Jones continued. “Margie Hesson talked to us in the master’s program about health and wellness. I was in the education track at that time but after she talked about her role in health promotion and disease prevention, I switched to the CNS.”



Julie Jones happened to hear about a healing touch program while pursuing a master’s degree and decided to learn more about it. Now certified as a healing touch practitioner, Jones incorporates the technique into her holistic approach of caring for patients.

It was also during her pursuit of the master’s degree that Jones learned about the benefits of healing touch.

“One of the Brookings’ students had attended a healing touch program and talked about it,” Jones recalled. “I later took a class at Sioux Valley in 1996. It was transforming. I knew it was going to be part of my life’s work.

“It’s been a great job to serve those who have served us,” she continued. “It really is being able to make a difference to people. I hopefully am helpful, not just to veterans but also staff. I hope to be able to make a difference.”

Matt Schmidt

Susan Leddy **journey to be a family nurse practitioner**

It took Susan Leddy a few attempts to figure out what she wanted to do for a career. However, once she figured it out, she's found a career she loves.

After working as a hospital nurse in several cities, Leddy now works as a certified nurse practitioner for the Avera Medical Group in Milbank and also has hours in Wilmot.

"I love it. I love it. I love it," said Leddy, who earned her bachelor's degree in nursing in 1987 and added a master's degree and became a nurse practitioner in 1993.

However, Leddy didn't always think of being in the nursing profession.

"When you're young, I don't know if you ever really know you are on the right path," said Leddy, noting she attended St. Cloud State and Augustana before getting married and transferring to State. "Mark (husband) had to listen to me every night after classes or clinicals. I remember coming home after my OB rotation and saying 'ooh, I don't like this.' Then I went into my community health rotation and said 'ooh, I don't like this either.' Then it was adult surgical and I didn't like that one either. I was like 'oh my gosh, what am I going to do?' Mark said you're going to stick it out, graduate and then we'll make a plan.

"I was one of those people who graduated and wasn't really sure I wanted to be a nurse. It was all kind of OK," she continued. "Nothing really jumped out and made me passionate about a particular thing as I saw in many of my classmates."

That changed when she started working at Abbott Northwestern Hospital in Minneapolis. She discovered she liked the large hospital atmosphere and it being a teaching and research hospital.

The couple then moved to Hartford, Connecticut, and she landed a position at the University of Connecticut Hospital, another large teaching institution.

However, Mark Leddy was then offered a position at Valley Queen Cheese Factory in Milbank, their hometown.

"We get to Milbank and there's a 25-bed hospital. The resident was not sleeping down the hall and the doctor was 20 minutes away," she recalled. "It was just a lot different.

You were the OB nurse, you were the critical care nurse, you were the ER nurse. I was never comfortable trying to be the jack of all trades.

"I wasn't even going to work when we came back but they were so short nurses, so I said I would give it a try," Leddy continued. "Because of that time, I have great respect for those nurses in the small-town hospitals all over rural America. They truly are the first line of providers in acute care."

It was during her time as a nurse in Milbank that she was prompted to think about doing more with her career in health care.

"One night when we were waiting for a baby to be born, a physician—I give her full credit—said maybe you should consider going back to school. Of course, she wanted me to go to med school," Leddy continued. "I said I can't go to med school but the nurse practitioner program was at South Dakota State. I came down and visited with the College of Nursing about what the program was going to be like and what I could do after completing it. I also went over and visited with the College of Pharmacy because I wondered about getting a pharmacy degree."

Leddy ultimately chose advanced practice nursing and working at Avera.

"It's gone really well. I'm still the jack of all trades but I only work in outpatient. I've developed a sense of calm," she said. "Some days it's about trying to find the calm in the chaos but I have fabulous coworkers. I'm part of a great medical team. We have four family practice physicians, a general surgeon and three nurse practitioners and two physician assistants. It's a complete 180 from when I started.



"It's not that much different. You take one patient at a time and treat them with the kindness and respect you'd like to be treated with and try to take care of whatever they might need," Leddy continued. "Whether it's a sore throat or someone needs help placing their mother in a nursing home or get their husband into treatment for cancer, you do your best. It helps that I know them all because I was born and raised in Milbank."

When being shadowed by high school students or working with college nursing students, Leddy shares her life experiences as well as her health-care knowledge.

"I tell students that you don't have to know what you want to do. You have to get out there and try, get your feet wet, get your hands dirty and start doing it and it'll come to you. If it doesn't, you'll find the other fork in the road and take that one," she said. "You don't have to know. Your transcript can have three schools on it and a lot of meaningless credits but you'll figure it out, if you have the patience to take the time.

"Maybe I just settled into my role as a nurse better after I had more education. I just wasn't comfortable where I was. I am now and love it."

Matt Schmidt

Susan Leddy returned to her hometown and found her calling as a family nurse practitioner.

Grant Jaspers always drawn to nursing



While he is new in his role, the thought of being a nurse practitioner has been on the mind of Grant Jaspers '08/'15 for nearly a decade. Jaspers graduated with a doctor of nursing practice in August and is only a few months into his role as a nurse practitioner at Avera McKennan Hospital.

“For me, being so new, it’s all new to me,” he said. “Every day I come here, I’m humbled by what I do and don’t know. While we have physicians right here, we’re responsible. We know some things and are still learning how to take care of patients and provide them with the best care to keep them healthy and out of hospitals.”

“What I like is every day we come to work, there’s something new,” Jaspers continued. “That’s something I’ve always loved about medicine and nursing and now in this new role. No patient is ever the same. For example, you might see five COPD (chronic obstructive pulmonary disease) patients and you might think you’re going to go through your staple treatments but there’s always going to be one in there who’s going to make you go down a different path.”

Jaspers’ path to being a DNP started at State. As an undergraduate, he started on a pre-dental track but wasn’t sure if that was

going to be his career. After talking with several faculty members in the College of Nursing and learning of the various career options in the field of nursing, he chose that as his major.

“After talking to some other people, I really felt drawn toward nursing. It really intrigued me,” he said. “Always in the back of my mind, I thought of going to nurse anesthesia or nurse practitioner school; it’s always kind of been there, even as an undergraduate.”

After receiving his bachelor’s degree, Jaspers worked in the neuroscience unit at Avera McKennan before making a transition to the hospitalist program, his current area.

“For me, I just really like the opportunity to see a vast array of patients. As a hospitalist, I typically don’t see pediatric patients but I get to see a wide variety of patients,” he said. “That variety really helps me keep holding onto a lot of my skills. If you get into a specialty area, you just focus on that area and could lose some expertise. I keep thinking about family practice so I try to stay general. I really like the internal medicine side of it but I also like neuro, cardiopulmonary, orthopedics ... a variety.”

While trying to balance work and school, Jaspers and his wife, Becky, welcomed

“It was a challenge, but in the end, I’m glad I went that route. I really feel the DNP program prepares us very, very well for the health-care world.”

Grant Jaspers '08/'15

three children—Addison, 4, Jackson, 3, and Elizabeth, 1.

“It was a challenge, but in the end, I’m glad I went that route. I really feel the DNP program prepares us very, very well for the health-care world,” he said. “I know I don’t know everything. I do have a very solid foundation and know the program really, really prepared me for that.”

“The biggest reason why I went back was I wanted to move into more of a provider role, be able to help people out more directly,” Jaspers continued. “In nursing, you’re the bedside person and you have great input in patient outcomes. Having that bedside knowledge and also knowing how to manage health, prescribe medications and do overall treatment plans really intrigued me and caused me to take that next step.”

Jaspers likes his role with the hospitalists and is unsure when he’ll step into a different role.

“Every rounding team here has an NP with it,” he said. “It’s nice to have the expertise from those who have been practicing for several years. Some have been here quite a while and three of us are new.”

“Some of the seasoned nurse practitioners say we bring new decisions and ideas,” Jaspers continued. “I also like having the physicians right here as part of the team. For me, it’s comforting knowing they’re there in case you have a question or not. I can step outside and ask the doctor, ‘What do you think about this? Here’s what I’m thinking ...’ and they can walk me through what they’re thinking or lead me on a different track or route with care.”

Matt Schmidt

Grant Jaspers thought about being a nurse practitioner before jumping into that role. Since graduating in August 2015, he is working at Avera McKennan and likes the role.

Brenda Andersen helps students feel at home



sdsuTMhealth:

Whether a student visits one of the clinics in the South Dakota State University Wellness Center after falling off a skateboard or thinking they've contracted bronchitis or are short of breath because of anxiety, there's a good chance Brenda Andersen, family nurse practitioner, will treat them.

"She doesn't just treat the particular symptom, she takes the time to talk to the student, ask how one is adjusting to college, about a roommate, how classes are going. There are times when she's that voice of reason that tells students you need to take care of yourself, you need to sleep, you need to eat right ... there are times when she gives that motherly advice that students

sometimes still need to hear," said Jeff Huskey, the Wellness Center's director.

"I've said it before and will continue to say it, nobody on this campus cares more about our students than her," he continued. "She'll probably be here until 7 o'clock tonight (a Friday) working on stuff to make sure things are right. She spends her day focused on the students and the rest of her time managing the Student Health Clinic, Brookings Family Planning Clinic, Medical Lab and Jackrabbit Pharmacy, which involves leading teams of 15 regular staff members."

That connection to patients is something that got Andersen to consider nursing when she started at State.

Andersen had spent three years working at a nursing home while attending Marion

High School and wanted to continue creating a connection with patients when choosing nursing over mathematics as a major.

After receiving her bachelor's degree in 1979, Andersen worked as a registered nurse at the North Memorial Medical Center in Minneapolis.

"It was challenging working conditions," Andersen said, noting the nurses voted to strike shortly after she started. "I had 30 patients on a night shift and it seemed everyone had an IV or blood hanging. I wondered what I got myself into. It felt like I never saw some patients all night, and felt unsafe.

"I'm not a hospital person. I never intend to work in a hospital again. I know

“ There are times when she's that voice of reason that tells students you need to take care of yourself, you need to sleep, you need to eat right ... there are times when she gives that motherly advice that students sometimes still need to hear.”

Jeff Huskey, Wellness Center's director

hospitals are needed but they're not for me,” she continued.

Likes the interaction

Andersen prefers a hands-on approach, something her role as a nurse practitioner provides.

“When I worked as an RN in Minneapolis, I was frustrated,” she said. “I was young but I was frustrated because I couldn't help patients unless I had the doctors' orders. I like being empowered and able to help patients the way I think works. I like autonomy and freedom. Yes, it was scary when I started because you don't know if you're doing the right thing. I follow my intuition and rely on my knowledge and experiences, which all help me make the best decision possible.”

Currently, Andersen practices as a clinical provider one or two days a week but is more than willing to pitch in during busy times.

“My biggest thing about direct patient care and working with the students is that I want to empower them,” she said. “I think that way because their health is really up to them. I try to empower them with the tools they need to be healthy so they don't need to visit the doctor or hospital or clinic. It's a personal thing.

“I tell my staff 'let's not make patients dependent on coming into us, let's empower them to be healthy and manage things best they can.' I really try to do that,” Andersen continued.

Speaking of managing health, according to an American College Health Assessment last completed by SDSU students in spring

2015, students report the top reasons affecting their academic success in college are:

- Stress;
- Anxiety;
- Financial concerns; and
- Illness.

“Those are all things we can make an impact on here,” Andersen said. “Most of those factors are lifelong. For example, if they can learn how to manage stress in a healthy way, that's great. This age group can learn—learn in an academic program and learn how their health applies in their lives to be successful.”

Busy schedule

Andersen finds herself in many roles, health-care provider, mentor, director and sometimes, a mother to more than just her son, John, and daughter, Becca. Also, she has been married to her husband, Mike, for 31 years.

One role she doesn't want to find herself in is managing a pandemic. However, she is prepared in case one exists.

“My biggest fear ... it doesn't really keep me up at night, but I don't sleep well on Sunday nights ... is a big infectious disease outbreak,” she said. “We've had infectious diseases before. We got through H1N1, which was very stressful but we were successful. We are always doing things to prepare for those.

“Our clinic is very involved with the Brookings Preparedness Pandemic Committee and has been for a number of years,” continued Andersen, admitting no one knows when the next major outbreak

will be or what will be the cause. “We know our community resources and communicate a lot with them.”

That line of communication runs throughout the Wellness Center staff, which includes two other family nurse practitioners who are State graduates, Lindsay Rheault '99/'06 and Janae Jacobsen '07/'12, and two members of the College of Nursing faculty, Polly Hulme in the Student Health Clinic and Mary Beth Johnson in the Brookings Family Planning Clinic. But it's all about the patients.

“We're one of a few nurse practitioner-managed clinics. There are not a lot of us in the state,” Andersen said. “We do a good job, and provide a quality of care that I think is wonderful for our students, and am proud of. We really make a difference in the lives of the students we serve—that's what gets me up and keeps me going everyday.”

Matt Schmidt

Brenda Andersen, front row, left, oversees a large staff at the SDSU Wellness Center, which consists of the Student Health Clinic and Counseling Services, Medical Lab, Jackrabbit Pharmacy and Brookings Family Planning Clinic.

1st row: Andersen, Theanne Peterson, Mary Olson, Lori Nelson, Barb Gross, Carrie Schwing, Michelle Novak and Polly Davis; 2nd row: Polly Hulme, Carol Humburg, Charlotte Roe, Janae Jacobsen, Susan Karolczak, Karla Anderson, Mary Flatten, Robin Tveito, Connie Crandall and Lindsay Rheault; 3rd row: Rita Parsley, Gabriel Hertler and Jessica McLaughlin.

Not pictured: Megan Bren, Mariah Weber, Norene Doyle, Tanya Gruntmeir, Mary Beth Johnson, Mary Kees, Ella Lane, Melanie Lunn, Allie Luoma, Darci Nichols and LeeAnne Schoeder.

Donelle King works closely with physicians



States that border South Dakota have practice regulations that allow advanced practice nurses to open independent clinics.

Although nurse practitioner Donelle King '98 has no plans of opening and operating her own medical clinic in Minnesota, she said the opportunity to do so affirms the trust lawmakers have in advanced practice nurses.

A change to a supervisory clause and scope of practice in 21 states now allows advanced practice nurses—nurse practitioners, certified nurse midwives, clinical nurse specialists and certified registered nurse anesthetists—to practice without the supervision of a physician. The new scope of practice allows advanced nurses to open independent practices, diagnose patients and prescribe medications, as physicians can.

King works within the primary care practice facility of Riverway Clinic in Elk River, Minn. “Before, with the supervisory clause, I was required to sign an agreement each year stating that I was working under a physician,” King said. “Essentially, with this

“As a nurse practitioner, I can practice independently, but I choose to collaborate with and refer to my family practice and specialty colleagues when appropriate to provide comprehensive care to patients.”

Donelle King '98

new law, I can move anywhere in Minnesota, start my own practice if I choose to, and practice solely under my own license.”

According to the American Association of Nurse Practitioners, South Dakota's practice and licensure law restricts the ability of nurse practitioners to engage at least one element of nurse practitioner practice. South Dakota still requires advanced practice nurses to practice under the supervision of a physician.

King said the shortage of practicing family physicians makes this new scope of

practice vital. “Really, what the new law has done is helped the underserved rural populations,” King said. “Finding a doctor for a rural clinic or hospital can be challenging, and this opens up the options for small towns.”

Equal patient outcomes

According to College of Nursing Dean Nancy Fahrenwald, research indicates that nurse practitioners who practice primary care have equivalent clinical outcomes to their primary care counterparts.

“Conversations about full scope of practice for all advanced practice nurses, especially nurse practitioners, are occurring across the country, and in rural states like South Dakota, these conversations are important,” Fahrenwald said. “Limitations on scope of nurse practitioner practice do not assure better quality primary care and outcomes.”

All of the states bordering South Dakota have made the move to full scope of practice for advanced practice nurses. “We risk losing our nurse practitioner graduates to our border states,” Fahrenwald said. “That loss is definitely not good for patients or the people of South Dakota.”

Supportive physicians

Fahrenwald believes patients benefit when collaboration is an expectation of all members of the health-care team. “We know that collaboration across all health-care team members is essential to education and practice,” she said.

According to King, the new law sparks some controversy, but she is confident in the training and capabilities of advanced nurses.

“I know advanced practice nurses are capable of caring for patients in the way

that physicians do, but we are not physicians,” King said. “As a nurse practitioner, I can practice independently, but I choose to collaborate with and refer to my family practice and specialty colleagues when appropriate to provide comprehensive care to patients.”

King and her husband, David, have two children, Hannah, 6, and Hugh, 4.

She works closely with five physicians at her clinic, and said patients succeed when the strengths of each health-care professional are combined. King is currently the only nurse practitioner in the clinic, but she said the support and trust of the physicians puts patient care forefront.

King said the best part of her job is caring for community members and working with a team of dedicated professionals. “I’ve been in Elk River for nine years and maintaining relationships with patients is one of the most rewarding parts of my work.” King said.

Depending on the day, she sees 22 to 24 patients for anything from acute cold visits and minor injuries to chronic visits for diabetes and hypertension. She also conducts health maintenance visits, follow-up patient calls, sports physicals and electronic charting.

“Fundamental limitations on scope of practice that require physician collaboration for nurse practitioners do not benefit the patient,” Fahrenwald said. “We all want what is best for the patient, and access to a nurse practitioner who can practice at full scope does just that.”

Karissa Kuhle

Donelle King '98 works as a nurse practitioner in Elk River, Minnesota. Although she has no plans to open her own medical clinic, a change in a scope-of-practice law now allows advanced practice nurses to do so.



From left, Jodi Faiman-Altman, Mandy Van Engen, Allen Meerbeek, Donelle King, Jill (Moser) Smith and Kelli Bergman pose for a photo after State's 1998 graduation ceremony. King said the friendships she developed with classmates make up the most memorable part of her college experience.

STATE MEMORIES

When King first started college, she knew she wanted to go into the medical field, but it wasn't until her sophomore year when she decided on nursing. “I remember Tom Stenvig and Venita Winterboer being influential professors,” said King, a Larchwood, Iowa, native.

Many of her college memories stream from clinical rotations with classmates. “We traveled to hospitals around the area—Brookings, Watertown and Sioux Falls—as a group,” King said. “We drove together and usually stayed in a hotel. The friendships and relationships I developed with my group of classmates make up the most memorable parts of college.”

King had the opportunity to provide home-based care as a student. During her junior and senior year, King lived in the Fishback house on 8th Street. “Margaret [Fishback] needed care and her family worked with the nursing department to find caretakers for their mother.”

King lived in the Fishback house from 1996-1998. “I got to know the family well,” King said. “I cooked and helped run errands and grocery shopped for Margaret. We went out to eat once in awhile.”

Before King, Karen Sederstrom, another nursing student, lived with Margaret. “I met Karen during my time working at student health on campus. Karen asked me to take over her position at the Fishbacks after she graduated.”

“I'm glad I got a chance to meet Margaret,” King said. “The stories she told and the wisdom she shared was amazing.”

Tom Stenvig

Induction as a fellow to the American Academy of Nursing

Tom Stenvig '91, an associate professor in the College of Nursing, was inducted as a fellow to the American Academy of Nursing Oct. 17 in Washington, D.C. In addition, Mary Ann Krogh '85/'11 was also selected.

"I'm deeply honored," said Stenvig. "I know a lot of people who are Academy fellows. It'll be a great time to be there and see them. I finally get to join their club."

The academy is comprised of more than 2,300 nurse leaders in education, management, practice, policy and research. The academy fellows include hospital and government administrators, college deans and renowned scientific researchers.

"The American Academy of Nursing welcomes this stellar cohort of new fellows," said academy president Diana Mason, Ph.D., RN, FAAN. "As clinicians, researchers, educators, executives and leaders in all

sectors of our society, they are joining the nation's thought leaders in nursing and health care."

Stenvig and Krogh join the list of AAN fellows with ties to South Dakota State. They are: Sandra Bunkers, Nancy Fahrenwald, Roxanne Romness Foster, Marge Hegge, Linda Herrick, Karen Billars Heusinkveld, Jo Ellen Koerner, Joan Kub, Alfred Lupien, Carol Peterson, Barbara Redman and Michael Relf.

"Dr. Stenvig's public health nursing endeavors have benefited large populations through his teaching and practice efforts," said Robert Piemonte, who nominated Stenvig and has been honored as a "Living Legend" by the AAN. "His work with vaccination has set him apart as an extraordinary nursing leader. The academy will be richly served by his contribution of clinical knowledge and public health

expertise, which will further enhance its mission."

Earlier in 2015, Stenvig was recognized at the college's 80th anniversary gala for his work with underserved or impoverished populations in South Dakota and beyond.

Selection criteria include evidence of significant contributions to nursing and health care and sponsorship by two current academy fellows. Applicants are reviewed by a panel comprised of elected and appointed fellows, and selection is based, in part, on the extent the nominee's nursing career has influenced health policies and the health and well-being of all.



Receives G.J. Van Heuvelen Award from the S.D. Public Health Association

A noted expert in public health practice and policy formation emphasizing vaccination against vaccine-preventable diseases, associate professor Tom Stenvig '91 was unanimously selected as the G.J. Van Heuvelen Award recipient by the South Dakota Public Health Association executive board.

"I'm a public health person. When I think of public health, I think of it through the eyes of a nurse, and when I think of nursing, I think of it through the eyes of public health," said Stenvig, who has been a College of Nursing faculty member since 2001. "They go hand-in-hand for me and that has really been a hallmark of my career."

Stenvig was selected due to his dedication and commitment to the SDPHA. He has held leadership positions in the SDPHA, South Dakota Nurses Association and the American Nurses Association, including a term as the second president of

the American Nurses Credentialing Center. Stenvig is board certified in nursing administration at the advanced level, and is the recipient of numerous awards for professional and association work. He received the American Nurses Association Distinguished Member Award in 2010 and was inducted into the South Dakota Nurses Association Hall of Fame in 2013.

The SDPHA's most distinguished award, the Van Heuvelen Award is in honor of his 36 years of service at the South Dakota State Health Office. The award is presented to an individual who has made a significant contribution to public health in South Dakota. Dr. Van Heuvelen was a Herried native who joined the state health department in 1936 after three years of private practice in Elk Point. He was named the State Health Officer in 1949 and served in that position until he retired July 1, 1970.

Any member of the SDPHA can nominate candidates. The organization's executive board gathers nominations and then selects appropriate candidates for the awards.

A registered nurse who has been active in public health and nursing association work throughout his career, Stenvig is retired from the United States Public Health Service. He is an expert in public health practice and policy formation emphasizing vaccination against vaccine-preventable diseases, culminating in appointment to the National Vaccine Advisory Committee by the Assistant Secretary for Health from 2011 to 2015.

He currently teaches graduate and undergraduate courses at South Dakota State, including a course in the new Master of Public Health degree program.

Bush Foundation grant awarded to address workforce diversity

The College of Nursing is one of 30 organizations to receive a 2015 Community Innovation grant from the Bush Foundation. These organizations are developing and testing new solutions to challenges in their communities within Minnesota, North Dakota, South Dakota and 23 Native nations.

Over the next two years, the College of Nursing aims to attract and retain Native Americans to the state's nursing workforce through an inclusive alliance of tribal partners, community members and academic leaders.

"Our goal is to create an alliance of tribal, health-care, university and community partners to strengthen support services—academic, social, financial, environmental, etc.—for Native Americans interested in becoming a registered nurse or advanced practice nurse," said Barbara Hobbs, assistant dean for SDSU's West River Nursing site. Robin PetersonLund and Hobbs are the project's co-directors. "The

Wokunze Wicaske Alliance for Native American Nursing Students is the essential next step in our commitment to advance Native American nursing education."

While 8.9 percent of South Dakota's population is Native American, the proportion within the nursing workforce is 2.2 percent. South Dakota State offers nursing education at four sites statewide and the Rapid City program attracts the most Native American students; currently 8 (4 percent) of the 204 West River nursing students are Native American. Although the percentage of Native American nursing students is higher than state's Native American nurse workforce, a significant number of Native American nursing students and subsequent graduates are needed to equal the state's Native American population level.

The alliance members will host talking circles with current students and previous graduates to learn ways to attract others to the field. In addition, the Wokunze Wicaske

Alliance for Native American Nursing Students will guide strategy and decision-making that leads to expanded, upgraded support services. Members of the S.D. Native American Nurses Association will be sought as mentors for students who are enrolled in the prenursing and nursing programs.

The project team will work with Bev Warne, who coordinated Arizona State University's American Indian Students United for Nursing Project and helped establish a Native American Nurses Association. Warne is currently collaborating with PetersonLund and other Native American nurse leaders to establish a South Dakota Native American Nurses Association chapter in Rapid City. As part of the Wokunze Wicaske project, Warne will serve as a community liaison, working to foster community resources as sustainable solutions for Native American nursing students.

Mennenga chosen as National Rural Health Association Fellow

Heidi Mennenga, an assistant professor with the college, has been chosen to participate in the National Rural Health Association's Rural Health Fellows Program. She is the first person from South Dakota State to be selected. The program will start its 10th year with Mennenga's cohort.

"I was looking for different opportunities or experiences that might help me expand my interest in rural health," said Mennenga, who has taught full time at State since 2007 and recently stopped practicing as a rural nurse. "My application focused on my role as an educator. My focus will be on educating students, both prelicensure and graduate students, regarding how to provide high-quality care in rural health-care settings; providing further education for professionals practicing in rural health-care

settings and addressing the shortage of nurses and other health-care professions in rural areas through education and awareness."

As part of the program, Mennenga will attend the NRHA's Rural Health Policy Institute meeting Feb. 1-4, 2016, in Washington, D.C.; the NHRA's Annual Conference May 10-13 in Minneapolis; and a final graduation ceremony in February 2017 in Washington, D.C.

"The College of Nursing is poised to improve health and quality of life for rural populations," said Dean Nancy Fahrenwald. "Assistant professor Mennenga's fellowship signifies our focus on achieving national recognition for rural nursing excellence. Our track record of leading distance delivery of programs, community engagement to promote health, and population-based

research within rural communities continues to grow as we work together to extend our important work of keeping rural America healthy."



Nursing receives HRSA grant for telehealth curriculum

The College of Nursing received a three-year grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. SDSU is among the first group to receive this new HRSA initiative.

The nearly \$1.25 million grant will allow State to develop, implement and evaluate a telehealth curriculum that focuses on rural health for advanced practice nurses. Aimed toward graduate students pursuing the family nurse practitioner specialty, South Dakota State will establish telehealth sites in its nursing classrooms in Brookings, Rapid City and Sioux Falls.

“The goals of the grant are to strengthen our clinical partnerships with health-care agencies in the state and also to provide our students the opportunity to develop competence in the use of innovative health-care delivery modalities of relevance to rural health,” said Robin Arends, a clinical assistant professor in the college. Arends will serve as the project director. Dean Nancy Fahrenwald states the project is “completely aligned” with the strategic plan of the College of Nursing, which emphasizes leadership in the integration of health technologies that improve access to health care.

South Dakota State looks to enhance its partnerships with Sanford Health, the Veterans Health Administration and Avera Health.

“The VA Telehealth Program is rapidly growing. In 2014, the VA served over 690,000 veterans with more than 2 million appointments in over 45 clinical specialties using telehealth,” said Jacqueline Hanson, the Sioux Falls VA Healthcare System’s telehealth coordinator and telehealth nurse manager. “Through telehealth services, veterans have access to specialty providers from any VA location as well as from their own homes through personal computers, tablets, cell phones and equipment VA provides. This not only increases access to specialty

providers but also reduces travel burdens for veterans and their families.

“Telehealth programs have helped the VA lower costs, increase access, improve customer satisfaction and enhance the quality of care provided,” Hanson continued. “As technology advances and use increases in the health-care field, it’s important to incorporate this option for treatment into the health-care curriculum to prepare the future health-care workforce. This is a great opportunity for SDSU, and we’re excited to enhance our partnership.”

Mona Hohman, Sanford’s vice president for patient services, believes the ability to use telehealth will be a basic skill for nurses entering the profession in the coming years.

“At Sanford, we look forward to working with SDSU on this grant because of the increasingly expanding role of advanced practice providers in our emergency room settings,” she said. “By having South Dakota State create a curriculum specifically around telehealth skills and competencies, students and nurses working in rural areas will benefit as the education will strengthen their skill sets. Those nurses will become more comfortable with the technology, which can be used for nurse-to-nurse consultations on patients or providing updates to other nurses when discharging patients who have complex medical issues.”

Avera has been involved with telemedicine for more than two decades and is home to Avera eCARE, the nation’s most robust telemedicine network that serves a rural area.

“In today’s changing health-care climate, it gets more and more difficult to offer the same quality of care in rural locations as urban,” said Deanna Larson, Avera’s senior vice president of quality and eCARE. “Through telemedicine, we can extend specialty care across the miles, and give more people access to the latest expertise and technology for improved outcomes, right in their home community. Telemedicine not only benefits patients, but

it also boosts the health of local communities by keeping care local, rather than driving all health-care revenue to an urban center. Virtual care is the care of the future, and Avera is proud to be on the leading edge.”

Arends said students will receive instruction on how to present themselves on camera, how to interact with and assess patients over video, and determine when and how to consult with others.

“It is important our students be aware of this technology and have the skills to use it,” Arends said. “We need to educate our students on this health-care technology so that when they go into a practice they are able to utilize this equipment.”

The telehealth curriculum started this fall, focusing on the advanced practice nurses. Arends said the plan is to expand the curriculum to include undergraduates.

“We can have a student in a Brookings simulation lab connect with a faculty member who is portraying a health-care provider in Sioux Falls or Rapid City, for example. We could also have students consult their peers on a simulated patient in a different part of the state,” Arends said. “This setup really provides the telehealth experience needed because they’re accessing a provider in a different location. Because of the distance challenges we face in South Dakota, it is critical that our students develop competence with this method of assessing, diagnosing and treating patients.

“The students will be required to use the camera and telehealth equipment to connect with a colleague or faculty member,” she continued. “This real-life experience will prepare them for primary care delivery, especially when they’re the sole provider in a clinical setting and have a critically ill patient. Competence with this health-care delivery resource will support sound decision making and quality patient care.”

College to help determine nurses' communication comfort when discussing issues

The College of Nursing has received a grant from the Hospice and Palliative Nurses Foundation to determine nurses' comfort with communicating about palliative care and end-of-life issues with patients and families.

The one-year grant for approximately \$15,000 is titled "Nurse Attitudes Toward Palliative Care Certification: A Rural and Urban Assessment." The college is partnering with Avera Health on the research project.

Mary Minton, associate dean for graduate nursing, and Mary Isaacson, an assistant professor, are the co-principal investigators. They have developed an instrument to measure nurses' comfort with palliative and end-of-life communication and to assess current communication practices and skills. The instrument is called C-COPE, which stands for Comfort with Communication in Palliative and End-of-Life Care.

A panel of palliative and end-of-life communication experts is currently reviewing the instrument for content accuracy and flow of items.

Following this analysis, the survey instrument will be sent to a sample of nurses from the Avera Health system.

"The instrument is being reviewed to make sure it measures what we say it will measure, which in this case is comfort with palliative and end-of-life communication," Minton said. "The Hospice and Palliative Nurses Foundation is interested in communication strategies nurses are using."

The interest in communication strategies is due to the fact there are only 37 South Dakotans who are certified hospice palliative nurses.

"We want to see that all nurses, wherever one practices, have the skillset or are able to communicate with individuals who have chronic illnesses or are potentially terminal," Isaacson said. "We're trying to see if they're equipped to do that or what are

their concerns so that we as educators are able to better prepare them and also inform health-care institutions that we need to do further education to increase nurses' abilities to have those

conversations and feel confident in those conversations.

"This research will have implications beyond nursing. The whole cadre of health-care professionals need to work as a team in providing palliative and end-of-life care," she continued.



Mary Isaacson

Arends named state's representative to American Association of Nurse Practitioners

Robin Arends was recently named South Dakota's representative to the American Association of Nurse Practitioners. Arends also serves as the executive director for the Nurse Practitioner Association of South Dakota.

"Both of these positions have allowed me to receive great input about what nurse practitioners are experiencing in the field, the challenges they have, and what they need in order to do their jobs better and to improve patient outcomes. The positions with AANP and NPASD allow me to connect nurse practitioners with resources available at the state and national level."

In addition to serving as a faculty member, Arends is a nurse practitioner at Avera eCARE, the nation's most robust

telemedicine network that serves a rural area.

"Because I teach nurse practitioners, I need to have a practice base in order to stay current on health-care issues, trends and treatment. The fact that I maintain my licensure helps my students because I practice what I teach," Arends said. "I can bring real-life situations and up-to-date information to the classroom setting and provide students with the best learning opportunities."

"I'm able to bring the clinical experiences I've had and what I have learned through experience to the students in order to help them understand and learn how to assess and care for patients. In addition, I bring the technology I use to the classroom. Some people have a fear of technology as it's

something new and something different. It's like the first time one places an IV, until you use it and realize it's not that bad, it is a big stressor. Before our students get into the practice setting, I want them to be able to use the equipment and realize, yes, they can do this."



College of Nursing to award scholarships to students pursuing advanced practice degrees

The College of Nursing again received funding for scholarships through the Advanced Education Nursing Traineeship program from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.

As a result of these funds, the college awarded 15 scholarships of almost \$22,000 each during the 2015-2016 academic year to full-time students pursuing advanced practice degrees.

South Dakota State received funding for approximately 15 scholarships in the 2014-2015 academic year. Of those scholarships, 14 went to students pursuing doctor of nursing practice degrees with the other scholarship to a student pursuing a master's degree. In addition, three DNP students received funds for summer classes.

"It was extremely helpful financially to be awarded the scholarship," said Cindy Stocks, who graduated in August with her DNP. "Thanks to the scholarship, I was able to concentrate fully on completing the last year of school and not worry about finances during the process."

According to Mary Minton, associate dean for graduate nursing, the college focused last year on giving the scholarships to students who were in their last year or were near that point in their education.

"We are trying to make an impact on rural primary care access," Minton said. "South Dakota consists of vast medically underserved areas and health professional shortage areas, both drive demands for primary care providers. Our goal is to have 50 percent or more of our scholarship recipients be DNP graduates who will serve our rural populations."

Including the August 2015 graduation numbers, South Dakota State had 23 students graduate with a DNP in 2014-2015.



Mary Minton

Hegge named to 2015 Distinguished Alumni class

Described as a "consummate professional," Marge Hegge's career as a South Dakota State nursing instructor spans from 1969 to Dec. 31, 2013. In 2012, she was awarded the status of distinguished professor emeritus, the highest honor that the Board of Regents can award. Those honors tied into what seemed to be a theme for the 2015 class of Distinguished Alumni from South Dakota State University.

Hegge, one of two individuals, who taught at State, spent 44 years with the college, a total that represents more than half of the College of Nursing's 80-year history.

Much of her career focus was on postgraduate education. She served as project director or evaluator on more than \$5.4 million in national training grants received by the College of Nursing to develop and enhance its graduate programs. She served as major adviser for seven doctoral students and 80 master's students.

She served her profession through involvement in the South Dakota Nurses Association and the American Nurses Association, where she chaired its advisory board for the Center for Ethics and Human Rights. That work produced the 2015 revised Code of Ethics for Nurses that is integrated into every registered nurses' practice.

Hegge also has made more than 50 historical presentations of Florence Nightingale, the founder of modern nursing.



Marge Hegge

Iowa Nurses honored

Two College of Nursing graduates found themselves in an unfamiliar position earlier this year. Laura Baker '05 and Denise Cundy '04 were on the 100 Great Iowa Nurses 2015 listing. The annual list recognizes nurses who have made meaningful, lasting contributions to their patients, colleagues and the nursing profession, and are viewed as mentors to other nursing professionals.

It was an unfamiliar position because Baker said, "I truly enjoy what I do, so like many in nursing, I do not feel like I am doing anything 'special.'"

Baker is a nurse practitioner for the trauma department at Iowa Methodist, which is part of UnityPoint Health – Des Moines. Cundy was recently appointed the assistant vice president, nursing excellence and care coordination, for UnityPoint Health – Des Moines

"I was very humbled and honored to be named one of Iowa's 100 Great Nurses for 2015, and in turn, represent nurses everywhere who work so diligently to improve the quality of care provided to patients and to optimize the health of populations overall," Cundy said.

Baker and Cundy both credited South Dakota State for allowing them to be honored.

"Having practiced nursing in rural settings for more than 20 years, I anticipated that the transition to practice in an urban teaching facility might be challenging," said Cundy, who was a faculty member at State from 2006-2008, teaching clinical, lab and theory in medical surgical nursing, professional nursing and community health nursing in the undergraduate program.

"I quickly realized that my time spent at South Dakota State University as both a student and a faculty member had prepared me very well for any setting that I might pursue. South Dakota State University's College of Nursing actively collaborates with practice settings to assure that the curriculum addresses current trends and practice patterns across the country."

Baker's education helps her handle a variety of patients ranging from pediatric, adult and geriatric as well as trauma patients. Prior to her position at Iowa Methodist Medical Center, she worked in internal medicine for five years.

"I feel that SDSU did an excellent job of preparing me for practice," said Baker, who serves as co-chair of UnityPoint Health's Advanced Practice Nurse Council and has



Laura Baker



Denise Cundy

been a co-chair of the Institute of Medicine Advanced Practice Task Force of Iowa since 2013. "I was in the first 'distance' program at SDSU. I felt the professors were knowledgeable and the coursework was challenging."

"I liked that we were required to come to campus a couple times each year," Baker continued. "I feel there is benefit to meeting and interacting with both the professors, as well as fellow students. Having visits from the professor at my clinical site was also important. While the final written and oral exam was one of the most stressful things I had ever done, there was certainly value in that process in regard to being prepared for anything. I always felt everyone at SDSU had an interest in me as a student and were dedicated to my success."

SDNA honors five State graduates

Roberta Olson, former dean of South Dakota State University's College of Nursing, was one of several State graduates honored recently by the South Dakota Nurses Association at its annual convention.

Olson '64 was honored for her contributions to the SDNA and the nursing profession for districts 8 (Brookings) and 9 (Watertown). Other district recipients were Ardelle Kleinsasser '87 MS (10, Sioux Falls) and Sister Debra Kolecka '94 MS (11, Yankton).

Nancy Nelson '87/'92 was honored with the Distinguished Service Award.

Christina Plemmons '02/'08, an instructor with SDSU's West River Nursing Department, received the Nurse Educator Award.

In memoriam

Carol Lee Creson

Carol Lee Creson was born Dec. 29, 1938, to Albert and Maxine Roelofs in Slayton, Minnesota. She was the second of three children (older sister Marge and younger brother Al). She grew up on a farm in Chandler, Minn., and lived there until graduating high school. Upon graduation, she set her sights on a career in nursing and attended South Dakota State University where she earned her degree. After graduating from SDSU, she enlisted in the U.S. Army and served as a nurse for the U.S. Army Europe as a 1st Lt. In Germany, she met and married Robert F. Creson, an officer in the U.S. Army Europe. They had three children and later settled in Oklahoma when Robert took a job with the Transportation Safety Inst./U.S. Dept. of Transportation in 1971. She worked in labor and delivery for Norman Regional Hospital from January 1981 to February 2009, assisting in the delivery of hundreds of healthy babies. She loved to spend time in her garden and in her kitchen, but especially loved time with the

family. She was a faithful member of the Church of Jesus Christ of Latter-Day Saints and willingly served in many callings where several lifelong relationships were formed and treasured. She was preceded in death by her parents and her eternal companion. She is survived by her daughter Nola Hansen and her husband, Ross; son Clint; and daughter LesLee Lynch and her husband, Robin; her grandchildren, Tayler Hansen Chambers and husband, Rendon, Cara Hansen; Molly Hansen; Cole Creson; and Clifton Nevels, wife, Shauna; and four great grandchildren. Funeral Services were held Oct. 30, 2014, at the Church of Jesus Christ of Latter-Day Saints, 1506 Imhoff Rd., Norman, Oklahoma.

Friends may leave condolences at www.havenbrookfuneralhome.com. See more at:

http://www.legacy.com/obituaries/oklahoman/obituary.aspx?n=carol-creson&pid=172954879&fhid=5800&eid=sp_ommatch#sthash.nRSiP0xU.dpuf

Audrey Ann Cornish

Audrey Ann Cornish died Oct. 11, 2014, at Mercy Medical Center in Sioux City, Iowa, after a courageous battle with lymphoma.

Audrey Ann was born to Ell Sophia (Halsne) and Harry Anglo McDonald April 29, 1938, in Sioux Falls. She graduated from Washington High School in 1956 and South Dakota State University in 1960 with a B.S. in nursing. She married James Maurice Cornish Dec. 30, 1960. They welcomed daughter Anne in 1962 and daughter Carolyn in 1965. They lived in Pleasant Hill and Concord, California, until moving to Sioux City in 1975. Jim preceded her in death in 2003. In 1991 she earned a master's degree in educational psychology and counseling from the University of South Dakota. She worked

in community nursing and later as a counselor at Family Services. She retired in 1998.

Survivors are daughters, Anne Marie Arndt, St. Charles, Missouri; Carolyn (Kent) Cutler of Sioux Falls; and grandchildren Brittany and Travis Arndt and Dylan and Katie Cutler. She is also survived by a sister, Marlys (Gene) Poch, a sister-in-law, Mary Cornish, and nieces and nephews.

See more at:

http://www.legacy.com/obituaries/argusleader/obituary.aspx?n=audrey-cornish&pid=172785990&eid=sp_ommatch#sthash.Qkh08XeR.dpuf

Carol Jean Mathews

Carol Jean Mathews died Nov. 16, 2015, at the Faulkton Area Medical Center. Funeral services were held Nov. 22 at Concordia Lutheran Church. She was born Oct. 13, 1943, in Bowdle to Reinhold "Reinie" and Laura (Nelson) Herman. Her sister and brother are Patty and Kenneth Herman.

Mathews graduated from Bowdle High School in 1961 and earned a bachelor's degree in nursing in 1965 from South Dakota State University. She also earned a Master of Arts degree in health service administration from George Washington University in Washington, D.C. She worked in Fishkill, New York, New York City and Gary, Indiana, before marrying Clyde Mathews April 12, 1969. They moved to Derwood, Maryland, where she began working as a community health and school nurse for the Montgomery County Division of School Health Services.

She held various positions including supervisor of community health services, section chief and director. Mathews was also an active member in the Maryland State Nurses Association serving as president and treasurer and chaired several committees. She received the Maryland State Leadership Award for her work in school health.

In 1986, Carol took a position with Montgomery County Public Schools as a management and budget specialist and worked 10 years before retiring. Other career highlights include serving as an adjunct professor at Georgetown, Catholic University and the University of Maryland schools of nursing. She returned to South Dakota in 2012 and completed her nursing refresher course and worked for one semester as a clinical instructor at Presentation College.

She is survived by her son, Timothy Nelson Mathews of Cresbard; grandchildren, Timothy Nelson Mathews Jr. and Madison Mathews of Olney, Maryland; her sister, Patty Nipp, and niece, Marilora Nipp of Cresbard; and nephews: Monte Nipp of Langford and Marlin Nipp of Pierre.

Thank you

Jan 1, 2014 to Sep 1, 2015

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Transformational Giving Shapes Future of State Nursing Students

For some alumni, giving to South Dakota State University has been transactional rather than transformational. They receive a phone call from a student assisting with the "Phone Jacks" annual calling, make a commitment and send in their gift. It is truly a transaction. While we certainly hope that alumni enjoy chatting with the students, update current employment and other information, for many that is as far as it goes until next year.

For others, giving is a joyful and engaging experience with a much deeper connection. That is when it gets fun.

As Dean Fahrenwald and I visit alumni, work with faculty and tell the story of the myriad advances and exciting changes that are taking place on campus and in the classroom, and which are even permanently changing the facilities in which students learn, alumni like you are making the difference.

The impact you can make is not necessarily measured in the size of your gift. Maybe you are interested in learning how you, like David ('61, engineering) and Shirley Lingo ('61) might help students understand and appreciate other cultures as an important step in producing well-rounded nursing graduates capable of good practice and leadership in their professional lives.

Perhaps it is the creativity of your gift that could support both undergraduate and graduate nursing education and faculty research like Delores Dawley ('55). Each year, nursing faculty may apply for the Delores Dawley Research Seed Grant. Maybe you'd like to follow

the classes of 2015 and 1965 by encouraging your classmates to fund an annual scholarship for an undergraduate nursing student. Or, you could choose to honor someone who inspired you like Michael Relf ('88) did in honor of a faculty member, Eleda Brotsky ('60), and his mother, Bonnie Relf.

The work we can do together to impact students is limited only by your imagination, inclination to give and the partnerships we can forge to benefit South Dakota State, particularly the College of Nursing. What if your gift could transform students, faculty and facilities on campus? What if giving actually transformed you?

Please think of how your life has been positively shaped and changed since you graduated from the College of Nursing and how it evolved while you were a student. How can we work together to transform the lives of others? I welcome your call, email or visit, and I look forward to helping you experience transformational giving.



Stacey Tait-Goodale, College of Nursing, Development Director
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SDSU Health kicked off in September. The program is designed to improve the health and wellness of students, faculty and staff members. Jill Thorngren, dean of the College of Education and Human Sciences, Dennis Hedge, dean of the College of Pharmacy, and Doug Wermedal, interim vice president for student affairs, joined Dean Fahrenwald onstage at the opening event held at the Coolidge Sylvan Theatre. Following a short program, attendees were encouraged to participate in a 2-mile walk around campus and attend a picnic lunch.