2008

UND Nursing: A Legacy of Caring, 1982-2008

Diane Helgeson
University of North Dakota

Rennae Millette
University of North Dakota

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UND Nursing-A Legacy of Caring
1982-2008

Diane Helgeson M.S., R.N., Emeritus Associate Professor of Nursing
Rennae Millette M.S., R.N., Clinical Assistant Professor of Nursing

The College of Nursing at the University of North Dakota
UND Nursing
A Legacy of Caring
1982-2008
About the Authors

Diane Helgeson M.S., R.N, Emeritus Associate Professor of Nursing

Diane Helgeson taught in the College of Nursing from 1967 to 2005. Many "firsts" at the College can be attributed to Diane's efforts, including: direct service to the community in the Expectant Family Program; a policy manual that both empowers and protects faculty and students; cooperative education at UND, support for American Indian students; and research in the Retired Nurse Oral History Project. Now, in 2009, Diane holds the corporate memory of the College of Nursing, which she so carefully passes on to new generations of registered nurses.

Rennae Millette M.S., R.N, Clinical Assistant Professor of Nursing

Rennae Millette graduated from UNO with both B.S.N. and M.S. degrees. Teaching and practice have gone hand in hand for Rennae. She began teaching at the College in 1983 and has continued to teach at UND intermittently since then. Her practice also included critical care at St. Luke's Hospital in Fargo, Altru/United Hospital in Grand Forks, and a rural Alaska emergency room, and providing liability defense for nurses with an insurance company. In each practice role, Rennae has been a leader and innovator. As one of the first master's students, she has firsthand knowledge of the early days of the College of Nursing's graduate program.

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Writing the history of nursing at the University of North Dakota (UND) began as a short historical overview that each college was to write for the 125th Anniversary of the University in 2008. The project grew to a nine-chapter book to celebrate Nursing's 100th anniversary as a presence on campus and 50 years as a College of Nursing. This nine-month project came to fruition with the help and cooperation from many people. Thanks to Dr. Chandice Covington (Dean, 2005-2008) for initiating and funding the history project, and to Becky Cournia (alumni and development coordinator for the College) for overseeing the project and providing guidance and support for the many details and contacts that needed to be made. College of Nursing staff Tammy Batzer and Jane Beasley, and student assistants Justin Pink and Haley Barkhaus, have provided many hours of typing, scanning of photos, and formatting assistance for the book.

Current faculty, former faculty, retired faculty, and other College staff members and friends provided invaluable personal perspectives, detailed information, and editing expertise, and we acknowledge them with thanks for their significant contributions to the project. They are: Dr. Darla Adams, Dr. Cindy Anderson, Dr. Julie Anderson, Barbara Anderson, Marcha Brossart, Stephanie Christian, Barbara Dahlén, Dori Dunnigan, Marlys Escobar, Virginia Eslinger, Dr. Tracy Evanson, Dr. Kathy Gershman, Christine Harsell, Lucy Heintz, Kathi Hjelmstad, Dr. Lavonne Russell Hootman, Dr. Loretta Heuser, Val Krogestad, Dr. Evelyn Labun, Dr. Diane Langemo, Melissa Marx, Dr. Helen Melland, Bette Olson, Ray Pospisil, Curt Radel, Mary Reinderson-Sand, Dr. Elvira Szigeti, Bridget Thompson, Dr. Liz Tyree, Cec Volden, Debra Wilson, and Teri Wright. Special thanks to Dr. Liz Tyree for writing 'About the Authors' on page two.

We must also thank our husbands and families for their support in this endeavor. We know they are very happy that this project has come to completion. We appreciate their patience and moral support immensely.

The College of Nursing has much to celebrate as it looks back on 100 years of educating nursing professionals. Along with the celebration of a century of nursing, the College is also celebrating three other milestones: the 20th anniversaries of the Nurse Anesthesia Graduate Specialization and the RAIN (Recruitment and Retention of American Indians into Nursing) Program, as well as the 25th anniversary of the Eta Upsilon chapter of the Sigma Theta Tau Nursing Honor Society.

As you read the History of Nursing at UND, we hope you will get a glimpse of the many administrators, faculty, staff, and students who have made a significant impact on nursing education in North Dakota and in the nursing profession around the world.
Introduction

The University of North Dakota (UND) has offered non-degree courses of study for nurses since the early twentieth century, specifically 1909. However, it was not until 1949 that the first North Dakota baccalaureate program in nursing was established and a Division of Nursing was created at UND. In 1959, the North Dakota Board of Higher Education authorized the creation of a College of Nursing as an autonomous unit on campus.

Since that time, the UND College of Nursing (CON), the oldest and by far the largest and most comprehensive baccalaureate nursing program in the state of North Dakota, has stood at the forefront in leading nursing education in the state. The College of Nursing offers an undergraduate professional nursing program, with a foundation in the liberal arts and sciences to prepare graduates in all areas of basic clinical nursing practice. Graduates are eligible to write the national licensing exam for registered nurses (NCLEX-RN) and gain a solid foundation for graduate school. The College's graduate nursing program offers a master's of science degree in six specializations and also boasts a Ph.D. program in nursing with a research focus on the care of diverse and vulnerable populations.

The baccalaureate nursing program was first fully accredited by the National League for Nursing in 1963 and has continued to be accredited since that time. In 2000, the Commission on Collegiate Nursing Education granted accreditation of both the baccalaureate and master's degree programs in nursing for the maximum term of 10 years. The next review will occur in 2010. Both the undergraduate and graduate programs at the College of Nursing are approved by the North Dakota Board of Nursing; yearly reports are submitted, and periodic visits are made by a Board of Nursing team.

The early history of the College of Nursing, 1909-1982, has been clearly documented by Deans Margaret Heyse Cory and Elizabeth Zinner in the book titled Nurse: A Changing World in a Changing World. This book will present the College of Nursing history and landmark happenings from 1982 through December 2008, including the mission statement; the buildings that have housed the nursing program; leadership; faculty governance; nursing research; the undergraduate and R.N. programs; graduate program development; graduate program specializations; student affairs; Recruitment/Retention of American Indians into Nursing (RAIN); the Nursing Center; the Learning Resource Center; clinical simulation; computer competencies; technology; and Sigma Theta Tau.

Mission Statement

The mission statement of any organization defines its purpose, function, and the reason for its existence. Since its designation as a College of Nursing, the purpose, or "mission statement," has been revisited and revised by the Faculty Organization many times in order to guide and clarify its future direction and goals. In 1992, the Mission Statement was revised, resulting in the following statement:

"The mission of the College of Nursing is to enhance the health of people in the region by preparing leaders in nursing and nutrition through innovative, accessible programs, and significant faculty and student scholarship and service."

"In 1959, the North Dakota Board of Higher Education authorized the creation of a College of Nursing as an autonomous unit on campus."
Buildings that have Housed the College of Nursing

Throughout its 100-year history, the Division of Nursing and the College of Nursing have had many homes on the University of North Dakota campus.

1909-1912
The first home of the Division of Nursing was Davis Hall. In 1912, nursing moved to the Old Science Building, where it remained until 1916.

1916-1949
Nursing was housed in several temporary locations.

1949-1957
Nursing was located in Merrifield Hall. This UND building remains on the campus today.

1958-1962
The Division of Nursing was located in the former home of the president of Wesley College. This house was located on University Avenue and had an old winding narrow staircase that led to the faculty offices upstairs. Because the staircase was so narrow and winding, it was a challenge for students to climb the stairs to faculty offices carrying their books and other necessities. In 1959, the Division of Nursing became the College of Nursing.

1962-1965
The College of Nursing was located on the third floor of Twamley Hall, the current administration building at UND. Faculty were housed in cubicles, which did not provide the necessary privacy for meeting with students.

1966-1975
The College moved to Robertson/Sayre Hall, a part of Wesley College. This building had much more space for faculty and staff offices, but had only one small room that could be used for a small class or a meeting. The building did have a room that was made into the first practice laboratory.

In Robertson/Sayre, administrative offices of the dean, the information center, and two faculty offices were located on the first floor. Other faculty had offices on the second and third floors. The community health faculty had their office on third floor. The students for this course made home visits in the community and did charting on their clients. Client records for the community health students were housed in the faculty offices and charting was done in the hallways, as space was very limited. Charts were secured in a locked file when not in use.

A hallway between the front and the rear of the building on third floor served as a break room. If you wanted to get to the rear of the building, you had to walk through the break room. This traffic flow was conducive to communicating with everyone and, as a result, the faculty was a small, close-knit group. The basement level housed UND’s Academic Media Center.

1976
This was one of the last buildings erected through Hill Burton federal funds. The entire faculty was thrilled to move into the new building. All full-time faculty were able to choose offices on the third floor. Guidelines were established for office assignments as some did not have windows. All offices were the same size and designed to be single offices. The third floor could be closed off for security reasons by locking the elevator. Thus, the first and second floors of the building could be accessible for after-hours classes in nursing and other disciplines.
On the first floor of the building, there were two large classrooms with a capacity for 80 students. Other rooms on this floor included the Learning Resource Laboratory, student reading room, student lounge, lobby, and a chart room for community health students to document home visits.

On the second floor of the building there were several varying-sized classrooms including two kivas with benches configured in a round setting (Rooms 205 and 207). These rooms were especially requested by faculty who taught using a seminar format. There also were two rooms designated for nursing distance and continuing education.

Remodeling of Nursing Building

In 1983-84, Dean Inez Hinsvark presented a substantial remodeling plan of the relatively new nursing building. The need for this remodeling reflected the changing nature of nursing and the explosion of knowledge occurring in the health field as well as the growing number of faculty.

Dean Hinsvark was a very visionary person. The remodeling included creating a better traffic flow, developing a more central information center, relocating staff offices, designing a new research space, and redesigning the Learning Resource Laboratory to reflect the newest technology available in nursing.4

On the first floor, a student study area was moved to the former lobby area and student lockers were added in the previous storage area. Nursing students requested lockers to store books, materials, and personal items safely as many students spent their entire day at the College.

The student reading room, which is shown on the original first floor plan, was redesigned as a student practice area with a folding door to close the area off from the learning laboratory area. There were other changes made to the Learning Resource Laboratory, including the addition of a self-testing room, expansion of the self-instruction area, and the addition of two offices in place of the audio-visual rooms.

On second floor, room 211, originally a storage area, was made into a computer room and the alcove by room 201 was made into an entry with a locked door to room 201. At this time, rooms 201 and 203 were used for nursing continuing education and other meetings. Later on, room 203 was utilized as a graduate student lounge area with couches, chairs, and desks. The office in room 201 (2018) was used by the director of continuing nursing education. Tables replaced the benches in one of the kivas (room 205) so that it could be used as a traditional classroom. The lobby area immediately off the elevator and stairs was made into a conference room faculty could access for meetings. Later this area was made into office space.

On the third floor, two of the offices next to the Dean's Office were made into one big space for the dean and the office next to this space was designated as the associate dean's office. The hallway adjacent to Room 360 was made into an office (Room 362) for the dean's administrative assistant and the associate dean's secretary. This hallway was enclosed and the sliding glass window removed. The information area was assigned an office. The admissions and records offices originally located on the north corridor of the third floor were moved to the south corridor and expanded to access the student records from the hallway.

The staff general office area was also changed and made into a research area. The staff was moved into their own offices located by their respective department chairs. The faculty planning area (Room 312) was reduced and four smaller rooms were added. One room was used as the mailroom that was open to the faculty planning area. The other three rooms were used as offices. The faculty work area (Room 314) was reduced and four offices were added.

At this time there were two lounges, one for the staff and one for the faculty. The staff had a lounge with a window, as they spent their working hours in a general office area with no windows. The faculty had the lounge area without windows, as most full-time faculty had window offices. Later on, the staff lounge became the smoking lounge and the other lounge was used by both faculty and staff, which led to more unity at the College. The smoking lounge was made into offices for the graduate teaching assistants (GTAs) when UND banned smoking in buildings on campus in 1990.
Leadership

Division of Nursing

The course for nursing at UNO was under the auspices of Miss Bertha Erdman, the first director of the early nursing program who held the position from 1909 until 1914. She was replaced by Miss Alice Smith in 1915. The course for nursing was apparently discontinued in 1916, though it was never officially dropped.

In 1947, in response to a nationwide post-war nursing shortage, the University began a four-year basic nursing program leading to the degree of Bachelor of Science in Nursing and established the Division of Nursing. D.J. Robertson, assistant to President West, became interim director from 1947-1949 before Miss Beatrice Horsey became the Division's first director in 1949. Miss Horsey resigned in 1957 and Miss Ruth Burage became the acting director from 1957-1958.

College of Nursing

When the Board of Higher Education authorized the establishment of the College of Nursing in 1959, Margaret Heyse was designated as the first dean. Since that time, the College of Nursing has had outstanding leadership from many deans.

Dean Margaret Heyse, 1958-1977
Dean Heyse was the first dean of the College of Nursing. She came from Colorado Springs, Colorado, with her bachelor degree in chemistry from Colorado College; a master's degree in biochemistry from the University of Rochester, New York; and a nursing diploma from Massachusetts General Hospital of Nursing in Boston in 1937.

Bernard O'Keily, former dean of the UNO College of Liberal Arts and Sciences, recalled Dean Heyse's tireless advocacy for the College of Nursing at the many deans' meetings they attended together. "Her contributions were always pointed, sharp, sensible, and kind. But she spoke her mind and refused to be intimidated by dominant individuals or smug majorities." She was only 4 feet 6 inches and was called the "teeney-weeny" dean by co-workers! During her tenure, she was the only female dean at the University.5

Dean Elisabeth Zinser, 1977-1981
Dean Elisabeth Zinser received her basic nursing degree from Stanford University; a master's of science in medical surgical nursing from the University of California, San Francisco; and Ph.D. in educational psychology from the University of California, Berkeley.

Acting Dean Judith Plawecki, 1981-1982 and Dean Judith Plawecki, 1982-1983
Dean Judith Plawecki received her bachelor's degree in nursing from St. Xavier College in Chicago; a master's of arts degree in nursing; and a doctorate in educational administration from the University of Iowa.

Dean Inez G. Hinsvark, 1983-1986
Dean Inez Hinsvark received her nursing degree from Luther Hospital School of Nursing in Watertown, South Dakota, in 1939; her bachelor of arts degree (Magna Cum Laude) from San Francisco State University; a master's of arts degree from Stanford University; and a Ph.D. in education and nursing administration from the University of California, Los Angeles.

Dean Lois J. Merrill, 1986-1995
Dean Lois Merrill grew up in Connecticut and received her bachelor of science in nursing from the University of Connecticut; a master's degree in nursing at the University of Colorado; and a doctorate in education from the University of Nebraska.

Dean Elizabeth Nichols, 1995-May 2004
Dean Elizabeth Nichols received her bachelor of science degree in nursing (Cum Laude) from San Francisco State College in 1969; a master's of science in nursing from the University of California, San Francisco, in 1970; a master's of arts in political science from Idaho State University in 1989; and a Ph.D. in nursing science from the University of California, San Francisco, in 1974.

Interim Dean Helen Melland, June 2004-August 2005, and December 2008-Present
Interim Dean Helen Melland received her bachelor of science in nursing (Cum Laude) from Pacific Lutheran University in 1972; a master's of science in nursing from the University of Portland, Oregon, in 1980; and a Ph.D. in higher education administration from the University of Minnesota in 1992.

Dean Chandice Covington, September 2005-December 2008
Dean Chandice Covington received her bachelor's of science in nursing from the University of Texas, Houston in 1974, a master's of science in nursing from the University of Texas, Galveston, 1977, and a Ph.D. in nursing from the University of Michigan in 1990.
Faculty

Nursing Faculty

The recruitment and retention of qualified faculty has been an ongoing challenge since the College's inception. The early years were characterized by recruiting faculty who held a bachelor's degree; the seventies were characterized by recruiting faculty who held master's degrees; and the eighties and nineties were characterized by recruiting faculty who held a doctoral degree. As late as 1978, 78 percent of the faculty held a bachelor's degree as their highest degree and 22 percent held a master's degree. In 1991, 28 percent of the faculty held a bachelor's degree, 61.1 percent held the master's degree, and 36.1 percent held a doctoral degree.1

Faculty for Graduate Education

In 1978, Dean Elisabeth Zinszer started the groundwork for graduate education in North Dakota. She realized that there was a great need for doctoral faculty if graduate education (master's as well as Ph.D. programs) were to become a reality. To address that issue, she asked faculty to become involved as recruiters for Ph.D. prepared faculty. The faculty teams visited universities throughout the United States. This effort was successful in that several Ph.D. faculty were recruited through this process. Dean Elisabeth Zinszer stated the present nursing faculty were highly motivated toward graduate study. She further stated that the problem had been lack of accessibility to graduate nursing education. In 1990 the faculty made the decision to require the doctoral degree for all new tenure track positions.1

Faculty Preparation 1991-2004

In the College of Nursing 1991-92 Annual Report, Dean Lois Merrill reported that the number of doctorally-prepared faculty increased from 8 the previous year to 13, representing 36 percent of the full-time faculty, compared to a figure of 43 percent nationally. Academic preparation of the 35 full-time faculty in 2002 was 21 with a master's in nursing, 1 with a non nursing master's degree, 4 with a doctoral degree in nursing, and 9 with a non nursing doctoral degree.1

The July 2003-June 2004 report to the North Dakota Board of Nursing indicated that the educational preparation for the 32 full-time faculty was 15 with an earned master's in nursing, 1 with a non nursing master's, 2 with a doctorate in nursing, and 14 with a non nursing doctoral degree. In 2004, 48 percent of the full-time nursing faculty held doctoral degrees.1 Doctoral-prepared faculty strengthened the research and graduate education mission of the College; faculty without the doctoral degree had extensive years in clinical practice, which strengthened the undergraduate mission. Faculty with strong clinical skills were also excellent teachers and vital to the undergraduate nursing program.

Faculty Preparation 2005-2008

In 2005, the educational preparation for the 30 full-time faculty was 14 with a master's in nursing, one with a non nursing master's, five with a doctorate in nursing, and 10 with a non-nursing doctorate.1 In 2006 the academic preparation for the 34 full-time faculty was 13 with a master's in nursing, one with a doctorate in nursing and 17 with a non-nursing doctorate.1 In 2007, of the 28 full-time faculty, 10 held master's in nursing, 8 held a doctorate in nursing, and 10 had a non nursing doctorate. In 2008, the academic preparation for the 22 full-time faculty was 13 with a master's in nursing, 5 with doctorates in nursing, and 4 with non nursing doctorates.1 As the number of full-time faculty decreased over the years, part-time faculty and graduate teaching assistants (GTAs) increased in numbers.

Accomplishments of Faculty

There have been numerous faculty accomplishments throughout the years. A number of faculty have received awards for their research, publications, involvement in the community, and from their professional organizations at the local, state, regional, and national level. The College is proud of the accomplishments of its many talented faculty members. There are too many to include in this history, but excerpts from the College of Nursing’s annual reports submitted to the President's Office follow. (Research accomplishments are covered later in this chapter.)

In the 1986-1987 College of Nursing annual report, Dean Lois Merrill stated that, "strides have been made in recent years relative to faculty involvement in research and publication. However, there continues to be a need for a stronger support system. The limited travel budget which permitted the allocation of only $150 per faculty member did not provide sufficient support to encourage faculty in giving scholarly papers." Contributions of the faculty in the scholarly and service areas continued to be strong, and external grant funding reached the highest level ever.10

In the 1991-92 College of Nursing annual report, Dean Lois Merrill reported that faculty were highly involved in "Writing Across the Curriculum" projects, with nine faculty participating in one or more activities including: faculty writing seminars, Small Group Instructional Diagnosis (SGID), formative teaching evaluations, and program evaluation workshops. Additionally, two College of Nursing faculty development programs were held that focused on writing across the curriculum and on assessment and evaluation.

In 1995-1996 the faculty in the College was successful in obtaining training grants. For example, grants were obtained: to support and extend the graduate rural health specialty (Dean Elizabeth Nichols); for anesthesia student traineeships (Dr. Eleiza Szigeti); for traineeships for graduate students (Dr. Regina Monnig); for support of nurse practitioner students and the program (Dr. Nyla Juhl Imler); to support
Historically, faculty have been involved in nursing regulation at the state level through service on the North Dakota Board of Nursing. At least three faculty have served as president of the board.

Books Published

Three faculty members at the College have authored books:


International Service

Faculty provided international service. Elizabeth Tyree spent six weeks in Guatemala in 1992 serving in the Las Obras Sociales del Hermano Pedro hospital in Antigua, which included a language immersion experience. Dr. Lomma Milburn was selected to administer a federally-funded health care reform project in the former USSR. Dr. Milburn was on leave of absence for an academic year serving as general field administrator for Zdrav Reform Program in Russia.

Dr. Loretta Heuer, Dr. LaVonne Russell, and Helene Kahlstorf developed a course comparing the Russian and American health care systems. As part of this two-semester course sequence, the students and faculty made a three-week trip to Moscow and St. Petersburg in the summer of 1996. While in Moscow, the students taught content on pediatric assessment to a group of Russian nurses.

Dr. Fredricka Gilje, director of the Statewide Psychiatric Nursing Program, was a Fulbright Scholar in Norway and Sweden. During the fall semester 1995, she taught in Norway.

In the summer of 2000, Dr. Helen Melland, Kathy Fick, campus minister of Christus Rex Lutheran Campus Center, and 12 UND students, including nursing students Erin Dhuvetter, Cory Jensen, and Tricia Fossom, traveled to Bolivia for a three-week, service-learning experience. Students expressed an increased sensitivity and awareness of the needs of those living in a third world culture, as well as a reorienting of what is important in their own lives.
In the summer of 2006, Julie Anderson, R.N., Ph.D., C.C.R.C., took five undergraduate and five graduate nursing students to Toledo, Spain. One of the purposes of the program was for students to learn about Spanish healthcare and culture firsthand. The CON undergraduate and graduate nursing in Spain program offered new cultural opportunities that link study abroad, nursing education, and community service.  

The American Academy of Nursing

The American Academy of Nursing comprises more than 1500 of the top nursing leaders from education, management, research, and practice sectors. Selection to the Academy is considered the most prestigious honor bestowed upon a professional nurse. The UND College of Nursing is very proud to have had six faculty inducted as a Fellow in the American Academy of Nursing (F.A.A.N.). They are as follows: Drs. Chandice Covington, Ginny Guido, Loretta Heuer, Diane Langemo, Glenda Lindseth, and Elizabeth Nichols. Two of those faculty, Drs. Heuer and Lindseth, are still employed at the College. Dr. Diane Langemo is retired but remains active in research and other UND projects.

UND Honors of Nursing Faculty & Alumni

In 1979, Claudia Schmalenberg, (class of 1971) was awarded the UND Sioux Award.

In 1991, Dr. Diane Langemo (faculty and class of 1969) received the UND Foundation Thomas J. Clifford Distinguished Faculty Research Award.

In 1992, Dr. Elvira Szigeti received the UND Foundation Faculty Achievement Award for Outstanding Faculty Development.

In 1992, Mary Ann Larson Keller-Wakefield (classes of 1961 and 1977) received the UND Sioux Award.

In 1992, Dean Emeritus Margaret Heye-Cory and Vivian Hanson Meechan, who was recognized for her national and international work with anorexia nervosa and bulimia, became the first nurses to be awarded honorary degrees at the May graduation.

In 1993, Donna M. Isler received the UND Foundation Award for Individual Excellence in Teaching.

In 1995, Betty A. Olson received the UND Foundation Thomas J. Clifford Award for Outstanding Faculty Development and Service.

In 1996, Elizabeth Tyree received the UND Foundation Thomas J. Clifford Award for Outstanding Faculty Development and Service.

In 1996, Kathleen "Kitty" (Kotchian) Smith (class of 1956) received the UND Sioux Award.

In 1999, Dr. Diane Langemo (class of 1969 and faculty) received two awards: the UND Foundation Excellence in Graduate Teaching Award and the UND Chester Fritz Distinguished Professor Award.

In 2000, Dr. Cindy Anderson received the UND Foundation/McDermott Award for Individual Excellence in Teaching.

In 2001, the Family and Community Nursing Department received the UND Departmental Excellence in Service Award at UND Founder's Day.

In 2003, Dr. Margaret J. Hansen received the UND Foundation/Lydia and Arthur Saiki Prize for Graduate or Professional Teaching Excellence.

In 2006, Dr. Glenda Lindseth received the UND Foundation/McDermott Award for Excellence in Teaching, Research or Creative Activity, and Service.

In 2008, Brenda Jo Gilland (classes of 1992 and 1997) received the Outstanding Young Alumni Award from the UND Alumni Association.

College of Nursing Distinguished Alumni Awards

<table>
<thead>
<tr>
<th>Year</th>
<th>Alumni Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Patricia Corbbs</td>
</tr>
<tr>
<td>2003</td>
<td>Edward S. Thompson</td>
</tr>
<tr>
<td>2005</td>
<td>Roxanne Strathers</td>
</tr>
<tr>
<td>2006</td>
<td>Kathleen J. Sawin</td>
</tr>
</tbody>
</table>

The faculty, administration, and staff listings from 1984-2008 are included in Appendix III. The years 1982 and 1983 could not be found.
Governance

Departmental Reorganization

In May 1985, the faculty of the CON approved a plan for reorganization. The University approved the reorganization in the spring of 1986. Three areas (later designated as departments) were established, each with a special focus: 1) Adult Health Nursing (with a focus on the restoration of health); 2) Family and Community Health Nursing (with a focus on the promotion of health and the prevention of disease; and 3) Professionalism and Nursing Practice (with a focus on the socialization into the professional roles of nursing).

These three areas replaced the former six areas which were: 1) Foundations in Nursing; 2) Adult Health Nursing; 3) Parent Child Nursing; 4) Community Mental Health Nursing; 5) Community Health Nursing; and 6) Individualized Nursing Practicum and Nursing Leadership. Courses were examined for focus and placed in the most appropriate area. See Appendix I for 1976-77 Faculty/Area Coordinators listing.

Chairpersons

After the reorganization in the 1985-1986 academic year, the first chairpersons of these areas were appointed by the dean for one year and thereafter were to be appointed for three year terms through a selection process by faculty of the area and appointment by the dean. The following faculty were appointed as chairpersons for the 1985-86 year: Elvira Sigeti, Ph.D., Adult Health; Nyla Juhl, Ph.D., Family and Community Nursing; Mary Wakerfield-Fisher, Ph.D., Candidate, Professionalism and Nursing Practice.

More Reorganization

In 1996, the Nutrition and Dietetics Department became a part of the College of Nursing. In preparation for this addition, faculty reviewed and revised the College bylaws and identified other publications and processes that would be affected by the addition of this new department. During the 1998-99 academic year, a number of policies and processes were developed or adjusted to address the two disciplines in the college rather than the sole nursing discipline focus of many of the existing policies.

In academic year 1997-98, the CON structure was again significantly modified. Dean Nichols stated in the annual report that in response to the university-wide mandate to reconfigure and make programmatic changes, the College reduced the number of quasi-nursing departments from three (Adult Health, Family and Community, and Nursing Practice and Professionalism) to two (Family and Community Nursing and Practice and Role Development), reassigning existing faculty to the remaining two departments. These two quasi departments, while not budgetary units, did have responsibility for faculty workload, evaluation, and other non-budgetary departmental matters. The faculty and staff budget was reduced to fund a director of nursing research.

In 1999, as a result of the reorganization and restructuring, the College consisted of four academic units: Practice and Role Development (PRD), Family and Community Nursing (FCN); Nutrition and Dietetics; and the Statewide Psychiatric Nursing Education Program (SPNEP). The College of Nursing bylaws outlined the duties and responsibilities of the newly reorganized College of Nursing Organization. These bylaws shall govern the function of the faculties of Nutrition and Dietetics, Nursing, and SPNEP. The purposes of the Faculty Organization were to establish, implement, and evaluate the educational programs and to promote the development of faculty within the College of Nursing. While the Department of Nutrition and Dietetics still remains a part of the College of Nursing, the SPNEP is no longer in existence.

State Psychiatric Nursing Education Program (SPNEP)

The SPNEP located on the North Dakota State Psychiatric Hospital campus in Jamestown, North Dakota, was the educational clinical site for psychiatric nursing for all nursing education programs (both public and private) in the state of North Dakota. The program had its own budget and was under the administration of the North Dakota State Psychiatric Hospital. In 1987, with a decrease in the number of in-patient clients at the State Hospital and placement of these clients in the local treatment programs within the state, the SPNEP was transferred from the State Psychiatric Hospital to the Board of Higher Education. Subsequently, the SPNEP was placed under the administration of the UND College of Nursing. The program had a separate budget, with five faculty located on the State Psychiatric Hospital campus. While the program was a part of the College of Nursing, instruction did not generate student credit hours for the College. In 1999, as a result of the reorganization and restructuring, the College consisted of four academic units: Practice and Role Development (PRD), Family and Community Nursing (FCN); Nutrition and Dietetics; and the Statewide Psychiatric Nursing Education Program (SPNEP). The College of Nursing bylaws outlined the duties and responsibilities of the newly reorganized College of Nursing Organization. These bylaws shall govern the function of the faculties of Nutrition and Dietetics, Nursing, and SPNEP. The purposes of the Faculty Organization were to establish, implement, and evaluate the educational programs and to promote the development of faculty within the College of Nursing. While the Department of Nutrition and Dietetics still remains a part of the College of Nursing, the SPNEP is no longer in existence.

Faculty Organization

The College of Nursing bylaws outline the duties and responsibilities of the Faculty Organization and standing committees which provide governance for the College. The standing committees report to the Faculty Organization. The nursing programs are governed by the Nursing Faculty Organization that consists of faculty from the quasi-departments of Practice and Role Development and Family and Community Nursing. The Departments of Nutrition and Dietetics and the SPNEP were present at faculty meetings but also held individual faculty meetings each consistent with the mission and goals of the College.
Meetings of all the units of the College were attended by all faculty each semester. A Faculty Organization chair, chair-elect, and secretary were elected annually.68 Each nursing department also conducted regularly scheduled departmental meetings. These meetings provided a structure for achieving departmental goals as well as providing an opportunity for continuing communication within departments.

The committees of the College are mandated by the bylaws of the College and the appropriate sub-units. The standing committees do much of the organizational work of the faculty. For total representation, undergraduate and graduate students serve on the various committees as reflected in the bylaws of the College.

Currently, the College Executive Council is the governance body that is advisory to the dean. The council promulgates, amends, approves, or rescinds policies that require administrative action and promotes communications and shared governance between various structural components of the College. Members include the associate dean, department chairs, director of research, director of student and alumni affairs, director of undergraduate studies, chair and chair-elect of the Faculty Organization, alumni and development officer, and business officer.

**Dean's Advisory Cabinet**

Dean Chandice Covington established an external Dean's Advisory Cabinet for the College of Nursing in 2007. In addition to providing feedback and support to the College, the Dean's Advisory Cabinet serves as an external advisory consulting body to assist the dean in achieving the College's mission and to improving health through leadership in research, education, and professional and public service. Presently, the board consists of seven external members.69

**College of Nursing Policies and Procedures**

In January 1983, Diane M. Helgeson, a faculty member, and Dean Inez Hinsvark began the process of formally organizing and indexing the documents, policies, and procedures for the College of Nursing. Dean Inez Hinsvark created a documentation system with a manual that guided the organization as policies and procedures were extracted from committee minutes. By May 1984, all identified College of Nursing documents were indexed and placed into 11 categories. Professor Helgeson and Dean Hinsvark devised the documentation system for documents, policies, and procedures for the College of Nursing. This basic documentation system was followed from 1984 to 1986 at which time the documents were reorganized and updated to foster more clarity and efficiency for use by faculty and staff.70

In addition to the UND policies and procedures, having all documents, policies, and procedures in a comprehensive indexing system provided clear direction for faculty action. With an organized system, the operation and governance of the College was enhanced.71 As more documents, policies, and procedures were developed, UND legal counsel was consulted to ensure the material was legally sound. On April 13, 1987, the UND legal counsel suggested that policies should be made as simple and streamlined as possible.

An "Historical Book", which was a record of the evolution of the policies, procedures, and documents, was kept in the Office of the Dean until May 1995 when the policy and procedure manual was computerized for more efficient access. The manual has been very useful for accreditation visits, as all policies, procedures, and documents are easily accessible for site visitors. The manual and its design have been requested by other colleges as a model for organizing their documents, policies, and procedures.

**Nursing Research**

**First Director of Nursing Research**

When Dr. Barbara Hurley-Wilson joined the faculty of the College of Nursing in 1988 as director of nursing research, she led the process of realizing a dream of establishing a Center for Nursing Research on campus. As a researcher, her short-term goal was to pursue greater external funding for research. Within a very short time a number of grant proposals were already underway. Her long-range goal was to establish a Center for Research that would serve the entire state.72

While many faculty members were engaged in research, there remained a need for more of these efforts to result in publication and external funding. Two of Dr. Hurley-Wilson's significant contributions were to assess the research needs of the College and to develop a plan to increase the research productivity and grant writing activities of faculty. During this time, Ph.D. faculty were engaged in thesis advisement for the growing number of graduate students in the master's of science program, which was solidifying the foundation for research at the College.

**Research Highlights: The Early Years**

During the 1987-1988 academic year, Dr. Joyce Laborde was the recipient of the first National Institutes of Health research grant ever received by a UND nursing faculty member. This four-year grant award with co-investigator Dr. William A. Dando, totaled $485,476 for a study of Nursing Assessment of Stressor Factors of Multiple Sclerosis Patients.73 The second National Institutes of Health grant at the College went to Dr. Glenda Lindseth. She was awarded a prestigious National Institute of Health grant for research on "Nutrition Risks of Nausea and Vomiting in Pregnancy" during academic year 1994-1995.

Faculty research and scholarship continued to be an area for growth and a specific goal of faculty during the late 1980s and mid-1990s. Grant proposals in excess of $4 million were submitted to federal research agencies during academic year 1995-1996. Additional external funding was received to support Dr. Glenda Lindseth's work in nausea and vomiting.

One of the first collaborative faculty research groups from the College of Nursing began its work in 1988 with the support of a $50,000 grant from Gaymar
The president and founder of Gaymar Industries was a UND alumnus in engineering whose company did research on pressure ulcers and wound care. Both qualitative and quantitative research conducted by this group, led by Dr. Diane Langemo, has been disseminated through numerous publications and has been presented nationally and internationally in a variety of venues. Original members of this research group included the following faculty from the College of Nursing: Dr. Diane Langemo, Bette Olson, Darlene Hanson, Susan Hunter, Dr. Christine Burd, and Tessa Catheric-Silberberg. Other faculty who have been active members include Dr. Loretta Heuer, Dr. Julie Anderson, Dr. Helen Malland, Patricia Thompson and Tim Sauvage. This team has received many honors and awards, and in 1999 was honored with the International Research Dissemination award from Sigma Theta Tau International. This group continues to be an active investigative team with significant ongoing research. Dr. Diane Langemo continues to be active in the National Pressure Ulcer Advisory Panel and currently serves as its president. 53

The College of Nursing reactivated the Office of Research in the fall of 1998, appointing Dr. Glenda Lindseth as director of research. 50 percent time. Dr. Lindseth was responsible for providing leadership for enhancement of the research and scholarly activities within the College. A research technician was hired half time to support the activities of the Office of Research. In August 1999, Dr. Bette Ile assumed the position of interim director of the Office of Research for the College of Nursing.

Dean Elizabeth Nichols and the Research Advisory Committee developed four goals for the Office of Research:

1. The facilitation of research by faculty, including projects that involve collaboration with other departments on campus, agencies, and alumni;
2. Support of faculty to increase publications, presentations, and other scholarly work;
3. Facilitation of proposal writing through such activities as grant-writing workshops; and
4. The development of a visiting scholars program. 46

Research Highlights: 1998-2001
The Office of Research provided support and assistance in identification of funding sources and preparation of proposals and materials for publication and presentation of research findings. 47 A three year review of the Office of Research within the college was conducted in 2001. During this three year period, the Office of Research assisted with the preparation and submission of 14 external grant proposals totaling $5,630,814 in requests. Seven of these grants were funded, for a total of $797,115 in awards. In addition, $63,012 of internal awards and $46,883 in awards from the Office of Experimental Programs to Stimulate Competitive Research (EPSCoR) were received by faculty. These data indicated that for every $1.00 of College funds invested, there was a return of $7.50.

The Office of Research also supported ten research roundtables, assisted with slide presentations and posters, facilitated one visiting scholar, and worked on presentations for a workshop on qualitative research. 48

Research Highlights: 2002-2003
During the academic year 2002-2003, nursing faculty authored 17 professional publications and made 80 scholarly presentations at regional, national, and international meetings. Submissions for funding increased significantly to 14 proposals totaling $3,982,056. Twelve of these were funded, for a total of $1,395,258. One of the major grants was for $621,258 to fund Dr. Glenda Lindseth's research for the Department of the Army studying the effects of pilots' dietary intake on cognition and flight performance. 49

Nursing faculty continue to be active partners with faculty in other disciplines on campus in the generation of research proposals. For example, the Research Advisory Committee partnered with psychology faculty to submit an infrastructure grant proposal. 45

Research Highlights: 2003-2004
A major goal of the College of Nursing continued to be commitment to increasing the research productivity of the faculty. External research proposals were submitted for $1,873,722. External funding of grant proposals awarded equaled $214,901. Additional EPSCoR and Faculty Seed Grants accounted for $159,248 in funding. The Office of Research provided $3,318 in seed grants to College of Nursing faculty. The need for more space for research continued to be a concern, with only one small room allocated as research space on the third floor of the College.

Progress was being made for the submission of a National Institutes of Health grant for the construction of a Behavioral Research Center. A $4,000,000 match waiver was obtained, necessary for submission of the proposal to build the Behavioral Research Center. 50

Research Highlights: 2004-2005
In the fall of 2004, the faculty identified the goal to “strengthen the culture of research and scholarship within the College of Nursing.” Faculty were energized to meet this goal, yet expressed concern about the lack of an array of resources to support this effort. Specific needs included additional Ph.D.-prepared faculty; funding to support a full-time research secretary, a grant writer, and a biostatistician; more physical space and equipment for research; and support for faculty research travel, expert consultation, and pilot grants. In spite of these expressed needs, the rate of faculty publications in refereed journals increased by 50 percent in 2004. The amount of external research funding did not increase.

The faculty adopted the vision of a “Community of Scholars.” Activities were promoted to more fully socialize and integrate students into the research culture at the College. The objectives and goals outlined in the document provided actions...
designing to provide students with a sustained and concentrated intellectual effort, immersion in the research environment, and enhanced interactions with other students and faculty.

During academic year 2004-2005, the College continued to promote and support student involvement in research. Fourteen undergraduate and two graduate students were mentored through working with faculty on their research. One undergraduate and three graduate students were funded to present their research at a national conference. Also, the first Annual Graduate Student Research Day was held with faculty and students doing poster and podium presentations.

A goal for the College was to increase grant applications to $1,000,000 by 2004 and to increase external funding to $23,000,000 by 2004. External program proposals this year totaled $6,976,701, well above the goal. Of that amount, $3,913,697 was for construction of the Behavioral Research Building. Dr. Cindy Anderson received research funding from the American Nurses Foundation and was named the Midwest Nurse Research Society Scholar.

Research Highlights: 2005-2006

Dr. Glenda Lindseth was appointed as associate dean of research, the first to fill that position. Eleven proposals were submitted to external funding agencies, including both federal and foundation sources. Of these, nearly 50 percent were funded, totaling over $5 million. An additional $32,000 was granted to nursing faculty from internal sources, supporting their research productivity. Faculty authored 30 manuscripts submitted or published by refereed journals or books. Six undergraduate and four graduate students were mentored by faculty on funded research projects. Four graduate students received travel funding to present findings at regional nursing research conferences. Students and faculty continued to disseminate research results at national, regional, and local conferences, many of whom participated in the Nursing Research and Scholarly Colloquium held for the first time that year.

Research Highlights: 2006-2007

The Research Advisory Committee engaged in strategic planning and identified the following goals:

1. Develop a Center for Research Excellence with a focus on vulnerable populations.
2. Increase seed money and resources for faculty, including a full-time secretary, a biostatistician, a grant writer, and a webmaster.
3. Increase time to do research for tenured and tenure-track faculty.
4. Increase visibility of the College of Nursing through use of the World Wide Web, acquiring a public relations person, developing legislative partnerships, and solidifying national recognition.
5. Acquire and keep quality faculty engaged in ongoing research projects. Increase numbers of PhD-prepared faculty through salary incentives and a reputation of research excellence.
6. Mentor doctoral students as they carry out research on vulnerable populations.

During academic year 2006-2007, grant writing was done collaboratively with many UND colleagues and students, with the direct involvement of 12 College of Nursing faculty. External research proposal submissions increased from $5,264,303 to $33,000,000 from the previous year. Faculty at the College received $473,245 in external funding to support research and the research infrastructure. The faculty had 43 research-related journal articles published, with an additional 17 manuscripts submitted for publication. Six books or book chapters were published and the faculty made over 52 scholarly presentations. Dr. Tracy Evans received research funds from the American Nurses Foundation and was also named the Virginia Kelley Scholar for 2006. In total, faculty received nine research-related awards during that year.

In 2007, work began in earnest on the Center for Transitional Research Award, the "Northern Plains Center for Behavioral Research Translation," supported by a planning grant funded by the Department of Health and Human Services and the National Institutes of Health. This effort, led by Dr. Glenda Lindseth, involved participation from nursing as well as UND partners (School of Medicine and Health Sciences, College of Arts and Sciences, College of Education and Human Development, U.S. Department of Agriculture/Agricultural Research Service, Grand Forks Human Nutrition Research Center, and other community partners.) The goal of this project was to provide an academic home for an integrated program of clinical and translational science for the study of behaviorally-mediated diseases, behavioral disorders, and neurodegenerative disorders.

Notable Research Awards, 2007-2008

Dr. Glenda Lindseth was awarded the prestigious National Institute of Nursing Research (NINR) Ada Sue Hinshaw Award given by the Friends of the NINR. The award focused attention on significant nursing research and contributions made by a nurse scientist to improve health care and included an unrestricted grant that supported the outstanding work of a nurse researcher. Dean Chandice Covington of the College of Nursing stated, "Dr. Lindseth has been an outstanding researcher and instrumental leader at the UND College of Nursing." Dr. Glenda Lindseth was awarded the prestigious National Institute of Nursing Research (NINR) Ada Sue Hinshaw Award given by the Friends of the NINR. The award focused attention on significant nursing research and contributions made by a nurse scientist to improve health care and included an unrestricted grant that supported the outstanding work of a nurse researcher. Dean Chandice Covington of the College of Nursing stated, "Dr. Lindseth has been an outstanding researcher and instrumental leader at the UND College of Nursing." Dr. Glenda Lindseth was awarded the prestigious National Institute of Nursing Research (NINR) Ada Sue Hinshaw Award given by the Friends of the NINR. The award focused attention on significant nursing research and contributions made by a nurse scientist to improve health care and included an unrestricted grant that supported the outstanding work of a nurse researcher. Dean Chandice Covington of the College of Nursing stated, "Dr. Lindseth has been an outstanding researcher and instrumental leader at the UND College of Nursing." Dr. Glenda Lindseth was awarded the prestigious National Institute of Nursing Research (NINR) Ada Sue Hinshaw Award given by the Friends of the NINR. The award focused attention on significant nursing research and contributions made by a nurse scientist to improve health care and included an unrestricted grant that supported the outstanding work of a nurse researcher. Dean Chandice Covington of the College of Nursing stated, "Dr. Lindseth has been an outstanding researcher and instrumental leader at the UND College of Nursing." Dr. Glenda Lindseth was awarded the prestigious National Institute of Nursing Research (NINR) Ada Sue Hinshaw Award given by the Friends of the NINR. The award focused attention on significant nursing research and contributions made by a nurse scientist to improve health care and included an unrestricted grant that supported the outstanding work of a nurse researcher. Dean Chandice Covington of the College of Nursing stated, "Dr. Lindseth has been an outstanding researcher and instrumental leader at the UND College of Nursing."
“This building will be one of the first in the nation built with NIH funding to serve nursing scientists and interdisciplinary colleagues in the behavioral sciences,” said Chandice Covington, dean of the College of Nursing. The state-of-the-art behavioral research center includes nearly 30,000 square feet of research space and offices for funded researchers.

Behavioral research is based on the actions of human participants. Some of the biggest obstacles to improving health care revolve around behavior, including lifestyle issues, nutrition, and other habits such as smoking and exercise. The new facility supports investigators who work with individuals, families, and groups to gain insight into human behavior and to help people recognize and alter their behaviors. Behavioral researchers use the center to explore conditions such as Alzheimer’s disease, alcoholism, diabetes, gambling, prenatal health, chronic illness, nutritional and mental disorders, and other conditions by helping patients alter their behaviors. These research initiatives build upon current efforts with vulnerable populations in the state and region, including the elderly, American Indians, and Hispanic migrant farm workers and their families.

The Northern Plains Center for Behavioral Research opened in the fall of 2008 with a dedication ceremony on October 9, celebrating the first research building of its kind in the nation and leading to the College being ranked 11th in NIH funding to schools of nursing in 2006. It is the goal of the College of Nursing to achieve national recognition and a reputation for its research activities.
The College of Nursing has been consistently responsive to the ever-changing healthcare environment and the subsequent educational needs of students. The following reflects the curriculum changes from 1982 through 2008.

**1980-82 Nursing Curriculum**

In the 1980-82 undergraduate nursing curriculum 128 credits were required to graduate with the Bachelor of Science in Nursing, including general education requirements and electives. The curriculum required Math 103 and recommended Introduction to Statistics and Abnormal Psychology.

### 1980-1982 Bachelor of Science in Nursing Curriculum - 128 credits

**Freshman Year**

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engl 101 Composition I</td>
<td>(3)</td>
</tr>
<tr>
<td>Chem 105 General Chemistry</td>
<td>(4)</td>
</tr>
<tr>
<td>Math 103 College Algebra</td>
<td>(3)</td>
</tr>
<tr>
<td>Soc 101 Introduction to Sociology</td>
<td>(3)</td>
</tr>
<tr>
<td>Arts and Humanities</td>
<td>(4)</td>
</tr>
<tr>
<td>Engl 102 Composition II</td>
<td>(3)</td>
</tr>
<tr>
<td>Chem 107 Introduction to Organic Biochemistry</td>
<td>(4)</td>
</tr>
<tr>
<td>Anat 204 Anatomy for Paramedical Personnel</td>
<td>(4)</td>
</tr>
<tr>
<td>Psy 101 Introduction to Psychology</td>
<td>(3)</td>
</tr>
<tr>
<td>Arts and Humanities</td>
<td>(4)</td>
</tr>
</tbody>
</table>

**Sophomore Year**

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
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</thead>
<tbody>
<tr>
<td>Phy 301 Mechanics of Human Physiology</td>
<td>(4)</td>
</tr>
<tr>
<td>Psy 251 Developmental Psychology</td>
<td>(4)</td>
</tr>
<tr>
<td>Nurs 230 Personal and Group Dynamics</td>
<td>(3)</td>
</tr>
<tr>
<td>Nurs 231 Introduction to Health</td>
<td>(2)</td>
</tr>
<tr>
<td>Nurs 286 Health Assessment Techniques</td>
<td>(3)</td>
</tr>
<tr>
<td>Phar 204 Elementary Pharmacology</td>
<td>(3)</td>
</tr>
<tr>
<td>MBio 202 Introduction to Medical Microbiology</td>
<td>(4)</td>
</tr>
<tr>
<td>HEc 240 Introduction to Nutrition</td>
<td>(3)</td>
</tr>
<tr>
<td>Nurs 287 Introduction to Clinical Nursing</td>
<td>(5)</td>
</tr>
<tr>
<td>Nurs 232 Nursing and Professionalism</td>
<td>(2)</td>
</tr>
</tbody>
</table>

A curriculum change was implemented in the fall of 1982. The new curriculum included two semesters of pre-nursing courses and a six semester sequential curriculum of nursing courses, along with general education requirements and electives. The curriculum required the same number of credits to graduate with a BSN (128).

### Junior Year

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
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</thead>
<tbody>
<tr>
<td>* Psy 241 Introduction to Statistics</td>
<td>(4)</td>
</tr>
<tr>
<td>Nurs 380 Adult Nursing Care</td>
<td>(6)</td>
</tr>
<tr>
<td>Nurs 340 Adult Health</td>
<td>(2)</td>
</tr>
<tr>
<td>Nurs 330 Family Dynamics</td>
<td>(2)</td>
</tr>
<tr>
<td>* Psy 370 Abnormal Psychology</td>
<td>(3)</td>
</tr>
<tr>
<td>Nurs 381 Parent Child Nursing</td>
<td>(8)</td>
</tr>
<tr>
<td>Nurs 341 Childbearing/Childrearing</td>
<td>(2)</td>
</tr>
<tr>
<td>Nurs 350 Nursing Research</td>
<td>(2)</td>
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</table>

### Senior Year

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
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<tbody>
<tr>
<td>Nurs 483 Community Mental Health Nursing</td>
<td>(5)</td>
</tr>
<tr>
<td>Nurs 484 Nursing in the Community</td>
<td>(6)</td>
</tr>
<tr>
<td>Nurs 487 Professional Nursing Leadership and Management</td>
<td>(4)</td>
</tr>
<tr>
<td>Nurs 488 Individualized Professional Nursing Practicum</td>
<td>(6)</td>
</tr>
<tr>
<td>Nurs 440 Trends in Nursing</td>
<td>(2)</td>
</tr>
</tbody>
</table>

### Freshman Year

<table>
<thead>
<tr>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>Engl 101 Composition I</td>
</tr>
<tr>
<td>Chem 107 General Chemistry</td>
</tr>
<tr>
<td>(Anthropology 170 or 171 can be substituted) Introduction to Sociology</td>
</tr>
<tr>
<td>Arts and Humanities</td>
</tr>
<tr>
<td>Electives</td>
</tr>
<tr>
<td>Engl 102 Composition II</td>
</tr>
<tr>
<td>Chem 107 Introduction to Organic Chemistry</td>
</tr>
<tr>
<td>Anat 204 Anatomy for Paramedical Personnel</td>
</tr>
<tr>
<td>Psy 101 Introduction to Psychology</td>
</tr>
<tr>
<td>Arts and Humanities</td>
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</tbody>
</table>

### Sophomore Year

<table>
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<tr>
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<tr>
<td>Nurs 286 Health Assessment Techniques</td>
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</tbody>
</table>
The curriculum was sequential, meaning that nursing courses could not be taken out of sequence as courses were built on the previous ones. This policy caused some hardships for the students, especially if they did not pass one of the nursing courses or needed to drop out for some reason; however, the nature of the profession was best served by this format. Students could petition to retake the nursing course along with their next semester nursing courses. However, the times those courses were offered often conflicted with other nursing courses. This is still true today.

Admitting Students to the Program

Because many more students applied than space allowed in the curriculum, the lottery system using a table of random numbers was used beginning in the fall of 1982 to select students who had met admission requirements. The lottery determined which semester newly-admitted nursing students would enter the College of Nursing. This system of admission was not popular with the students. All of the students meeting the admission requirements were admitted at the same time but half had to wait one semester to start the nursing courses. The College had the capacity to handle 140 students per year as set by standards of the National League for Nursing who accredited the College at this time. See Appendix II for Dean Judith Flawerski’s letter sent to students dated August 4, 1982, regarding the lottery system.

Because students were upset with this system for College of Nursing admissions, the method was soon changed to a merit-based formula which included a combination of GPA, required core courses, and a written essay. This system of admitting undergraduate nursing students is essentially still in effect. Presently the number of students admitted to the College each academic year is at the discretion of the dean based on the availability of clinical agencies, faculty availability, and the requirements of the accrediting agency.

Undergraduate Admissions Data

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>13</td>
<td>162</td>
<td>175</td>
<td>13</td>
<td>130</td>
<td>143</td>
</tr>
<tr>
<td>1987</td>
<td>15</td>
<td>100</td>
<td>115</td>
<td>7</td>
<td>78</td>
<td>85</td>
</tr>
<tr>
<td>1992</td>
<td>13</td>
<td>169</td>
<td>182</td>
<td>10</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>1997</td>
<td>25</td>
<td>116</td>
<td>141</td>
<td>7</td>
<td>48</td>
<td>55</td>
</tr>
<tr>
<td>2002</td>
<td>21</td>
<td>220</td>
<td>231</td>
<td>4</td>
<td>66</td>
<td>70</td>
</tr>
<tr>
<td>2008</td>
<td>25</td>
<td>166</td>
<td>191</td>
<td>18</td>
<td>92</td>
<td>110</td>
</tr>
</tbody>
</table>

Admission data for every five years starting in 1982 was compiled by the College of Nursing Student Affairs office. The total number of applicants is listed and also the number admitted to the College each year. The total admissions in 1983 were 143. In 1987, the number admitted decreased to 85 and continued to decrease until 2002. In 2002, 70 students were admitted and in 2008, 110 students were admitted due to the new programs described later. The number of males admitted to the nursing program was 13 in 1982 and then decreased until 1992. In 2008, 18 male students were admitted to the program, the highest number in the College’s history. New programs such as the R.N. to B.S.N., the R.N. to M.S. distance program, and the accelerated post-baccalaureate program are believed to be influencing factors in the increased numbers.

1990-92 Nursing Curriculum

The nursing curriculum was once again revisited in 1990. A comprehensive revision of the baccalaureate nursing program curriculum was given final approval by the faculty in September 1991, and was subsequently approved by the University Curriculum Committee. The faculty spent the rest of the year refining...
course outlines and materials as well as working to ensure that essential content was included with minimal duplication. The curriculum leading to the Bachelor of Science in Nursing degree required 129 hours, including six credits of elective courses to be taken at any time prior to graduation.

A new nursing elective course, N418 Physical Changes in Aging, which was open to non-majors and served as a required course for the UND gerontology minor, was developed and approved. Abnormal psychology, which had been a recommended course in the 1980-1982 curriculum, and sociological statistics were now required.

Some of the nursing courses separated theory from clinical and assigned credits accordingly. This was done for two reasons. First, it gave students a better chance to pass theory and clinical separately; each part had its own credit, thus eliminating the large credit courses. The students had to pass theory and clinical before they could proceed to the next sequential nursing course; however, now if they were to fail a course they might only have to repeat theory or clinical but perhaps not both. Second, and in order to stay within the 129-credit graduation requirement, mental health nursing credits were reduced in light of the students now having abnormal psychology content from the newly-required psychology course.

1990-1992 Bachelor of Science in Nursing Curriculum—129 credits

<table>
<thead>
<tr>
<th>Freshman Year</th>
<th>1st Semester</th>
<th>2nd Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Engl 101 Composition I</td>
<td>(3)</td>
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<tr>
<td>*Chem 105 General Chemistry</td>
<td>(4)</td>
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<tr>
<td>*Soc 101 Introduction to Sociology</td>
<td>(3)</td>
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<tr>
<td>(Anthropology 170 or 171 can be substituted for Soc 101)</td>
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<tr>
<td>Engl 102 Composition II</td>
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<tr>
<td>*Chem 107 Introduction to Organic Biochemistry</td>
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<td>*Anat 204 Anatomy for Paramedical Personnel</td>
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<td>*Anat 204L Anatomy Laboratory</td>
<td>(2)</td>
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<tr>
<td>*Psy 101 Introduction to Psychology</td>
<td>(3)</td>
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<tr>
<td>*must be completed prior to admission to the College of Nursing</td>
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<thead>
<tr>
<th>Sophomore Year</th>
<th>1st Semester</th>
<th>2nd Semester</th>
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<tbody>
<tr>
<td>**Phy 301 Mechanics of Human Physiology</td>
<td>(4)</td>
<td></td>
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<tr>
<td>**MBio 202 Introduction to Medical Microbiology</td>
<td>(5)</td>
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<tr>
<td>Nurs 230 Personal and Group Dynamics</td>
<td>(2)</td>
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<tr>
<td>Nurs 238 Introduction to Clinical Nursing</td>
<td>(3)</td>
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<tr>
<td>Nurs 286 Health Assessment Techniques</td>
<td>(3)</td>
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<tr>
<td>Plur 204 Elementary Pharmacology</td>
<td>(3)</td>
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<tr>
<td>Psy 251 Developmental Psychology</td>
<td>(4)</td>
<td></td>
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<tr>
<td>HHC 240 Introduction to Nutrition</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Nurs 233 Health Care &amp; Nursing Perspectives</td>
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1992-94 Nursing Curriculum

Students had to meet General Education Requirements (GERs) including 12 credits of arts and humanities and approximately 6 credits of other electives. Students were encouraged to complete a portion of their GERs prior to admission to nursing.

1992-1994 Bachelor of Science in Nursing Curriculum—129 credits

<table>
<thead>
<tr>
<th>Freshman Year</th>
<th>1st Semester</th>
<th>2nd Semester</th>
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<tr>
<td>*Engl 101 Composition I</td>
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<td>*Chem 104 or 105 General Chemistry</td>
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<tr>
<td>*Chem 107 Introduction to Organic Chemistry</td>
<td>(4)</td>
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<tr>
<td>*Psy 101 Introduction to Psychology</td>
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<tr>
<td>*Anat 204 Anatomy for Paramedical Personnel</td>
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<tr>
<td>*Anat 204L Anatomy Laboratory</td>
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</table>
In 1992-94 the undergraduate curriculum was changed by adding N320 Therapeutic Nutrition in Nursing (1 credit) and N481 Multisystem Complex Adult Health (4 credits) to the curriculum. The addition of the N481 course was a significant change to the nursing curriculum and is explained in detail here.

### Multisystem Complex Adult Health Course

A Multisystem Complex Adult Health course was added to the revised undergraduate curriculum during the academic year 1992-1993. This course was placed in the first semester of the senior year for four semester credits (two credits theory; two credits clinical) and focused on "the management of nursing care of adults with multisystem health problems." Students spent 2 hours a week in the classroom and 12 hours every other week in clinical.

Motivation for the course grew out of faculty and student concerns in two areas. The first concern was the length of time (up to an entire year) that students were not enrolled in a supervised adult health medical-surgical course before taking N488 Nursing Practicum. The second concern was the number of failing scores in the areas of safety and physiological integrity on the NCLEX-R.N. licensing exam. With these concerns in mind, the faculty reconfigured the senior year to allow room for the course without increasing the total number of credits in the major. This involved many hours of coordination with community health faculty to determine a schedule that was workable for both first semester senior courses.

### Multisystem Complex Adult Health Theory

The multisystem course was designed to give students greater opportunity to practice critical thinking skills in the classroom and clinical setting, both in writing and "on their feet." Rather than emphasizing discrete medical-surgical conditions, students were taught to consider their patients in broader conceptual terms, using their knowledge to guide assessments, plan interventions, and evaluate the impact of their care. In the classroom, the professor used a variety of techniques to assist students in thinking more critically. Case analysis, case comparisons, educational games, quick quizzes, and the infamous essay exams challenged students to apply what they already knew and extended their understanding of nursing care of complex adult clients.

### Multisystem Complex Adult Health Clinical

In the clinical setting, the faculty assisted students in applying the concepts taught in theory through "on their feet" case discussions, in-depth case analysis in journals, a "team leading" experience, and conducting a post-conference emphasizing a professional discussion of the week's concept applied to their individual patients. Clinical experiences were on a cardiac step-down unit, emergency room, and the

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<thead>
<tr>
<th><strong>Sophomore Year</strong></th>
<th>1st Semester</th>
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<tbody>
<tr>
<td><strong>Anth 171 Cultural Anthropology</strong></td>
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<td><strong>Engl 102 or Engl 209 Technical and Business Writing</strong></td>
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<tr>
<td><strong>Soc 101 or</strong> Introduction to Sociology</td>
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<tr>
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<tr>
<td><strong>Nurs 233 Nursing and Professionalism</strong></td>
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<tr>
<td><strong>Nurs 280 Introduction to Clinical Nursing</strong></td>
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<tr>
<td><strong>Nurs 286 Health Assessment Techniques</strong></td>
<td>(3)</td>
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<tr>
<td><strong>Phar 204 Elementary Pharmacology</strong></td>
<td>(3)</td>
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<td><strong>Psy 251 Developmental Psychology</strong></td>
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<td><strong>HEc 240 Introduction to Nutrition</strong></td>
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<td><strong>Nurs 230 Personal and Group Dynamics</strong></td>
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<tr>
<td><strong>Nurs 288 Introduction to Adult Health Nursing</strong></td>
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<tr>
<th><strong>Electives/Arts and Humanities</strong></th>
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<td><strong>Physics 202 Introduction of Medical Microbiology</strong></td>
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<tr>
<td><strong>Nurs 478 Leadership and Management</strong></td>
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<tr>
<td><strong>Nurs 448 Community Health Nursing</strong></td>
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<tr>
<td><strong>Nurs 484 Community Health Nursing Clinical</strong></td>
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<tr>
<td><strong>Nurs 481 Multisystem Complex Adult Health</strong></td>
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<tr>
<td><strong>Nurs 498 Nursing Practicum Theory</strong></td>
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<tr>
<td><strong>Nurs 488 Nursing Practicum</strong></td>
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<tr>
<td><strong>Nurs 440 Trends in Nursing</strong></td>
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<tr>
<td><strong>Nurs 483 Mental Health Nursing</strong></td>
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</table>
New Courses Added to the Curriculum

Two courses were developed to keep up with the changing times in the health care system. These courses were milestones for the nursing curriculum and provided the students with additional theory and clinical experiences which students had consistently requested. Nursing Options (Nursing Practicum) was developed as early as 1972 and the cooperative education course in 1987. Both are described in more detail below.

Nursing Options

A new course titled "Nursing Options" was added to the senior year of the nursing curriculum in 1972. This was an eight-week course that provided students the opportunity to go to clinical sites around the country and function in the role of the professional nurse. Students were assigned approximately 32 hours of clinical experience per week during which they assumed the role of a professional nurse under the guidance of an assigned preceptor. The course replaced, in part, the course titled "Advanced Nursing Process" and focused on special techniques of assessment not previously taught, including advanced physical examination, history taking, and problem-oriented medical records. This course was taken during the last semester, as was the leadership course. Students could take the Options course either the first or second eight weeks of the semester. Many of the students preferred to have their Nursing Options course the last eight weeks of their senior year and then graduate and go immediately into professional practice—often at the site of their options experience.

Theory for Nursing Options

The theory for the Nursing Options course was taught at the College in the first and last week of the eight-week block during which students had concentrated lectures and homework assignments. The students then left for their clinical sites for the next six weeks and returned to campus for a final week of theory and sharing with classmates. This was later modified to two weeks of theory at the outset followed by six weeks of clinical.

A Variety of Clinical Experiences

In the semester prior to the Nursing Options course, students were able to submit a request stating their preference as to a site assignment for their six-week clinical experience. Many of the students stayed in Grand Forks and worked in specialized areas such as the operating room, emergency room, intensive care unit, coronary care unit, or obstetrics. Small community hospitals such as Langdon and Belcourt in North Dakota, and Cass Lake in Minnesota, provided great clinical experiences and new insights into rural nursing and the cultural needs of the American Indian population. Some students traveled as far away as the National Institutes of Health (NIH) in Maryland and the program for drug addiction, Synanon, in Santa Monica, California. Others had experiences in the Minneapolis/St. Paul region in specialized areas such as pediatrics and obstetrics, assisting in teaching at St. Joseph's Hospital, or at Hennepin County General Hospital in the emergency and intensive care areas. Almost uniformly, the reports and letters from the agencies where the students had been assigned included very positive comments. The National Institutes of Health, for example, not only commented on the students who had worked there, but also commented on one of our graduates who was employed there, stating what an outstanding nurse they considered her to be.

Sharing Clinical Experiences

During the last week of options, the students were back on campus and had an opportunity to summarize, share, and evaluate their experiences. With their fellow classmates and faculty present, the students shared the way these experiences had enhanced their learning which was beneficial to both students and faculty and helped them see the professional roles that had been modeled for them in the various clinical areas.

The new course and schedule was not without problems. Scheduling, placement, and the need for some students to complete electives were challenging. While every effort was made to give students their first clinical choice, it was not always possible.
Course Title Changed to Nursing Practicum

The name of the course was changed to Nursing Practicum in 1980 as it was a clinical practicum experience. The format of the course remained basically the same.

Currently, the nursing practicum theory course emphasizes concepts related to assuming a professional role. The class meets for four hours per day for two weeks with discussion and lectures on the transition process, quality improvement, and other concepts contributing to professional performance. Some of the topics covered in the two-week class include legal issues, quality care, cultural and spiritual awareness, ethics in nursing practice, professional role development, and career development.

Nursing Practicum Clinical

Nursing Practicum is the capstone course in the curriculum, and the clinical portion involves an intense experience in a beginning staff nurse role. The student is assigned a preceptor and works that preceptor's schedule for the duration of the clinical (6 weeks, 32 hours/week or 192 hours). The student and preceptor work together providing patient care with the student gradually assuming more responsibility. The clinical experience has an emphasis on application of content in relation to performing in the many roles of the nurse, and using critical thinking and the use of research-based scientific evidence as a basis for nursing practice. Analysis and synthesis of the professional role is accomplished by the student through concept-focused journals and virtual online post-clinical conferences. Students are expected to apply the principles they learned throughout the curriculum.

Clinical Sites for Nursing Practicum

There are currently over 80 clinical sites available for students. Some are local, some in rural North Dakota and Minnesota, and some in large cities throughout the United States. About 25 percent of the sites are in North Dakota and Minnesota. Some students choose to stay in Grand Forks, working at Altru Hospital or at the Grand Forks Public Health Department; many want to explore new experiences. Students often opt for hospitals in Fargo, Minot, and Bismarck, ND, and Sioux Falls, SD. Others choose to go to the Minneapolis/St. Paul area to work at the University of Minnesota Regions, United, Minneapolis Children's, Abbott Northwestern, or other regional hospitals. New contracts have recently been established at distant sites including Queen's Hospital in Honolulu, HI, Shady Grove Adventist Hospital in Rockville, MD, St. Jude's Hospital in Memphis, TN, and Craig Rehabs Hospital in Englewood, CO.

The most popular clinical areas students request include intensive care, emergency room, obstetrics/labor and delivery, pediatrics, and medical-surgical nursing. Faculty receive very positive feedback from staff at the affiliated agencies who say students are easy to work with, have a good work ethic, and demonstrate excellent clinical and critical thinking skills. Many students are offered employment at their practicum site.

The Nursing Co-op Experience

Beginning

Cooperative Education (co-op) at the College of Nursing began in 1987. Co-op is an educational concept that enables students to integrate classroom and clinical learning with practical, professional experience in a health care agency. It is based on the philosophy that learning extends beyond the classroom and that the combination of classroom learning and practical experience is a superior method of education. Students are paid employees of the health care agency where they work while they earn elective credit for this clinical experience. For nursing students, co-op provides an additional and different experience—one that more closely resembles experience as a professional nurse.

While enrolled in the co-op course, students have the opportunity to perform skills learned in prior and concurrent nursing courses while under the guidance of agency staff. Each clinical learning/work experience is individualized according to the student's prior academic and work experience as well as the needs of the employing agency. Students develop educational objectives for the experience and have mid-term and final evaluations. To participate in the co-op program, students must be enrolled in the College of Nursing, have satisfactorily completed nursing courses equivalent to the co-op experience for which they are applying, and have a grade point average (GPA) of at least a 2.5. Students can have cooperative experiences over the summer or during the regular academic year and have experiences all across North Dakota.

To more thoroughly explain the nursing co-op, two perspectives of the course will be presented—the faculty perspective and the student perspective.

The Faculty Perspective by LaVonne Russell, Ph.D. (June 1989)

The overall purpose of any cooperative education work experience is to provide opportunities for students to apply previous learning in a reality situation. For nursing majors, this means applying skills and learning in clinical situations in an employing agency. Eligible students who desire such experience enroll in the course; pay regular tuition; apply for available co-op positions; complete a placement packet; are interviewed, and hired by one of the cooperating agencies. Unlike the clinical experience for nursing courses, the co-op experience is supervised by nurses on the clinical units and the student is a paid employee who is also covered by agency liability insurance. The hours are mutually agreed upon by the unit and the student. Students negotiate the learning experiences, and the student's unit preceptor evaluates performance. The course demands collaboration between the College of Nursing and the individual agencies. Because this differs from supervised clinical experience, a separate contract is negotiated between the agency and the college. To help students examine learning in relation to theory, they are
required to submit a journal to the course coordinator at specified intervals. The guide for the journal outlines specific questions and areas to address, in addition to a student self-assessment of progress on course and individual objectives. 19

The application of the co-op concept to nursing at UND was initially conceived by Dr. Mary Wright (faculty), Virginia Esslinger, R.N., M.S. (United Hospital), Beth Roder, R.N., B.S. (director of nursing, Cavalier County Hospital in Langdon, North Dakota); and Suzanne Prazmber, R.N., B.S. (director of nursing at Valley Memorial Home, Grand Forks). A pilot course with 18 students was taught in the summer of 1987. It was then taught as a special topics course in fall 1987 through fall 1988. Enrollment for summer 1987 was 18 with placements in three agencies. In the summer of 1989 enrollment increased to 56, and the number of agencies cooperating with the College in this new adventure increased to 28. Many faculty have been directly involved with the course. Co-op has been a positive opportunity for students, the College, and for agencies.

Co-op:
- Demands collaboration of service and education.
- Provides students the opportunity to function as an employed nurse in a reality setting.
- Provides students with actual interview experience as a health professional.
- Facilitates student learning.
- Can be used to strengthen basic needs.
- Is an excellent recruitment aid for agencies.

Personally, from my perspective, it has been an exciting and enjoyable experience. The true test, however, is the evaluation of the program by participating students. Carla Folske-Hildebrandt, a senior who was involved with the nursing co-op since its inception, gave this perspective. The evolving nature of the course is evident in her description. 19

**Student Experience: Carla Folske-Hildebrandt, Student Nurse**

Co-op was a very good experience for me. It made me realize there were going to be days full of roses and days full of weeds. It also made me realize I had chosen the right profession.

I started as a co-op student in May 1987 on 5th floor at the United Hospital. I chose 5th floor because I was interested in caring for cardiac patients. When I started, my job description was not clearly defined to me or to the rest of the staff. So we played it by ear. I started out with usual “nurse-side” type duties, i.e., passing water pitchers, changing beds, giving baths, taking patients to and from the clinic, etc. I was learning something new each day and, for a change, I was getting paid for it. After about a month on the unit, I was assigned patients.

The nurses and I really enjoyed this because their patient load was reduced, and my job satisfaction increased even more. As a result, patient care was also enhanced. I could always find someone to answer my questions—and did I have questions! The staff encouraged me in whatever I was doing. I think they enjoyed having me around as much as I enjoyed being there.

The longer I worked on fifth floor, the more I felt I was a part of the staff. They shared with me their jokes, experiences as nurses, conversations, and their personal lives. I felt welcome and very confident in the job I was doing. There were bad days, but there are such days in any job. I am thankful there were many more good days than there were bad. I must say thank you to the staff of fifth floor for the support and confidence I was given during the year I spent there. I have grown, not only as a nurse, but also as a person. I know what a professional is, what it is not, and what it takes to become one. I encourage other students to participate in such a program, but I can only hope that, if they do, they will have an experience as good as mine.

My position and responsibilities constantly evolved during the year as I gained confidence and became better able to express my needs and capabilities. Together, the staff and I began adding additional skills until I was given complete care to acutely ill patients. I was not permitted to give medications, although the staff and I felt I could assume even that responsibility. Because of my suggestions, and those of other seniors, the College and hospital will consider means for allowing senior co-ops to give medications.

In conclusion, I must commend United Hospital and the UND College of Nursing for implementing such a program and for allowing it to continue. I can only see it benefiting everyone involved. Carla Folske-Hildebrandt graduated December 22, 1988. 20

**An Agency Perspective of Co-op**

Professional nurses see co-op students as important players on their teams

By Virginia Esslinger, R.N., M.S.

“I don’t know how I would have made it through the shift if I hadn’t had the co-op student to help me. “I wish we could budget more co-op hours.” “This is the best program that has been developed in a long time.”

These are some of the comments heard at United Hospital in reference to the UND College of Nursing Cooperative Education Program. Those of us in “service” had complained for years that “education” did not provide enough practical experience for nursing students. Here is a program that gives United Hospital nursing staff an opportunity to provide realistic, hands-on experience. When nurses hear the students say how valuable the experience is to them, how it helps them to build their competence and confidence, and how they feel like “one of the gang,” the nurses are reinforced in their belief that experience is important to professional growth.

The nurses and I really enjoyed this because their patient load was reduced, and my job satisfaction increased even more. As a result, patient care was also enhanced. I could always find someone to answer my questions—and did I have questions! The staff encouraged me in whatever I was doing. I think they enjoyed having me around as much as I enjoyed being there.

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When the idea of a co-op program was introduced at the hospital, there was some skepticism, particularly regarding the cost and what benefits the hospital would derive by participating. As the program planning progressed, the interest grew. When it was announced that the program was ready to commence during the summer of 1987, the requests submitted by nurse managers for co-op students far exceeded the initial expectations. There have been co-op students employed at United Hospital continuously ever since. The amount of money allocated by the hospital to employ co-op students has grown steadily, and the requests for additional co-op hours continue to increase.

The co-op program is providing a valuable recruitment tool for the hospital. So far, 10 nurses who were co-op students have been hired after graduation. Having the co-op student work in a department gives the staff and manager an opportunity to assess that future nurse's abilities, strengths, weaknesses, and potential as an employee and as a professional. Orientation costs are lower when the person is hired as a new graduate because he/she already "knows the ropes." They become fully productive much sooner, and seem to suffer less reality shock.

Providing assistance to very busy nurses is one of the primary reasons the co-op students are welcomed. They can perform many support and patient care tasks that free nurses to carry out their many responsibilities, reducing their frustrations and increasing their job satisfaction. The patients also love the co-op students—busy hands, smiling faces, and eager learners.

Nurses enjoy the opportunity to mentor and teach the co-op students as well. The purpose of the program is to give the co-op student an opportunity to put into practice skills and theory learned in the classrooms and labs; however, there is always something new to observe and assist with on the nursing units. Nurses often look for learning opportunities for the students.

The co-op students are accepted by the nursing staff as part of the team. They are seen more as co-workers and colleagues than as students. Professional relationships grow between nurses and co-ops as attitudes become more accepting.

An exciting outgrowth of the UND College of Nursing Cooperative Education Program has been the development of a high school co-op program. A staff nurse at United Hospital generated the idea and was given the opportunity and support to develop it into a reality. The College of Nursing participates in that program by teaching some basic nursing skills to high school students who are hired as high school co-ops.

When I look back on the nursing co-op program, it is with satisfaction, I have seen an idea that developed among four nurses grow into a valuable and satisfying program that is making a contribution to our profession as well as to everyone involved—students, nurses, College, hospital, and patients.
Freshman level (Pre-Nursing) - Semester Two

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<td>CHEM 116, 116L</td>
<td>Intro to Organic &amp; Biochemistry/Lab (will also accept CHEM 122/L if Biol. 150, 150L, and Biol 151 and 151L are also completed)</td>
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<td>ANAT 204, 204L</td>
<td>Anatomy for Paramedical Personnel/Lab</td>
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<td>PSYC 250 or 270</td>
<td>Developmental or Abnormal Psychology</td>
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Arts / Humanities (3)

Sophomore level (Pre-Nursing) - Semester Three

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<td>MBBIO 202/202L</td>
<td>Introduction to Medical Microbiology/Lab</td>
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<td>PSYC 270 or 250</td>
<td>Abnormal or Developmental Psychology</td>
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<td>NUR 240</td>
<td>Fundamentals of Nutrition</td>
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Communications GER (3)

*must be completed prior to application to the Nursing program
*must be completed prior to beginning nursing courses

Sophomore level (Nursing) - Semester Four

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<td>NURS 284</td>
<td>Functional Changes in Aging</td>
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<td>NURS 289</td>
<td>Professional Role Development I</td>
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<tr>
<td>NURS 302</td>
<td>Pathophysiology</td>
<td>(3)</td>
</tr>
<tr>
<td>NURS 303</td>
<td>Assessment across the Life Span</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Junior level (Nursing) - Semester Five

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 321</td>
<td>Nursing Procedures</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 322</td>
<td>Nursing Care of Diverse Families</td>
<td>(3)</td>
</tr>
<tr>
<td>NURS 371</td>
<td>Adult Nursing Care I</td>
<td>(4)</td>
</tr>
<tr>
<td>NURS 372</td>
<td>Childbearing Family</td>
<td>(2)</td>
</tr>
<tr>
<td>STATISTICS</td>
<td>Soc 326 or-psyc 241 or Econ 210</td>
<td>(3/4)</td>
</tr>
</tbody>
</table>

Arts & Humanities (3)

Junior level (Nursing) - Semester Six

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 323</td>
<td>Adult Nursing Care II</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 324</td>
<td>Public Health Nursing Theory</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 325</td>
<td>Advanced Nursing Procedures</td>
<td>(1)</td>
</tr>
<tr>
<td>NURS 326</td>
<td>Research</td>
<td>(2)</td>
</tr>
</tbody>
</table>

NURS 373    | Adult Nursing Care II Clinical                     | (4)     |
| NURS 374    | Public Health Nursing Clinical                     | (2)     |

Arts & Humanities (3)

Senior level (Nursing) - Semester Seven

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 471</td>
<td>Child Health Nursing Theory</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 471</td>
<td>Child Health Nursing</td>
<td>(1)</td>
</tr>
<tr>
<td>NURS 472</td>
<td>Psych/Mental Health Nursing</td>
<td>(4)</td>
</tr>
<tr>
<td>NURS 473</td>
<td>Multisystem Complex Adult Health</td>
<td>(4)</td>
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</table>

Elective (2)

Senior level (Nursing) - Semester Eight

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 420</td>
<td>Interprofessional Health Care</td>
<td>(1)</td>
</tr>
<tr>
<td>NURS 474</td>
<td>Professional Development II</td>
<td>(5)</td>
</tr>
<tr>
<td>NURS 476</td>
<td>Complex Childbearing Family</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 425</td>
<td>Practicum Theory</td>
<td>(2)</td>
</tr>
<tr>
<td>NURS 475</td>
<td>Practicum</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Arts & Humanities (3)

*Students are encouraged to consider elective nursing courses such as Cooperative Education and Independent Study and Honors. Students should obtain supplemental information from their faculty adviser or the College of Nursing director of student affairs.*

Throughout this revision process, faculty utilized professional standards to guide the process so that the curriculum being built would reflect nursing practice in the 21st century. Additionally, several faculty attended national conferences to remain informed of current educational and practice standards in their area of specialization, consulted formally and informally with nurse colleagues in practice settings, and reviewed current literature on nursing practice and education.

The new curriculum has the same number of credits (129) as the old curriculum, but included all new nursing courses. Even though the credits remained unchanged, the new curriculum was designed to be a five-semester sequence, replacing the six-semester old curriculum. Courses in the new curriculum that are significantly different from courses in the previous curriculum include: NURS 282 Health Promotion; NURS 284 Functional Changes in Aging; NURS 302 Pathophysiology; NURS 303 Assessment Across the Life Span; NURS 322 Nursing Care of Diverse Families; and NURS 420 Interprofessional Health Care (an interdisciplinary course involving students from medicine, nursing, physical therapy, occupational therapy, social work, dietetics, and communication disorders).

**Students Admitted to New Curriculum**

The first class of students admitted to the new curriculum began their studies in fall 2006 and graduated in December 2008. There were still classes of students in the old curriculum when the new curriculum students began; consequently, there were five semesters during which there were old and new curriculum students enrolled at the same time. This change created challenges for faculty as there were times when students from both curricula were scheduled for a clinical course that used the same clinical agency. In order to avoid overtaxing these clinical agencies with too many students, summer classes were offered and new clinical learning sites established.
Students who took summer school were offered the incentive of graduating at mid-term in the spring and fall of 2008. Close to one-half of the students took advantage of that opportunity. The last class of the old curriculum and the first class of the new curriculum both graduated in December 2008. A total of 88 graduated in fall 2008, with 41 graduating in October and 47 in December.

**Graduates of the B.S.N. Program**


<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Graduates</th>
<th>Gender</th>
<th>Total Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program</td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1982</td>
<td>R.N.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>128</td>
<td>14</td>
</tr>
<tr>
<td>1987</td>
<td>R.N.</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>113</td>
<td>12</td>
</tr>
<tr>
<td>1992</td>
<td>R.N.</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>83</td>
<td>7</td>
</tr>
<tr>
<td>1997</td>
<td>R.N.</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>85</td>
<td>12</td>
</tr>
<tr>
<td>2002</td>
<td>R.N.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>73</td>
<td>10</td>
</tr>
<tr>
<td>2008</td>
<td>R.N.</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>L.P.N.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>133</td>
<td>7</td>
</tr>
</tbody>
</table>

The graduates for every five years remained steady until 1997 when a drop in graduates was seen, likely due to the decrease in admitted students. In 2008, the number of graduates substantially increased to 137 when the last class of the old curriculum and the first class of the new curriculum graduated.

**Accelerated Post-Baccalaureate Program (BAC-2)**

In response to the actual and projected nursing shortage, the College of Nursing began planning for an accelerated post baccalaureate program ("Baccalaureate Accelerated Curriculum 2" or "BAC-2") in 2007. This option is offered only to students who already have a baccalaureate degree in a discipline other than nursing. The first cohort of 16 students was admitted in the summer of 2008 and they began their nursing classes in January 2009.

The program objectives and the net number of nursing credits are the same for the accelerated curriculum and the basic curriculum. Prerequisite course requirements are essentially the same. Students who enter the BAC-2 Program are required to have a higher cumulative GPA (3.0, as opposed to a 2.5 GPA for basic students) and a face-to-face interview is required of accelerated program applicants. The schedule of nursing classes is different for BAC-2 students in that they progress through the nursing curriculum in a four-semester sequence, as opposed to the five-semester sequence that basic students take. Those four semesters include the summer term; thus, the students in the first cohort began in January 2009 with graduation anticipated in spring 2010 (spring 2009, summer 2009, fall 2009, spring 2010).

**R.N.-B.S.N. Program**

Through the years, registered nurses with associate degrees and hospital diplomas have often enrolled at UND to earn a baccalaureate degree after they have had nursing experience as an R.N. Traditionally, the number of these students enrolled was very low; therefore, faculty developed a new R.N.-B.S.N. option in order to attract more registered nurses to the campus. The new plan was adopted and recruitment began in 1985-86 for the newly-designed program.

Minor administrative changes were made, with the shift of responsibility and accountability for the R.N. student educational tract from the associate dean to the director of continuing nursing education and outreach. This change was made to facilitate the offering of undergraduate courses to the large registered nurse student population seeking this type of educational programming.

R.N.-B.S.N. degree completion was now an integral part of the College of Nursing undergraduate nursing program. Students in the R.N.-B.S.N. completion track met the same program requirements as the generic B.S.N. students, including UND general education requirements, residency, and College of Nursing upper division course requirements. Although R.N. students met the same terminal objectives and completed the required amount of credits, the method of achieving the objectives and credits was somewhat different. Adjustments responsive to past educational experiences and needs of the individual student with regard to clinical experiences were incorporated.

Students had a variety of means to earn course credits. Students could: 1) take a course for credit; 2) do a challenge or CLEP examination for courses that were prerequisites, general education requirements, and non nursing course...
requirements; 3) transfer non-nursing and nursing credits from accredited colleges and universities; or 4) take the NLN Mobility II examinations in Adult Health, Parent-Child Nursing, and Mental Health Nursing.

Courses

All registered nurses enrolled in two "bridge" courses designed to facilitate optimal adjustment of the R.N. from technical education and experience to the baccalaureate professional nurse role. These courses explored advanced concepts, theories, and principles related to adult health, mental health, and parent-child nursing. Nursing roles were examined in relation to health education, promotion, maintenance, and restoration. In addition, these courses examined selected topics related to the role of the professional nurse in an ever-changing health care system.

Other required nursing courses for the R.N. student were Health Assessment, Trends in Nursing, Nursing Research, Community Health Nursing, Leadership and Management, and Nursing Practicum. Portfolios that documented experience were used to award credits in several of the clinical areas. Students could also enroll in cooperative education work experience.

Flexible Scheduling of R.N.-B.S.N. Courses

The R.N.-B.S.N. completion program attempted to meet the exceptional needs of the returning R.N. student. For example, the majority of the R.N. nursing courses were offered in the late afternoon or evening hours to accommodate the working registered nurse. The length of time needed to complete the baccalaureate degree requirements varied for each student. A full-time R.N. student could complete the university and nursing requirements in four to five semesters.

As of 1992, nearly 50 registered nurses were enrolled in the R.N. baccalaureate degree completion program, and to date 76 registered nurses have received their baccalaureate degree from the UNO College of Nursing completion program.29

New Delivery Format for R.N.-B.S.N.

In the fall of 2001, a new delivery format began for the R.N.s to complete their B.S.N. In an attempt to be even more responsive to the needs of the working R.N., the College of Nursing offered the nursing courses for the associate degree or diploma R.N. to B.S.N. option programs through distance learning online. These students were able to connect to the course online at times convenient to them and were able to meet many of the course requirements from the comfort of their own homes, provided they had a computer or easy access to one with necessary capabilities.

Nursing courses were planned in the following sequence:

Fall 2001
Nursing 361 Concepts in Nursing I
Nursing 392 Nursing Research

Spring 2002
Nursing 361 Concepts in Nursing II
Nursing 440 Trends in Nursing
Nursing 448/484 Community Health Theory and Clinical

Fall 2002
Nursing 478 Leadership and Management

Spring 2003
Nursing 360 Health Assessment Techniques30

R.N. Admissions

Because of the change in the Nurse Practice Act in North Dakota in 2003 that dropped the B.S.N. as the minimum entry level for professional nursing practice and the subsequent advent of associate degree programs in the state, the College anticipated a smaller student applicant pool for the undergraduate nursing program. Conversely, as the number of registered nurses with associate degrees increased, the College saw an increase in the R.N.-B.S.N. applicants who wanted to further their education.31

University of North Dakota
College of Nursing

R.N. Admission Data by Gender32

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Applicants</th>
<th>Initial # (number admitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>Male: 0</td>
<td>Female: 8</td>
</tr>
<tr>
<td>1987</td>
<td>Male: 1</td>
<td>Female: 33</td>
</tr>
<tr>
<td>1992</td>
<td>Male: 2</td>
<td>Female: 7</td>
</tr>
<tr>
<td>1997</td>
<td>Male: 2</td>
<td>Female: 4</td>
</tr>
<tr>
<td>2002</td>
<td>Male: 0</td>
<td>Female: 2</td>
</tr>
<tr>
<td>2008</td>
<td>Male: 4</td>
<td>Female: 50</td>
</tr>
</tbody>
</table>

The table above depicts admission data for R.N.s starting in 1982 and every five years until 2008. In 1987 there were 31 admitted R.N.s, and this number decreased continually until 2008. The data shows that as envisioned in 2008, the number of R.N. admissions increased substantially, with the highest number of R.N.s ever admitted to the College. The lowest number of R.N. admissions was two in 2002.
Distance R.N. to B.S.N. and R.N. to M.S. Programs

The College of Nursing initiated R.N. to B.S.N. and R.N. to M.S. programs that allowed total completion from a distance and began admitting students to the new curriculum in the fall of 2007. All courses are delivered online with the exception of the public health clinical, which is completed at an appropriate facility in the student's home area. Students continue to have the option of enrolling full or part time. Graduates of diploma programs entering the R.N. to B.S.N. program have all transferred nursing credits held in escrow until the student successfully completes six credits in nursing at UND, including the Nursing Transition course (Nurs 350). The grade point average requirements vary from 3.00 for the R.N. to M.S. program to 2.5 for the R.N. to B.S.N. program. Students in the R.N. to M.S. program defer some of their content to be completed at the master's level, and a B.S.N. is not conferred. In spring 2009, there were 33 students admitted to the R.N. to B.S.N. program and 36 students admitted to the R.N. to M.S. program.

Associate of Arts Program

The one-time-only Associate of Arts program (AA) offered in conjunction with University College was highly successful. The special AA program for LPNs upgrading to eligibility for R.N. licensure graduated its last student in May of 1988. Of the 30 students admitted, 23 students graduated (8 in May 1987, 6 in August 1987, 8 in December 1987, and 1 in May 1988). All students successfully passed the licensure examination. At the time of licensure, 12 of the 23 had already applied and been accepted into the R.N.-B.S.N. option. This program certainly was successful in preventing a registered nurse shortage in the Grand Forks area.
Graduate Nursing Program Development

First Master's Degree Program Development

The UND College of Nursing developed the state's first master's degree program in nursing. This developmental process progressed through several stages. In 1978 the Otto Bremer Foundation awarded the College a grant of $12,500 to conduct a study to determine the feasibility of initiating a graduate nursing program at the University of North Dakota. This study revealed the need for the program, the particular areas of nursing practice in which a graduate degree was most desired by the state's nurses, and the resources required to launch the program.

Having established the need, the program planning began. The blueprint for the curriculum, admission requirements, faculty, and other resources were prepared for presentation in the approval process. In 1981, approvals were granted by the University's Graduate Committee, Curriculum Committee, and Academic Senate, as well as the North Dakota Board of Higher Education. The goals of this program were: 1) to provide the state with clinical nurse specialists; 2) to improve clinical nursing administration and practice by increasing the number of graduate prepared nurses in nursing service administration; 3) to improve nursing education in North Dakota by increasing the number of qualified nurse educators; 4) to provide leadership in strengthening the health care delivery system by involvement in matters related to health care needs, political issues, and policy formation; and 5) to expand the scientific knowledge base of nursing education and practice through research.

Support for the Program

Support for the development of this program was unprecedented, within and outside the institution. The state legislature appropriated one full-time equivalent position for a director in the 1979-81 biennium, followed by additional personnel and operating expenses over the 1981-83 biennium. These state appropriations complemented federal funds obtained by the College from the Department of Health and Human Services for an Advanced Nurse Training grant submitted and funded in 1979.

In August 1979, Dr. Marie Holley was named the first director of graduate studies for the College of Nursing. Dr. Holley came to UND from the University of Utah College of Nursing and joined the faculty as one of the first doctoral-prepared nurse researchers at the College of Nursing, spearheading the development of the master's of science degree program at UND. Subsequently, the College submitted a program approval request for the graduate program to the North Dakota State Board of Nursing in January of 1981.

First Students in the Graduate Nursing Program

In January of 1982, the Master's of Science in Nursing Degree Program admitted its first four students to the clinical specialization of Adult Health Nursing. They were Kathryn Tiuongson, Mary Labernik, Jane Giedt, and Rennae (Ellingson) Millett. While a great deal of work remained, especially in faculty recruitment and curriculum refinements, the program was launched upon a base of administrative support and faculty expertise which ensured success for the years to come.

Admission Requirements

The admission requirements for a master's of science degree with a major in nursing were:

1. Baccalaureate degree in nursing from an NLN-accredited school/college of nursing. (The degree program required coursework in statistics, research, health assessment, college algebra, and physiology, but such work could be acquired through post-baccalaureate study.)
2. A minimum GPA of at least 3.00 for the last two years of baccalaureate study.
4. A minimum of one year of nursing experience. Preference was given to applicants with a minimum of two years of clinical experience.

Adult Health Nursing Program Overview

The initial offering for a master's of science degree in nursing was adult health nursing. The graduate program was designed to prepare clinical specialists in adult health nursing with one functional area of practice. The functional area of practice options were: education, supervision administration, and clinical problems in physiological nursing. The three optional areas of clinical focus were: acute/critical care, long-term care, and community health care. The focus of the graduate program was based on scientific knowledge of nursing practice and education through research. A minimum of 39 semester hours was required to complete the program. The 39 hours included 14 semester hour minor areas of education, management, or physiology. All students were required to successfully complete a thesis prior to graduation.
Adult Health Nursing Curriculum Pattern
(Three Academic Year Semesters)
1982-1983

<table>
<thead>
<tr>
<th>SEMESTER I</th>
<th>SEMESTER II</th>
<th>SEMESTER III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing 500 (2 cr.)</td>
<td>Nursing 525 (3 cr.)</td>
<td>Nursing 555 (4 cr.)</td>
</tr>
<tr>
<td>Theories &amp; Concepts in Nursing</td>
<td>Issues, Theories, and Conceptualization in Nursing</td>
<td>Clinical Problems in Advanced Physiological Nursing Practicum and seminar or</td>
</tr>
<tr>
<td>Nursing 515 (4 cr.)</td>
<td>Advanced Adult Health Clinical Specialization Practicum and Seminar II</td>
<td>Nursing 560 (4 cr.)</td>
</tr>
<tr>
<td>Advanced Adult Health Management in Health and Illness</td>
<td>Independent Study (Non-Thesis)</td>
<td>Administration-Supervision Practicum and Seminar or</td>
</tr>
<tr>
<td>Nursing 524 (4 cr.)</td>
<td>Research Design and Methods in Nursing</td>
<td>Teaching Practicum</td>
</tr>
<tr>
<td>Electives (2-3 cr.)</td>
<td>Electives (4-5 cr.)</td>
<td>Electives (2-3 cr.)</td>
</tr>
</tbody>
</table>

| TOTALS 14-15 Credits                | TOTALS 14-15 Credits                     | TOTALS 13 Credits                       |

Graduate Faculty/Staff 1982-1983

The graduate faculty/staff in 1982-1983 for the new graduate program were Dr. Margaret Adamson, acting director of graduate studies; Dr. Joyce Laborde; Dr. Henry Plawecki; Diane (Voeller) Langemo; Virginia Norman, and Jeff Tenney, evaluation/education specialist. The following table lists the academic preparation and teaching and administration responsibilities of the faculty.

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic Preparation</th>
<th>Date</th>
<th>Field</th>
<th>Teaching &amp; Administrative Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Plawecki</td>
<td>M.A.</td>
<td>1971</td>
<td>Nursing (Children)</td>
<td>Dean and Professor</td>
</tr>
<tr>
<td></td>
<td>Ph.D.</td>
<td>1974</td>
<td>Educ. Administration</td>
<td></td>
</tr>
<tr>
<td>LaVonne Russell</td>
<td>M.Ed.</td>
<td>1965</td>
<td>Nursing Education Certificate</td>
<td>Acting Associate Dean</td>
</tr>
<tr>
<td></td>
<td>ENP</td>
<td>1975</td>
<td></td>
<td>Project Director</td>
</tr>
<tr>
<td>Margaret Adamson</td>
<td>M.A.</td>
<td>1961</td>
<td>Medical-Surgical Nursing</td>
<td>Acting Director of Graduate Studies</td>
</tr>
<tr>
<td></td>
<td>Ph.D.</td>
<td>1980</td>
<td></td>
<td>Associate Professor</td>
</tr>
<tr>
<td>Joyce Laborde</td>
<td>M.S.N</td>
<td>1978</td>
<td>Nursing Science</td>
<td>Associate Professor</td>
</tr>
<tr>
<td></td>
<td>Ph.D.</td>
<td>1981</td>
<td></td>
<td>Adult Health Practice</td>
</tr>
<tr>
<td>Henry Plawecki</td>
<td>B.S.N</td>
<td>1978</td>
<td>Nursing</td>
<td>Associate Professor</td>
</tr>
<tr>
<td></td>
<td>M.A.</td>
<td>1970</td>
<td>Education</td>
<td>Research and Functional Practice</td>
</tr>
<tr>
<td></td>
<td>Ph.D.</td>
<td>1974</td>
<td>Educ. Administration</td>
<td></td>
</tr>
<tr>
<td>Diane Langemo</td>
<td>M.N. 19 credits</td>
<td>1970</td>
<td>Nursing</td>
<td>Associate Professor</td>
</tr>
<tr>
<td></td>
<td>post Master's</td>
<td></td>
<td></td>
<td>Adult Health Practice</td>
</tr>
<tr>
<td>Virginia Norman</td>
<td>M.A.</td>
<td>1974</td>
<td>Sociology/Community Medicine</td>
<td>Associate Professor</td>
</tr>
<tr>
<td></td>
<td>MS</td>
<td>1980</td>
<td>Nursing</td>
<td>Adult Health Practice</td>
</tr>
</tbody>
</table>

Program Refinements and the First Master's Program Graduate

The graduate program continued its inaugural activities and by fall of 1983 most curricular offerings had been taught at least once and the faculty had moved from continual development endeavors to those of refinement. The programmatic modifications submitted to the UNO Graduate School in spring of 1983 were reviewed and a majority approved. These modifications, including a non-thesis option, enhanced the program's flexibility, accessibility, and viability. The first graduate of the master's degree program from the University of North Dakota was Jane Giedt of Fargo who graduated in December of 1983. She eventually went on to earn a doctoral degree. ²

Graduate Outreach Programs

In May of 1984, three more students graduated, and an outreach program was started in Minot, ND, where 18 students registered for Nurs 530 Research in Nursing. This successful undertaking prompted further offerings to be planned for the Minot, ND, area. It also brought requests for similar offerings in Fargo, ND.
During the summer session, Nums 500 Theories in Nursing was taught in Minot and Nums 530 Research in Nursing was taught in both Fargo and Grand Forks. An agreement was made with the UND School of Medicine to teach advanced physiology to the graduate students in the summer session and as needed for the regular academic sessions. This effort was funded by the Advanced Nurse Training Grant.

Development of Additional Graduate Program Offerings and Change in Focus in 1984-1985

Two grant proposals were written for the graduate program in 1984-1985, one for expanding the opportunities for study in rural health nursing and another for planning and developing a new master's option for anesthesia nursing. Approval for the latter was being sought in spring of 1987.

Health care delivery had changed dramatically in the early 1980s, making it necessary to modify the pattern for nursing education. The Diagnostic Related Guidelines (DRGs) had forced hospitals into becoming large intensive care agencies. The early discharge of patients and same-day surgery had decreased the ambulatory patient population in hospitals and created a new role for nursing homes as intermediate hospitals. Early discharge had also necessitated the development of new types of agencies such as home health care agencies. These developments demanded different and better prepared nurses. Licensed practical nurses (LPNs) were demanding more education to be able to hold jobs, and associate degree and diploma nurses were finding it mandatory to go back to school to learn the skills needed for community nursing. These changes resulted in a different student population at UND and throughout the United States. As a result, in 1985 the graduate program numbers increased significantly, with 68 students enrolled in the graduate program offerings and an additional 49 who took graduate level nursing courses in Minot and Fargo.

Initial Accreditation of the Master's Program

During the 1986-1987 academic year, enrollment continued to increase, with 73 students enrolled. The College of Nursing was pleased to announce that the Master's of Science degree program with a clinical specialization in Adult Health Nursing received initial accreditation by the National League for Nursing. In addition, the Anesthesia Nursing Specialization received initial accreditation by the American Association of Nurse Anesthetist Education Programs.

Rural Health, Nurse Anesthesia, and Maternal-Child Specialization Beginnings

Priority was given to the development and implementation of the two new clinical specializations in rural health nursing and nurse anesthesia in academic year 1986-1987 subsequent to the award of three-year training grants from the Department of Health and Human Services (HRSA) for these graduate specialties. In fall of 1988 the first students were admitted to the Rural Health Specialization, with Dr. Jeri Dunkin as program director. Outreach graduate courses were offered in the summer of 1988 in Bismarck and Bemidji, with an enrollment of 20 students.

The first three students to earn a Master's of Science degree with a clinical specialization in Nurse Anesthesia received their degrees on August 4, 1989. They had begun the program in August 1987. Also during the 1987-1988 academic year, a grant proposal for the development of a maternal-child clinical specialty (also called parent-child) was completed.

Responding to the Need for Graduate Education

The College of Nursing Graduate Council was engaged in determining the degree to which it could respond to student demand at outreach sites. As the only publicly-supported graduate program in nursing in North Dakota, the College felt a responsibility to meet the statewide need for nurses with advanced degrees, but was constrained by both faculty resources and university policy relative to outreach graduate education. A further challenge was the access to library resources at outreach sites.

High Enrollments and Increase in Graduates in 1987-1988

Enrollment in the graduate programs at the College during this time frame increased from the previous year high of 73 to 109 students (55 students in the fall semester of 1987 and 54 in spring of 1988). Eighteen new students were admitted during the 1987-1988 academic year. A corresponding increase in graduations was noted with three in July of 1987, two in December of 1987, and five in May of 1988. Twenty graduates had now received a Master's of Science degree with a clinical specialization in Adult Health Nursing.

Dr. Lois Merrill, dean of the College of Nursing, shared the view of many educators who believed that graduate education must be tailored to the needs of the student—in this case, "adults who must work, who have children, who have home responsibilities, and who can't leave their communities to receive advanced education." The College looked at the demographic profile of students in the graduate program in 1990 and it was diverse. In one course in spring semester, there were students from Detroit Lakes and Roseau, Minnesota, and Cavalier, North Dakota, along with the students from Grand Forks. Moreover, it was not unusual for two students to begin their trek to UND at Wahpeton, pick up passengers in Fargo, and continue together for an evening class. The College of Nursing had designed its graduate program to support commuting by students. All graduate courses were offered after 3:00 p.m. and, when possible, two courses were offered on the same evening.
Faculty on the Road

Faculty were also on the road. Dr. Mary Wright, director of graduate studies, and Dr. Diane Langemo drove to Fargo, ND, once a week during the fall semester. More than 30 students took courses that were offered there. They came from Jamestown, Valley City, and Fargo, North Dakota, and Detroit Lakes, LaPorte, and Wheaton, Minnesota. When at all possible, courses were taken to the students. A Grand Forks anesthesia course was offered in Fargo when interactive television was available to the College. This offering saved students from traveling to Grand Forks. A physiology course was offered in Bismarck and taught through Educational Television Network (ETN) in Grand Forks and Minot with 29 students enrolled.

Evolution and Modification of the Graduate Program Offerings

The nursing graduate program changed over the years. According to Dean Lois Merrill, "initially, the program served nurse educators. That need in the state has largely been met, and the program is now dominated by clinical specialists. The nurse of today sees this as exciting and interesting, a challenge and an opportunity to create change and effect improvements." The students, who needed at least one year of experience before being admitted to the program, came seeking knowledge, according to Dr. Jeri Dunkin, Rural Health Specialization director. "They are very aware of what they don't know. They also have an idea of the knowledge that they are interested in ... they want special expertise."

The challenge ahead, according to Dean Merrill, was that North Dakota had the only nationally-accredited graduate nursing program in North Dakota, and the demand for advanced education was strong: "Dean Lois Merrill looked ahead to the specialties that UND needed to offer in the future such as psychiatric mental health and gerontology nursing. Outreach was obviously the answer. She stated that library access to indexes and to collections was essential, the cooperation of other institutions integral, and quality outreach programs were possible."

In the fall of 1992, graduate student enrollment was 59 on campus and 44 off campus, for a total of 103 students. By 1994, 150 students were admitted and 168 students had graduated from the program. Many of these graduates were holding key leadership roles in agencies throughout North Dakota and Minnesota as well as other states and Canada.

Five Areas of Specialization Offered in 1994

Five fields of specialization were offered in the fall of 1994: a) Adult Health Nursing; b) Anesthesia Nursing; c) Family Nurse Practitioner; d) Parent-Child Nursing, and e) Rural Health Nursing. External programmatic grants augmenting the ability of the College to support these specializations and its mission totaled $1,097,857 in 1994-1995, and included the Nurse Practitioner Program ($225,998); Rural Health Nursing ($217,023); Parent-Child Nursing ($89,685); and Distance Learning ($183,800).

The College of Nursing had a very successful 1995-1996 academic year graduating 41 master's students. Graduate student enrollments continued to be strong with a total of 182 students admitted to the program. The College also continued to offer graduate courses on a state-wide basis, serving 181 students in 8 communities. These increasing numbers of students placed significant demands on faculty for curricular and thesis advisement.

Rural Health Instruction Utilizing IVN

The College received approval for delivery of two additional cycles of the graduate Rural Health specialization over the state's IVN (Interactive Video Network). In addition faculty were active in developing other distance delivery approaches such as WEB-based courses, participating in the Center for Instructional and Learning Technologies (CILT) WEB-initiative, and use of other computer mediated approaches. The Family Nurse Practitioner Program piloted the use of see-you, see-me technology for clinical conferencing and supervision of students in remote areas.

Nursing and Healthcare Specializations

A new specialization within the Master of Science in Nursing Program was approved by the UND Graduate Committee during academic year 1997-1998. This specialization in nursing and healthcare administration was a cooperative venture with the UND School of Business Master of Public Administration (MPA) Program. Students admitted to the graduate nursing program with an interest in administration were able to meet approximately one half of their graduate program requirements through courses in the Healthcare Administration track of the MPA Program.

Nursing Therapeutics I and II

Curriculum revision within the graduate program was completed to meet the goal of consolidating three of the clinical specialties (Parent-Child, Rural Health, and Adult Health Nursing) into a more efficient, more flexible specialty option called Nursing Therapeutics. The curriculum pattern for this new track was consistent with the overall master's program mode; that is, students completed core courses and then developed clinical and specialty skills through the two-course sequence of Nursing Therapeutics I and II.
First North Dakota Doctoral Nursing Program Established

During the spring of 2002, the College of Nursing received approval to begin offering course work leading to a Ph.D. in Nursing. Students were admitted post-baccalaureate or post-master’s to the program. Doctoral courses were offered beginning in the fall of 2002.12

Dropping Enrollments

By fall 2002 enrollments in the graduate program had dropped significantly after reaching a peak in 1997. From 1998 to 2001 the graduate student enrollment consistently fell from 115 students in 1998, to 97 students in 1999, to 78 in 2000, and to 64 students in 2001. Dean Elizabeth Nichols, in her College of Nursing annual report for 2001-2002, cited several factors contributing to these enrollment numbers:

1. The graduate nursing program had a series of federal program grants that supported extensive recruitment of distance site students, and with the termination of federal funding there was a reduction in recruitment activities, thus graduating students were not replaced with new matriculates, particularly from the rural parts of the state.
2. The distance delivery activities ceased the pent-up demand for graduate education in the more distant parts of the state.
3. Expansion of the graduate program at the University of Mary provided competition for students in the western and central parts of the state, thus reducing the demand for distance delivery from UND.
4. The initiation of a graduate program in nursing at the Tri-College Nursing Consortium in Fargo-Moorhead provided additional competition for graduate students in the Red River Valley region.13

In retrospect, the reduction in graduate students was not all bad. The number of students enrolled in the late 1990s was really greater than the faculty could appropriately support, particularly at the thesis level; thus the decline allowed for a better match of students to faculty and clinical resources. By 2002 graduate enrollments had risen to 75 students, and a more comfortable and stable number of graduate students was achieved.14

Additions and Changes to Graduate Specializations in 2004-2006

The Nurse Education Specialization was fully approved by the University and the North Dakota Board of Higher Education in 2004. The Psychiatric Mental Health Master’s Specialization was supported by an $810,626 federal grant and a second doctoral program grant was awarded for $747,096, supporting consultation, travel, and other program needs. At the same time a second class of seven students was admitted to the Ph.D. program.15

In April 2006, the enrollment and graduate numbers from the Healthcare Administration Specialization had dropped significantly. Consequently the Graduate Council discussed the need to reexamine the program and look at a possible joint M.B.A./M.S. option. Concurrently, declining enrollment for the Nursing Therapeutics Specialization brought a similar discussion.16

Gerontological and Public/Community Health HRSA Grants

During the summer of 2008, the College of Nursing was notified they would receive two Health Resources and Services Administration (HRSA) program grants. The two grants enabled the College to offer two new distance-delivered master’s degrees. Dr. Marcia Gragert and Karen Semmens, A.P.R.N., C.N.S., were the co-directors for the new Gerontological Nurse Practitioner and Clinical Nurse Specialist tracks. Dr. Tracy Evanson wrote and led implementation of the new Public/Community Health Clinical Nurse Specialization and served as the director. These new specializations were innovative and responsive to local, national, and globally-recognized health care needs.17

These two new master’s specializations complimented the “core” of the College’s master’s program: Nurse Anesthesia, Family Nurse Practitioner, Nurse Education, and Psychiatric Mental Health Nurse Practitioner or Clinical Nurse Specialist. Additionally, the College had many nurses choosing to obtain post-master’s certificates in the various specializations. There are plans to implement them into the new Gerontological and Public/Community Health Specializations in the near future.

R.N. to M.S. Option

In 2006 full approval was received for the R.N. to M.S. Program by the Graduate Council, and student admissions for the program were anticipated by fall of 2007. The distance-delivered A.D./R.N. option began in 2007, with enrollment more than doubling by the second year. After successfully completing 20 undergraduate course credits, students may apply to enter all but the nurse anesthesis specialty—which requires a B.S.N. degree (national accreditation standard).

Ph.D. in Nursing Program

The Ph.D. in Nursing program continues to attract both B.S.N. to Ph.D. and M.S. to Ph.D. students. As of fall 2008, the courses for the Ph.D. degree are offered online, with students attending one or two “intensives” a year. The intensives allow faculty and doctoral students to gather on the UND campus or at regional nursing science meetings for learning and assimilation of students into a nursing research and educational role.
Three “Grand Openings” in Fall 2008

As fall 2008 arrived, plans were under way for three ‘Grand Openings.’ First, a new state-of-the-art simulation center was incorporated into the College’s Learning Resource Center. Undergraduate and graduate students alike have opportunities to partake in health assessment, practice procedural skills, and develop leadership, critical decision making, and clinical reasoning skills with simulation as the teaching tool. The second construction project was the National Institute of Health (NIH)-funded bio-behavioral research building adjacent to the College on the south side. Exciting research was slated to occur within this building’s walls, providing students many options for research and scholarly activities. The third was a major renovation in the RAIN Program space, which was expanded and reorganized to better serve students.

Excitement Looking Towards the Future

As we look back at the rich history of graduate education at the College of Nursing, we also look forward with excitement and anticipation to the future. Presently, graduate nursing students may choose to pursue one of six master’s level specializations or to earn their doctoral degree in nursing. With nearly 200 graduate students taking courses on campus or by distance, the accredited graduate program offers flexibility and variety in obtaining advanced nursing education. With ever-changing local, national, and global healthcare, the College is well positioned to be a significant leader in many facets of this arena and continue to be visionary as we move forward.

Directors of Graduate Studies at the College of Nursing

Marie Holley, first director, 1979-1981
Henry Plawecki, acting director, 1981-1982
Margaret Adamson, acting director, 1982-1983
Bonnie Duldt, Fall 1983-Spring 1984
Catherine Norris, Fall 1984-Spring 1985
Glenda Polk, Fall 1985-Spring 1989
Mary Wright, Fall 1989-Spring 1990
Dean Lois Merrill, Fall 1990-Spring 1991
Regina Monnig, Fall 1991-Spring 1998
Susan Hensy, Fall 1998-Spring 1999
Ginny Guido, Fall 1999-Spring 2007
Julie Anderson, Fall 2007-present

Graduate Program Specializations

The graduate specializations at the College of Nursing each have their own unique history, all having been identified in the “Graduate Nursing Program Development” section. The specializations began with faculty who submitted grants and worked tirelessly to make each one successful. Some of the programs started in the 1980s and have been modified or replaced by nursing specializations that meet the ever-changing healthcare needs of our region.

The history of each of the specializations offered at the College of Nursing since graduate nursing education began in 1982 will be discussed here except for Adult Health Nursing, the very first graduate specialization, which was covered in the previous section. Detailed histories of the specializations follow in the order that they were begun: Family Nurse Practitioner, Parent-Child, Nurse Anesthesia, Rural Health Nursing, Health Administration, Nursing Therapeutics, Nurse Education, Psychiatric Mental Health, Gerontological Nurse Practitioner and Certified Nurse Specialist, Public/Community Health, and the Doctor of Philosophy in Nursing degree.

Family Nurse Practitioner Specialization

In the summer of 1990, College of Nursing faculty and representatives of the Nurse Practitioner (NP)/Physicians’ Assistant (PA) programs at the UND School of Medicine met to discuss the new requirement from the American Academy of Nursing that nurse practitioner programs be taught at the master’s level. One possibility discussed was to move the existing NP Program from the School of Medicine to the College of Nursing. In the end, the School of Medicine decided to keep only the PA Program while retaining the entry requirement of R.N. licensure, and the Nurse Practitioner Program took its rightful place in the College of Nursing.

In the fall of 1991, Martha Adams, who had been a faculty member at the School of Medicine, moved to the College of Nursing and began teaching undergraduate community health and family in the community courses. Colleen Holzwarth, a rural health graduate student and FNP, became Martha’s graduate teaching assistant that semester. In the spring semester of 1992, Ellen O’Connor became Martha’s graduate teaching assistant.

Faculty and First FNP Students Admitted

In 1992, a work group consisting of Dr. Nyla Juhl, FNP, together with Martha Adams, FNP, and Liz Tytre, FNP, began developing the curriculum for the Family Nurse Practitioner (FNP) specialization. Together they were an invaluable addition to curriculum planning. Dr. Juhl submitted a three-year federal Division of Nursing grant, which was funded totaling $650,042.

In the fall of 1993, Colleen Holzwarth, FNP, was hired as clinical coordinator of the program and the FNP Program accepted its first students. Dr. Juhl was project and program director and Dr. Jean Gulick was sponsored to complete the FNP
Program at South Dakota State University with the intent to return as program director, which she did in 1994. An external program grant of $225,990 was awarded to the FNP Program in 1994.41,42

Subsequent Grant Funding

In the fall of 1996, Kathy Marquis, JD, FNP, from Laramie, Wyoming, took a one-year position as program director at Dean Elizabeth Nichols' request. The initial grant had concluded in 1996, and Dr. Juhl Imler left the College in December 1997. Dean Nichols and Dr. Marquis collaborated on a new grant submission, which was funded in the fall of 1997. The new FNP grant focused on increasing the use of distance technology in the program. The hard work and vision of the program director and faculty were fundamental to the success of this new FNP program. Faculty member Colleen Holzwarth had expertise in practice and teaching, which was key to the program's success. She passed away in April 2006.

In the fall of 1997, three faculty, Janet Schauer, PNP; Liz Tyree, PNP; and Margie Hansen, PhD in Physiology, began teaching in the program. Dean Gross, FNP, came from North Dakota State University to become the FNP project/program director while he completed his doctorate at Rush University in Chicago. Dean Nichols and Dr. Gross recommitted the grant, which was funded to 2003. Dr. Gross left in 2000 to be closer to family in Fargo. Dean Elizabeth Nichols continued as project director, while Liz Tyree became program director in fall of 2000. She was joined by Jackie Roberts as co-director in fall of 2007.43

The 2008 Family Nurse Practitioner Program

Currently, the Family Nurse Practitioner (FNP) Clinical Specialization prepares students for advanced practice nursing in the role of a primary care provider for families. The course of study is five semesters including one summer session. The 59-credit curriculum includes 697.5 practicum hours. An interview by the FNP Admissions Committee is a part of the admission process.

The FNP Program utilizes a clinical preceptorship model to provide the students the opportunity to obtain expanded clinical experiences in a primary care setting. The preceptorship bridges theory and actual practice, and allows students to learn new skills and develop the nurse practitioner role. Primary preceptors must be master's-prepared nurse practitioners or physicians and must meet the licensing and/or certification requirements for the state in which they are practicing.

Students may be either on campus or at a distance the first two semesters. The first practicum takes place during the six-week summer session and consists of 180 practicum hours at the preceptor site. Full-time students need only be on campus for one week during each fall of their program. The fourth and fifth semesters include a 13-week, 225-hour practicum at the preceptor site.44

One hundred forty-six students have completed the program since its inception, with 30 students completing the program from 2006 to 2008. Enrollment trends for this specialization remain strong with over 30 students accepted for fall of 2009.45

2008 Family Nurse Practitioner Specialization Faculty

Co-Directors

Elizabeth Tyree, Ph.D., M.P.H., R.N., FNP-B.C.
Jacqueline Roberts, M.S., FNP-B.C.

Faculty

Cindy Anderson, Ph.D., WHNP-B.C.
Lucy Hente, M.S., R.N., C.O.H.N.S., C.C.M., C.C.M.S.
Stephanie Kaiser, M.S., FNP-B.C.
Donna Morris, Dr.JPH., C.N.M., A.H.N., B.C.
Bethany Pfister, Pharm.D., B.C.P.S.
Angela Thompson, Ph.D., Pharm.D.
Michelle Weinanzowicz, M.S., FNP, B.S.
Marie Anderson, M.S., FNP, B.S.
Christine Hansell, M.S., A.N.P.

Parent-Child Nursing Specialization

The Maternal-Child (subsequently called Parent-Child) Specialization began in July 1990, and was supported by the Advanced Nurse Training Grant from the U.S. Department of Health and Human Services (HRSA) submitted by Dr. Nyla Juhl. Fourteen students were enrolled in the program that summer and Dr. Juhl was the first project director. The Parent-Child Nursing Specialization prepared nurses to identify and meet the nursing health care needs of childbearing and child-rearing families. Students selected a functional area for advanced nursing practice roles in education, administration, or clinical nursing specialization. A wide variety of healthcare agencies and settings were available for clinical practice sites.

Course of Study

The course of study consisted of 37 credits and could be completed in three semesters of full-time study. Part-time enrollment was also available. Students completed core coursework in: 1) nursing theory; 2) issues in healthcare delivery and research; 3) clinical specialization courses related to nursing science of the expanding family; 4) parent-child nursing clinical specialties; 5) an ethics course; 6) thesis or non-thesis project coursework; and 7) functional minor and elective coursework.46,47

External Grant Proposal Funded

The Parent-Child Nursing Specialization reached out to the American Indian reservations, and an external grant proposal was submitted to bring the coursework to the specialization to the Turtle Mountain reservation.48 A grant in the amount of $189,685 was awarded to the College of Nursing during the 1994-1995 academic year to accomplish this.
Graduate Curriculum Reorganized

Parent-Child Specialization admissions were suspended in 1999 due to lack of student applications. The Graduate Council of the College of Nursing met in May of 2000 to reorganize the curricular plan for the clinical specialty options of the Graduate Program. Several factors prompted this activity. While the Anesthesia Nursing and Family Nurse Practitioner Specializations had full complements of students and the Healthcare Administration Specialization was increasing in student numbers, the goal of curriculum reorganization was to consolidate student enrollment while offering quality, viable nursing specializations that met the needs of our communities of interest and did not unduly tax faculty resources. The outcome of the May meeting was to recommend reorganization of the graduate curriculum to offer five specializations: Anesthesia Nursing, Family Nurse Practitioner, Healthcare Administration, Clinical Nurse Specialist in Nursing Therapeutics, and Psychiatric Mental Health Nursing. The Clinical Nurse Specialist in Nursing Therapeutics consolidated the existing Rural Health, Adult Health, and Parent-Child Specializations and offered the potential for additional specialization by interested students. Consequently the Parent-Child Nursing Specialization was officially suspended by fall of 2001.

Nurse Anesthesia Specialization

The Nurse Anesthesia Specialization at the College of Nursing evolved over a period of time. Visionary local hospital-based nurse anesthesia program directors and College of Nursing administrators collaborated and took action as the Council on Accreditation for Nurse Anesthesia Education mandated changing the requirements for programs in the mid-1980s. These professional leaders took action and paved the way for the high standards of program excellence that nurse anesthesia students experience today.

In 1983, C.R.N.A.s Ron Beare and Curt Radel, directors of the hospital-based nurse anesthesia programs in Fargo and Grand Forks respectively, met with the dean of the UND Graduate School, Dr. William Johnson. They discussed nurse anesthesia education and urged consideration of establishing a nurse anesthesia graduate nursing program within the Master's of Science graduate program at the College of Nursing. While graduate education in nursing had begun at the College in January of 1982, the nurse anesthesia programs in the region had remained hospital-based, offering only a certificate upon graduation with the major objective to educate nurse anesthesia practitioners. The national trend to university affiliation of these programs had begun in 1972, yet it had resulted in variable degrees and differences in admission, curricula, and graduation requirements. These programs met all of the requirements to sit for the national certification exam, but the graduates did not earn an academic degree. The dean of the Graduate School recommended that the College of Nursing consider the nurse anesthesia graduate program option. The trend to university affiliation in 1972 was not the only significant tide of change for nurse anesthesia education. The movement toward requiring a baccalaureate degree for admission and graduate education for licensure of nurse anesthetists made significant strides when the Council on Accreditation for Nurse Anesthesia Education (COA) began formally initiating changes in 1980. The COA governing body that established standards for nurse anesthesia programs implemented an interim requirement that applicants to nurse anesthesia programs must hold baccalaureate degrees that included specific course requirements. Support for upgrading educational requirements was evident when the American Association of Nurse Anesthetists (AANA) Board of Directors supported the position that nurse anesthesia education should be post-baccalaureate. In 1982, the COA announced that baccalaureate degrees would be required for admission by 1987. Later, the COA mandated that all nursing anesthesia programs award a degree by 1997. Therefore, after that date graduates of a hospital-based program offering a certificate or diploma would not be eligible to sit for the C.R.N.A. licensing exam.

Work of Hospital-Based Program Directors in Response to Trends

Because of the mandates from the Council on Accreditation, the two hospital-based program directors in the region, Ron Beare (C.R.N.A. at St. Luke’s Hospital School of Anesthesia in Fargo) and Curt Radel (C.R.N.A. at University Hospital School of Anesthesia in Grand Forks) began working to establish the groundwork for graduate education for nurse anesthesia students at the College of Nursing. They wanted to see both of their programs upgraded to the graduate level at the earliest possible time. Diane Roloff, C.R.N.A., and program director of the Bismarck Hospital School of Anesthesia, was also made aware of the direction taken by these two program directors.

In late fall of 1983, the two program directors met again with Dean William Johnson of the UND Graduate School and with Dean Inez Johnson of the College of Nursing to formally propose initiating the graduate program in nurse anesthesia. This was a significant undertaking and the support and cooperation from the College of Nursing and the Graduate School would be crucial to the success of this endeavor.

For the next two years the two program directors worked collaboratively, spending countless hours sharing didactic materials from their respective programs and developing the framework for graduate nursing curriculum in anesthesia. With direction from the COA, they began developing graduate level courses and also looking at resources for courses not taught at the College of Nursing (e.g., advanced pharmacology and advanced physiology).
Feasibility Study and Grant Proposals

In January 1984, Ira Gunn, M.L.N., C.R.N.A., F.A.A.N., visited as a consultant for the Nurse Anesthesia Program and urged the faculty to undertake a feasibility study for the proposed graduate specialization. Mary Wright, faculty, was assigned to this project.68 Subsequently, in 1984 Dean Inez Hinsvark and faculty members Mary Wright and Diane Langemo submitted a three-year training grant proposal to the Division of Nursing, Health and Human Services. The original grant was extremely competitive at the new requirement caused numerous programs to apply. The initial proposal was not funded. A revised three-year training grant submitted by Dean Hinsvark for planning and developing the master's program specialization for anesthesia nursing was eventually funded, and the new graduate program at the College of Nursing was established in 1986.

Hospital-Based Certificate Programs Closing

The mandates from the COA to implement baccalaureate education as a minimum requirement for admission to nurse anesthesia programs by 1987 and the longer range deadline for master's education by 1997 in the hospital-based programs in the region. The United Hospital School of Anesthesia in Grand Forks, St. Luke's Hospital School of Anesthesia in Fargo, and Bismarck Hospital School of Nurse Anesthesia would all be affected by the new requirements. While closing these schools of anesthesia was difficult, the program directors collaborated and supported the direction and efforts of the College of Nursing, which they knew would be necessary in order to achieve the establishment and success of the graduate program in nurse anesthesia.

Nevertheless, closing hospital-based programs was not without difficulty. Pride and a sense of family were inherent to small hospital-based programs, whether they were registered nurse or nurse anesthesia programs. St. Luke's Hospital School of Nurse Anesthesia would all be affected by the new requirements. While closing these schools of anesthesia was difficult, the program directors collaborated and supported the direction and efforts of the College of Nursing, which they knew would be necessary in order to achieve the establishment and success of the graduate program in nurse anesthesia.

As the anesthesia specialization became more widely known, applications increased, generally in the range of 15-25 applicants during the early years of the program. The grant application for the program had addressed the need for nurse anesthesia education in the more rural regions of the upper Midwest and especially in North Dakota. Hence, the program, and the College of Nursing, focused heavily on recruiting nurses working in the three-state region (North Dakota, South Dakota, and Minnesota). Although the program concentrated on North Dakota applicants, when the nurse anesthesia positions in major facilities in North Dakota were met, the out-of-state applicant pool increased.

Clinical Sites

As program director, Tim Sauvage expanded the clinical sites for the program that had already been established in the area from the two hospital-based certificate programs. The clinical sites were located at United Hospital in Grand Forks, ND; the Grand Forks Air Force Base Hospital; Riverview Hospital in Crookston, Minnesota; The Veterans Administration (VA) Hospital, St. Luke's Hospital, St. John's Hospital, and Dakota Hospital in Fargo, ND; and Medcenter One in Bismarck, ND.69

First Graduates

The first three students admitted to the Nurse Anesthesia Program were Karen B. Karp, Randall L. Kramer, and Jason Stotts. They received their Master of Science degree with a clinical specialization in Nurse Anesthesia on August 4, 1989. They had begun the program in August of 1987. It was not until the fall of 1990 that there were sufficient applicants to admit a full complement of 12 students. Prior to that time, the program director expended significant time recruiting students to a program that was both new and somewhat remote in location. After 1990, the anesthesia class sizes fluctuated with the market demands, but the need most often outweighed the demand.63

A Very Competitive Program

As the anesthesia specialization became more widely known, applications increased, generally in the range of 15-25 applicants during the early years of the program. The grant application for the program had addressed the need for nurse anesthesia education in the more rural regions of the upper Midwest and especially in North Dakota. Hence, the program, and the College of Nursing, focused heavily on recruiting nurses working in the three-state region (North Dakota, South Dakota, and Minnesota). Although the program concentrated on North Dakota applicants, when the nurse anesthesia positions in major facilities in North Dakota were met, the out-of-state applicant pool increased.

Over the years, the quality and success of the nurse anesthesia specialization at the College has made student interest skyrocket, and gaining admission to the program has been and continues to be very competitive. The maximum class size is 12 students due to space, faculty resources, and availability of clinical sites. The program receives 90-100 applications for the 12 available slots. While 60 percent of the applicants are from North Dakota and Minnesota, the program has interviewed and accepted students from throughout the United States. Successful applicants must be experienced baccalaureate-prepared registered nurses with a minimum of one year of ICU experience.64

A Rigorous Curriculum

The nurse anesthesia curriculum, with a thesis or non-thesis option, commences in late August of each year, is currently 24 months in length, and requires 71-73
credits for completion. Students graduate with a Master of Science Degree with a clinical specialization in Nurse Anesthesia. Upon graduation, students are eligible to sit for the national certification examination to become a certified registered nurse anesthetist.

Because C.R.N.A.s practice in many settings in addition to the traditional operating room, they must be prepared to be independent, critical thinkers and able to individualize the anesthesia care for each patient and in each setting. Thus, the College’s nurse anesthesia curriculum is rigorous and prepares the students with an advanced scientific knowledge base and a comprehensive array of clinical skills that hallmark the standard of care in anesthesia practice that the Council on Accreditation requires. Even the prerequisite courses that the students take before being admitted to the program establish a depth and breadth of knowledge that undergird the success of the program.

**Clinical Experiences**

The clinical component includes approximately 1800 case hours in 11 clinical agencies, with Duluth, Minnesota, being the eastern border and Bismarck, North Dakota, being the western border. Each agency has a clinical coordinator, and the anesthesia students work one-on-one with a C.R.N.A. at each clinical site. Moreover each student receives rural hospital experience which is invaluable to the future of anesthesia services in this very rural state. C.R.N.A.s are the sole anesthesia provider in almost all rural hospitals, administering approximately 30 million anesthetics each year in the United States.

**Ongoing Changes in Academic Requirements**

The addition of simulation to the curriculum in 2002 provided students with hands-on simulated learning experiences for anesthesia inductions. At that time, the Nurse Anesthesia Program in the College of Nursing was one of the first anesthesia programs in the nation to have simulation early in the curriculum. In 2002 the LaerdalTM ‘Sim Man’ (purchased in 2002) was primarily used for anesthesia induction sequencing and crisis management. The new METI Adult HPS (human patient simulator), purchased in 2008, has a wide array of features and technology that can simulate patient responses in real time.

Additionally, the academic requirements for the program have changed over the years to stay current in a very demanding and ever-changing field. In the spring of 2002, Professional Role Development (Nurs 520-3 credits) was added to the curriculum. The course Foundations of Anesthesia Practice (Nurs 521-2 credits) was added in the fall of 2003 to better prepare students for the chemistry and physics of nurse anesthesia practice. Anatomy for Anesthetists (Anat 591-1 credit) and Basic Biomedical Statistics (BMID 510-2 credits) were added to the curriculum in the spring of 2004, and in 2008 the nursing research course was replaced with Evidence for Practice (Nurs 502-3 credits).

**Change in Length of Program**

Starting in August 2009, the specialization will move from a 24-month to a 28-month program and will include an online Advanced Health Assessment (Nurs 585) course and a two credit online business course (Nurs 584), as well as additional clinical hours.

**Program Advisory Board**

The program has an advisory board consisting of anesthesia professionals and community members. The advisory board meets annually and provides input for the program.

**Program Accreditation**

The anesthesia specialization at UND is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, an independent branch of the American Association of Nurse Anesthetists (AANA). This council has established rigid criteria and guidelines related to program standards, academic content, and clinical experience requirements for students. Anesthesia programs are required to conduct periodic self-evaluation studies and undergo onsite reviews by the council to maintain their accreditation status. In addition to the self-study, this process typically includes a two- to three-day onsite visit from a 2-3 member evaluation team, during which all aspects of the program are reviewed.

In January 2001, the Council on Accreditation of Nurse Anesthesia Education Programs granted the UND program the maximum ten-year accreditation. Historically, graduates have outstanding scores on the national certification examination and receive very positive reviews from employers.

**Nurse Anesthesia Specialization Directors**

Darla Adams, C.R.N.A., Ph.D., (February 2005-2008)
Darla Adams, C.R.N.A., Ph.D., (February 2005-Present)

**2008 Nurse Anesthesia Faculty**

Darla Adams, C.R.N.A., Ph.D., director
Heidi Stahl, C.R.N.A., M.S., assistant director
Jamie Sperle, C.R.N.A., M.S.
Kevin Baettnor, C.R.N.A., M.S.
Cindy Anderson, Ph.D., WHNP-BC
Kevin Kern, Pharm.D.
Rural Health Nursing Specialization

The rural community health nursing program, one of the nation's few master's degree programs preparing rural health nurse specialists, began in 1987 with the support of an Advanced Nursing Training Grant in the amount of $408,830 from the Department of Health and Human Services (HRSA), Division of Nursing. Jeri Dunkin, Ph.D., R.N., was the project director and the primary faculty member with expertise in rural health nursing. The first rural health nurse specialists graduated from the College of Nursing in December of 1989. 

To keep in touch with evolving needs, the program drew on a community-based advisory committee from diverse locations and backgrounds. The program was designed to prepare nurses who could: 1) use critical thinking, creative reasoning, and research to solve rural health problems; 2) work in collaboration with rural communities to empower them to make health-related decisions; 3) function as educators, administrators, or clinical specialists, sensitive to unique rural needs; 4) effectively communicate and plan for changes in rural health; 5) evaluate quality of care within rural health programs; and 6) assist rural communities to affect health care policy.

Distance Learning Course Offerings

There were many challenges for the College of Nursing in continuing the Rural Health Nursing Speciality. Because one of the purposes of the program was to provide graduate preparation for rural nurses, course offerings continued to be provided through distance-learning strategies such as outreach education, the Education Telephone Network, and interactive television.

The outreach of the full Rural Health Nursing Specialization to several sites throughout the state extended the program to nurses who were geographically isolated from higher education institutions and brought positive visibility across the state. In the fall of 1989, the Rural Health Nursing Speciality was selected to demonstrate the capabilities of the U.S. West Fiber Optic Network in course delivery via interactive television. Initially, only students in Jamestown joined students in Grand Forks for the course, "Nursing and Healthcare in Rural America." Other sites soon followed and students from many areas of the state took advantage of this then "cutting edge" technology.

Courses Delivered to More Sites Over IVN

By fall 1994, the courses were offered over IVN (Interactive Video Network) to Bismarck, Dickinson, Minot, Williston, Jamestown, Valley City, and Fargo. In 1998, courses were also offered at Fort Yates. The sites used each semester depended on sufficient enrollment in the class at a specific site. Success in delivering courses with this technology led to plans being made to continue bringing education to interested nurses via this modality.

An external program grant for rural health nursing in the amount of $217,023 was awarded during the 1994-1995 academic year. Subsequent continuation grants were awarded for the development of the graduate track in the amount of $149,106.

Reorganization of the Graduate Curriculum and Consolidation

By 2000 the Rural Health Specialization experienced declining student numbers. In May of that year the College's Graduate Council reorganized the graduate curriculum and recommended a Clinical Nurse Specialist (CNS) in Nursing Therapeutics Specialization. This action consolidated the existing Rural Health, Adult Health, and Parent-Child Specializations, offering a degree in nursing therapeutics for an additional specialization to interested students. The Rural Health Specialization as an individual entity was suspended in 2001 and eventually closed.

Nursing and Health Administration Specialization

A new specialization, Nursing and Health Administration, a cooperative venture with the Master's in Public Administration (MPA) program in the College of Business, was approved by the UND Graduate Committee during the 1997-1998 academic year. This graduate specialization began in 1999 with a program of study requiring 36 credit hours. 12 of those hours taught outside the College of Nursing included PSCI 593 Problems in Political Science and Public Administration; PSCI 551 Health Administration and Organization; ECON 575 Seminar in Health Economics; and PSCI 552 Health Policy.

The outcome objectives for this specialization included: 1) application of administrative concepts and principles in healthcare settings through the assumption of the nursing administrative role and collaboration with administration; 2) utilization of knowledge regarding policy, policy analysis, organization, economics, financial, ethical, and legal principles in the healthcare setting; 3) analysis of the broader environment for changes impacting healthcare; 4) proactive response to changes in the broader environment as they impact health care delivery; and 5) analysis of current research literature related to nursing administration in healthcare settings.

Between the years 2003 and 2006, five students had completed their program of study and graduated from this specialization. Three to five students had also started the program during each of these three academic years. Because of the low enrollments and graduate members in this specialization, in 2006 the Graduate Council discussed the future of the Health Administration Specialization and looked at a possible joint MBA/M.S. option at the College of Business and Public Administration. As of 2008, the Health Administration Specialization was on hold awaiting further evaluation and possible program redesign.
Nursing Therapeutics Specialization

The Clinical Nurse Specialist (CNS) in Nursing Therapeutics Specialization, a 46-credit program, was initiated in the 2001-2002 academic year. The specialization was envisioned to allow for increased student admission by offering a more generalized program offering. Students enrolled in coursework addressed concepts common to multiple nursing roles and were allowed to specialize at the clinical level, enabling them to write a certification exam upon completion of the program of study.

Three courses were exclusive to the CNS specialization: Nurs 544 Clinical Nurse Specialist in Nursing Therapeutics I; Nurs 545 Clinical Nurse Specialist in Nursing Therapeutics II; and Nurs 551 Case Management. Seven students had completed the program of study by 2006; five of those from 2003-2006. For the past three academic years enrollment trends in this specialization averaged between 5 to 7 students.

In 2006, the Graduate Council discussed the possibility that the Nursing Therapeutics Specialization may need to be reformatted with a rural community health subspecialty. Admissions to the Clinical Nurse Specialist in Nursing Therapeutics are currently on hold.

Nurse Education Specialization

In 2004, in response to the nursing shortage and the even more daunting nursing faculty shortage, the College of Nursing responded to requests from community colleges and others to develop a Master of Science in Nurse Education Specialization. This specialization was implemented in the fall of 2005, with 15 distance students accepted into the program.

Dr. Mary Wright was named as the first program director and used a distance delivery format using teaching strategies such as video conferencing, online teaching, and block format of courses. Nurse Education Specialization graduates are prepared primarily for faculty positions in nursing education programs, but may also choose to pursue educational roles in healthcare institutions.

The 2008 Nurse Education Specialization

As stated earlier, the Nurse Education Specialization was created in response to a nursing faculty shortage in the state of North Dakota. The specialization consists of courses that constitute the functional role of nurse educators. Nurs 566 Curriculum Design, Nurs 567 Teaching Strategies; Nurs 568 Teaching Practicum; and Nurs 569 Assessment and Evaluation. In addition, the program of study for the Nurse Education Specialization consists of 32 credits of required core courses and five credits of nursing support (elective) courses.

2008 Nurse Education Specialization Faculty

Cindy Anderson, Ph.D., R.N., WHNP-C
Julie Anderson, Ph.D., R.N., C.C.R.C.
Marcia Gragert, Ph.D., R.N.
Loretta Heurer, Ph.D., R.N. F.A.A.N.
Helen Melland, Ph.D., R.N.
Michelle Woinarowicz, M.S., F.N.P.

Psychiatric & Mental Health Specialization

During the 2001-2002 academic year, the College of Nursing received approval from the Board of Higher Education to offer a new graduate specialization in psychiatric and mental health nursing. The impetus for this new specialization began in 1998 when the two newly employed College psych-mental health faculty, Dr. Eleanor Yurkovich and Dr. Evelyn Labun, moved the undergraduate psychiatric clinical experience from the Jamestown State Psychiatric Hospital into the community in and around Grand Forks. The move into the community brought the learning of psychiatric nursing practice at UND in line with the current mental health care trends nationwide. It also brought to the forefront the need for psychiatric care by registered nurses in the region.

During this time the major community inpatient provider, Altru Health Care System, was rumored to be closing its inpatient psychiatric care unit. Dr. Labun envisioned the "death" of psychiatric nursing unless more nurses were able to work in the community. She persuaded her colleague, Dr. Yurkovich, to work with her, and together they were able to spearhead a curriculum and the College's first psychiatric mental health grant from the Health Resources and Services Administration (HRSA). Gaining the support of the College of Nursing's administration and faculty, the two professors developed the psychiatric mental health graduate curriculum.

Grant Proposal Approved and Funded

The College of Nursing was notified in the summer of 2003 that the Psychiatric Mental Health Grant was both approved and funded. The $810,626 grant ran for three years from July 1, 2003, through June 30, 2006. Eleanor Yurkovich, Ed.D. R.N., was the project director. The grant was to be used to support the development of this new specialization, which would increase the number of nurses prepared as advanced psychiatric mental health clinical nurse specialists (APMH-CNS) to provide care to culturally diverse populations in rural and underserved communities.

Dr. Eleanor Yurkovich
areas in North Dakota. The project built upon an existing successful, rural focused graduate program with a 21-year history of serving the rural upper Midwest. Graduates would be eligible to sit for the American Nurses Credentialing Center (ANCC) certifying exam, thus enabling them to work as independent practitioners in the predominately rural areas of this region.

The project objectives were to:

1. Develop and offer a 46 credit, 4-semester curriculum leading to preparation as an advanced psychiatric mental health clinical nurse specialist;
2. Recruit, enroll, and graduate six full time nurses a year prepared for leadership roles in psychiatric mental health nursing;
3. Increase the cultural competence of faculty, staff, and students through integration of culturally relevant content in the psychiatric mental health nursing courses and clinical placement of students in culturally diverse underserved rural settings; and
4. Develop an interdisciplinary and culturally diverse support network for psychiatric mental health nursing students and graduates.93, 94

Courses First Offered in 2004

In 2004 the specialty courses were offered for the first time. Division of Nursing (HRSA) funding began and supported faculty time, external consultation, and post-master's certificate program for the many master's-prepared nurses in the community (mostly family nurse practitioners) who felt they needed further preparation because of the many clients with psych-mental health issues in their practice.95, 96

Dr. Yurkovich and Labun were the first two specialization faculty along with faculty member Donna Grandbois, a recent graduate of the program and an enrolled American Indian, as assistant. Donna's focus was on the recruitment and retention of American Indians into the program. The program grant consultants included Dr. Rick Zouzua, a certified transcultural nurse, psych-mental health clinical nurse specialist, and later faculty in the program; Dr. Maryann Boyd, noted author of psychiatric mental health nursing textbooks; and Wintona Simms, an American Indian student advisor from Stanford University, to help with the focus of recruitment and retention of American Indians.97 Dr. Steven Hill, a local psychiatrist, was asked to teach a psychopharmac course which he had previously taught to graduate psychology students. The course was initially open to students not enrolled in the program as well as students from other disciplines. Dr. Hill taught this course from the spring of 2005 to 2007. In addition Dr. Hill was asked to be on the community-based advisory board that provided state-wide assistance in focusing the program on regional mental health needs. His support of the program along with the input of representatives from state-wide health care administrative personnel, American Indians, and others helped give valuable direction and credibility to the program.

Seven students were enrolled the first year taking basic graduate nursing courses, and when the grant was awarded in 2003, the first grant secretary, Jane Beasley, was hired. She was extremely helpful in developing reporting forms, tracking students, answering questions about the new program, and sending out recruitment materials. Faculty accomplished the ongoing challenges of recruiting and orienting new preceptors and visiting community facilities to find suitable placements for students.98

Second HRSA Grant Funded

As the first Health Resources and Service Administration (HRSA) grant was coming to an end, the faculty determined that given the changing nursing practice environment and the continuing needs in the region, a subsequent grant was needed. This new grant focused on the advanced practice psychiatric mental health nurse practitioner and the further focus on families and children in both specializations. Building on the successes of the first grant period, a second HRSA grant was submitted and awarded in July 2006.

Curriculum Changes and a New Project Director

Due to new requirements from the American Nurses Credentialing Center, the Psychiatric Mental Health Specialization at the College saw many curriculum changes in the fall of 2008. The final year of the second grant also saw a change in emphasis and a new project director. Kim Gregg, M.S., R.N., an early graduate of the program, became the project director, and additional nationally-certified faculty were being recruited.

Recruitment of First American Indian Students and Changes to Program

The recruitment efforts over the years, as well as additional efforts of Dr. Labun in 2008, helped recruit the first American Indian students into the program. The program changed in emphasis from a collaborative counseling program to one that focused only on nursing, that did not have a strong cross-cultural emphasis, and that used only board-certified clinical nurse specialist and nurse practitioner faculty in the specialization courses. The program also used distance Internet technology for course instruction and students no longer came to campus to attend classes.99
The 2008 Psychiatric and Mental Health Program

Currently, the program is partially supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), and the Department of Health and Human Services (DHHS) under the Advanced Education Nursing grant. The Psychiatric and Mental Health Nursing (PMHN) Specialization currently prepares advanced practice nurses to meet the needs of clients, communities, agencies, and educational systems as adult psychiatric and mental health clinical nurse specialists or nurse practitioners.

The specialization is five semesters in length, which includes one summer. The course of study is 53-62 credit hours for the clinical nurse specialist (C.N.S.) track and 56-61 credit hours for the nurse practitioner (N.P.) track. Both tracks may be completed on a full- or part-time basis. Post-master's certificate programs in P.M.H.-C.N.S./N.P. are offered and may take up to three semesters to complete.

Coursework is delivered through a variety of approaches such as class on campus, web-based virtual classrooms, and teleconferencing. Some courses are delivered online through distance methods using synchronous and/or asynchronous discussion. Students complete a minimum of 500 hours of clinical nursing and are prepared in two areas of therapeutic modalities. Upon completion of the program, students take a national certifying exam preparing them for advanced practice in psychiatric and mental health nursing.10

2008 Psychiatric and Mental Health Specialization Faculty

Kimberly Gregg, M.S., P.M.H-C.N.S.-B.C., specialization director
Pam Wolf, Pharm.D.
Rick Zouche, Ph.D., A.P.R.N.-B.C., CTN.
Kay Poland, Ph.D., A.P.R.N.-B.C.
Virginia Biddle, Ph.D., A.P.R.N.-B.C.

Gerontological Nurse Specialization

The Gerontological Nurse Specialization was funded by a $725,685 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions, and the Division of Nursing in August 2007. The program's first co-directors, Dr. Marcia Gragert and Karen Semmens, will receive the specialization's first students in summer 2009. Dr. Bette Ide serves as the specialization's evaluator for the HRSA grant. In 2008, Dr. Loretta Heuer became the interim director of the specialization when Dr. Gragert went on leave.10

Education for the G.N.P. and G.C.N.S.

The Gerontological Nurse Practitioner (G.N.P.) and Gerontological Clinical Nurse Specialist (G.C.N.S.) specialization educates nurses for advanced practice in preparation to address the complex health care needs of older adults in our state as well as our nation. Students obtain extensive knowledge in theories of aging and the prevention and management of gerontological health issues. They become skilled and knowledgeable in providing key interventions for health promotion, managing complex health conditions, and working effectively with interdisciplinary teams to provide care and services for older adults in long-term care facilities, transitional care units, and assisted living facilities as well as acute care, independent or clinical settings.

Students who pursue the G.N.P. or G.C.N.S. complete the required courses and are eligible for the American Nurse Credentialing Center (ANCN) examination for certification as a gerontology nurse practitioner or gerontology clinical nurse specialist.

The master's of science degree course of study is five semesters, which includes one summer, is totally online, and can be taken full or part-time. The advanced clinical practicum courses are taken in or near to the student's home location as possible.10 Students complete more than 600 hours of clinical experience in their own home communities and preceptor with experienced nurse practitioners, clinical nurse specialists, or physicians.

2008 Gerontological Specialization Faculty

Loretta Heuer, Ph.D., R.N., F.A.A.N., interim project director
Marcia Gragert, Ph.D., R.N., director on leave of absence
Karen Semmens, M.S., A.P.R.N., C.N.S., co-program director
Kristin Larson, R.N., A.N.P., G.N.P., C.N.N., co-program director
Bette Ide, Ph.D., R.N., specialization evaluator

Public/Community Health Clinical Nurse Specialization

In 2005, the College of Nursing surveyed all registered nurses and employers in North Dakota, South Dakota, Minnesota, western Montana, and southern Manitoba. They were asked which advanced practice specialization programs most interested them. Public health nursing and gerontology were the top two choices, and subsequent grants were written. The Public/Community Health Clinical Nurse Specialization was funded by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Division of Nursing in the amount of $729,872 for three years: July 2007-June 2010. Classes started in the spring of 2008. Currently there are 14 students enrolled in the Public/Community Health Nursing Specialization.10
Education of Public/Community Health CNS

The Public/Community Health Clinical Nurse Specialist track educates nurses in nursing and social and public health sciences, while emphasizing population-focused care of vulnerable populations in rural areas. Skills and knowledge for advanced practice leadership in population-focused care is a goal of the graduate specialization.

Students take clinical practicum courses in locations as close to their home communities as possible with a qualified nurse preceptor working in population-focused care. Sites for clinical experiences vary, but include local and state health departments, schools, shelters, non-profit agencies, and other community-based organizations.

The coursework is delivered through online computer technology, which allows students to participate in "virtual classrooms" from their home or work settings. Students can earn a Master's of Science degree with a major in nursing or an R.N. to M.S. degree. The course of study is 49.5-51 credits, depending on the thesis or independent study option chosen.

Graduates of the program are eligible to write the national certification exam from the American Nurse Credentialing Center (ANCC) to become licensed as a public community health clinical nurse specialist.

2008 Public/Community Health Specialization Faculty

Tracy Evenson, Ph.D., P.H.C.N.S.-B.C., P.C.H.N., director
Elizabeth Anderson, Dr.P.H., R.N., FAAN.
Dona Morris, Dr.P.H., C.N.M., A.H.N.-BC.
Elizabeth Tyree, Ph.D., M.P.H., R.N.

Doctor of Philosophy in Nursing

During the 1999-2000 academic year, work began toward establishing a Ph.D. in Nursing Program at the College of Nursing. By June 2001, a proposal to offer a program leading to the Ph.D. in nursing was approved by the College faculty and forwarded to the Graduate School. The focus of this endeavor was to strengthen and solidify the research base for the College. The Office of Research provided support and assistance in identification of funding sources, preparation of proposals, and preparation of materials for publication and presentation of research findings.

Grant Funding for Ph.D.

During the 2001-2002 academic year, the College of Nursing received approval from the Board of Higher Education to offer a program leading to the Ph.D. with a focus on research in the care of vulnerable and diverse populations. This was the first Ph.D. program in nursing in North Dakota. The doctoral program grant from HRSA for $747,096 was awarded for three years, supporting consultation, travel, and other needs of the program.

First Doctoral Students

The College of Nursing's first class for the newly-created doctoral program was admitted during the spring 2003 term after faculty had worked for the past several years to make this program a reality. Eight students from five North Dakota and two Minnesota communities were accepted to this inaugural class. Initially, all Ph.D. students had traditional classroom courses with a modified class schedule requiring students to be on campus just three times during the semester. The goal was to have distance students, or those currently traveling, educated with synchronous online course instruction and dialogue, affording flexibility for Ph.D. education. Additionally, two Ph.D. courses were offered during Summer Session 2003, providing more flexibility for busy students.

The Doctor of Philosophy in Nursing Program prepares nurses for research and faculty roles with a research emphasis on nursing care of vulnerable and diverse populations. Nursing faculty believe that education in nursing at the doctoral level prepares advanced nurse clinicians as nurse scientists to discover, understand, and critically evaluate the literature in nursing and related fields, and apply appropriate principles and procedures to the recognition, evaluation, interpretation, and understanding of issues and problems at the forefront of nursing knowledge. Students are admitted with either a B.S.N. or M.S. in Nursing. Beginning in 2004, admission to the program was in the summer term.

Second Class of Doctoral Students Admitted

A second class of seven doctoral students was admitted in 2004. By that time the students in the first class were completing their coursework and approaching the dissertation stage of their education. The HRSA-funded doctoral grant supported two, two-day consultation visits with an expert in doctoral education, which was helpful to doctoral faculty as the program continued to be refined.

Three students were admitted to the doctoral specialization in 2006 and two students each in 2007 and 2008. The first three graduates of this program earned their degree in May 2006. The core Ph.D. courses moved to an online format in fall 2008, providing flexibility for Ph.D. education which was the goal in 2003. As of December 2008, a total of seven students have graduated with a Ph.D. in nursing and 22 students were enrolled in the program. The doctoral program will begin reaching a national cohort with the conversion to an online distance offering beginning in fall 2009.
2008 Ph.D. in Nursing Specialization Faculty

Chandice Covington, Ph.D., R.N., F.A.A.N., dean
Julie Anderson, Ph.D., R.N., C.C.R.C., associate dean for graduate studies
Darla Adams, C.R.N.A., Ph.D.
Cindy Anderson, Ph.D., WHNP-B.C.
Tracy Evanson, Ph.D., A.P.R.N.-B.C.
Marcia Gragert, Ph.D., R.N.
Loretta Heuer, Ph.D., R.N., F.A.A.N.
Bette Ido, Ph.D., R.N.
Glenda Lindseth, Ph.D., R.N., C.N.S., F.A.D.A., F.A.A.N.
Donna Martin, Ph.D., R.N.
Helen Melland, Ph.D., R.N.
Donna Morris, D.P.H., C.N.M., A.H.N.-B.C., N.B.C.R.
Lek Seel, Ph.D., R.N.
Jody Ralph, Ph.D., R.N.
Elizabeth Tyree, Ph.D., M.P.H., R.N., FNP-B.C.
Eleanor Yurkovich, Ed.D., R.N.

Number of Graduates by Specialization and Year and Cumulative Totals of Graduates

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Since the graduate program at the College of Nursing began in 1982, a total of 642 students have graduated from 10 different specializations.
Hooding Ceremony

Students who complete a graduate degree at UND participate in the hooding ceremony held during the University commencement. The hooding ceremony adds to the graduation experience by making it possible to focus on advanced degree candidates and their accomplishments. The colorful hood is reserved for those individuals who have attained academic degrees beyond the bachelor's degree. The hood is a special part of the academic regalia that denotes scholarly and professional achievements. The color of the lining of the hood worn by recipients of graduate degrees indicates the institution which confers the degrees. UND hoods are lined in pink with a green chevron; the trim of the hood indicates the degree or discipline. For the College of Nursing graduates wear an apricot-colored hood.
Student Affairs

Background

The College of Nursing was a leader in establishing a model for student advisement. In 1981, Dean Elisabeth Zinser saw a real need for more advisement for students entering the College, as well as for those students who were already in the program. Also, many older-than-average students and associate degree and diploma registered nurses were expressing interest in continuing their education. Thus, the half-time position of undergraduate student advisement coordinator was budgeted. Diane M. Helgeson, faculty developed and functioned as the first person in this position, providing leadership for undergraduate academic advisement in the College. A student academic advisor manual was prepared and distributed to all academic advisors and inservice sessions were held for faculty academic advisors as well as multiple sessions for students. The student advisement coordinator played a key role in College of Nursing activities relative to the recruitment and retention of students, and increased efforts were made to coordinate activities with the University's enrollment services office.

Staffing of Student and Alumni Affairs

The first director of student and alumni affairs, LaVonne Russell Hootman, R.N., Ph.D., held this position from 1983 to 1986. JoAnne Baglien, R.N., B.S.N., M.S., was hired half-time in 1983 as the undergraduate advisement coordinator. She continued in this position until 1986, gradually advising more and more returning R.N. and L.P.N. students. By this time, R.N. and L.P.N. tracks had been developed for these students. With the closing of UND's University College, the College of Nursing needed to assume full responsibility for the prenursing students. This entailed increased mailings and tracking of students with no increase in the resources allocated to the College. Sandy Benson, R.N., M.S., was appointed director of student affairs (half-time) from 1996 to 2000. When Sandy retired in 2000, Marlys Escobar became the director of student and alumni affairs.

The director of student and alumni affairs is a voting member of the Student Concerns Committee and the Executive Council and an advisory member of the Curriculum Committee at the College of Nursing. This provides consistency with requirements for both the College of Nursing and UND. Advisement of students consumes the majority of the director's time, while providing support as new programs are being developed to meet the needs of the community and state consumes the remainder of the time.

New Position of Alumni and Development Officer

In 2004, President Charles Kupchella offered funding for three years, to hire an alumni development officer at each UND college. Becky Courcia was hired for the College and currently serves in that position. Marlys Escobar continued as the director of student and alumni affairs.

Having an individual with the qualities that Becky has in the College has resulted in a stronger development emphasis. The role of the alumni and development officer is twofold: to keep alumni engaged with what is happening at the College and to raise funds to support the educational mission of the College. Her responsibilities include planning and hosting alumni functions, both on campus and at various locations throughout the country; organizing homecoming events for the College; developing a College publication that is informative and keeps alumni updated on news; and meeting with individuals interested in donating to the College to support scholarships, programming, faculty, and other areas.

Full-Time Academic Advisor Hired

In fall of 2007, the R.N. to B.S.N. and R.N. to M.S. programs were offered online. Recruitment for the accelerated program began in the fall of 2007 and the first class began coursework in the spring of 2009. All of these activities contributed to an increased workload in teaching and advising. Therefore the need arose again for a new position. A full-time academic advisor was hired to advise all prenursing and prospective students. There is now one advisor for students to connect with until they are admitted to the College of Nursing. Once admitted to the College, a faculty advisor is assigned to the student. Faculty continue to advise students on their academic program and requirements and provide career counseling.

Student Database

In 1990, the student affairs area established a College-wide database. The database included, for example, students' GPAs, admission data, health verifications, and insurance. This information was used to identify patterns, assist in retention of students, and to ensure that the students had met the requirements to practice nursing in their assigned clinical courses. To ensure confidentiality, access was available only to the student affairs staff.

Support and Retention Strategies

Some of the student support and retention strategies employed include group advising, dean's fireside chats, online advising, "Keep Going" sessions, College Student Inventory (CSI), and freshman "Getting Started" sessions. When the student academic services division on campus began offering the "Keep Going" sessions, the College of Nursing began to offer pre nursing advising sessions immediately following. This was done in an attempt to make advising more
There are numerous College of Nursing scholarships, some of which are sponsored by former faculty and staff. The majority of these scholarships are established by alumni. The student affairs office makes the deadlines and qualifying criteria of all scholarships available to students.

**College Student Inventory**

The College Student Inventory (CSI) is an inventory that assists in predicting the areas in which a student might need extra assistance to be successful in college. All students who take the inventory are required to attend a follow-up meeting with their advisor to review the resulting report. This serves a twofold purpose: 1) The information from the survey is shared with the student and acted upon; and 2) The student and their advisor have a reason to meet and get acquainted prior to advisement for registration. Virtually all pre-nursing advisement at the six-week “Getting Started” program in the summer and the follow-up on the student inventory reports with freshmen are provided by the pre-nursing advisor. This has proven to dramatically increase the connection between the pre-nursing students and the College at a time when they critically need to have a person to contact for questions.

**Standardized Assessment of Learning**

In 2003, faculty explored a standardized learning assessment program for possible inclusion in the nursing program. The College contracted with Assessment Technology Institute (ATI) to serve as the vendor, and in academic year 2003-04, the program was fully implemented. This program was designed to assess student learning and to compare UNO students to students nationally—as they enter the nursing program, as they complete various content areas, and as a predictor for success on the licensing exam (NCLEX-RN). As students enter the program, the Test of Essential Academic Skills (TEAS) is administered which examines reading, math, science, and English skills. Two critical thinking exams are given at both entry and exit to and from the program. Eight specific nursing tests (fundamentals, medical-surgical, maternal-neonate, community health, pediatrics, mental health, leadership, and pharmacology) are administered relating directly to course content. All subject areas are tested at different levels. If a student does not pass at a satisfactory level, remedial resources are available (e.g., DVDs, support textbooks, and a course in test-taking strategies). Students can utilize these materials and then retake the test in the failed subject area.

**Scholarships**

There are numerous College of Nursing scholarships, some of which are sponsored by former faculty and staff. The majority of these scholarships are established by alumni. The student affairs office makes the deadlines and qualifying criteria of all scholarships available to students.

**Enrollment Data**

Data from 1994 and 2008 was used to compare enrollment and diversity data for the nursing students in the undergraduate program as shown below.

<table>
<thead>
<tr>
<th>UND College of Nursing Comparison of Enrollment and Diversity Data of Undergraduate Nursing Students</th>
<th>1994 and 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1994</td>
<td>Enrollment</td>
</tr>
<tr>
<td>289</td>
<td>18-51</td>
</tr>
<tr>
<td>Fall 2008</td>
<td>316</td>
</tr>
</tbody>
</table>

The enrollment in 1994 was 289 and increased to 316 in 2008. In 1994, 53.2 percent of the students were 23 years of age or below. In 2008, 77.5 percent of students were in the same age range. Male enrollment decreased from 15.7 percent in 1994 to 11 percent in 2008. This was still above the national mean of 8 percent for males in an undergraduate nursing program. There was very little difference in the percent of minorities enrolled in 1994 and 2008.

**Communication with Students**

A number of activities were undertaken by the College to enhance communications with students, student-faculty relationships, and student retention. Among these activities were the development and distribution of an informational newsletter for pre-nursing students, a newsletter for R.N. students, an orientation session for newly admitted students each semester; an all-college picnic at the beginning of the fall semester; an awards banquet in spring semester; and a graduate student research forum conducted collaboratively with the University of Manitoba. Many of these activities are still in existence.

**UND Nursing Student Organizations**

There are three student organizations at the College of Nursing: Student Council, Nursing Student Organization, and Student Association of Nutrition and Dietetics. These organizations are active and provide leadership within the student ranks and appropriate advice to faculty and administration. The two nursing organizations will be discussed here.

**Student Council**

The Student Council serves as an official channel of communication between students, the College administration and faculty, and the University. Standing committees within the College of Nursing in which students may hold positions include the Undergraduate Curriculum Committee, the Undergraduate Student
Homecoming Parade 2007

There was a strict dress code at the hospital for students in clinicals. Students were required to have clean uniforms a certain length from the floor. Short uniforms were not tolerated. A nametag on the uniform, a freshly-starched nursing cap, and polished, white nursing shoes with clean white shoe laces were other requirements. Students could not wear jewelry, hair could not touch the collar of the uniform, and fingernails had to be short with no nail polish. Students who were not professionally dressed were removed from the clinical area and required to make up the time missed.

Over time the clinical agencies changed the dress code for their nurses, and the College of Nursing uniforms were changed to keep up with the times. Culottes were allowed in the same green stripe material and the uniforms became shorter. Eventually the nursing uniform consisted of several different styles of white uniforms.

When the clinical agencies started allowing nurses to wear scrubs or colored uniforms in the different specialty areas, students also wanted to wear scrubs and became a driving force to change the uniform. After much discussion, the College faculty and students finally came to the agreement that the new uniform would be green scrubs, the color of the University. Presently nursing students wear green scrubs with the College of Nursing insignia on the left sleeve.

The first student nametags read “Miss.” in white with green lettering. The nametags changed over the years as agency requirements have changed. For instance, the College’s main clinical agency, Altru Hospital, began requiring more security for their staff and required picture nametags. The College’s present student nametags are picture IDs and are worn around the neck.

Nursing Cap

The nursing cap identified a nursing student with stripes indicating the class level of the student. This was useful for hospital staff in identifying sophomore, junior, and senior students when working on teams.

When students started their nursing clinical, a capping ceremony was held. The students received their caps in a formal recognition ceremony. The last capping ceremony was held in 1963.
During the first year of nursing, the sophomore students received their white cap. The nursing cap was made of white cotton material with six removable buttons on the back holding the cap together. The cap had to be kept laundered and starched. If caps were sent to the laundry, they were returned flat in a plastic bag. The student then needed to reassemble the cap with the six buttons.

In the junior year of nursing, students added a single, narrow, green stripe diagonally on the left side of the cap. In the senior year, another narrow green stripe was added on the same side of the cap. When the students graduated, a narrow green stripe was placed around the top of the cap and the other two shorter stripes were removed. Students used KY jelly to attach the stripes to the cap as the stripes had to be removed every time the cap was laundered. The long green stripe stayed on the caps after graduation and identified the nurse as a UND College of Nursing graduate.

Alumni with whom the authors visited stated that nursing caps gradually phased out as some nursing students wore them and some chose not to. The last class picture of students wearing nursing caps was taken in 1981, essentially concurrent with nurses in the clinical agencies discontinuing wearing their caps. However, some nursing students chose to continue wearing their cap in clinical agencies.

After students stopped wearing caps and the capping ceremony ended, the nursing students wanted to have something to signify starting their career in nursing. Thus, a Sophomore Recognition Ceremony was started. The last Sophomore Recognition Ceremony was held in 2007.

The College of Nursing pin was designed by a core group of seven of the nine graduates from the first nursing class in 1951. The pin is gold with a green Maltese cross in the center. Green was selected to correspond with the University colors of green and white. The cross was the badge of the Knights of St. John of Jerusalem, a religious order whose primary work was the care of the sick. The group moved to Malta in the late 1500s where they were commonly known as the Knights of Malta. Their badge was known as the Maltese cross which now symbolizes nursing, health, and caring; a fitting symbol for the graduates of the College of Nursing to wear.

The Maltese cross was originally surrounded by the words “School of Nursing.” In the summer of 1959, the words on the pin were changed to “College of Nursing” when the Division of Nursing was designated a College. There is no known motto that accompanies the pin.

Pinning Ceremony

In the 1980s the College established a pinning ceremony to honor its graduates. The event was held in both December and May for the respective graduating classes. Initially, the faculty planned the ceremony; however, students lost interest in the pinning ceremony and it was discontinued. When students wanted to re-institute the pinning ceremony, they became the organizers with a faculty member as an advisor. The students voted on a faculty speaker, a student speaker, and a program for the event, and this still continues today. For a few years, the students invited parents or significant others to come to the stage and pin them and the dean of the College congratulated each student. That practice has changed and currently it is the dean of the College who pins each student and congratulates them.

The pinning ceremony, separate from the UND commencement ceremony, was usually held the day before graduation. For a time the December graduation ceremony was discontinued after several had to be cancelled due to inclement weather. President Clifford was asked to present the graduates with their diplomas at the December pinning ceremony, to which he consented. Thus, pinning in December became graduation as well as a pinning ceremony. After President Clifford retired, the new UNO president re-instituted the December graduation ceremony. Both May and December nursing graduates could then participate in the nursing pinning and graduation ceremonies.

UNDERGRADUATE NURSING STUDENTS 1951-2008

1951

Helen Crowley
Ruth Neal Hendrickson
Ruth Johnson
Lois Olsen Kinney
Patricia Reed Olsen
Patricia Crum Scott
Donna Stewart
Jean Vangness
Bath Kirby Williams
Class of 1957
Ellen Egan
Eunice Huber Gehring
Carmen Gajeski Herberg
Gweneth Langlie Husey
Rae Pleasance Lewellen

1957

Class of 1958
Doris Knutson Black
Nancy Habiger Cooper
Corinne Kalseth Hill
Marilyn McFayre Johnson
Louleen Patterson Kavel
Marion Walstad Knutson
Barbara Johnson Lehr
Phyllis Coffey Miller
Janice Berg Moore
Shirley Hamilton Nelson
Ida Thoreson Niebeling
Myrna Farroh Olsen
Theresa Lizakowski St Onge
Patricia Sahr Weber
Marilyn Sherman Whitmore
Phyllis Williams

1958

Class of 1959
Arlis Setten Bresnahan
Carol Reinman Bridgandt
Karen Chastek Cedar
Betty Wood DuRand
Pamela Coburn Enlow
Janice Beiseker Erlandson
Sharon Lee Evans
Janet Akerlund Fodness
Carol Albertson Kannegieter
Ann Threlfall Mase
Grace Mahlum Sarosi
Bette Brocopp Shafer
Pauline Johnson Sherry
Margaret O'Neil Solie
Dorothy Socha Taylor

1959

Class of 1960
Mary Burke Anderson
Gloria Moser Annear
Merrv Bateman Bell
Barbara Lenzi Ferster
Gretchen Lovanes Fitzgerald
Patricia Geisler Glasser
LaVerne Lee
Annette Gotvald Loer
Joan Thompson Markland
Dorothy Othka Morman
Susan Rosscup Muralt
Patricia Drogan Robbins
Camille Thiele Strandberg
Mary Hjemstad Westien
Janice Porter Wolf
Joan Eliason Zavoral

1960
Gail Waldon Afseth
Carol Lovegren Brown
Sheila English Cadwallader
Sandra Bartholomass Davis
Florence Fisher Erickson
Nora Osland Foss
Arlys Loken Grosz
Karen Halling Howey
Barbara Midkiff Hudson
Jean Erickson Keating

Mary Ann Larsen Keller
Dennis Krohe
Patricia Blue Leonard
Marilyn Gorter Lansberg
Glena Weigum O'Rourke
Shirley Pyan Ramires
Mary Will Speldrich
Evelyn Chase Staus
Cora Abeld Zie

Laurie Bjornstad Anderson
Ann Waldon Case
Karen Paulson Connor
lla Erickson Flesche
Carol Nagel Foss
Margo Nielson Franta
Lola Kloehn Freeman
Barbara Inberg Herbst
Carol Schmidt Hill
Jayne Seymour Horne
Phyllis Garzas Hummel
Myrna Iglehart Hunt
Tsvyla Syverson Johnson
Jacquelyn Ridley Knudson
Phyllis Syverson Knudson
Jacqueline Bessire Kruse

Janet Selvedt Lervick
Dorothy Stolp Lohman
Shirley Hartman McMillan
Jeanne Mehlhoff
Carol Mason Mueller
Carolyn Ashland Post

1961

1962

1963

Marilyn Dowhower Pacossi
Carlyne Flatten Raymond
Suzan Webster Rieke
Sharon Heiser Studley
Patricia Kertz Toubbeh
Barbara Tronsgard

Geraldine Tupa D'Amico
Sharon Daniels
Judy Ketterling Ewing
Sandra Halldorson
Ida Aamodt Hitland
Margaret Ferrier Jarvis
Loretta McCauley Johnson
Catherine Bouvette Lloyd
Carol Helms Markle

Myra Stowman Norton
Elaine Rodahl
Pauline Sjordal
Barbara Peterson Tellman
Carmen Thairson
Leosa Trofgruben
Cecilia Mstiplek Volden
Betty Butts Zubor
1964

Adelle Petersen Cerruti
Lynne Stenehjem Ebner
Judith Olson Ellington
Virginia Danda Eslinger
Faye Evanstad Gallagher
Laurel Oldlund Greenbaum
Linda Helmer
Kathleen Strawup Huber
Lucille Wentz Kuhn
Margaret Nelson Lamb
Sharol Olson Lowercheck
Cheryl Troffgruben McDonald
Doris Kleven Muggli
Audrey Pederson
Caroline Kanowski Pierce
Peggy Bjornson Preston
Judy Ray
Kathryn Rogenes
Sandra Overland Schleske
Phyllis Odgaard Smith
Karen Anderson Sollom

1965

Priscilla Anderson
Linda Gite Bailey
Sylvia Lang Bennett
Linda Larson Carallo
Ingrid Ewert Carpenter
Lynn Christianson
Linda Anderson Collander
Romna Hocking Discher
Jeanette Sechty Dohn
Linda Skrede Engbretson
Shirley Lindem Erickson
Karen McConnell Espeland
Sandra Asheim Fisher
Marlys Gunlikson
Virginia Knodel Hambrick
Carolyn Borchardt Hasey
Diane Sayer Helgeson
Margaret Toedter Hewitt
Marian Steinwandt Hille
Kathryn Disse Hoghau

1966

Kathleen Figge Albino-Donnay
Marilyn Miller Bader
Hennietta Van Bruggen Baramski
Carol Anfinson Berg
Sandra Herlickson Boe
Doris Hoke Burkel
Patricia Oakland Butler
Judy Pressor DeMers
Sherryl Anderson Duncan
Glenis Figge Endrud
Sydney Gilbertson Hanson
Helen Smith Hagerty
Vicki Brox Hermans
Sharon Monkey Hillery
Susan Johnson Hoover
Jacqueline Byrne Jensen
Claire Sellberg Johnson
Carolyn Paukert Keller
Joann Kellerhaus Lawrence

1967

Gayle Aho Potas
Judith Skow Prentiss
Gladys Robinson
Jane Bethke Schaefier
Susan Lee Schock
Linda Ellingson Skyberg
Tana Johnson Snell
Sharon Knowles Staiger
Kathryn Parker Stein
Rhoda Windahl Stenson
Margaret Evanger Sullivan
Joyce Ekstrom Swanson
Laurel Monegoon Terry
Rosalie Bring Vorlage
Claudia Meyenburg Walton
Karen Elliott Walz
Margaret Lund Warren
Judith West
May Class of 1979

Jean Hokana
Linda Woolson Johnson
Cynthia Kiler-Crane
Maren Wishek Knoll
Beth Peterson Korczak
Kathryn Lee Krogstad
Pamela Powers Lander
Lorna Charon Lawrence
Nancy Lee
Susan Olafson Lisakowski
Patricia Nelson Loeppke
Geraldine Welle Maier
Mary McLaurin
Lowell Medius
Karen Melbye
Janice Glass Midastrokie
Randi Schleicher Milne
Nancy Metcalfe Moreno
Jean Koen Niles
Regina Larson Nolte
JeAnn Oberg
Melody Oie
Jane Finck Pechette

Delores Smith Pederson
Deborah Iverson Perreault
Deborah Christiansen Rohleff
Murriel Maraska Reley
Lisa Kaudson Sabye
Thomas Saethe
Rhonda Bringold Schmaltz
Vera Hoverson Slominski
Maureen Harkness Spangler
Deborah Hedeman Stainbrook
Donald Tallackson
Denise Springan Thomason
Laurel Machart Thompson
Debra Schuler Tiernen
Korliss Ucker
Cynthia Kalina Uselman
June Duncklee VanWaltenburg
Phoebe Hultala Vought
Janey Christianson Wendischlag
Dorothy Whintomb
Gloria Wolf
Karla Emery Wynn
Jennifer Hegg Zimmerman

DECEMBER

Kathleen Benjamin
Paulette Benson
Cynthia Wild Berglof
Lori Bigwood Pecarina
Steven Bulterma
Pearl Hayertz Chelliah

Carol Kendrick Ely
Deanna Olsen Farnam
Mary Jordheim Gkey
Nancy Lavelle Hettich
Elaine Jorde Jones
Thomas Jurek
Betty Gunseringer Klebanoff

May Class of 1980

Denise Koehn
Mary Laux
Eldora Walters Lazaroff
Julie Kirkeby Levy
Chrysal Lund
William Lund
Terry Mahar
Theresa Herda McCaughhey
Deanna Larson McFarland
Ellen Noodal
Katherine Samson Prevevest
Joan Urseth Rau
Diane Johnson Reuter
Wen Chauw Wang Rocklein
Kristi Swann Schott
Constance Nelson Schwartz
Joanne Vasichek Simonian
Arla Tenke
Diane Thorson
Carla Swavee Valentine
Kristie Galloway Vandekamp
Cheryl Franchuk Vranicar
Lorey Winter Greene
Karen Zehrer

MAY

Mary O'Day Battle
Bruce Boelter
Lynnette Wiens Boese
Marie Brossart Braaten
Marlene Brissen
Mary Buffalo
Judith Buschette

Colleen Dick Champlin
Laurie Anderson Cank
Bonnie Clark
Rita Nelson Cowie
Gloria Devia
Cynthia Wiyo Earl
Ann Wandmaker Engelbrektson
Alana Haroldson Fabian
Rhonda Radolf Fench
Nancy Staff Gillingly
Jean Comstock Gorowaly
Donnel Graumann-Tallack
Marjorie Johnson Guibramson
Ruth Fleischer Hallquist
Barbara Brost Hanson
Janet Hanson
Jean Hawthorne
Cheryl Rogers Helia
Jennifer Steinweend Hemmull
Deborah Olson Hilton
Marlyn Bjornson Hodenfield
Roxanne Schmidt Hurley
Joy Bergland Jacobson
Beverly Aksenroth Johnson
Debra Woidtke Johnson
Kathleen Benjamin
Paulette Benson
Cynthia Wild Berglof
Lori Bigwood Pecarina
Steven Bulterma
Pearl Hayertz Chelliah
Carol Kendrick Ely
Deanna Olsen Farnam
Mary Jordheim Gkey
Nancy Lavelle Hettich
Elaine Jorde Jones
Thomas Jurek
Betty Gunseringer Klebanoff

1980
Marcia Brumleve Kluck
Joan Spies Kobb
Angeline Wagner Koenig
Kathy Lahren
Luther Linnell
Nancy Mantovani
Brenda Martin McLaren
Kathy Koenig McKay
Lori Larson McLean
Constance Meyers
Caita Dahl Mindeman
Carol Lovett Moellenberd
Beth Pederson Nelson
Kathryn Edwards Olson
Linda Dickinson Ornelas
Linda Pink Orness
Kristine Mondry Pederson
Kathleen Revenko

Debra Rustad
Nancy Horpeidahl Rand
Kimberly Sherman Scaturro
Glen Schrader
Julie Sanderson Selberg
Laura Spears Shelton
Cynthia Sanderland Siders
Lois Kvermen Sipprell
Evangeline Bjerkas Stein
Constance Harold Sullivan
Deborah Fowler Swanson
Gayle Lund Swanson
Patty Hesby Thomas
Carrie Vernon Wallace
Faye Stelter Weir
Theresa Hagen Wickenheiser
Vicki Weisman Wilson

1981

AUGUST
Linda Buzick-Sramstad
Lyntne Stadsd Hoverson
Phyllis Smith

DECEMBER
John Ackerman
Jacqueline Bednar
Kay Schable Berube
Nancy Bjork
Andon Shopasse Bryant
Sharry Sandberg Clapp
Kathleen Flannery Dunn
Marty Aho Fanto
Deborah Flick
Renae Anderson Halvorson
Laurel Griesbach Haugen
Robert Held
Tom Heck
Diane Helen Hutton
Geraldyn Schmitt Johnson
Diane Cary Karsley
Robert Kautzman
Deborah Larson Landin
Nancy Larson Leith

William Lorenz
Pamela Nedberg Lucarelli
D Lunde
Rebecca Martel
Pamela Staceck McGarr
Conliso Schroeder Miller
Ruth Tongen Moritz
Colleen Nicholson-Toebe
Mary O'Briant
Kim Swenson O'Leary
Susan Parkin-Judd
LeAnn Arnnes Pearson
Janell Cust Fetas
Janet Nordmark Shae
Beverly Snyder
Debbie Podoll Speidel
Jason Stotts
Karen Hanson Swanberg
Jerald Turk
Kristi Webb
Kathryn Monson Wood

MAY
Mary Matejcek Amundson
Lois Lussenden Anfurd

Bobbie Balance
Jonny Brekke Baumgartner
Mary Robinson Begg
Cheryl Bengtson-Smith
Karen Esterby Berg
Cathy Kelly Berglund
Jody Nelson Betlach
Alison Fogg Billon
Jeanne Montgomery Bosdeth
Janice Henderson Broderick
David Carlson
Belinda Thurm Cherry
Jane Beckler Chounard
Shirley Kirkeby Destache
Toby DuPay
Nancy Helmersch Dymon
Pamela Warner Erickson
Christine Coffey Fay
Michael Gibbons
Karen Holzer Goebel
MaryAnn Moose Gold
Joan Larggaard Gonzalez
Terri Robillard Gantoff
Crystal Vernon Hannack
Richard Hanson
Susan Hjelle Hanson
Karen Hanson Hanson-Tomes
Kristin Olson Hasting
Durlene Haugen
Lori Horejsi Hendrickx
Barbara Holm Hill
Mary Bergum Hughes
Mark Eastman Hoot
Naomi Onstad Hurt
Mary Boelter Iversen
Janine Hornvedt Johannes
Ronald Johnson
Camille Karpen
Kay Keohne
Sharonne Sass Kemmer
Heidi McAllister Kent

Peggy Vanerstrom Kopp
Kent Kosmatka
Wanda Miller Kratochvil
Kimberly Kritzer
Anita Mann Lahaye
Bonita Langer
Lynn Gray Lightfoot
Richard Loken
Jolene Gulberg Lund
Kelly Lund
Karen Mason
Jacolyn Wonser McCann
Katherine Beattie McGaig
Elizabeth Conlon McMahon
Patricia Murphy
Michael Myers
Ron Nicholson
Teresa Nygard
Karen Kretz O'Brien
Barbara Lohse Overland
Ronald Park
Mary Wilson Preston
Colleen Johnson Prudwill
Sharon Webb Roche
Dann Kuhn Russell
Susan Bickler Sattler
Elizabeth Halvorson Schaffer
Laurie Huckle Sheldon
Judy Lammert Shoberg
Shelley Olson Siemers
LeAnn Rohwerde Silvernagel
Kathy Sparrow Skowreczyn
Gale Tinglov
Kathryn Horway Tongson
Cynthia Stinch Urbanik
Bonny Ehlaugh Varnson
Robert Wells
Sharon Olson Willard
Beverly Crosby Young
Ellen Baliffson Zenzke
1982

AUGUST
Kristi Lunsetter Scharmer
VeAnna Hallstead Selld
Jeanine Melstad Sent
Patricia McDonald Strom
Judy Stotts Suppa
Eileen Foughty Tabert
Kent Traufet
Suzanne Delmarra Vingleen
Yvonne Lagro Wewell

DECEMBER
Sherrill Wilkenbring Alme
Mary Anderson
Linda Bakke
Marty Berg
Sara Behm Bervik
Kerri Boen Black
Linda Bruchsvein Bossert
Debora Johnson Boyle
Annette Henry Canar
Scott Carter
Stephanie Ochs Coggon
Joan Dosch Doerner
Laura Jensen Dravitz
DeAnn Olnstad Gabriel
Janell Oppggaard Gissler-Oppggaard
Margaret Nordlie Gibson
Janet Jacobson Glassy
Carla Keller Gross
Caryn Christenson Hewitt
Shirley Landes Hooje
Maureen Adams Hoye
Rhonda Holte Johnson
Bonnie Wilhelmi Junua
Cynthia Pickert Kickert-Sevensen
Stephanie Holkap Kebas
Nancy Ommenad Land
Adele Stroot Lausten
Sharon Ingergaard Lasdul
Sylvia Snyder Lehman
Steven Lingle
Brigit Longin
Gail McDonald Mahavier
Jane Partington Michaels
Mary Mueller
Angela Lawson Nash
Susan Eisenhart Nelson
Carol Calof Palay
Cynthia Olsen Reinbold
Arlene Sauter
Kelly Miller Sharaniec

1983

AUGUST
Peggy Gallagher Franklin
Richard Gissler
Kimberly Burger Gilbertson
Mary Sanderson Gravdal
Scott Gross
Mark Harper
Andra Heide
Mary Henderson
Joanne Thieden Huckle
Maureen Kilner
Loren Johnson Kramer-Johnson
Denette Johnson Lothspeich
Renee Pech Mallett
Karen Martell
Sharon Dosch Nelson
Jenenn Erickson Newman
Katherine Pearson
Carol Pagel Qualley
Kristin Ross Schiller

DECEMBER
Shere Trandem Altepet
Sharon Barrett
Kathleen Berken Beck
Keri Lynn Riedlinger Brown
Juanita Capouch
Jean Page Chorosma
Lynn Anderson Clarke
Carol Hamre Clay
Michelle Cooley
Linda Hanson Culp
Debea Swanos DeFrates
Agnes Konrad Elck
Michele Steinberger Erickson
May Class of 1987
Leah Myogeto Swenson
Angela Burch Virgin
Pamela Wellman Wigginton
Carol Wilson
David Zethren
Kasey Jorde Znadja

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Karl Dahner
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Megan Anderson
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Recruitment/Retention of American Indians into Nursing (RAIN)

Background of RAIN

Professor LaVonne Russell Hootman wrote and submitted a grant proposal to the Indian Health Service (IHS), and in 1990, the College of Nursing was awarded a three-year grant. The purpose of the grant was for the recruitment, retention, and graduation of Indian students in undergraduate and graduate nursing education and to foster commitment on the part of nurses to serve the health care needs of Indians. The Recruitment/Retention of American Indians into Nursing (RAIN) Program at the UND College of Nursing became one of four federally funded programs in the United States. U.S. Senator Quentin N. Burdick of North Dakota supported the passage of the IHS grant.

In 1992, RAIN Indians into Medicine (INMED), and Indians in Psychology Doctoral Education (INPSYDE) were designated as the Quentin N. Burdick Indian Health Programs at UND. With this designation these programs became line items in the federal budget. Audrey Koertveldsey, M.S., R.N., nurse consultant, Division of Nursing, U.S. Department of Health and Human Services (USDHHS), was instrumental in grant approval and guidance. An advisory committee comprised of representatives from area tribes and program advocates was established. The RAIN Program continues to be nationally recognized and serves as a model for the entire nation.

Objectives and Elements of Success of RAIN

The two primary objectives of the RAIN Program are 1) recruitment and retention of American Indians into the UND College of Nursing baccalaureate and master's programs and 2) provision of support services to American Indian students to foster self-confidence and success.

The elements of success for the RAIN Program are RAIN (Recruitment/Retention of American Indians into Nursing), WIND (Working for Indian Nurse Development), FIRE (Faculty Involved in RAIN Efforts), EARTH (Educational Advocates Recruiting to Healthcare), and AIR (Alumni Involved in Recruitment/Retention).

RAIN Leadership

LaVonne Russell, Ph.D., director of student and alumni affairs at the College, was the first director of the program. Loretta Heuer, a graduate teaching assistant (GTA) at that time, worked with her to develop student meetings, summer camps, and a summer nurse aide program. Barbara Dahlen was the first recruiter for the program. Barbara, a B.S.N. graduate of the College with a Family Nurse Practitioner certificate from the UND School of Medicine, was an enrolled member of the Turtle Mountain Band of Chipewa, Belcourt, North Dakota. Nancy Harles of Lidgerwood, North Dakota, coordinated daily operations of the project. Nancy earned a master's degree in education administration and was a member of the Pic Huron Band of Ojibwa Indians of Ontario, Canada.

Student Support

The RAIN Program provides a supportive environment to promote a sense of belonging, close academic monitoring, and advisement; mentors in nursing, writing, and science; scholarships and financial assistance; and collaboration with tribal colleges to ensure successful student transition. The program has created a family environment for American Indian students, crucial for retention and student success.

One of the strategies used to assist the students academically is called intrusive monitoring. Typically, any information concerning students is unavailable to anyone except the student without their written permission due to student privacy. However, all students in the RAIN Program give their written permission for intrusive monitoring. This strategy permits free exchange of information concerning the student between faculty, administration, and RAIN staff. As a result, mentoring can be arranged prior to the start of classes and continue until the student graduates.

Along with academic strategies, non academic strategies designed to promote social integration and a feeling of belonging within the College and the University, are employed. These strategies include group meetings, socials, membership on nursing committees, and other university organizations, sponsorship to attend professional conferences, personal counseling, and a gathering place at the College of Nursing. Prior to the RAIN Program, students came to classes and left immediately afterward. Now students stay after class and are involved in College activities. The 24-hour availability of staff transcends academic and non academic strategies. Commitment to students communicates caring and is crucial to the success of the RAIN Program.

Facilities

The RAIN Program started with three offices for staff and an office for tutoring students. A computer area was added for the students. The area was very small and the RAIN Program mentors' and tutors' offices were in close proximity to the students, making it easy to assist them. As a result of grant funding, in 2008 the RAIN Program was expanded into an area with six offices, a computer area with more computers, a study area, a student lounge, and a large conference room.
Students

The majority of students in the RAIN Program come from American Indian reservations and transferred from tribal colleges after completion of their prerequisites. Prior to the start of the RAIN Program, 19 Native American students graduated from the UND College of Nursing undergraduate program. In the fall of 1990, the program started with pre-nursing students who were pursuing an undergraduate nursing degree plus eight American Indian students who had matriculated into nursing. As of December 2008, 134 American Indian students have graduated with a B.S.N. degree and 30 with a master's degree. Fifty-nine (59) percent of the master's program graduates also received their B.S.N. degree from UND. In the fall of 2008, 15 American Indian students enrolled in the online master's program. There have been 14 male graduates, one with a master's degree. Twenty-seven Indian Nations are represented and 78 percent of RAIN graduates had dependents while in school.11

Leadership

The directors of the RAIN Program since its inception were: Dr. LaVonne Russell Hootman, 1991-94; Dr. Chris Burd, 1994-95; Dr. LaVonne Russell Hootman, 1995-98; Dean Elizabeth Nichols, 1998-04; Interim Dean Helen Melland, 2004-05; and Dean Chandice Covington 2005-08. As the first director of the program, Dr. LaVonne Russell Hootman had the foresight to realize that hiring American Indian personnel would facilitate the success of the new program.11

Directors and Staff

The original staff for the RAIN Program included: Debra Wilson, coordinator, 1991-present; Nancy Harles, coordinator, 1990-91; Barbara Dahlen, assistant coordinator, recruiter, and mentor, 1991-2003; Mary Lou Freyholtz, first writing mentor, fall 1991-December 1998; and Becky Kohler, project secretary. Deb Wilson from the Mandan and Arikara Nation has been the driving force for the RAIN Program. Her dedication and commitment has provided the leadership to sustain and make the program a model for the nation.12,13

The original American Indian staff, one of whom continues, provided the needed leadership to launch RAIN into a nationally recognized program. In 1996, the RAIN Program was named the Outstanding Program at the Retention in Education for Today's American Indian Nations Conference.13 RAIN Program staff made presentations at many regional and national conferences and hosted two national Indian Nursing Education conferences at UND, in 1993 and 1998. After years of pursuing and securing funding, the RAIN Program has emerged as the national leader in nursing education for American Indians.

Grants/Scholarships/Endowments

Over the years, many grants and scholarships have been awarded to the RAIN Program. Among them was a $55,000 grant from the Bremer Foundation to support the work of Mary Lou Freyholtz, the writing mentor for the RAIN project. In 1993, Ruth Ralph provided one of the first scholarships for RAIN students. Her daughter was very involved with American Indians and their culture. When her daughter died, Ruth wanted to provide a student scholarship for the RAIN Program. She traveled from California with her friend Carol Genda, originally from Minnesota, to campus during homecoming week 1997 to present the student scholarship.11

Other endowments received include one from the Max Bartlett Foundation. In 2003, the Gertrude E. Skelly Foundation provided money for RAIN to use as discretionary funds for retention of students in the nursing program. The money can be used for mini scholarships, daycare for the children of students, and transportation funds for students in need.

As the result of a grant from the Health Resources and Services Administration (HRSA) in 2004, WIND (Working for Indian Nurse Development) became a part of the RAIN Program. This grant provided money for a half-time nurse mentor, a half-time science mentor and a full-time writing mentor. The grant was also used to provide a four-day orientation for RAIN students entering the College of Nursing. For this orientation, the staff and students lived together in a dorm where students became familiar with the goals and expectations of the nursing program as well as the RAIN Program. Spending these days together created a bond and sense of belonging they would not otherwise have developed. The RAIN staff is intensely involved with all aspects of the student's lives in order to support retention. Since that time, the orientation has been expanded to an eight-day period.14

Traditions

The RAIN Program has established many traditions since its inception in 1990. Every semester graduating seniors are honored with a traditional meal and an Honor Ceremony. The staff prepares all the food for the meal, which includes buffalo fry bread, and other traditional Indian dishes. The RAIN graduates invite their families, special friends, College of Nursing faculty, retired faculty, staff, administration, and all current RAIN students. At the ceremony each RAIN graduate is presented with a Pendleton blanket as a gift from the RAIN Program. A traditional drum group performs an honor song, which symbolizes recognition of the students' achievements. As part of the event, all present are invited to participate in a round dance or traditional social dance accompanied by the drum group.
The RAIN Program has made many contributions to the College of Nursing. The RAIN faculty and staff have presented many programs on their culture and customs in order to foster more understanding for other College of Nursing faculty and students. Some faculty and staff have traveled to area reservations for recruitment and first-hand knowledge of the reservations. Much education over the years has provided faculty, staff, and students with special knowledge of American Indian culture.

Present RAIN Staff

Debra Wilson, program coordinator
Barb Anderson, assistant coordinator
LoAnn Hirsch, administrative secretary
Jackie Davis, writing mentor
Amy Fiola, nursing mentor
Valerie Jones, nursing mentor
Mary Monette, writing mentor
Neha Patel, science mentor
Elizabeth Yellowbird, research assistant
Nursing Center

In the 1990s, academic/clinical nursing centers had sprung up all over the country as colleges of nursing shifted in the direction of increasing community-based learning experiences to prepare students to respond to future health needs. UND had a head start in developing a nursing center when two nursing faculty members, Diane M. Helgeson, in community health, and Sr. Carol Neuberger, in maternity nursing, began the College of Nursing-sponsored community-based service in the early 1970s with the Primip Program. This was later titled the Expectant Family Program.

Development of the official Nursing Center at UND involved several faculty who were interested in the concept of a center. Dr. Liz Tyree was the driving force that brought the Nursing Center into a reality. Dr. Tyree and others worked on the concept of a nursing center for about three years. The outcome was a model which

1. Recognized the Center had shifted. The system was no longer one in which we mature as nurses.
2. Clearly articulated and espoused nursing as key, conceptually and operationally, to the health of individuals, families, and communities.
3. Empowered nurses, as faculty and as practitioners on all levels, to employ knowledge and skills in service to people.
4. Emphasized connection, that which joins and links systems and network for the sake of mutuality, collaboration, and continuity.

Dean Lois Merrill characterized the Nursing Center as a "center without walls" early in its formation. The College was the administrative home of the center, with the activities primarily occurring in the community. The model of primary health care used was that of the World Health Organization (WHO), articulated in the Alma Ata Declaration of 1978. The WHO model emphasized the role of nurses and community empowerment for health.

Purpose, Mission, Services, and Clients

The purpose of the Nursing Center was to demonstrate methods to improve access to primary health care in medically underserved communities and to vulnerable populations in non institutional settings.

The mission and services of the University of North Dakota Nursing Center for Vulnerable Rural Groups are:

Mission: To promote the health of individuals, families, and communities.

Services: Home visits, nursing case management, support group for Alzheimer's, health education, expert nursing consultation, and health screening for groups.

Clients: Individuals and families with special needs; caregivers of chronically ill family members; expectant families; college, secondary, or elementary school personnel and students; business employees; service organizations; persons desiring health information.

Initial services included the Expectant Family Program with home visits to pregnant women; the Child Health Program that involved visiting families who had children with chronic illness, developmental disability, or at risk of developmental disability; and the Alzheimer's support group, to provide support for caregivers. The services have expanded to include nursing case management, health education, expert nursing consultation, and health screening for groups.

College of Nursing students receive clinical experiences such as home visiting, health screenings, and health education with supervision by faculty through the center. The center also provides nursing faculty an opportunity to practice and collaborate in an interdisciplinary model. Faculty outreach includes presentations, workshops, and consultations offered in a variety of subject areas such as Alzheimer’s disease, diabetes, long term care, chronic illness, primary health care, parish assessment, community assessment, program evaluation, post-occupational exposure, and breast feeding.

In the fall of 1996, Dr. Chris Burd began providing services involving the prevention of complications of diabetes among American Indian people in the region. To accomplish this service, the role of the Community Health Representatives (CHR) needed to be strengthened within the Tribal Health Services and Indian Health Services. After a needs assessment, a CHR-specific training program for diabetes prevention was provided and funded by the Otto Bremer Foundation. Through the Nursing Center, additional financial support for other prevention related activities have been sought, received, and utilized over the years.
Number of Clients Served Annually

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<tr>
<th>Service Categories</th>
<th>94/95</th>
<th>95/96</th>
<th>96/97</th>
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<td>Families with special needs</td>
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<td>86</td>
<td>46</td>
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<td>24</td>
<td>50</td>
<td>66</td>
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<td>20</td>
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<tr>
<td>Elderly and disabled</td>
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<td>76</td>
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<td>Expectant mothers</td>
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<td>2,103</td>
<td>2,241</td>
<td>2,236</td>
<td>1,994</td>
<td>4,907</td>
<td>5,133</td>
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<tr>
<td>Total</td>
<td>3,362</td>
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<td>5,326</td>
<td>6,028</td>
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<td>1,994</td>
<td>4,907</td>
<td>5,133</td>
<td>51</td>
</tr>
</tbody>
</table>

Accomplishments of the Nursing Center
1993-2006

1. Five contracts for faculty practice were negotiated in year five, as planned.
2. Project-generated income was sufficient to fund the secretarial position for the Nursing Center beyond the term of the grant. The position of evaluation coordinator terminated with the end of the grant.
3. Between fall 1993 and spring 1999, 507 undergraduate students had structured clinical experiences in the UND Nursing Center. Many students had multiple experiences in the center through Nurs 387 Family in the Community, Nurs 384 Child Health I & II, and Nurs 484 Community Health Nursing courses.
4. Approximately 17 percent of the student assignments were with the target populations of rural underserved Indian and migrant populations.
5. Fourteen external service and educational grants were funded.
6. Thirty-three papers associated with Nursing Center activity were published.
7. Faculty made 248 presentations associated with Nursing Center activity.
8. Faculty provided consultations to at least 20 national organizations, state health departments, universities, and colleges on implementing community-based nursing education.
9. The Department of Health and Human Service Division of Nursing used the Nursing Center grant and subsequent reports as exemplars in providing technical assistance to prospective grantees.
10. The Nursing Center was one of six exemplars of community-based nursing education featured by the American Association of Colleges of Nursing (AACN) in two national faculty development conferences in June 1999.
11. Over 46,230 residents of the region received community-based health services from the Nursing Center between 1993 and 2006, most of it provided by undergraduate nursing students.

The Nursing Center continues to be an integral part of the College of Nursing in providing community-based learning experiences for nursing students and providing services to the community.

Staff of Nursing Center

Dr. Liz Tyree was the first director of the Nursing Center, a position she continues to hold today. Nursing Center staff consisted of an administrative secretary, Tammy Larson; an evaluation coordinator, Deb Lindsey; and numerous College faculty with special expertise. Faculty use the Nursing Center for their faculty practice as part of a plan approved in 1996.

From February 1997 until the summer of 2000, Usman Adamu served the Nursing Center as the evaluation specialist. Dr. Adamu came to UND from Michigan State University where he completed a Ph.D. in agricultural and extension education. He had an extensive background in needs assessment of rural communities in North Carolina and Michigan and skills in information management, including library experience. Dr. Adamu was originally from Nigeria and had spent the better part of 12 years in the United States completing undergraduate and graduate studies.

Dr. Liz Tyree

Dr. Usman Adamu
The Learning Resources Laboratory, Learning Resource Center, and Clinical Simulation Center

The First Learning Resource Laboratory

In July 1978, Jean Curry was hired as coordinator of the Learning Resources Laboratory (LRL) at halftime. Her charge from the dean of the College of Nursing was to establish systems appropriate for effective and efficient use of the LRL within the framework of the nursing curriculum to be used for student instruction, support of faculty, and use by other agencies which shared their media and equipment on a reciprocal basis. During the succeeding years, policies were established regarding the utilization of the physical facilities, the non-print media, and the equipment housed in the facility. Systems were established for storage and retrieval of media, medical supplies, equipment, and models; maintenance of these items; replacement and purchase of these items; and security and control of all items housed in the LRL. An inventory and identification system was established for all equipment housed in the LRL and for new equipment as it was acquired. A cataloging system was established for all non-print media that was consonant with established cataloging policies. All media housed in the LRL were cataloged by a librarian during the summer months of 1979. Until that time, only accession numbers had been used for the non-print media.

Full-Time LRL Manager

In January 1985, faculty member Judy Fuller, R.N., M.N., was hired as the LRL manager on a full-time basis. Prior to that time, a series of students were hired to check equipment and media in and out of the LRL. In the fall of 1981, with the purchase of the Lippincott Learning Series (LLS), utilization of the facility markedly increased. Purchase of additional teaching machines had been planned and completed in anticipation of this increase in use of the LRL. As the facility became more involved in the use of various teaching strategies, utilization of the LRL steadily increased. Additional models were purchased as well as non-print media programs. Faculty took an active role in recommending purchase of programs that were an integral part of the curriculum. The collection grew from approximately 300 titles in 1978 to 1320 titles in 2002. There were also 921 pieces of equipment and supplies. Faculty were involved in making recommendations to purchase equipment and models that would enhance the learning process of students.

In 1985, Judy Gram was hired as assistant manager. In the fall of 1987, Judy Fuller took a two-year educational leave and Judy Gram took over for the 1987-88 school year. In 1987 the decision was made to eliminate the faculty manager position and have Judy Gram solely responsible for the operation of the LRL. Judy Gram saw the LRL move from utilizing filmsstrips to entering the computer era with the installation of several computers in the LRL. She also saw the transfer of 1/2" U-Matic videos to VHS tapes. She continued until July of 1990.

Name Changed to Learning Resource Center

In October 1990, Mary Reinertson-Sand became the manager of the LRL. After attending a national conference in San Antonio, Mary returned and proposed to the faculty that the name of the LRL be changed to the LRC—the Learning Resource Center—as was common practice elsewhere. The faculty immediately approved and officially changed the name to the Learning Resource Center (LRC).

During Mary Reinertson-Sand’s years as the LRC manager, changes in technology happened constantly. All filmsstrips were destroyed, new videos of skills were ordered, and all 1/2" U-Matic tapes were converted to 1/2" VHS tapes. The arrival of the Internet allowed students to go from using large floppy discs to smaller discs and finally to online versions of nursing programs entirely. Slide projectors were removed and projectors were mounted in classrooms, allowing faculty to create PowerPoint presentations, show videos, and project large screen images to their classes. A circulation desk was designed and built in the LRC, which was a much needed addition.

Mary Reinertson-Sand coordinated the activities of the LRC and provided ongoing individual and small group instruction to faculty and students in the use of videos, multimedia systems, projection stations, interactive video, CD-ROM, the Internet, ODIN, online library searches, and nursing computer software. She oversaw all activities of the LRC for maximum and efficient use by students and faculty for instructional purposes. She also established rules and guidelines, created an inventory, wrote a policy manual, created bulletin boards which highlighted classes or new products, gave tours to high school groups interested in pursuing nursing careers, participated in Explore Nursing Day, ordered supplies, and created a journal article collection for student use.

During this time, a video reserve area was created and assistance was given to faculty in selecting media and supplies for classes. The addition of the Family Nurse Practitioner, Nursing Center, and Nurse Anesthesia grants brought more students to the LRC, along with more media, equipment, and supplies.
The First Clinical Simulator for Graduate and Undergraduate Students

Simulation had its beginnings at the College in 2002 when the first simulator was purchased with student fees. Rick Brown was the Program Director of the Nurse Anesthesia program and oversaw the purchase of the $20,000 Laerdal™ Sim Man. This simulator was primarily used in the graduate program by nurse anesthesia students. In the summer of 2004, faculty-developed scenarios began to be used on a trial basis with the Sim Man for a group of undergraduate students in the Nurs 481 Multisystem Complex Adult Health course. The response from students was overwhelmingly positive as they learned about integrating skills and theoretical knowledge in patient care situations as well as professional role development and interdisciplinary communication.

Subsequent Grants, Awards, and Donations for the Simulation Lab

Serious investigation into the use and development of simulation for the entire College began in fall of 2005. This involved faculty visits to successful simulation centers at other universities as well as workshops and conferences to learn about simulation and its integration into the nursing curriculum. With the vision of having a simulation lab at the College came the hurdle of funding for the project. Outside funding sources were investigated, grant proposals were drafted and submitted, and funding was received from many sources. In 2005, a grant for the purchase of an Adult Human Patient Simulator (HPS) from Medical Education Technologies (METI™), Inc. was submitted for $500,000 to the Dakota Medical Foundation, resulting in an award of $100,000 to the College.

In the spring of 2006, a UND Student Technology Fee Proposal was submitted and an additional $100,000 was received. Additional funding received included $100,000 from the Otto Bremer Foundation, $70,000 from the Office of the President; $22,500 from alumni donations, and $60,000 from student fees. Overall, $452,500 was raised to support the simulation effort. While the College was short of its original goal, it was enough to move forward with the construction of the simulation center and purchase of the state-of-the-art METI™ Adult HPS in the fall of 2007.

New Manager of the LRC

In February of 2003, Melissa Marx became manager of the LRC. As the new manager, she attended a learning resource center conference, a great place to get ideas, network, and look to the future of learning technologies in nursing. That year the LRC conference focus was simulation, which became a vision for how simulation could evolve in the future at the College of Nursing LRC.

Melissa Marx envisioned that running a simulated scenario would be a great learning tool for students as they would be able to integrate theory and nursing skills in a safe and controlled environment. These situations would mimic the real-life clinical situations that students could see in the clinical setting and allow exposure to critical thinking situations at all levels. After completion of a simulation, the students would have an opportunity to critique their performance during a debriefing period when a recording of the simulation was played back. The faculty and students would then discuss the scenario and identify strengths and weaknesses of the students' actions and non-actions. As a result, the students would gain confidence and relieve some anxiety in a less stressful, structured learning environment. This was the dream and the vision and very soon the future of our LRC.

In the fall of 2005, Dr. Chandice Covington became the dean at the College of Nursing. She met with the LRC staff to ascertain their thoughts and vision for the future of the LRC. After attending the national conference, they were excited about simulation and wanted to offer that to students at every stage of the curriculum. Dean Covington made that one of her priorities as she began her leadership role at the College of Nursing.
Simulation development was continued in the N481 Multisystem Complex Adult Health course and was greatly advanced with the METI™ Adult HPS. Purchasing the already developed nursing curriculum for the HPS facilitated the integration of simulation into clinical education. The scenarios in the curriculum included learning objectives, preparation questions, scenario background, equipment lists, references, and programming information for each step of the scenario which facilitated implementation of simulation for faculty.

The purchase of the simulation equipment and scenarios coincided with the transition of Nurs 481 Multisystem Complex Care to Nurs 473 Multisystem Complex Adult Health with the new curriculum change in the fall of 2006. This was an opportune time to make simulated clinical experiences a requirement for the Nurs 473 Multisystem students in future semesters." 

By spring 2008 three simulated experiences were integrated into the clinical experiences of the Multisystem Complex Adult Health course as a requirement. The opening of the CON simulation center in the fall 2008 provided a learning environment for students to participate in a realistic and safe clinical setting. They integrated skills and theoretical knowledge to simulate a patient care situation and worked on role development and communication assuming a different role in each simulation experience. Following each simulation, a debriefing session was held, allowing students and faculty to view the recording of the experience to analyze and synthesize it. The response by students and faculty who participated in simulation was overwhelmingly positive. Student and faculty input as well as healthcare trends continue to mold and shape the Multisystem Complex Adult Health course."

Renovation of the LRC for Simulation

In the spring of 2008, the METI™ Adult HPS was housed in Room 209 while plans for renovation of three rooms in the LRC were underway. This temporary setting was used to implement three high risk/low incidence clinical simulation situations for the Nurs 473 Multisystem Complex Adult Health course. They included COPD with respiratory failure, blood transfusion reaction, and sepsis with multisystem organ dysfunction and end of life care. Guidelines and expectations were established by key faculty in preparation for the simulated experiences.

Each simulation consisted of a group of three students. The time spent included 15 minutes of familiarization with equipment and setting, 30 minutes of actual simulation, and 45 minutes of debriefing immediately after the simulation. Because of the curriculum transition with two curriculums running concurrently, the Multisystem Complex Adult Health Course had 62 students in spring 2008 and 27 students in summer 2008, for a total of 89 students participating in three simulations each. Simulation continues as a required clinical component of the Nurs 473 Multisystem Complex Adult Health course and is also becoming integrated into other courses in the undergraduate and graduate programs.”

Nurse Anesthesia Graduate Program Simulation

The Nurse Anesthesia specialization began using full-body patient simulation in early 2002. Initially, the Laerdal™ "Sim Man" was used for general anesthesia inductions, airway management, patient positioning, and other foundational skills. In 2007 this simulator was replaced with the high-fidelity state-of-the-art model, METI™ Adult HPS, which allows students to see the physiological effects of medication administration and other clinical interventions. Students are able to utilize critical thinking skills and practice crisis management such as cardiac arrest and malignant hyperthermia in a safe and controlled environment. Students prepare for each simulation session by completing a pre-anesthetic history and comprehensive anesthetic care plan for each simulated ‘patient’ and finish each simulation experience with an important debriefing session." 

Child Health Nursing Simulation

In the fall of 2008, simulation was started in the Nurs 471 Child Health Nursing Clinical using the Pediatric METI Models and their pre-developed pediatric curriculum. The arrival of the METI models PediSiim and Baby Sim in April 2008 preceded the simulation training in May. The decision was made to start the simulation for this course with a group of 25 students during the fall 2008 semester with the scenario "The Care of an Asthma Attack in the Pediatric Patient" for a six-year-old child. Since that time simulation using the METI™ models has become a regularly scheduled part of the new curriculum clinical learning experiences for Child Health Nursing.”

Adult Nursing Care Simulation

In the fall of 2008 simulation was also introduced to semester two students in the new nursing curriculum for the Nurs 371 Adult Nursing Care I course which focuses on nursing care of adults with a primary emphasis on care of the elderly. Each student had one simulation experience with a scenario of "Care of the Patient with Chronic Heart Failure Exacerbation." This scenario is used with the METI™ Adult HPS and will continue to be used as part of the clinical learning experiences in that course. The Nurs 373 Adult Nursing Care II course, which has a primary emphasis on acute health alterations for adult patients, will be introducing simulation to semester three students in spring 2009 for the first time using the scenario, "Care of the Patient with a Postoperative Blew.”
Health Assessment Simulation

Since 2002 the Nurs 286 Health Assessment Techniques (HAT) course had used simulation with the Laerdel™ Sim Man for simulations assessing normal and abnormal heart and lung sounds. The faculty used "Congestive Heart Failure" and "Myocardial Infarction" cases out of textbooks for simulation scenarios. In the new curriculum, the course is called Nurs 303 Assessment Across the Lifespan, and simulation began with the new METI™ Adult HPS in the fall of 2008. The scenario is called "Variations in Heart Rate in a Six-Year-Old Patient" and is a challenging clinical experience for students.11

The Grand Opening of the Clinical Simulation Center

By fall 2008 the renovation of the Clinical Simulation Center was completed. This center provides a state-of-the-art setting that will enhance the education of nursing students at the College for many years to come. These virtual patients are capable of simulating nearly any possible human medical emergency. Through the use of clinical simulation equipment, students have the opportunity to learn hands-on what it takes to work in an emergency situation, how to diagnose more effectively, and ultimately to be better prepared for any critical situation they could face.

The grand opening for the Clinical Simulation Center was held on October 16, 2008. Dean Chandice Covington, in her remarks at the grand opening, said, "These simulators help to improve the lives of every patient our graduates care for. Patient safety is the overriding issue in healthcare today. This equipment will provide students with real life, complex nursing clinical experiences prior to working with live patients. Students will become more effective and efficient in their approach to patient care." — Dean Covington

Celebrating a Milestone Anniversary

In 2009, as the College of Nursing celebrates its milestone anniversary, the mission of the LRC remains the same. That original charge back in 1978 to establish systems appropriate for effective and efficient use of the Learning Resource Lab (now Learning Resource Center) within the framework of the curriculum for use by students, faculty, and agencies that shared their media and equipment on a reciprocal basis has not faltered. The LRC continues to support the undergraduate and graduate curriculums, provides a learning and teaching environment for all nursing students and faculty, and functions as a multimedia computer center which includes interactive videos, computer assisted instruction, DVDs, and now simulation.21 Today, the LRC provides an area where skills are taught, practiced, and evaluated in preparation for student clinical course. Currently, the LRC has 983 media resources that total $117,616. There are 1,638 pieces of equipment with a value of $955,802 and supplies, computers and furniture that bring the total worth in the LRC to $1.5 million.22

Learning Resource Lab/Learning Resource Center Staff

Jean Curry, Ph.D., coordinator July 1976-1985
Judy Gram, B.S., M.S.Ed., manager November 1985-July 1990
Mary Reinertsen-Sand, B.S., M.L.S., manager October 1990-December 2002
Melissa Marx, B.S., manager January 2003-December 2008

Computer Competencies and Technology

During academic year 1991-1992, a College ad hoc committee began to seriously examine needs relative to computer competencies. Skills in this area were becoming essential for practicing nurses, and the license exams were expected to utilize computer-adaptive testing within the next year. An equipment grant proposal to the Helen Fuld Foundation, written by Judy Essler, was funded in the amount of $20,000 which made possible the purchase of three interactive computer-video machines for student instruction. Software was extremely costly and consideration of a local area network with software site licenses was being considered as a viable solution.16

By the end of the 1996 summer session all nursing faculty were connected to the Local Area Network (LAN). The College developed a home page on the Internet, placed many documents including the college faculty handbook on a shared drive, published the CONews newsletter using a list-serve rather than hard copy, and moved heavily towards the use of e-mail for communication.

Grant to Enhance Computer Resources

In 1995, faculty member Bette Olson received a grant from the Helen Fuld Foundation in the amount of $30,000 to enhance the computer resources for
In conjunction with funding from the University Technology Fee Committee, the College was able to add two computers to the Harley French Library for use by students and develop a computer laboratory within the Nursing Building. The College entered into a contract with the UNO Computer Center for maintenance of the local area network and support for the faculty as they continued to develop their computer use and skill.

**Opening of a New Student Computer Lab**

On September 20, 1997, a new student computer lab was opened at the College. The lab contained 12 computers and three laser printers for student use. An instructional presentation setup with a computer, LCD panel, and overhead projector was also available for instructor demonstrations. The lab was open from 7:00 AM to 10:00 PM on weekdays and fewer hours on Saturday and Sunday. There were student assistants to help for approximately 36 hours a week. The lab was made possible by funds from UNO student technology fees, the nursing program fee, and a grant from the Helene Fuld Health Trust.

In the summer of 2001, the College updated classrooms and the student computer lab with new technologies. Funding was received from UND for many of the projects, while nursing student fees were used in updating the Learning Resource Center computers.

**Multimedia Classroom Equipment**

The College of Nursing completed a project for multimedia classroom presentation equipment in Room 108 in 2001. This project replaced a four-year-old, temporarily installed projection system with a new ceiling-mounted projector and a podium-based control system. The classroom was heavily used by students from nursing, nutrition and dietetics, communication sciences and disorders, anthropology, psychology, philosophy, and theatre arts.

**Interactive Student Response System and the Worldwide Web**

In 2001, a two-phase project was concluded in Room 202, with presentation equipment that included an interactive student response system. This equipment permitted the display of computer and electronic instructional materials. The classroom was heavily used for lecture and discussion by both psychology and undergraduate and graduate nursing students. The equipment provided access to the Worldwide Web and had the potential to greatly benefit nursing education. A lecture room with equipment for computer-based projection display was not available in any of the second floor nursing classrooms before this time.

**Technology Changes from 2001 to 2003**

Also in 2001, the Learning Resource Center provided an area to the students for nursing technology. Many faculty were using CD-ROM learning materials to enhance their curriculum, and both faculty and students had embraced the concept and were pleased with the learning experiences. The previous outdated computer equipment had been replaced with new machines and loaded with the updated learning programs.

The nursing building had two large (80-seat) lecture bowl classrooms equipped with a variety of computer and audiovisual equipment in 2002-2003. In addition, there were medium- and small-sized classrooms on the second floor, one of which was also equipped as a 'smart' classroom. This is a classroom that has a station equipped with computer and audiovisual equipment, allowing the instructor to teach using a wide variety of media.

**More Changes in Technology**

A new computer server was purchased and installed during the 2003-2004 academic year. All nursing students, faculty, and staff were given passwords to use the system, which allowed sharing of network resources and a place to securely store files (a personal "P" drive) that could be accessed wherever Internet browser access was available. This server also allowed for the sharing of network resources and facilitated communication between faculty, staff, and students. Funding from student technology fees supported the addition of "smart" classroom upgrades in Rooms 210 and 212, complete with projectors, computers, and DVD and VCR capabilities. The proposal also supported 10 additional audience response system keypads. In the fall of 2005 the College of Nursing computer lab moved to a fully-remodeled room and expanded from 12 computers to 32 computers and 2 printers, a $105,000 project funded with student technology fees.
Sigma Theta Tau International

Background

The Eta Upsilon chapter of Sigma Theta Tau International at the University of North Dakota College of Nursing was and continues to be vital to the future of professional nursing. Sigma Theta Tau International was founded in 1922 by six students at the Indiana University Training School for Nursing in Indianapolis, Indiana. The name was chosen using the Greek words Storga, Thauros, and Tima, meaning Love, Courage, and Honor. Sigma Theta Tau was organized for the purpose of encouraging and recognizing superior scholarship and leadership in nursing undergraduates and graduates.

The Sigma Theta Tau International Honor Society of Nursing is committed to demonstrating excellence in scholarship, and to nurse leaders exhibiting exceptional nursing research in the United States. Two research awards are given yearly by the chapter: The Dr. Joyce & Fred Laborde Graduate Student Research Award and the Marie Holley Research Award.

More than 400,000 nurse scholars have been inducted into Sigma Theta Tau. With 125,000 active members, it is the second largest nursing organization in the world. Members are active in more than 90 countries and territories, with more than 463 chapters. These chapters are located on 515 college and university campuses in the U.S., and countries including Australia, Brazil, Canada, Hong Kong, Korea, Mexico, The Netherlands, Pakistan, South Africa, Swaziland, Taiwan, and Tanzania.

Membership is by invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship, and to nurse leaders exhibiting exceptional achievements in nursing. Sixty-one percent of active members hold a master's and/or doctoral degree, 48 percent are clinicians, 21 percent are administrators or supervisors, and 20 percent are educators or researchers. The Honor Society of Nursing, Sigma Theta Tau International, was one of the first organizations to fund nursing research in the United States.1

The Sigma Theta Tau International Honor Society of Nursing is committed to improving the health of the public by advancing nursing science. It continues to represent excellence in nursing, primarily in the areas of scholarship, leadership, and research. The society promotes scholarly activities; continuous learning and professional growth; leadership in the work setting and in the profession; and the conduction, dissemination, and use of research in nursing. This is accomplished by sponsoring nursing research, producing various publications, and hosting scholarly programs on the international, national, regional, and local levels.2

Eta Upsilon Chapter

The Eta Upsilon chapter joined this respected organization when it was chartered on May 3, 1984. It was, and continues to be, vital to the future of professional nursing. Preparation to become a chapter had begun in 1979 when Dean Elisabeth Zinser and several faculty at the College of Nursing identified a need to establish an honor society in nursing at the University of North Dakota. These individuals had been members of Sigma Theta Tau at other schools of nursing. Allison Fogg, a student who transferred to UND from a college nursing program in Delaware, led the students and worked with interested faculty in forming an honor society.

A steering committee was formed in 1980. At the homecoming conference that year, the speaker was a regional officer who outlined the steps necessary for the formation of Sigma Theta Tau chapters. An honor society must be formed and exist for at least one year, prepare a report, and undergo a site visit from a national officer before applying to be accepted for chartering as an official chapter of Sigma Theta Tau.

The Lamp of Knowledge Honor Society was formed and inducted 107 members at its first ceremony on April 30, 1981. The first officers were all nursing students. During its preparation for national membership, the honor society held two more induction ceremonies, initiated a newsletter, was recognized as an organization by the UND activities committee, and held educational meetings for the members.3

The application for chartering was sent to Sigma Theta Tau in May 1982, and a site visit by a national representative followed. The Lamp of Knowledge Honor Society was accepted for membership by the Sigma Theta Tau members at the national convention in October 1983 and was charted as the Eta Upsilon chapter on May 3, 1984.

Achievements of the Chapter

During the past 20 years, the Eta Upsilon chapter has carried out the goals of Sigma Theta Tau by promoting, supporting, and recognizing excellence, scholarship, and leadership in nursing. It has accomplished this by sponsoring educational offerings featuring both national and local speakers; sponsoring research conferences; developing and giving awards recognizing researchers, scholars, and leaders in nursing; establishing scholarships to assist nurses and students in nursing in their pursuit of knowledge and research; establishing a mentoring program for new members; and mentoring other new chapters as they are chartered into the parent organization.

Many dedicated nurses have contributed to the establishment and continued existence of the Eta Upsilon chapter of Sigma Theta Tau International. Without their tireless and generous efforts, this chapter would not enjoy the achievements it has made. It is a wonderful example of nurses dedicated to their profession, to the people they serve, and to each other as professionals and colleagues. The values exemplified by this organization and its members are crucial in this era of rapid change and uncertainty, particularly in health care. Nurses have much to contribute to society and its members, and the Eta Upsilon chapter of Sigma Theta Tau International will continue to help make those contributions possible.4

Two research awards are given yearly by the chapter: The Dr. Joyce & Fred Laborde Graduate Student Research Award and the Marie Holley Research Award.
Dr. Joyce and Fred Laborde Graduate Student Research Award

The Dr. Joyce Laborde Graduate Student Research Award was established in recognition of Dr. Joyce Laborde’s contributions as a nurse scientist, nurse researcher, scholar, and mentor to graduate nursing students. Dr. Laborde earned her diploma in nursing at Eastbourne, Sussex, England. After coming to the United States, she received her B.S.N. at Loyola University in Chicago and her master’s and Ph.D. in nursing science degrees from the University of Illinois in Chicago.

Dr. Laborde joined the College of Nursing faculty in 1981 and remained until her death in 1988. She taught courses at the master’s level and served on thesis committees as both chair and member. Her main contribution to nursing was serving as a role model for research activity and advancement of knowledge regarding the person who suffers from osteoarthritis and multiple sclerosis. She was the first College of Nursing recipient of a National Institutes of Health grant from the Center for Nursing Research.

The Dr. Joyce Laborde Graduate Student Research Award was established in 1989 by the Research Day Committee. It is given for outstanding research by a graduate student. Submitted abstracts from graduate theses and independent studies undergo blind review by external researchers.

Recipients of the award and their studies are:

1991 Renae Womack, R.N., M.S. Attitudes and Beliefs of American Indian People with Diabetes
1993 Judith Birger, R.N., B.S.N. Prevalence of Depression in Rural Dwelling Elders
1994 Marion R. Keranen, M.S., R.N. Depression, Self Esteem and Smoking during Pregnancy
1995 Pam Engel, M.S., R.N., PH.N. Role Components of Nurse Practitioners in School-Based Clinics
1997 Patty Yari, M.S., R.N. Social Support Intervention for Breast-Feeding Success
1999 Denise Carter, M.S., R.N., FNP-candidate. Women’s Knowledge of Risk Factors for Coronary Heart Disease


Marie Holley Research Award

The Marie Holley Research Award was established in memory of Dr. Marie Holley, the first director of graduate studies at the College of Nursing. Dr. Holley earned her diploma in nursing at the Latter Day Saints School of Nursing in Salt Lake City, Utah. She received her B.S. degree in nursing at the University of Utah School of Nursing, her M.A. in psychiatric-mental health nursing, and her Ph.D. in nursing at New York University.

Dr. Holley joined the faculty at the College of Nursing in 1979 as one of the first doctorally-prepared nurse researchers at the College, and remained on the faculty until her death in 1984 after a long illness. Dr. Holley was brilliant, energetic, intensely caring, and was personally devoted to patients and students. She loved the newborn babies to whom she devoted much of her research. Mentoring of other faculty was a special gift of Dr. Holley’s, a role she fulfilled admirably. Dr. Holley spearheaded the development of the Master’s Science program in nursing at UND and taught some of the early students. Her first love was nursing research, which she promoted through her own research, mentoring of faculty, and developing a community of scholars. The Marie Holley Research Award was established in 1985 by the College of Nursing. It is given to a faculty member for scientifically meritorious research. It is presented at the research conference sponsored by Sigma Theta Tau.

Recipients of the award and their studies are:

1985 Jackie Grinde, R.N., M.S. Survey of Positioning Protocols Following Selected Peripheral Vascular Surgical Techniques
1985 Sandra Warner, R.N., Ph.D. A Descriptive Study of Widows and Widowers based upon Measures of Grief and Social Support
1985 Roxanne Hurley, R.N., M.S. Educational Needs of Patients Undergoing Treatment for Cancer: A Comparison of Patient and Nurse Perceptions
1985 Joyce Labonde, R.N., Ph.D. Preliminary Evaluation of the Psychometric Properties of the Pain Assessment Inventory
1988 Diane Langemo, R.N., Ph.D. Female Nurse Educators: Factors Impacting on Work-Related Stress
1989 Jeri Dunlap, R.N., Ph.D. Characteristics of Collegiate Nursing Programs
1989 Diane Langemo, R.N., Ph.D., Bette Olson, R.N., M.S., Darlene Harmon, R.N., M.S., Chris Burt, R.N., M.S., Tressa Cathcart-Silberberg, R.N.C., MSN, & Susan Hunter R.N., M.S. Incidence and Prevalence of Pressure Sore Risk and Associated Factors in Acute Care, Home Health, Rehab, Hospice, and Extended Care Patients

Dr. Joyce and Cec Volden
1990  Barbara Hurley Wilson, R.N., Ph.D., Nancy Dieke, R.N., M.S., Elvira Szigeti, R.N., Ph.D., & William Dando, Ph.D. Nursing Assessment of Stressors and Coping in MS Patients

1991 Timothly Sauvage, C.R.N.A, M.S., Diane Langemo, R.N., Ph.D, Betty Olson, R.N., M.S., Darlene Hanson, R.N., M.S., & Susan Hunter, R.N., M.S. Comparison of Coccygeal Tissue Interface Pressures in the Surgically Positioned Anesthetized and Non-Anesthetized Patient

1992 Mary Wiluite, R.N., Ph.D. Do Not Resuscitate Protocols

1993 Cheryl Macejkovic, R.N., M.S., Elvira Szigeti, R.N., Ph.D., Bruce J. Eberhardt, Ph.D., Marlene Benjamin, M.A. Predictors of Critical Nursing Staff Turnover in North Dakota: Implications for Management Practice

1994 Jeri Dunkin, Ph.D., R.N., & Shihau Pan. A Logit Model for Retaining Registered Nurses in Different Types of Rural Health Care Facilities

1995 Bette Olson, M.S., M.S., Pat Guthmiller, B.S., R.N., Virginia Esslinger, M.S., R.N. Evaluation of Replacement Mattresses for Use in an Acute Care Facility

(At this time the research conference became a collaborative event sponsored every two years.)

1997 Helen Melland, Ph.D., R.N., Darlene Hanson, R.N., M.S., Susan Hunter, R.N., M.S., Diane Langemo, Ph.D., R.N., Bette Olson, M.S., R.N. Clinical Trials of the Freedom Bed

1999 Patricia Thompson, M.S., R.N., Diane Langemo, Ph.D., R.N., Susan Hunter, R.N., M.S., Darlene Hanson, R.N., M.S., Bette Olson, M.S., R.N. Prevalence Study of Leg and Foot Ulcers in Migrant Workers


2003 Richard J. Brown, Ph.D., C.R.N.A. The Development of an Instrument for the Valuation of Teaching Effectiveness Among Nurse Anesthesia Clinical Faculty

The Marie Holley Award was not given in 2002, 2004, 2006, and 2008 as the research conference was not held.

Margaret Heyse Cory Lectureship

The Margaret Heyse Cory Lectureship was established in 1985 through funds contributed by Nadine Nelson, a 1946 B.S.N. graduate of the College of Nursing. She pledged to give $500 per year for three years to support the lecturership to bring guest speakers to the UND campus to discuss issues and concerns relevant to the nursing profession.

Former Dean Margaret Heyse Cory's biographic data can be found in Part One of the College of Nursing History. Under her leadership, the College achieved many noteworthy milestones. Former Dean Heyse Cory was honored at the North Dakota Nurses Association convention in 1987 when she was inducted into North Dakota's Hall of Fame. She also received a meritocratic doctorate at the UND spring graduation in 1992 and was inducted into United Hospital's Nursing Hall of Fame on May 9, 1994.

The Margaret Heyse Cory Lectureship is given annually. The presenters of the lecturership have been:

March 30, 1985. Future Health Care Trends Which Will Affect Nursing Practice; Barbara Volk Tebbutt, R.N., M.S, senior associate director of nursing services, University of Minnesota

March 22, 1986. Reducing Depression in Women, Verona Gordon, R.N., Ph.D., and Brenda Canedy, R.N., Ph.D, University of Minnesota. The purpose of their study was to evaluate the effectiveness of a nurse-facilitated group intervention in reducing depression in women.

March 21, 1987. The Impact of Health Care on Nursing; Lucie Young Kelly, R.N., Ph.D, F.A.A.N.

April 17, 1988. The Critical Unit, Sr. Mary Margaret Mooney, R.N., DNS, University of Mary, Bismarck, North Dakota

November 8, 1989. Defining Professional Nursing Practice for the Future; Marjorie Beyers, R.N., Ph.D. She provided much valuable insight into the future dimensions for nursing practice, nursing research, and nursing education.

May 12, 1990. Changes in Health Care for the 1990s, Evelyn Quigley, R.N., M.S., and Sigma Theta Tau Distinguished Lecturer. She identified three key challenges—accountability, quality, and service. She stated that the community needs to know what is going on in health care, and health care personnel need to inform the community. She challenged North Dakota nurses to be more visible locally as well as nationally.
January 24, 2001. Mary Wakefield, R.N., Ph.D., FAAN. She spoke on the high visibility issues being considered in Washington, D.C., and the effect on nursing research funding. She pointed out that the federal deficit has very clear implications on funds for nursing research, education, and practice. In determining funding, Congress looks at quality, cost effectiveness, and cost benefit. Nurses need to understand Congress and how their day to day practice can influence Congressional activities.

May 9, 1992. Nursing and Health Care Practice as We Enter the 21st Century, Los: J. Merrill, R.N., Ph.D., Dean, UND College of Nursing. She cited a number of trends which will lead to change in the practice of nursing. The aging of our society, advances in technology, changes in consumers, marketing of specialized services, and demand for knowledge worker skills in nursing were emphasized. Nursing services will become integrated and collaborative, not isolated from other providers.

May 15, 1993. Understanding of Illness: Cultural Influences and Explanatory Models, Christine Burd, R.N., M.S., Ph.D. candidate

May 9, 1994. Alzheimer’s Caregiver Issues, Patricia Vermeersch, Ph.D., R.N.

September 16, 1997. The Experience of UND Nursing Students and Faculty in Russia, Loreta Heuer, R.N., Ph.D., LaVonne Russell Hootman, R.N., Ph.D., & Helene Kahler, R.N., M.S.

May 9, 1998. Mutual Recognition Model for Nurse Licensure, Ida Rigley, R.N., M.S., executive administrator, ND Board of Nursing


May 13, 2000. Integrating the Best of All Worlds: Medicine for the Future, Trish Clayburgh, R.N., Ph.D.

January 24, 2001. Practice, Education, and Regulation in North Dakota, Constance Kalamek, R.N., Ph.D.


January 30, 2003. The Nursing Workforce: 2003 and Beyond, Evelyn Quigley, MN., R.N.


Conclusion

For more than 100 years, the University of North Dakota has been carving a history of innovation and leadership in nursing education. Throughout its history, nursing students have had the benefit of learning from a faculty who are widely respected for their excellence as educators and for their accomplishments as researchers. Today, the College of Nursing continues to be at the forefront of nursing education and nursing research in the state of North Dakota and in the region. The changes in curriculum reflect responsiveness to the enormous changes and growth in the healthcare field. Significant faculty research and publications are respected locally, nationally, and internationally.

Nursing education based on scientific knowledge, art and ethics, as well as quality faculty and the well-respected reputation of our graduates, has been a source of pride for both the College and the University. Since 1959, the College has graduated over 4,500 nurses. What direction will the College of Nursing take in the next 10, 20, or 100 years? That remains to be seen. But one thing we know for certain. The College will continue its mission of educating intelligent, caring, and respected nurses. It will continue to strive to advance the discipline of nursing through research; provide service that is responsive to the healthcare needs of the public; and demonstrate local, national, and international leadership for the profession. This book has articulated the College’s mission, and it is the hope of the authors that this history has given you a glimpse into our past and a sense of pride as a graduate, faculty, former faculty, and friend of the College of Nursing.

The UND College of Nursing has had much to celebrate over the past 100 years and we look forward to an exciting century of nursing excellence ahead.
Chapter 1

1 Merrill, Lois (Dean). College of Nursing Annual Report to Provost and VPAA, Marlene Strathe, June 1993
2 Merrill, Lois (Dean). College of Nursing Annual Report to Provost and VPAA, Marlene Strathe, June 1993
3 Nichols, Elizabeth (Dean). College of Nursing, Annual Report, 1997-1998
4 Hinsvark, Inez (Dean), & Russell, LaVonne (acting associate dean), College of Nursing Annual Report, 1983-1984
5 Curry, Dan. Grand Forks Herald staff writer, First dean of nursing at UND dies, Grand Forks Herald, 4B, June 6, 2000

Chapter 2

1 Merrill, Lois (Dean). College of Nursing Annual Report to Provost and VPAA, Marlene Strathe, June 1993
2 Harris, Judy (June 1978), Nursing dean assesses educational needs, The University of North Dakota Alumni Review, v. LX, no. 10, p. 11
3 Merrill, Lois (Dean). College of Nursing, Annual Report to Provost and VPAA Marlene Strathe, June 1993
4 Annual Report to the North Dakota Board of Nursing, October 2002.
5 Melland, Helen (interim dean). College of Nursing Executive Summary, Annual Report, 2003-2004
6 Annual Report to the North Dakota Board of Nursing, September 2005
7 Annual Report to North Dakota Board of Nursing, September 2006
8 Annual Report to North Dakota Board of Nursing, September 2007
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10 Merrill, Lois (Dean). College of Nursing, Annual Report, 1986-1987
11 Nichols, Elizabeth (Dean). College of Nursing Annual Report, 1995-1996
12 Nichols, Elizabeth (Dean). College of Nursing Annual Report, 1995-1996
13 Tyree, Elizabeth (department chair), Family and Community Nursing Department Annual Report, 2001-2002
14 Heuer, Loretta (department chair), Practice & Role Development Department Annual Report, 2001-2002
15 Heuer, Loretta (department chair), Practice & Role Development Department Annual Report, 2001-2002
16 Nichols, Elizabeth (Dean). College of Nursing Annual Report Executive Summary, 2003-2004
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1 Nicholls, Elizabeth (Dean). College of Nursing Annual Report, 1995-1996
2 Students and faculty travel to Bolivia for service learning experience, CONNECTIONS, University of North Dakota, Grand Forks, Summer 2000
3 Anderson, Julie (associate dean). Undergraduate and Graduate Nursing Students Experience in Toledo, Spain, written communication, February 2009
4 Merrill, Lois (Dean). College of Nursing Annual Report, 1991-1992
5 Tyree, Elizabeth (department chair), Family and Community Department Annual Report, 2002-2003
6 Wittman, Fred. University Relations, written communication, February 2009
7 Brickson, Mark. UND Alumni Association, written communication, February 10, 2009
8 Hinsvark, Inez (Dean), College of Nursing Annual Report, 2005-2006
9 Nichols, Elizabeth (Dean). College of Nursing Annual Report, 1999-2000
10 Nichols, Elizabeth (Dean). College of Nursing Annual Report, 2001-2002
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Chapter 3

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2. 1981-84 Undergraduate Bulletin of the University of North Dakota, Grand Forks
3. Dormanen, Katy, Nursing lottery result of curriculum change, Dakota Student, UND, Volume 97, July 29, 1982
4. Wright, Teri (admission and records specialist), written communication, October 2008
5. 1990-92 Undergraduate Bulletin of the University of North Dakota, Grand Forks
7. 1992-94 Undergraduate Bulletin of the University of North Dakota, Grand Forks
8. New senior level course added to curriculum, CONNECTIONS, Volume 4, Number 3, June 1989
9. Christian, Stephanie (faculty), written communication, January 22, 2009
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12. Heyse, Margaret (dean), College of Nursing Annual Report to President: Clifford, 1972-1973
13. 1980-82 Undergraduate Bulletin of the University of North Dakota, Grand Forks
14. Olson, Bette (faculty), written communication, February 5, 2009
15. UND nursing co-op students gain experience, credit, and salary. (June 1989) CONNECTIONS, Volume 4, Number 3; University of North Dakota Cooperative Education Program in Nursing, brochure
16. University of North Dakota Cooperative Education Program in Nursing, brochure
17. Olson, Bette (faculty), personal interview, October 23, 2008
18. UND nursing co-op students gain experience, credit, and salary. CONNECTIONS, Volume 1, Number 3, June 1989
19. UND nursing co-op students gain experience, credit, and salary. CONNECTIONS, Volume 3, June 1989
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Chapter 4

4. Plawecki, Judith (dean), College of Nursing Annual Report, 1982-1983
7. Plawecki, Judith (dean), College of Nursing Annual Report, 1982-1983
8. Guido, Ginny (associate dean), Graduate Programs in Nursing, CON Info Brief, p. 8, Fall 1999
15. Merrill, Lois (dean), College of Nursing Annual Report, 1986-1987
18. UND nursing co-op students gain experience, credit, and salary. CONNECTIONS, Volume 1, Number 3, June 1989
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21. Esslinger, Virginia, R.N., M.S., Professional nurses as co-op students as important players on their teams, CONNECTIONS, Volume 1, Number 4, December 1989
22. Harrell, Christine (faculty), personal communication, December 2008
23. Escobar, Marly (director of student and alumni affairs), written communication, January 2009
24. Merrill, Helen (interim dean), written communication, November 16, 2008
25. Wright, Teri (admission and records specialist), written communication, October 2008
26. Merrill, Helen (interim dean), written communication, November 16, 2008
27. Hinshaw, Inez (dean), College of Nursing Annual Report, 1984-1985
29. Baglien, Joanne (faculty), R.N./BSN program helps registered nurses complete nursing degrees, CONNECTIONS, Volume 4, Number 1, Spring 1992
30. R.N./BSN option program offered online!, CONNECTIONS, University of North Dakota, Fall 2001
31. Merrill, Lois (dean), College of Nursing Annual Report Executive Summary, 2004
32. Wright, Teri (admission and records specialist), written communication, October 2008
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Chapter 5

2. Nichols, Elizabeth (dean), College of Nursing Annual Report, 1995-1996
3. Escobar, Marlys (director of student and alumni affairs), personal interview, September 22, 2008
4. Escobar, Marlys (director of student and alumni affairs), personal interview, September 22, 2008
5. Cournia, Becky (alumni and development officer), written communication, February 26, 2009
6. Escobar, Marlys (director of student and alumni affairs), written communication, September 22, 2008
7. Melland, Helen (dean), written communication, November 16, 2008
8. Merrill, Lois (dean), College of Nursing Annual Report, 1994-1995
9. Wright, Teri, (admission and records specialist), written communication, March 20, 2009
10. Merrill, Lois (dean), College of Nursing Annual Report, 1996-1997
11. Nichols, Elizabeth (dean), College of Nursing Annual Report, 2004-2005
12. Escobar, Marlys (director of student and alumni affairs), personal communication, December 7, 2009
13. UND Nursing Student Association College of Nursing Annual Report, 1992-1993

Chapter 6

1. UND College of Nursing receives grant to increase number of Native Americans Nurses, The Review, University of North Dakota School of Medicine, Volume 16, Number 2, p. 8, January 1991
2. Russell, LaVonne (director of student and alumni affairs, professor, and director RAIN Program); Dahlén, Barbara, (assistant coordinator, RAIN Program); Wilson, Debra (coordinator, RAIN Program), The RAIN Program, MAIN Dimensions, Official Publication of the Midwest Alliance in Nursing, Volume 4, Issue 8, August/September 1993
3. Heiser, Loretta (faculty), written communication, October 8, 2008
4. UND College of Nursing receives grant to increase number of Native Americans Nurses, The Review, University of North Dakota School of Medicine, Volume 16, Number 2, p. 8, January 1991
5. Dahlén, Barbara, personal interview, September 2, 2008
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7. Wilson, Debra (coordinator RAIN Program), personal interview, September 2, 2008
8. Quentin N. Burdick Indians Into Nursing Program, RAIN Program Recruitment/Retention of American Indians into Nursing, University of North Dakota College of Nursing brochure
9. Anderson, Barbara (RAIN Program staff) personal interview, January 30, 2009
Chapter 7

1. Academic nursing center established at UND (Spring 1995), CONNECTIONS p. 2.
2. Division of Nursing Grant, Nursing Center for Vulnerable Rural Groups, October 1, 1993 - September 1998.
5. Brossart, Marsha (department secretary), written communication, October 2008.

Chapter 8

1. Carney, Jean (faculty), LRL Annual Report to Dean Judith Plawecki, April 1983.
2. Reinertson-Sand, Mary (staff), written communication, 2002.
3. Marx, Melissa (staff), written communication, December 2008.
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10. Adams, Darla (faculty), written communication, March 2009.
11. Thompson, Bridget (faculty), written communication, February 2009.
12. Thompson, Patricia (faculty), personal communication, February 2009.
15. Marx, Melissa (staff), written communication, December 2008.
Appendix I

Faculty List 1976-1977

Continuing Education

Active Manpower System Program

Director: Richard M. Haas, M.D.
Phone: (602) 266-3030

Primary Care Practitioner

Director: Louis S. Brenner, M.D.
Phone: (602) 266-3030

Human Resources

Director: John A. Winter, M.D.
Phone: (602) 266-3030

University Hospital

Director: Donald M. Hanby, M.D.
Phone: (602) 266-3030

Appendix I

Faculty List 1976-1977

Public Health Nursing

Mrs. Diane Bogardus, Assistant Professor

Mrs. Lee Kraft, Assistant Professor

Mrs. Marcia Landis, Instructor

Options

Mrs. White, Instructor

Research

S. Thomas Davis, Assistant Professor

Research

Appendix I

Faculty List 1976-1977

Public Health Nursing

Mrs. Diane Bogardus, Assistant Professor

Mrs. Lee Kraft, Assistant Professor

Mrs. Marcia Landis, Instructor

Options

Mrs. White, Instructor

Research

S. Thomas Davis, Assistant Professor

Research
Faculty 1976-1977

Dean
Margaret F. Heyse, Professor

Assistant Dean
Mrs. Marie Winters, Associate Professor

Fundamentals of Nursing
Miss Agnes Shurr, Professor, Coordinator
Mrs. Rachel S. Scott, Instructor
*Mrs. Susan Neidlinger (part-time)
Ms. Holly Dunnigan (part-time)

Medical-Surgical Nursing
Mrs. Diane M. Voeller, Assistant Professor, Coordinator
Mrs. Virginia Norman, Assistant Professor
Mrs. Jacquelyn Grinde, Instructor
Mr. William McKinnon, Instructor
Mrs. Mary Ann Jensen, Instructor (part-time)
Mrs. Cecilia Volden, Instructor (part-time)
Mrs. Debra Schmalz, Instructor (part-time)
Mrs. Cindy Schmidt, Instructor (part-time)

Family Centered Pediatric Nursing
Sr. Carol Neuburger, Associate Professor, Coordinator (Also Mat.Nsg.)
Mrs. Carol Hill, Assistant Professor
Miss Lois Amundson, Instructor
Mrs. Renee Bradham, Instructor (part-time)
Mrs. JoEtta Vernon, Instructor (part-time)

Community Mental Health Nursing
Miss Phyllis E. Wentz, Associate Professor, Coordinator
Miss Yvonne Eissinger, Instructor
Sr. Susan Neisen, Instructor

Leadership in Nursing
Miss Ruth Burrage, Professor, Coordinator
Mrs. Colleen Crow, Instructor
Mrs. Lois Oechsle, Instructor (part-time)

Maternity Nursing
Sr. Carol Neuburger, Associate Professor, Coordinator (Also Ped.Nsg.)
Mrs. Jean Olson, Instructor (part-time)
Mrs. Elymyra Larson, Instructor (part-time)

Public Health Nursing
Mrs. Diane Helgeson, Assistant Professor, Coordinator
Mrs. Lee Kraft, Associate Professor
Mrs. Mavis Lande, Instructor

Options
Mrs. Marie Winters, Associate Professor, Coordinator

Research
Mrs. Helen Delabarre, Associate Professor

Trends
Miss Margaret F. Heyse, Professor (also Dean)

C.P.R.
Sr. Rosemary Fields, Assistant Professor

Continuing Education
Miss Marjorie B. Rykken, Professor
Dr. Allen Koss, M.H.C.E., Project Director

Primary Care Practitioner
Mrs. LaVonne Russell, Associate Professor, Project Coordinator

*While Sue Neidlinger is on leave the second semester, Mrs. Judy Flynn has substituted for her.
Appendix II

Dean Plawecki Letter 8/4/82
Thank you for taking the time to express your concern regarding the admission and placement process of students to the University of North Dakota College of Nursing. The article you enclosed did not fully explain our modified admission and placement process. Let me take this opportunity to offer further explanation.

As in the past, the College of Nursing is admitting 140 undergraduate students during the upcoming school year. Previously all 140 students began required nursing courses at the same time, fall semester. However, due to limited space in clinical facilities and a prescribed faculty-to-student ratio, not all students are able to take the same courses in the same sequence. Therefore, nursing courses were taught to students who had differing required supportive course backgrounds. This made it extremely difficult to structure learning experiences at the appropriate level for the students in a given class or clinical group.

This year we begin to implement our newly designed sequential nursing curriculum. Courses have been carefully designed to build upon one another. Faculty believe that this change will enhance the quality education for our students.

The curriculum change necessitated a change in the admission process. The total number of undergraduate students admitted per year remains the same. We processed all applications and admitted only students who had met all of our admission criteria as we had done in the past. We then assigned each newly admitted student to begin the sequential nursing curriculum in either the fall or spring semester by using a table of random numbers. Thus all qualified students were given equal chance of being assigned to either semester.

We do take the process of admittance to and progression through the nursing curriculum very seriously. The faculty are committed to providing high quality educational opportunities for all our nursing students preparing for entry into the nursing profession. Their attempts to provide these high quality educational opportunities led to the changes I have attempted to more fully describe. I hope this has clarified the situation a bit for you.

Again, thank you for expressing your concerns. If you have any further questions, please do not hesitate to call on me.

Sincerely,

[Signature]

 Judith A. Plawecki, Ph.D., R.N.
 Dean, College of Nursing

cc: Mary Wright
    Cec Volden
Administration, Faculty, and Staff names taken from lists of Offices, Departments and Phone Numbers from 1984-2008
Deans/Associate Deans 1984-2008 (In Alphabetical Order)

Anderson, Dr. Julie ......... Interim & Associate Dean/Director of Graduate Studies
Covington, Dr. Chandice ......... Dean
Guido, Dr. Ginny ............... Associate Dean/Director of Graduate Studies
Hinson, Dr. Inez ......... Dean
Hurley, Roxanne ......... Interim Associate Dean/Director Undergraduate Studies
Ide, Dr. Bette ............... Interim Assistant Dean for Research & Acting

Linshelt, Dr. Glenda ......... Associate Dean of Research & Director of Research
Melland, Dr. Helen ......... Associate Dean of Undergraduate Studies; Director of Undergraduate Studies & Interim Dean
Merrill, Dr. Lois .................. Dean
Moonig, Dr. Regina ............... Associate Dean
Nichols, Dr. Elizabeth ........... Dean
Polk, Dr. Glenda ........... Acting & Associate Dean/Director Graduate Studies
Rossell, Dr. LaVonne ........... Acting Associate Dean
Zinser, Dr. Elizabeth ........... Dean

Department Chairs 1984-2008 (In Alphabetical Order)

Hearn, Dr. Loretta ........... Chair & Chair of Practice and Role Development
Hurley, Roxanne ......... Chair of Practice and Role Development
Imler, Dr. Nyla Juhl ........ Chair of Family & Community
LaBara, Dr. Evelyn ........... Acting Chair of Family & Community
Langemo, Dr. Diane ......... Chair of Practice and Role Development
Melland, Dr. Helen ........ Chair of Nursing Professionalism & Practice and Role Development
Suggs, Dr. Elvis ........... Chair of Adult Health
Tyser, Dr. Elizabeth ........ Chair of Family & Community
Veldeman, Cecilia .......... Chair of Practice and Role Development
Wakefield, Dr. Mary ........ Chair of Practice and Role Development
Willison, Dr. Mary ........... Chair of Adult Health

Family and Community Faculty 1984-2008 (In Alphabetical Order)

Adkins, Mary .................. Briggs, Cheryl
Adkins, Mary .................. Brownshield, Lori
Amundson, Mary ........... Bunjan, Marilyn (Seal), Lek
Anderson, Cindy ............ Clayburgh Blaise, Trish
Anderson, Marie ............ Chu, Sun-Mi
Ayack, Gloria ................. Chu, Boon
Bassuk, Joanna .............. Clark, Bonnie
Berg, Carol .................. Cooley, Michelle
Bjerke, Marilyn .............. Cyphers, Natalie
Brain, Virginia Sanden ....... Dahlen, Barbara
...
The Adult Health and Nursing Professionalism and Practice Departments combined into one department, Practice and Role Development, in 1998. Faculty are listed from 1984-2008 for all three departments in alphabetical order.

Adamson, Margaret
Adkins, Mary
Anderson, Julie
Anderson, Kari
Anderson, Mary
Baglien, Jeannine
Bart, Darleen
Benjamin, Marlene
Benson, Sandra
Buettner, Kevin
Bjerke, Marilyn
Blore, JoAnn
Boguslawski, Barbara
Bohn, Marlys
Boguslawski, Barbara
Brenna, Pat
Burke, Christine
Burton, Jennifer
Canar, Mary Jo
Cannizzaro, Dennis
Cathcart-Silberberg, Tressa
Channel, Eileen
Christian, Stephanie
Christianson, Renee
Clark, Bonnie
Clayburgh, Trish
Clemens, Ann
Collins, Gina
Connor, Christian
Crawford, Trudy
Davis, Paula
Delarue, Helen
Diede, Nancy
Dorman, Seth
Dowrey, Vicki
Dunkel, Sharon
Egelrand, Ann
Eith, Carol
Elbert, Rebecca
Emm, Glenn

Fuller, Judy
Toy, Denise
Frazier, Cynthia
Brenner, Dawn
Fuller, Abigail
Fulp, Michelle
Gadaree, Maggie
Giffey, Allston
Gilland, Brenda
Glessner-Kreig, JoAnn
Gnaert, Marica
Grindle, Jackie
Haag, Barbara
Haberman, Mary Lou
Hagemeister, Erin
Hagert, Karen
Hall, Susan
Hall, Julie
Hanson, Diane
Hanson, Darlene
Hanson, Elisa
Harrell, Christine
Hartman, Jane
Henke, Elizabeth
Hess, Loreta
Holler-Biskel, Mary Pat
Holt, Todette
Hosby, Pat
House, Margaret
Howland, Deb
Hubsch, Eileen
Hummel, Phyllis
Hunt, Susan
Hurlcy, Rosanne
Ingersoll, Jane
Izby, Diane
Johanning, Sandra
Johnson, Karen

Jones, Valerie
Juliani, Louise
Kahlstorf, Helene
Kaiser, Brent
Kear, Kevin
Kendler, Garrel
Kemp, Sarah
Kraft, Lee
Kropp, Michael
Laborde, Joyce
Lambeth, Sharon
Langemo, Diane Voeller
Langert, Rebecca
Larson, Kristin
Lashbrook, Gloria
Lemieux, Nona
Lider, Pam
Lindseth, Glenda
Loe, Patricia
Luthe, Kim
Mason, Ann
Maceykovic, Cheryl
Martin, Donna
Martin, Jodi
Mason, Ann
Mckermott, Jeanine
McFarlane, Margaret
McGregor, Michael
McGuinn, Julie
Melander, Helen
Midbom, Susan
Milburn, Lonna
Miller, Phyllis
Millette Ellingson, Ronnae
Monson, Stephanie
Monson, Jennifer
Mosey, Kent
Nelson, Keith
Nelson, Laurel
Neaergaard, Landa
Neumann, Janis
Norman, Virginia
Norris, Catherine
Nowacki, Nicole
Odermatt, Bonnie
Ochule, Lois
Olson, Sheri

Olson, Bette
Orchard, Mary Lou
Paulson, Rachel
Pence, Kathy
Raymond, Martha
Robinson, Shirley
Rodgers, Joyce
Roman, Deanna
Roughhead, Zamrani
Rudel, Rebecca
Ruhlman, Deb
Russell, Lorraine
Ryken, Marge
Sandelin, Wendy
Saunders, Kathleen
Sayler, Marilyn
Schmiedeberg, Timothy
Schuster, Kathleen
Scott, Rachel
Senn, Karen
Serra, Cheryl
Severson, Deborah
Shinkle, Rosanne
Skaar, Danielle
Solheim, Karen
Sperle, Jamie
Sperle, Roni
Spicer, Nathan
Speckert, Michele
Steffen, Kris
Suda, Amy
Szigerl, Elvira
Thompson, Myrna
Thompson, Marie
Thompson, Patricia
Usley, Rose
Valle, Moffred, Pamela
Van Buren, Krystal
Varti, Patty
Vermeersch, Patricia
Villegas, Suzanne
Volden, Cecilia
Verchick, Julie
Wagner, Jacob
Wakefield-Fisher, Mary
Warner, Sandra
Statewide Psychiatric Nursing Education Program

Directors/Faculty/Administrative Staff 1991-2002
(in Alphabetical Order)

Directors
Calic, Fredricka, director
Klose, Patsy, interim director

Faculty
Anderson, Kayln
Birchey, Darcy
Berger, Judi
Daubs, Patricia
Heitmann, Joyce
Hunt, Carolyn

Administrative Staff
Isler, Donna
Kunze, Michelle
Mallow, Gail
Szewsky, Gail
Welshol, Lori

Recruitment and Retention of American Indians into Nursing (RAIN) Directors/Coordinators/Staff 1991-2002
(in Alphabetical Order)

Directors
Burd, Christine
Harles, Nancy
Hootman Russell, LaVonne
Wilson, Debra

Coordinators
Anderson, Barbara
Black, Mary
Buchner, Marlene
Dahlen, Barbara
Davis, Jackie
Fiala, Amy
Fisher, Eunice
Freyboltz, Mary Lou
Graham, Anne

Anesthesia Faculty (1985-2008)
Adams, Darla Dr.
Buetten, Kevin
Brown, Rick
Hill, Deb
Lindsay, Deborah
Radel, Curt
Savage, Tim
Scramstad, Linda
Stapel, Jamie
Stahl, Hindi

Directors/Managers 1984-2008 (in Alphabetical Order)

Adams, Darla
Benson, Sandra
Bjerke, Marilyn
Brown, Rick
Claryberg, Trish Blaise
Duldt, Bonnie
Dunakin, Jeri
Escofar, Marlys
Eulley, Judy
Evanson, Tracy
Geraght, Maricia
Gregg, Kim
Grant, Judy
Hendy, Susan
Heuer, Loreti
Hootman-Russell, LaVonne
Husshy, Eileen
Hurley-Wilson, Barbara
Imler, Nyla Juhl
Juliani, Louise
Larson, Kristin
Koper, Dan
Mara, Melissa
Radel, Curt
Rich, Sarah
Robert, Jacqueline
Sand-Reinertson, Mary
Savage, Tim
Semmens, Karen
Stahl, Hindi
Segert, Elvira
Tyree, Elizabeth

Administrative Staff 1984-2008 in Alphabetical Order (RAIN and SPNEP Staff, Directors, and Managers listed separately)

Adams, Uman
Anderson, Kara
Anderson, Mary
Adkins, Alicia
Aranberg, Cynthia
Audef, Mary
Auer, Vernice
Bales, Sarah
Bananch, LaDonna
Batter, Tammy

Evaluation Specialist Nursing Center
Secretary, Research
Graduate Teaching Assistant, Learning Resource Laboratory
Graduate Student Assistant, Practice & Role Development
Secretary, Information Window
Graduate Teaching Assistant, Learning Resource Center
Secretary, Associate Dean
Secretary, Research
Secretary, Nursing Professionalism & Practice
Secretary, Finance, Nursing Center; Practice & Role Development
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<tr>
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<tr>
<td>Lopez, Faye</td>
<td>SMHS Lab Assistant</td>
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| Deborah D. Howland| Bette A. Olson    | Karen L. Radlake  | Cheryl A. Hefi:

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<td>Loreta Heuer</td>
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