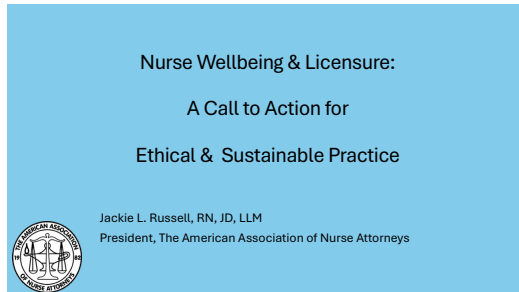


March MNORN Member Meeting Report

(A recording of this meeting will not be available due to the personal nature of the discussion during the session.)



Objectives:

- Recognize the Link Between Nurse Wellbeing, Ethical Practice and Licensure
- Understand the Risks of Burnout and Its Impact on Patient Safety
- Explore Policy and Advocacy Efforts That Support Nurse

Wellbeing

Why this Topic Matters: The Reality of Nursing Practice

- Nursing Practice is High-Pressure & Demanding
- Burnout Is On The Rise
- Nurse Wellbeing- Isn't Just Personal; It's A Patient Safety Issue

Signs of Nurse Burnout

- Physical: Exhaustion, Frequent Headaches, Poor sleep, GI Issues
- Emotional: Feeling Detached, Irritable, Emotionally Numb
- Workplace Impact: Forgetfulness, Increased Charting Errors, Avoiding Patient Interactions

How this relates to the Code of Ethics for Nurses

- Provision 5: The Nurse Owes the Same Duty to Self as to Others
 - Self-care isn't selfish - it's a patient safety measure
 - Ignoring wellbeing increases the risk of licensure issues

Nurse Licensure and Fitness to Practice: what you need to know.

The Board of Nursing monitors nurses for:

- Fatigue-Related Errors or Repeated Safety Concerns
- Mental Health Struggles Impacting Practice
- Substance Use or Unprofessional Behavior

There are many resources for nurses, including:

- [ANA: What is Burnout and How to Prevent it](#)
- [NIOSH: Healthy Work Design and Wellbeing](#)
- [Minnesota Nurses Peer Support Network](#)
- [US Surgeon General's report on Workplace Mental Health and Wellbeing](#)

The following LinkedIn post from April 2nd (posted by Nisjet, L.) provides an example of why this topic is so important -

Two nurses. Two hospitals. One honest mistake. Two very different outcomes.

A nurse, after a long shift, accidentally left the hospital with a medication vial still in her pocket. A simple human error — the kind we're all capable of.

In one hospital, she was fired. They even went as far as trying to revoke her nursing license.

In another hospital, a similar situation happened. But instead of blame, the response was understanding. Her manager simply said, "Just bring it back when you're in next."

Same mistake. But in one place, punishment. In another, compassion.

This isn't just about nurses. It's about leadership. It's about culture.

People make mistakes. What defines us is not how perfect we are, but how we treat each other in moments of imperfection.

We thrive in environments where there's trust, support, and understanding. Where collaboration is valued over condemnation. Where unity and kindness outweigh fear and blame.

Let's build cultures that lift people, not break them.

Because when we lead with compassion, we don't just build better teams — we build a better world.

Policy reform is needed:

- Focus on actual impairment rather than diagnosis
- Eliminate unnecessary disclosures
- Promote confidentiality
- Reduce stigma

Change is happening; You don't have to do this alone!



Message from MNORN member Teddie Potter on behalf of the Planetary Health Alliance

I am writing on behalf of the Planetary Health Alliance's Global Nature of Planetary Health subgroup. I kindly ask for your help with our project. Our goal is to crowdsource video contributions from around the world that highlight: 1) stories of your **personal awakening** to the reality of the global environmental crisis; 2) **personal experiences** of Planetary Health (PH) challenges such as hurricanes, wildfires, biodiversity loss, pollution, changes in infectious disease patterns, etc.; and/or 3) Planetary Health **success stories or actions** that you have been part of to build the movement.

The submitted videos will be collated and edited into one global video to share at the Planetary Health Annual Meeting in October and during 10th Anniversary celebrations of Planetary Health. **The purpose of the video is to showcase diverse perspectives and emphasize the global nature and interconnectedness of Planetary Health issues and solutions.**

We would greatly appreciate your help in reaching more contributors. If you would like to contribute a video, or know someone who would be a good fit for one (or all) of the three storylines outlined below, please invite them to join the project.

1. [Awakenings](#)
2. [Personal Experiences](#)
3. [Planetary Health Success Stories](#)

We have prepared content guidelines for each storyline to assist contributors. Additionally, we have compiled a straightforward technical guidance document with [tips on recording](#). It is important for each participant to [sign a release form](#) so that we can use their video.

Please email your **finished videos** and your **signed release form** to Jennifer Rasmussen at jenniferbrown.rasmussen@gmail.com **by April 22nd, Earth Day 2025!**

Please contact Jennifer if you have any questions.

Medicaid: Protecting Health Care for Minnesotans

Medicaid is essential to Minnesotan's health

Medicaid—known as Medical Assistance in Minnesota—provides lifesaving coverage to 1.3 million Minnesotans, ensuring access to preventive care, maternal health, chronic disease treatment, and long-term care. It is the foundation of healthcare access for:

- 42% of Minnesota's children, ensuring routine checkups, vaccinations, and early interventions.
- One-third of all births, providing 12 months of postpartum care to support healthy moms and babies.
- Low-income workers and families, helping them stay healthy and financially secure.
- Rural communities, where Medicaid funding is vital for keeping local hospitals open.
- Nearly 60% of Minnesota's nursing home residents, ensuring seniors receive the care they need.
- People with disabilities, delivering critical home- and community-based services.

Medicaid is at Risk from Chronic Underfunding

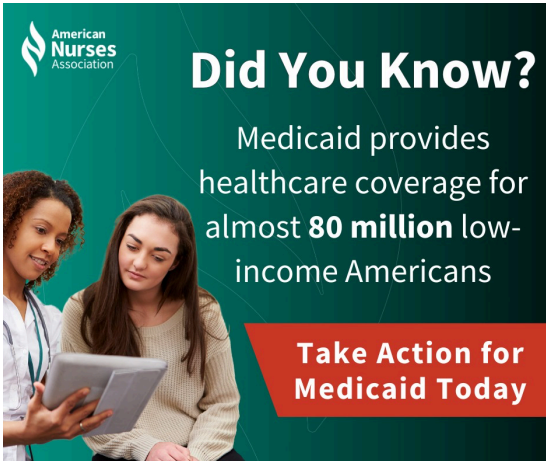
Medicaid is the backbone of Minnesota's health care system, yet persistent underfunding threatens the availability of essential services for millions of Minnesotans. Without stable and sufficient Medicaid funding:

- Children may lose access to preventive care, leading to more severe health issues and hospital visits later in life.
- Mothers face gaps in postpartum care, increasing the risks of maternal health complications.
- Rural hospitals and clinics struggle to stay open, jeopardizing local access to emergency and routine care.
- Seniors and people with disabilities face uncertainty in long-term care services, forcing difficult financial and personal decisions.
- Nonprofit hospitals and health systems must absorb growing uncompensated care costs, straining their ability to provide care for all Minnesotans.

Without stable Medicaid funding, the healthcare of all Minnesotans is at risk—whether they rely on Medicaid directly or not. Minnesota's Future Depends on a Strong Medicaid Program.

To learn more about Medicaid:

- Putting \$880 Billion in Potential Federal Medicaid Cuts in Context of State Budgets and Coverage - [A deeper analysis from the Kaiser Family Foundation](#)



Take Action Alert from ANA: Medicaid needs your voice.

Millions of Americans rely on the program for healthcare coverage, and funding cuts and reforms will have lasting repercussions on nurses and patients alike.

Protect Americans' access to healthcare, urge your representatives to protect Medicaid today!

[Take Action to Defend Medicaid](#)

What is Medicaid?

- Provides healthcare coverage for almost 80 million low-income Americans
- Gives patients access to critical primary and specialty care
- Covers over 40% of births in the U.S. and 65% of nursing home residents

How would Medicaid cuts impact nursing?

- Medicaid accounts for 19% of hospital revenues. Tight facility budgets could mean stagnant pay, fewer benefits, facility closures, and layoffs
- Rural hospitals and long-term care residents heavily rely on Medicaid
- Fewer staff + same patient load = more burnout

If Medicaid policy changes, nurses and patients will take the hit. Tell your Representatives to protect American's access to healthcare today by defending Medicaid.



March 10, 2025 — The Office of the Minnesota Secretary of State (OSS) is providing notice that various state boards, councils, committees, and task forces are accepting applications for open seats.

Click on the hyperlinks to learn more about boards and their respective positions.

[Executive Board of Direct Care and Treatment](#)

Vacancies: 1 Seat - Members with experience in the delivery of behavioral health services or care coordination, or in traditional healing practices as a licensed health care professional; within health care administration; or with residential services.

[External Program Review Committee](#)

Vacancies: 1 Seat - Health Professionals

[Maternal And Child Health Advisory Task Force](#)

Vacancies: 2 Seats - Community Health Board Representative

Vacancies: 1 Seat - Professional Representative

[Waiver Reimagine Advisory Committee](#)

Vacancies: 1 Seat - Disability and Behavioral Health Advocates

Vacancies: 1 Seat - Family Members of People who use Waiver Services

Vacancies: 1 Seat - People with Disabilities who use Waiver Services

APPLY FOR A POSITION

Detailed instructions on finding a position, submitting an application, and related information are provided on the [Boards & Commissions Help & How To](#) webpage.

ANA Nightingale Tribute



Every spring ANA collects the names of nurses who have passed in the past year to be honored in the Nightingale Tribute Book at the Membership Assembly. If you would like to honor a nurse who has died since June 2024, please notify MNORN at kkoehn@mnorn.org The nurse did not need to belong to ANA or MNORN.

Please include the nurse's full name and date of death. MNORN must submit names to ANA by **May 30th**.

Nightingale Tribute

When a calming, quiet presence was all that was needed, He/She was there.

In the excitement and miracle of birth or in the mystery and loss of life, He/She was there.

When a silent glance could uplift a patient, family member or friend, He/She was there.

At those times when the unexplainable needed to be explained, He/She was there.

When the situation demanded a swift foot and sharp mind, He/She was there.

When a gentle touch, a firm push, or an encouraging word was needed, He/She was there.

In choosing the best one from a family's "Thank You" box of chocolates, He/She was there.

To witness humanity — its beauty, in good times and bad, without judgment, He/She was there.

To embrace the woes of the world, willingly, and offer hope, He/She was there.

And now, that it is time to be at the Greater One's Side, He/She is there!

Nursing is a calling, a way of life. Nursing is a service profession that cannot be lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor our colleagues not only during their career, but also at the end of life's journey.

Homecoming - by Phyllis Kritek

Dr. Phyllis Kritek is a nationally known nurse scholar and writer. She has been sought as a speaker and consultant on coaching, conflict resolution, organizational development, leadership development, gender and diversity communications, generational relationships, and globalization. Dr. Kritek has been frequently engaged as a facilitator by professional organizations and health care agencies seeking to create effective strategic changes. She is noted for her unique ability to create conceptual maps that assist individuals and groups in grappling with challenges and dilemmas.

You can subscribe to her blog, OWLcourage: a blog invested in hope and creative possibility at www.owlcourage.com

This is not the blog posting I was going to write, the one chasing me through restless nights and ambushing me when I least expect it. Our minute-to-minute shifting world probably creates a comparable tossing and turning in many if not most of my fellow Americans, and many additional global citizens. Nonetheless, that posting will have to wait, since what you are reading arrived with far less noise and fury, this morning, on my walk by the Pacific Ocean.



It is noteworthy, this walk by the Pacific Ocean. My experiences of the puzzle pieces of "recovery" from my "Covid 5/ Atrial Fibrillation/Ablation" adventure has included slowly reclaiming pieces of my prior life, trying them on, modifying as needed. It has been a curious and educational process. Also, alternately sobering or hilarious.

The missing puzzle piece, in some ways the most central for me, was beginning my return to my near daily walk on the water's edge of the Pacific Ocean. It's absence in my life was disorienting, leaving me feeling deprived. I could not even articulate to myself what I was missing. I just knew something was seriously amiss. Today was my return to the water's edge.

I was appropriately greeted by the busybody plovers and sandpipers, scrutinized by the somber sea gulls who abruptly converged among themselves, becoming an agitated clan of sea gulls. And then there were the waves, both their visual tossing and crashing, catching the sun's bright lights, and then the rhythmic comforting sound of their endless patterning. I realized this sight and sound centered me as nothing else could. I was home.

After standing in silence, experiencing this centering surge through me, mesmerized and even amused, I began my walk by the water's edge. It was a relatively high but receding tide, which pleased me. It can sneak in the kind of wave that tricks you into misjudging where the water's shifting "edge" actually is, only to find yourself chased by a rogue wave intending to soak you when you were sure it could not.

This beach has a modest offering of shells, mostly bivalves and whelks, nestled in sand, with a few small mounds of kelp that wash ashore as well as branches of downed trees from somewhere. All these familiar companions were there, welcoming me with their random displays of beach life. There were two fishing boats on the water, along with clusters of sea gulls further out from the shore.

The humans about were familiar, quiet, focused on their own connection with the Pacific Ocean. Two people meditating on rocky abutments, three women and two men walking their dogs, a father and his young son asking a beach ball to act like a soccer ball, a focused young woman in her running gear and ear pods sprinting past me. Further down the beach park I could see the quiet men who were working on the park's renovations.

And there were the fishermen and perhaps fisherwomen that were specks in the distance, at the end of the long wooden pier. As is sometimes the case, there were also water edge fisherman, today two middle aged men focused on their prey and their skills.

If any of us actually encountered another we performed the quiet ritual greeting we all knew was appropriate: either "Hello" or "Good Morning". More commonly there was simply silence though often with eye contact and a smile. It was a tranquil rhythm of shared engagement. We were all where we wanted to be.

As if the ocean knew this was an important visit for me, as I neared the place where I would turn around and retrace my steps, headed east along the water's edge, I spotted two seals swimming parallel to my walk about a hundred feet distance from me. I have only had the joy of sitting the seals a few times so it is always exciting to me. Often others on the beach, when we spot seals, will share a celebratory moment of silent smiles. I looked about to share, and found only the woman meditating...so I celebrated with the seal.

As I walked, I would pause after about 20 to 25 steps to simply experience the experience, to pay attention, to let myself sense my oneness not only with the ocean but through the ocean, with all that is. For me the waves are always a meditation on impermanence, and I like to think of each wave as a human life.

Many waves are quiet and methodical and do what waves are supposed to do. Every once in a while, you get a huge crashing wave. They always make me laugh and think of all the people I have encountered in my life journey who were big crashing waves, maybe even show offs. And just like the little waves, they too dissipated and returned to be the ocean. And one day they all would return as part of another wave.

Watching the quiet waves, I felt a sense of peace. Watching the show off waves and laughing at them, I realized I was also feeling this deep sense of joy. Feeling this peace and joy and exploring it helped me recognize that my familiar spontaneous gratitude had emerged and surged.

This spontaneous gratitude simply celebrated the fact that I had the opportunity to walk on this quiet beach, greeting the endlessly hungry shorebirds, sensing the waves reminding me of important matters, watching fake soccer on soft sand as a way for a boy and his dad to connect, chronicling the dogs of the day.

As I headed back to my car, I saw the flowers were coming alive (spring comes early here) with morning glories weaving through jade bushes and sea figs blossoming everywhere. I had turned 82 during my health escapade, and was relieved to see I could walk the brief stretch back from the water's edge, through the soft sand, supported by my walking sticks, a bit more fatigued but safe and able to climb the modest dune of sand and small boulders between me and my car.

This was a "Homecoming" for me, a place that created a surge of positive energy, peace, joy and gratitude in me. I did not have to "try to be grateful". It was instinctive. I wondered if most humans have a space or place like this, a place where joy and gratitude emerge naturally and all is well in our world. It seemed many did though it was often not a focused part of their daily life or planning.

It occurred to me that if we have such a place, it is essential that we decide what we do with it. I realized that for me, it is a place of self-care. I also realized that each human has to decide for themselves what they elect to do with this space or place of potential positive self-care. I think most women in the US, maybe even in the world, are schooled more about caring for others than in caring for themselves. Hence many are cautious about pursuing opportunities for self-care.

It occurred to me that in my celebration of International Women's History Month I might wisely include a heightened awareness of my own self-care. This could serve as an antidote to the lessons I have both mastered and practiced of caring for others while failing to care for myself.

This "Homecoming" reminded me of what self-care feels like, how it can energize me in hopeful and positive ways. I was personally experiencing it but I have also witnessed it in others. I know the world is a better place when large numbers of humans manifest the impact of creative self-care.

As our nation and our planet seem to be tossed about and fractured in often incomprehensible ways, many are asking "What can I do that is a positive contribution?" How can I help us all move past the chaos and cruelty?" It had never occurred to me that one thing each of us can do is to be conscious and deliberate about our own self-care, making us a more positive and perhaps productive force as we all try to navigate the stormy seas we are now encountering, where waves suddenly look like "the enemy".

My "Homecoming" place was the antidote to the push and pull of the "news" that can swamp me as I find myself ruminating on the virtually endless (and continually growing) list of distressing events that can haunt me. When I am engulfed in these stories of suffering and sorrow, I am a dark force myself, caught in the tide of the impact of destruction. What I might offer that creates hope and possibility is maimed and my focus is lost in that darkness. The self-care of finding peace, joy and gratitude can be one reliable opportunity to pick the more life affirming alternative.

Reflecting on my magic walk along the Pacific Ocean, this idea expanded. Much of what is most destructive in our culture right now emerges from a deep sense of grievance. This is often manifested as a belief that something is wanting in one's life conditions and it is someone's "fault". It seemed to me that creating "waves" of self-care modifies this narrative: what does self-care entail and how does it interrupt grievance? It is difficult to sustain both.

Maybe waves of conscious and creative self-care moments, in forests, by rivers, on mountains, in deserts, on hiking trails, and yes, along oceans could shift some of the dark energy that threatens to engulf us. Maybe supporting the self-care efforts of others might be a way to increase our communal well-being. We honor those who care for others; perhaps we need to find a way to honor those who care about themselves, and in the process create the best possible version of themselves to do their part to create the best possible version of our shared human experience. Maybe we need to create our Homecomings.

"When you recover or discover something that nourishes your soul and brings joy, care enough about yourself to make room for it in your life."
- Jean Shinoda Bolen -

retrieved 3/14/2025 <https://www.owlcourage.com/post/homecoming>

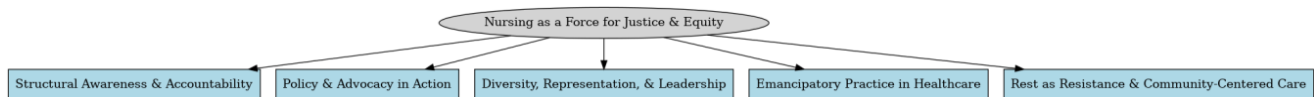


The Power of a Diverse Nurse Force in Uncertain Political Times

MARCH 10, 2025

GUEST CONTRIBUTOR: BRENICE DUROSEAU, PHD CANDIDATE AT JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING

Nursing, at its core, is a profession built on care—yet care is not neutral. It exists within systems shaped by history, power, and oppression. As nurses, we do not simply provide healthcare; we operate within the legacies of colonialism, white supremacy, and capitalism, all of which dictate who has access to healing and who is denied it. Our power as providers demands responsibility—to disrupt these legacies, to reject complicity, and to work toward justice in both word and action.



NURSING_JUSTICE_FLOWCHART.PNG (NURSING JUSTICE FLOWCHART SELF CREATED)

Nurses have long been the backbone of healthcare, holding the unique position of being both the most trusted profession and the largest sector of the healthcare workforce. Yet, nursing as a discipline has long struggled with acknowledging the intersectional realities of its workforce and the patients we serve. As Dr. Peggy Chinn discusses in [What Does Intersectionality Have to Do with Nursing?](#), the nursing profession prides itself on a holistic approach to care—yet often fails to fully account for the structural and political forces that drive health disparities. The concept of focusing on the whole person, as described in the blog, reveals a fundamental tension: while nursing aims to see individuals holistically, it often fails to acknowledge how race, gender, and other marginalized identities shape healthcare experiences due to systems of oppression and exclusion. The groundbreaking work of scholars, like Dr. Kimberlé Crenshaw and Dr. Lisa Bowleg, on intersectionality has been instrumental in helping scholars and practitioners understand how systems of power interact to oppress marginalized groups. This tension—between the intent to provide holistic care and the failure to fully recognize the structural forces that shape health inequities—is precisely why nursing must be both a political act and a site of resistance.

Our influence extends far beyond bedside care—we are educators, advocates, policy shapers, and, at times, the last line of defense against systemic failures that disproportionately impact marginalized communities. Today, as we navigate uncertain political times, our role has never been more critical.

A LEGACY OF STIGMA AND RESILIENCE

As a Black Haitian-American nurse practitioner and emerging scholar, I have witnessed firsthand how dominant narratives in society and healthcare fail to incorporate the experiences of marginalized communities and continue to perpetuate harm. Throughout my career I have seen firsthand the impact of health inequities, racism, and xenophobia on marginalized communities. The early 1980s saw the emergence of one of the most harmful public health narratives in modern history: the classification of Haitians as a “high-risk group” for HIV. I grew up hearing stories of how Haitians were vilified during the early days of the HIV/AIDS epidemic—accused of bringing the virus to the United States and labeled as “infectious.” This unfounded claim led to widespread discrimination, from travel bans to refusals of medical care. Even today, some Haitians still avoid blood donation and HIV testing, fearing the lingering effects of this prejudice. Fueled by misinformation and racism, this stigma not only cost lives but also deepened mistrust in the healthcare system—damage we are still working to undo. This impact is a stark reminder that public health narratives have lasting consequences, ones that nurses, as frontline providers, must actively work to dismantle. This moment in history calls upon us, as nurses, to leverage our collective power to push for justice-driven healthcare. It is not enough to be the most trusted profession; we must also be among the most courageous.

NURSING AS A POLITICAL ACT

Healthcare does not exist in a vacuum. Policies surrounding immigration, reproductive health, public health funding, and racial justice all have direct implications for our patients and for us as providers. Yet, nursing has often been seen as an apolitical profession—one focused solely on care, not on the structures and systems that dictate who receives care and under what conditions. The failure to integrate intersectionality into nursing theory is not just an academic oversight—it directly contributes to health inequities, poor patient outcomes, and systemic neglect as history has demonstrated.

Nurses have always been at the forefront of social movements, from the civil rights activism of nurse-midwife Maude Callen to the labor organizing of the Chicago Black Nurses Association. Today, we must continue this legacy by confronting the political forces that shape health inequities. As a nurse, I have seen the long shadow of stigma and racism in my clinical practice. Marginalized groups are often reluctant to seek services, citing distrust in a system that once scapegoated and harmed them. For Haitian communities, this is not just historical—it is ongoing. Haitian asylum seekers and migrants continue to face structural barriers to care, from lack of language access to outright medical neglect and exclusion. We recently witnessed the xenophobic rhetoric surrounding the Haitian community in Ohio during recent political discourse, which had a chilling ripple effect nationwide. And for Black women, we still face significant burdens and adverse outcomes within the healthcare system and broader society, as evidenced by disproportionate rates of HIV/STIs, intimate partner violence, maternal mortality, and other structural inequities. Despite overwhelming evidence of our disproportionate vulnerability, HIV prevention efforts, sexual and reproductive healthcare, and policy interventions still fail to center our needs, particularly in

priority states and jurisdictions across the United States. We cannot separate health from the policies that govern it. This is why nursing must be a political act.

NURSING AS A SITE OF RESISTANCE AND POSSIBILITY

I entered nursing because I believe in care as a radical act—but I also know that nursing has never been free from the violence of the systems in which it operates. Nursing, like all institutions, is steeped in **histories** of exclusion, exploitation, and gatekeeping. It has participated in colonial medicine, eugenics, and the policing of marginalized bodies. It is our responsibility to reckon with these truths—not to deny them, but to confront them, to repair harm, and to imagine something different. This is why representation in nursing matters—not as a checkbox, but as a shift in power. The profession remains disproportionately white, both in leadership and in theoretical discourse. If we are to truly leverage our power as the largest sector in healthcare, we must push for more diverse nurses in leadership, research, and policy roles. We must also actively challenge the theories and frameworks that currently shape nursing knowledge, ensuring that they are inclusive of Black, Indigenous, and other marginalized perspective.

Pillar	Description	Actionable Steps
Structural Awareness & Accountability	Reckoning with healthcare's history of harm and systemic oppression.	Engage in critical self-reflection, continuous learning, and accountability.
Policy & Advocacy in Action	Leveraging nursing's political power to shape anti-racist, inclusive policies.	Advocate for inclusive policies and elevate community voices.
Diversity, Representation, & Leadership	Increasing representation in leadership and ensuring meaningful change.	Push for diverse leadership and equity-centered nursing reforms.
Emancipatory Practice in Healthcare	Centering autonomy, dignity, and harm-reduction in nursing practice.	Reject paternalistic care models and adopt trauma-informed practices.
Rest as Resistance & Community-Centered Care	Recognizing that marginalized nurses need rest and collective care as resistance.	Support self-preservation, reduce burnout, and create safe spaces for nurses.

While [Emancipatory Nursing Praxis](#) and [Critical Caring](#) theories highlighted by Dr. Chinn provide a foundation, nursing must actively broaden its theoretical base to include Black, Indigenous, and other non-Eurocentric perspectives in nursing praxis. Dr. Lucinda Canty's [Racism in Nursing](#) Model is one such example that critically examines how structural racism

impacts nursing practice, workforce development, and patient outcomes. Nurses and scholars with marginalized identities bring urgently needed perspectives that more accurately reflect and address the realities of structural racism, reproductive health inequities, and the systemic power imbalances embedded in healthcare. Our lived experiences—particularly as Black, immigrant, and minority nurses—offer critical insight that can drive meaningful change and reshape the future of healthcare.

THE CALL TO ACTION: NURSES AS AGENTS OF CHANGE

We are at a critical juncture. Political attacks on bodily autonomy, the erosion of public health infrastructure, and the criminalization of migration are all urgent crises demanding a response from health professionals. In these uncertain times, we must ask ourselves: What will be nursing's legacy? Will we remain complicit in systems that perpetuate inequities, or will we lead the charge in dismantling and rebuilding them? I call on my fellow nurses—whether you are a student, a bedside clinician, a nurse scientist, an educator, or a policymaker—to recognize the political power we hold. Speak up against policies that harm our patients. Challenge institutions that ignore racial and ethnic health disparities. Advocate for the inclusion of marginalized communities in research and policymaking. Question where you stand. Commit to discomfort. Work in solidarity, not charity. And for my fellow nurses with marginalized identities, who may not have the privilege of a social safety net, remember that rest is a form of resistance. It's okay not to always be at the forefront—our presence alone is an act of resistance. Nurses are not just caregivers—we are architects of change. Our histories, stories, and expertise are invaluable. Let's ensure that our profession's legacy is one of justice, equity, and unwavering advocacy.

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ABOUT BRENICE DUROSEAU

Brenice Duroseau, PhD(c), MSN, FNP-C, RNC-OB, AAHIVS, is a Black Haitian-American clinician specializing in infectious diseases and addiction medicine, as well as an emerging nurse scientist in sexual and reproductive health (SRH) equity. Grounded in Black Feminist and Intersectionality theories, her research explores how social, structural, and political determinants shape SRH experiences, engagement, and access for marginalized women



across the lifespan. Her work shifts from traditional risk-based models to frameworks centered on wellness, pleasure, and empowerment. Through community-driven research and policy advocacy, Ms. Duroseau is dedicated to dismantling systemic barriers and reimagining equitable, affirming, and holistic healthcare. Bridging clinical practice, research, and mentorship, she is committed to transforming SRH services to prioritize agency, joy, and justice.

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Planting Seeds of Innovation Conference

April 25, 2025

9 a.m. - 4:30 p.m.

[Bentson Healthy Communities Innovation Center](#)

University of Minnesota School of Nursing

4th Floor, Weaver-Densford Hall

308 SE Harvard St, Minneapolis



As the healthcare landscape continues to evolve, the nursing profession is positioned at the nexus of innovation, driven by a critical need to provide optimal care and enhance workforce well-being. This conference will explore transformative strategies that integrate systems thinking, interdisciplinary collaboration, and human-centered design to strengthen relational dynamics within healthcare environments. By emphasizing collaborative care models, emotional intelligence, and interprofessional communication, leaders can cultivate a resilient, adaptable workforce capable of navigating complex healthcare challenges.

We're thrilled to announce Dr. Julie Kennedy Oehlert, Chief Experience and Brand Officer for ECU Health, as our keynote speaker. In System Innovations: Holistic Approach to Disrupting with Love and Human Caring, Dr. Oehlert will share two theoretic frameworks that are useful for supporting innovation within a health system. They will learn about key levers to pull to strategically disrupt cultural norms, specifically how relationships are structured, so that a more loving and caring environment can emerge and be sustained.

[Learn More and Register Today](#)

Register by **April 11** to receive the lowest rate.

This activity is equivalent to 7.5 Minnesota Board of Nursing contact hours. The program is designed to meet the Minnesota Board of Nursing requirements for continuing education. It is the responsibility of the individual nurse to determine if the course fulfills that requirement.

MDH Project Firstline Infographics



View Now: MDH Project Firstline Infographics

Where is the risk? Knowing where germs hide is essential for safer patient/client/resident care. Use the MDH PFL infographics to refresh your knowledge.

Visit our website, at [MDH Project Firstline \(health.mn.gov/projectfirstline\)](https://www.health.mn.gov/projectfirstline) for other free materials and trainings.



MDH Project Firstline Infographics

Germs Live on the Skin (PDF): <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/fsskin.pdf>

- Los microbios viven en la piel (PDF) (Spanish): <https://www.cdc.gov/project-firstline/media/pdfs/es/Atencion-Medica-La-Piel-ES-508.pdf>

Germs Live in the Blood (PDF): <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/fsblood.pdf>

- Los microbios pueden vivir en la sangre (PDF) (Spanish): <https://www.cdc.gov/project-firstline/media/pdfs/es/Atencion-Medica-La-Sangre-ES-508.pdf>

Germs Live in Water and on Wet Surfaces (PDF): <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/fswet.pdf>

- Los microbios viven en el agua y en superficies húmedas (PDF) (Spanish): <https://www.cdc.gov/project-firstline/media/pdfs/es/Atencion-Medica-Superficies-Humedas-ES-508.pdf>

Germs Can Live on Dry Surfaces (PDF): <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/fsdry.pdf>

- Los microbios pueden vivir en superficies secas (PDF) (Spanish): <https://www.cdc.gov/project-firstline/media/pdfs/es/Atencion-Medica-Superficies-Secas-ES-508.pdf>

Germs Can Live on Devices (PDF): <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/fsdevices.pdf>

- Los microbios pueden vivir en los dispositivos (PDF) (Spanish): <https://www.cdc.gov/project-firstline/media/pdfs/es/Atencion-Medica-Dispositivos-ES-508.pdf>

Website: [MDH Project Firstline \(health.mn.gov/projectfirstline\)](https://health.mn.gov/projectfirstline)

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NSO Spotlight

For 40+ years, Nurses Service Organization (NSO) has been a leading provider of insurance solutions and risk management resources for nursing professionals and businesses. Together with our sister company, Healthcare Providers Service Organization (HPSO), we insure over 1 million providers. NSO malpractice insurance includes professional liability, license protection, deposition representation, defendant expense reimbursement, and more to help protect your nursing career from medical malpractice lawsuits and licensing complaints. NSO partners with 85+ professional associations, including the American Nursing Association, and insures RNs, NPs, CRNAs, and a range of other professions to help bring you peace of mind through 24/7 coverage.



 **Social media can be a powerful tool for nursing professionals.**

 However, it comes with risks.

 Explore these tips from our partner @Nurses Service Organization to help navigate the digital landscape, protect yourself and your job, and minimize liability while engaging with your friends, family and followers.

READ: <https://bit.ly/3WDVURa>