

**2019 MNORN Board**

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**The Foundation of the MNORN:  
an Interview with New MNORN President,  
Molly Maxwell**

by Mary Vitullo



Seven years ago the MNORN was founded by a group of passionate nurses who were eager to have a national presence with the ANA. One of these nursing leaders was Molly Maxwell, incoming President of the MNORN. "By being involved in leadership and professional association, nurses work together with a stronger voice to make decisions about their profession and do not allow others to make those decisions for us" explained Maxwell. "Through professional associations and leadership positions, the innovative and creative solutions become known." She was determined to develop the MNORN with a goal of having an association where nurses could unite their ideas and create plans for positive change.

The development of the MNORN was no easy feat. It took a year of planning and dedication from nurses to make the organization develop. According to Maxwell, "[the nurses] met and talked and discovered there were many other nurses that wished we still had that state association with the connection to ANA. We are now seven years old and continuing to grow thanks to those initial 20 or so nurses that came to my house to explore the opportunity to make something happen!" Maxwell has a great passion for leadership and for the professional development of nurses. The organization would

not exist without her and the other founding members.

In addition to helping with the founding of the MNORN, Maxwell has served the pediatric population throughout most of her career. After completing her nursing education at St. Mary's Hospital in Rochester, MN she worked on a general surgery floor but always had a passion for pediatrics. She worked mostly with newborns in the newborn nursery and premature infant care. She had the opportunity to train at one of the original premature infant units in the United States. Her experience is interesting because of the technology boom that has happened over the course of her career. After working in many different locations, Maxwell spent the last 30 years of her full-time career at Children's Hospitals and Clinics of Minnesota-Minneapolis in Neonatal and neonatal clinical research. When interviewing at Children's, after being away from the bedside for several years, the Manager asked her if the "babies" (neonates) scared her. Her reply was "no the babies don't scare me but the equipment does!" The manager said "we can easily teach you the machines if the babies do not frighten you."

In addition to her career as a nursing leader and pediatric specialist, Maxwell is very passionate about traveling and her family. She has travelled across the world with her husband and has experienced the Chinese and New Zealand health systems. "We love to learn about different cultures and the food! We enjoy watching sports and following favorite sports teams, art and art galleries, the Guthrie Theater, and politics" said Maxwell.

Maxwell has accomplished great feats in the nursing profession and continues to serve in the MNORN. Her greatest advice to nurses is to "find your niche and 'go for it'. Never be afraid to try something new. The greatest thing about nursing is the variety of opportunities that are out there. Take risks and try something you might think would not be for you. My opportunity to do research was a fluke. I had gone on call because my children were young and my husband was traveling a great deal. I received a call from the Medical Director of the NICU asking me if I would be interested in coordinating the study that was about to start. Having never done anything in research before, I hesitated. He said they will train you. After a conversation with him, I decided to go for it. That was a Monday, the following Friday, I was on a plane to Houston to learn how to be a research study coordinator. I took the risk."

Thank you, Molly for your contributions and for helping to create the MNORN!



## The Burden of Documentation

The issues of excessive, time-consuming documentation in the EHR are being addressed by many national organizations. ANA and the Office of the National Coordinator for Health Information Technology (ONC) are collaborating on gaining understanding of the issues and working towards solutions. In one study, they learned that it takes 593 clicks to complete an admission assessment. In a second study, they concluded that 127 elements in the admission assessment had low value (31%).

While nurses, and other healthcare professionals wish that documentation was simplified today, it is helpful to know that there are groups working towards solutions. Here are a couple of articles written about the issue just this last year:

[Health IT for Nursing: What Now?](#) American Nurse Today, October 2018

[Machine Learning Methods for Identifying Critical Data Elements in Nursing Documentation](#) Nursing Research, 2018. Towards reducing the nursing documentation burden

“The core aim of the initiative is to have systems that support the nursing process, rather than nurses supporting systems.” - Bonnie Westra

One of the workgroups in the Nursing Knowledge; Big Data Science initiative is the Engage and Equip Nurses in Health IT Policy, led by Joyce Sensmeier, Vice President of Informatics at HIMSS. The purpose of this workgroup is to equip nurses with education, tools, and recourses; and to engage them as knowledgeable advocates for health IT policy efforts important to nursing.

Once solutions are created, all nurses will be called on to help advocate for their adoption into practice.

## Unique Nurse Identifier

Unique Nurse Identifiers (numbers) are a mechanism to track nursing licensure across states, jobs, and location changes throughout a nurse's career for the benefit of both nurses and employers. Some of the benefits include:

- Ability to verify licensure status
- Ability to identify nurses in EHR, enterprise resource planning (ERP), and other health IT systems
  - Reinforce use of technology
  - ID educational needs, diversion concerns
  - Research purposes
- EHR, ERP, and other health IT systems will increasingly be used to capture data and demonstrate nurses' value in a value-based model
- Nursing documentation should demonstrate nurses' value and impact on improving patient/population outcomes, safety, efficiency and effectiveness. At one time, it was felt

that the National Provider Index (NPI) would be the source of this unique identifier. That is no longer the case. The Big Data Health IT Policy Workgroup is advocating for the NCSBN ID to be used as the identifier. This is the number that is automatically generated for each RN and LPN at the time of their NCLEX exam.

**Position Statement:** The National Council of State Boards of Nursing (NCSBN) ID should be used by key stakeholders as the unique nurse identifier to enhance patient care and outcomes via more comprehensive documentation in the EHR, ERP, and their health IT systems. This position statement is supported by, the American Academy of Nursing Informatics and Technology Expert Panel, The Alliance for Nursing Informatics Governing Directors, HIMSS Nursing Informatics Committee, HIMSS North America Board of Directors, among others.

At this point, the next steps for this initiative include:

- Education and awareness plan, using all available platforms (including social media)
- Develop a toolkit for implementers including how to leverage the NPI
- Author articles that articulate the impact on key stakeholders, including staff nurses, administration, time/attendance, researchers, educators, informaticists
- Submit abstracts to relevant conferences

## So What About the Impact of Big Nursing Data on Clinical Practice?

Lisiane Pruinelli talked about two of her research projects that have direct impact on the improvement of patient care. The first was improving guidelines for the treatment of patients with severe sepsis and septic shock.

[Delay within the 3-hour Surviving Sepsis Campaign Guideline on Mortality for Patients with Severe Sepsis and Septic Shock published by Critical Care Medicine, April 2018](#)

## Conclusion

- The statistically significant time in minutes after which a delay increased the risk of death for each recommendation was: lactate, 20.0 minutes; blood culture, 50.0 minutes; crystalloids, 100.0 minutes; and antibiotic therapy, 125.0 minutes.
- The majority of patients had the four 3-hour bundle recommendations initiated within three hours.
- The guideline recommendations showed that shorter delays indicates better outcomes.
- There was no evidence that 3 hours is safe; even very short delays adversely impact outcomes.
- Findings demonstrated a new approach to incorporate time  $t$  when analyzing the impact on outcomes and provide new evidence for clinical practice and research.

Lisiane's research on the timeliness of sepsis intervention has just been cited in the Journal of Emergency and Critical Care Medicine

### [The organization of timely care in septic patients](#)

"The recent decades have taught us that timely recognition of severe sepsis and septic shock attributes to a better outcome. The 3- and 6-hour sepsis bundles helps us to initiate appropriate diagnostic tests and treatment. However, Pruinelli and co-workers provide deeper insight in the influence of time and the importance of the interventions. It is clear from their study that organizing the care for septic patients in a way that it leads to early recognition and early initiation of diagnostic tests and treatment is a cornerstone of successful sepsis management. Doctors should therefore focus on the organization of their care as much as on the medical reasoning of their interventions. The main lesson that can be drawn from this study is that doctors should (re)organize the care for patients with severe sepsis and septic shock in a way that timely interventions will occur."

The second research project Lisiane discussed was "**Multiple Factors Drive Opioid Prescribing at the Time of Discharge,**" a study that she presented in November at the AMIA Annual Symposium in San Francisco.

Background: Opioid prescription has been considered an "economic burden" by the CDC, and this burden accounts for \$78.5 billion per year in expenditure. Among patients who receive opioid prescription, 21-29% of them misuse, and 8-12% will develop an opioid disorder. It is estimated that there are 91 death per day related to opioids in US.

Objective: to examine the relationship between a discharge opioid prescription and the patients' clinical and non-clinical characteristics

Methods: Retrospective observational study using a large dataset from the UMN Clinical Data Repository (CDR)

#### Sample and cohort:

- 18 years and older
- Timeframe: 01/01-2011 - 12/31/2017
- 102,593 in-hospital encounters (case and control groups)
- Exclusion: pregnant and in labor women and outpatient encounters
- Patient variables: LOS, demographics, opioids administered, surgical procedures, discharge diagnosis, pain assessments
- Outcome of interest: whether or not there was at least one opioid prescription at discharge

#### Discussion:

- This is the first study to analyze factors predicting a prescription of opioid at the time of discharge from the hospital that demonstrated this predictive strength
- Our model was able to show that in-hospital factors were highly predictive of a discharge opioid prescription
- If these factors can be better managed before discharge, a reduction in opioid prescription can be expected; thus, reducing opioid misuse and abuse

- Our data indicates that a discharge opioid is more likely to be ordered if the patient had surgery (elective or not), was somewhat older, female, and experienced more pain measurements and opioid administrations and also varied by discharge diagnostic category

### Seeing is Believing: Making Nursing Data Visible

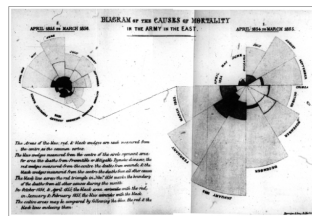
So, with the availability of so much data, how best to look at it? Karen Monsen led us through a visual kaleidoscope of possibilities, showing us the magic and possibilities of Big Data!

#### Visualization Happy: Your Brain on Pictures

- Brains prefer pictures to numbers or words
  - Brains are wired to interpret the world visually
  - Brains process visual cues in .25 seconds
  - Brains make rapid connections between new visual information and stored information

• <https://www.columbfivemedia.com/why-your-brain-loves-visual-content-infographic>

- Florence Nightingale knew this



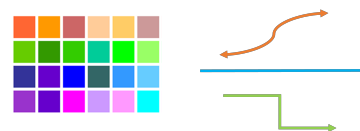
Created by Florence Nightingale

#### Create Meaningful Displays and Find Patterns:

- Make data interpretable in real time
- Or, make data interpretable for research
- Uncover new associations
- Generate hypotheses for further testing

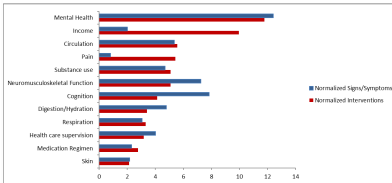
#### Data for Visualization

- Standardized, structured data are essential
  - May be categorical (boxes) or continuous (lines)
  - Other data types must be pre-processed to create either categorical or continuous data
  - Relationships among variables should be known and specified

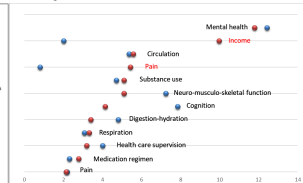


# Which do you prefer?

Bar chart



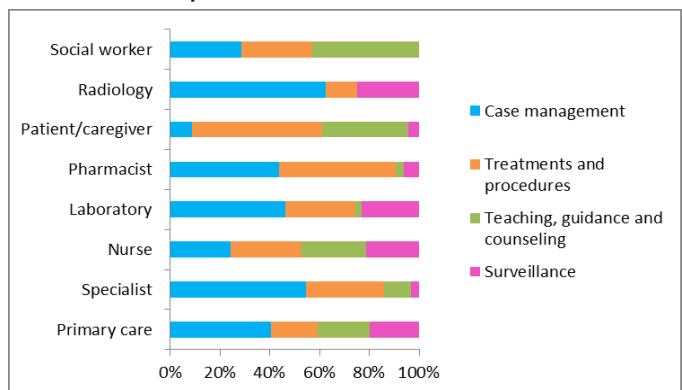
Dot plot



Ram, M., Campbell, J., Kessler, C., Hokanson, L., Matecjek, J., Pulkrabek, L., Reger, A., Walters-Threat, L., Upreti, P., Knutson-Smiesek, A., & Monsen, K. A. (2017). Using the Omaha System to understand case management services for patients with complex health problems. Poster presented at Midwest Nursing Research Society Annual Meeting, March 2017.

Created by Karen Monsen in Excel

# Variability in Practice Patterns

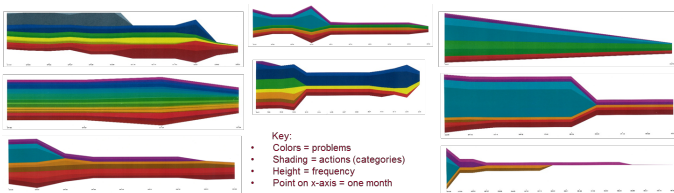


Rajput, S., Stewart, J., Adwan, J., & Monsen, K. (in review). Mapping a Sickle Cell Disease Management Guideline to the Omaha System.

Created by Karen Monsen in Excel

# Streamgraphs

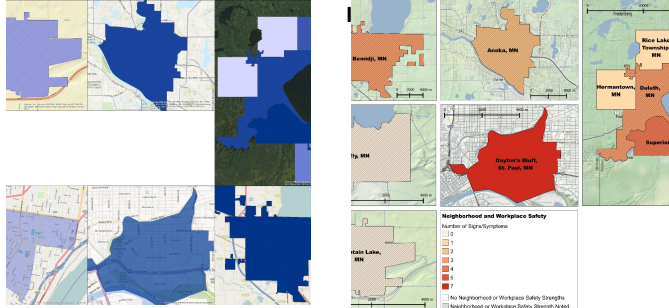
- Using Data Visualization to Detect Nursing Intervention Patterns



Created by Era Kim in d3

Monsen, K. A., Peterson, J. J., Mathiason, M. A., Kim, E., Votava, B., & Pieczkiewicz, D. S. (2017). Discovering public health nurse-specific family home visiting intervention patterns using visualization techniques. *Western Journal of Nursing Research*, 39, 127-146. doi:10.1177/0193945916679663

## Results: Neighborhood/Workplace Safety Problem and Strengths

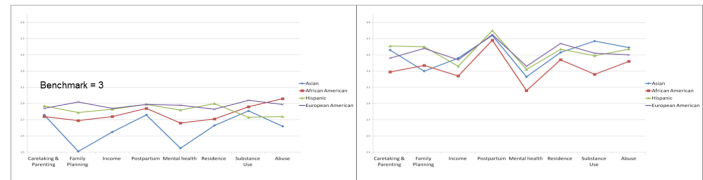


Kerr, M. J. & Wynia, M. (2015). Data Visualization: Mapping Omaha System Sign/Symptom Data Using GIS Technology. Second International Conference on Research Methods for Standardized Terminologies, West St. Paul, MN.

Created by Molly Wynia and Madeleine Kerr

## Seeing is Believing!

- Shows the complexity of the problem
- Provides convincing evidence of the outcome
- Demonstrates value of care
- Knowledge scores across problems over time
- Pre-intervention, patterns by race/ethnicity - Post-intervention, patterns by problem



Monsen, K. A., Areba, E. M., Radosevich, D. M., Brandt, J. K., Lytton, A. B., Kerr, M. J., Johnson, K. E., Farri, O. & Martin, K. S. (2012). Evaluating effects of public health nurse home visiting on health literacy for immigrants and refugees using standardized nursing terminology data. 11th International Congress on Nursing Informatics, Montreal.

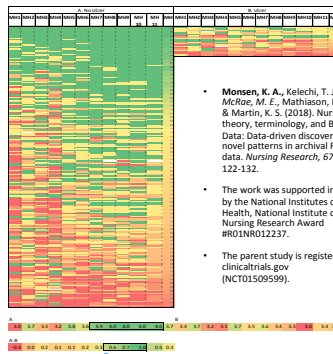
Created by Karen Monsen in Excel

## Heat Maps: Mental Health

Adherence Outcome (N=247, 167 with higher and 80 with lower)



Ulcer Development Outcome (N=233; 210 without ulcers, 23 with ulcers)



- Monsen, K. A., Kelechi, T. J., McRae, M. E., Mathiason, M. A., & Martin, K. S. (2018). Nursing theory, terminology, and Big Data: Data-driven discovery of novel patterns in archival RCT data. *Nursing Research*, 67(2), 122-132.
- The work was supported in part by the National Institutes of Health, National Institute of Nursing Research Award #R01NR012237.
- The parent study is registered at clinicaltrials.gov (NCT01509599).

Created by Michelle A. Mathiason in Excel  
 Three variables appeared to be related to both adherence and wound development outcomes: MH 8, MH 9, MH 10

## A Tribute to Margaret Ann Newman, PhD, FAAN (October 10, 1933 – December 18, 2018)

DECEMBER 28, 2018 / MARGARET PHARRIS



Dr. Margaret Ann Newman expanded the *nursology* horizon over the past 40 years with her thought-provoking work. She advanced the knowledge of the discipline of nursing and her wisdom continues to expand through the work of people inspired by her presence and written works. Margaret Newman's transforming presence extends beyond boundaries of time and space.

As Margaret's time in her body was narrowing, her niece, Donna Jean Mehr, asked me to help her write Margaret's **obituary** for the Memphis newspaper. That obituary contains the chronological details of Margaret Newman's life and work. In this tribute for the Nursology.net community, I would like to focus on the ways in which Margaret expanded our understanding of health, nursing theory, and nursing practice; embraced and advanced a paradigm of wholeness; and exemplified a spirit of generosity.

### **Margaret Newman Expanded our Understanding of Health, Nursing Theory, and Nursing Practice**

After graduating from Baylor University at the age of 21, Margaret returned home to Memphis to work and care for her mother who had been diagnosed with amyotrophic lateral sclerosis (ALS). The process of caring for her mother was transformative. Not knowing the trajectory of the disease, Newman learned to live day by day, fully immersed in the present (Newman, 2008a). She (2008b) recounted learning that "each day is precious and that the time of one's life is contained in the *present*" (p. 225). This realization permeated Margaret's philosophy of nursing and her writing throughout her life. She came to realize that simply having a disease does not make a person unhealthy. Although Margaret's mother's life was *confined* by the disease, her life was not *defined* by the disease. In other words, Margaret's mother could experience health and wholeness in the midst of having a chronic and progressive disease.

When her mother died, Margaret entered nursing school at the University of Tennessee in Memphis. In her studies, she read Dorothy Johnson's article "The Significance of Nursing Care," which asserted that nursing was different from medicine, and "therefore the underlying knowledge was different," which in 1961 was a "revolutionary" claim (Newman, 1994a, p. 153). Newman described Johnson's article as "a bolt of light piercing the darkness and confusion" as she was trying to apply the mostly medical knowledge she was learning at UT College of Nursing to her nursing practice (p. 153). From that point forward, describing

the body of knowledge that characterized nursing as its own discipline became Margaret's career-long odyssey (1994a). Drawn by Johnson's work, Newman entered the MS in medical-surgical nursing program at the University of California, San Francisco. During her master's studies, Margaret published a manuscript titled "Identifying and Meeting Patient's Needs in Short-Span Nurse-Patient Relationships" (Newman, 1966). Her focus on nursing presence to that which is meaningful in the life of the patient was taking root.

After graduating from UCSF in 1964, the medical director of the Clinical Research Center at Bowld Hospital recruited Margaret back to Memphis to become the Clinical Research Center Director. The Research Center was affiliated with the U of TN and thus the unit on which it was housed was independent of the hospital. Newman began by educating the medical director on the nature of nursing practice so that he would not expect the nursing staff to do things that physicians could do for themselves, or which staff from other departments could do. She gave each nurse one day a week in the library for scholarly development so that the nurses could enrich their nursing knowledge base. Newman was increasingly convinced that nurses who are fully present with patients while doing the tasks of nursing can comprehend in a holistic sense what patients need to achieve a greater sense of health. The writings of nurse theorist Martha Rogers drew Newman's attention in, as Rogers was articulating a new paradigm of health that expanded the nature of nursing practice. Rogers' science of unitary human beings resonated with Newman's conceptualization of health and nursing, and enhanced her ability to see the whole by concentrating on pattern. Newman knew she wanted to pursue a PhD in nursing and went to NYU to study with Rogers. After receiving her PhD in 1971, she joined Martha Rogers on the NYU nursing faculty. While at NYU, Newman (1972) published a seminal work on Nursing's theoretical evolution and conducted postdoctoral workshops on nursing theory development. She spent the summer of 1976 consulting with nurses in Brazil on the development of the knowledge of the discipline of nursing. In 1977, Margaret took a position as the professor-in-charge of graduate studies at Penn State University, where she published the first primer on *Theory Development in Nursing* (Newman, 1979) and initiated nursing theory think tanks. (see Peggy Chinn's [November 13 Blog](#)).

Newman introduced her theory of health as expanding consciousness at a nursing theory conference in New York in 1978. In her talk, she asserted that illness and health are a unitary process moving through varying degrees of organization and disorganization and manifest as pattern and meaning in people's lives. She stressed that the responsibility of the nurse is to help people recognize the power within them to move to higher levels of consciousness, with consciousness defined as the information of the systems—the capacity of the system to interact with the environment (Newman, 1994b, p. 33). The manifestation of disease is an explication of the underlying pattern of the person. In a mutual relationship, the nurse and patient focus on the meaning of the pattern, knowing that new insights will arise into how to move forward. Disease may bring the greatest insight into meaning and pattern

—into expanding consciousness, and thus into health. Perhaps of consolation to those of us who are deeply mourning the loss of Margaret's physical presence in our lives is what she wrote in the introduction to the 1994 edition of her *Health as Expanding Consciousness* book: "The expansion of consciousness is unending. In this way we can embrace aging and death. There is peace and meaning in suffering. We are free from all the things we have feared—loss, death, dependency. We can let go of fear" (Newman, 1994b, pp. xxiii-xxiv).

With an expanded philosophy of health, so too comes an expanded view of nursing. Readers are encouraged to delve into the writing of Margaret Newman and savor the rich banquet of nursing ideas laid before them in her published works, particularly the 1994 *Health as Expanding Consciousness* and 2008 *Transforming Presence: The Difference that Nursing Makes* books.

On the note of nursing presence, one of my favorite Margaret Newman stories to tell new nursing students involves Margaret and her NYU and UMN colleague, Ellen Eagan. After they retired as Nursing Professors from the UMN School of Nursing, Margaret and Ellen lived in the same building in downtown St. Paul, Minnesota. Margaret had a cat named Punk, whom she cherished. Punk was sick and needed an injection, so Margaret called Ellen to come over and help her. They were preparing to give Punk his shot. Margaret was lovingly holding Punk in her arms. Ellen took the syringe with the medication, approached Margaret and Punk, stopped, and asked Margaret, "Would you rather be the nurse?" Margaret smiled and replied, "I am being the nurse!"

### **Margaret Newman Embraced a Paradigm of Wholeness**

Newman called nurses to see the whole of the patterns of people's lives in relationship to their environment and to respond to what is meaningful. Newman (2002) proposed that "attention to pattern constitutes the unitary grasp of knowledge the discipline seeks" and thus takes nursing knowledge to a higher level, transcending what is currently known and understood (p. 2). She taught us that it is very difficult to comprehend the enormity of wholeness, cautioning that the linear words of the academic world limit our understanding. She called attention to relationships, stressing that the "holistic mode of consciousness is *nonlinear, simultaneous, intuitive, and concerned with relationships rather than the elements that are related*" (Newman, 2008, p. 39). Newman gave the example of focusing on the elements of salt—sodium and chlorine, which can be seen, while not seeing the bond between them, which makes them salt. Strain to see and comprehend the relationships, the ties that bind. Comprehending the whole involves intuition and simultaneous appreciation for that which is seen and that which is perceived in other ways (2008). Strive to see the pattern of interactions. Pattern is a characteristic of wholeness. Wholeness is not something that can be achieved in that it is already there. Wholeness is "the bedrock of our reality"—one cannot lose or gain it (Newman, 1999, p. 228).

During her years as nurse theorist and professor at the University of Minnesota, Margaret strove to eliminate the confusion related to the nature of the discipline of nursing; she wanted to clearly articulate its focus. Margaret's work was completely rooted in the unitary paradigm of nursing, first articulated by Martha Rogers (1970), yet it was clear that other nurses' work was rooted in different paradigms. She collaborated with colleagues Marilyn Sime, who was involved in lab research, and Sheila Corcoran-Perry, whose nursing research focused on family systems. Together they (Newman, Sime, & Corcoran-Perry, 1991) determined that the overarching focus of the nursing discipline was "caring in the human health experience" under which fell three unique paradigms of nursing research and practice: the particulate-deterministic, the interactive-integrative, and the unitary-transformative (with the first word indicating the nature of reality and the second word indicating the nature of change in each paradigm). Newman subsequently articulated that the unitary-transformative paradigm was inclusive of the knowledge and perspectives of the other two paradigms (Newman, 2002).

Margaret Newman continued to write and speak about the unitary transformative nature of nursing praxis and further explicated the concept of wholeness, which was a major theme in the Newman Scholars' Dialogues that were held every few years in Memphis or Boston. In 2008, Newman, Smith, Pharris, and Jones published "[The Focus of the Discipline Revisited](#)" in *Advances in Nursing Science* to clearly articulate nursing practice as a unified whole and to exhort nurses to embrace a shared meaning to bring coherence to nursing practice. Newman et al. (2008) proposed seven concepts that are central to the discipline of nursing: a) health, the intent of the relationship; b) caring, the nature of the relationship; c) consciousness, the informational pattern of the relationship; d) mutual process, the way in which the relationship unfolds; e) patterning, the evolving configuration of the relationship; f) presence, the resonance of the relationship; and g) meaning, the importance of the relationship.

### **Margaret Newman Exemplified Generosity of Spirit**

When working with students, Margaret did not control, but rather sought to understand through dialogue. She hosted frequent dialogues with her students and colleagues. She encouraged her students to explore the theory of health as expanding consciousness in the context of their own work and culture. She took joy and expressed deep interest as students reached new insights. The nature of Margaret's theory compelled her to recognize and appreciate the evolving pattern of her theoretical propositions. A poem Margaret wrote in 1985 describes her approach to relationships:

*I don't like controlling, manipulating other people.*

*I don't like deceiving, withholding, or treating people as subjects or objects.*

*I don't like acting as an objective non-person.*

*I do like interacting authentically, listening, understanding, communicating freely.*

*I do like knowing and expressing myself in mutual relationships.*

—Margaret Newman

Margaret Newman did not need, nor did she seek, to insert herself or her theory into the work of others. She delighted in watching patterns unfold. She knew we were all one unified whole and she did not need to do anything but be fully present to what was before her. Dottie Jones and I had the great honor of being with Margaret in June, facilitating the American Academy of Nursing's Nursing Theory-Guided Practice expert panel meeting from her bedside. Margaret listened intently to the dialogue. She said one last sentence to the group: "Don't forget about the philosophical foundation of nursing knowledge and what is embedded in that."

<https://nursology.net/2018/12/28/a-tribute-to-margaret-ann-newman-phd-faan-october-10-1933-december-18-2018/>

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Nursology.net is a web site for nurse scholars, developed and maintained by nurse scholars. Specifically, the web site is a repository for resources about nursing conceptual models, grand theories, middle-range theories, and situation-specific theories, philosophies and associated methodologies. The mission of nursology.net is to provide access to sentinel, contemporary, comprehensive, and authentic nursing knowledge development in order to facilitate advancement of nursing science and humanistic initiatives worldwide and across time.

# Healing Stories in Shakopee

by Health Story Collaborative

## DATE AND TIME

Sat, January 12, 2019  
1:00 PM – 3:00 PM CST

## LOCATION

Shakopee High School, Thrust Stage  
100 17th Avenue West  
Shakopee, MN 55379

## REGISTER

## DESCRIPTION

As a part of the End in Mind activities in Scott and Carver Counties, this event will support everyone to tell and listen to stories of illness and loss in ways that are healing. Rebecca Gladhill, a Shakopee resident who has been living with breast cancer for 24 years, will share her story of illness and healing, and her oncologist, Joseph Leach, MD, will share his story of working with Rebecca, and his path as physician.

The stories will be followed by a workshop led by Michael Bischoff from Health Story Collaborative, and Joel Carter, MD, a palliative care physician who is an expert in the use of storytelling and the psychosocial aspects of dying patients and their families. The workshop will provide tips for telling and listening to stories in ways that support healing, connection, and empowerment.

The story session will be from 1:00 - 2:00 pm. The workshop will be from 2:00 - 3:00 pm. The event and workshop are both free, but registration is requested. When you register, you will have the option to make a donation to Health Story Collaborative, to cover the costs of the event and make healing stories available to more people. Your donations are the only source of income for this event.

Questions? Contact Mari at [healingstorysession@gmail.com](mailto:healingstorysession@gmail.com).

"I have a wonderful Life, if I can hook into the healing narratives"

Bruce Kramer, interviewed by Cathy Wurzer

Presented in partnership with:



The Faith Community Nurse Network of the Greater Twin Cities  
**2019 Continuing Nursing Education**

**Continuing Education Symposiums (3 contact hours each)**

***The Opioid Epidemic + Naloxone Training***

**Wednesday, January 23**

**St. Alphonsus Catholic Church, Brooklyn Center**

Presentation by Randy Anderson, Overdose Prevention Manager at the Steve Rumler Hope Network.

***Adverse Childhood Experiences (ACEs)***

**Wednesday, April 3**

**Adath Jeshurun Congregation, Minnetonka**

***Loneliness & Social Isolation***

**Wednesday, June 19**

**St. Charles Borromeo Catholic Church, St. Anthony**

***Legal Rights of Older Adults***

**Wednesday, October 23**

**St. Stephen Lutheran Church, Bloomington**



Learn more and register online at [www.fcnnct.org/education/continuing-education-symposiums/](http://www.fcnnct.org/education/continuing-education-symposiums/)

**Online Continuing Education (3 contact hours)**

*The Art of Listening: Healing Ourselves, Our Clients, Our Communities*

presented by Elizabeth Andress.

Through a series of videos and activities, learners will be guided to improving their deep listening skills as faith community nurses. Learners will use contemplative prayer and meditation to deepen their listening to God and self, and reflect on the interconnections between listening to God, self, clients and in the broader community for healing to happen.

The course is available at [www.fcnnct.org/education/online-continuing-education/](http://www.fcnnct.org/education/online-continuing-education/)



475 Cleveland Avenue North, Suite 205 • St. Paul, MN 55104

651-204-0904 • [contact@fcnnct.org](mailto:contact@fcnnct.org)

[www.fcnnct.org](http://www.fcnnct.org)