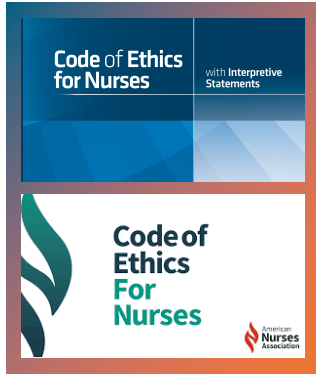


May MNORN Member Meeting (virtual)



Tuesday, May 20th
6:30- 7:00 PM: Social/Networking
7:00- 8:00 PM: Program

Program: The Code of Ethics for Nurses (newly revised): More Important Than Ever

Presenter: Martha Turner

Objectives:

- Identify key changes/updates to the revised 2025 Code of Ethics for Nurses (Code)
- Articulate ways to use the Code to navigate the everyday ethical challenges encountered in practice
- Explore the evolving role of nurses in addressing broader social issues that affect health both nationally and globally

Bio: Martha Turner, PhD, RN, FAAN – a native of Minnesota, is adjunct faculty, SON, U of M. She was a consultant to the Center for Ethics and Human Rights (CEHR) at the American Nurses Association. (2017-2025) and served as Co-Chair for 2025 Code of Ethics revision project with 45+ nurse participants from many roles and settings. As Associate Director of CEHR (2006-2017), she served as content editor, revision coordinator, and co-lead writer for the 2015 revision of the Code of Ethics for Nurses with Interpretive Statements. In 2006 she retired from active duty with the Air Force after 30 years. She was the Ethics Consultant to the Air Force Surgeon General from 1998 until 2006. She provides formal and informal ethics education across the U.S. and abroad. Her educational preparation includes the University of Minnesota for a BS and PhD, Loma Linda University for an MSN and Ball State University for an MA in Counseling Psychology.

**Attendees will receive 1.0 continuing education credit
There is no charge for this meeting.**

[Click here to register](#)



April MNORN Member Meeting Recording and Report: Care Coordination in Foster Care: Results of a Scoping Review and Concept Analysis, and Identifying the Need for Policy Change

MENTAL HEALTH IN FOSTER CARE

- Prevalence:
 - 80% of foster children
 - 18-22% general population
- Lack of mental health care
- Predisposing disparities to mental health conditions
- Over prescribed
- Implications for the future

(Carabez, 2019; Hambrick et al., 2016; Hickey et al., 2021; Knight et al., 2016; National Conference of State Legislatures, 2019; Twomey et al., 2011)

Presenter: Rachel Schickling

Slide show is @ <https://www.mnorn.org/>

Objectives:

1. Understand the prevalence of foster care and disparities experienced in this vulnerable population
2. Understand what is known in the literature about care coordination in foster care
3. Conceptually define care coordination in foster care
4. Identify recommendations for nursing practice to address health disparities for children in foster care

Rachel Schickling (she/her) is in her second year as an Assistant Professor in the School of Nursing at Minnesota State University (MSU), Mankato. Rachel obtained her bachelor's degree from MSU in 2017 and was inducted into the Spring 2016 Mu Lambda class. Rachel returned to MSU to teach clinicals part time in 2020 and was then inspired to obtain a Master of Science in Nursing Education at MSU, Moorhead. She found her home in nursing education. Rachel moved right into a PhD program at South Dakota State University (SDSU) and is projected to finish in 2026. Rachel has several research interests, which include developing a care coordination model for children in foster care, addressing root causes of incivility in undergraduate students, and promoting community based collaborative action research (CBCAR) to instill healthy habits in her local community.

Evaluations of the presentation:

Overall rating of the meeting comments:

- Very well done. It will be interesting to read your thesis as a published journal article.

- Eye opening as to lack of studied models to impact outcomes for children in foster care
- Topic and need for further research very well explained
- It would be interesting to see research on care coordination in other areas such as social work (they call it case management). Also if that addresses any of the gaps.

What factors influenced your decision to attend?

- My wife (a PHN) and I were a Crisis Nursery for Children's Home Society. We found it too hard to return children after the 72 hours with us.
- Online option
- Great topic, great group of wonderful nurses to meet with and network.
- Love attending all MNORN meetings
- Content
- Interest in research on such a topic as well as CEU's
- Continuing Ed credits
- I look forward to our monthly meeting because of the interaction and presentations every month.
- I wanted to know about the topic. I thought the speaker did an excellent job.
- Interested in topic
- Evening meeting time, topic
- Time and ease of attendance
- It is important to me to attend the monthly MNORN meetings.
- Topic, contact hours
- continuing education credits

Other:

- I was taken aback and impressed with the data
- Thank you!
- Keep up the excellent topics!
- Rachel's work is SO impressive and the need is so great. We wish her well on this vital journey.
- Thank you for another wonderful meeting! Such an important topic!

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**.

Honoring Marie Manthey During Nurses Week



Marie Manthey passed away late last year. In April, her memorial was held at the Alumni Center at the University of Minnesota. You can watch the service at:

<https://www.youtube.com/@MarieMantheyMemorial>

Much has been written about Marie since her passing last December. Just google her name and you will find article after article. They all speak to her passion for nursing and nurses. When MNORN was formed, she was a fierce advocate for our success, encouraging nurses to become members. In true "Marie fashion" she would say, "You NEED to join this organization." When Marie told you that you needed to do something, it was very hard to say "no!" Marie was very successful in getting people to say "yes!"

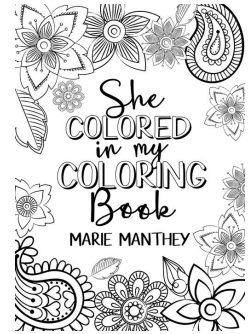
It is frequently said that "nursing is invisible." While this is certainly true from a hospital billing standpoint, it is never true that nurses are invisible. A patient of mine once told me that "I was the shining light" and that my "cheerfulness, enthusiasm, concern and interest converted agony into endurance than then into comfort." This is what we do as nurses, as we provide skilled care, we are bringing comfort and reassurance to our patients. We are never invisible.

Marie's story of becoming interested in nursing at the age of 5 because her nurse took the time to comfort a frightened little girl by coloring in her coloring book with her. That nurse was never invisible - Marie remembered her name and honored her throughout her life and career as a nurse.

In her own words: *"I became ill at the age of 5 and was hospitalized for a month at St. Joseph's Hospital in Chicago. It was a traumatic experience in a couple of ways. First of all, my parent's didn't know how to prepare me, since they had never been hospitalized themselves.. so they just said I was going to a large building. They left me there for a month, visiting twice a week, and sometimes when one or the other of them came, a very painful procedure was done involving an IM injection of their blood. As a result, I felt not only abandoned but also frightened and confused about the pain associated with their visits.*

Florence Marie Fisher is the name of a nurse who cared for me. One day she sat at my bedside and colored in my coloring book. For me, that translated to 'cared for me' ... and I decided then that I wanted my life to be about that kind of caring.

From that time on I knew I would be a nurse. I entered a hospital diploma program right after high school, and worked for the next four years as staff nurse, assistant Head Nurse, and Head Nurse. During the last of those years I started going to night classes in the community colleges .. not necessarily at first to get my degree.



So, this year, during Nurses' Week, remember that we matter, individually and collectively, to the people we serve - no matter our role or practice setting. There is much we need to "fix" in this hurting healthcare environment we are a part of, but for today, let's celebrate Marie and celebrate each other!

A few more words from Marie:

I also continue to be a part of my own and others' Nursing Salons – a safe space for nurses in all walks of the profession to share conversations and support one another.

My ongoing interest in changing the way we think about workload and resources is part of the same picture. As healthcare incorporates more and more technology, the temptation strengthens to discard the human caring aspects.

As nursing matures as a profession, I am more convinced than ever, that the choice to care – and to express care and compassion by one's behavior – is the absolutely correct choice nurses must make in order to continue to serve society justly.

Clinical competence must be on one side of the nursing coin, and care on the other. This is the 'Coin of the Realm' nurses must choose if, in fact, the covenant between nursing and society is to continue to exist.

Marie's website <https://www.mariemanthey.com/> is filled with her writings and insights.

Donations can be made in Marie's honor at:

Nurses Peer Support Network: <https://www.npsnetwork-mn.org/>

Marie Manthey Nursing Professorship in Innovative Practice: <https://makingagift.umn.edu/give/fund.html?id=2292#0>

The Retreat: <https://www.theretreat.org/>



WHEREAS: Nurse, author, and businesswoman Marie Manthey was born in Chicago on July 17, 1935; and

WHEREAS: Marie earned her Bachelor of Science in Nursing Administration from the University of Minnesota in 1962 and a Master of Science in Nursing Administration in 1964, and went on to build a consulting practice that helped to revolutionize the field of nursing around the world; and

WHEREAS: Marie was one of the originators of Primary Nursing, a care delivery model that allowed nurses to put the nurse-patient relationship first. Her focus on protecting the dignity and acknowledging the worth of every patient and every practitioner was central to all her work; and

WHEREAS: In her long career, Marie learned from everyone she encountered, and shared her own wisdom generously. Her commitment to equality and social justice made her an outspoken advocate for any marginalized person or group; and

WHEREAS: Throughout her career, Manthey continued to nourish and support the profession of nursing. In Minnesota, she created and hosted nursing salons, confidential meetings allowing nurses in all roles and all settings to gather; and

WHEREAS: Marie found recovery from alcohol addiction in the late 1970s. In her early days, she was sponsored by one of the first woman members of Alcoholics Anonymous. She would go on to integrate recovery principles within her work and her business; and

WHEREAS: Marie sponsored countless women throughout the years who henceforth sponsored more women, and an incredible web of sobriety extended throughout the country for decades to come.

Marie contributed her time to many recovery-based initiatives;
and

WHEREAS: One of Marie's proudest achievements was the co-
founding of the Nurses Peer Support Network, which
provides support for nurses working toward sobriety
and re-entry into the nursing workforce; and

WHEREAS: The University of Minnesota School of Nursing created an
endowed chair in Marie's name. The mission of the Marie
Manthey Professorship in Innovation Practices is to prepare
faculty and students to create, discover, lead, and implement
innovative solutions to our most complex local, national, and
global challenges in health care; and

WHEREAS: Marie was honored with dozens of awards in her career,
including being named a Living Legend of the American
Academy of Nursing in 2015 for her extraordinary
contributions to the nursing profession. Marie's professional
legacy lives on in the thousands of people she has inspired
over the years. Minnesota celebrates and honors her
contributions and the courage, authenticity, and
transparency that guided her work.

NOW, THEREFORE, I, TIM WALZ, Governor of Minnesota, do hereby proclaim Saturday, April 26, 2025, as:

MARIE MANTHEY DAY

in the State of Minnesota.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the
Great Seal of the State of Minnesota to be affixed at the State Capitol
this 24th day of April.



Tim Walz
GOVERNOR

Steve Dinnon
SECRETARY OF STATE

National Nursing Organizations Call for Investments in Health, Research, and the Workforce

Proposed HHS Cuts would be Debilitating to Prevention, Treatment, and Access to Care

Washington, DC (April 17, 2025)—On behalf of the American Academy of Nursing, the American Association of Colleges of Nursing, the Friends of the National Institute of Nursing Research, the National League for Nursing, and the Oncology Nursing Society, we are deeply disturbed by the recent news reported by the Washington Post and other outlets that the Trump Administration is proposing devastating budget cuts to the Department of Health and Human Services (HHS) along with further restructuring of the agencies within HHS. While our organizations recognize that this proposal is not final and still needs to move through processes at the White House and within the Office of Management and Budget, the significance of cutting this vital health department by \$40 billion as reported would be catastrophic to America's health and safety.

Our organizations call on the Trump Administration to recalibrate their thinking of federal budget cuts to HHS and recognize that the health of individuals and communities as well as the economic repercussions would be dire. If HHS's budget were cut this massively, the ripple effects would impact the longevity of the population. It would impact the health care workforce, the public health infrastructure, community programs, vital research, rural health, and every aspect of health in between. Prevention, treatment, and access to care would be interrupted at every level.

As nursing organizations, we stand to uphold what is core and critical to our profession—placing the patient at the center of our care. We stand in unity to advance health and advocate for innovation, progress, and reform where needed. Of particular concern is the proposed elimination of the National Institute of Nursing Research (NINR), within the National Institutes of Health (NIH). Since its creation 40 years ago, NINR has been federally authorized “to support research and training related to patient care at NIH.”¹ The contributions of nurse scientists and researchers are both significant and enduring. The potential elimination of NINR from NIH would stall important discoveries vital to symptom management for chronic diseases, cutting edge initiatives and interventions, and training programs for nurse scientists; only to name a few. Nursing practice is driven by our science—the science of care—which improves quality, saves lives, reduces costs, and never loses sight of the patients we serve.

The process of reforming HHS needs stakeholder engagement and should be done with careful precision. Our organizations will continue to work with Congress and the

Administration to protect federally funded health care programs, research, and the infrastructure that Americans need for better health, well-being, safety, and security.

Breaking Barriers in Nursing Innovation

Payton Sy, BSN, RN
April 4, 2025



Learn about the nursing journey Oriana Beaudet, DNP, RN, FAAN followed to become the Vice President of Innovation at the American Nurses Enterprise, and how she supports nursing innovation.

[Oriana Beaudet, DNP RN FAAN](#), experienced her first day of nursing school on September 11, 2001. Sitting in a coffee shop before class, she watched the Twin Towers collapse, the world shifting in real time. "Everything we thought we knew tilted on its axis," she recalls. When she finally walked into her lecture hall, the room was silent. A professor stepped forward and told the students, "This is why you're becoming a nurse. This is why it's so critically important you're becoming a nurse." Beaudet never looked back.

Now, Beaudet is at the helm of nursing innovation, serving as the Vice President of Innovation at the American Nurses Enterprise, the family of companies that comprise the American Nurses Association. Beaudet has spent years building the infrastructure to empower nurses as problem-solvers, disruptors, and designers of the future of healthcare. Read on to learn about her nursing journey, what the ANA is doing to support nursing innovation, and what resources are available to nurses.

A ONE-WAY TICKET TO ALASKA

Beaudet knew she wanted to go to college, as the first person in her family to pursue a college degree, she wanted to find the right path, and that meant living a little before choosing a major. She bought a one-way ticket to Alaska. "I did everything that was quintessentially Alaska," she recalls. Amidst other adventures, she pursued her EMT certification at the University of Anchorage. Navigating a medical emergency during a wildland fire solidified her draw to healthcare.

She eventually returned to Minnesota to continue with her Associate of Science in Nursing. Later, she went back to finish her four-year degree and, subsequently, her doctoral degree in Health Innovation and Leadership with a focus on design at the University of Minnesota. Beaudet's experience was primarily in critical care, trauma, and emergency medicine at a level I trauma and public safety net hospital before transitioning into leadership and healthcare consulting.

RECOGNIZING INNOVATION

Early in her career, working in emergency medicine and critical care, Beaudet developed a reputation for tackling problems. "Let's get Ori in here," her colleagues would say. She thrived in problem-solving spaces. "I've always worked to improve the environmental, process, and operational issues that impact clinical care to meet the needs of patients and families while addressing organizational challenges."

In Beaudet's doctoral program, she sought out people across the country who were innovating to address care needs, processes, and operations after the passage of the Affordable Care Act. "I consistently observed the innovative work being led by others helped to recognize my history of "problem solving" as what it was - innovation. I wondered how many other nurses were working to make systems better and innovating, while not seeing themselves as innovators either."

This became the seed for her doctoral work. "Nurses often don't recognize their own work as innovation. What's considered groundbreaking in one setting might seem routine in another. "Innovation looks different by place," she explains. "If you're in a well-resourced hospital, cutting-edge technology might be a focus of innovation. But in spaces where resources are stretched thin, innovation may look like a new process or creative workflows to stretch limited resources." She said, "Recognizing the continuum of innovation is a part of supporting nurse-led innovation."

NATIONALLY SCALING NURSING INNOVATION

"My doctoral work was focused on providing innovation education for nurses, teaching them about design and engineering principles, including business models." From nursing students to faculty, interprofessional team members, engineering students, including patients and families. Incredibly, the work kept growing across Minnesota's largest healthcare system.

Eventually, a role opened up at the American Nurses Enterprise for the VP of Innovation. "I knew it was my chance to change nursing and align my doctoral work and focus around innovation." The challenge? To apply that and scale innovation to the national level. Beaudet has now been at the ANE for over five years, working to put infrastructure in place to support nursing innovation across the profession.

Beaudet believes that innovation is a fundamental part of the profession's identity. "It is important that the work of our profession is seen, validated, and understood for its breadth and impact across healthcare."

BREAKING BARRIERS TO NURSING INNOVATION

Beaudet believes nursing innovation lies in the courage to try, embrace failure, learn, grow, and try again. "We have to be okay with moving into unknown spaces, trying new things, doing new things, and improving things that need to be better," she says.

Yet, she acknowledges the inherent tension of nursing's past, present, and future within healthcare: It's a system built on risk aversion because we want people and environments to be safe. "That being said, a lot of innovations are created for health care by people outside of health care who don't fully understand the nuances of the systems they're designing for, and their solutions don't actually fit the needs being navigated by clinicians and organizations."

This is why, she argues, nurse-led innovations are critical. Nursing innovations emerge from firsthand experience and directly address real patient needs and community challenges. Beaudet also points to structural barriers in nursing innovation:

- Organizational culture: Are we creating space for nurses to lead and try new things?
- Lack of infrastructure: Support systems within institutions are needed to support nursing innovation.
- Entrepreneurial roadblocks: Nurses developing products or launching businesses have to learn these skills, just like other professionals who graduate without a business degree.

Wherever nurses are working, they are innovating, Beaudet says. "The solutions to healthcare's biggest challenges don't have to come from outside of nursing or healthcare. Some of the greatest answers already exist within our profession."

THE ANA INNOVATION FRAMEWORK AND RESOURCES

Although barriers to nursing innovation still exist, Beaudet and the American Nurses Enterprise are working to provide resources and frameworks to support nurse innovators wherever they are.

Beaudet is committed to ensuring that nursing innovation is accessible, immediate, and deeply rooted in accessible information and innovation education. "Nurses, health care, and our patients don't have time to wait for much-needed solutions," she explains.

Some innovation resources the ANA is offering right now include:

- Articles in [The Online Journal of Issues in Nursing](#). Articles are initially locked for six months, but then everything becomes open access.
- The [ANA Innovation Accelerator](#), launched in 2015. "Nurses need education about innovation and resources," Oriana emphasizes. The accelerator is free to all nurses and provides structured support to develop new ideas and solutions.

- **Innovation Resource Guides.** These guides are designed to spark your curiosity about innovation and give you ideas on how to propel forward.

Looking ahead, Oriana hints at upcoming projects. “We’re on the cusp of dropping some other work this year,” she says, encouraging nurses to stay up to date at [Nursingworld.org/innovation](https://nursingworld.org/innovation).

FINAL THOUGHTS

Beaudet’s commitment to supporting nurse-led innovation is shaping the future of healthcare by ensuring that nurses have the resources, education, and infrastructure needed to thrive. “Nurses need support right now. Their work needs to be recognized, and their ideas need to be brought forward and amplified,” Beaudet emphasizes. As the ANE continues to expand its support, the ripple effect of innovation initiatives brings nurse-led solutions to the forefront of healthcare.

If you’re ready to champion nursing innovation, we’ve got the newsletter for you. Subscribe to the [ANE Innovation Newsletter](#) and [The Nursing Beat](#) now and join a community of nurses leading the charge!

Retrieved 4/30/2025: https://www.thenursingbeat.com/articles/breaking-barriers-in-nursing-innovation?utm_source=Organic+Social&utm_medium=LinkedIn&utm_campaign=Newsletter+Feature



PROMOTING CULTURALLY SENSITIVE DIETARY RECOMMENDATIONS FOR DIVERSE PATIENT POPULATIONS

This resolution, submitted by University of Minnesota, Minneapolis nursing students Selina Oh, Siham Dahir, Lauren Christian, Yvonne Mongare, was unanimously adopted by the House of Delegates at the National Student Nurses Association Convention in Seattle.

- WHEREAS, nutrition-related chronic diseases such as diabetes, obesity, hypertension, and cardiovascular conditions disproportionately affect culturally diverse populations (Ajabshir et al., 2022, p. 1); and
- WHEREAS, food insecurity and limited access to culturally relevant ingredients are significant barriers to implementing dietary changes, especially in underserved populations (White et al., 2024, p. 2); and

- WHEREAS, dietary recommendations that account for cultural and social contexts are more likely to be followed, as they resonate with patients' values and lived experiences, improving outcomes (Cipta et al., 2024, p. 5); and
- WHEREAS, nursing education programs often lack comprehensive training on culturally competent practices, limiting nurses' ability to provide effective and inclusive care (Lee et al., 2020, p. 7); and
- WHEREAS, integrating cultural humility into dietary education empowers patients, builds trust, and improves adherence to care plans, which enhances health outcomes (Dragomanovich & Shubrook, 2021, p. 222); therefore be it

RESOLVED, that the NSNA advocate for the emphasis of cultural humility and motivational interviewing in nursing curricula to enhance nursing students' ability to collaboratively assess and support patients' dietary habits within their cultural context; and be it further

RESOLVED, that the NSNA publish an article in Imprint, if feasible, on evidence-based strategies for nurses to provide culturally competent dietary guidance; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, National Black Nurses Association, National Association of Hispanic Nurses, Asian American / Pacific Islander Nurses Association, National Alaska Native American Indian Nurses Association, Philippine Nurses Association of America, Transcultural Nursing Society, and all others deemed appropriate by the NSNA Board of Directors.

Congratulations to all of the members of the Minnesota Student Nurses Association for all of their successes at the NSNA Convention in Seattle!



[WATCH FOR FREE ON PBS](#)

Explore vaccine hesitance historically and in the context of COVID-19

From the Producer:

Before anyone had heard of COVID-19, filmmaker Scott Hamilton Kennedy (*THE GARDEN*, *FOOD EVOLUTION*) began investigating the global measles epidemic. Filming with top public health officials—including Tony Fauci—as well as rare interviews with anti-vaccine activists who were persuading parents by the millions to refuse vaccines for their children.

Then COVID-19 happened.

Acting quickly, Kennedy shifted his directorial eye to this once-in-a-century tragedy. Both skeptical and hopeful, *SHOT IN THE ARM* explores vaccine hesitancy historically and in the context of our modern pandemic. Can we replace cynicism with healthy curiosity and bridge the political divides that make us sick?

From PBS:

"Both skeptical and hopeful, *SHOT IN THE ARM* - from Academy Award-Nominated filmmaker Scott Hamilton Kennedy and Executive Producer Neil deGrasse Tyson - explores vaccination hesitancy historically and in the context of our modern pandemic. Can we replace cynicism with healthy curiosity and bride the political divides that make us sick? Featuring: Tony Fauci, Paul Offit, and Robert Kennedy, jr."

From Sarah Simons, a MNORN Board member:

Thanks for recommending "Shot in the Arm"...it was therapeutic for me to watch it and empowering in its message! Best hour and a half I've spent in awhile.