
From MNORN President, Cami Peterson-DeVries



As Board President of MNORN, I am honored to serve an organization that unites registered nurses across Minnesota with a shared purpose: to strengthen our profession and advocate for the health of our communities.

Nurses have consistently been recognized as the most trusted profession. With that trust comes a responsibility to be voices of truth, integrity, and compassion. During these challenging times we are called not only to provide excellent care but also to remain aware of the resources available to us and to share them with others—ensuring that patients, families, and colleagues benefit from the strength of our collective knowledge.

MNORN is where the voices of Minnesota nurses come together. Through collaboration, advocacy, education, and professional support, we encourage nurses to thrive in their practice and lead with confidence in every setting. Each month, we provide a safe meeting space where we can come together. Through these meetings, we not only receive free CEUs, but our expert presenters focus on current challenges and opportunities facing nurses today, helping us to grow stronger individually and collectively.

In August, Kathi Koehn and I participated in the National Council of State Boards of Nursing's annual meeting in Chicago. That gathering brought together state nursing board leaders from across the country to address critical issues such as regulation, workforce needs, and ensuring safe, high-quality care. Our presence there reflects MNORN's commitment to staying connected nationally while keeping Minnesota's nursing priorities at the forefront.

Let us continue to stand as a trusted profession—grounded in truth, guided by compassion, and strengthened by the bonds we share as nurses in Minnesota. Please reach out to us with any questions or comments or ideas for future learning opportunities.

With gratitude and in service, Cami

Cami Peterson-DeVries is currently the VP of Senior Services at St. Francis Health Services of Morris. Her background includes working in various parts of healthcare as a nurse including acute care, clinic, urgent care, home care, hospice, assisted living, and skilled nursing facilities. Along with her current position she is also an adjunct professor at Rasmussen University and works as a Nurse Practitioner in a small women's health clinic in rural Minnesota



THE KATHARINE J. DENSFORD INTERNATIONAL CENTER FOR NURSING LEADERSHIP PRESENTS A CELEBRATION OF THE NURSING CODE OF ETHICS

MNORN is working with the Densford Center to provide an inspiring look at the newly updated Code of Ethics and how it shapes nursing today.

Date: Thursday, October 30th

Time: 4:30-6:30 PM

Location: Hybrid meeting. In-person location is at the U of MN School of Nursing, 4-130 Weaver-Densford Hall.

Hear from its authors and keynote speaker Shika Kalevor on how ethics influence everyday actions.

Minnesota nursing leaders will also share real-world examples of applying 2025 Code updates to:

- Social media and combating misinformation
- Gender-affirming care
- Ethical use of AI
- Planetary Health

Keynote Speaker: Shika Kalevor, MS Bioethics (Harvard Medical School), BSN (Seattle University), is a NICU nurse turned bioethics leader. She explores the intersection of ethics, health equity, and racial bias in medicine. Her published work draws from her roles on ethics committees and her pediatric bioethics fellowship at Children's Mercy Kansas City.

Other speakers include:

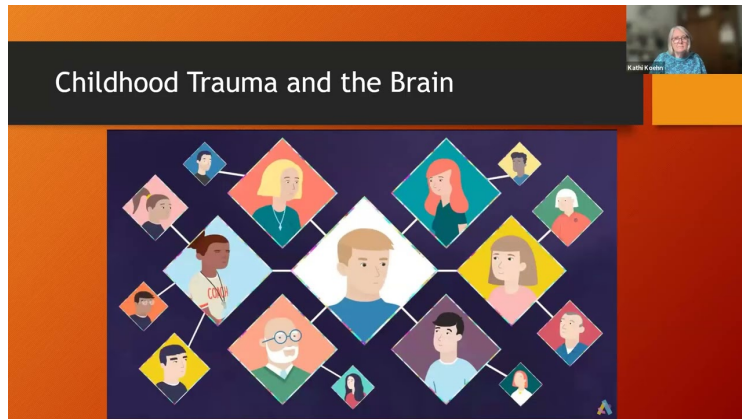
- Martha Turner
- Ian Wolfe
- Robin Austin
- Margaret Moss
- Jenna Marquard

[CLICK HERE TO REGISTER](#)

There is no cost to attend this meeting.

September MNORN Member Meeting Recording and Report: Use of Principles From Trauma Informed Care

Watch the recording on YouTube



Presenter: Niki Gjere

Slides available on the MNORN website

Objectives:

- Describe elements of immediate and longer-term trauma.
- Apply trauma informed approach principles to a practice setting.
- Identify provisions in the American Nurses Association Code of Ethics for Nurses that describe accountability for practice.

* If you watch the video and would like continuing education credits, please contact Kathi Koehn at kkoehn@mnorn.org. She will send you an evaluation to complete to receive your certificate of attendance.

Evaluations of the presentation:

What factors influenced your decision to attend?

- I don't like driving at night so this works well for me.
- Topic + I try to attend these meetings if I can.
- Did not know much about the topic.
- It is my responsibility as an active member to attend our monthly meetings to interact, learn and share.
- Monthly attendee
- Availability in my schedule
- Timing
- The topic was new for me, especially since I am retired from a patient -related position.
- Great topic, great speaker, able to attend per zoom.
- Topic and my availability that evening
- Topic, presenter, contact hours

Suggestions for future topics/speakers:

- I am a member of the MDH Health Care home advisory Council and they have conducted several studies that evaluate the HCH structure. It might be interesting to have one of their researchers present findings.
- I will like to hear some AI discussions in nursing education, practice, and healthcare.
- How to engage students in the work of MNORN
- AI and informatics in healthcare going forward. Where will the future take us in healthcare?
- Tangible ways for each of us to participate in local politics
- Ongoing aspects related to the Ethics topics will be nice to hear, especially to hear how the active nurses are using them now, or what is being taught in courses.
- How the trends in closing Federal programs have on direct care and public health.

Comments:

- I am glad to be part of this team. Grateful for our leadership that continues to bring diverse speakers to our monthly meetings.
- Thanks for a great meeting!
- Very good use of the current ANA Code aspects, some of which are new for the 2025 edition.
- So clear to understand the various aspects presented.
- So important to include the revised Code of Ethics, as there are changes
- Thank you!!
- Relevant and important topic to address

New Report from AONL:

An Early Warning System for Nurse Burnout: Metrics and Strategies



From AONL: "This Fall 2025 report, *An Early Warning System for Nurse Burnout: Metrics and Strategies*, brings new actionable data showing the points at which nursing teams are the most stressed, as measured by eight available and predictive burnout metrics. This data is coupled with strategies shared by nurse executives and managers who have worked on or improved these metrics. The findings are intended to promote constructive conversations about using existing indicators to identify when nursing teams need additional support and enable leaders to provide support proactively." [Click here to access the full report](#)



Artificial Intelligence and the Art of Human Caring in Nursing

SEPTEMBER 12, 2025 / GUEST CONTRIBUTOR
GUEST CONTRIBUTOR: SERENA TOBAR
DOCTORAL NURSING STUDENT, TEXAS WOMAN'S UNIVERISTY

It feels as though artificial intelligence (AI) has bloomed overnight in healthcare; its roots spreading rapidly, its branches reaching into nearly every aspect of clinical practice. New applications emerge almost daily, and even for seasoned professionals, keeping pace can feel overwhelming. At my own institution, we recently piloted an AI tool designed to assist in diagnosing and treating seizure activity. I was struck by its precision in distinguishing true seizure events from artifact, significantly reducing the need for on-call neurodiagnostic technologists. The efficiency was undeniable. But as I watched this technology perform with remarkable accuracy, I found myself asking: What does this mean for the soul of nursing?

Understanding AI: More Than Just Algorithms

To thoughtfully engage with AI in healthcare, we must first understand what it is. Artificial intelligence refers to the design and engineering of machines that simulate human cognition: reasoning, perceiving, learning, and predicting (Bajwa et al., 2021; Xu et al., 2021). Programs like ChatGPT offer human-like responses to text input, demonstrating how AI can mimic conversation and thought (Wen & Wang, 2023). In clinical settings, AI now assists in analyzing echocardiograms, radiographs, and pathology images, helping extend care to underserved regions and streamline diagnosis (Poalelungi et al., 2023; Sezgin, 2023).

Yet, as these tools become more embedded in our workflows, a paradox emerges: while we gain efficiency, we risk losing intimacy. The screen becomes a barrier. The algorithm, a substitute for presence. And so, the question arises—how do we preserve the essence of human caring in an increasingly digital world?

Jean Watson's Human Caring Theory: A Compass in the Digital Age

Jean Watson's "Human Caring Theory" offers a philosophical and ethical framework to guide nursing practice, even amid technological transformation. Her 10 Caritas Processes (Embrace, Inspire, Trust, Nurture, Forgive, Deepen, Balance, Co-create, Minister, and Open) invite nurses to center compassion, connection, and presence in every interaction (Watson Caring Science Institute, 2025).

These principles were once easier to embody when our hands were less tethered to

keyboards. But Watson's Caring in the Digital World (Sitzman & Watson, 2017) reminds us that these processes are not relics of a pre-digital era—they are adaptable, resilient, and essential in the age of AI.

Let's explore how each Caritas Process can guide our integration of AI while preserving the sacredness of human care.

Caritas Process 1: Embrace – Cultivating Compassion in a Digital Landscape

Compassion begins with grace. At my institution, we emphasize assuming positive intent: whether in emails, patient interactions, or staff exchanges. Gratitude becomes a daily practice. When working with AI, we extend this grace to the technology itself, recognizing its imperfections and allowing space for questions and learning.

Caritas Processes 2 & 3: Inspire and Trust – Presence Amidst Distraction

AI promises efficiency, but it can also encourage multitasking. True presence, being fully attentive to another, builds trust. As patients gain access to their medical records and digital tools, our role is to slow down, listen, and create space for understanding.

Caritas Processes 4 & 5: Nurture and Forgive – Honoring Emotional Expression

AI cannot replicate the emotional depth of human relationships. Patients will continue to crave genuine connection. Active listening and emotional presence remain irreplaceable, reminding us that healing is not just physical, it is relational.

Caritas Process 6: Deepen – Creativity and Ethical Reflection

AI can enhance creativity, offering new tools for expression and artistry. But we must remain ethically vigilant. Who owns AI-generated art? What biases shape its outputs? Caring requires not just innovation, but reflection.

Caritas Process 7: Balance – Teaching with Heart

AI can generate educational materials, but the nurse's role as a teacher is deeply personal. Whether guiding a patient or mentoring a student, our presence imbues learning with empathy. Podcasts, videos, and digital tools can support, but never replace the human touch.

Caritas Process 8: Co-create – Protecting Dignity in a Data-Driven World

AI learns through data. Nurses must safeguard patient privacy and dignity, ensuring that technological advancement never comes at the cost of ethical care.

Caritas Process 9: Minister – Reverence for the Human Experience

To care for another is not merely a task, it is a moral and existential privilege. In the simple acts of bathing, feeding, or holding a hand, we affirm the dignity of the human spirit. These

gestures, though small, carry profound meaning. They are the essence of nursing, and they remain untouched by the reach of artificial intelligence.

Caritas Process 10: Open – Embracing Mystery and Possibility

AI is a mystery – powerful, evolving, and still largely unknown. As nurses, we remain open to its potential while grounded in our commitment to human dignity. We embrace the miracle of technology but never lose sight of the miracle of care.

Final Reflections: Technology as Tool, Not Replacement

AI is not the enemy of nursing; it is a tool. But tools must be wielded with wisdom. Jean Watson's theory reminds us that caring is not a task; it is a way of being. As we navigate the digital frontier, let us remain rooted in compassion, presence, and ethical reflection. The future of nursing is not just high-tech, it must also be high touch.

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About Serena Tobar

Serena Tobar is an education resource specialist for Memorial Hermann Southwest Hospital and Visiting Professor for Chamberlain University. She is pursuing a Ph.D. in Nursing Science at Texas Woman's University. Over the last 22 years, she has worked in various areas of nursing, including home health, acute care, hospital education, and academic education. Outside of employment, Serena enjoys reading and writing and has published a short collection of poems.

retrieved 9/12/2025 <https://nursology.net/2025/09/12/artificial-intelligence-and-the-art-of-human-caring-in-nursing/#respond>

Leading Health and Medical Organizations Urge EPA to Uphold Greenhouse Gas Endangerment Finding and Protect Public Health



MNORN is proud to join over 120 other medical societies and health organizations in calling on the Environmental Protection Agency to protect the endangerment finding. The endangerment finding gives the EPA the authority, and the responsibility, to regulate greenhouse gases

under the Clean Air Act. Revoking it would strip the federal government of its strongest legal tool to limit carbon pollution from vehicles and power plants, fly in the face of global scientific consensus, and worsen the health harms of climate change.

Read our letter here. <https://bit.ly/EF-Letter>

American Academy of Nursing Statement on Immunization: Supporting Evidence-Informed Policies to Prevent Disease and Promote Public Health



POSITION

The American Academy of Nursing (Academy) has long supported immunization as a critical intervention to reduce the incidence of vaccine-preventable disease and promote healthy lives for all people. Declining immunization rates due to vaccine hesitancy, vaccine-related misinformation, increased nonmedical exemptions, disparities as well as coverage, access, and financial barriers presents a public health crisis. To reduce the spread and resurgence of vaccine-preventable diseases and prevent higher rates of morbidity and mortality across the lifespan, a comprehensive approach involving clinicians, health systems,

industry partners, communities, and local, state, and federal government as well as global networks is necessary.

POLICY RECOMMENDATIONS

Immunization is critical for public health promotion and reducing the spread of vaccine-preventable diseases on an individual, community, national, and global level. Furthermore, immunization supports increased global prosperity, reduced burden and cost on health care systems, and improved health protection across the lifespan. The Academy urges increased action to address barriers to vaccination and expand access to vaccines.

1. Protect, increase, and promote federal funding for the CDC and maintain grounding in rigorous scientific evaluation to enable disease prevention, education, and control efforts at the local, state, and federal levels.
2. Support expansion of health insurance coverage (both public and private) to enable people to connect with clinicians, including PCPs, and receive vaccines in accordance with recommended schedules.
3. Encourage expanded funding for programs that connect individuals and communities with vaccines, such as the Vaccines for Children and Federal Retail Pharmacy programs, and maintain requirements for health insurance plans to cover the cost of recommended vaccines across the lifespan.
4. Improve access to vaccines with community-based approaches, by bolstering state and federal funding, and through avenues beyond clinician health offices, including making vaccines available in pharmacies, local health departments, schools, and community centers.
5. Track and examine data related to nonmedical exemptions for required vaccines to develop strategies to counteract public health implications for increased exemption rates.
6. Increase funding for federal health agencies to conduct public health research into the origins of misleading information, its effects on vaccine acceptance, and strategies to combat misinformation and promote trust in health institutions.
7. Invest state resources to increase the number of school nurses who can be hired to promote and manage childhood immunizations, educate families, identify immunization gaps, and offer clinics.
8. Ensure appointed members of the CDC's Advisory Committee on Immunization Practices and other federal committees overseeing vaccination and immunization recommendations are experienced, credentialed, and have robust expertise and research in vaccines and immunization.
9. Support international partnerships with global organizations including the WHO to ensure that agencies such as the CDC can provide and receive data on trends that inform preparedness and response efforts for emerging global health threats.

10. Improve guidelines and procedures for the Strategic National Stockpile to promote efficient and effective response efforts for health emergencies, including with key aspects such as vaccine tracking, distribution, and expiration patterns.

[CLICK HERE TO READ THE ENTIRE POLICY STATEMENT](#)



The Joint Commission's 2026 National Performance Goals (formerly known as National Patient Safety Goals) address hospital staffing!

Goal 12 states: The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.

Further, 12.02.01 emphasizes the role of the nurse executive in directing nurse staffing and includes Element of Performance 5: There must be an adequate number of licensed registered nurses, licensed practical (vocational) nurses, and other staff to provide nursing care to all patients, as needed.

This NPG aligns with the recommendations of the National Nurse Staffing Task Force, co-led by [American Nurses Association](#) and [AACN \(American Association of Critical-Care Nurses\)](#) and published back in 2023.

Most important: this NPG codifies the vital role of appropriate staffing in the provision of safe and quality acute care.

<https://www.jointcommission.org/en-us/standards/nationa>



The generational trauma of the health care system

Tiffany Black, DM, MPA, MBA
October 4, 2025

Health care often talks about burnout as if it were a recent discovery. But for many clinicians, the exhaustion they feel did not begin with them. It was inherited, passed down through a system that normalizes overwork, silence, and sacrifice as the price of practicing medicine.

Every generation of providers has heard the same message: This is just how it is. Long shifts, missed meals, unsafe staffing ratios, and silence in the face of unsafe practices. New physicians, nurses, and staff walk into hospitals believing these sacrifices are a rite of passage. What they do not realize is that they are also inheriting unresolved trauma from the generations before them. Like families that carry intergenerational trauma, health care carries its own legacy of suffering. Instead of breaking the cycle, the system teaches each new wave of clinicians to absorb it, adapt to it, and then pass it along.

CASE STUDY ONE: PHYSICIANS AND THE RITE OF PASSAGE

The culture of medical residency is a clear example. In 1984, the death of Libby Zion, an 18-year-old in a New York hospital, exposed the dangers of exhausted residents. Her case led to the first duty-hour limits from the Accreditation Council for Graduate Medical Education (ACGME) in 2003.

Yet even after reforms, the culture of endurance remains. A 2023 JAMA study found residents still routinely log sixty to eighty hours a week, with forty-three percent reporting persistent sleep deprivation. Overwork is not seen as failure; it is glorified as resilience. Trauma is reframed as professionalism, and the cycle continues.

CASE STUDY TWO: NURSES AND THE NORMALIZATION OF OVEREXTENSION

The nursing profession has its own inheritance. After World War II, chronic shortages forced nurses to “do more with less,” a mantra that became cultural DNA. Today, the American Nurses Association reports that sixty-two percent of nurses are considering leaving their jobs due to unsafe staffing, and moral distress is at record highs. During the pandemic, many senior nurses told new hires: “We have always worked double shifts. You will get used to it.” Trauma disguised as toughness is being handed down like a family heirloom no one wants but everyone carries.

CASE STUDY THREE: THE CULTURE OF SILENCE

Medicine has long relied on hierarchy: “see one, do one, teach one.” Questioning authority was discouraged. That culture of silence continues today, often reinforced by fear.

The 2022 conviction of nurse RaDonda Vaught, criminally charged for a medication error, sent shockwaves through health care. For many clinicians, it confirmed what they already suspected: Speaking up or admitting mistakes can ruin your career. The result? Silence becomes a survival strategy. That silence is then modeled to trainees and perpetuated into the next generation.

CASE STUDY FOUR: TECHNOLOGY AS A NEW LAYER OF TRAUMA

Technology has added another generational layer. When electronic health records (EHRs) were mandated in 2009, they promised efficiency but delivered new burdens. Systems built for billing rather than care overwhelmed clinicians.

Now, the rapid integration of artificial intelligence in 2024–25 risks repeating the pattern. Promises of efficiency collide with the reality of poor implementation and lack of psychological readiness. Each wave of technology becomes another inheritance of frustration and fatigue.

WHY THIS IS GENERATIONAL TRAUMA

Psychologists define generational trauma as harm transmitted not just biologically, but through behaviors, expectations, and silence. Families unconsciously pass down what they have not healed. Health care does the same.

The exhaustion, silence, and disconnection clinicians feel are not simply individual failings; they are the smoke rising from fires lit decades ago. This is not just burnout. It is generational trauma embedded in the culture of medicine.

BREAKING THE CYCLE: WHAT CAN BE DONE

Healing is possible. But like families confronting generational trauma, it begins with acknowledgment.

- **Name the inheritance.** Leaders must openly recognize that today's workforce crises are not new: They are inherited. Normalizing overwork and silence was never strength; it was trauma.
- **Adopt trauma-informed leadership.** The same principles used in patient care: safety, trust, empowerment, must be applied to staff. Leaders must be trained to see organizational trauma and respond with transparency rather than blame.
- **Redesign training and orientation.** Residency should no longer glorify survival. Nursing programs should prepare graduates to advocate for themselves, not absorb moral injury.

- **Measure psychological safety.** Just as hospitals track infections, they should measure whether staff feel safe speaking up. Leadership evaluations must be tied to these outcomes.
- **Create recovery spaces.** Programs like Johns Hopkins' RISE second-victim support model should be standard, offering real decompression after adverse events.
- **Foster intergenerational healing.** Create forums where seasoned clinicians can tell the truth about what they endured, and help new providers reject the idea that trauma is tradition.
- **Policy and structural reform** must also play a role. Enforce staffing ratios. Monitor duty hours transparently. Protect whistleblowers by law and culture. Without systemic change, individual resilience will never be enough.

CONCLUSION: STOPPING THE INHERITANCE

If families can heal from generational trauma through truth-telling and intentional change, so can health care. But it requires courage to say: The cycle stops here. We cannot afford to pass this legacy down one more generation.

Tiffany Black is a health care consultant.

retrieved 10/6/2025. <https://kevinmd.com/2025/10/the-generational-trauma-of-the-health-care-system.html>

Minnesota Department of Health (MDH) Project Firstline (PFL)

Blood Micro-Learn: What to Do When You See Blood

Join MDH Project Firstline's brief train-the-trainer session designed for those with infection control expertise or who may lead infection prevention and control education. Participants will learn how to utilize micro-learn resources in team huddles, guide practical discussions, and to help staff take steps to stop the spread of germs.

Train to lead. Use the tools. Make an impact.

Same training offered both days — register for the one that fits your schedule.

- Tuesday, Oct. 14, 2025 | 2 - 2:30 p.m. CDT
[Project Firstline Blood Micro-Learn \(10/14\)](#)



- Thursday, Oct. 16, 2025 | 10 - 10:30 a.m. CDT
[Project Firstline Blood Micro-Learn \(10/16\)](#)

View Now: Environmental Cleaning and Disinfection Training Session

Complete the [Project Firstline Training Session: Environmental Cleaning and Disinfection](#) registration form to view the 30-minute recorded training now. After viewing, submit the feedback form to receive proof of attendance.



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