DEAR FRIENDS,

It is a pleasure to share with you the winter 2022 edition of the University of Iowa Alumni CONNECTIONS. We are pleased to unveil the new look as we start a new year. We are bringing you news of the events that have occurred in the last six months and including a spotlight on several of our faculty whose practice and research focuses on women, particularly women at the time of childbirth. Drs. Segre, Vignato, and Weltin are all contributing to the goal of improving the health of women in Iowa and educating students to be the next generation of nurses, nurse practitioners, and nurse scientists.

Julie Zerweck, PhD, RN, FAAN
Kelting Dean and Professor

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DEAR FRIENDS,

It’s been a busy fall at the College of Nursing! Here are some of the highlights:

September

For 2022, the College of Nursing Bachelor of Science in Nursing (BSN) program was ranked 10th in the country by U.S. News & World Report. Our Master of Science in Clinical Nurse Leader program was also ranked 23rd. The first College of Nursing investment celebrated the following faculty appointments:

Julie Zerweck, PhD, RN, FAAN, Ketting Dean’s Chair in Nursing
Barbara Rakel, PhD, RN, FAAN, Dr. Rita and David Franzt Professor of Nursing
Keeva Herr, PhD, RN, AGSF, FSNA, FAAN, Ketting Professor of Nursing
Harleah Buck, PhD, RN, FPCN, FAHA, FAAN, Sally Mathis Hartwig Professor of Gerontological Nursing Research

We also recognized the Frantz, Kelting, and Mathis Hartwig families whose generous gifts established these prestigious positions.

Nearly 300 alumni, friends, faculty, staff, and students came out to tailgate with us for Homecoming. Even Herky stopped by for some fun!

October

The fall 2021 Bachelor of Science in Nursing graduates were honored in a ceremony at the Iowa Memorial Union. O’Sullivan, PhD, CRNA, ARNP, who never received a pin when

Professor and Anesthesia Nursing Program Director Cormac in a ceremony at the Iowa Memorial Union.

November

The Future of Nursing 2020–2030 report describes nurses as the bridge–builders who connect with people and communities to ensure they have what they need to be healthy and well.

There is, however, an essential step that must be done before those connections can be made. That essential step is to listen.

Listening to women, in particular, guides the research and daily practice of three College of Nursing faculty, Drs. Lisa Segre, Julie Vignato, and Ann Weltin.

LISTENING TO WOMEN: PAIN

For Julie Vignato, PhD, RN, RNC-LRN, CNE, the focus on listening is personal. Her brother struggled with mental health issues before committing suicide eight years ago.

“He’d be frustrated,” she said. “He’d say, ‘Julie, why doesn’t my brain work right?’ Ever since then, I’m like ‘OK, so that’s it, this is my focus for my Ph.D., this is how I’m going to honor him.’”

“But it’s perinatal mental health,” she said, adding with a laugh, “my experience is in maternal child nursing, so I don’t know what to do with males.”

Vignato’s current research focuses on the comorbidities of depression and pain during the perinatal period—the third trimester of pregnancy and one year postpartum.

“We’ve found, in my postdoctoral work, that when women have pain, they go to their providers, and they’re minimized.

They might be told to do non–pharmacologic pain management, to stay home and put your feet up, or to get a massage; but women can’t. They have to work, or they are taking care of their toddlers,” she said.

Vignato noted that pain in pregnancy has been under treated historically because it is thought of as an acute problem that’s not long term or chronic. Her research shows, however, that not treating this pain can have lasting effects.

“If the untreated pain prevents a woman from sleeping, causes her to feel helpless and hopeless, she can’t function and she’s minimized, then that can lead to depression, and depression may continue after pregnancy into the postpartum period. And we know that perinatal depression can affect the child up to the age of five years, if not longer.”

Vignato is currently the investigator on a University of Iowa Center for Advancing...
LISTENING TO WOMEN: GYNECOLOGICAL HEALTH

As a family nurse practitioner who is also a certified nurse midwife, Ann Weltin, DNP, FNP, has spent two years listening and caring for women and their children at a low-income clinic in Milwaukee, Wisconsin. During that time, Weltin delivered 400 babies and described it as incredibly rewarding to “walk with women during the best times of their lives and sometimes the worst times of their lives, when things didn’t go right.”

After moving to Dubuque 15 years ago, Weltin found another way to focus on women’s health: the federal Health Center pilot program, Title X. Administered by the Health and Human Services Office of Population Affairs, Title X offers a wide range of reproductive health and pregnancy-related services, including wellness exams, sexually transmitted infection testing, cancer screening, birth control, and health education.

Since the program’s inception in 1970, the network of nonprofit health and community agencies that receive Title X funding have served more than 180 million low-income or uninsured clients, the majority of whom were women. The program prioritizes providing access to high-quality services regardless of a patient’s ability to pay and advancing equity for all.

Weltin currently runs the Title X program at Crescent Community Health Center, a Federally Qualified Health Center. She has also been teaching future nurse practitioners for the past 12 years and joined the College of Nursing as a clinical associate professor in 2021. She views gynecologic health, from period-onset to post-menopausal changes, as a huge part of a woman’s quality of life. “We also know that [women] have a lot of things going on in their lives, and pregnancy, and how easily it occurs.”

For Weltin, women’s health care education is fundamental. “The youngest person I delivered a baby for was 12,” she said. “We are seeing children younger and younger who don’t know what to do with their bodies.” They’ve never been educated about sexually transmitted infections, birth control, pregnancy, and how easily it occurs.”

Nurses can have a key role in this education and in women’s health care in general, Weltin noted, because their training teaches them to be cognizant of the total person. “When we’re looking at the ability to care for women from multiple cultures, to meet the sensitive needs of women, perhaps who have been traumatized in some way sexually, the needs of people who may identify sexually with a different gender, those kind of sensitive issues—I think nurses today are uniquely equipped to handle all of those very, very sensitive issues that are tied in with our women’s health care needs,” she said.

LISTENING TO WOMEN: POSTPARTUM

Although we know that one in seven women experience postpartum depression, providers and health systems struggle with the best way to support and treat this group of women. Logistical issues such as cost, time, and transportation may preclude treatment. Other times, the reasons are rooted deeper, such as stigma and lack of trust. According to decades of research conducted by College of Nursing Professor Lisa Segre, PhD, adding Listening Visits to the array of treatment options providers choose from is one way to increase the likelihood that women get the treatment they need.

First instituted by a British public health nurse in the 1980s, Listening Visits are non-contact counseling sessions delivered by home-visiting nurses. The nurses are trained in postpartum mental health, empathic listening, and problem solving. In sharing with a non-judgmental nurse who fully listens, the patient often develops a clearer perspective and is open to collaborative problem-solving.

“The underlying rationale for this intervention is that women often just need someone to listen to them as they sort out their own situations, rather than necessarily requiring mental-health specialist care,” said Segre. While many things may be different between the United States and British health systems, the perception women have of nurses as trusted, caring providers is not one of them. Through her research, Segre has shown that women of all economic levels find it acceptable for postpartum depression screening and counseling to be provided by nurses, and more than half the women surveyed were “definitely willing” to be counseled by a nurse. The nurses agree. Ninety percent of the nurses surveyed agreed or strongly agreed that nurse-delivered counseling was a good idea, nearly 50 percent were regularly providing some form of counseling already, and approximately 75 percent were willing to participate in a counseling skills training program.

The next step in Segre’s work was assessing the effectiveness of Listening Visits in the United States. She found a statistically and clinically significant improvement in depressive symptoms among participants who had six listening visits in their home or OH-Cy’s office during an eight-week period, and qualitative assessments indicated that the women valued this approach. What’s more, the improvement was sustained, and the mood continued to improve during the following eight weeks. Additionally, a cohort of participants who began their Listening Visits eight weeks postpartum also experienced significant improvement.

A NICU clinical trial conducted by Segre and Chuffo Davila’s team—the first of its kind—found that moms who participated in a series of Listening Visits reported lower anxiety and depression symptoms, and improved self-esteem. A subsequent trial, which concluded in 2020, found higher rates of improvement four weeks after enrollment among recipients of Listening Visit (56.3%) compared to recipients of usual care (23.8%). Adapting to the limits of clinical studies during a pandemic, the team is now piloting the idea of Listening Visits delivered by nurses via Zoom.

A psychologist by training, one thing Segre loves about nursing and nursing science is that it doesn’t stop with the research. “Nurses get the point of putting it into practice,” Segre said, and moving away from studies and into the community is an important aspect of her work. Largely due to her research and community connections, the Listening Visit model has been adopted by the Iowa Department of Public Health, and Listening Visits delivered by maternal health agency staff even have their own Medicaid billing numbers. Segre visits IDPH every other year to train new staff on the Listening Visit model.

The NICU research is moving into the community as well. Segre and Chuffo Davila are currently bringing together a broad group of collaborators—ranging from the Iowa Neonatal Quality Collaborative, the Advanced Practice Institute in the University of Iowa Hospitals and Clinics Department of Nursing, Mercy Health in Waterloo, Iowa, two medical anthropologists, and a NICU parent advisory board—to create a pathway for implementing Listening Visits in community NICUs.

The research shows that “listening matters,” said Segre. And now, “my one goal in life is to have Listening Visits implemented as a standard of care in all NICUs.”

“The research shows that listening matters. My one goal in life is to have Listening Visits implemented as a standard of care in all NICUs.”

—Lisa Segre

After discussing the Listening Visit concept with Segre, neonatal nurse practitioner Rebecca Chuffo Davila, DNP, NNPC-BC, FAANP, recognized the potential value of this intervention for mothers of hospitalized newborns. The two decided to team up and take the Listening Visit model to a new location—the neonatal intensive care unit. Mothers with babies in the NICU are at increased risk for depression, but treatment referrals are often unsuccessful because they prefer to spend any free time with their babies and see their needs as secondary to those of their baby. Delivered by nurses, the Listening Visit intervention counteracts this by giving the treatment to these moms at the infant-point-of-care. NICU moms develop close relationships with their neonatal nurses, and nurses are knowledgeable about the newborn’s medical status, leaving these nurses uniquely positioned to deliver the Listening Visits.

“...
Mary Noel Cline made an indelible impact as a nurse over the course of her four-decade career. Now, her husband, Phil Cline, is giving back to honor his late wife and her passion for nursing.

When Mary Noel Iber (BBSN) was forced to move temporarily because of a fire at her University of Iowa sorority, she never expected her short-term housing situation would lead to a romance. Neither did her future husband, Phil Cline (BIBA, 87MA).

"After the fire, she was living with Nancy Swisher (43BA), who was a good friend of my mom’s," says Phil, who grew up in Iowa City. "They concocted a story that there was an attractive nursing student living with Nancy, and this nursing student thought I was really special. Come to find out, she didn’t even know me. It was a classic setup, but I pursued her anyway and eventually got a date."

While a romance developed and they were married two years later, both Phil and Mary, who went by Noel, also received life-changing educations at Iowa. Phil became an administrator and CEO for three different hospitals throughout his career, while Noel had a four-decade career as a nurse—including serving as a head nurse at UI Hospitals & Clinics and at a primary care facility for an Inuit tribe in Kodiak, Alaska. She was also an avid volunteer and loved sailing and kayaking.

"Noel was someone who could do just about anything, and she opted to become a nurse—it was hardwired into her," says Phil, who lives in Eden Prairie, Minnesota. "She demonstrated such empathy for others."

When Noel passed away in 2018 after a courageous battle with cancer, Phil knew he wanted to honor Noel and her nursing career. That's why Phil made an outright gift to create the Mary Noel Cline Memorial Nursing Scholarship at the University of Iowa, which will provide support for nursing students with financial need. The first recipient will be selected this spring.

"I knew how much she enjoyed her time at Iowa, and knowing what being a nurse meant to her, this seemed like a great way to honor and memorialize her," says Phil. "There are students out there that maybe don’t have families who can support them through nursing school—like Noel did. And if they have the skills that will make them great nurses, this seemed like a compelling reason to help future nurses."

Sarah (Pflederer) Hackethal (BBSN) started her career as a staff nurse at the Medical Intensive Care Unit at UI Hospitals and Clinics. In 2018, she was promoted to assistant nurse manager. In 2020, she was honored as the Daisy Nurse Leader, and in 2021, recognized as one of the 100 Great Iowa Nurses.

According to her nurse manager, Sarah brings a relentless passion for her patients and the staff who serve them. Her spirit, drive, and heart for helping patients and educating others to do so are readily apparent. She was responsible for the planning and execution of a COVID surge unit and instrumental in expanding bed capacity, improving patient flow, and cross-training nurses.

Sarah is pursuing her Master of Science in Nursing—Clinical Nurse Leader degree at the College of Nursing, with expected completion in May 2022.

Colonel Aaron Gopp (04CRNA) works in private anesthesia practice in Fruitland, Idaho. Col. Gopp earned his Bachelor of Science in Nursing in 1997 and was commissioned in the U.S. Navy Nurse Corps, where he remained until 2001 when he transferred to the Army Reserves.

Col. Gopp has held many leadership roles in the Reserves during the past two decades and has deployed twice to Afghanistan and once to Iraq.

As the director of anesthesia services and later commanding officer of the 915th Forward Surgical Team, Gopp was responsible for the preparation of the entire surgical team. He also trained healthcare personnel and civilian providers from Britain, Iraq, and Afghanistan to deliver complex surgical care to patients with severe injuries.

In spring 2020, Col. Gopp was part of a team that deployed to New York to assist on the front lines of the COVID-19 pandemic. He collaborated with personnel from state and local agencies to create a functioning hospital at the Javits Center, where he subsequently worked in the ICU.

Col. Gopp currently leads the 7305th Medical Training Support Battalion and serves as a senior observer/coach trainer. In June 2021, he received the Order of Military Medical Merit, which recognizes excellence and promotes fellowship and esprit de corps among Army Medical Department personnel.

Gopp is a founding member in an all-CRNA anesthesia practice that serves medical centers in rural Idaho and Oregon. He has mentored new CRNA colleagues and serves as a faculty advisor to the new CRNA Doctor of Nursing Practice program at Westminster College in Salt Lake City, Utah. He has served on the Board of Directors for the Idaho Association of Nurse Anesthetists and on the Oregon Board of Nursing Advanced Practice Committee.

The alumni awards recognize graduates who have either demonstrated outstanding leadership and achievement in nursing or related fields of healthcare or have made significant contributions to their community.

The Outstanding Young Alumni Award is given to an individual who has graduated with a BSN in the last five years.

The Distinguished Alumni Award is given to an individual who has graduated with a BSN or graduate degree.

For nomination information and documents, please visit: nursing.uiowa.edu/alumni-awards.
The College of Nursing announces a

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- Taught by national leaders in research, clinical practice, education, evidence-based practice, and health systems.

**Quick Facts:**

**Location:** Iowa City campus

**Length:** 20 months

**Mode of delivery:** Predominantly in person

Apply by March 15

Classes begin January 2023