



Connections

MAYO CLINIC SCHOOL OF HEALTH SCIENCES ALUMNI ASSOCIATION SPRING 2020

FROM THE ALUMNI ASSOCIATION president



The year as president of the MCSHS Alumni Association has flown by. There's much more to be accomplished, and I'm excited to keep the momentum going. I can't say enough about our Alumni Association. Working with so many wonderful people makes my time as president worthwhile and memorable.

I encourage everyone to get involved in the Alumni Association. At a minimum, pay your \$10 annual dues; this helps to support programs and activities for alumni. For greater involvement, nominate yourself to be on the Alumni Association Board of Directors. It's only a three-year commitment and doesn't demand too much of your time. If you're curious about what's expected, contact the Alumni Center or one of the Board members listed in the back of this issue.

All alumni are invited to attend the April 17 annual program and dinner. There will be a dinner at each Mayo Clinic site and a telecast of the keynote speaker, business meeting and award presentation in Rochester. We're also trying to organize an annual Alumni Day at each site like the one we've had in Jacksonville for the last two years (page 27). Watch for more information about that.

We've all had beloved mentors who trained at MCSHS. The Alumni Association's Recognition of Outstanding Contribution award honors an alum each year. We're always interested in your thoughts about who should receive this award. Please nominate deserving alumni: mshsalumni.mayo.edu/people/awards.

Have a healthy 2020!

A handwritten signature in black ink that reads "Pamela Lovett". The signature is stylized and cursive.

Pamela Lovett, APRN, CRNA, DNP (NA '03)
Certified registered nurse anesthetist
Department of Anesthesiology and
Perioperative Medicine
Assistant professor of anesthesiology
Mayo Clinic in Florida

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Social worker Katie Ubl, LGSW, MSW, and physician assistant Justine Herndon, PA-C, see patients in the Mayo Clinic Transgender and Intersex Specialty Care Clinic, which started in 2016. Ubl says patients express their excitement that Mayo Clinic is involved in transgender care. “That Mayo is willing and open to providing this care has an impact on this group.”

Anthony Mendez, PA-C, MS

Distinguished Allied Health Educator of the Year

MCSHS IN ARIZONA

Anthony Mendez, PA-C, MS (PA '08, ENT '09), didn't set out to teach. It wasn't until he was a trainee in the MCSHS Physician Assistant Fellowship in Otolaryngology/Head & Neck Surgery that he considered teaching.

"I was inspired by the surgeons and physician assistants who taught me, and I wanted to be part of that environment," says Mendez, an instructor in otolaryngology in the Mayo Clinic College of Medicine and Science.

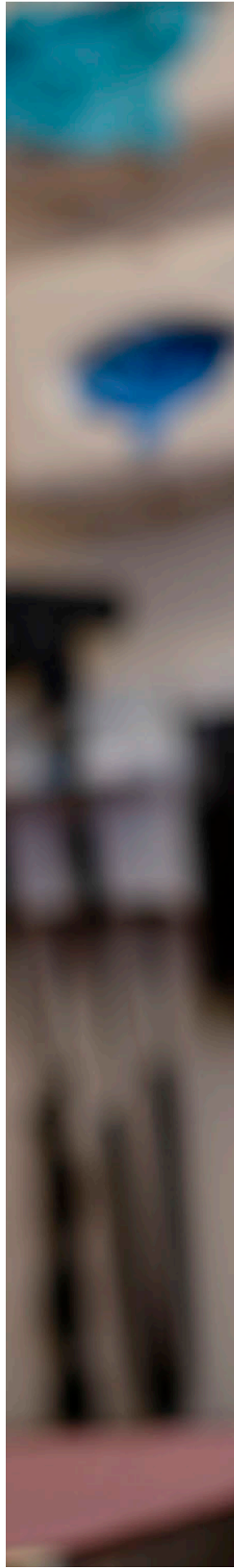
Fast forward a decade, and Mendez is program director for the fellowship and recipient of the 2019 Distinguished Allied Health Educator of the Year award for MCSHS in Arizona. Department chair Michael Hinni, MD, nominated Mendez for the award, describing him as a consummate professional, patient, enthusiastic, a joy to be around, and a truly special provider and teammate.

"Tony never hesitates to take time to teach others including PA students, medical students, residents, ASU students and patients," says Dr. Hinni. "Other staff members seek him out for his expertise, and he drops whatever he's doing to help. His positive attitude is infectious. Every day, patients say, 'Where's Tony?' and 'Tell Tony I asked about him.' Their fondness for Tony enhances their experience immeasurably."

Mendez describes his teaching style as energetic, spontaneous and organic. "In a surgical specialty, you learn on the fly — on the floor, during rounds, crowded around the patient in the OR, in the clinic, in hallways and in between being paged. Every moment presents a teaching opportunity."

When he was associate program director of the fellowship, Mendez helped then-program director Carlene Donald, PA-C, MS (PA '07, ENT '08), obtain program accreditation from the PA governing body, including formalizing the curriculum and organizing a site visit. The PA ENT fellowship was the first of its kind in the U.S. to earn accreditation. Mendez has continued to strengthen the program with new didactic courses, increased access to educational materials, and more PAs and physicians involved in the program.

Mendez says he's motivated by wanting to make sure future generations of PAs are set up to be excellent providers. "It's fulfilling to pass along what others have taught me so everyone can perform at the highest level possible. Everything I do is for our patients."



**“It’s fulfilling to pass
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highest level possible.”**

Anthony Mendez, PA-C, MS



**“To be nominated by
colleagues I hold in
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special to me.”**

Joshua Propst, PA-C





Joshua Propst, PA-C

Distinguished Allied Health Educator of the Year

MCSHS IN FLORIDA

In 2009 Joshua Propst, PA-C (PA '11), reached a fork in the road. His then-fiancée, Jody, sat him down and told him she realized he wasn't completely happy. Knowing he was interested in health care, Jody presented the education paths for physician assistant and physician. She said he should pick one and she'd support him on whichever path he chose.

Propst chose the PA path, completing the training program at Nova Southeastern University in Fort Lauderdale, Florida, and a clinical rotation at MCSHS in Florida.

Health care had always figured prominently in Propst's life. His mother was a phlebotomist for 25 years. When Propst was a child, his older brother received a kidney transplant. His father had a lung transplant when Propst was a young adult. After college Propst conducted neurochemistry research at Mayo Clinic in Florida but found it didn't hold his interest for a long-term career. So he took a health care-adjacent sales and marketing job.

He's grateful that Jody, now his wife, urged him to face what was missing in his life — a career in health care. "I probably wouldn't be in health care if she hadn't helped me find direction," says Propst, who received the 2019 Distinguished Allied Health Educator of the Year award for MCSHS in Florida.

Propst is a physician assistant in the Department of Critical Care Medicine, associate program director of the NP/PA Critical Care Fellowship, and an instructor of medicine in the Mayo Clinic College of Medicine and Science. He has precepted the 50 to 60 PA students who have rotated through Critical Care since 2012, and received the 2019 Preceptor of the Year award from the Florida Academy of Physician Assistants.

"The first few days in the ICU can be overwhelming for our trainees," says Propst, who describes his teaching style as hands-on and tailored to each student's needs. "It's gratifying to see them transition to understanding things and sharing their knowledge with others. Teaching helps keep my knowledge base fresh."

Propst was instrumental in developing the curriculum for the fellowship's 2016 launch. "I want to make sure our PAs understand what they need to know to be excellent critical care providers so they can practice anywhere in the country and be regarded by their institutions and colleagues as exceptional," he says.

Propst says he's humbled by the teaching award. "To be nominated by colleagues I hold in high regard is very special to me."

Propst isn't the only one in his family to follow his heart's desire. Jody had been a teacher and returned to school. She's now a pediatric psychiatric nurse practitioner at Nemours Children's Hospital in Jacksonville.

From rad tech to operations administrator

CHRISTOPHER GULDEN ON HIS ADVANCEMENT IN MAYO CLINIC HEALTH SYSTEM

Christopher Gulden, MA (RAD '99), became familiar with Mayo Clinic at an early age. He had surgery for a congenital heart condition, coarctation of the aorta, at age 3. He grew up in Rochester, Minnesota, and at age 17 visited MCSHS as part of a Boy Scouts program to learn about health care careers. He was drawn to radiography.

Gulden completed the MCSHS Radiography Program and received an associate's degree from Rochester Community and Technical College along with a certificate in radiography. Employment as a radiologic technologist at Mayo Clinic followed. After a year, he began a bachelor's degree program in organizational management and communication at Concordia University in St. Paul, Minnesota, while continuing to work at Mayo Clinic.

"Radiography was moving toward bachelor's degree programs," says Gulden. "I'd have more opportunities for advancement with an undergraduate degree."

With his new degree, Gulden transferred to Mayo Clinic Health System in Lake City, Minnesota, where he was promoted to director of radiology. He also embarked on a master's degree in organizational management at Concordia. Four years later he was appointed operations manager of laboratory, radiology and surgery at Mayo Clinic Health System in Lake City. For the first time he was out of direct patient care and in charge of areas besides radiology.

Gulden's career advanced, and he gained responsibility. He became site operations administrator at Mayo Clinic Health System in Lake City and operations administrator for the

Mayo Post Acute Care Program (MPAC). MPAC focuses on transitions of patients from the four large Mayo hub locations (Eau Claire and La Crosse, Wisconsin; and Mankato and Rochester, Minnesota) to the 10 smaller Mayo critical-access hospitals across Iowa, Minnesota and Wisconsin.

Two years later, Gulden attained his current position — operations administrator for Mayo Clinic Health System — Southeast Minnesota Region, which includes the hospital and emergency medicine service line in Albert Lea, Austin, Cannon Falls, Lake City, Owatonna and Red Wing. He continues to serve as MPAC Midwest administrator.

Gulden encourages alumni to consider working at Mayo Clinic Health System's community hospitals. "You can get to know the providers, staff and senior leadership well because the sites are smaller. It's a good training ground to learn how departments work. Some Mayo Clinic initiatives are piloted in Mayo Clinic Health System because they're easier to test in smaller environments before implementing them in the larger organization."

Gulden has now spent half of his life at Mayo. "When I started training at MCSHS, I didn't realize all the opportunities available," he says. "If an area of practice or business catches your eye, get more education to make yourself a viable candidate. Get involved in and become more visible via projects, committees and initiatives. Having a clinical background has helped me make good administrative decisions because I can empathize with what providers and patients experience."

**“Having a clinical
background has
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Christopher Gulden, MA



A home base

Mayo Clinic's Transgender and Intersex Specialty Care Clinic provides for mental health, hormonal and surgical needs of transgender patients and those with differences of sexual development

Mayo Clinic established a Transgender and Intersex Specialty Care Clinic (TISCC) in 2015, based in the Division of Endocrinology, Diabetes, Metabolism, & Nutrition in Rochester. The clinic provides for the mental health, hormonal and surgical needs of transgender patients and those with differences of sexual development (DSD) — sometimes called intersex.

Mayo Clinic is one of the first major academic medical centers to offer multidisciplinary transgender care, including a gender-affirming surgery program. The surgical program started in 2016 with breast and facial procedures; vaginoplasty surgery was introduced in 2017.

The TISCC has seen more than 500 patients since 2015, with more than half coming from the five-state region, and one-third from central and southern Minnesota. The Mayo surgical team has performed approximately 150 vaginoplasties in patients ranging in age from their 20s to 70s. Not all transgender individuals choose to have surgical procedures to achieve gender congruence.

“The transgender population faces major challenges in assessing and obtaining appropriate health care,” says Todd Nippoldt, MD, medical director of the TISCC. “One-quarter of transgender individuals says they’ve avoided going to the doctor for fear of discrimination. Mayo Clinic believes that all patients are best served with a multidisciplinary approach. We offer transgender patients a home base for their care where they are appropriately cared for and respected.

“Some people erroneously think transgender patients make a choice to change their gender. Rather, it’s about confirming their identity and wanting to live authentically. Being transgender indicates diversity, not pathology. Our goal is to relieve the distress associated with the incongruence between their gender identity and physical body. The TISCC practice is the right thing to offer to this patient population, and it has enthusiastic support from Mayo Clinic’s top leadership.”

BY THE NUMBERS

0.58%

0.58% of U.S. adult population identifies as transgender, or 1.4 million people

29%

29% of transgender individuals live in poverty — 2 times the rate in the U.S. population

24%

24% of those who were out or perceived as transgender in grades K-12 were physically attacked because of being transgender

47%

47% of transgender individuals have been victims of sexual assault



The Transgender and Intersex Specialty Care Clinic's clinical director, Cesar Gonzalez, PhD, and medical director, Todd Nippoldt, MD.



70%

70% of transgender individuals have had some form of maltreatment at the hands of medical providers

78%

78% of adult patients seen for gender-related diagnoses report having depression

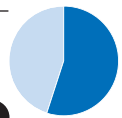


40%

Studies suggest that 40% of transgender people have tried to commit suicide — a figure 9 times higher than the general public

55%

When appropriate health care has been denied to individuals who identify as transgender, the suicide attempt rate rose to 55%





Sharonne Hayes, MD

TISCC patients see behavioral health and endocrinology providers first. Those providers evaluate and optimize any social, mental health or medical issues.

Before initiating hormonal or surgical therapies, patients must meet World Professional Association for Transgender Health (WPATH) standards of care, which outline the steps necessary to achieve the best outcomes. WPATH standards vary for each surgical procedure and may include letters of approval from the patient's mental health professional, prior hormonal therapy and at least one year of living as the gender with which the patient identifies. Each patient's case is discussed at the multidisciplinary TISCC case conference and proceeds to surgery only after consensus that all issues have been addressed and optimized.

Sharonne Hayes, MD, medical director of the Mayo Clinic Office of Diversity and Inclusion, says the TISCC is a perfect example of what sets Mayo Clinic apart: a multidisciplinary, collaborative approach to care that meets all of the needs of each patient.

"In the past, many transgender and intersex individuals had to rely upon fragmented and incomplete health care," says Dr. Hayes. "Few major academic medical centers had specialty programs for advanced care. These patients now can access the Mayo Clinic Transgender and Intersex Specialty Care Clinic, where their health care teams work with them to develop the right care plan for both optimal health and being true to themselves."

In pursuit of evolving equity, diversity and inclusion, Mayo Clinic has made great efforts not just to get patient-affirmed pronouns right but also to modify the medical record — from how patient names are listed to what normal ranges are for gender-specific lab reports.

The TISCC is truly three shield. Mayo Clinic School of Continuous Professional Development offers a CME course, "Principles in the Care of Transgender and Intersex Patients." TISCC providers are involved in presentations at national and international meetings, and conducting research — with more than 15 manuscripts published in the last two years. The TISCC also shares its expertise with health care providers in local communities who see patients who have had gender-affirming surgery at Mayo Clinic.

Studies show that after hormonal therapy and gender-affirming surgery, 80% of transgender individuals (not necessarily treated at Mayo Clinic) report significant improvement in their gender dysphoria, 80% report significant improvement in quality of life, 78% report significant improvement in psychological symptoms and 72% report significant improvement in sexual function.

Plastic and reconstructive surgeon Jorys Martinez-Jorge, MD, says TISCC patients are the most grateful patients he has. "They feel like they're trapped in the wrong body, which affects all aspects of their lives. They just want to live life like I do. We can give that to them through medical care and technologies, and it's professionally and personally rewarding."

Learn more about working with gender-diverse patients and colleagues:

- lgbthealtheducation.org
- transhealth.ucsf.edu
- wpath.org

10 tips to become a transgender-friendly provider

Most health care providers have had little or no formal training in addressing the needs of transgender patients, which can contribute to the stress that members of the transgender community may develop through stigmatization, avoidance, discrimination and prejudice.

1. If you have a question about your patient's gender nonconformity, don't be afraid to ask.
2. Ask patients their preferred names and pronouns, and use them during the encounter. If you make a mistake, apologize and continue.
3. The preferred name and pronoun often will differ from what is in the medical record. Many transgender people haven't changed their name and gender legally. Ask the patient if you can use this preferred name and pronoun in the medical record. Many patients have access to their medical records, and your sensitivity should be reflected in the notes.
4. If possible, intake forms should include an option to disclose transgender status.
5. Sensitivity training should be required for all staff members who interact with the patient. The Center of Excellence for Transgender Health at the University of California, San Francisco, has published a helpful online course, transhealth.ucsf.edu/video/story.html.
6. Public restrooms should include a unisex option.
7. Have local transgender resources, such as support groups, available to help guide the patient if needed.
8. Include transgender health topics as part of medical school and training programs to increase the competence of future leaders in transgender health care.
9. Provide faculty development in transgender health. Many national and international meetings include transgender health topics, and more online resources are available.
10. Phone a friend: Be aware of qualified providers in your area who you can contact about transgender-related questions.

“Few major academic medical centers had specialty programs for advanced care. These patients now can access the Mayo Clinic Transgender and Intersex Specialty Care Clinic, where their health care teams work with them to develop the right care plan for both optimal health and being true to themselves.”

Sharonne Hayes, MD

ALLIED HEALTH ALUMNI IN THE TRANSGENDER AND INTERSEX SPECIALTY CARE CLINIC

Katie Ubl, LGSW, MSW — social work

Katie Ubl, LGSW, MSW (SOCW '18), sees pediatric and adult patients in the Transgender and Intersex Specialty Care Clinic for initial consultations and ongoing counseling.

"I see patients who transitioned genders years ago and want help with ongoing hormonal therapy and finding gender-affirming therapists," she says. "I also see patients who have never talked to anyone about their gender confusion and distress and have taken the brave step to initiate the conversation about it. I guide them through a gender narrative and discussion of their gender identity and expression, and sexual identity. Other patients have had behavioral and hormonal therapy for years and want to talk about gender-affirming surgery. I'm here to listen to their stories, ask questions, and offer resources and guidance."

Ubl works closely with her behavioral health colleagues — another social worker and a psychologist — and the medical team in the TISCC. "All of our voices are equal, and we thrive on collaboration," she says. "We're passionate about caring for our patients. To do that, we not only collaborate with each other and the larger Mayo community but also with other similar clinics. There's a small number of transgender clinics, so we work together to make sure patients have the best possible access to supportive care."

Ubl says patients express their excitement that Mayo Clinic is involved in transgender care. "That Mayo is willing and open to providing this care has an impact on this population."

Being interested in people from underrepresented groups is part of Ubl's background. She grew up in a suburb of the Twin Cities and says her family was passionate about connecting with people from various groups. "I've always felt strongly about working with people who are societal outcasts or feel forgotten," she says. "I love working in the TISCC, and I'm humbled every day by our patients' resiliency and tenacity."

"They feel physically trapped in bodies that are not their own, which causes them indescribable distress. They can't escape the incongruence between what's in their minds and the bodies they inhabit. Simply going out in the world can be a source of serious anxiety. I haven't seen anywhere else the kind of resilience required for them to show up to appointments, work, and for their friends and family. They motivate me and my colleagues to be our best every day. We learn from them and are committed to honoring the ongoing need for awareness of and sensitivity to the transgender community."



Read a transgender patient story: links.mayo.edu/normal

Justine Herndon, PA-C — endocrinology

Physician assistant Justine Herndon, PA-C (DIT '13), sees patients in the Transgender and Intersex Specialty Care Clinic for medical management, as well as initiation and monitoring of their hormone therapy before and after gender-affirming surgery. She's part of a team that includes three endocrinology physicians.

"I have some LGBTQ family members and am respectful of and open about gender identity among our patients," says Herndon. "It's important to be affirming when working with patients who have some medical mistrust. They're very grateful when I show them that I'm affirming and that they don't have to teach me how to care for them. Like all of our patients, transgender patients are unique individuals, and we tailor our care to their needs."

Herndon is active in educating other providers, at Mayo Clinic and elsewhere, about transgender health care. She's lectured at Mayo Clinic nurse practitioner/physician assistant grand rounds and nursing conferences and to doctor of nurse practitioner students at Viterbo University in Wisconsin.

"I talk about how to be affirming providers, medical options for transgender patients and how we monitor their hormone therapy," says Herndon. "There's not a lot of educational information out there about transgender care. We're starting to fill some of those gaps."

Herndon also is involved in transgender care research. She was the primary author on a poster, "Perioperative Outcomes of Vaginoplasty Using an Individualized Approach to Hormone Management in Transgender Women," that was presented at an Endocrine Society meeting. The poster is being developed into an article for publication.

"There are many unknowns about transgender care, especially related to long-term follow-up of patients," says Herndon. "It's exciting to be in on the ground floor of research on this subject so we can improve care for future patients."



Herndon emphasizes that being a transgender-friendly and affirming provider is inherent in the Mayo Clinic values. "My role with patients isn't just as a clinician. It's also as a Mayo Clinic employee, which means I embody the organization's values. Mayo's RICH TIES (respect, integrity, compassion, healing, teamwork, innovation, excellence, stewardship) values are an excellent reminder of how we treat patients and colleagues, and transgender patients are no different from any others.

"I'm personally and professionally enriched by working with these patients, listening to their stories, determining how we can help them reach their goals and seeing the positive changes in their lives."

KNOW YOUR BOARD

7 questions with MCSHS Alumni Association Board members

- 1. How did you become interested in health care?**
- 2. What drew you to your current role in health care?**
- 3. What valuable lesson have you learned at Mayo Clinic?**
- 4. Why were you interested in serving on the MCSHS Alumni Association Board of Directors?**
- 5. What advice do you have for MCSHS students?**
- 6. What do you do in your spare time?**
- 7. What would people be surprised to know about you?**


Robyn Finney, APRN, CRNA, DNAP (NA '03, NA '18)

Certified registered nurse anesthetist, Department of Anesthesiology and Perioperative Medicine, Mayo Clinic in Rochester; core faculty, MCSHS graduate nurse anesthesia programs; instructor in anesthesiology, Mayo Clinic College of Medicine and Science

Education & career path

- Doctorate of Nurse Anesthesia, MCSHS, Rochester, Minnesota; Master of Nurse Anesthesia, MCSHS; Bachelor of Science in Nursing, Winona State University, Winona, Minnesota
- Certified registered nurse anesthetist, 16 years; registered nurse in critical care, 5 years (all at Mayo Clinic)

1. I come from a family of nurses — my mom and my sister. My mom was a hospice nurse for almost 30 years; she has an incredible gift of caring for others. My dad died when I was 15, so her caring nature was needed in our own life. At that young age, I realized I wanted to help others through difficult situations. Nursing seemed like the natural path.
2. As a registered nurse, I wanted to continue my education. I heard a nurse anesthetist speak on a panel of advanced practice registered nurses and was inspired by how much he loved his job. I talked to the CRNAs I worked with in the ICU, learned about their educational preparation and decided to pursue nurse anesthesia as a career. It's the best job in the world. I get to stay at the patient's bedside and monitor every heartbeat and breath — all while guiding the patient safely and effectively through a vulnerable time in their life. It's a very rewarding profession.

 To nominate yourself or someone else for the MCSHS Alumni Association Board of Directors, visit mshsalumni.mayo.edu/about/board-of-directors/nominate.



3. No matter how smart you are, you need to be able to interact well with others — listen, be present physically and emotionally. Interpersonal skills make a difference in our professional and personal lives. Try to learn something from everyone you come into contact with.
4. I've always attended MCSHS Alumni Association annual meeting dinners. I love networking, and that's a good way to interact with people in other health care professions. The alumni community celebrates our educational background and helps to ensure the future is bright for future students.
5. Be thankful for the opportunities you're exposed to in MCSHS training programs. It's easy to become overwhelmed during school. Try to take some moments to appreciate the amazing opportunities to develop into a well-rounded individual and professional.
6. I spend time with my husband and daughters, ages 15 and 13, and our yellow Labrador. My husband coaches varsity boys' basketball and our daughters' traveling basketball teams, so our winter is filled with the sport. We also love to travel to mountainous areas, including the Canadian Rockies.
7. I have a passion for medical mission trips. I've gone to Peru, Mexico and Guatemala through SMILE Network International and Common Hope volunteer organizations. We primarily cared for children with cleft lips and palates, helping transform broken smiles into complete smiles. These children can go back to their communities and live normal lives. I enjoy speaking Spanish with the indigenous people and learning about their cultures.

Erika Beetcher, APRN, CNP, MS (NP '07)

Certified family nurse practitioner, Division of Preventive, Occupational, and Aerospace Medicine, Mayo Clinic in Rochester; instructor in family medicine, Mayo Clinic College of Medicine and Science

Education & career path

- Master of Science in Nursing, family nurse practitioner specialty, Winona State University/MCSHS; Bachelor of Science in Nursing, University of Minnesota, Minneapolis; bachelor's degree, University of Minnesota/College of Saint Scholastica, Duluth, Minnesota
- Certified family nurse practitioner, 12 years, Mayo Clinic in Rochester; registered nurse, 7 years, Mayo Clinic; registered nurse, 1 year, Douglas County Hospital, Alexandria, Minnesota

1. I've always had a caretaker personality. I thought I might become a veterinarian because I love animals. When I was young, I remember volunteering to read to elderly church members and visiting my grandmother at a nursing home. I became comfortable with older people and their health needs. In college I fell in love with nursing during pre-nursing classes. A nurse practitioner was my care provider during undergrad, and I thought she was truly professional. It made me want to do what she did one day.
2. At one point in my nursing career, I told my husband I didn't know if I could physically or emotionally do RN work for another 30 to 40 years. Being a boots-on-the-ground nurse is very trying. I loved being a nurse but wanted something that gave me more of a cognitive focus that wasn't as physically draining. NPs can be



more independent and make decisions about diagnoses and treatment plans. We provide relationship-based care, which is what I strive to do.

3. Delegate. Many of us in health care are caretakers. We want to do it all and fix things at a high level of quality. When I was a new NP, I tried to do it all — including my RN duties. Allowing others to perform at the highest level of their roles serves our patients best and protects the team from burnout.
4. I didn't realize how much the Alumni Association does until I got involved. Being on the Board helps me learn even after almost 20 years at Mayo Clinic. It helps me grow as a leader and give back to MCSHS. The Board is multidisciplinary, so I get to work with others from different disciplines.
5. I serve as a primary care provider for medical, graduate and some allied health students in Rochester. I see the stress they take on because of expectations about their performance and the effects on their physical, emotional and spiritual health. I encourage them to be gentle with themselves and incorporate relaxation into their lives. Life is bigger than just grades. Practice holistic health. Mayo students tend to be high achievers who are prone to neglecting the nonacademic sides of themselves.
6. My children are 18, 16 and 12, so we stay busy with family activities. I do a lot with youth and service work through our church. I like running and have completed many half-marathons and 10 full marathons. I also have fallen in love with trail running and did a 50K last summer. I have a first-degree black belt in taekwondo and like to teach the discipline to kids at a summer camp. My spare time has been less as I take classes toward my DNP degree.
7. I tend to be in constant movement until my head hits the pillow. I have difficulty saying no. People might be surprised that I do occasionally need to isolate myself to reset and recover.



Caring for refugee patients

Erika Beetcher, APRN, CNP, MS, a certified family nurse practitioner, provides care to refugees who settle in the Rochester area through her role in Mayo Clinic's Division of Preventive, Occupational, and Aerospace Medicine and in collaboration with Olmsted County Public Health.

"People who come to the U.S. via the refugee program get a physical exam before entering the country. Once they're here, they need a full physical exam and coordination of their care while they transition to a primary care provider," says Beetcher.

"Refugees, some of whom have lived in camps, have many health care needs including nutrition, infectious disease screening and other health services. Working with refugees keeps me on my toes in terms of medical knowledge and cultural sensitivity. I'm privileged to be part of care that I typically don't do when treating the majority of patients who come to my practice in Rochester."

Beetcher says she helped one man get a prosthetic for his arm, which had been amputated below the elbow due to an improvised explosive device (IED). When she told him it would take a couple of months to get his prosthetic, the man said, "I've lived this way for 11 years. I'm just excited to get a prosthetic."

"My refugee patients are so grateful and open to recommendations about their health," says Beetcher. "Many of them are highly educated — physicians, PhDs and scientists. Many have faced long-term trauma, fear and loss. My hope for these patients is that their health and education can flourish now that they're cared for and in a safe environment. Some of them may end up being my colleagues and co-workers. I'm happy to be an advocate for them and their health while they resettle."

“I can relate to people who have been in the hospital or in bed for a few days. I know what it’s like to have your plans derailed.”

Sean Thomez





Brain tumor experience gives PT student perspective

It's the size of a raisin — the remnant of a craniopharyngioma, a noncancerous cystic tumor. It's in Sean Thomez's brain, behind his eyes. It has a 10% chance of recurrence.

As a college freshman, Thomez (PT '22) had a craniotomy at Mayo Clinic, which involved cutting his head from ear to ear to remove the golf ball-sized tumor. The aggressive tumor was stuck to critical structures in the brain, risking the function of Thomez's hypothalamus, pituitary gland and optic nerves. When the tumor regrew quickly after surgery, Thomez's physicians added 30 proton beam therapy sessions to the treatment plan.

While Thomez is reminded daily of the aftereffects of his treatment — frequent and sometimes exhausting headaches, excessively dry skin and an evolving medication regime to address hormonal complications — he is driven to move on with life. In fact, he began to move ahead during his six weeks of radiation therapy. He knew he wanted to apply to physical therapy school after college and would need at least 100 hours of physical therapy observation. Nancy Heinzelman, patient experience coordinator in the Mayo Clinic Department of Radiation Oncology, arranged for him to get observation hours at Active PT and

Sports Physical Therapy in Rochester. Thomez says Heinzelman's assistance helped him stay on track with his postgraduate plans.

Thomez returned to college at Minnesota State University in Mankato, having missed only one semester. A year after finishing treatment, he pushed himself to train for and run a marathon. He's been a student in the MCSHS Physical Therapy Program for a year and a half.

Despite his life-changing medical journey, Thomez says he wouldn't change a thing — that the experience made him who he is now. He says he gained perspective about life and empathy for people who are ill or injured. When he was hospitalized, he met other patients who then suddenly died.

He's now driven to be the best physical therapist he can be — to put his skills, knowledge and compassion to work to help patients. At the top of his list is inpatient physical therapy. "I can relate to people who have been in the hospital or in bed for a few days," says Thomez. "I know what it's like to have your plans derailed. I want to help people heal and get back to life. I like my odds of being able to accomplish everything I want to do."

HELP!

SECOND VICTIM PEER SUPPORT PROGRAM HELPS PROVIDERS IN DISTRESS

“What did I miss?”

“What did I do wrong?”

“Am I truly competent at my job?”

In June 2018, Nicole E. Nelson, RN, was taking care of a Mayo Clinic pediatric ICU patient who had surgery the previous day. He had a complex medical history and several chronic medical conditions. The medications being given through a feeding tube were making him sick, so the decision was made during rounds to switch his medications to intravenous.

Nelson administered a particular drug intravenously, closely watching the patient because she knew the drug could cause a drop in heart rate. When the patient’s heart rate dropped a little, Nelson stuck her head in the hallway and asked someone to summon the resident physician — just to be safe. By the time she turned around to face the patient, his heart rate had dropped 30 to 40 points. Nelson pulled the staff assist alarm. The patient’s heart rate dropped from 42 to 0, and the patient went into cardiac arrest. Nelson pushed the code button, summoning all available help to her patient’s room.

In her almost two years of nursing, Nelson hadn’t experienced a patient code. She sprang into action and began chest compressions.

The patient was quickly stabilized, and lab test results showed his condition wasn’t negatively affected. The patient’s mother had been in the hallway and remained calm. She’d been present during rounds when the order was given to switch the drug to intravenous delivery and was supportive of Nelson’s care.

Nelson, however, felt awful. She stepped into a conference room to catch her breath. One of her mentors entered, stood in the doorway and told Nelson she didn’t want her to leave the room until she cried. She hugged Nelson, who wept.

“I knew I had the right order, the right medication and the right patient,” says Nelson. “I love my job and advocating for patients who can’t advocate for themselves. To know I could have harmed the patient in some way was a terrible feeling.”

Nelson completed her shift. Both of the patient’s parents went out of their way to make sure she was OK. “They gave me a lot of grace, for which I’m grateful,” she says. “They didn’t lose faith in my care.”

But Nelson lost faith in herself. She was scheduled to work the next morning but was cut due to low census. Later that day she filled in on the NICU. But the many alarms that monitor the infants’ vital signs triggered Nelson’s newfound panic. She requested to be cut the next day if the census was low. The next time she was scheduled to work — three days later, Nelson called in sick.

“I hadn’t slept in days,” she says. “When I closed my eyes, I heard alarms go off. I was right back in that patient’s room, reliving the incident. I felt like I didn’t know how to take care of patients anymore. I pushed away people who tried to help, including my mentor and my mom, who also is a nurse at Mayo Clinic. I didn’t want people to know I was in pain. I pretended like I was OK.”



“We show our emotions more and are aware of each other’s needs.”

Nicole E. Nelson, RN

In addition to feeling like a failure as a nurse, Nelson was worried she was in trouble or would lose her job. A nurse manager called her at home to let her know next steps — contact from a patient safety representative and an in-person review panel. The manager reassured Nelson that her job was safe.

Nelson briefed the patient safety representative, who told Nelson she understood how scary the event was. “I cried so hard when I told her what happened that I’m surprised she could understand me,” says Nelson.

When she returned to work eight days after the incident, Nelson asked the nurse manager for a patient who wasn’t too ill so she could ease back into work. “The night went well, and I triple-checked everything I did. I felt incompetent — like my training and experience counted for nothing.”

The next day Nelson participated in the review panel of physicians, patient safety, nursing and pharmacy. Panel members discussed the incident and identified what went wrong. Nelson’s nursing care hadn’t been the problem. Rather, a number of system-related errors contributed to the incident. Nelson felt relieved by the review but still struggled to deal with the emotional aftermath of involvement in the event.

Soon thereafter Nelson met for lunch with her friend and colleague Scott Czinski, RN, CCRN (NA ’22), a former nurse in the Pediatric Intensive Care Unit who is a student in the MCSHS Nurse Anesthetist Program. Nelson told him everything she’d been through. Czinski told her about a project he’s involved with — the HELP (Healing Emotional Lives of Peers) Program, an evidence-based peer support program for Mayo Clinic providers in Anesthesiology and Perioperative Medicine, Surgery and Mayo Clinic Children’s Center who may become “second victims” to adverse events.

“Scott told me my feelings were normal, not crazy, and that I wasn’t alone,” says Nelson. “He normalized my feelings by emphasizing that I wasn’t weak or less of a nurse for doubting myself and my skills. His words and support meant more to me than he’ll ever know.”

Nelson is determined to help providers who suffer like she did. She’s now a designated champion for others in her work area. When there’s an adverse event or intense situation, Nelson checks with affected nurses to make sure they’re OK, encourages them to take a few moments to themselves, listens to them and allows them to express their emotions. Nelson participated in a workshop to gain the skills to help others who may be affected by adverse events. She’s a trained peer supporter for the HELP Program in the Mayo Clinic Children’s Center.

“The culture on our unit has changed as a result,” says Nelson. “We show our emotions more and are aware of each other’s needs. We do a better job of looking out for each other before we reach the breaking point. Nursing is a team sport. My fellow nurses sprang into action when my patient coded. I can return the favor by having their backs and being the best supportive teammate I can be.”

Formal assistance

The peer support Nelson experienced was provided through Mayo Clinic’s HELP Program. Second victims are defined as health care providers who are involved in an unanticipated adverse patient event, medical error or patient-related injury and become traumatized by the event.

Robyn Finney, APRN, CRNA, DNAP (NA ’03, NA ’18), introduced the program in the Department of Anesthesiology and Perioperative Medicine at Mayo Clinic in Rochester as part of her clinical doctoral capstone project for her Doctor of Nurse Anesthesia Practice Degree.

The program’s goal is to help affected clinicians return to their pre-event level of performance. Program objectives include:

- Deploying a rapid response of emotional first aid to affected clinicians
- Providing a safe zone for affected clinicians to seek or receive support from peers
- Increasing awareness of the second victim phenomenon and need to support affected clinicians
- Minimizing the suffering of clinicians after adverse events by augmenting the quality and frequency of peer support provided



Robyn Finney, APRN, CRNA, DNAP

Background

In January 2018 the Joint Commission issued a report, “Supporting Second Victims,” which mentions that most second victims suffer alone and that institutions need a proactive approach to reach out and offer peer support to affected clinicians. The Joint Commission asserts that peer support programs contribute to improved patient safety by taking care of caregivers.

As a result, second victim peer support programs have been implemented at many major health care institutions across the U.S.

In 2018 Dr. Finney conducted a needs assessment survey of 587 health care providers in the Department of Anesthesiology and Perioperative Medicine at Mayo Clinic in Rochester. Results showed that 68% of respondents have experienced second victim phenomenon and 65% feel as though there is inadequate support after involvement in adverse events. Respondents indicated that the two forms of post-event support most desired were formalized debriefing and talking with peers.

Survey results drove Dr. Finney to develop and implement the HELP Program, which includes a four-hour Trained Peer Supporters for Second Victims Workshop to prepare peer supporters.

Since the HELP Program was introduced in July 2018, it has:

- Provided peer support to 106 colleagues in departments of Anesthesiology and Perioperative Medicine and Surgery and Mayo Clinic Children’s Center
- Trained 15 physician and 60 allied health peer supporters
- Introduced an intranet page and collateral materials
- Conducted four training workshops to equip providers with skills to engage in supportive conversations with providers affected by adverse events
- Generated inquiries from Mayo Clinic Health System, Mayo Clinic in Arizona and Mayo Clinic in Florida

In action

When an adverse event occurs, the HELP Program aims to ensure:

- Peers in the clinical area take five minutes to acknowledge that the event occurred and a colleague may be impacted. This step of acknowledgement may meet the needs of most second victims.
- Someone in the clinical area makes a formal request on the HELP Program intranet page to initiate support for any affected provider.
- An on-call HELP Program leader invites the affected provider to a one-on-one supportive conversation or reaches out to a trained peer supporter to invite the affected clinician to a face-to-face supportive conversation. In the meeting, the trained peer supporter follows an evidence-based four-step approach: introduction, exploration, normalization and follow up.

The focus of the supportive conversation is to work through the emotional impact of the event — not discuss the details. Because no laws protect HELP conversations, trained peer supporters are instructed to redirect affected persons to talk about their feelings, coping and resources — not the incident itself.

“There’s a high likelihood that every health care provider will experience emotional aftermath after a stressful clinical event,” says Dr. Finney. “We want those who work in health care to know that they don’t have to suffer alone. Resources are available to help, including supportive peers who often can relate to what affected colleagues are going through.”

Dr. Finney emphasizes the need for more resources to enhance the HELP Program so it can assist providers throughout the Mayo enterprise. “Health care providers work in environments with increased burnout and compassion fatigue and decreased joy. Embracing initiatives such as this to safeguard provider well-being ultimately benefits patient safety.”



Second victim

Occurrences that can lead to second victim phenomenon:

- Any unexpected outcome with a pediatric patient
- A case that is high profile in the community (in the news)
- Caring for a child who has been physically abused
- Wrong drug given to wrong patient
- Cases involving litigation or provider called to testify
- Provider experiencing multiple difficult situations in a short period
- Violent patients
- A provider’s first patient death
- Failure to detect something in a timely manner
- Unexpected patient demise

Departments whose providers are at higher risk of second victim phenomenon:

- Anesthesia
- Critical care
- Emergency
- Obstetrics
- Pediatrics
- Surgery



Robyn Finney, APRN, CRNA, DNAP, is the keynote speaker for the MCSHS Alumni Association annual meeting on April 17 (back cover).

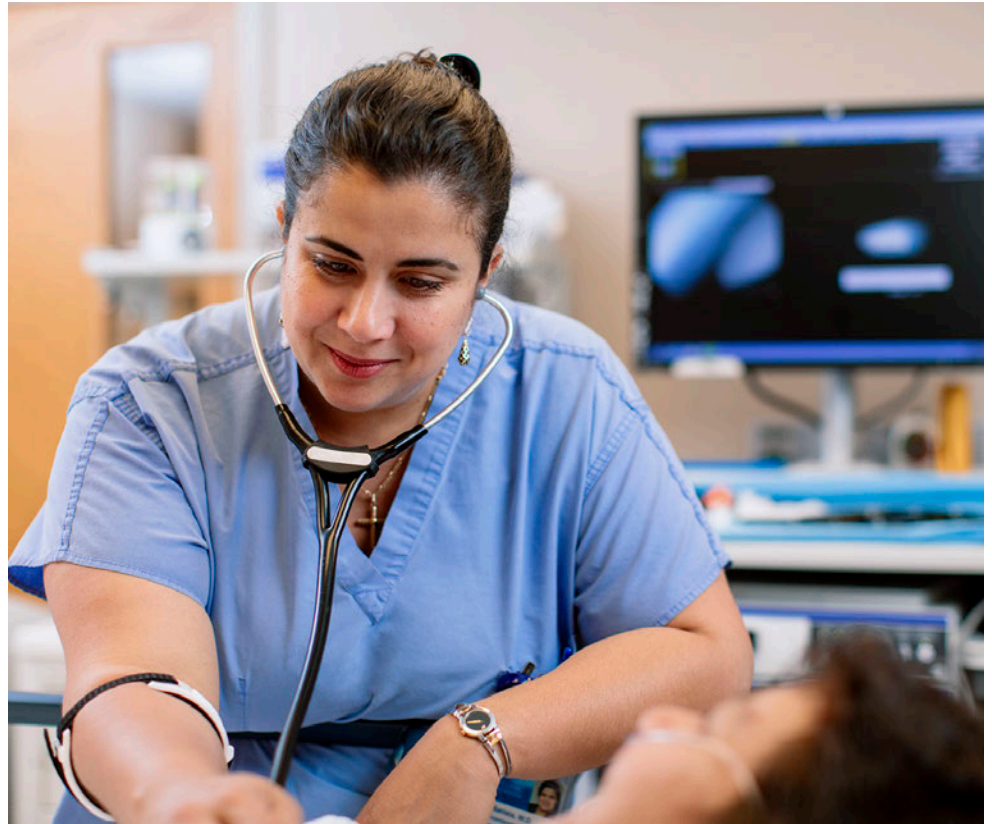
News briefs

Mayo hospitals receive 'A' grades for patient safety

Eight Mayo Clinic hospitals scored high marks for safety, earning an "A" for patient safety from the Leapfrog Group, an independent, national nonprofit run by employers and other large purchasers of health benefits. Hospitals at Mayo Clinic that received the grade are:

- Arizona: Mayo Clinic Hospital
- Florida: Mayo Clinic Hospital
- Rochester: Mayo Clinic Hospital — Rochester
- Mayo Clinic Health System — Austin and Albert Lea, Mankato and Red Wing, Minnesota; Franciscan Health System in La Crosse, Wisconsin

The Hospital Safety Score uses 17 measures of publicly available hospital safety data combined with 11 self-reported survey answers to produce a single patient safety score.



Mayo Clinic receives \$15 million gift to advance innovative ideas

Mayo Clinic received a \$15 million gift from philanthropist Jay Alix to provide resources directed by the Mayo Clinic president and CEO to advance innovative ideas with the potential to transform health care. In 2018 Alix made a \$200 million gift to support the endowment for Mayo Clinic Alix School of Medicine.

The new gift is in gratitude to the leadership of Mayo Clinic, honoring John Noseworthy, MD, emeritus president and CEO, Mayo Clinic. In appreciation of this gift, Mayo Clinic will establish the

John H. Noseworthy, MD, and Jay Alix Chair, which will be conferred to the sitting president and CEO of Mayo Clinic.

"Mayo Clinic has always had visionary leaders with more brilliant ideas than funds available," says Alix. "My hope is this gift will empower and leverage Mayo Clinic's knowledge and expertise with emerging opportunities in artificial intelligence, digital technologies, data science and more, advancing Mayo Clinic as a global institution with the patients' best interests in mind."

Access to windows & outdoor views improves cognitive performance

Research from the Well Living Lab, a Mayo Clinic and Delos collaboration, shows that office areas with windows that provide natural light and views of the outdoors improve workers' cognitive performance and satisfaction with their office environment.

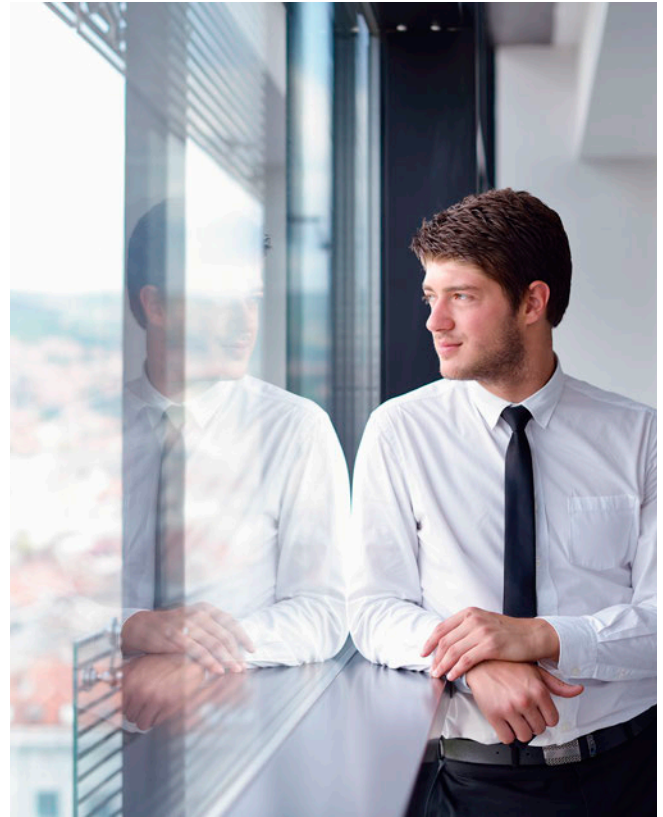
Study participants moved into a simulated office setting matching their regular office cubicles and conducted normal work activities for 14 weeks while their environment and behavior were monitored. Every two weeks, participants were exposed to a different window condition — mesh shades, dynamically tinted windows or blackout shades to remove daylight and view.

Cognitive function improved when participants had access to daylight and an outside view in their office area. Their ability to hold and manipulate items in memory and ability to inhibit responses increased. Mesh shading and dynamic tinting resulted in the same degree of improved cognitive performance compared to blackout conditions. Eyestrain lessened when participants had access to daylight and an outside view from the windows, as did environmental satisfaction. When the workspace had windows blacked out, the No. 1 change participants wanted was window access.

“We’ve added to the growing evidence that the ability to see the outdoors has a positive impact,” says Brent Bauer, MD, medical director of the Well Living Lab and a principal investigator on the study. “Other studies have shown access to daylight and views reduces stress, improves mood, lowers work absenteeism and reduces work errors. Additional studies can build upon these findings to help complete the picture that is emerging — windows are good for us.”

If having windows or outside views isn't possible, the Well Living Lab recommends:

- Bring nature inside with plants or a water feature. Decorate with nature scenes such as photos, paintings and screen savers.
- Use natural elements such as wood and stone in workspace design.
- Listen to nature recordings on a headset, or stream nature videos.
- Walk outside during breaks.



Mayo Clinic ranked as 'Leading Disability Employer'

Mayo Clinic was ranked as a 2019 Leading Disability Employer by the National Organization on Disability for the second consecutive year.

The Leading Disability Employer ranking recognizes organizations that demonstrate exemplary employment practices for people with disabilities, including hiring people with disabilities and tapping into their talents. The ranking is based on performance on the Disability Employment Tracker, a survey that considers disability employment practices and performance. Organizations also receive points based on the percentage of people with disabilities in their workforce.

Alumni Day in Florida

Mayo Clinic in Florida celebrated MCSHS alumni for the second consecutive year. Conversations with participating alumni will help determine how the Alumni Association can better engage alumni, including organizing an alumni community service project in 2020.



Joiel Woods, RT(R) (RAD '10), clinical coordinator of MCSHS Radiography Program in Florida; Shiran Moss, RT(R) (RAD '19); and Elyse Jagemann, RT(R) (RAD '18), radiologic technologist.



Mayo Clinic in Arizona recognized as Center of Excellence for Enhanced Recovery After Surgery

Mayo Clinic in Arizona was recognized as a Center of Excellence for Enhanced Recovery After Surgery (ERAS), the second medical center in the U.S. to earn that distinction.

Enhanced Recovery After Surgery aims to improve care of surgery patients and enhance postoperative recovery through evidence-based practice, audit, education and research.

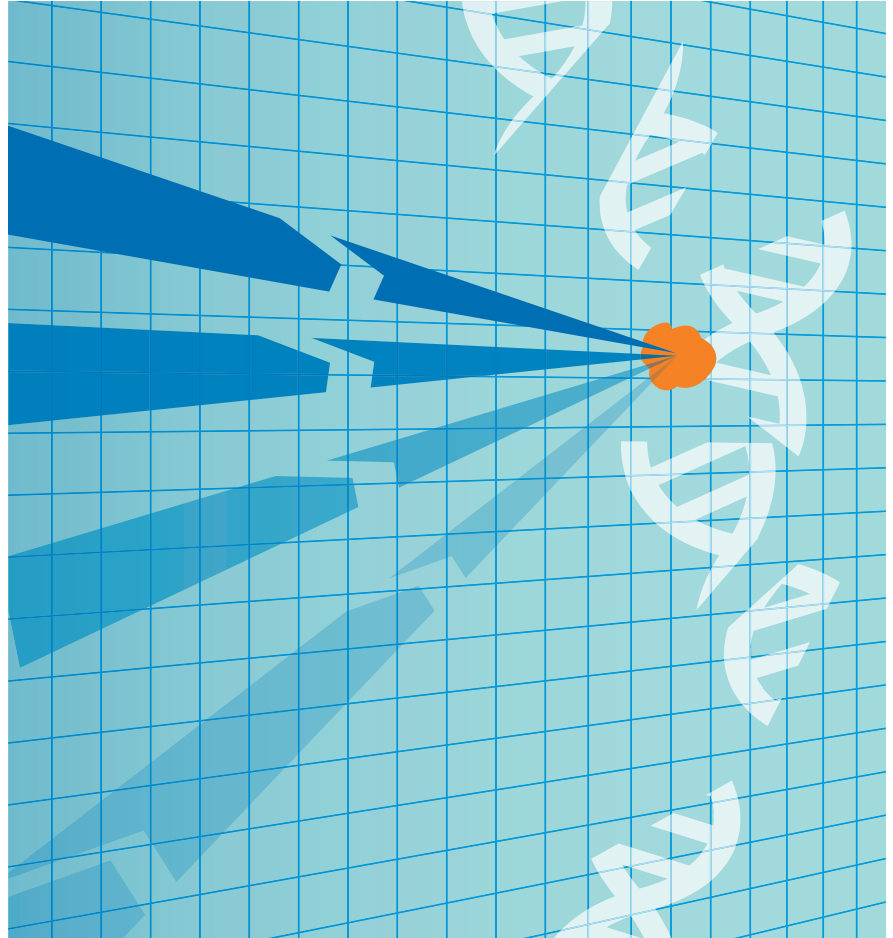
Since implementing ERAS protocols, Mayo Clinic in Arizona has reported decreased lengths of hospital stays and fewer complications and readmissions while achieving significant cost savings. For example, the Division of Colon and Rectal Surgery reported a 70% reduction in narcotic use postoperatively over the past three years.

Mayo Clinic, Hitachi to build next-generation carbon ion therapy treatment facility

Mayo Clinic and Hitachi, Ltd. reached an agreement in principle to build a carbon ion treatment facility as part of Mayo Clinic's recently announced integrated oncology facility to be constructed at Mayo's campus in Jacksonville, Florida.

There are no carbon ion therapy treatment centers in North America. The technology is available at only a handful of centers in Asia and Europe.

"As a leading National Cancer Institute-Designated Comprehensive Cancer Center, with locations in Florida, Minnesota and Arizona, Mayo Clinic is uniquely qualified to bring carbon ion therapy to the U.S.," says Gianrico Farrugia, MD, president and CEO of Mayo Clinic. "Carbon ion therapy has tremendous potential as a tool for treating patients with challenging cancers that do not respond well to currently available therapies."



Program updates

Daniel Anger is temporary program director of the Emergency Medicine Paramedic Program.

Chelsey Hoffmann, PA-C, MS (DIET '11, PA '14), is clinical co-director of evaluation of the Physician Assistant Program at Mayo Clinic in Arizona.

Pamela Kline, PT, DPT, was named program director for the Physical Therapy Clinical Rotation at Mayo Clinic in Arizona.

🔍 Allied health job opportunities

Mayo Clinic and Mayo Clinic Health System locations seek qualified candidates for allied health positions. Opportunities are especially high for:

- Alcohol and drug counselors
- Cardiac sonographers
- Certified registered nurse anesthetists
- Data scientists
- Licensed practical nurses
- Nurse practitioners/physician assistants

- Paramedics/EMTs
- Pharmacists
- Radiologic technologists
- Radiology registered nurses
- Registered nurses
- Registered nurse case managers
- Social workers

mayocareers.com/MCSHS

Connections

Connections is published three times a year and mailed free of charge to alumni, students and friends of Mayo Clinic School of Health Sciences (MCSHS).

Send comments, story ideas, academic and career news, and address changes to mshsaa@mayo.edu, or call 507-284-2317.

Executive editor

Judith D. Anderson

Managing editor

Melissa Abrams Caulfield

Editorial assistant

Deborah Oscarson

Alumni information

mshsalumni.mayo.edu | 507-284-2317

About MCSHS

Mayo Clinic School of Health Sciences has a distinguished history of preparing students for successful careers in the health sciences. Mayo Clinic has trained allied health professionals for more than 100 years. Almost 1,700 students are enrolled in more than 135 MCSHS programs and rotations representing more than 55 health sciences careers. Programs are available at Mayo Clinic campuses in Arizona, Florida and Minnesota.

Enrollment information

mayo.edu/mayo-clinic-school-of-health-sciences

507-284-3678, 1-800-626-9041

young.jolene@mayo.edu

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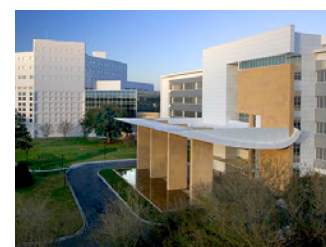
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Register now! MCSHS Alumni Association 2020 annual meeting

- Friday, April 17
- Rochester, Minnesota, with concurrent events in Arizona and Florida
- Reception, program, dinner and award presentation
- Keynote speaker Robyn Finney, APRN, CRNA, DNAP (NA '03, NA '18), Department of Anesthesiology and Perioperative Medicine, Mayo Clinic in Rochester, on "Second Victim Phenomenon"

The evening is free for MCSHS alumni and a guest.
Reserve your spot by April 8.



Registration information:
mcshsaa2020annualmeeting.eventbrite.com