

# USING PARTNERSHIPS TO ADVANCE NURSING PRACTICE AND EDUCATION: THE PRECIOUS PRINTS PROJECT



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With the release of the Institute of Medicine's (2011) Future of Nursing report, nursing leaders recognized that strong academic–practice partnerships are critical to advancing the report's recommendations. Using established principles for academic–practice partnerships, a manufacturer, children's hospital, student nurses organization, and college of nursing created the Precious Prints Project (P<sup>3</sup>) to give families who have experienced the death of a child a sterling silver pendant of the child's fingerprint. This article outlines the background, implementation, and benefits of the P<sup>3</sup> partnership with the aim of encouraging readers to consider how similar programs might be implemented in their organizations. To date, the program has given pendants to more than 90 families. In addition, nurses and nursing students have been introduced to the provision of a tangible keepsake for families experiencing the loss of a child and participation in philanthropy and an academic practice partnership. (Index words: Practice–Academic partnerships; Perinatal; Bereavement; Nursing education; End of life; Interdisciplinary) *J Prof Nurs* 31:50–56, 2015. © 2015 Elsevier Inc. All rights reserved.

**S**TRONG PARTNERSHIPS BETWEEN nursing academic and practice programs have long provided opportunities for hands-on clinical learning. A more recent movement seeks to advance these partnerships beyond short-term clinical learning for nursing students and into meaningful long-term relationships that enhance both the education and practice environment (Morton, 2013). With the release of the Institute of Medicine's (2011) Future of Nursing report, nursing leaders recognized that strong academic–practice partnerships are critical to advancing the report's recommendations. In addition, health care organizations seeking recognition for excellence in nursing care also know the value of strong relationships with nursing programs (Morton, 2013).

Using the American Association of Colleges of Nursing (AACN, 2012) academic–practice partnership framework, a manufacturer, children's hospital, a student nurse organization, and a college of nursing (CON) worked together to create the Precious Prints Project (P<sup>3</sup>); (Miller, Lindley, Mixer, Fornehed, & Niederhauser, 2014). This program arose out of a desire to provide solace to parents who have experienced the death of a child by giving them a tangible memento in the form of a sterling silver pendant of the child's fingerprint (Figure 1).

## Background

Losing a child causes unimaginable grief. When such grief is displayed in a health care setting, the nurses who cared for the deceased child and family may struggle to manage their own feelings of sadness and helplessness and feel ill equipped to cope with their emotions and provide solace to the grieving family (McCloskey & Taggart, 2010). Transitional objects are tangible keepsakes, such as a fingerprint, photograph, or blanket, that help families connect with and make meaningful memories of their child (Capitulo, 2005). Giving families who have lost children—to illness, trauma, stillbirth, or miscarriage—an avenue to create memories through transitional objects has been used in children's hospitals

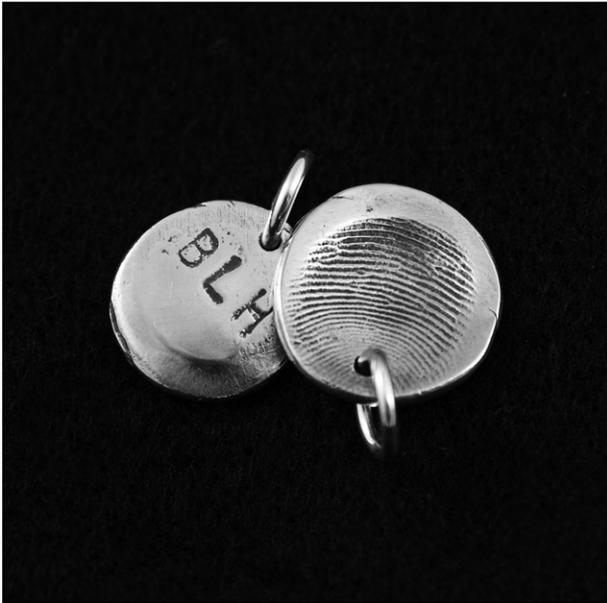
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**Figure 1.** Precious Print Sterling Silver Pendant.

for many years and can be the key to helping them heal while they are grieving (Capitulo, 2005).

The P<sup>3</sup> partners included the CON and the Student Nurses Association (SNA) from the University of Tennessee–Knoxville (UTK), a regional children's hospital, and the pendant manufacturer, Precious Metal Prints. The project was designed to give grieving parents a lasting remembrance of their deceased child at no cost to them. In addition, the project offered numerous learning opportunities for students. Although there is substantial literature on academic–practice partnerships (Fonseca-Becker & Lee, 2012; Jefferies et al., 2013; Johnson, 2012; Nabavi, Vanaki, & Mohammadi, 2012), we were unable to locate prior work that focused on the unique partnership of a CON, SNA, hospital, and manufacturer.

### Academic–Practice Partnerships

The partners used the guiding principles for academic–practice partnerships outlined by the AACN and the American Organization of Nurse Executives (AONE) Task Force on Academic–Practice Partnerships to plan, implement, and evaluate the P<sup>3</sup> (AACN, 2012). These principles included collaboration based on shared goals, mutual respect and trust, knowledge sharing, and a commitment to advancing the impact nursing can have on the lives of families. In this case, our focus was on those who have experienced a devastating loss. The AACN-AONE framework provides partners' rich on-line resources such as a toolkit, literature review, and outcome matrix to facilitate and sustain partnerships (see <http://www.aacn.nche.edu/leading-initiatives/academic-practice-partnerships>).

### Collaboration

Because of its reputation for providing high-quality, compassionate care for patients and family members, a regional children's hospital was approached by the CON

to collaborate on the P<sup>3</sup>. The CON's long-standing relationship with this facility, through student clinical placements and past collaborative efforts (Mixer et al., 2012), made the partnership a natural fit for both organizations. To ensure institutional support by fostering the highest level of alliance, the CON dean presented the P<sup>3</sup> concept to the hospital's chief nursing officer (CNO) and discussed the opportunity to create a shared project vision, institute the project, and secure funding for sustainability (AACN, 2012). The shared vision, “a collaborative partnership to provide families who have lost a child the opportunity to have a remembrance of their child in the form of a fingerprint pendant,” continues to be used as a compass for the project. After sharing the P<sup>3</sup> vision with the Nursing Leadership Council, the CNO secured their support for the project's implementation.

To achieve the vision, the P<sup>3</sup> team was created to plan the project's implementation. Team members were selected based upon their roles within their respective institutions and how each would facilitate the project's execution. CON representatives included the dean, the director of development, a faculty member to serve as project director, a Student Nurses Association (SNA) representative, an SNA advisor, and a media representative. The hospital group included the vice president for development and community relations, a community relations representative, a pastoral services representative, and a neonatal intensive care staff nurse with an expressed interest in helping bereaved families. The team met to identify project goals and discuss plan details with an eye for anticipating and eliminating issues that could reduce the project's effectiveness. Basic project elements were defined to ensure consistent implementation. The P<sup>3</sup> team determined that the day-to-day coordination and oversight of the project would be the project director's responsibility. In addition to direct responsibility for student participation, the project director would communicate routinely with the chaplain, neonatal nurse, and a nurse educator to facilitate daily implementation.

Student nurses were important members of the P<sup>3</sup> collaborative partnership. First, the SNA adopted the P<sup>3</sup> as their philanthropic project and raised over \$1,000 in 1 year to support the project. Second, the student nurses led training sessions to teach the staff nurses at the hospital how to use the mold to create a fingerprint (Figure 2). In 1 year, these students educated more than 100 staff nurses about the P<sup>3</sup> vision and how to create a fingerprint mold.

The practice and academic partners identified processes that would achieve a smooth deployment in the clinical setting (Beal, 2012). Their initial task was to define roles and expectations for each team member. Because representatives from the Department of Pastoral Care were likely to be present at deaths of young patients, these staff members were responsible for initiating project procedures. This decision helped maintain consistency in the earliest phases of the project, ensuring that the pendants were offered to the families and fingerprints were obtained correctly. A designated SNA representative delivered the first kits to the chaplain, who then placed them within the



**Figure 2.** Student nurses showing PICU and NICU staff nurses how to use the fingerprint mold.

designated units. Communication with the staff nurses through the chaplain and project director provided the signal for the project's launch.

The CON worked collaboratively with the P<sup>3</sup> team to identify learning opportunities for student nurses. These opportunities included research projects, philanthropic activities, teaching and learning principles, and the clinical application of caring for grieving families.

### Mutual Respect and Trust

The AACN recognizes that open communication through a culture of trust and respect fosters partnership success. The AACN-AONE guiding principles purport that “mutual respect and trust are the cornerstones of the practice/academic relationship” (AACN, 2012, p. 2). Although challenging to measure, respect and trust are said by AACN-AONE to include such attributes as mutual investment and commitment, transparency, frequent and meaningful engagement, joint accountability, and recognition for contributions. The following examples demonstrate these attributes, and mutual respect and trust have been building since the project's inception.

Through interaction between all P<sup>3</sup> team members, concerns were addressed, and implementation issues were solved in a timely manner. Scheduled team meetings, for reviewing deployment strategies and

feedback, provided updated information. The P<sup>3</sup> Director and the children's hospital representatives engaged in open and transparent discussions about project details and potential issues that might enhance or impede success. Two issues the team had to grapple with were establishing eligibility guidelines and deciding which family member should receive the pendant. The team discussed possible scenarios including who should receive the pendant in the event of blended families (e.g., birth mother, adoptive mother, or grandmother) and how they should manage situations where families requested more than one pendant. Thorough discussions about these issues lead to decision making through team consensus. In the end, the team decided that the pendant would be offered to the child's birth mother. Over time, an initiative has emerged from staff nurse partners that options should be made available to other family members who also wanted a pendant. Because the child's print cannot be replicated on another pendant, P<sup>3</sup> team members are examining options to provide additional kits so that every family member desiring a pendant could have one.

Mutual investment, commitment, and joint accountability are demonstrated through P<sup>3</sup> partners sharing the project's fiscal demands. Initially, the project was funded through \$1,000 raised by the SNA and matching funds provided by the CON. The manufacturer is committed to offering the fingerprint kits and pendants at a reduced rate to support the project. The children's hospital is continuing to work on raising funds to support the project while a committee of nursing administrators explores fundraising options to make additional kits available to families who request more than one print. An example of collaborative fiscal responsibility is a fundraising event, Sprint for the Prints®, sponsored by the SNA and academic and practice partners. Practice partners promoted the fundraiser extensively through their media outlets both within the institution and throughout the community. The spirit of collaboration was demonstrated on race day as the CNO, directors, nurse managers, and staff joined SNA members, other students, and faculty as they labored together for a successful event.

### Shared Knowledge Among Partners

Multiple mechanisms were used to share knowledge among P<sup>3</sup> partners. Together, the P<sup>3</sup> team developed a clear, succinct process (Figure 3) to give families the option of creating a fingerprint mold of their child. Step one is the manufacturer preparing special clay mold kits that are labeled for the P<sup>3</sup> and containing the material to make the fingerprint mold, an instruction sheet, and an information sheet. A CON or SNA representative transports the kits to the chaplain at the hospital. Next, the chaplain stores the kits in the designated areas in the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU). When a child dies in the hospital's NICU or PICU, the on-duty chaplain or staff nurse identifies potential recipients by asking the deceased child's parents whether they would like to

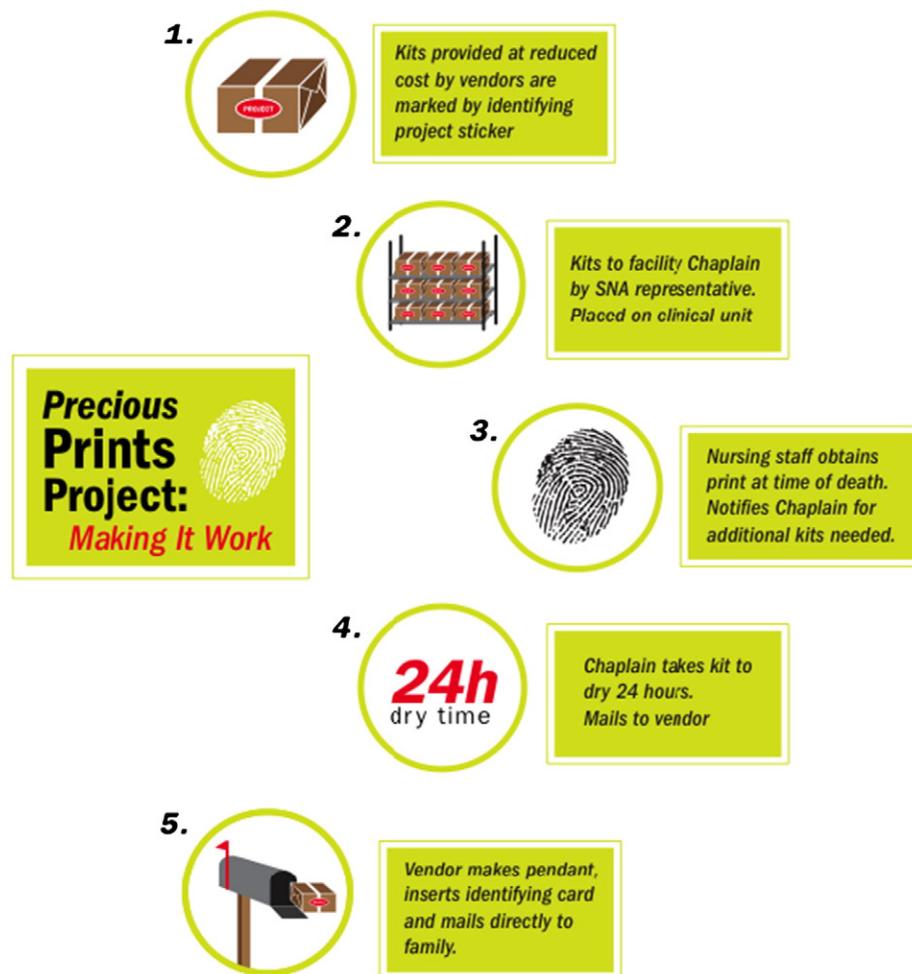


Figure 3. Precious Prints Project: Making it Work.

receive a fingerprint pendant. If the parents indicate that they would like to receive a pendant, the staff nurse or chaplain uses the material in the kit to make a mold of the deceased child's fingerprint and returns the mold to the box. Then, the completed kit is placed in the chaplain's office to dry for the required 24 hours. When the mold is dry, a representative from the Pastoral Care office mails the completed kit to the manufacturer for production. In approximately 2 weeks, the manufacturer mails the completed pendant to the family in the same box. The pendant is attached to a card stating that the pendant is a gift from the SNA, the manufacturer, and the hospital.

### Commitment to Impacting Care

The P<sup>3</sup> could not be successful without the academic, practice, and manufacturing partners' strong commitment to help grieving families. The children's hospital showed their commitment by including project information and successful print capture instructions in new employee orientation and 1-year employee reviews. In addition, the hospital allotted time during the annual employee skills days for CON student representatives to demonstrate use of the kit contents to current employees. The CON formed a small group of enthusiastic faculty and SNA representatives to oversee the continued logistics of project funding and ongoing communication. The SNA

selected the P<sup>3</sup> as their primary philanthropy project, and it was highlighted at the CON's annual fundraising event. The manufacturer continued to engage with the project by frequently attending P<sup>3</sup> organizational meetings.

Active student involvement was required to develop the primary funding sources and ensure sustainability of the project. The project director met with the SNA advisor to discuss the project and the learning opportunities it offered students in the areas of leadership, project development, and community service. The SNA leadership team enthusiastically agreed to become a partner in the project.

Student involvement quickly transcended the scope of philanthropy to include academic opportunities. Underdeveloped components of the P<sup>3</sup> were presented to students in the senior-level course, preparation for professional practice, as an opportunity to engage in creative activities contributing to the success of the project. After emphasizing that their efforts would be put directly into practice to benefit the P<sup>3</sup>, students were invited to develop posters highlighting specific elements integral to sustaining the project. The response was overwhelming, and 20 students were selected to present posters at the University's Exhibition of Undergraduate Research and Creative Achievement (EUR&CA, 2012). The posters—including *Never Forgotten: Funding Precious Prints for Grieving Parents*, *Precious Prints as a Sustainable*

*Project*, and *Precious Prints: Making it Happen*—directly addressed ways to continue funding and implementing the project at the pediatric clinical facility.

In an effort to publicize the P<sup>3</sup> and spark the interest of philanthropic groups, the P<sup>3</sup> Director asked the university media relations representative to prepare a press release announcing P<sup>3</sup> to the community. The P<sup>3</sup> also was highlighted in several interuniversity publications as an example of putting creative thinking into action (University of Tennessee–Knoxville, 2012a, 2012b). The practice partner publicized the project's launch through an article in a monthly, in-house publication (*East Tennessee Children's Hospital*, 2012). In addition, the project director delivered a project overview to the CON advisory board during a meeting highlighting innovative ideas and practices from the CON's academic–practice partnerships.

The start-up and maintenance of a project of this magnitude requires a great deal of time and commitment from those involved. Throughout the development and implementation of the P<sup>3</sup>, a variety of requirements for success became apparent. For example, the P<sup>3</sup> team determined that the project director and practice representative needed dedicated time and workload provision to attend to project operations. In addition, each of these partners needs a small committee of helpful, enthusiastic colleagues/students in each of their settings to share the workload on a routine basis. These “champions” who believe in the importance and significance of this work ensure that the day-to-day work is completed.

### Benefits

The benefits of the P<sup>3</sup> are multifaceted and far reaching. For the academic partner, the project fulfills the mission of community outreach and promotes the profession of nursing. P<sup>3</sup> also gives faculty, students, and interprofessional health care providers opportunities for personal and professional growth; grant and research development and national recognition through research and publications. Student nurses can grow personally and professionally as they collaborate with other health care professionals and engage in leadership roles and community service and important facets of SNA's mission. Furthermore, several groups of students developed project communication skills by creating posters that highlighted project implementation of the P<sup>3</sup> initiative and presented their work at a university research and creative activity symposium.

The project's innovative approach to patient care allows practice partners to serve patients in a new way—promoting grief recovery for their families—while also receiving community recognition. The manufacturer is able to engage in community philanthropy, along with promoting and marketing their product for future company growth. Most significantly, the family takes home a tangible remembrance of a precious life that was all too brief.

Anecdotal information indicates that families who received a pendant found it meaningful and cherished it. Feedback from practice partners indicated that when making the print, families consistently expressed appre-

ciation for this service. One family described what the precious print pendant meant to them on a local television broadcast promoting an event to raise money for the purchase of new kits (<http://www.wbir.com/story/news/local/five-at-four/2013/09/13/sprint-for-the-prints-supports-grief-keepsake-project-precious-prints/2809517>; Stroud, 2013). One of the families chose to participate in this fundraising event in honor of their child. They described that the pendant was meaningful and cherished on their blog (<http://parishpost.blogspot.com/2013/09/sprint-for-prints.html>; Parrish, 2013).

### Sustainability

The project is sustained through continued participation and engagement of all partners: academic partners (AP), practice partners (PPs), SNA, and the vendor. Ownership for day-to-day operations in the practice setting has moved to staff nurses passionate about the project. In addition, several former SNA members actively involved as APs have graduated and been employed by the PP and further fuel project enthusiasm. The newly formed palliative care committee within the PP is incorporating P<sup>3</sup> as part of the policies and procedures for their end-of-life care. PPs are considering implementation of the project in other settings such as home health. The AP project director's workload has been adjusted to accommodate time for project management.

Financial sustainability is achieved through SNA and AP Office of Development and Alumni Affairs commitment for continuous fundraising through a variety of avenues. For example, the P<sup>3</sup> was selected for the university's annual giving campaign, which focuses on “the most innovative and inspiring student, faculty, and staff projects at the university” (University of Tennessee–Knoxville, 2014). The Sprint for the Prints and the P<sup>3</sup> continues to be the primary philanthropy of the SNA. Accordingly, students have reorganized their committee structure to include a P<sup>3</sup> committee devoted to P<sup>3</sup> support and sustainability. Finally, the vendor has committed to supplying pendant kits at a reduced cost to meet the number of families who desire this keepsake.

### Evaluation

The AACN-AONE toolkit provides a systematic method for evaluating academic–practice partnerships through use of an outcome matrix worksheet (AACN, 2012). An example of how the worksheet was used for project evaluation is provided in Table 1. The P<sup>3</sup> team used these outcome data to refine project operations and steer the project's trajectory.

The team has identified the need for research to examine the meaning of this tangible memento on families' short- and long-term grieving process. Therefore, two grant proposals have been submitted to fund such research. In addition, an honor student in the CON has begun a study to explore how the project might support neonatal and pediatric critical care nurses in coping with the death of their patients. Continued exploration and evaluation of the project's processes

**Table I.** Academic–Practice Partnership Expectation and Outcome Metrics Worksheet Example P<sup>3</sup> Evaluation Outcomes

Partnership Goals	Activities	Outcomes
Evaluate the P <sup>3</sup> and academic–practice partnership	PP and AP engaged	<ul style="list-style-type: none"> <li>• Top nurse leaders at PP-chief nurse executive and AP-CON dean mutually committed to project and authorized the PP Liaison and AP Project Director.</li> <li>• PP and AP established shared vision, expectations, and a model for project design (see Figure 2).</li> <li>• Collaborative team established; meetings and communication monthly for project planning and problem solving.</li> <li>• Number of SNA members educated by vendor on optimal print capture = 20.</li> <li>• Number nurses educated on project goals and optimal print capture = 150.</li> <li>• Number of students and posters at Research and Creative Activities Symposium = 20 nursing students and 3 posters.</li> <li>• Number of AP and PP collaborative manuscripts = 2</li> <li>• PP staff available 24/7 to make the print. Fund postage to mail kits to vendor.</li> <li>• AP provides project director with designated workload for P<sup>3</sup> management.</li> <li>• Manufacturer/Vendor provides pendant at reduced price.</li> <li>• Year 1 - AP donated \$1,000 to begin P<sup>3</sup>: \$500 from CON funds and \$500 from SNA funds. SNA adopts P<sup>3</sup> as primary philanthropy.</li> <li>• Year 2 - AP “Nightingala” fundraiser well supported and attended by PP. Raised \$750.</li> <li>• Year 3 - First annual Sprint for the Prints© 5 K race fundraiser. SNA led and collaboratively supported, advertised, and attended. One hundred participants (nurses, students, faculty, and others). Raised \$2,500.</li> <li>• Project highlighted through University of Tennessee-Knoxville (UTK) publication. “Big Orange Big Ideas,” March, 2012 and CON annual publication (University of Tennessee–Knoxville, 2012b).</li> <li>• Video clip of project featured on Tennessee TODAY Web site “What’s your big idea” (University of Tennessee–Knoxville, 2012a).</li> <li>• Roll out of project announced through PP monthly publication, (East Tennessee Children’s Hospital, 2012).</li> <li>• Sprint for the Prints promoted in TV news broadcast with PP, AP, and family recipient participants, (Shroud, 2013).</li> <li>• Number of pendants distributed to families = 90</li> </ul>
	Collaborate to provide P <sup>3</sup> education	
	Professional dissemination of project	
	Collaborate to ensure sustainability through joint accountability, financial responsibility, and recognition of contributions. Highlight mutual investment and commitment through shared project promotion.	
	Provide a sterling silver pendant of the child’s fingerprint to families who have experienced the death of a child.	

Overall project goal: Create a partnership with shared vision and mutual goals to provide a tangible memento (a sterling silver pendant of the child’s fingerprint) to families who have experienced the death of a child.

and results, with revisions implemented as needed, will be necessary to ensure the sustainability of this academic–practice partnership.

## Conclusion

Using the AACN’s guiding principles for academic–practice partnerships and the concept of supporting grieving families through tangible objects, P<sup>3</sup> has given more than 90 families a pendant bearing the fingerprint of the child they lost. This article outlined the background, implementation, and benefits of the P<sup>3</sup> partnership with the aim of encouraging readers to consider how similar programs might be implemented in their organizations. This program is an exemplar of how academic–practice

initiatives create win–win situations for partners and the patients and families served.

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