Caregivers

The quiet joy and hidden struggle of providing healthcare at home
Here at the University of Utah College of Nursing, we know we are ahead of the curve. Core groups of our researchers are studying ways to boost caregiver resilience; alleviate patients’ chemotherapy symptoms; manage diabetes and weight; diminish health disparities; and build technology to enhance healthcare communication.

Faculty providers are using evidence-based innovations to transform patient care—for example, facilitating new mothers’ use of nitrous oxide gas to manage pain and anxiety during labor and delivery, and creating group therapy for those struggling with complicated grief.

Meanwhile, our nurse educators are putting those pieces of research and practice together to update our curriculum and provide unique experiential learning for interdisciplinary student hotspotting teams. Over the past school year, these student teams have been tackling the social determinants of health at local subsidized housing complexes and community clinics, one practical solution at a time.

The University of Utah College of Nursing was recognized this school year by the American Association of Colleges of Nursing (AACN) as one of the nursing education institutions that is most integrated into its surrounding academic medical center. This collaboration allows us to work more efficiently in interprofessional teams with physicians, pharmacists and social workers to provide the highest-quality care for our patients. Our nurses—and student nurses—truly are leading and supporting new prevention and wellness programs, new models of care delivery, continuity of care and integration with home and community based services and resources.

The College of Nursing already is working in line with the National Institute of Nursing Research’s strategic nursing science goals. Join us in the discovery!

Patricia G. Morton, PhD, RN, FAAN
CAREGIVING
A growing, but largely unseen, group of family members is quietly providing the healthcare many Americans receive. College of Nursing researchers, clinicians and educators are poised to lead as caregiving takes precedence in American healthcare.

HOTSPOTTING
Eight interdisciplinary “hotspotting” teams of university students were dispatched this year to help at-risk patients at a Salt Lake County subsidized housing complex and community clinics. The program provided intensive hands-on healthcare for the patients and unique experiential learning for the students.

INNOVATING
Urged on by research and policy analysis from College of Nursing students and BirthCare HealthCare nurse midwives, University of Utah Health’s Labor and Delivery Department started offering nitrous oxide gas to laboring mothers.

GIVING
Generous past and present donors to the College of Nursing generate more than $1 million a year in scholarship support for 20 percent of students.

GATHERING
Alumni Weekend 2017 marked the first induction of the Half Century Society (graduates from the classes of 1947 through 1967), the Class of 2007’s 10-year reunion, the Distinguished Alumni and Young Alumni Awards, and the unveiling of the Faces of Nursing mural.
Even when caregiving ends, the uncertainty lingers.

“As a caregiver, you have to be empowered and very assertive to get your loved one what they need from the system,” says Leissa Roberts, DNP, CNM, associate dean for faculty practice at the University of Utah College of Nursing. Dr. Roberts cared for her parents, Ben and Ellen as they declined over the past decade — her father from lung cancer; her mother from Alzheimer’s disease — and eventually died last year, he at 89; she at 83 years old.

“Not everyone is a caregiver,” Dr. Roberts adds. “Healthcare providers are not preparing families to advocate for their loved ones. We’re not preparing families to make important decisions before they get to a crisis point. And we’re not doing as good a job as we could in supporting families when they’re in crisis. We owe caregivers more.”

A growing, but largely unseen, group of family members is quietly providing the health care many Americans receive. Parents raising disabled children. Children caring for their parents. Young couples pushing through cancer diagnosis and treatment. Life partners caring for each other as they age through diabetes, cancer, heart disease and dementia.

The National Alliance for Caregiving and American Association of Retired Persons (AARP) estimate 44 million family caregivers provide unpaid care to an adult or child each day—about 16 million of them caring for a family member with Alzheimer’s disease. In economic terms, the care these partners, parents and children provide would be valued at $470 billion, according to a 2013 estimate from AARP’s Public Policy Institute.

Most caregivers are older women. Most have other jobs. And just like professional health-care providers, they’re burning out. Their patients are living longer and with chronic diseases that exact a painful toll, not just on the patients, but on those who take care of them as well.

For nearly 20 years, College of Nursing researchers have been delving into caregivers’ experiences—how they become isolated, how they communicate with healthcare workers, and how they recover from the death of their care recipients.

“They are today’s silent patients,” says Linda Edelman, PhD, RN, an associate professor at the University of Utah College of Nursing whose research focuses on injuries to older adults living in rural areas. Most are women, many are part of the “sandwich generation,” providing care for aging parents while supporting their own children. Others are aging themselves. “It’s not surprising that caregivers are burning out.”

It’s the doubts that haunt caregivers: The nagging thought that you aren’t doing enough, don’t know which questions to ask, didn’t press the issue with the doctors, that there was too much pain.
“She took care of me for over 50 years. Now it’s my turn to take care of her.”

Nancy Ward, co-chairwoman of the College of Nursing Development Board, cared for her sister, Susan Whittaker, when she was diagnosed with cancer. Susan died in 2006 after four years of treatment. A few years later, Ms. Ward moved back to Utah to care for her parents, Dale and Gloria. Her mother was diagnosed with Lou Gehrig’s disease (ALS) and died in 2014. Her father had dementia and died in 2015. Annette Cumming, RN, found caregiving to be the same trial by fire—and physical toll—on her own health. Her 77-year-old husband Ian Cumming declined after a diagnosis of dementia eight years ago. He died Feb. 2 at their home in Jackson, Wyoming. She says a strong support network, a flexible approach, lowered expectations and a sense of humor are critical.

“Your normal standards that you had when you were together just have to go downhill slowly,” she says. “You have to enjoy every good moment. Every once in a while, somebody comes to visit and you can walk around the block. Or someone brings a meal in.

“Tomorrow’s always another day.”

Bob Kaelberer, 86, has been caring for his 80-year-old wife Anne since she showed the first signs of dementia in 2009. He’s going it alone, with little medical intervention, but a lot of respite care and occasional meals from neighbors, his daughter and daughter-in-law. An initially intense diagnostic battery of tests and doctor visits overwhelmed Anne, he says.

“They wanted to get me into all these kinds of programs and take all these tests that stress her out,” the retired Caterpillar tractor salesman adds. “But I’m a farm boy. You learn things on your own.”

“I don’t get blue. I don’t look ahead,” he adds. “You can look ahead and what’s it going to get you? Nothing. This is one day at a time.”

Bob Kaelberer

Still, caregivers perform the job tirelessly and with little fanfare or complaint—often to the detriment of their own economic and physical health. When the caregiving role ends, many of these lay healthcare providers discover their own health problems—heart failure, complicated grief and persistent depression. Economic problems—diminished earning prospects and smaller retirement accounts—are common.

“The caregiving experience has changed me forever. It was the sweetest, toughest time of my life,” she adds.

“Your normal standards that you had when you were together just have to go downhill slowly,” she says. “You have to enjoy every good moment. Every once in a while, somebody comes to visit and you can walk around the block. Or someone brings a meal in.

“Tomorrow’s always another day.”

Ms. Cumming, 71, is finally getting the hip replacement she’s needed for a few years.

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Building Resilience

Recognize how challenging this role is:
• What do you bring to this role?
• What makes your caregiving unique?
• What are the difficulties you will face?

Set reasonable goals:
• Goals for rehabilitation (attitude as well as functional)
• Keep caregiving goals small and attainable
• Remain flexible

Get a perspective
• Short-term goals—obtaining care for your family member
• Long-term goals—preparing for future needs, completing your relationship, developing as a human being, leaving a legacy of caregiving

Get away from your situation
• Don’t become “the only” in a caregiving situation
• Do the good stuff—exercise, massages, vacations
• Avoid self-destructive choices

Get support and create a team
• Professional—doctor, nurses, social workers
• Informal—friends, family, church
• Say “Thank you”
Parents caring for disabled children face an inverse heartbreak: The fear of leaving a vulnerable adult behind when they die.

Ron and Sally Larkin’s son Jake was born prematurely in 1983. When he failed to thrive, doctors started to dig for causes: cerebral palsy, minor microcephaly, autistic tendencies. Answers remain elusive. More than 35 years later, Jake’s health problems have mounted—type 1 diabetes, mild congenital heart disease, urologic surgery. After years of special education and summer camps and lining up neighborhood kids to hang out, Jake is more independent, but also more isolated. He’s learned to check his most inappropriate impulses, but his friends have moved on, getting married and having children of their own, says Sally, 66.

“We’re 35 years into this and there’s no end in sight. It’s really becoming a concern if we were to die before Jake,” says Ron Larkin, MD, a 68-year-old retired OB/Gyn and member of the college’s Development Board. “We’ll keep him with us as long as we can. We hope he has a good life, but passes before we do.”

For Leslie Shields, her 19-year-old disabled son Kaden’s unexpected death in February 2017 sent her into a spiral of complicated grief. Kaden, the second of her four children, was diagnosed with congenital Citomegalovirus (CMV) which led to developmental delays and, later, debilitating epileptic seizures. When she was with another son at a baseball tournament, Kaden went into cardiac arrest while staying with her parents. Coming back from his loss has been a struggle, the 43-year-old single mother says. He lived with her. She regularly reminded Kaden to shower, take his medication, how to heat food in the microwave.

“I have two college degrees and I couldn’t even complete some sentences,” she adds. “I allow myself to be really sad and mourn the loss, and then I get myself out of it. My other kids deserve the mom I was for Kaden.”

An engineering firm administrator, Ms. Shields ultimately joined one of Caring Connections complicated grief groups and with additional therapy believes she is climbing out of the “fog.”

“I’m beginning to see pleasures in life again, instead of just going 100 miles an hour all the time.”

Leissa Roberts, DNP, CNM

“College of Nursing Associate Dean of Faculty Practice Leissa Roberts, DNP, CNM, cared for her children, Ron and Ellen, as they declined over the past decade. They died in 2017.

“We are leaders in caregiver research and education,” Dr. Ellington adds, “ultimately to improve the care provided to families at our institution and throughout our state, and inform national models of patient-centered, family-oriented care.”

Sources:
http://www.caregiving.org/caregiving2015/
https://www.caregiver.org/caregiver-statistics-demographics

“After Leslie Shields’ disabled, 19-year-old son Kaden died suddenly of a heart attack last year, she struggled to emerge from her grief.

For younger couples dealing with a cancer diagnosis, the caregiving role can be fleeting, but no less intense. When 32-year-old Robyn Marchant was diagnosed with acute myeloid leukemia in February of 2017, she spent nearly 50 days in Huntsman Cancer Hospital during chemotherapy treatment. After 10 days at home, she returned to the hospital for another month after a bone marrow transplant. Her husband Kevin, 35, shuttled back and forth from their home in Santaquin, 60 miles south of Salt Lake City, at times bringing their four children with him. He says his and Robyn’s parents helped keep the young family afloat.

“I don’t feel like I did much. She’ll probably tell you differently.” Mr. Marchant adds. “It was a lot of juggling back and forth and getting schedules worked out, spending time with the kids, making sure they weren’t forgotten.”

Robyn Marchant is approaching the one-year mark from her transplant. But, “there’s always that thought in the back of your mind that it can come back,” her husband says.

As a caregiver, you dedicate your whole being. You wake up knowing you’re going to have to take care of this person more than you take care of yourself.”

Leslie Shields

Dr. Supiano’s caregiving initiative. Together researchers are addressing family caregiver preparedness, health, psychological well-being, and adjustment to death of their family member. College researchers are passionate about developing new models of care that support the family caregiver in providing care to the patient while maintaining their health, she says.
Transforming the Way We Teach
Creating a Healthcare Team

The nebulizer was so close, but maddeningly out of reach—locked in his ex’s garage. And the man’s uncontrolled asthma was undermining every other facet of his life.

For another formerly homeless client of the University of Utah’s student “hotspotting” teams, back pain was debilitating. Turns out, he needed a new mattress.

Still another patient routinely visited University of Utah Health’s hospital for dialysis treatments but had no primary care provider to connect the other facets of his declining health—nutrition, lab tests and immunizations.

A refugee family just needed an interpreter to help them outside of their healthcare appointments.

Sometimes, the simplest healthcare interventions have less to do with blood draws and clinic visits and more to do with street smarts and practical solutions—figuring out how to ride the bus to the doctor’s office, finding fresh vegetables at the neighborhood grocery, applying for a job. For eight interdisciplinary teams of university students dispatched this year to work with four residents of the Salt Lake County Housing Authority’s Grace Mary Manor and four other at-risk patients and their families, getting out of their healthcare training to really hone in on what their client needed was the whole point.

“It’s very easy for me to say, ‘Cut all sugar out of your diet and eat fresh vegetables,’” says Hailey McLean, an Honor’s College student graduating with a degree in Health, Society and Policy. “But if you’re living off your Social Security check and spend half an hour on the bus to get everywhere, you’re going to make different decisions. It’s really hard to shop for vegetables.”

Tackling the social determinants of health—the often unspoken personal characteristics and behaviors that have more to do with a patient’s health than their genetics or the time they spend at appointments—is fundamental to the hotspotting process. The Kaiser Family Foundation estimates that just 10 percent of patients’ health and well-being are determined by their interactions with healthcare providers. Hotspotting is designed to provide both a more intensive, hands-on healthcare experience for the patients, and a unique learning opportunity for the students on the team.

“You have to shed some of your layers of training to have a conversation with a patient that’s nonmedical. It’s really counternuitive,” says Tim Farrell, MD, AGSF, a geriatrician, associate professor at the University of Utah School of Medicine and director of the University of Utah Health Interprofessional Education program, which administers the student hotspotting project. “Ninety percent of health is determined by nonmedical factors. We do our students a disservice if their entire healthcare training only focuses on the other 10 percent.”

A team of university faculty including Dr. Farrell, Susan Hall, DNP, RN, an assistant professor at the College of Nursing; Sara Hart, PhD, RN, an associate professor at the College of Nursing; Marilyn Luptak, PhD, MSW, an associate professor at the College of Social Work; and Kyle Turner, PharmD, an assistant professor at the College of Pharmacy, worked together to design the hotspotting project and provide mentorship for the hotspotting teams. They applied for grants, pulled in stakeholders from the university’s main campus and health sciences colleges and schools and then assembled the interprofessional student teams. One pilot team—including one student each from the School of Medicine, College of Nursing, College of Pharmacy, the College of Social Work and two PhD candidates in public health—was dispatched in 2016 to test the model with one resident of Grace Mary Manor, a subsidized housing complex that is home to 84 formerly homeless adults insured through a limited Medicaid expansion. This year, the pilot project initially funded by the Camden Coalition of Healthcare Providers merged with Dr. Hart’s interprofessional education project, which is funded by the Robert Wood Johnson Foundation, Gordon and Betty Moore Foundation, John A. Hartford Foundation, and Josiah Macy Jr. Foundation.

In many ways, the experience was equal parts care management and social work, says Dr. Hart. “The students are not bringing their clinical skills into this experiential learning,” she adds. “They are going into patients’ homes. They’re going with them to their medical appointments. They’re going with them to meet their social worker. They are showing up to better understand what the real world is for the patients they will probably care for in a real world setting.”

“When you accompany people through their real experiences, you better understand what leads to those experiences and what drives their health outcomes.”

When the pilot project was complete, the faculty team expanded the scope—applying to be one of Camden’s four hotspotting hubs for two years, from 2017 to 2019. (Camden has since transitioned the hotspotting hubs under the oversight of a new National Center...
Innovating Care
Returning to an Old Method of Pain Management

The plan was for a natural childbirth.

But seven hours into labor, at seven centimeters dilated, Vanessa Vest needed a little help getting through the contractions. Rather than resort to an epidural, Ms. Vest chose her Plan B: nitrous oxide gas.

“It just made me relax,” she says. “I remember everything, it just let me take a break.”

Two hours later, her daughter Makaia Vest-Carr was born March 2. And Ms. Vest takes comfort in knowing that her newborn didn’t have heavy-duty, intravenous pain medications flowing through her bloodstream.

In the fall of 2017, University of Utah Labor and Delivery doctors and nurse midwives started offering the analgesic to mothers.

“It’s a great option for women who want to have something that helps them take the edge off, but they don’t want an epidural,” says Sara Hake, DNP, CNM. So far, a limited number of women have opted for nitrous oxide gas, says Dr. Hake, an adjunct assistant professor at the University of Utah College of Nursing.

Labor and delivery nitrous oxide is different from the ‘laughing gas’ dentists use. For one thing, the gas is mixed at lower concentrations—50 percent rather than 80 percent. And laboring mothers administer the gas themselves, inhaling as needed from a mask.

New mom Vanessa Vest used nitrous oxide during labor before the birth of her daughter Makaia, March 2.

“It gives a mom a feeling of control over what is happening and lets her concentrate on what’s most important—her new baby.”

Sara Hake, DNP, CNM

Grand Rounds early in the process. Loveridge’s DNP project wrapped up in 2015, but the policy did not change for two more years.

Polish physician Stanislav Klikovich first experimented with using nitrous oxide to help

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“Finding the research to support it was key,” Dr. Loveridge says. She enlisted the help of one of the “godmothers” of the return to nitrous oxide in the delivery room—Vanderbilt University School of Nursing Nurse-Midwifery Specialty Director Michelle Collins, PhD, CNM, who spoke at a University of Utah Health

“When providers are working with complex patients, there isn’t a book. There’s no blueprint. But we do know it takes a team.”

Gladys Antelo

The Camden Coalition has documented the efficacy of hotspotting, says Gladys Antelo, the national center’s hotspotting program manager. Now, it’s just a matter of scaling up to spread the student team-building experience nationwide.

“When providers are working with complex patients, there isn’t a book. There’s no blueprint,” Ms. Antelo says. “But we do know it takes a team. And if we can get to students earlier on, when they’re learning, we can have so much more impact.”

At the University of Utah, eight teams of four or five advanced students from different colleges—Medicine, Nursing, Pharmacy, Social Work and Health—met with their patients once a week. Four of the teams working at Grace Mary Manor were required to have both a graduate nursing student and a student from social Work. Individual students were expected to dedicate about two hours a week. Students have used credits from the hotspotting project to fulfill practical requirements.

Dr. Turner, a pharmacist, says the student teams follow a pattern of expanding non-drug-dispensing roles for pharmacists in both hospitals and community settings. For many students, that took some getting used to.

“At first, the students jump to their safest point, the thing that’s most familiar—traditional healthcare needs,” Dr. Turner says. “But over the course of getting to know their patients, they start to see the need to take care of other things. It stretches them out of their comfort zones and into an interprofessional role.”

“The more we can teach our students that they are a member of a team and how to figure out where their scope begins and ends, the better off we’ll be,” he adds.

For the students, the experience required working together to juggle busy class and clinical training schedules, manage logistics and get their patients’ needs met—all while navigating scope of practice issues that can stymie professional providers.

“You get to address a lot more components of their care when you’re not associated with their doctor,” says Ms. McLean, who plans to start medical school in the fall. “I want to go into a practice or a clinic where team-based care is a priority.”

For now, the students are worried about the patients they’re now separating from. “The

For Complex Health and Social Needs.) The first full year of student hotspotting wrapped up in the spring of 2018 with site visits from the National Center for Complex Health and Social Needs, affiliated with Camden Coalition, and the National Center for Interprofessional Practice and Education. Other hotspotting hubs include Thomas Jefferson University in Philadelphia, Pennsylvania; Southern Illinois University in Springfield, Illinois; and Samuel Merritt University in Oakland, California.
Nitrous Oxide use in other countries

- 60% of laboring women in the United Kingdom
- 50% of laboring women in Australia, Finland and Canada
- 80% of laboring women in Norway

Nitrous Oxide: Just the Facts

- 1881: Nitrous oxide first used as a labor analgesic by Polish physician Stanisław Rokitowsky
- 1930s: U.S. doctors start using nitrous oxide in labor and delivery
- 1950s: More powerful anesthetics which promise a pain-free delivery (and render mother’s unconscious) replace nitrous in U.S. hospitals
- 1970s: Epidurals are introduced in U.S. hospitals, allowing mothers once again to remain conscious during medicated births

“In one of the barriers is just lack of knowledge. If people know it’s an option, and a safe option, word of mouth will help it to grow.”

Daniela Loveridge, DNP, CNM

The American College of Nurse Midwives released a position paper about the use of nitrous oxide in labor and delivery in 2011, urging midwives be trained to offer the gas to their patients. The American Society of Anesthesiologists reviewed research the same year and suggested more study, but noted “good safety outcomes” in Europe and Australia, where a majority of laboring women use nitrous oxide.

From that point, the number of U.S. hospitals offering the gas as an alternative to conventional pain medications started to grow. The University of California, San Francisco’s hospital has offered nitrous oxide continuously for 30 years. The maker of Nitronox—Porter Refrigeration—reports that nearly 300 hospitals and birthing centers now make nitrous oxide available to laboring mothers. The University of Utah is one of the first hospitals in the state to offer the gas.

Dr. Loveridge says a dozen of her patients have chosen to use nitrous during their deliveries. She believes more will consider the option as they become aware of it.

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The best thing about nitrous oxide is that it allows a new mom to be present without feeling overtaken by pain,” Dr. Hake adds. “It gives her a feeling of control over what is happening and lets her concentrate on what’s most important—her new baby.”

Women started demanding more options starting in the 1970s, when epidural anesthetics provided pain-free labor while awake, but restricted movement and led to side effects. With nitrous oxide, laboring mothers can remain mobile, taking the tank and mask with them as they walk the halls, sit on birthing balls or “slow dance” with their partners.

The gas doesn’t eliminate pain entirely, but leads to a feeling of euphoria that helps the women move through discomfort. The gas takes 15 to 30 seconds to take effect and dissipates in the lungs almost as quickly.

“The best thing about nitrous oxide is that it allows a new mom to be present without feeling overtaken by pain,” Dr. Hale adds. “It gives her a feeling of control over what is happening and lets her concentrate on what’s most important—her new baby.”

THE RESEARCH QUESTION:
What kinds of technology could help remove some of the biggest obstacles encountered by Hispanic adults with Type 2 diabetes?

IMPACT:
The Community Advisory Board of Hispanic Adults with Type 2 Diabetes assisted the research team in writing grants that included developing meaningful strategies to intervene—including community health worker support, peer support, mobile phone applications, continuous glucose monitoring, virtual reality programs, and a variety of other devices. Then, the members used the devices themselves, providing feedback to the research team. The community advisory board continues to be active even though the Patient-Centered Outcomes Research Institute award has been completed.

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Women commonly hear that it takes six weeks after having a baby to heal and get back to normal. But what’s “normal”? Some new mothers experience urinary leakage, others have bowel problems, and a few may feel a bulge or new looseness in their vaginal area. Drs. Clark, Egger and Sanchez-Birkhead interviewed 90 women, half Mexican-American and half Euro-American, many of them first-time mothers. For some, the “parts” work differently after giving birth. Others said rest would ease things back into place. Still others believed exercise would get their bodies working and strong again. After analysis of the data, the research team hopes to guide culturally-sensitive post-partum advice to mothers. “Ultimately, a smooth recovery is everyone’s goal,” Dr. Clark says.
College of Nursing
Development Board Member
Teresa Curtis met regularly with state lawmakers to make the case for the workforce initiative.

Nursing practice and research are driven by the study of data and evidence, but so are nursing education and workforce policy.

Over the past two years, Utah Nursing Consortium (UNC) members—10 of the state’s nursing schools, including the University of Utah College of Nursing—applied the same rigorous standards to a request for additional state funding to help prepare dozens more registered nurses each year.

At the end of the 2018 Legislature, the science-based approach worked. Utah lawmakers approved $2.6 million in funding along with a bill that lays out in detail how future funding will be divvied up and tracked.

“This is an evidence-based approach to making decisions about funding nursing institutions,” said State Sen. Ann Millner, a Republican from Ogden and previous president of Weber State University.

Dr. Millner sponsored the “Nursing Initiative,” Senate Bill 147, through committees and floor debate during the 2018 Legislature. The bill sets up a process for determining nursing workforce needs throughout the state, based not only on nursing workforce vacancy numbers, but on the types of vacant positions, Dr. Millner said.

Over recent years, nursing workforce shortage numbers have fluctuated between nearly 1,300 vacant positions in 2015 to just under 900 empty posts reported in 2017. Most of those jobs are in hospitals, but skilled nursing homes, home care and hospice agencies and psychiatric facilities also need nurses. Dr. Millner hopes her legislation will help nursing schools respond to those more specific workforce demands.

“We know this will continue to be a need for the future,” Dr. Millner said during Senate floor debate in February. “Now, we will have a more thorough approach to making good decisions when we appropriate funds.”

With the support of the Utah System of Higher Education, State Board of Regents and university presidents, the Consortium’s 10 member schools originally had asked for $4.5 million in funding, and pledged to graduate 275 new nurses in return. Over the course of the 45-day lawmaking session, however, those figures were whittled away a bit. With $2.6 million in funding, the nursing schools project they can enroll dozens of additional students starting in Fall 2018.

Healthcare Workforce
Utah Lawmakers Invest $2.6M to Prepare Future Nurses

THE RESEARCH QUESTION
Why are adolescents living in rural areas less likely to receive the human papillomavirus (HPV) immunization?

IMPACT
Mountains of data are preserved in existing immunization records, and Dr. Kepka is utilizing them to full effect. Digging into information collected by the National Center for Health Statistics and the Utah Department of Health, she and her research team are studying vaccination rates in Utah, the Intermountain West and the rest of the country in an effort to better understand dramatic differences in HPV vaccination rates among survivors of pediatric and adolescent cancer.

“We have a vaccine that prevents cancer,” Dr. Kepka says. “HPV vaccine should be recommended right along with Tdap, meningococcal and flu vaccines.”

“We want to find out what the contextual factors are to these missed opportunities. Why are kids getting all the others but not HPV?”

THE RESEARCH QUESTION
Are community-based wellness coaches more effective at encouraging weight loss and healthy eating among minority populations?

IMPACT
Community Faces of Utah, a loosely-knit group of nonprofit organizations, helped identify 500 women in five ethnic groups—African-Americans, displaced Africans or refugees, Latinas, Native Americans and Pacific Islanders. After a 12-week wellness training program, coaches were able to navigate cultural sensitivities around weight and exercise. The coaches developed relationships with the participants that went far beyond taking their blood pressure or measuring their waistlines. And after a year of coaching, most women met their goal of losing at least 5 percent of their total body weight. “The success of our work really depended on the relationship between the coach and the woman,” says Dr. Simonsen.

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College of Nursing Development Board Member Teresa Curtis met regularly with state lawmakers to make the case for the workforce initiative.
Hazel Robertson started giving to the University of Utah College of Nursing gradually. In 1998, she set aside $10,000 to establish a scholarship endowment named after herself and her husband—the Jack R. and Hazel M. Robertson Scholarship Fund. “Since I always wanted to be a nurse, this was my choice for a little help to others who qualify and are willing to serve,” Ms. Robertson wrote at the time, in perfect penmanship. Ms. Robertson wrote at the time, in perfect penmanship. “It’s a great conversation to have," added College of Nursing Dean Trish Morton, PhD, RN, FAAN. "Nursing is the largest healthcare workforce in this state. The health of Utah depends on the health of this workforce.” Development Co-Chairwoman Karen Edson, who met with dozens of lawmakers over the Consortium’s smoothie snack breaks, says the process of talking about the nursing workforce has made state leaders much more aware of the distinct educational and training differences between nurses.

"Legislators now know what a highly prepared nurse is," Ms. Edson said. "I think we’re on the right track." Weber State University School of Nursing Chair Susan Thornock, EdD, RN, agrees. She believes Utah’s nursing institutions will have to focus on providing the best education possible to their students.

"As we move forward, we need to look at our numbers, sharpen our pencils and examine the quality of each institution," Dr. Thornock said. "The money coming in to us in the future is going to be based on the quality of the education provided. We need to keep the Consortium a strong force in our state. That’s critical.”

At her death at the age of 98 last year, Ms. Robertson’s estate added just over $1 million for student traineeships and undergraduate and graduate scholarships. More than 130 students received some form of stipend.

For some scholarship donors, the motivation to help other students is broad. Others target their support to particular specialties. Some give to honor family members.
Alex Wubbels is uncomfortable with all the attention.

Nearly a year after body camera footage went viral of her being handcuffed and shoved into a police cruiser by a Salt Lake City detective when she resisted his demand for a blood test from her unconscious patient, Ms. Wubbels still is a slightly uneasy role model.

She believes she did what any nurse would have done to protect her unconscious patient from an invasive blood draw. And she would do it again. But the reverberations of that day in July of 2017—both good and bad—have been persistent and more painful than she anticipated.

“In some ways, doing what I did that day was the easy part. It’s been everything since then that’s been really hard,” Ms. Wubbels says.

So she’s taken a break from work, from Facebook, from email. She’s working on an article for publication in a nursing journal. And she’s on a speaking tour of sorts—to the Graduate Nursing Student Academy (GNSA) in Atlanta in February, to the American Association of Critical-Care Nurses (AACN) in Boston in May, and at many places in between. She never turns down the chance to speak to students. “It’s a responsibility built into the mantle of leadership draped over her shoulders by circumstances and by choice.

Ms. Wubbels settled with the Salt Lake City Police Department and the University of Utah Department of Public Services for $500,000 last fall, and promptly made donations to the Utah Nurses Association (UNA), the American Nurses Association (ANA) and the American Association of Critical-Care Nurses (AACN). At the same time, she established a fund to help others gain access to body camera footage.

Those efforts on behalf of other nurses and the public have earned her the 2018 Honors for Nursing Dare to Care Award, which is selected each year by the Alumni Board of the University of Utah College of Nursing.

“There’s no road map,” she says. “We all have a fear of failure. And I can’t let this fail. It’s not about me. It’s about nursing as a profession and patient safety. There’s just so much more than me that this is about.”

As a member of the U.S. Olympic Ski Team, Ms. Wubbels has felt similar pressure before. A native of Colorado, she moved to Utah as a teenager to join Rowland Hall St. Marks’ ski program. After competing for the U.S., she enrolled at the University of Utah College of Nursing and graduated in 2009. The Olympics, she says, were an individual sport. This time, she feels pressure for a worldwide “team.”
“I feel like I need to keep the momentum going for the benefit of our profession,” she says.

College of Nursing Dean Trish Morton, PhD, RN, says Ms. Wubbels has a unique ability to connect with staff nurses. At the GNSA conference, audience members waited 45 minutes to speak to her and take selfies.

“She has a wonderful opportunity to be a leader of nursing and advocate for the profession and for individual nurses,” Dr. Morton says. “She has no idea of her impact, but by telling nurses they would have done the same thing she did, she reinforces all the clinical and ethical values they learned in school and bolsters their sense of professional camaraderie. She just talks from her heart.”

American Nurses Association President Pam Cipriano, PhD, RN, says Ms. Wubbels’ example has advanced discussions about on-the-job safety and nurses’ role as advocates for their patients.

“Nurse Wubbels did everything right,” Dr. Cipriano says. “It is imperative that law enforcement and nursing professionals respect each other and resolve conflicts through dialogue and due process.”

During the 2018 Utah Legislature, lawmakers tweaked the state’s patient consent law in response to questions raised after the July 26 incident. Ms. Wubbels figures the only way to keep the issue at the forefront of the public’s mind and change policy so what happened to her never happens again is to keep talking about it.

“This is the culture of nursing,” she says. “Our most important job is to protect our patient.”

“I want to make sure this never happens again. I was very fortunate to work for an institution that had a policy. But there are a lot of nurses who work for institutions or companies that don’t have policies to deal with these kinds of situations. This law just gives us something to start with.”

For more information contact: alumni@nurs.utah.edu | 801.581.5109

Imagine yourself as a new undergraduate student walking across the stage to accept your first stethoscope. You open the box and find a letter from someone who has walked the path before you. LISTEN (Love Infused Stethoscopes To Educate Nurses) needs your support!

Your donation of $100 will provide a critical tool of nursing as well as the encouragement that a new student needs for late-night study sessions, an IV stick in the simulation lab and that tough epidemiology class.

For more information contact: alumni@nurs.utah.edu | 801.581.5109
After attending Alumni Weekend events, members of the Class of 2007 celebrated their 10-year reunion with a "tailgate" barbecue at the college and bowling at the Union Building.

"It was a marvelous event. It was compassion at its height -- remembering nurses who are no longer practicing."

Maureen Shipp Glew, Class of 1958

Half Century Society inductees toured the renovated college building, tried out the Simulation Learning Center and listened to speeches from the Distinguished and Young Alumni Award winners. (From top to bottom) Ruth Cleckler, Class of 1965; Donna Nakashima; Deann Trish Morton, PhD, RN, FAAN; May Farr, Class of 1952; Lu Briggs, Class of 1952; Barbara Cooper, Class of 1952; and Joan Scott, Class of 1961.

Anny Mayfield, Debra Jamison, Emily Hardy, Daisy Khua-Steneck, Lisa Ashton and Amber Pavlovich.
Kathleen Kaufman might have been a chemist—bent over a lab counter, working on quantitative analysis of plywood adhesive and oil and gas refinement.

But she liked people too much.

So when a lunchtime conversation with her chemist colleagues revealed high dissatisfaction with their jobs, Ms. Kaufman decided she needed to make a change. Six years after getting her degree in chemistry, she graduated with another bachelor’s degree in nursing and never looked back.

Now, nearly 40 years after that decisive career switch, Ms. Kaufman received the University of Utah College of Nursing’s 2017 Distinguished Alumni Award for her lifetime of work advocating for students, working nurses and their patients.

“Nurses are a vital force in healthcare and we need to be heard,” she says. “People have no idea what nurses do to ensure they receive high quality care and that patients’ rights are protected. We have a responsibility to share the knowledge we have.”

The oldest of 10 children, 67-year-old Ms. Kaufman grew up on dairy and beef farms in rural western Pennsylvania. She studied chemistry at Grove City College, graduated in 1972, and worked for a few years testing plywood glues and at a secondary refinery. Eventually, she switched to nursing, graduating from the University of Maryland in 1978. Her husband Jack Comeford’s job at Dugway Proving Ground in Tooele County ultimately drew the family to Utah.

Ms. Kaufman’s job at Dugway Proving Ground in Tooele County ultimately drew the family to Utah.”

In 1987, Ms. Kaufman received the University of Utah College of Nursing’s first Young Alumni Award in recognition of her long career as an educator and advocate for nurses.

“People need to remember that there were folks who came before them who were really pioneers and tremendously brave and very creative,” she says. “We’ve had many, many great leaders.”

Throughout her long career teaching future nurses, Ms. Kaufman also was dedicated to the Utah Nurses Association and its advocacy for the profession on Utah’s Capitol Hill.

While she retired from the College of Nursing in 2012, State Rep. Raymond Ward, R-Bountiful, says he still expects to see Ms. Kaufman in the halls of the Capitol during lawmaking sessions. “She has been tireless in her advocacy,” he says. “She’s been one of the cornerstones of the Utah Nurses Association and its advocacy for nurses and their family members has earned her recognition as the University of Utah College of Nursing’s first Young Alumni Award winner.”

Ms. Kaufman grew up in Salt Lake City. Her father worked in finance and sales, her mother in social work. A graduate of Salt Lake City High School, Ms. Kaufman enrolled at the College of Nursing, graduating with a master’s degree in physiological nursing in 1987.

She taught as a clinical nursing instructor for 24 years at LDS Hospital and Intermountain Medical Center. During her career at the college, Ms. Kaufman was known as a stickler for drilling clinical skills, nursing history and writing.

“I’m very interested in the quality of nursing. I want nurses to know what they’re doing and why they’re doing it,” Ms. Kaufman adds. “I want them to be very proficient.”

Ms. Kaufman is equally dedicated to reminding future nurses of the proud tradition behind their profession. For years, she dressed as Florence Nightingale for the college’s biennial Lamp of Learning ceremonies. Ms. Kaufman is the unofficial keeper of LDS Hospital’s— and the state’s—nursing history, including co-authoring a book, Celebrating the First 100 Years: LDS Hospital, 1905-2005. She has donated an extensive collection of nursing textbooks and history tomes to the college.

“People need to remember that there were folks who came before them who were really pioneers and tremendously brave and very creative,” she says. “We’ve had many, many great leaders.”

Ms. Kaufman’s decision to become a nurse was motivated by her love for the profession, the classroom and her patients. At LDS Hospital, she taught in the post-acute rehabilitation facility.

As a Nightingale nurse, she taught as a clinical nursing instructor for 24 years at LDS Hospital and Intermountain Medical Center. During her career at the college, Ms. Kaufman was known as a stickler for drilling clinical skills, nursing history and writing.

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The same year, she took a job as director of nursing at a post-acute rehabilitation facility and found her life’s work. Inspired by the

The daily degenerations of dementia and Alzheimer’s disease take a toll not only on the patient, but also their caregiver.

Founder and CEO of Solstice Home Health, Hospice and Palliative Care, Amy Hartman, RN, noticed the frustration among her clients a few years ago. In 2015, Ms. Hartman was pivotal in bringing to Utah the University of South Carolina’s Dementia Dialogues program, a series of training sessions that help healthcare workers prepare caregivers for their family members’ successive losses of cognitive function.

“People who are in the throes of caring for a parent or spouse give and give,” Ms. Hartman says. “If you don’t understand why your loved one keeps trying to wander off, or why they’re becoming aggressive or verbally abusive, it can tend to devastate relationships.

“Just understanding what’s happening in their loved one’s brain can help caregivers to de-personalize some of what happens in the pathophysiology of the disease,” she adds.

Ms. Hartman’s work as a nurse entrepreneur on behalf of those suffering from dementia and their family members has earned her recognition as the University of Utah College of Nursing’s first Young Alumni Award winner. Ms. Hartman grew up in Salt Lake City. Her father worked in finance and sales, her mother was a business owner. While the mother of a young son, she earned an associate’s degree in nursing from Salt Lake Community College in 1998 and worked as an acute care nurse for a few years before completing the College of Nursing’s RN to BS program in 2004.

The same year, she took a job as director of nursing at a post-acute rehabilitation facility and found her life’s work. Inspired by the

in-home care she watched her grandparents receive, Ms. Hartman worked for several home health and hospice companies. Then in 2013, she decided to start her own—Salt Lake City-based Solstice.

“I’ve always been drawn to the idea of creating care that makes a difference in our patients’ everyday quality of life, health and wellness—keeping the geriatric population healthy and able to age in place,” she says.

Ms. Hartman is president of the Utah Hospice and Palliative Care Organization and a board member of the Alzheimer’s Association’s Utah Chapter, the state’s Alzheimer’s and Related Dementia Coordination Council, and the Utah Association for Home Care.

Meanwhile, Dementia Dialogues’ reach around the state has increased. Alzheimer’s State Plan Specialist Lynn Meinor says the first session has expanded under the oversight of the Utah Department of Health. Two more annual sessions of the basic knowledge course have trained more than 50 healthcare providers and caregivers, including social workers and case managers. A five-county area in rural southern Utah holds workshops weekly. Ms. Meinor says the demand for such easily adaptable education programs will only increase as Utah’s population ages.

“It’s taken off,” she adds. “I can’t keep up with how many are being taught.”
Over the decades, portraits from every successive College of Nursing graduating class were posted throughout the building—a tangible tribute to the skilled healthcare providers passing through its doors each year.

But when the college was remodeled in 2010, hundreds of photos were sent to be archived at Marriott Library, leaving blank walls in their place. The germ of an idea took root in the Alumni Board—a mural incorporating portraits from the 70 years of the college’s history at the University of Utah.

In the fall of 2017, through a generous donation from Joe and Margaret “Pinky” Viland, the “Faces of Nursing” installation was unveiled. Hundreds of graduates’ photos are color-mapped to create an image of the college’s Florence Nightingale statue. In it, look for student pictures from the first days of the college in 1941, all the way through the classes of the 2000s.

“This installation is about us—nurses—and the part we play in our community,” said Brenda Luther, PhD, RN, an associate professor and alumni board member. “When I meet my patients, I’m most likely not the first nurse they have met. The competence and caring of the nurses before us created the trusting relationships that we only build upon.”

Ms. Viland, a graduate from the class of 1984, is glad college alumni can once again return to the building and show their children and grandchildren their graduation photos. “Nursing meant a lot in my life,” she said. “Everyone who is a nurse should be very proud they made it through this hard discipline. I’m so proud to say I’m a nurse.”

FACULTY NEWS

Kristin Cloyes, PhD, RN
Assistant Dean of the PhD Program

After many years of teaching in the college’s PhD Program, Dr. Kristin Cloyes now leads the doctoral program. Originally a theatre graduate, Dr. Cloyes received her Bachelor’s of Science in Nursing from the University of Washington, a certificate in women and gender studies, a Master’s of Nursing, and a PhD in Nursing from the University of Washington. She joined the College of Nursing in 2005. Her research seeks to better understand the communication and support needs of Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) caregivers of advanced cancer patients. In 2018, Dr. Cloyes was recognized as one of the University of Utah’s Distinguished Teaching Award winners.

Marla De Jong, PhD, RN, FAAN
Professor and Chair of the Division of Acute and Chronic Care

After being on the front lines of transforming patient care within the U.S. armed forces, Dr. De Jong will be at the forefront of education and research excellence at the College of Nursing. Dr. De Jong—who earned her Bachelor of Science in Nursing from Grand View College in Des Moines, Iowa in 1988, a MS in Nursing from the University of Maryland in 1996, and her PhD from the University of Kentucky in 2005—served a long career in the U.S. Air Force. She began active duty service in 1989 and worked as a critical care nurse, infection control officer and nurse manager at Air Force bases in Nebraska, Texas and Mississippi. In 2006, she deployed to Baghdad, Iraq for a 10-month post as program manager overseeing trauma care. More recently, she served in senior leadership positions at the Department of Defense Blast Injury Research Program Coordinating Office, TriService Nursing Research Program, U.S. Air Force School of Aerospace Medicine, and, finally, at the Uniformed Services University Daniel K. Inouye Graduate School of Nursing, where she served as Associate Dean for Research.

Jackie Eaton, PhD
Gerontology Interdisciplinary Program (GIP) Director

Sometimes, summer jobs come full circle. During breaks from her theater studies at Brigham Young University, Dr. Jackie Eaton worked as a nursing assistant in assisted living centers talking to older adults about their life experiences. Fast forward a few years and Dr. Eaton has put her background innovating arts-based communication tools to use as the new director of the College of Nursing’s Gerontology Interdisciplinary Program (GIP). Dr. Eaton earned her master’s degree in gerontology from the college in 2003 and her PhD in 2016. Her research-based play, “Portrait of a Caregiver, which explores aging and caregiver needs, has been performed throughout Utah.
Andrea Wallace, PhD, RN
Health Systems and Community-Based Care Division Vice Chair
Dr. Andrea Wallace found her way to nursing by way of psychology and organizational biology, and after working in health policy in her native Colorado. In over 15 years working as a nurse scientist, Dr. Wallace has focused her research on developing and implementing evidence-based innovations into clinical settings, in particular, the quality of chronic disease care for vulnerable patient populations with asthma, diabetes, depression, and chronic back pain in Colorado, North Carolina, New Mexico, and Iowa. Since coming to Utah in 2016, she has been engaged in multiple studies focused on how existing technology can be leveraged to facilitate communication among and between healthcare providers, patients and community service providers.

Dr. Andrea Wallace is a communicator. A clinical psychologist by training, Dr. Ellington has focused her 15 years of nationally funded research on health communication—among family members, patients and clinicians. Her work has been critical to identifying gaps in the current health-care system, particularly in supporting informal and family caregivers. As part of her selection for this endowed chair, Dr. Ellington is leading the college’s Caregiving Initiative, with a focus on transforming the healthcare system to fully integrate family caregivers in support of patient care, while also sustaining caregiver health.

Lauri Linder, PhD, RN
Acute and Chronic Care Division Vice Chair
With over 20 years of experience as a pediatric oncology nurse, Dr. Lauri Linder has focused her research on symptom management for children and adolescents with cancer. With the help of the University of Utah’s nationally recognized Therapeutic Games and Applications lab (the GApp Lab), she has developed software that helps adolescents self-report symptoms after chemotherapy treatment. She also is a member of the new Consortium to Study Symptoms in Adolescents with Cancer (CS2AC). Dr. Linder also received the Association of Pediatric Hematology/Oncology Nurses (APhON) 2017 Novice Researcher Award.

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Scott Wright, PhD, Associate Professor
Associate Professor Scott Wright, PhD, first came to the College of Nursing as a research associate in 1987. In the ensuing 30 years, Dr. Wright left his mark on gerontology research, education and clinical practice. With a background in human development and life course theories, he also taught as an Associate Professor in the Department of Family and Consumer Studies. Dr. Wright coordinated graduate studies at the university’s Gerontology Center, which was renamed the Center on Aging and, finally, became the college’s Gerontology Interdisciplinary Program. Wright specialized in autism spectrum disorders in adulthood and aging, investigating the roles of technology in an aging (post-aging) society and retirement ‘hot spots’ including the Intermountain West. His gerontology courses emphasized distance learning.

Lynn Hollister, MS, RN, Associate Professor
Longtime College of Nursing Associate Professor Lynn Hollister, MS, RN, retired in December. In many ways, she was the keeper of the flame. Over a long career in acute care and more than two decades of teaching at the University of Utah, Ms. Hollister imbued her students with the values of nursing—patient safety and privacy, inter-disciplinary collaboration, transparency. It was hard to complete the college’s undergraduate program without attending one of her classes. Known for her dry wit and folksy “Lynn-isms/Interventions,” Ms. Hollister earned multiple teaching awards, including the Utah Nurses Association’s Excellence in Clinical Teaching and the University of Utah’s Distinguished Teaching Professor Award.

Diane Kiuhara, MS, RN, Assistant Professor
Assistant Professor Diane Kiuhara, MS, RN, translated three decades of experience at University Hospital to enrich baccalaureate student learning with an emphasis on leadership concepts, nursing across systems and populations, and quality improvement. During 31 years at University Hospital, Ms. Kiuhara worked to develop oncology nursing as a specialty and established clinical settings for oncology services, resulting in a career-long collaboration with expert hospital nursing staff and faculty from the College of Nursing. Those relationships enabled the creation of the inpatient medical, gynecological oncology and bone marrow transplant units at University Hospital, as well as the Infusion Center and 2nd floor clinics at Huntsman Cancer Institute. She joined the College of Nursing faculty in 2007.

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Jennifer Clifton | DNP, RN
Appointed member, Juvenile Health Committee
National Commission on Correctional Health Care (NCCHC)

Valerie Flattes | MS, RN
2018 Regional Geriatric Nursing Education Award
Western Institute of Nursing (WIN)

Sara Hart | PhD, RN
Daniels Fund Ethics Initiative, Ethics in Education Award
University of Utah David Eccles School of Business

Katherine Supiano | PhD
Daniels Fund Ethics Initiative, Ethics in Education Award
University of Utah David Eccles School of Business
2018 Award Winner for Excellence in Psychosocial Research
Social Work Hospice & Palliative Care Network (SWHPN)

Katherine Sward | PhD, RN, FAAN
Fellow in the American Academy of Nursing (AAN)

Ana Sanchez-Birkhead | PhD, RN
2017 Ildaura Murillo-Rohde Award for Education Excellence
National Association of Hispanic Nurses
Gerontology Interdisciplinary Program: A “Program of Merit”

Aging is a complex process that involves every system in the body.

As a result, providing care and support for those who are aging takes a team—nurses, physicians, pharmacists, physical therapists, nutritionists and social workers. By definition, educating those caregivers—the study of gerontology—must be interdisciplinary, collaborative and innovative.

That explains why the College of Nursing’s Gerontology Interdisciplinary Program (GIP) has been recognized as one of the best in the country.

The Association for Gerontology in Higher Education (AGHE) named the college’s master’s program one of 13 “programs of merit” in 2018. The rating is considered a “stamp of excellence” verifying the program’s quality for prospective students and funders, says GIP Director Jackie Eaton, PhD.

“This status sets our program apart for its academic rigor and collaborative approach,” Dr. Eaton says.

The application process takes two years of evaluation and assessment by AGHE, including “mapping” all gerontology courses. In the end, the College of Nursing’s interdisciplinary master’s program was recognized for its academic excellence, support from college leadership and faculty training and rigor, including:

- Innovative ideas for both program and financial growth
- A “solid” interdisciplinary gerontology curriculum following AGHE competencies
- Committed relationships with local communities
- Required internship hours that exceed AGHE guidelines
- Outcomes-based assessment of graduates

“We appreciate and embrace the vital importance of preparing students to work with and service older adults, and to help students understand the challenges older adults face now and in the future,” Associate Dean of Academic Programs Barbara Wilson, PhD, RN, wrote in the college’s submission.

Along with the University of Massachusetts Boston, Ithaca College and Missouri State University, the College of Nursing’s program maintains the designation through 2022.

Research Grants (2017-2018)

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<tr>
<th>Researcher</th>
<th>Project</th>
<th>Funding Agency</th>
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<tr>
<td>Kristin Cluyts</td>
<td>Cancer Caregivers Interactions With The Hospice Team: Implications For End of Life and Bereavement Outcomes</td>
<td>National Institutes of Health (NIH) R01 Supplement</td>
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<td>Improving Quality of Obstetric and Neonatal Care Through Mentoring and Simulation Training: A Collaboration in Uttar Pradesh</td>
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<td>Susanna Cohen</td>
<td>Interdisciplinary Training in Cancer, Aging and End-of-Life Care</td>
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<td>Lee Ellington</td>
<td>Statewide Assessment of HPV Vaccination Among Childhood Cancer Survivors</td>
<td>NIH National Cancer Institute (NCI)</td>
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<td>Kathleen Mooney</td>
<td>Telerehabilitation: A Promising Approach to Reducing Perinatal Depression in Utah’s Rural &amp; Frontier Communities</td>
<td>Utah Department of Health</td>
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<td>Deanna Keplak</td>
<td>Driving Out Diabetes; A Larry H. Miller Wellness Initiative</td>
<td>Larry H. and Gail Miller Family Foundation</td>
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<td>Gwen Latendresse</td>
<td>Grief Support Groups for Frontier and Rural Utah: A Pilot Study to Develop and Evaluate Tele-Health Distance Technology to Provide Grief Support and Develop the Bereavement Care Professional Workforce in Utah</td>
<td>Cambia Health Foundation Alzheimer’s Association</td>
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<td>Michelle Litchman</td>
<td>Personalizing Cancer Pain Care Using Electronic Health Record Data</td>
<td>NIH National Institute of Nursing Research (NINR)</td>
<td>$286,542</td>
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...and more.
students are really grieving having to say goodbye," says Susan Hall, DNP, RN, assistant professor at the College of Nursing.

And their patients are hoping to connect with another hotspotting team, says Kay Luther, lead case manager at Grace Mary Manor. "The homeless population doesn’t often access healthcare, or if they do, they do it through one-off, emergency visits. They’re kind of neglected," Ms. Luther says. "Hotspotting has turned out to be this really helpful, targeted thing that has helped our clients. Every single one of our clients could benefit from this.”

The hotspotting program will pick up again in the fall with eight more teams. For the team of faculty managing the project, the question now is: Where to go from here?

“It’s a labor of love for all of us—having students in the real world. It provides better care and understanding for the patient,” says Dr. Luptak. "But it is labor-intensive and expensive at this level of development. You can’t possibly put every student through this kind of experience—yet. We don’t have this all figured out. But that certainly is the goal.”

Dr. Ana Maria Lopez, MD, Associate Vice President for Health Equity and Inclusion at the University of Utah Health Sciences Center, is enthusiastic about the program. In many ways, Dr. Lopez says, it flips the way healthcare providers are educated.

“Often how we’re trained is that a medical student has to be taught be a physician and nurse has to be taught by a nurse,” she adds. “As a med student, you could learn from a social worker. You could learn from a community health worker. That is such a rich experience.”

For the grantors, the initiative is aimed at changing patient care. And the only way to accomplish that in a meaning-ful way is to transform the way students are educated, says Carla Dieter, EdD, RN, project coordinator with the National Center for Interprofessional Practice and Education. “Are you changing the culture? Is practice changing? Is it being ingrained in what you do?” Dr. Dieter asks.

“It needs to be part of the curriculum. Everyone needs to be able to say, ‘We don’t educate our students any other way. It’s not voluntary,’ she adds. ‘I don’t think anyone’s there yet. That’s why we’re pushing people.’”

Ms. Vest discovered the option after listening to a podcast and asked her midwives to have it available—just in case.

“I would recommend it to anyone who’s planning on going natural, but has things change in the course of labor,” she says.

Leissa Roberts, DNP, CNM, the college’s associate dean of faculty practice, credits the synergy of an academic health system with putting U of U Health doctors and nurse midwives ahead of the curve in Utah. Besides Loveridge’s initial work, a second doctoral student helped develop the policy and an undergraduate RN to BS student helped Labor and Delivery staff design and implement education and training programs.

“This shows how the College of Nursing is able to change care from an academic perspective,” Dr. Roberts says. “Our students were at the forefront of transforming and updating care every step along the way.”