

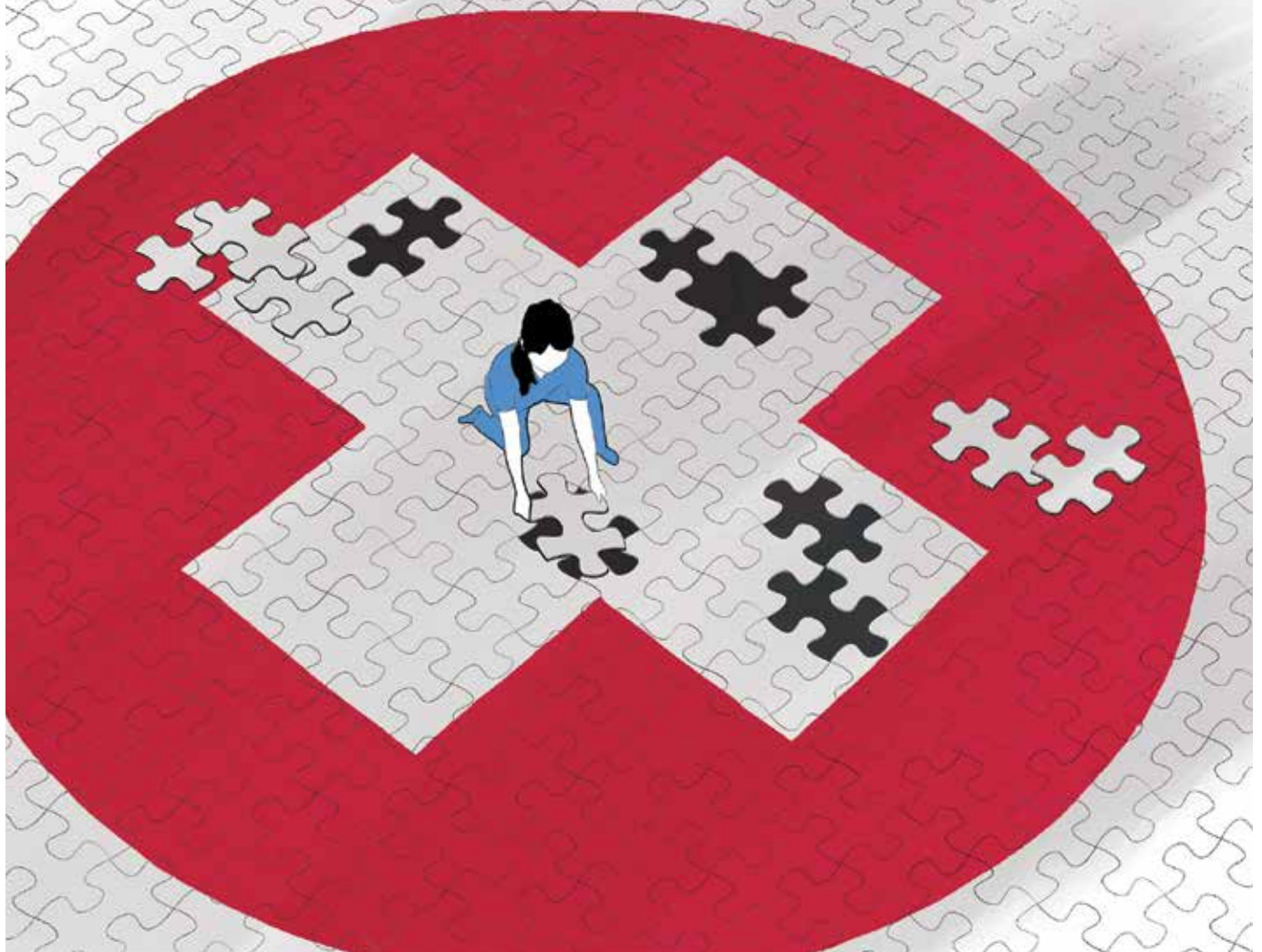
# UNIVERSITY OF UTAH

## COLLEGE OF NURSING

2017 ANNUAL MAGAZINE

### Putting the Pieces Together

**IN HEALTHCARE, COMMUNICATION IS  
MUCH MORE THAN JUST TALK**





**\$27m**  
active research portfolio

**#18**  
for NIH research funding among U.S. Colleges of Nursing (Blue Ridge IMR)

*Seven*  
endowed chairs

**#8**  
NURSING INFORMATICS program in the country (U.S. News & World Report)

*Three*  
FELLOWS of the Gerontological Society of America

**#22**  
DOCTOR OF NURSING Practice program in the country (U.S. News & World Report)

**#11**  
most AFFORDABLE RN to BS program (bestcolleges.com)

*Three*  
FELLOWS of the American College of Nurse Midwives

**#9**  
NURSE MIDWIFERY program (U.S. News & World Report)

*Eight*  
FELLOWS of the American Academy of Nursing

## LET'S FACE IT:

Taking care of patients is complex. Providing the best care requires juggling complicated clinical tasks – as many as 72 per hour for the average nurse – pulling disparate team members together into a cohesive unit and detailing each step with copious record keeping.

Throughout this continuum of care, there are hundreds of conversations, dozens of notes and continuously running electronic health records (EHRs) to track. Effective communication is critical to keeping a healthcare team working efficiently and the patient well-cared for and comfortable. And the University of Utah College of Nursing takes the job of teaching nursing students how to master this crucial part of the job very seriously.

But our dedication to good communication doesn't end with classroom and clinical education. After years of working in healthcare teams, the college's researchers are well aware of the times when healthcare communication tools fail—cancer patients who suffer at home in silence after a round of chemotherapy, family caregivers who don't realize they themselves are declining along with the patient, adolescents with depression who don't know how to explain their feelings. Our scientists are developing and testing ways to bridge these communication gaps using research grants that helped the college garner a ranking of No. 18 (out of 66) in the country for National Institutes of Health funding.

Meanwhile, our students and faculty are serving Utah in new and innovative ways: training service dogs, providing skilled mental health care, and lobbying state lawmakers (through the Utah Nursing Consortium) to provide more funding that could chip away at a looming nursing shortage.

**IT'S MORE THAN JUST TALK. HERE, WE HIGHLIGHT WORK WE BELIEVE WILL MAKE CRITICAL CONNECTIONS, PUSHING HEALTH-CARE FORWARD IN NEW AND EXCITING WAYS.**

*Patricia G. Morton*

DEAN PATRICIA G. MORTON, PHD, RN, FAAN



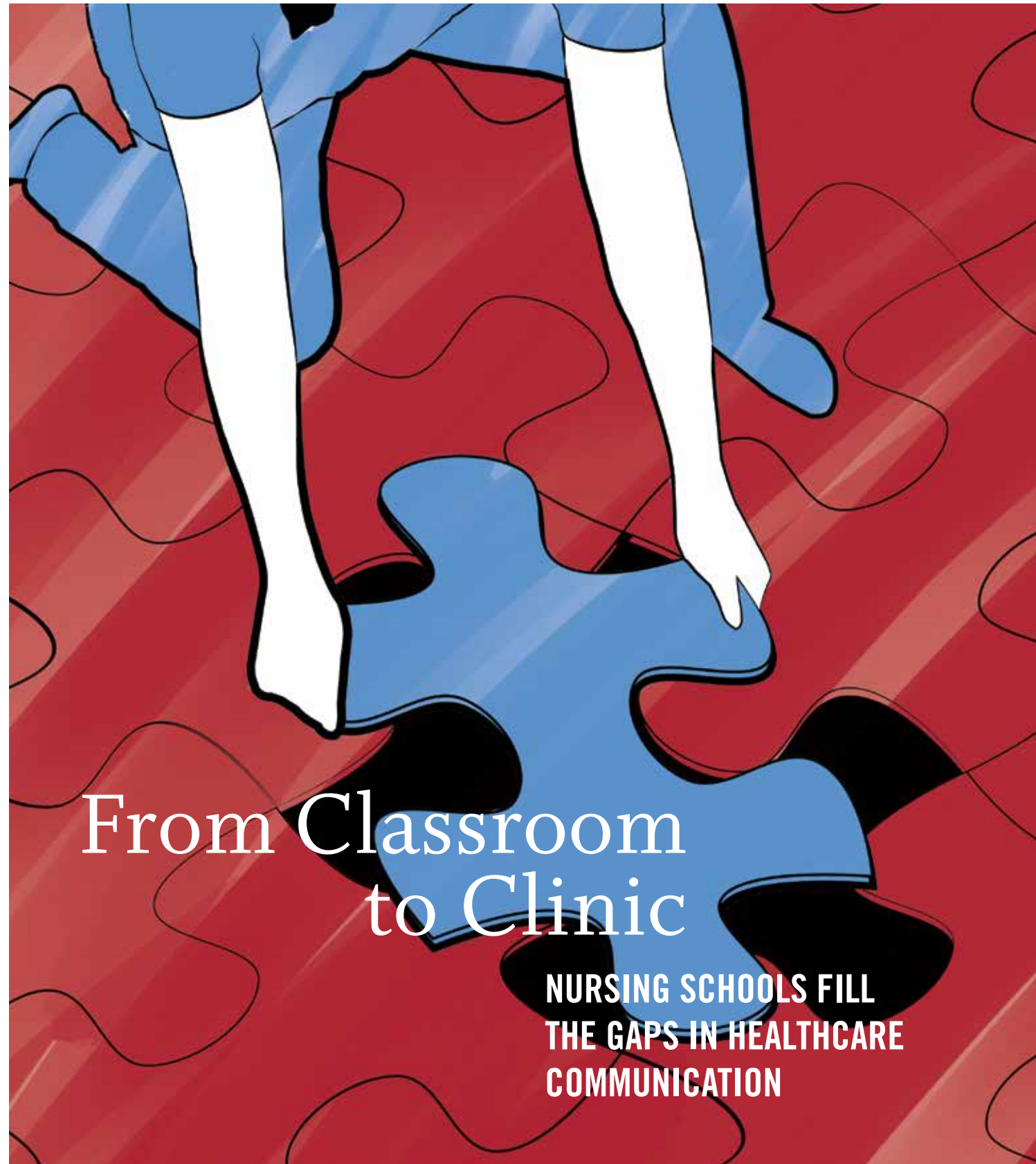
**6** **COMMUNICATING**  
 Mastering the delicate art of communicating in healthcare settings is life-long work that defines nursing education and scientific research. YouTube clips are just the beginning.

**13** **COALITION BUILDING**  
 In an effort to build capacity for training future nurses, the Utah Nursing Consortium — eight publicly funded nursing schools and private schools at Brigham Young University and Westminster College — met with state lawmakers over the past year to talk about providing more funding for nursing faculty.

**16** **GIVING**  
 With a grant provided by the Dr. Ezekiel R. and Edna Wattis Dumke Foundation, Utah’s nursing schools banded together in 2016 to persuade state lawmakers that a little extra funding for faculty could help reverse a growing nursing shortage.

**26** **TREATING**  
 A change in state law three years ago has transformed the job prospects for new psychiatric mental health nurses. And the University of Utah College of Nursing is quickly establishing itself as a hub for mental health nurse practitioners.

**30** **SERVING**  
 University of Utah nursing students start caring for people even before they graduate: training service dogs, organizing an iTunes drive for Utahns with dementia, and expanding the use of art to help stressed family caregivers.



# From Classroom to Clinic

**NURSING SCHOOLS FILL  
THE GAPS IN HEALTHCARE  
COMMUNICATION**

“Nurses are a hub for communication and information because they function as coordinators of care.”

**Mollie Cummins, PhD**

Associate Dean for Research and the PhD Program

“Seinfeld” often was dismissed as a TV show about nothing. But there was something in the middle of all that nothingness that made the 1990s sitcom so groundbreaking. And University of Utah College of Nursing faculty members are mining that unusual substance for opportunities to teach their students about how to talk to patients.

Remember Kramer’s “low-talking” girlfriend, who no one could hear, let alone understand? Or the “close talker” who invaded everyone’s personal space? Nursing instructors show videos of those bits to young nursing students (who were toddlers when the characters first appeared on television) to illustrate the potential miscommunication minefields ahead. Mastering the delicate art of communicating in healthcare settings is life-long work that defines nursing education and scientific research. And the YouTube clips are just the beginning of a campaign that starts when a nursing student enters their first class at the college.

“Nurses are a hub for communication and information because they function as coordinators of care,” says Mollie Cummins, PhD, associate dean for research and the PhD program. “They’re constantly managing communication and interpreting information — whether phone calls, diagnostic reports, treatment information, or logistics of care — and they facilitate communication across patients, family members, physicians and other members of the team. Communication is foundational to everything a nurse does.”

With that focus, college instructors and researchers, many of whom have worked in interdisciplinary healthcare teams for years, are acutely aware of what works and doesn’t in a

hospital room, or when a patient or grieving family member is sent home. Healthcare providers struggle with gaps between poison control center and emergency department records. They know what stops awkward end-of-life conversations from happening. They’re painfully aware of the miserable chemotherapy symptoms suffered at home that rarely get reported. And they know how talking to others can head off complicated grief and other health problems in bereaved caregivers.

Communication is the thread through it all. And it starts on Day One at the College of Nursing.

### Teaching More than Just How to Talk

Students entering college these days are a distinct generation—leaps and bounds ahead of their instructors and even the U.S. healthcare system when it comes to using technology to communicate, but also lagging when face-to-face conversations are required. To some traditional educators, the Twitter and Instagram generation can seem disconnected, bored even. But to Connie Madden, PhD, assistant dean of the college’s baccalaureate program, breaking through takes a matter of minutes. And the strengths the students’ intrinsic knowledge of technology brings are equal to the nuts-and-bolts communication skills they can be taught.

“They are thoughtful and reflective,” Madden says. “You’ve just got to dig.”

“They come to us as good thinkers. They have a lot more questions. They’re curious and inquisitive,” she adds. “They’ve had to start thinking in much different

# Researchers Making CONNECTIONS



**1 | KATHY SWARD, PHD**

*Pediatric Research using Integrated Sensor Monitoring Systems (PRISMS) Informatics Platform - Federated Integration Architecture*

**Funding: \$5.5 million**

**NIH National Institute of Biomedical Imaging and Bioengineering**

**2 | KATHI MOONEY, PHD**

*Enhancing End-of-Life and Bereavement Outcomes Among Cancer Caregivers*

**Funding: \$4.7 million**

**NIH National Cancer Institute (R01)**

*Engaging School-Age Children with Cancer in Designing a Symptom Assessment App*

**Funding: \$385,500**

**NIH National Institute of Nursing Research**

**3 | LAURI LINDER, PHD**

*Enhancing End-of-Life and Bereavement Outcomes Among Cancer Caregivers (Co-Investigator)*

*Group Therapy for Dementia Caregivers at Risk for Complicated Grief*

**Funding: \$150,000**

**Alzheimer's Association**

**4 | MARGARET CLAYTON, PHD**

**5 | KATHIE SUPIANO, PHD**

*Cancer Caregivers Interactions with the Hospice team: Implications for End of Life and Bereavement Outcomes*

**Funding: \$2.25 million**

**NIH National Institute of Nursing Research**

**6 | BARBARA WILSON, PHD**

*Labor and Delivery Nurse Staffing: A Patient Safety Intervention*

**Funding: \$100,000**

**Agency for Healthcare Research and Quality**

**7 | MOLLIE CUMMINS, PHD**

*Electronic Exchange of Poisoning Information*

**Funding: \$1.25 million**

**Agency for Healthcare Research and Quality**

**8 | JACKIE EATON, PHD**

*Early Intervention for Informal Caregivers: Using High Fidelity Simulation*

**Funding: \$10,000**

**Hartford Center of Geriatric Nursing Excellence**

**9 | JIA-WEN GUO, PHD**

*Automatic Self-Monitoring for Adolescent Depression*

**Funding: \$50,000**

**Primary Children's Hospital Foundation**



ways than I did. Technology helps them understand the possibility of things.”

In early classes, students role play, pretending not to listen, getting face-to-face encounters wrong. They talk about how that makes them feel, how that might make a patient feel. In the college’s SIM Center, students practice communicating in a healthcare “crisis” — with the patient and each other. An instructor in the control room plays the patient. The interactions are recorded and broken down in a confidential group debriefing session afterward.

“My first mistake was on a real person. We want them to learn from their mistakes here so they don’t make mistakes on real patients,” says Maddie Lassche, MSNEd, the college’s executive director of simulation. “We talk about it. They all learn from it. And then they’re better prepared to go out and manage situations with real live people.”

But while this training in eye contact and active listening and caring for diverse populations is among the most critical skills a new nurse can learn, the communication tools they will use day-in and day-out in hospitals and clinics and nursing homes have changed. Pagers have been replaced by Vocera wearable microphones. Paper patient files have gone digital, supplanted by electronic health records (EHRs).

As in all things, there’s a flip side to these innovations. Technology has transformed patient care, making communication between healthcare team members a

matter of seconds. Sharing records with patients takes the click of a button. Diagnostics that took days or weeks now can transmit in hours or minutes.

But technology, with all its gadgets and gizmos and cutting out of the middle man, also has opened some gaping holes in healthcare. The personal touch can be lost. Many patients still want and need a face-to-face consultation. And a smart phone app can’t tell you if a caregiver’s health is declining, or a patient is bumping up against a language barrier. That takes a human being.

#### Bridging the Gaps

Over years of working in teams with doctors and social workers and physical therapists, nursing researchers have become acutely aware of the places and times when healthcare communication breaks down. They also can identify the best prospects for new technology — social media including Facebook and Twitter, gaming platforms, iPads and smart phones and smart watches — that might be able to bridge those gaps.

That could explain why so many College of Nursing researchers’ projects are dedicated to taking the next steps in communication: making connections between patients and their doctors, innovating and tweaking technology, helping caregivers think about what happens to them. Their research builds on the old school communication that still forms the backbone of patient care.

“My first mistake was on a real person. We want them to learn from their mistakes here so they don’t make mistakes on real patients.”

**Maddie Lassche, MSNEd**  
Executive Director of Simulation

“Communication is everything. And ineffective communication contributes to a lot of unnecessary healthcare costs,” says Cummins. “When there’s a breakdown, patients get the wrong medication, are readmitted or suffer in silence at home. All the outcomes we want to achieve as healthcare providers are best facilitated through quality communication.”

Some researchers are using devices — and the unique tools, online platforms and languages developed for them — to take communication one step further. College researchers are helping develop smart watches that will track false clinic alarms, mobile-adapted apps to walk parents through the process of signing off on genetic testing of a baby’s bloodspot, and internet-based platforms that will allow parents of kids with asthma to report and track their symptoms. They’re using Facebook and Twitter to engage diabetic patients in their care, and developing animated emoji-like icons to aid those with intellectual disabilities in identifying depression symptoms.

Other nursing scientists are using technology to track traditional strands of communication around cancer care — adapting iPads to help adolescents report their symptoms, for example, or creating an automated, phone-based system to check on chemotherapy patients after they leave the oncology clinic.

“Patients experience a lot of uncomfortable symptoms at home. And until very recently, our health records didn’t

capture the patient experience at all,” says Distinguished Professor Kathi Mooney, PhD, whose research project drew the notice of former Vice President Joe Biden during his 2016 listening tour stop at Huntsman Cancer Institute. “We have been missing our biggest partner — the patients — and understanding their symptoms and how their quality of life is affected.”

With the Symptom Care at Home (SCH) system Mooney developed with Professor Susan Beck, PhD, patients who report severe nausea are prompted with ways to treat their feelings of sickness — from avoiding certain foods to which fluids to drink. The system also notifies each patient’s nurse or doctor so they can follow up. For patients who reported severe nausea, the automated coaching system helped diminish bad symptom days by two-thirds. “We have very strong evidence that if they are routinely monitored and use the guidelines to improve poorly controlled symptoms, they will significantly benefit,” Mooney says.

Still other researchers are studying the ways caregivers are impacted by the grueling, unpaid work of taking care of a dying family member by documenting what is said around them, what the caregivers say themselves. The health effects of caregiving range from depression and isolation to debilitating complicated grief once that patient dies. And many times, caregivers sacrifice their own health to take care of a family member.

**72.3** The average number of tasks a nurse performs in an hour

**1/4** The number of hospital readmissions that could be avoided with better communication

**53%** of Hispanic adults needed language assistance while receiving medical care

**39%** of non-Hispanic adults needed language assistance while receiving medical care

Sources: NIH NCBI, Becker’s Hospital Review and U.S. Department of Health & Human Services.

“There’s really a lot of beauty in those conversations at the end of life.”

Lee Ellington, PhD  
Associate Professor

Over the next few years, Associate Professor Lee Ellington, PhD, will track communication between 120 family caregivers and the healthcare workers who visit their care recipients at four hospices around the country — everyone from chaplains to social workers, if they’re willing, will be recorded. At the same time, the caregivers will report their care recipients’ symptoms through Mooney’s phone-based system. The two streams of information will be analyzed to determine if the caregivers themselves need medical intervention. The study’s design is meant to monitor and help a sometimes-forgotten population of healthcare providers, Ellington says.

“When the nurse walks into the home, the tape recorder is turned on and is kept on. We capture everything — talking to the patient, talking to the caregiver, washing hands.” The recordings are not just practical, she adds. Researchers will glean stress, humor, joy and resilience from the conversations. “There’s really a lot of beauty in those conversations at the end of life. In the clinic, there’s some chitchat, but it’s business,” Ellington explains. Whereas in the home, the dog is there, the family is reflecting. It’s equal parts beauty and distress.”

And finally, several college researchers are delving into the pain of the end of life.

Associate Professor Kathie Supiano, PhD, is preparing a group therapy model for those caring for family members with end-stage dementia. When their care recipient dies, they are at greater risk for debilitating complicated grief. Supiano’s community-based research, which is funded by the Alzheimer’s Association, will rely on staff at three Salt Lake City long-term care facilities — the William E. Christofferson Salt Lake Veterans Home, Silverado Aspen Park, Mission at Hillside Rehabilitation Center — help identify family members who need intervention.

“We want to help dementia family caregivers navigate the last months of life with their family member to optimize their relationship in such a way that when the death happens, their grief is actually satisfying and brings the sense of accomplishment that we hope long-term dementia caregivers can realize,” Supiano says. “Part of that is gaining support from each other and group facilitators, gaining skills, and translating that to their own interactions with the person with dementia.”

In the end, the communication work of the college’s scientists and educators traverses the lifespan of both nurses and their patients. At the same time, the College of Nursing is pushing the bounds of the technological tools of healthcare.

It’s much more than talk. [i](#)



## COALITION

# MAKING THE CASE: Will Utahns have a nurse when they need one?

Plenty of Utahns want to be nurses. That’s never been a problem.

The state’s eight public nursing schools turned away 900 applicants last year — not because they weren’t qualified for the rigors of nursing school, but because there aren’t enough faculty members to teach them.

Meanwhile, Utah hospitals, clinics and nursing homes had more than 1,200 vacant nursing jobs they couldn’t fill in 2016.

“We are a workforce shortage for the state of Utah,” University of Utah College of Nursing Dean Trish Morton, PhD, told members of the Utah

Legislature’s Higher Education Appropriations Committee in February.

The paradox — between the growing demand for nurses and the inability of colleges and universities to educate them — has been building for years. While nationwide, the nursing shortage is expected to reach 1 million by 2020, Utah’s nursing shortage is unique: the state has one of the highest birth rates in the country combined with a rapidly aging population that lives longer than average. All three trends are increasing pressure on the state’s healthcare systems.

“This nursing shortage is different than those we have experienced in the past,” said Susan Thornock, EdD,



Utah Nursing Consortium Project Director Teresa Garrett, DNP, met with University of Utah College of Nursing students on Nurses Day during the 2017 Legislature.

BY THE NUMBERS

# A Nursing Shortage

1,200

unfilled nursing jobs in Utah in 2015

900

qualified applicants turned away from Utah's eight public nursing schools in 2016

50%

of Utah's nurses will retire in the next 15 years

\$3 = 100  
MILLION NEW RNs

\$7,500 PER SEMESTER the cost of educating one nursing student

Source: Utah Nursing Consortium, Utah Medical Education Council

chair of Weber State University's School of Nursing. "It started out slowly, but we have seen it become more and more urgent as the lack of nurses, to fill bedside positions, has increased. It has the potential to become one of the most dire shortages we have seen in years."

In an effort to close the gap, the state's eight publicly funded nursing schools and private schools at Brigham Young University and Westminster College banded together to form the Utah Nursing Consortium and to ask state lawmakers to provide more funding for nursing faculty.

"We are very concerned about this nursing shortage — for the state of Utah and for our citizens. We want to be proactive in solving this problem for our state," Morton said.

The New York-based Jonas Foundation estimates that one nursing instructor over a 30-year career will impact the lives of the estimated 3.6 million future patients of his or her students.

But educating highly-trained nurses is particularly expensive — about \$7,500 per student each semester. Unlike business, social science or even art history programs, nursing colleges can't fill auditoriums with 200 students to teach them critical life-saving skills all at once. The ratio of instructors to students during nursing clinical education is much smaller: one to eight. And an eight-student cohort preparing to become registered nurses requires nearly the same number of instructors over the course of their education — one specialized in maternal-child care, another in psych/mental health, another in gerontology, etc. At the same time, those nursing students must complete hundreds of precious hours in a clinical setting before they can graduate.

Utah Nursing Consortium organizers based their coalition on a long-term campaign to meet the demands of tech companies clamoring for more engineering graduates. In 2001, state lawmakers established the

**"We are very concerned about this nursing shortage — for the state of Utah and for our citizens. We want to be proactive in solving this problem for our state."**

Trish Morton, PhD  
University of Utah College of Nursing Dean

**"All of you will need a nurse at some point in your life," she said. "We hope when you wake up from surgery in pain, there will be a nurse there to help you."**



Garrett talks to Rep. Derrin Owens, R-Fountain Green, during the 2017 Legislature.

State Engineering and Computer Science Initiative with the support of then-Gov. Michael Leavitt and University of Utah President David Pershing, who was dean of the College of Engineering at the time. Over the past 15 years, the state has provided \$10 million in annual funding to the engineering schools and more than \$15 million in additional one-time support.

Using a \$50,000 seed grant from the Dr. Ezekiel and Edna Wattis Dumke Foundation, nursing school administrators met over the summer to strategize and hone their message. In the end, the nursing schools asked for \$3 million during the 2017 Legislature, pledging to prepare 100 new registered nurses.

While the schools' request received priority consideration, lawmakers ultimately did not fund it. It's unusual for nonprofit groups to receive funding the first time they ask. Utah Nursing Consortium Project Director Teresa Garrett, DNP, says this was a building year. "It's a chance to lay the groundwork, to talk to legislators and to establish a framework," she said.

Marilyn Davies, senior development director for the College of Engineering, says Utah's nursing schools should not be discouraged. "This is not a one-year effort. It takes many years," Davies said. "Success depends on a multitude of factors—primarily the budget forecast, the availability of new funds, and competing needs.

"It may take additional sessions, the time spent this year in educating legislators has been worthwhile and will help lay the groundwork for future efforts."

Morton explained to lawmakers, with a warning, what's at stake: "All of you will need a nurse at some point in your life," she said. "We hope when you wake up from surgery in pain, there will be a nurse there to help you."

Legislators on the appropriations committee laughed nervously. "Nurses are very important," said Rep. Keith Grover, R-Provo, the committee co-chairman. ■



# The Dumke family

## ONE FOUNDATION'S LONG LEGACY OF ADVOCACY FOR HEALTHCARE

Dr. Ezekiel and Edna Wattis Dumke focused much of their philanthropic giving on the people and institutions who care for patients.

They pushed Ogden leaders to build a hospital for soldiers during World War II, mentored generations of physicians in their hometown and, ultimately, shored up the educational institutions that will prepare future Utah healthcare providers for generations to come.

Fitting, then, that the foundation they started nearly 60 years ago has provided startup funding for the Utah Nursing Consortium—an initiative of the state's eight publicly funded nursing schools, Brigham Young University and Westminster College.

With a grant provided by the Dr. Ezekiel R. and Edna Wattis Dumke Foundation, Utah's nursing schools banded together in 2016 to persuade state lawmakers that a little extra funding for faculty could help reverse a growing nursing shortage. The foundation's initial gift helped pay for materials and the staff who led the campaign during the 2017 Legislature. Foundation leaders have pledged another \$150,000 to support the effort in future years.

The Consortium was a natural initiative for the foundation to support, says Claire Dumke Ryberg, a 1977 College of Nursing graduate and the couple's granddaughter.

"The need for nurses started coming to the fore and has compounded over time with changing demographics," Ryberg says. "Every time we asked nursing deans, 'What is your greatest need?' They always said 'faculty' — which is not very tangible or often measurable.

"But while our foundation can't continually fund nursing schools over the years to close this gap, we decided maybe we could become more proactive and initiate a consortium that might be able to solve the problem. It is a more strategic approach for us."

**"Every time we asked nursing deans, 'What is your greatest need?' They always said 'faculty' — which is not very tangible or often measurable."**

**Claire Dumke Ryberg**  
Foundation Trustee



*The foundation started by Dr. Ezekiel and Edna Mattis Dumke has supported healthcare education institutions throughout the state. Now, foundation board members are taking on the nursing shortage.*

“They wanted to pay it forward. We learned the value of philanthropy and what it can do from our grandparents and parents.”



The organization’s mission has evolved over time. When the family foundation first started in 1958, Zeke and Edna first provided loans for 28 medical students in financial distress. In later years, their children and grandchildren targeted medical research, conserving land, building medical simulation labs and constructing science classrooms at Weber State University and the University of Utah.

“They knew and appreciated the hardship that it required for young people to become doctors. And the West still was a medical frontier; it was emerging,” Ryberg says. “They wanted to pay it forward. We learned the value of philanthropy and what it can do from our grandparents and parents.”

Zeke Dumke was born in 1886 in Manitowac, Wisconsin. His father, a German immigrant, owned a shoe store. After high school, Dumke did a stint in blue-collar work -- at a cement company and later at a shipyard. But when a co-worker was injured on the job, Dumke decided he wanted a career with more prospects for the future. He studied two years at Denver University, visiting Utah as a player for the college’s football and basketball teams. After graduating from Northwestern University Medical School in 1910, Dumke interned at a hospital in Denver and later at Salt Lake City’s LDS Hospital. In 1911, he moved to Ogden to work as an assistant to an established physician and met his future wife, the daughter of a Utah coal magnate, at a party at her home.

Edna Wattis was born in Ogden in 1896, one of eight children of mining and railroad executive E.O. Wattis and Martha Ann Bybee. Wattis’ Utah Construction Company built the Western Pacific Railroad, the Denver and Rio Grande lines in central Utah, and helped build the Hoover Dam and Geneva Steel Plant as part of Six Companies, Inc.

In 1915, Dumke left Utah to complete post-graduate work at Massachusetts General Hospital, the University of Pennsylvania and the Mayo Clinic (and to give Edna time to grow up). Two years later, he returned to Ogden, marrying his sweetheart, launching a private practice and working as a surgeon for the Bamberger Railroad and Utah Power and Light Company. When war broke out, he enlisted in the Medical Reserve Corps, serving throughout the country in military hospitals before returning to Ogden to resume his practice.

Throughout Ogden, tales of Dumke’s care for patients and humanitarianism are common. He helped heal a

newsboy’s badly burned legs. In a video tribute prepared by Weber State University, Dr. Daniel Hunter recalled struggling to support his young family on his \$61-a-month salary as a young physician. The Dumkes stepped in with a loan. They “helped us to survive,” Hunter said.

Zeke died in 1961, Edna in 1982. Since then, their foundation has given to many nonprofit organizations and charities — including the Egyptian Theater Foundation, Children’s Aid Society and Treehouse Children’s Museum. Ogden’s Union Station features a model train exhibit the foundation funded in honor of Edna’s father.

But an emphasis of the Dumke Foundation board members—Zeke Dumke, Jr.; Claire Dumke Ryberg; Nancy Healey Schwanfelder; and Andrea Dumke Manship—has been focused on continuing and broadening the

Dumke healthcare legacy, providing \$1 million for Weber State University’s College of Health Professions, another \$500,000 in student scholarships, and \$2 million for an endowed professorship in the college. At Westminster College, the foundation was pivotal in helping start a program for nurse anesthetists. And at the University of Utah, the foundation has provided more than \$3.4 million in smaller individual gifts for everything from poison control and nursing distance learning to a Native American art program at the Utah Museum of Fine Arts.

Senior Advancement Director Dinny Trabert credits the foundation for initiating the consortium and steering the foundation to advocate for future nurses.

“Claire has been one of our greatest advocates with the foundation and in the community,” Trabert said. ■



— BARBARA BURNETT —

Legacy Donor

PLEASE CONSIDER MAKING A LEGACY GIFT TO PROVIDE CRITICAL SUPPORT TO THE UNIVERSITY OF UTAH COLLEGE OF NURSING’S STUDENTS AND FACULTY.

Throughout their lives, Ted and Barbara Burnett quietly supported college students struggling to pay for their educations. Ted, a longtime Omega Watch executive, rarely told his children about the students he helped. And Barbara, a Utah Symphony lover and League of Women Voters president, gave to multiple nonprofits.

Together, the Burnetts endowed a \$25,000 University of Utah College of Nursing scholarship fund after Barbara’s death last year.

“She was someone who felt there was always something in the body politic, or the civic world – whether it was a hospital, a school, or local politics

– that you had to do something to make it better,” says their son, David Burnett. “She felt if people like her didn’t do it, it just wasn’t going to get done.”

Please consider making a legacy gift like the Burnetts’ to provide critical support to the College of Nursing’s students and faculty. Dedicate future funding for first-time nursing student scholarships. Or help recruit and hire the next nurse scientist to push the bounds of healthcare research.

For more information, contact Senior Development Director Dinny Thayne Trabert at **801-587-9126** or email [dinny.trabert@nurs.utah.edu](mailto:dinny.trabert@nurs.utah.edu).

# LIFELONG LEADERSHIP

**PAM  
CIPRIANO,  
PHD**

University of Utah  
Distinguished  
Alumna

## IN RETROSPECT, PAM CIPRIANO'S FUTURE AS A NATIONAL NURSING LEADER WAS OBVIOUS.

But while Cipriano was pursuing a Ph.D. at the University of Utah College of Nursing, she was simply the go-to co-worker and boss.

"Pam created an environment that was safe and welcoming," says Vanessa Laurella, PhD, an assistant professor at the college. Laurella worked with Cipriano at University Hospital 30 years ago. "She was always the lead advocate for the nursing staff on her units."

Cipriano was honored as a Distinguished Alumna of the University of Utah in a ceremony on Founders Day, March 3. But her colleagues and friends remember her, first and foremost, as a passionate supporter of nurses.

Her long career in healthcare wasn't a foregone conclusion. The daughter of a custom homebuilder



*American Nurses Association President Pam Cipriano spoke at the College of Nursing for Founders Week at the beginning of March.*

and a homemaker, Cipriano grew up outside Philadelphia. She started college intending to study elementary education. But when that didn't fit and she shifted to nursing, her Sicilian grandmother thought she was crazy.

She wasn't.

Her nursing career and education has crisscrossed the county—from the University of Pennsylvania's School of Nursing and her first job at University Hospital to her current post as president of the American Nurses Association. In 1992, Cipriano received her Ph.D. from the College of Nursing. Teaching and management of clinical operations at Medical University of South Carolina and then the University of Virginia followed. She's a Distinguished Nurse Scholar-in-Residence at

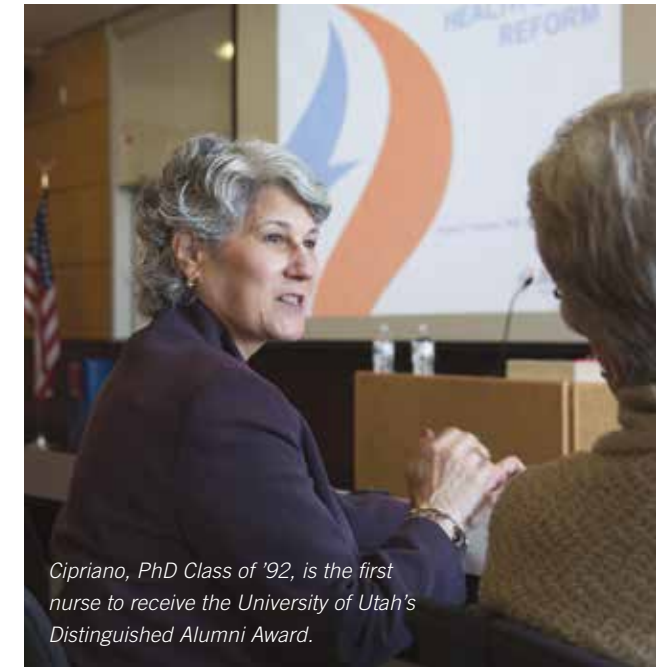
the Institute of Medicine. And in 2014, Cipriano took on the job of representing the interests of the nation's 3.6 million registered nurses.

Over the years, her research has focused on the influence of labor economics and the feminist movement on nursing salaries. Cipriano has advocated for patients — and nurses — in the wake of healthcare reform and Obamacare. The impact of constant change in the healthcare marketplace is always at the forefront of her mind.

"Nurses feel very strongly about protecting the rights of the public to healthcare. There's an economic concern and a social responsibility concern," Cipriano says. "When people can't get healthcare, they delay getting healthcare,

**"Pam always spoke up for patients, their families and the quality of care they should receive."**

**Linda Amos, EdD**  
Emeritus Dean of the college.



*Cipriano, PhD Class of '92, is the first nurse to receive the University of Utah's Distinguished Alumni Award.*

putting off important preventive care or delaying diagnoses, and they get sicker, using the ER as their place of care. It creates a logjam in the healthcare system."

She's closely monitoring healthcare reform efforts in Washington. And while the ANA gets pushback from some who believe it is too political or too liberal, Cipriano says she believes nurses must be engaged—especially now.

"When you're advocating for patients, sometimes you have to be very bold with your words. We have a responsibility to protect those who can't protect themselves—to ensure that children get good care and people are able to have a dignified death," she said.

"We need to take the high road to make certain our words are heard."

Her friends and colleagues back in Utah wouldn't expect anything less.

"Pam always spoke up for patients, their families and the quality of care they should receive," says Linda Amos, EdD, emeritus dean of the college.

# A FAMILY CALLING



**NANCY  
GODFREY,  
PHD**

University of Utah  
College of Nursing 2016  
Distinguished Alumna

Godfrey received the University of Utah College of Nursing's 2016 Distinguished Alumni Award, which coincided with a recognition of her mother, Athleen Brown Godfrey, MSN, a longtime professor at the college and national leader in caring for children with developmental disabilities and their families.

Nursing, it's clear, was in the DNA. Godfrey's grandmother, Lucile Williams Brown, was a public health nursing pioneer. Her aunt, Lillian Brown Williams, served as the director of nursing at National Children's Medical Center in Washington, D.C.

Godfrey credits her grandmother, mother and aunt for establishing the family's commitment to caring for patients, particularly children and families. "Having grown up in a family that was so passionate about the welfare of children and families -- these are some of the greatest gifts I have," she says.

Godfrey started where her mother left off, advocating for refugees, fighting pandemics and overseeing U.S. government health assistance portfolios. She has led USAID's health programs in Rwanda, Russia and Sierra Leone, focusing on preventing mother and child deaths, creating an AIDS-free generation and preventing infectious disease. Godfrey worked in India when it was declared polio-free, and fought human-trafficking in Ukraine.

Despite her globe-traversing career, Godfrey says the work she does internationally can be duplicated anywhere.

"You really don't actually have to get on a plane to do this. The needs in every community are great. Every one of us has the opportunity to be a giver of these gifts of nursing traditions."

## EVERY NURSE TEACHES PATIENTS HOW TO CORRECTLY WASH THEIR HANDS.

But in Nancy Godfrey's world, it really is a matter of life or death.

Over a nursing and foreign service career that spans nearly 40 years and 21 countries, Godfrey, a technical advisor for the U.S. Agency for International Development's (USAID) Global Health Bureau, has worked in high-risk areas from refugee camps in Sudan to conflict zones like Baghdad.

"A good day in Nancy's world is when mandatory hand-washing compliance results in bringing an end to the outbreak," says Eileen Engh, MSN, a former classmate.

"Her life's work is one that few could imagine," Engh adds. "She has addressed some of the most serious plagues and crises facing the world today: trafficking in persons, HIV/AIDS, tuberculosis, malaria, and most recently Ebola. And she has worked in places few dare to visit, let alone live and labor in to make a difference."

# QUIET DEDICATION

**ANN  
HUTTON,  
PHD**

Dare to  
Care Award

## ANN HUTTON AVOIDS ATTENTION.

She's much more comfortable working behind the scenes -- quietly counseling parents reeling from a child's suicide or teaching a small group of students, roundtable style.

The last thing she wanted was to be recognized for doing her job.

But after more than 50 years as a psych/mental health nurse, the body of her clinical and academic work requires recognition -- all Hutton's protestations aside -- says University of Utah College of Nursing Associate Professor Kathie Supiano, PhD.

"She leads with the heart," Supiano says. "But she is also the best exemplar of what we would call 'evidence-based practice,' keeping up with all the data and applying clinical wisdom intuitively to help a patient get to the root of the dilemma they're dealing with in their life."

At Honors for Nursing 2016, an annual celebration of the state's nurses, the longtime University of Utah College of Nursing assistant professor received the Dare to Care Award, which recognizes one nurse each year who through "volunteerism, advocacy or other community work has gone above and beyond" the routine compassion and dedication already expected of nurses.

In a career that spans caring for World War II veterans and nurses, the introduction of antipsychotic medications in the 1950s and 1960s, and new advancements in understanding about brain function and group therapy, Hutton still returns to the same foundation -- a deep belief



that those who suffer from mental illness have "the same human needs as anybody."

The sheer number of years of Hutton's care for those struggling with mental illness should be noted, says Taryn Aiken, a board member with the Utah Chapter of the American Foundation for Suicide prevention.

"This kind of work takes someone with some grit and willingness and compassion," Aiken says.

Supiano agrees. Hutton's ability to blend the clinical and the academic nursing worlds is unique, she says. Hutton teaches based on her therapy sessions the day before, making psychiatric care real for young nurses.

"Ann's students really see her walking the walk," Supiano says. "When she teaches, she can teach from the examples of patients she saw last night. Her examples are meaningful and credible."

And delivered quietly. [📄](#)

# 1969



They became nurses somewhere between dormitories with rules that banned dating and the advent of uniforms with pants.

Eight members of the College of Nursing's Class of 1969 gathered May 23, 2016 for their 47th reunion. The group started out with between 75 and 100 would-be nurses (who declared their intention as freshmen). By graduation day, their number had dwindled to 33.

# 1980s



It was the decade of Reaganomics, neon and Madonna. After a brief stint with NEXT computers, the first, boxy Apple desktops were installed in the College of Nursing's computer labs. Pagers were the height of technological communication. And nursing schools were starting to adopt unisex uniforms without the traditional white cap.

Dozens of graduates of the era and their family members gathered at University Guest House on Nov. 3, 2016 for their 26-36-year reunions. They looked through photos, compared the comfort levels of varying uniforms and tried to remember where to find their graduation pins. [N](#)

# STEPPING UP

Behavioral Health nurses are filling a critical state healthcare need



The Behavioral Health team: EILois Bailey, DNP; Sheila Deyette, PhD; Sam Vincent, DNP; and Susan Scott, APRN.

Sometimes, it's just a matter of timing.

Three years ago, the Utah Legislature changed state law to remove the prescribing barriers for new behavioral health nurse practitioners.

Up until then, new graduates with less than 3,000 hours on the job had to get their supervisor's signoff to write prescriptions for higher-level Attention Deficit Hyperactivity Disorder (ADHD) and anxiety medications—a cumbersome restriction that discouraged companies from hiring psychiatric mental health nurse practitioners-in-training.

As a result, most new graduates were finding jobs out of state.

The change significantly transformed the job prospects for new psychiatric nurses. And the University of Utah College of Nursing is quickly establishing itself as a hub for mental health nurse practitioners.

“Hospitals and clinics across the Salt Lake Valley know nurse practitioners provide good care,” says Sam Vincent, DNP, an instructor at the college and clinical director of the Psychiatric Faculty Practice. “Within

the next three years, we'll see a more rapid infusion of nurse practitioners licensed to provide psychiatric care at the same time that demand is high.”

Utah's rate of mental illness is higher than the national average, according to the Substance Abuse and Mental Health Services Administration. And the state's suicide rate is fifth-highest in the nation. It's not uncommon for patients to wait three months for an appointment. The state has 209 providers for every 100,000 people, compared to an average of 311 nationally, according to a 2016 report from the Utah Medical Education Council.

Every county in Utah has been designated a “Mental Health Provider Shortage Area” according to the U.S. Department of Health and Human Services.

The council estimates that Utah's mental healthcare labor force will have to double over the next 15 years, from 5,000 in 2016 to more than 11,000 by 2030 to meet the need. Nurse practitioners are positioned to take on many of those roles.

But it wasn't always this way. The path of psychiatric nursing has been filled with potholes.

For much of modern history, mental health care was focused on Victorian notions that favored institutionalization and Freudian analysis. Effective medications were decades from development. And caregivers often were reduced to stereotypes—from Bedlam's harsh “attendants” to Nurse Ratched.

“My patients tell me all the time that they have a different experience with a nurse practitioner. They feel cared about.”

EILois Bailey, DNP  
Specialty Director

But as psychiatric care changed, so did the thinking about mental health nurses. The first effective psychiatric medications emerged in the 1950s, followed by antipsychotic drugs in the 1960s and 70s. When doctors started prescribing Prozac in 1986, treatment of depression and anxiety became mainstream, says Noel Gardner, MD, a psychiatrist and medical director of the Polizzi Clinic.

Development of effective medications increased demand for mental health care exponentially, outpacing the number of psychiatrists and psychologists available.

Advanced practice nurses are an obvious alternative, Gardner says.

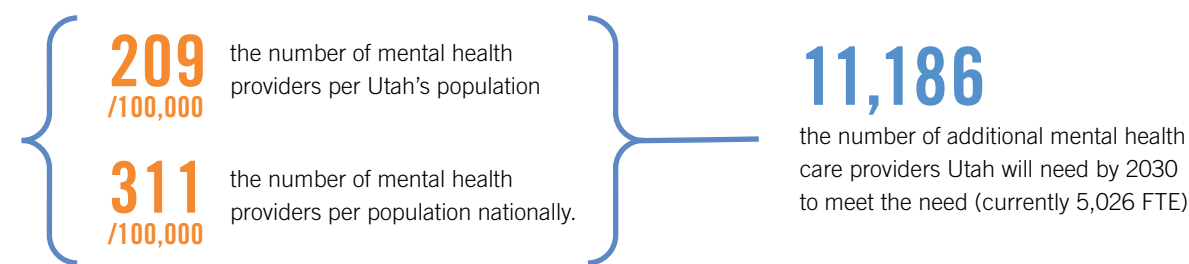
“They've worked together with us for years,” he says. “And while a number of doctors were uncomfortable for nurses to begin prescribing, very quickly we found out they were a real asset. They have a lot of background in treating people and administering medications. They were oriented in that world.”

Nurses also are economical and patient-centered, says EILois Bailey, DNP, a psychiatric mental health nurse practitioner and instructor.

“My patients tell me all the time that they have a different experience with a nurse practitioner,” she says. “They feel cared about.”

Many nurse practitioners use integrated medicine—therapy combined with nutrition and lifestyle and medications—Vincent adds.

“Many patients want therapy at the same time they're getting their prescriptions. Very few patients want just a prescription,” he says. “That's what nurse practitioners are educated to do.”



Source: Utah Medical Education Council



Psychiatric Mental Health Faculty  
Practice Director Sam Vincent, DNP

“Nurse practitioners are filling a very large part of the access to psychiatric care. The future for advanced practice nurses with prescribing privileges is very substantial.”

**Noel Gardner, MD**

Psychiatrist and Medical Director of the Polizzi Clinic.

Now, with the changes for entry-level psychiatric mental health nurse practitioners, college administrators are working to meet the pent-up demand. The college currently has three part-time psychiatric nurse practitioners working at University Health’s South Jordan clinic. College faculty provide care for uninsured patients at Gardner’s Polizzi Clinic two days a week. Three staff care for adolescent patients through the college’s Juvenile Justice Services contract with the State of Utah. Two see patients at the Veterans Affairs Hospital. One runs group therapy sessions at the Skaggs Patient Wellness Center.

At the same time, Associate Professor Gwen Latendresse, PhD is studying the use of mindfulness-based cognitive group therapy through telehealth technology for pregnant and postpartum patients who have mild depression or are at risk of developing it. Three faculty members and students facilitate those groups.

Meanwhile, the college has expanded its capacity — doubling the psychiatric nurse practitioner cohort this year from 11 in 2014 to 24 students in 2016. The graduating class of 2019 will be the largest ever.

“Nurse practitioners are filling a very large part of the access psychiatric care,” Gardner says. “The future for advanced practice nurses with prescribing privileges is very substantial.”

## For postpartum depression, group therapy by telehealth may fit the bill

When you’ve got a newborn and a toddler, when a daily shower and a grocery run are major achievements, when you’re slipping into depression, the last thing you want to do is schlep to the doctor’s office.

Identifying and managing post-partum depression can be difficult — particularly in rural areas where women, and their doctors, are isolated.

Using a model developed at Emory University, College of Nursing Associate Professor Gwen Latendresse, PhD, has designed an intervention for pregnant and post-partum women based on early screening and group therapy. Like most Utah Health patients, the women are asked to fill out emailed MEval questionnaires before their prenatal appointments at university clinics. Those identified by staff at the main Obstetrics and Gynecology clinic as being at risk for depression are referred to Latendresse’s groups.

For eight weeks, the women “meet” remotely in a video conference with a college facilitator from psych/mental health. Over the course of their sessions, the women are trained to identify their own triggers and figure out which mindfulness exercises work best for them.

Throughout the project, participants are screened for more serious depression, new medications and hospitalization. Those with more severe depression are referred to specialists.

In a way, it’s empowering patients to help themselves, Latendresse says.

“These women would rather not take antidepressants, but they need help,” she adds. “They love being together as a group. They have similar experiences and share what they did to manage, what worked for them.

“Ideally, someone would come to their homes. But when that isn’t possible, this is the next-best thing,”



Gwen Latendresse, PhD

Latendresse says. “And if they say if they had to get in a car and drive somewhere, they might never have done it.”

Early rounds required trouble-shooting buggy conferencing technology. And, it turns out, the women want more time to talk amongst themselves. The initial, year-long project has been funded through a \$22,000 seed grant from the Burton Foundation. After nine group rounds involving about 50 women from Moab to Salt Lake City, Latendresse is preparing to submit the project for long-term research funding.

“Patients want to be listened to and they want to give input about what works best for them,” she says. “We’re empowering and educating patients to problem solve and troubleshoot what’s going to work best for them. This is not a one-size-fits-all solution.”

# Training for THERAPY

## UNDERGRADUATE PROJECT

Nine-month-old Ares may be the best new student at the College of Nursing.

The mellow black lab is learning how to sit through hours of lectures, pick up dropped items and push levers to open the handicapped doors. His human, undergraduate Nichole Faught, has been training the pup since September.

“I don’t even know he’s in class,” says Associate Professor Lynn Hollister, MS.

**“You have literally brought back a smile I haven’t had in years.”**

Several College of Nursing students have signed up with Labs for Liberty, a nonprofit organization that trains service dogs for American military veterans to help with post-traumatic stress disorder and the physical disabilities that have resulted from their combat service.



*Nichole Faught and Ares*

The Labrador retrievers are taught basic obedience, commands and initial service tasks. The dogs also are prepared to be hunting companions for their veterans. At the end of their training, they must be able to pass the American Kennel Club’s Good Citizen Test Qualifications and Public Access test. Labs for Liberty provides on-site training for the vets and the dogs and lifelong support.

“You have literally brought back a smile I haven’t had in years,” one Air Force veteran wrote in a message to the service dog organization. “I love [my dog] more than I can explain.”

For now, Faught is working to harness Ares’ puppy energy and channel it into a working dog perspective. He already gets it: “With his vest on, he knows, he knows he’s working.”

This spring, Faught will hand Ares’ leash to his new human. “I knew from the beginning that he wasn’t going to stay,” she says. “Someone who really needs him is going to be so happy to have him. I’ve been keeping that in my mind the whole time.”



*Gerontology Interdisciplinary Program master’s candidates Nancy McGee and Nancy Joyce (Class of 2016)*

Remember that old iPod Shuffle at the bottom of your desk drawer? The one with “Since U Been Gone” by Kelly Clarkson?

The Utah Music & Memory Coalition needs it. And two College of Nursing graduate students figured out a way to make the connection.

While pursuing master’s degrees in the college’s gerontology interdisciplinary program, University of Utah College of Nursing students Nancy McGee and Nancy Joyce wanted to help those suffering from dementia and Alzheimer’s Disease.

In collaboration with the Colleges of Social Work, Pharmacy, Architecture and Business, McGee and Joyce organized a campus-wide iPod drive. The project started small and became something more — spreading from the Health Sciences to main campus last spring. Bins were placed strategically in the Union and other buildings to collect gently used iPods and new iTunes cards.

“It is so inspiring to see the healing power of music in action,” Joyce says. “My 87-year-old mother-in-law has dementia, and her favorite pastime is listening to her favorite singers on her iPhone.”

McGee believes U. students are particularly attuned to the needs of Utah’s aging population. “All disciplines — social work, pharmacy, business, architecture — are doing important work to advance aging services, create new ways to help aging adults and to advance the well-being of this population.”

# Music for MEMORIES

## MASTER’S PROJECT

Utah’s Music & Memory coalition was formed two years ago. Since then, the service agencies involved have provided iPods to 1,100 clients across the state. Gently used or new devices are helpful, but iTunes cards provide the most flexibility for providers because they can be used to purchase new iPods and build the coalition’s music library, McGee and Joyce say. In the end, the iPod drive raised more than \$1,000 for Music & Memory.

Over three years, Jewish Family Services (JFS) has served more than 200 clients with personalized playlists and equipment.

**“I’ve never had anyone say no to Johnny Cash.”**

“This is caregiver respite. It allows people to be comfortable and safe — just listening and chilling, while their caregiver takes a shower or performs other tasks,” says Ellie Goldberg, Music & Memory coordinator and counselor for JFS.

Goldberg’s music library has hundreds of thousands of songs — much of it representing the Top 40 and old country favorites of people born in the 1920s.

“I have enough Perry Como to choke a horse,” she says. “I’ve never had anyone say no to Johnny Cash.”



# Art for CAREGIVING

PH.D. PROJECT



Jackie Eaton, PhD (Class of 2016)

There are lots of clichés to explain the difference between empathy and experience — walking a mile in someone’s shoes, talking the talk versus walking the walk.

Taking care of an aging or dying family member is one experience you can’t really know until you’ve done it. At times, even family caregivers themselves aren’t fully aware of the work they’re doing, or how it’s impacting them.

While pursuing her Ph.D. at the College of Nursing, then-Research Assistant Professor Jackie Eaton developed a methodology, using ethnodrama, that explores the experiences of family caregivers in a way that makes a sometimes awkward and intangible experience concrete.

“Arts-based methods like ethnodramas really can help improve caregivers’ quality of life and the quality of care they provide,” Eaton says. “They allow the expression of feelings and experiences that people often don’t want to talk about, or don’t fully realize.”

Based on transcribed conversations, Eaton’s ethnodrama (performed by the nonprofit Walk-Ons Theater Company, in partnership with the Utah Caregiver Support Program, and sponsored by the Hartford Change AGEnts, Alzheimer’s Association and AARP Utah) digs deep into the complex emotions and strains of caring for a sick or dying family member.

Eaton’s caregiver characters are able to put into words what may remain unspoken otherwise.

“I wanted to be the dutiful daughter and take care of my parents, who I love very much,” one caregiver says in the

performance. But, in the next breath, “There’s a reason that I moved away from home; to have a family. So it’s hard.”

The performance’s script explores the ups and downs, laughter and heartbreak.

“He says, ‘I love you. Have a nice day,’” one female caregiver says about her father. “And he’s just so happy.”

In the end, the play tries to lift caregivers.

“There are so many people who do not value what caregivers do.... But it’s what you choose to do with it that makes the difference.”

“Value what you’re doing,” a caregiver says. “There are so many people who do not value what caregivers do.... But it’s what you choose to do with it that makes the difference.”

In the end, Eaton’s ethnography is meant to help caregivers identify the issues they are dealing with, places they could go for respite and generate more funding for caregiver support.

For more information: <http://portraitofacaregiver.com/>

## Appointments



**MOLLIE CUMMINS, PHD**

*Associate Dean for Research and the PhD Program*

After years of practice as an emergency room nurse and family nurse practitioner, new Associate Dean for Research and the Ph.D. Program Mollie Cummins saw the possibilities in using routinely collected healthcare data to provide decision making insight for healthcare. She has developed a model and software for bi-directional health information exchange between poison control center and healthcare facilities. She also was inducted as a fellow in the American College of Medical Informatics (ACMI) this year.



**SARA SIMONSEN, PHD**

*Annette Poulson Cumming Endowed Chair*

Research is better when the participants are able to shape it. At least, that’s what new faculty member Sara Simonsen, a certified nurse midwife, believes. With a strong emphasis on women’s reproductive care and public health, Simonsen designed a study that empowered community-based wellness coaches to help women of color reduce their risk factors for obesity.



### SUSANNA COHEN, DNP

*Hayden Vanguard Lecturer*

A longtime advocate for helping women in developing countries achieve good pregnancy outcomes through simulation training, Associate Professor Susanna Cohen was invited this year to deliver the International Nursing Association for Clinical Simulation's key speech at the annual conference in June.



### KARA DASSEL, PHD

*Fellow*

Associate Professor Kara Dassel led the college's gerontology interdisciplinary education team. Now her work on aging and the diagnosis of cognition disorders, including Alzheimer's disease, has earned the recognition of the Association for Gerontology in Higher Education, which inducted Dassel as a fellow this year.



### SARA HART, PHD

*Grant Recipient*

Using a model called hot-spotting, Associate Professor Sara Hart is guiding students to address the drivers of health and health care utilization. Her \$100,000 grant is supported by the National Center for Inter-professional Education and Practice and is funded by the Robert Wood Johnson Foundation, the John A. Hartford Foundation, the Josiah Macy Jr. Foundation and the Gordon and Betty Moore Foundation.



### BEVERLY PATCHELL, PHD

*Minority Health Advisor*

A longtime advocate for indigenous wellness, Assistant Professor Beverly Patchell was appointed to the U.S. Department of Health and Human Services' National Advisory Committee on Minority Health.



### LEISSA ROBERTS, DNP

*Distinguished Alumna*

It was just a matter of time before Associate Dean for Faculty Practice Leissa Roberts' body of work was recognized by her alma mater, the University of Wyoming College of Health Sciences (Class of '81). In a 2016 ceremony, nominators noted Roberts' 30-year career working as a certified nurse midwife and advocate for women's health, as well as a nursing educator, researcher and administrator.



### SANCHEZ-BIRKHEAD, PHD

*Grant Recipient*

Associate Professor Ana Sanchez-Birkhead has dedicated her career as a teacher and researcher to tackling reproductive health disparities for minority women. Her project with Kepka, Salud Juntos, has been funded by the National Institutes of Minority Health and Health Disparities. She also will serve on the American College of Obstetricians and Gynecologists' (ACOG) steering committee to update guidelines for women's preventive health services.



### DEANNA KEPKA, PHD

*Grant Recipient*

Some might consider it nagging, but Assistant Professor Deanna Kepka's tireless dedication to educating Utah parents and their neighbors in the Intermountain West about the dangers of HPV (human papillomavirus)—and the success of vaccinating children to protect against oral and reproductive cancers—has earned her grants from the National Institutes of Health's National Cancer Institute and the American Academy of Pediatrics. Kepka leads the Intermountain West HPV Vaccination Coalition. Another grant, from the National Institutes of Minority Health and Health Disparities, shows her passion for improving vulnerable populations' healthcare.



### JACKIE EATON, PHD

*Program Director*

Hartford Center of Geriatric Nursing Excellence Project Director Jackie Eaton has developed a unique method using theatre to reach overwhelmed family caregivers (see Page 32). Now, Eaton will lead the college's Gerontology Interdisciplinary Program while continuing her research into the uses of ethnodrama.

# Retirements



## GINNY PEPPER, PHD

*Former Associate Dean for Research and the PhD Program*

In her 13 years at the College of Nursing, Ginny Pepper oversaw the college's notable rise in rankings for research funding from the National Institutes of Health (No. 2 in 2016), the development of our distance-learning cohorts and a specialization in interdisciplinary research about cancer caregivers and end-of-life care. Together, Pepper and her research partner, Susan Beck, PhD, transformed the way many of our PhD students earn their degrees. "We're early adopters of innovations in nursing education," Pepper said. "When people come to the University of Utah, they're getting their education in the place where that knowledge is being developed."



## SUSAN BECK, PHD

*Robert S. and Beth M. Carter Endowed Chair*

Over nearly three decades at the College of Nursing, Susan Beck helped design the distance-learning innovations so commonplace in online education now. Recently, Beck led a T32 Institutional Training Program funded by the National Institutes of Health that provided interdisciplinary mentoring in cancer, aging and end-of-life care research that prepared nurses for independent academic careers. Recognized as a Distinguished Nurse Researcher by the Oncology Nursing Society in 2012, Beck devoted her career to advancing science in the management of symptoms for patients undergoing cancer treatment and improving the quality of pain management provided by nurses.



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