

INsights

UNIVERSITY OF UTAH COLLEGE OF NURSING



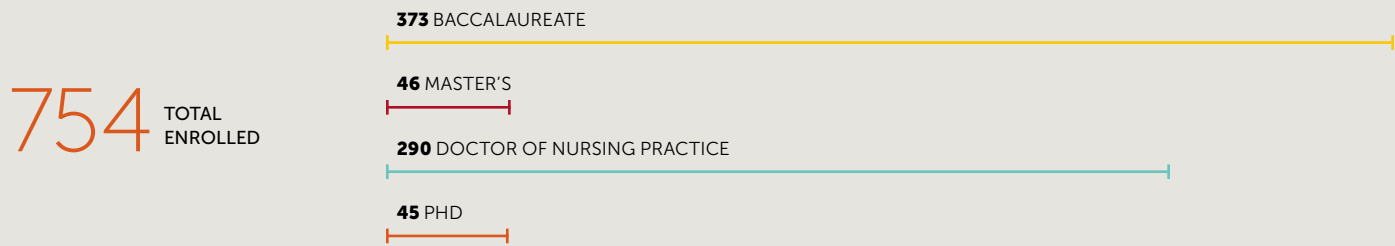
Caregivers

The quiet joy and
hidden struggle of
providing healthcare
at home

2018 ANNUAL MAGAZINE

POINTS OF PRIDE

STUDENTS



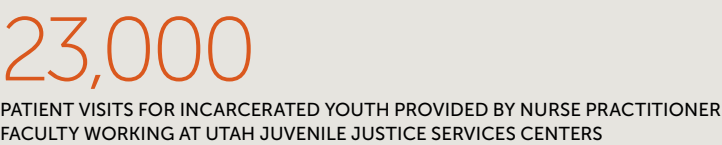
FUNDING



RESEARCH



FACULTY PRACTICE



2019 U.S. NEWS & WORLD REPORT RANKINGS OF BEST GRADUATE SCHOOLS



DEAN'S MESSAGE



A year ago, the National Institute of Nursing Research (NINR) released a strategic plan identifying four areas of focus for nursing science:

- Building the scientific foundation for clinical practice
- Preventing disease and disability
- Managing and eliminating symptoms caused by illness
- Enhancing end-of-life and palliative care

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 inter-professional 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

DEAN PATRICIA G. MORTON, PHD, RN, FAAN



INsights
UNIVERSITY OF UTAH COLLEGE OF NURSING

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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.

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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.

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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.

21

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.

25

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.

It's the doubts that haunt caregivers: The niggling 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.

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."

■ Bob Kaelberer has been caring for his wife Anne since she first showed signs of dementia in 2009.

CareGivers

Empowering the "Silent Patients"

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.

“For nearly 10 years it was an honor to care for my sister and parents. In the midst of their suffering was my sincere desire to give back, provide the best possible quality of life and help them safely out of this world. Looking back I would do it over again because of my

“She took care of me for over 50 years. Now it’s my turn to take care of her.”

Bob Kaelberer

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 Alzheimer’s disease and died two years later. After nearly a decade of taking care of first her sister and then her parents, Ms. Ward, 61 years old, says she still has not recovered—physically or emotionally.

deep love for them. But I really hope never again to relive the anxiety, fear and sleep deprivation associated with caregiving.”

College of Nursing Advisory Council Member 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.



“You take everything a day at a time. If you look at the whole picture, it’s too overwhelming.”

Sally Larkin

“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.

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.”

■ Ron and Sally Larkin’s 35-year-old son Jake was born prematurely. They worry what will happen to him if they die before he does.

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 support and create a team**
 - Professional—doctor, nurses, social workers
 - Informal—friends, family, church
 - Say “Thank you”

- ✓ **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 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

Who are America’s caregivers?

60%

FEMALE

49

YEARS OLD ON AVERAGE

7%

ARE 75 YEARS OLD OR OLDER

What do they do?

24hrs

OF CARE A WEEK, ON AVERAGE

23%

SPEND 41 OR MORE HOURS A WEEK PROVIDING CARE

57%

PERFORM MEDICAL/NURSING TASKS, INCLUDING INJECTIONS, FEEDING TUBES, CATHETER AND COLOSTOMY CARE

Who are they caring for?

65%

FEMALE

69

YEARS OLD ON AVERAGE

59%

HAVE A LONG-TERM PHYSICAL CONDITION

How does caregiving impact their health?

21%

HAD MAMMOGRAMS LESS OFTEN

55%

MISSED DOCTORS APPOINTMENTS

63%

AGED 66-96 HAD HIGHER MORTALITY RATES THAN NONCAREGIVERS



“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

■ 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.

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.

“He was so much a part of my routine,” she says. “He didn’t require constant supervision, but I planned on him living with me or someone else for his entire life. He was just so much a part of my everything that I felt empty.”

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 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.”

With a grant from the Alzheimer’s Association and Cambia Health Foundation, Caring Connections Director Kathie Supiano, PhD, is studying the impact of group therapy on caregivers at risk for, or suffering from, complicated grief after the death of their care recipient.

“The group dynamic is critical,” Dr. Supiano says. “It requires pulling together people with very disparate lives, but one common experience—caregiving—and changing behavior in a positive way, changing attitudes and understanding, and developing new skills to manage living with the loss that brought you to the group. It’s the difference between support and therapy.”

Projects like Dr. Supiano’s are the foundation of the college’s robust program of family caregiver science, says Lee Ellington, PhD, a professor and director of the College of Nurs-

ing’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.

“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 parents, Ben 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.” **N**

Sources:

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

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

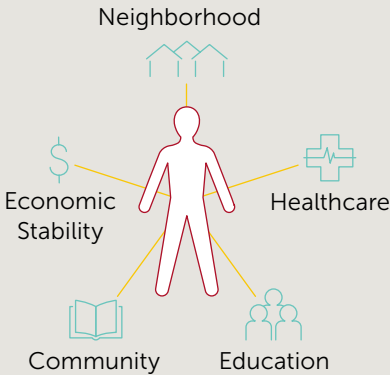
healthcare providers. Hotspotting is designed to provide both a more intensive, hands-on healthcare experience for the patients, and a unique learning opportunity for the students on the team.

“You have to shed some of your layers of training to have a conversation with a patient that’s nonmedical. It’s really counterintuitive,” 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.”

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’

The Social Determinants of Health



“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.”

Tim Farrell, MD, AGSF

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

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



■ Hotspotting students Hailey McLean, Lily Ferreira, Tamiyah Dinh and Shonti Breisch focused on the healthcare and social needs of one patient at Grace Mary Manor, Salt Lake County's subsidized housing complex for formerly homeless single adults.

"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 practicum 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

Continued on pg. 38 ►

INNOVATING —

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.

Nurse midwives with the College of Nursing's BirthCare HealthCare program pushed for the change after Danica Loveridge, DNP, CNM, focused on the issue in her doctoral project.



"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

■ 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

“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.”

Danica Loveridge, DNP, CNM

mothers in labor in 1881. Many U.S. hospitals offered the gas through the 1930s and 1940s. But that practice changed in the 1950s, when more powerful anesthetics that promised “pain-free” labor and knocked mothers out entirely pushed nitrous oxide out of favor.

Women started demanding more options starting in the 1970s, when epidural anesthesia 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. 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.”

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 Instrument Division, Parker Hannifin—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 about 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.

Continued on pg. 38 ►

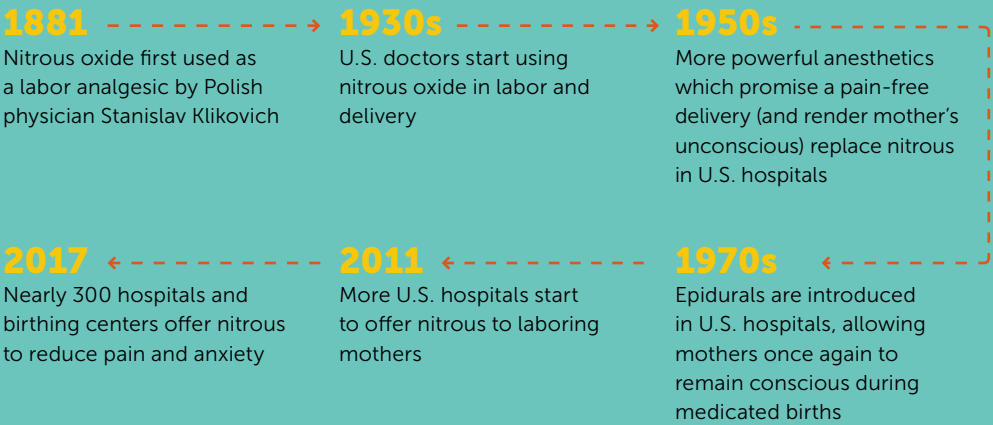
Nitrous Oxide use in other countries

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



RESEARCH

Tackling Health Disparities

Finding Answers for Disadvantaged Populations



Michelle Litchman
PhD, RN

Nancy Allen
PhD, RN

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.

THE RESEARCH QUESTION:

How does culture impact the way Mexican American and Euro-American non-Hispanic women make sense of pelvic floor support changes after they have a baby?

IMPACT:

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.



Marlene Egger
PhD

Lauren Clark
PhD, RN, FAAN

Ana Sanchez-Birkhead
PhD, RN



Deanna Kepka
PhD

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 non-profit 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.



Sara Simonsen
PhD, RN

Healthcare Workforce

Utah Lawmakers Invest \$2.6M to Prepare Future Nurses

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.

Still, Utah Nursing Consortium Program Director Teresa Garrett, DNP, RN, an assis-

■ College of Nursing Development Board Member Teresa Curtis met regularly with state lawmakers to make the case for the workforce initiative.

tant professor, said the funding lawmakers set aside is approximately the same amount UNC members requested in 2017, and gives Consortium partners a chance to further expand nursing education opportunities.

And the process established with Sen. Millner’s bill will foster continued discussion of nursing workforce issues.

“This legislation gives us a really nice pathway to keep promoting our work for the next three to five years, until we get to the funding level we think we need to educate enough nurses to meet the state’s needs,” Dr. Garrett said.

Under the new law, the Utah Nursing Workforce Information Center (UNWIC), a service of the Utah Medical Education Council will track which jobs are empty and what type of nurses are best suited to fill them—registered nurses, master’s prepared edu-

cators or doctoral level practitioners and researchers. That UNWIC data will guide future higher education appropriation requests as well as the outcomes—specific numbers of additional graduates—lawmakers expect the state’s nursing schools to document.

Dr. Garrett believes the legislation will actually help consortium members talk about difficult nursing education and workforce issues with lawmakers—including the need for

residency and mentoring programs for new graduates, clinical placements, advanced nursing education and faculty retirements.

“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 Board 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.” **N**



■ Utah Nursing Consortium Project Director Teresa Garrett shared policy talk (and smoothies) with Utah Sen. Jerry Stevenson, R-Layton.

School	Baseline Annual Enrollment	AY2022	New Baseline Annual Enrollment	USHE Funding Request
Utah	128	32	160	1,750,000
UVU	100	20	120	272800
SUU	60	12	72	200,000
Snow	40	10	50	300,000
USU	81	87	168	1,110,000
Dixie State	80	16	96	275,000
SLCC	180	40	220	315,000
Weber	343	60	403	328,400
Total	1,012	277	1,289	4,551,200

TOTAL GROWTH

275 STUDENTS

20% GROWTH IN 4 YEARS

2018-2021 Enrollment Growth Proposal

GIVING

A Legacy of Generosity

Scholarship Donors Help 1 in 5 College of Nursing Students Complete Their Educations



“Hazel has a heart of gold willing to reach out and benefit those most in need.”

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 and on delicate stationery.

Originally, she planned on giving \$10,000 a year. But in January 1999, she followed up with \$40,000. The next June, she added a \$30,000 gift. By 2013, the Robertson scholarship fund had more than \$360,000 in it.

At her death at the age of 98 last year, Ms. Robertson’s estate added another \$700,000, bringing the total endowment to more than \$1.6 million. Over the years, dozens of College of Nursing students have received Robertson scholarships.

While Ms. Robertson’s gift is larger than most, annual scholarship donations to the college start as small as \$1 or \$5. Each year, about \$1 million in individual donations and interest accrues in endowments established to generate ongoing funding for student scholarships. During the 2017-2018 school year, the college awarded 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.



■ Carl and Vanessa Laurella, PhD, RN, longtime supporters of the College of Nursing, have established an endowed scholarship in her mother's name.

Longtime Development Board and Advisory Council member Carl Laurella and former Nursing Early Assurance Program (NEAP) Director and Alumni Board member Vanessa Laurella, PhD, RN, have supported the college over many years—including sponsoring NEAP students at Honors for Nursing, renovating the third-floor reception area, and establishing the endowed Vanessa Brown Laurella Pathfinder Scholarship to support

University in 1980, then received a Master's in Nursing Administration from the University of Utah in 1986, and a PhD in 1996. "Our education has been the catalyst to provide us with great opportunities in our lives."

Although he has limited connections to nursing, Mark Griswold was inspired to give after a family tragedy. The owner of an electrical company in Huntington Beach decided to establish a scholarship at the college on behalf of his niece, who lost her pre-term son, Henry Barraclough, at 19 weeks' gestation after suffering a placental abruption and undergoing an emergency Caesarean section in April 2017 while living in Italy.

"For some reason, it just touched my soul," Mr. Griswold says. "As a dad, as a grand-dad, as a man, when you can't fix something, when it's immediately in front of you, I tend to drive this way. This is where the rubber hits the road for me: Maybe we can save someone from losing another child this way."

Mr. Griswold's daughter Natalie will graduate from the University of Utah in 2018 with a master's degree in science and public health.

Over time, Mr. and Mrs. Robertson were benefactors in many areas at the University of Utah, with endowed scholarships for the Department of Orthopaedics and the College of Health's Physical Therapy Division. They established endowed chairs in Orthopaedics, at the John A. Moran Eye Center and Huntsman Cancer Institute.

But nursing was personal for Ms. Robertson.

"Hazel has a heart of gold willing to reach out and benefit those most in need," Ms. Robertson's 1999 gift agreement with the college states.

"She had a desire to become a nurse herself, but because of financial limitations facing her, she was unable to do so. She helped and cared for family. She is now able to help others receive that nursing education that she so desired to have." **N**

first-generation college students in nursing. (The Ophelia Flores Laurella Pathfinder Scholarship for first-generation students in the College of Humanities is named in honor of Mr. Laurella's mother.)

"At the core, it's because we both are first-generation college graduates," says Dr. Laurella, who graduated from Idaho State



Bridging the Gap 2017-2018 School Year

\$1.1 M TOTAL IN SCHOLARSHIP FUNDING DISPERSED

134 STUDENTS

25 PHD (7 Jonas Scholars)

55 DNP (3 Jonas Scholars)

4 MASTER'S

41 UNDERGRAD

ALUMNI

Dare to Care Award Winner

A Leader Emerges from Controversy with a Mission

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 Utah 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."

■ Alex Wubbels, RN, received the Dare to Care Award at the 2018 Honors for Nursing for her advocacy of patient and nurse safety.

HALF CENTURY



■ The first 30 Half Century Society inductees--members of the College of Nursing classes of 1947 through 1967--gathered during Alumni Weekend 2017.

The college's first Alumni Weekend gathering with graduates, their families and friends started in 2017 with a new Half Century Society for members of the classes of 1947 through 1967; the first Young Alumni Award; a reunion for all the classes on the "Sevens;" and the unveiling of the Faces of Nursing mural.

Each year, another class of graduates will be inducted into the alumni society. And in 2023, the college will celebrate its 75th Anniversary.

Introducing

LISTEN

A NEW PROGRAM BY THE ALUMNI ASSOCIATION

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



GIVE NOW

"I want to make sure this never happens again."



"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

"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.

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.

"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." **N**



"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; Dean 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.



ALUMNI —

CLASS OF 2007



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.



■ Anmy Mayfield, Debra Jamison, Emily Hardy, Daisy Khuu-Steneck, Lisa Ashton and Amber Pavlovich.

DISTINGUISHED ALUMNI AWARD

Kathleen Kaufman might have been a chemist--bent over a lab counter, working on quantitative analysis of plywood adhesive and oil and gas refinement.



■ Kathleen Kaufman, MS, RN, Class of 1987, received the College of Nursing's 2017 Distinguished Alumni Award in recognition of her long career as an educator and advocate for nurses.

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 young family west. 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."

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,"

Continued on pg. 38 ►

YOUNG ALUMNI AWARD

The daily degradations 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 Coordinating 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." N



■ Amy Hartman, RN, a graduate of the Class of 2004, received the college's inaugural Young Alumni Award during Alumni Weekend 2017.

FACES OF NURSING



■ Faces of Nursing donors Joe and Margaret "Pinky" Viland.

■ The Faces of Nursing Mural includes more than 2,000 individual portraits of College of Nursing alumni, faculty and staff.



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." **N**

FACULTY APPOINTMENTS



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.



Lee Ellington, PhD

Robert S. and Beth M. Carter Endowed Chair

Dr. Lee Ellington 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.



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 organismic 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

FACULTY RETIREMENTS

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 Kihara, MS, RN, Assistant Professor

Assistant Professor Diane Kihara, 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. Kihara 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.



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.





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



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)



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



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



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



AWARDS

AACN Award: Integrating Nursing Education Into a Health System

By design, academic health centers are built with siloes— independent health education institutions, separated first from clinics, then from the larger health system and, ultimately, from payers and insurance companies.

Eventually, of course, all the disparate parts have to come together to provide the best patient care. But breaking down the built-in structural divisions is easier said than done.

In 2016, the American Association of Colleges of Nursing released a report from Manatt Health, “Advancing Health-care Transformation: A New Era for Academic Nursing,” calling for significant changes in the way nurses are integrated into health systems. And in 2017, the University of Utah College of Nursing received AACN’s inaugural “New Era Award” as the nursing education institution that has made the most strides integrating into a health center.

“This award recognizes all the hard work of our clinicians and academic faculty to work as partners with our

colleagues in the University of Utah Health system,” said Dean Trish Morton, PhD, RN. “This truly is a group effort to work more efficiently, collaboratively and innovatively within our interdisciplinary teams.”

As the healthcare providers often closest to the patient, AACN leaders say, nurses have a unique role to play in healthcare transformation.

“Nurses serve a central role in the management of AHC’s patients and their families,” the Manatt report said. “Health system leaders should look to nurses to lead and support prevention and wellness programs, new models of care delivery, continuity across transitions in care settings, and integration with home and community based services and resources.”

In a 50-page report, College of Nursing administrators documented efforts to form strong partnerships within the University of Utah Health system, including a robust faculty practice, extensive nursing research and interdisciplinary care at system clinics.

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)

Researcher	Project	Funding Agency	Grant
Kristin Cloyes Lee Ellington	Cancer Caregivers Interactions With The Hospice Team: Implications For End of Life and Bereavement Outcomes	National Institutes of Health (NIH) R01 Supplement	\$100,000
Susanna Cohen	Improving Quality of Obstetric and Neonatal Care Through Mentoring and Simulation Training: A Collaboration in Bihar and Uttar Pradesh	University of California, San Francisco Bill & Melinda Gates Foundation	\$325,177
Lee Ellington Kathleen Mooney	Interdisciplinary Training in Cancer, Aging and End-of-Life Care	NIH National Institute of Nursing Research (NINR T32)	\$1,782,880
Deanna Kepka	Statewide Assessment of HPV Vaccination Among Childhood Cancer Survivors	NIH National Cancer Institute (NCI)	\$152,000
Gwen Latendresse	Telementalhealth: A Promising Approach to Reducing Perinatal Depression in Utah’s Rural & Frontier Communities	Utah Department of Health	\$298,458
Michelle Litchman	Driving Out Diabetes, A Larry H. Miller Wellness Initiative Medical Director, Diabetes One Day Education and Care Program	Larry H. and Gail Miller Family Foundation	\$410,062
Katherine Supiano	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 Group Therapy For Dementia Caregivers At Risk For Complicated Grief.	Cambia Health Foundation Alzheimer’s Association	\$127,660 \$149,999
Jia-Wen Guo	Personalizing Cancer Pain Care Using Electronic Health Record Data	NIH National Institute of Nursing Research (NINR)	\$286,542

Hotspotting Continued from pg. 14

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 meaningful 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.” **N**

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

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 Love-ridge’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.” **N**

Distinguished Alumni Continued from pg. 28

he writes, “and because of that, she has become a strong voice, able to push Utah policy in the direction of compassion for patients, to make sure that the voice of nursing is heard and treated with respect by Utah policymakers.” **N**

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