

WHY NURSING?

ANNETTE CUMMING,
CLASS OF 1968, AND
OTHERS EXPLAIN

75TH ANNIVERSARY

THE COLLEGE
CELEBRATES SEVEN
DECADES OF
EDUCATING FUTURE
NURSES IN 2023

POINTS OF PRIDE

STUDENTS

754 TOTAL ENROLLED

373 BACCALAUREATE

46 MASTER'S

290 DOCTOR OF NURSING PRACTICE

45 PHD

FUNDING

\$2 MILLION

IN DONOR FUNDING

\$1M

in student traineeships,
scholarships, fellowships

\$1M

in state
legislative funding

8

endowed
chairs

RESEARCH

#24

NIH FUNDING
(among 800 Colleges of Nursing)

\$30 MILLION

TOTAL GRANT PORTFOLIO

FACULTY PRACTICE

600

BABIES DELIVERED BY
FACULTY MIDWIVES

6,000

PERSONAL CONTACTS THROUGH CARING
CONNECTIONS GRIEF GROUPS

2,000

SAME-DAY VISITS FOR UNIVERSITY
EMPLOYEES AT REDMED CLINIC

22,000

PATIENT VISITS FOR INCARCERATED YOUTH PROVIDED BY NURSE
PRACTITIONER FACULTY WORKING AT UTAH JUVENILE JUSTICE SERVICES
CENTERS

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

#6

NURSING INFORMATICS
SPECIALTY TRACK

#9

NURSE MIDWIFERY
SPECIALTY TRACK

#21

DOCTOR OF
NURSING PRACTICE

#30

COLLEGE OF NURSING
GRADUATE PROGRAMS

DEAN'S MESSAGE



The University of Utah—and the College of Nursing—are at a dynamic time in our history.

With a new administration at the university and in Academic Health Sciences—led by President Ruth Watkins—there is a renewed sense of energy, unity and recommitment to our core values. I am so honored to be serving as interim dean during this time.

In 2023, the college will celebrate 75 years since being established as an independent institution within the University of Utah. In 1948 as nursing

was shifting away from certificate and hospital-based programs, University of Utah leaders saw the wisdom of establishing an individual degree in nursing at precisely the right time.

The College's leadership as an innovative nursing education institution continued, with the establishment of our baccalaureate degree nursing program in 1955, the nurse-midwifery program in 1965, our nurse practitioner program in 1974 and a PhD program in 1977. In the ensuing years, the College has become the flagship nursing school in Utah; we truly "educate the educators." Over the past eight years alone, the College has prepared more than 50 advanced degree nurses who have gone on to teach at other Utah universities.

We here at the College are very proud of that legacy—and we intend to continue our work advancing exceptional nursing education, practice and research. In this magazine you will read about our stellar students and alumni, a new holistic admissions process, our commitment to care for undocumented and uninsured patients, and faculty researchers' amazing uses of technology.

Please join me in celebrating (a little bit early) our 75th anniversary! We would love to hear from you, our College of Nursing family, about your experiences as students, alums, donors, faculty and friends as we prepare to tell our story.

A handwritten signature in black ink that reads "Barb".

DEAN BARBARA WILSON, PHD, RN
INTERIM DEAN AND ASSOCIATE PROFESSOR
ASSOCIATE DEAN FOR ACADEMIC PROGRAMS



INsights
UNIVERSITY OF UTAH COLLEGE OF NURSING



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CELEBRATING

In four short years, the College of Nursing will celebrate its 75th Anniversary. In the more than seven decades since the college was established, nursing education has shifted from hospital and certificate-based programs to advanced degrees. Along the way, our students and alums have accomplished incredible things. It's time to take note.

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INNOVATING

With the incoming Class of 2020, the College shifted to a new Holistic Admissions process designed to consider the “whole” student—their life experiences, values and service—while eliminating opportunities for unconscious and overt bias. Admission is less about GPA and test scores.

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STUDYING

With nurses' focus on patients and their family members, College of Nursing researchers are studying ways to use smart technology and data to improve cancer patient chemotherapy symptoms, reduce post-partum depression, document nursing home residents' wishes for end-of-life care, and help people with diabetes better track their blood sugar and insulin.

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LEVERAGING

With generous “seed funding” from the Dr. Ezekiel and Edna Wattis Dumke Foundation and the Lawrence T. and Janet T. Dee Foundation, College of Nursing faculty led the Utah Nursing Consortium's efforts to leverage donor gifts in a successful statewide nursing workforce initiative.

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LEADING

May Farr, a graduate of the Class of 1952, will receive an Honorary Doctorate from the University of Utah at Commencement this year. Read about May and James Farrs' tireless efforts to improve medical devices and healthcare for those with mental disorders.

Educating Utah's Nursing Educators

6 nursing.utah.edu

Like most U.S. nursing education institutions, the University of Utah College of Nursing's history evolved along a familiar trajectory—from certificate to diploma.

But along the way, something changed. College administrators and faculty stopped following national trends and started pushing the boundaries of traditional nursing education. And that, longtime faculty, administrators and graduates will tell you, made all the difference.

In 2023, the College will celebrate the 75th Anniversary of its 1948 founding. And while there are three decades of history that predate that formality—including partnerships in certificate-based programs at LDS Hospital and the Salt Lake County Hospital beginning in 1913—the date is important. It connotes the kind of deliberation and forethought that has guided the College to become Utah's flagship nursing education institution.

"The College of Nursing is a remarkable place," says Barbara Wilson, interim dean. "We're really uniquely positioned to lead nursing in the state."

But first, some history:

Nursing education over the past 200 years typically grew out of necessity. Florence Nightingale and Clara Barton are credited with initiating the first professional training of nurses, mostly women, on the 19th Century battlefields of the Crimean Peninsula and the southern United States during the Civil War.

At the turn of the 20th Century, public and religious hospitals employed nuns and others to provide care for patients, eventually offering certificates to their "graduates." Community organizations sent frontier nurses into rural America to provide public health care. And academic nursing began to take shape in the 1920s and 30s—not coincidentally after women received the right to vote with the 19th Amendment.

The College of Nursing was no different, largely developing along those historic trend lines. But then College faculty and administrators started to push. They formalized nurse-midwifery education, establishing the first academic midwifery program west of the Mississippi in 1965. In 1969, faculty, staff and students moved into their own building on the Health Sciences campus. The College started offering doctoral degrees in 1977 and raced the University of Maryland to establish the first nursing informatics program in the country in 1990. Meanwhile, College faculty worked to expand nurses' ability to practice at the tops of their degrees, spoke out for nursing workforce initiatives, and advocated for student diversity that would expand the cultural competency of College of Nursing graduates to better reflect the patient populations they served.

Vision

Dean Linda Amos' (1980–2000) Hopes for the College of Nursing at its 50th Anniversary

"My vision for the College of Nursing is as a community of scholars creating the future of nursing and health care. Our mission is to create internationally recognized excellence in nursing and gerontology..."

The College is a community of scholars committed to the discovery, organization, and transmission of knowledge that benefits nursing and the health status of individuals, families and society. The community is characterized by integrity, caring, and a climate of mutual respect, ethical behavior, and interdisciplinary collaboration...

Faculty models for curriculum in all programs will be systematically revised, updated, and on the cutting edge. Centers of excellence in women's health, gerontology, grief and bereavement will have a high quality and integrated approach to pulling together the missions of education, research, and service...

We will be not only in the top 10% of graduate nursing programs in the country, but in the top 5%...

Our diversity will be wide, incorporating individuals with a variety of perspectives and backgrounds to enrich our programs...

Our aspirations are high, our goals ambitious, and all are based on our values and commitment to becoming "the community of scholars creating the future of nursing and health care."

Those advancements of nursing practice and healthcare policy distinguished the College as a leader among its peer institutions in the state, the Intermountain West and beyond. At the College's 50th Anniversary in 1998, then-Dean Linda Amos noted the circumstances that made it possible:

"Through the years, the University of Utah College of Nursing has changed, grown and helped to shape [an environment of community-based and primary care nursing] for this region," Amos said.

"This has occurred primarily because of the encouragement, support and resources available to develop clinical practice groups, to participate in and provide the nursing services to rural and outreach clinics, and concurrently, to provide greater emphasis on our clinical research in the practice areas."

Along the way, faculty and staff have innovated, advancing online instruction and simulation learning well before the rest of higher education. Over the years, the College has used at least five iterations of interactive videoconferencing technology—starting with EDNET, which

Amos mentioned in her 1998 interview, Webex, Jabber, Acano and now Cisco Connect. The RN-to-BS program is entirely online in an asynchronous format; and the College's PhD cohorts participate in their educational program in mostly synchronous platforms. With the help of generous donors, the Simulation Learning Center provides high-definition mannequins and virtual reality scenarios to let students practice and master routine clinical skills long before they ever touch a patient.

The College's faculty practice also has blossomed over the decades. BirthCare HealthCare nurse midwives deliver more than 600 babies a year. Nurse practitioners provide care for incarcerated youth in 22,000 clinic visits and 2,000 same-day visits at the University of Utah's RedMed employee clinic. Faculty therapists and Caring Connections volunteers provide mental health care and group therapy in more than 6,000 patient encounters. Overall, faculty practices generated more than \$5.3 million in clinical revenue for the College in 2017-2018.

Meanwhile, the College has garnered national attention. In 2016, College researchers' projects earned a No. 2 ranking for overall funding

College of Nursing History

1913



First diplomas offered (through collaboration with the Salt Lake County Hospital and LDS Hospital)

1941

Department of Nursing Education was created within the University of Utah School of Education

1948



College of Nursing established

Dean Hazel Maquin (1948-1953)

from the National Institutes of Health (NIH), a remarkable achievement given the more than 800 nursing programs in the nation. The next year, the American Association of Colleges of Nursing (AACN) recognized the College with the first AACN New Era in Academic Nursing Award for the integration of nursing within health sciences.

And last year, AACN once again awarded the College of Nursing with another national award, the Exemplary Faculty / Practice Partnership for care provided in State Juvenile Justice Services facilities. At the same time, AACN acknowledged the College for leading with a new Holistic Admissions process.

Each progression and initiative of the College leads back to a fundamental mission: Educating nurses. And students—from the classes of the 1940s onward—mention the excellent education they wanted when they applied to the University of Utah.

"According to everyone I talked to, the University of Utah's nursing program is the best in the state. It has the best instructors and professors, and graduates are very well-prepared to move into

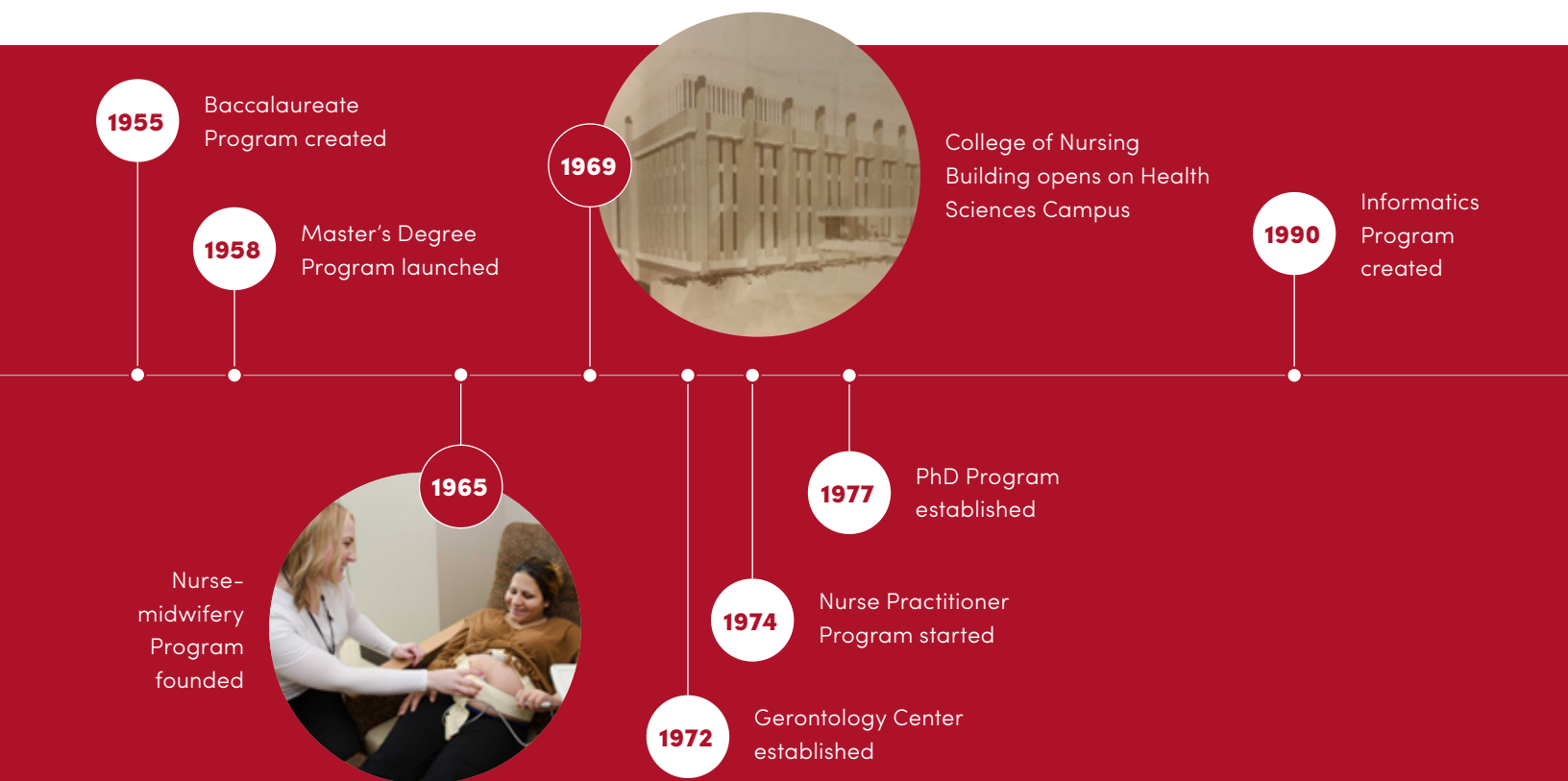
their future practice as registered nurses," says Chris Rowley, a U.S. Marine veteran of the war in Afghanistan and member of the Class of 2019.

Class of 1961 graduate Carol E. Davis, emeritus dean and founding director of Florida Gulf Coast University School of Nursing in Ft. Myers, credits the College with preparing her to pursue a PhD at Case Western University in 1991. Davis taught at the College as well as Weber State University and the University of South Carolina.

"The University of Utah was known nationwide," says Davis. "I was so ready for the doctoral program—and that was because of my colleagues at the College of Nursing. I knew nursing history, theory and the foundations of research."

Now, as the College nears the 75th Anniversary milestone, Office of Advancement staff will begin gathering this unique history, reaching out to alums, faculty, staff and current students for their stories. And in 2023, Alumni Weekend celebrations will focus on marking the College's unusual leadership role in nursing education.

"We have so much of our history to be proud of," says Wilson, "and the future is very bright." **N**



Who We Are



Bhagawat Acharya, RN
Class of 2018
Hometown: Salt Lake City, Utah

Enrolled in DNP program, Fall 2019

Born in Bhutan and raised in a refugee camp in Nepal for 18 years, 34-year-old Acharya and his family eventually emigrated to the United States in 2008. He worked for five years as a janitor and then as a nursing aide while studying to become a registered nurse at Salt Lake Community College, before eventually enrolling in the College's RN-to-BS Program. Last year, Bhagawat received Moran Eye Center's international

scholarship and travelled to Tanzania with the center's humanitarian mission.

"I always wished I could do something to mitigate the situation of the people in my refugee camp," he says. "All of my experiences impacted me and inspired me to go into the medical field and help the needy. As a nurse practitioner, I will be able to make a bigger impact on the wellbeing of individuals and their communities."

With a winding path through theater, work as a TV camera operator and certification as a welder, 49-year-old Alm found nursing (or it found her) when she cared for her husband Craig, who died in 2010 after being diagnosed with a brain tumor two years earlier. The holistic approach of nursing stuck with her, she says.

"Craig was always a person to them, first and foremost. He was never just a collection of symptoms, or a disease to be battled, or something to be fixed," Alm says.

"I think Craig would be proud of the new direction my path has taken," she adds. "I believe that he would be happy that I am choosing to come alongside people with mental illness, who also struggle to be understood and must often learn to live and cope with their health problems, instead of battling against them."



Melissa Alm, RN
Class of 2015
Hometown: Salt Lake City, Utah

Doctor of Nursing Practice in Psychiatric/Mental Health Student



Annette Cumming, RN, MBA
Class of 1968
Hometown: Salt Lake City, Utah; Jackson, Wyoming; Palm Springs, California

Retired Nurse; Business Executive, Leucadia National Corp.; and Planned Parenthood Federation of America National Board member

When Annette Cumming was growing up, there were three choices for women who wanted to go to college: teacher, secretary and nurse. She picked the one she thought would be most interesting. Cumming, 72, first worked at University Hospital in the ICU for a few years before marrying and moving to Louisiana, where she worked in several hospitals. Her experience as a nurse inspired her passion for women's reproductive health care and choice.

"My whole interest in the beginning was to prevent teen pregnancy and the practice of forcing teen girls to marry. It just seemed so sad—a terrible way to start out," Cumming says. "Now, it has only gotten more complicated with the legal and education issues. I find it fascinating."

In 1978, she married businessman Ian Cumming. Together, they donated \$5 million in 2010 to help with the renovation of the College of Nursing Building. And Cumming has established a presidential endowed chair in Women's and Reproductive Health.



Victoria Tiase, MSN, RN-BC
Class of 2020
Hometown: Manhattan, New York City

Nurse Informatician at New York-Presbyterian Hospital;
 PhD Student; Jonas Nurse Scholar 2018-2020; Appointed to
 Academy of Medicine 2020-2030 Future of Nursing Study

“Soon after completing my MSN from Columbia University, I led hospital-wide, patient-facing technology efforts. In that role, I quickly realized the potential for mobile health innovations to connect with patients between visits and coordinate care in new ways,” says Tiase, 46. “I decided to pursue my PhD to obtain the research skills needed to optimize the use of patient-generated health data for the greatest impact on nursing practice. Due to

creative and experienced informatics researchers, the University of Utah was an easy choice.

“I find the synchronous, year-round distance learning platform with a tremendously supportive cohort to be very manageable with a busy lifestyle. My mentors are exceptional, and not only support my scientific pursuits, but encourage my leadership growth as well.”

Over her long career, Cipriano has been a clinician, a professor and a health system administrator—first at University of Utah Hospital, next the Medical University of South Carolina and then the University of Virginia. In, 2010, she was named the National Academy of Medicine’s Distinguished Nurse Scholar-in-Residence. And five years ago, she was elected president of the American Nurses Association.

During two terms as president, she has spoken out about keeping patients and staff safe during threats

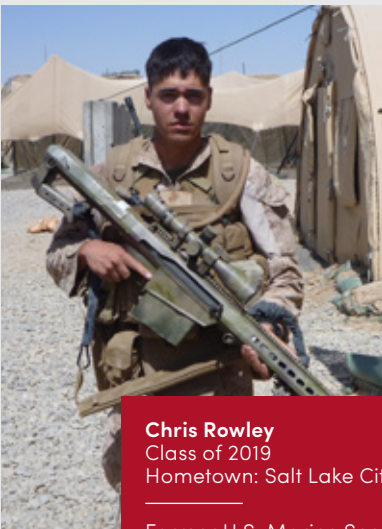
like Ebola virus; promoting healthy, safe and ethical practice environments; eliminating workplace violence; and advancing healthcare reform, more specifically, protecting Obamacare.

“When people can’t afford health care, they may delay getting needed care, putting off important preventive services and treatment for acute problems,” she says. “Nurses care about healthcare coverage as a social responsibility.”



Pam Cipriano, PhD, RN, NEA-BC, FAAN
Class of 1992
Hometown: Charlottesville, Virginia

35th President of the American Nurses Association,
 University of Utah Distinguished Alumni 2017



Chris Rowley
Class of 2019
Hometown: Salt Lake City, Utah

Former U.S. Marine Sergeant, Purple Heart Recipient,
 2018 University of Utah Veterans Day Honoree

Christopher Rowley enlisted in the Marine Corps Infantry in 2008. Three years later, while on a mission in Afghanistan, he was shot in the leg. “The physical therapy of learning how to walk again was grueling, but the anger of not being able to take care of my Marines overrode the pain.” He ultimately rejoined his team, but in 2017, due to worsening combat injuries, Rowley was discharged and enrolled in the College of Nursing.

“It’s hard to match the sense of accomplishment found in the military. Sometimes, when I returned from a mission or patrol in Afghanistan, I would think to myself ‘All of my guys made it back to base alive, I did my job today.’ That’s one reason I chose nursing,” 31-year-old Rowley says. “At the end of the day, a nurse really has that sense of accomplishment – I made a difference in someone’s life today, I did my job.”

HOLISTIC ADMISSIONS

Considering The “Whole” Applicant



Julia Packard applied—over and over, it seemed—to study at the University of Utah College of Nursing.

She graduated with an associate’s degree in 2015 and works as a 911 emergency dispatcher, but it took four tries (including the time when directions on how to complete a background check went to an old email) for the 26-year-old to be admitted to the college. Over the years, Packard watched the application process change—from a typical, GPA-ACT score-resume-and-references model to a new “holistic admissions” process, which includes videotaped questions and answers, and renewed focus on leadership and volunteerism.

Packard credits the changes with advancing her admission. “I was ready to give up,” she says. Holistic admissions “is probably what saved me.”

Packard will graduate with a bachelor’s of science in nursing degree in the Class of 2020—the first full cohort of nursing students to have gone through the rigorous vetting.

In the highly competitive world of nursing school enrollment, a successful application can be part magic, part strategy. The American Association of Colleges of Nursing (AACN) estimates nursing schools turned away more than 56,000 qualified applicants nationwide from undergraduate programs in 2017. With more than 400 applicants for just 144 open spots each year in the pre-licensure nursing program, the University of Utah College of Nursing’s admissions process has become equally daunting. In an effort to even the playing field, college faculty and staff have worked over the past two years to fine-tune a model meant to make admission accessible and fair to all students, eliminating the possibility of unconscious and overt bias, while also boosting diversity among the college’s student body.

“Traditionally, admission criteria was based on a GPA and test scores and that was it. Never mind that you were unbelievable in every other facet of your life, but maybe you didn’t get a 4.0,” adds Sherri Evershed, an assistant professor who led the College of Nursing task force that developed the program in the fall of 2017. “We want to look at all the qualities of an applicant, in other words, we want to look at the “whole person.”

Over several months, the task force adopted a four-phase process, starting with the basics—a minimum 3.0 GPA, professional references, work history and prerequisites—and ending with those videotaped segments and final review by the Baccalaureate Admissions and

Advancement Committee. Those who don't meet the initial requirements are eliminated from consideration. Those who do, move on.

"Although that seems quite rigid, everybody has the same directions and the same requirements," says Connie Madden, assistant dean for the baccalaureate program and student services. "It's one step in moving forward."

Phase Two consists of applicants answering questions about their work, service and educational history. Applicants are asked to describe how they have provided service to others, demonstrate responsibility, meet deadlines and use time effectively. References are required to rate each applicant's organizational skills, teamwork and emotional maturity. References from supervisors are rated higher than those from co-workers, colleagues, family members or friends.

Next, potential students are required to respond in writing and in videotaped responses to four questions about respect, integrity, responsi-

bility and compassion. The questions range from, "Describe how you work with people of diverse backgrounds," to, "Describe something you have learned from caring for and helping others." Applicants' answers are rated based on a rubric. Then undergraduate faculty evaluate them on other characteristics such as non-verbal communication, appearance, grooming, posture and confidence.

If faculty are concerned about a student, they flag the application and two additional faculty review the issue. Finally, each student's application is sent to the Baccalaureate Admissions and Advancement Committee for a final phase of review.

Evershed says the new process makes the line between a successful application and an unsuccessful one very clear, leaving little room for



"I applied a couple of times and didn't get in. I was ready to give up," she says. Holistic admissions "is probably what saved me."

Julia Packard, 26, Class of 2020



"We want to look at each applicant's unique experiences. This new admissions process considers the whole person."

Sherri Evershed, Assistant Professor



"When I found out GPA wasn't the only consideration, I decided I had to start doing other things. You have to try to strike a balance between leadership, volunteerism and academics. My GPA went down as a result. I kept thinking: Is this enough? Is what I'm doing enough? At the same time, it's good that it's vague. If you overthink it, you might not be true to yourself."

Sarah Czaja, 20, Class of 2020

debate among the reviewers and saving faculty and prospective students precious time.

"We looked at this very hard," she says. "We have return missionaries, attorneys, NFL players, and refugees applying to our college. Because we have such a diversity of applicants, our goal is to give them all the same opportunity to join our program. We want to look at each applicant's unique experiences. This new admissions process considers the whole person."

AACN has encouraged nursing schools to adopt holistic admissions as a way to consider the whole student's experience, while simultaneously improving diversity among the nursing workforce. A survey by the Urban Universities for Health of schools that use the more complex application process found that holistic admissions boosts the numbers of underprivileged and minority students at schools while not significantly decreasing average GPAs, test scores and graduation rates. National Institutes of Health (NIH) researchers report that holistic admissions processes have been adopted by 93 percent of dentistry schools, 91 percent of medical schools, 82 percent of public health schools, 78 percent of pharmacy schools, and 47 percent of nursing schools.* The University of Utah School of Medicine also uses holistic admissions. AACN calls the College of Nursing a "top leader in the country" for its new application process.

The new review process is not meant to disadvantage obviously bright, accomplished



"I hated doing the videos. It was nerve-racking. I met with two advisors to help me work on my answers. But looking back, I think the reviewers truly got to know the person, to know me."

McKenzie Murray, 22, Class of 2020

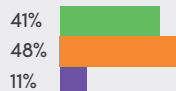
With Holistic Review: Student Success Measures

Incoming Class Academic Measures

Average GPA of the incoming class (N=37)



Average standardized test score of the incoming class (n=127)



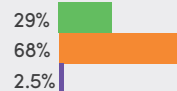
Student Retention

Graduation Rate (N=104)



Student Academic Performance

Average GPA of the graduating class (N=79)



Average number of attempts needed to pass required licensing exams (N=87)



■ Increase ■ Unchanged ■ Decrease

Source: Urban Universities for Health

“In healthcare, where we have to prepare providers who have the ability to better care for complex patients from diverse populations, we have to do something different.”

Barbara Wilson, Dean

students, says Dean Barbara Wilson. It's simply an effort to level the playing field. “Holistic admissions allows students from educationally or socially disadvantaged backgrounds to have an equal chance with others who may have had the advantage of growing up economically comfortable,” she says. In the end, it's all about excellent patient care. As patient populations become more diverse, nurses need to be able to provide culturally appropriate and sensitive care. Nationally, African and Hispanic Americans are the fastest-growing segments of the U.S. population, but account for just under 17



“It was a little daunting. I’m older. I was in the Army for six years, all over—El Paso, Afghanistan, Washington. I’ve got kids. I spent the past three years taking care of them while my wife was deployed in the Air Force. I felt at a disadvantage. But I still made it!”

Jared Richardson, 31, Class of 2020

“We’re striving to ensure that the graduates we produce are more representative of the populations that we serve. The only way to do that was to take a critical look at our admissions processes.”

Barbara Wilson, Dean

percent of nurses and 6 percent of physicians according to a study from the Association of American Medical Colleges.** By 2050, minority populations are projected to account for more than half of the country’s population.

“One criticism of healthcare has always been that the providers don’t represent the patients that they serve. For example, nurses have traditionally been women, and white women,” Wilson says. “The disadvantage to the patient is that we don’t look like them, we don’t represent them, and we may not completely have the cultural background to understand them.

“We’re striving to ensure that the graduates we produce are more representative of the populations that we serve,” she adds. “The only way to do that was to take a critical look at our admissions processes and ensure that we are still maintaining the rigor of our programs while allowing more diverse students an equal opportunity to be admitted.”

Research Team Hopes to Recruit and Retain More Diverse Studentbody



■ Rebecca Wilson, PhD, RN
Marla De Jong, PhD, RN, FAAN

Utah’s nursing workforce does not reflect the state’s increasingly diverse population.

That gap can lead to one-size-fits-all care and diminished health outcomes as cultural cues and sensitivities are missed, or sick patients stay home from clinics and the hospital entirely.

Using a \$1.5 million grant from the Health Services and Resources Administration (HRSA), professors Marla De Jong and Rebecca Wilson are studying health workforce diversity over the next two years. The project, Partnering for Success of Diverse Students: Investing in the Future of Nursing, will combine a student recruitment and retention program developed by the American Association of Colleges of Nursing (AACN) along with holistic admissions practices, adaptive tutoring, culturally-aligned mentoring and tailored financial support for baccalaureate students.

“It’s really about getting the nursing workforce to represent the community that we live in,” says Wilson, an associate professor, “because we know that helps with health outcomes in the end.”

For example, Utah’s Hispanic/Latino residents make up about 14 percent

of the state’s total population and just over 22 percent of Salt Lake County’s population, but just 2 percent of registered nurses in the state are Hispanic/Latino. At the same time, Utah’s refugee population increases by about 1,000 people each year, with up to 35,000 currently living in the state—the vast majority in Salt Lake County.

“We have embraced our responsibility to recruit diverse students and provide an inclusive learning environment that will position our graduates well to provide patient-centered care to Utah’s increasingly diverse population,” says De Jong, chair of the college’s Division of Acute and Chronic Care.

Scholarships will be provided for up to 40 baccalaureate students a year over the three years of the project.

Use of Holistic Review

Percent of schools that self-report using holistic review, by primary degree program

Source: Urban Universities for Health



Several College of Nursing faculty are working on two other projects that will improve the scope of nursing education and boost diversity among the student body (see below). “We know that if we continue to use the same metrics we’ve always used, we’re going to continue to end up with the same students we’ve always admitted,” Wilson adds. “But in healthcare, where we have to prepare providers who have the ability to better care for complex patients from diverse populations, we have to do something different.” **N**

*Urban Universities for Health. (2014). Holistic admissions in the health professions. Retrieved from http://urbanuniversitiesfor-health.org/media/documents/Holistic_Admissions_in_the_Health_Professions.pdf

**Association of American Medical Colleges. (2006). America needs a more diverse physician workforce. Retrieved from www.aamc.org/download/87306/data/

Expanding Primary Care Training Throughout Utah



■ Linda Edelman, PhD, RN

Along the urban core of Utah’s population centers, most patients have their pick of primary healthcare providers—from physician assistants, nurse practitioners and physicians.

But in rural and underserved parts of the state, many rely on medical assistants for critical preventive care and screenings. A \$2.8 million training grant

managed by Professor Linda Edelman will better prepare undergraduate nursing students to provide that care.

Over the next four years, Edelman and a team of College of Nursing faculty will use a Nursing Education, Practice, Quality and Retention (NEPQR) grant from the Health Resources & Services Administration (HRSA) to weave primary care education and skills throughout the college’s BSN programs. The goal, Edelman says, is to teach registered nurses to lead care coordination and care management while promoting patient health and self-care. Integrating preventive care in undergraduate education is simply returning to the foundations established by nursing’s founders, she adds.

In partnership with the Association for Utah Community Health (AUCH), the Area Health Education Center (AHEC) and HealthInsight, Edelman’s team will

work with more than 50 community health clinics to increase access to preventive care for residents of rural and underserved areas of the state. All or parts of all 29 counties in Utah qualify as medically underserved areas or populations.

“As our population is aging, there is more need for that primary care focus,” Edelman says. “If all individuals have good primary care, they will utilize fewer resources within the acute care setting.”

Edelman’s team will spend the next year developing curriculum changes. Three cohorts of nursing students will be admitted in the fall of 2019—20 Nursing Early Assurance Program (NEAP) students, 16 primary care-focused BSN students, and 18 primary care RN to BS students. The grant runs through 2021.

PROVIDING ACCESS

College Midwives Offer Essential Care



■ Two-year-old Kevin shows certified nurse midwife Christina Elmore how he counts, as his parents watch. His mom, Mishelle, visited University of Utah Health's South Main Clinic in March for a prenatal visit.

At her son Fabian's six-week checkup, Elisabeth has a list:

Pain in her neck and shoulder. Tenderness around her Cesarean Section incision. And, after giving birth to four girls—20, 17, 16, and nine years old—and their baby brother, she would like to get an Intrauterine Device (IUD) to prevent further pregnancies.

With her newborn in her lap, and nine-year-old Dulce sitting by her side, Elisabeth listens intently as Doctor of Nursing Practice student Erminia Martinez describes how to care for her incision and massage her shoulder.

"After many babies, and a C-section, it's not unusual for bleeding to continue for a few weeks," Martinez says.

Elisabeth is one of hundreds of undocumented and uninsured patients cared for each year by the College of Nursing's BirthCare HealthCare (BCHC) faculty practice. In 2016, nurse mid-

"It's so scary for so many people; they appreciate and are grateful for, any care. And everyone deserves to get the same level of care, regardless of their circumstances."

Erminia Martinez, DNP Student

wives took over providing care for South Main Clinic patients from University of Utah Health Obstetrics and Gynecology doctors. Each year, nurse midwives provide primary and prenatal care to low-income women in 2,500 annual patient visits. About one-fourth of South Main's patients qualify for Medicaid. And more than half are self-pay, or uninsured.

This particular clinic, says Christina Elmore, a certified nurse midwife and assistant professor, is a bustling training ground for future midwives. Many of the patients are immigrants from Central America and southern Mexico.

"These women teach me Spanish every day," Elmore adds. "And for students drawn to international work, being able to see how we can help people from diverse backgrounds is invaluable in teaching critical thinking, second languages and the cultural competencies necessary to work in an increasingly diverse healthcare system."

Mishelle, 24, is here for a prenatal visit with her 2-year-old toddler, Kevin, and her husband. She's expecting a baby girl July 12 and already has a name picked out—Giselle.

"This is really close to where I live," she says, shyly, "one light away."

Along with providing primary and prenatal care to low-income women, the college's nurse-midwives also have offered a teen mother program and diabetes care at the clinic.

BirthCare HealthCare has provided care for underserved and diverse women since 1999, when College nurse midwives began caring for patients at the Ellis R. Shipp Clinic in West Valley City. Increasing rents forced the practice to move to the Hartland Clinic and then to South Main three years ago. Currently, the college subsidizes the care provided at the clinic by more than \$100,000, often filling the gap between the cost of procedures and services not covered by government or private insurance companies. Still, the South Main Clinic is a point of pride, says Leissa Roberts, associate dean of Faculty Practice.

"Serving the women of our community is one of life's greatest joys," Roberts says. "To know that what we do every day makes a positive difference for a woman and her family is a wonderful thing.

"Life isn't always about the numbers, it is also about the experience—the experience of one as a healthcare provider and the experience of the woman and family you are caring for," she adds. "These experiences are where connections are made and human connections give us our humanity."

For Martinez, the choice to become a nurse midwife after working for five years as a labor and delivery nurse, and to work at South Main Clinic, was a conscious decision to give back.

"I come from a family background that is very similar to that of these women," Martinez says. At 26 years old, she's in her second year of the DNP program. "It's so scary for so many people; they appreciate, and are grateful for, any care. And everyone deserves to get the same level of care, regardless of their circumstances." **N**

South Main By the Numbers

2,500

ANNUAL PATIENT VISITS

45%

ARE SELF-PAY PATIENTS

25%

HAVE PRIVATE INSURANCE

18%

FOR GYNECOLOGY AND
PRIMARY CARE SERVICES

30%

ARE MEDICAID PATIENTS

135

LIVE BIRTHS FROM SOUTH
MAIN CLINIC PATIENTS



- DNP student Erminia Martinez walks patient Elisabeth through the steps of caring for her Cesarean Section incision while Elmore holds six-week-old Fabian.

MAXIMIZING TECHNOLOGY

Using Apps, Data and Telehealth Tools to Transform Patient Care



Lauren Clark, PhD, RN, FAAN

THE RESEARCH QUESTION

How and why do parents introduce TV, tablets, and other screens into their young children's daily routines?

IMPACT

Low-income Latino children are disproportionately overweight, even in early childhood. Compared to children in non-Latino white households, Latino children 3 years old and older log more screen time each day, more often eat while watching a device, and more often use screens before bed.

Professor Lauren Clark teamed up with University of Colorado pediatrician Darcy Thompson for a study of Mexican-American families in Denver that will answer questions about screen use in early childhood. The study will explore viewing patterns in families with children 15 to 27 months old.

"This study will add crucial ethnographic information about parents' screen beliefs and household practices with families most at risk: low-income Latino families of very young children," she says.

THE RESEARCH QUESTION

Is telehealth (videoconference) technology an effective way to increase access to mental health resources and improve perinatal depression among childbearing women in rural and Latino communities?

IMPACT

Expanding on her pilot studies, Associate Professor Gwen Latendresse will enroll 196 women living in underserved populations and places in Utah. Using cognitive behavioral and mindfulness-based practices, the intervention, called UPLIFT, engages pregnant women and new mothers in the development of skills and practices that are effective in reducing perinatal depression and anxiety.

For 10 weeks, the women will "meet" remotely over the Utah Telehealth network in group videoconferences. The sessions are facilitated by a mental health professional. About one-fourth of the study's participants—48—will be Latinas living in rural settings.

"The biggest impact is that it reduces their isolation. They're with other women who are having similar experiences. It normalizes their experience," Latendresse says. "And it's super convenient—they don't have to find a babysitter and leave their other children or get transportation. There's something about being able to have that easy access."



Gwen Latendresse, PhD, CNM



Michelle Litchman, PhD, RN, FAANP

THE RESEARCH QUESTION

How can social media—Twitter, specifically—be used to manage diabetes?

IMPACT

Patients will acknowledge things to their friends and colleagues that they'd never say to their doctors.

Based on the theory that people with type 1 diabetes using cheaper open artificial pancreas (OpenAPS) technology would be tracking their experiences on social media, Associate Professor Michelle Litchman followed their conversations on Twitter. OpenAPS is essentially a "hacked" insulin

pump, continuous glucose monitor (CGM) and microcomputer that work together to minimize dangerous blood glucose variability. Litchman prefers to call the diabetes community working around the \$5,000, FDA-approved artificial pancreas "mavericks."

"The ultimate patient-centered care is through these citizen scientists because they're creating what they need," Litchman said. "Not every patient is exactly like one other patient; we're identifying what patients really find valuable."

THE RESEARCH QUESTION

What would happen if we helped connect patients with limited funds and social support systems to resource providers in their communities?

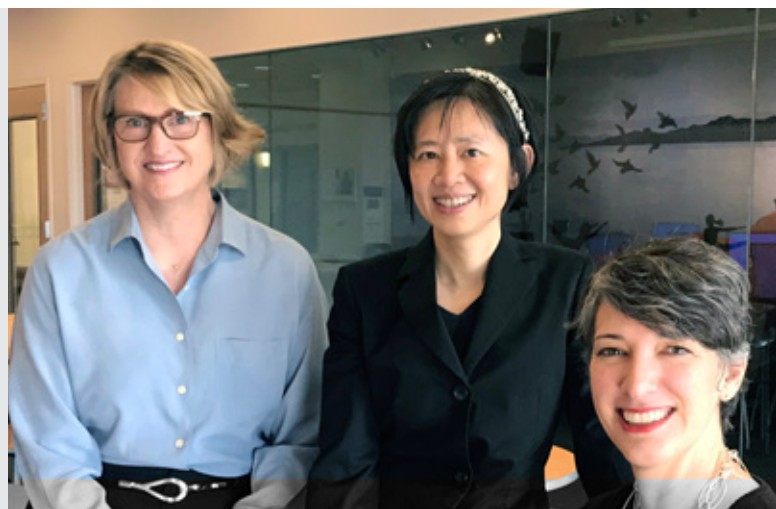
IMPACT

Healthcare providers know that the social determinants of health—access to healthy food, pharmacies, transportation and childcare—often have greater impact on patients' wellness than the care they receive in a clinic or hospital.

With that in mind, Associate Professors Luther, Guo and Wallace have partnered with United Way of Salt Lake's 211 program to follow up with screened patients who need a little extra support once they are discharged.

"Patients might have told us one thing, but there are always more needs behind the one you uncover," says Luther. "If a person mentioned one need, they had four."

United Way maintains a database of 10,000 referral agencies—from free transportation services to food pantries.



Brenda Luther,
PhD, RN

Jia-Wen Guo,
PhD, RN

Andrea Wallace (lead),
PhD, RN

"We are using the power of their data to learn how to improve our health service delivery," says Wallace. "They are truly the community-based experts."



Kathleen Mooney, PhD, RN, FAAN

THE RESEARCH QUESTION

How can a smart phone app help cancer patients decrease the symptoms they experience at home after receiving chemotherapy?

IMPACT

Professor Kathleen Mooney's Symptom Care at Home (SCH) technology allows cancer patients to report back by phone on a daily basis to clinicians when they're suffering from common symptoms of chemotherapy—nausea, fatigue, pain, and anxiety, for example. They receive automated coaching tailored to the symptoms they experience. Poorly controlled symptoms also automatically alert the patient's oncology care team.

Now, with funds from the Huntsman Cancer Institute, Mooney recently led the development of an app that updates SCH's phone-based reporting and patient coaching system for a smart phone world. Mooney will study how using an app affects SCH reporting and patient outcomes. The technology has wide application, not only for cancer patients but also family caregivers, and could have other disease applications, such as home support for diabetes and heart disease.

"We need to get over the idea that patients need to come to us for healthcare, as opposed to making care available to them when and where they need it at home," she says.

THE RESEARCH QUESTION

Design a hospital room to reduce the risk of a patient falling.

IMPACT

Nearly 1 million hospitalized patients fall every year—an average of 2.1 falls for every 1,000 patient "bed days" in the hospital. Half of U.S. nursing home residents fall each year. And more than one-third of falls in the hospital result in injury.

College of Nursing Professor Janice Morse and College of Engineering Associate Professor Andrew Merryweather partnered together to create a patient room design that minimizes the risk of falling.

"Hospitals use bed alarms, video surveillance and sitters to prevent falls, and still the fall and injury rate is unacceptable," says Morse. "It's time to make the room safe for patient mobility."

With Morse's knowledge of patient care and Merryweather's engineering and injury biomechanics background, the team—which includes Associate Professors Bob Wong, a statistician, and Bo Foreman, a physical therapist—first will complete a computer model to optimize a design using motion capture, pressure mapping and machine learning before building and testing a prototype room.



Janice Morse, PhD, RN, FAAN
Andrew Merryweather, PhD

* <https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html>



Gail Towsley, PhD

THE RESEARCH QUESTION

What are nursing home residents with memory problems' wishes?

IMPACT

Often, people with memory problems such as dementia or Alzheimer's are not asked about what type of care they want for day to day or near end of life. Yet, they are able to express their preferences.

With *Me & My Wishes*, Associate Professor Gail Towsley's team has developed a script to videotape conversations with residents well before their memory problems become so severe that they cannot express their hopes and desires for day-to-day and end-of-life care. Sections include: "About Me,"

"Preferences for Today," "Preferences for Medical Intervention and End of Life," and "Afterthoughts."

The tapes are shared with nursing home residents, their interdisciplinary teams and family members so everyone is on the same page and staff and nurses can implement the residents' wishes.

"Knowing what residents want is essential to staff's ability to provide quality care and can inform family caregivers' decision-making," Towsley says. "This increased knowledge and congruence of daily and end-of-life care preferences can help formal and informal caregivers to better navigate a very difficult time."

THE RESEARCH QUESTION

How do salaries for men and women compare in two female-dominated occupations—nursing and teaching?

IMPACT

Gender pay disparities are well-documented between attorneys and Wall Street bankers, and executive assistants and factory workers. But what about within industries?

Working with several healthcare economists, Dean Barbara Wilson analyzed data from the U.S. Census Bureau's American Community Survey between 2000 and 2013 to determine whether the gender pay gap also persists in

two female-dominated workforces—teachers and nurses. Turns out, it does.

After reviewing the wages of more than 427,000 registered nurses and over 965,000 teachers, Wilson's team found greater gender pay differences among the nurses than the teachers. Male teachers on average earned 10 percent more than their female colleagues. Male nurses on average earned 19 percent more.

"We've got work to do. Even in this female-dominated profession, we make less than our male counterparts," Wilson says. "Our charge is to ensure that pay is based on ability to do the job, regardless of gender."



Barbara Wilson, PhD, RNC-BC

LEVERAGING INVESTMENT

How Support from College of Nursing Donors Backed Up Policy Change



■ David (left) and Tim Dee (right) from the Lawrence T. and Janet T. Dee Foundation, and Claire Dumke Ryberg, Nancy Healey Schwanfelder and Andrea Dumke Manship, from the Dr. Ezekiel and Edna Wattis Dumke Foundation, provided just over \$250,000 in support for the Utah Nursing Consortium. Consortium members turned those gifts into a \$4.2 million healthcare workforce initiative backed by state lawmakers.

In higher education, it can be awkward to speak in the terms of Wall Street—return on investment, dividends, rewards.

But consider the Utah Nursing Consortium: Over two short years and with just over \$250,000, the initiative of the state's eight public nursing schools turned a few dedicated donors' seed grants into an ongoing stream of \$2.4 million that will educate more than 180 additional nurses each year.

"It's been incredibly satisfying to see that a modest amount of money can be leveraged in this way," says Claire Dumke Ryberg, chair of the Dr. Ezekiel and Edna Wattis Dumke Foundation.

Together, the Dr. Dumke Foundation and the Lawrence T. and Janet T. Dee Foundation

provided the funding to launch a workforce initiative from the University of Utah College of Nursing. Program Manager Teresa Garrett, an associate professor at the college, led a team of statewide nursing school administrators, volunteers and partners in a dedicated effort to inform stakeholders around the state and advocate for policy change. They met with members of the Utah System of Higher Education's Board of Regents, individual lawmakers and members of the Salt Lake Chamber of Commerce. The team recruited partners, including researchers at the Utah Medical Education Council, Utah Nurses Association, leaders of AARP and the Utah Hospital Association.

Garrett says that team was pivotal to the effort's success. "It was teamwork, relationships, partnerships, science, data, stories and a little bit of good faith," she says. "Those who shared an experience, wrote a letter, had a conversation, or showed up at a really boring hearing—it was a major contribution to what we accomplished."



“It was the right time, the right vision, the right people and the right mission.”

Barbara Wilson, University of Utah College of Nursing dean

After fits and starts, and several refinements of the “ask,” Utah lawmakers approved legislation in 2018 that sets aside \$4.2 million for health-care workforce education and training on an annual basis. Of that, \$2.4 million is dedicated to nursing education. State Sen. Ann Millner, R-Ogden, said the initiative establishes an “evidence-based approach...a more thorough approach to making good decisions when we appropriate funds.” For example, state funding will be targeted not just to general nursing shortages, but to the specific jobs and specialties that are vacant.

Utah AARP Director Alan Ormsby believes the initiative will be instrumental in boosting the number of nurses in rural parts of the state. For example, Snow College prepared about 15 nurses a year in the past. After the initiative was approved, the school was able to add five more slots for students—an increase of 25 percent.

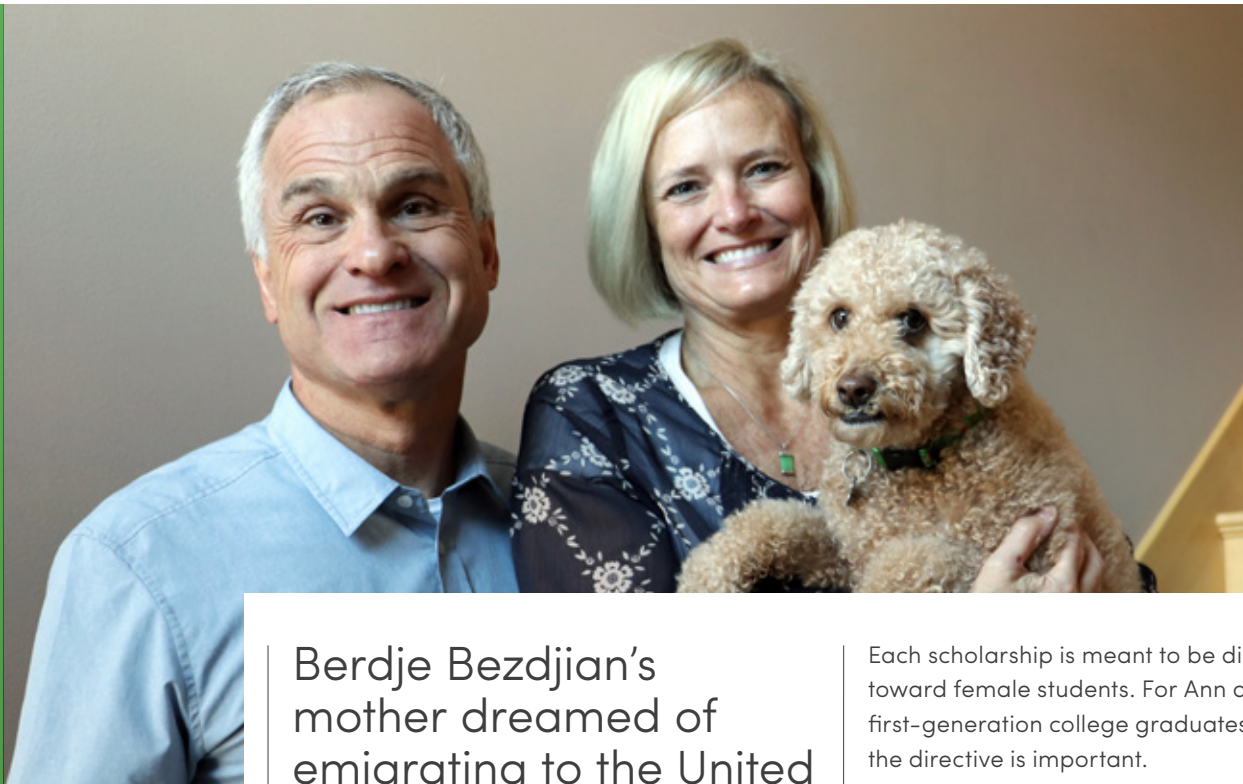
“It was the right time, the right vision, the right people and the right mission,” says Barbara Wilson, the University of Utah College of Nursing’s interim dean. “We’ve met all the goals that the group started with. Now we know that nursing workforce needs are at the top of the legislature’s initiatives for funding.”

In 2019, the College of Nursing is projected to receive another \$1.5 million targeted at educating advanced nursing students in PhD and Doctor of Nursing Practice programs. **N**

■ Weber State University College of Nursing Chair Susan Thornock, University of Utah College of Nursing Doctor of Nursing Practice student Ben Becker, and Utah Nursing Consortium Program Manager Teresa Garrett celebrated the consortium’s success at a luncheon in March.

PAYING IT FORWARD

Inspired to Help Educate Future Nurses



Berdje Bezdjian's mother dreamed of emigrating to the United States so that her five daughters would be able to attend college.

Her son did her one better—establishing, along with his wife Ann, three scholarships at the University of Utah, one in each of their daughters' fields of study:

After 25-year-old Emily started studying to receive her master's in education, the Bezdjians set up a \$50,000 endowed scholarship in the College of Education. Then when 23-year-old Katie pursued her degree in mechanical engineering, the Bezdjians followed suit with another scholarship that eventually will total \$100,000, with a match from that college. And now that daughter Meg, 20, is in her first semester at the College of Nursing, the Bezdjians have established yet one more scholarship that will endow \$50,000 for student stipends.

Each scholarship is meant to be directed toward female students. For Ann and Berdje, first-generation college graduates themselves, the directive is important.

"The colleges we've chosen are targeted," says Berdje. "We're hoping our daughters and the recipients of these scholarships will have the desire and the resources to give."

Ann Bezdjian grew up in Salt Lake City and attended East High School. Her mother worked 40 years for Mountain Bell and AT&T; her father was an alcohol broker selling to Utah's State Liquor Stores.

When Berdje Bezdjian's parents arrived in Utah in 1962 with their 12 children, they took what jobs they could find as new Armenian immigrants. Berdje's father worked as a custodian for the Salt Lake School District and fixed cars. His mother did housekeeping at then-Holy Cross Hospital (now Salt Lake Regional Hospital).

Berdje enrolled at the University of Utah and studied chemical engineering before pursuing an MBA. Ann graduated with a degree in English, but worked in Human Resources for

■ Berdje and Ann Bezdjian established endowed scholarships in each of the University of Utah schools their daughters attended, including the College of Nursing.

“As you get older, you realize that you want knowledge and understanding and wisdom. That comes with education.”

Berdje Bezdjian

United Healthcare for 14 years. The couple met on a blind date set up by one of Berdje’s sisters. While Ann stayed home with their girls, Berdje first worked as an engineer and then managed real estate.

“As you get older, you realize that you want knowledge and understanding and wisdom. That comes with education,” he says.

“We want to give back to the community,” adds Ann. “We established these in the hopes that our daughters someday will have the means and the desire to give back to the community.



We just feel like contributions to education are a great way to give back.”

The Bezdjians’ College of Nursing Scholarship will be fully endowed in 2029. **N**

■ The Bezdjians’ daughters—24-year-old Katie, 25-year-old Emily, and 20-year-old Meg—at Emily’s graduation in 2018.

— LEGACY DONORS —

DAVE AND SARAH WOLACH

A brush with death has a way of focusing the mind.

For Dave and Sarah Wolach, it was cancer. In 2010, Sarah was diagnosed with Hodgkins Lymphoma and Dave with colon cancer. After surgeries, chemo and radiation, the couple was determined to “pay it forward.” Dave opted to retire from his executive position at Savage Companies. And they started regular volunteer gigs—for Dave as a courtesy cart driver at Chandler Regional Medical Center in Arizona and in the endoscopy department at St. Mark’s Hospital in Salt Lake City; and for Sarah with the Paws for Patients program at Chandler. And Dave joined the College of Nursing’s Development Board.

The experience also inspired the Wolachs to set up a planned gift to the college.

“Cancer changes the way you think about life. It changes not only how long you think you’re going to live, but what’s most important to you,” Dave says.

During treatment for their cancer, the Wolachs watched the workings of the clinics and hospitals where they were treated. And one thing became clear: “The nurses get you through everything,” Dave says. “They run the hospital. The nurses are really the backbone of how the hospital works.”

A gift to the College of Nursing, to help prepare future nurses seemed a no-brainer. For Dave and Sarah, both 67, seeing the impact of education in their own lives spurred their support for underprivileged students. “I’m really interested in helping the nurses that may come from less than



ideal backgrounds,” says Dave, a first-generation college graduate. “I really like seeing people rise.”

To learn more about establishing a legacy gift, contact Director of Advancement Eden Bennett at eden.bennett@nurs.utah.edu, or 801-581-8143.

DARE TO CARE AWARD WINNER

Sharing Opportunity In Her Homeland



Jenneth Doria never forgot where she came from.

One of seven children raised by a widowed mother in Manila, Philippines, the College of Nursing assistant professor was determined to use the opportunities life in the United States affords to improve the lives of those in the country of her birth. So in 2013, she and her husband and a few friends established a nonprofit humanitarian aid organization, IHHELPP (Improving Health, Housing, Education and Livelihood of the Poor in the Philippines).

"I came from poor circumstances. And we have been really blessed with good lives," says Doria. "I'm a humble recipient of all this Amer-

ican generosity—education, citizenship. I made a promise that I would do everything I could to share the blessings of this country with the poor in the Philippines."

In just over five years, the organization has worked in storm and earthquake-ravaged communities—building three homes and seven bathroom facilities with handwash areas, or a total of 26 toilets; training workers in compressed earth block construction; stocking libraries and classrooms with books and school supplies; and handing out basic hygiene kits, school supplies, sports equipment, construction tools, and sewing and kitchen materials.

On May 9, at the 25th Annual Honors for Nursing celebration, Doria will receive the Dare to Care Award, recognition of a nurse who goes beyond the traditional job description of caring for patients to change policy and transform

healthcare. Doria deserves recognition not only for her humanitarian work, says Marla De Jong, a professor at the College of Nursing and chair of the Division of Acute and Chronic Care, but because of how she extends her passion for public and global health beyond the classroom to promote and advance health within communities of need.

"Jenneth embraces the idea of advancing the health of individuals and communities worldwide," De Jong wrote in her nomination letter. "She not only teaches concepts to nursing students but also role models and lives the values of competence, engagement to alleviate human suffering, and compassion."

"It's just simple stuff, but what we take for granted here in America is so appreciated over there."

Paul Staples, IHHELPP Vice President

Two to three times a year, IHHELPP board members go to the Philippines to oversee projects and have taken a group of youth volunteers to build a disaster-resilient home. In collaboration with U.S. partners—including Sorensen Legacy Foundation, Charity Vision and Trekking for Kids—and with local leaders in the Philippines, the nonprofit identifies areas of highest need and targets projects—from workforce training to hygiene and literacy. The group purchased four machines for making interlocking compressed earth blocks and loans



“Jenneth not only teaches concepts to nursing students, but also role models.”

Marla De Jong, Division Chair

them out to the workers they have trained, so construction of disaster-resilient buildings can continue in their absence.

“It’s just simple stuff, but what we take for granted here in America is so appreciated over there,” says Paul Staples, Vice President of Operations for IHHELPP. “They treat us like heroes. And we think, ‘All we did was give you a toilet.’ It’s really having an impact on thousands of kids.”

In one case, the nonprofit was approved to build a bathroom facility in a temporary elementary school in a southern community that had been bombed by government forces in an effort to drive out ISIS fighters trying to gain a foothold in the Philippines. Just having running

water and mirrors was enough to transform the lives of the students, Doria says.

“A clean and functional bathroom not only provides a private physical space for an individual to carry out basic bodily functions for a healthy body,” she says, “it also reinforces dignity, respect, and self-worth that strengthens humanity.”

She’s already planning her next trip.

“You don’t have to be wealthy to do this,” Doria says. “You can only sleep under one roof. You can only drive one car. But you can leverage your position to help those in need. It’s not a burden. It’s a joy to be able to do this.” **N**



■ Rene and
Jenneth Doria

HONORARY DOCTORATE



No one would blame May Farr for resting.

She and her husband leveraged everything they owned to launch—and eventually sell—two successful medical device companies. She forged on after his death from leukemia in 1982. Then a few years later, she watched as her son descended into catatonic schizophrenia—a struggle which has motivated a lifetime of dedication to building mental health support systems and pushing for policy change.

Now, at 88 years old, Farr could be excused for retiring, visiting the grandkids, posting on Facebook. Instead, she crisscrosses California weekly to attend meetings, strategize outreach and shore up other parents of children with mental disorders. At the University of Utah's 150th Commencement in May, she will receive an honorary doctorate degree.

Those who know Farr say she is probably the most unassuming recipient of the honor, but also among the most deserving.

"May is one of the humblest people I've ever met. She doesn't want to take any credit and never gives herself accolades," says Jim Balla, president and CEO of Pacific Clinics, one of the oldest and largest mental health care providers in the United States. "But she's had a tremendous impact—farther than she'd want to acknowledge or we will ever know."

Hard personal experience pushed James and May Farr to try to change healthcare. But it was the Farris' formidable will, California advocates say, that moved the dial in an often intransigent industry.

"She really draws on her nursing training to figure out how to address healthcare," says Veronica Kelley, San Bernardino County Department of Behavioral Health director. "Healthcare is such a bureaucratic monolith, but she has figured out a way to work from the inside to change it."

James (a graduate of the University of Utah Class of 1950 in Psychology and 1955 in Pharmacology) and May (Class of 1952 in Nursing) met at Salt Lake County General Hospital where she was working as a nurse and he was studying to become a pharmacist. Unable to marry in Utah due to anti-miscegenation laws, the couple moved to southern California in the late 1950s, where Jim worked as a pharmacist; May as a nurse. Together, they raised four children, James Jr., Roger, Ann Marie and Richard.

For the Farris, entrepreneurship was a matter of necessity. After struggling with the awkward and uncomfortable respiratory equipment used to treat James' lung infection in 1963, the Farris invested their \$3,000 life savings to start Med-Econ Plastics, Inc., manufacturing disposable respirator mouthpieces and later, disposable oxygen masks, tubing and manifold setups. In 1972, the Farris sold the company to C.R. Bard.

■ May Farr, a graduate of the Class of 1952, will receive the University of Utah's highest honor at Commencement, May 2. Through entrepreneurship and sheer hard work, May and her husband James (above) changed healthcare.

“She really draws on her nursing training to figure out how to address healthcare.”

Veronica Kelley
San Bernardino County Department
of Behavioral Health director

Six years later, the family again gathered all their assets to start another medical equipment company, Airlife, Inc., which later was sold to American Hospital Supply Corporation in 1981.

Through all their business success, the Farris faced acute medical challenges. In 1974, daughter Ann Marie was diagnosed with cancer. In 1982, James was diagnosed with leukemia and died the next month. A few years later, Roger Farr was diagnosed with schizophrenia. Newly widowed, May became a full-time caregiver for her adult son.

In the search for help for her son, May joined the National Alliance on Mental Illness in 1996. She helped found a chapter in California's Inland Valley and was elected to NAMI Cali-

fornia's Board of Directors. The San Bernardino County Supervisors appointed her to the county's Mental Health Commission, a position she still holds 23 years later. In 1998, she helped launch the county's first mental health court.

Over the years, May has dedicated herself to tackling thorny behavioral and mental health policy issues—from workforce shortages to dual diagnosis with substance abuse. Through it all, May kept the families of those with mental illness foremost in her mind, says Susan Mandel, Pacific Clinics' president-emeritus. She single-handedly saved a state committee that represented patients and their family members—the California Association of Local Behavioral Health Boards and Commissions — when mental health services were reorganized after the success of Prop 63.

“Her biggest impact has been as a family member of someone with mental illness,” Mandel says. “She tried to be a consumer of services—always. She always represented the families. She kept the state honest.

“She's small but mighty.” **N**

Support for Academics

\$500,000

University of
Utah Presidential
Endowed Chair
in Environmental
Law at S.J. Quinney
College of Law (1972)

\$10,000

University of
Utah School of
Medicine SSLIM
Society Supporting
Leadership (2007)

\$1.5M

James I. Farr, Sr.
Tower at Northridge
Hospital (1985)

\$3,000

to the College of
Nursing (2018)

May Farr Accomplishments

1952 | Graduates from the University of Utah College of Nursing

1955 | Marries James Farr (Class of 1950 in Psychology and 1955 in Pharmacology)

1963 | The couple founds Med-Econ Plastics, Inc.

1972 | C.P. Bard purchases Med-Econ Plastics

1978 | The Farris start Airlife, Inc.

1981 | American Hospital Supply Corporation buys Airlife

1982 | James Farr dies after being diagnosed with leukemia

1983/4 | Roger Farr is diagnosed with catatonic schizophrenia

1985 | Farr and her children give \$1.5 million to Northridge Hospital to complete a new patient tower

1989 | The James I. Farr, Sr. Patient Tower opens

1996 | May Farr joins the National Alliance on Mental Illness

1996 | Farr is appointed to San Bernardino County's Mental Health Commission

1998 | Farr helps launch the county's first mental health court

2004 | Proposition 63, California's Mental Health Services Act (MHSA)

2006 | Farr joins the board of Pacific Clinics, the largest mental health services provider in southern California

2009 | San Bernardino County Woman of Distinction Award

2010 | Farr receives the California Hospital Associations' Distinguished Service Award

2015 | NAMI California awards Farr the Don and Peggy Richardson Award for distinguished service

2016 | National NAMI names Farr recipient of the Richard T. Greer Advocacy Award

2017 | Farr is inducted into the University of Utah College of Nursing's Half Century Society

2018 | Farr joins the College's Advisory Council

DISTINGUISHED ALUMNI AWARD

Four years ago, Susan Matney, the University of Utah College of Nursing's 2018 Distinguished Alumni Award winner, started having knee pain.



■ Nursing Informaticist Susan Matney was selected the College of Nursing's 2018 Distinguished Alum.

She saw her primary care physician, an orthopedist, a surgeon, physical therapist, home care therapist and outpatient physical therapist. At every point after her knee replacement, Matney had to recreate her medical history for each provider; the primary care physician's electronic documentation system didn't transfer to the orthopedist's or the surgeon's or therapists' record-keeping methods.

It's the kind of healthcare maze patients walk every day and one Matney, an informaticist, is determined to simplify.

"The work I am doing with terminology standards matters to everyone. We provide the ability for different systems to talk to each other, even when they don't speak the same language. We are the translator you can 'dial' into."

Twenty years after graduating from the College of Nursing with a master's of science in nursing informatics, Matney has emerged as an undisputed national leader in the effort to standardize electronic health records (EHRs) with clinical terminologies and information models. She received her PhD from the College in 2015.

"I'm a process thinker. I like solving puzzles. And healthcare records can be puzzles," she says.

Matney, 59, grew up in the rural, agricultural communities of Colorado's western slope of the Rocky Mountains. At 16, she took a job as a nurse's aide at a neighborhood nursing home in Montrose and started down a circuitous career path to her specialty. Over the two decades from her high school graduation in 1978 to her 1999 graduation from the University of Utah, Matney worked as a staff nurse at Montrose Memorial Hospital in Colorado, as nursing director at Moab's Allen Memorial Hospital, and as director of Women's Services at Lakeview Hospital in Bountiful. Long before her formal training in informatics, she created spreadsheets to track the wholesale costs of medications and labor and delivery outcomes.

"As a student you know you want to be a nurse, but I also thought computers were fun," Matney says. "I knew the system would improve exponentially if we could see patients' data wherever we are taking care of them. That's still my goal: for patients and clinicians to see the data from anywhere."

Over her informatics career, Matney has worked for Intermountain Healthcare, Siemens Medical Solutions, the University of Utah and 3M as a nursing and medical informaticist; and as a faculty member at the University of Phoenix, Excelsior University in New York City, and the University of Utah.

Her career has been devoted "to advancing the way we represent nursing care and concepts in electronic health records, so that it is patient-centered and supports our ability to learn about nursing care delivery," Mollie Cummins, the college's associate dean for research and the PhD Program, wrote in her nomination letter for Matney's award. **N**

YOUNG ALUMNI AWARD

As a teenager, Danielle Pendergrass witnessed the consequences of limited access to women's health services firsthand.

Growing up in Price, Utah, she watched her friends and their mothers struggle with unwanted pregnancies, teenagers having babies and growing numbers of STD infections. The experience cemented the University of Utah College of Nursing 2018 Young Alumni Award winner's commitment to becoming a women's health care provider. In 2012, while pursuing a Doctor of Nursing Practice degree, Pendergrass returned to her hometown and opened an independent clinic, Eastern Utah Women's Health.

"It just didn't seem right that we couldn't access the services and get the things that we needed," says Pendergrass, who received her master's of science nurse practitioner degree in women's health from the College in 2004 and her DNP in 2013.

Eastern Utah Women's Health currently provides services to 6,000 women in the health provider designated shortage area of rural Carbon, Emery and Grand counties. Through Title X grants, other government subsidies and a sliding fee scale, Pendergrass offers care for those with health insurance and without.

"My mission statement is healthcare for all women," she says. "Anybody who walks through our door is able to get services."

In a way, the 44-year-old nurse practitioner is paying it forward in the rural Utah town that formed her. Her father runs Howa's Coal and Building Supply, a longtime family business. Her mother raised Pendergrass and her three siblings before working as a school aide.

After graduating from the University of Utah in 2004, Pendergrass worked as the College of Eastern Utah's Health & Wellness Clinic director for three years before taking a job with Planned Parenthood in Yuba City, California, where she worked until 2013. But the



healthcare needs of her hometown still tugged at her, so she, her husband Jason and their son Austin moved back to Price.

"I returned to my community because I wanted to care for the women who live in it," she says.

Her dedication to Price extends beyond healthcare. Rural eastern Utah residents also struggle with social determinants of health—limited access to healthy food, education, transportation and employment. Her health clinic employs six Carbon County residents and Pendergrass sits on the Chamber of Commerce.

Pendergrass also is working on public health policy and advancing nursing practice: She is a campaign outreach advocate for the Campaign for Action as well as a Culture of Health Leader-in-training through a 3-year program sponsored by the Robert Wood Johnson Foundation. She has served on the Utah Organization of Nurse Leaders' (UONL) planning committee and as Utah's representative with the American Association of Nurse Practitioners (AANP). In 2013, she received the Utah Nurse Practitioners state award for Excellence in Leadership based on

■ Women's Health Specialist Danielle Pendergrass received the Young Alumni Award.

Continued on pg. 42 ►

HALF CENTURY



■ During Alumni Weekend 2018, seven new members of the Half Century Society were inducted on November 8, including members of the Class of 1968. Next year, it's the Class of 1969's turn.

75TH



In four short years, the University of Utah College of Nursing will celebrate 75 years of educating nurses. This moment is a unique opportunity to share the good work of the College of Nursing. As the flagship nursing education institution in the state of Utah, the college has prepared the best and brightest students to provide high-quality patient care, streamline healthcare and push the boundaries of nursing science.

We want to share those stories—your stories! In advance of our 75th Anniversary celebration, we are working on a commemorative book to document the work and life experiences of alumni from the Classes of 1942 to 2023—and beyond. To that end, we are reaching out to our nearly 9,000 alumni and their family members in the hope of persuading you to share—memories, photos, uniforms, medical devices. (Glass syringes, we have a few!)

No alum's story is insignificant, no experience routine. Feel free to reach out to us at any time.

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EDUCATING NURSES

How to Integrate Family Caregiving Into Practice, Education and Policy

By sheer number, nurses are both the largest healthcare workforce, and the one that is closest to patients and their families. So why is the way we teach future nurses about caregiving lagging?

The answer may start with the words we use. A research team led by Associate Professor Kristin Cloyes and Professor Lee Ellington deconstructed and mapped 10 foundational texts used in nursing education, tracking the use of language, terms and concepts relating to family caregiving. What they found was sobering: While language referencing caregiving has increased fivefold in English language publications over the past four decades, according to Google, nursing education texts rarely reference the healthcare trend in a meaningful way.

"Our analysis exposes a lack of representation of, and attention to, the critical role of informal and family caregivers in the documents that shape professional nursing discourse, and, in turn, nursing professionals," says Cloyes, director of the College's PhD Program.

For example, *The Essentials of Baccalaureate Education for Professional Nursing Practice*, a "canon" for undergraduate nursing education, only refers to family caregivers five times. *The Essentials of Doctoral Education for Advanced Nursing Practice* refers to the term once, according to a white paper the team submitted to the American Association of Colleges of Nursing (AACN) in 2018.

Family appears regularly as a concept in nursing texts, but not usually as members of a healthcare team. More often, family is mentioned in a social or biological sense, as in heredity, "family dynamics," or "support system." Sometimes, the references are negative, including mentions of divorce or single par-

enting struggles. At the same time, two principles—patient autonomy and caregiver engagement—can seem to be mutually exclusive. The team's white paper encourages shifting that perspective.

"Casting family caregivers as background players at best; and at worst, problematic sources of interference and risk that must be managed, may also be preventing nurses from recognizing family caregivers as a significant resource for patient-centered care and missing the symbiotic opportunity to improve the health and well-being of the family caregiver," the research team, which included Associate Professor Sara Hart and Ann Kuglin Jones, concluded.

"While the discourse on patient-centered care has helped shift our perspective from seeing

Continued on pg. 42 ►



■ *Portrait of a Caregiver*, a research-based play written by Gerontology Interdisciplinary Program (GIP) Director Jackie Eaton and performed by Walk-ons, Inc., features conversations with 22 individuals providing support to an older adult family member.

Two Words

Since 1970, the words "family caregiver" and "informal caregiver" have increased more than 500% in English language texts. At the same time, nursing texts have not kept pace.

THE TERMS APPEAR:

19

TIMES IN PRACTICE-RELATED DOCUMENTS

16

TIMES IN EDUCATION TEXTS

2

TIMES IN POLICY DOCUMENTS

FACULTY APPOINTMENTS



Melody Krahulec, DNP, MSNEd, RN

Director of the Prelicensure Program

Assistant Professor Melody Krahulec graduated from the South Dakota School of Mines and Technology and worked for British Petroleum/Kennecott Minerals in the minerals exploration and mining field. In 2005, she earned a Bachelor's of Science in Nursing from the College of Nursing and worked in various aspects of acute and transitional care before earning her master's and Doctor of Nursing Practice (DNP). In 2008, Krahulec began teaching as a clinical instructor in the College. She has worked on two recent curriculum redevelopment projects, as well as integrating simulation into the college's education program.



Allison Pawlus, DNP, RN

Director of the Nursing Early Assurance Program (NEAP)

Instructor Allison Pawlus has been teaching at the College of Nursing since 2015. In 2017 and 2018, she developed new courses on Canvas for the nontraditional NEAP students, including a handbook and new modules for each cohort. A simulation education specialist, Pawlus rewrote the paranoid schizophrenic simulation scenario and implemented new scenarios, including peer evaluation. And she created a new curriculum for the College's Human Growth & Development course that is entirely online, as well as a hybrid version of the Exploring Nursing course.



Andrea Wallace, PhD, RN

Interim Chair of the Division of Health Systems and Community Based Care

As an undergraduate student, Associate Professor Andrea Wallace studied psychology and biology. So it makes sense that she has dedicated her nursing career to making healthcare work for patients. A graduate of the University of Colorado in Boulder and Denver Health Sciences, Wallace's primary research objective is to design high quality chronic healthcare service interventions aimed at narrowing gaps in clinical outcomes. She is one of 10 national experts appointed to the NIH working group on implementation methodology and serves on scientific review panels for the Agency for Healthcare Research and Quality (AHRQ) and the Patient-Centered Outcomes Research Institution (PCORI). She also serves on the United Way of Utah 2-1-1 steering committee.

FACULTY RETIREMENTS

Patricia G. Morton, PhD, RN, FAAN**Dean**

College of Nursing Dean Trish Morton announced her retirement July 17. Morton, a long-time professor and administrator at the University of Maryland School of Nursing, was named dean at the University of Utah in 2013. During her tenure, the College accomplished several curriculum changes and renewal of accreditation, improved registered nurse licensure test pass rates, a boost in faculty and staff salaries, and pledges for three new endowed chairs. The College was ranked second in the nation for funding from the National Institutes of Health (NIH) in 2016, and received the New Era Award from the American Association of Colleges of Nursing (AACN). Morton will continue to serve as the editor of the *Journal of Professional Nursing*, AACN's official journal.

**Ann Deneris, PhD, CNM****Professor**

Clinical Professor Ann Deneris first was licensed as a Certified Nurse Midwife in 1981, and by the time she retired in December, 2018, she was caring for a second generation of women. Deneris joined the faculty of the College of Nursing in 1990, teaching both didactic and clinical courses to undergraduate and graduate nursing students. Over the same years, she practiced with the BirthCare HealthCare midwifery faculty. She served on the Utah State Nurse-Midwifery Licensing Board for 21 years, 13 as the board's chair.

**Susan Hall, DNP, APRN****Director of the Doctor of Family Practice Nurse Practitioner Program
Assistant Professor**

Susan Hall started her career in 1977 as a team leader on a medical surgical unit in Billings, Montana, after earning a Bachelor's of Science degree in Nursing from Montana State University. Since then, she has traversed the country, working in Louisiana, Washington state, and Utah at University of Utah Hospital. In 1988, she earned a Master's of Nursing in Community Health Nursing. She then received a post-master's certificate as a Women's Health Nurse Practitioner and as a Family Nurse Practitioner, and DNP—all from the University of Utah College of Nursing. Susan taught at the college from 2006 to 2019, including managing the Family Practice Nurse Practitioner Program.



AWARDS



Amanda Al-Khudairi

DNP, APRN

- 2019 Advocate State Award for Excellence from the American Association of Nurse Practitioners (AANP)
- Co-Chair of the Utah Nurse Practitioners Annual Pharmacology Conference



Lauren Clark

PhD, RN

- Western Institute of Nursing (WIN) Board of Governors
- Ombudsman, University of Utah Senior Vice President for Health Sciences Office
- Western Institute of Nursing (WIN) Jo Eleanor Elliot Leadership Award



Mardie Clayton

PhD, FNP-BC

- Fellow in the American Academy of Nursing (AAN)
- Past President of the University of Utah Academic Senate



Jennifer Clifton

DNP, RN

- 2019 Certified Nurse Award in the Family Nurse Practitioner category from the American Nurses Credentialing Center (ANCC)
- Co-chair of the *Utah Trafficking in Persons Juvenile Subcommittee*



Susanna Cohen

DNP, CNM

- Fellow in the American Academy of Nursing (AAN)
- Certified Healthcare Simulation Educator (CHSE) from the Society for Simulation in Healthcare



Mollie Cummins

PhD, RN

- Chair-Elect of the American Academy of Nursing's (AAN) Informatics & Technology Expert Panel



Kara Dassel

PhD

- Fellow in the Gerontological Society of America (GSA)



Sara Hart

PhD, RN

- University of Utah Public Service Professor, 2019-2020



Ann Hutton

PhD, APRN

- Utah Business Healthcare Heroes



Michelle Litchman

PhD, FNP-BC

- 2018 Utah Nurse Practitioner Excellence in Research Award



Janice Morse

PhD, RN

- University of Utah Distinguished Professor
- Honorary doctorate from Laval University in Quebec, Canada



Catherine Staes

PhD, RN

- Fellow of the American College of Medical Informatics (ACMI)
- Fellow of the American Medical Informatics Association (AMIA)



Ana Sanchez-Birkhead

PhD, WHNP

- Member of the American Association of Colleges of Nursing (AACN) Diversity, Equity and Inclusion Group (DEIG)



Gail Towsley

PhD

- Fellow in the Gerontological Society of America (GSA)



Gillian Tufts

DNP, APRN

- 2019 American Association of Nurse Practitioners (AANP) State Award for Excellence



Denise Ward

WHNP

- 2019 Certified Nurse Award in the Acute Care Nurse Practitioner category from the American Nurses Credentialing Center (ANCC)

INNOVATIONS

A Joint DNP-PhD: The Best of Both Worlds?

Doctoral degrees are rare in nursing.

Just 30,000 of the estimated 3 million nurses in the country have doctoral degrees in nursing, and most of those are Doctorates of Nursing Practice (DNP) rather than PhDs.

In its landmark *Future of Nursing* report, released in 2010, the Institute of Medicine recommended doubling the number of nurses with doctorates, in part to build a pipeline of new faculty members able to teach the next generation of nurses.

But some worry the quicker and cheaper path to a DNP is siphoning off potential PhD candidates. For example, data from the American Association of Colleges of Nursing (AACN) shows enrollment in PhD and DNP programs was nearly even in 2008. But by 2016, five times as many nursing students were enrolled in DNP tracks, compared to PhD programs.

Following the College of Nursing's tradition of innovating nursing education, PhD Program Director Kristin Cloyes, DNP

Program Director Gwen Latendresse, and Dean Barbara Wilson surveyed 725 students to gauge support for a joint DNP-PhD path. About half were baccalaureate students, 37 percent were DNP students and 13 percent were pursuing PhDs.

About 80 percent of BSN students said they would be interested in pursuing a joint doctoral degree, and one-third of master's students said they would consider it. But most students already earning a DNP or PhD were less interested in bridging to the other degree.

Many of the students polled were excited about the possibility of being clinician-scientists. Many students had a hard time visualizing what being a nurse with a dual degree would look like because there are few role models and examples. Most cited time and money constraints as the biggest obstacle to enrolling in such a program. College of Nursing administrators will continue to study the idea, Wilson says.

[Continued on pg. 42 ►](#)

Research Grants (2018-2019)

| Researcher | Project |
|--------------------------------------|---|
| Lauren Clark | Factors Influencing Screen Media Use in Low-Income Mexican American Toddlers |
| Marla De Jong and Rebecca Wilson | Partnering for Success of Diverse Students: Investing in the Future of Nursing |
| Lee Ellington/ Kathleen Mooney | Interdisciplinary Training in Cancer, Aging and End of Life Care |
| Linda Edelman | Primary Care Nurse Education and Training for Chronic Disease Prevention and Control in Rural and Underserved Utah |
| Jia-Wen Guo | Personalizing Cancer Pain Care Using Electronic Health Record Data |
| Gwen Latendresse | Randomized Trial of Telehealth Group Intervention to Reduce Perinatal Depressive Symptoms in Diverse and Rural Populations |
| Michelle Litchman | Combining Flash Glucose Monitoring |
| Janice Morse and Andrew Merryweather | Reconfiguring the Patient Room as a Fall Protection Strategy to Increase Patient Stability During Ambulation |
| Gail Towsley | Me & My Wishes: An Efficacy Trial of Long Term Care Residents with Alzheimer's Using Videos to Communicate Care Preferences With Caregivers |
| Andrea Wallace and Brenda Luther | From Emergency to Community: Implementing a Social Needs Assessment and Referral Infrastructure Using Health Information Technology |

A Joint Master's: Gerontology and PA Programs Meet Demand

By 2030, all baby boomers will be over the age of 65.*

That means 1 in every 5 Americans will be retirement age. It also means many more people will need age-specific healthcare.

Many systems already are responding to the need. About one in 10 nurse practitioner and physician assistant jobs are focused on specialized care for older and disabled adults. And physician assistant workforce numbers are projected to grow 37 percent by 2026.**

In an effort to meet that demand and streamline graduate programs for future healthcare providers, leaders of the College of Nursing Gerontology Interdisciplinary Program (GIP) and the School of Medicine's Division of Physician Assistant Studies have developed a joint master's degree awaiting approval by the University of Utah Graduate School, Board of Trustees and the Utah System of Higher Education Board of Regents.

GIP Director Jackie Eaton expects graduates of the program to become natural leaders and advocate for older patients.

"Graduates from this program will be particularly equipped to care for and address the unique needs of an older population—including chronic illnesses, memory loss, bereavement and palliative care," she says. "Increasing knowledge in the field of gerontology will only benefit the students and their future patients."

The combined program—with six credits in common, 87 physician assistant credits and 25 gerontology credits—will take 36 months to complete. Students will begin with gerontology classes and end with preceptorship and research methods in aging courses. Students would begin enrolling in 2020.

*<https://agingstats.gov/docs/LatestReport/Older-Americans-2016-Key-Indicators-of-WellBeing.pdf>

**<https://www.bls.gov/ooh/fastest-growing.htm>

| Funding Agency | Grant |
|--|-------------|
| University of Colorado Denver/ National Institutes of Health (NIH) | \$137,573 |
| Health Resources and Services Administration (HRSA) | \$1,494,354 |
| NIH National Institute of Nursing Research (NINR) | \$1,789,386 |
| HRSA Nursing Education, Practice, Quality and Retention (NEPQR) | \$2,779,004 |
| NIH National Institute of Nursing Research (NINR) | \$286,542 |
| NIH National Institute of Nursing Research (NINR) | \$1,521,189 |
| Abbott Diabetes Care, Inc. | \$130,000 |
| Agency for Healthcare Research and Quality (AHRQ) | \$1,988,358 |
| NIH National Institute on Aging (NIA) | \$435,332 |
| Agency for Healthcare Research and Quality (AHRQ) | \$299,720 |

Caregiver Continued from pg. 35

patients as simply passive recipients of services to partners in care and integral members of the healthcare team, this has not yet extended to the engagement of family caregivers as team members, key allies in the provision of optimal care, or consistent players in recognizing their own needs for care and support."

The college team's analysis provides a path for improvement. They note that other emerging healthcare concepts have been integrated into nursing education over time, including, aging, mental health and cultural competency.

"As the health professionals best positioned to support direct and sustained communication with both patients and families, nurses engaged with all facets of our profession—practice, education, policy, and research—should be leading this effort," the study says. **N**

Young Alumni Continued from pg. 33

her work to expand Medicaid reimbursement for women's health, geriatric, psychiatric, occupational and adult nurse practitioners. And this year, Pendergrass was inducted as a fellow in the American Academy of Nurse Practitioners.

She has distinguished herself early as a nursing leader, says Associate Professor Katie Ward, specialty director of the College's Women's Health Nurse Practitioner Specialty Track. "Danielle is a tireless advocate for nursing, for her patients and a role model for leadership that promotes high-quality affordable care." **N**

DNP-PhD Continued from pg. 40

"We have been on the forefront of nursing education innovations at the College—generating new knowledge from PhD-prepared nurses and advancing clinical care and evaluating outcomes with our DNP-prepared nurses," she says. "A joint program would give us the opportunity to allow students to develop both of those skillsets concurrently."

Dean

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