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UNIVERSITY OF UTAH
COLLEGE OF NURSING

WE ARE THE FUTURE *of* NURSING

2012



INSIDE:

Excellence • 1
in doctoral education

Innovation • 2
in baccalaureate curriculum

Integrity • 3
in increasing access to care



There is no time like the present to plan for the future.

At the University of Utah College of Nursing, this is our approach as we work to implement the recommendations outlined in the National Academy of Sciences, Institute of Medicine (IOM)'s groundbreaking report: *The Future of Nursing: Leading Change, Advancing Health*. From increasing the proportion of nurses with a baccalaureate degree to 80% to doubling the number of nurses holding a doctorate degree, the recommendations outlined in this action-oriented blueprint are bold, and with good reason: high-quality, patient-centered health care for all will require a transformation of the health care delivery system.

Last year Utah was selected by the Robert Wood Johnson Foundation to form a statewide action coalition in order to implement these recommendations and to propose further suggestions for the nation. (For a complete list of the eight recommendations offered in the IOM report, visit <http://thefutureofnursing.org>.) Through the Utah Action Coalition for Health, the College of Nursing is collaborating with organizations including the Utah Organization of Nurse Leaders, *HealthInsight*, Brigham Young University and Intermountain Healthcare, to explore ways nurses can play an even greater role in health care quality, access, and affordability for everyone.

As we study the role nurses will play in the nation's rapidly changing health care system, I continue to find inspiration in the following quote by Mohandas Gandhi: "You must be the change you wish to see in the world." If we are to meet the challenges of tomorrow, we must ensure that today we are strengthening capacity and developing new resources. I am proud of the steps the College of Nursing is taking to advance the IOM's recommendations. In this issue we spotlight a few of the people and programs behind our efforts. I am also proud to share with you two recent developments that will have a dramatic influence on our ability to attract top students so we may prepare them to become the leaders and innovators our health care system needs.

First, the Commission on Collegiate Nursing Education (CCNE) granted a 10-year accreditation of our baccalaureate (BS) and master's degree (MS) programs and a 5-year accreditation of our new Doctor of Nursing Practice (DNP) program. This is a major milestone for us, as the 2011 site visit conducted by representatives of CCNE included the initial review of our new DNP degree. That these programs all received the highest level of accreditation possible from the nation's top nursing school review board is a reflection of the excellence, innovation and integrity our faculty members continue to demonstrate in research, education and practice.

Second, with \$1 million left to raise in order to successfully complete the campaign for our newly renovated Annette Poulson Cumming Building, our final goal is within reach thanks to a generous challenge gift from longtime supporter The Very Reverend Frederick Q. Lawson. As a Last Aid Challenge, Reverend Lawson will match all gifts to the building in 2012—up to \$500,000!

I feel fortunate to be guiding our College of Nursing during such an exciting time of growth, opportunity and advancement. The history we are making today serves to remind me that the health care system we envision for tomorrow, one that provides seamless, affordable and accessible quality care is also within reach.

A handwritten signature in blue ink that reads "Maureen".

Maureen R. Keefe, RN, PhD, FAAN
Dean and Professor
Louis H. Peery Presidential Endowed Chair

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Unleashing the Potential to Partner

Working in the intensive care setting early in her career, Penny Kaye Jensen, DNP, APRN, FNP-C, FAANP, experienced how frequently invasive procedures such as open-heart surgery were the result of poor lifestyle choices.

“It was staggering to see the high costs associated with treating a condition after it had already occurred,” Jensen says. “Seeing the complications associated with preventable diseases led me to pursue a career as a family nurse practitioner. I wanted to be in a position to focus on disease prevention and health promotion.”

Today Jensen, who earned a doctorate of nursing practice (DNP) degree from the College of Nursing in 2009 and serves as an assistant professor (clinical), is a seasoned family nurse practitioner at the

George E. Wahlen Veterans Administration Medical Center in Salt Lake City, Utah. Working in the VA’s primary care clinics, Jensen delivers high quality, cost-effective, patient-centered care that nurse practitioners are uniquely qualified to provide—care the nation urgently needs when facing an estimated 30 percent shortfall of primary care providers, expanded access to health care services and a patient population that is rapidly aging. “As a nurse practitioner, you have the opportunity to truly partner with patients to help them make good health choices,” she says.

Yet as the Institute of Medicine addressed in its 2010 report *The Future of Nursing: Leading Change, Advancing Health*, regulatory barriers in many states prevent advanced practice nurses from contributing to health care delivery to the full extent of

their education and training. "Nurse practitioners represent the fastest growing health care profession in primary care, increasing at close to a 10 percent rate in primary care whereas physicians are growing at less than two percent in primary care," Jensen says. "We need to be recognized and utilized as primary care providers in all health

"Nurse practitioners need to be seen as part of the solution to our nation's health care crisis."

Penny Kaye Jensen, DNP, APRN, FNP-C, FAANP,
Assistant Professor (Clinical)
University of Utah College of Nursing

care models, including coordinated primary care, chronic care, acute and episodic care, as well as transitional care models. Nurse practitioners need to be seen as part of the solution to our nation's healthcare crisis."

To be part of the solution, Jensen is working on a national level to ensure nurse practitioners are part of the discussion surrounding the redesign of health care delivery. As President of the American Academy of Nurse Practitioners (AANP), she has continued to lead AANP in advocating state-by-state for nurse practitioners to practice to the full scope of their education and training. Multiple states are reviewing legislation that would modernize nursing regulation to bring it in line with the knowledge and skills of today's nurse practitioner workforce.

She logs more than one hundred thousand air miles each year elevating awareness of nurse practitioners among health care consumers. In 2010 she began coordinating and sponsoring 5K races in the host cities of AANP conferences. Proceeds from those events, to date held in Phoenix, Las Vegas and Orlando, have benefitted each area's Kids in the Kitchen program, an initiative of The Association of Junior Leagues to address childhood obesity and poor nutrition.

Last summer Jensen conducted a series of information briefings with major media outlets, where she found "most people knew of nurse practitioners but were unclear about the role." She has been a guest of the White House several times, contributing to dialogue on topics ranging from Healthcare Reform, First Lady Michelle Obama's Let's Move Initiative and most recently, understanding the unique needs returning servicemen and women. In April, she was among a select group of nurse leaders invited to join the First Lady and

Second Lady Dr. Jill Biden as they launched Joining Forces, an initiative to strengthen resources for service members and their families.

Though she is nearing the end of her second term in office, Jensen has no plans to slow down. "My vision for advancing the nursing profession is for nurses to be included in think tanks, advisory boards and key discussions that will directly affect decisions that impact health care delivery in our nation," she says. It's a message she strives to instill in students as they begin their nursing careers. "I particularly enjoy working with undergraduate students, since I feel I can make the most impact as they enter the nursing profession. They need to understand that nursing brings a very unique perspective to health care discussions and nurses should be viewed as leaders...having a voice when important decisions are made that impact patient care."



Far Left: "Nurse practitioners have always spent quality time with patients, educating them about nutrition, exercise and the importance of health promotion and disease prevention," says Penny Kaye Jensen, DNP, APRN, FNP-C, FAANP, of the patient-centered care she delivers at the George E. Wahlen Veterans Administration Medical Center.

Below: Penny Jensen and Donna Shalala, chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the October 5, 2010 release of the Institute of Medicine report.

A Blueprint for Excellence in Doctoral Education

When Holly Martin, DNP, FNP-BC, talks about patient-centered care, her intention is clear. “At the end of the day, I really like to spend quality time with my patients,” says Martin from the VA Western Salt Lake Community Based Outpatient Clinic where she is a family nurse practitioner providing primary care in the community based outpatient clinic.

Yet with many of Martin’s patients living more than 250 miles away in the rural Nevada county of Elko, quality time once meant patients had to spend considerable time traveling to appointments. In 2008, as her Doctor of Nursing Practice (DNP) Program Scholarly Project at the College of Nursing, Martin developed and implemented a telehealth program to bring quality primary care to Elko’s veterans through the use of video conferencing technology and remote community clinics. “I wanted to ensure the focus of my DNP Scholarly Project was clinical,”

says Martin, “and demonstrated what a nurse practitioner can accomplish to improve care.”

Today, the program has been emulated throughout the Veterans Health Administration (VHA), prompting the establishment of the VHA Office of Telehealth Services and placing Martin at the table with policy makers to guide its national rollout. Presenting in recent years to the Joint House and Senate Committee on Veterans’ Affairs as well as the Office of Management and Budget, Martin advises lawmakers on everything from the importance of placing baccalaureate-prepared nurses in remote clinics to increasing bandwidth of VHA computer networks.

Now, increasing bandwidth of doctoral-prepared nurses such as Martin to assume roles in advanced practice, leadership, teaching, and research is a priority for the College of Nursing, and a recommendation of the Institute of Medicine

Left: “Just like any other primary care visit, I conduct a history and physical, checking their ears, nose and throat and listening to their heart, lungs and belly,” says Holly Martin, DNP, FNP-BC of the primary care she delivers to patients via telehealth technology.



(IOM). In its Future of Nursing Report: Leading Change, Advancing Health, the IOM called on nursing programs to double the number of doctoral-prepared nurses by 2020. "As a clinician, I am a consumer of research," says Martin of her decision to pursue a DNP.

Nurse practitioner Joan Carpenter, MN, CRNP, ACHPN's interest in the care of older adults deepened while she was practicing with Evercare Hospice and Palliative Care. For Carpenter, a doctor of philosophy (PhD) degree is the gateway to conducting research that she hopes will become the basis for improvements in patient-centered advanced care planning, palliative care and end-of-life care. "As I collaborated with therapists and physicians on treatment plans that matched the goals of Evercare residents, I witnessed the difference this made in residents' lives," Carpenter says. "I realized patient-centered care was the best way to care for the many frail older adults I was treating on a daily basis."

Drawn to the University of Utah College of Nursing for its leadership in gerontology and position as one of nine Hartford Centers of Geriatric Nursing Excellence in the country, Carpenter says her decision was further solidified by the opportunity it presented to be mentored by recognized expert in palliative care Patricia Berry, PhD, RN, ACHPN, FAAN, associate professor. "Dr. Berry and I share a common research, practice, and education interest in palliative care for older adults," says Carpenter. "I recognized working with her would be an incredible professional experience." State-of-the-art distance education technology allows Carpenter to participate in the program while continuing career and family responsibilities in Maryland. A Building Academic Geriatric Nursing Capacity (BAGNC) Scholar award from the John A. Hartford Foundation makes it possible for her to reduce her clinical time in order to focus on developing competence as a researcher, educator, and leader.

As Carpenter prepares her dissertation work investigating barriers to palliative care in nursing homes and Martin considers the larger role nurse practi-



Left: "As I experienced the gratification of caring for older adults, I realized gerontology was truly my calling," says Joan Carpenter, MN, CRNP, ACHPN, of being introduced to the nursing home environment while practicing as a nurse practitioner with Evercare Hospice & Palliative Care.

tioners can play in the provision of primary care, both represent the College of Nursing's strong foundation of excellence in doctoral education. They contribute unique perspectives on the topic of the future of nursing. "The IOM report has brought the nursing profession to the forefront in discussions about older adults by providing evidence of unique programs—developed and led by nurses—to keep older adults healthier and happier longer," says Carpenter. "Nursing education should identify curriculum that fully incorporates gerontological nursing skills across all health care settings and throughout an entire disease course, including end-of-life care."

Martin, meanwhile, sees tremendous opportunity for nurse practitioners to help ease the shortage of primary care providers in rural communities. "My goal is that nurse practitioners embrace telehealth technology and run with it," she says. "The advantage a nurse practitioner has, in terms of providing primary care, is that we come from this nursing perspective. I don't think there is anyone better suited to reach beyond the screen to engage the patient in their own level of care than a nurse."



Going Baccalaureate to Move Forward

From the time she completed her associate's degree in 1985, registered nurse Tracy Nash always planned to return to school. Earning a bachelor of science in nursing and going on to graduate school would simply be a matter of timing. As her career progressed, with positions in medical surgical care, pediatrics and urgent care, Nash's range of expertise as a nurse expanded. Yet as she began to consider the future of nursing, and the skills she would need to meet the increasing demands of the profession, her desire to return to school intensified.

"Given the impending changes of our current health care system along with the baby boomer generation reaching senescence, advanced care will be in even higher demand in our country," says Nash. "Nurses, both new graduates and those returning to the workforce, need adequate preparation." Following the 2010 benchmark set by the Institute of Medicine (IOM) to increase the proportion of baccalaureate-prepared nurses in the workforce to 80% by 2020, registered nurses like Nash, and Dixie D.

Thompson, staff RN and Clinical Nurse Educator for the Center for Clinical and Translational Sciences at the University of Utah, are leading the way in the pursuit of new competencies to meet the rapidly changing needs of our health care system.

Earning a baccalaureate degree was a long-held goal for Thompson, who began working as her department's chief pediatric nurse in 1990. Yet between career advancement and the rearing of five children, it remained unfinished business. "Many successful RNs are in the very position I was in: earning a good living, comfortable and even satisfied with their career," says Thompson. "I believe this formal change is necessary to move nursing forward in a dynamic, shifting health care economy."

With an online format designed to offer registered nurses career mobility and bachelor level nursing proficiencies, the College of Nursing's RN to BS Program offered Thompson flexibility to integrate coursework into her existing schedule in order to

pursue her dream. The curriculum, says RN to BS Program Director Donna Richards, RN, PhD, is a pivotal step in the universal advancement of health care. "The broader range of competencies offered in the RN to BS Program, including, but not limited to public health, leadership, evidence-based practice, and health policy, are especially important as health care provision continues to grow more complex, requiring nurses to make critical decisions that demand analysis and synthesis," she says.

A goal of Thompson's was to learn how a nursing education program is led and managed in relation to a clinical setting, where she has developed her own expertise. When Richards encouraged her to request a leadership mentor within the College as part of her curriculum in integrated nursing practice leadership, Thompson selected Dean Maureen R. Keefe, RN, PhD, FAAN. Interviewing Keefe about her management concepts and strategic and operational planning techniques helped Thompson synthesize her coursework and illustrated that regardless of the setting, a successful nurse leader: "relies on proven academic models, expects excellence from oneself and one's team, and never lets go of the caring, compassionate nurse at their center."

Participating in the RN to BS program set Nash on a new career trajectory as she learned of the shortage of nurse educators throughout the country. Upon completion of a graduate degree (Nash has been admitted to the Women's Health Nurse Practitioner (WHNP) Doctor of Nursing Practice (DNP) program at the College of Nursing for the fall 2012 semester), she plans to dually function as an advanced practice clinician and a nurse educator.

The promotion of seamless academic progression is a key element of the IOM recommendations, and one Richards strives for in her leadership of the RN to BS Program. Early assurance offers students guaranteed acceptance upon successful completion of an associate degree program and passage of the NCLEX licensure exam, and Richards fully expects the program will evolve to encourage nurses to move seamlessly into graduate level studies. "The IOM recommends nurses should be 'full partners with physicians and

other health care professionals' in the process of redesigning health care delivery," she says. "This process should be based on research findings as well as effective workforce policy and planning, coupled with improved information collection and availability infrastructure."

As she prepares for graduate study, Nash agrees. "Higher levels of education will endow all nurses with the necessary skills to enhance patient care and meet the increasing demands of our profession," she says. "I recognize that obtaining higher levels of education takes time, effort, and expense; I also accept that dedication to exceptional patient care calls for a timely shift in our current requirements."

Far Left: "I have enjoyed remarkable personal and professional satisfaction in my nursing career," says Dixie D. Thompson, who has spent more than 20 years working for the University of Utah Health Sciences Center. "I expect the next 20 years to be equally rewarding."

Below: Since completing the RN to BS Program in December 2011, Tracy Nash was extended an invitation from the Eligibility Committee of the Gamma Rho Chapter of Sigma Theta Tau, international honor society of nursing. She will begin graduate studies at the College of Nursing in the fall.



The Nurse Practitioner is ‘In’



Registered nurse Natalie Allen wants to see every child get the strongest start in life. So when a patient is referred to the Box Elder County Department of Health for a health, hearing or vision screening, Allen gets in her car and travels, often several hours, in order to bring quality care to her young patients.

Things become increasingly complex for Allen's patients—and their parents—when more intricate health care concerns, such as changes in sleeping or eating patterns, arise.

"I don't think people understand what it is like to not have care provided nearby until you have to experience it for yourself," says Allen of the issues faced by the families she serves in a tri-county area of northern Utah, many of which are separated from adequate health care by miles of underserved frontier. Herself a resident of Cove, Utah (population of 460 at the 2010 Census) Allen understands the impact geographic isolation, coupled with the rising cost of travel, can have on access to care. "They are great parents and they want to provide all the preventive health cares possible for their children," she says. "My hope is to combine my preparation as a nurse practitioner with the experience I have in early intervention in order to help meet their needs on a more local level."

Strengthening primary health care resources in rural communities throughout the Intermountain West is a major initiative of the University of Utah College of Nursing. A \$960,000 grant from the Health Resources and Services Administration (HRSA) is boosting the effort, making it possible for the College of Nursing to bring its Primary Care Nurse Practitioner Doctor of Nursing Practice (DNP) program to rurally located people like Allen, who held fast to the dream of returning to school throughout 27 years of working as a registered

nurse. Through the grant, *Educating Primary Care Nurse Practitioners with an Emphasis on Underserved and Aging for the Intermountain West*, advanced practice registered nurses will be prepared for the primary care nurse practitioner role and will be focused on one of three population groups: adult/gerontology, family or pediatric. "My husband is a farmer," Allen says. "When I found the Distance DNP Program, it was a perfect fit."

In some of the communities Allen visits, having adequate cell phone coverage can be a luxury. Yet with technology playing a major role in the redesign of health care delivery at all levels, Associate Professor (Clinical), Dianne Fuller, DNP, APRN, FNP-C, director of the Primary Care Nurse Practitioner DNP program, is taking steps to ensure remote students are prepared to effectively integrate new technologies into their future practice. The HRSA grant made it possible for her to enlist Kenneth Marrott, who has spent many years teaching foundational writing courses for allied health care majors. "In today's world, written words, of some form, comprise most of our communication," Marrott says. "Health care hasn't been immune to these changes. Seventeen years ago we sent numeric pages to physicians and nurse practitioners who then called back from a land based telephone; today, practitioners and physicians securely message and email their patients and colleagues."

New communication tools can complicate the delivery of messages that were once relatively straightforward to communicate over the phone or in person. Working one-on-one with DNP students, Marrott provides resources tailored to help students build competency with written communication in the health care setting. "Focusing on strengthening future practitioners' writing skills can only improve the safety and efficacy of the health care we provide," he says. Together, Marrott and Fuller are also developing web-based "boot camp" writing communication modules to better prepare students for success in the program.

The writing support is a service that Lauri Morgan, a student in the 2010 Cohort of the Distance DNP



Program, believes will be beneficial as she begins to design her DNP Scholarly Project, a healthy lifestyle program for a senior center in her rural community of Mountain View, Wyo. "I have seen a lot, but it is hard to put it down on paper," says Morgan, who spent nearly two decades working as a registered nurse in an emergency room located 50 miles from the nearest hospital. "I hope to address many of the barriers that we face in our small town so it is important that I have the knowledge as a health care provider to be readily available to respond to any emergency."

Interwoven throughout program curriculum are courses on aging along with case studies that specifically address health care concerns of underserved urban and rural populations. One case study looks at barriers to care for an elderly widow who has been diagnosed with cancer. Another explores the environmental factors that can affect the individual health of migrant farm workers. "A major aim of the HRSA grant is to enhance student sensitivity to the differing needs of people of all ages and all walks of life by integrating essentials of cultural awareness, sensitivity and humility throughout the curriculum in the primary care nurse practitioner program," says Fuller. "As we target health professional shortage areas and uphold the College of Nursing's core value of integrity, this must be our perspective."

Above: Under the three-year grant, Project Director Dianne Fuller says the University of Utah College of Nursing is providing doctoral education to 32 new students each year in an effort to address the existing shortage of primary health care providers.

Far Left: The Health Resources Services Administration (HRSA) specifically targets the need for primary health care in underserved populations in both rural and urban settings.

'Last Aid' Challenge to Match all Gifts to Building Campaign in 2012



To participate in the Last Aid Challenge, contact Dinny Trabert, Director of Development: (801) 587-9126 or dinny.trabert@nurs.utah.edu

With \$1 million left to raise in order to complete the campaign to establish the Annette Poulson Cumming Building, longtime donor and friend The Very Reverend Frederick Q. Lawson has announced that he will match all gifts to the College of Nursing's building campaign through December 1, 2012—up to \$500,000! His gift will establish the Janet Quinney Lawson Administrative Suite in the College of Nursing in honor of his late mother.

"Throughout the years, Reverend Lawson has advanced the professional goals of our students with graduate fellowships and strengthened our capacity to prepare the next generation of nurses with support of our building campaign," says College of Nursing Dean Maureen R. Keefe, RN, PhD, FAAN. "With this Last Aid Challenge, he is helping us take a major step toward the completion of our building campaign. This milestone achievement will

allow us to shift our focus to the second phase of our campaign, a \$9 million initiative to prepare more faculty, enrich services to our community and increase access to nursing education."

Meeting Reverend Lawson's challenge has been set in motion with a gift of \$100,000 in honor of another major campaign supporter, Barbara Polich, and in remembrance of two of Barbara's sisters, Jayne Servais and Mary Coppersmith. Jayne and Mary both passed within the last two years from cancer. "As co-chair of our capital campaign, and past chair of our Development Board, Barbara has been deeply invested in leading us to success," says Keefe. "This gift, made by her husband Val Antczak, will create a permanent legacy recognizing Barbara's role in leading the College of Nursing, and in remembering her sisters Jayne and Mary."

Jill Fuller Selected as 2012 Distinguished Alum

When Jill Fuller (PhD 1991) arrived at Prairie Lakes Healthcare System in Watertown, SD in 2003 to assume the position of chief nursing officer, the College of Nursing alumna had her work cut out for her: the hospital was experiencing a 65 percent-nursing turnover rate on its medical-surgical unit.

Today, thanks to her strategic and innovative leadership focused on improving quality and empowering front line staff members, Fuller, who now serves as president and chief executive officer, has dramatically heightened the level of morale among nurses. By giving nurses a greater sense of ownership in the health system's bottom line, she has reduced Prairie Lakes' average nursing turnover rate to 10 percent.

"When I think about Dr. Fuller's career since her graduation from the University of Utah, one overarching thought comes to mind: as an administrator, she is a nurse's nurse," says Maeona K. Kramer, PhD, APRN, who served on the faculty while Fuller was a student at the College of Nursing and has since followed her career in nursing administration. "Dr.

Fuller has administered in a way that allows nurses to excel in their work of taking care of people effectively. To me, this is what we, as nurses—wherever we work—are all about."

Despite the time and energy it takes to manage a complex health care system, Fuller has taught two graduate nursing courses at South Dakota State University, sharing her expertise in nursing administration, business and finance with nurse leaders of tomorrow. She also has published several journal articles about hospital work redesign aimed at reducing work intensity, returning nurses to the bedside, improving productivity and lowering cost as well as a health assessment textbook.

"I am honored to accept the Distinguished Alumni Award," says Fuller. "I have had a very productive and fulfilling career. There's no doubt I was profoundly influenced and shaped by my educational experience and mentors at the University of Utah, who expected nothing less of us than to go out and change the world."



Jill Fuller oversees Prairie Lakes Healthcare System in Watertown, SD, considered to be one of the nation's most innovative rural medical centers.

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