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College of Nursing

POINTS OF PRIDE

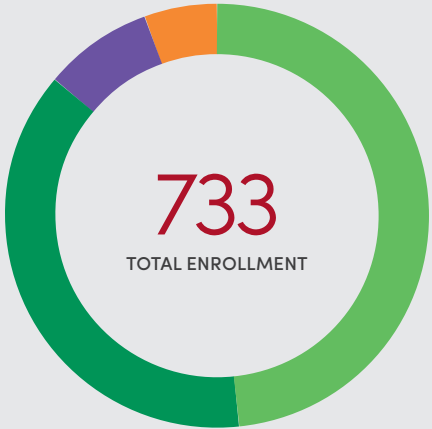
STUDENTS

355
BACHELOR OF
SCIENCE

277
DOCTOR OF
NURSING PRACTICE

61
MASTER OF
SCIENCE

40
PHD



FUNDING

\$2,321,418
IN DONOR FUNDING

488
number of donors

\$1,609,846
in student traineeships,
scholarships, fellowships

10
endowed chairs

RESEARCH

#27
NATIONAL INSTITUTES OF HEALTH
(NIH) FUNDING

\$35 MILLION
TOTAL GRANT PORTFOLIO

FACULTY PRACTICE

601
BABIES DELIVERED BY
FACULTY MIDWIVES

15,267
OUTPATIENT VISITS PROVIDED
BY BIRTHCARE HEALTHCARE

23,992
HEALTH CARE VISITS FOR
INCARCERATED YOUTH

6,000
PERSONAL CONTACTS THROUGH
CARING CONNECTIONS GRIEF GROUPS

9
DOCTOR OF NURSING
PRACTICE SCHOLARLY
PROJECTS IMPLEMENTED IN
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WORLD REPORT
RANKINGS

#11
NURSING-MIDWIFERY
PROGRAM

#22
DOCTOR OF
NURSING PRACTICE

#30
MASTER OF SCIENCE
IN NURSING

WELCOMING DEAN DE JONG

Marla De Jong has been selected as the 7th Dean of the College of Nursing



I am incredibly humbled and honored to be selected as Dean of the University of Utah College of Nursing. I have spent my career leading across a spectrum of settings and look forward to this tremendous opportunity to serve the College and its community of more than 100 faculty, 100 staff members, 735 students, countless alumni, and many generous donors.

Having been at the College since November 2017 as Professor and Chair of the Division of Acute and Chronic Care, I know firsthand that our faculty are highly-qualified and committed to preparing future nurses, gerontologists, and health care leaders to care for individuals and families, and to improve the health of communities within Utah, the nation, and the world. This was clearly evident during recent months as faculty swiftly pivoted to deliver didactic and clinical content through distance-accessible modalities, enabling students to continue their programs of study. In May, we awarded 318 students the degree which they had earned. In addition, clinicians provided patient care, often using tele-health technologies.

We are a national leader in nursing, gerontology, and interdisciplinary research, particularly in chronic disease and symptom management, caregiving, women's health, health care communication, end-of-life and palliative care, and bereavement. As part of Utah's flagship public research university and a world-class academic health science center, we are uniquely positioned to attain distinction in nurse-led interdisciplinary team science that is responsive to state and national needs such as health disparities, mental and behavioral health, air quality, and the health of LGBTQ+ people.

The essence of clinical practice is a caring therapeutic clinician-patient relationship, which is the impetus for education, research and scholarship, and community engagement. We have a strong foundation of clinical practice in behavioral health, bereavement care, primary care, midwifery, and women's health. To expand our footprint, we look forward to developing new academic-practice partnerships within U of U Health , and providing health services to underserved communities.

I acknowledge that we are on our journey towards meeting our commitment to create a diverse and inclusive environment for faculty, staff, students, and patients. We have not arrived. Systemic racism and bias conflict with our values and ethical principles as health care professionals. I pledge to work to dismantle the systemic racism and bias that exists within the College, recruit and retain diverse faculty, enroll and graduate diverse students, and cultivate an academic culture of belonging in which faculty, staff, and students of diverse backgrounds will thrive.

Our College has a distinguished history characterized by faculty and alumni who collaborate, innovate, and constantly make substantial contributions to education, science, practice, leadership, and policy. I look forward to leading the College on its path to continued excellence.

MARLA J. DE JONG, PHD, RN, CCNS, FAAN
DEAN, UNIVERSITY OF UTAH COLLEGE OF NURSING

THANK YOU, BARBARA WILSON



Dear Friends,

It has been my privilege and honor to serve as the Interim Dean of the University of Utah College of Nursing for the past two years. These past several months introduced many unexpected challenges and opportunities,

including the COVID-19 pandemic, Utah's earthquakes, the immediate conversion to distance-accessible classes, exclusive telecommuting for faculty and staff, and recent acts of violence and racism that have catalyzed us all to evaluate systemic racism and discrimination locally and nationally. It is clear that the health care community must rally against persistent injustices and move forward with courage, inclusivity, and a commitment to collective action; and faculty, staff and students from the College of Nursing are ideally suited to lead this charge.

Faculty and staff in the College of Nursing intend to continue our work advancing exceptional nursing education, practice and research, and in advocating for social justice. In our

last magazine, we highlighted several important initiatives, including the implementation of our holistic admissions process, our commitment to care for undocumented and uninsured patients, and the varied uses of technology in research and patient care, particularly for vulnerable and at-risk populations. In this edition, we will highlight 2020- the Year of the Nurse and the Midwife, what the college is doing to promote diversity and health equity, our endowed chairs, and our first 'virtual' graduation, among other topics.

Finally, I am delighted that Marla De Jong, PhD, RN, FAAN, will be the next Dean at Utah's flagship nursing program. She is well qualified to lead our college, and her accomplishments as a retired colonel in the U.S. Air Force and more recent experience as the chair of the Acute and Chronic Care Division at the College of Nursing speak to her skills in teaching, research, service, and leadership. Welcome, Dr. De Jong!

BARBARA WILSON, PHD, RN
FORMER INTERIM DEAN,
UNIVERSITY OF UTAH COLLEGE OF NURSING
ASSOCIATE PROFESSOR

2020 YEAR OF THE NURSE & MIDWIFE



If 2020 has taught us one thing, it is the length nurses and midwives will go to protect our population. Amid the adversity of the COVID-19 pandemic, nurses and midwives demonstrate their crucial roles in the health care team, and exemplify what it means to be a caretaker on the frontline.

Fittingly, the World Health Organization designated 2020 the International Year of the Nurse and the Midwife. This honorable distinction aims to elevate nursing internationally, and recognize the many essential roles nurses play in our health care teams.

Nursing and midwifery are deeply personal career choices, with each individual holding unique motivations for their entry into the profession. We asked University of Utah College of Nursing faculty members from varying disciplines what the Year of the Nurse and the Midwife means to them.

ANN HUTTON, PHD, APRN

Assistant Professor (Clinical)

As a psychiatric/mental health advanced practice registered nurse for more than 60 years, Ann Hutton knows a thing or two about nursing. Due to her decades-long career, Hutton possesses a deep historical knowledge of the profession. "When I started out in nursing, we did everything including cleaning the springs on the bed," Hutton says. "Nurses were there to take care of the patients, as well as the environment." In the past, nurses were often tasked with completing the brunt of hospital work, seldom receiving commendation. However, Hutton believes nurses are finally receiving improved recognition and increased respect. "If you've ever been a patient in the hospital and felt helpless and dependent, you want to be able to have a person that you can access and trust," Hutton says. In Hutton's experience, that person is often a nurse. She is grateful that the profession has become elevated throughout her many years in the field.

The Year of the Nurse and the Midwife is a quiet and reflective celebration for Hutton. She believes the profession is deeply personal, and is taking the year to reflect on the relationships she has fostered with colleagues and patients. "I've had a lot of reward in my practice. It isn't like I want to go around saying 'look at me, look at what I can do,' it is more a quiet feeling of gratitude that I was able to help someone," explains Hutton, reflecting the humble and selfless attitude of nurses and midwives everywhere. "I don't want to say that what I did was wonderful, I want to say that helping people is wonderful." The selfless humility of nurses and midwives is a trait that has remained constant throughout Hutton's 60 years of service.



KIMBERLY GARCIA, DNP, CNM, WHNP, BA

Associate Professor (Clinical)
Director, Certified Nurse Midwifery Specialty Track
Director, Women’s Health Nurse Practitioner Specialty Track

Kimberly Garcia sees midwifery as a tool to empower women and give them ownership of the work it takes to become a mother. As a midwife, feminist, and mother herself, Garcia understands the knowledge and strength midwives pass down to their patients. “I want to empower my patients the way that my midwives empowered me, taught me about my body, taught me how to breastfeed, and told me I could do it,” says Garcia. “I stand on the shoulders of many women before me, and I want to pay forward everything that’s been paid to me.” As a nurse-midwife, Garcia believes the intimate care she gives her patients during the highly transitional period of childbirth affects mother and baby for generations to come. “Midwives have the ability to positively affect a woman’s health and happiness,” Garcia explains. “This care directly impacts how children are raised.”

Garcia compares the Year of the Nurse and the Midwife coinciding with the COVID-19 pandemic to a “mother that wants to go to bed, and then forgets that she has to put the laundry in the dryer.” Like the mother in Garcia’s example, the exacting work of nurses and midwives is never complete, even in their moments of solitude. “As nurses and as women, we’re worker bees,” says Garcia. “It’s ironic that we’re experiencing a global pandemic the same year of honoring our profession.” Even in the adverse climate of 2020, Garcia hopes nurses and midwives can enjoy a break from their many responsibilities to celebrate their honorary year with their fellow nurses and midwives around the world.



■ Kimberly Garcia educates a Guatemalan lay midwife about recognizing obstetrical emergencies.

SUE CHASE-CANTARINI, DNP, RN, CHSE

Associate Professor (Clinical)
Director, RN-BS Specialty Track

Sue Chase-Cantarini began her career as a nurse in 1986 during the AIDS/HIV epidemic, a time in history she believes parallels the 2020 COVID-19 pandemic. Baptized by fire as a new nurse treating patients with a little-understood condition, Chase-Cantarini quickly learned what it meant to be a compassionate caregiver. “It was not being afraid of patients during the AIDS/HIV epidemic – knowing that they were people and deserved care, no matter their circumstance,” Chase-Cantarini says. She believes a nurse’s ability to view a patient beyond their ailment is the trait that propels nurses to thrive in times of crisis.

Chase-Cantarini, too, expresses the irony that the largest health crisis in recent history, COVID-19, coincided with the Year of the Nurse and the Midwife. “In a way, nurses are set up to address our current crisis,” Chase-Cantarini says. “We were made for this.” She views the Year of the Nurse and the Midwife as “an opportunity to recognize nurses from around the world, doing meaningful and sometimes invisible work.” Chase-Cantarini feels the pandemic is a chance to highlight and celebrate the crucial role nurses play not only during this time, but “every day, all over the globe.”



KATHI MOONEY, PHD, RN, FAAN

Distinguished Professor
Louis S. Peery, MD and Janet B. Peery Presidential Endowed Chair in Nursing
Interim Associate Dean of Research

For Kathi Mooney, the Year of the Nurse and the Midwife is an opportunity to re-commit to the future of nursing. “If we were to have the Year of the Nurse and the Midwife in 50 years from now, what would we have accomplished?” she asks, challenging fellow nurses and midwives to reflect on the progression of their field, and to imagine the advancement of the profession moving forward. “Calling attention to the profession is beneficial,” Mooney continues. “But it’s also important to think about how nursing and midwifery contributes to the health world, and what additional steps we need to take in order to bring our full talent to the table.”

As nursing has progressed, Mooney believes that the profession has become elevated within the health care field. She explains that as career opportunities for women have expanded, individuals who enter the field do not become nurses for lack of career choice, but because they have a calling for care. “I would say now that girls and adolescents looking at career options have a much wider variety and mental model of what they might do,” she says. “So those who choose nursing choose it not because it was ‘do you want to be a teacher or do you want to be a nurse?’ It’s because it is the role that they want to take on in their career.” Choosing nursing over other health care professions is not only a personal career choice, but a reflection on the role an individual wants to play in a patient’s healing process, explains Mooney. “I don’t want to be in and out of a room or a clinic. I want to be with patients experiencing health-related issues. Nursing was the career that had the time to develop the relationship and be part of the healing process.”



SHEILA DEYETTE, PHD, APRN, PMHCNS-BC

Associate Professor (Clinical)
Director, Psychiatric/Mental Health Specialty Track

According to Sheila Deyette, the ability to emotionally connect with patients is a nurse’s greatest strength. As the Director of the Psychiatric/Mental Health Specialty Track, Deyette understands that attending to a patient’s mental healing is just as crucial as their physical healing. “The most effective tool a psychiatric/mental health nurse has is themselves and their emotional vulnerability,” states Deyette, “We want to facilitate healing at a deeper level, so our patients can hopefully find peace in their situation.” Developing a nurse-patient connection on an emotional level is something Deyette believes is an integral part of managing a patient’s health journey.

For Deyette, the Year of the Nurse and the Midwife centers around recognizing the physical and emotional labor nurses perform every day. “Nurses are always putting others first, and that’s draining,” Deyette says. “I think nurses are willing to pay that price because we know how meaningful it can be.”

“Nurses are not going to run away from a crisis, they are going to run toward it,” Deyette states, citing Florence Nightingale’s proactivity in the Crimean War, and the countless nurses managing the frontlines of the COVID-19 pandemic. “Nurses face adversity head on.” Deyette sees 2020 as an opportunity for nurses to be appreciated for their selfless and tireless work in health care.





LINDA EDELMAN, PHD, RN

Associate Professor
Director, Hartford Center of Geriatric Nursing Excellence
Director, Utah Geriatric Education Consortium

Linda Edelman believes the Year of the Nurse and the Midwife challenges nurses to find their voice, and claim their seat at the health care table. For Edelman, nursing not only involves caring for patients, but “being prepared to be strong advocates for the profession”.

“It’s a challenge for us, as educators, to make sure our students graduate seeing themselves as professionals, and that they are competent not only in their care practices, but also in the way they advocate for our patients and community,” states Edelman. “This year gives recognition to the status that nurses have in health care and in our community.”

Edelman suggests there is a disparity between the large number of nurses working in health care, and the paucity of space that they take up in discussions about health care and policy. She believes that elevating the voice of nurses is crucial to the success of both the profession and health care at large. “There are more nurses than any other health profession, yet we often are silenced. We have to own the responsibility for that silence,” relays Edelman, “We have important things to contribute to the conversation, and need to advocate for ourselves, our patients and communities.”

ANDREA WALLACE, PHD, RN, FAAN

Associate Professor
Chair, Division of Health Systems and Community Based Care

For Andrea Wallace, the Year of the Nurse and the Midwife hearkens back to Florence Nightingale and the foundation of nursing, as 2020 is also the 200th anniversary of Nightingale’s birth. “Florence Nightingale is an inspiration for many nurses,” says Wallace. “Her work as a statistician, activist, and public health expert has always resonated with me.” Wallace appreciates the timelessness of nursing’s core missions, and reflects on how far nursing has come as a profession in 200 years, while maintaining consistent themes of compassion and advocacy.

One constant of nursing that drew Wallace to the profession is the close relationship nurses garner with their patients. As a psychology and organismic biology graduate working in a lab, Wallace pivoted her career interest due to an experience she had while volunteering with a group of practitioners. “I was impressed by the type of relationship the nurses had with patients,” Wallace recalls. “It really inspired me to head in the direction of nursing versus other health professions.” Wallace believes the field’s focus on trustworthy and intimate patient care is timeless, and that a nurse’s “impact on a patient’s life is only limited by our imagination.” **N**



COMMUNITY

FAMILY CAREGIVING INITIATIVE

In Utah, there are approximately 336,000 unpaid family caregivers. With the support of the Sorenson Legacy Foundation, the College of Nursing’s Family Caregiving Initiative is improving education by addressing the lack of family caregiving content within our health profession education programs. Through support from generous donors, the initiative continues to assist more than 30 family caregiving scholars across the University of Utah by aligning their work and improving their reach within health systems and our community.

Contact Us For More Info:
nursing.utah.edu/research/groups-projects/family-caregiving-initiative/



HEALING AT HOME

Distinguished Professor Kathi Mooney is Helping Huntsman Cancer Institute Bring Cancer Care to Patient Homes in Rural Utah

UTAHNS ARE FAMILY CAREGIVERS

✓ Female ✓ 59 years old ✓ Cares for a loved one age 76 ✓ Works full or part time

48%
Current or Former Caregivers

65%
Likely Caregivers in the Future

UTAH FAMILY CAREGIVERS HAVE HUGE RESPONSIBILITIES



25%
Provide 20+ hours per week of care



88%
Manage household tasks (e.g., chores, meals, shopping)



63%
Use their own money to help



59%
Help manage finances



85%
Provide transportation to appointments



66%
Stressed trying to balance job and family



59%
Manage medications



45%
Perform complex medical tasks

*statistics provided by the American Association of Retired Persons and Centers for Disease Control and Prevention

A \$4.5 million gift from the Huntsman family will fund an expansion of a unique program at Huntsman Cancer Institute (HCI) at the University of Utah (U of U) that brings specialty cancer care directly to patients in their homes. With this major gift, HCI’s Huntsman at Home™ will expand to rural Utah, including Carbon, Emery, and Grand counties. The goal is to provide cancer care for patients who live far from HCI in Salt Lake City by partnering with patients and their caregivers, communities, and medical teams to deliver many aspects of cancer care in a patient’s own home as an alternative to hospital visits at a medical center or emergency department.

The gift from the Huntsman Foundation and support from other donors is critical to drive this initiative forward. “This type of sophisticated cancer home care is not fully covered by insurance plans. We are hopeful this expansion to rural patient homes, as well as the early promising results of the Salt Lake City Huntsman at Home project, will provide compelling evidence for the need for insurance plans to cover this type of care for cancer patients,” said Kathi Mooney, PhD, HCI cancer population scientist and distinguished professor of nursing at the U of U. Mooney leads research evaluation efforts for Huntsman at Home.

CALM IN CRISIS

How College of Nursing Alumni Are Using Resilience, Adaptability, and Innate Desire to Help Others During the COVID-19 Pandemic



On the morning of March 18, 2020, Melinda Patterson, DNP '19, RN, OCN, NE-BC, and nurse manager, pulled her team together in the University of Utah Hospital's Emergency Department.

"It was challenging for me to keep a steady, professional approach, when part of me wanted to run and hide," she recalls. "But my bigger desire was being present, and standing alongside my staff, no matter how I felt on the inside. I knew I needed to show up for my team because they were showing up for me."

And show up they did. Nurses not scheduled to work that day rushed to the emergency department without being asked or called in. They wanted to help care for patients, provide extra moral support, and relieve team members who needed a break or wanted to check in at home.

"We became nurses because we care," she explains. "The crises we've experienced recently are what nurses are trained for—this is our time to help people."

Patterson praises administration for helping her and the emergency department adapt and respond quickly.

"Our university and hospital administration were incredibly supportive. They were present, communicative, and transparent, which helped create a community of nimbleness," says Patterson. "Everyone at the hospital from the top down—facilities staff, parking/valet, each department—we all truly worked together to meet the needs of our patients and put safety first."

Patterson's leadership team within the emergency department made sure to be physically present twice a day during shift changes to update staff, but also to show solidarity with those implementing each new practice, policy, and procedure. The group made regular rounds to each respiratory tent to provide updates, show staff how to use personal protective equipment (PPE), and address any questions or concerns.

"We wanted everyone to hear the same things from us, personally," explains Patterson. "We made sure we were on the ground with staff—morning and night, even on weekends—not just behind literal and figurative curtains."

Julie King, MSN '88, CNM, is also part of University of Utah Health's provider network through Birthcare Healthcare at the University Hospital and affiliated clinics. As the pandemic ramped up in early March, King and her team of certified nurse-midwives and Nurse Practitioners took immediate action to protect themselves and their vulnerable patients. Providers and staff implemented face masks, wore scrubs instead of office apparel, and made necessary distancing accommodations in clinic and waiting areas.

Each midwife and nurse practitioner's schedule was evaluated to determine which of their patients needed to be seen in person, through virtual visits with telehealth, or if their appointment could be postponed.

Providers began two-week rotations of in-clinic practice before rotating to virtual visits, charting, and other work from home. This solution allowed each "pod" to maximize personal health and participate in precautionary self-quarantine during their two weeks away from the hospital. It also allowed extra room for coverage in case a provider was exposed, or otherwise felt unwell.

Hospital practices also changed significantly. Only the mother and a single support partner are allowed in the room during childbirth. If a patient is positive for COVID-19, only one nurse is allowed inside the room with the midwife. A second nurse attends outside the room with a sterile cart of supplies, only entering when absolutely necessary.

Other amenities such as water birth, or laboring in a tub were initially removed or limited, but are now accepted as long as the mother is healthy. Universal testing for COVID-19 is mandatory for new mothers preparing to enter the hospital for a delivery.

"Patients were concerned about hospitals having availability for them when they went into labor, and it led to some great conversa-

tions about options," says King. "Some women choose to deliver out of the hospital at home, or in a birth center. After birth, we know we can now more easily meet their needs using telehealth services."

Amy Hartman, BSN '04, RN, Founder and CEO of Solstice Home Health, Hospice and Palliative Care in Salt Lake City, says COVID-19 has profoundly impacted the way her nursing team interacts with patients, but agrees it has given her company a chance to improve and adapt to changing care needs for homebound patients and those near end of life.

"When COVID-19 became an issue in March, we prepared a temporary crisis response, but we quickly came to understand what something like this would mean for us and our patients," says Hartman. "Our focus changed from short-term management to providing advanced care for the future."

Hartman and her team asked difficult questions and brainstormed solutions to issues like patient isolation, caregiver/grief support, end of life care, and how to uphold relationships with long term care partners. Nurses acted quickly to meet rapidly changing needs and safety guidelines. In one situation, nurses who usually traveled among multiple clients and locations were assigned to one care facility at a time, limiting both personal exposure and cross-contamination between patients.



"The college is so well integrated with the University of Utah Hospital ... The evidence-based training we receive allows us to respond and implement procedures right away."

Julie King, Certified Nurse-Midwife



“Our entire team stepped up at a difficult time and responded to help our community.”

Amy Hartman, Founder and CEO of Solstice Home Health, Hospice and Palliative Care

“Our entire team stepped up at a difficult time and responded to help our community,” says Hartman. “It’s inspiring to see how our nurses have helped patients and their families.”

Some changes stemming from each nurse’s COVID-19 response may stay in place for the long haul. Many nursing professionals believe increased awareness of infection control will pervade long into the future, perhaps shaping better safety management practices across the health care community.

Nurses on Hartman’s team now set up no-contact delivery of medication, and supplies for home-bound patients. They’ve maximized call technology, using platforms like Zoom or Facetime, to support team communication and provide interactions between patients and families during isolation. These tools allow nurses to customize patient experiences with better access to care through music, social, and spiritual counselling.

Both King and Hartman incorporated and expanded telemedicine and communication services into their practice. Virtual visits provide a large convenience factor for providers, as well as patients and caregivers, who can then take less time away from work or home, and have less worry about transferring themselves or a loved one to a health care facility.

In hospitals and emergency departments, Patterson points to improved screening and maintaining patient separation as tools that will continue to keep patients and staff healthy. She also believes the level of communication developed in response to rapidly changing protocol will remain high. As new processes are implemented, information is shared in as many ways as possible.

“We sometimes joke that we’ve accomplished things in five months that would normally take five years,” says Patterson. “I’m grateful our organization moved quickly. We’ve learned things on the go that will help us respond better, or anticipate needs in the future. I’ve been a nurse for nearly 20 years, and now my career is in the middle of history.”

Another new standard in health care practice is the elevated use of protective gear and decontamination procedures many nurses undergo as they transition from work to home.

The omnipresent mask, goggles, and face shield serve as a constant reminder for King and others like her that they could bring home a virus or spread COVID-19 to another patient.

“The gear makes it personal,” comments King. “You remember the reason you’re wearing it—it makes it real.”

Nurses often take extreme, but necessary, measures to ensure they limit the possibility of contamination. Patterson recites an exhaustive routine after returning home from a shift: she removes shoes outside, isolates whatever clothing or scrubs she’s worn, and races to the shower—all before coming into any contact with her family.

“We essentially add those 20 minutes (of decontamination) to a commute,” adds King. “I’m not really home until I’m clean enough to come into contact with my family.”

Patterson devised a readiness plan with her spouse to make sure she had a place at home where she could stay if she contracted COVID-19. At the onset of the virus, Patterson avoided almost all physical touch with her daughters and husband. Patterson’s aging father also lives in the home. She hasn’t hugged him since March.

Personal cost aside, nurses continue to step up their standard of care and meet patient needs. This includes setting up virtual visits for health care providers, facilitating these interactions for both patients and providers, managing additional safety protocol for staff and patients, as well as thinking outside the box to meet patient needs.

Patterson is bolstered by the resilience of her own team, as she observes nurses going beyond professional requirements to comfort patients, providing care in ways often reserved for family members. Due to limited numbers of visitors allowed to be with patients, Patterson’s team sets up video calls for patients to visit with extended family, take selfies, and spend extra time talking or joking with patients.

“Everyone is doing their job and keeping a good sense of humor, which is important,” Patterson continues. “As nurses, we’re sharing a broader sense of community.”

For Hartman, King, and Patterson, the feeling of community started with their education at the College of Nursing (CON). All emphasized that the College prepared them to respond well in times of crises.

Hartman credits her training at CON with teaching her how to critically examine and think through different scenarios to quickly make the best call—things now helping keep her business operational and safe for those she serves.

“Those skills are my greatest asset as a nurse and business owner,” Hartman says. “As nurses, we think through worst-case scenarios and problem solve all the time. We’ve had practice managing emergencies our entire careers. We’re taught to lead by example, work as a team with other nurses, and act as advocates for our patients.”

Many faculty members at CON are nurses with past or active careers in the field, which bridges the gap between education and experience. Educators build wellness and awareness into their curriculum, and direct those in need to a variety of resources including the school’s Resilience and Wellness Centers, the Employee Assistance Program, and various extracurricular activities such as mindfulness breaks or breath work to help control stress. The CON works with each cohort of students to implement specific peer support groups so students always have someone to reach out to or text if things get tough.

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COVID-19 made Nene Maruta’s final year of school more challenging as she navigated online courses, reduced clinical hours, and the complexities of residency interviews.

LIFT SIMULATION DESIGN LAB

Utilizing Innovative Team Training to Break Down Barriers in Health Systems



The LIFT Simulation Design Lab uses experiential learning to transform health systems in communities worldwide.

This innovative training group has developed simulation techniques to tackle difficult topics from addressing implicit bias within American health care systems, to improving safety and quality of maternal health in India.

LIFT Lab is headed by Co-Founder of nonprofit PRONTO International and College of Nursing alumna Susanna Cohen, DNP, CNM, CHSE, FAAN. As Principal Investigator, the LIFT Lab is the culmination of over a decade of Cohen's work in simulation and team-training.

According to Cohen, the LIFT Lab develops customized, non-traditional training programs to fit specific needs of health care teams and community groups,



■ The Birth Transfer Project aimed to improve the coordination of services among various provider groups involved in a home birth emergency transfer.

such as hospital providers, community midwives, doulas, and Emergency Medical Service providers.

The LIFT Lab team works with each group to help institutions root out causes of systemic issues, then encourages participants to work together in finding actionable solutions. The LIFT Lab's researchers collect independent data related to proposed solutions and training effectiveness, which they provide to the stakeholders to guide decision-making.



■ The LIFT Lab's four-member team (left to right): Mikelle Lloyd, Susanna Cohen (PI), Jami Baayd, Gabriela Garcia

A LIFT learning experience can take many forms. Health care simulation, action planning, community conversations, interactive theater, and facilitated LEGO® workshops are just some of the experiences the lab is able to provide.

"The subject matter we cover is often very serious," Cohen says. "For example, we talk about microaggressions, implicit bias, and maternal mortality. We break down these complex challenges into manageable pieces, and introduce engaging elements of fun and interpersonal interaction to make the experiences transformative."

The LIFT Lab tackles complex issues by creating healing and life-changing experiences for its participants.

"The topics we cover are heavy," says Jami Baayd, a public health researcher, and the LIFT Lab's director. "But we address these issues because we genuinely believe this type of training allows participants to heal from previous negative experiences, and move forward with new knowledge."

Groups who participate in LIFT Lab simulations gain tools to build lasting, positive change within their teams as facilitators lead exercises to deconstruct difficult personal and professional issues.

"Our simulations are facilitated to amplify individual voices and create space for teams to stand in their own power and find solutions within themselves," Baayd continues. "Our team provides resources and steps for participants to gain confidence in managing things like instances of racial bias, or intense clinical situations."

Allowing participants to explore their own solutions not only bolsters self-esteem but leads to effective change that is personal to each team member. Once individuals recognize the need for change, they also become more effective in chipping away at silos in health care and recognizing opportunities for collaboration between provider groups.

"Our simulations are facilitated to amplify individual voices and create space for teams to stand in their own power and find solutions within themselves."

Jami Baayd, Director of LIFT Simulation Design Lab

"The transformative learning experiences we provide can break down these socially-constructed barriers, and allow for better communication and cooperation between health care groups," Cohen explains. "The LIFT Lab exists to elevate dialogue and facilitate the behavioral change of individuals and teams to ensure safe and respectful person-centered care."

The LIFT Lab team has gained traction for their work, recently receiving funding from the Josiah Macy Jr. Foundation. The 3-year grant will be used to design, implement, and evaluate a training program for interprofessional health sciences faculty, trainees, and students at the University of Utah. The project is called *ARIISE: Addressing Racial Inequities through Interprofessional Simulation and Experiential Learning*. Project ARIISE will guide students in the skill building they need to address biases that lead to maternal health disparities in the US. Project ARIISE is a prime example of the ways in which the LIFT Lab transforms health care at the individual, team, and systems level. **N**

INVESTED IN SUCCESS

The Ripple Effect of Student Aid



Imagine choosing between an education and financial security. For some students, unplanned expenses may derail their dreams.

■ The Ripple Scholarship allows students to focus on what's important—education and patient care.

A faulty fuel pump in a family vehicle, an injured child, fleeing an abusive relationship, or being left high and dry by a roommate are just a few examples of real-life circumstances that some College of Nursing (CON) students must navigate.

The CON recognized the need to provide students with a financial buffer, and sought to instate a scholarship to assist with monetary emergencies. Originally offered as the Hardship Scholarship, it recently was renamed The Ripple Scholarship, due to the far-reaching effects that financial relief can have for CON students.

The Dalai Lama is credited with saying, “Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects.” When a nursing student receives emergency funds, it benefits the student, their family, their future patients, and the loved ones of those patients.

Jeelan Fall, a first-generation college student in the Doctor of Nursing Practice (DNP) program, and a recipient of The Ripple Scholarship, was drawn to nursing by her grandmother.

“My grandmother was a nurse in the burn unit, and we inherited her medical encyclopedias after she passed away,” Fall says. “Flipping through those encyclopedias is where I discovered my passion for medicine, and the need to be involved in health care.”

Fall's family suffered a financial blow due to a wave of COVID-19 business shutdowns in Utah, causing her husband's restaurant and food truck business to evaporate overnight. With



“The scholarship allowed me to pay for things to boost my academic success.”

Jeelan Fall, DNP Student

Martinez says situations like Fall's and Rivera's are not uncommon.

“So many of our students are already living on a shoestring budget. Suffering any kind of financial emergency in addition to the cost of tuition, supplies, and travel to clinic sites places some of them in an impossible situation,” she explains. “It's an incredible thing to tell my students that yes, we can help them through a difficult time in this very tangible way with emergency funds.”

Originally established in 2017 as the Hardship Scholarship, recently, it was renamed to the Ripple Scholarship. A year later in 2018, DNP student Amanda Eckersley approached the CON with an idea to raise funds for the scholarship through a coordinated service project. Eckersley rallied fellow DNP students to create a fundraising event with opportunity drawings, snacks for purchase and requests for donations. Eckersley and her team raised around \$3,500 in scholarship for students. This student-to-student giving is now a tradition at the CON.

five children to provide for, Fall reached out to Sumiko Martinez, Associate Director of Scholarships and Student Funding at the CON. Martinez connected her with The Ripple Scholarship. Fall was able to access funds for necessities in a matter of days, making a dramatic difference in her academic and personal life.

“The scholarship allowed me to pay for things to boost my academic success, like tuition, books, and daycare expenses,” explains Fall. “Without the scholarship, I would have to work to obtain those funds, and I would have less time to study and focus on my academic responsibilities. Not having to work and go to school also gives me the chance to spend more time with my family during downtime and breaks.”

Santiago Rivera, enrolled in the RN-BS specialty track, first became interested in health care as a child when he assisted his mother with a prosthesis. Rivera recalls helping his mother remove her prosthesis, providing wound care, and helping her get around.

Now raising a five-year-old daughter of his own, Rivera is determined not to let financial setbacks deter him from his goal of graduation this December (2020).

“I work full time, and take care of my daughter, as well as come to school,” Rivera says. “Thanks to this scholarship, I'm better able concentrate on my studies rather than my financial problems.”



■ Santiago Rivera will not let financial hardship interfere with his December 2020 graduation goal.



“I’m motivated to serve and support other students.”

Cathy Lin, DNP Student

When Eckersley graduated in May 2019, DNP student Cathy Lin took over the student-to-student giving initiative. In addition to organizing the fundraising event, Lin worked closely with the CON Advancement team to secure a matching donor, ultimately raising more than \$15,000 for the fund.

“I’m motivated to serve and support other students,” Lin explains. “I’m using the knowledge and leadership skills I gained in the DNP program to help give back to other students.”

I know this type of peer engagement helps support the nursing profession as a whole.”

Student-to-student giving is a way of paying it forward and for students to support their classmates. Lin, who grew up in Taiwan, knows firsthand the roadblocks that some of her peers experience.

“It was not easy having to redo undergraduate nursing education the second time because my previous degree and RN license were not eligible in the United States,” says Lin. “I understand how overwhelming it might be to deal with unexpected financial stress on top of a heavy load in academia. My goal is to maintain this fundraiser as a tradition for nursing students, and foster the supportive environment at the CON.”

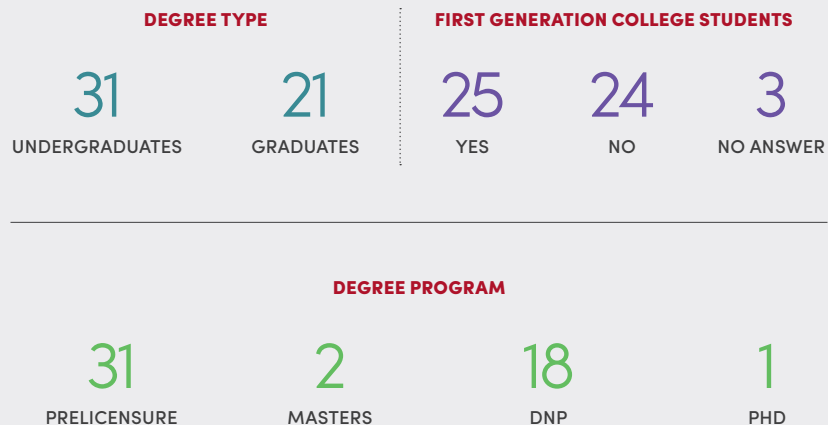
With her work and dedication, more CON students will benefit from access to emergency funds, enabling them to take on challenges and new experiences.

“The message we send to students is just as important as the funds we raise,” Martinez adds. “We want students to know we care about them, we see them, and we’re invested in their success.” **N**

Ripple Scholarship by the Numbers

2019–2020 academic year.
Demographic data is self-reported by students during the application process.

55 AWARDED TO
52 UNIQUE STUDENTS



CELEBRATING

THE CLASS OF 2020 WILL MAKE AN IMPACT

Virtually Honoring This Year’s Graduates

Convocation is an important milestone in a student’s life, and the University of Utah’s College of Nursing (CON) aims to provide a cathartic celebration for each year’s graduating class.

This year, the Class of 2020’s ceremony looked different due to measures taken to prevent the spread of COVID-19. Like many universities across the globe, the CON got creative in planning a virtual celebration that bestowed the same sense of accomplishment provided by a more traditional commemoration.

Carrie Radmall, Associate Director of Student Services, and Janzell Tutor, Director of Alumni Relations, planned and implemented this year’s ceremony.

“We knew the University of Utah was going to do a virtual commencement, but we wanted to provide our students with something more personal,” explains Tutor. “These graduates were part of our CON Family for so long, and we wanted to give them a proper sendoff.”

Parallel to the university’s general virtual commencement, the CON sent a personalized video message and care package to each of its graduates. The care package contained a CON keychain, message of congratulations, and a white graduation cord inspired by the #Utah-Cares movement, which recognizes the state’s health heroes during the COVID-19 pandemic.

“Convocation is such an important rite of passage and huge celebration for our graduates,” Radmall says. “We faced such disappointment hearing the ceremony would be delayed due to COVID-19. We felt so strongly that despite quarantine, our graduates should be honored in a unique way.”

Kelci Glaspie, Class of 2020 BSN graduate, says the care packages were a welcome gift that brightened her spirits and reminded her of the college’s support. But her favorite part of the CON’s virtual graduation celebration was being recognized by Former Interim Dean, Barbara Wilson. Glaspie and her twin sister, who also graduated with her BSN degree, held hands as they watched Dean Wilson’s speech broadcasted online.

“We consider Barbara Wilson one of our highest role models,” Glaspie explains. “She acted as a support system and dear friend for us and the other students. It meant a lot to hear her acknowledge our accomplishments.”

For Wilson, the admiration is mutual.

“Although we couldn’t physically come together as a community to celebrate the hard work of our graduates, we are exceptionally proud of the Class of 2020,” Wilson says with heartfelt enthusiasm. “I cannot wait to witness the impact they will make in health care and our world.” **N**



■ The Glaspie twins celebrating graduation (top). The Class of 2020 received personalized video messages from Dr. Michael Good, President Ruth Watkins, and Former Interim Dean Barbara Wilson (middle), and a care package from Student Services and the Office of Advancement (bottom).

WE WILL DO BETTER

What is the University of Utah College of Nursing (CON) doing to create and foster inclusivity, accessibility, and equity within the institution?

Members of the CON’s Diversity, Equity, Inclusion, and Outreach Committee and the college’s community at large reflect on the institution’s past, present, and future. The CON is committed to a just and equitable future, acknowledging that words are empty without action. Please keep up with us through our website and social media platforms as we continue to progress and implement plans of action.



Nancy Allen, PhD, ANP-BC
Associate Professor,
Co-Chair of the Diversity,
Equity, Inclusion, and
Outreach Committee

“I am angry about the recent violence against Black Americans and the long-standing systemic racism that has caused so many individuals to suffer disproportionate health problems such as COVID-19. Systemic racism conflicts with the values and ethical principles as health care professionals we are expected to uphold. As the co-chair of the Diversity, Equity, Inclusion, and Outreach Committee for the CON, we have begun several task forces to examine our curriculum, develop strategies for diverse recruitment, create an anti-racism statement, and examine opportunities to ally with diverse organizations. We will begin having discussion forums with students from undergraduate and graduate programs, staff, and faculty to listen and then to identify strategies on how the CON should move forward to address systemic racism in our college and the effects it has on our patients. We are committed to effecting change, and fostering an inclusive culture within the College. We have much work to do; the above actions are simply first steps. Together, we can create impactful and lasting change.”



Ana Sanchez-Birkhead, PhD, APRN, WHNP-BC
Associate Professor,
Co-Chair of the Diversity,
Equity, Inclusion, and
Outreach Committee

As co-chair of the Diversity, Equity, Inclusion, and Outreach Committee, I appreciate the opportunity to publicly express the pain, sadness, and frustration that I feel with the continued systemic racism and acts of violence against black people that we see in our country. The work of our committee this year will be focused and determined to identify and dismantle all forms of racism and all forms of oppression and discriminatory practices within our College of Nursing. Working together with students, staff, and faculty we can create safe spaces and environments where racism is not tolerated and where we can see an actual cultural change—change that offers healing, validation, commitment, and solidarity with our students, staff, and faculty of color. I believe that together *‘out of this mountain of despair’* we can raise a strong *‘stone of hope.’* Hope that can lead to lasting change. I personally commit to a greater effort in rooting out all forms of racism and discrimination that I see within myself and wherever I see it in my wider community. I pledge a deeper commitment to the principles of social justice.”

*Quotes by Martin Luther King Jr.

“As Dean, I am committed to equity, diversity, and inclusion; and pledge to work to dismantle the racism and ethnic oppression that I acknowledge exists within the College of Nursing. As a College, it is most important for us to identify, address, and eradicate forms of institutional racism—policies, processes, and academic traditions that are rooted in prejudice and systems of power, and that disadvantage students, staff, and faculty of color; impede learning, hinder science, create an offensive work environment, contribute to faculty and staff attrition, stifle interprofessional collaboration, and ultimately disservice our patients. College-wide, students, staff, and faculty have begun the important work of listening, learning, seeking to understand, and taking action. Appreciating that this will require focused and sustained work that will challenge our attitudes, thinking, and norms, I am confident that we can repeal the forces of racism that have permeated academia and contributed to health inequities, embrace our common humanity, and celebrate our differences.”



Marla De Jong, PhD, RN, CCNS, FAAN
Dean, College of Nursing

“As someone from an underrepresented group in nursing, I have learned how to keep myself grounded in who I am. I treat others as I want to be treated. I am an active member of committees and organizations to improve relationships and mentor others. Mary McLeod Bethune said, ‘Most people think I am a dreamer... We need visions for larger things, for the unfolding and reviewing of worthwhile things.’ The College of Nursing recognizes the importance of taking a more active role in creating an inclusive and accessible environment. Now is the time for action and not just words.”



Valerie Flattes, APRN, MS, ANP-BC
Assistant Professor (Clinical)

“Being an assistant professor at the CON since 2015, I feel deeply valued because of collegiality among a caring faculty, my membership in various committees that enhance student programs, and participation in programs and celebrations put on by our staff. This is the backbone of our college, and an opportunity to bask in a culture that strives for wellness and well-being. The college supports my advocacies for indigent Filipinos and for our veterans. It recognizes my work in building bathroom and hand-wash facilities in public schools and poor communities in the Philippines, and gives me the opportunity to teach veteran-centric care. This is a role that I cherish because I am an immigrant, and preparing the future nursing work force to help our veterans is the least I can do to show gratitude for this beautiful nation. For me, the CON fosters inclusivity, promotes accessibility, and honors diversity by strongly speaking to these values and acting upon them in ways that truly connect with me.”



Jenneth Doria, DNP, MS, RN
Assistant Professor, Member of
the Diversity, Equity, Inclusion,
and Outreach Committee



Michael Savas

BSN Student, Member of the Diversity, Equity, Inclusion, and Outreach Committee

“Most important for fostering increased inclusivity and diversity at the College of Nursing has been the active listening members of the faculty and administration have been, and continue to be, engaged in—with both students and the broader U of U family—to find avenues towards even greater representation among its student body. While I applaud these efforts, my personal focus has been on the betterment of those facing disadvantages that preclude a path to higher education. Working as a member of the Committee for Diversity, Equity, Inclusion, and Outreach and as a leadership intern for the Gamma Rho Chapter of Sigma Theta Tau, we’ve begun forming community partnerships and galvanizing efforts to address social determinants that influence disparity in our communities. This work is intended to promote the profession and advance the mission and values of the College in pursuit of nursing excellence both for myself and diverse students to come.”



Rita Agular,
DNP, MBA/HCM, RNC,
NEA-BC

CON Alumna, Member of the Diversity, Equity, Inclusion, and Outreach Committee

“As a recent Doctor of Nursing Practice (DNP) graduate student, I was pleased that the curriculum included robust education about the social determinants of health. Despite being an experienced nurse leader, I learned a lot about the health inequities faced by vulnerable populations, many of which are racially and ethnically diverse. A diverse nursing workforce is necessary to improve health outcomes for diverse patient populations, thus my DNP scholarly project focused on increasing the diversity of Utah’s nursing workforce through engagement with high school students. I serve on the College of Nursing’s Diversity, Equity, Inclusion, and Outreach Committee and Nursing Workforce Diversity Advisory Council. During these meetings, faculty, staff, students, and community members partner to identify potential barriers and challenges faced by marginalized students. Together, we work to remove barriers and enhance support to these students. I believe the CON committed to increasing student and faculty diversity, and to fostering inclusivity for all nursing students.”

How We All Can Do Better

We must show up with urgency, courage, and compassion toward building a more equitable campus, community and country. Together we can eradicate the racial hierarchies and deep systemic inequities in our society and across our campus. Here are some suggestions to get started:



VALIDATE AND ACKNOWLEDGE OTHERS’ EXPERIENCES OF RACIAL INJUSTICE



PUBLICLY SPEAK UP AGAINST ANTI-BLACK RACISM, DISCRIMINATION, AND BIAS



ATTEND, PROMOTE, AND PROVIDE EQUITY, DIVERSITY, AND INCLUSION EVENTS



EDUCATE YOURSELF & OTHERS ON INEQUITIES IMPACTING PEOPLE OF COLOR

Visit diversity.utah.edu to learn more

“As the College Student Council, we saw the need to improve diversity within our organization. We started a diversity initiative that added a Diversity Chair to the executive board, made curriculum changes to add the discussion of diversity with solutions to improve it, and partnered with national organizations to reach out to the community. Racial and ethnic minorities are subject to all kinds of disparities and are extremely underrepresented in health care and education. After almost immediately hitting some roadblocks, we were able to reach out to an amazing organization called Latinos in Action. We are currently teaming up with them to help implement a program that teaches Latino youth in our schools how to screen themselves and their families on certain diseases and disorders while also sparking interest in a career in health care. This initiative will improve us as educators and nurses while creating a foundation to further our inclusion efforts and positive change.”

■ Anthony Muradas (top left), Brooke Oswald (top right), Perez Vega (bottom left), Pamela De Paz (bottom right)



College of Nursing Student Council

“As a child of a deaf Vietnamese immigrant mother, I live at the intersection of five cultures: Vietnamese, Caucasian, deaf, hearing and American. As a result of this unique perspective, I have a developed great passion for advocacy of diversity in academia and clinical practice. At a young age, I was frequently called upon to interpret complex health information for my mother and other deaf immigrant family members because certified medical interpreters were not provided. I have also personally experienced racial discrimination. Because of the perspective I possess, I am tuned into observing deficits in our health care system and the opportunities within the College of Nursing to be an exemplar in implementing solutions. I advocate strongly for the training of nursing professionals who consider race, language, and culture as critical components of providing excellent care, and a diverse workforce that reflects the population at large.” **N**



Michelle Litchman, PhD, FNP
Assistant Professor

PART OF THE FAMILY

College of Nursing’s Ten Endowed Chairs Reflect Strong Community of Giving



At the University of Utah College of Nursing (CON), endowed chairs are more than just a gift bestowed by generous donors.

These perpetually funded professorships promote a sense of community, benevolence, and legacy that spans generations of nurses.

The University of Utah awards endowed chair positions as a primary means of recognizing academic distinction, and promoting excellence within the organization.

“Receiving an endowed professorship is viewed as the highest acknowledgement of academic prestige,” Eden Bennett, CON’s Director of Advancement explains. “These opportunities enable the institution to offer support and funding for the chair holder and their team’s research, education, and patient care.”

Endowed chairs are supported by gifts at two levels – the \$1 million+ level (Endowed Chair) and the \$1.5 million+ level (Presidential Endowed Chair). These endowments serve as a living

memorial for donors by linking their name, or a name they choose to honor, to the succession of scholars whose work their gift supports. The gift of an endowed chair offers the promise of enduring impact, bolstering meaningful community between faculty and donors.

“For us, finding a professor to become chair holder is more than just filling a position, it’s making sure that they feel like a part of the family,” says Arthur Swindle, Director of Development for the University of Utah Orthopaedic Center.

Swindle explains that in the early days of his career as development director of University of Utah Health, the CON was often left out of discussions regarding funding and impact. Swindle recognized the value of nursing and the strong community created by the college. He became instrumental in securing the CON’s first five endowed chairs.

“Nursing had some incredible people, and they were doing a lot of good caring for patients and families in the community,” Swindle recalls. “We needed to highlight the field, and concentrate more on nursing by funding their endowed chairs and endowed scholarships.”

According to Swindle, the large number of endowed chairs at the CON is unique to the institution. Swindle posits the reason the CON has procured their high number of chairs is because the college’s tight-knit community believes in the institution’s future, and is invested in giving back.

“It’s very unusual for a college of nursing to have ten funded chairs,” Swindle says. “This amount of giving really speaks to the high quality of the college, the faculty, and the donors.” **N**

EST. 1990

The Louis S. Peery, MD and Janet B. Peery Presidential Endowed Chair
Kathi Mooney, PhD, RN, FAAN >
(Current Chair Holder, 2000)

Lillian Nail, PhD, RN, FAAN
(First Chair Holder, 1998–2000)



EST. 1998

The Helen Lowe Bamberger Colby Presidential Chair

< Caroline Stephens, PhD, RN, GNP-BC, FAAN
(Current Chair Holder, 2019)

Ginette Pepper, PhD, RN, FAAN
(First Chair Holder, 2003–2018)



EST. 1999

The Ida May “Dotty” Barnes, RN and D. Keith Barnes MD Presidential Endowed Chair

Janice Morse, PhD, RN, FAAN >
(Current Chair Holder, 2007) *retiring 2020

Linda Amos, EdD, FAAN
(First Chair Holder, 2000–2006)



EST. 2000

The Annette Poulson Cumming Presidential Endowed Chair in Women’s and Reproductive Health

Sara Simonsen, PhD, CNM, MSPH, BSN >
(Current Chair Holder, 2016)

Patricia Murphy, CNM, DrPH, FACNM
(First Chair Holder, 2004–2014)

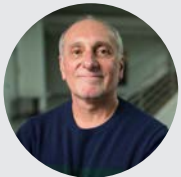


EST. 2006

The Robert S. and Beth M. Carter Endowed Chair

Lee Ellington, PhD >
(Current Chair Holder, 2017)

Susan Beck, RN, PhD, FAAN
(First Chair Holder, 2008–2017)



EST. 2003

The Robert L. and Joyce T. Rice Presidential Endowed Chair in Healthy Aging

< Michael Caserta, PhD
(First & Current Chair Holder, 2010) *retiring 2021

EST. 2016

The Frederick Q. Lawson Excellence in Teaching Endowed Chair

< Rebecca Wilson, PhD, RN
(First & Current Chair Holder, 2020)



EST. 2017

The Claire Dumke Ryberg, RN Presidential Endowed Chair in End-of Life/Palliative Care

EST. 2016

Janet Q. Lawson Endowed Chair in Nursing

Search begins in 2022

Search in Progress

A LIFE DEDICATED TO NURSING

Jeannine Jones Scholarship to Encourage and Inspire Future Nurses



Jeannine Jones, MN, APRN, NNP-BC, always knew she wanted to be a nurse.

But during her senior year in high school, Jones contemplated turning down a different path that was easier and would allow her to enter the workforce sooner.

Jones took time to reflect on her true purpose. With encouragement from her father, as well as lots of grit and determination, Jones decided to dedicate her life to nursing.

“My father is my hero,” says Jones. “I got my work ethic from him, and he shaped my career path by setting an example of commitment to education and service.”

Jones’ mother passed away when Jones was an infant. After her mother’s death, Jones’ father raised four children under the age of 10 at a time when caretaking was not a traditional role

for men. As an educator, Jones’ father instilled the value of learning in each of his children. When he witnessed Jones’ struggle with her decision to go to nursing school, he shared a never-before-told anecdote that stuck with Jones, and motivated her to move forward in the field.

Jones’ father explained that her mother had dreamed of having a daughter who would grow up to serve others as a nurse. Jones was the only girl to three older brothers. She took her father’s story to heart, and decided to stick with her original plan to attend nursing school, and eventually earning her Master’s of Nursing degree and becoming a neonatal nurse practitioner.

Jones began her career working as nurse in a civilian hospital while at the same time serving in the United States Army Reserves. As a military nurse, Jones travelled nationally and internationally, including a six-month deployment during Operation Desert Storm. She worked through the ranks, gaining upward mobility over 25 years of service. She spent the last three years of her military career teaching medics the skills necessary to become the military equivalent of a licensed practical nurse.

September 2020 marks Jones’ 30th year at the University of Utah as an advanced practice nurse, nurse educator, and nurse leader. She is currently the manager of the neonatal nurse practitioners in the Newborn Intensive Care Unit at the University of Utah Hospital.

With decades of education and service behind her, Jones now plans to help others achieve their goals. Jones selected the College of Nursing to receive both an endowed scholarship for current students in her parent’s names, the James and Annie Eliza Grant Endowed Scholarship Fund, and a future planned gift to carry on her legacy.

“Nursing is challenging and requires a great deal of commitment and sacrifice... remember that it’s possible, and know that you can do it too.”

Jeannine Jones

She hopes nursing students will be encouraged and supported by these scholarship opportunities, much in the same way her father’s story and mother’s dream inspired her.

As a true educator, in 2019, Jones accelerated giving to her endowed scholarship in hope of being there to mentor and support those awarded. Jones looks forward to meeting her scholarship recipients, and offers this advice to all nursing students:



“[Nursing] is challenging and requires a great deal of commitment and sacrifice. However, don’t let that discourage you. Look at the people who went before you—remember that it’s possible, and know that you can do it too.” **N**

■ Jones with her father in 1986 (left), and with her daughter in 2001 (right).

— LEGACY DONOR —

JANET PARRY



■ Janet Parry, RN (left), and Nancy Parry, MD (right), share wise words from their mother.

Janet Parry, BSN '66, grew up in a close-knit family with loving parents who inspired her, and her sister Nancy, to make a difference by serving others.

Parry and her sister were the best of friends, both striving to make their parents proud, and honor their family’s tradition of service with careers in the medical field. As Parry completed a degree in nursing, her sister became a doctor. When Parry’s sister finished residency, Parry moved to California to help establish her practice. While Parry originally intended to return to her nursing career in Salt Lake City, the two sisters were having too much fun together to be separated. Parry organized and ran her sister’s practice for several years, flourishing with a special prescription for “respect, love, and laughter.”

The sisters eventually became successful enough to open their own three-story medical building, complete with detailed

innovations such as rooms customized for left-handed providers and examination tables that improved patient comfort by facing them away from the door.

On August 17, 2020, this dynamic duo finally hung their coats after 52 years of working together as nurse and doctor.

Parry credits her sister for much of her success, but also remains grateful for her education at the University of Utah. Parry established a legacy gift in honor of her time at the university, and remains actively engaged with the College of Nursing, and is a proud member of the CON’s Half Century Society.

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

LOOKING BACK: THE 1940'S

As the College of Nursing Gears up to Celebrate its 75th Anniversary in 2023, Alumna Mary Lou Peak Recalls What Health Education was Like in the 1940's



A lot has changed since Mary Lou Peak, BSN '49, MD, attended some of the first nursing classes at the University of Utah (U of U).

For one thing, tuition was already paid for. During World War II, the US Cadet Nurse Corps recruited young women into nursing to alleviate increased health care needs, promising free tuition in exchange for war-time service and an additional six months of work following the war.

Peak's dream of becoming a nurse was a big one. It seemed far-fetched to her parents, who raised Peak on a working ranch along with four siblings in a small farming community. Very few students had the opportunity to attend college, and the only medical professional in town was a family doctor who made house calls by horse and buggy.

Perhaps due in part to those hard-working values, Peak stuck to her guns, literally and figuratively, as she pursued her dream. In contrast to today's multi-faceted applications, Peak's full college application in 1943 was simple and streamlined. She submitted her high school diploma and underwent a routine physical. When she was accepted, she reported straight for "duty" at the U of U.

The curriculum was strict and structured. After the first six months of academics at the U of U, courses were taught at the hospital so nurses could move quickly from bedside to classroom and back again. Since Peak was assigned to St. Mark's, an Episcopal hospital, a typical day started with a 6:30 a.m. chapel service. She then took an active nursing shift from 7:00–10:00 a.m., heading directly to classes until 3:00 p.m., before returning to care for patients for an additional four hours. Most evenings were spent in supervised study until lights out at 10:00 p.m. This intensive instruction process, as well as the high demand for nurses, meant students took on more responsibility, leading out as charge nurses during their second and third years of training.

As Peak explored the various aspects of hospital duties and departments, she was drawn to the operating room. Since her favorite classes revolved around anatomy and physiology, working in the operating room seemed like a natural fit. So did the next step in her career—going to medical school.

While some doctors scoffed at her ambitions, pressuring her to take a more conventional path towards marriage and children, Peak felt supported by the two doctors she worked with most consistently. They each supported her ambitions, in turn offering a surgery residency and even loaning her money—which she later repaid—to help make her medical school dreams a reality.

Peak met her husband while in medical school. They married two days after graduation—just in time to start her residency. When asked about the demands of balancing school, work and family life, she comments that it rarely felt overwhelming.

"It was a balancing act," says Peak, displaying her trademark practicality. "It was important to me to get my training first, and choose the right partner. During the years of raising my family, there were times my profession had to take a back seat. But I knew I'd be able to turn my attention back to a career after the children were older."

"As kids, we didn't realize how extraordinary our mom was," says Peak's daughter Marie Griffeth. "She made it look easy. Mom always modeled goal-setting, as well as anticipating difficulties, and heading them off. She taught us to foresee problems and act to work around them."

Peak and her husband raised six children. Despite her family's increasingly busy schedule, Peak continued to practice medicine. Her diverse career spanned nearly 50 years, encompassing pediatrics and family medicine, emergency room and urgent care, as well as work with several well-baby clinics and underserved populations. Her years as a nurse provided keen insight on creating a positive, effective, and cooperative working relationship between doctors and nurses.

"Mom loved helping people, and relished the daily challenge of serving each person to the best of her ability," says Griffeth.

Peak's love of learning carried into her long and successful medical practice. She knew improvement within her own practice was key to developing trust with patients, and providing the highest standard of care. Even today, Peak stays current on the latest medical advances.

As the College of Nursing gears up to celebrate its 75th anniversary in 2023, Peak says, "I feel like I'm in a different world now. It's changed unimaginably through advances in training and technology."

"A doctor's job is to serve their patients and community in every way possible, both as a citizen and a health professional."

Mary Lou Peak

These days, the endless on-the-job clinical hours of Peak's nursing training back in the 1940's has been replaced by state-of-the-art labs and person-to-person simulation. Peak appreciates the growth and progress in nursing, but mourns the loss of personal connection, often commenting on the value of human touch and conversation in a patient's healing process.

"Patients need TLC (tender loving care) more than medicine sometimes," she says, adamantly championing the personal relationships that trademark her career as a nurse and doctor.

"A doctor's job is to serve their patients and community in every way possible," states Peak, "both as a citizen, and a health professional."

Overall, Peak believes her most important contribution was showing future generations that a woman can follow any path she chooses. In Peak's case, that meant being a successful wife, mother, nurse and physician. She notes at the time of her early practice, this idea was strongly doubted by many practicing doctors—even other women in the field.

"What I miss most at the end of the day is feeling like I made someone's day, and even their life, better," says Peak.

But to those who have the pleasure to know her, Peak continues to do just that. **N**



■ Peak shows daughter, Marie Griffeth, memories from her time at the College of Nursing.

DISTINGUISHED ALUMNI AWARD



■ Sydney Spangler, professor and nurse-midwife, received the College of Nursing's 2019 Distinguished Alumni Award.

When she was 20 years old, Sydney Spangler, PhD, MSN '99, CNM, scraped together her money and decided she would study in Guatemala.

This was before the internet, before email. She had nowhere to stay and hadn't talked to the Spanish school she was hoping to attend. "I had no plan," Spangler says. She just figured it would work out. And it did.

It is this adventurous spirit that has guided the University of Utah College of Nursing's 2019 Distinguished Alumni Award winner over the nearly three decades since that spontaneous trip. Spangler ended up living in Guatemala for about four months, an experience that ultimately helped steer her into global health—first by way of anthropology, and then nurse-midwifery.

"I'm often driven by a vague feeling of missing out, that the world is passing me by somehow and that I have to catch up with it," she says. "I have this innate desire to experience things."

Born and raised in Salt Lake City, the daughter of a dentist and professional cellist, Spangler grew up a few doors down from noted medical anthropologist, Charles Campbell Hughes, who taught at the University of Utah's Department of Family and Preventive Medicine. After completing her bachelor's degree in anthropology, she debated between pursuing graduate education in public health with Dr. Hughes and going to medical school.

Instead, a conversation she overheard in the halls of the university's Anthropology Building sent her to the College of Nursing. And when she graduated with a second bachelor's degree in nursing in 1997, another serendipitous meeting—this time with Joyce Foster, the founder of the college's nurse-midwifery program—sent her on the fortuitous trajectory that shaped her career. In 2009, Spangler completed her PhD in Maternal and Child Health and Anthropology at the University of North Carolina–Chapel Hill.

Since 2012, Spangler has worked as a professor at the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta. She has a secondary appointment at the university's School of Public Health. Her research has been funded by the Centers for Disease Control and Prevention and the Bill and Melinda Gates Foundation, among others.

Over her 20-year career as a nurse-midwife, educator and researcher, Spangler has leveraged her nursing science background and clinical experience in a far-reaching global health career—from poverty-stricken neighborhoods in Atlanta, Georgia to sub-Saharan Africa and Asia. Spangler's research projects range from designing a postpartum hemorrhage intervention in Ghana, India and Zambia to studying the impact of HIV-positive status disclosure on women's use of HIV and maternal health services in Kenya. Her current research approach builds capacity through implementation science, which empowers

Continued on pg. 41 ►

YOUNG ALUMNI AWARD

Madeline Lassche, DNP '19, NEA-BC, CHSE, just rolls with things.

After moving cross-country as a child, being homeless for a time, seeing her bus driver father struggle with job losses and her mother's panic when her epileptic brother had seizures, nothing really gets to her. Not a breast cancer diagnosis while pursuing her Doctor of Nursing Practice. Not a pulmonary embolism resulting from chemotherapy. Nothing. Instead, her positive attitude and practicality kick in.

She focused on nursing school at an early age. "At some point, I knew everybody needs nurses," Lassche says. "I knew I wouldn't be homeless. I knew I would be able to take care of myself."

The recipient of the College of Nursing's 2019 Young Alumni Award, Lassche has become the force driving the state's health care simulation community into the future. After years of managing the College of Nursing's Simulation Learning Center, she has taken the lead in academic simulation throughout the state of Utah, pushing her peers in both academic and clinical simulation centers to follow consistent standards, collaborate on advancements, and strive for accreditation.

Becoming an expert in simulation wasn't always a part of her plan. The third of four children, 48-year-old Lassche was born in Plattsburg, New York. The family moved west, following her father's jobs and eventually landed in Utah when she was 14 years old. In 1999, she graduated from the College of Nursing with a Bachelor of Science in Nursing Degree and worked as a pediatric nurse.

Eight years later, Lassche completed Westminster College's master's in nursing education program. It was while working in Westminster's simulation center that she discovered her love of the technology and theory behind simulation



■ Madeline Lassche, Executive Director of Simulation at the CON, received the 2019 Young Alumni Award.

education. In 2007, she applied for a job as a facilitator at the University of Utah College of Nursing. Along with Connie Madden, Assistant Dean for the Baccalaureate Program and Student Services, and then-Simulation Director Alan Hamburg, Lassche started working on a plan to bring the simulation center into the 21st century. She lobbied for better equipment, more immersive student education experiences, and professional staff training.

"It was Maddie's vision that got us started, sitting at my kitchen table with the creation of a simulation 'family,' whose members were experiencing a variety of health issues, as families do," says Madden. "It was a combination of her knowledge and passion that inspired faculty to integrate simulation into their teaching."

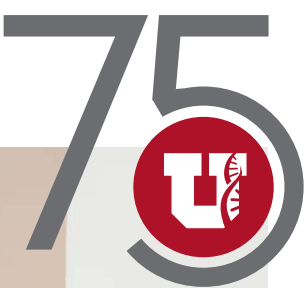
When the college building was remodeled in 2010, significant financial support from Intermountain Healthcare and other donors provided technological improvements that allowed Lassche to help make the case for extensive use of simulation in the undergraduate curriculum.

"Practicing skills is also simulation, but it's not the total immersive experience. Back then, it was just: See one, do one," she says. "You slowly have to get buy-in and help faculty understand the big picture and how simulation can augment

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HALF CENTURY SOCIETY

COLLEGE OF NURSING



■ During Alumni Weekend 2019, six new members of the Half Century Society were inducted on October 24, including members of the Class of 1969.

College of Nursing Alumni Weekend will now coincide with the University of Utah Homecoming Week! Join us for a virtual reunion event on Thursday, October 15, 2020.

In three 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 excellent work and history 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 health care and push the boundaries of nursing science.

In advance of our 75th Anniversary celebration in 2023, we want to share your stories! Whether you hail from the Class of 1947 or the Class

of 2020, the College of Nursing would love to hear from you-- memories, photos, uniforms, medical devices, you name it! No alum's story is insignificant, no experience routine. Feel free to reach out to us at any time.

Janzell Tutor

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FACULTY RETIREMENTS

Sherri Evershed, DNP, RN, MSPH

Assistant Professor (Clinical)

Sherri Evershed began her career as a float nurse at St. Charles Medical Center in Bend, Oregon. After a year, she returned home to Salt Lake City and began working at Primary Children's Hospital (PCH) in the Pediatric Intensive Care Unit, where she was on the original team of Pediatric LifeFlight nurses. Evershed went on to work in the outpatient pediatric hematology & oncology clinic at PCH, caring for children with cancer before earning a Master of Science in public health at the University of Utah in 1987. During her master's program, Evershed completed her practicum and thesis with the Centers for Disease Control and Prevention in American Samoa regarding hepatitis B. She later worked as the nurse epidemiologist/infection control

nurse at LDS Hospital during the HIV/AIDS epidemic. Returning to PCH, she coordinated the pediatric outreach program responsible for educating doctors and nurses throughout the region on caring for children. Evershed went on to work as the nurse coordinator for the Utah Telehealth Network during its infancy, and then was an adjunct professor at Westminster College for two years. She earned a Doctor of Nursing Practice with an emphasis in public health from the University of Utah College of Nursing (CON) in 2012, and began teaching at the CON. She primarily taught prelicensure students and public health nursing to RN-BS students.



Janice Morse, PhD (Nursing), PhD (Anthropology), PhD (Honorary), RN, FAAN, FCAHS

Distinguished Professor,
Ida May "Dotty" Barnes, RN, and Keith Barnes, MD, Presidential Endowed Chair

In 1978, Janice Morse entered the second PhD class at the University of Utah College of Nursing (CON). She spent twenty years at the University of Alberta, six years at Penn State, and although she is a Kiwi at heart, she "came home" to the CON in 2007. In Canada, she was the founding scientific director of the International Institute for Qualitative Methodology, founding editor of the *International Journal of Qualitative Methods*, founding editor of *Global Qualitative Nursing Research*, and founding editor and Editor-in-Chief of *Qualitative Health Research*. In 2013, Morse initiated the Global Congress for Qualitative Health Research, with conferences in Korea, Thailand, Mexico, Italy and South Africa. Morse is the author of the *Morse Fall Scale*, used internationally to triage for patients prone to falling. She was the inaugural

inductee into Sigma Theta Tau International Nurse Researcher Hall of Fame, recipient of the Sigma Theta Tau International Episteme Award, and has received lifetime achievement awards from the IIQM (CDN) and International Congress for Qualitative Inquiry (US). Morse has been awarded honorary doctorates from the University of Newcastle, Athabasca University, and Université Laval. She has given 330 presentations and keynote addresses, authored almost 500 articles, 90 book chapters and 28 books on qualitative research methods, suffering, and patient care. Morse is presently funded by AHRQ, collaborating with biomechanics and physical therapy to develop a hospital room in which patients may move about safely.



FACULTY APPOINTMENTS



Jenny Alderden, PhD, APRN
Assistant Professor

Jenny Alderden’s long-term goal is to prevent pressure injuries among critical-care patients through risk stratification, tailored interventions, and real-time clinical decision support. Currently, her research focuses on pressure injury risk stratification using machine learning approaches. Alderden teaches applied clinical research informatics and supervises Doctor of Nursing Practice students’ scholarly projects. Prior to her academic career, Alderden was a military nurse and served as head nurse for a shock trauma platoon in Al-Anbar, Iraq.



Alycia Bristol, PhD, RN, AGCNS-BC
Assistant Professor

Alycia Bristol earned her PhD at the University of Arizona where she explored family caregivers’ experiences as older adults transferred between units within the acute care setting. She recently completed a postdoctoral fellowship at the New York University Rory Meyers College of Nursing and the Hartford Institute for Geriatric Nursing. Bristol’s primary research focuses on addressing the needs of older adults and family caregivers during interactions with health care services. Bristol is an adult-gerontology clinical nurse specialist and previously taught at Loma Linda University.



Eli Iacob, PhD
Research Assistant Professor

Eli Iacob completed his PhD in Neuroscience at the University of Utah in 2013, studying biomarkers for depression and other chronic diseases. During 2014–2017, he completed his postdoctoral fellowship in the Pain Research Center, focusing on statistical analysis of patient-reported outcomes while completing a MSc in Clinical Investigation. In 2017, he joined the College of Nursing Applied Statistics Group as a research associate and then as a research assistant professor. Iacob supports faculty in funded and unfunded research grant development and execution. He co-teaches Doctor of Nursing Practice courses and serves on graduate student committees.



Kirsten Schmutz, MSN, RN, CCRN-CSC
Instructor (Clinical)

Kirsten Schmutz graduated with her Bachelor of Science in Nursing degree from Brigham Young University in 2012, and with her Master of Science in Nursing Education from the University of Utah in 2019. She began teaching part-time in the fall of 2019 at Salt Lake Community College and Brigham Young University, and in the spring of 2020 began teaching at the U of U College of Nursing. For the past 6 years she has worked in the U of U Health’s Cardiovascular Intensive Care Unit, aiming to initiate quality improvement changes. She enrolled in the U of U College of Nursing PhD program in the fall of 2020.



Paula Meek, PhD, RN, FAAN, ATSF
Assistant Dean of the PhD Program, Professor

Paula Meek is a nurse scientist. She earned her Bachelor of Science in Nursing from Brigham Young University, Master of Science from University of Washington, and PhD from the University of Arizona. She has investigated symptom appraisal, treatment, and management for more than 20 years. Meek specializes in longitudinal measurement and the properties of instruments used to evaluate symptoms in both chronic and acute phases of illnesses. Meek is a fellow in the American Thoracic Society, and has been a member on five of its expert panels as well as on a systematic review panel. She is on the editorial board of *Nursing Research*, *Chronic Respiratory Disease*, and *Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation*.



Caroline Stephens, PhD, RN, GNP-BC, FAAN
Associate Professor, Helen Lowe Bamberger Colby Presidential Chair

As a young caregiver for her parents, Caroline Stephens always knew she wanted to work with older adults. Informed by nearly 20 years of experience as a gerontological nurse practitioner and geropsychiatric advanced practice nurse, including consulting in more than 100 nursing homes in three states, her program of research focuses on vulnerable populations at high risk for poor care transitions, particularly in long-term care settings. She is currently refining and testing the Improving Palliative Care Access Through Technology (ImPACTT) intervention in nursing homes.



Djin Tay, PhD, RN
Assistant Professor

Djin Tay graduated with her PhD in Nursing from the University of Utah in 2019. Her work as a postdoctoral fellow with Lee Ellington, PhD, at the College of Nursing focused on examining patient and family communication and support at the end of life, which complemented her research interest in the support of seriously ill patients and family caregivers facing stressful transitions of care and medical decision-making. Tay has served as a task force member for advance care planning for the Hospice and Palliative Nurses Association and as an editor for the Asia Pacific Hospice Palliative Care Network (Singapore).



Josh Wall, PhD, RN, CEN, CFRN
Assistant Professor (Clinical)

Josh Wall received his Associate of Science Degree in Registered Nursing from the College of Southern Idaho, and later completed his Master of Science in Nursing Education and PhD in Nursing Education from Walden University. As a new nurse, Wall started his career caring for patients in the cardiothoracic intensive care unit and emergency department. His experiences led him to become a flight nurse for AirMed at the University of Utah, where he continues to work part-time. Wall has been an adjunct instructor at the College of Nursing since 2015. He is the president of the Air & Surface Transport Nurses Association and a member of the Utah Chapter of the American Association of Men in Nursing.



Kristin Cloyes
PhD, MN, RN

- Daniels Fund Ethics Initiative, Leadership in Ethics Education Award



Erin Cole
DNP, CNM, WHNP-BC

- Excellence in Teaching Award from the American College of Nurse-Midwives (ACNM)



Mollie Cummins
PhD, RN, FAAN, FACMI

- University of Utah College of Nursing Jon M. Huntsman Presidential Chair (2019-2024)



Linda Edelman
PhD, MPHIL, RN

- Amy Berman Leadership in Gerontological Nursing International Award from Sigma Theta Tau International
- Distinguished Educator in Gerontological Nursing from the National Hartford Center of Gerontological Nursing Excellence (NHCGNE)



Jessica Ellis
PhD, CNM

- Excellence in Teaching Award from the American College of Nurse-Midwives (ACNM)



Katarina Friberg Felsted
PhD

- Rising Star Early Career Faculty Award from the Gerontological Society of America's (GSA) Academy of Gerontology in Higher Education (AGHE) Practitioners (AANP)



Sara Hart
PhD, RN

- Fellow, Museum-based Arts in Health Professions Education in the Harvard Macy Institute



Deanna Kepka
PhD, MPH

- Outstanding Achievement Award for Women in Medicine & Health from YWCA



Michelle Litchman
PhD, FNP-BC

- Fellow, Leadership and Education Advancement Program (LEAP) for Diverse Scholars in the American Psychological Association (APA)



Janice Morse
PhD, RN, FAAN, FCAHS

- Lifetime Achievement Award from the International Institute for Qualitative Methodology (IIQM)



Debra Penney
PhD, CNM, MPH

- University of Utah 2020 Excellence in Global Engagement Award



Leissa Roberts
DNP, CNM, FACNM

- Distinguished Service Award from the American College of Nurse-Midwives (ACNM)



Caroline Stephens
PhD, RN, GNP-BC, FAAN

- Helen Lowe Bamberger Colby Presidential Endowed Chair in Gerontological Nursing



Lisa Taylor-Swanson
PhD, MAcOM, Lac

- Outstanding Senior Researcher Award in Clinical Research from the Society for Acupuncture Research



Andrea Wallace
PhD, RN, FAAN

- Fellow in the American Academy of Nursing (AAN)



Rebecca Wilson
PhD, RN

- Frederick Q. Lawson Excellence in Teaching Endowed Chair in Nursing

RESEARCH GRANTS (2019-2020)

Researcher	Project	Funding Agency	Grant
Kristen Cloyes	Nurse Faculty Loan Program	Health Resources & Services Administration (HRSA)	\$210,000
Susanna Cohen	Expanding and Sustaining Simulation and Team-training in Bihar India	University of California San Francisco/Gates Foundation	\$468,290
Susanna Cohen	Integrating Simulations & Team-Based Training into Nurse Mentoring in Uttar Pradesh	University of California San Francisco/Gates Foundation	\$30,098
Marla De Jong	A Quantitative Analysis of Perioperative Communication Patterns in a Large Military Medical Center	The Geneva Foundation/ TriService Nursing Research Program	\$73,734
Linda Edelman	Geriatric Workforce Enhancement Program	Health Resources & Services Administration (HRSA)	\$3,750,000
Lee Ellington	Leveraging the Utah Population Database for Advancing Family Caregiver Research	Icahn School of Medicine at Mount Sinai/NIH National Institute on Aging (NIA)	\$16,000
Youjeong Kang	Symptom Care at Home-Heart Failure: Developing and piloting a symptom monitoring and self-management coaching system for patients with heart failure	NIH National Heart, Lung, and Blood Institute (NHLBI)	\$726,668
Gwen Latendresse	Advanced Nursing Education Workforce	Health Resources & Services Administration (HRSA)	\$2,789,092
Gwen Latendresse	Utah Telemental Health Project	Utah Department of Health	\$415,569
Kathi Mooney	Huntsman at Home- A nursing driven model of care for rural dwelling cancer patients and their families	Rita & Alex Hillman Foundation	\$600,000
Catherine Staes	Data Analytics to Improve End-of-Life Care	Hitachi Ltd	\$80,000
Caroline Stephens	Improving Palliative Care Access through Technology (ImPacTT): A Multi-Component Pilot Study	NIH National Institute on Aging (NIA)	\$415,154
Caroline Stephens	Rural ImPacTT: Assessing the Feasibility and Acceptability of the Improving Palliative Care Access Through Technology (ImPacTT) Intervention in a Rural Nursing Home	University of Utah Research Foundation	\$25,000
Andrea Wallace	Social Needs and Resources in the Evaluation and Enhancement of Discharge Support: the NEEDS Study	Agency for Healthcare Research & Quality (AHRQ)	\$1,200,000

Distinguished Alumni Continued from pg. 32

clinicians and scientists in disadvantaged countries to perform their own research.

At the same time, Spangler serves on the steering committee of the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). Kathryn Kite, administrative director of the Lillian Carter Center for Global Health and Social Responsibility at Emory, says Spangler’s commitment to disadvantaged populations is evident through her work.

Her “commitment to international nursing and midwifery and improving maternal and reproductive health outcomes globally is evident in her record,” Kite wrote.

Spangler traces it all back to that chance conversation in the Anthropology Building. Nursing, she says, has given her the flexibility to shape her own work environment and areas of study in ways that medicine and public health probably wouldn’t allow. And her clinical experience as a nurse-midwife continues to open doors that her academic credentials may not.

“My clinical knowledge and experience gives me credibility in the world of public health. It informs the way that I think about women’s health and the research that I do,” she says. “My education in nursing and midwifery is the gift that keeps on giving. It’s the thing that allows me to do everything else I’ve done.”

Spangler lives with her husband, Troy Mutchler, an assistant professor at Kennesaw State University, and their four golden retrievers. [N](#)

Young Alumni Continued from pg. 33

clinical and classroom instruction. I just chose to carry that flag after I became director.”

Former Interim Dean Barbara Wilson says Lassche is a simulation leader not only at the college, but throughout the state. “Her work in simulation is unprecedented,” Wilson says. “She is largely responsible for the joint efforts of large state institutions to incorporate best practices into the simulation practices we use to train students and practicing clinicians.”

“Her ongoing and relentless effort keeps us looking forward to future possibility,” Madden adds. “She truly is the founder of our simulation center and program.”

Now, Lassche’s staff are pushing the envelope further—using even more advanced technology to train students, delving into virtual reality innovations for repetitive task training and staging more complex patient scenarios.

In the meantime, Lassche founded the Utah Simulation Coalition in 2017, which brings diverse and sometimes competitive simulation centers—from BYU and Weber State to Intermountain Healthcare and University of Utah Health—together to collaborate, adopt common standards and rules, and promote the professional development of their staff.

At the college, Lassche pushes her staff to seek certification and present at conferences. The center is pursuing accreditation, and adopting standards from the International Nursing Association for Clinical Simulation and Learning (INASCL) and the International Meeting on Simulation in Healthcare (IMSH). At the same time, Lassche is working to implement a simulation for various specialty tracks within the Doctor of Nursing Practice program.

Lassche lives with her husband Steven and two children, 18-year-old Thomas and 22-year-old Mark, in Kaysville. Her staff nominated her for the Young Alumni Award. After 12 years leading simulation at the college, she’s proud of how it has been fully integrated into students’ experience. [N](#)

COVID Continued from pg. 15

“The College of Nursing embraces a culture of wellness, while also acknowledging it’s ok NOT to be ok sometimes,” says Patterson. “The school tries to be a safe, healing place for everyone so we can care for each other, ourselves, and ultimately our patients.”

“I got an excellent education from CON, and it’s why I came back to the University of Utah to practice,” explains King. “The college is so well-integrated with the University of Utah Hospital to provide the best hands-on training, and our practices are based on the latest advances in care. The evidence-based training we receive allows us to respond and implement procedures right away.”


Nene Maruta, BSN ’20, one of the CON’s most recent graduates, is preparing to enter a highly sought-after residency program at the Mayo Clinic this fall. Maruta says COVID-19 made her final year especially challenging as she navigated online courses, reduced clinical hours, and the complexities of residency interviews.

“Finishing nursing school in a pandemic was one of the most frustrating experiences ever,” she laughs. “Like a lot of nurses, I’m more tactile and conversation oriented, so it was harder to enjoy things moving online. I had to acknowledge the frustration and find the best way to move on.”

Maruta and the rest of her cohort expressed sadness over relinquishing field experience as clinical and training hours were reduced to accommodate health precautions, but credits the school with moving quickly to make sure education was adjusted for each group of students.

Despite this year’s discouragement, Maruta feels more energized than ever to take on a nursing career.

“We got into nursing because we want to serve, and take care of those who are sick,” Maruta says. “The shared feeling is that we want to be out there and experience the true value of health care. Health care can feel like a privilege more than a right, and I want to combat that, especially now.”

“I’ve felt angry at the virus for taking part of our education, but it’s made me eager to get out and help,” she continues. “I’ve had the opportunity to provide education and answer questions for friends and family. Increased empathy for others through shared experiences. This is what nursing is all about.” 

Dean

Marla De Jong,
PhD, RN, CCNS, FAAN

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Dean’s Advancement Board (DAB)

The College of Nursing recently merged their advisory, development, and alumni boards to create the Dean’s Advancement Board (DAB). The DAB and its members advocate for the College of Nursing in the community, serve as a resource to the Dean of the college and advancement professionals, and pursue, develop, and encourage financial assistance and other support for the college and its mission.

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