

connections



PARTNERSHIPS FOR THE FUTURE



Invitation to the Future of Caring

As I complete my first year as dean, I can't help but think that this has been one of the most remarkable years I've ever encountered in nursing.



There have been the trials of a dramatically changing budget picture. And, there have been the special rewards of having faculty and staff who have pulled together to meet these challenges and help keep our school on its long-standing path of excellence. It has also been a year in which the real meaning of partnerships and collaboration has become apparent. Frankly, without the significant contributions of our school, community, health partners, alumni, donors, state and national stakeholders, our future would be significantly different than the one we see ahead.

I invite you to join the School of Nursing in a very important conversation about the future. Our school is a critical and precious part of creating a better future for people in our state, nation and world. We are blessed with the gift of remarkable faculty, staff, students, alumni, partners and friends. Our strengths in education, discovery, leadership and practice have served all of us very well in the past. And these times are precisely the times in which our strengths matter most. It is no overstatement to say that how we use those strengths today to shape the future of caring is both an important opportunity for the school and, truly, our greatest responsibility.

This edition of *Connections* is not unlike those in previous times. We are pleased to share our good news with you. What is different, though, is that we are explicitly inviting you to join us in ensuring that the future of caring will continue to benefit from the work of all of us associated with the School of Nursing. We invite our alumni to work with us in new ways and to reconnect as we seek to strengthen our alumni involvement in the school. And for our many friends and partners, we invite you to work with us to create even more positive and productive collaborations.

Whether it's through mentoring, precepting, sharing your feedback and ideas with faculty and staff, supporting the School and its students financially,

or signing up to receive our e-newsletter by e-mail (send e-mail to nscomm@u.washington.edu), we welcome and value your participation in our remarkable school's future. Our school, and the work that we can do together, provides a real opportunity to make the future better not only for us, but for all those whose lives are touched by the work of nurses!

A handwritten signature in black ink that reads "Marla E. Salmon". The signature is fluid and cursive.

MARLA E. SALMON, SCD, RN, FAAN
*The Robert G. and Jean A. Reid
Endowed Dean in Nursing
Professor, Psychosocial
and Community Health
Professor, Department of Global Health*

Editor's Note

You may wonder about the new use of color throughout this publication, particularly given the decreased budget the school received this year. We're pleased to report that we were able to move to full color with a savings of about 50 percent in printing costs. We hope you like it!

connections

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IN THIS ISSUE

FALL 2009 | VOLUME 20, NUMBER 1



- 2 The Ultimate Partnership
High-tech Meets Low as Schools Collaborate on Lifesaving Idea



- 4 Defeating Fatigue
Fatigue Research Could Improve Patients' Quality of Life



- 6 DNP Pioneers
First DNP Graduates See New Doors Opening



- 8 Facing the Future
School's Clinical Deans Look at What's Ahead for Nursing Practice



- 11 Nurse Inventor
Paul Okazaki, with Help from his Family, Takes Successful Stab at a Safer Needle



- 12 Research Review



DEPARTMENTS

- 15 Briefly
19 Alumni News
20 Message Corner
21 In Memoriam

the ultimate partnership

High-tech Meets Low as Schools Collaborate on Lifesaving Idea

By JULIE H. CASE

It only takes a moment—a slip of the tongue, an omission, the wrong instrument going into a surgeon's hands, the wrong medicine going into a patient's mouth—to change a life in surgery and post-operative care. Any health care provider can attest to that. Of all the things that can go wrong during a hospital visit, communication errors account for the greatest percentage. According to a 1999 study by the

Institute of Medicine, 44,000 to 98,000 accidental hospital deaths occur in the United States each year. There is a growing body of evidence that identifies communication issues as a significant factor in a majority of medical mistakes in hospital settings. Teamwork breakdowns, such as lack of supervision and patient hand-off problems, account for 70 percent of errors by medical trainees, according to a 2007 study by

the Agency for Healthcare Research and Quality.

An innovative UW partnership is aimed at helping change health care mistakes related to communication errors. For the first time ever the UW's schools of nursing, pharmacy and medicine are partnering in the simulation lab to improve patient safety and communication issues. The project is funded by a three-year, \$990,000 grant from the Josiah Macy Jr. Foundation and a \$250,000 grant from the Hearst Foundation.

Focusing on interpersonal communication, future nurses, physicians, physician assistants and pharmacists will work as a team to treat simulated patients, gaining firsthand experience in a realistic clinical situation. Human patient simulators, which can portray a variety of illnesses, including pneumonia and cardiac arrest, can be cut into, bleed and can even tell nurses and physicians to "go away!" The goal of the program is to train future health care professionals to improve communication with each other during challenging clinical situations.

This will be the first time students from these three disciplines have collaborated in a simulated clinical setting. Students in most health care disciplines train separately, despite the



Peggy Odegaard from Pharmacy, left, Brian Ross from Medicine and Brenda Zierler from Nursing discuss plans for health care team training using simulators in the nursing lab.

fact that the very colleagues they'll later work with are learning about the same conditions just a building or two away.

"This will help with the delivery of health care. There's no reason we should be training in silos. When students finish their training they actually do work together. So why don't we get them working together early on?" says Brenda Zierler, co-principal investigator on both grants, and associate professor and associate dean of Technology Innovations in Education and Research at the UW School of Nursing. "There's no one discipline that single-handedly cares for the patient; the patient is taken care of by multiple people in multiple disciplines or teams."

"Health care is provided by many members of a team," says Paul Ramsey, dean of the UW School of Medicine and CEO of UW Medicine. "A partnership related to development of simulation training, such as this, offers the opportunity to improve further our teaching, training, and evaluation programs for health care professionals."

What's more, simulators provide an opportunity for students and residents to train, and experience success and failure, without a human patient. Patient safety is removed from the equation and learning—and the learner—become the focal point.

"We believe simulation is the model for medical education, says co-principal investigator Brian Ross, professor of anesthesiology and director of the UW's Institute for Simulation and Interprofessional Studies. "The ability to learn is sped up, and patient safety is improved because we aren't learning on the patient."

Meanwhile, getting medical, nursing, physician assistant and pharmacy students excited about the idea of working together as a team, and breaking down hierarchal barriers, establishes a

the team:

Brenda Zierler, School of Nursing (co-PI); Brian Ross, School of Medicine (co-PI); Doug Brock, Tom Gallagher, Grace Landel, Karen McDonough, all from the School of Medicine; Sara Kim, School of Dentistry & School of Medicine; Nanci Murphy and Peggy Odegard, School of Pharmacy; and Sarah Shannon and Diana Taibi, School of Nursing.

baseline of respect and helps develop good communication patterns and a team approach to health care that will stay with the professionals throughout their career.

"We can try to teach some of the older guard how to work better as a team, but really we have to change the culture, and the culture shift has to work with our new learners," says Ross.

For pharmacy students, the simulation will be yet one more example of the changing dynamic in health care. Once considered last and conferred with by phone, pharmacists are increasingly being consulted for their knowledge and ability to help prevent medication errors. A goal of the simulation training is to help expand understanding of the pharmacist's role in patient safety and care delivery.

"We hope to facilitate our students' skill and comfort in communicating with the other team members, including speaking against a power gradient and advocating for their patient's needs for optimal medication therapy," says Peggy Odegard, associate professor of pharmacy.

Before students train as a team in the simulation lab, Zierler and her team are mapping all four curriculums and

determining at which stage in their education students have equivalent knowledge and competencies of basic clinical care. A group of 20 interprofessional students are currently working with faculty to develop clinical scenarios for mock clinical situations. The ideal scenario, Zierler says, is an acute condition that isn't overly complex but which demands a great deal of cross communication between the disciplines. A patient in cardiac arrest is one scenario the team is considering.

In addition to an acute scenario, the team will develop a "hand-off": a scenario in which one discipline hands off patient care to another discipline, which can happen during a shift change. They'll also use two Web-based scenarios based around medication errors and error disclosure developed by Dr. Tom Gallagher in the School of Medicine and his research team.

Zierler and her team also expect to conduct scholarly research around the simulation project. They hope to employ PhD students to develop measurement tools that will allow the team to assess whether or not the improved communication goals and teamwork were achieved.

The venture isn't merely a single institutional effort. The team plans to export the training program they develop—including simulated cases and a template for simulated cases as well the background information on prerequisite student knowledge, faculty development modules and a Web-based evaluation tool—to other nursing, medical and pharmacy schools.

Which means: not only could this interprofessional simulation project improve patient safety and change how health care education is conducted at the UW, it could change how health care education is conducted across the country.

Fatigue Research Could Improve Patients' Quality of Life

defeating fatigue

By JOLAYNE HOUTZ

Joachim Voss discovered his research passion almost by accident. When his PhD mentor at the University of California, San Francisco, suggested in 2000 he study the issue of fatigue management, Voss, whose native tongue is German, had to look up the word in an English dictionary.

But after a 20-year nursing career that included working in Germany with critical care, dialysis and HIV patients, Voss knew firsthand the devastating effect fatigue could have on patients and felt this little-studied area held promise for improving patients' quality of life.

Now Voss, an assistant professor in the Department of Biobehavioral Nursing and Health Systems, is closing in on identifying cellular changes in HIV patients experiencing extreme

fatigue. Ultimately, that may lead to better treatment strategies for patients with a range of diagnoses, from AIDS to cancer to multiple sclerosis.

Last year, Voss was one of the first researchers to receive pilot funding from the UW's Institute of Translational Health Sciences (ITHS), a new interdisciplinary collaboration designed to turn promising lab discoveries more quickly into new products, treatments and prevention strategies to improve human health. (See sidebar)

Preliminary results from Voss's research suggest that fatigued HIV patients have a much higher level of mitochondrial dysfunction. Mitochondria, the energy-producing structures within cells, don't function as well in HIV patients on antiretroviral

drugs, but it is not yet known how this affects fatigue, he said.

"The question will be: How useful is this for providers to know?" said Voss, who first began researching fatigue "biomarkers" in 2003.

Fatigue can be debilitating for patients, Voss said. "Some told me they were too tired to go from the bedroom to the kitchen to get a glass of water... they could not find the energy to lift their feet in front of each other," he said. Many became depressed.

Monitoring the biomarkers of HIV patients could help clinicians pinpoint when certain antiretroviral medications are becoming too toxic to the cells and change the treatment plan before the patient experiences irreversible cell damage and extreme fatigue, Voss said.

Institute Aims to Accelerate Health Research

The UW Institute of Translational Health Sciences (ITHS) is part of a nationwide effort to speed up the time it takes to turn new research into prevention and treatment strategies for some of society's most pressing health problems.

The institute is part of a federally funded consortium of Clinical and Translational Science Awards that ultimately will link together 60 institutions nationwide to accelerate health sciences

research, share expertise and resources and transform how clinical and translational research is done.

The institute was launched two years ago with \$62 million in funding from the National Institutes of Health National Center for Research Resources. It is a consortium of eight UW schools, including the School of Nursing, and multiple partner institutions covering 12 sites, involving 67 key scientific personnel and connecting

researchers to more than 150 centers.

Other institute partners and collaborators include Seattle Children's, Fred Hutchinson Cancer Research Center, Seattle Cancer Care Alliance, Group Health Cooperative Center for Health Studies, Benaroya Research Institute at Virginia Mason, and the Northwest Association for Biomedical Research. Six American Indian/Alaska Native network sites also have been invited to partner with the institute.

The potential impact on cancer patients is less clear because their treatment options are more limited. Voss notes that some 30 percent of breast cancer patients remain chronically fatigued even after completing radiation or chemotherapy. “For them, it would be very helpful to figure out novel interventions to improve their fatigue” and detection tools sensitive to changes going on at the cellular level.

The \$10,000 ITHS grant Voss received last year helped generate some of his preliminary data. It paid for time in a mass spectrometry lab on campus to identify the proteins Voss needed to examine from both fatigued and healthy patients.

His research also helped attract a \$350,000 grant from the Robert Wood Johnson Foundation last year, part of a new foundation initiative to develop the next generation of national leaders in academic nursing.

Voss’s next step is to develop a dipstick diagnostic test for use with blood samples so clinicians could track protein changes in cellular energy production, leading to better fatigue management in HIV patients.

“I want clinicians to have a tool

to use in the field so they know when to change their patients’ regimens,” Voss said. That technology could be available within the next three years, Voss predicted.

Accelerating the pace at which promising research impacts human health is the idea behind the ITHS. The School of Nursing is one of eight UW schools participating in the institute.

“There are a lot of discoveries in bench science that don’t make it through the pipeline to eventually impact clinical practice and help patients,” said Cathryn Booth-LaForce, the school’s executive associate dean and director of ITHS’s Center for Scientific Review.

Nursing science has been particularly effective in helping move research from early trials into new health practices. Nursing’s involvement in the institute is “absolutely critical,” she said. “Medicine can’t do it alone.”

Nursing’s involvement in ITHS also underscores the school’s longtime focus on community collaboration and interdisciplinary partnerships in both research and education.

Voss said he is grateful for that emphasis on collaboration, one of the



Joachim Voss’s protein research could help manage fatigue in HIV patients.

reasons he chose the UW in 2006 when he was looking for a tenure-track faculty position. As part of his work, Voss has developed cross-campus connections with colleagues in radiology and medicinal chemistry, among others.

“The more I learn of other institutions, the more I know how valuable it is to have this openness and wanting to advance science and improve human health at the University of Washington,” he said.

The institute also will strengthen existing research and clinical connections between the UW and the five-state WWAMI region (Washington, Wyoming, Alaska, Montana and Idaho).

The institute is led by principal investigator Mary L. “Nora” Disis, associate dean for translational science in the UW School of Medicine and director of the UW Center for Translational Medicine in Women’s Health.

Nursing has a prominent role in the

ITHS. Two School of Nursing faculty members are on the leadership team: Cathryn Booth-LaForce, executive associate dean and the Charles and Gerda Spence Endowed Professor in Nursing, is director of the Center for Scientific Review, director of membership and director of the mentoring/career development program.

And Pamela Mitchell, associate dean for research, is co-director of the research education, training and career

development core.

Other nursing faculty involved include: George Demiris, associate professor; Cynthia Dougherty, associate professor; Margaret Heitkemper, professor and Elizabeth Sterling Soule Endowed Chair; Monica Jarrett, professor; Carol Landis, professor; Marla Salmon, the Robert G. and Jean A. Reid Endowed Dean; and Elaine Adams Thompson, the Sandra and Peter Dyer Term Professor in Nursing.

dnp pioneers

First DNP Graduates
See New Doors Opening

BY JOLAYNE HOUTZ

Shelley Miksis recently got a new white lab coat to wear in her role as a women's health care provider at a Seattle clinic. Her old one had "ARNP" sewn in blue onto the coat, indicating her role as an advanced registered nurse practitioner.

But since she became one of the first two graduates of the School of Nursing's newest degree program, Miksis has earned the right to add a new designation to her coat: DNP.

Miksis is a newly minted Doctor of Nursing Practice (DNP) at the forefront of a nationwide movement in nursing with profound implications for nurses, patients and the delivery of health care.

The DNP is being called the next step in the evolution of advanced

practice nursing and a way to improve access to high-quality primary health care. DNP-prepared nurses have additional education and training in leadership, health systems, evidence-based practice and research—leaders grown from within nursing who can work alongside health care executives and policymakers as easily as they work with patients. The DNP is different than the PhD, which is still the path for preparing nurse scholars and scientists.

Doctorally prepared nurses will be better able to manage complicated chronic illnesses, coordinate care between specialists, diagnose and treat medical conditions and work with patients, families and communities on preventive care, said Marie-Annette

Brown, the Group Health Nursing Professor in Chronic Illness Care. Brown is a nurse practitioner who spearheaded the development of the UW's DNP program.

With the rise in chronic illnesses and the increasing complexity of the health care system, patients need nurses with additional clinical education who can navigate the system on their behalf, she said.

The UW School of Nursing launched its DNP program in January 2007 after three years of discussion and preparation. Its first two graduates were recognized last year—Miksis and Christine Hoyle, a clinical assistant professor in the school's Department of Psychosocial and Community Health.

About the DNP degree

By 2015, the American Association of Colleges of Nursing has recommended that all nursing schools offer DNP degrees, with a goal of making the doctoral degree the new standard for all new advanced practice nurses.

That includes nurse practitioners, nurse midwives, nurse anesthetists and clinical nurse specialists.

The UW School of Nursing is one of more than 130 nursing schools that offers or is preparing to offer the degree, and it is one of the few schools to develop a program for both post-master's students and nurses with bachelor's

degrees who want to become advanced practice nurses.

The DNP is different from the PhD, which is still the path for preparing nurse scholars and scientists. The DNP is for those wanting preparation at the highest level of nursing practice.

The DNP program takes a minimum of one year of full-time study for students with a master's degree and three years for students with a bachelor's degree.

Current advanced practice nurses holding master's degrees will not be required to have a DNP to continue practicing but will be "grandfathered in"

by nursing regulators.

The DNP is a good fit for new nurses who want to build in additional career options down the road and for seasoned advanced practice nurses who want to rejuvenate their connection to nursing, said Marie-Annette Brown, chair of the school's DNP Curriculum Coordinating Committee.

The annual application deadline for the program is Jan. 15. For admissions information, visit: www.son.washington.edu/admissions/dnp/ For general information about the DNP, see: www.aacnche.edu/DNP/



Shelly Miksis, right, one of the school's first DNP graduates, consults with Dr. Robert Levine at a Seattle clinic where she works.

Some 25 DNP students graduated last spring, and 80 more DNP students are in the pipeline.

"I always felt there was more to what I was doing than I had been exposed to," said Miksis. "This enhanced everything I had learned ... It gives me greater confidence in making changes within a health care system, within my own practice."

Miksis spent the past seven years working as a nurse practitioner in a private ob/gyn clinic. While she doesn't see that changing, her new DNP degree has empowered her to think about ways to expand her role and influence.

For example, Miksis wants to create a new program to help uninsured women with abnormal pap smears, a safety net for patients without insurance who might otherwise be lost in the system.

"Because of the DNP, I understand how to go about doing that successfully," she said. "It's seeing the big picture of health care."

Jose Pares-Avila is another of the school's pioneering DNP students. A former psychologist in community mental health, Pares-Avila joined the school's first group of students in the Master's Entry Program in Nursing in

2004, then decided to pursue a DNP.

The DNP appealed to him because it seemed to offer a balance between hands-on nursing and research focused on enhancing his clinical practice. "While I like the idea of being a scientist, I don't see it as being my entire life," said Pares-Avila.



Jose Pares-Avila

Even before he graduated, Pares-Avila landed a new job that he believes plays to his new strengths in both nursing and leadership.

The medical director at a Spokane clinic hired him right after he interviewed for a position as a nurse practitioner. Pares-Avila said his DNP background was a perfect fit in a job focused on quality improvement and innovative approaches to patient care.

"I am a newly graduated nurse practitioner, and I need to ... get up to speed, but I can see two or three years down the road mixing it up and having an administrative role," he said.

The DNP concept has generated

controversy outside the profession, especially among some medical doctors who say patients will be confused if DNP-educated nurses refer to themselves as doctors.

DNP-prepared nurses are educated to explain the difference to patients, said Brown, who notes that other health care professions also are embracing doctoral preparation, including pharmacy and physical therapy, and use the word doctor in their titles.

"We want people to know we're nurse practitioners and to understand what advanced practice nurses do, whether or not they use the word 'doctor' in front of their name," Brown said.

Many nursing executives and health care leaders are excited about the prospect of this new model for advanced practice nursing.

When the concept first was presented to a group of nursing executives in Seattle area hospitals several years ago, Brown said the response from many was:

And how many can you get us?

To read more about the UW's first cohort of DNP students in an article in *The American Journal for Nurse Practitioners*, visit www.son.washington.edu/about/AJNPDPNPioneers.asp

The School of Nursing invited its six assistant deans for clinical nursing practice to respond to a series of questions we posed about nursing, including the impact of the economic downturn on their institutions and how they believe nursing will change in the future.

These nursing executives also serve on the school's Nursing Practice Advisory Board, advising school leaders on emerging issues and trends in nursing and pursuing joint ventures between their institutions and the school.

Their answers have been edited for clarity and space.

HOW HAS THE ECONOMIC CLIMATE AFFECTED YOUR DECISIONS AND OPERATIONS?



Lorie Rietman Wild, chief nursing officer, UW Medical Center: In looking forward, we expect that as more individuals either lose

their health benefits or have reductions in benefits, the number of patients who need care will increase. This puts additional economic strain on hospitals, especially hospitals such as ours. Even though it's always important to work efficiently and cost effectively, the changing economy amplifies that imperative.

Cindy Hecker, chief nursing officer, Harborview Medical Center:

At Harborview we are closely monitoring the economic changes and trying



Cindy Hecker

to predict how health care reform may affect us. We had a challenging winter financially, which required that we make some quick adjustments to more closely watch our expenses. At this point volumes have maintained but we are concerned about the increase in the number of uninsured that are seeking care. With health care reform looming in the near future no one is sure what health care will look like in the years to come; however, I am certain that it will require that we streamline operations and run efficient, productive institutions while continuing to deliver high quality care. As a public safety-net organization that runs on a 1 percent bottom line, I believe the challenges will be substantial.

WHAT KINDS OF COLLABORATIONS ARE TAKING PRIORITY IN YOUR ORGANIZATION?

Lorie Rietman Wild: Our collaboration with academic programs continue to be of great importance. The vitality of the School of Nursing and School of Medicine are closely related to our economic future, first due to the

unchanging need for educating new clinicians but also through the research enterprise—particularly systems-level research.

Another key collaboration for us is our relationship with state lawmakers. As the state budget woes increase, funding for health care will be at risk, as is support for medical/nursing education. Working closely with our legislators is critical.



Frankie Manning

we gain efficiencies in running the organization. We are setting up partnerships to see how to get work done. For example, we have set up primary referral programs and worked with local partners to do training across networks. We are also partnering with rural clinics and community hospitals to determine how to share staff efficiently since rural populations are so difficult to reach. We are also looking to open up educational resources so we can share these with other agencies.

facing the future

WHAT DOES THE FUTURE OF NURSING LOOK LIKE TO YOU?



Barbara Ellis Trehearne

Barbara Ellis Trehearne, executive director of nursing, Group Health Cooperative: The aging of the population, shortage of primary care physicians and

continued rise of chronic illnesses will demand that nursing services are better positioned to provide services to the chronically ill. Nurses, including nurse practitioners, are well prepared to do this work given their training and education in patient education, self-care and illness monitoring. Nurses have the ability to provide both independent services for this growing population as well as interdependent services with other health care professionals.

Nursing's future will continue to include shortages of professional nurses, which also will demand a more in-depth exploration of how to more effectively utilize the limited supply. We must find better and faster ways to rethink our delivery systems and the role nurses play. We must be clear about when and under what circumstances patients need access to registered nurses and thus

determine how to meet the needs of populations more effectively. We must also find improved methods for working in teams.

I also believe nursing has an opportunity to take the lead in assuring safety in care delivery. The patient safety agenda is dependent upon nursing and nurses, and without our leadership, I believe this effort will be less effective.

Cindy Hecker: I believe nurses will continue to be vital leaders of the health care team. Their role will become even more significant in ensuring clinical care is delivered in a safe, patient-centered way. All the predictions indicate that we will continue to have a nursing shortage, but with the economic change, we may see fewer nurses retiring, which may slow down the shortage.

WHAT SKILLS AND ATTRIBUTES DO NEW NURSES AND NURSE LEADERS NEED?



Charleen Tachibana

Charleen Tachibana, senior vice president and chief nursing officer, Virginia Mason Medical Center: Comfort with ambiguity, engagement,

open-mindedness, clarity on the unique

contributions of nursing, courage, analytical skills, ability to work in teams, and very strong communication skills.

Lorie Wild: New nurses and nurse leaders need to be able to think broadly and critically. Creative problem-solving is key. Seeing beyond the immediate care needs of patients is also very important. The ability to see and affect the linkages between health policy and health care delivery at the point of care will lead us to better solutions to what seem to be unsolvable problems.

Cindy Hecker: New nurses need to not only have strong clinical skills but must have an aptitude for technology. Leaders need to not only have a strong clinical background but also need to have a very strong business understanding of health care.

Frankie Manning: The ability to collaborate across disciplines and systems—and not just within health care. It is important to understand how to work with community agencies. Also, it is important to understand how technology works and be able to use it in practice and in non-traditional ways.

facing the future

WHAT ASPECTS OF THE UW PARTNERSHIP ARE MOST VALUABLE TO YOU?



*Susan Heath,
senior vice presi-
dent and chief
nursing officer,
Seattle Children's:*

Our opportu-
nity to have UW
students at the

Susan Heath

undergraduate
and graduate level is very important to us. The presence of students who are enquiring keeps us current, evidence-based and helps shape change through their inquiry about why we are doing certain things. Students assure that we place emphasis on the spirit of inquiry. In addition, we are benefited by our partnerships with the UW faculty. They assist us in shaping our thinking about new directions for nursing practice. They assist us with the practicalities of how to raise research questions.

Lorie Wild: Each aspect of our UW School of Nursing partnership is valuable. From our shared faculty to our structured collaboration with Continuing Nursing Education, the collaboration has provided numerous opportunities for our staff as well as the

school. However, aside from the formal agreements and partnerships, what I value most are the professional and personal relationships with individual faculty and staff. This is where the real work and the real richness happens.

HOW DOES THE IDEA OF A GLOBAL HEALTH WORKFORCE FIT INTO YOUR ORGANIZATION?

Frankie Manning: The global health workforce is huge. At the VA, probably 40 percent of the workforce comes from a diverse background and 30 percent from other countries. There is also an influx of people from other countries coming to look at our systems and how we manage things. They are interested in seeing how we share so we can learn together. We haven't recruited from other countries yet, but I anticipate that this will happen in the future. The opportunity to share and learn from a diverse population is huge.

HOW DO YOU ANTICIPATE THE NEEDS FOR NURSING WILL CHANGE IN THE NEXT DECADES AND HOW DO YOU THINK NURSING WILL NEED TO ADAPT TO MEET THOSE NEEDS?

Charleen Tachibana: There clearly will not be the amount of resources available to deliver care in the manner we

deliver it today. We need to find new and more effective models and processes for care delivery that will improve outcomes. We need to find ways to standardize our care and reduce the tremendous variation in practices so we can expedite improvements. We need to hold individuals more accountable for their practice and outcomes of practice.

Susan Heath: The diversity of skills that nurses will need is escalating—be it the technical skills, assessment skills, family support and teaching as patients' survival with complex illness increases, or the non-clinical aspects of our role, such as team functioning, communication, leadership, adapting to change. Overall the breadth and depth of our knowledge will increase. Consumer knowledge about their illnesses is deepening rapidly, and with this the expectations of clinical providers is constantly changing. It is far more a partnership than in the past.

Cindy Hecker: Regulatory requirements will also continue to intensify, and each nurse will need to understand their role in assuring regulatory compliance. The nurse role that always has been vital to ensuring quality patient care will only intensify.

nurse inventor

Paul Okazaki, with Help from his Family,
Takes Successful Stab at a Safer Needle

By JULIE H. CASE

When fireman Paul Okazaki helped set up a landing zone on the freeway so an air ambulance helicopter could land, he never imagined he'd become an inventor. Nor that his very invention—a portacath safety needle—would one day give his wife, Elizabeth Adona, comfort in her final days. All he knew was that he was impressed that there were people in the world who could land anywhere to help the most critically ill and injured people, and that he wanted to do the same. So, he asked the crew what he had to do to become one of them, and the answer was “go to nursing school.”

Which is where Okazaki himself landed a year later. In 1993 the fireman turned nurse earned his bachelor's degree from the UW School of Nursing.

The excitement of working for Airlift Northwest may be what drew Okazaki to nursing, but it isn't what kept him in the field. Instead of becoming a flight nurse, Okazaki got into needles. Taking a lead from his sister, Liz—then a pediatric intravenous nurse—he became an adult IV nurse.

Soon, the two were brainstorming ways to make their field safer. After Liz suffered a needle stick, and in response to President Clinton's 2000 needle safety prevention law, the two decided to, as he says “take a stab at designing a safer needle.” Their goal was to design a product that would greatly reduce the risk of accidental needle injuries.

For their part, the two wanted to

choose a product that couldn't be that easily replicated, or that had few other ways of being designed. A portacath needle seemed the perfect decision. For starters, there seemed to be few ways of building such a needle, and one was already on the market. The first portacath needle had “wings” which covered the point of the needle after it was removed from the portacath. Even then, the design wasn't foolproof. Nurses did still occasionally get exposed.

The Okazaki's thought there was a better way; a design that removed any chance of exposure to the sharp end of the needle. Instead of covering the tip, they surmised, why not crawl the point back into the body of the needle?

That's exactly the safety port needle assembly they developed, though it wasn't easy. Early design flaws led the two to engage the services of brother Richard, a computer scientist at Microsoft, who knew how to break complex problems into pieces and evaluate future failures before developing a prototype.

A few years of practice paid off: In mid-2001 the Okazaki's developed a prototype. They patented the design, in which the needle is captured into the body of the device when pulled out, in 2004. In 2006 the patent was licensed to Smith Medical.

Besides making the lives of nurses better, Okazaki's needle is making the lives of some patients better, too. When his wife, Elizabeth, was diagnosed with



Paul Okazaki

cancer she had a portacath inserted for chemotherapy. As it turned out, some of the nurses told Okazaki they liked his design best and were using it on Elizabeth.

“It was one of those things that makes you feel grateful that you were able to make a difference in her life,” says Okazaki of Elizabeth, who passed away in 2007. “It was nice that she could see our product in use, because she wasn't a medical person. And she said she liked it better than the other products because she said it hurt less.”

Is another invention looming in Okazaki's future? Not likely. While he and Liz still brainstorm ideas from time-to-time, he admits that one is likely enough. For now, he's content to spending his weekends working at Swedish Medical Center—he inserts PICC lines—and raising his 5- and 12-year-old daughters.

Talking pill bottles aim to improve health, health literacy

Imagine a pill bottle that could “talk” to you, reminding you when to take medication or how much to take.

New research being led by the UW School of Nursing is examining how talking pill bottles might improve the health, safety and health literacy of certain patients taking medications.

Seth Wolpin, research assistant professor in the Department of Biobehavioral Nursing and Health Systems (BNHS), is among a team of UW faculty members who recently received a two-year, \$429,000 National Institutes of Health grant to study that technology.

As the grant’s principal investigator, Wolpin will lead co-investigators Annie Lam, senior lecturer from the School of Pharmacy, Ann Kurth and Bill Lober, both associate professors in BNHS, and former School of Nursing faculty and current affiliate professor Donna Berry in assessing the functionality of talking pill bottles.

The pill bottles come with technology that allows pharmacists to record their prescription instructions into a chip with a 60-second recording capability. This technology is intended to help patients with low literacy levels or who are sight-impaired.

“It is very difficult to understand what health care providers are telling you at times,” Wolpin said. “It is easy to forget or misunderstand the information that they give you. This technology could help capture those instructions and make it easier for patients to adhere to their medications.”

Talking pill bottles have yet to become readily available to patients, but can be purchased online. The technology also is in use in California by Kaiser Permanente, a major national health care organization.

Although they would come with a higher price tag than standard pill bottles, their potential long-term benefits—namely an increased ability for

certain patients to follow sometimes complex medication directions—might be worth it.

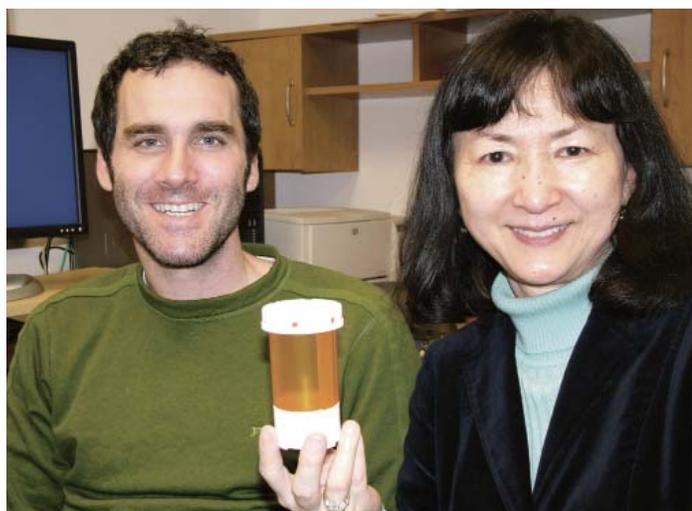
The UW study will recruit participants through the Fred Meyer pharmacy in Renton, targeting people with hypertension who have limited health literacy skills. Investigators will study whether audio-assisted medication instructions can have a positive impact on health literacy and medication adherence, Wolpin said, and ultimately improve the health of underserved populations.

Research has shown that nearly half of the 50 million Americans with hypertension are unable to understand the information on their prescription medication. Those with low health literacy rates were even more likely to face challenges in understanding their prescriptions.

“This could be a little step toward overcoming barriers due to low literacy,” said Lam. “[The bottles] can address the limitations of patients who do not have the ability to manage their prescriptions well because either they forget the instructions or they can’t read them.... So we’re trying to work with a population that we think will benefit from it the most.”

Added Wolpin: “This is one of the first studies on talking pill bottles in the country. These growing technologies will help to partially address a significant public health problem related to health literacy and medication adherence.”

— Ashley Wiggin, School of Nursing, and Melinda Young, School of Pharmacy



The School of Nursing’s Seth Wolpin is leading research with Annie Lam from Pharmacy and others to see if a talking pill bottle will make it easier and safer for people to take their medicine.

Unique MedRest program serves ill and injured homeless youth

When you're homeless and sick, the small comforts that can help speed recovery—a quiet, safe place to sleep, a little chicken soup—are usually out of reach.

The homeless and ill may try to recuperate by riding a bus all night to keep warm. Others remain outside and struggle to keep their medications dry and their symptoms under control.

Now, a first-in-the-nation outreach effort led by the UW School of Nursing has offered an alternative to homeless young people in Seattle—and provided a gateway to other services to lead them out of homelessness to a more stable life.

The pilot program, which ended in June, is called MedRest, a medical respite program for young homeless adults aged 18 to 23 who are ill or injured, but not so seriously that they require hospitalization.

The program was the outgrowth of a community/campus partnership led by principal investigator Josephine Ensign, an associate professor in the school's Department of Psychosocial and Community Health. The work was funded by a one-year, \$75,000 pilot grant from Group Health Foundation's Children and Teen Grants program.

Fourteen patients were accepted into the program, with ailments ranging from bronchitis to a fractured leg, referred by health care providers at two city clinics serving homeless youth.

It's a "window of opportunity," Ensign said, a vulnerable moment when people who might otherwise resist a helping hand are open to assistance.

Here's how it works: A patient is transported by taxi to a transitional program in the University District run by YouthCare, a community agency serving homeless youth. An overnight health care team stays with the patient through the night, including a School of Nursing clinical faculty member and a student from nursing, medicine or another health sciences program.

They provide support and meals and monitor symptoms, then transfer to a program at Harborview Medical Center in the morning, where follow-up care and services can be coordinated.

One of Ensign's success stories last year was a young man she saw at a clinic who was struggling with drugs, alcohol and panic attacks. But he rejected her suggestion to try the MedRest program.

Three weeks later, after a drug and alcohol binge and a major bike wreck, he was back, barely able to walk. He agreed to try MedRest that night, went to the adult respite program the next day and ended up getting both follow-up surgery and help staying off drugs and alcohol. Today, he has a steady job and lives in his own apartment.

"Building trust underlies this. The message is, 'When you're ready, we're here for you,'" said Ensign, who has worked with homeless youth for nearly 30 years as a researcher and nurse.

MedRest also aims to build health literacy among homeless young people. UW health sciences students offer advice on health insurance, self-care and other topics through local drop-in centers, shelters and clinics, serving



Josephine Ensign, leader of the MedRest program, examines a patient at a local clinic. Photo courtesy of Atsuko Otsuka.

about 250 young people last year.

The need for MedRest is clear, Ensign said: There are an estimated 500 to 1,000 street and shelter-based youth between the ages of 12 and 24 in Seattle/King County. In addition, MedRest provides valuable experience for student health care workers learning about the complex intersection of health and social justice issues.

Through another aspect of the program, the MedRest staff provided cultural sensitivity training about homeless youth subculture to 300 Seattle-area community health providers.

Ensign and other MedRest advocates are seeking additional funding from private foundations and others to keep the overnight medical services program going. They also are working toward expanded access to MedRest by taking patient referrals from hospitals and social workers and opening the program to homeless youth under age 18. In the meantime, the MedRest Steering Committee is continuing the community health care provider trainings.

For a list of community partners, see www.son.washington.edu/about/MedRest.asp

—Jolayne Houtz

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TERI NAMED CHAIR OF PCH

Linda Teri, professor of psychosocial and community health (PCH), was appointed the new department chair of PCH as of June 1 after serving last academic year as interim chair. Teri is director of the Northwest Research Group on Aging and also serves as adjunct professor in the Department of Psychiatry and Behavioral Sciences, UW School of Medicine, and Department of Psychology, UW College of Arts and Sciences.

Teri received her doctorate in clinical psychology from the University of Vermont in 1980. She is currently principal investigator on three federally funded grants investigating nonpharmacological treatments for dementia and methods for enhancing healthy aging. Teri has published nearly 200 papers. She was director and chief psychologist of the UW Geriatric and Family Services Clinic for almost 20 years, during which time she worked directly with older adults, their families and health care providers.



Linda Teri

Teri has received numerous awards, including the Alzheimer's Association Pioneer Award for her groundbreaking work in psychosocial treatments to reduce behavioral problems in persons with dementia and the Gerontological Society of America's most prestigious Lawton Award.

Teri founded the school's deTornyay Center for Healthy Aging and served its director for five years. She is a fellow of the American Psychological Association and the Gerontological Society of America. She serves on editorial boards of numerous journals.

MYERS NAMED NEW ASSISTANT DEAN FOR ADVANCEMENT



Andrea Myers

Andrea Myers is the new assistant dean of advancement and external relations (formerly development and alumni relations) at the School of Nursing, joining

the school last October. She has more than 20 years' experience in leading comprehensive fundraising, resource development and external relations programs within academic and community medical centers and community organizations. As part of UW Medicine for the past four years, Myers has led advancement efforts for Harborview Medical Center and UW Medical Center. Before that, she was director of development for Swedish Medical Center for more than eight years. Myers has a deep interest in facilitating and supporting health care and resources for people from all walks of life.

SCHOOL OF NURSING STUDENTS HONORED WITH COMMUNITY VOLUNTEER RECOGNITION AWARD

Five School of Nursing students were honored with a Community Volunteer Recognition award at the annual Health Sciences' Martin Luther King Jr. tribute in January.

Students Hyacinth Sales, Kelsey Rounds, Kimmy Chu and Hilary Whitford as well as BSN graduate Billierose Wheeler were honored for their work on the School of Nursing Diversity Awareness Group, or DAwG.

DAwG was formed two years ago to create a supportive network for under-represented students in the School of Nursing. The group encourages scholarship, collaboration, networking and leadership on and off campus. They hold regular meetings to encourage student engagement, and in the past year led a

book drive for nursing text books and implemented a borrowing library for students in need.

Among its many accomplishments, DAwG led the planning and implementation of the School of Nursing's Nurse



Pictured left to right are: Hilary Whitford, Hyacinth Sales, Billierose Wheeler, Kimmy Chu, Kelsey Rounds

Camp, held for the first time in July. The aim of Nurse Camp is to identify minority and low-income high school students interested in careers in health sciences. Watch for more about Nurse Camp in the School's fall e-newsletter. (To sign up to receive it, send your e-mail address to nscomm@uw.edu.)

The group is currently organizing School of Nursing participation in providing breakfasts to youths at the ROOTS young adult shelter in Seattle. The group also hosted a program for undergraduate minority students to connect with mentors before they enter the nursing program.

For more information about the resources compiled by DAwG, please visit: www.son.washington.edu/diversity/mcbg

SON HONORS 2009 NURSING LEADERSHIP AWARD WINNERS

A top hospital administrator, a pioneering sleep researcher, a pediatric nurse and a dean emeritus were honored at this year's Nurses Recognition Banquet on May 7.

Each year, the School of Nursing honors individuals who have made significant contributions to nursing through their leadership and commitment to health care. This year's winners were:

- *Distinguished Alumni Award:* Cindy Hecker, '80 BSN, is the chief operating officer of Harborview Medical Center. She is recognized for enhancing patient care services and safety through the establishment of an after-hours clinic at Harborview for non-emergency care and for increasing the efficiency of the hospital's pharmacy operations. Her nursing career at Harborview has spanned nearly 30 years, from her days as an RN in surgical acute care through her work on the hospital's leadership team. She is recognized by her colleagues for her leadership, dedication, vision and patient-centered approach to care.
- *Distinguished Research Award:* Carol Landis, DNSc, RN, FAAN, is a professor in the School of Nursing's Department of Biobehavioral Nursing and Health Systems. She is an internationally recognized leader in sleep research, with a particular focus on the health consequences of sleep loss. She is the director of the Biobehavioral Laboratories in the Center for Women's Health and Gender Research and a former member of the Research Advisory Board for the Center on Sleep Disorders Research at the National Heart, Lung, and Blood Institute, a unit of the National Institutes of Health. Her groundbreaking research career includes current projects such as the Biobehavioral Nursing Research Training Grant and past studies on sleep disturbance in relation to menopause, age and health status. Landis started as an assistant professor at the UW in 1991 after receiving her Doctor of Nursing Science degree

from the University of California, San Francisco, and completing post-doctoral work at the University of California, Los Angeles, and the University of Chicago.

- *Distinguished Practice Award:* Leslie Elder, '91 BSN, RN, nurse clinician in Seattle Children's Division of Pulmonary Medicine, works as the outpatient nurse and discharge coordinator for all patients leaving the division, notably children discharged on a venti-



Award winners, from left, Cindy Hecker, Leslie Elder, Carol Landis and Rheba de Tornyay with School of Nursing Dean Marla Salmon

lator. An advocate and educator, Leslie works to maintain contact with the families of these patients and engages community members through her service on local committees. Recently, she worked nearly single-handedly to lobby the state Legislature to increase funding for home health care and respite services for these families. According to her colleagues, her work makes it possible for her patients to grow and thrive in their environments and lead happy lives. Leslie continues to practice nursing with compassion and dedication to those she serves.

- *Outstanding Volunteer Award:* Rheba de Tornyay, Ed.D, FAAN, dean emeritus and member of the school's Nursing Advisory Board, is being honored for her 34 years of service to the school with the Outstanding Volunteer award. During her 11-year tenure as dean, the school established its PhD program and developed a Continuing Nursing Education program as a separate division within the school. Under de Tornyay's leadership, the school was ranked No. 1 for the first time in 1984,

a ranking it has held ever since.

De Tornyay's commitment to the school has continued even after she stepped down as dean in 1986. Alongside her husband, de Tornyay established the de Tornyay Center for Healthy Aging in 1998, and in 2004, they created the de Tornyay Term Professorship in Healthy Aging. A national leader in healthy aging research and nursing education, de Tornyay continues to support the school through her advisory role.

The 2009 Nurses Recognition Banquet was held at the Seattle Sheraton.

Many program sponsors also recognized their top nurses at the event. Sponsors included: Gold level: Premera Blue Cross; Marla E. Salmon and Jerry S. Anderson; Swedish Medical Center; UW Medicine: Harborview Medical Center and University of Washington Medical Center. Silver sponsors included: Era Living; Honda of Seattle and Toyota of Seattle; Overlake Hospital Medical Center; Providence Health & Services; PSAV and Sheraton Seattle Hotel; Robert Wood Johnson Foundation; and Seattle Children's. Bronze sponsors included: Group Health Cooperative and Northwest Kidney Centers. Patron sponsors were: Chateau St. Michelle; Kimberly McNally MN, RN/McNally & Associates; Overlake Hospital Medical Center and Washington State Nurses Association.

Save the date for the next Nurses Recognition Banquet: Thursday, May 13, 2010. For more information, visit: www.son.washington.edu/about/news.asp or contact Chris Miller at chrismil@u.washington.edu or 206-221-7674.

"NEW CAREERS" GRANT FROM RWJF EXPANDS GRADUATE ENROLLMENT THIS YEAR

The UW School of Nursing was among the first institutions in the nation to receive funding from the Robert Wood Johnson Foundation (RWJF) through the RWJF New Careers in Nursing Scholarship Program. The grant funds scholarships to increase the number of students enrolled in the UW's accelerated graduate entry nursing program. The initiative, launched by RWJF and the American Association of Colleges of Nursing (AACN), aims to help alleviate the nation's nursing shortage by dramatically expanding the pipeline of students in accelerated nursing programs.

As a result of this funding, the UW School of Nursing awarded eight \$10,000 scholarships this summer to help recruit students of underrepresented backgrounds. It also allows the School of Nursing to expand baseline graduate student enrollment by eight students for this academic year, from 24 to 32.

The scholarships were awarded to the following students: Damaris Cinpean, Nissa Freed, Matt Johnson, Phuong Le, Josephine Mburugu, Annmarie Nolan and Paul Winn. One student chose not to continue the program. Grant funding also will be used by the school to help leverage additional faculty resources and provide mentoring and leadership development resources to ensure successful program completion by scholarship recipients.

The New Careers in Nursing Scholarship Program supports accelerated programs, which offer the most efficient route to licensure as a registered nurse for adults who have already completed a baccalaureate or graduate degree in a discipline other than nursing.

The UW School of Nursing's successful Graduate Entry Program in Nursing (GEPN), established in 2004, allows students to earn RN licensure after five quarters of study and then proceed directly into one of the school's four graduate degree programs: master's of nursing, master's of science, doctor of nursing practice and doctor of philosophy in nursing science.

The scholarships were awarded through the School of Nursing based on the following criteria: those with unmet financial need of \$34,000 or more, underrepresented minority groups in nursing, and men.

BRIDGES AND THOMPSON NAMED AAN FELLOWS

Elizabeth Bridges and Hilaire Thompson, both assistant professors in the Department of Biobehavioral Nursing and Health Systems, were inducted as Fellows into the American Academy of Nursing during the academy's 35th annual meeting and conference last fall in Scottsdale, Ariz.

Being named an AAN fellow is a distinguished honor that goes to individuals making significant contributions in health care and influencing policies that improve lives throughout the community.

Bridges' research investigates the care of critically ill or injured patients in austere environments, including long-distance aeromedical transport, and the performance and integration of hemodynamic data into the care of those patients. She teaches the critical care nursing seminar and serves as a consultant for military nurse researchers. She also conducts educational research regarding the use of simulation and the preparation of nurses to provide care in austere or deployed environments.

Thompson's research interests include geriatrics, translational research and traumatic brain injury. She recently received a Claire M. Fagin Fellowship to study traumatic brain injury. Thompson teaches the adult acute care practicum in the undergraduate nursing program.



Elaine Adams Thompson

FACULTY, ALUMNI HONORED AT WIN MEETING

The UW School of Nursing was well represented in presentations and awards at the Western Institute of Nursing in April. Elaine Adams Thompson, the Sandra and Peter Dyer Term Professor in Nursing, was awarded the 2009 Distinguished Research Lecturer Award, alumna Lori Loan ('92 MSN, '00 PhD), affiliate faculty in biobehavioral nursing and health systems, was awarded the Anna Shannon Mentorship Award and alumnus Michael Schlicher ('03 MN, '08 PhD) was awarded the Pat Perry Biological Research Award.

Martha Lentz, research professor emeritus in biobehavioral nursing and health systems, is the president of WIN and Margaret Heitkemper, the Elizabeth Sterling Soule Endowed Chair in Nursing, is representing research on the WIN Board of Governors. More than two dozen faculty members from all three campuses presented papers, symposia and posters.

Recent PhD alumni reporting work done at UW included Hee-Young Lee ('07 PhD), Jung-Ah Lee ('02 MN, '08 PhD), Cecelia Roscigno ('02 MN, '08 PhD) and Schlicher.

SCHOOL LOOKS TO FUTURE, CORE VALUES AMID BUDGET CHALLENGES

This last academic year was extraordinary for the School of Nursing. Many significant changes took place over a very short period of time. The school experienced a transition in its leadership, review for accreditation by the American Association of Colleges of Nursing, review of the school's graduate programs by the Graduate School of the University [see story in box below], and unprecedented budget cuts.

The Washington legislature's funding cut for the University's biennial budget, which began July 1, was the largest cut in the University's history—26 percent. (More information is available at: www.washington.edu/admin/pb/home/) The impact of this was felt across the University.

Provost Phyllis wise noted: "During these very challenging budgetary times, I called upon our deans to develop plans that would continue to ensure access to excellence through diverse learning modalities, promote and enable cutting edge research and scholarship, explore administrative efficiencies, assess opportunities for new revenues, and continue to invest strategically to take advantage of opportunities that will position the UW as a world leader," said Wise. "My conversations with our leadership team concentrated on how to achieve these goals. Though we had very little time to consider these important changes, everyone spent a great deal of time working with their colleagues to develop plans that met the pressing need to cut our budget while

keeping in mind the longer term plans for their units."

The School of Nursing received a budget cut of 10 percent to its state funding, or about \$1 million, also larger than any cut it has ever experienced. The impact of this cut was compounded by the significant loss of value in the University's endowment, leading to reductions in year over year endowment "payouts" to schools of 25 percent annually for the next two fiscal years. The combination of state budget cuts and loss of endowment funding has had a serious impact on every aspect of the work of the school.

"Since learning of the cuts, we have worked hard over the past several months to do everything we could to protect core instructional activities and programs and lay a strong foundation for our continuing excellence in teaching, research and service," said Marla E. Salmon, the Robert G. and Jean A. Reid Endowed Dean in Nursing. "The constant throughout this process has been our unflagging commitment to maintaining the highest possible quality instructional programs for our students."

Addressing the loss in funding has been an extremely challenging process, both because of the depth of the cuts and the very brief time frame in which to plan and act, Salmon said. "The overall approach was to be clear about what we valued, find ways to continue to offer programs through either new sources of revenue or increasing efficiencies, and to lay the ground work for longer term

strategies that would be possible over the academic year," she said. The school had to raise tuition by 14 percent for Master of Nursing and Doctor of Nursing Practice students for the 2009–2010 academic year, the same amount approved for other academic programs across the University, and the school had to find creative ways to continue some of its new programs that had no other sources of support. The net result of these strategies is that the school was successful in its commitment to continue to offer all of its programs over this next year, support the faculty and staff, and set the stage for planning for even more strategic actions over the future.

"Although this has been a time of great challenge, intensity and uncertainty, it is also a time in which we have the opportunity to become an even more creative and productive community," Salmon said. "We are a school whose future is distinguished not only by its excellence, but also by its relevance to this state, nation and world."

In making decisions about cuts, Salmon said, the school took a long-view approach, keeping in mind the goal of putting the school in a strong position for the future, so that it can take advantage of opportunities that will allow the school to evolve and even better serve the state and nation.

As we move forward, Salmon added, the University's core values of integrity, diversity, excellence, collaboration, innovation and respect will continue to guide the school's vision.

SCHOOL HOSTS CCNE REVIEWERS

The School of Nursing hosted a team of reviewers from the Commission on Collegiate Nursing Education (CCNE) April 20–22, 2009, part of the school's 10-year re-accreditation process. A preliminary report of the findings from the site visit indicated that the school is meeting all standards and key elements with no compliance concerns. The school will receive the official findings from CCNE this fall. The school also underwent a five-year graduate certificate program review; those findings are also expected this fall.

MIDWIFERY ACCREDITED

Christine Hunter, senior lecturer and midwifery program director, and the midwifery faculty, staff, and students have been accredited by the board of reviewers from the American College of Nurse-Midwives. The board applauded the Nurse-Midwifery Program for its outstanding program. The accreditation is 10 years.

CLASS OF '57 REUNION

The Harborview Basics 49s class of 1957 held their 50th reunion Sept. 9–10, 2008, at Lola Hill Deane's home on Shaw Island in the San Juan Islands. Writes May Shimbo, "Most of us started at UW in September 1953 and a few at Seattle Pacific College. We may have been considered the class of 1957, but we graduated in March 1958."



THEN

Front row, 1 to r: Sarah Donart, Faustine Sharp, Isabelle Weitemier, Elizabeth Alexander, Carole McConnell, Shirley Harris, May Shimbo. Back row, 1 to r: Dorathea Hayes, Grace Hansler, Lola Hill Deane, Elizabeth Wassenaar, Mariel Jenkins Van Noy, Betty McAllister Thurman, Mary Ann Nelson.



NOW

Front row, 1 to r: Betty McAllister Thurman, Isabelle Weitemier Magnuson, Elizabeth Alexander Reece, Shirley Harris Lee, May Shimbo. Back row, 1 to r: Grace Hansler Merrill, Lola Hill Deane, Elizabeth Wassenaar Duncan, Mariel Jenkins Van Noy, Barbara Fleming, Mary Ann Nelson Bartell.

CLASS OF '58 MARKS 50-YEAR REUNION

Ten members of the class of 1958 visited the School of Nursing last September as part of their 50-year class reunion. They heard presentations on nursing and technology by faculty and toured the school's newly remodeled learning lab.



THEN

Front row, 1 to r: Flossie Peterson, Berniece Vanderpol Coleman, Shirley Williams Gilford, Marlene Pederson Wessel, Evelyn Thomas Petersen, Phyllis Mills, Sharon Beckman, Nancy Green Ostrander. Back row, 1 to r: Kay Johnson, Avis Duvell Kirsh, Pat Merrill Allgeier, Constance Mead, Patricia Morgan, Colleen Corbin, Janeanne Holt Scnarr.



NOW

Front row, 1 to r: Janet Hahn, Evelyn Petersen, Shirley Gilford, Berniece Coleman, Nancy Ostrander. Back row, 1 to r: Kay Johnson, Elise Stratton, Patricia Allgeier, Marlene Wessel, Colleen Corbin.



Betty Foster Druck '44 BSN shared this photo of the "Basic V" class of 1944 graduation. Included in the photo are Druck, third from left, and Elizabeth Sterling Soule, fifth from left (standing in front). Are you pictured? Do you recognize others? Let us know at nscomm@uw.edu or 206-543-3019.

SAVE THE DATE FOR 30TH ANNUAL ELIZABETH STERLING SOULE ENDOWED LECTURE

The 30th Annual Elizabeth Sterling Soule Endowed Lecture will be held Tuesday, Feb. 23, 2010, at Kane Hall on the UW Seattle campus. Watch the School of Nursing Web site for details about this year's speaker and program: www.son.washington.edu/giving/events.asp.

HELP RE-NAME "CONNECTIONS!"

You'll be seeing more changes in *Connections*, along with a new name that, we hope, will more strongly say "UW School of Nursing." We'd like to hear from you. What do you think? What ideas do you have for a new name? What should the publication's name convey about the school? Send your ideas and comments to nscomm@uw.edu.

HEATHER YOUNG APPOINTED TO LEAD NURSING AT UC DAVIS

Heather M. Young '89 MN, '91 PhD was appointed associate vice chancellor for nursing and dean of the Betty Irene Moore School of Nursing at the University of California Davis in June 2008. Young's research focuses on promoting healthy aging, with an emphasis on the family health care system interface and rural health care. She played a key role in shaping long-term care policies in Washington state and other regions through her evaluation research. For more than a decade, Young held a faculty appointment at the UW School of Nursing and served as the chief operations officer for retirement community company Era Living. She has published more than two dozen studies and secured millions of dollars in grant support. Young received a bachelor's in dietetics from UC Davis, a bachelor's in nursing from Southern Oregon State College, and both a master's in nursing and a doctorate in nursing from the UW.

CAMMERMEYER HONORED AS ONE OF THE UW'S 'WONDROUS ONE HUNDRED' ALUMNI

Col. Margarethe Cammermeyer, '76 MN, '91 PhD, was honored last fall at a reception hosted by the UW Alumni Association to recognize 100 of its most famous, fascinating and influential living graduates.

Cammermeyer was discharged from the National Guard after disclosing she was a lesbian. In 1994, a Seattle judge ruled the ban on homosexuals in the military was unconstitutional. Her story was turned into a TV movie starring Glenn Close in 1995.

Columns magazine honored her last year as part of a feature on its "Wondrous One Hundred" alumni. Among the other UW alumni honored: Gov. Chris Gregoire, travel writer Rick Steves, author Beverly Cleary and artist Dale Chihuly.

JOIN THE UW SCHOOL OF NURSING'S E-COMMUNITY

In an effort to use less paper and minimize our print-production expenses, the School of Nursing recently launched an e-newsletter! Sign up now to start seeing this and other occasional updates in your inbox. Send your preferred e-mail address to nscomm@uw.edu with "e-newsletter" in the subject line.

Also, don't forget to share your news and photos with us. We'd love to hear from you at nscomm@uw.edu!



In Memoriam

NANCY JANE KINTNER, '40 BSN, passed away in Mt. Vernon, Wash., on Sept. 19, 2008, at the age of 90. She grew up in West Seattle and graduated from the University of Washington in 1940 with a nursing degree. In 1941, she completed her mental health training in New Haven, Conn. In 1942, she returned to the Northwest and started working at Northern State Hospital in Sedro-Woolley, Wash. Kintner returned to school in 1964 and earned a master's in nursing from the University of California, Berkeley. She served as nursing administrator at Northern State Hospital for 31 years, retiring in 1972. She also served on the Washington State Board of Nursing and as clinical assistant professor of psychological nursing at the University of Washington. She was a Husky season ticketholder for 55 years and enjoyed traveling abroad after she retired. She is survived by her partner, Gloria Lush.



Phyllis Anderson Richards

PHYLLIS ANDERSON RICHARDS, '78 BSN, of Kahua Ranch in North Kohala, Hawaii, died on July 17, 2008, in Honolulu, Hawaii, after a long illness. Born

in 1929 in Stuart near Des Moines, Iowa, Richards grew up in Iowa and Seattle. She received a bachelor's degree in nursing from the University of Washington in 1978. She was the nurse for Hawaii Preparatory Academy for 20 years, endearing herself to countless students who turned to her for their medical as well as personal needs. Richards was a member of the North Hawaii Community Hospital Board of Directors, the Paniolo Preservation Society, and Kahalahikiolas Congregational Church. Richards enjoyed spending time with her family, designing costumes for the Hawaii Preparatory Academy drama department, and trav-

eling. She is survived by her husband, Monty; sons Tim and John; daughters Pamela and Pat; and seven grandchildren.



Mildred Peterson Heath

World War II. During her service, she met Army Capt. Edmund Heath, and they married at the end of the war. Heath retired from nursing after a few years to raise six children in Brewster, Wash. She was involved in the PTA, Camp Fire Girls and church activities, and traveled extensively throughout the United States. Her four daughters followed in her footsteps by choosing health careers. Writes daughter Mary Heath Cressey, '80 BSN, "Although her professional career lasted but a few years, Mom's education and experiences at the UW were undoubtedly instrumental in influencing my three sisters and myself to choose health care careers, as well (two nurses, a medical technologist and an ultrasound sonographer)."

MARGARET M. OUCHI, '63 MN, passed away on June 18, 2008, in Vancouver, Wash. Ouchi and 400 other Japanese-American students were forced to leave the University of Washington and go to internment camps in 1942. On May 18, 2008, she was awarded an honorary baccalaureate from the UW. Ouchi was born Sept. 3, 1921, in Seattle, graduating from Franklin High School and eventually earning a master's in nursing from the UW. Ouchi worked at the Seattle/King County Department of Public Health and Swedish Hospital, and she served in the U.S. Navy Nurses Corps. She joined the Washington State Nurses Association in 1964 and fought for better wages and

MILDRED PETERSON HEATH, '42 BSN, died on July 16, 2008. As did many of her classmates, Heath entered the Navy Nurse Corps and served in Oahu during

professional standing of nurses. She was named Distinguished Citizen of the State of Washington in 1980. She is survived by her brother, niece, nephew and cousins.

GWENDOLYN TOBIASON, '56 MN, passed away on Jan. 10, 2009, in Salt Lake City, Utah. She was born and raised in Utah and graduated from Bingham High School in Bingham, Utah, in 1946. Tobiason received her master's in nursing at UW, and worked in the neonatal unit at UW Medical Center, specializing in premature baby care. Tobiason received three service medals for her service in the U.S. Air Force, which included a tour of duty in Korea. She is survived by an aunt, Barbara Schubach, and several cousins.

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On the Cover

*Brian Ross, School of Medicine;
Peggy Odegaard, School of Pharmacy;
and Brenda Zierler, School of
Nursing, are working to improve
communication among health care
workers by developing a team
approach to health care education.*

Save the Date for 7th Annual Nurses Recognition 2010!

Each year, the UW School of Nursing celebrates nursing leadership and National Nurses Week with the Nurses Recognition Banquet. This year, hold Thursday, May 13, 2010, for the festivities at the Fairmont Hotel in Seattle. Look for details in the next issue of *Connections*, the next e-newsletter, or watch the School of Nursing Web site for updates about this year's Leadership Award winners, program details and tickets: www.son.washington.edu/about/news.asp.

To nominate someone for one of the four Leadership Awards (remember, only the Distinguished Alumni Award must go to an alum), fill out the nomination form at www.son.washington.edu/about/news.asp or contact Lana Harvey at 206-543-3019, harveyl@uw.edu.

Continuing Nursing Education Calendar

For information about these events or to place your name on the mailing list for continuing education programs, call Continuing Nursing Education at 206-543-1047 or visit www.uwcne.org.

October 28–31, 2009	Advanced Practice in Primary & Acute Care 2009: 32nd Annual National Conference
October 31, 2009	Saturday Half-day Workshops: 25 Various Topics
November 12–13, 2009	Wound Management Update 2009
January 14– April 15, 2010	Medical-Surgical Nursing Practice & Certification Review Course 2010, Onsite
January 28, 2010	Diabetes Update
February 10, 2010	Update in Nurse-Midwifery
February 11–12, 2010	Cardiovascular Care Update
February 26, 2010	Neuroscience Symposium