

A young woman with long dark hair, wearing glasses and a dark plaid sweater, is smiling warmly at the camera. She is standing in what appears to be a library or a study area, with bookshelves visible in the background. The lighting is warm and soft.

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CONNECTIONS

2017 ANNUAL REPORT

SCHOOL OF NURSING

UNIVERSITY *of* WASHINGTON

FROM THE DEAN'S DESK

There is an exciting new world of health care. It involves you ... and everyone else in the world.

What is happening today in nursing and health care is extremely important. It is a dramatic, profound and important change in how we view health, wellness and nursing. And much of this new approach is being envisioned, created and shaped every day by innovative thinkers and accomplished researchers at the UW School of Nursing.

A NEW NURSING FOR AN INTERCONNECTED WORLD



Not too long ago, most nurses focused primarily on trying to make sick patients under their immediate care well, and they did it by following the orders of other health care providers. Now, we live in a very different world. It is a world of science and evidence-based research, much of it done

by nurses with PhD degrees. It is a world where nurses, many with Doctor of Nursing Practice and other advanced degrees and certifications provide primary care to large numbers of patients who otherwise would not have had access to such care. It is a world where we study entire populations, seek to understand social determinants of health, and strive to find ways to foster wellness rather than just treating illness. It's about being proactive rather than reactive.

Perhaps most important, it is a world where we see and understand that global health is our health. There is no longer "us" and "them" when it comes to understanding health, wellness and health care. There are no health care borders or boundaries. What we learn about population health in a study halfway around the globe can be fully applicable to us and our community — and vice versa. Global health nursing is not the study of health and its determinants in other places; it is the study of health care policies and practices and their impact everywhere.

SCIENCE: A FRAMEWORK OF THINKING AND THE FOUNDATION OF GOOD HEALTH

Nurturing wellness globally depends on science, which is why the UW School of Nursing places a strong emphasis on the science part of nursing science from undergraduate through doctoral education. Science isn't just about fact finding. It's a way of thinking objectively in order to better understand the world. Good science has no ideology, and it is rooted in a ceaseless quest to test, refine and better comprehend. Renowned astronomer Neil deGrasse Tyson once said, "The good thing about science is that it's true whether or not you believe it." The future health of billions of people worldwide depends on the scientific education and research that is the foundation of nursing education at UW.

Our emphasis on and accomplishments in science are a major factor in our consistent ranking as one of the nation's and world's elite schools of nursing. It's your support that enables us to lead. Private philanthropy has enabled us to be pioneers in development and deployment of informatics and clinical technology, interprofessional education and simulation. We were one of the first schools of nursing to grant a Doctor of Nursing Practice degree.

ANSWERING THE CALL TO CHANGE THE WORLD

Not only is nursing now focused on the whole world, but we are also focused on all the factors that affect health and equitable access to health care. We, as nurses, care about diversity, equity and inclusion because it affects health outcomes for people everywhere, including for you, your family, and your friends. We care about and study health care's impact on education, economics, class, community structure, religion and many other factors because all of these things combine to determine whether a person or a population is more or less likely to be well.

All of this is more important and more urgent than ever. We have an unprecedented opportunity to take action. With this year's launch of the University's most ambitious fundraising campaign in its history, we join the entire campus in asking ourselves, How can we change the world? For the School of Nursing in particular, the opportunity to change the world is unquestionably there. We have the knowledge. We have the capability. We have foundation of excellence in research about health equity, symptom science, lifespan health, and innovative methods.

The UW School of Nursing has the potential to be boundless in its accomplishments. It is your support that will determine our ability to fulfill that potential and change the world for the better. I invite you to join me in being part of that success.

Warm Regards,

A handwritten signature in black ink, appearing to read "Azita Emami".

Azita Emami, PhD, MST, RNT, RN, FAAN
Executive Dean, UW School of Nursing
Robert G. and Jean A. Reid Endowed Dean
Professor, Biobehavioral Nursing & Health Informatics



WHAT YOU CARE ABOUT
**CAN CHANGE THE
WORLD**

Together, we link arms to unite promise with possibility and bring to life our ideas and ideals for a healthier future.

What You Care About Can Change t



← **SAM MILLER , '82**
CEO, CareForce Inc.

"Providing nursing care is both a science and an art. If one writes the treble clef of their practice with scientific frameworks, and blends in their own spirit and personality with a subtle bass clef line, the music of one's nursing practice can produce incredible outcomes."

→ "The nurse is one of the few individuals the patient acknowledges the most during their stay. We are the front line and must make patients as comfortable as we can while providing them the best care possible. Every day is a rewarding experience when you have the opportunity to help individuals who are fighting for their life."

MELVIN AGUDA, BSN '17



MELANIE SUMMEROUR →
Lecturer

"I love being a pediatric nurse practitioner, being a part of my patients' lives as they grow from fragile newborns to self-confident graduates. As a teacher in the nurse practitioner program, I get to prepare my students for this privilege. A big part of what we teach is how to keep learning, where to find new answers, and how to be involved in the research that determines the new answers."



"My research is focused on identifying biomarkers and patient-level factors that predict who is at greatest risk of cardiac complications from cancer treatment. While cancer treatment has led to great improvements in survival rates, these treatments can also be quite toxic. If we could narrow down who is at greatest risk, clinicians could do more frequent screenings and intervene sooner."

← **KERRY REDING, Assistant Professor**

he World



"We don't have the level of nursing research in my home country of Saudi Arabia as we do here. I am improving my research skills here so when I return I can both conduct research and improve patient's lives after sudden cardiac arrest."

← **AFNAN AL SWYAN**, PhD Candidate



↑ **ADRIANNA BERNAL, BSN '14**
Harborview Medical Center

"I always focus on three things: educating, empowering and encouraging. Every interaction is an opportunity to educate my patients regarding their health and plan of care. The more they understand, the more empowered they feel. Empowered patients take the initiative to improve their health both in the present and future. Lastly, I strive to encourage my patients. I remind them they are not alone and that I will be there to listen to every concern, fear and frustration they have. I became a trauma nurse because I wanted to help people get through the most challenging experiences in their lives."

"Nurses are inspiring. When I was at my lowest point, medically speaking, and was having trouble moving my body, my nurses helped keep my spirits up, my body recover and helped me keep my dignity along the way."

NATE MILES, Vice President for Strategic Initiatives, Eli Lilly and Company →

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"Research results aren't usually exciting and shocking — those two adverbs are best suited for the movies. Generally the results that I see are akin to putting together a 3,000 piece puzzle of a famous work of art, but you won't know what that is until you are almost done with it. I work with faculty and staff who are genuinely interested in all aspects of nursing science, and look forward to research projects from investigators who can bring innovative science, funding and collaborations from other nursing research labs worldwide into our laboratories."

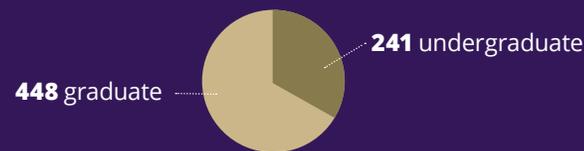
← **ERNIE TOLENTINO**, Lab services manager



WHAT YOU CARE ABOUT CAN CHANGE THE WORLD

SCHOOL

689 students enrolled (Seattle Campus)



6 DEGREE PROGRAMS

- Bachelor of Science in Nursing (BSN)
- Accelerated Bachelor of Science in Nursing (ABSIN)
- Master of Nursing in Community Health (MN)
- Master of Science (MS-CIPCT)
- Doctor of Nursing Practice (DNP)
- Doctor of Philosophy in Nursing Science (PhD)



TOTAL DEGREES AWARDED 2016

- 96** Doctorate (Ph.D. and DNP)
- 25** Master's (MN and MS)
- 139** Bachelor's (BSN and ABSIN)

92.9%

PERCENT NCLEX PASS RATE, compared to 88.7 percent for Washington and 84.6 percent nationally

7,519 alumni in Washington State, **57%** of whom are in King County



FACULTY

- 52** professorial rank faculty
- 5** research professorial rank faculty
- 22** part and full-time lecturers
- 41** clinical faculty
- 137** adjunct and affiliate faculty

Additional training and education provided by about 300 mostly volunteer part-time clinical partners and preceptors

FACULTY ACHIEVEMENT

- 25** faculty with distinguished fellowships or memberships, including:
 - **18** faculty members elected fellows of the American Academy of Nursing
 - **3** faculty members elected to the National Academy of Medicine (formerly the Institute of Medicine)



RESEARCH

\$12.2 million

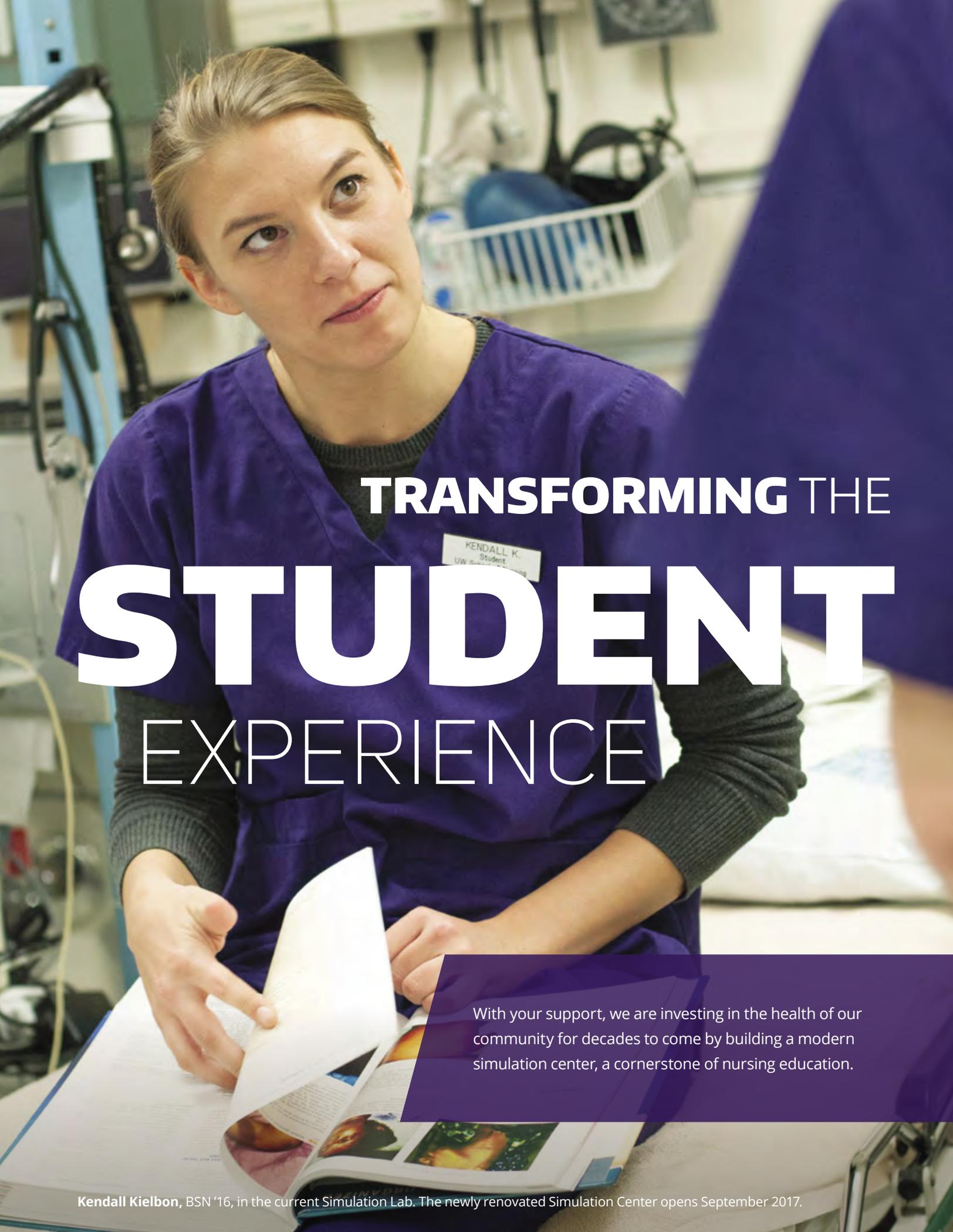
TOTAL GRANT DOLLARS AWARDED fiscal year 2016

- **60** Research grant awards
- **100** Active research projects

8 CENTERS OF EXCELLENCE

- Simulation Center
- Center for Global Health Nursing
- Center for Innovations in Sleep Self-Management
- de Tornnyay Center for Healthy Aging
- Barnard Center for Infant Mental Health & Development
- Health Sciences Interprofessional Clinical Education & Research Center
- Cambia Palliative Care Center of Excellence
- Center of Excellence in Pain Education





TRANSFORMING THE STUDENT EXPERIENCE

With your support, we are investing in the health of our community for decades to come by building a modern simulation center, a cornerstone of nursing education.

Kendall Kielbon, BSN '16, in the current Simulation Lab. The newly renovated Simulation Center opens September 2017.

PREPARING NURSES for the

PUBLIC GOOD



Simulation Center expansion elevates student experience

In 2016, nursing schools in the U.S. turned away about 100,000 qualified applicants from baccalaureate and graduate nursing programs due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget constraints.

In many areas (including Washington), the barrier to entry isn't nursing school capacity, but clinical training sites. There are a limited number of hospitals and clinics able to act as training sites, which means there are too few clinical places where nursing students can gain practical experience.

Simulation learning is a key solution. Nursing accrediting organizations in the U.S. allow schools of nursing to provide 50 percent of the required clinical education through simulation.

"Simulation education is a top priority for our school, since we believe that this is the only way we can grow our programs and ensure Washington has the nurses it needs," said Dr. Azita Emami, Robert G. and Jean A. Reid Endowed Dean.

The UW School of Nursing began construction on a new Simulation Center last fall, thanks to \$4.1 million in state funding. Phase 1 will open for students in the 2017 Fall quarter.

"Working in a newly updated, expanded and remodeled simulation center provides a realistic professional experience for nursing students here at UW, especially at a time when clinical sites are becoming more difficult to locate as demand outweighs availability," said Robin Collier, director of the UW School of Nursing Simulation Center.

7,500
SQUARE FEET

The Sim Center will triple in size upon completion of Phase 1

50%
OF UNDERGRADUATE
NURSING STUDENT
CLINICAL EDUCATION
can be offered
through simulation

607
STUDENTS
use the simulation
center annually

63,870
HOURS
of simulation learning
provided annually

STATE-OF-THE-ART NURSE EDUCATION

Simulation provides a safe, supportive and controlled environment in which students at all levels learn clinical skills and critical thinking, as well as prepare to work in an authentic healthcare setting.

IN THE NEW CENTER, STUDENTS WILL LEARN:

Clinical skills: The basic skills every nurse must know: CPR, how to start an IV, insert a catheter, and more. This environment ensures nurses are ready to care for real patients.

Critical thinking: Students will learn how to interpret, analyze, evaluate and act on patient information to provide the highest-quality care possible. Strong critical thinking skills can mean life or death.

Familiarity with real-life healthcare settings: The simulation center will use equipment and technology commonly found in real-world healthcare settings.

THE NEW SIMULATION CENTER WILL HAVE:

- 2 DEBRIEFING ROOMS
- 1 OUTPATIENT LAB
- A RECEPTION AREA
- 4 EXAM ROOMS
- 2 SIMULATION ROOMS
- 1 INPATIENT LAB
- 1 HOME HEALTH FLEX SPACE
- 1 MEDICATION ROOM
- 3 CONTROL ROOMS

Experiential learning through simulation is a cornerstone of nursing education. This expansion will provide 7,500 square feet of space, triple the size of the current center.

"I am looking forward to more space, to the ability to film and review sim exercises with the students, to have more realistic outpatient settings for simulations and to our new equipment," said Judy Lazarus, a senior lecturer in the UW School of Nursing nurse-midwifery program who learned in the simulation lab in the early 1980s and teaches students there now.

"We use the lab to do simulations for normal birth, birth in a variety of positions, postpartum hemorrhage and breech birth," she said. "Currently, we have to use the [UW Medicine] WISH lab to practice delivery complications, such as shoulder dystocia - when the baby's head has been delivered but the shoulders get stuck - because we can film and review each student, and I look forward to the possibility that we may be able to move that to our lab in the future."



INVESTMENTS IN NURSING EDUCATION

like the simulation center are more than a financial allocation. They represent an investment in the health of our community.

PARTNERING TO ELEVATE NURSE EDUCATION GIVING OPPORTUNITIES

Much of the good we accomplish is made possible by private support: by people and organizations underwriting leading-edge research, funding scholarships for promising students, and supporting world-class faculty members.

With your gift, we will leverage the \$4.1 million in funding from the Washington State Legislature to update and triple the size of our current lab space and invest in more modern technology to help students master skills they will need to become successful nurses and nurse leaders.

TOTAL PROJECT GOAL:

\$15 million

to provide 20,000 square feet of simulation learning over two phases.

NAMING

You can create a lasting legacy at the UW School of Nursing. Honor a family member, an influential professor, or mentor. Preserve the name of your foundation or create a personal legacy. Here are a few of those opportunities:

Simulation Center:	\$5 million
Inpatient or outpatient labs:	\$1.5 million
Exam and classrooms:	\$100,000 to \$500,000
Named endowments:	\$100,000 to \$2 million



PHASE 1 BUDGET

TOTAL BUDGET: \$5.1 MILLION



EQUIPMENT NEEDS:

- Medication dispensing station
- Ventilator
- ECG monitor
- Student simulation case study software and hardware
- Patient vitals monitors
- Infant radiant warmer and bassinet
- Crash cart
- Ultrasound cart
- Wall-mounted diagnostic sets
- Headwalls

AMOUNT STILL NEEDED/IN-KIND VALUE: \$700,000

PHASE 2 BUDGET

TOTAL BUDGET: \$11 MILLION

EQUIPMENT NEEDS:

Equipment and technology to outfit 12,000 square feet of simulation space that includes additional exam rooms, task training areas, control rooms and home-health space.



AMOUNT STILL NEEDED: \$11 MILLION



DIVERSITY EQUITY AND INCLUSION

We share an unwavering commitment to creating and nurturing an inclusive, diverse and welcoming community so that we can continue providing quality and equitable healthcare for all.



HONORING A COMMITMENT to **NATIVE AMERICAN HEALTH**

PHOTO COURTESY OF THE SUQUAMISH TRIBE

Two decades of tribal partnerships

For 20 years, Professor June Strickland has worked with Pacific Northwest Native American tribes to conduct research, educate nursing students and improve health outcomes.

Strickland integrates teaching, research, and practice in a community-based participatory research model. This model advances nursing science and the clinical preparation of nurses while benefitting the tribes by addressing health concerns and bolstering research capacity. She worked closely with Rebecca Logsdon, research professor emerita, on a three-year National Institute of Nursing Research grant to develop a novel community partnership model and training videos that were nationally disseminated.

Since 1997, the rich relationship between Strickland and the Suquamish and Port Gamble S'Klallam tribes of Washington has led to educational opportunities like class projects and onsite cross-cultural experiences.



“Nursing students have gained valuable experience and understanding of the challenges of working cross-culturally, specifically with Native Americans,” said Fran Miller, Suquamish Tribe community nutritionist. “We have also had the advantage of having nursing students assist with health-related programs and projects.”

These remarkable partnerships have enabled the UW School of Nursing to offer onsite clinical placements with sovereign tribal nations. It is likely the only nursing school in the United States with clinical placements at Native American tribes.

About 25 graduate and undergraduate students rotate to these tribes annually, conducting research and providing services in school nursing and childhood health promotion at tribal early learning centers. They have developed programs for seniors and supported the tribes in securing grant funding for health promotion programs. DNP students' final projects focus on evidence-based practice and transcultural health.

Translational/Transcultural nursing research aims to reduce health disparities by expediting health innovations and interventions from research to implementation using a critical lens toward culture.

“Before I came to work for the tribe, we were in danger of losing our tobacco funding with the state because there was not a nurse,” said Barbara Hoffman, UW DNP '12 and Community Health Programs Manager for the Suquamish Tribe. “June and her students were able to complete the scope of work for the program.”

Strickland has mentored community health nursing students drawn to the UW because of these relationships and the rare opportunity to learn at a sovereign tribal nation.

“June was instrumental in my deciding to get an advanced degree. She was my mentor and eventually the chair of my DNP committee,” Hoffman said.

“Clinical rotations for both undergraduate and graduate students in tribal communities provide unique domestic global health experiences,” Strickland said. “Tribes are sovereign nations; thus students have an opportunity to learn about global health issues and tribal governance. Nursing students often seek employment in the Pacific Northwest tribes upon graduation, which is helpful in addressing nursing shortages in these rural communities. Many also move into advanced degrees and continued work in international/global health.”

DIVERSITY, EQUITY AND INCLUSION

at the SCHOOL OF NURSING

In 2016, the UW School of Nursing made a conscious decision to move an emancipatory framework of antiracism into the nursing mainstream. We developed and implemented a project designed to challenge and transform our climate of white privilege. We did this not because our program was particularly racist or due to a special case of racism, but to acknowledge that in the United States, the institutional default is racist. We believed that to not address racism was to actively collude with racism.

As part of the program, we established a diversity committee, a diversity statement, and a training program for faculty to counter unconscious biases. Later in the process, we created a dedicated Office for Diversity, Equity and Inclusion.

Interim Associate Dean Nancy Woods currently leads the Office of Diversity, Equity and Inclusion. The office is tasked with providing research and data around strategic recruitment, retention and climate so that the School is welcoming, diverse and equitable.

The Office of DEI, Nancy Woods says, must settle for nothing less than “transforming the normative structure.”

“We must influence the CNE program. We must influence curriculum mapping. We must influence research, changing it to empower communities to articulate what they need so we can provide evidence to support them, instead of assuming what they need.”

The search is currently underway for the permanent Associate Dean for Diversity, Equity and Inclusion.



A Q&A WITH MARGARET DECUIR, BSN '17

Nursing students organized Conversations for Health Equity, a day of dialogue with community leaders and social justice advocates, on Inauguration Day, January 20, 2017. The event was presented by the UW School of Nursing and the UW School of Medicine Center for Health Equity, Diversity and Inclusion (CEDI).

It was the brainchild of nursing student Margaret Decuir, BSN '17.

HOW DID THE IDEA FOR CONVERSATIONS FOR HEALTH EQUITY COME UP?

We were shaken up by the results of the election, and Conversations for Health Equity was a response to that. Everybody was trying to carry on with usual business, but the dramatic shift in political climate was a huge distraction from class and clinical work.

With the support of the Diversity Committee, I organized a potluck for the School of Nursing to voice some of their concerns. Dr. Ed Taylor, the Vice Provost & Dean of Undergraduate Academic Affairs, joined us and suggested we continue to organize events, specifically on Inauguration Day. So the seed for Conversations for Health Equity was planted.

WHAT MOTIVATED YOU TO ORGANIZE IT?

Nurses are supposed to be advocates. Organizing Conversations for Health Equity was my way of being an advocate for the values of the School of Nursing and the University of Washington. Values like diversity, equity and inclusion make us stronger, but only if we practice them. I wore the “I am a #HuskyNurse” shirt the day of the event because standing up for these values is what it means to me to be a Husky Nurse.

WHAT WERE THE GOALS FOR THE EVENT?

The general goal was to bring people across the health sciences and UW community together in a positive, constructive way to foster social justice, diversity, equity and inclusion. How can we move forward following inauguration day in protecting our shared values?

WHAT WERE SOME OF THE MOST POWERFUL THINGS YOU LEARNED FROM THE EVENT?

The health and well-being of every individual in our community are intricately intertwined, and political policy shapes the health of our patients and ourselves.

“Shock and outrage are luxuries of privilege,” said Dr. Ben Danielson, medical director of Seattle Children’s Odessa Brown Children’s Clinic and a speaker.

FOSTERING DIVERSITY, EQUITY AND INCLUSION

EDUCATION



In 2010, **30%** of BSN students self-identified as students of color. In 2016, that number was **55%**

In 2010, **12%** of undergraduates identified as men. In 2016, the number had risen to **17%**.



59 members of the School of Nursing community participated in Safer Zone training

UW Nurse Camp expanded from **24 students** in 2015



to **30** in 2017



Established the **Office for Diversity, Equity and Inclusion**, created the Associate Dean for DEI position; implemented a three-prong representation model for staff, students and faculty

LEADERSHIP

School leadership: Nursing leadership committees, including the Shared Leadership Committee and the Executive Committee, now include the Associate Dean for DEI



Nancy Woods, Interim Associate Dean of DEI, presented at the American Academy of Colleges of Nursing (AACN) annual meeting.



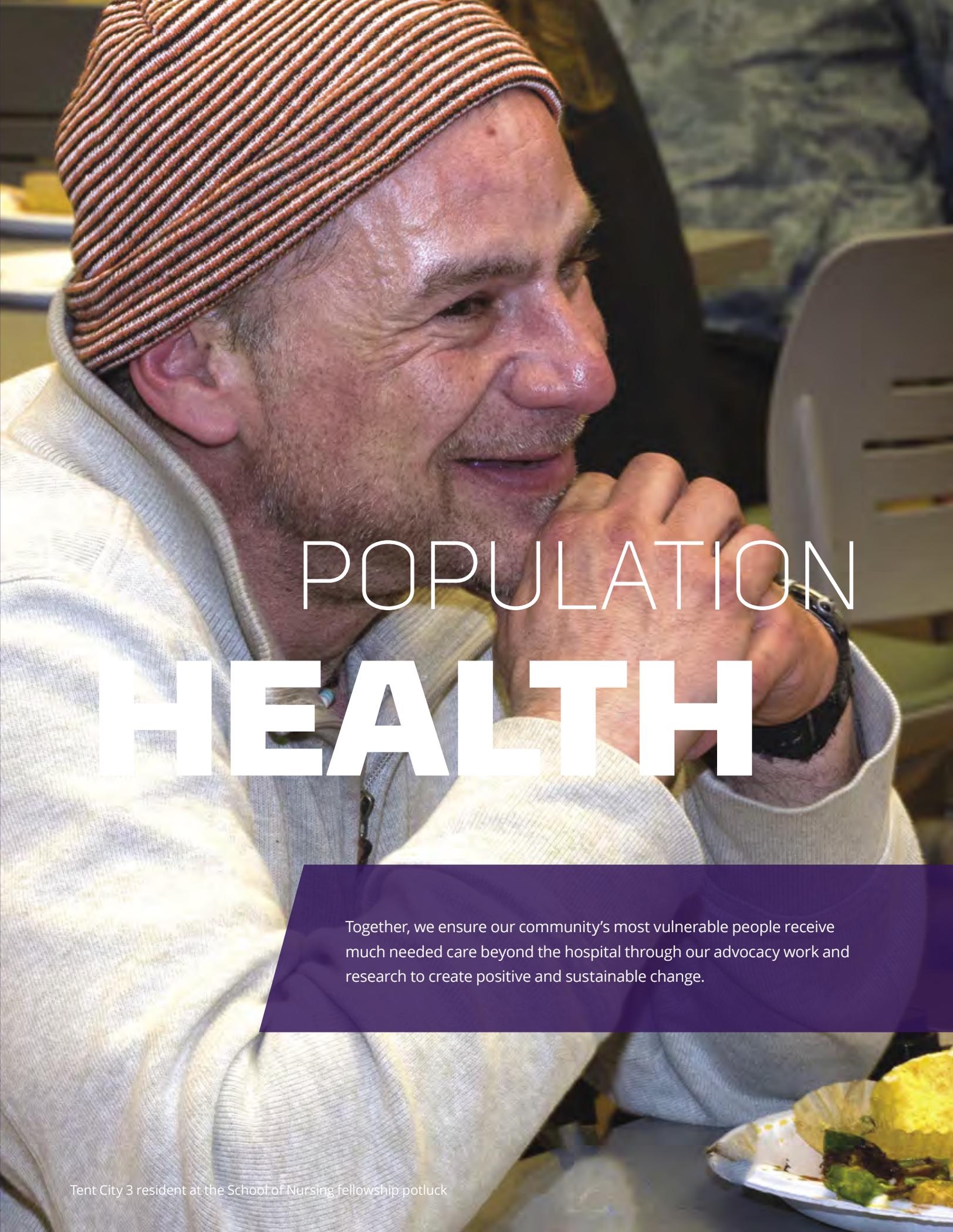
→ The AACN will model their diversity statement and initiatives after the UW School of Nursing's diversity initiative.

→ Dean Emami is serving on the AACN Committee on Diversity

FELLOWSHIP



The Diversity Committee facilitated, led and sponsored **13** gatherings, such as potlucks, Conversations for Health Equity, the annual Black History Month Celebration, and Tent City 3 events



POPULATION HEALTH

Together, we ensure our community's most vulnerable people receive much needed care beyond the hospital through our advocacy work and research to create positive and sustainable change.

NURSING STUDENTS WELCOME TENT CITY 3 TO CAMPUS

A series of engagements offers insight into homelessness and a chance to examine bias and privilege

On a frigid evening in January, a big meeting room in South Campus Center buzzed with excitement. A potluck covered three tables like a quilted tablecloth of favorite dishes. Students from Assistant Professor Wendy Barrington's DNP class were stationed at the doors to welcome residents from Tent City 3 (TC3), a portable self-managed community for people experiencing homelessness.

This potluck was the first of many engagements between the School of Nursing and TC3. Students and advocates have been trying to bring TC3 to the University of Washington for years. Several nursing students, faculty and alumni were members of the Tent City Collective and advocated passionately to host TC3 on campus.

"It has been eleven years since the effort to host the residents of TC3 on our campus began," wrote Hilary Jauregui, clinical assistant professor, in a 2016 op-ed.

"Now is the time for the UW to extend the long-overdue invitation to the residents of TC3 to spend time on our campus and give our community the opportunity to learn, collaborate and be boundless together."

Finally, on a snowy day in December, UW staff, students and faculty helped TC3 move onto campus. Nursing faculty began developing opportunities for students to engage with residents.

"The School of Nursing's engagement with Tent City 3 provided an invaluable opportunity for nursing students to begin to understand the experience of homelessness and examine their own biases about this population by connecting with those directly affected on a personal level," said Barrington.

"Promoting effective patient/provider communication, an integral component of quality healthcare, requires a willingness on the part of providers to examine, question, and change their own biases and exercise cultural humility."

People experiencing homelessness are at risk for a broad range of illnesses and injuries. Wrong-sized shoes cause traumatic foot problems, such as infections, calluses and bunions. Knowing these health risks, nursing students requested to set up a foot-care clinic for the residents. On the same evenings as the fellowship potlucks, students washed, groomed and cared for TC3 residents' feet.

Barrington said, "I think that community health nursing has and continues to play a pivotal role in providing care and advocating for people experiencing homelessness. Including community health nursing in policy decision-making to address homelessness is crucial to ensure that approaches are holistic and address the social determinants of health. These approaches will be more sustainable and effective in the long-run."



LOVE for a NEIGHBORHOOD

DRIVES A LEGACY OF COMMUNITY HEALTH NURSING



South Park is a small, predominantly Latino community in Southwest Seattle hemmed in by highways, manufacturing plants and the toxic Duwamish River. It is one of Seattle’s most polluted areas.

It is also a vibrant neighborhood with a rich history of community activism and a small-town feel. It’s filled with families and small businesses that make up a thriving multicultural retail district.

South Park residents value reliable, useful information that helps their community promote health and prevent illness. They have partnered with the UW School of Nursing to improve community health for more than 20 years.



“That first summer, 1995, I had two graduate students in South Park,” said Professor Noel Chrisman, who oversees undergraduate and graduate student programs in South Park. “One of them began a community assessment, and it just kept expanding.”

Community health nurses are trained to consider the social determinants of health — factors that influence health throughout life, such as behavior, culture, physical and social environment — when assessing and working with communities. Contextualizing health this way allows community health nurses to tailor preventive care or interventions to suit the communities in which they work. Research shows that a robust workforce of public and community health nurses improves health community-wide and keeps health costs down.

Chrisman, an anthropologist, shapes programs that put community members at the center of their health.

“Nonprofit organizations have limited resources, but are able to accomplish more because our students do some of the work,” Chrisman said.

Nursing students help public health officials reach regional health goals, like tobacco cessation or teenage pregnancy prevention, more effectively. They help bolster public health agendas by devising and implementing their own community health projects to assist organizations and institutions. And they work with organizations such as Sea Mar Community Health Centers, designing educational materials for the Preventive Health Services unit in areas like diabetes prevention and Maternity Support Services.

Recent programs in South Park include Going Green, an environmental improvement program, Sister Circle, a girls health education program, and South Park Promotoras Comunitarias.

“Promotoras de salud – health promoters – are part of the category of community health workers or local health advisors: trusted, credible bilingual/bicultural people with existing community networks,” Chrisman said.

“The idea is to choose people from the community you want to change and teach them to do the health promotion/disease prevention teaching or other activities.”

Chrisman created one of the longest ongoing clinical community health relationships at the School of Nursing, improving the lives and educations of hundreds of students, community leaders and families. He retires in 2017.

Clinical Assistant Professor Hilary Jauregui, DNP ’16, will take over in the fall and continue the South Park legacy of service.



A Q&A WITH AUTHOR, ADVOCATE,
RESEARCHER and EDUCATOR
JOSEPHINE ENSIGN

Associate Professor Josephine Ensign's 2016 memoir, Catching Homelessness: A Nurse's Story of Falling Through the Safety Net garnered national praise and was chosen as the 2017 UW Health Sciences Common Book

What was the most meaningful part of publishing Catching Homelessness?

I reconnected with people from different parts of my life. We were able to have ripe discussions about the book. UW students sought me out because they didn't feel comfortable talking about some of their own personal experiences, and told me what this book meant to them when they were feeling isolated. I ran into a former patient of mine from the 1980's, a "street kid," at a writing conference in Los Angeles. She was writing her memoir.

Seattle is experiencing a homelessness crisis. Your story took place thirty years ago. What have we learned?

People need supportive affordable housing — support being the main thing that stops people from falling into homelessness. We need accessible drug, alcohol and mental health treatment. Homeless people are vulnerable, and often they are victimized.

But politics get in the way — and this deep-seated American mythology of individualism, of self-reliance and responsibility.

What is happening locally to improve homeless communities?

The UW is really focused on doing something. Faculty and staff across campus are working to help the homeless in the U-District. I'm faculty on an interdisciplinary group, "U-District Street Medicine," as well as (Community Health Advancement Project) Teeth & Toes at Roots Young Adult Shelter.

We have established a service learning site for BSN and ABSN students at the Elizabeth Gregory Home, which serves single homeless women and we're establishing a clinical presence at Peace for the Streets by Kids from the Streets (PSKS).

IMPROVING POPULATION HEALTH WORLDWIDE

Improving population health worldwide is a moral imperative, driven by the UW's public mission of service to all. At the School of Nursing, population health research and improvement occurs at every level — from nationally recognized faculty to first-year nursing students.

1/3 OF NURSING FACULTY

are currently researching questions of population health and have earned millions of dollars in funding for these initiatives.

45%

of all DNP student capstone projects address population health

54%

of our doctoral candidates are conducting population health research

6 out of 9

BSN honors research projects address population health

POPULATIONS ADDRESSED

- People with dementia, heart disease, diabetes, asthma and other chronic diseases
- Veterans
- Transgender individuals, refugees, people experiencing homelessness, victims of sex trafficking and other vulnerable populations
- People in palliative and hospice care
- Older adults, infants and very young children, their families and caregivers
- Global populations, in Seattle and abroad
- Cancer survivors
- People with physical and mental disabilities
- People with substance abuse disorders and mental illness



HEALTHY AGING

Our innovative research and education serve as a catalyst for promoting healthy aging in older adults because everyone deserves the best possible quality of life as they age.



CREATING SAFER, SMARTER HOMES

Story by Meg Cressy originally published on www.uw.edu

Mary Ruiz's allergy symptoms had been worsening. Ruiz, 76, who resides in an independent living facility in South Seattle, assumed it was just a bad allergy season.

But a sensor placed in her apartment by researchers from the UW School of Nursing soon alerted her to the fact that something else could be at fault: The humidity levels in her apartment were troublingly low. And when humidity levels drop, your nose, throat and sinuses react. Even more worrisome than that, low humidity also enables cold and flu viruses to spread more easily and stay alive much longer. So Ruiz went out and purchased a humidifier — a simple solution, but one that could not have been reached without the sensor.

The person behind the sensor — and the helpful data it produced — is George Demiris, Alumni Endowed Professor at the UW School of Nursing.

"Older adults are now staying independent for as long as possible at the residence of their choice," says Demiris. "They're choosing to age in place, rather than move — whether to an assisted living facility or other setting — every time there's a change in their health care needs."

"I believe technology can empower more people, especially older adults and their families, to become actively involved in their own healthcare"

GEORGE DEMIRIS

Demiris is leading a study on how smart homes outfitted with sensors could allow older adults like Ruiz to maintain independence for as long as possible. Crucial to enabling seniors' independence is preventative health care, and as such, the ability to quickly detect health issues. Demiris is working to make this happen as part of the HEALTH-E initiative.

"Originally, I looked at technologies that were more traditional in terms of monitoring vital signs or capturing symptoms of a chronic disease," says Demiris. But these devices can be complex, and often require that an older adult or a family member learn how to work them.

Instead, he turned to common household devices like video cameras, digital thermometers and door, window and motion sensors. In the correct combination, Demiris discovered, these ordinary devices can turn an average house into a smart home.

The devices catch deviations from a daily routine that a person may not notice, but which, over a period of time, can often mean something more serious.

"If someone opens the refrigerator several times over the course of an hour, or if they're becoming more sedentary, these could be early indicators of a specific condition," he says. Dementia. Alzheimer's disease. Frailty. All conditions that benefit from the earliest possible detection.

Demiris brought the study to the participants in their own houses. The older adults in the study were residents at local assisted-living facilities, and they opened their homes to the research team for three months.



At the outset of the study, participants met with Demiris and research assistant Yong Choi, a Ph.D. student in biomedical and health informatics, to choose which sensors they wanted to have installed.

Next, Choi set up the devices in their homes, along with a small laptop that collected all the data. The participants then went about their daily lives, sometimes forgetting the devices were there.

After collecting data for six weeks, Choi worked with the patients to turn the information into an easy-to-understand infographic that the participant could choose to share with a family member or physician.

“This collaborative aspect of the study is key,” says Demiris, because it inspires people to take on a more active role in their health care. “For example, seeing that you watched TV on the couch for six hours is more powerful than just knowing that you should be more active.”

The initial results of Demiris’ study are promising, and several participants have taken their data and started discussions with their clinicians.

With additional support, the School of Nursing hopes to build on Demiris’ work through the creation of a new home health care simulation lab. And by focusing more on the burgeoning area of informatics, the school is poised to take on a bigger role in future health care.

“We have these incredible technologies that, when put together, can help us better understand our daily lives and needs,” says Demiris. “I believe that technology can empower more people, especially older adults and their families, to become actively involved in their own health care.”



SMALL SENSOR



MULTI-SENSOR



VIDEO CAMERA

1. Bathroom wall
Multi-sensor
Tracks temperature, humidity and brightness of lights.

2. Bathroom door
Small sensor
Tracks how many times the door is opened.

3. Nightstand
Multi-sensor
Motion sensor that tracks how many times you get out of bed.

4. Front door
Small sensor
Tracks how many times the door is opened.

5. Refrigerator door
Small sensor
Opening the refrigerator multiple times in an hour can be an early sign of dementia.

6. Window
Small sensor
Tracks how many times the window is opened.

7. Living room wall
Multi-sensor
Tracks temperature, humidity and brightness of lights.

8. Side table
Video camera
Used for a variety of purposes, including tracking activity levels.

HEALTHY AGING

\$44,500

TOTAL HEALTHY AGING SCHOLARSHIPS AWARDED



\$9,000

NURSING STUDENT and FACULTY TRAVEL SCHOLARSHIPS



STUDENTS

2



HEALTHY BRAIN RESEARCH NETWORK SPONSORSHIPS

\$45,000

of internal funding awarded to faculty for

HEALTHY AGING PILOT STUDIES



> 40

FACULTY PUBLISHED HEALTHY AGING RESEARCH STUDIES IN 2016

more than 40 healthy aging research studies



AREAS OF NEED

STUDENT SUPPORT

\$150,000

General endowed student support for expenses related to undergraduate clinical placements and education opportunities



FACULTY SUPPORT

\$240,000

1 named, term professorship for **6** years

\$480,000

4 named, term graduate student fellowships of **\$20,000** each annually for **6** years

\$100,000

1 named, endowed lectureship for annual presentations





GLOBAL HEALTH

Together, we increase the visibility of nurses' contributions and diverse roles in improving health globally while giving students a fundamental understanding of the way culture impacts health.



PATIENT ACTORS

REVEAL WAYS to IMPROVE HEALTH

Pamela Kohler, UW assistant professor of nursing, uses patient actors to improve STI and HIV care in South Africa and Kenya

Public health officials in South Africa were confident that the evidence-based guidelines on sexually transmitted infections distributed to local health clinics were sound, but suspected providers were not fully implementing the guidelines with their patients.

They needed more information so they employed a tried-and-true assessment tactic used by businesses and consumer advocates around the world: secret shoppers.

In this case, the secret shoppers were actually trained actors posing as patients. The actors evaluated the health care process so that officials could identify implementation problems and make improvements.

Was the patient offered an HIV test and condoms? Were they counseled on how and why to notify their partner? Were they prescribed proper treatment for their sexually transmitted infection?

Patient actors are the gold standard for teaching and measuring patient care, said Pamela Kohler, UW assistant professor of nursing and co-director of the UW School of Nursing Center for Global Health Nursing. She led the research using patient actors with I-TECH South Africa, a Center in the UW Department of Global Health.

“As an evaluation tool, patient actors allow us to get information we can’t get through self-report by health care workers. We get a better understanding of what their care really looks like. As a teaching tool, we can create real world scenarios and give providers a low-risk environment to practice.”

In South Africa, Kohler’s patient-actor evaluation revealed gaps in available medications, adherence to clinical guidelines, condom distribution and patient counseling.

In fact, less than 19 percent of the patient-actors received all recommended STI services, and providers missed opportunities to counsel their high-risk patients about HIV prevention services.

After her success using patient actors in South Africa, Kohler received funding from the National Institutes of Health for a study based in Kenya called Simulated Patient Encounters to Promote Early Detection and Engagement in HIV Care for Adolescents (SPEED).

Youths aged 10 to 19 years old were the only age group experiencing rising HIV mortality rates between 2005 and 2012. These adolescents were less likely to get tested and treated after testing positive.

The SPEED study seeks to reverse this trend by improving provider empathy and communications skills using patient actors. Adolescents did not want to be treated like children, blamed or judged. They feared the social ramifications of HIV stigma.

“We wanted to give health workers the comfort level and the tools to have an honest and caring conversation with an adolescent patient,” said Kohler.

Kohler and her team at the University of Nairobi developed scripts for the patient-actors instructing the actors to respond to providers with targeted phrases — clues — to the patients’ likely behavior or concern. The interactions are filmed, and patient actors are trained to give direct feedback to providers.

“We hope that improved communication with adolescent patients will encourage them to return for regular HIV check-ups and ultimately we hope to see a population health impact in that young people stay healthy and in care.”

The SPEED study continues for the next four years.





CARING for a GLOBAL POPULATION, LOCALLY

Gayle Juenemann, DNP '16, serves a diverse population at Neighborcare Rainier Beach Medical Clinic

In a typical day at the Neighborcare Rainier Beach Medical Clinic, Gayle Juenemann, BSN '11, DNP '16, cares for born-and-raised Seattleites, first- and second-generation immigrants, and refugees from Mexico, Nepal, Vietnam, Iraq, Ethiopia, Somalia and Cambodia.

“A patient’s culture affects their perception of health and illness,” Juenemann said. “Interpreters can explain cultural differences, but family practice can still be complicated. You can’t always use the typical American mental health screening tools. You have to change how you explain things and never make assumptions.”

Juenemann gained a deeper appreciation for culture’s impact on health and wellness in 2014 while pursuing her DNP at the UW School of Nursing. She received a Hegyvary Citizens of the World Scholarship and had the opportunity to travel with Professor Ardith Doorenbos to the Christian Medical College in Vellore and Sri Ramachandra, Chennai, India.

The scholarship, founded by Dean Emeritus Sue Hegyvary, encourages and assists students seeking “experiences of immersion in health care and society in a culture very different from their own.” Juenemann’s experience as a Hegyvary Scholar in India has informed her practice here in diverse South Seattle.

“There were some clear differences in how care was delivered in that area compared to Seattle,” Juenemann said, noting that some health care providers in clinics in Vellore and Sri Ramachandra could see upwards of 50 patients a day; compared to about 20 in Seattle. Also, patients in the United States usually expect to see their ‘own’ doctor or nurse practitioner, as opposed to her experience in India, where providers focus on what brought the patient in that day.

But Juenemann was equally as struck by the similarity of human experiences in India and Seattle.

“Birthing a baby looks similar there as it does here. Routine diabetes care is largely the same,” she said.

In India, Juenemann saw many different ways to deliver community health and had the opportunity to consider how to best use these delivery methods in her practice.

“Beyond routine standards of care, there’s not a formula for treating and connecting with patients,” Juenemann said. “It’s more a way of feeling it out, asking questions, using critical thinking skills, and trying to understand the individual’s experience.”

This process — feeling it out, asking questions, avoiding prescribed and formulaic actions — is a cornerstone of giving culturally sensitive healthcare, and a key component of Juenemann’s first year of a new family nurse practitioner residency at Neighborcare.



“We’re thrilled to add this pilot Family Nurse Practitioner Residency Program at Neighborcare Health to the many other educational and training programs we provide to UW School of Nursing students and graduates,” said Dr. Jeffrey Lee, who co-directs the Neighborcare residency program. “It’s a wonderful opportunity for new clinicians to continue their growth and learning in a vibrant, inner-city community health clinic setting.”

GLOBAL OPPORTUNITIES FELLOWSHIPS

Four exceptional nursing students were named UW Global Opportunities (GO) fellows and awarded funding to conduct research and quality improvement projects around the world



MINHUI LIU, Ph.D

COUNTRY: CHINA

PROJECT: Assess community readiness for evidence-based exercise program for older adults



RUBEE DEV, Ph.D CANDIDATE

COUNTRY: KENYA

PROJECT: Implement mobile-app based family planning decision aid for postpartum women



ERIN STOY, DNP STUDENT

Country: Kenya

PROJECT: Examine how emergency care and primary care can work together in low-resource countries



JILLIAN PINTYE, Ph.D CANDIDATE

COUNTRY: KENYA

PROJECT: Identify barriers and facilitators to family planning for women living with HIV



GLOBAL HEALTH

5
COUNTRIES

The UW School of Nursing Center for Global Health Nursing welcomed visitors from **five** countries

UW Nursing faculty received **19** new or continued grants in global or global-to-local research

19
GRANTS

91 STUDENTS
STUDY ABROAD

We sent **91** nursing students to study abroad in **four** countries



We created **two** new student opportunities to study abroad. Students can visit **Kenya, Peru, Liberia** and **Nepal**



Faculty from the UW School of Nursing traveled to more than **15** countries and flew over **342,460** miles

342,460
MILES





WORLD CHANGING RESEARCH

With your partnership, faculty are able to conduct groundbreaking research in health equity, symptom science, innovative interventions and lifespan health and remain a top-tier research institute.

Basia Belza, the Aljoya Endowed Professor in Aging, researches exercise in older adults, such as mall walking



HOME-BASED INTERVENTION LOWERS RISK OF **FOSTER-CARE SEPARATIONS**

RESEARCH PRIORITY AREA:
INNOVATIVE INTERVENTIONS

Home-visiting program helps caregivers respond better to children's emotional needs

Families being investigated for child maltreatment who received a 10-week home visiting program were less likely to have their children placed in foster care than families who received phone-based interventions, according to a new study by UW School of Nursing researchers. The study appears in the November edition of the journal *Child Maltreatment*.

The home visiting program, *Promoting First Relationships*®, prepares social service providers to use practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children, birth to age 3. Caregivers of young children learn to recognize, understand and respond to children's social emotional needs.

"This study demonstrates that promoting infant mental health-focused services to vulnerable families in the child welfare system can have a lasting impact on parent and child wellbeing and the child welfare system as a whole," said Monica Oxford, the study's principal investigator and interim director of the Barnard Center for Infant Mental Health and Development. This study has long-term implications for the health of our community, Oxford said.

"It was exciting to see that families were able to remain intact and become stronger as a result of this program"

MONICA OXFORD

Prior research has shown that early life adversities, including maltreatment, can increase risk of chronic conditions in adulthood, mental health disorders, homelessness, and lower academic achievement.

Nurse researchers have long been at the forefront of studying and developing home visit programs to improve health and wellbeing. Nurse-led home visitation programs that serve a variety of populations around the United States have resulted in better patient outcomes.

This study builds on previous research by Dr. Susan Spieker, Kathryn Barnard Endowed Professor for Infant Mental Health at the UW School of Nursing, which found that *Promoting First Relationships*® improved caregiver sensitivity and knowledge of children's developmental needs. The caregivers' increased emotional understanding, in turn, helped children improve their social competence.

The emotional connection between social service providers, the caregivers they serve, and the children they care for is central to the efficacy of *Promoting First Relationships*® and other successful home visit programs.

"Promoting First Relationships® had a strong, positive effect on these families," said Oxford who is also a research professor at the School of Nursing. after Oxford here "Not only did far fewer children end up in foster care, we observed that parents became more sensitive and responsive to their children's cues and needs."

"It was exciting to see that families were able to remain intact and become stronger as a result of this program," she said.



FAMILIES THAT TRACK TOGETHER SLEEP BETTER

RESEARCH PRIORITY AREA: SYMPTOM SCIENCE

Could family-centered health technology lead to improved sleep?

Sleep deficiency is associated with increased risk for a number of negative health outcomes. Self-management is a budding field of research that focuses on behavior change, specifically motivation, activation, and self-efficacy, to change a particular health behavior.

“Developing self-management sleep interventions represents a new era in the sleep field,” said Teresa Ward, UW associate professor of nursing. “To date, there are very few studies in sleep literature on the specific use of self-management skills.”

A recent study from the UW School of Nursing Center for Innovation in Sleep Self-Management examined how health-tracking technology could help families improve their own sleep habits. The study was an interdisciplinary collaboration between researchers from the School of Nursing, the UW Department of Computer Science and Engineering, the UW Department of Human Centered Design and Engineering, the UW Design Use Build Group and the UW Information School.

Lots of people use self-management tracking technologies, like FitBits and food journals, to varying success. However, most health-tracking technologies are geared toward individuals, not families. Since family sleep habits are often interrelated—all sleep well or all sleep poorly—Ward and her colleagues interviewed two cohorts of families to understand what an effective health technology would entail. One cohort included typically healthy families; the other, families with a child diagnosed with juvenile idiopathic arthritis.

Researchers found that families preferred that both parents and children use the technology to track. Indeed, effective family-centered health technology must appeal to all family

members and should reveal ripple effects within families. In other words, sleep deficiency in one child can affect her/his siblings and parents sleep, impacting the mood and energy of the entire family.

Notably, families with a chronically ill child tend to center the family's health efforts around that child, and the sleep habits and health of other family members can fall off the radar.

Family-centered tracking can also address common lapses that occur in personal health tracking devices. When one member of the family lapses, they have a support system in place to help them pick up.

“Development of an effective family-centered technology-based sleep and health intervention has the potential to improve health outcomes and wellbeing in children living with a chronic health condition and their family members,” said Ward, center co-director.

“Our study will provide findings regarding the benefits of a potentially cost-effective intervention that could be implemented on a large scale to improve sleep and health in children with chronic conditions and their families.”

RESEARCHERS INTERVIEWED

14
TYPICALLY
HEALTHY
FAMILIES

10
FAMILIES
with a child
with Juvenile
Idiopathic Arthritis





PARTNERS ON A MISSION to PROMOTE HEALTH

RESEARCH PRIORITY AREA: HEALTH EQUITY

A research partnership unites faith and health

Disparities in income, housing and education contribute to poorer health outcomes in Central and Southeast Seattle neighborhoods. Neighborhood health disparities are present in King County in almost every health metric.

Doris Boutain, the John and Marguerite Walker Corbally Endowed Professor in Public Service at the University of Washington, recognized that churches could be valuable partners for health equity promotion. Together with faith leaders at six King County churches, Boutain is harnessing the power of faith communities to improve health outcomes.

"Many people are amazed when I recite the number of external programs supported by faith communities which serve children, youth, families, adults and elders, Boutain said. "Churches as public health advocates for the most vulnerable members of our society is not new, but rarely publicized."

Since 2010, Boutain has led a community-based endeavor called Moving Together in Faith and Health. Moving Together in Faith and Health brought together the UW School of Nursing, faith community leaders, Seattle-King County Public Health and other organizations to develop policies and systems to improve health.

The Healthy Institutions Program (HIP), part of Moving Together, supports community leaders by offering discounts on healthy food. Their local partner was the Central Co-op, an independent, Capitol Hill-based, cooperative organic grocery store.

Barriers to healthy living can be complex. For example, Moving Together requires concerted, one-on-one time to support the HIP with community-based institutions. Some institutions rely on volunteers as their representatives for the HIP, and even well-meaning volunteers can have competing priorities. Students learn about these issues firsthand in the community health nursing program.

Erica Soelling, DNP '18, worked with Boutain, studying publicly available records on the HIP.

"I had the privilege of presenting alongside a community member and stakeholder involved in the policy intervention to prevent childhood obesity," she said.

Together with their congregations, church leaders devised policies and team-based initiatives for good health practices. These policies focused on:

- 🌱 Increasing nutrition
- 🍏 Increasing access to healthy food
- ♻️ Removing vending machines
- 🏃 Increasing physical activity

Congregants eat together, from book clubs to youth ministries, so church leaders overhauled menus at church-based events, started vegetable gardens, and developed nutrition policies.

"We meet together in prayer and the breaking of bread," said Pastor Robert L. Manaway, Sr. of the Tabernacle Missionary Baptist Church.

Congregations also started recreation ministries and community prayer walks instead of traditional pew-based services. On community prayer walks, congregations connect with their neighbors face-to-face, and expand the churches' visibility in support of healthy neighborhoods.

"The healthier we are in our body, the more work we can do spiritually," said Pastor Matthew Thornton of New Direction Missionary Baptist Church. "Investing in our health is an affirmation of our faith."

FLIPPING THE CLASSROOM

for TEAM-BASED CARE

RESEARCH PRIORITY AREA: LIFESPAN HEALTH

Collaborative care. Healthcare teams. Multidisciplinary approaches to health.

These have become buzz words in health care and for good reason.

Countless studies have shown that patients benefit when their healthcare professionals work in teams. They are more likely to receive safer care, shorter hospital stays and better outcomes. Adverse events are less likely. They are also more likely to be satisfied with their care.

Yet, the truth is that generations of health sciences students have trained in silos and, have proceeded to work in silos as professionals.

For 10 years, Brenda Zierler, UW professor of nursing, has helped lead the University of Washington's initiative to rethink how clinical providers are trained – both as students and as practicing professionals.

"Our aim is to get students to think outside of these silos – and by doing so to make patient care safer," said Zierler, who is the co-director of the UW Center for Health Sciences Interprofessional Education, Research and Practice.

The program that she and her team have built at the UW is called interprofessional education, IPE and collaborative practice (CP) for short. It grounds students in the fundamentals and benefits of working together at various levels of their education and practice.

"IPE flips the classroom, we like to say, by integrating students from different disciplines in simulations and case-based learning where they learn about the roles each plays in a patient's care," Zierler said. "This is powerful for students whose conventional instruction leads them to evaluate a patient and make decisions independently."

In a short time, awareness replaces assumptions and self-interest yields to interdependence and a greater willingness to communicate.

"Aha moments happen for trainees in every discipline, and all to the benefit of patients," Zierler said.



INTERPROFESSIONAL EDUCATION PROJECTS

at UW SCHOOL OF NURSING

UW School of Nursing faculty are engaged in a number of interprofessional education projects aimed at improving healthcare through team-based care.

UW Center for Health Sciences Interprofessional Education, Research and Practice: The center, founded in 1997, aims to promote clinical and educational innovations in interprofessional education and collaborative practice across UW health sciences, provide staff and faculty training, and conduct research about IPEs effect on the health of the public.

Train-the-Trainer Interprofessional Faculty Development Program: This team-based development program is designed for health professional faculty and clinicians working on interprofessional education and collaborative practice initiatives nationwide. Teams complete pre-work, attend an in-person training at one of three training sites, and receive a year of coaching support for their projects.

Northwest Heart Failure Collaborative Project ECHO:

This conference series is a collaboration between UW Medicine and the School of Nursing, with the objective of improving the care of patients with heart failure by increasing access to continuing education and interdisciplinary case consultations.

Pan American Health Organization (PAHO)/World Health Organization (WHO) Collaboration Center: PAHO has

invited the UW School of Nursing to initiate a two-year process to become a WHO collaboration center for interprofessional education. The center will examine opportunities to advance IPE globally and regionally.

CULTIVATING **NASCENT RESEARCH**

Program provides vital seed money for pilot data

Between 2003 and 2015, the National Institutes of Health lost 22 percent of its capacity to fund research. Proposed cuts to federal research funding could reduce this capacity by another 19 percent.

A 30-year-old program at the UW School of Nursing may be key to helping nurse researchers remain competitive for increasingly limited federal research funding.

The Research and Intramural Funding Program (RIFP) was started to strengthen the research environment at the School of Nursing when a long-term federal grant ended. Today, it provides seed funding to support innovative pilot studies, allowing faculty to apply for federal funding with important preliminary data in hand.

"It was born out of a need to offer money to support studies on valid and innovative research questions in the absence of federal funding, and it remains true to that purpose today," said Joanne Whitney, UW School of Nursing associate dean for research.

The RIFP program provides just \$10,000 to \$25,000 per project. Yet in just three years, \$240,681 in RIFP funding has enabled faculty to secure more \$5 million in federal funding. The projects align with federal, state, and local priorities, addressing national and state defined research needs, and support the school's research pillars: Health Equity, Innovative Interventions, Lifespan Health and Symptom Science.

"The RIFP program offers investigators a chance to pilot their ideas and refine them before pursuing larger externally funded grants," said Whitney, who is also the Harborview Medical Center Endowed Professor in Critical Care. "This not only makes external awards more likely, but it also improves the science and, in the end, helps to increase the impact and translation of our research to broader communities when these larger studies are completed."

For some faculty, the RIFP is a crucial jumping off point for lifelong research careers.

In 2013, Amy Walker, UW assistant professor of nursing, received RIFP funding for a pilot study about why adolescent cancer survivors have poor rates of long-term follow-up care, despite the likelihood of late-effects like cancer recurrence or chronic illness.



Walker suspected the drop off for follow-up care happened during the period after treatment ends due to the aggressive way cancer is treated in young people and children. At the time, there was scant research on that period in the patient's life.

Thanks to her RIFP-funded pilot study, Walker submitted for federal grant funding with seed data and a solid patient recruitment strategy. Just 16 months after her RIFP pilot study ended, the NIH awarded her an R03, a \$50,000-per-year grant.

"The RIFP was the first grant I had funded as a junior faculty. It gave me a certain confidence that my focus on family-centered oncology care was fundable," Walker said.

Researching the social and emotional effects of childhood cancer on survivors and families became Walker's primary line of research inquiry. In 2016, her passion for the subject matter earned her the role of Seattle Cancer Care Alliance's (SCCA) first-ever Nurse Scholar.

At SCCA, Walker leads the effort to integrate evidence-based practice and nursing research into daily operations, and continues her research to help families dealing with childhood cancer. She recently applied for a second RIFP.

RIFP PROVIDES

\$10,000 to \$25,000 per project

IN THREE YEARS,

\$240,681 → **\$5 million**
in RIFP funding led to more than in federal funding





WE > ME

Much of the good we accomplish is made possible by private support: by people and organizations underwriting leading-edge research, funding scholarships for promising students, and supporting world-class faculty members. Join us.

UW School of Nursing Advisory Board member and former Seattle Mayor Greg Nickels speaks at the 2016 Nurses Recognition Banquet

UNDERSTANDING NURSING RESEARCH

Editors note: Interview has been edited for length and clarity.



Professor emerita Marge Batey, '53, shares insight on the trajectory of nursing science

EARLY NURSING RESEARCH

Until at least the 1950s, nursing had very little to do with research. Our academic preparation was to take care of patients. But there were some very influential ladies — many who helped found the Western Institute of Nursing — who knew we needed a knowledge base to do that.

We still had to work in-house, within nursing, to develop the notion of *what is nursing science*.

RESEARCH FACILITATION PROJECT

In 1969, Dean Mary Tschudin and Assistant Dean Katie Hoffman asked me to look into a new federal grant for research development.

With my doctoral studies in sociology with an emphasis on organizations, my interest concerned how we could build a strong research subculture in the school. That called for resources, so part of the preparation for the grant was to ask faculty: *“what do you need to do the research you say you want to do?”*

Following many conversations, we put together a proposal called the research facilitation project. It was designed to facilitate faculty to gain access to resources needed to develop their research questions into quality research proposals that would merit grants from funding agencies.

HOW HAS NURSING RESEARCH CHANGED?

When nursing research was getting started, the focus was on individual projects. They were fragmentary — you had a question, you did a project. We had individual projects until we reached a critical mass of nurses with both doctoral preparation and preparation in science.

The trajectory was from individual, limited questions to a critical mass of people to move ideas and projects forward. While certainly there still are individual projects, there now are programs of inquiry involving clusters of faculty posing their questions within the context of nursing science.

NURSING RESEARCH AT THE UW

One of the grounding features of this school is that it has always been a university-based school of nursing. From the very beginning, school leadership sought to have the school be a legitimate part of the university. A strong research university called for a strong research school of nursing.

Universities prepare nurses who are themselves research-ready. Through their studies with faculty who are themselves nurse scientists, graduates of our programs are ready to engage in evidence-based practice in their patient care while other graduates are ready to pursue their own research inquiry.

ESTABLISHING THE SUZANNE E. VANHOOSER ENDOWED NURSING RESEARCH FUND

Access to resources to develop fundable research proposals is as necessary today as it was when we started the Office for Nursing Research Facilitation in 1970. The VanHooser Fund supports pilot studies by faculty prior to submitting a research proposal for extramural funding.

Pilot studies may give strength to the proposal by showing feasibility; occasionally they show that the proposed research is not feasible as designed. The latter is as important as the former. One of my mentors taught me, “Research monies are chance monies.” Having resources for faculty to do pilot studies improves the chances that those research proposals will be approved when submitted to extramural funding sources.

ADVANCING PALLIATIVE CARE

THROUGH INNOVATIVE GRADUATE CERTIFICATE

New scholarship supports interdisciplinary certificate students

Early in her career as a new registered nurse, Ardith Doorenbos worked with oncology patients receiving bone-marrow transplants. Now, bone-marrow transplants are much more effective at improving certain cancer outcomes, but at the time, few patients saw successful outcomes.

“It was a miracle when patients made it,” said Doorenbos, a UW professor of nursing. “Back then, it was generally seen as a last-ditch effort. So I spent a lot of time early in my career dealing with patients at end of life.”

That experience inspired a lifelong passion for palliative care that has infused her research, practice and teaching. In 2016, Doorenbos started the first-ever interprofessional Graduate Certificate in Palliative Care to train professionals in nursing, medicine, social work, spiritual care and other disciplines to care for people suffering from serious or life-limiting illness.

Doorenbos also wanted to ensure that anyone with the desire to learn these important skills could join the program. She started the Palliative Care Scholarship to support students in the certificate program.

“Some hospitals and medical centers provide funding for continuing education, like this certificate, but others – especially those in rural or underserved communities – don’t have enough in the budget to cover the cost,” Doorenbos said.

“Increasing access to our interprofessional palliative care graduate certificate will impact the current national shortage of palliative care clinicians. Decreasing this shortage will provide accessible, responsive and patient-centered palliative care for all persons in our country.”

Approximately 90 million Americans are living with serious illness, and this number is expected to more than double over the next 25 years as our population ages. Many health care professionals already provide care for end-of-life or serious illnesses; they just do so without formal training.

This certificate fills a gap for professionals nationally seeking foundational skills for delivering palliative care. Students learn the key areas of palliative practice: person-centered communication, interprofessional team training and program sustainability.

Research has shown that patients who receive palliative care have less depression and improved quality and longevity of life. Hospitals and medical centers that integrate palliative care into patient care delivery see significant cost savings. Still, one-third of U.S. hospitals with 50 or more beds report no palliative care services at all.

Doorenbos doubled the impact of her founding gift through the University of Washington’s Faculty Staff Retiree (FSR) Endowment Matching Program. The FSR program kicked off in October 2016 to celebrate the launch of the UW’s most ambitious philanthropic campaign ever. Through FSR, gifts made by current and retired faculty and staff to endowed scholarships and graduate fellowships are matched at a 50 percent rate, and the UW has committed \$5 million.



OUT & About



1



2



6



7



8



12



13



14

1. Soule Lecture: Dean Azita Emami, Dr. Ben Danielson, Seattle Children's Hospital Odessa Brown Children's Clinic, and Dr. Risa Lavizzo-Mourey, CEO of the Robert Wood Johnson Foundation

2. Nurses Recognition Banquet: Award winners Louise Kaplan '81, Dean Emerita Nancy Woods '69, Ellie Marsh '16, Shannon Fitzgerald, Professor Brenda Zierler '91, '96, Saibo Tunkara '16

3. Nursing Shark Tank: UW School of Nursing Advisory Board members Evie and Gene Lynn

4. 2016 Campaign launch event: Teresa Urquhart, Jane Nwankwookoye

5. Nurses Recognition Banquet: Charles Sandell, UW School of Nursing Advisory Board member Sandy Dyer '59, and Jim Woods

6. UW Center For Global Health Nursing Launch Event: Pam Kohler, Center co-director, Joanne Montgomery, Advisory board member and campaign co-chair; Sarah Gimbel, Center co-director, and Eli Almo, Advisory Board chair

7. 2016 All-School Reunion: Mary Lou Brown, BSN '58, Deidre Laird, BSN '16

8. Dawg Days in the Desert: Chris Petersen, Advisory Board member Teresa Urquhart, Ed Urquhart, Jonathan Smith and Bob Gregory

9. 2016 Reunion: Dean Azita Emami, Shanda Taylor-Boyd '94

FRIENDS AND SUPPORTERS



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10. Nursing Shark Tank: Assistant Professor Tatiana Sadak, Assistant Professor Pam Kohler, Advisory Board member Joanne Montgomery, Dean Azita Emami, Shark Tank Winner Carolyn Chow, Professor Monica Oxford and Troy Flaherty, DNP '16

11. Nurses Recognition Banquet: Banquet attendee, UW Medical Center CNO Grace Parker, Nurse Executive for Swedish Cherry Hill Meredith Gould, Advisory Board member Sherri Del Bene

12. Nurses Recognition Banquet: Virginia Ramos, Carolina Lucero, Advisory Board member Rogelio Riojas

13. Deans Club: Dean Azita Emami and Col. Grethe Cammermeyer, '76, '91, UW Distinguished Alumni 2015

14. 2016 Campaign launch event: UW Chief Budget Officer Dan Peterson, Campaign co-chair Brooks Simpson

15. 2016 Campaign Launch event, Together: Eli Almo, Rebecca Almo, Assistant Professor Oleg Zaslavsky, Basia Belza, Aljoja Endowed Professor of Aging

16. The Basic 6, Class of 1951, alphabetical order: Delores Christensen Bach, Mary Jo Sheerar Bevan, Evelyn Jackson Hudson, Margaret Valley Rayburn, Barbara Sawyer Scott, Phyllis Johnson Smith, Carol Hunter Taylor, Audrey Tjepkema Thorsen

DEAR FRIENDS and SUPPORTERS

The University of Washington recently announced that they have raised \$4 billion toward their most ambitious fundraising campaign in history. As your campaign co-chairs at the UW School of Nursing, we are so excited to turn our efforts and energy to the newly renovated Simulation Center, the first phase of which will open in September 2017.

Simulation learning enables students to practice both life-threatening and common situations, preparing them for any challenge in a rapidly evolving health care environment. This grand opening is a momentous opportunity to showcase the School, engage existing supporters and reach out to new ones. Seattle has become the global epicenter for health and health research and with our state-of-the art Simulation Center, we can continue to attract the world's best faculty and students and train them in the environment that will best serve our communities and the world.

We look forward to your partnership as we prepare the next generation of nursing leaders and conduct world-changing nursing research.

With Boundless Gratitude,

Joanne Montgomery '77 and Brooks Simpson



CAMPAIGN UPDATE

We are about 2/3 through the University-wide campaign.



CAMPAIGN TIMELINE

2016

CAMPAIGN LAUNCHED
\$40 million: Total campaign goal

2017

66% OF GOAL FULFILLED
\$26 million: Funds raised to date

2020

CAMPAIGN ENDS



66%
OUR GOAL
FULLFILLED



STUDENT NEED SCHOLARSHIP FUNDS

Total awarded
\$1.5
MILLION

Total needed
\$10.2
MILLION



SIM CENTER

We received **\$4.4 million** from the Washington state legislature in support of our new Simulation Center



Since Jan 1, 2016 we have received **\$125,440** in gifts and pledges towards equipment and other things needed to open the lab this summer.

We still need equipment to fully launch Phase 1 of the Sim Center: **\$565,000** or in-kind value.



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executive dean

Pam Mitchell

executive associate dean

Joie Whitney

associate dean for research

Basia Belza

interim associate dean for academic affairs

Nancy Woods

interim associate dean for diversity, equity and inclusion

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Connections is published annually by the University of Washington School of Nursing.



WEICHAO YUWEN

ASSISTANT PROFESSOR OF NURSING, UW TACOMA

Weichao Yuwen, Ph.D. '16, joined the UW Tacoma School of Nursing & Healthcare Leadership as an assistant professor in June 2016. UW Tacoma is among the 50 most ethnically diverse university campuses in the nation and 64 percent of freshmen are first-generation college students.

"These statistics give me a sense of belonging," Yuwen said.

"I truly enjoy engaging the students in active learning, inquiry, and critical thinking. Some students tell me that they see me as a role model, which inspires me further to hone my teaching skills and become a lifelong learner and educator."