



W

CONNECTIONS

2020

THE SKY IS THE LIMIT:
A VISION FOR THE FUTURE

SCHOOL OF NURSING
UNIVERSITY *of* WASHINGTON

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FROM THE DEAN'S DESK

This is a time of challenges. It is also a time of opportunities.

The COVID-19 pandemic does not postpone the future, and we are actively preparing for and engaging with that future as you will learn from the stories in this issue of *Connections*.

One of the most exciting developments is that ground has been broken on the 100,000 square foot, \$100 million Health Sciences Education Building (HSEB). Scheduled for completion in 2022, this is a truly transformative project for *all* the health sciences schools—nursing, dentistry, medicine, pharmacy, public health and social work.

For the first time, students from all the health science disciplines will be learning together so they can function not just as individual specialists but as part of collaborative teams where each person has something to contribute and all input is equally valued. This state-of-the-art facility reflects an important rethinking of how health care professionals work to achieve optimal patient outcomes. The focus of the HSEB is interprofessional education, where students learn how to listen, collaborate, and relate to *all* their professional colleagues in order to achieve the best possible patient outcomes.

Health care is changing in response to many factors, including a rapidly-aging population nationally and globally and a shift to more emphasis on *preventing* disease rather than just treating it. The HSEB will be a dynamic and valuable new venue that combines state-of-the-art technology, flexible lab and classroom space, and innovative teaching methods to educate the health sciences professionals of the future.

You will also read about the successful conclusion of the UW's Be Boundless fundraising campaign. The UW raised more than \$6 billion. I am proud to say that the School of Nursing did its part, having raised more than \$49 million, exceeding our campaign goal by 23%.

This is an important and significant investment in the future. Strong philanthropic support plays a crucial role in enabling us to be one of the nation's leading schools of nursing. It is private support that enables us to do many of the things we do, including provide the scholarships and other support crucial to advancing our diversity, equity, and inclusion (DEI) initiative.



I am proud of our leadership in this regard. You will read more about our extensive anti-racism and DEI efforts in this issue. This is an important commitment on our part. It is about making the School of Nursing and ultimately all the health sciences welcoming to every student so that health care professionals fully reflect the wonderful diversity of our country.

This is a complex undertaking. It is about changing attitudes, reshaping culture, breaking down barriers and building relationships. It is not something that can be done quickly, but it is something that *must* be done if nursing and the other health sciences are to provide truly equal opportunity to all students and truly compassionate and culturally-competent care to all patients.

At the School of Nursing, we are looking forward to the future. It is a future filled with hope and opportunity. We thank you for being an integral part of that future, and for your support of our efforts.



Azita Emami, PhD, MST, RNT, RN, FAAN
Robert G. and Jean A. Reid Executive Dean
UW School of Nursing



AZITA EMAMI REMEMBERS HER FIRST, EYE-OPENING TOUR OF THE MAGNUSON HEALTH SCIENCES BUILDING AT THE UNIVERSITY OF WASHINGTON.

EMAMI EXPECTED TO SEE A GLEAMING, HIGH-TECH, WELCOMING SITE—ONE THAT MIRRORED THE EXCELLENCE OF THE UNIVERSITY THAT HAD HIRED HER. WHAT SHE SAW, INSTEAD, WERE WINDOWLESS CLASSROOMS, MAZELIKE HALLWAYS AND ISOLATED LEARNING SPACES.

“I THOUGHT THAT I’D GONE BACK IN TIME,” SAYS EMAMI, THE EXECUTIVE DEAN OF THE UW SCHOOL OF NURSING. “I TOLD MY LEADERSHIP TEAM THAT FUNDING AN ADVANCED, MODERN LEARNING SPACE WAS GOING TO BE MY FIRST PRIORITY.”

Technological shifts

When the Magnuson Health Sciences Building opened in the 1960s, it reflected the needs and standards of the day. Over the past 50 years, those needs and standards have changed considerably.

“If you look at educational technology, especially in nursing and medicine, there has been a massive shift in the last decade or so,” says Shari Ireton, assistant dean of marketing and communication. “In some ways, today’s students are like pilots—they learn and practice their skills in high-tech simulation labs, and they increasingly use augmented and virtual reality.”

Unfortunately, the Health Sciences Building—which now houses the schools of nursing, pharmacy, medicine, dentistry, and public health—lacks the capacity to keep up with technology. Nor does it accommodate robust remote learning access, essential to the students and professionals who participate in the university’s regional medical education programs.

“Our students deserve the best, most advanced learning spaces to prepare for their careers,” says Emami. The other health sciences deans were in full agreement. In August 2020, the university broke ground on a \$100 million health sciences building for high-tech, interprofessional teaching.

“This new site will help us create an environment where we can change the culture and mindset of healthcare,” says Emami.

Changing the culture

Just as the last half-century has seen enormous advances in technology, it has also seen fundamental changes in the practice of teaching and in health care. Both fields have experienced a shift toward collaboration and teamwork.

For instance, teachers are no longer moored behind a lectern in a huge hall—at least, not all the time. Instead, modern teaching also requires flexible spaces that allow teachers and students to transition to small-group work, discussion and interaction.

With classrooms of various sizes, and with multiple seminar rooms, collaboration spaces and study areas, the new building will accommodate new styles of learning. It will also encourage the growth of interprofessional education, where students from different health sciences disciplines can learn and work together, breaking down the silos among the professions.

Breaking down these silos is crucial to the future of health care. Fifty years ago, a healthy person might receive care from three health professionals; today, that number has risen to 16. What’s more, studies show that roughly 80% of patient safety issues are related to miscommunication among health care providers.

“Our new facility will allow us to educate these students together, to have them solve problems as collectives, so that they’re ready for the teamwork needed to care for their patients,” says Emami.

The COVID-19 effect

If COVID-19 has highlighted the importance of teamwork in saving lives, it has also put the weaknesses in our health care system, such as racial inequity, on clear display.

At the same time, the pandemic has brought another emergency to the fore: a critical lack of nurses.

Resolving the nursing shortage is such an urgent need that the UW’s Center for Health Workforce Studies has convened a task force—including representatives from the UW School of Nursing, hospitals, insurance providers, other nursing colleges and professional nursing organizations—to form a plan of action. The new facility, which will help the UW recruit students, then teach them team-oriented practices, will be an integral part of that plan.

“We know teamwork is crucial to good health, and nurses are the center of those teams,” says Ireton. “This new building is going to help the university set the foundation for 21st-century health care.”

Reaching for the sky

On August 27, 2020, Dean Emami and fellow health sciences deans donned their masks to attend a small, socially distanced groundbreaking for the new health sciences building.

The facility is not yet fully funded—the Washington State legislature contributed \$70 million to its creation, and the university is looking to a generous community to contribute the remaining \$30 million—but Emami knows that donors will take up the challenge. The stakes are high, as are the rewards.

“There’s so much potential here,” says Emami. “Thousands of students will pass through these doors, and when they graduate, they will be taking care of our communities.”

With the new building, Emami envisions a future where more classes will become truly interprofessional, where students will learn and achieve together, build teamwork among the professions and above all, improve health care for everyone in our society.

“The sky will be our limit,” says Emami.

LEARN MORE

Please contact Abbey Norris, assistant dean for advancement (abbeyn@uw.edu) or visit <https://explore.uw.edu/hseb.html>



RESPONDING TO COVID-19

ON FEBRUARY 29, 2020, THE FIRST DEATH IN THE US ATTRIBUTED TO THE CORONAVIRUS OCCURRED IN KING COUNTY, WHERE THE UW'S SEATTLE CAMPUS IS LOCATED. AS WITH THE REST OF THE WORLD, THE NEXT FEW DAYS, WEEKS, AND MONTHS WERE A FLURRY OF ACTIVITY AS THE SCHOOL OF NURSING AND THE UNIVERSITY PIVOTED TO MEET THE CHALLENGES THE PANDEMIC PRESENTED. FACULTY, STUDENTS, AND STAFF WORKED TO FIND WAYS TO CONTINUE OFFERING A LEADING-EDGE ACADEMIC EXPERIENCE, GROUNDBREAKING RESEARCH, AND SERVICE TO OUR COMMUNITY. THE IMPACTS—AND OUR SCHOOL'S RESPONSE—HAVE GROWN OVER TIME AND CONTINUE TO ADAPT TO THE COMPLEX SAFETY AND HEALTH CHALLENGES COVID-19 PRESENTS.

"The impact COVID-19 had on every aspect of our school, from research to curriculum to events, was extraordinary," says Executive Dean Azita Emami. "It was one of the most remarkable years in the history of the UW School of Nursing."

Beginning in March, classes no longer met in person and classes and/or exams were delivered remotely or online. In April, with in-person clinical practice opportunities canceled by the pandemic, the School of Nursing partnered with Public Health — Seattle & King County (PHSKC) to give students three opportunities to join frontline efforts to meet health needs and treat patients suffering from COVID-19.

"PHSKC was already setting up activities like a COVID-19 call center as well as special facilities to help individuals experiencing homelessness who might also have COVID-19 and need assistance," says PHSKC Director Patty Hayes, BSN '76, MN '80. "I found out that the School of Nursing had a need for clinical experience for students, so it was the perfect time to discuss what we could do together."

The unique partnership included three voluntary opportunities:

- Graduating senior nursing students volunteered at PHSKC COVID-19 call centers. Students used their nursing education to provide scientific, evidence-based, and accurate information that reflected public health guidelines.
- Doctoral students worked in telehealth and telemedicine call centers in local health care organizations. Students worked with faculty advisors to provide virtual health visits for patients who might not have been able to visit a traditional clinic due to quarantine, mobility issues, or lack of transportation.
- Licensed graduate nursing students were placed at area care centers designated for assessment and recovery for the community's most vulnerable patients who tested positive for COVID-19 and had symptoms but were not so ill that they required hospitalization.

"This was such a different experience than a student would have in either the hospital or clinic," Hayes says. "I hope experiencing public health nursing will inspire many students to choose public health as their specialty after graduation."

School of Nursing leadership also responded quickly to prepare students by providing them with training in the proper use of personal protective equipment (PPE). Thanks to generous support from the CDC Foundation, the de Beaumont Foundation, UW Alumni Association China Chapter, and Chairwoman Yunxia Wang (President of Earth Spring), who provided funding to purchase PPE, students were equipped with the PPE necessary to resume their clinical training safely.

"It was absolutely crucial—and I cannot say strongly enough how important it was—to keep our students safe and provide them with that clinical experience in order to graduate. Without the PPE and those clinical opportunities, it would mean 100 fewer nurses would be graduating," says Anne Hirsch, UW School of Nursing associate dean for academic affairs. "The community needs those nurses now more than ever."

As summer began, school staff and faculty continued to meet to prepare for the changes needed to safely offer some in-person instruction. The school hosted bimonthly town hall meetings for all students, staff, and faculty to ask and answer tough questions about what returning to school and the workplace might look like.

In late July, a handful of lab offerings were the first in the entire university system to return to in-person instruction. These classes are hands-on decision making and clinical skills labs held in the school's Simulation Center, curriculum that cannot be effectively delivered online. Sim Center staff worked for weeks to prepare protocol and plans, reorganize furniture and lab settings, and place signage in the space to make it safe for staff and faculty.

"We can't do things the way we did before," says Jocelyn Ludlow, director of the school's Simulation Center. "Our team has worked really hard and the faculty have been incredibly flexible in order for us to be able to provide a safe, dynamic learning environment for our students."





TAKING RESPONSIBILITY

“SCHOOL NURSES TREAT A LOT OF HEALTH ISSUES,” SAYS KATIE JOHNSON, DNP ‘13, RN. “AND THEY ALSO HAVE A WINDOW INTO CHILDREN’S LIVES.”

FOUR YEARS AGO, JOHNSON BEGAN TEACHING NCLIN 409, A CLASS IN WHICH UNDERGRADUATE NURSING STUDENTS CONDUCT PRACTICUMS WITH COMMUNITY-BASED AGENCIES. JOHNSON, A LONG-TIME SCHOOL NURSE AND AN EXPERT IN SCHOOL HEALTH POLICY, ADDED SCHOOL NURSES’ OFFICES TO THE LIST OF PRACTICUM PLACEMENTS.

“I wanted to expose more students to the specialty,” says Johnson. “Students need to learn how early age health impacts can have long term consequences and eventually manifest in economic and racial disparities.”

Johnson’s class meets at the Othello-UW Commons, but students spend much of their time embedded in school nurses’ offices. “At the schools, selected for their location in underserved communities, nursing students learn about the specialty serving children at risk for poorer health.”

They also design health intervention projects to help the kids, and while the topics vary—everything from boosting attendance to practicing mindfulness—the projects always have one thing in common: a respectful partnership with the school.

“Community members are the experts on their own experience, and their experience is just as important as our education,” says Johnson. “We need to acknowledge that and make sure our own work reflects it.”

Dismantling racism

Johnson and her peers at the UW School of Nursing are committed to equity and anti-racism efforts. Still, she and her colleagues know they have a great deal of work to do.

“Our faculty and staff have two big challenges,” says Butch de Castro, PhD, MSN/MPH, RN, FAAN, the school’s associate dean for diversity, equity, and inclusion. “The first is to come to terms with how institutional and structural racism have created our current systems, and the second is to figure out how to dismantle them.”

These harmful structures make an appearance in the school’s admission, hiring, and retention processes, which the school is seeking to correct. They’re also deeply rooted in classrooms and curricula.

“How do we train our students to think about bias, for instance?” asks de Castro. “Are we perpetuating stereotypes as educators? Are we causing harm...when we talk about a certain group a certain way?”

Lecturer Clare Sherley, BSN ‘11, DNP ‘16, CNM, ARNP, has given significant thought to bias in her own classroom, and she takes a moment to give an example.

“In the past, we’ve talked about sexually transmitted infections, or STIs, as behavioral issues—where, if the patient doesn’t follow public health recommendations, if they don’t follow the ‘rules,’ then the STI is their problem,” Sherley says. “But that approach ignores that STI rates are simply higher in certain communities. Or that some people distrust the medical establishment because they remember atrocities like the Tuskegee [Syphilis] Study.”

Knowing that they needed more contextualized and bias-free teaching methods, Sherley and her colleagues in the Nurse-Midwifery and Women’s Health Clinical Nurse Specialist Education Program decided to examine their curricula with a new lens: reproductive justice.

With justice for all

“The name is a little bit misleading because it sounds like it’s just about reproductive rights, but it’s much bigger than that,” says Sherley. “Reproductive justice is really a way of addressing oppression.”

Reproductive justice, a term coined by Black feminist leaders in 1994, is a series of beliefs and practices that holds that human rights should be protected by the government; that marginalized people should be centered in decision-making; and that people should have autonomy over their bodies, their families and their lives.

With the expert guidance of Jackie Vaughn of Surge Reproductive Justice, Sherley and her colleagues are working on aligning the midwifery program’s curriculum with these beliefs and practices. They’ve already started incorporating relevant materials into the syllabus.

“We want to create a culture where our students feel heard when they talk about racial justice and intersectionality,” Sherley says.

Slow growth

The UW School of Nursing is attempting, in multiple ways, to address inequities in education and health care. At the same time, society remains deeply inequitable.

“A person’s health depends on multiple factors, and health care only represents about 20% of the puzzle. Who we are and where we live and work—if we experience crime, or environmental toxins, or overcrowding—that’s a significant piece of the picture,” says Katie Johnson. “We’ve seen with COVID-19 how much of an impact place, race and income have on the health of marginalized populations.”

Still, she and Sherley hope that by working to change the school—and by helping faculty, staff and students understand their own biases—they can make a difference in helping patients.

“It feels like we’re taking little baby steps, but nothing, nothing in this work happens quickly,” says Sherley. “If it happens quickly, then it’s probably not being done properly.”

To learn more about the school’s efforts to integrate practices that fight racism and foster equity, diversity and inclusion at all levels—from curriculum, to hiring practices, to research programs—please go to nursing.uw.edu/DEI.



HRSA AWARD
\$3.25 million

To support Doctor of Nursing Practice students in clinician tracks, the School of Nursing received an award of \$3.25 million from the Health Resources and Services Administration (HRSA) for scholarships to promote access to advanced practice nursing in medically underserved communities. This award will fund scholarships for 23 DNP students. Each student will receive \$28,260 a year for the three-year program.



Supporting racial justice

WHEN DEMONSTRATIONS PROTESTING THE DEATH OF GEORGE FLOYD BEGAN LAST MAY IN CITIES ACROSS THE NATION, MANY FROM THE SCHOOL OF NURSING COMMUNITY JOINED TO SHOW THEIR SUPPORT. OTHERS SERVED ON THE FRONTLINES OF THE PROTESTS AS STREET MEDICS TO PROVIDE BASIC MEDICAL CARE. THE FOLLOWING IS A FIRST-HAND ACCOUNT FROM A NURSING STUDENT WHO SERVED IN THIS ROLE AT THE SEATTLE AND PORTLAND PROTESTS. BECAUSE THERE IS EVIDENCE THAT POLICE HAVE TARGETED PROTESTERS AND THEIR SUPPORTERS, WE ARE NOT IDENTIFYING THE STUDENT.

I can't breathe.

I thought he said, "I can't...breathe!" But I wasn't sure of it. In the hospital, that wouldn't be a problem. Certain or not I would have reported the suspected respiratory distress to my team at the nurse's station, knowing that their experience combined with policies and procedures would maximize potential outcomes. Instead, I was on the streets of Portland focusing on maintaining line of sight with my team of other street medics among the fleeing protesters, including a lost child in the crowd, wearing a gas mask two sizes too large. I noticed that my own half-mask respirator had developed a crack.

"I can't..." he said before falling to the ground. My eyes swelled as I fought to get closer to where I last saw the man's beanie sink into the crowd. I yelled to my team "WE GOT ONE HERE!"

but the words were blown away in the cacophony of flash bangs and cries. The downed man's face was the portrait of fear as he clutched his left breast. I caught myself beginning to assess the patient, but both the limits of my scope of practice and the impending line of approaching shadows brought me out of my head. I glanced back to see that the federal bull-rush line was no more than 50-60 meters away now, just barely catching sight of an armored agent swinging a riot-shield down towards the head of a kneeled man with arms overhead in the universal sign of submission.

It is moments like these that makes a caregiver really appreciate the structure of a hospital. It is far too easy for the safety of a security team, dependable communication systems, and a suite of dedicated specialists to be taken for granted. It is just as easy to take our MANY other privileges as a given. For people as white as myself it is a given that I will not be executed without a trial, nor for a non-violent offense. When George Floyd said, "I can't breathe" he became the exception to my lived experience alongside too many others.

When I first saw the Seattle protests on the news, I did not feel a shared identity with every sign, chant, or policy change demand I heard. Yet, like my hospital experience, I didn't find it hard to find common ground in the shared human experience: overwhelming grief, the desire to fight systemic racism, and advocate for human rights. No matter how unrefined, shortsighted, or poorly delivered the message, I've found this common thread woven into the care of the most disabled of behavioral health patients, the most hardened chronic pain patient, and sometimes even among long-term care facility management teams.

It was this mindset that led me to take a class with the Do No Harm Coalition, taught by Frontline Street Medic Noah Morris and UCSF Associate Professor of Medicine Rupa Marya. I reviewed the Good Samaritan Law and precedent for licensed medical professionals and my basic life support skills. I felt prepared, but you never truly are. In those early days so much happened it was much a blur. From witnessing a young girl being struck in the sternum with a rubber bullet to celebrating the successful evacuation of a trauma patient to waking up to read the false accusations that street medics were preventing EMS access to the injured. Truth be told, it was the first time in my life that I was part of a life or death story that made the papers, let alone one mischaracterized for the sake of political capital.

My greatest take away from those days was the power of compassion. Exhausted from work, I would arrive to volunteer and found myself among other red-eyed and weary caregivers going through the same. There were anesthesiologists, emergency department doctors, family practitioners, dentists, nurses, nurse-aides, and buckets of paramedics who showed up every day to find heaps of donated supplies that they diligently organized in a makeshift outdoor triage center. Even when police would destroy the supplies, pour out the water, and scatter meticulous inventory ledgers we would rebuild and start over again.

As things stabilized, street kids and homeless populations began to approach us for basic treatment, foot care, and the occasional transport. This too was a fight against discrimination in my eyes. Displaced and neglected populations are often easy targets.

So, this is where the story ends, squatting next to the man from Portland. I bared the skin on his back, revealing two tell-tale bruises as seen with rubber bullets. His skin was dark, powdered with CS gas residue, and a strange inky bruise began to spread from where the bullets had impacted. The paramedic on our team was assessing the man from the front, while another team member held our scavenged shield to block the pepper balls and flashbangs. I listened for lung sounds, finding them present on the right and completely absent on the left. The man groaned in pain. My team lead, the paramedic, looked at me, seemingly having the same idea as myself. I could hear the direct conflict screams next to us. I turned and our shield-bearer shoved me back, shouting "GO!" I recognized a street medic from the volunteer ambulance team. I saw a man in army fatigues grab her backpack while she was saline flushing a protester's eyes. She was twisted around and shoved face first into the ground. The scene was not safe to render aid. Nobody who stayed put was safe. We lowered our masks and fled through the gas.



EXAMINING THE IMPACTS OF COVID-19 ON MENTAL HEALTH AND COMMUNITIES OF COLOR



COVID-19 has affected almost every aspect of life, from working remotely, going to school online, wearing masks, and maintaining six feet of distance. One other unexpected impact of the pandemic is an increase in discrimination and violence among Black and Asian Americans. Four in 10 Black and Asian American adults have reported negative experiences due to their race or ethnicity since the COVID-19 outbreak, which include worrying about wearing a mask, being the victim of racist slurs or jokes, and fear of being physically attacked.

School of Nursing postdoctoral fellow Dr. Tamsin Lee and co-investigator Associate Professor Yvonne Lin (School of Pharmacy) are conducting a study with Black and Asian Americans to help address mental health challenges while fostering interracial community support (historically, the two communities have had periods of both interracial tension and unity).

Dr. Lee is developing a feasibility study to explore the use of online peer-support for Black and Asian American adults between 18 and 40 years of age. "Building Resilient Attitudes with Virtual Engagement (BRAVE): A Feasibility Study on Online Mental Health Webinars for Black and Asian Americans during COVID-19" was recently awarded a COVID-19 population health equity grant from the University of Washington Population Health Initiative. The grants are intended to support UW researchers in partnering with communities of color, which are being disproportionately impacted by the pandemic, to develop COVID-19 research projects that address community-identified needs.

"Since this is a feasibility study, I'm interested to see if a community-engaged webinar series to address mental health is possible," said Dr. Lee. "With COVID-19 and the recommended physical distancing mandate, people have Zoom fatigue. We factored this burden in when we proposed our study and we hope to address it by creating a much more interactive, engaging, and experiential virtual gathering for participants."

The study aims to:

- 1) examine whether Black and Asian American adults are willing to participate in interactive webinars focused on mental health;
- 2) explore potential benefits of the webinars on race-related stressors because of the COVID-19 crisis; and
- 3) develop interracial webinar-based community support that can be adapted and disseminated more widely.

The project will bring together several community organizations serving Black and Asian American communities and the data collected will provide community organizations a better understanding of online programs and methodological issues for a larger scale study. The entire research team is Black and Asian Americans.

Dr. Lee hopes participants will feel connected, empowered, and gain a more creative way of thinking about mental wellness.

"We're living in unprecedented times and how we took care of ourselves pre-COVID-19 might not work as well now. It's important to always add different self-care tools and hopefully participants will gain innovative ways to cope with their stress and share these with their communities."

Dr. Lee added, "I also hope that the participants will be able to understand each other in a more profound and meaningful manner. The Black and Asian American communities have a unique history and the fact that these two demographics are experiencing an increase of racial and ethnic discrimination right now is significant. I'm curious and excited to learn more about the participants' experiences."

NURSING NOW and the NIGHTINGALE CHALLENGE

As part of the International Year of the Nurse and the Midwife and in partnership with the Washington Health Care Authority and Washington Center for Nursing, the School of Nursing launched the Nursing Now initiative in Washington State. Goals for this initiative include:

- Inspiring nurses and midwives to be proud of their profession by sharing the incredible stories and accomplishments of outstanding nurse leaders;
- Ensuring that nurses feel appreciated through events and strategic alignments that honor nurses and midwives;
- Enhancing the public's understanding of the breadth and depth of what nurses and midwives do and the impact they have on the creation and preservation of healthy communities;
- Generating support for the nursing profession and increasing awareness of the many opportunities for future nurses and midwives.

The Nightingale Challenge helps develop the next generation of nurses and midwives as leaders, practitioners, and advocates for health.

The challenge began in 2020 with the Nightingale Leadership Series, discussions with nursing leaders about transformative ideas for the improvement of patient care and population health. These webinars serve to inspire nurses to think creatively, collaboratively, and innovatively for the profession's future of positive impact. Speakers included Sofia Aragon (Executive Director of the Washington Center for Nursing) on the topic of equity and how to advance diversity in the profession; Patty Hayes (Director of Public Health — Seattle & King County) on how COVID-19 has caused a paradigm shift in the ways in which our community views public health; Carol Boston-Fleischhauer (Managing Director and Chief Nursing Officer at the Advisory Board Company) on effective nursing leadership; and Sue Birch (Director of the Washington Health Care Authority) on finding empowerment in speaking up.

We invite you to join us on Friday, November 6, 2020 for the Washington Nurses Leadership Summit, a one-day virtual gathering where organizations, hospitals, clinics, and schools of nursing nominate emerging nurse leaders to participate. The summit will explore real-life situations leaders face in the field through workshops, panels, lectures, and networking activities. Event details are on the back cover.



Do you have an idea or solution to address COVID-19 CHALLENGES FOR THOSE LIVING WITH DEMENTIA?

Through a unique partnership with Swedish Care International, the UW School of Nursing has been selected as the first academic partner in the United States to bestow the Queen Silvia Nursing Award for dementia care and research. The launch of the award in the US in 2020 coincides with the World Health Organization's celebration of the International Year of the Nurse and the Midwife.

The recipient will be awarded a scholarship of 6000 euros (about USD \$6,500) and receive support and mentoring from faculty in applying for additional funding to develop and/or implement their winning idea. Applications will be accepted from any UW nursing student or UW-graduate registered nurse.

Submit your ideas for the Queen Silvia Nursing Award and learn more: nursing.uw.edu/research/uwqsna



CELEBRATING THE CLOSE OF A CAMPAIGN

AND LOOKING AHEAD

A decade ago, the University launched the "Be Boundless—For Washington, For the World" campaign with the powerful idea that what you care about can change the world. Since then, a community of more than half a million donors has joined us to do just that. You—our alumni, friends, faculty, staff, retirees, parents, patients and students—have come together as tireless UW School of Nursing champions and advocates. And you've positioned the school as a local, national and global leader that is truly making an impact. Thank you.

By the close of the university campaign, which raised more than \$6 billion, generous School of Nursing supporters contributed more than \$49.3 million, amplifying the school's impact on our students and the communities we serve. In a time of tremendous societal upheaval, marked by racial injustice and worldwide health crises, the need for compassion, knowledge and action has never been more apparent or urgent.

WE ARE TRANSFORMING THE STUDENT EXPERIENCE

The UW's public mission promises all students access to excellence. Through the campaign, philanthropy has increased the opportunities that define the Husky Experience: scholarships and support services that make it possible for a diverse community of students to attend the UW School of Nursing and know that they belong here; endowments that attract and retain the very best professors; opportunities for students to engage in faculty-led research; study abroad, service learning, career connections and community internship opportunities; and a broad array of activities that ensure a rich student life.



MIKE BROCK

Frances Brock Templeton was tireless. From the 1950s to the 1990s, she and her two children worked the family's five-acre property in Bellevue, Washington, tending apple, cherry and prune trees, and taking care of blueberry and boysenberry bushes. They kept the land cleared, cared for beef cattle and boarded horses, and canned many types of fruit.

It's worth mentioning that, in addition to being a mother and farmer, Frances was also a full-time nurse at UW Medical Center. "Mother worked just as hard at the hospital as she did at home," says her son, Mike Brock.

Mike remembers that his mother—a recovery nurse in the organ transplant clinic at the medical center—kept her uniforms starched, ironed and spotless. More importantly, he remembers her professionalism, her high standards and her kindness.

"She was a very good nurse," Mike says, "always very empathetic with the people in her care. Caring for patients was her mission in life."

Since his graduation from college in 1965 until his mother's death in 2009, Mike and his wife Hilda traveled monthly from the Bay Area back to Bellevue. Mike, now a mortgage brokerage and wine industry retiree, and Hilda, a retired Silicon Valley brokerage executive, still tend the farm: cutting grass, clearing blackberries and pruning fruit trees.

While the Brocks stay busy keeping up the grounds, they have also created a long-term plan for the property. In 2018, they made a pledge to create the Frances Brock Templeton Endowed Scholarship Fund for undergraduate and graduate nursing students.

As they contemplate this pledge today, Mike and Hilda can't help but think of the COVID-19 pandemic sweeping the country and the perennial need for a strong nursing workforce.

"We're so grateful to be able to give something to the nursing profession—which has given so much to our communities—when the need for nurses in the future will be so great," says Mike.

The pledge also prompts Azita Emami PhD, MSN, RNT, RN, FAAN, the Robert G. and Jean A. Reid Executive Dean of the UW School of Nursing, to think about the future.

"It's simply a wonderful gift," says Emami. "Scholarships are so important to our students, and it's splendid to think that Frances will be remembered by a new generation of nurses."

When Mike remembers his mother, he thinks about her dedication to nursing, to community service and, of course, to his boyhood home.

"We've taken care of that farm for 76 years," says Mike. "It's good to know that someday our gift will help students grow into nurses, so they can keep taking care of all of us—including me!"



HANDS-ON CONFIDENCE

When nursing students arrive for their first session at the Simulation Center, they sometimes find the manikins—fleshy, prone, mouths agape—intimidating.

Instructor Sarah Albaum, DNP '20, on the other hand, is an enthusiastic fan.

"We have some incredible manikins that have very realistic capabilities," she says. "Their heart and lungs sound, their pupils constrict and dilate, they have pulses."

The manikins are part of a years-long renovation and expansion of the UW School of Nursing's Simulation Center, funded by the State of Washington and donors like Evie Lynn.

Lynn, a member of the school's advisory board, has long been involved in the health care field. With degrees in counseling psychology and marriage and family therapy, Lynn is now the board chairman of Careage, a family-owned business that

constructs, manages and operates senior living facilities in Washington and California. Careage hires a substantial number of nurses, notes Lynn.

“We need good simulation centers,” says Lynn. “It’s very important for nurses to have a good education with actual hands-on procedures.”

Hands-on procedures—in a controlled practice environment—are precisely what the Simulation Center offers. Using state-of-the-art equipment and technology, undergraduate students learn critical skills, such as how to insert IVs, manage a central line and handle a Foley catheter, among others. Graduate students take on subjects such as biopsies, laceration repair and cyst removal.

All the students get the chance to practice, to make mistakes, to manage emergencies, to work as a team and to sync up hands-on and classroom learning. It’s an enormously valuable learning experience that helps prepare nurses for treating real patients.

“We’re really developing students’ critical thinking skills,” says instructor Miki Sato, DNP ’20. “They bring in all they’ve learned about pathophysiology and medications, and then they figure out how all of it connects.”

In her turn, Albaum reflects on how the Simulation Center changes the students. For one, the undergrads are no longer leery of the manikins.

“By the time students get to their final, most intense simulation, you’ll see them hop on a manikin’s chest to deliver high-quality compression,” says Albaum. “They’re not afraid to jump in and deliver CPR. They’re not afraid to assume new roles.”

Capacity building is a key part of the process at the Simulation Center.

“So much of nursing can only be learned at the bedside, and we’re doing our best to give our students the confidence and skills for a strong foundation,” adds Sato.

Lynn, who has met several students from the UW School of Nursing, is impressed by their innovativeness, their openness to new ideas, and their qualifications. She knows that her gift is an investment in a precious resource: excellent nurses.

“The better the education,” says Lynn, “the better the nurse.”



Eleventh-grader Abby Park lowered her expectations when she heard that Nurse Camp, held by the UW School of Nursing, was going online. “To be honest, I just thought it was going to be super boring,” she says.

When Park applied to camp earlier in 2020, she had signed up for an in-person adventure, one where she could explore the idea of a career in health care. After COVID-19 arrived on the scene, Park wondered just how well an online camp would work. She soon had her answer.

“It was a really good experience overall,” Park says. “I gained so much knowledge about the many professions in the nursing field and how to get into nursing school.”

Creating Nurse Camp

Nurse Camp was founded in 2008 as a response to a difficult challenge: students from diverse backgrounds were applying to the school, but they weren’t getting accepted. The admissions committee didn’t see the prospective students as competitive.

Carolyn Chow, MA ’94, then the school’s admissions director, points to a whole host of factors that affect students’ lives and applications. These factors include fewer resources, low expectations from teachers and guidance counselors, and systemic racism.

“Redlining, where you can buy a house—that influences where you can send your kids to school,” Chow says. “And that influences the resources that students of color and first-generation students have academically.”

Chow had begun to reengineer the school’s admissions process to become more equitable—to take a more holistic look at a student’s work history, capacity for compassion and leadership potential, as well as their progress on prerequisites. At the same time, Chow and UW Medical Center faculty Lauren Cline, BSN (’02), MN ’04, EdD, were contemplating the other half of the equation: the students who were applying.

“Lauren and I were thinking, ‘How do we help underrepresented students really sell themselves and really feel confident going into that application process?’” Chow says.

Their answer was Nurse Camp.

Paying it forward

Justina Lang is a second-year nursing student, a co-lead of DAWGS (the school’s Diversity Awareness Group) and a living example of Cline’s and Chow’s master plan for Nurse Camp. As part of DAWGS, Lang, a former camper, now plays a major role in running the program.

“We reach out to schools and counselors who work directly with first-generation students and students from low-income households,” says Lang. “A lot of our students are people of color, students who are the first in their family to go to college.”

Lang, who was the first person in her family to go to college, knows just how valuable Nurse Camp can be. The kids find their role models, making contacts who will sustain them through high school and college.

“Camp let me see what the career really entails, and it also gave me a support system,” says Lang. “Having access to people who you really liked and could ask for help—that’s something that I really wanted to pay forward.”

Changing plans

Normally, during July’s five-day Nurse Camp, campers eat together, shadow nurses at UW Medical Center (the medical center is a partner in producing the camp) and spend time in the Simulation Center, among other activities. COVID-19 made all of that impossible in 2020.

“We had to decide what to focus on,” says Cher Espina, co-chair of Nurse Camp and the school’s director of admissions and student diversity. “We still wanted the students to understand what it’s like to be a nurse and to keep that sense of mentorship.”

Espina, along with co-chair Enedina Dumas, Lang and the other planners, reduced the usual full-day session to three hours online. Those hours, however, were chock full of icebreakers, activities and breakout discussions with multiple mentors. Students learned about effective nursing communications, the admissions process, health disparities and the many professions that nurses can pursue.

What was the students’ favorite part of camp?

“The campers wanted more time with our students,” says Espina. “They wanted more time to talk to them, more time to ask questions.”

Fostering confidence

Meeting the nursing students gave camper Abby Park a jolt of confidence. Although Park is taking early college courses through Washington’s Running Start program, she had wondered if she were smart and hardworking enough for the nursing profession.

“Camp helped me be so much more confident in wanting to be a nurse because everyone was so supportive,” says Park. The camp also inspired her to set some new goals.

“I’m trying to finish all my high school credits,” Park says. “But after that, I’m going to try to take some prerequisites for nursing school.”

What You Need to Know About NURSE CAMP

“I definitely want to become a nurse someday. I want to be there for people when they’re at their most vulnerable and need someone to be their advocate.”

GISSELLE VILLASANA, HIGH SCHOOL SENIOR
2020 CAMPER

FOUNDED 2008

MISSION

To establish greater equity in health education and in health care through mentoring and through teaching youth from diverse backgrounds about nursing.

THE DEMOGRAPHICS

This year, the high school campers included:

- 30** girls and 2 boys
- 13** Asian/Pacific Islander students
- 5** Black/African American students
- 10** Mexican-American students
- 4** Caucasian students

OUR THANKS

Nurse Camp is generously funded by hundreds of gifts each year. While some people give to the camp directly, other donors, by giving to the Nursing Excellence Fund, also support our students. Thank you all for building the future of nursing.

WE ARE EMPOWERING INNOVATION

As change creators, the UW School of Nursing's faculty, students and many partners make the Puget Sound one of the world's thriving innovation ecosystems. By educating, transforming and inspiring creativity and entrepreneurship, our university embodies the grit, determination and inclusive approach to problem solving that is a hallmark the Pacific Northwest. The school's innovation mindset influences students and scholars across disciplines, turning ideas into impact.



MORE GREEN THAN GREY

EXECUTIVE DEAN AZITA EMAMI AND DORIS CARNEVALI

DORIS CARNEVALI'S NEWEST WRITING PROJECT DIDN'T START ON THE KEYBOARD. INSTEAD, IT BEGAN WITH A RANT.

A FEW YEARS AGO, CARNEVALI, AN EMERITA FACULTY MEMBER AND ALUMNA OF THE UW SCHOOL OF NURSING, BSN '47, MN '61, WAS HOSTING A LUNCH FOR COLLEAGUES FROM THE SCHOOL. AT ONE POINT, CARNEVALI BEGAN TO TALK ABOUT THE PROCESS OF AGING.

"I thought that aging had been given a raw deal," says Carnevali, now 98. "It hadn't proven stagnant and grey. It was constantly moving, challenging, making me feel the need to be green and growing."

Lunch guest Azita Emami, PhD, MSN, RNT, RN, FAAN, the Robert G. and Jean A. Reid Executive Dean of the UW School of Nursing, took it all in, then made a surprising suggestion: Perhaps Carnevali might consider sharing her insights online?

This conversation was the genesis of Carnevali's Engaging With Aging blog. Every week, Carnevali sits down at her computer, draws on years of scholarship related to nursing and aging, considers her own experiences and current events, and writes. She discusses bath mitts and COVID-19, long-ago nursing practices and aging-related challenges.

She's writing what she thinks fellow agers might be interested in considering—and aren't getting from the culture.

"Maturational changes in children are highly valued by the child, adults and society," says Carnevali. "Those of the aged are not, so there's an incentive to ignore the age-related changes of the latter years as long as possible."

In Engaging With Aging, Carnevali is making a case for her readers: That age-related changes are inevitable, that admitting changes and identifying strengths are part of purposeful living and that aging (and determining how best to use your time and intention) can be rich and meaningful.

Basia Belza, PhD, RN, FAAN, director of the de Tornyay Center for Healthy Aging and the Aljoja Endowed Professor in Aging, thinks that Carnevali's blog might hold a key to re-thinking the challenges of getting older.

"One of the most important concepts that Doris is presenting is that aging is not synonymous with pathology," Belza says. "She's making us wonder if the field needs a new developmental theory of aging."

Belza and her colleagues, including Shaoqing Ge, PhD, MPH, are beginning to explore this idea with the help of a fellowship created by Jeffrey and Alicia Carnevali, Carnevali's son and daughter-in-law.

Ge, the inaugural Doris Carnevali Engaging with Aging Postdoctoral Fellow, says her research team intends to recruit and study a cohort of 20 older adults of varying demographics and socioeconomic status. With the help of a grant from the de Tornyay Center, they'll assess how participants address the challenges of aging. They'll also determine if Carnevali's ideas on engagement might prove helpful.

"The process of aging is a trajectory, not a single moment in time," says Ge. "Engaging With Aging focuses on that trajectory, on the actual daily challenges of living that adults encounter as they age. We'd like to use Doris's theory and ideas as a platform to help older adults create personal strategies that fit their individual needs."

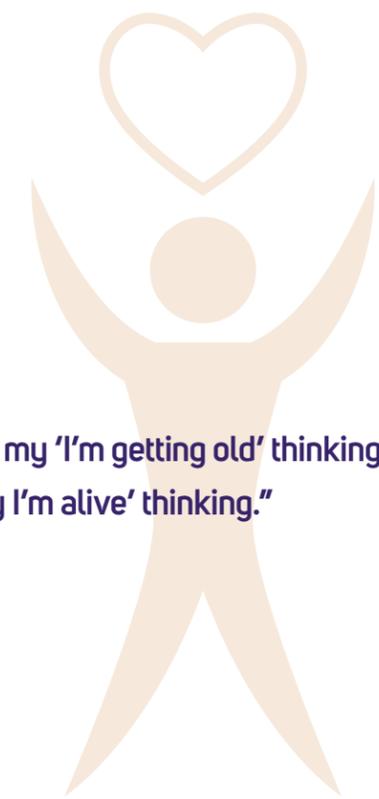
Based on the appreciative comments posted on her blog, Carnevali has already made inroads in helping fellow agers.

"You are helping to turn my 'I'm getting old' thinking into 'I'm growing every day I'm alive' thinking," writes one reader. "The can-do attitude shines through," writes another. "I'm trying to bottle it to help me follow this wise guide deeper into elderhood."

Carnevali says the blog helps her, too.

"It keeps me engaged, looking forward as well as looking back, and it's led to contacts with others—virtually, for the most part—that are enlivening and offer me new ideas and friendships I would not otherwise have had," she says.

"There's still gold in this river of aging," says Carnevali. "And I'm finding it."



"You are helping to turn my 'I'm getting old' thinking into 'I'm growing every day I'm alive' thinking."

WE ARE DRIVING THE PUBLIC GOOD

As a leading global public university, our mission is to serve the people of Washington and the world. We promote equity and social mobility by educating promising students from a wide range of backgrounds and supporting our community through partnerships and alignments that support real change—in schools, social services, businesses and policies that improve the health and wellbeing of all people. Support of the campaign has fueled community initiatives, programs and research projects, providing a forum for ideas, ideals and actions that impact the greater global good.



The PURPOSEFUL TRAVELER

(L-R) MORGAN BUSSE, MARISSA MASHIDAS, YVETTE RODRIGUEZ, AND JANE KIM.

WHEN MORGAN BUSSE, DNP '20, ARRIVED IN IQUITOS WITH HER TWO SMALL CHILDREN IN TOW, IT WAS HOT AND HUMID AND DUSTY. THE PERUVIAN CITY WAS LOUD, FULL OF TAXIS AND CONSTRUCTION.

“I’VE TRAVELED A LOT,” SAYS BUSSE. “BUT I FELT VERY, VERY FOREIGN.”

IT WAS 2018, AND BUSSE—JUST EMBARKING ON A NURSING PRACTICUM HOSTED BY THE UW CENTER FOR GLOBAL HEALTH NURSING—HAD 10 WEEKS TO ENGAGE IN TWO IMPORTANT PROJECTS. THE FIRST PROJECT WAS A HEALTH-RELATED INTERVENTION UNDERWAY IN THE CLAVERITO NEIGHBORHOOD OF IQUITOS. (SEE SIDEBAR.)

At the time of Busse’s visit, the intervention was in its second year. The collaborative involved in the project had started to make environmental improvements, such as the creation of a staircase to navigate a steep hill and the development of household gardens filled with fresh vegetables and medicinal plants. For two weeks, Busse went door to door to gather health data on community members in order to gauge the clinical impact of the improvements. She measured patients’ hemoglobin, blood pressure, heart rate, weight and other health indicators.

And the second project? Busse and a fellow nursing student, Marissa Masihdas, designed it themselves. Inspired by an early childhood and parenting development program created in South Seattle, the two adapted it for residents of Claverito.

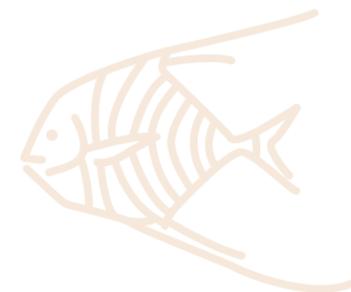
Their first step was to reach out to local families. “We went to the community and asked them what their biggest challenges were and what they wanted to learn about,” says Busse. As it happens, the parents wanted to know more about diarrhea, an illness that afflicted many of their children.

Busse enlisted the help of Carmen Diaz, the dean of the Nursing School at the Universidad Nacional de la Amazonía Peruana, and her students. Together, the group held community classes on diarrhea prevention, cemented the concepts by conducting home visits, and handed out laminated recipe cards for families to keep. The cards illustrated the creation of homemade oral-rehydration solution, as well as information on water purification and storage.

Busse’s life was changed by her Peruvian experiences. She attributes her progress to those experiences and having received an award from the School of Nursing’s Barbara Wyman Fund for Global Nursing. Donor Jeb Wyman and his sisters created the fund to remember their mother: nurse and adventurer Barbara Wyman.

“We wanted to give students an opportunity to see other places, to recognize the enormous material privilege we have in this country,” says Wyman, a professor at Seattle Central College. “Students have transformative experiences, you know, and it changes their lives and their priorities.”

Barbara Wyman first felt the call of international nursing when she was 20, delivering immunizations and providing relief from parasitic infections in Tlapacoyan, Mexico. Years later, she would act as a volunteer nurse in Nepal and Namibia and as an English teacher in Bangladesh, among other service-based travel.



Just as Barbara’s trip to Mexico in 1953 helped solidify a lifelong commitment to service, the Wyman-funded journey to Peru left an indelible mark on Busse.

“There are so many inequities in Iquitos,” she says. “And then coming back to the United States—the trip really highlighted the stigma and bias in our health care system.”

Now in a residency at a community health center, Busse intends to conduct a health intervention with the predominantly Spanish-speaking residents of Seattle’s South Park neighborhood.

“Nurses can take the lessons we’ve learned from global health work and apply them in our communities,” she says. “We are resilient, we can overcome a lot of barriers, and we can really help elevate the voices of marginalized people.”

THE GREATER GOOD Collaboration in Claverito

The neighborhood of Claverito in Iquitos is the site of a multiyear collaborative intervention designed to improve health, environmental resilience, and social equity.

In 2017, the collaborative embarked on an experiment: to see if changing an impoverished neighborhood’s built and natural environments would improve residents’ health, wellbeing and social cohesion.

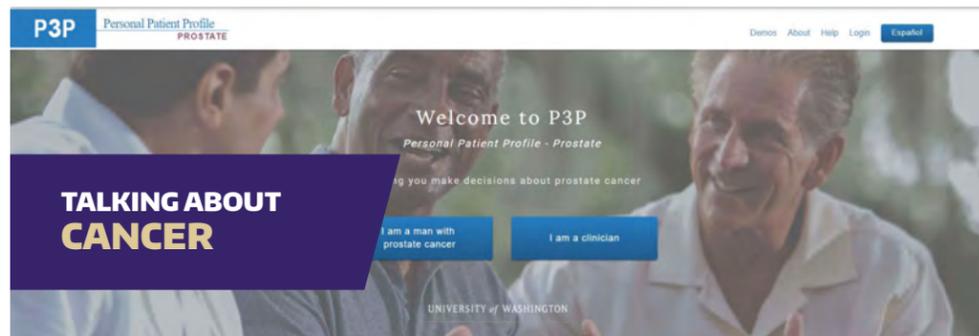
The site also serves as a learning laboratory for students from Peru and the University of Washington.

Members of the Collaborative

- The Claverito Community
- Instituto Nacional de Salud
- Centro de Investigaciones Tecnológicas, Biomédicas y Medioambientales
- Universidad Nacional de la Amazonía Peruana
- University of Washington (a multidisciplinary team funded through the Population Health Initiative)

WE ARE PROMOTING A HEALTHIER WORLD

At the UW School of Nursing, we believe improving population health worldwide is a moral imperative. With the support of donors and advocates, university experts have long worked at the intersection of human health, environmental resilience, and social and economic equity, examining all the factors that affect people's health and wellbeing. The importance of that expertise has never been clearer, as the university continues to provide leadership, care and guidance for our state and country in response to COVID-19. From lifesaving testing and care, to rapid-response grants helping interdisciplinary teams study and respond to the COVID-19 pandemic and other global health crises, to the future Health Sciences Education Building, a collaborative hub for innovative research, teaching and learning—we promote health, save lives and drive transformative change far into the future.



When Donna L. Berry, Ph.D. '92, R.N., AOCN, FAAN, created her first health informatics project, the term “health informatics” didn't even exist. The UW School of Nursing alumna was simply implementing her dissertation—an exploration of how men with prostate cancer made treatment-related decisions.

“Back in the early 1990s, men were so confused,” says Berry, a UW professor in Department of Biobehavioral Nursing and Health Informatics. “There was no one best treatment for low-risk prostate cancer, so doctors would present the options, then ask their patients, ‘Well, what would you like to do?’”

Confused by their choices—and worried about the potential of losing genitourinary control and function—men would often consult friends and co-workers rather than talk to their clinicians.

“I wanted to build an intervention that honored these concerns,” Berry says. “At the same time, I wanted to educate men on the bigger picture and to coach them in talking to doctors about the things that were important to them.”

Thus began the development of the Personal Patient Profile-Prostate or P3P. Today, this web-based health informatics tool leads men with prostate cancer through a series of questions. The tool then helps patients understand their options, talk to their doctors and make informed decisions.

The development of P3P contributed to Berry being awarded the Health Informatics Endowed Professorship in Nursing, a position created with a gift from professor emerita Marjorie V. Batey, BSN '53, PhD, FAAN. Berry's work on the Electronic Self-

Report Assessment-Cancer, a tool that helps patients evaluate and communicate about their at-home symptoms, was almost certainly another factor.

Dr. Berry's deep commitment to helping trainees also played a role in her receipt of the professorship; over time, she has mentored more than 100 students and junior investigators from multiple disciplines, including nursing, medicine and epidemiology.

“There's nothing more important than mentoring,” says Berry.

Endowed professorships confer both prestige and resources, and Berry intended to use the funds, in part, to present research results at a conference in Washington, D.C. When COVID-19 interrupted that plan, she devised a new one. First, Berry intends to conduct a pilot study to bring P3P into urology practices. Then, in 2021, she hopes to use the professorship to present a continuing education course for her colleagues.

More generally, professorship-provided funding will allow Berry to continue to make important contributions to the school's programs in health informatics—and in mentoring students interested in those programs.

Berry is proud of holding the professorship and grateful for the resources that Batey has made available. Most of all, she appreciates the opportunity to keep her patients healthy and well-informed.

“With Marge's support, I'm absolutely certain that we are making a difference in the lives of people with cancer,” Berry says.



JOELLE FATHI AND ASSOCIATE DEAN FOR DIVERSITY, EQUITY, & INCLUSION BUTCH DE CASTRO

Could you take decades of work and ideas, condense them into a five-minute pitch, then present the result to a Shark Tank audience? As it happens, alumna Joelle Fathi, DNP '13, RN, ARNP '00, could and did. In fact, she won the grand prize at a Shark Tank competition held last November by the UW School of Nursing.

To this day, Fathi, an associate teaching professor in the Department of Biobehavioral Nursing and Health Informatics, is unsure if she won because of firm convictions or alarming statistics.

“If vaping numbers continue on their current trajectory, we'll soon surpass the levels of cigarette consumption recorded in 1964,” says Fathi. That year, nearly half of all adult Americans smoked.

Nicotine, whether delivered by a traditional cigarette or an e-cigarette (vaping), is a highly habit forming stimulant—and an e-cigarette, which pushes nicotine to the brain in about seven seconds, is a very efficient delivery system. It can take as little as three days to develop a chemical dependency.

Unfortunately, vaping—which can damage the developing brain and may contain harmful chemicals—has caught on among teenagers. In 2011, approximately 1.5% of high-school youth reported vaping in the previous 30 days. By 2019, that number had risen to 25.7%. Fathi, who has helped patients quit smoking for many years, took notice.

“I've spent my practice on the adult side of the continuum. Today, I see these young people who have such bright futures ahead of them. And through no fault of their own, they are at risk for developing a lifelong dependency on nicotine,” says Fathi.

“I knew I wanted to help prevent that from happening,” she says. “The question was how.”

It was at that point that Fathi remembered the UW School of Nursing's Shark Tank—a contest in which nursing researchers vie for innovation funding to address pressing health-related issues. As of July 2020, generous donors to Shark Tank have enabled the distribution of seven grand prizes and 12 participation awards, along with \$74,000 in funding.

The contributors to Shark Tank include alumna and nursing advisory board member Jody Evans Smith, BSN '81, and David Smith, BFA '70, MFA '72.

Jody, who had worked at Harborview Medical Center and Swedish Medical Center, primarily in surgery, has a strong commitment to and interest in nursing. In his turn, David spent many years with medical equipment companies as a designer and executive, and he has extensive experience in bringing creative approaches to medical challenges. The Smiths' gift, made in 2017 to create an endowment that fosters nursing innovation, has supported Shark Tank as a vehicle to promote inventive nursing research in the community.

“My forte was always looking at a different way of approaching a problem, and we were interested in helping other people make those sorts of innovations,” says David. “We also wanted our gift to act as an amplifier, so the community could learn about the fantastic research taking place at the UW School of Nursing.”

Fathi's winning Shark Tank innovation is to create no-cost educational tools on vaping prevention for the Seattle Public Schools system. The award money will allow her to interview students and staff and to develop an online educational platform. If sufficient funding remains, she'll have the program translated into several languages used by district students.

Like David, Jody realizes that ideas like Fathi's—and gifts like the ones she and her husband made—can change the future. She encourages other donors to join them in giving to nursing and nursing innovation.

“We're impressed with how a small amount of money can further an idea,” says Jody. “It's really just a seed, but sometimes it's enough to get a project launched.”

Fathi, grateful for the gift, agrees.

“I hope this tool will reach thousands of teens in the Seattle area,” Fathi says. “Shark Tank and programs like it can make a tremendous difference in people's lives.”

WE ARE EXPANDING OUR IMPACT

The campaign has supported an established legacy of scholarship and research that transforms our world. From medicine to climate change, literacy to human rights, UW School of Nursing faculty and students are tackling every major issue facing society today. The campaign has bolstered our drive to solve the greatest challenges of our time through interdisciplinary inquiry and scientific advancements. Together, we turn ideas into the policies, cures and solutions of tomorrow.



AN EARLY START

on MENTAL HEALTH

PARENTS LEARN TO READ BABIES' EXPRESSIONS: THE FURROWED BROW THAT FORECASTS A WAIL, FOR INSTANCE, OR THE EXPRESSION OF DELIGHT AT SEEING A TOY. AND OF COURSE, THE LOOK OF CONCENTRATION THAT ACCOMPANIES THE NEED FOR A DIAPER CHANGE.

JUST BENEATH THAT ADORABLE SURFACE, HOWEVER, PROFOUND EMOTIONAL DEVELOPMENT IS TAKING PLACE.

"There's a back-and-forth communication between parents and children," says Monica Oxford, MSW, PhD '00. Oxford is the executive director of the Barnard Center for Infant Mental Health and Development at the UW School of Nursing. "If an infant cries, they are signaling to their caregiver they need help. When their caregiver responds and the infant's needs are met, they learn to calm down and regulate their upset feelings."

By meeting the needs of babies and toddlers, parents help children learn how to trust, manage emotions and communicate. The interaction between parents and children shapes a child's brain architecture—and helps set a path for future mental health.

That said, there's no guarantee that children and caregivers will form a relationship that fosters emotional development. Parents may have a host of challenges—mental health issues, the stress of poverty or domestic violence, even situational depression or anxiety—that can upset the balance. In other cases, the child may have medical needs that the caregiver is not equipped to handle without support.

Unfortunately, today's medical system isn't well equipped, either. "If a pediatrician is concerned about a caregiver and a baby, there aren't many referral options that support that developing relationship," says Oxford.

With a five-year grant to establish the Barnard Center Advanced Clinical Training (ACT) Program, Perigee Fund hopes to build a stronger support system for parents and children in Washington state. The program, by recruiting up to 20 mental health postgraduates each year, will train experts who can, when needed, support the developing baby-parent relationship.

"Perigee's goal with this grant is to build the infant and early childhood mental health workforce," says founder Lisa Mennet, PhD "We have a focus on families affected by trauma, racism and poverty, and we know that investing early in strong relationships is critical to giving children the best start in life and mitigating the impacts of early adversity."

Nucha Isarowong, PhD, LCSW, hired in January 2020, is the training program's inaugural director. He's dedicated to creating a diverse group of providers and tailoring the curriculum to their needs.

"My goal is to create a curriculum that delivers the clinical knowledge and skills these professionals will need in their work, that pays attention to the knowledge they already have about their communities, and that incorporates the social and cultural perspectives of young children and families," says Isarowong. "I want our graduates to take in all this knowledge and all of these skills so that they're prepared to strengthen relationships between babies and parents from diverse communities."

Isarowong estimates that the program will open in winter 2021, and he and Oxford have high expectations for the program's graduates.

"They'll be the future leaders in infant and early childhood mental health, and they'll be mentors to the generation of clinicians after them," Isarowong says. "They'll also bring their principles and perspectives to influence policy and legislation."

Oxford agrees, adding that Perigee Fund's investment—in addition to building workforce leadership—will also change lives. Program graduates will serve as a new, welcome resource for providers and community programs that want to promote mental health.

"This grant is a foundational opportunity to change the trajectory of families throughout Washington state," Oxford says.

What is PERIGEE FUND?

Perigee Fund is a national philanthropic endeavor committed to advancing work in the field of infant and early childhood mental health and maternal mental health.

Founded in Seattle in 2018, the fund envisions communities where all parents and primary caregivers are supported in caring for their children with confidence, competence and joy.

WE ARE STRENGTHENING OUR COMMUNITY

The UW community has deep local roots that go back decades and generations — and a broad reach, extending around the world: students, alumni, faculty, staff, patients, families, friends, collaborators, organizations and enterprises who are both served by and have built a university dedicated to the greater good.

CLIMBING the HILL



IT'S A BEAUTIFUL DAY IN JULY, AND ANNE HIRSCH, PHD, ARNP '79, IS MULTITASKING: SHE'S WALKING HER DOG WHILE DISCUSSING THE RURAL NURSING HEALTH INITIATIVE. DESPITE HER ENTHUSIASM FOR THE PROGRAM, SHE HAS TO STOP FOR A MOMENT TO CATCH HER BREATH. "WE'RE GOING UP A STEEP HILL," HIRSCH SAYS.

AFTER A MOMENT, HIRSCH CONTINUES, EXPLAINING THAT THE UW SCHOOL OF NURSING'S NEW INITIATIVE—FUNDED WITH A \$4.7 MILLION, FOUR-YEAR GRANT FROM PREMERA BLUE CROSS—WILL IMPROVE RURAL HEALTH IN WASHINGTON STATE.

"We know that health care delivery and access to care can be a real issue in rural and remote communities," says Kitti Cramer, BS '94, JD '98, MHA '02, Premera's executive vice president and chief legal and risk officer.

Cramer and her colleagues have done their research on the topic. The company spent several months meeting with more than 80 organizations in Washington and Alaska to investigate rural health issues. It became clear to Premera that a shortage of nurses was affecting rural health care.

"We learned how critical nurses are to the fabric of communities, not only in the delivery of care, but also in social services," says Cramer. "In rural communities, nurses tend to be the connective tissue."

For Cramer and Hirsch, the question then became: How do you recruit more nurses to work in rural areas? The answer revolves around training.

"We know from the literature that if a student has a positive experience in a rural setting, they're much more likely to go back and work in that rural setting," Hirsch says.

The Rural Nursing Health Initiative, which focuses on nurse practitioner students and fellows, will help create these positive experiences. By the time the four-year program is complete, 80 students and 30 fellows will have trained with practitioners in rural communities—the students for a quarter or semester and the fellows for a year. All the students will learn skills from established nurses and doctors, and all will come to appreciate the joys and challenges of rural health care. The fellows will also conduct projects intended to connect them even more closely with the community.

Hirsch is excited by the promise of the program, which began this fall, and her excitement is shared by her partners at Gonzaga University, Pacific Lutheran University, Seattle Pacific University, Seattle University and Washington State University. Nursing students and fellows from all six universities will participate in the program. In fact, the collegiality and collaborative nature of this group inspired Premera to invest in the initiative.

"These schools already shared a good, positive network," says Sharon Berry, RN, BSN '90, clinical consultant for Premera and a member of the organization's steering committee for the Rural Nursing Health Initiative. "They all know one another, they all want to work together, and they are all experienced and organized."

With Premera's help, this new initiative will not only give students across the state exciting opportunities to train and work in rural areas. It will also help nurse practitioners scale a different hill: broad recognition of their skills and talents.

"We can contribute in a very positive way to health care in small communities," says Hirsch. "Sometimes people don't believe that until they have the opportunity to work with a highly educated and qualified nurse practitioner."

WE ARE LOOKING TO THE FUTURE

As a public nursing school, our role in the future is more important than ever. We continue to provide leadership, care and guidance for our state, country and the world in response to COVID-19. By collaborating with nurse and health care leaders across the state, we are addressing critical gaps in Washington's nursing workforce. Through a global partnership with Sweden, we have reaffirmed our commitment to healthy aging and dementia care and research. Along with the other health science schools at the UW, we have broken ground for a new Health Sciences Education Building to better equip and prepare our faculty, students and researchers to transform health sciences education and care. And we remain united as a community on a path toward justice, equity, and civility. We will continue to promote health, save lives and drive transformative change far into the future.

Thank you for the many ways you help broaden our reach and deepen our impact. It is because of you that we are able to take on the many challenges of today—and prepare for whatever challenges await us tomorrow.

A decade ago, we set our sights on changing the world.

And together, we already are.

The Be Boundless campaign came to a close on June 30, 2020. I want to thank each and every one of our generous donors who enabled the School of Nursing to successfully raise more than \$49.3 million, exceeding our campaign goal by more than 23%. In all, we received gifts from 4,122 donors.

Thank you for your commitment to our school. I also want to give special thanks to our Campaign Co-Chairs, Joanne Montgomery and Brooks Simpson, as well as our Advisory Board and Advancement team. Their leadership efforts were exceptional, and so was the result.

The campaign was about ensuring the success of our school for a boundless future. The dollars raised mean more equitable access to a UW nursing education, advancing nursing research through faculty support, increased opportunities for global engagement, and improved health care locally, statewide, and throughout the world.

Thank you all for your commitment and support for the future of the UW School of Nursing.

Azita Emami, PhD, MSN, BSN, RN, FAAN
Robert G. and Jean A. Reid Executive Dean
UW School of Nursing

FACULTY ACHIEVEMENTS

AWARDS AND ACCOLADES



Wendy Barrington, honored as an outstanding pillar of the community by the Seattle Section of the National Council of Negro Women at their Annual Gala



Judy Lazarus, 2020 Excellence in Teaching Award, American College of Nurse Midwives



Jean Tang, Excellence in Promoting Diversity through Teaching Award



Jennifer Sonney, School of Nursing Endowed Faculty Fellowship in Symptom Science



Betty Bekemeier, 2019 Public Health Leadership Award, Washington State Public Health Association



Pamela Mitchell, American Academy of Nursing Living Legend Award.



Hilaire Thompson, 2019 Distinguished Educator in Gerontological Nursing Award



Mayumi Willgerodt, National Academy of School Nursing Fellows



Eeseung Byun, 2019 Stroke Article of the Year Award, Council on Cardiovascular and Stroke Nursing and Stroke Council at the American Heart Association

Maggie Pinson, Rheba de Tornay Excellence in Undergraduate Teaching Award

Salome Loera, Excellence in Clinical Teaching Award



Nancy Woods, Faye Glenn Abdellah Leadership Award, Friends of the National Institute of Nursing Research and Washington State Nurses Association Hall of Fame



Basia Belza, Fellow of Gerontological Society of America

FELLOWSHIPS

PROFESSIONAL SOCIETY MEMBERSHIPS & ROLES



Elizabeth Bridges, President-elect, American Association of Critical Nurses



Teresa Ward, Western Academy of Nurses



Barbara Cochran, Western Academy of Nurses

Darrell Owens, Washington State Nurses Association Hall of Fame

STUDENT ACHIEVEMENTS

AWARDS AND ACCOLADES



Andrea Cabrera, PhD, selected as an inaugural Latino Center for Health Student Scholars Fellow



Sarote "Que" Limpanyaloet, DNP, chosen as the 2019 Lois Price Spratlen scholar and the HRSA-ANEW scholar



Karl Cristie Figuracion, PhD and a pre-doctoral trainee on the Omics and Symptom Science Training Grant, awarded the Puget Sound Oncology Nursing Society Academic Scholarship.



Abby Link, PhD, awarded the Fulbright-Fogarty Award in Public Health for research on the prevalence of meningitis in rural northern Uganda

Justina Lang, BSN, Jiaying Xu, BSN and Kristen Trivelli, DNP were 2019-2020 Husky 100 students.



Alexi Vasbinder, PhD, 2019-2020 Magnuson Scholar



CELEBRATING CLINICAL PRECEPTORS



CLINICAL PARTNERSHIPS ARE ONE OF THE UW SCHOOL OF NURSING'S MOST CRITICAL RESOURCES IN PREPARING THE NEXT GENERATION OF ADVANCED PRACTICE REGISTERED NURSES AND ADVANCED SYSTEMS AND POPULATION HEALTH EXPERTS. CLINICAL PRECEPTORS HAVE A DEEP INTEREST IN AND COMMITMENT TO OUR ACADEMIC PROGRAMS AND DEMONSTRATE EXCELLENCE IN CLINICAL PRACTICE AND COMMUNITY SERVICE. CLINICAL PRECEPTORS PROVIDE AN INVALUABLE COMPONENT OF A STUDENT'S CLINICAL EDUCATION.

We're proud to celebrate and honor our 2019-2020 clinical preceptors:

ASPEN LARIVERIE 1

Adult-Gerontology Acute Care Nurse Practitioner

Aspen has been a nurse preceptor for 15 years. As a nursing student, Aspen had a great experience with her preceptor who set her up for success and since then has been inspired to precept students.

"I enjoy interacting with the students when they're starting their careers. They have an excitement and a passion for learning. Plus, they teach me a lot from the new things they're learning. They teach me, just as much as I teach them."

Her advice to students: "Enjoy clinicals. School is stressful but push through and know there's light at the end of the tunnel. You will get to a place, where you will enjoy your work."

MARYAM YADZI 2

Adult-Gerontology Primary Care Nurse Practitioner

Maryam has been precepting for many years. She also precepted as a physician in her home country, Iran, where most of her students were refugees. Maryam also worked with the United Nations Refugee Agency teaching Afghani refugee women about preventing their children from dying before age of 5 from diarrhea and lack of vaccinations.

"There are many things I enjoy about precepting. One is I want to train people to be able to learn things in a way I believe is correct and is improving the nursing profession. I want to be an agent of change and don't want to underestimate each person working in health care. We can all be agents of change."

Maryam's advice to students: "Learn as much as you can from your preceptors. Don't underestimate your clinical rotation--

that's where you learn a lot. Learning is the only way you allow this profession to go on, otherwise there's no one to teach future nurses."

BRENDA BEDNAR 3

Nurse Midwifery

Brenda has been precepting for eight years. She enjoys precepting and says it keeps her on her toes.

"The UW prepares students really well. They come with a lot of clinical knowledge and academic integrity. But I love teaching students the softer skills that comes with midwifery. For example, teaching them how to sit with women in labor and how to be supportive."

"My advice to students is be gentle with yourself. There's a high expectation you know everything, but take the time to ask questions. It's okay not to know everything."

DARA CARLSON 4

Family Nurse Practitioner

Dara has been a preceptor for four years. She says precepting is a fun experience and she learns just as much as the students.

"It is rewarding to work with students. Their enthusiasm is contagious and is a fresh way for me to look at my work. I have been working as a nurse practitioner for just over five years. It is still easy for me to remember my time as a student. I think of the preceptors I have had and try to emulate aspects of their teaching styles that resonated with me."

"My advice to new providers is to be patient with yourself, trust your knowledge base and take things one day at a time."

KELLYE CAMPBELL 5

Psychiatric Mental Health Nurse Practitioner

Kellye has been a preceptor for 11 years. She encourages students to become a preceptor to ensure continuation of the nursing profession.

"I enjoy meeting students who are at the beginning of their career and getting them interested in my work, especially since I work primarily with children, adolescents, and young adults. Many are hesitant to get into this type of work, but it's very meaningful. I also learn a lot from my students. It's a two-way street, especially from their own life experiences, that I haven't experienced."

Kellye's advice to students: "As a nurse practitioner, even though they may not feel confident that they can practice at a high level, they can and will be seen as the experts. They will grow into their job and feel more self-confident."

WENNY QIU 6

Population Health Nursing

Wenny has been a preceptor for one year and has found the role rewarding.

"Working with preceptees provides me with a foundation to enjoy a one-on-one trust relationship with them by sharing my own experiences and passion. It also allows me to guide them in adapting to unit, organizational and community culture."

Wenny's advice to students: "Remember to take care of yourself. Drink plenty of water, eat enough food, and get enough sleep even when things get hectic."

JENNIFER HANNON 7

Pediatric Nurse Practitioner

Jennifer has been a preceptor for two years. She had excellent preceptors during her DNP program and wanted to become a preceptor to give back to future nurse colleagues.

"I get to help educate and teach individuals who one day will be colleagues of mine and leaders in nursing. I learn with them and discover new topics that they're learning. Precepting provides me with the opportunity to talk over issues and discuss what we see and do every day with students."

Jennifer's advice to students: "Always be open minded and willing to learn. You will go to various clinical sites and have different preceptors and each one will be is different. Remember to learn from each place you go to and to advocate for yourself."

BECOME A PRECEPTOR

Nursing students need high-quality, precepted clinical experiences on a quarterly basis as part of their education. Students in the Doctor of Nursing Practice program spend four quarters in clinical placements one to three days per week each quarter, depending on the track and stage of their education. Through clinical placements, our graduate students have an extraordinary opportunity to learn and work alongside skilled mentors-preceptors through clinical rotations.

To explore a clinical partnership, clinical placements or precepting, please contact Professor Hilaire Thompson at 206.616.5641 or hilairt@uw.edu.

Clinical preceptors receive the following benefits and privileges:

- Opportunities to mentor and help others meet their potential as future nurse leaders
- Access to UW Libraries resources, including the world-class Health Sciences Library
- Opportunity to obtain affiliate faculty status
- Clinical placements are coordinated by a single point of contact
- Opportunities to interface with engaged, highly skilled faculty
- Regular site visits by faculty
- 15 percent Continuing Nursing Education discount
- Discounts and free admission at various UW campus venues
- Eligibility to apply for membership at the Intramural Activities Center
- Eligible for discounts at the University Bookstore with Pack Rewards
- Special software discounts at the University Bookstore Tech Center

FRONT and CENTER

With compassion, innovation and empathy, public health leader Patty Hayes strives to make life better for all of us.



Previously published in University of Washington Magazine, June 2020. Reprinted with permission.

STORY BY DAVID VOLK/ILLUSTRATION BY RENÉ MILOT

Patty Hayes became a household name for her role in Western Washington's response to the novel coronavirus, but until then she did her work as director of Public Health — Seattle & King County (an organization most people refer to as the Health Department) mostly under the radar. That meant the incredible impact she made during her career was not widely recognized.

Then came the new year. As state and regional governments raced to respond to the first reported case of COVID-19 in Washington on Jan. 21 and the first reported U.S. death in Kirkland on Feb. 24, the 2020 recipient of the UW's Alumna Summa Laude Dignata award—the highest honor presented to an alum—became one of the main people at the podium in a long stream of news briefings about this devastating new virus. It probably was one of the last things Hayes imagined when she was a UW nursing student in the 1970s. But everything in her career prepared her for this moment.

As Hayes, BSN '76, MN '80, puts it, "I step into some really hard places." And running a metropolitan health department in the middle of a pandemic could be one of the hardest. Fortunately, Hayes says she's been able to rely on some key skills developed along the way. Her experience running a professional organization in a time of crisis gave her the administrative acumen needed to oversee all of the pieces that have to come

together to deal with the pandemic. Her experience lobbying taught her the importance of building the relationships she's now relying on to persuade politicians to make difficult, potentially unpopular decisions to protect the public. At the same time, her experience as a nurse has made her adept at explaining unpleasant realities while keeping people calm.

"I go in front of the camera to talk about the implications of the pandemic, what we need to do to support each other and where we're at in the nation," she explains.

She has gotten so good at breaking potentially bad news that Seattle Met magazine praised her in an article called "A Guide to Recognizing Your Coronavirus Briefing Saints: Who are all those people on the podium." Writer James Gardner said Hayes is "often the coolest customer at the podium." Although she hadn't heard the praise until it was read to her, she was quick to acknowledge its significance.

"It's really important to have somebody at the podium that not only says the truth but also acknowledges the difficulty and is compassionate," she says. "I believe people need that. They need somebody they can trust. They need somebody who will spark confidence and also touch the heart. That's just so important in times like this."

Hayes' leadership undoubtedly had a major impact on Western Washington's effort to flatten the pandemic's curve of contagion. It might not have been a coincidence that the UW honored her during the World Health Organization's "Year of the Nurse and Midwife" in honor of Florence Nightingale's 200th birthday.

Of Hayes' long record of impact, Azita Emami, executive dean of the UW School of Nursing, says: "For decades, Seattle has been known nationally and internationally as one of the healthiest and most health-centric cities in the U.S. Patty Hayes has played a leading role in creating that highly visible and extremely successful culture of health."

"She's the kind of unsung leader that does her job in a fabulous way and she serves a very large amount of people. She leads all these unique projects. She deserves more recognition for her visionary approach to public health."

Hayes brought a new focus on the impact that trauma has on treatment outcomes, which has prompted the Health Department to be sensitive to the issue as a possible determining factor in an individual's health. She also played a big role in Best Starts for Kids, a program designed to make people healthier by "fostering a culture of health starting at birth and into adulthood."

The funny thing is, Hayes never planned to spend her career focusing on innovative health-care initiatives. Instead, she got her start as a candy striper in the 1960s after she watched a sitcom called "The Patty Duke Show" at 14 and saw one of the main characters performing volunteer nursing. She attributed part of her interest in caretaking to her experience helping her mother, who had been severely injured in an automobile accident. The other part was her interest in science.

"It was an age when a lot of women didn't always have a lot of choices on what to do for careers. I was a super-achiever in school and I loved science. [Nursing] was the perfect track for me in terms of being able to be around people and help people out," she recalls. "When I took a look back at all of the opportunities in the health field, nursing was the most interesting to me because it was working with families."

Although she started her career as a bedside nurse at West Seattle Hospital, it didn't take her long to realize she was interested in going further. "I wasn't satisfied with bedside nursing, which is an honorable career. It just didn't fit my personality. I realized I was interested in the whole circumstance of my patients, what is going to make them successful when they go home."

She found a path that fit her better after returning to the UW and earning her master's degree in stress management and psychosocial nursing, which focuses on a more holistic

approach to health care. After graduation, she became a community nurse with the Washington Department of Social and Health Services and conducted home-care visits to help families find the right long-term care placements for severely ill relatives.

Before she knew it, she was focusing on families with young men who suffered neurological damage and required long-term care because they weren't wearing helmets when they were in motorcycle accidents. She said she helped many parents determine the best way to care for a son "whose life was decimated when that could have been prevented."

"It was the first spark where I really saw the opportunity to do public health work in injury prevention," she recalled. Seeing the difference the passage of a helmet law could have on the health of motorcycle riders is part of what prompted her to jump when she saw that the Washington State Nurses Association was looking for a lobbyist.

"I think the skills a nurse learns are very transferable into the policy world. Think about this. Nurses can come in and convince a patient that they need to have a nasal gastric tube or they need to have some sort of invasive procedure, and we are really good with people during those tough times. I think we're the perfect people to translate policy into development," she says. She even had an edge over most lobbyists because "I could talk from my heart about what we needed and why we were doing what we were doing."

She eventually became WSNA's executive director and led the organization through a period of upheaval when a union raided its membership, potentially undercutting the professional association's status as a labor organization. She kept the WSNA intact, but downplays claims that she saved the group. She says it was the whole leadership team.

"It was one of the examples where I step into places that are very difficult and figure it out. I'm pretty feisty about continuing to push on something that I believe is right," Hayes says.

She's been helping nonprofits, state, local and federal governments find ways to figure things out ever since. That includes serving as a government relations consultant for health care-related organizations; developing a curriculum for evening students at Saint Martin's University interested in nursing-related master's degrees focused on leadership and public policy; working with Congress on health-policy issues; and helping lead the rollout of the Affordable Care Act exchanges in Washington state. She also served as executive director of WithinReach, a nonprofit helping underprivileged families gain access to health care and food.

Hayes stepped into another difficult place in 2012 when she was hired as director of King County’s Community Health Services Division. It is the largest division in the King County Health Department with the maternal/parent-child health programs, medical/dental clinics, health care for homeless and school-based health centers, to name a few of the programs. In 2014, she was appointed director of the health department, when it was \$12 million in debt. She not only helped the agency return to sound financial footing while maintaining its position as one of the country’s top health departments, she also has been leading initiatives to change the way it does business. For example, she leads an effort to reinvent maternal child health-care services. King County Executive Dow Constantine, ’85, ’88, ’92, also asked her to work on an innovative approach to eliminating youth detention. “I’m always on the edge of something new,” she says.

Emami says the UW discovered Hayes’ passion for innovation when the nursing school became interested in focusing on population health and was looking for collaborators.



“Patty Hayes was already creating cutting-edge programs, advocating for those with no other voice, rallying resources and advancing ideas that later became standard practice,” Emami says. Hilary Godwin, dean of the UW School of Public Health, praises Hayes for working with the schools of nursing and public health to set up an academic health department. “The collaboration allows our faculty and students to engage in meaningful service while being exposed to state-of-the-art public-health work, keeping our research, education and training fresh and relevant,” Godwin says.

“Whatever the project, our students always find Hayes inspiring and visionary. She keeps her agency moving forward in new ways and is hugely supportive of using the health department as a laboratory for student participation and growth.”

Despite her long list of achievements, Hayes remains humble after receiving the UW’s honor. “I think it’s just my long-standing support and tenacity for health care and public health over all these years,” Hayes says. “Getting an award of this level from your school means so much to me, especially when I look at the past recipients.” While she might question whether her contributions merit such recognition at this point in her career, she has no such qualms about the impact the UW has had on her life.

“It helped me learn to be confident and brave in trying new things although that was core to my personality. I think the school of nursing fostered that, and [I] feel so lucky to have such an amazing school to continue to be affiliated with.”

INTRODUCING HUSKY LANDING

Looking to build your network? Check out Husky Landing, a powerful career tool for the UW community! Husky Landing (formerly The W) is an engagement platform that gives UW alumni the opportunity to become mentors to students or fellow alumni, seek out mentoring for yourself, search for alumni in your fields of interest, receive exclusive offers and discounts, stream exclusive content featuring alumni and faculty, connect to podcasts and streams hosted by alumni like you, and find alumni near you. With the ease of a drop-down menu, you’ll also be connected to University of Washington alumni from all three UW campuses. Whether you’re a seasoned pro looking to make new connections or taking your first steps into the business world, there’s a place for you at UW Husky Landing. Sign up and learn more: huskylanding.uw.edu



ALUMNI ACHIEVEMENTS

Awards and Accolades

Pamela Cipriano, MN ’81, 2019 Margretta Madden Styles President’s Award

Jennifer Sofie, MN ’00, American Association of Nurse Practitioners 2020 State Award for Excellence

Patty Hayes, BSN ’76, MN ’80, received the prestigious UW Alumnus Summa Laude Dignatus Award (see feature story “Front and center” p. 30)



2020-21 AT A GLANCE

2020 Preceptor of the Year and Advanced Practice Conference
OCTOBER 30, 2020

Washington Nurses Leadership Summit
NOVEMBER 6, 2020

Nurses of Influence Award Celebration (a free, virtual event)
NOVEMBER 6, 2020

National Nurse Practitioner Week
NOVEMBER 10-16, 2020

Nurses Legislative Day
FEBRUARY 1, 2021

National Nurses Week
MAY 6-12, 2021

Commencement
JUNE 12-14, 2021

Population Health Building Grand Opening
2021





WASHINGTON NURSES LEADERSHIP SUMMIT

NOVEMBER 6, 2020
8 AM - 5 PM

Join us for this one-day virtual gathering of Washington nurses and nurse leaders to discuss and explore the challenges of our profession, including:

- Racism as a Public Health Crisis
- Disproportionate Effect of COVID-19 on Communities of Color
- Nurse Advocacy
- Global Perspectives to Local Nursing Challenges

Learn more and register
impact.nursing.uw.edu