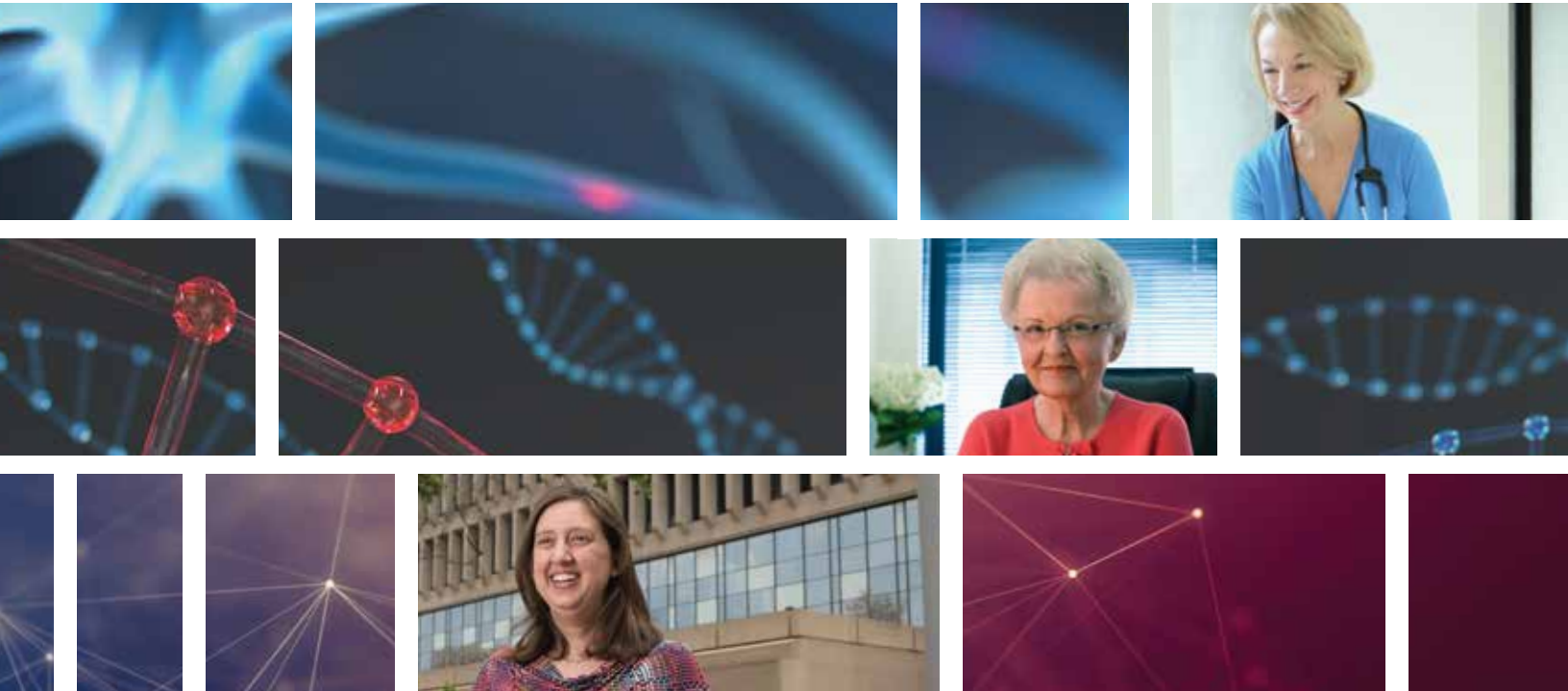


# Longhorn Nursing

Volume Six

THE FUTURE OF NURSING STARTS HERE

Fall 2017



## ENHANCING LEADERSHIP THROUGH RESEARCH



The University of Texas at Austin  
School of Nursing



# Message from the Dean

**Alexa K. Stuifbergen, PhD, RN, FAAN**

Dean, The University of Texas at Austin  
School of Nursing  
Laura Lee Blanton Chair in Nursing  
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Professor in Nursing

Nurses are educated to solve problems. We also learn to communicate effectively, think creatively and just get things done. As nurse leaders, we need to use these skills to shape the future of health care in ways that only nursing — the largest health care profession at 3 million strong — can.

But what exactly is nurse leadership? We all like to think of our teaching and scholarship as “leading-edge,” but do we always know what that means and how it translates to our students, patients, colleagues and even ourselves?

Until recently the nurse leadership discourse has been concerned with professional issues, focusing on education. But there are broader issues, such as improving health care access for everyone, building collaborative teams that provide excellent health care, and managing an evolving and challenging health care system, all of which alter how we teach and lead.

Over the years, we have instituted many changes in the way we educate students and prepare them for careers. One way has been by leading the way in incorporating robust interprofessional courses into our curriculum in which faculty and students learn to work seamlessly with their counterparts from medicine, pharmacy and social work in classrooms, labs and clinics.

In addition, our faculty not only offer great learning opportunities for students — the nurse leaders of tomorrow — but their ongoing research provides new knowledge to guide the practice of nursing and establish a strong professional identity.

Take the life-altering research project by Kathy Richards, faculty member and renowned sleep expert, who is delving into nighttime agitation in individuals with Alzheimer’s disease. Dr. Richards is taking an innovative tack to this common problem that has typically been treated using a “one size fits all” approach. Her precision medicine approach to a very treatable co-morbidity shows great promise for relieving the discomfort and alarming behavioral symptoms Alzheimer’s patients experience.

Exciting news! You can read more about the intervention on page six.

Nurse leadership is also shaped by politics and policy. Safety issues in hospitals

and senior centers need real, evidence-based solutions. And who best to provide this than the health care professionals who spend the most time with patients and seniors? Nursing knowledge and experience must be at the table, so to speak, when policies are drafted that affect the person-centered care we are then called upon to oversee and provide.

Getting education, research and health policy right so that they improve health care delivery and advance innovation and information isn’t easy, but easy *doesn’t* do it. Challenge is where we learn and develop confidence to take advantage of new opportunities.

Recently, Kelsey Mumford and Linda Yoo, undergraduate students in the nursing honors program, brought me a proposal to attend the annual American Association of Colleges of Nursing’s Student Policy Summit in Washington, D.C. Linda is the president of the UT Austin Nursing Students’ Association (NSA), a pre-professional, student-run nursing organization, and both serve in the UT Austin student government senate.

They discovered the meeting while researching information for policy resolutions they wrote, presented — and had passed — at a recent state-level NSA meeting. Their zeal for advocacy and public policy, especially as it affects health care, drove their desire to attend the summit where they met legislators and experienced how government works. They, like so many of our students, were eager to test assumptions about the future of health care.

I’ve come to expect our students to take their knowledge and skills into health care roles that I can’t even begin to imagine. There, they’ll demonstrate the highest ideals of leadership and scholarship and inform and enhance clinical practice. What we see but dimly on the horizon today will become the transformed, but highly functional, future of nursing.

This is nurse leadership, and it’s why the UT Austin School of Nursing is a leading influence on health care change. It’s why we say, “What starts here heals the world.”

*Alexa K. Stuifbergen*

EDUCATION, RESEARCH, SERVICE

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# IN THIS ISSUE



**2**  
Enhancing Leadership  
through Research

**9**  
Justice for all:  
Honoring Dr. Mary  
Lou Adams

**11**  
Alumni Stories – Lessons  
Learned in Life, Careers

**13**  
Robot APRN Reports  
for Duty

**14**  
This year in photos

**16**  
Interprofessional Education:  
Learning to Value the  
Differences

**17**  
On the Path to Clinical  
Leadership

**18**  
Student Update:

- Texas 4000
- Robert Wood Johnson  
Foundation Scholars
- Policy is the Root of all  
Change

**21**  
Dean Stuijbergen and  
Professor Lorraine Walker  
Honored by International  
Society

Recent graduate saves a life

**22**  
Classroom Renovation:  
When Plans Come Together

**23**  
Around the School

**25**  
Golden Lamp Society

# ENHANCING LEADERSHIP THROUGH RESEARCH

Five nurse researchers, each at different stages in their careers, discuss their latest research projects. These may vary from nascent works-in-progress to well-funded, multi-year interventions, but all share a story of developing, testing and implementing strategies to advance nursing science, shape health policy and improve the health of people everywhere.

For more than 25 years, Sharon Brown, PhD, RN, FAAN and professor at UT Austin School of Nursing, in collaboration with Craig Hanis, PhD, Genetics Center, School of Public Health, The University of Texas Health Science Center at Houston, has led the Starr County Border Health Initiative, a series of research studies conducted in an impoverished Texas-Mexico border community. During those years, Brown developed and tested culturally tailored, community-based methods designed to help Mexican Americans take control of their diabetes and improve their health.

Before she began in 1988, efforts to help Mexican-American diabetics curb obesity and make healthy lifestyle changes were largely unsuccessful because they failed to take into account the population's language

and cultural differences, particularly related to dietary preferences. Brown knew she would have to do things differently to be effective in educating Hispanics on how to manage their disease. She didn't want to change their way of life, just help them live it in a healthier way. As Brown and her team focused on self-management education, they began to see blood glucose control improve, weight more successfully managed and other positive health outcomes.

Her newest research study, Diabetes Prevention Culturally Tailored for Mexican Americans, also uses self-management education, but instead of working with people who already have diabetes, Brown is recruiting 300 individuals who are at risk (diagnosed with prediabetes) but haven't yet developed the disease.

 The University of Texas at Austin  
School of Nursing

**Total Current Funding**  
**\$18,259,880**  
in research grants,  
primarily from the National  
Institutes of Health

**\$1,635,168**  
in training and special  
projects grants

**\$19,907,814**  
in active extramural  
grant projects

**This total represents a  
48.6% increase over  
two years ago and a 21%  
increase over last year.**



## WEIGHTY ISSUES: PREVENTING TYPE 2 DIABETES IN AT-RISK POPULATIONS

"We always aimed at diabetes management so individuals could learn how to keep their blood glucoses under control," Brown said. "Clearly it would be so much better if we could get to people earlier before they have diabetes and try to prevent or, at least, delay it."

She and co-principal investigator Hanis have based their new intervention on a large nationwide study on diabetes prevention initially published in 2002 that found in a comparison of lifestyle changes in diet and exercise versus a diabetes drug (metformin), lifestyle changes was the most effective in preventing diabetes in persons already diagnosed with prediabetes.

Everyone in the Starr County population has a high risk of developing diabetes, Brown explained. In general, nearly 90 percent of individuals with type 2 diabetes are either overweight or obese, and few get the physical activity they need. As in her past interventions in which participants voiced their displeasure with complicated lifestyle guidelines, there is no carb-counting; just practical dietary guidance on portion control, food preparation demonstrations, and supervised trips to the grocery stores to learn how to read food labels and locate healthier food choices.

"We provide general principles and knowledge about food preparation and eating, such as lowering fat and sodium content and portion control," Brown said. "The participants know they are likely to get diabetes because almost everyone they know has it. Our intervention is designed to decrease the number of people who eventually convert to diabetes and experience damage, such as kidney failure and



**Sharon Brown**  
PhD, RN, FAAN

blindness. We're hoping to slow that process down."

Traditionally, 60 percent of the cause of diabetes has been attributed to lifestyle and 40 percent to genetics. This study will also look at whether these individuals have any genes that predict how well they respond to the lifestyle intervention.

"Are there genetic differences in people who respond to this intervention and those who don't? Because some people have such a severe form of diabetes, lifestyle changes may not work as well for them," Brown said.

At the same time, if it does work for them, the earlier they begin to make healthy changes, the better off they will be. By bringing blood glucoses down to near normal, it's possible to prevent or at least decrease the rate of significant complications by 25 to 75 percent, depending on the type of complication, Brown added.

"The genetic aspect is very exploratory and will be directed by Dr. Hanis," Brown said. "If it turns out that cases in which people experience a more severe, downhill

disease process are linked to a genetic profile, then that will need further, more in-depth investigation."

Her team is also integrating motivational interviewing, a new communication tool she anticipates will prompt a desire to make healthy lifestyle changes. Dr. Mary Velasquez from the School of Social Work is a co-investigator on the project and an expert in motivational interviewing.

The current intervention consists of three months of weekly educational sessions in which participants are taken on food shopping trips, taught to cook healthier versions of their favorite foods and given Fitbits to record physical activity. This is followed by nine months of support group meetings aimed at goal setting and problem solving. Booster sessions will be held every six months thereafter, and data collection will continue until 2022.

Brown and Hanis received approximately \$3 million from the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, for the five-year study.

## THINKING CLEARLY: REHABILITATING COGNITIVE DEFICITS IN INDIVIDUALS WITH DIABETES

**Heather Cuevas**  
PhD, RN, ACNS-BC



As Professor Sharon Brown focuses on lifestyle changes for diabetics that promise hope for reducing the severity, and sometimes prevention, of the disease, Heather Cuevas, PhD, RN, ACNS-BC and assistant professor of clinical nursing, hopes to find how and why the same disease causes cognitive dysfunction.

Problems in cognitive performance, or cognitive deficits, are common in people with both type 1 and type 2 diabetes, evidenced by a slowing of mental processing speed, psycho-motor speed, executive function and attention. In some cases, learning and memory problems also exist.

“Cognitive dysfunction is more prevalent in this population than the general population and starts at an earlier age,” Cuevas said. “We know diabetes has devastating effects on multiple organs in the body, and there could be several reasons why it affects cognitive function. Despite the damage caused, however, there hasn’t been much research on how to improve cognitive function in diabetes.”

She intends to change that.

Cuevas recently completed a small study funded by the School of Nursing’s Cain Excellence Fund that looked at the

relationship between perceived cognitive function and diabetes self-management. She is now hard at work on a new study funded by the School’s NIH-funded Center for Transdisciplinary Collaborative Research in Self-Management Science that adapts the Memory, Attention and Problem Solving Skills for persons with multiple sclerosis (MAPSS-MS), a computer-assisted cognitive rehabilitation intervention.

This intervention has shown great promise as a means of improving memory, use of compensatory strategies, and performance of cognitive and instrumental activities of daily living for individuals with MS, and Cuevas thinks it will be equally helpful for diabetics who suffer these same impairments.

The eight-week MAPSS-DM program includes two components: four weekly group sessions focused on building efficacy for use of cognitive compensatory

strategies and a computer-assisted cognitive rehabilitation program with home-based training. Participants complete a self-report questionnaire and are asked if they are having trouble remembering to take medications and check sugar levels, all of which are critical to their well-being. They also complete a questionnaire regarding

memory, executive function and self-efficacy.

In the group sessions, Cuevas teaches strategies to improve day-to-day cognitive function, such as reducing noise levels when trying to improve attention. Participants are also given weekly goals and encouraged to maintain a healthy diet and exercise regimen. In addition to helping rehabilitate their cognitive abilities, the study seeks

to assess the role self-management plays in improving cognitive function and vice versa.

“I want to know why people are making the decisions they are about self-management, but also want to hear from

“We know diabetes has devastating effects on multiple organs in the body, and there could be several reasons why it affects cognitive function.”

people who are unable to make such decisions,” Cuevas said. “The participants are very interested in doing what they can to improve or prevent this complication. They want to know what steps they can take to improve their situation.”

Cuevas recently published the article “Perceived cognitive deficits are associated with diabetes self-management in multi-ethnic samples” in the *Journal of Diabetes*

and *Metabolic Disorders*. She has submitted a grant proposal to the National Institute of Nursing Research, which calls for functional MRIs at the beginning and end of the study, and neuro-psychological testing rather than self-reporting. Dean Alexa Stuifbergen will be mentoring Cuevas as she takes this next step in her research career.

“When I became a nurse, I didn’t

originally intend to study cognitive impairment in people with diabetes, but the more I discovered about it, the more I wanted to understand it and help people live more functional lives,” Cuevas said. “These deficits are serious for anyone, but as an added complication of diabetes, with all of its other complications, it’s paramount that nursing science find answers and provide helpful strategies to patients who are affected.”

## A NEW NORMAL: HELPING ICU SURVIVORS RECOVER

**M**ore than five million Americans with life-threatening illnesses are admitted to Intensive Care Units (ICUs) annually. Owing to advances in critical care treatment, many of them are surviving their stay. That’s the good news.

Because the number of these patients is expected to increase in coming years as the U.S. population ages and life expectancy rises, maintaining and improving the health of survivors is increasingly important. Many ICU survivors must manage sequelae or “after-effects” that are a direct consequence of critical illness, including new onset depression, anxiety, post-traumatic stress disorder or cognitive impairment that are often paired with physical frailty following hospital discharge.

The term Post-Intensive Care Syndrome (PICS) arose earlier this decade and describes the long-term dysfunctions resulting from treatment in the ICU. These dysfunctions include physical, cognitive, and psychiatric impairment and may last for months or years after the ICU patient survives and returns home. These problems involve the patient’s body, thoughts,

feelings, or mind and may also affect the family and caregivers.

PICS can manifest in a variety of ways. Common symptoms include fatigue, weakness, limited mobility, anxiety, depressed mood, sleep disorders, and mental processing issues, such as balancing a checkbook. The burden of caregiving often leads to similar psychological symptoms in family caregivers.

Valerie Danesh, PhD, RN, CCRP and assistant professor, wants to find a way to reverse that tide and improve the chances that people can successfully manage the sequelae of critical illness as they resume life after hospital discharge.



**Valerie Danesh**  
PhD, RN, CCRP

“ICU patients are shrouded in medications and often don’t realize what’s really happening to and around them during critical illness,” Danesh said. “Those who survive aren’t necessarily thriving. Surviving the illness does not equate to a return of pre-hospital abilities and function, and post-hospitalization deficits are well-documented, particularly for patients who require life support and/or develop delirium while hospitalized.”

Danesh’s current research focuses on clinical deteriorations and evaluating subsequent interventions across the continuum of care, including acute, sub-acute and home health care. She believes that



strengthening the continuity of care by managing PICS will improve patients' lives and the lives of those who care for them.

ICU survivors are often left to self-manage severe dysfunction that is a direct consequence of critical illness. With a \$20,000 grant from the School of Nursing's Center for Transdisciplinary Collaborative Research in Self-Management Science, Danesh is launching a pilot study to develop self-management interventions for ICU survivors with PICS.

"When you think of the ICU, you don't often think of self-management because

many patients are dependent upon life support machines or are obtunded. But self-management can come into play following ICU discharge," she said.

The ultimate goal of this program of research is to generate a body of science that will inform the development and delivery of self-management interventions that promote self-management behaviors and improve the health status, well-being and cost of health for ICU survivors.

Given the relative recentness and rarity of ICU survivor-specific follow-up care in the U.S., designing effective PICS

programs is essential. First steps for her project include a comprehensive needs assessment to assess the needs, opportunities, and threats to sustainable and efficacious self-management strategies for this understudied population.

"Research will help clarify the spectrum of self-management needs, find more effective ways to prevent these long-term complications and more effectively treat symptoms to improve functional recovery," Danesh said. "It's a fairly new area of study, but vastly important for improving patient outcomes."

## ALL THROUGH THE NIGHT: REDUCING NIGHTTIME AGITATION IN PEOPLE WITH ALZHEIMER'S DISEASE

Kathy Richards, PhD, RN, FAAN and research professor at the UT Austin School of Nursing, knows personally the heartache of watching a loved one succumb to dementia and its many distressing symptoms.

"My aunt was a nurse. Not only that, she was head nurse in a long-term care home," Richards said. "In her 60s, she began to have memory problems and was diagnosed with Alzheimer's disease. She and her husband both loved fishing and had retired to a home on a lake when the nighttime agitation began."

Nighttime agitation or "sundowning" is the appearance or exacerbation of behavioral disturbances, such as wandering and aggression, occurring in the afternoon or evening in persons with Alzheimer's disease. The increased confusion, anxiety and agitation in the body's sleep-wake cycle can lead to more behavioral problems, which increases the burden and costs of caring for persons with the disease. The result is that people with Alzheimer's often

"If we can find a better  
and more precise way to  
treat nighttime agitation,  
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quality of life for many  
persons who are living  
with Alzheimer's disease."

must be cared for in more restrictive living environments.

Richards's aunt began wandering in the nighttime, and, in her case, the result was tragic.

"She walked out of the house one night undetected, slipped into the boat, cast off and drowned," she said. "These kinds of events are devastating for family members, which is the reason I want to fix it."

Richards has more than 20 years'

experience in translational sleep and aging research. Her focus has been on improving sleep and delaying cognitive decline in older adults. Currently, she and colleague Christine Kovach, a research professor in aging at the Jewish Home and Care Center at the University of Wisconsin-Milwaukee, are co-principal investigators of a \$3.9 million, five-year award from the National Institute on Aging designed to improve treatment of nighttime agitation in persons with Alzheimer's disease.

"Safe, effective treatments for nighttime agitation are lacking. One major cause for these past failures has been the 'one size fits all' approach," Richards said. "The precision medicine method we are using tailors treatment to the specific sleep disorder restless legs syndrome, or RLS, that causes discomfort and an inability to sit or lie still in the evening and night. We hypothesize that RLS may be a cause for nighttime agitation and sleep disturbance in people with Alzheimer's."

Nighttime agitation behaviors are often



## Kathy Richards

PhD, RN, FAAN



treated with powerful antipsychotic drugs, but alarming statistics on the prevalence of these medications and their danger to the health of persons with Alzheimer's disease has resulted in a federal mandate to reduce their use and frequency. Richards hopes this intervention will lead to less dependence on dangerous antipsychotic medications.

This is the first time that a new diagnostic tool, the Behavioral Indicators

Test-Restless Legs, that Richards and her team developed and validated for diagnosing RLS in persons with Alzheimer's, will be used in research on nighttime agitation. The tool is designed to diagnose RLS in people without the verbal ability to report symptoms.

Her current eight-week, double-blind, randomized controlled trial is getting underway and will include 136 long-term care residents with nighttime agitation

and RLS living in long-term care settings in Central Texas. Residents will receive either gabapentin enacarbil (Horizant™), the FDA-approved drug for RLS, or a placebo.

"Nighttime agitation is the number one reason why people with Alzheimer's cannot be cared for at home," Richards said. "If we can find a better and more precise way to treat nighttime agitation, we can improve the quality of life for many persons who are living with Alzheimer's disease."

## INFORMATION VACUUM: NARROWING THE GAP BETWEEN HEALTH LITERACY AND TECHNOLOGY

The problem isn't new and it's growing. A 2006 study by the U.S. Department of Education found that 36 percent of adults have only basic or below-basic skills for dealing with health material. This means that 90 million Americans can understand hospital discharge instructions written only at a fifth-grade level or lower.

Low health literacy is expensive to individuals, to health care providers and to society. It costs the U.S. economy, in the form of additional health care required and days of sick pay, between \$106 and \$238 billion annually, representing 7 to 17 percent of all personal health care expenditure.

aren't always comfortable with these devices or apps or know how to operate them. That's why the design aspect is so important: It must be simple and user friendly for people with limited technological literacy."

To narrow this gap between literacy and technology, Xie is using the Electronic Health Information for Lifelong Learners (eHiLL), a National Institute on Aging-funded intervention that promotes peer learning as older adults work side by side to complete online exercises.


"We encourage collaborative learning because it engages senior citizens in the activities and helps them be more successful in adapting to the technology," Xie said.

Patients aren't the only ones needing to access health information. When Ebola and then the Zika virus first broke out in the U.S., public health workers and front-line health care providers needed to know what to expect and how best to protect their patients and themselves.

"Many health care workers spoke of the vacuum of information, about not being able to obtain enough helpful information quickly," Xie said. "They also wanted to be sure the information was correct."

Xie recently wrapped up a study on which she collaborated with School of Nursing faculty members Alexandra Garcia, PhD, RN, FAAN; Karen Johnson, PhD, RN; Miyong Kim, PhD, RN, FAAN; and Linda Yoder, PhD, MBA, RN, FAAN, on a project funded by the National Science Foundation to determine how best to get useful information to care providers in the event of another health crisis.

Xie stresses that technology is only one solution, but a powerful one, for questions that patients, caregivers and providers might have. And because her focus is not limited to any one health condition or population, Xie's research stands to benefit a wide range of issues.

"Technology has the potential to make an impact on disparate populations and health issues," Xie said. "It is becoming a very powerful and promising way to provide the information that patients, health care workers and the community not only need, but want to have." 

Bo Xie

PhD



The patient was scheduled to have a shoulder replacement. She wasn't concerned about the procedure itself but did want to know more details. She wanted to know what it would feel like, how much it weighed, even what color it might be.

"I know I didn't need this to go forward with the operation, but since it will be in my body, I wanted more details," the patient told Bo Xie, PhD, and associate professor at UT Austin School of Nursing.

And Xie thinks she and patients like her have every right to this information. The trouble is, if health care providers won't offer it, where do they turn?

With a doctoral degree in science and technology studies, Xie focuses her research on older adults' use of information and communication technologies for health information and decision-making because these skills may have important implications for patient-provider relationships and health outcomes. Furthermore, she believes that people ought to learn how to more easily access the information they need.

"We know that technology in the form of the computer, Internet and mobile devices can provide useful information," Xie said. "The trouble is that older adults



"She had a way of making you feel like you were the only person in the room and was always accessible to her students and patients."

## Justice for all: Honoring Dr. Mary Lou Adams



The Mary Louise Adams Endowed Presidential Fellowship in Oncology Nursing and the Endowed Professorship in Oncology Nursing have been established at the UT Austin School of Nursing by the Shivers Cancer Foundation to honor the memory of beloved and accomplished nursing professor and community leader, Mary Louise Adams, PhD, RN, FNP, FAAN.

"When people would ask Mary Lou, 'Who are you?' She would say, 'A nurse,' before saying anything else," Alexa Stuijbergen, dean of the School of Nursing, said. "She was an exceptional nurse and educator and incorporated the latest in

nursing science into both making sure that her low-income patients received good care and her students were well-prepared to practice their profession with knowledge, skill and justice."

Her understanding of underserved neighborhoods came naturally. Adams grew up in a low-income household in a low-income neighborhood in the Bronx, N.Y., and knew firsthand how inadequate access to good health care could adversely affect a family and a community. She understood the barriers many people faced and determined she would learn how to articulate their needs.

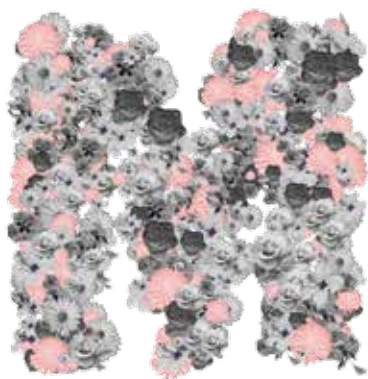
She first studied nursing in New York. In 1975, she and her husband Ed came to Austin where they raised two daughters and a son. She earned her Bachelor of Science in Nursing in 1978, a Master of Science in Nursing in 1980, and a PhD in Medical

Sociology in 1990 at UT Austin. Her research focused on how society views illness and health and how those views are related to exchanges between doctors and patients.

Adams became a veteran nurse practitioner, teaching for 30 years at the School of Nursing where she served in many roles, including associate professor of clinical nursing; director, family nurse practitioner program; and lead faculty, family nurse practitioner tract.

She developed a successful model program to increase mammograms for members of minority communities that has since been extended to 18 communities and two state health departments in the United States. This contribution to reaching underserved women and increasing their access to cancer screenings and health care led to her induction as a Fellow in the American Academy of Nursing in 2011.





om went about being a nurse and instructor in the same manner she went about everything in her life: with love, compassion and understanding,” said Michelle Earley, one of her two daughters. “She had a way of making you feel like you were the only person in the room and was always accessible to her students and patients.”

In both nursing and teaching, Adams was thoughtful and diligent. She was also compassionate and made sure she knew best practices.

“If she saw someone who was in pain or ill, she assessed the situation and offered whatever help she could to ease the person’s pain,” said Jennifer Boutte, another of her daughters. “As an instructor, she was approachable but very matter of fact. She expected her students to follow her instructions to the tee. She was a mentor to many of them.”

In her practice, Adams’ calm, radiant personality carried her through many challenging times when she managed to get women seen by specialists and surgeons in days when most people would have had to wait for weeks.

“Mom sometimes told us about her patients with unusual cases,” Jennifer said. “Once she helped a woman who had been through female genital mutilation and had come to her with some of the complications that stemmed from that. Mom had a lot of compassion for her patient and worked to get her the best care she could. She always tried to improve the

lives of as many people as possible.”

“She lived by the mantra ‘To whom much is given, much is expected’ because she knew she had so much to be grateful for and so many opportunities to do good work,” Michelle said. “She tried to pass the notion of gratefulness and hard work on to her students.”

“Mom always demanded the best from her students (and her children), but more than that, she made you believe that you could achieve the excellence she expected and demanded,” said her son, Teddy Adams.

“Mary Lou was very knowledgeable about the needs of cancer patients and approached these matters from the standpoint of the person with cancer who needed help, particularly those without insurance,” said Clark Heidrick, who served with Adams on the Shivers Cancer Foundation board for more than 25 years. “She would send these patients to a group of physicians who were glad to care for them — or who couldn’t find a way to say ‘No’ to Mary Lou!

“Most importantly, she had standards for good nursing care and for how people should be treated. All her colleagues on the board loved her for that, and thousands of cancer patients in Central Texas benefited from the care and commitment of this extraordinary woman,” Heidrick added. “We are proud to support the UT Austin School of Nursing that Dr. Adams loved and served so well and to extend her legacy to the nurses of tomorrow who will benefit from the standards she set and the support that is given in her name.”

Adams retired in 2014 and died in October 2016. The professorship will promote the prevention and treatment of cancer among individuals in Central Texas.



**“Thousands of cancer patients in Central Texas benefited from the care and commitment of this extraordinary woman.”**



## Alumni Stories – Lessons Learned in Life, Careers

### Know Your Stuff – and Be Humble



Edward Jamaal Hawkins is an early riser. He has to be for his job as a certified registered nurse anesthetist at the University of Texas Southwestern Medical Center in Dallas. His day begins at 6 a.m. when he is assigned a room and gets consent for the anesthetic.

“That’s when I get a feel for what kind of day it’s going to be,” he said. “I talk to the nurses in the operating room and then go see my patients in pre-op and explain that I’ll be taking care of them. After meeting with the anesthesiologist, we’re in the OR by 7 a.m.”

Once there, Jamaal moves his patient to the operating table before administering the anesthetic and intubating for the procedure. Afterwards, he gives a paralytic to immobilize the patient and then additional medication for preemptive pain and vomiting prevention. After the procedure when the patient begins to wake up, he removes the breathing tube and moves them to recovery.

“It’s pretty routinely accepted for a nurse to perform these procedures, but every hospital does things somewhat differently,” he said. “I have lots of autonomy in my job and enjoy making my own decisions. My co-workers are very helpful, and that makes it easier. At work, they keep me laughing and keep a smile on my face.”

Jamaal’s interest in the profession began in the sixth grade when he came



**EDWARD JAMAAL HAWKINS**  
CRNA, MSN, BSN

across a booklet about anesthesiology. By the time he was in high school in Longview, Texas, he already knew he didn’t want a career that would keep him behind a desk. His mother suggested he look into a career in nursing, and it didn’t hurt that his best friend was going to nursing school.

It was also in high school where he got to meet former UT Austin football coach Mack Brown and felt the Longhorn lure take effect. Once on campus, Jamaal was able to continue his interest in music and played trumpet in the marching band. After receiving a Bachelor of Science in Nursing in 2010 from UT Austin, he moved to Nashville, Tennessee, where he spent two years in the cardiovascular intensive care unit at Vanderbilt University. Afterwards, he attended the University of Pittsburgh in Pittsburgh, Pennsylvania, where he

obtained a Master of Science in Nursing in Nurse Anesthesia.

In his job at UT Southwestern, Jamaal’s main concern is taking care of patients who are at their most vulnerable. “I do my best to take excellent care of them: I’m there watching when they go to sleep and when they come back. Sometimes they’ll write me thank you cards afterwards, and I find that very gratifying.”

Unfortunately there are those times when things don’t go well, especially in the OR.

“I never want that to happen but I’m always prepared,” he said. “Anesthesiology is a rewarding field, but it requires a lot from you. You have to be prepared to study hard, work hard, and always know your stuff – and be humble.”

Jamaal credits the UT Austin School of Nursing for much of his success. “The

School of Nursing was instrumental not only in introducing me to the profession, but also in setting me on a successful career path where I get to help patients and work with compassionate and gifted health care providers,” he said. “I still keep in touch with some of the people I met in Austin and cannot thank them enough for their influence on my life.”

Life continues to grow sweeter for Jamaal. He recently became engaged to Elizabeth Alvarez, who graduated with a BSN from UT Austin School of Nursing in 2013.

## Shifting Perspectives

**A**s a young woman, Raquel Reynolds didn't think college was in her future. She had begun a pre-med course after graduating from high school, but had to take a break after a series of personal tragedies. She left Austin and began waiting tables in a restaurant in Oklahoma. It didn't seem likely she would return to college.

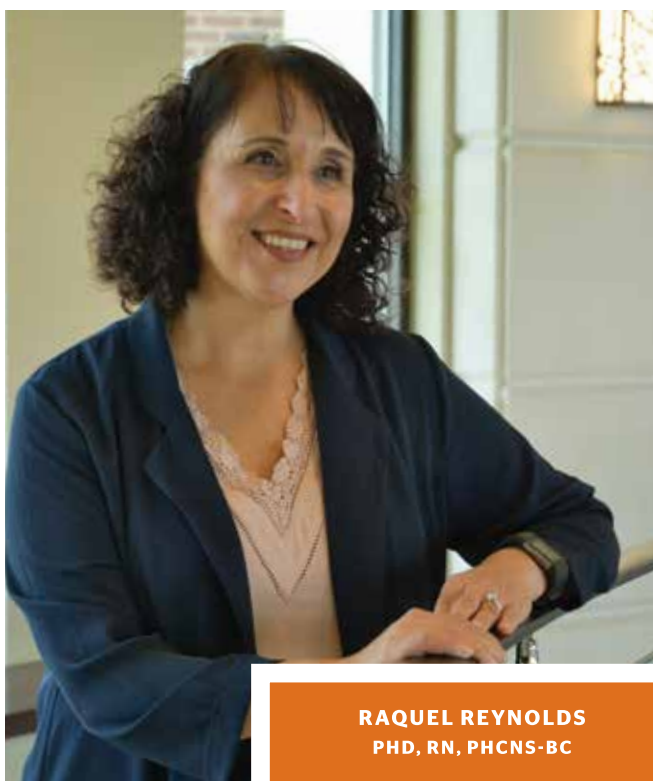
“Fortunately, one of the owners took an interest in me,” Raquel said. “And because she was a registered nurse, she encouraged me to look into nursing school.”

The closest community college was in Tishomingo, Oklahoma, a 40-mile drive away.

“Once I started, I couldn't believe it. I loved everything about nursing,” she said.

With her associate degree in nursing in hand, Raquel went to work in a hospital, but in the back of her mind she thought about continuing her education. After nine years as a nurse, she enrolled in the associate degree in nursing to BSN program at UT Austin School of Nursing, where she was surprised to find her ideas about the things that affect a nurse's daily practice begin to change.

“I didn't really have a chance to think about the ‘big picture’ when I was a bedside nurse,” Raquel said. “In the hospital, you're focused on caring for patients and what's in front of you.”



**RAQUEL REYNOLDS**  
PHD, RN, PHCNS-BC

Hungry for more, she immediately entered the School of Nursing's Master of Science in Nursing program. As she explored the many options advanced practice registered nurses (APRNs) have, her perspective shifted once again and she looked for opportunities to interact both with patients as an APRN and students as a teacher.

One day while at the School of Nursing a former professor suggested she apply to teach there.

“It wasn't long before I was called in to cover for a faculty member, and I never left!” she said. “It was the best thing that ever happened to me. As I taught adult health to seniors, it dawned on me: This is what I want to do!”

Raquel entered the doctoral program five years later and afterwards began teaching at Texas A&M Health Sciences Center in Round Rock, Texas.

“I try to impress on my students how much there is to take into consideration about the individual we're caring for: their family, history, obligations, social issues, problems,” she said. “All these surrounding issues need to be considered, alongside the daily routine care. All of this must

come into your practice. I love to see that dawn on students. I tell them, ‘Yes, you want to be safe when giving medication; do it right. But take into consideration: Why is it happening in the first place? Can they afford the treatment? Will it change the way they do things?’”

Sometimes, she said, students come in with the idea that nursing is easy and they already know everything there is to know.

“I have to help them reframe their thinking without

shutting them off. You have to be very direct and break down any preconceived ideas. It isn't easy.”

Raquel also counsels them about the hard work that lies ahead.

“If you do it right, it's going to be difficult. There are a lot of nursing programs out there that are easy to complete, where you can get a degree but not an education. At UT Austin, I had to learn every step of the process. I came out with a totally new way of approaching problems and coming up with solutions. You'll never think the same way again, but it's completely worth it.”

One of Raquel's favorite things about being a nurse is seeing human beings at all stages in life: in happiness, in grief, the whole gamut.

“It's a gift to be able to interact with so many people in so many different situations. If you pay attention and keep an open heart, you learn a lot. You learn about people, about humanity and about yourself.”

Raquel recently moved to Boston where she is an assistant professor at Massachusetts General Hospital Institute of Health Professions, College of Nursing, teaching prelicensure and DNP students.



## ROBOT APRN REPORTS FOR DUTY

School of nursing receives funding for new, innovative technology

As if the UT Austin School of Nursing's Simulation Center didn't contain enough of the latest cutting-edge technology, the newest member of the teaching staff, Robo-Advanced Practice Registered Nurse (RoboAPRN), recently reported for duty.

The robot arrived at the behest of Dr. Valerie Danesh, assistant professor; Dr. Donna Rolin, assistant professor of clinical nursing; Scott Hudson, director of simulation and skills labs; and Sean White, instructional technology specialist; who received a 2017 Faculty Innovation grant for \$9,764 for their project "RoboAPRN: Telepresence Robots in Healthcare Education."

The project uses remote presence telehealth technology to bridge undergraduate (initial licensure as a registered nurse) and graduate (advanced practice licensure as nurse practitioner and clinical nurse specialist) programs and promote learning across role preparations. The robot introduces remote presence-enabled communication and assessments for patient care to prepare students for telemedicine use in the workforce.

Remote presence is a form of telemedicine that is increasing across all health care settings, with rapid uptake in

psychiatry and in rural and hospital-based care. Telemedicine skills recently became a part of the School of Nursing's Psychiatric Mental Health Nurse Practitioner program after the need to reach patients with mental health illnesses across a largely rural state became apparent.

"There is a dire shortage of psychiatric providers in Texas and across the nation," Rolin said. "In addition, the demand for trained telehealth professionals is outstripping supply. Now, with this new technology, we can teach students how to assess and provide interactive care for many more patients who reside miles away from clinics or hospitals."

The new remote presence/telemedicine technology will home in on introducing telemedicine delivery in the health care education setting in the School's simulation lab, with an emphasis on psychiatric/mental health care delivery.

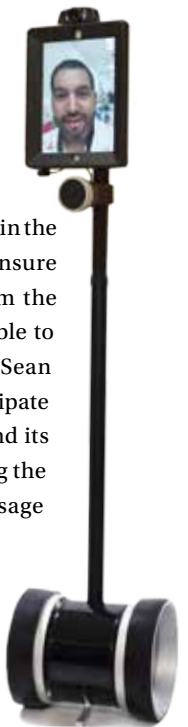
"The addition of telehealth to our simulation training environment will help prepare students for a rapidly expanding market for clinicians with telehealth proficiency," said Danesh. "Our Simulation Center already delivers multidisciplinary simulations and debriefings with onsite interdependencies engaging several other

health profession schools and colleges at UT Austin. With RoboAPRN, they can broaden their skills in preparation for entering a rapidly changing health care landscape."

"It's often said that the proof is in the pudding, so our challenge is to ensure that students gain the most from the instructional delivery and are able to experience effective learning," Sean White said. "If we succeed, I anticipate the School of Nursing will expand its telepresence technology, opening the door to greater instructional usage and better health care access."

This year the Faculty Innovation Center and Project 2021 received a total of 57 proposals and funded nine.

"We're delighted to be funded by the UT Austin Faculty Innovation Center, which will enable us to move forward with this exciting and transformative technology," said Scott Hudson, director of the Simulation Center. "We will perform pilot tests and course curriculum review during this fall and plan a 'go-live' for course integration in the spring 2018 semester."







AWESOME!!



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THE NEXT  
SCENE



WE ARE THE FUTURE OF HEALTH CARE





PHD 2017 - SO PROUD



SIM BUDDYS



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THANK YOU

## WE'RE FULL OF MOMENTUM

Newton's first law of motion states that an object at rest tends to stay at rest and an object in motion tends to stay in motion. This year, the UT Austin School of Nursing has definitely been in motion hosting white coat ceremonies, undergoing new construction projects, throwing Back to School socials, reaping stellar fundraising results from 40 Hours for the Forty Acres, celebrating convocations and, you guessed it — enduring more construction! Newton would be impressed: 2016-17 has been a momentous year.



WARM HEARTS

## Interprofessional Education: Learning to Value the Differences

In order to improve patient outcomes and enhance the experience of care amid unprecedented health care challenges, future health care professionals must learn how to work seamlessly with the people they care for as well as the people who care with them at the bedside, in the clinic, and in the community.

To prepare nurses and other health care providers to provide team-based care, the UT Austin School of Nursing and other health profession schools and colleges on campus implemented interprofessional education (IPE) into the curriculum almost four years ago. Since then, students have learned to communicate better with one another and understand where their jobs intersect.

“When we envisioned incorporating IPE into our curriculum as a required course, we knew collaboration was key to

delivering the safe, high-quality, accessible, person-centered care that we all want,” said Gayle Timmerman, PhD, RN, CNS, FNAP, FAAN, and associate dean for academic affairs at the School of Nursing. “Now that the vision has become reality, we need to ensure that our respective health professions students build on these competencies so that they enter the workforce ready to work effectively as part of a health care team.”

The first Foundations for Interprofessional Collaborative Practice course was held in fall 2016. The course was three years in the planning and provided students with opportunities to work in interprofessional teams to master the collaborative practice competencies. The first class comprised 260 students and 45 trained faculty team facilitators from nursing, pharmacy, medicine and social work. The course continued

in the spring 2017 semester and focused on students demonstrating their proficiency in interprofessional collaboration as they worked together in the simulation labs at the School of Nursing for the first time.

“Today’s focus on quality patient outcomes and safety calls for a commitment from all health disciplines to work together,” said John Luk, M.D., and assistant dean of Interprofessional Integration at Dell Medical School. “We’re very fortunate at UT Austin to have a cadre of deans, faculty and staff who are working tirelessly to develop this exceptional IPE program. We say we want to re-think everything about how health care is delivered, and this program is one of the best ways we can do that.”

“Our goal has always been to transform health care,” said Timmerman. “Student feedback indicates that the course work is helping our students break down stereotypes and improve communication skills, especially during stressful times. They’re learning each discipline’s unique contributions and where they might overlap, and, most importantly, how to value the differences so that we can provide optimum patient care.”



Students from Nursing, Pharmacy, Medicine and Social Work collaborate on a patient case



# On the Path to Clinical Leadership

The first cohort of the Doctor of Nursing Practice (DNP) program graduated in August 2017, taking with them not only their diplomas, but new clinical and leadership skills that will help them make an impact on the health care landscape.

The students, who had been together since the launch of the program in January 2016, began the program with a variety of clinical interests ranging from oncology survivorship, geriatric long-term care, adolescent mental health, executive leadership, advanced practice nurse fellowship programs, graduate nurse orientation, and simulation.

"Our program provides students an opportunity to develop a specialized area of clinical leadership through courses and mentorship offered sequentially in the program," Jane Champion, PhD, DNP, FNP, FAANP, FAAN and director of the program, said. "These areas of clinical leadership specialization are identified by the students, and development is facilitated by faculty and community experts throughout the program."

The students' clinically focused projects were as diverse as their areas of interest. Susan Wnuk, MSN, FNP-C, AOCNP, provides direct care to cancer patients who are undergoing cancer treatment at a large outpatient cancer center in San Antonio as well as a smaller clinic in Uvalde, Texas. Susan chose to develop a quality improvement tool for cancer survivors who live in rural areas.

"Although all cancer survivors have unique health care needs, rural cancer survivors have additional needs and barriers to receiving quality care," Susan said. "Because of this, my DNP project included conducting a needs assessment among rural cancer survivors. With the assistance of my faculty advisor, Dr. Champion, I am currently conducting focus groups with patients who have completed cancer treatment or are receiving treatment in Uvalde."

Susan expects these focus group sessions to inform translation of survivorship care plans (SCPs) currently used in urban settings for rural cancer survivors. SCPs, Susan explained, are a communication tool intended to provide



**Susan Wnuk, MSN, FNP-C, AOCNP, recently completed her DNP degree.**

vide guidelines for the health care of survivors as they complete active cancer care and for the duration of their lives.

Dr. Champion was pleased with the program's smooth roll out, which she attributed to the strong nucleus of tenured and clinical faculty in the School of Nursing that led the research and

education efforts.

"From the start, we used a continuous improvement process for implementation of the DNP," she said. "It's an ongoing effort to improve program efficiency, effectiveness and flexibility through student and faculty feedback, and observation and evaluation of student and faculty outcomes."



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The University of Texas at Austin  
**School of Nursing**

WHAT STARTS HERE CHANGES THE WORLD!



# AND THEY'RE OFF



On Friday, June 2, approximately 74 UT Austin students departed Austin on a 4,000-mile trek to Anchorage, Alaska. Participants pictured above are Natalie Buongiorno, Emily Murphy and Alex Herbig. Other student nurses who rode were Annabeth Bosworth and Heidi Simmons. Every year students from across Texas commit to raising

cancer awareness and research funding as they take part in Texas 4000, a program designed to cultivate the next generation of leaders to fight against cancer.

Previous School of Nursing participants are Christy Goldberg, Sarah Alpert, Cecilia Lopez, Christina Pai, Rachel Engler, Sarah Fernandez and Lexi Roders.



# Robert Wood Johnson Foundation Scholars

The Robert Wood Johnson Foundation's Future of Nursing Scholars program was created to increase the number of nurses holding doctoral degrees by providing financial support, mentoring and leadership development to nurses who commit to earn their PhDs in three years. The UT Austin School of Nursing is one of only 28 schools of nursing in the nation to receive the grant. This is the third year the School of Nursing has participated.



**Lisa Geshell, MSN, RN**  
2017 RWJF Scholar

Lisa is a progressive care-certified nurse who received her Bachelor of Science in Nursing from Arizona State

University in 2011 and her Master of Science in Nursing in Holistic Adult Health with a role specialty in education at UT Austin in 2016. During the first two years of her career, she worked on a telemetry/progressive care unit in a hospital with a predominantly geriatric population. Working with this population sparked her passion for providing appropriate, high-quality care to older adults. Specifically, she plans to focus on improving quality at the end of life for older adults.

Lisa is also interested in educating future generations of nurses. While obtaining her MSN, she worked as a clinical teaching assistant with alternate-entry MSN students as well as a teaching assistant in the School of Nursing skills and simulation labs. Upon completing her PhD, she plans to serve as a faculty member in order to encourage student nurses to assume leadership roles in health care.

Currently, Lisa is treasurer for the Epsilon Theta chapter of Sigma Theta Tau as well as a member of the Gerontological Society of America. Outside of school and work, Lisa volunteers with the Volunteer Healthcare Clinic to provide health care to people without access.



**Kelly Pretorius, MSN, RN**  
2017 RWJF Scholar

Kelly graduated from UT Austin with a Bachelor of Science in Nursing in 2007 and received her Master of Science in Nursing from Duke University in 2010. She is a board-certified primary care and acute care pediatric nurse practitioner.

Kelly's career has focused on pediatrics, and for the past seven years, she has worked as a pediatric nurse practitioner at Rady Children's Hospital in San Diego. Kelly became more interested in the health care system and health policy as her career advanced and after she graduated from San Diego State University earlier in 2017 with a master's in Public Health with an emphasis on health care management and policy. While attending the program, she received the AUPHA McGaw Scholarship, which recognizes the program's most outstanding students.

Kelly is passionate about pediatric health care and is interested in improving the quality of care on a local and international level. She participated in medical outreach programs while at Duke University, traveling to both Honduras and Tanzania. As a result of her clinical experience, she is also interested in advocating for frontline health care providers in the context of providing quality care for patients in the ever-changing health care system.

Kelly is a member of Sigma Theta Tau International and the National Association of Pediatric Nurse Practitioners, where she has served on the San Diego board since 2013. In her free time, she enjoys spending time with her husband and their two-month-old son.

## Undergraduate students advocate for better health care

**W**hen is the best time to start making a difference in health policy and legislation? For Linda Yoo and Kelsey Mumford, the answer is right now while they're still undergraduates.

Last spring the two traveled to Washington, D.C., to attend the American Association of Colleges of Nursing Student Policy Summit, a three-day conference designed to immerse undergraduate and graduate student nurses in didactic program sessions focused on the federal policy process and nursing's role in professional advocacy.

"At the policy summit, we were continuously reminded that advocacy is one of the professional responsibilities of a nurse," said Linda, who is currently a senior in the UT Austin School of Nursing Honors Program. "By engaging and influencing health policy, nurses provide a new perspective and move legislation to change care at the bedside and all around the world. The policy summit was an eye-opening experience. I came to understand the great work that nurses have achieved and are continuing to do — and the work that is yet to be done."

"The summit helped me to reaffirm my interest in health policy and identify how I can make a substantial impact in this area," said Kelsey, a junior in the School of Nursing Honors Program. "I was able to hear from incredible speakers in the field who showed me how far-reaching health policy can be and how much of a difference it can make for thousands of people. This experience will surely be a cornerstone of my career."

Linda and Kelsey were able to meet with members of Congress on Capitol Hill. They also heard from students and nursing school deans about their about current proposals that will one day affect the nursing field. During the summit, Kelsey received the 2017 Student Grassroots Ambassador Prize for her proposal to create an advocacy campaign in support of Texas House Bill 1938, which would make new Texas adult driver's license recipients organ donors by default unless they opt out. Kelsey said the change will save lives.

"I learned that policy is the root of all change. Not only did I learn how to advocate for a policy agenda, but I was filled with pride to hear the incredible work that is being done by students and researchers in Texas universities," she said. "After the experiences I had on Capitol Hill, I now know how to empower others to create change. I look forward to carrying out this grassroots campaign and future campaigns in my nursing career."

Prior to going to Washington, Linda was successful in having her resolution "Increased Education to Parents on Liquid Medications to Prevent Medication Error" passed at the Texas Nursing Student Association's annual convention. This statewide organization addresses local and national issues important to nursing students and promotes professionalism and leadership.

"Nursing is about not taking the easy way out. We need to ask ourselves, 'How can we get the best outcomes for our patients?'" Linda said. "As nurses, we'll not only be helping shape what health care looks like, we'll be leading that change in hospitals and even boardrooms."

# POLICY IS THE ROOT OF ALL CHANGE



# Dean Alexa Stuifbergen, Professor Lorraine Walker Honored by Prestigious International Society



**A**lexa K. Stuifbergen, PhD, RN, FAAN, dean of the UT Austin School of Nursing, James Dougherty Centennial Professor; and Lorraine O. Walker, EdD, MPH, RN, FAAN, Luci B. Johnson Centennial Professor, were two of only 23 nurse researchers from Australia, Canada, Finland, Taiwan, the United Kingdom, and the United States inducted into the Sigma Theta Tau International

Nurse Researcher Hall of Fame during the organization's 28th International Nursing Research Congress in Dublin, Ireland.

Created in 2010, the International Nurse Researcher Hall of Fame recognizes nurse researchers who have achieved significant and sustained national or international recognition and whose research has improved the profession and the people it serves. The honorees'

research projects will be shared through STTI's Virginia Henderson Global Nursing e-Repository, enabling nurses everywhere to benefit from their discoveries and insights.

Alumna Mary Lou Sole (PhD '87), PhD, RN, CCNS, FAAN, FCCM, dean and Orlando Health Endowed Chair in Nursing at the University of Central Florida School of Nursing, was also inducted.

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## Recent graduate saves a life

On Mother's Day, May 14, 2017, Josh Ruiz (BSN '17) gave one mother the best present ever: the life of her child. On that day, a small child was pulled apparently lifeless out of Josh's neighborhood community pool.

"I heard shouting and turned around and saw what I hope to never see again: a lifeless little girl being pulled from the pool," Josh said. "I responded immediately and found her not breathing and without a pulse. My heart sank and my first thought was, 'This is real!' I began child CPR and after a few cycles, she began to have chest expansion and breathe!"

Little Isabel was rushed to the emergency room, where health care personnel managed to stabilize her. Fortunately, her

hospital stay was brief, and she returned home soon afterwards.

"I recently got to visit Isa at home," Josh said. "She has fully recovered — no brain damage! — with only a cough from the water in her lungs. But that didn't stop her from pummeling me with pillows! She calls me her hero. Some say I saved her, but in all honesty, I was banking on a prayer and a God who saves. I also credit my speed simulation lab experience at UT Austin School of Nursing for helping me remain calm in such an intense situation."

Later that week, Josh and approximately 100 other undergraduate students received their diplomas. A few days later, he was commissioned as an ensign in the U.S. Navy and shipped out for his first assignment at

the U.S. Naval Hospital in Guam.

"My instructors at the School of Nursing left a handprint on my life, and now I will provide care and leave a handprint on so many patients' lives," Josh said. "Nursing is a wonderful profession!"

The School of Nursing's simulation lab is supported by a \$150,000 grant from the Texas Higher Education Coordinating Board under the Nursing Innovation Grant Program: Building Lab and Simulation Capacity. The lab provides students the experience they need to master nursing knowledge and skills. Linda Carpenter, former associate professor of clinical nursing, and Leigh Goldstein, assistant professor of clinical nursing, are the primary investigators for the grant.



# Classroom Renovation: When plans come together

— Rob Bacchus



1970's era — When avocado-colored upholstery was cool



21st century classrooms

For years there had been a growing awareness that the five highly utilized classrooms on the first floor of the School of Nursing were optimal for one thing — very traditional lecture-style classes. In fact, they were the definition of “old school.” This inflexibility prevented students and faculty from doing what the school is nationally known for — innovating.

“Although the nursing building is physically sound, its static, theater-style classrooms have hindered our ability to use the latest technology and adequately support group work,” said Alexa Stuijbergen, dean of the School of Nursing.

State of the art in the mid-1970s when the building was constructed, it was clear that a renovation was needed for these classrooms to meet the educational mission of the school. Over a period of several months, a thorough

process to assess the needs of students and faculty and to develop architectural plans to address them was conducted. When the final price tag for the classroom renovation project came in at \$3.3 million dollars, there was no doubt that help from alumni and friends would be needed to make it a reality. Fortunately, in the fall of 2016 a plan was coming together and soon help would be on the way.

Through the careful allocation of resources by Dean Stuijbergen and funding from UT Austin, the

project was making progress, but a significant factor in moving this renovation to reality was the support of the St. David's Foundation. An Austin-based charitable nonprofit committed to building healthy communities and a long-time supporter of the School of Nursing, they awarded a \$950,000 grant toward the renovation. However, even with this award, a \$310,000 gap still remained, and this is where the generosity of the alumni and friends really became evident.

At the fall 2016 meeting of the School of Nursing Advisory Council, members of the council, with the leadership of Chair Mike Oldham, agreed that hitting the fundraising target for renovation by the February deadline was the highest priority. Every member of the Advisory Council generously supported the project, but one member had an even bigger idea. Pat Blandford (BSN 1972), along with her husband Joe, decided to issue a challenge to help move the renovation over the finish line. They would match, dollar for dollar, donations to meet the goal.

According to Mrs. Blandford, “The matching challenge was intended to stimulate participation because the School of Nursing's physical environment is so important to the educational experience.”

And encourage participation it did! Within a few months, hundreds of alumni and friends had come forward with generous donations needed to meet the match and achieve the goal. This allowed the renovation to begin immediately after the last day of spring classes in order for the classrooms to be ready at the start of the fall 2017 semester.

As one of the top schools of nursing in the country at the state's flagship institution, the UT Austin School of Nursing is fortunate to have such a broad range of support. Individuals, foundations, alumni and friends all contributed to making this much-needed project a reality. As we look ahead to the important role the school will play in transforming health care within the state and beyond, there can be little doubt this community has made and will continue to make all the difference.



# Around the School

## Faculty



**Dean Alexa Stuifbergen** was featured in the 2016–2017 issue of Creighton University College of Nursing's magazine Progress Report.



**Leigh Goldstein, PhD, RN**, assistant professor of clinical nursing, and the UT Austin School of Nursing have received a \$200,000 grant from the Texas Higher Education Coordinating Board under the Nursing Innovation Grant Program: Building Lab and Simulation Capacity. The grant program seeks to encourage the development and expansion of nursing skills and simulation lab capacity and to shift clinical hours from traditional patient care clinical situations to lab and simulation activities.



**Tracie Harrison, PhD, RN, CS, FGSA, FAAN**, professor; and **Bo Xie, PhD**, associate professor, were inducted as Fellows in the Gerontological Society of America. The Fellowship is the Society's highest class of membership and serves as an acknowledgment of outstanding and continuing work in the field of gerontology.

Dr. Harrison was named an ambassador of the Friends of the National Institute of Nursing Research, an independent nonprofit group that advocates for and advances nursing science in the name of promoting the health and wellbeing of all Americans.

Dr. Harrison was also appointed to the Health Care Utilization and Adults with Disabilities Committee at the National Academies of Science and Engineering and Medicine in Washington, DC. She is the sole nurse on the committee.



**Sheryl Innerarity, RN, PhD, FNP, ACNS**, associate professor of clinical nursing, was inducted as a Fellow of the American Association of Nurse Practitioners (AANP). Dr. Innerarity is division chair for the Advanced Practice Registered Nurse Division at the School of Nursing. AANP is the largest full-service national professional membership organization for NPs of all specialties.

Dr. Innerarity is division chair for the Advanced Practice Registered Nurse Division at the School of Nursing. AANP is the largest full-service national professional membership organization for NPs of all specialties.



**Elizabeth Ann Loika, DNP, PNP, FNP**, associate professor of clinical nursing and director of the UT Austin School of Nursing's Family Wellness Center, received the prestigious TNA District 5 Fabulous 5 Nurses of Central Texas Award.

Dr. Loika received the prestigious TNA District 5 Fabulous 5 Nurses of Central Texas Award.



The Kiel Colon Cancer Foundation has received the David Jagleman Award from the American Society of Colon and Rectal Surgeons. The nonprofit

was co-founded by **LaTashia Kiel, MSN, RN** and clinical instructor, and her husband George Kiel to honor his mother, who was diagnosed with stage 4 colorectal cancer and died in 2014.



**Cara C. Young, PhD, RN, FNP-C**, and doctoral student **Amanda J. Simonton, BSN, RN**, are co-authors of "Closing in on Crisis: Informing Clinical Practice Regarding Nonsuicidal Self-Injury in Youth" published in the *Journal of Pediatric Health Care*, which received the President's Choice designation.

Amanda also received an American Psychiatric Nurses Association Board of Directors Scholarship, which provides funding to students interested in psychiatric-mental health nursing to attend the association's 31st Annual Conference, Oct. 18–21, 2017, in Phoenix, Arizona.



**Janet Morrison, PhD, RN**, received the 2017 Writing Excellence Award for her article "Predictors of Fatigue Impact in Persons with Long-Standing Multiple Sclerosis" published in the *Journal of Neuroscience Nursing*.



**Gayle Timmerman, PhD, RN, CNS, FAAN**, associate dean for Academic Affairs and associate professor, was inducted into the Distinguished

Fellowship of the National Academies of Practice in Nursing (NAP). NAP is a nonprofit organization that advises governmental bodies on the nation's health care system.

Dr. Timmerman was also named to the Board of Trustees of the CNS Institute, a new charitable arm of the National Association of Clinical Nurse Specialists established to develop and promote education, innovations in clinical practice, and scientific research to advance the clinical nurse specialist role and improve patient care.



**Linda Yoder, PhD, MBA, RN, AOCN, FAAN**, associate professor; and **Patricia Carter, PhD, RN, CNS**, associate professor, won Best in Category for their poster "Sleep Disturbance Experienced by Military Burn Survivors" at the American Burn Association's 2017 Annual Meeting in Chicago.



**Alexandra Garcia, PhD, RN, FAAN** was named inaugural director of Community Engagement and Public Health for the Department of Population

Health at Dell Medical School. She will draw on her experience in public health research and education to create partnerships in the community and develop strategies to transform the community health infrastructure and serve the varying needs of diverse populations.

# Around the School



**Jane Dimmitt Champion  
PhD, DNP, FAAN, FAANP,**

is leading Semester Plus: Global Health in Sydney, a program giving students the opportunity to explore

culture, health care systems, and global health concepts. The program includes an intensive three-week course on the Australian health care system during the summer and a full semester during the fall at the University of Sydney. Students also enroll in Applied Cultural Analysis, an online seminar to develop crucial skills for the global marketplace.

## Students



**Whitney Thurman,  
MSN, RN,** doctoral candidate, was awarded a 2017 Southern Nursing Research Society Dissertation Research Grant. The

\$5,000 award will be used to fund her dissertation study "A grounded theory study of adults with disabilities in rural communities."

## Retired



**Linda Carpenter, PhD,  
RN, CNE, FAAN,** assistant dean for Undergraduate Programs



**Gerri Hoffman, RN,  
MSN, AH-CNS,** instructor in clinical nursing



**Deborah Volker, RN,  
PhD, AOCN, FAAN,** associate professor Emerita

## Alumni



**Ashley Henneghan,  
PhD (2017), MSN, RN,** presented her study "Executive Function and Emotional Distress Prior to Breast Cancer Treatment"

at the International Neuropsychological Society biannual meeting.



**Mary Wakefield, MSN  
(1978), PhD (1985), RN,  
FAAN,** was awarded the 2016 Health Care Leader Award by the American Academy of Nursing. The

Academy's decision to present the award for only the second time in its history rests upon the extraordinary contributions Dr. Wakefield has made to improving health and health care for individuals, populations and the nation. Dr. Wakefield was appointed head of the Health Resources and Services Administration of the U.S. Department of Health and Human Services by President Barack Obama and served until recently as Acting Deputy Secretary of Health and Human Services. She is the first nurse to serve in this leadership position. The American Academy of Nursing's Health Care Leader Award was given once before in 2008 to then Arizona Governor Janet Napolitano who went on to become U.S. Secretary of Homeland Security under President Obama.



**April Watkins (MSN  
2010)** received the Frist Humanitarian Award from the HCA Physician Services Group.



**Jill E. Bormann, PhD,  
RN, FAAN (MSN 1982),** was named an Academy Edge Runner by the American Academy of Nursing for the Mantram Repetition

Program: Mind-Body-Spiritual Approach to Symptom and Stress Management.



**Cecilia Lopez, RN, BSN  
(2017) and Joshua  
Ruiz, RN, BSN (2017)**

were recently highlighted in an end-of-year video "Dear Longhorns: A letter of memories, advice and thanks from the graduating class of 2017 to the Longhorn community." You can view the video by entering this link into your Internet

browser: <https://news.utexas.edu/2017/05/09/dear-longhorns>

Cecilia was also featured in *The Alcalde* magazine this spring. You can read her story by copying this link into your browser: <https://alcalde.texasexes.org/classof2017/>



***Through the Eyes  
of Nursing:  
Educational Reform at the  
University of Texas School  
of Nursing, 1890-1989***

By **Barbra Mann Wall** and **Billye J. Brown**

This book tells the complicated story of the transformation of nursing education at The University of Texas at Austin School of Nursing as it progressed from a training school within a medical center that granted diplomas to a fully integrated university program that awarded PhDs within one of the largest public universities in the United States. The origin and growth of the UT Austin School of Nursing is analyzed within the broader context of the factors that shaped nursing in the United States during the twentieth century. As political and professional changes in nursing occurred, the faculty at the School of Nursing played a critical role in coordinating programs, educating nurses, and supplying nursing faculty across the state of Texas and the United States between 1890 and 1989.



# Annual Giving Goes the Distance

**NAMED FOR THE ICONIC LAMP** carried by Florence Nightingale, the Golden Lamp Society was established to foster a tradition of annual giving for The University of Texas at Austin School of Nursing. By recognizing individuals who make a yearly gift to the School (exclusive of planned and foundation giving), the Society honors philanthropic investments to the future of nursing. To learn more about making a gift, visit [nursing.utexas.edu/support/ways\\_golden.html](http://nursing.utexas.edu/support/ways_golden.html)

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