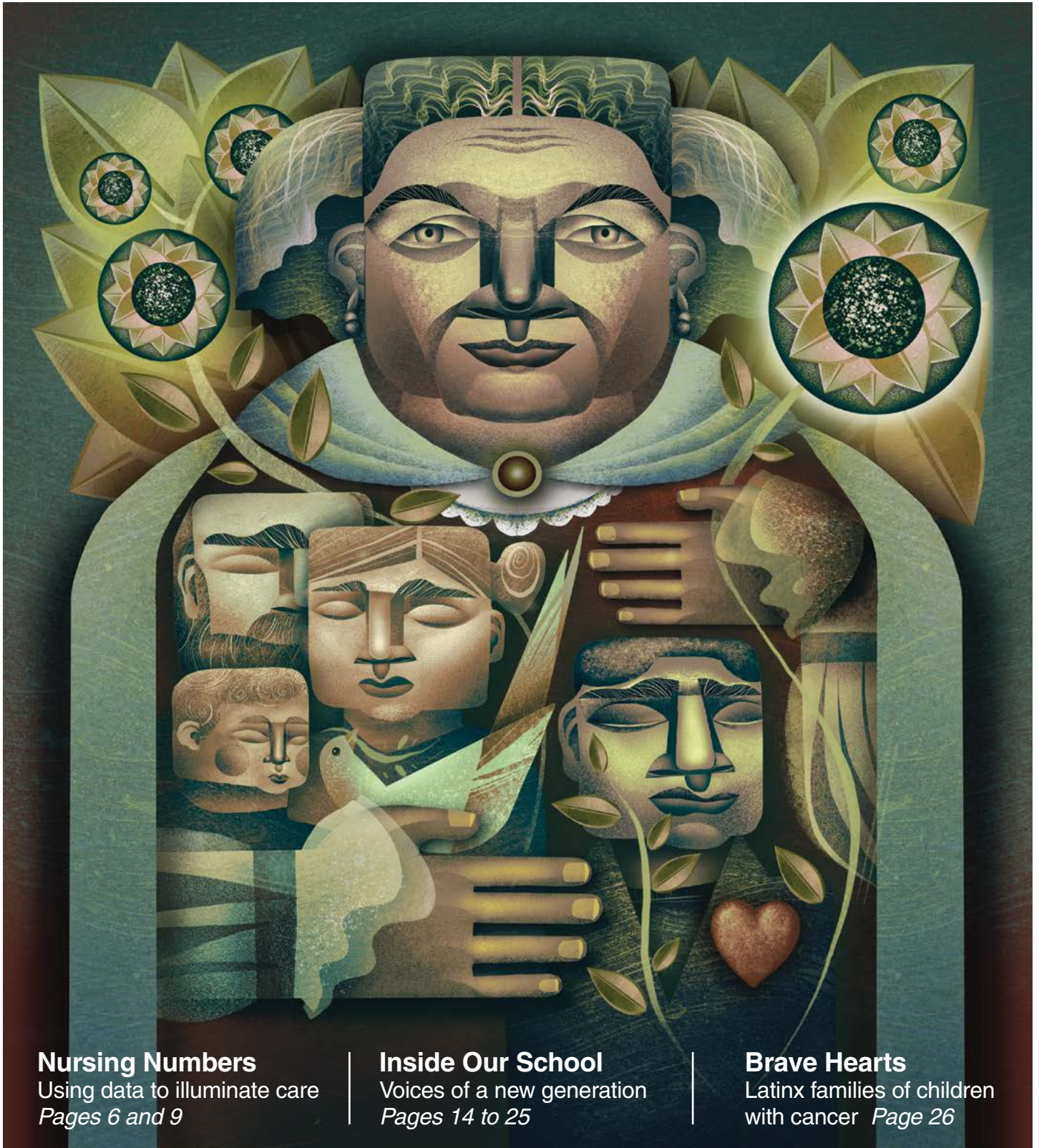


Humanitas

THE SUE & BILL GROSS SCHOOL OF NURSING MAGAZINE, UNIVERSITY OF CALIFORNIA, IRVINE



Nursing Numbers

Using data to illuminate care
Pages 6 and 9

Inside Our School

Voices of a new generation
Pages 14 to 25

Brave Hearts

Latinx families of children
with cancer *Page 26*



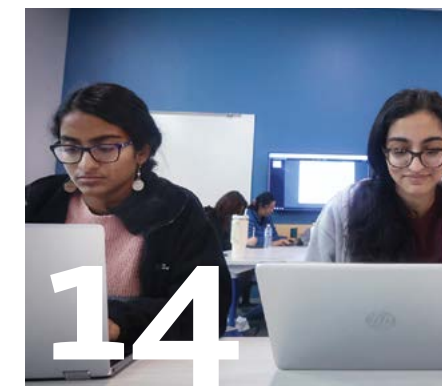
features



Count Us In
The critical role of nursing informatics in the healthcare data revolution



Courageous Corazones
Supporting an underserved community caring for children with cancer at home



Teaching Nursing... Learning Nursing
You don't need state-of-the-art facilities to teach nursing...but it helps! *PLUS* Our nursing students speak for themselves

DEPARTMENTS

4 What's in a Day?
Brooke Baldwin, Chief Nursing Executive for UCI Health, runs us through hers

30 Alumni Impact
Four of our alumni leading the field

6 Focus on Faculty
Assistant Professor Nakia Best uses nursing informatics to show why school nurses matter so much

33 Happenings
Recent achievements of Sue & Bill Gross School of Nursing faculty

34 Fact File
Our history and profile in dates and figures

Editor
Leonie Gombrich

Designer
Vince Rini Design

Illustrator
Sara Tyson

Photographers
Carlos Puma
Steve Zylus

Operations Manager
Kathryn Hoffman

Finance Director
Chuck Villanueva

Printing
Lithographix

Dean
Mark Lazenby

UCI Sue & Bill Gross School of Nursing

University of California, Irvine
Sue & Bill Gross Nursing and Health Sciences Hall
854 Health Sciences Road
Irvine, CA 92697-3959
nursing.uci.edu

On the cover: Sara Tyson's illustration of a powerful and protective figure is inspired by pioneering nurses Mary Seacole and Florence Nightingale, by the figure of Liberty in New York Harbor and Emma Lazarus's poem inscribed on its base, and by the light shed by nurses everywhere.

Welcome

W

Welcome to *Humanitas*, the new biannual magazine of the Sue & Bill Gross School of Nursing.

As the second ever dean of the University of California's youngest nursing school, I was drawn to take up this role a year ago by the scale of ambition I encountered at this small but mighty organization. Nursing is a profession fueled by the human desire to help, to protect and restore the most vulnerable in our society, and to care for every one of us when we ourselves are vulnerable. At the Sue & Bill Gross School of Nursing, the determination of faculty, staff, and students to tackle issues of health equity and injustice, including climate and racial injustice, epitomize, for me, the very heart of our shared profession. The title of our magazine, *Humanitas*, reflects the scale of ambition that drew me here.

In this inaugural issue, we have thrown wide our doors to introduce some of the faculty, students, colleagues and alumni associated with the school, now located in a new, purpose-built home on campus in Irvine. I hope you will enjoy hearing their many voices and reading about some of the important and forward-looking work they are doing: using informatics to bring the power of data to bear on the provision of nursing care; working with local communities to tailor culturally appropriate care for sick children at home; deriving new and better ways of gaining experience for each new, and greatly needed, generation of nurses.

I hope you will find in each example a little splinter of light in what, as is so frequently expressed these days, are dark times for our profession, and for far too many of our fellow citizens in the United States. For the power of nursing has always been to shed light in darkness, and there has never been a time when that light-giving power was not needed – for nurses themselves, and for all those whom we care for.

Come join us – we're very happy to meet you.

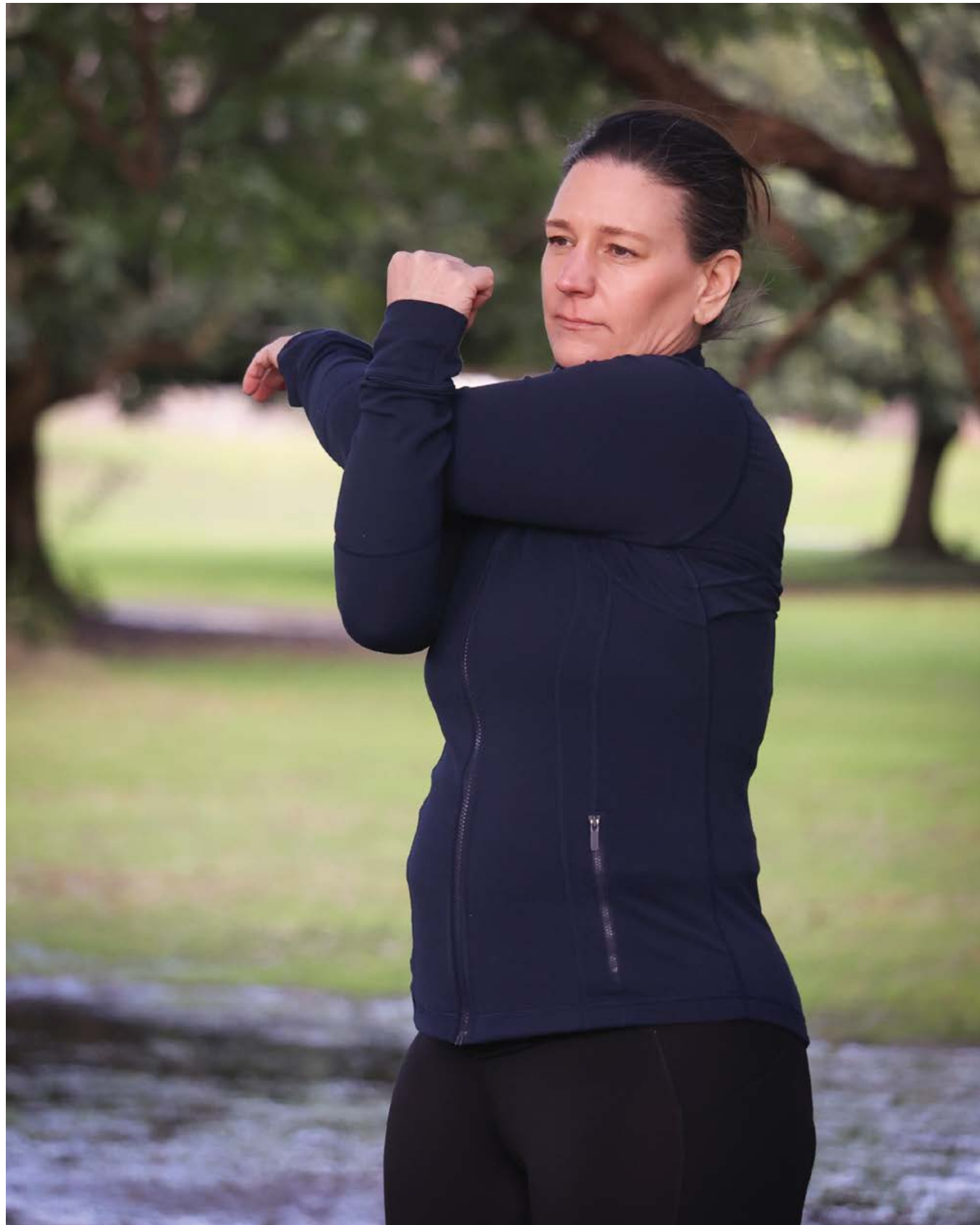


Mark Lazenby, PhD, RN, FAAN
Dean and Professor



The Sue & Bill Gross School of Nursing is housed in purpose-built premises on the campus of the University of California, Irvine. The school was founded in 2017 thanks to a \$40 million dollar gift from the William & Sue Gross Family Foundation, and moved into its new building in November 2022.

What's in a Day?... Brooke Baldwin



Humanitas caught up with **Brooke Baldwin**, DNP, RN, NE-BC, when she was Chief Nursing Executive for UCI Health, with operational responsibility for more than 2,500 fulltime equivalent co-workers and 14 business units at the 459-licensed bed Magnet[®] facility. The role includes a shared vision with the Sue & Bill Gross School of Nursing for education, research, and nurse leadership. Brooke took up the position in 2020, after five years at Keck Hospital at USC, in Los Angeles, having previously held a series of nursing and management roles at UCI Health.

I don't set an alarm. My natural body clock wakes me up between 4:00-5:30 a.m. I've committed to take care of myself, so I do 30-40 minutes of exercise every day. I walk, jog or do yoga, and I'll have tea or something.

Making my own food is part of the commitment to my health. Typically, I don't eat breakfast till midmorning, so I bring food to work – maybe oatmeal, or eggs and green vegetables. I made this commitment two years ago and I've noticed a big difference.

Is there a typical workday? Yes and no. Each day I focus on different things according to schedule, but I always have an awareness of the same big picture. It involves three things: First, what we're trying to achieve in terms of patient quality and safety. Second, my coworkers (which is what employees at UCI Health are called). What are they experiencing? Are we meeting their needs? And third, finances. Even if I'm deep in the minutiae, these things – the big bucket ideas – form the backdrop to all my thinking.

I work on site every day, and I walk around every chance I get. Out of a workforce of around 1,500 nurses, between 400-500 will be on site at any time. Even though many of my meetings are on Zoom, I need to be interacting.

I get to work at 7:30-8:30 a.m., and I'll have scanned my emails, checked for reports of any safety events, and be ready for the interdisciplinary clinical operations huddle that happens at 8:30 each morning.

Nurses are the glue. I have 10-20 meetings a day and most of those meetings will be groups we need to bring together. A lot of our work is in teams.

You can't have beds open without nurses. Having beds open brings in revenue and means care is available 24/7. Today I have a "Powered for Growth" meeting, where nurses look at the financial picture of a department. The CFO attends, as does the COO, and the Chief Strategy Officer. If there are financial issues, we come with a lens to help nurses understand what those are, and we work out what needs to be done to get back on budget. It's very collaborative, very supportive.

Once a month, we have a shared governance day with the Research Council and the Sue & Bill Gross School of Nursing. It's for decision-making. The clinical education department will attend. We'll look at evidence-based practice; we'll interpret data coming in from frontline nursing staff and look at where that can be turned into research projects for nurses at UCI Health.

What does a great day at work look like? When there's evidence that we're making progress towards our organizational goals. For example, we've been promoting RNs and physicians rounding together. The results show improvements in the nurses' education, in patient experience, and in the physicians being more engaged and present. This is work we've spent months designing.

It's great to be able to give recognition, to see the accomplishment and to share the excitement.

In reality, I'm on call 24/7. My day never ends! But I leave work at 5:00-6:00 p.m. I'm in bed by 8:30 p.m.

To relax, I'll listen to music – any music! Reggae is my favorite. I dance in my kitchen. I don't find cooking relaxing at all – I hate it! But I do it anyway. And I read before bed.

I've usually got two books on the go: one fiction, one nonfiction. I love suspense novels: something with psychological drama. The nonfiction book is usually something that informs my thoughts about leadership. Right now I'm reading *The Persuaders: winning hearts and minds in a divided age* by Anand Giridharadas.

I do my deep thinking on the weekends. I like to take really long hikes. That's when I sort through my work challenges, vision, strategy – the big ideas. ✨

On February 5, 2023, Brooke joined the Oregon Health & Science University as the vice president and chief nursing executive and as associate dean of clinical affairs in the OHSU nursing school.



Focus on Faculty

The Secret Significance of School Nurses



"If kids aren't healthy, they can't learn."

UCI Assistant Professor Nakia Best doesn't tend to exaggerate: when she makes a statement, she has the data to back it up. A self-confessed data-nerd with a nursing PhD from UNC Chapel Hill and a post-master's degree from Johns Hopkins University in health informatics, she is passionate about translating the story that the data-based evidence tells.

"When school nurses are in the building, kids are healthier," she explains. "The goal is for kids to have medical access to a nurse every day. That's not the case in the United States, where 25% of schools have no nurse."

Best never expected nor planned to find herself an expert on the relationship between the availability of school nurses and educational outcomes

for students. This area of research came to her by chance, when she was introduced to an exceptionally rich trove of data relating to school nursing in North Carolina, where she grew up and spent two decades of her career.

Best's practice had been as an ICU nurse in cardiothoracic surgery but, she says, "I've always been interested in how we're using tech to improve healthcare." She'd already left ICU nursing for teaching and research when, after her post-master's, her question became, "Was there a way to marry informatics with critical care?" The initial focus of her PhD was to do with ways to improve nursing information capture in the electronic health record.

Best's mentor, however, introduced her to North Carolina's supervisor for school nursing, who had come to a healthcare community meeting looking for help. The state's Department of Health & Human Services had been painstakingly collecting data about school nursing since the 1990s, and no one had ever put it to good use. Best laughs about her own reaction when her mentor first put her forward as a possible candidate: "I knew NOTHING about school nursing. I hadn't worked with kids. I never worked in pediatrics. I don't have kids. My parents said that even when I was a kid, I was a little adult!"

Nonetheless, she recalls, "I left that meeting thinking, 'I've got to do this!' The data was mesmerizing."

What that data told Best about school nursing in North Carolina became the subject of her PhD. Looking specifically at children with the chronic health conditions of asthma and diabetes, she found that "the presence of the school nurse reduced the number of days missed; it increased children's ability to manage their own conditions. There's also lots of evidence of how much of the principal's and teachers' time is saved when there's a nurse around." She points out that, "Schools are charged with providing a safe environment for kids, and nurses help do this." Kids missed less school not just because they were less ill, but because parents were able to trust that the school was a safe place for their child to be.

On completing her PhD, Best still had questions about the experiences of school nurses and their impact on communities. But changing topics part-way through her PhD meant that she'd spent six years researching and writing, and she was exhausted and in need of a chance to recharge. She returned to teaching at University of North Carolina, Greensboro, where she'd done her initial master's degree in nursing education.

"I always liked teaching new nurses," she says, again recalling a childhood trait. "My parents told me, 'You love teaching!' When I was a kid, I would literally sit my sister down and get a blackboard and teach her math from my grade. She'd be doing 5th grade math when she was in 1st grade!"

For someone who is a born educator, researcher and, increasingly, a leader in her field, Best's account of her career is full of self-deprecating humor, and frequent attributions of her progress to happenstance rather than her own skills and talent. She's frank about the difficulties of retaining confidence and motivation at times, and is quick to credit others – her mentors, her colleagues and family – for her successes: "I'll try anything," she says, "because my parents always

Focus on Faculty

said, "Try it! If it doesn't work out, you can always come home and regroup." Yet, demonstrably, it is indeed her ability, her approach and the quality of her output that have created widening demand for her work.

She wasn't looking for a new job when Adey Nyamathi, the founding dean of the Sue & Bill Gross School of Nursing, got in contact to see if she would be willing to interview at UCI: the dean was seeking faculty with Best's specific skills. "I still to this day don't know how she found me," Best recounts. "It was Sunday and I was with my family – we'd been to church and we were having breakfast when I happened to flip through my emails. I thought her message was spam! But we'd heard of UCI because of their basketball team. I looked up Dean Nyamathi and I saw what a scientist she is. I thought: I want to do what she's doing! And... I always wanted to go to California."

“Schools are charged with providing a safe environment for kids, and nurses help do this.”

Best took up her position at UCI in 2019, just weeks before a new disease – Covid 19 – began to make its way across the globe. "Dr. Dan Cooper, a professor of pediatrics who holds several senior roles at UCI, got in touch," she says. "He said, 'We have to help Orange County get ready. No one knows what's going on and everything's changing every day. The community needs our help. How do we help schools prepare?' I knew that school nurses needed to be involved."

Along with "this ragtag group of scientists" who were her colleagues, Best plunged into the emergency, "trying to help figure out who needed to stay home, how, ultimately, we could get the kids back in school. Kids who were vulnerable. Kids in multi-generational households who have vulnerable older people at home. I was pulling together every piece of research I could find and reading, reading, reading." What impressed her

most of all was how "school nurses never stop nursing. They said, 'The schools may be closing, but I've still got my kids!' And I thought, 'I've got to tell their story.'"

More than two years later, Best is immersed in that work, with a study titled, "Covid-19 and the transformation of school nurses and school health services: Re-envisioning school nursing services," funded by a grant from the National Center for Advancing Translational Science of the National Institutes of Health under the UCLA Clinical and Translational Science Institute.

"Covid was bad," she says, "but it was much worse for some people. What I am looking at now, in relation to school nursing data, is overlaying the social determinants of health. Every child has a right to go to school,

even if they have a health condition. Sometimes school nurses are the only access to healthcare that a child has – and nurses are able to connect them to other resources."

She's also completed an analysis of qualitative data about school nurses' own experiences during school closures, and presented the results at conferences of the American Public Health Association, California School Nurses Organization, and American Academy of Pediatrics.

"People talk about moral distress, moral injury," she explains. "When you think, 'I know what needs to be done, I know the right thing to do, but something is stopping me from being able to do that thing.' I wanted to share what it's been like for school nurses. I want people to know what they've been doing."

In Orange County, school nursing is coordinated under the Department of Education, rather than under the Department of Health & Human Services as it is in North Carolina. In both instances, as elsewhere across the US, funding for school nurses is typically provided by individual school districts. Best is well aware of the complexities involved in bringing about change, given that "There's always a nurse shortage! You've got to train them and hire them...what are the budgets for that?" But the first step, she says, is in raising awareness of what having a school nurse can mean for children in the first place.

"Parents are pretty powerful in getting school boards to make decisions," she argues. "More affluent schools have better nursing coverage – but they need it less. Do you even know if there's a nurse in your child's school building? I'd rather you knew before tragedy occurred."

Nurse-leader and health informatics expert Nakia Best doesn't tend to exaggerate. Perhaps school districts across the US should take note – and increasingly, as her work continues, they will. ✨



Count Us In

The transformation of healthcare through use of **informatics** is gathering speed, and nurses have a vital role to play.

It is unlikely to be news to anyone in the United States that we are living through a data revolution. As more and more of our routine tasks and activities move online or are undertaken via our phones, most people understand that their numerous small, daily actions, interactions, proximity and location all contribute data to systems that have the capacity to retain, combine, analyze and learn from them as never before. Such massive datasets provide the fuel that powers modern informatics: the increasingly sophisticated use of computers to understand, personalize, organize and predict human behavior and its results.

Compared to other industries, healthcare has been relatively slow to make use of the vast potential of informatics, but that gap is now closing rapidly. At universities across the US, health informatics is one of the fastest-growing disciplines. Tom Andriola is Vice Chancellor, Information, Technology and Data, and Chief Digital Officer, at the University of California, Irvine, and identifying how the institution can be strategic about data is an issue that concerns him daily.

“At UCI, we’ve taken a unique approach to how we think about data,” he explains. “It is more than an asset; it’s a way of thinking about how we can expand our mission for research, education, and patient care. How can we use data to facilitate the right people coming together for better patient insights? How do we enable nurses, clinicians, researchers, and data scientists to leverage the power of data and create an environment that allows transdisciplinary experts to work together for new scientific discovery, and increased quality of care?”



Jung In Park and Amir Rahmani are frequent collaborators on nursing informatics projects.



Tom Andriola, Vice Chancellor, Information, Technology and Data, and Chief Digital Officer, at the University of California, Irvine.

Quality of care was very much the motivation behind nurse researcher Jung In Park’s initial engagement with nursing informatics. Now an assistant professor at the Sue & Bill Gross School of Nursing, Park was originally an operating room nurse in a transplant unit in Seoul, South Korea. She gained her PhD in nursing informatics at the University of Minnesota, where her work concerned care factors affecting incidence of hospital-acquired Catheter Associated Urinary Tract Infection (CAUTI) – an extremely common problem among intensive care unit patients that can delay their discharge from hospital or cause their readmission soon after their return home.

Using data on nurse staffing – such as the percentage of registered nurses with specialty certifications, their education level, the skill mix, and total nursing hours – Park was able to identify that higher levels of specialty nursing certification among nursing

staff, and more nursing hours per patient-day, were associated with lower incidence of CAUTI. In addition to previously known factors, the implied knowledge of the better qualified nurses shone through the data.

Park developed a highly accurate predictive model that could identify a patient at risk of CAUTI, enabling hospitals to provide the necessary nursing interventions in advance. She explains that “CAUTI is a useful indicator of patient experience but it is just one measure. Similar studies could be used to identify factors affecting many different nursing-sensitive outcomes.”

“I’m a nurse,” says Park, now a decade into her career as a nursing informatician, “and I have a nurse’s point of view. CAUTI is one of the concerns that nurses have, because it is associated with nursing care.”

This very first example of Park’s work demonstrates a key feature of nursing informatics: its potential to unpack the mystery of care. People who are, and who feel, cared for have – statistically speaking – better health outcomes and, ultimately, longer lives than those who do not. This phenomenon is widely acknowledged yet, despite extensive literature on the observable results, its causes and components have historically been seen as opaque. The intangible but appreciable benefits of “good care” remain hard to discuss empirically.

Randomized controlled trials, the gold standard of proof in healthcare, are rarely ethical or practical when it comes to testing what matters in terms of nursing care. Nurse researchers, whether arguing for change or seeking funding, often have to base their case on qualitative research. As Park’s work exemplifies, however, those opaque aspects of the care relationship are revealed in the vast datasets made available through modern electronic record keeping.

Park’s post-doctoral research at Stanford University involved developing a predictive model for the health outcomes of prostate cancer patients – specifically, to support patients and clinicians in making informed,

individualized decisions as to whether to opt for treatment or active surveillance in the management of their cancer. Researchers such as Park test their initial analyses by creating new predictive models that are themselves measured against existing models and incoming data. Machine learning uses such comparisons and further incoming information to continue to refine the accuracy of the model. Because nurse informaticians are still rare, much of this work – if it is done at all – is currently designed by computer scientists. That’s why Park insists, “It’s time for nurses to jump in. I want to see nurses leading these efforts. Clinical problems don’t need binary answers! Nurses will be the ones using this technology in their jobs, and nurses see what really matters to people. That is absolutely missing in the development of AI unless nurses are involved.”

Introducing nurses to informatics comes with its own challenges, however, particularly in the early stages of training. As Andriola puts it, “people didn’t become a nurse to do a lot of advanced stuff with data. The challenge is how do you give them enough data literacy to help them to deliver the best care to the patient and practice at the top of their license.”

A key collaborator on campus is Amir Rahmani, a joint associate professor at the Sue & Bill Gross School of Nursing and the UCI Donald Bren School of Information and Computer Science. Rahmani, a computer engineering graduate from the University of Tehran in Iran, explains that he was “always interested in applying what I do to real world problems.” At UCI, he is a founding member of the Institute of Future Health, which opened in 2021. The IFH operates independently of any other school on campus, and exists specifically to promote interdisciplinary collaboration and learning between the schools of health sciences and of computer science and engineering. Faculty members of all these schools are members of the IFH, too.

Rahmani is involved in a dizzying number of healthcare and research projects in the US, but nonetheless continues to work on a long-term public health scheme run from the University of Turku in Finland, where he first became involved in nursing informatics. This project, founded in 2016, uses mobile technology to monitor the physiology and wellbeing of expectant mothers and provide appropriate individual support via public health nurses and community

“Keeping people healthy is a business opportunity.”

It’s an issue that UCI is tackling proactively and with energy. The close interdisciplinary tradition of the campus has translated naturally into opportunities to pair experts from health sciences and computer science at every level, from graduate researcher to professor. Park herself continues to work on predictive models for cancer, using data from the National Cancer Database, but is simultaneously involved in multiple collaborations with nursing colleagues, across disciplines and between organizations.

workers. With the Finnish project still underway, Rahmani came to UCI in 2018 and approached the school of nursing to find a collaborator, having secured National Science Foundation backing for a similar scheme for underserved pregnant mothers in California.

Rahmani is animated by the potential of informatics to spread the benefits of tailored, evidence-based healthcare to all people. He sees some of the current challenges to do with storing and using personal data melting away with each new generation of both patients and nurses. Although the anonymized data that researchers work with today is an unprecedented resource, he points out, there are many purposes for which ditching anonymity will make it more useful still, enabling researchers to create increasingly nuanced and personalized models.

"There are very stringent permissions in place for access to and use of personal data," Rahmani explains, "but when people see the value, they give permission. And younger people aren't bothered. For them, the information is already there, collated by their Apple watch."

It's clearly true that over the last decade, the practice of accessing personal health data has become a routine part of many people's lives. Few of us who use a "wearable" – such as a Fitbit or Apple watch – throughout the day to help increase our step count, monitor our heart rate or record our sleep patterns would be concerned about sharing this information with a clinician to benefit our own health. After all, a desire to stay healthy is usually why we have a wearable in the first place.

The move to relinquish the adamant requirement for privacy is thus likely to be driven by the benefit to the individual of access to completely personalized healthcare. In Andriola's words, the future of health informatics is in supporting "whole person health" that is precisely tailored to the individual, from "deep, acute care, to struggles with chronic disease, to the healthy person who wants to stay that



way." Indeed, the rise of so-called "precision" healthcare has already begun.

A likely evolution, Rahmani suggests, is that "health records will be decentralized, and ownership will move to the user. You will own your own data, and healthcare providers will scan it to gain a full understanding of the person, even between visits."

This vision of a longer, healthier life, based on disorder prevention and early

intervention, has an almost utopian appeal. But what of the danger that the increasing sophistication of precision healthcare for the individual will also increase health inequality at the societal level? If the majority, with the right technology and access to healthcare services, are to be both owners of and participants in the system, will the lives and deaths of the disadvantaged minority slip increasingly from view? How will the data enable

“How do we blend the worlds of technology and data science with the complexities of healthcare?”

researchers to identify the needs of people who aren't included in the first place?

In this, nurses have a critically important role to play. Health equity, the health effects of racism, environmental degradation and the experiences of underserved communities are central themes of nursing research, particularly at the Sue & Bill Gross School of Nursing. Again, it is nurses who are motivated to ensure that the right data is recorded, the right questions asked.

"I am concerned about representation bias," says Park, whose most recent work has been to create a predictive model of cancer survival rates among Black and Hispanic patients, based on national data. A general model already existed, based on the same data, but when Park tested her model against it for Black and Hispanic patients specifically, "it outperformed that model."

"There's an expression in machine learning," she says. "It's, 'Garbage in, garbage out.' The accuracy of the data is very, very important. What has been included in the initial survey of participants? We know that income affects health outcomes; acculturative status, both real and perceived, does, too. And there are many other features of disadvantage that need to be considered and represented. There have to be nurses checking that the research has been properly constructed, looking into the data using a nurse's lens."

Andriola agrees. He sits on the board of a health technology company dedicated to health equity and underserved populations. "Health equity cannot be an afterthought. Nationally, it's a top of the list issue," he says. "With data, we can look at the differences across our patient population, not just in terms of their health but also in how easy it is for them to access the technology. Things we take for granted can't be taken for granted when caring for underserved communities."

As Rahmani points out, the potential of informatics opens up areas for commercial investment that are already proving beneficial in the field.

"Keeping people healthy is a business opportunity," he declares. "The pregnant mothers in our study are from underserved communities. And for example, applications related to mental health can now be prescribed – telehealth, CALM, PTSD counseling, stress management. It's happening."

New sources of funding are always good news, particularly in a field in which, as Park puts it, "The data exists – I'm working at a national level already. There's no limit except money. Eventually, I think informatics will be included in all nursing research that

uses data. Nursing undergraduates are interested in new technology – they're interested in the future."

Andriola's optimism is equally robust. "The question for someone in my job is how do we blend the two worlds – the worlds of technology and data science with the complexities of healthcare. We've seen a lot of effort happening with medicine. But now we are finally seeing the same energy to work with nurses and other health professionals. We're figuring out that multidisciplinary approaches are possible, and we'll get there." ✨

UCI Health

Choosing UCI Health for cancer care gave us mom back.

Visit ucihealth.org/cancer or call 714-500-7891 to schedule a next-day consultation.

BEST HOSPITALS
US News
CANCER 2022-23

NCI
Designated Comprehensive Cancer Center

MAGNET
RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Models used for illustrative purposes.

A photograph of a modern, multi-story glass building with a curved facade. The building features a prominent sign on the upper level that reads "SUE & BILL GROSS NURSING". The sky is blue with scattered white clouds. The building's glass reflects the sky and surrounding environment.

TEACHING NURSING... LEARNING NURSING

On campus at the Sue & Bill Gross School of Nursing

The next generation of nurse leaders is lighting up the new Sue & Bill Gross Nursing & Health Sciences Hall.

Take a tour with us...



“**Simulation** is not a substitute for clinical experience: it’s an addition to the teaching repertoire. It’s a different kind of learning.”

Jocelyn Ludlow, director of simulation at the Sue & Bill Gross School of Nursing, is reveling in the opportunities offered by the school’s brand new 9,500-square-foot simulation facility. She takes obvious delight in demonstrating the simulated hospital teaching environment, the manikin bodies and body parts, the multiple consultation rooms and spacious breakout areas. However, the pedagogic basis of her enthusiasm dominates as she explains the distinct role of simulation in the education of nurses.

“Nurse training has always involved simulation. It’s not about tech,” she says, “although the tech keeps getting more accessible and better. Depending on the scenario, low fidelity tech may be sufficient and the psychological fidelity required is high – think about breaking bad news to the relative of a patient. That’s why sim people always ask: ‘What are your objectives? What do you want the students to learn?’ In a simulated situation they’re not

student nurses – they are the nurses. Students get to show they can make decisions in a learning environment that feels real, but it’s psychologically safe.”

Psychological safety for learners is an important focus of Ludlow’s work and approach. If simulation has changed rapidly in recent years, it’s not necessarily because of technological advances, even though the verisimilitude provided by a state-of-

Above: Jocelyn Ludlow, director of simulation at the Sue & Bill Gross School of Nursing, closely monitors the patient’s vital signs and students’ responses in the simulation lab.





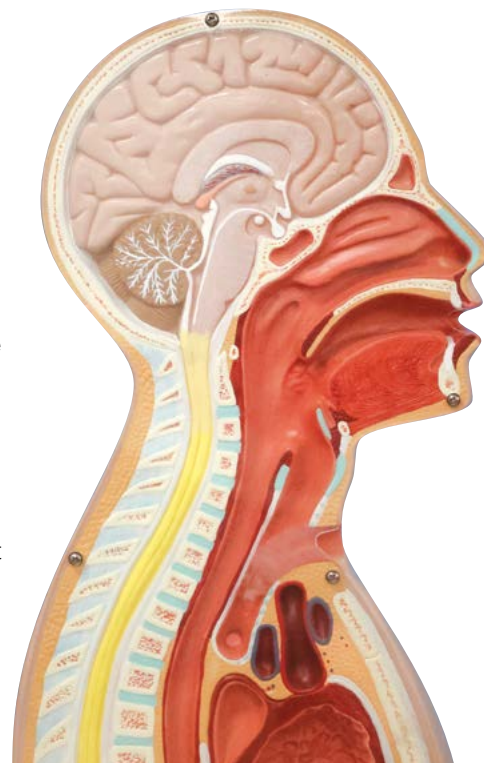
Norma
MS Student

“I’m interested in family practice, and in mental health for underserved communities. There are so many patients here who need someone to communicate their needs to doctors. I want them to be understood.”

Norma’s first degree is in nutritional science, gained in her native El Salvador. When she came to the US in 2007, she didn’t speak English at all. She saw first-hand the need for nurses who are bilingual and bicultural, and decided to pursue a career in nursing rather than nutrition.

want to know which direction to walk in.” She also emphasizes the importance of pre-briefing in helping instructors to adapt their behavior by preparing them for situations in which they feel safe to trust their students. “It’s such a different modality to an instructor who’s used to being in a clinical session with students, where they have to keep them from making the wrong choice.” Analysis of the student’s actions during a simulated scenario comes afterwards, at the debriefing. Again, Ludlow’s approach is always student-centered, as she advises: “Debriefing is where the learning happens – so don’t start lecturing! It’s where you ask, ‘What would you have done differently?’ That’s when you can point out what might have been more effective.”

the-art sim lab is eerily accurate. It’s more to do with changing attitudes and knowledge about how students learn best: a revolution in which Ludlow is pleased to play her part, having co-authored the national healthcare standard of best practice for pre-briefing and simulation design. Pre-briefing, in particular, is her area of expertise, as she explains: “Nursing schools used to ambush learners – drop them into simulated situations and give them a shock. But there’s no harm in being prepared for what’s going to happen! In the end, you’re going to have to make the same decisions, so my focus has been on what will make the students feel safe so they can give their best. And they validate me every time. They identify hidden objectives. They’re able to make their best decisions. They work in teams and learn to be aware of what their colleagues do. Students really dislike the ambush approach – they



“It’s such a different modality to an instructor who’s used to being in a clinical session with students, where they have to keep them from making the wrong choice.”

It’s perhaps no surprise to discover that Ludlow “always intended to be a teacher,” and her original scholastic interest was in literature: she uses her keen sense of narrative every day, and describes setting up simulations as, “telling a story: something is going to happen, it’s going to unfold. It’s like those ‘choose your own adventure’ books.” However, as a young person she opted for nursing and spent nine years as a bedside nurse, mainly in cardiology. “I’ve seen a lot of things,” she says. “I can teach and talk about a thing in its real context.” One day, while working at a military hospital, she heard “screaming – and I went right into the room – I’m brazen! – to see what was going on.” Opening the door, she found herself “in the middle of a full combat medical situation, complete with camo net hanging from the ceiling and a patient with no heartbeat” – and was immediately hooked. She went back to school and began her journey towards becoming a nursing simulation specialist and nationally recognized expert in simulation pedagogy. Having spent two years of the Covid pandemic as a director of simulation in Seattle, Ludlow decided to return to

her native California and the Sue & Bill Gross School of Nursing in part because, she says, “it intrigued me: it’s smaller, it’s more receptive to growth and innovation – and the new building is really something!” Since taking up her role, she has been “blown away by how enthusiastic the faculty are about sim – there’s been a big pivot in attitudes within the nursing profession.” Despite her recognition that simulation represents a different dimension of learning to genuine clinical experience, it’s possible that the circumstances of the pandemic have opened more people’s eyes to the untapped potential of sim. Ludlow comments that, following Covid lockdowns – when finding hospital-based clinical experiences for nursing students presented a massive challenge – schools of nursing across



Rachel
DNP Student

“Nurses lead the charge on so many change projects: if no one can do it, ask a nurse! Nurses will get it done.”

Rachel began her nursing career as an outpatient nurse 20 years ago. She speaks of her “passion” as an advocate for the profession, “spreading the word in the community that nurses are professionals – people think we just do what doctors say!” Rachel has made education and professional development an integral aspect of her working life, the better to serve the patient community.



Marly
BS Student

“Before coming here, I didn’t realize that there was such an emphasis on nurse leaders at the Sue & Bill Gross School of Nursing. I feel empowered by that. I’ve got a sense of wanting to be represented in the workplace.”



Halle

BS Student

“When you come here, everyone’s so smart! I intend to be a nurse midwife and have a midwifery practice, but I’ll explore other options. Seeing what our teachers are doing in our career field is inspiring.”

“Debriefing is where the learning happens – so don’t start lecturing! It’s where you ask, ‘What would you have done differently?’”

the nation relied on earlier findings by the National Council of State Boards of Nursing to allow for more simulation in the clinical education of nursing students. The 2014 study* showed minimal differences between hospital-based and simulated clinical learning experiences.

Furthermore, Ludlow sees considerable “interprofessional potential” in the use of the sim lab, which can just as easily enable ready-qualified professionals to “work side by side with partners in other disciplines” to experience and analyze team behavior as part of ongoing professional development.

“After all,” she points out, “simulation is not just for nursing. Any industry that needs to prepare for safety in low frequency, high risk situations has been using it for years: medical, veterinary, the army, the airline industry.”

From her own attitude to her work, though, it’s clear that Ludlow is, and will always be, a nurse. In summarizing her approach, she recalls a past mentor who advised her to “think of the students as your patients – you’ve got to want them to succeed, to get

better in their own way. Be empathetic and respect that they’re adults.”

She looks around at the rows of hospital beds, the monitors, the manikin patients of differing ages and ethnicities awaiting their treatment at the hands of trainee nurses. “It was a great choice to come here,” she smiles. “I’ve got lots of ideas, and there’s so much to do.” ✨

*Anderson, M., Durham, C., Hooper, J.I., Jeffries, P., Goldman, N., Kardong-Edgren, S. Kesten, K.S., Spector, N., Tagliareni, E., Radtke, B., & Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation* 6(3), 39-42.



Santana

MS Student

“Nurses are advocates for the patient at the bedside but also in the community. At the Sue & Bill Gross School of Nursing, they teach us to go beyond the bedside, to see what we can do in real life scenarios. I’m excited to see where I can go with what we’ve learned.”

Santana graduated from UCLA with a BS in Biology. She had always known that she wanted to go into healthcare – in part because, growing up, she had helped care for her grandmother, who had Alzheimer’s disease –but had assumed that this would be via a career in medicine. Already an active member of the League of United Latin American Citizens in her small hometown, it was the nurse’s role as advocate that attracted her to nursing.

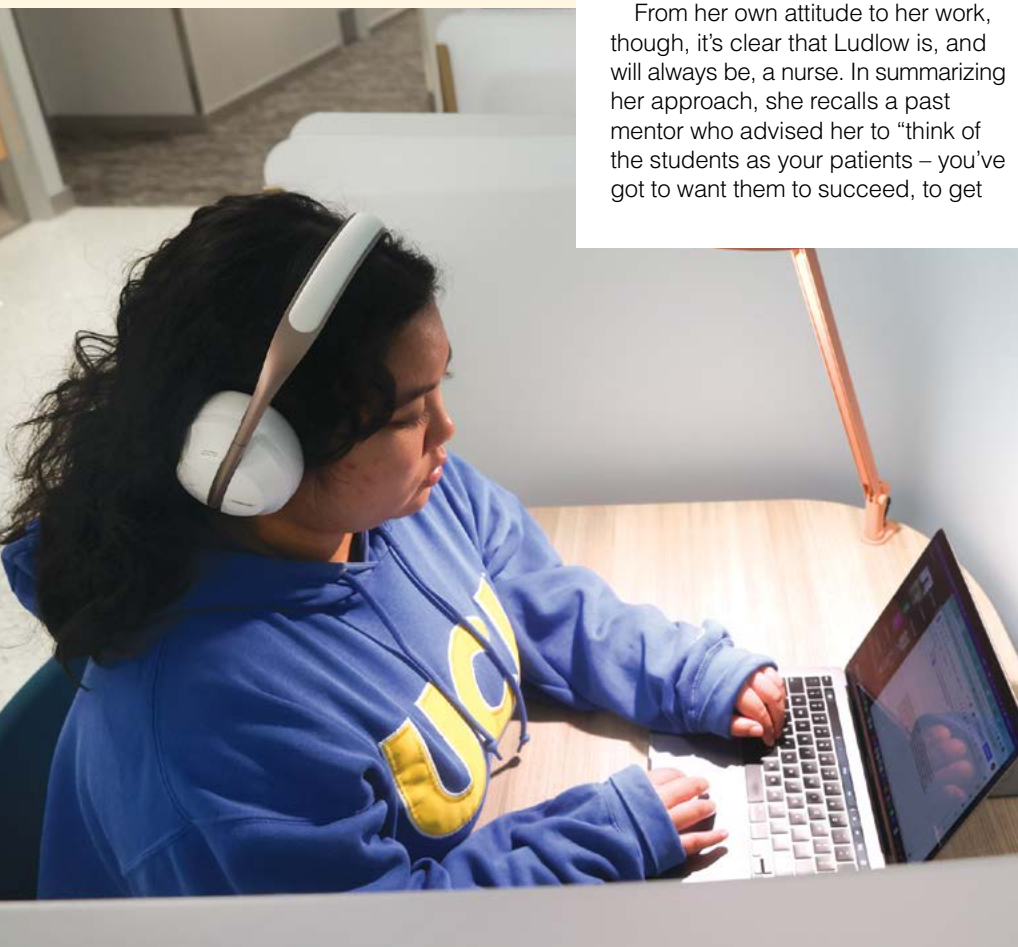


Silvia

DNP Student

“I researched a few schools for my DNP, and I was attracted to the Sue & Bill Gross School of Nursing because of the investment from faculty and mentors in creating future nurse leaders. The interdisciplinary care approach here is also very important. Nursing is a team sport!”

Growing up in El Salvador with parents who always “pressed for academic excellence, Silvia came to the US at age 19, determined “to grow academically.” Her nursing career has included work as an ICU nurse during the Covid pandemic – “that was a challenge!” – and her current role as Director of Education at the same hospital.



Chad

BS Student

“There’s a lot of positive competition, discussion between students...it encourages us to push ourselves. The hospitals we’re given a chance to work at are at a really high level. Not all nursing students get the kind of clinical education we’re getting.”

JAMIE RAE GARCIA, first year DNP



Jamie Rae Garcia is a nurse and a community organizer. “After I got my [first] degree in nursing,” she explains, “I promised myself I would become more politically active.”

For more than a decade, she has pursued that aim. Jamie is an oncology med-surg nurse at a hospital in East Los Angeles, close to Skid Row. Her focus, in her paid work and as a volunteer with the Los Angeles Community Action Network, is on health, food, criminalization and social justice.

These concerns were a significant factor in her choice of the Sue & Bill Gross School of Nursing for her DNP. “Everyone at the school welcomed the fact that I’m fairly vocal about my work,” she says. “I can express myself politically here. The professors were very available, setting me up with other professionals, offering to put me in touch with researchers whose work is relevant to mine on Skid Row.”

Unexpectedly, it was Jamie’s teenage desire to work with horses that led to a career in caring – and indeed, to organizing. Having quit college, she eventually found a role at a non-profit organization providing horse-based therapy for children and adults with autism and varying disabilities. In her words, she was “working with the

horses so that kids could work with the horses,” and her interest in the kids only grew.

For many years following, until she trained as a nurse in her 30s, she worked with people in need of care in settings that ranged from residential care to mental health services. With every role she undertook, Jamie sought to educate herself about the experience of disadvantage in America, beginning with the history of institutionalizing the disabled.

“It was very intriguing to me to see how we care for people who are disabled, who are not considered productive and therefore seen as not worthy of much help. It seemed to me that a certain type of person is valued and if you don’t reach that category – because you’re disabled, or poor, or queer, or you’ve been locked away in an institution – you start to fall down each rung of the ladder.”

Her growing sense of the complex, historic nature of such injustices led to her increasing involvement in community advocacy. This, she points out, means working “in partnership with the community as a facilitator, a voice, in unison with them.” Now an experienced nurse and soon to be a DNP, she has “no plan to quit this work,” she says.

However, her voluntary efforts remain distinct in her mind from her primary role as a direct healthcare provider. “We don’t have a strong foundation in delivering culturally competent care,” she declares. “I want that to be talked about. I’m here to unlearn what I grew up thinking, and to learn about the privilege I carry into the room. My patients need a direct care provider who sees their humanity and who wants to see them return. I can do that for them.” ✨



“I’m here to unlearn what I grew up thinking, and to learn about the privilege I carry into the room.”



Daranae

BS Student

“My mother’s a nurse. I did hear a lot about the Sue & Bill Gross School of Nursing being very good and I was very excited that I was able to get in; very proud. I made the right decision. I like the small cohort – it feels like a family, and your teachers go out of their way to support you. I enjoy being here every day.”



Tony

MS Student

“Where I’m from, there’s a lot of social problems: gang-related violence, homelessness. There’s such a shortage of nurses in the county hospital, and practice isn’t always the best or the most safe. After graduating, I want to bring what I’ve learned back to my hometown. I want to help.”

Tony completed his bioscience degree at UCI two years before returning as a MEPN. In the meantime, he worked hard to gain healthcare and community health experience, including volunteering at a free clinic and working as a medical scribe in an emergency department.

Tony’s focus is on community and preventative health, beginning with the nurse’s role in understanding the patient, and the role that the patient’s own values and culture plays in their health.



Afsaneh
PhD Student

“I am interested in the empowerment and resilience of the patient. In Iran, my most recent work was in gerontology but my focus for my PhD will be the adversity phenomenon rather than the specific age of the subject. The abuse phenomenon is real for so many people, and there are so many forms of abuse.”

Afsaneh was working as a cardiac care nurse in Iran when she became interested in problems specific to care of the elderly – thus entering the field of gerontology, an almost unknown discipline in her home country. For her master’s degree at Tehran University of Medical Sciences, she completed the pioneering work of adapting clinical guidelines sourced from Canada to create local protocols for nursing of the elderly. This work incorporated the prevention of elder abuse, and the ethical challenges involved in elder care.



ALEX JONES-PATTEN, PhD ('22)



“I’ve always been a lover of the heart,” says Alex Jones-Patten, explaining the topic of her recent PhD at the Sue & Bill Gross School of Nursing. “It’s delicate and intricate, but smart and strong.”

After qualifying from nursing school in 2017, Alex worked in a hospital telemetry unit in Fountain Valley, CA. This gave her plenty of opportunity to contemplate the challenges faced by that smart, strong organ, and to get curious about what lies behind the higher risk of cardiovascular disease in the African American population, and other minority groups, when compared with people of Caucasian origin. From her daily interactions with patients, it was clear that, in terms of heart health, “the education piece is just not sinking in.”

Working with patients to try and “provide actual options” that would help them care for themselves, Alex could see that the challenges many of them faced were more than enough to explain their low rate of adherence to a heart-healthy lifestyle. She wanted to investigate further – first, to test her hypothesis about links between discrimination, patient behavior and cardiovascular disease, and second, to begin to propose possible solutions.

These questions lie at the root of her PhD, which – she explains – uses a mixed-methods study to examine options for cardiovascular disease prevention in Black subjects, specifically those who face adverse circumstances, such as homelessness, that place them in a “double minority.”

In 2019, when Alex first opted to pursue her PhD with the Sue & Bill Gross School of Nursing, it was a “pretty new program” she comments – but she feels fortunate that she chose to join the school. “I’m not sure any other program would have given me so much opportunity to grow as a nurse scientist,” she says. “The team is small but mighty, and collectively, they want you succeed – the faculty, the administration, everyone.”

Although she had always wanted to be a nurse, Alex originally worked as a preschool teacher because, she says, “I could not get through the science classes!” Luckily, despite her initial lack of confidence, she persisted and prevailed. “I just knew I was going to be a nurse practitioner. And once I got a taste of research – that sparked some real drive for me.”

Her PhD completed, Alex is moving on to Columbia University as a post-doctoral researcher in cardiovascular disease prevention in African Americans. “There’s still a lot to uncover,” she says. “My hope is that we do develop interventions that are specific to people who identify as a double minority. The research that’s happening now will inform policy when our kids have kids!” ❄️

“The research that’s happening now will inform policy when our kids have kids!”



Courageous Corazones

A pilot intervention is helping Latinx families care for their children with cancer.

Corazones Unidos Por Una Vida (Hearts United for Life) is a prototype program of support for Latinx families with children who are undergoing cancer treatment at Children’s Hospital of Orange County. It is designed and driven by Associate Professor Michelle Fortier, a clinical psychologist and pediatric pain expert at the Sue & Bill Gross School of Nursing and UCI Center on Stress and Health.

Fortier’s career has always focused on children, but she discovered her pediatric specialty as a post-doctoral fellow at the Mayo Clinic’s dedicated pain center in Minneapolis. “Patients would come in completely not functioning,” she recounts. “With a team approach to pain rehab, we saw people come alive. It was very rewarding. I really wanted to be in the field of pain.”

Pediatric pain is of particular significance to health equity because, as Fortier explains, “Poorly managed pain in children can have a cascade of negative lifelong effects. It leads to the increased likelihood of poor pain experiences for that person in

the future. They get very distressed at the prospect of pain and may try to avoid healthcare. Adults who have had experience of poorly managed pain during childhood report avoiding routine healthcare visits, immunization, health checks...there’s a whole host of effects that lead to reduced quality of life.”

Fortier joined UCI and Children’s Healthcare Orange County (CHOC) in 2008, working in pediatric perioperative care and subsequently, pediatric oncology. Already keenly attuned to the individual nature of pain – “There’s so much context that impacts the experience of pain, and how we handle it” – Fortier became increasingly

aware that advice from healthcare professionals was not proving effective for patients in every cultural context: specifically, those from Latinx families.

“Partnering with the community is a consistent thread throughout my research,” she continues. “For that to be effective, you have to ask yourself, ‘Are we asking questions that are relevant to the community?’ When we work with our Spanish-speaking community, I learned that I was asking the wrong questions.”

In a study of children recovering from tonsillectomies, for example, “We saw that Spanish-speaking children had poorly managed pain, were not given analgesics by parents...there



Michelle Fortier

“When we work with our Spanish-speaking community, I learned that I was asking the wrong questions.”

were misunderstandings. We needed to understand what drives these disparities. And I wanted to translate these findings to cancer pain.”

Receiving cancer treatment as an outpatient and recovering at home is generally “great for quality of life,” says Fortier, “but suddenly we shifted all this pain management responsibility onto parents, but we didn’t do anything to help them with it. Parents were undertreating pain at home. People don’t understand that the emphasis is on pain prevention, not pain treatment. If you don’t prevent pain, you’re chasing it and it’s really difficult to manage.”

It was her search for the right questions that led, eventually, to *Corazones Unidos Por Una Vida*. “I came in thinking it was going to be pain-focused,” says Fortier, “but it’s a family wellbeing intervention. It’s about health literacy: empowering them to get the information they need in culturally appropriate ways.”

These ways included exchanging information in group settings rather than one-to-one; involving whole families and professionals in designated “question and answer” sessions; and developing a “beautiful brochure” that consolidates and clarifies in Spanish the overwhelming quantity of information traditionally presented to the families of children diagnosed with cancer – the “big binder that usually goes home with them and gathers dust,” says Fortier. “They don’t even open it.”

Alex’s Lemonade Stand Foundation for Childhood Cancer provided funding that enabled Fortier, her team and their community partners – the *Corazones* (Hearts), as the Spanish-speaking families involved have come to be

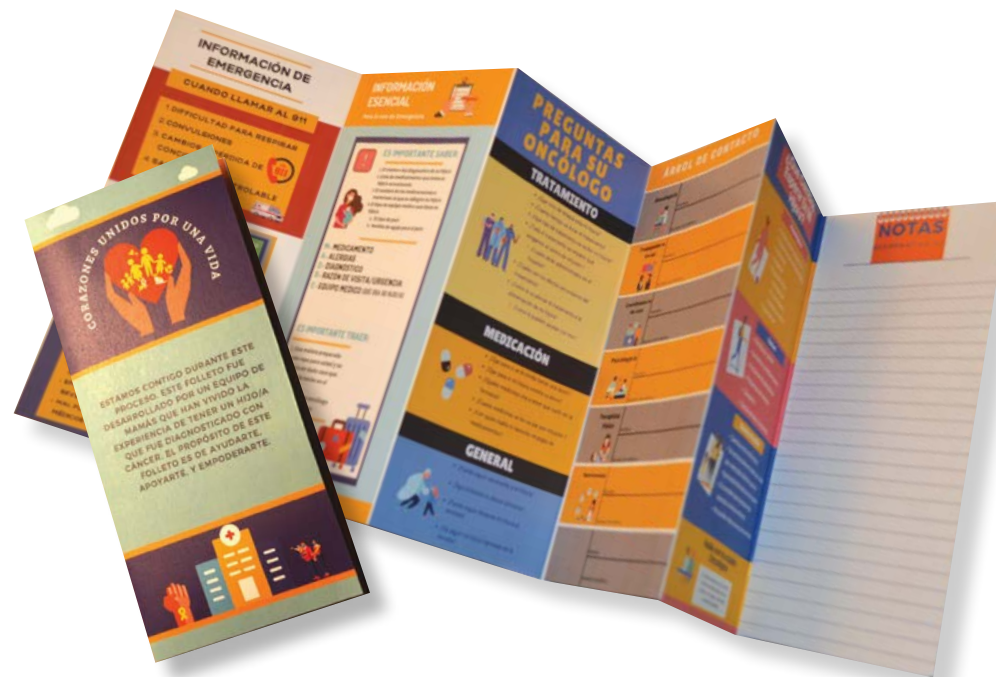
called – to develop the 12-session intervention and associated materials. Due to Covid, planned in-person sessions had to take place over Zoom, which Fortier feared wouldn’t work at all but luckily, “worked beautifully.”

Twenty families will have taken part by the time the pilot is complete, and the results are inspiring. Participants are completely committed to helping and supporting new families coming in after a cancer diagnosis. This has included – in one case – a mother who sadly lost her child during treatment. “I thought for sure she would not continue her work with us, but she did.

Their motivation and dedication to this work is incredible – they said, ‘We can see that this is important and we want to do it.’ It’s so important to them to give.”

“Quite honestly, it’s the most meaningful work I think I’ve ever done,” Fortier states. “Almost every day we get some piece of feedback from the hospital or the families that shows us how this is making a difference.”

Fortier – who has since been selected as a 2022 Sojourns Scholar Leader by the Cambia Foundation – is now researching how to broaden uptake of all palliative care services. Her goal



Working together, clinicians and participants in the *Corazones Unidos Por Una Vida* project distilled essential information for the families of children with cancer, and presented it in a single, folded brochure.

is to develop, “a culturally appropriate palliative care model for families affected by childhood cancer. There’s a taboo in the general population that affects uptake of palliative services – more so in the Spanish-speaking community.

“A survey by the American Academy of Pediatrics showed that children were not accessing palliative care services at the same rate as adults,

and they put in a lot of effort to improve that. This led to more children accessing palliative care – except in the Latinx community. We had to understand what we can do to address that.”

As ever, Fortier is determined that the best possible quality of life should be available to all children, from every community and at every stage of their treatment.

“We need to shift the way we think and talk about palliative care,” she declares. “There are widespread misunderstandings about palliative care – it’s not just end of life. All my work comes under the umbrella of improving quality of life. How do we better develop more tailored approaches to symptom management? We know it’s not ‘one size fits all.’” *

Unlock UCI Nursing’s Potential

- Our students, faculty, and alumni improve health for people in Orange County, California, and around the United States.
- You fuel their work by funding scholarships, professorships, and research funds.
- Every dollar you give to the UCI Sue & Bill Gross School of Nursing unlocks the school’s potential. Please give today.

nursing.uci.edu/giving/

UCI Sue & Bill Gross School of Nursing

Jeffrey Vu

Year Graduated: '09, '14

Degree: BS, MS

“I didn’t know I wanted to be a nurse.”

Jeffrey Vu is currently Director of Clinical Services, Orange County Health Care Agency – Public Health Services – in addition to other hefty roles within California’s healthcare and nursing infrastructure. One of the first ever cohort to graduate from the UCI Program in Nursing Science (as it was then) – first with a Bachelor and then a Master of Nursing Science – Jeffrey went on to achieve his DNP and, additionally, MBA at Johns Hopkins University.

None of this is what he envisioned when, as a third-year biology student at UCI, he was considering a career in dentistry. “Talk about faith!” he recalls, of his decision to switch to the brand new nursing program at the time. “I was only just starting to hear about how amazing the profession of nursing is: the stars aligned!”

He continues: “I decided that the qualities of being a caring, empathetic nurse at the service of others was more in alignment with my personality than any other career, and it has led to a fulfilling career of living my personal

mission and values. My big message about this program would be that it’s a world of opportunity. I see the profession of nursing as...DOORS OPENING.”

Jeffrey is very clear about the direction in which he believes those doors can and must lead: to increasing diversity among nurse leaders, and greater health equity for all.

“I had to make a conscious decision to leave the clinical path and get to be one of the people making decisions. But whether I’m working as a nurse practitioner or a manager, I’m always a nurse,” he says. “Compassion and thoughtfulness are things you live and exude. Now I’m really getting to be part of the conversation. Leadership means finding a role that gets you in the direction you should be going. The end goal is always for the community.”

In Jeffrey’s current role for the Orange County Health Care Agency, his remit includes executive leadership of a public health program called “Ending the HIV Epidemic in the US (EHE),” backed by an \$11.5 million

grant from the CDC that’s distributed between several local health jurisdictions in Southern California.

Jeffrey’s passion for people characterizes his leadership of the EHE effort. “It’s not all about efficiency – it’s about people’s overall health. It’s unfortunate that in public health we’re *responding* all the time. Invest in people when they are healthy and they will stay healthy! And we’ve got to engage with every community; we’re not in a silo. This is what I say to everyone: ‘Just because it’s not your problem...that doesn’t mean that it’s not a problem!’”

No matter how crowded his life becomes, however, the role Jeffrey never relinquishes is one half-day per week as a hands-on nurse practitioner for the UC Irvine Health Gender Diversity Program (where he is also Associate Program Director). “Service of people made me a nurse. I will say, ‘I sacrificed my life to service,’” he laughs. “I chose to make that sacrifice! I’m happy. Other people negotiate salary when they accept a new role. I negotiate Wednesday afternoons.” ✨



① John Aldrich Alejandro

John Aldrich Alejandro (BS '12, MS '16) always wanted to be a nurse – the first in his family, who moved to the United States from the Philippines when John was nine years old. “I always loved taking care of my family,” he laughs. “When I was maybe 10 or 11, if my uncle tried to smoke around us, I would chase him with a ‘no smoking’ sign and try and get him to stop!”

Now an urgent care nurse practitioner with Hoag Medical Group, he is an energetic campaigner and advocate within the profession. He serves as the past president of the California Association of Nurse Practitioners Orange County Chapter and was elected to the role of CFO for the state organization.

John credits his university experience with giving him the tools he needed for such leadership roles: “I had really stellar professors and mentors who helped me navigate the politics of nursing,” he recalls. “Not just nursing – in organizational finance, too!”

Most recently, John has been campaigning to improve healthcare provision in underserved, often rural, areas by lobbying against “antiquated practice barriers” that prevent nurse practitioners in California from practicing to the fullest extent of their education and training. His involvement in public service events both nationally and internationally has included medical missions to Mexico and the Philippines, and the vaccination of 10,000 Orange County residents against Covid. ✨

② Natalie Nguyen

“The students are so excited for nursing!” says **Natalie Nguyen (BS '13)**, musing her motivation for returning to the Sue & Bill Gross School of Nursing as a clinical instructor. “Their positivity is contagious. They’ve got me re-excited about being a nurse!”

Since Natalie graduated from UCI in 2013, she’s worked in Virginia and, since 2015, in California as a perioperative nurse, a nurse care manager, an educator and a consultant – sometimes all at the same time. She meanwhile gained her MSN from A&M University in West Texas, focusing on education.

At first, she was surprised at how inspiring she found working as a clinical educator because, she says, despite the fact that she “always loved science...I was that person who when I finished my bachelor’s I said, ‘I’m never reading another textbook in my life!’”

Now, Natalie is particularly glad to teach at the Sue & Bill Gross School of Nursing because of “the caliber and type of student at UCI. They are so motivated and so purely active in their wanting to learn.” In fact, she’s been inspired to consider returning to education herself, to pursue a PhD.

“I’m looking for bigger impact,” she says. “I see the issues facing the profession and there are so many problems based on how it’s approached in the clinical area. I’m very interested in exploring some of those issues.” ✨

③ Cassidie Thomas

Cassidie Thomas (BS '13) is current president of the Sue & Bill Gross School of Nursing alumni chapter. The role dovetails neatly with a prominent aspect of her professional life: creating resources by connecting people. Having grown up in an isolated rural community, she explains, when she first arrived at university she was “blown away by the potential of network building. I never took that for granted.”

Cassidie is a school nurse at a private school in Los Angeles – a role that is in some ways uniquely isolated: “Private school nurses don’t typically work alongside other healthcare professionals,” she points out.

Although she generally likes working outside a traditional clinical setting, when the Covid pandemic necessitated school closures she identified a downside: “I realized that the public school system could funnel information to their school nurses, but nurses in independent schools were more isolated. We didn’t have that same touchstone.”

Cassidie responded by identifying a group for nurses working in private and independent schools, and expanding it into a forum via which such nurses can – and do – regularly meet to share ideas and information. Now, in her alumni role, she’s also been instrumental in launching a mentorship program that provides “the opportunity to connect nurses to one another, and student nurses with working nurses. It’s going to be amazing.” ✨





“An Anteater for Life”

Join the Nursing Alumni Community through **connection, service, and leadership.**

Attend an alumni networking event

Be a mentor to a student

Support a scholarship

Join the Nursing Alumni Chapter Board

To hear more, visit <https://nursing.uci.edu/alumni-nursing-chapter/> and follow us on Instagram @ucinursingalumni



Happenings

Faculty

Sue & Bill Gross School of Nursing

Assistant Professor **Dawn Bounds** and Associate Professor **Yuqing Guo** were inducted as fellows in the American Academy of Nursing (FAAN).

Assistant Professor **Bounds** also received a three-year Betty Irene Moore Fellowship for Nurse Leaders and Innovators, beginning July 2022.

Professor **Alison Holman** received the Innovation Award from the International Society for Traumatic Stress Studies and the American Psychology Association Division 56 (Trauma Psychology) Award for Outstanding Contributions to Practice.

Associate Professor **Michelle Fortier**, whose work is featured on page 26, has been named by the Cambia Health Foundation as one of its 12 Sojourns Scholars for her work with Latinx families of children with cancer.

Professor **Susanne Phillips** has been honored for her Covid-related work with an Orange County, California, Celebration of Heroes Award.

Associate Professor **Miriam Bender**, the Founding Director of our Center for Nursing Philosophy, has been named coeditor-in-chief of the scholarly journal, *Nursing Philosophy*.

Associate Professor **Jung-Ah Lee** has been inducted into the Western Institute of Nursing's Western Academy of Nurses. She has also been elected president-elect of the Asian American Pacific Islander Nurses Association.

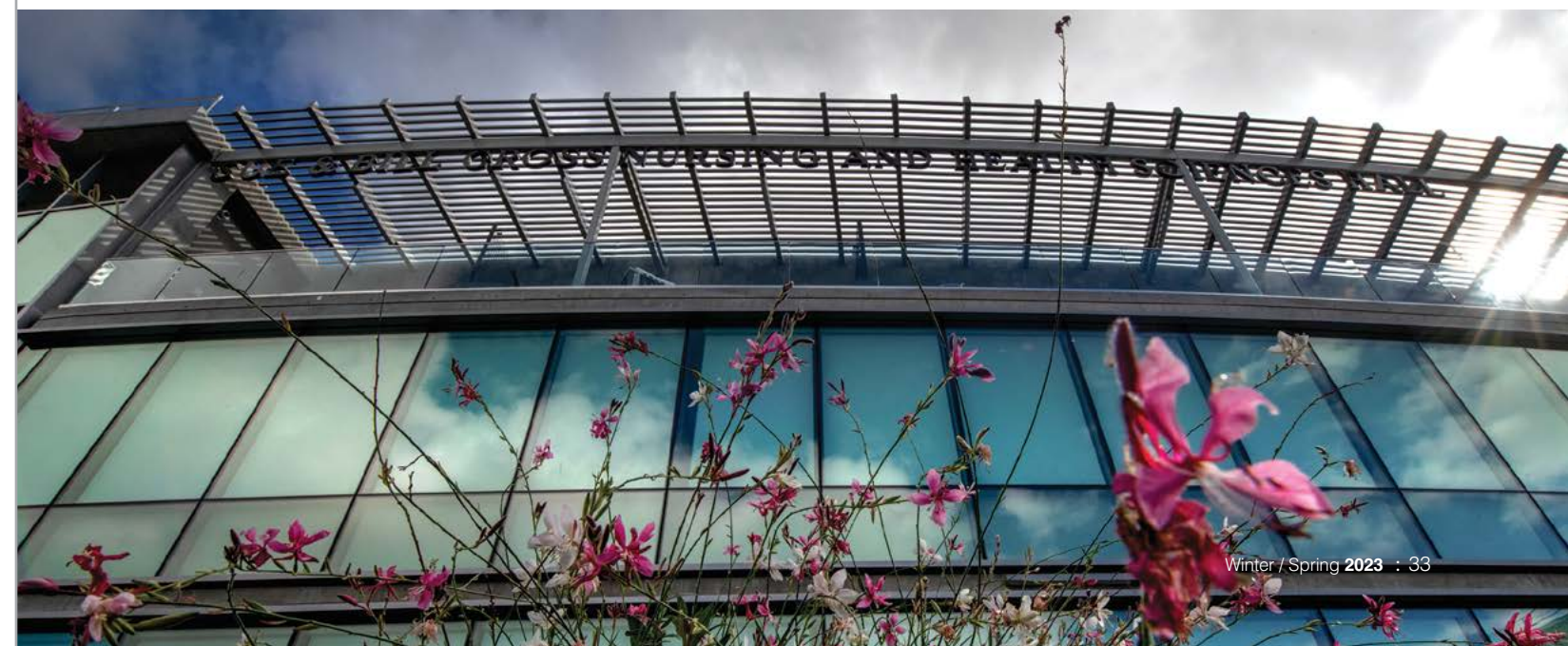
Associate Professor & Prelicensure Program Director **Leanne Burke** has been elected president-elect of the Orange County Long Beach Nursing Education Consortium.

Distinguished Professor and Founding Dean Emeritus **Adey Nyamathi** received the Western Institute of Nursing's Best Poster Award for her work titled "Perceptions of People Experiencing Homelessness and Providers on COVID-19's Impact."

Associate Professor & Simulation Center Director **Jocelyn Ludlow** has received an Article of Influence award from the Society for Simulation in Healthcare for her work with co-author Donna McDermott: "A prebriefing guide for online, virtual, or distant simulation experiences," (*Clinical Simulation in Nursing*, volume 67, 2022).

Associate Professor **Melissa Pinto** has been named editor of *Clinical Nursing Research* journal.

Assistant Professor **Michael Bueno** received the 2023 Dissertation of the Year award from the Midwestern Nursing Research Society.



Fact File

Facing...

the future

2023 ▶

- 300+ students in 1 undergraduate and 3 graduate nursing programs.
- 28 faculty.
- 8 FAANs (fellows of American The American Academy of Nursing).
- \$4.2 million in research dollars directly awarded to the school in calendar year 2022. Funding levels by the National Institutes of Health are in the top third of nursing schools nationwide.

2022 ▶

- Over 6,900 people apply for 50 places in the bachelor's program, making it one of the most competitive undergraduate programs in the University of California system.
- The Sue & Bill Gross Nursing and Health Sciences Hall opens on UCI's campus.

2021 ▶

- Institute for Future Health opens on UCI campus in association with the Sue & Bill Gross School of Nursing.
- The first cohort graduates from the DNP program.

2020 ▶

- Sue & Bill Gross School of Nursing opens its Center for Nursing Philosophy, the first – and only – academic nursing philosophy center in the United States.

2019 ▶

- UCI Infectious Disease Science Initiative is created and directed by a Sue & Bill Gross School of Nursing faculty member.

2018 ▶

- The Sue & Bill Gross School of Nursing introduces a post-master's DNP to build nursing leadership, the first for the University of California.
- The MS/Family Nurse Practitioner program becomes a post-bachelor's DNP program.

2017 ▶

- The Program in Nursing Science gains approval from the Regents of the University of California to become a full school, and the Sue & Bill Gross School of Nursing is established.
- Master's entry (2nd degree) program is launched, specializing in community and population health.

2016 ▶

- \$40 million gift from the William & Sue Gross Family Foundation is pledged for the founding of a full school of nursing at UCI.

2013 ▶

- PhD program begins.

2009 ▶

- The first bachelor-prepared nurses graduate from UCI.
- Master of Science degree program with a Family Nurse Practitioner certificate is established.

2007 ▶

- UCI Program in Nursing Science is launched, following earlier approval from the Regents of the University of California.

1995 ▶

- Family Nurse Practitioner post-master's certificate program begins.

1986 ▶

- First graduate program in nursing administration is established at UCI Medical Center. Other post-master's certificates to follow.



University of California, Irvine
Sue & Bill Gross Nursing and
Health Sciences Hall
854 Health Sciences Road
Irvine, CA 92697-3959
nursing.uci.edu



Nurses make a difference!

*Celebrate America's 4.4 million nurses this May,
National Nurses Month.*