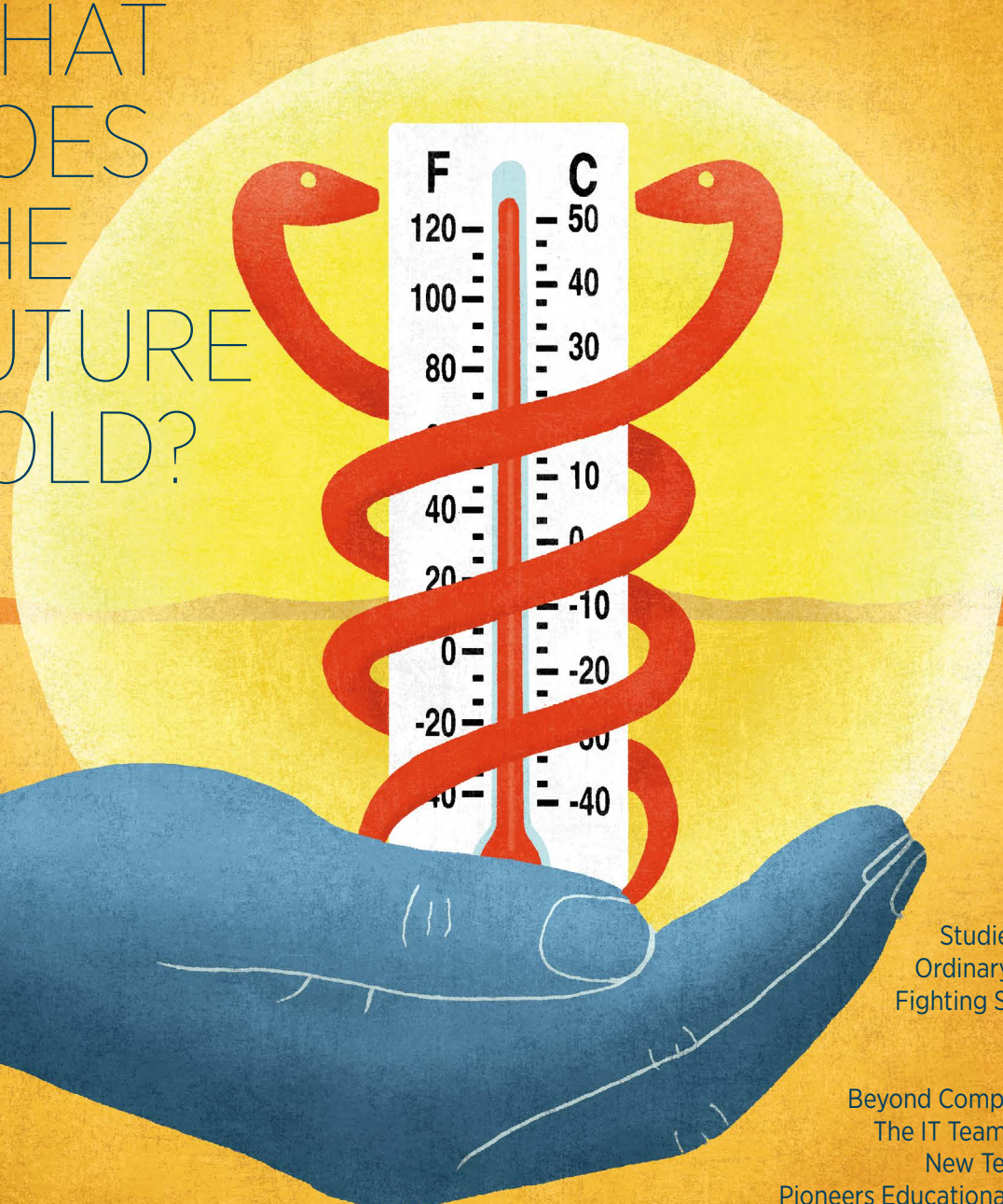


NYU | NURSING

NURSING AND **CLIMATE CHANGE**

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GREETINGS

FROM DEAN EILEEN SULLIVAN-MARX

Dear Friends,

It is a distinct pleasure to begin the 2015–16 academic year with the wonderful news that as of September 1, 2015, NYU College of Nursing is a college with full and equal status as all other schools within New York University! We are celebrating this distinction together with NYU's establishment of a new College of Global Public Health, where we have a number of student and faculty connections. Being on the First Avenue health corridor in New York City—with the College of Dentistry, School of Medicine, Bioengineering Institute of NYU Polytechnic School of Engineering, and NYU Langone Medical Center—will catalyze world-class interprofessional education, research, and service. I hope that our alumni, faculty, and current students will share my pride in our College and all we have accomplished.

As you see exemplified in this magazine, we have embarked on a path toward cutting-edge excellence in policy, advocacy, research, teaching, and service to our community. The features in this magazine showcase the work of our new Five-Year Strategic Plan and the goals that drive our outstanding work: to have an excellent faculty and a diverse and intellectually curious student body, to engage in innovation, to lead in research and scholarship, and to fortify our learning community.

It is intrinsic to these goals that we seriously address the effects of global climate change on health. As our cover story relates, there are multiple ways in which we as nurses and researchers must act to address the effects of climate change and air quality, availability of clean water, population displacement, and disaster response.

Our commitment to recruiting and retaining outstanding national and global nursing leaders is reflected in the investment that we make in our researchers. You'll learn about the fascinating research of **Drs. Joyce Anastasi, MA '82**, and **Bernadette Capili** on using ordinary foods to fight symptoms of chronic stomach distress, **Dr. Mei Fu** on lymphedema prevention, **Dr. Joseph Palamar** on substance use among young people, and **Dr. Victoria Vaughan Dickson** on self-care for women with heart failure.

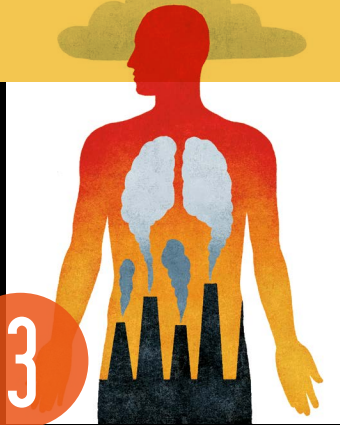
We are always working to build an outstanding student body made up of intellectually curious people who are striving to be leaders. You will see that goal in action in our profile of **Melissa Martelly**, one of our PhD candidates who can envision a future where smart policy solutions are brought to bear on health care disparities around the world.

Finally, I am extremely proud that, this fall, three of our faculty members (including two who are also alumni) will receive top awards in nursing—in all three cases becoming the first NYU recipients of these awards. **Judith Haber, PhD '84, MA '67**, the Ursula Springer Leadership Professor in Nursing, will receive the 2015 Marie Hippensteel Lingeman Award for Excellence in Nursing Practice from Sigma Theta International Honor Society of Nursing. **Rona Levin, PhD '81**, director of our Doctor of Nursing Practice Program, will receive the Sigma Theta Tau Evidence-Based Practice Award. And, **Dr. Ann Kurth**, director of NYU College of Nursing Global, will receive the 2015 Ada Sue Hinshaw Award from Friends of the National Institute of Nursing Research—a fitting acknowledgment of her contributions to scientific understanding as Ann prepares to leave us in January 2016 to assume the deanship of Yale School of Nursing.

In closing, I'd like to welcome our new director of development, Sally Marshall, who comes to us from the NYU Development and Alumni Relations Department. Sally has held positions in development at the Brooklyn Historical Society and ArchCare, and I hope you will have a chance to meet her on Alumni Day or at our other college events.

Warm regards for health and happiness,

Eileen M. Sullivan-Marx, PhD, RN, FAAN
Dean & Erline Perkins McGriff Professor



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COVER ILLUSTRATION

James Steinberg

SAVE THE DATE



AAN Dessert Reception

Saturday
October 17, 2015

Grand Hyatt,
Washington, D.C.

Hosted by:
NYU College of Nursing,
Hunter-Bellevue School
of Nursing, and
Columbia University
School of Nursing



MS Nursing Informatics Alumni Reunion

Tuesday
November 10, 2015

5:30 p.m.
College of Nursing
Building Tour

6:00 p.m.
Reception



NYU Alumni Day

Saturday
October 24, 2015

10:00 a.m.
Distinguished Alumni
Lecture & Award

11:00 a.m.
College of Nursing
Building Tour

Noon
Dean's Luncheon
& Rising Star Award

4:00 p.m.
NYUCN Faculty
Panel Presentation



DNP Alumni Reunion

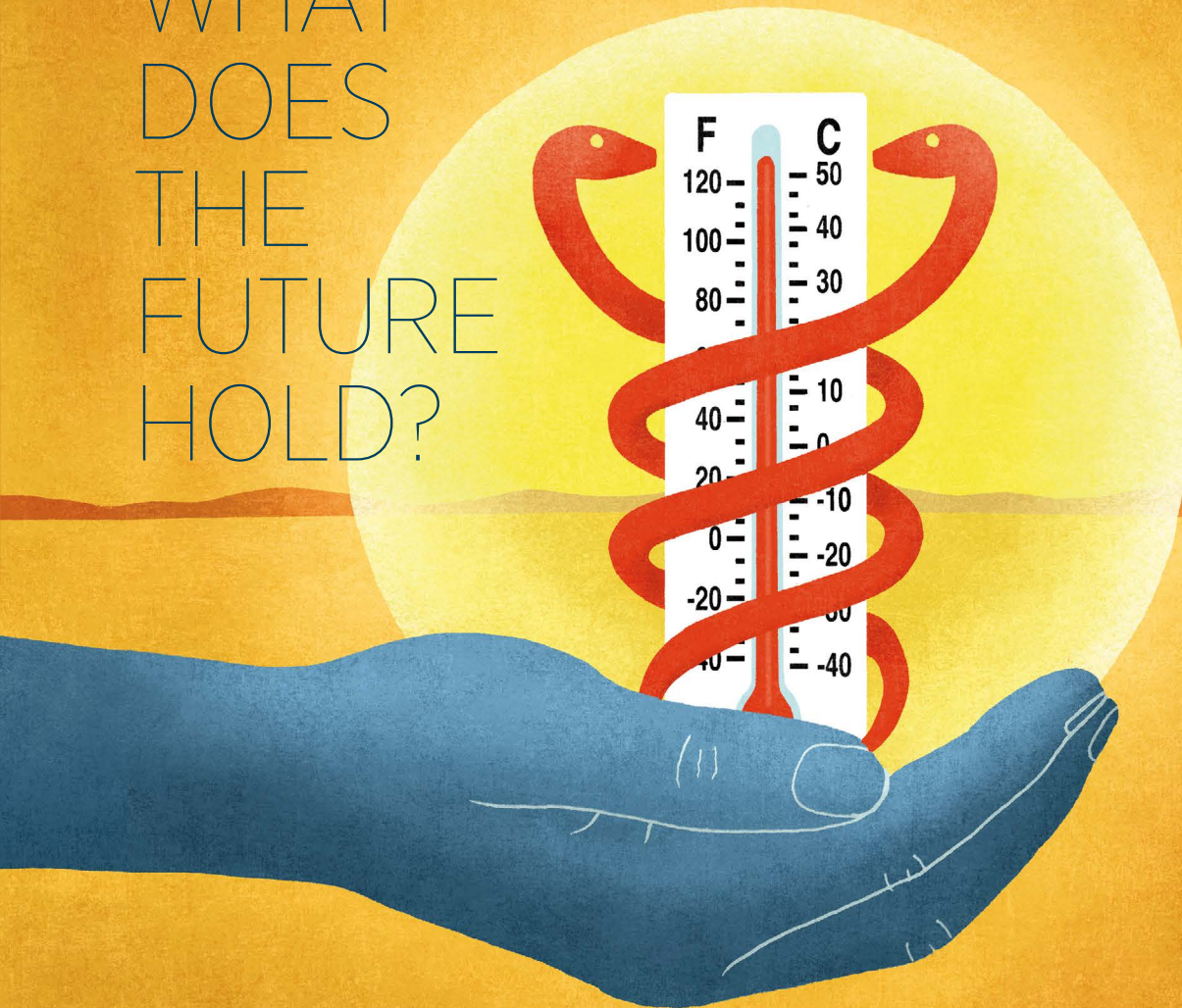
Tuesday
December 8, 2015

5:30 p.m.
College of Nursing
Building Tour

6:00 p.m.
Reception

NURSING AND CLIMATE CHANGE

WHAT
DOES
THE
FUTURE
HOLD?



YOU'RE DRIVING SOUTH on the New Jersey Turnpike toward the Newark airport, and once again you notice a smokestack releasing a whitish-gray plume of smoke into the sky.

That, says **George Thurston, ScD**, director of the Program in Exposure Assessment and Human Health Effects at the NYU School of Medicine Department of Environmental Medicine, is an incinerator burning trash, including some

from New York City, discharging a constant stream of carbon dioxide and particulate-matter air pollution.

“There is no better example that the more you recycle and compost your garbage, the less smoke is going to be emitted into the atmosphere, causing asthma and lung cancer, and leading to global warming,” Thurston says. “When we talk about the human cost of air pollution and climate change, the causes are one and the same.”

CONTINUED ON NEXT PAGE

Thurston recently surveyed some 500 respiratory physicians about whether they were seeing the effects of climate change in their practices. Eighty-eight percent of them said that climate change is happening, and 80% said that they were seeing it, particularly in the greater severity of lung disease due to air pollution, more allergies due to a longer pollen season, and injuries from severe weather. Respondents in the western United States mentioned more respiratory distress due to forest fires resulting from unprecedented drought.

“I was surprised that such a high percentage of them were seeing these changes already,” says Thurston, who is now expanding his survey research on an international scale.

Beginning in 1999, Thurston, a leading scholar on the health effects of air pollution, conducted the Bronx “Backpack Study,” in which elementary school children—who face the highest rates of asthma in the country—carried portable devices that measured the levels of ground-level pollutants in the air. The study found that in Bronx County, levels of pollutants from local industry, waste-transfer stations, and expressway traffic were sky high.

The study led to a *New York Times* editorial on the role of diesel soot in causing asthma in the city and contributed to a number of actions later taken by the Bloomberg Administration, such as setting idling limitations for school buses and offering incentives for buildings to switch from heavy, particulate-releasing heating oil to cleaner natural gas.

Says Thurston, “People tend to discount what they can’t see. They ask, ‘Why should we clean up and let everyone else—whether in other countries or future generations—benefit from our sacrifice?’ But from a clean-air point of view, you get the local health benefits by making changes right now.”

Coping with a Warmer Planet

In June, Lancet Commissions warned in *Health and Climate Change: Policy Responses to Protect Public Health*, “The direct effects of climate change include increased heat stress, floods, drought, and increased frequency of intense storms.” The indirect effects include air pollution, the spread of disease vectors, food insecurity, displacement, and mental health problems.

Changing patterns of tropical diseases are already being seen, according to **Ann Kurth, PhD, RN, FAAN**, executive director of NYU College of Nursing Global. The parasitic disease dengue, once found only in tropical and subtropical climates, for the first time infected seven Florida residents in 2014 and is now endemic to Puerto Rico.

“It’s not just that roses are blooming at a different time in England,” Kurth says.

“We’re seeing shifts in temperatures and microclimates that are moving parasite-carrying insects north.”

It is hard even to comprehend the complexity of the interconnected changes taking place around us, says Kurth. People are moving into wilderness areas, where they are exposed to zoonotic diseases (those transmitted by animals). But they’re also moving, in unprecedented numbers, into cities, sometimes fleeing climate-induced drought in rural areas, and bringing with them new diseases. In the three countries most affected by Ebola recently, says Kurth, mining industries had played a role in pushing populations into even more remote areas looking for food sources, as well as into more concentrated urban ones where diseases can spread rapidly.

“Places like Kenya that will see a 1.6-degree Celsius rise over the next decades



© Marc Littlejohn

Rapid growth in car traffic and industrial waste have boosted air pollution in Chinese cities like Guangzhou (above). Yet during the 2008 Beijing Olympics, government limits on factory production and driving turned the sky blue for a month. “The contrast made the mask-wearing public more aware that change is possible,” says Dr. George Thurston.

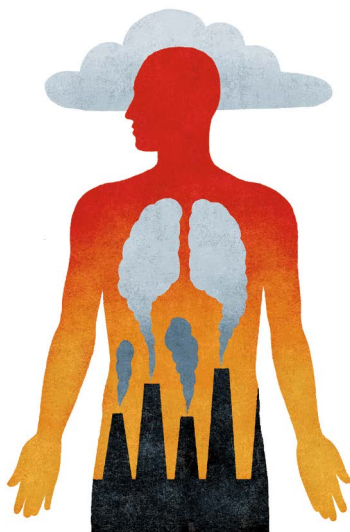
will have the pressure of food insecurity and a rise in disease burden on an already-overstrained health care system. There is a link already between climate change and economic impact, and not just in Kenya,” Kurth says.

Katepalli Sreenivasan, PhD, dean and president of NYU Polytechnic School of Engineering, has witnessed the effects of climate change not only as a physicist with expertise in fluid mechanics and turbulence systems but as someone who grew up in southern India, where climate change is becoming increasingly evident. Seasonal patterns have changed, he says. And malaria, which had all but disappeared from the northeastern part of India, has made it nearly back to India’s border from Myanmar, in a drug-resistant form, due to abnormal rainfall and high humidity that are known to encourage mosquito breeding and survival. Some experts, he says, believe that the Sahara desert is expanding.

Like Kurth, Sreenivasan is particularly concerned that the shift of population concentration from arable land toward urban centers will become an additional burden to underfunded, weak health systems, and cities near coastlines will bear additional burdens as sea levels rise.

“We may not understand precisely all the scientific issues related to sea-level rise,” he says, “but the impact of such concrete effects of climate change can be devastating to the human population, mainly because it is getting more and more concentrated. A prudent thing to do is not to keep contributing to it.”

The impact of climate change is already being felt most devastatingly in low- and middle-income countries, which are the least responsible for the production of greenhouse gases and also the least equipped to handle them, according to Kurth. But she is quick to note that you don’t have to go to Kenya or India to see climate change. “You just have to look at the flooded NYU Langone Medical Center after Hurricane Sandy and at the NYU students who for five days called on older people in our neighborhoods to make sure they were okay. It’s right in front of us.”



80% of respiratory physicians are seeing the effects of climate change in their practices in the form of lung disease and allergies.

The Roots of Climate Change

What is responsible for the bulk of greenhouse gas (GHG) emissions—the widely accepted scientific explanation for climate change?

Since the 1700s, gases emitted from fossil-fuel burning, combined with the clearing of carbon-absorbing forests, have led to an increase in atmospheric carbon dioxide, methane, and nitrous oxide—which trap heat above the earth’s surface.

“Public enemy No. 1 is coal, and its use internationally is growing,” Thurston says.

Outdoor air pollution, he adds, ranks among the top contributors to global mortality and has been associated with 3 million U.S. deaths—particularly cardiac deaths—per year, which is why the American Lung Association has called on the U.S. government to phase out the burning of coal.

Although air quality in the United States has improved since the Clean Air Act was passed in the 1970s, coal burning around the world is on the rise as developing countries like India, China, and Brazil seek the benefits of industrialization.

In China, about 15% of the deaths per year are due to outdoor air pollution, mostly owing to the increased burning of coal. Thurston is especially concerned that India’s plans for economic growth are very much tied to coal burning for more electricity.

“It’s the worst scenario,” says Thurston, “but the United States hasn’t shown a lot of leadership around this issue. I’ve spoken in Delhi and asked: If the U.S. were to ban coal, would that have an impact on your policy? And they say yes: ‘Why would we use a fuel that’s banned somewhere else?’”

What Should Nurses Know?

This past May, the sun bore down on the assembled guests at Emory University’s nursing graduation in Atlanta. Seeking relief from 88-degree heat, relatives and friends of the graduates sipped from water bottles that were distributed particularly to keep the older guests from becoming

CONTINUED ON NEXT PAGE

dehydrated. Following the ceremonies, many people beat a hasty retreat into the air-conditioned indoors.

This ceremony presented a microcosm of the challenges at the intersection of public health and climate change, according to Dean **Linda A. McCauley, PhD, RN, FAAN, FAAOHN**, of the Nell Hodgson Woodruff School of Nursing. “You have to weigh safety measures, like drinking cold water and enjoying cool air, with the environmental toll caused by the production and disposal of petroleum-based plastic bottles and increased usage of electricity. It is a vicious circle, and we’re seeing it in all aspects of life,” she says.

Many nursing schools have begun to add material to their curriculums to address disaster response in the aftermath of major disasters like Hurricane Katrina, which had profound and far-reaching effects on public health in New Orleans. But, says McCauley, who has studied the impact of heat stress on workers in Florida, nursing curricula have not yet begun to delve deeply enough into issues such as temperature-related deaths and the needs of those who work outdoors in extreme heat. Merely two states, California and Washington, have regulations protecting workers in the heat.

“Our students comment about how hot it is, and they’ve learned about how air quality contributes to asthma and obstructive pulmonary disease. But, most nursing schools have not addressed how a warming planet is going to lead to increases in respiratory diseases as a result of higher pollen counts, dust from drought, and particulate matter from fires,” McCauley says.

McCauley, a national leader in the area of environmental exposures, and NYU College of Nursing Dean

It is clear, scientifically and in everyday life, that our health is at risk as individuals and as a people due to changes in global climate . . . As [nursing school] deans, we need to promote knowledge about the links between climate change and health . . . to our students and budding nurse researchers.

— Eileen Sullivan-Marx



You have to weigh safety measures, like drinking cold water and enjoying cool air, with the environmental toll caused by the production and disposal of petroleum-based plastic bottles and increased usage of electricity.

— Linda McCauley

Eileen Sullivan-Marx, PhD, RN, FAAN, participated with about 30 other deans of medical, nursing, and public health schools in a White House summit in April 2015 on how to integrate climate-change education across these schools. They met with White House staff who deal with public health, addressing how to educate future generations of health care providers about the importance of climate change. A larger follow-up event convened this group again in June, where the U.S. surgeon general, secretary of the Environmental Protection Agency, and experts on climate-related subjects such as respiratory illness, emergency preparedness, drought, and human migration spoke.

The deans have recommended federal funding for research careers to study global climate change and health, and they signed a joint statement committing themselves to training the next generation of health professionals to effectively address the health impacts of climate change.

“It is clear, scientifically and in everyday life, that our health is at risk as individuals and as a people due to changes in global climate,” Sullivan-Marx says. “Nurses must always speak to the issues that affect health, and now we have the responsibility to speak out about the causes of climate change, such as fossil-fuel emissions. As deans we need to promote knowledge about the links between climate change and health—such as increased risk of skin cancer from sun exposure, links between air quality and asthma rates, and disaster preparedness—to our students and budding nurse researchers.”

At the College of Nursing, Sullivan-Marx says, faculty are monitoring the curriculum at all levels to ensure the inclusion of this climate-related content.

Recommendations for nursing curricula, as well as for more sustainable use of resources within the health care setting itself, were among the components of the 2011 American Colleges of Nursing white paper *Toward an Environmentally Sustainable Academic Enterprise: An AACN Guide for Nursing Education*, which McCauley coauthored. Those recommendations include reducing health care waste and improving the environmental footprint of schools of nursing themselves.

The level of waste in hospitals is enormous, says McCauley, and layers of bureaucracy often impede changes. “It’s common, for example, to open a sterile package containing five pieces of equipment when you only need one, and to throw away the other four.

There is also a tremendous amount of electronic waste that should be recycled in an environmentally conscious manner,” she says.

McCauley has not yet seen broad changes as a result of the AACN report, although she lauds the American Nurses Association for setting priorities that include energy and water efficiency in its facilities, control of potentially polluting emissions, management of land and water resources, and promotion of reduction, reuse, and recycling of waste.

Like most people, she says, nurses are often detached not just from the department that orders the supplies they use but from where their energy comes from. Achieving change in large institutions, she says, takes both grassroots champions (who care about making sure that recycling bins and reusable or compostable dishware are available) and an overarching organizational commitment to a lighter footprint.

Emory’s university-wide sustainability initiative has led to a number of changes. Among them: Any new contracts for food service must be with vendors who can guarantee



UNHCR/B. Bannon

In the sprawling Dadaab refugee camp in northwest Kenya, those fleeing drought have joined the 300,000 refugees from war in Ethiopia, Somalia, and Sudan. All are facing unprecedented, climate-related flooding in the camp.

that no food has been transported more than 700 miles. Water fountains have water-bottle fillers. And individual buildings may compete for awards by reducing their energy usage.

“But people are still driving their big cars,” McCauley sighs, adding, “Like all of us, nurses are busy people who want cheap gas prices and the comfort and convenience of using things once and throwing them out.”

She says that she, too, likes traveling to another city and discussing important matters in person, but one of the best things a person can do to reduce his or her carbon footprint is to limit air travel. Fortunately, teleconferencing is a very viable alternative and one that NYU College of Nursing is increasingly making use of, with the

technological capabilities of its new building.

“Nurses have a critical role to play in educating the public about climate change, because our profession is at the intersection of scientific knowledge, community understanding, and communication,” Kurth says. “Just as we translate what a diagnosis means for our patients and how they can move forward, this is what we need to do on a societal scale around climate change.”

A Systems Approach to the Future

All of those interviewed for this article noted that there is a disconnect between the effects of climate change that most people can see today and their belief that the “real” effects are decades away.

Governments, says Kurth, reflect the same avoidance as their populations. “We know the documented effects of our reliance on fossil fuels, yet none of the oil-producing countries are slowing down in any way.”

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The Lancet Commissions' report indicates that more efficient, renewable, and cost-effective energy sources are already available; the political and economic challenge is to divert resources toward these sources and away from burning fossil fuels—a change that would have the immediate effect of improving human health.

Devising clean-energy technology is one area in which engineers can be very influential in preventing pollution at the source level, says Sreenivasan, noting that Polytechnic is home to a thriving incubator that is working on these problems.

“Engineers are very concerned and have a great role to play,” he says, emphasizing that a few European countries have made great strides in developing alternatives to fossil-fuel burning, and technology-sharing is critical.

“Public health is an engineering problem requiring a systems analysis. Engineers are used to taking a multi-dimensional systems approach to change, and that is where they can contribute,” Sreenivasan says. This is why, he adds, Rumi Chunara, assistant professor in computer science and engineering at NYU Global Institute of Public Health, is studying the movement of infectious diseases, so that they can be identified through their precursors before they emerge.

Like the body, he says, the ocean and air can recuperate from small wounds. “But 1,000 small cuts can have a very different effect.” Sreenivasan says that engineering can provide data and possible solutions, but he cautions that the price of these solutions may seem unfathomable—either in the moment or in future generations. “And what if we have politicians who don’t care and constituents who are not clear about their concerns?” he asks. “We need public discourse that is civil, informed, and less ideological.”

One thing we should not do, says Sreenivasan, is count on engineering to reverse climate change by managing the sun’s radiation, injecting silver iodide into clouds to change the amount of precipitation they release, or capturing carbon from power plants and burying it underground. “People don’t yet understand the impact that carbon sequestration and other proposed methods could have on the natural



Malaria, which had all but disappeared from the northeastern part of India, is finding its way back from Myanmar, where a drug-resistant strain has reached the border of the two countries.

environment. Technology solutions for complex problems such as climate change could have unforeseen effects, and a better thing to do is not to disturb it willfully.”

What Can We Do?

The Union of Concerned Scientists says the three most important things that ordinary people can do to help the environment are to drive less, heat (and cool) their homes less, and reduce their consumption of meat (because meat production is extremely water-, oil-, and greenhouse-gas-intensive).

To that list Thurston adds: Support policies like congestion pricing to decrease the number of cars coming into the city. Stay involved in decisions that governments make through voting and community involvement. Support efforts to divest from fossil fuels.

He doesn’t just talk the talk: Thurston has invested in solar panels for his home to reduce dependence on the electrical grid, and after eight

years, he is close to breaking even on the cost. “A lot of people don’t realize that the lights in their home are powered by upwind coal-burning plants,” he says.

Nurses can also get involved with efforts by the New York State Nurses Association and nursing unions, which have begun to advocate for smart environmental policies and laws.

The Clean Air Act, according to Thurston, has been one of the most successful environmental laws in the United States, and, counter to doomsday predictions, industry has not suffered because of it.

“Instead we have cleaner air, and academic papers have shown that as pollution levels went down, mortality went down.” In fact, he says, one of the reasons that Americans are somewhat complacent about the air is because it is not as polluted as it used to be.

Says Kurth: “Water, food, and clean air—which we take for granted as the basis of life—are at risk. I passionately believe that this must be part of our work, whatever type of work we do. One hundred years from now, are people going to say, ‘What were they doing while this was starting to happen?’” ■



Drs. Joyce Anastasi and Bernadette Capili conduct randomized controlled trials on the effects of diet on patients' symptoms.

Rigorous Studies Explore **ORDINARY FOODS** in Fighting Symptoms

Joyce Anastasi, PhD, MA '82, DrNP, FAAN, LAc, keeps in her office a stack of long, flat metal cases that look like poker-chip sets but instead contain plastic chips resembling the more edible variety, along with dozens of other rubbery foods. The colorful food models, like those kept under glass at highway diners, are used to illustrate meals that are better or worse for people suffering from gastrointestinal distress. Anastasi has found that *showing* her patients how to eat is a lot more convincing than merely *telling* them.

“Food is medicine,” says Anastasi, the Independence Foundation Professor and director of the Division of Special Studies in Symptom Management at the College of Nursing. She notes that many pharmaceutical products are made from plants, which have thousands of chemical constituents, and that the health benefits of foods like dark chocolate, grapes, and garlic are well established.

Yet, foods can also harm, a fact that became evident to Anastasi during the 1990s, when she was treating large numbers of people with HIV who suffered from chronic stomach symptoms, caused by either their illness itself or the medications they were taking. When Anastasi and her colleague **Bernadette “Candy” Capili, PhD**, explored what their patients were eating, it was clear that diets high in fats, fiber, lactose, and caffeine were making matters worse.

Anastasi and Capili were among the first researchers to recognize that as more people were surviving HIV, up to half were suffering from digestive problems so severe that they were afraid to leave home. Unfortunately, Anastasi says, hospitals, wanting to help patients quickly regain the weight they had lost, typically sent them home with high-calorie canned supplement drinks. But those drinks, she says, can make diarrhea worse because of their high sugar and fat content.

Anastasi, Capili, and their co-investigators conducted a rigorous and groundbreaking study demonstrating that a low-fat, lactose-free, caffeine-free diet that is high in soluble fiber had a very positive effect on the digestive systems of more than one-quarter of the people in the treatment group. This NIH-funded randomized controlled study, published in the *Journal of the Association in AIDS Care*, received a great deal of attention in the medical press, and the low-fat, lactose-free, caffeine-free diet for chronic diarrhea has become part of the curriculum for nurses in AIDS care and nutritionists nationwide. It also has been incorporated into the curriculum for the AIDS nursing certification exam.

Studies like this one, on noninvasive symptom control, are among the contributions that the division has made to improving the quality of life for patients with a wide range of ailments.

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◀ WHICH MEAL IS BETTER? ▶

The vegetable-heavy plate at the left might appear to be the healthier meal. But, for someone suffering from chronic diarrhea, the right-hand option—lower in fat, higher in soluble fiber, and lactose-free—is a far better choice.



Using “Regular” Foods to Control Symptoms

Chronic diarrhea that is not caused by a pathogen (such as a parasite) is usually caused by poor absorption of food, according to Anastasi. But convincing people to follow a diet that promotes absorption is tough because it often runs counter to individual habits as well as conventional wisdom about healthy foods.

“The classic New York breakfast is a double espresso with a bagel and cream cheese,” Anastasi says. “It doesn’t sound unhealthy, but, for a person suffering from chronic diarrhea, that breakfast is wrong on many fronts, especially if the bagel is whole wheat.”

Anastasi and Capili have found that people are more willing to follow diets that consist of normal foods—found in the grocery store or in restaurants—than medicinal powders or drinks. So, they encourage people to eat soluble fiber, like oatmeal and white rice, which absorbs excess fluids. But getting people to swap out the bagel for oatmeal and the coffee for chamomile tea requires education and support, and that is where the behavioral component of their work comes in.

Participants in their studies keep detailed food diaries, which they discuss at each meeting with the researchers. The research team pores over the entries, talking about how to make adjustments, taking into account one’s ethnicity, finances, and ability to cook. “A meal of fried chicken, salad, brown rice, and cauliflower might look fairly healthy, but can actually worsen the diarrhea because it’s high in fat and fiber,” Anastasi says.

Responding to Questions About Gluten

With the recent flood of gluten-free foods in the marketplace, it is not surprising that the division is turning its attention to gluten sensitivity, another known cause of gastrointestinal distress.

Gluten, says Anastasi, has been implicated in a number of GI and non-GI conditions, including cramping, bloating,

diarrhea, constipation, eczema, migraines, fatigue, joint pain, and brain fog. And it’s found not just in the obvious places, like bread, pasta, and pizza dough, but in salad dressing, “gluten-free” products that still retain some gluten, and even lip gloss.

“Some of the reasons for the increased sensitivity are likely our Western diet, which has been recognized to increase inflammation; changes in gut microbiome; use of antibiotics; hygiene; and reduced exposure to nature,” Anastasi says.

Anastasi and Capili have for many years treated and studied patients with irritable bowel syndrome (IBS), using therapies including acupuncture, moxibustion, and herbs. When they conducted a needs assessment to see whether certain foods triggered symptoms, they found that a lot of these people had a gluten intolerance or sensitivity as well as sensitivity to foods known as FODMAP (fermentable oligo-di-monosaccharides and polyols), a family of poorly absorbed carbohydrates. Patients’

doctors hadn’t discussed these potential sensitivities with them, so they were Googling for information and self-diagnosing.

Unlike celiac disease, which affects one in 100 people and has a clear genetic basis, non-celiac gluten sensitivity has no biological markers. Yet, Anastasi says that non-celiac wheat sensitivity and wheat allergies are real and could affect up to 20% of the population.

As interest in gluten sensitivity continues to explode, a backlash has erupted, with some in the medical community questioning the prevalence of this problem. Therefore, Anastasi and Capili thought it was important to address this subject and recently published an article in the *Journal for Nurse Practitioners* to help nurses guide their patients on gluten issues. It is particularly important, they say, for patients who are eliminating certain foods to test whether they have sensitivities to be under a nurse’s care, to make sure they take in enough nutrients. FODMAPs, they say, are particularly hard to remove from one’s diet because they are found in so many types of foods, from wheat to honey to asparagus, but diets low in them have proven helpful to some people with IBS.



Studying Fish Oil

Each one of the division's studies has revealed new areas of inquiry, as was the case with an innovative study on the effects of fish oil on heart health. Despite seeing a high prevalence of diarrhea in people with HIV, Anastasi and Capili had also noticed a trend in this population toward obesity and high triglycerides—which put people at great risk for diabetes and heart disease. These patients' triglyceride levels may have been increased by their medications or HIV itself, but a big culprit was their diets.

From earlier epidemiological studies, the researchers knew that people who eat more fatty fish have lower levels of heart disease, so they decided to compare the effects of taking fish-oil capsules in an NIH-funded randomized controlled trial. The research team provided patients with all of their food for eight weeks, so they could be certain of the study participants' exact food intake. There was more than a 50% reduction in triglycerides among the treatment group.

You Are What You Eat

Anastasi and Capili are on a mission to get people to know what is in their food. Recently, at a workshop, Capili was given a sample of black lemonade called a “detox”—a trendy concoction that tasted slightly of maple syrup. When she looked at the list of ingredients, she discovered that the ingredient responsible for the color was charcoal.

“People think they're drinking a healthy beverage, but charcoal is not without side effects,” Capili says. “It can cause black stools and even intestinal obstruction.”

The division has developed a course at the College of Nursing called Herbs, Nutraceuticals, and Supplements, in which students not only learn about the chemical components of foods and health products but make them. Anastasi developed and trademarked the course over the past decade, because as more patients consume herbs and supplements, it is important for their health care providers to understand the effects of these substances on their health and the potential interactions with other medications they might be taking.

Recently, the class made an organic first-aid ointment of olive oil, lavender, vitamin E, mullein, plantain, and St. John's wort (which has antimicrobial properties), and packaged it in attractive metal cylinders. The exercise illustrated that ordinary plants have medicinal uses.

“Some people think that talking about the effect of food on our bodies is flakey, but food is our fuel,” Anastasi says. “Somehow, over time, we have underestimated its value, and



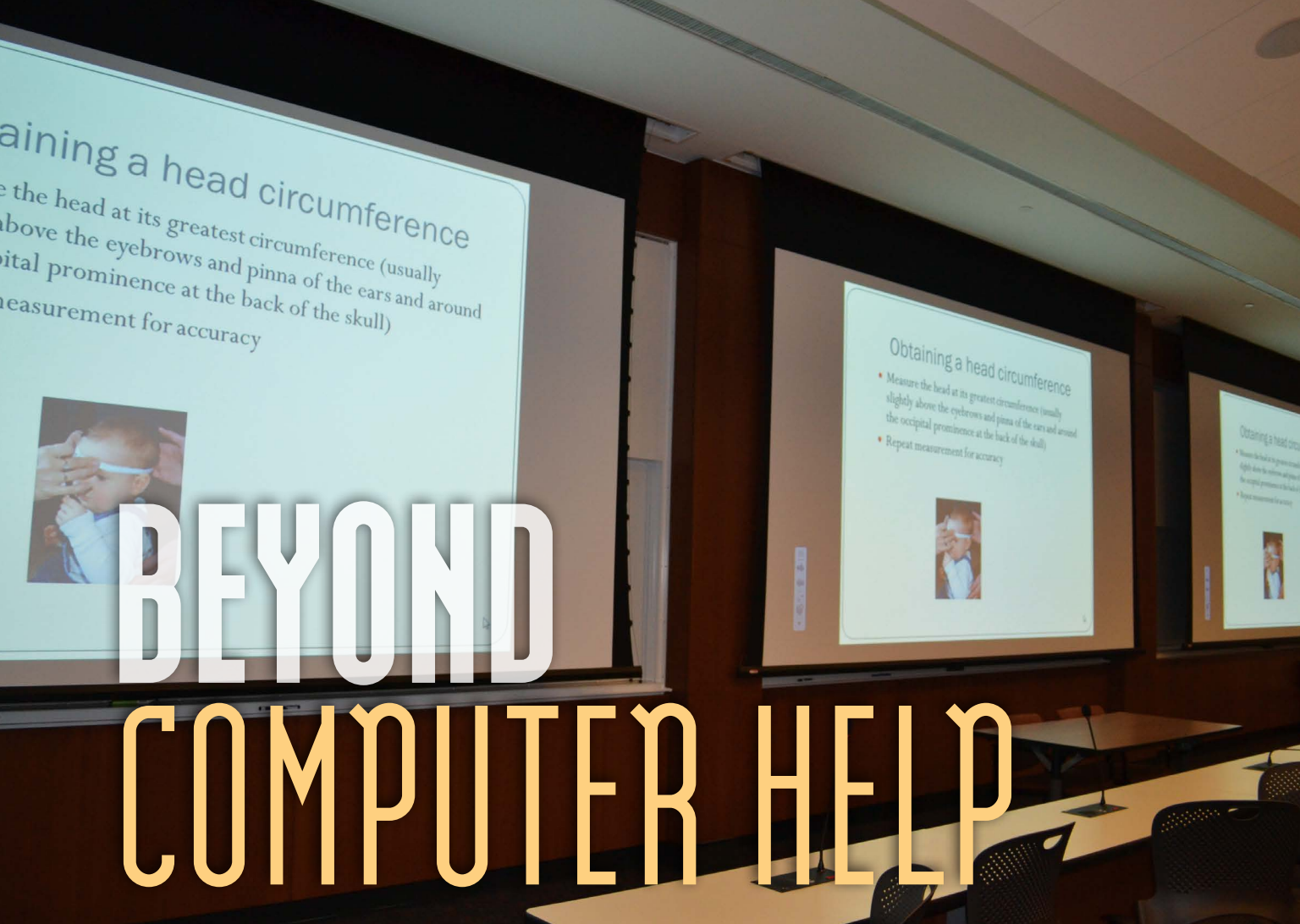
Students in Anastasi's course **Herbs, Nutraceuticals, and Supplements**

make an organic first-aid ointment of olive oil, lavender, vitamin E, mullein, plantain, and St. John's wort. The course addresses the chemical components and industry standards of foods as well as of herbs and supplements, which are being increasingly consumed by the public.

that is how we wound up with fast food. We need to slow it down and appreciate that what we eat keeps us alive.”

Anastasi maintains a private practice in Oriental medicine, which includes acupuncture, herbs, body work, and Eastern nutrition, and is largely focused on patients with fertility, pregnancy, and digestive concerns. She says there is growing appreciation of the role of nutrition in health care, and when she and Capili go to conferences, audiences clamor to talk with them about their work.

“I don't think a day goes by when we don't go to a restaurant or food store and look at the ingredients. But we have a different eye to the ingredients than most people,” she says. “We're thinking about what our patients are eating and how they're understanding what they're reading.” ■



BEYOND COMPUTER HELP

The IT Team Captures New Technology, Pioneers Educational Territory

Kevin Birk
feels as
though he's
living in
the future.

move to First Avenue, extends well beyond the College's computer experts, permeating the community.

"Everything has changed in the last six months," says Birk, who is one of eight new staff members on the IT team, led for the past four years by David Resto, director of technology and client services for NYU College of Nursing.

"We've had a rare chance to build technology into the bones of our new building. It's so exciting," he says.

Enthusiasm like Birk's, about the high-tech opportunities that have come with the College's

Building the Team

The opportunities created by the College's move required a larger IT department—including an entirely new audiovisual service wing—with new responsibilities. But even before the move, College faculty, who often conduct teaching and research outside of the usual nine-to-five parameters, were pushing technology into new areas and requiring high-level assistance.

The IT Client Services team is composed of the audiovisual, computer helpdesk, and Learning Commons AV support staff. After the move, the audiovisual team trained faculty to operate the technology in the College's two 160-seat classrooms, which feature three screens for displaying presentations, documents, multimedia, and video conferences. The classrooms also come equipped with 176 student microphones between them and "smart monitors"

that allow faculty to mark up their presentations while they are speaking. Most faculty are now adept at operating these systems.

The Web Development Department, headed by Javlonbek Turdiev, creates websites, apps, and web-based databases such as one used by the College's grants-management department.

The systems group experts, Rwei Hwa Su and Josue Berra, work behind the scenes to fix software glitches and back up data. Berra helps develop new scripts and deploy new software, such as the recently implemented ExamSoft, which enables students to take exams in a secure testing environment on their laptop computers.

Building the Infrastructure

For well over a year before moving to 433 First Avenue, Resto worked, in collaboration with colleagues from the College of Dentistry, to devise a way to automate the scheduling and video recording of all classes in the new building. To do so, he needed to bring together information from three systems: the central NYU Student Information System, which provides course schedules, numbers of students in each class, and faculty technological needs; the College's classroom reservation system; and MediaSite, the school's lecture-capture software.

"Since there are no other schools at NYU with this exact capability, David and his team engaged with multiple partners to accomplish this goal," says Ellen Lyons, assistant dean for administration, finance, and planning at the College. "As a result, staff spend fewer hours on scheduling, and classroom usage is maximized."

Capturing Lectures

The College's new systems are not just efficient and fun but facilitate a variety of new teaching and learning methods. In recent years, faculty have increasingly explored the "flipped classroom" approach, in which students watch lectures outside of class, on a computer or phone, and then spend classroom time in discussion.

With Birk's help, they have readily embraced "lecture-capture" technology—that is, taping lectures either before or during a class for later use. Birk is instructing nursing faculty to create "vodcasts" (video podcasts) using their computers. The technology also allows students to watch lectures that they've missed due to illness or bad weather or to rewatch a lecture to study for a test. Birk came to NYUCN

CONTINUED ON NEXT PAGE



▲ David Resto, director of technology and client services, can resolve faculty members' technical presentation problems without leaving his desk.

from NYU Stern School of Business, which pioneered the use of lecture capture at the University.

“The faculty seem to love these high-tech classrooms,” he says, adding that NYUCN’s lecture-capture system is probably the one most tightly bound into its IT infrastructure of any college in the university.

Building Software for Research

The IT team has also expanded into the area of website and app development, as nursing faculty increasingly employ and test high-tech patient-care technology in their research. In recent months, they have helped Associate Professor Mei Fu create a website used by breast cancer survivors in a study of a lymphedema-prevention program and assisted research scientist Marya Gwadz in building an app used in an HIV-prevention and treatment study.

Networking the College

The technology woven throughout the new College of Nursing building was carefully planned over a period of more than two years, but turning it on took only about a month’s time. In early January 2015, the newly formed IT team networked some 600 devices, all of which can now be controlled remotely from IT staff members’ own computers. That means that troubleshooting and maintenance,

such as installing a new printer or updating software on a professor’s computer, can be done without the faculty member needing to get up from his or her desk.

“We can even see how many hours our projector light-bulbs have left so they can be changed before they run out,” Resto says.

Although, theoretically, he could raise and lower the window shades or change the volume on a presentation in a nursing classroom while sitting at his desk, his remote work is generally limited to responding to system needs. Resto can also address urgent issues remotely, 24/7, and though the special 5:00 a.m. wake-up ring on his mobile phone is rare, he acknowledges that it is helpful to be able to fix problems before the day begins.

After graduating with a bachelor of science in business administration with a concentration in management information systems from the University of Central Florida, Resto started working as the “AV guy” at a community college. He then honed his technological skills at Lockheed Martin, the aerospace and defense manufacturer, where he learned about network security, databases, and coding. “Once you know the basics, you can apply it to all sorts of systems,” he says.

Making Classrooms Smarter

In addition to having recording ability and large screens that can be seen from all corners of the room, the College’s “smart classrooms” are equipped with Smart Podium software—a high-tech version of the old-fashioned overhead projector—that enables faculty to write with a digital stylus directly onto a laptop screen.

On a recent Monday, David Castellano, audiovisual specialist, was helping Clinical Assistant Professor Saribel Quinones mark up a graph, displayed on three screens, while she spoke to her pediatrics class.

“Being able to plot a graph or calculate a mathematical equation while the students are watching makes a big difference when I’m conveying a concept to them,” Quinones says. She also likes the microphones that are positioned at each student’s seat, so that everyone can hear one another speak.

Two feet from the podium hangs a decidedly low-tech sign announcing the phone number of the helpdesk. When called, Castellano can immediately select the classroom in question and view from his laptop exactly what the faculty member is seeing.

“You can call the IT team at any time and they’re here in one minute to help you,” Quinones says.

Staff now spend fewer hours scheduling rooms, and classroom usage is maximized.



▲
Outside of each classroom is a Crestron panel, listing the schedule of classes for the room.

NYU NURSING



IT Client Services Team

David Resto
Director of Technology
and Client Services

Kevin Birk
Helpdesk and
Audiovisual Manager

Audiovisual
David Castellano
Adrian Berry

Computer Helpdesk
Felix Rodriguez
Milind Adari

Learning Commons

Kevin Bracey
Nathaniel Ridgard

Web Development
Javlonbek Turdiev
Senior Web Developer

Hersh Korik
Web Developer

Todd Irving
Student

Systems Group Experts

Rwei Hwa Su
Josue Berra

Faculty have readily embraced “**lecture capture**” technology — that is, taping lectures either before or during a class for later use.

The Beauty of the Commons

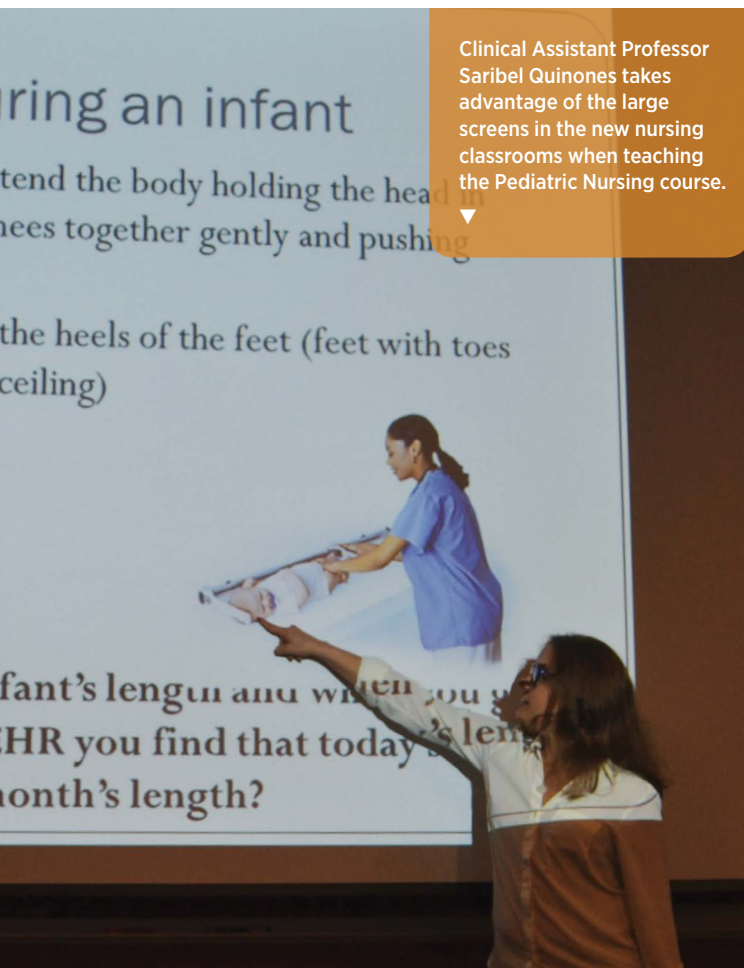
Among the biggest changes that arrived with the College’s move was the need to staff the Learning Commons—the 19,000-square-foot expanse on the third floor that is lined with 19 group study rooms equipped with large presentation screens. Students are able to reserve these rooms through a web-based scheduling system. IT staff are available weekdays from 7 a.m. to 10 p.m. to help students and faculty connect their laptops to the projectors and screens so they can view presentations together. The rooms are compliant with the Americans with Disabilities Act, so if a student is hard of hearing, for example, there are ways to plug hearing devices into the computers.

“Now that everyone is in the same building, students are everywhere, and you see them collaborating, sitting in groups, and having lively conversations,” Resto says.

The team was especially busy in January 2015 when students were invited to connect their laptops wirelessly to the Commons printers, which involved downloading and installing new software on each computer.

“Our team members are on the front line, helping students and faculty, and they are constantly learning, because every computer is different,” Resto says.

Birk likens the IT team to a human nervous system working together to run a whole body. And, like a human’s nerves, the machines ideally operate without a lot of direct oversight. “We’re trying to make sure every type of information we take in has a place to go and a person whose responsibility it is. Broadly, we’re empowering faculty and staff to undertake their work with the most technical fluency, to express themselves, and fulfill their job requirements,” he says. ■



Clinical Assistant Professor Saribel Quinones takes advantage of the large screens in the new nursing classrooms when teaching the Pediatric Nursing course.

Mei Fu

Groundbreaking Research Benefits Those with Lymphedema



Mei Fu

When Deb Hackenberry was diagnosed with breast cancer in 2011, she was already familiar with lymphedema, a common and dreaded side effect that can result from lymph-node removal. Fifteen years earlier, a surgeon had removed a swollen lymph node from her right arm to examine it for possible lymphoma.

Hackenberry was cleared of cancer the first time around, but her hand and forearm often swelled painfully, making it difficult to play tennis, type, and do other everyday activities.

It took several years before a gynecologist identified her symptoms as lymphedema, the result of the lymph-node surgery.

Lymphedema is a painful and debilitating condition that can affect anyone who has had lymph nodes removed. It

is caused by accumulation of lymph fluid in the affected body part once the lymphatic system loses its ability to transport lymph fluid sufficiently. Up to 40% of women who have had breast cancer surgery experience the condition, including about 20% within the first year.

Once Hackenberry, 62, learned that she would need to have lymph-node surgery as part of her breast cancer treatment, she was worried about acquiring lymphedema in her other arm.

“It’s very anxiety-provoking because your movement is restricted and your arm swells and is very tender,” Hackenberry says. “I’m a very physically active person, and if there was any way to prevent it from occurring, I was going to do it.”

Now, she has less reason to worry, thanks to the groundbreaking research of Professor **Mei R. Fu, PhD, ACNS, RN, FAAN**, demonstrating that the risk of lymphedema can be reduced and managed much more successfully than previously thought. After participating for a year in Fu’s study of self-care strategies to reduce the risk of lymphedema, at NYU Langone Medical Center, Hackenberry continues to perform these techniques.

Deb Hackenberry is among the research subjects to have benefited from Dr. Mei Fu’s lymphedema-prevention and management research.

“I’m a huge success story.”



Beyond Survival

A decade ago, when Fu began exploring whether lymphedema could be prevented, it was widely believed that little could be done to avoid this condition.

“It was thought that if people survived breast cancer, they should not complain,” Fu says, explaining why breast cancer research funding was largely restricted to prevention and treatment, not to post-cancer complications. “But now more than 98% of breast cancer patients survive more than five years, and if they get lymphedema, their quality of life is severely compromised.”

Fu had long suspected that more could be done to prevent lymphedema, and she began by looking closely at the physiology of the lymphatic system. There are three liters of lymph fluid that every day must be filtered, directed by the lymph nodes to the lymph vessels, and removed from

the lymphatic system. When nodes and vessels are removed, the fluid has to find another route. The body can adjust to a lack of direction for a while, but for up to 40% of patients—whether immediately after surgery, six months, or several years later—the body can’t compensate anymore. In addition, injury or infection of the affected limb or body part—even a mosquito bite—can put intolerable stress on the lymphatic system, causing symptoms.

Based on her observations, Fu believed that regular repetition of exercises like deep breathing and arm-muscle pumping could stimulate the system to keep the fluid moving and reduce symptoms almost to zero.

With initial support to test her hypothesis from the National Institute for Nursing Research, Fu collaborated on pilot studies for more than a decade with partners including the NYU Cancer Center, School of Medicine, Polytechnic School of Engineering, College of Dentistry, and Center for Asian Studies. Fu’s chief collaborators include leading breast surgeons Drs. Deborah Axelrod and Amber Guth; Joan Scagliola, director of outpatient oncology at NYULMC; Dr. Yao Wang of NYU Polytechnic; and Dr. Jason Fletcher, a senior statistician.

She and her team developed eight exercises, which she has trademarked as The Optimal Lymph Flow program. In 2014, she published her first paper showing definitively that when women practice the exercises daily and follow other self-care practices, particularly keeping their weight under control, they almost universally do not experience the fluid accumulation that causes lymphedema.

Of 140 research subjects who were guided by nurses through the educational program prior to surgery, 97% maintained or improved their preoperative limb volume after one year. The exercise program is also proving successful for women who have already struggled with lymphedema over a period of time. Fu recommends that anyone who experiences more than 6 of 25 lymphedema



A series of daily muscle-pumping and breathing exercises developed by Dr. Mei Fu was effective in helping women prevent lymphedema following breast cancer surgery. Her research team has developed and is now conducting a randomized clinical trial of a web- and mobile-based system to share this prevention program widely.

symptoms should start doing preventive exercises to promote lymph flow.

Hackenberry was thrilled to learn that there was something she could do to prevent lymphedema. “Lo and behold, in addition to preventing lymphedema in my right arm, the exercises brought down the symptoms in the left arm,” she says.

The muscle-pumping exercises take her a few minutes in the morning and evening, and she does deep breathing multiple times a day. She was also instructed to keep anxiety under control, because stress can lead to inflammation.

“I’m a huge success story,” Hackenberry says. “Because I’ve had such wonderful results, there’s not a day that I don’t practice the program.”

Hackenberry, who left her career in the television industry to work for SHARE, an organization that provides education and support for women with breast and ovarian cancers, says that her group’s members treat Mei Fu “like a rock star,” because so many people had felt like they were left out in the dark.

Now, Fu is exploring how best to use her momentous results. With funding from the NYU University Chair fund and Judges & Lawyers for Breast Cancer Alert, she built and is testing a web-based platform to be used by women anywhere, with education about lymphedema risk, self-care, and exercises as well as a healthy-weight program. The website’s animation shows women doing their daily exercises.

With a Pfizer Independent Grant for Learning & Change, she is also embarking on a clinical trial to help patients manage pain and other lymphedema symptoms.

Fu emphasizes that there is still no cure for lymphedema, and it is typical for people to become complacent about doing their exercises, especially when they have no lymphedema symptoms. So, her research team is also exploring smart phone apps, email reminders, and other ways to help people stick to the routine. ■

Joseph Palamar

Studying Drug Use with an Aim to Protect



Joseph Palamar

Joseph J. Palamar, PhD, MPH, spent the summer of 2015 at raves—large dance parties that are sometimes associated as much with drug use as they are with music. Palamar was not there for the music, although he is a fan. He was there to survey more than 1,000 young adults, asking them about “new” drugs they

have encountered in the music scene for a study funded by the Center for Drug Use and HIV Research (CDUHR) at the College of Nursing. Among the things he hopes to learn is whether these new drugs are fueling unprotected sex.

Palamar, an assistant professor in the Section on Tobacco, Alcohol and Drug Use in the Department of Population Health at NYU Langone Medical Center, wants to arm the scientific community and the club-going public with accurate information about both the safety and the dangers of recreational drugs—data he thinks is sorely missing from drug-policy debates.

In May, Palamar and colleagues published in the journal *Drug and Alcohol Dependence* the first national study to look at illicit drug use among rave attendees, using information from a database of 15,000 high school seniors. They found that one in five students had attended a rave, and that use of illicit drugs other than marijuana was at least twice as prevalent among rave attendees. Use of the “club drugs” ketamine

and GHB was almost six times higher among attendees. Still, two-thirds of the dance-goers did not use illicit drugs other than marijuana.

Palamar views drugs as a health issue, not a criminal issue, and he hopes his work will lead to sensible policies that protect rather than punish and stigmatize users. He won the Outstanding Dissertation Award at NYU Steinhardt for his research on stigma surrounding drug use, and he believes that efforts to deter drug use often backfire. For example, when festival promoters increase security, “people are more likely to take large quantities of drugs before they enter, so they won’t get caught with them. That’s how overdoses happen.”

Palamar adds, “One of the most serious adverse outcomes from drugs is arrest. For most people, that is more likely to ruin your life than drugs themselves, because you can’t always get school loans or a good job after a drug-related arrest.”

He brings an unusual insider’s perspective to his work. Some 17 years ago, while waiting to take a position on the New York City police force, Palamar started going to after-hours dance clubs like Tunnel and Sound Factory. His negative views toward drug use shifted as he learned that his new friends did not fit the “deviant” image of drug users that he had. “Most were from middle-class families, educated, and had jobs and sometimes families of their own. I knew that I would not want to arrest these people,” he says.

Palamar observed that club kids ignored anti-drug messages, viewing them as mere scare tactics, because they generally did not experience the dangers they were warned about—particularly when it came

Understanding of the types of drugs used by young people at dance parties and nightclubs is essential to **developing sensible policies** to protect them, says Dr. Joseph Palamar.



to marijuana and MDMA, known as ecstasy or Molly. The flip side was that certain drugs—including legal ones like alcohol and Vicodin—could actually be lethal.

Palamar traded in his policing plans for a master's degree in psychology at NYU and went on to receive an MPH and PhD in public health from NYU Steinhardt. Now, with a new, five-year grant from the National Institute on Drug Abuse, he is studying new drugs on the market and interviewing drug dealers, users, and party promoters to identify why people take them, and why people sell them.

"Every time a new drug becomes illegal, another one takes its place," Palamar says, adding that last year, over 100 new chemical formulations entered the market as recreational drugs that were not technically yet illegal, and some, like the emerging psychedelic drug NBOMe, often have devastating effects. NBOMe requires only a tiny dose to cause a high, he says, but the chemical components are extremely potent, and small amounts can cause cardiac arrest. For the

first time, his research team is conducting hair analyses of participants—not to see whether they are telling the truth about the drugs they take, but to see whether they are taking new drugs that they didn't intend to consume.

Palamar believes that drug use is not going away, and accurate information—for the scientific community and the public—is needed to keep people safe. For the past six years, he has also taught statistics at the College of Nursing, where he unabashedly energizes his lectures with examples from his research on sex and drugs. "For example, we might look at a model to see what predicts numbers of lifetime sex partners," says Palamar, whose students acknowledge that discussing interesting subjects in statistics makes a big difference in what can be a bland subject. He will no doubt share the results of his most recent study, which he hopes will lead to more vigilance on the part of both drug users and concert promoters to ensure the safety of attendees. ■

Victoria Vaughan Dickson

Bringing Heart-Healthy Messages to Women Who Need Them Most



Victoria Vaughan Dickson

For most people, managing the day-to-day responsibilities of life is hard enough, let alone getting to the gym. So, it's no wonder that people with heart disease may have trouble weaving additional heart-healthy behaviors into their schedules, according to **Victoria Vaughan Dickson, PhD, CRNP, FAHA, FAAN**, associate professor.

Therefore, Dickson is researching a fresh, community-based approach to heart-disease self-care for individuals who may have little time to take care of their health or awareness of how to reduce their heart-disease risks.

Partnering with three New York City YMCA branches, she is studying the effect of an intervention that combines healthy eating, stress management, weight management, and exercise in a social environment for women with heart disease. The project dovetails with YMCA's mission

of health promotion in the community and it also gives health educators a logical place to reach people who otherwise might be difficult to reach.

In an earlier pilot study, Dickson showed that a group self-care intervention in a public setting could be quite successful: Older participants with heart failure thrived in the positive and empowering embrace of local senior centers, learning to take better care of themselves by following a low-salt diet, monitoring their weight, and managing emergent symptoms.

Now, with a one-year World of Difference grant from the Cigna Foundation, Dickson is adapting and testing the self-care intervention for women with heart disease and heart-disease risk factors at Manhattan's West Side, Vanderbilt, and Chinatown Ys. Women participating in the program will receive free three-month memberships along with weekly heart-healthy classes provided by an onsite health educator. Participants are eligible if they already have heart disease or risk factors such as high cholesterol, diabetes, or hypertension.

The women, with a wide range of ages and employment situations, attend sessions with a bilingual health educator who takes a practical approach to behavior change. For example, she doesn't just tell participants to change their eating habits but rather simulates real situations they might encounter, such as ordering in a restaurant or choosing ingredients for dinner or their children's lunches.

Many quickly prepared restaurant foods are high in salt and fat, Dickson says, and it might be difficult for some people to choose the healthiest ones, especially from many ethnic menus that are traditionally high in these ingredients.

The course also focuses on stress management, which Dickson says plays an important and underappreciated role in heart disease, increasing the demands on the cardiovascular system.

The study focuses on women because "they are the gatekeepers of heart health, and they can model these new behaviors for their families, especially their children," Dickson says, adding that one participant just turned 80 and said she joined the program "to make it to 81." Women also have a higher percentage of recurrent events after a first heart attack: one-third of those who survive a heart attack will die in the next year of cardiac arrest or another heart attack.

Yet improving heart health is largely in their hands. For example, for most women who are overweight, a loss of 10 to 20 pounds can reduce risk for heart disease, among other benefits.

One of the aims of the study is to see how women fit self-care into their busy lives. Already, Dickson has seen that some of them come to the Y directly from their jobs,



Health Educator Elena Garcia (wearing black) discusses signs and symptoms of heart disease with participants in the Women's Heart Health Program at the Sirovich Senior Center in Manhattan. Dr. Victoria Vaughan Dickson is studying the effects of **community-based interventions** on people with heart disease or risk factors for it.

bringing their friends and coworkers.

In the past, Dickson studied barriers to self-care for people in the workplace who have heart disease. Caring for themselves, which involves taking medication, managing symptoms, and eating healthy foods during the workday, can be difficult, she found, and self-care was strongly influenced by job type, gender, and occupation.

"People who had more job control and flexibility did better," she says, "whereas those in support roles or service roles really struggled, especially with diet and exercise. And even those in professional positions reported fear of discrimination if they revealed their heart symptoms and need to take care of themselves on the job." Another eye-opener for her was that corporate workplace wellness programs, which are ubiquitous, often do not reach individuals with heart

disease, especially those who do not have the time or job flexibility to participate.

Managing stress in the workplace is also critical but difficult for those with heart disease, says Dickson. "If you have a difficult boss or coworker, you can't control what they do, but you can learn to control your response to them," she says. That is why she has added stress-management and relaxation techniques to her intervention.

"Helping women help themselves improve heart health means connecting to them where they live, work, and play," says Dickson. She has already expanded the program to several senior centers and plans to expand to other cities with the help of Cigna funding. "I'm all about keeping people healthy in the community. That's the basis of all of my work." ■

Some people follow their forebears into philanthropy. **Anthony and Annette Roscigno** are following their daughters. The Roscignos are generous supporters of the College of Nursing, where their younger daughter, **Gabrielle**, is in her third year. But even before she and her sister, **Alexandra, BA '13 CAS**, attended NYU, the family took an interest in the multiple causes that had captivated their daughters, from Costa Rica to South Africa.



It all started with Catholic Sunday school, which Annette taught for many years. When the church helped a group of Burmese refugees to resettle in the Hartford, Connecticut, area, Alexandra and Gabrielle—in middle and high school in nearby Avon at the time—participated in clothing drives, pool parties, and other activities to help them acclimate. It made a huge impression on the girls to meet people who had come to the United States with so little, Annette says, and both young women have since decided to devote their careers to helping others.

The volunteer spirit combined with the travel bug (Annette had been a flight attendant) have led Alexandra and Gabrielle on a number of expeditions, primarily to work with children in the developing world. Each time they returned from an overseas program—Alexandra helping to build schools in Costa Rica and volunteering at an orphanage in Ghana; Gabrielle working with victims of domestic violence in South Africa and in a camp for children with HIV/AIDS in California—they convinced their parents to lend financial and moral support to these efforts.

“Wherever they’ve gone, we’ve supported it,” Annette says.

Travel also plays a large role in Anthony’s career as the managing director of private equity for JP Morgan Chase. He spends about half of his time in Asia, overseeing investments of client capital in companies all over the world, many of them health care-related.

As a young man, Anthony had worked for six years as a golf professional. Unsure of what to do next, he was helped along through connections he made in the golfing world—people who encouraged him to go back to school for his MBA, which he earned at Fairleigh Dickinson University. When he joined the College of Nursing Board of Advisors in 2013, he and Dean Eileen Sullivan-Marx soon agreed that coaching student members of Men Entering Nursing would be a good way for him to pay

forward the help he received and share what he has learned about career advancement. When it came time for Alexandra to go to college, the Roscignos visited all types of schools, but she loved New York and wanted to live in a city with greater diversity than where she grew up. NYU was her first choice, and her sister followed her.

Since joining the NYUCN Board of Advisors, Anthony says, his biggest surprise has been the international dimension of the College.

“When you think of NYU and nursing, the first thing you think of is NYU Langone Medical Center, but I was fascinated by the global reach of the program,” he says.

While the Roscignos’ older daughter, Alexandra, found her passion in psychology, Gabrielle was drawn to nursing by her international volunteering and through a personal experience with uveitis, a rare eye inflammatory disease. Uveitis is the leading cause of blindness in American girls, and the family now has an especially personal connection to the Boston-based Ocular Immunology and Uveitis Foundation, whose research it supports.

Gabrielle transferred into the College of Nursing after her first year at NYU, on her mother’s recommendation.

“I knew I wanted to make a change into a hands-on profession, and we sat down and researched nursing,” Gabrielle says. “I was so impressed by all the directions you can go, and it correlates so perfectly with the volunteering I’ve done.”

She was immediately excited about her choice, and even more pleased that she was already at a university with a great nursing school. “Every single person I’ve met in the nursing program has been genuine, intellectual, and determined,” Gabrielle says. “The program is competitive, but we encourage each other to succeed. You can tell when you walk into the nursing building, the energy is so positive, and that’s what I love about it.”

The Roscignos now divide their support for NYU between Nursing and the College of Arts and Sciences, where the bulk of their philanthropy is focused on scholarships.

“We really appreciate what NYU has done for our daughters,” Annette says, to which Gabrielle adds: “I love their involvement and appreciate their support. And, I want to make them proud.” ■

CELEBRATIONS

24th Annual Estelle Osborne Recognition Ceremony

February 25, 2015

A L-R: Alumnae Janice Gray, PhD '80; Sylvia Williams, MA '75; Evelyn Guadeloupe, MA '75; and Phyllis Jenkins, MA '69; and Leadership Institute for Black Nurses pioneer Harriet Brathwaite.

B L-R: Alumna Marie C. Foley, PhD '04, MA '85, with Honoree Jamesetta Halley-Boyce, MA '73.

C L-R: Master of Ceremony Jamesetta Newland; honoree Jamesetta Halley-Boyce, MA '73; Dean Eileen Sullivan-Marx; and Black Student Nurses Association President Regina Alexander, BS '15.

D L-R: Alumna Christine Jean-Louis, MS '11, and PhD students Billy Caceres, MS '13, and Melissa Martelly are captivated by Jamesetta Halley-Boyce's inspiring speech.

E Cynthia Sculco (left), donor to the Cynthia Davis Sculco Scholarship, speaks with Tammy Cohen Fetterman, MA '02, a recipient of the Barbara Jonas Psychiatric-Mental Health Nursing Scholarship.

F L-R: Mark Bodden, vice president of the Rudin Foundation, with Dean Eileen Sullivan-Marx and Rudin Scholar Stephanie Niu '16.

G Harriet Ruth Feldman, PhD '84, recipient of the Rose and George Doval Award for Excellence in Nursing Education (second from right) with her daughter, Jamie Boland (left); Associate Dean for Academic and Clinical Affairs Barbara Krainovich-Miller; and Feldman's son-in-law, James Boland.

H Scholarship donors Joe Narus, DNP '12, MA '99, BS '96 (left), and Charles Soriano (right) with scholar Sharon Lines, MS '10.



Annual Student Awards Reception

March 24, 2015



7th Annual Norman and Alicia Volk Lecture in Geriatric Nursing & Dinner

April 29, 2015



I L-R: Norman Volk, chairman of The John A. Hartford Foundation, keynote speaker Heather Young, Dean Eileen Sullivan-Marx, and Alicia Volk.

J Doug Mercer, founder and chairman of the Wellness Foundation, during the Q & A.

K Barbara and Donald Jonas of the Jonas Center for Nursing and Veterans Healthcare with Clinical Assistant Professor Emerson Ea (left).

L Claire Fagin, PhD '64, DS '11 (center), cracks a joke with Norman Volk and Elizabeth McCormack, philanthropic advisor at Rockefeller Family & Associates.

College of Nursing Graduation

May 18, 2015



M Graduates are pinned by loved ones at New York City Center before the ceremony.

N Dean Eileen Sullivan-Marx and Donald Jonas with graduation honoree Naomi Levine and Speaker Judith Shamian, MA '84 (Steinhardt).

O A proud family celebrates new graduates.

P Barbara and Donald Jonas accept the first Leadership Circle Award for their exemplary support of the College.

Q Jonas scholars Maureen McSwiggan-Hardin, ADCRT '02, and Tammy Cohen Fetterman, MA '02 (both DNP students), present a T-shirt to Donald and Barbara Jonas, with Dean Eileen Sullivan-Marx.

R NYU Clinical Professor of Classics Peter Meineck presented the talk "How the Ancient Greeks Can Help Heal the Warriors of Today."

S L-R: Senior Associate Dean of Academic Programs James Pace with Dean Eileen Sullivan-Marx and William Constantine, NYU Langone Medical Center trustee and NYUCN parent.

Annual Leadership Circle Reception

June 11, 2015



James Pace Appointed Senior Associate Dean of Academic Programs

A THREE-DECADE CAREER IN NURSING AND MINISTRY

While he was studying nursing in 1978 at Florida State University, James Pace—influenced by a stint working as a nursing assistant on a locked psychiatric unit—expected that he would practice psychiatric nursing when he graduated. But an unexpected clinical rotation on an oncology unit changed his plans.

“The oncology unit at the time was considered a death and dying unit, and I didn’t want to go there. But, it ended up being the best thing that could have happened to me because it changed my mind about what I wanted to do,” he says. Pace fell in love with caring for people who were at the end of life and suffering many feelings of loss. “I felt that it was what I was called to do, and I discovered that I was good at it.”

But nursing wasn’t Pace’s first calling. At age 21, with a bachelor of arts degree in philosophy, he was planning to enter an Episcopal seminary—a lifelong dream and goal. How he went from working with the mentally ill in Bradenton, Florida, to becoming senior

associate dean of academic programs at NYU College of Nursing and living in a parish house in Times Square is a story of God, love, and caring for the dying.

In Florida, Pace’s patients included those with a variety of mental health complications. He quickly discovered that the job presented compelling ethical and philosophical issues. For example, when an older patient with dementia thought she had given birth to a child (she had suffered a prolapsed uterus), Pace asked his supervisors whether she might be given a doll to care for. “They said absolutely not because we’d be feeding into her delusions,” he says. “I thought that was an interesting response, and I began to see how dealing with people’s needs, emotions, and feelings is extremely complex when it comes to health care.”

Pace’s nursing supervisor persuaded him to put his priestly aspirations on hold and become a nurse. He then worked for several years at Vanderbilt University Medical Center on an oncology/hematology unit

before embarking for the University of Alabama at Birmingham to teach in the undergraduate program and pursue his PhD in nursing. (Over his three-decade career, Pace has also taught at Vanderbilt and Emory Universities as well as NYU).

Yet far from quelling his calling to the priesthood, Pace’s nursing experiences only deepened it, as he began to see health care and ministry as different yet related expressions of service to the whole person. He returned to Vanderbilt to attend divinity school—supporting his education through his nursing practice.

Pace’s decision to go to divinity school after earning a PhD in nursing attracted some quizzical looks. But he wasn’t changing careers; he was merging them, elegantly.

For his first divinity field placement, Pace was assigned to work in a hospice because of his health care experience. After his graduation and subsequent ordination, he was hired as a full-time nursing faculty member at Vanderbilt, where half of his time was spent as a hospice chaplain. When the AIDS epidemic hit, Pace was recruited to Emory University in Atlanta to launch an HIV nurse practitioner program and work as an NP himself, taking care of patients with HIV at several sites, including two county prisons.

At that time, AIDS care was synonymous with end-of-life care, and in spite of the harrowing crisis unfolding around him, Pace found fulfillment in his work. His ability to manage



It is an incredible experience when people go through periods of healing and reconciliation with their families, divorce themselves from anger with the help of wonderful providers, and become more aware of the wonder and beauty of living fully. —James Pace

Pace began to see health care and ministry as different yet related expressions of service to the **whole person**.

complex symptoms and talk with patients about their feelings and their fears enhanced the quality of their lives. For Pace, there was profound meaning in being present with people at a time of life when their spiritual connections with life were at their most intense.

“It is an incredible experience when people go through periods of healing and reconciliation with their families, divorce themselves from anger and guilt with the help of wonderful providers, and become more aware of the wonder and beauty of living fully,” he says.

When the palliative care movement gained momentum in the late 1990s, no one was better suited than Pace to start a palliative care NP program, and Vanderbilt called him back to do so. While overseeing that program, he continued to practice both as a nurse and as a director of chaplaincy and bereavement at a local hospice.

Later, when the opportunity came along, Pace accepted an evening chaplain position at Vanderbilt’s Medical Center. This position exposed him to “the length and breadth of the human condition,” he says. He spent countless hours counseling families of all religious backgrounds when their loved ones were taken off life support, while they anxiously awaited news after traumatic injuries, or during any unexpected life tragedy.

Pace sees spirituality and health as being deeply interconnected and believes that an appreciation of spirituality and its many expressions is a key component of holistic nursing.

In 2006, Pace and his partner, Quentin, visited New York City to celebrate their commitment ceremony. Walking through the West Village, they spotted the purple NYU flags, and Quentin wondered out loud whether NYU had a nursing school where Pace might work. Later, Pace applied to NYU and was offered an undergraduate faculty position.

Former dean Terry Fulmer convinced him to teach her undergraduate honors course in palliative care, where Pace drew upon all of his prior professional experiences to enliven the course.

For someone who was born and raised in the South, one of the most exciting aspects of New York City—aside from the intellectual vibrancy and curiosity of NYU students—is the diversity of people and their means of religious and spiritual expression.

“There is all manner of religious life here that I’d never seen before,” Pace says. “These beliefs significantly impact what people think about Western medicine and how they take care of themselves holistically. We have to always consider whether our patients might be keeping any aspect of their self-care from us out of fear of judgment or what they think others might expect of them.”

Several months after Pace arrived at NYUCN, he was appointed associate dean of the undergraduate program. He also began a part-time NP position at Callen-Lorde Community Health Care Center, where he was introduced to the multiple dimensions of transgender care.

Pace will have oversight of all nursing programs at the College, ensuring that they reflect the **highest standards** of evidence-based practice.

Now, in his new role as the senior associate dean for academic programs, he will have oversight of all nursing programs at the College, ensuring that they reflect the highest standards of evidence-based practice so that graduates are fully prepared to respond to the needs of both the sick and the well. His purview includes recruiting and retaining excellent students and ensuring their success and well-being; leading accreditation and regulatory efforts; and encouraging inter-professional and interdisciplinary innovation and collaboration between the College of Nursing and the public health, dentistry, medicine, social work, and engineering fields.

Pace was selected for the new position following a rigorous national search. “We are thrilled that Jim will be stepping into this position,” Dean Eileen Sullivan-Marx says. “He brings a breadth and depth of education and practice experience to his new role.”

She adds, “Jim is someone who can facilitate connections internally and externally and allow us to rapidly innovate while preserving the quality of our programs. He always has an eye toward the intellectual growth of our students, and his leadership, judgment, and forward thinking will move us toward accomplishing the goals of our Five-Year Strategic Plan and our vision to advance health for all people.”

Pace sees his new role as “carrying on the rich legacy of nursing at NYU.” He is also carrying forth his own commitment to the spiritual health of those in need as an assistant priest at the Episcopal Church of St. Mary the Virgin located in the heart of Times Square. Pace ministers to people who gather at the crossroads of the world. “In Times Square, there are always surprises!” he says. “I have a front-row seat to the richness of all of humanity.” ■

Promoting Our Faculty

The College of Nursing is pleased to announce that several of our faculty members have received promotions as of this fall, reflecting their excellence in teaching and research. **Victoria Vaughan Dickson, PhD, RN, CRNP, FAHA**, now holds the rank of associate professor. **Emerson Ea, DNP, RN, BC; Dorothy Wholihan, DNP, ANP-BC, GNP-BC, ACHPN; and Candice Knight, PhD, EdD, APN**, have become clinical associate professors. **Fidel Lim, DNP, MA '96, RN; Karyn Boyar, MS, and Babette Biesecker, MS, RNC-NIC, HNP, AHN-BC, GNP-BC, FNP-BC**, are now clinical assistant professors. ■



Allison Squires



Kimberly Glassman

Congratulations to the New AAN Fellows!

Two College of Nursing faculty members, **Allison Squires, PhD, RN**, assistant professor, and **Kimberly Glassman, PhD, '07, MA '87, RN, NEA-BC**, chair of the NYUCN Advisory Board and associate dean for partnership innovation at the College of Nursing, will be inducted as Fellows of the American Academy of Nursing in October 2015. ■

FACULTY NEWS

■ **Tara Cortes, PhD '76, MA '71**, executive director of the Hartford Institute for Geriatric Nursing, has received an \$850,000 grant from the U.S. Health Resources and Services Administration for her study "A Clinical/Community Partnership to Expand Primary Care of Older Adults."

■ **Mei R. Fu, PhD, ACNS, RN, FAAN**, professor of nursing, received the 2015 Chinese American Nurses Association Outstanding Professional Achievement Award in honor of her contributions and leadership in the nursing profession. Fu, who was president of the association from 2011 to 2013, was honored at an award ceremony on May 8, 2015, in Flushing, Queens.

Fu also received an Outstanding Teaching Award from Peking University School of Nursing and the CMB China Nursing Network for a seminar she taught in July 2015.

Fu's recent study of perceptions of obesity among Chinese Americans, published in *Obesity Research & Clinical Practice*, was covered by a number of media outlets. She found that Chinese Americans, the largest subgroup of Asian immigrants, are at increased risk for obesity because of the changed cultural circumstances they encounter in the United States.

■ **Judith Haber, PhD '84, MA '67**, Ursula Springer Leadership Professor in Nursing, has been selected to receive the 2015 Marie Hippensteel Lingeman Award for Excellence in Nursing Practice by Sigma Theta Tau International. The award, one of STTI's Founders Awards, to be presented in November, recognizes extraordinary excellence and is one of nursing's highest honors.

■ **Ann Kurth, PhD, RN, FAAN**, director of NYU College of Nursing Global, has received a five-year R01 grant of \$1.6 million from the National Institutes of Health/National Institute for Allergy and Infectious Diseases for her study "High-Yield HIV Testing, Facilitated Linkage to Care, and Prevention for Female Youth in Kenya."

■ **Rona Levin, PhD '81, RN**, director of the NYUCN Doctor of Nursing Practice Program and clinical professor, will receive the 2015 Sigma Theta Tau International Evidence-Based Practice Award in November 2015 at the STTI 43rd Biennial Convention in Las Vegas. This is an international award recognizing nursing excellence in linking evidence to practice.

■ **Noreen Nelson, PhD, RN, CNS**, clinical assistant professor, was inducted into the Christ the King High School Hall of Fame, in Middle Village, New York.



Fidel Lim, MA '96, RN, clinical assistant professor, presented the talk "Florence Nightingale: Interface Between Past and Present," at the International Council for Nursing, held in Seoul, South Korea, June 19 to 23, 2015.

■ **Joseph Palamar, PhD**, a research scientist with the Center for Drug Use and HIV Research, is this year's recipient of the Drug and Alcohol Dependence Fellowship Award. The fellowship, sponsored by the College on Problems of Drug Dependence and Elsevier, provides a young investigator with editorial-board experience for a year. He was also awarded Outstanding Reviewer status for *Drug and Alcohol Dependence* and for the *International Journal of Drug Policy*. Palamar's manuscript "Adverse Psychosocial Outcomes Associated with Drug Use Among U.S. High School Seniors: A Comparison of Alcohol and Marijuana,"

was the top manuscript downloaded from *The American Journal of Alcohol and Drug Abuse* from January 2014 through June 2015. It was downloaded 3,388 times.

■ **Allison Squires, PhD, RN**, assistant professor, was awarded a three-year, \$750,000 R01 grant from the Agency for Healthcare Research and Quality. Squires's study, conducted with the Visiting Nurse Service of New York, will explore how language barriers affect 30-day readmission rates from home care and how home health care resources are utilized among limited-English-proficiency patients recently discharged from the hospital. The study will be the first of its kind to capture the effect on patient outcomes of having bilingual nurses care for patients with limited English proficiency and will include patients who speak Spanish, Korean, Russian, Cantonese, and Mandarin.

In March, Squires published the report *Building Skills in North and Central America: Barriers and Policy Options Toward Harmonizing Qualifications in Nursing* through her Migration Policy Institute fellowship. The report examines harmonization of qualifications in nursing as one of the ways that governments in North and Central America, which face similar health-workforce challenges, could increase both the quantity of nurses and quality of nurse education. ■

MEET OUR STUDENTS

■ RWJF New Careers in Nursing scholar **Myra Cheng '19**, has won the NCIN national essay contest for January 2015. She is the fourth scholar at the College of Nursing to win this contest. Her essay is on the importance of addressing patients' quality of life, based on her experience working in a small community in Zambia.

■ **Catherine Finlayson, MS, BA '00 (CAS), RN, OCN**, has received the American Cancer Society Pre-Doctoral Research Award, with two years of funding for her dissertation research. The award is given to a nursing PhD student whose dissertation research has the potential to influence practice and improve patients' quality of life. Using a qualitative research method, Finlayson's dissertation will explore the experience of being aware of disease status in women with recurrent ovarian cancer. This is the first time that an NYU College of Nursing student has received this research grant from American Cancer Society.

■ PhD student **Billy A. Caceres, MS '13, BS '10, BS '07 (Gallatin), RN-BC, AGPCNP-BC**, has been chosen by the American Academy of Nursing to participate in the Jonas Policy Scholars Program, where he will complete a two-year fellowship matched with the academy's Expert Panel on Aging to learn from leading nursing experts in this field.

Picnicking in the Park



Beating the heat: Students attend a picnic on the Stuyvesant Oval lawn organized by Men in Nursing and the LGBT student group, July 31, 2015.



Good Health Day

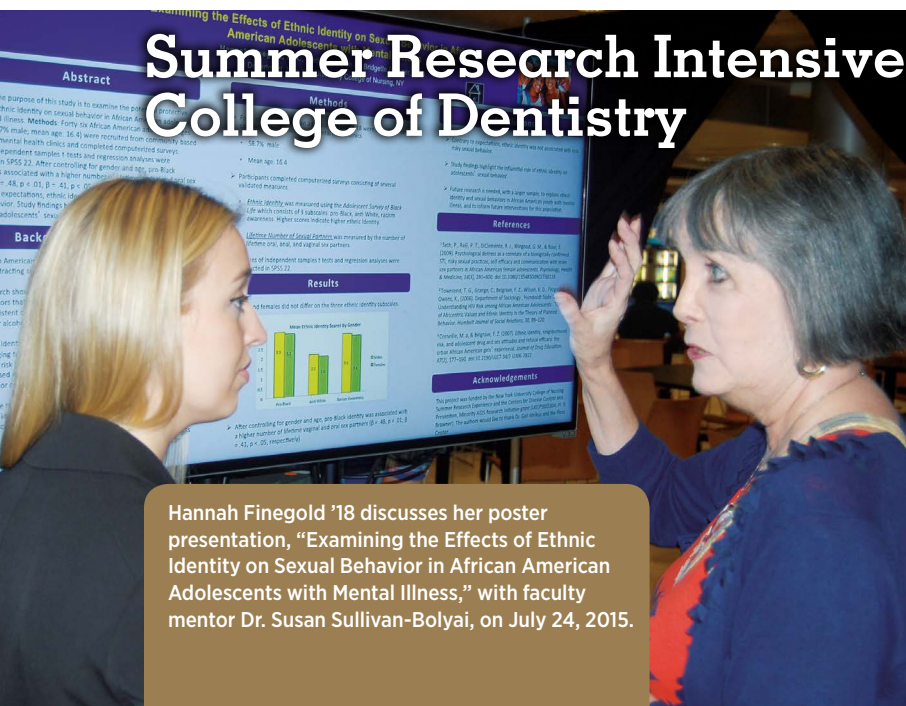
Michael Polan '16, former president of Students for Global Health, hands a pen to a participant at Good Health Day, organized by the Asian Pacific Islander student group in Flushing, Queens, on August 1, 2015.



AIDS Walk New York City

The Men Entering Nursing student group raised \$600 at the annual AIDS Walk in New York City on May 16, 2015.

Summer Research Intensive with the College of Dentistry



Hannah Finegold '18 discusses her poster presentation, "Examining the Effects of Ethnic Identity on Sexual Behavior in African American Adolescents with Mental Illness," with faculty mentor Dr. Susan Sullivan-Bolyai, on July 24, 2015.



Participants pose after presenting their original research: L-R: Justin Bolanos '18, Susan Kunjachan '18, master's student Pamela Baga, BS '14, Claire O'Connell '18, Laura Diga '18, and Hannah Finegold '18.



First NYUCN Student Leadership Retreat Lends New Perspectives

BY AMY KNOWLES, ASSISTANT DEAN FOR STUDENT AFFAIRS AND ADMISSIONS

The College's Office of Student Affairs and Admissions hosted its first Student Leadership Retreat on Monday, August 3, 2015. Led by Student Affairs Officer **Andrew La Venia, MA '12 (Steinhardt)**, the workshop was attended by 14 students, including leaders of the Undergraduate, Advanced, and Doctoral Nursing Student Organizations, the Interprofessional Education Group, the Asian Pacific Islander Nursing Student Association, and Men Entering Nursing, as well as those who serve as peer mentors.

La Venia organized the event to give these students opportunities to network with their counterparts in their degree programs, develop concrete leadership skills, and gain new perspectives on working within group situations.

"These students already have taken it upon themselves to stand out. This was an opportunity to give them practical skills that they can use every day, whether with their student groups or professionally," says La Venia.

In welcoming the participants, **James Pace, PhD, MDiv, ANP-BC, FAANP,**

FAAN, senior associate dean for academic programs, said that a leader is "someone who can step out of him- or herself and see the needs of others."

Susan Apold, PhD, ANP-BC, FAAN, FAANP, clinical professor of nursing, Robert Wood Johnson Executive Nurse Fellow, and former president of the American College of Nurse Practitioners, told the students that there has been a lack of leadership training for nurses historically, and that when she entered the nursing profession, leadership skills were often learned on the fly.

"Now nurses need to take a more active role in gaining leadership roles," said Apold, who participated in the RWJF initiative that contributed to the landmark 2010 Institute of Medicine report *The Future of Nursing*, which called for a greater leadership role for nurses in the health care system. "Learning a set of leadership skills makes a significant difference for nurses when communicating and interacting with colleagues and others in their workplaces."

La Venia based the workshop on a model provided by Jim Kouzes and Barry Posner, who established a framework of practices that are common in exemplary leadership. Those include modeling behavior and creating standards of excellence, inspiring a shared vision, and looking for innovative ways to improve an organization.

The participants completed several activities, such as composing 20 "I" statements intended to help them examine their identities. "Some people see themselves in basic terms, such as 'I am a mother of two,' and others see themselves more existentially, such as 'I believe in bettering humanity,'" says La Venia. "Either way, the exercise helps you examine your values and realize that when you interact with others, their self-identities might be very different from how you perceive them."

Navjot Kaur, BS '13, RN, president of the Interprofessional Education Group, commented that different nursing situations bring out different leadership styles. For example, a patient in crisis calls for an authoritative style, which is useful in making rapid decisions and enforcing policies. "On any other day, a nurse can be a transformational leader, focusing on building relationships, motivating staff through a shared mission, and providing positive reinforcement," she says.

One participant and member of the Doctoral Student Organization, **Gladys Vallespir Ellett, BS '94,** understands the importance of teamwork as the coordinator of parent education programs at NYU Langone Medical Center, where she works to improve communication among expectant parents, obstetricians, and other hospital staff. "A good leader recognizes individual strengths and limitations, and motivates the team to do their best. This is not always easy to do; it takes skill and patience," she says. ■

Melissa Martelly: A Nursing Voice in Health Care Solutions

On her way to becoming a PhD student at NYU College of Nursing, Melissa Martelly had a series of experiences that sparked her interest in global health policy. Some of her earliest memories are of visits with her grandmother in Haiti and of the extreme inequities in social class she observed there.

“Although Haiti is rich with culture and history, its poverty was of great concern to me,” she says.

Out of a desire for a career helping others, Martelly earned her associate degree, followed by her bachelor’s, at Gwynedd Mercy College in Philadelphia, from which she graduated in 2006. At the same time, she worked at Thomas Jefferson University Hospital in Philadelphia, primarily caring for cardiology patients.

In that large urban hospital, Martelly began to see the parallels between wealth and disparity, globally and locally. “Every time I went to work I’d see the issues of delaying care, or not being able to access it at all,” she says. It fueled her interest in the economics of health care.

Martelly also had a passion for international relations, triggered by conversations with her father, a Haitian immigrant. This passion led her to a master’s degree program in international peace and conflict resolution, where she could seamlessly blend her health care background with her interest in post-conflict state reconstruction.

During a six-month field placement in Arusha, Tanzania, Martelly—the only nurse among her cohort of graduate students—was able to provide primary care and teach medical-surgical nursing at a local university outside of Arusha.

“I would go to Arusha for meetings with policymakers, public health professionals, and scientists,” Martelly says. “Everyone was discussing health care, but there were few clinicians and no other nurses involved. This heightened my awareness of the need for nurses to take part in discussions of international health policy and development.”

It was also clear that having a doctoral degree would be vital to cracking open the door of boardrooms where funding and policy decisions were being made—to be heard and to contribute to the solutions being proposed.

During the final months of Martelly’s master’s program, the 2010 earthquake struck Haiti. The first 72 hours after the disaster were excruciating, as she waited for news. Although all of her immediate family survived, friends and extended family members were lost. Martelly took two trips there

in the months that followed, helping to set up mobile clinics and later providing primary and women’s health care.

Just as she was accepted to NYUCN’s PhD program, the College was embarking on Human Resources for Health (HRH)—a multi-university consortium working to advance the Rwandan health care system. Martelly was recruited to the first group of nurses who went to Rwanda in 2012, deferring her graduate studies for a year.

Stationed in rural Kibungo, Rwanda, about three hours outside of Kigali, the capital, she was grateful for her earlier exposure in Tanzania to working with scarce resources.

“It made me a more astute clinician,” she says. “When you are trying to promote evidence-based practice without running water or basic hand hygiene, you have to be very creative.”

Martelly’s first six months were spent establishing relationships and letting people know how she could be of service. As the sole HRH representative in her region at first, she taught nursing in the local school and led skills labs in the hospital while working side by side with a nurse manager who was seeking to upgrade his skills.

“When they saw that I was there every day and had no agenda except to help them shape nursing practice for the future, they were more likely to solicit my opinion,” she says, adding, “The change will come from the Rwandans.” Although the fruits of the Human Resources for Health project may not be visible for a decade or more, Martelly witnessed an elevation in clinical practice during her tenure.

Now ensconced in her PhD studies, Martelly has contributed to multiple College of Nursing faculty studies, both domestically and internationally. She has also played an integral role in implementing a program to attract registered nurses and improve obstetric outcomes in rural Tanzania, funded by the Touch Foundation. This fall, she begins her dissertation proposal, examining the migration of nurses from low- and middle-income countries to several English-speaking receiving countries.

“Globally and in the United States,” she says, “nursing’s perspective is gaining influence. But, we are still absent from many conversations about policy, research, and patient care. I will be part of the new generation of nurses who break down those barriers.” ■



▲ PhD student Melissa Martelly provided checkups to school children in Haiti in 2013.

SELECTED FACULTY AND RESEARCH SCIENTIST PUBLICATIONS

● Ab Brody

Bryant, A. L., **Brody, A. A.**, Perez, A., et al. (2015). Development and implementation of a peer mentoring program for early career gerontological faculty. *Journal of Nursing Scholarship*, 47(3), 258–266.

● Kellie Bryant

Bryant, K. (2015). Improving patient centered care with standardized patients. *Nursing in the Twenty-First Century*, 5. Retrieved from <http://hudsonwhitman.com/n-21>

● Deborah Chyun

Chyun, D. A., Wackers, F. J. T., Inzucchi, S. E., Jose, P., Weiss, C., Davey, Heller, G. V., Iskandrian, A. E., & Young, L. H., for the DIAD Investigators. (2015). Autonomic dysfunction independently predicts poor cardiovascular outcomes in asymptomatic individuals with type 2 diabetes in the DIAD study. *SAGE Open Medicine*. doi:10.1177/2050312114568476

● Chuck Cleland

Fong, C., Matusow, H., **Cleland, C. M.**, & Rosenblum, A. (2015). Characteristics of non-opioid substance misusers among patients enrolling in opioid treatment programs: A latent class analysis. *Journal of Addictive Diseases*. Advance online publication. doi:10.1080/1055087.2015.1059226.0

McNeely, J., **Cleland, C. M.**, **Strauss, S. M.**, **Palamar, J. J.**, Rotrosen, J., & Saitz, R. (2015). Validation of self-administered single-item screening questions (SISQs) for unhealthy alcohol and drug use in primary care patients. *Journal of General Internal Medicine*. doi:10.1007/s11606-015-3391-6

Walani, S. R., & **Cleland, C. M.** (2015). The multiple imputation method: A case study involving secondary data analysis. *Nurse Researcher*, 22, 13–19.

Rhodes, T., Guise, A., Vickerman, P., Ndimbi, J., Nguni, E., **Cleland, C.**, Platt, L., **Kurth, A.**, & Strathdee, S. (2015). Is the promise of methadone Kenya's solution to managing HIV and addiction? A mixed method mathematical modelling and qualitative study. *BMJ Open*; 5:e007198. PMID: 25748417

● Sherry Deren

Wechsberg, W. M., **Deren, S.**, Myers, B., Kirtadze, I., Zule, W. A., Howard, B., & El-Bassel, N. (2015). Gender-specific HIV prevention interventions for women who use alcohol and other drugs: The evolution of the science and future directions. *Journal of Acquired Immune Deficiency Syndromes*, 69(Suppl 1), S128–S139.

● Victoria Vaughan Dickson

Dickson, V. V., Knafel, G., Wald, J., & Riegel, B. (2015). Racial differences in clinical treatment and self-care behaviors of adults with chronic heart failure. *Journal of American Heart Association* 4(4), 437–441.

Dickson, V. V., Knafel, G., & Riegel, B. (2015). Predictors of medication nonadherence differ among heart failure patients by racial group. *Research in Nursing & Health*, 38(4), 289–300.

Dickson, V. V., Caridi, C., Katz, S., & **Chyun, D.** (2015). Development and pilot testing of low literacy self-management patient education for a multi-lingual heart failure population. *Applied Nursing Research*. Advance online publication. doi:10.1016/j.apnr.2015.06.002

Creber, R. M., Patey, M., **Dickson, V. V.**, DeCesaris, M. & Riegel, B. (2015). Motivational interviewing tailored interventions for heart failure (MITI-HF): Study design and methods. *Contemporary Clinical Trials*, 41, 62–68.

● Maja Djukic

Djukic, M., **Kovner, C. T.**, Brewer, C. S., Feteihi, F., & Jun, J. (2015). Educational gaps and solutions for early career nurse managers' education and participation in quality improvement. *Journal of Nursing Administration*, 45(4), 206–211.

Djukic, M., Adams, J., Szyld, D., Fulmer, T., Lee, S., Oh, S., & Triola, M. E-learning with virtual teammates: A novel approach to interprofessional education. *Journal of Interprofessional Care*. Advance online publication. 1-7, doi:10.3109/13561820.2015.1030068

● Jason Fletcher

Schubert, F., Herbitter, C., **Fletcher, J.**, & Gold, M. (2015). IUD knowledge and experience among family medicine residents. *Family Medicine*, 47(6), 474–477.

Gorski, V., Taylor, D., **Fletcher, J.**, & Burge, S. (2015). STFM behavioral science/family systems educator fellowship: Evaluation of the first four years. *Family Medicine*, 47(7), 541–545.

● Mei Fu

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MARY SEGALL, PHD '70:

Developing Standards for Health Care Around the World

As a nursing student at Skidmore College, **Mary Segall** stood out from her classmates—not only because she towered over the “five-foot-two beanpoles” but because she announced her intention to ride a horse and care for the Navajo on their reservation. “They thought I was a little strange,” she says.

Segall was used to feeling like an outsider, owing to her family’s frequent relocations—which she says led to her fascination with other places and other cultures. That interest only intensified through summers spent as a camper and a camp counselor on an Arizona ranch whose owners had close ties with the Hopi and Navajo people of the surrounding area.

In the spring of 1962, a Peace Corps recruiter named Sally Bowles, the daughter of ambassador and former Connecticut governor Chester Bowles, came to Skidmore and interviewed Segall about a paper she had written on nursing in the Peace Corps. Sally Bowles was recruiting nurses to join a team of engineers in preparation for the independence of Tanganyika, as Tanzania was called at the time, and Segall applied for a position.

“You’ll probably get married there,” Bowles said, to which Segall replied, “Yuck,” she recalls. “That was not on my radar.”

In Dar es Salaam, Tanganyika’s capital, the novice nurses working in a pediatric unit at Princess Margaret Hospital were inundated with children suffering from maladies like snake

bites, newborn tetanus, measles, and other communicable diseases. Many babies and children died upon reaching the tertiary care hospital, given the length of time it took to travel from their villages to the hospital.

“There was no public health system, and I was overwhelmed by not being able to do anything about it,” Segall says. “My career in public health was thus launched at age 21,” she says, adding sheepishly that she did, in fact, marry one of the engineers.

Segall and her husband returned to the states and began graduate work at the University of North Carolina. It was there, while organizing a symposium on nursing education, that Segall met Martha Rogers, who headed the nursing division at NYU.

“I read everything Martha had written, including a small book in which she delineated the principles of a curriculum to prepare nurses at the baccalaureate level. Of course I was taken with her,” Segall says. Rogers recruited Segall to teach and pursue her PhD at NYU. It would be 15 years before she was able to go overseas again.

It was a heady time to be at NYU, with many nationally known nursing



► Mary Segall (right) with her colleague Bobbie Lord at Separation Wall in the Palestinian city of Bethlehem, where graffiti expresses the sentiment of Palestinian people who oppose the barrier that separates Israel from the West Bank.



leaders on the faculty, including **Claire Fagin, PhD '64, DS '11**, Jeanette Spiro, and **Gean Mathwig, PhD '68**. **Florence Downs, EdD '64**, was Segall's thesis advisor.

Armed with her PhD, Segall, her husband, and their two young sons left NYU for Arizona State University, where she was chair of the undergraduate nursing program until 1976.

That year, separated from her husband, Segall took a position with the University of Colorado School of Nursing. With her summer free and her children visiting their father, she had the chance to travel with Project Hope to Upper Egypt to teach what she thought would be a summer course in public health. When she arrived, Dr. Mahmoud Fathalla, the dean of Assiut University's medical school, informed her that he wanted her to outline a new baccalaureate nursing curriculum based on the fundamentals of disease prevention and health promotion. The U.S. Agency for International Development (USAID) would fund a new hospital in Assiut if there were a four-year bachelor of science nursing program to prepare the nurses to staff it.

After a weeklong crash course in village life to learn about local health needs, Segall observed that the country faced the classic public health challenges: People suffered from preventable diseases like bilharzia, acquired from parasites in the river, yet did not find it feasible to wear rubber boots to wade into the water while working. Families struggled to care for their many children and had no access to or information about the benefits of contraception. Illiteracy was rampant.

"I took all I'd learned from Martha to think about how we could increase the level of knowledge among communities," she says.

Segall and her colleague Nancy Chandler buckled down in a sweltering university guest house, in front of

a fan, took out their pens and yellow pads, and wrote the curriculum. Once approved, it became the third baccalaureate nursing program in Egypt, in the new High Institute of Nursing at the University of Assiut.

Although her heart was overseas, the realities of parenthood kept Segall stateside for another seven years, teaching at Case Western Reserve University in Cleveland, where she started an international program for the nursing students under the direction of Dean **Joyce Fitzpatrick, PhD '75, MBA, RN, FAAN**. When her younger son graduated from high school, she started looking for ways to work internationally full time.

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Despite being a lifelong Episcopalian, Segall accepted a job as a Presbyterian missionary to be posted overseas. Sent to Ethiopia, she soon found her work halted when fighting broke out between Ethiopia and Eritrea. Segall instead wrote a report on local conditions, which was so well received that the church next sent her to Kenya, Zaire, and Egypt to visit and write assessments of the church's health facilities.

From there, Segall worked from 1991 to 2014 on successive USAID-funded projects in Jordan, the Philippines, Papua New Guinea, Istanbul, Zambia, Uganda, Kenya, the West Bank, Iraq, and Libya. Early on she completed a two-year stint in Yemen, where she learned conversational Arabic, and five years in Zambia, overseeing projects to improve health care infrastructures, before returning to Jordan in 1999 for her longest assignment.

The project's goal was to improve the quality of health care in 300 government-supported health care centers.

I said, "My goodness, I've done this for 5 health centers in Yemen and 60 in Zambia. But 300?" The team was charged with training hundreds of workers to implement new standards for maternal-child care and treatment of chronic illnesses in a health care system where protocols for nursing were not yet written down.

"It was very hard work, but I never gave up," Segall says. She showed up at clinics with buckets, mops, and sponges, to show how important it was to wash one's hands, disinfect the instruments, and clean the environment. She developed protocols for how to take a temperature, blood pressure, and a patient history.

After five years, hospital staff saw clearly the positive effects of these measures, and the project was such a success that it is continuing today, Segall says.

Segall and her grandchildren Azaria, 16 (left), and Anika, 10, ride camels in Wadi Rum, Jordan, December 2013.



◀ Segall with Dr. Iman Ghosheh, supervisor of clinical services at Princess Basma Center for Children with Disabilities, East Jerusalem, where Segall worked in 2014 to help the hospital prepare for an accreditation visit by the Joint Commission International.

She also worked with **Ianaam Khalaf, ADCRT '85**, dean of the School of Nursing at the University of Jordan, to revise and move a nursing associate degree program into a university setting—a move that meant that nursing students would take university-level chemistry and physiology courses.

Segall was evacuated twice from Jordan, once after Saddam Hussein's invasion of Kuwait in August 1990 and again just before the U.S. invasion of Iraq in 2003. She wanted very much to be part of the rebuilding effort in Iraq and in 2011 was asked by the consulting organization University Research Corporation to lead a team as quality-improvement advisor. Segall spent one year living in a secure compound in Baghdad, leaving only for infrequent visits to the embassy or to travel home.

"You land at the airport and are met by an armored vehicle, given a helmet and vest, and escorted to a secure compound where you live with international staff and work with Iraqis," Segall says.

Although trainings of local public health staff were conducted inside the compound, she says that she felt acutely the trauma they experienced in a war zone every day. Unfortunately, much of the work done in Iraq has not been implemented because of the ongoing fighting and emigration of staff members in response to the new threat of ISIS.

The only job she has turned down because of the danger was in Afghanistan—a position she declined because she knew that, like in Iraq, she would have to do her work at some distance from the beneficiary population.

On the other hand, her work in Ramallah, within the Palestinian Occupied Territories, was very rewarding: Segall conducted assessments, set up standards of care, and trained local health care staff in quality assurance—another project that continues.

Despite the United States's uneasy political relationship with some of the places where Segall has recently worked, "If you enter with a spirit of cooperation, helpfulness, acceptance,

and empathy, you form good relationships," she says.

For Segall, who has worked in 24 countries, part of the joy of overseas work came in being accepted and appreciated, even as an outsider. Back in the States, she is putting her Middle East knowledge to use as a peace activist for Kairos USA, a faith-based organization working to organize American Christian denominations to respond to the desire of Palestinian Christians for peace and justice.

She has passed on the travel gene: Her elder son, his wife, and their 10-year-old daughter lived in Erbil, Iraq, where the parents taught in a Kurdish school. One teen granddaughter spent four weeks in China.

"I have such gratitude that I found my way to NYU," Segall says. "I wound up with the strength of Martha, who said nurses need to forge ahead and create a path. She gave us such a direction. We may not have understood her words about the science of nursing at the time, but they stayed with me until I understood their meaning," she says. ■

CHARLES TILLEY, ADCRT '09:

Helping Seriously Ill Patients Align Their Goals with Their Medical Care

When Charles Tilley, MS, ANP-BC, ACHPN, CWOCN, ADCRT '09, a much-admired leader in the palliative care movement, was 19, becoming a registered nurse was a means to an alternate end: a way to earn money for a four-year college. "I wanted to be an interpreter and a foreign-language teacher," Tilley says with a wry smile. "In high school, I studied German, French, Latin, and Spanish. That was my passion."

But the young linguist, it turned out, really loved nursing. After earning his associate degree (at Adirondack Community College), he immediately pursued his baccalaureate in nursing (SUNY Plattsburgh), and then, in 1993, earned a master's in nursing education (Russell Sage College). Critical care was his new and lasting passion, one that propelled him through two decades of burn, emergency, trauma, surgical, and cardiovascular critical care. At the same time, he taught as an adjunct for two decades at the University of San Francisco and at NYU.

In the early 2000s, Tilley switched gears and began working as a chemotherapy nurse with lung cancer patients at Memorial Sloan-Kettering Cancer Center. "I'd spend years with some patients," he recalls, "sharing their journey through hope to despair while managing their symptoms and helping them to clarify their goals."

Empathetic, sympathetic, yet able to set strong boundaries, Tilley thrived in this environment. But after four years, he says, "I wanted to expand my

professional role into advanced practice. I wanted to diagnose, prescribe, and guide care. But I was very burned out on hospitals." His next frontier? Hospice care.

In 2007, Tilley enrolled in NYU's advanced practice nursing program and elected to specialize in palliative care. He would not have considered any other school to oversee his graduate studies. "I think the school's standards are incredibly high," he says.

Palliative care is specialized care concentrated on improving the quality of life for patients with serious illness. Focusing on symptom management and emotional support, it can accompany aggressive treatment, but above all, it aims to help patients define their goals and align their medical care with those goals. Hospice—relatively young in the United States—is a component of palliative care that is offered in the last six months of life.

NYU was the first nursing school in the nation to offer an advanced practice palliative care program for nurse practitioners. But the field is growing

rapidly as the population ages and as health care professionals from all areas of practice have come to recognize palliative care as an essential specialty that can greatly improve their patients' quality of life. And, in a health care system where cost-cutting is a priority, administrators and insurance companies are coming to realize the financial savings that palliative care yields, by helping patients avoid burdensome, often-futile treatments that they do not really want and allowing them to remain at home.

Integrating the skills of nurses and physicians with social workers, chaplains, nutritionists, creative art therapists, and bereavement counselors, palliative care is delivered in a variety of settings: hospice, hospitals, prisons, nursing homes, and patients' own homes. It is introduced often, but not necessarily, following a diagnosis of a potentially life-threatening illness. When curative therapies grow less effective, palliation of symptoms, pain management, and management of existential suffering increases in importance, extending beyond the patient's death to include the family's bereavement process.

But palliative care isn't limited to the terminally ill. "You could be 20 years old and diagnosed with testicular cancer, which will be cured," Tilley says. "But you're going to need help with nausea and vomiting from chemotherapy and the side effects of radiation. Palliative care comes in to manage those symptoms in both the hospital and in the home."

Inspired and encouraged by his NYU mentor, **Dorothy Wholihan, DNP**, Tilley soon began teaching in the nurse-practitioner program and in Wholihan's palliative care specialty program. In 2012, after working for five years as a

nurse manager of a family medicine/ interventional cardiology step-down unit at Beth Israel Medical Center and as an educator, he moved to MJHS Hospice and Palliative Care, where he became the director of palliative care. Tilley is now an attending nurse practitioner at the 25-bed Visiting Nurse Service of New York inpatient hospice unit, called the Haven, which occupies a dedicated wing on the 7th floor of Bellevue Hospital Center.

Tilley discusses his work seated in an upholstered armchair in a softly lit VNS “quiet room,” designed for intimate conversations, which often include breaking difficult news to families. Tranquil landscape paintings, houseplants, and book carts lend the hospice hallways a decidedly noninstitutional atmosphere, as do the musicians, therapy dogs, and reiki practitioners who frequently visit. The nurses’ station is calm and quiet, Tilley notes, and visitors, welcome 24 hours a day, can share meals in the family lounge, which overlooks the East River.

Tilley speaks easily of death, of helping his patients and their families come to terms with a process as natural as birth. Wholihan praises his skills: “Chuck’s expertise in hospice and end-of-life care allows his patients to experience ‘the good death’ we all want for ourselves and our loved ones: free of pain and uncomfortable symptoms, surrounded by family and friends, and with dignity and calm.”

In Tilley’s ideal world, all nurses would have a general knowledge of palliative care—the basics of pain and symptom management plus the ability to talk to patients about advance directives, appointing a health care agent, clarifying goals of care, and discussing resuscitation status. “You’d be surprised by the number of people who cannot have a conversation about goals of care

at the end of life, whether doctors or nurses,” he says. “These conversations are very daunting, they provoke a lot of anxiety, and they require a very high level of communication skills.”

Those skills, which Tilley teaches, “are the most important part of palliative care,” he says. They’re also the hardest won. “How do you look someone in the eye, whose life span is probably about eight weeks, and say ‘Your treatment isn’t working; we need to talk about hospice and figure out what we’re going to do with your children?’”

Nurses are uniquely positioned to master these skills, Tilley believes, because their training, from the start, focuses on holistic care. “Nurses look at the whole person. Your diabetes is just as important to us as your spiritual health and your relationship with your husband and how you’re doing at your job.”

Over the years, Tilley has witnessed dramatic change in palliative care. There’s more high-tech equipment in hospice now—for example, catheters for draining lungs or abdomens to relieve pain—and NYU is teaching palliative care to midwives, pediatric nurse practitioners, and psychiatric nurse practitioners. “All specialties are recognizing that they need these skills,” Tilley says. “Children die; you need pediatric palliative care and pediatric hospice. Newborns die, and how do you deal with postpartum grief?”

In addition to practicing and teaching, Tilley recently formed, with Wholihan, a palliative-care teaching consultancy, International Advanced Practice Palliative Care Partners, LLC, and is pursuing his PhD at NYU this fall with a research focus in palliative wound care.

Certified as a wound, ostomy, and continence specialist, Tilley has consulted on countless palliative care and hospice patients with complex wounds, ostomy, and continence issues. These devastating afflictions, ranging from disfiguring cancerous tumors to painful non-healing wounds, threaten the comfort and dignity of patients and provoke anxiety in their families.

“Eighty-five percent of the patients who enter hospice will face one of these issues,” Tilley says. “And there are very few people prepared to deal with them.”

Tilley acknowledges that his specialty—“a niche within a niche within a niche”—isn’t for everyone. “But I love the symptom-management component, and I love the one-on-one.” He pauses. “In a hospital setting, there’s little time to talk with a patient about, for example, his spiritual distress. In hospice, I’m doing nursing the way that I was educated to: holistically. That’s why this field is, for me, so incredibly satisfying.” ■



◀ Charles Tilley now works in the Visiting Nurse Service of New York inpatient hospice unit at Bellevue Hospital Center. “You’d be surprised by the number of people who cannot have a conversation about goals of care at the end of life, whether doctors or nurses,” he says.

ALUMNI GREETINGS

FROM PENNY MANEGAN KLATELL, ALUMNI ASSOCIATION PRESIDENT



Dear Alumni,

It's my pleasure and honor to introduce myself as your new president and to give you some wonderful news about the College of Nursing.

First, a little about me. I'm a born and bred New Yorker, and I now split my time between New York City and Connecticut. I have three sons and five grandchildren. I graduated from Skidmore College's nursing program and immediately started working on my master's at NYU while also working in the ER at Mt. Sinai Hospital. I started teaching nursing after I completed my master's and earned my PhD four years later. I continued to teach and acquired a few more certifications in health education; nutrition; and life, health, and wellness coaching. I now write about healthy eating on my blog, Eat Out Eat Well (EatOutEatWell.com), and in several books.

Why am I so happy to be a proud alumna working with the College's Alumni Association? It is essential that we have the best prepared nurses, nurse researchers, and nurse educators who will teach the art and science of nursing, further nursing research, and deliver and supervise the care of people of all ages and in all stages of wellness and illness. It is also important that nurses understand that they are well qualified to contribute their expertise in many alternative venues outside of mainstream health care.

The College of Nursing is positioned to help its graduates do all of these things. With an amazing faculty, a terrific new facility, and the support of a strong and dynamic alumni association, the College will continue to shape the

future of its students at various stages of their careers and to model the roles of nurses in the delivery of health and wellness care.

The College of Nursing had a very successful 2014–15 academic year, graduating 642 students from its baccalaureate, master's, advanced certificate, DNP, and PhD programs. In May, New York's City Center was packed with family and friends, along with graduates in their NYU purple gowns (I'm sure you remember those long-ago—and not-so-long-ago—days!). The air sizzled with excitement, cheers, tears, and laughter. As a former educator, I love watching our nursing students clutch their diplomas, readying themselves to take their next steps down their chosen paths.

This past spring, the College received the tremendous news that the NYU Board of Trustees voted to create a new Faculty of Health made up of three schools: the College of Nursing (which also received full status as a college of the University), the College of Dentistry, and a new College of Global Public Health, which will be launched officially in the coming months. This means that, for the first time, NYUCN will have equal status with other colleges of the University.

As alumni of the College of Nursing, we should be bursting with pride. For the College of Nursing to be granted full college status within NYU is realization of a goal many of us have had. This decision is another validation of the success that nursing at NYU has achieved since the College was formed 10 years ago.

Please join me in welcoming our newly elected officers: Vice President **Lydia Cristobal**, MS '13, BS '09; Secretary **Joanna Seltzer Uribe**, MS '14, BS '05; and Nominations Committee Member **Lina Lin**, BS '08. I would also like to welcome back Nominations Committee Members **Erin Hartnett**, DNP '11, and **Nancy Roecklein**, MS '11, BA '82 (CAS); and past presidents **Donna McCabe**, MA '02, and **Wendy Budin**, PhD '96. I also want to welcome our new Advisors, **Vanessa Cheng**, MS '13, and **Kathleen Engber**, MS '85, and welcome back Advisors **Maureen Bueno**, PhD '03; **Stephanie Bussmann**, BS '07; **Ana Cheung**, BS '14; **Julie Lee**, BS '14; and **Aura Miranda-Agosto**, MS '11.

The summer flew by much too quickly, although I am thankful to have been able to spend some quality time with my family. I look forward to the fall and to partnering with my colleagues on the Alumni Board to bring you valuable programs that will keep us connected and will help with your career development.

Please stay in touch by writing to the Alumni Board at aapresident.nursing@nyu.edu, coming to events, keeping your contact info current, and sending the Alumni Relations Office your personal and professional news.

I hope to get to meet some of you at upcoming events, and please circle Saturday, October 24—NYU Alumni Day—on your calendars.

With warm regards,

A handwritten signature in black ink that reads "Penny Manegan Klatell". The signature is written in a cursive, flowing style.

Penny Manegan Klatell,
PhD '75, MA '71

CLASS NOTES

1973



Margarete Lieb Zalon, PhD '89, MA '73, RN, ACNS-BC, FAAN, professor of nursing and director of the online MS in Health Informatics Program at the University of Scranton, coedited a book, *Nurses Making Policy from Bedside to Boardroom*. The book, co-published by Springer and the American Nurses Association, is designed to help nurses and advanced nursing students develop skills in health policy so that they can be effective advocates at the bedside as well as in the larger political arena. Within the book is a chapter authored by Dean Eileen M. Sullivan-Marx, PhD, RN, FAAN, "Navigating the Political System."

1981



Beth E. Barba, PhD '91, MA '81, RN, FAGHE, FAAN, retired from her position as professor and director of the PhD in Nursing Program and is now professor emerita at the University of North Carolina at Greensboro School of Nursing. She is also a John A. Hartford Foundation Claire M. Fagin Fellow.

1985



Rona Levin, PhD '81, RN, director of the NYUCN Doctor of Nursing Practice Program and clinical professor, will receive the 2015 Sigma Theta Tau International Evidence-Based Practice Award in November 2015 at the STTI 43rd Biennial Convention in Las Vegas. Prior to coming to NYU, Levin taught at Pace University Lienhard School of Nursing, where from 2003 to 2006 she was project director of the Joan M. Stout, RN, Evidence-Based Practice Initiative, integrating EB practice into nursing. She is professor emerita of Felician College, where she served as director of the Division of Nursing, director of the Division of Health Sciences, and professor for 12 years. Among her previous honors, her 2006 book, *Teaching Evidence-Based Practice in Nursing*, coauthored with **Harriet Feldman, PhD '84, RN, FAAN**, won an AJN Book of the Year award.



Barbara Glickstein, MPH, MS, BS '85, RN, an honored broadcast journalist, was elected chair of the board of Project Keshet, a funder and supporter of grassroots women's leadership in the Russian-speaking world. Glickstein is cofounder and co-director of the Center for Health Media and Policy at Hunter-Bellevue School of Nursing and is the host of the public radio program *Healthstyles*.

1987



Barbara Blozen, EdD, MA '87, RN-BC, CNL, published the article "The Answer Is Questions: Accelerated Nursing Students Report Practice Questions Are Fundamental to First-Time NCLEX-RN Success" in the *Journal of the New York State Nurses Association*.

Congratulations! NYUCN Alumni Inducted into the American Academy of Nursing

Three NYU College of Nursing Alumni will be inducted this October into the American Academy of Nursing:



Kimberly Glassman, PhD '07, MA '87, RN, NEA-BC, is senior vice president of patient care services and chief nursing officer of NYU Langone Medical Center. She also chairs the NYUCN Advisory Board and is associate dean for partnership innovation at the College of Nursing.



Judith Lothian, PhD '89, MA '81, RN, LCCE, FACC, is graduate chair and associate professor in the Seton Hall University College of Nursing. She is a maternal/child nurse, childbirth educator, and advocate for birthing women who chairs the Certification Council for Lamaze International and is the associate editor of the *Journal of Perinatal Education*.



Jane Jeffrie Seley, DNP, MS, MPH '92 (Steinhardt), BS '76, is a diabetes nurse practitioner and certified diabetes educator on the Diabetes Team at New York-Presbyterian Hospital/Weill Cornell Medical Center. She is contributing editor and column coordinator of the Diabetes Under Control column in the *American Journal of Nursing* and a member of the editorial boards of the *Journal of Diabetes Science and Technology*, *Practical Diabetology*, and *Diabetes Health*.

MEMORIAM

1963



Eileen Hasselmeyer, PhD '63, MBA, BA, died at age 91 on June 6, 2015. She graduated from Bellevue School of Nursing in 1946

and worked for 10 years with the NYU Pediatric Metabolic and Nutritional Research Service. She served on the Yale University nursing faculty and at the National Institutes of Health, where extensive research and work to prevent sudden infant death syndrome (SIDS) earned her the Public Health Service Commendation Medal, among many other honors. Hasselmeyer is the author of two books on SIDS. She achieved the rank of rear admiral in the U.S. Navy and U.S. assistant surgeon general in 1981.

1982



Margaret Comerford Freda, EdD, PhD '82, RN, CHES, FAAN, died at age 69 on April 27, 2015. Freda was editor emeritus of *MCN:*

The American Journal of Maternal Child Nursing and had taught in the Department of Obstetrics & Gynecology and Women's Health at Albert Einstein College of Medicine of Montefiore Medical Center. Her work focused largely on preventing premature births.

1996



Natasha S. Hyde, MS, BS '96, RN, is a nurse leader at Grady Health System in Atlanta, Georgia. She serves as the unit director of 5B Surgical Trauma.



Wendy Budin, PhD '96, RN-BC, FAAN, research scientist and adjunct professor at the College of Nursing, was appointed to the New Jersey State Commission on Cancer Research. She is the second nurse to be

appointed as a commissioner of this committee. Wendy previously served as a board member and chair of the Nursing and Psychosocial Advisory Group to the commission, which was established in 1983 to promote research into the causes, prevention, treatment, and palliation of cancer and to serve as a resource to providers and consumers of cancer services.

2002



Rothlyn (Rorry) Zahourek PhD '02, RN, PMHCNS-BC, AHN-BC, made a presentation, "Men in Nursing: Intentionality and Caring in the Context of Healing," at three conferences in 2015: Beta

Zeta Chapter of Sigma Theta Tau (April), International Association of Human Caring (May), and American Holistic Nurses Association (June). The paper describing the research and its implications was published this year by the *Journal of Holistic Nursing*.

2006



Erin O'Rourke, BS '06, was honored by the Connecticut General Assembly for having received the Outstanding Clinician of the Year award from the Visiting Nurse Associations of America in April 2015. Erin has worked for six years as a nurse case manager with the Ridgefield Visiting Nurse Association in Connecticut.



Two alumnae accompanied Clinical Assistant Professor Fidel Lim, MA '96, RN (center), to the International Council for Nursing conference in Seoul, South Korea, in June 2015. L-R: Carmel Sanchez, MA '05 (Nursing Informatics) and Regina Won, MS '15, NP.

First Nursing Positions: Class of 2015

Members of the College of Nursing Class of 2015 embarked on orientation at NewYork-Presbyterian Hospital on August 17. L-R: Devin Mateo, Sara Schiavi, Mark Taylor, Sarah Robinson, Brett Darmetko, and Harrison Wu.



2009



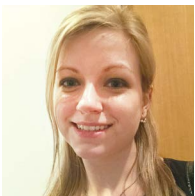
Adrienne Pless, BS '09, graduated in August 2015 from the University of Southern California Keck School of Medicine with a master's degree in anesthesia. Adrienne worked at Cedars Sinai Medical Center in Los Angeles for four years in the MICU and CTICU.

2010



Joshua Deal, BS '10, RN, CCRN, won first prize for his poster "Digital Photography and Burn Center Clinician Workflow: Implications of a Pilot Experience" in the Quality Improvement category at the American Burn Association annual conference in Chicago in April 2015.

2013



Sara Schoon, BS '13, was hired in September by NewYork-Presbyterian/Columbia University Medical Center as a clinical nurse in the medical ICU department. ■



2015

Michele Penque, MS '15, one of the College's most recent graduates, died on May 24, 2015, at age 27 from injuries she sustained in a bicycling accident on Long Island. Michele worked in the cardiac catheter laboratory of NYU Langone Medical Center, where her death is mourned by numerous colleagues and classmates. Her family and friends have established the Michele Penque Memorial Scholarship Fund at the College of Nursing in her memory.

Michele had just graduated from the master's degree program in Nursing Informatics. "She was very enthusiastic about nursing informatics, very friendly, and the kind of person I knew would do well, because she was so inquisitive and worked so collaboratively with others," says Nadia Sultana, DNP, MBA, RN-BC, the program coordinator of the Nursing Informatics Master's and Advanced Certificate Program. "She always had a smile and pushed herself very hard to do well."

For Michele, who had followed her mother into nursing, the experience

of working on a cardiology unit contributed to her choice of informatics as an area of graduate study. Her master's degree capstone project involved creating an electronic training module for nurses on the e-ICU model—an electronic system through which nurses can view and monitor multiple patients at the same time. She recruited her mother, Susan Penque, PhD, RN, the chief nursing officer and senior vice president for patient care services of South Nassau Communities Hospital, to record the voiceover for the training module.

Michele was part of a particularly close group of students in the nursing informatics program, says MaryAnn Connor, MSN, RN-BC, CPHIMS, Michele's professor and capstone project advisor, and her loss is profoundly felt throughout the College.

If you would like to make a contribution to the Michele Penque Scholarship Fund, please send your donation to the Development Office at NYU College of Nursing, naming the scholarship fund on your check. ■



Celebrating Sigma Theta Tau International Honor Society Inductees

The Upsilon chapter of Sigma Theta Tau inducted 255 new members on April 7, 2015.

Top left Dr. Peter Meineck delivered a keynote address on helping veterans reintegrate into civilian life.

Top right Dean Eileen Sullivan-Marx addressed the audience.

By Mary Brennan

The Upsilon Chapter of Sigma Theta Tau International Honor Society of Nursing celebrated its 54th Annual Induction Ceremony at the Rosenthal Pavilion at NYU's Kimmel Center on the Washington Square Campus on April 7, 2015. Surrounded by beautiful cityscape views, 255 students from the doctoral, master's, and baccalaureate nursing programs were inducted into this prestigious nursing organization. The new inductees have demonstrated the highest academic excellence in the classroom and represent the future of nursing leadership locally, regionally, nationally, and internationally. Congratulations to all!

Celebrating the core ideals of Sigma Theta Tau—*storgé*, “*thárros*,” and “*time*,” meaning “love,” “courage,” and “honor”—the Upsilon Chapter dedicated this year's induction ceremony

to honoring military veterans and raising awareness of their health. Peter Meineck, PhD, a clinical associate professor in the Department of Classics at NYU, delivered the keynote address, “Ancient Wars and Modern Warriors: How Can Homer and Greek Tragedy Help Heal the Warriors of Today?” emphasizing the importance of helping veterans deal not only with combat trauma but also with the stress of reintegration into civilian life. Meineck is the founder of the Aquila Theatre, an organization that trains military veterans and hires them into the arts. Pledging to support efforts to help veterans, the Upsilon Chapter sponsored a raffle, donating all of the proceeds to the Aquila Theatre.

Dean Eileen Sullivan-Marx attended the event, and, as the proud wife of a veteran and mother of an active serviceman, honored the legacy and

contributions of military veterans. Sullivan-Marx has long championed quality health care for the military and currently serves as the board liaison to the American Academy of Nursing Military/Veterans Expert Panel. ■

Stay up to date with STTI Upsilon Chapter by visiting:

- nursing.nyu.edu/students/upsilon-chapter-stti
- upsilon.nursingsociety.org/UpsilonChapter/Home
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Email us at nyu.upsilon@gmail.com with any questions or suggestions for future events.



Jacqueline Fawcett

Jacqueline Fawcett, PhD '76, MA '70, RN, ScD (hon), FAAN, a nurse educator and researcher for 40 years, is a professor in the Department of Nursing at the University of Massachusetts Boston. During the 1960s, in the master's program at NYU, she studied parent-child nursing with a minor in nursing education. Her PhD research that followed, on changes in women's and their male partners' body images during and after pregnancy, launched her career-long research focus on adaptation to life events, from childbearing families to women with chronic diseases.

Fawcett was a faculty member for 21 years at the University of Pennsylvania, where she worked with her former dissertation advisor, Florence Downs, EdD '64. In 1999, she moved from Penn to the University of Massachusetts Boston, where she has been ever since, teaching nursing research and theory courses at the undergraduate, master's, and doctoral levels.

Influenced by the ideas of Martha Rogers, Fawcett is a long-time member of the Society of Rogerian Scholars. Among her numerous teaching and research awards, she received the Distinguished Scholar Award in 2000, followed by the Distinguished Alumni Award in 2002, from the former Division of Nursing at NYU.

Building on others' work that preceded hers, Fawcett has studied and written about the nature and structure of knowledge in nursing, analyzing and evaluating nursing conceptual models and theories and identifying ways in which those models and theories can be applied in research, practice, education, and administration. Her meta-theoretical work has been published in numerous journal articles and books, including the 2009 *Evaluating Research for Evidence-Based Nursing Practice* and the 2013 *Contemporary Nursing Knowledge*. The 2009 book and an earlier edition of the 2013 book won AJN Book of the Year awards, as did her 1992 book, *The Relationship of Theory and Research* (coauthored with Florence Downs).

“ The time I spent at NYU was **extraordinarily exciting**. Everyone was enthusiastic, smart, and interested in learning, moving forward, and understanding nursing as a discipline.

The ideas were constantly coming from Martha Rogers, the division head at the time, who infused the program with energy. There weren't a lot of people getting graduate degrees in nursing at the time, and we had a sense that we were really doing something different; we were going to be researchers and were very serious about it.

Some of our teachers, such as Bea Goodwin, PhD '70, MA '60, and Mary Guiffra, PhD '73, MA '68, had just begun their careers and were so enthusiastic about teaching us from a theoretical basis. Our more seasoned teachers—Rogers, Florence Downs, EdD '64, and Margaret Newman, PhD '71—taught us to “think nursing”; that is, to learn, understand, and view the world through nursing conceptual models, such as Rogers's Science of Unitary Beings or Roy's Adaptation Model. Those leaders helped us understand what we should be thinking about as we practiced and why, because models and theories influence patient care.

I give because nursing has always been a very strong program at NYU, and I am proud that the faculty have increased their training and research grants over the years. The scholarship that I provided to the College of Nursing is to support PhD students who use an explicit nursing conceptual model to guide their research. I think that's how it should be done, so I'm putting my money with my beliefs. I've also supported the College's building fund, specifically the Martha A. Rogers Group Study Room, and the Diane McGivern Fund, because I want to honor both of these iconic leaders. I'm giving money for things I really believe in. With your taxes you can't direct your money to what you want, but with philanthropy you can. And so I do.



NYU College of Nursing would like to say **“THANK YOU”** to the members of the Leadership and Dean’s Circles, who generously support the College in its commitment to excellence in nursing research, education, and practice with annual gifts of \$1,000 or more. These gifts provide financial assistance for students, enable the College to recruit distinguished faculty, and allow us to develop innovative solutions to emerging needs in health care.

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