

# Healthcare in times of transition



5



**RORY MEYERS  
COLLEGE OF NURSING**

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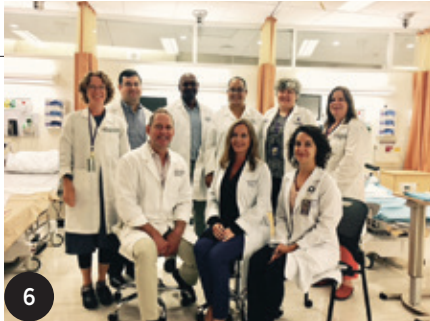
**NEWS**

- 4 Faculty & staff achievements
- 8 Alumni Day recap
- 30 Class notes

In memoriam:  
Renee Daiuta Feuerbach PhD '07  
Elaine Dillon MS '14

Save the dates

- 31 #TBT: NYU Nurses' Counseling  
Service and Beyond



6



7

**CELEBRATIONS**

**STUDENTS**

**GIVING**

- 3 Why I give: Fidel Lim
- 29 Welcome from the  
Alumni Association President
- 36 Leadership and Dean's Circles



12



13



26



## FEATURES

# 14 Healthcare in times of transition

9 Meet our new faculty

20 Faculty profile: Victoria Vaughan Dickson

22 Meet the inaugural Meyers Scholars

32 Alumni profile: Carl Kirton MA '92

34 Alumni Q & A: Nicole Sweeney MS '13

35 Alumni Q & A: Ann Berger BA '79



**PICTURED, LEFT TO RIGHT, TOP TO BOTTOM** Maya Clark-Cutaia, Brian Faselka, Michelle Knapp, Susan Malone, John Merriman, Medel S. Paguirigan, S. Raquel Ramos, Tina Sadarangani, Allison Vorderstrasse, Fay Wright, Victoria Vaughan Dickson, Rachel Breece, Gavin Arneson, Carl Kirton, Nicole Sweeney, Ann Berger.



## DEAN'S CORNER

Dear friends,

This fall we welcomed nearly 1,600 undergraduate and graduate students to NYU Rory Meyers College of Nursing for the start of the new school year. We couldn't be more thrilled that they've chosen NYU and New York City for their education!

Each day, inside the walls of our College and around the city, our faculty and students realize a world where universal and humane healthcare is available through innovation, research, scholarship, and education. I'm confident that in our latest issue of *NYU Nursing*, you will meet some of the leaders who are making this vision attainable.

We are proud to share compelling and important stories in which you will:

- Learn about the realities of health-care today — and potential policy prescriptions — in a new administration.

- Meet our inspiring new cohort of tenure-track and clinical faculty members as well as researchers.
- Hear from our inaugural first-generation Meyers Scholars — **Rachel Breece BS '21** and **Gavin Arneson BS '21** — who received full tuition and housing assistance.
- Discover what three of our alumni leaders — **Ann Berger BA '79**, **Carl Kirton MA '92**, and **Nicole Sweeney MS '13** — are doing to improve patients' lives across the lifespan.

We welcome your feedback at [nursing.communications@nyu.edu](mailto:nursing.communications@nyu.edu).

Best wishes to you and your family as the holidays approach!

Eileen Sullivan-Marx, PhD, RN, FAAN  
Dean & Erlene Perkins McGriff Professor

**Eileen Sullivan-Marx** has been named president-elect of the American Academy of Nursing in 2019 before becoming president.

**"Nurses are uniquely positioned to address the critical needs and concerns of patients across the country and the world—and do so every day. It is an honor and privilege to serve the Academy and I look forward to working with all of the fellows to advance our field and patient-centered care."**

Following up on an analysis in *NYU Nursing* from fall 2015, **Dean Eileen Sullivan-Marx** guest-edited a special issue of the *Journal of Nursing Scholarship*, which explores nursing's role in addressing climate change and global health challenges.

## THE DEAN'S LIST



*The Band's Visit* on Broadway celebrates music and how it binds us — even across cultures



*Endeavour* on BBC for exploring a well-known detective's—Inspector Morse—early days



*Invisible Influence: The Hidden Forces that Shape Desire* for exploring subtle influences on decision-making



Ralph Smith for his talk on social determinants of health, including childhood literacy in low-income families, at the AAN's Policy Conference this fall





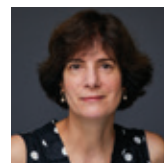
## Why I Give

Not all young people have considered their estate. But **Fidel Lim MS '96**, clinical assistant professor, has settled his plans and named NYU Meyers as a beneficiary of his retirement account.

## Why name NYU Meyers as a beneficiary of your retirement plan?

- It's easy — it doesn't require a lawyer.
- It's a great gift that costs you nothing now.
- It saves taxes. A retirement account left to individuals can be heavily taxed. However whatever is left to NYU Meyers goes 100% to the College.
- It's the perfect young person's planned gift. Even if you're not ready for a will, you must name a beneficiary of your retirement account.
- You're helping future generations of students get a transformative education.

If you have already named us as a beneficiary or included NYU Meyers in your will, please let Sally Marshall know because it allows us to thank you for your generosity. Call or email Sally so she can add your name to become a member of the Society of the Torch, a special group of alumni, faculty, and friends who have recognized the importance of planning their philanthropy by providing for NYU through their wills and estates. Or, if you'd like, your gift may remain anonymous.



Call or email Sally Marshall, director of development, at **212-992-7525** or **sally.marshall@nyu.edu** to find out how you can make us a beneficiary of your retirement account.

### Why did you decide to give to NYU Meyers?

This year marks 21 years of service to NYU. I started teaching here right after I graduated with my master's degree in nursing education. When I was a student at NYU, I was largely uninformed about scholarship opportunities. My bond with NYU, both as an alumnus and as a faculty member, made me want to leave something for future generations of nurses.

### What makes accelerated students a "special" group of students to provide scholarships for? Why is their situation unique?

Accelerated students do not get as much financial aid as traditional students and many come into the program already burdened by student loans from their previous undergraduate degrees. In my small way, I would like to be able to offer financial support to accelerated nursing students.

### What do you hope your gift's legacy is?

By making NYU Meyers a beneficiary of my retirement account, I have endowed a scholarship fund for accelerated nursing students. I also plan to include NYU Meyers in my will. I am hoping that my choice will inspire our students to emulate gift-giving as part of their civic consciousness. Recently, I have heard from recent grads about their intention to help our students financially when they're able. I think this is a great testament to the kind of education we provide at NYU.

### What would you tell other prospective donors who are on the fence about giving?

It is personal and every little bit counts. I am not rich, but I feel committed to sharing what I have to NYU Meyers when I am gone. I have told my loved ones about my intention to leave money to NYU Meyers in my retirement account and have done the requisite paperwork to make it happen. I think it is important to communicate these wishes to your loved ones and imagine the possibility of what these donations can do for our future students.

## ACHIEVEMENTS

Associate Prof. **Ab Brody** and Clinical Prof. **Jamesetta Newland** were inducted as fellows in the American Academy of Nursing.

**Theresa Bucco**, clinical assistant professor, presented at the 44th Biennial Convention of Sigma Theta Tau in October on “The Caring Culture in the Emergency Department.”

Clinical Associate Prof. **Eloise Cathcart** presented on the art and science of mindful practice at Memorial Sloan Kettering, Department of Nursing, for its Distinguished Speakers’ Series.

Executive Associate Dean **Deborah Chyun** was named dean of the UCONN School of Nursing.

Clinical Prof. **Tara Cortes** and OHNEP Program Director **Erin Hartnett** presented on interprofessional education at the *Future of Nursing* Conference in Albany.

Assistant Prof. **Maja Djukic** was the first-ever NYU Meyers faculty member to be named a Macy Scholar to pursue education reform efforts.

**Sherry Greenberg**, program director for the advanced certificate in gerontology, was named director-at-large of the board of directors for Gerontological Advanced Practice Nurses Association (GAPNA).

**Judith Haber**, Ursula Springer Leadership Professor, was named a DentaQuest Health Equity Hero for her expertise in interdisciplinary practice.

Mathy Mezey Prof. of Geriatric Nursing **Christine Kovner** and Prof. **Nancy Van Devanter** published an article on disaster preparedness and recovery in a hurricane-induced hospital evacuation, coinciding with the fifth anniversary of Hurricane Sandy.

**Eileen Sullivan-Marx**, dean and Erline Perkins McGriff Professor, was elected to the board of directors for the United Hospital Fund and The Arnold P. Gold Foundation.

Clinical Associate Prof. **Leslie Faith Taub** was named to the editorial board of the American Association of Nurse Practitioners as well as named its fellows column editor.

Assistant Prof. **Margaret McCarthy** was named a fellow of the American Heart Association.

Assistant Prof. **Ann-Margaret Navarra** became a member of the planning committee for the 2018 State of the Science Congress for the Council for the Advancement of Nursing Science (CANS).

**Noreen Nelson**, clinical assistant professor, presented on active learning in undergraduate nursing curricula at the 43rd annual “Transcultural Nursing Conference: Approaches to Population Health that Reduce Disparities” in New Orleans.

**James Pace**, clinical professor and senior associate dean for academic programs, was awarded a citation of appreciation for service to the American Nurses Association for the production of the document entitled, *Call for Action: Nurses Lead and Transform Palliative Care*.

Assistant Prof. **S Raquel Ramos** was appointed to the 2018 editorial board of the *Journal of the Association of Nurses in AIDS Care*.

Prof. **Michele Shedlin** served as distinguished lecturer for the Public Health Ethics Intensive Course at Tuskegee University—20 years following Pres. Bill Clinton’s apology for the Public Health Service Syphilis Study.

Clinical Associate Prof. **Larry Slater** was named director of the NYU Meyers undergraduate program.

**Allison Squires**, associate professor, was elected treasurer of the Interdisciplinary Research Group on Nursing Issues for Academy Health and to the advisory board for the Global Health & Health Systems Interest Group for Academy Health.

Associate Prof. **Allison Vorderstrasse** received the Founders’ Research Award by the International Society of Nurses in Genetics at its annual Congress.

**Amy Witkowski Stimpfel**, assistant professor, was elected as at-large member of the Advisory Committee of the Interdisciplinary Research Group on Nursing Issues (IRGNI) interest group at AcademyHealth.

**Bei Wu**, Dean’s Prof. in Global Health, delivered keynote presentations at the 2017 Shanghai and Beijing International Geriatric Nursing Management Summits. She also presented at the Ma Yin Chu Population Science speaker series at Beijing University Institute for Population Research.

Dean’s Prof. in Global Health **Bei Wu** was inducted into Sigma Theta Tau International as an honorary member at its 44th Biennial Convention.



## IN MEMORIAM

The College mourns the loss of **Rwei Hwa Su**, senior systems administrator, who passed away unexpectedly in October. Su was part of the Meyers family for 19 years and a beloved member of our community. Her quiet competence, patience, wry sense of humor, and grace have left an indelible mark on NYU Meyers. We will miss her.

To honor her legacy, we have established the Rwei Hwa Su Laptop Scholarship Fund. All monies raised will go towards purchasing laptops for first-year students. Donations may be made by calling **Sally Marshall**, director of development, at **212-992-7525**.



## GLOBAL INITIATIVES

The Rwanda Human Resources for Health Project in Rwanda at NYU Meyers reached a major achievement in mid-September 2017. Approximately 110 master's-prepared nursing students graduated from the University of Rwanda, accomplished with the global academic, clinical, and research expertise of our 14 visiting faculty members.

Clinical Associate Prof. **Mary Brennan** and Clinical Assistant Prof. **Linda Herrmann** recently visited the Jakaya Kikwete Cardiac Institute (JKCI) in Dar es Salaam, Tanzania after being invited to conduct a needs assessment on the systems, process, communication, and nursing education in the Cardio-Thoracic Intensive Care Unit. The JKCI, named after the immediate past President of Tanzania, was inaugurated in 2015 and is now the only hospital in East Africa specializing in the care of both adult and pediatric patients undergoing cardiothoracic surgeries. Since the inauguration, JKCI has provided specialized cardiac care to more than 700 outpatients per week and approximately 100 inpatients per week, fulfilling a critical need for patients in Tanzania who previously would have been denied access to care.

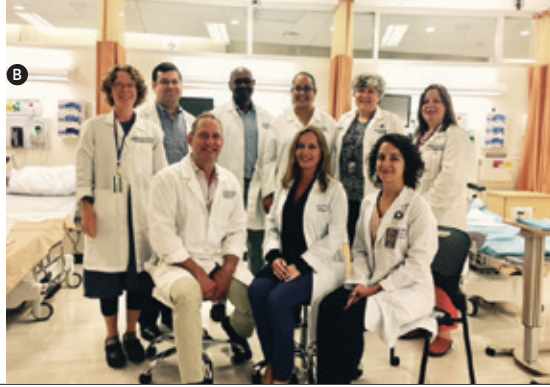
As a result of their needs assessment, Brennan and Herrmann are now partnering with both physicians and nurses at JKCI to help strengthen a hospital culture of interprofessional collaboration and safety. They also met with the Ministry of Health and faculty from Muhimbili University's College of Nursing and plan to collaborate with nursing stakeholders to ensure that all cardiothoracic patients receive evidence-based, patient-centered nursing care. The two will return in January.

**A** This fall semester we welcome four international collaborators from various universities in China including Fudan University School of Nursing in Shanghai, Nanchang University School of Nursing in Jiangxiin, Nanchang Province, Renmin University of China Gerontology Institute in Beijing, and Zhejiang University School of Public Administration in Hangzhou.

Global Initiatives Director **Ann Williams** and Dean's Prof. in Global Health **Bei Wu** are sponsoring mentors to the scholars. Over the course of their year here at Meyers, the scholars will be working with their mentors and others on campus to gain research experience and insight in the areas of aging and long term care, including assessment of long term care models and needs for older adults in China, and in HIV/AIDS where one scholar will continue his research and analysis of Chinese data that focuses on symptom management and integrated caring strategies.

Join us in welcoming **Tingyue Zhong**, **Mengdi Guo**, **Qingling Zhong** and **Zheng Zhu** to the Meyers community!





"It was energizing to represent NYU Meyers and the CLSC at this event," said Pasklinsky. "To be acknowledged for our team's contribution to healthcare simulation is very humbling and to network with regional colleagues on simulation is rewarding."

**B** The Clinical Simulation Learning Center (CSLC) was celebrated at the Society for Simulation in Healthcare Inaugural Simulation Week Celebration in September. Director of Simulation Learning **Natalya Pasklinsky** and **Beth Latimer**, clinical assistant professor, were on hand to join colleagues at the Center for Advanced Medical Simulation at Mt. Sinai West.

**C** Associate Prof. **Allison Squires** was an invited speaker for the Government Workers Health & Social Service Institute of Mexico's 4th International Nursing Conference in Mexico City where she discussed her research and policy work on nursing workforce development in Mexico and abroad.

**D** WHO Program Director **Madeline Naegle**, Clinical Assistant Prof. **Saribel Quinones**, post-doctoral student **Sarah Miner**, and doctoral student **Erica Lieberman** completed a workshop in Mexico City entitled, "Building capacity for care of older adults with non-communicable disease" at the International Center for Studies in Social Security. **E** Congratulations to **Mary Roldan**, assistant registrar, and **Fortuna Smith**, student affairs officer, for completing their master's degrees in social work and student affairs respectively.



## Mental Health in the Community

Dean **Eileen Sullivan-Marx**, Clinical Associate Prof. **Candice Knight**, Clinical Assistant Prof. **Janet Standard**, and Clinical Assistant Prof. **Michelle Knapp** have been working on two initiatives with New York City's First Lady in an effort to meet growing mental healthcare needs: developing cost-effective, collaborative relationships between the College and outside entities, such as NYU Langone Health and the Pillars in Harlem, and developing clinical strategies designed to meet

patients outside a traditional setting.

The first is a piloted collaborative effort between NYU Langone Health's Perinatal Education Department and NYU Meyers to provide free support groups to women of the perinatal period experiencing mental health concerns. The group is facilitated by graduate student **Rachel Eakley BS '14** under the supervision of **Knapp, Standard**, and **Knight**, and has successfully run for one semester.

Secondly, NYU Meyers is participating in more extended collaborations with the city's community service programs to focus on substance use and mental health. Knapp recently served on a panel for the release of "Addiction Recovery," a new documentary with the CEO of the Pillars. Along this state grant-funded organization, the College will integrate students' services into the community, reaching people who require but do not currently have access to mental health and/or addiction services.





## Healthcare Makerthon

**H** The third annual NYU Healthcare Makerthon took place in October to solve some of the most pressing problems in the field. Students, faculty, and employees banded together to learn skills to solve an important innovation challenge, learned how to assess customer needs, and tested the commercial viability of their venture concepts.

The NICHE program of NYU Meyers proposed a challenge for graduate student entrepreneurs to create a tool to help nurses track key evidence-based practices known to reduce the risk of infections and falls.

At the end of the Makerthon Weekend, the teams presented their solutions to a panel of health experts who awarded prizes of over \$10,000 to four teams. The team working on the NICHE challenge moved to the next phase of the program, where they will receive funding, mentoring, and technical support to refine their product idea called Health Huddle.

Pictured: Wagner students **Sabina Braverman**, **Danny Silk**; Tandon student **Andrew Dempsey**; CAS student **Sushant Thomas**; Langone Health employee **Kerim Davis**; and **Mattia Gilmartin**, executive director of NICHE.

## Interdisciplinary Care in Aging

**F** This past summer, the **Hartford Institute for Geriatric Nursing (HIGN)** held its 20th annual Interprofessional Summer Research Scholars Program: *Transforming Ideas into Fundable Projects*. The week-long workshop was organized by HIGN Executive Director **Tara Cortes**, Dean's Prof. in Global Health **Bei Wu**, and Associate Prof. **Ab Brody**, along with other colleagues in medicine, dentistry, and nursing. Over the course of the program, participants engage in scientific discourse and critical analysis to assist in the refinement of innovative and fundable research.

**G** The Alzheimer's Association of Saudi Arabia contracted with the Hartford Institute for Geriatric Nursing to train three women for three weeks to go back to Saudi Arabia and have the skills to train others as caregivers for people with dementia. Along with educational experiences at HIGN and NYU College of Dentistry, the students were placed in the community at Paraprofessional Health Institute, Presbyterian Senior Services, Caring Kind, and Isabella Geriatric Center.



## Making Strides Against Breast Cancer

Students, faculty, and staff participated in the American Cancer Society's Making Strides Against Breast Cancer Walk in Central Park on Oct. 15. With a record turnout of 72 participants, led by team captains Assistant Dean of Student Affairs and Admissions **Amy Knowles** and Student Affairs Officer **Fortuna Smith**, the College raised more than \$6,000, the most money of any of the nine schools within the University that participated.



## RECAP

NYU Meyers hosted its annual Alumni Day on Oct. 21, which kicked off with a panel on “Healthcare in Times of Transition.” Nursing experts, including Clinical Prof. **Susan Apold**, Clinical Prof. **Sally Cohen**, Hartford Institute Executive Director **Tara Cortes**, and CDUHR Co-Director **Holly Hagan**, discussed the state of healthcare in the current administration and policies that shape the future of care for all Americans.

Following the panel, Dean **Eileen Sullivan-Marx** and the Alumni Association Board of Directors held a luncheon for alumni, where **Margaret Azzarelli BS '14** received the Rising Star Award for making great strides in her nursing career.

❶ Full house during the panel    ❷ Rising Star Award Winner **Azzarelli** (center) with **Sullivan-Marx** and Alumni Board President **Monefa Anderson, BS '07, MPA '96** (right)

❸ “Healthcare in Times of Transition” panelists and moderators    ❹ Members of the Alumni Association Board (left to right): **Kaye-de-Ann Rattray**, vice president; **Kathleen Engber**, secretary; **Sylvia Williams**, advisor; **Aliza Ben-Zacharia**, DSO representation; **Anderson**, president

❺ **Azzarelli** with her colleagues from NYU Langone Health





This fall, NYU Meyers welcomed eight new faculty members and researchers. We're pleased to introduce you to them — along with two clinical professors who started last semester.

## Maya Clark-Cutaia

Assistant Professor

BSN, MSN University of Pennsylvania  
PhD, University of Pittsburgh



**Maya Clark-Cutaia's** scholarship focuses on the increased risk morbidity and mortality that result from ESRD and hemodialysis renal replacement therapy. This patient population is more likely to suffer from sudden cardiac events, are two to three times more likely to be rehospitalized than the general population,

and spend a disproportionately high percentage of Medicare funds. Clark-Cutaia's long-term goal is to impact ESRD-sufferer quality of life by decreasing symptom burden. She received a K23 Mentored Patient-Oriented Research Career Development Award from the National Institute of Nursing Research to build a program of research in symptom science and to determine the effects of carefully-monitored levels of sodium-intake. Clark-Cutaia was a postdoctoral fellow in the center for Health Equity Research Center for Global Women's health at the University of Pennsylvania School of Nursing.

## Brian Fasolka

Clinical Assistant Professor

BSN, MSN DeSales University  
PhD, Widener University



**Brian Fasolka's** practice background is in emergency nursing and he continues to practice as an emergency nurse at a quaternary hospital center. He has served on the Emergency Nurses Association's team to develop its Emergency Nursing Scope and Standards of Practice. Fasolka's research interests comprise of

professional mentoring, men in nursing, and nursing workforce planning. His teaching experience includes adult health and pharmacology for undergraduate students and health policy and politics for graduate students. Previously, Fasolka was assistant clinical professor at Drexel University College of Nursing and Health Professions.

## Michelle Knapp

Clinical Assistant Professor

BSN, Cleveland State University  
MS, NYU Rory Meyers College of Nursing  
DNP, Chamberlain College of Nursing



**Michelle Knapp** is a psychiatric mental health nurse practitioner specializing in substance use and other addictive disorders. She has extensive experience in a number of psychiatric clinical and administrative roles including working with clients across the lifespan practicing psychotherapy and medication management.

She has taught at several universities and was part of a team that developed a grant-funded NP residency program for the Veterans Administration. Her interests include political and grassroots advocacy work for nurses in substance use recovery, which promotes a non-punitive recovery philosophy for substance-using professionals. Most recently, she has been engaged with a post-partum depression program at NYU Langone Health.

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## Susan Malone

Senior Research Scientist

BSN, Georgetown University  
MSN, PhD University of Pennsylvania



The overarching goal of **Susan Malone's** career is to promote health and prevent cardiometabolic disease across the lifespan. This goal has been motivated by Malone's diverse clinical experiences including school nursing and outpatient diabetes education. Her research focuses on bridging research in

behavioral, biological, and environmental rhythms to chronotherapeutic interventions that mitigate type 2 diabetes risk and improve overall health. She also has studied the relationship between several dimensions of sleep (duration, timing, chronotype, regularity), health behaviors, and body mass index in adolescents. Malone was previously a postdoctoral fellow at the Perelman School of Medicine's Center for Sleep and Circadian Neurobiology at the University of Pennsylvania.

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## John Merriman

Assistant Professor

BS, Mississippi College  
MS, PhD University of California, San Francisco



**John Merriman's** research is focused on changes in cognitive function after a diagnosis of cancer. He is particularly interested in biobehavioral predictors of these cognitive changes, including functional and structural brain markers, genomic markers, and mood. Merriman is a member of Sigma Theta Tau

International, Oncology Nursing Society, and International Society of Nurses in Genetics. Prior to joining the faculty at NYU, Merriman was a postdoctoral fellow at the University of Pittsburgh School of Nursing.

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## Medel S. Paguirigan

Clinical Associate Professor

BSN, University of Manila  
MS, NYU Rory Meyers College of Nursing  
EdD, Columbia University



**Medel S. Paguirigan**, who joined the College in spring 2017, has been a nurse for more than 30 years. He has clinical experience in critical care and nephrology nursing in both the adult and pediatric populations, in addition to nurse education in both academic and acute care settings. Prior to joining Meyers,

Paguirigan was a nurse education manager at Mt. Sinai St. Luke's Medical Center where he coordinated the transition program for new RNs.

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## S. Raquel Ramos

Assistant Professor

BSN, MBA Purdue University  
PhD, Columbia University



Using technology and user-centric approaches, **S. Raquel Ramos'** research focuses on improving the decision-making abilities and subsequent health outcomes of young adult MSM (men who have sex with men) persons living with HIV and young adult MSM at high risk of obtaining HIV. As part of her dissertation, user-centric techniques

facilitated the design of an interface to help patients at an HIV clinic make more informed decisions about electronically sharing their health records. Recently, she was awarded NIH pilot funding to design and test an intervention with young adult MSM at high risk of HIV in Bridgeport, New Haven, and Hartford, Connecticut. Previously Ramos was a postdoctoral fellow at Yale University School of Nursing.



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## Tina Sadarangani

Assistant Professor/Faculty Fellow

BA, Georgetown University  
BS, PhD NYU Rory Meyers College of Nursing  
MS, University of Pennsylvania



**Tina Sadarangani's** research explores barriers to health access and community-based services for elderly immigrants. Her work has received significant funding from the National Hartford Centers for Gerontological Nursing Excellence and the Hillman Family Foundation. She was recognized as a Patricia G.

Archbold Scholar by the National Hartford Centers for Gerontological Nursing Excellence from 2014-2016 and received \$100,000 in funding. She is currently a Fellow of the Hartford Institute of Geriatric Nursing at NYU. Sadarangani is also a board-certified adult/gerontological primary care nurse practitioner with experience in both primary care and specialty settings.

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## Allison Vorderstrasse

Associate Professor  
Director, PhD Program

BSN, Mount Saint Mary College  
MSN, PhD Yale University School of Nursing



**Allison Vorderstrasse** is an adult nurse practitioner whose clinical practice and scholarship focuses on chronic illness, particularly in ethnic minority populations. Vorderstrasse's doctoral dissertation research, recent publications, and national presentations illuminate the relationships of psychosocial factors with dietary

intake in African American women with type 2 diabetes. Her findings have contributed to the literature and to the debate on how best to assess dietary intake in persons with chronic illness and the need for dietary modification interventions at the clinical level. From 2009-2017, Vorderstrasse has been associate professor with tenure at Duke University School of Nursing. She has received funding from NIH/NLM, NHLBI, NINR, and the Air Force Medical Services.

### Open Position

NYU Meyers seeks an executive vice dean who will direct academic and faculty affairs, advise and support the dean, and provide additional leadership for the College to achieve its strategic goals.

To learn more about the position, please contact **Nick Heller**, HR faculty affairs administrator, at [nh35@nyu.edu](mailto:nh35@nyu.edu).

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## Fay Wright

Assistant Professor

BSN, MSN University of Michigan School of Nursing  
PhD, NYU Rory Meyers College of Nursing



**Fay Wright** joined the College as an assistant professor in 2017 following a T-32 postdoctoral fellowship in self and symptom management at Yale University School of Nursing. Wright's research is focused on identifying profiles of patients at risk for higher levels of symptoms with chronic comorbid conditions

including cancer, heart disease, and diabetes. By developing risk profiles that incorporate demographic, clinical, and genomic characteristics, Wright plans to develop and test precision interventions to support patients' self-management of symptoms and to improve their functional status and quality of life. Wright was on faculty at NYU Meyers from 1992-1998 and served as assistant director of evidence-based practice and nursing research at North Westchester Hospital from 2008-2012.

# STUDENTS

**NYU Meyers students** have rich academic and social experiences—collaborating with leading organizations, giving back to the community, and honing their clinical skills, to name a few. Here is a collection of highlights from this year.



- A** Students volunteered at the NYC Marathon on Nov. 5.
- B** The Men in Nursing Class of Jan. 2018 gathered for a photo during a recent group club meeting.
- C** New graduate students learned about the College during orientation.
- D** Men in Nursing held a picnic with members in June.
- E** Following commencement in May, new RN's assembled in Bobst Library and showed off their nursing pride.
- F** The NYU community celebrated LGBT Pride by marching in the parade in June.
- G** The LEAD Scholars went on their first cohort outing for a walk along the Highline.





# STUDENTS



**H** RA's at Gramercy Green appeared together for a photo before welcoming students who arrived in August. **I** Students, alumni, faculty, and adjuncts of Latinos Aspiring to Imagine Nursing Opportunities (LATINOS) celebrated at the National Association of Hispanic Nurses New York Chapter Annual Spring Fundraiser. **J** **Luann de Lesseps** from the *Real Housewives of New York City*, a former nurse, visited during Nurses Week in May to bring coffee and bagels. **K** Clinical Assistant Profs. **Theresa Bucco** and **Fidel Lim** took students on a tour of the Cloisters over the summer. **L** Recent grads **Karim Tadros BS '17**, **Amanda Grace Pelczynski BS '17**, and **Jasjot Kaur BS '17** attended orientation at NYU Langone Health. **M** Undergraduate nursing students met with incoming students and families and demonstrated what they do in clinical.

FEATURE

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# Healthcare in times of transition

America must grasp the reality that the evolution of society requires all of us to think in new ways, behave differently, and recognize that we are part of a continually growing sphere where any change affects the whole. We must understand a new set of facts that shape our reality and conceive a new set of insights that help us succeed as a society.





## Introduction by Tara Cortes

**Tara Cortes** is executive director of the Hartford Institute for Geriatric Nursing (HIGN) and a clinical professor. Her work has focused on improving the overall health of older adults and those with limited access to the healthcare system.

Technology has flipped our lives upside down. It has influenced communication, media, transportation, consumerism, entertainment, healthcare, and other aspects of our lives. We cannot function as we did 50 years ago because everything around us is different. The demographics of the global population demonstrate how new knowledge from biotechnology, genetics, molecular biology, and physics have impacted the phenomenon of aging. Many countries, including China, India, Japan, and Italy, are known as super-agers with more than 25% of their population over the age of 60. The US will approach that number by 2030.

In 1965 Congress passed legislation and Pres. Lyndon Johnson signed into law Medicare and Medicaid as Title XVIII and Title XIX of the Social Security Act. This legislation was to provide affordable healthcare to older adults and the poor. In 1965 the average age of death for men was 66 and for women 73. Those numbers have increased by more than 10 years in 2017. The number of Americans over 85 will more than triple from 5.8 million in 2012 to 18 million in

2050. Many baby boomers and most of the generations that follow will live to be old and frail and our healthcare system, social system, and dollars will just not allow us to continue to support our aging society the way we did 50 years ago.

As people live longer they need more healthcare not less. Medicare *does not* cover eyesight or hearing loss, dental care, or nutrition. It *does not* routinely cover physician visits to the home unless under a special waiver program. Medicare *does not* pay for personal care such as someone coming to the house to help with bathing, feeding, or supporting a family caregiver. It pays a lifetime cap of 190 days in a psychiatric facility. Older people and their families must figure out how to get and pay for these services until the older adult spends down sufficient funds to be poor enough to be eligible for Medicaid. Medicaid services vary by state, but in New York state it does pay for eye care, hearing aids, dental care, and home health aides.

As people age they often become more frail and this state of frailty is often triggered by an event such as

a fall or a heart attack. Frailty is a state that often results in decreased mobility and social isolation. Frail adults are often homebound with poor access to healthcare as they cannot get to the doctor very easily and the doctor cannot come to them and be paid. This story tells of an event that happens far too frequently.

*Mr. Halloran, 92 years old, fell when he was coming up the stairs from the garage after going grocery shopping for himself and his homebound wife. He fractured a rib, punctured a lung, and spent 10 days in the hospital. He left the hospital on a walker with very limited mobility. His children ordered round-the-clock home health aides for their parents. A few months later Mr. Halloran became very confused and the aide reported to the children that his urine was dark and smelly. Suspecting a urinary tract infection, but knowing a doctor could not come to the house or send a nurse to get a urine sample for testing and be paid, an ambulance was called to take him to the hospital at a cost of \$500 billable to Medicare as this was now deemed acute care. After spending six hours in the ER to get the diagnosis of a urinary tract infection at the cost of \$5,000 to Medicare, Mr. Halloran was considered a risk for discharge and he was admitted to the hospital at the cost of \$2,500/day. Two days later he fell in the night going to the bathroom, had surgery to repair his broken hip, and was admitted to a nursing home, paid*



for by Medicaid since he had spent down his own savings, where he died a year later.

Mr. Halloran is an example of the “gap” we have in the policies and programs that protect the interests of our older adults and of our society. Not only did our antiquated health-care delivery system fail to provide the right care in the right place at the right time, it failed to produce a good outcome in spite of the high cost to the system. As much as technology has influenced our day-to-day lives and science has increased longevity, we have not acknowledged the facts, embraced the reality, or used all the new knowledge to develop new insights and provide a healthcare system that meets the needs of people in every stage of life. We cannot afford to have all older people in long-term care, nor should we. It is costlier and there is a limited capacity. Most older adults prefer to remain at home.

We are on a critical timeline and without appropriate legislation to promote healthy aging in all stages of life and affordable care for the quickly growing number people in their final stages of life, our 50-year-old healthcare system will continue to increase costs and the quality of care will decline. ■

**Holly Hagan is a professor and co-director of the Center for Drug Use and HIV Research (CDUHR). Her research has principally focused on the infectious disease consequences of substance use.**

## Opioid misuse

by Holly Hagan

The epidemic of prescription opioid misuse in the US began as a response to the problem of poorly-controlled chronic non-cancer pain. Providers were encouraged to assess pain in their patients as the “fifth vital sign” and to prescribe narcotics for long-term use. OxyContin was then approved by the FDA and went on the market in 1996.

Perdue Pharma, the manufacturer, soon began an aggressive and deceptive marketing campaign that included a video that featured patients talking about how the drugs had improved their quality of life: “I got my life back.” Unfortunately, many of the people appearing in the video are now dead from overdose or injury. In 2007, the company and three of its executives were charged with misbranding its drug and downplaying the possibility of addiction. The executives pleaded guilty, and the company settled with the US government for \$635 million.

However the economic burden of the opioid epidemic in the US far exceeds the amount of that

settlement. It is estimated that it is costing \$78 billion in expenditures for healthcare, criminal justice, and workplace loss. Currently Ohio, New Hampshire, South Carolina, and Washington states are suing Perdue for the deceptive marketing of OxyContin that allowed the company to earn billions of dollars and created the opioid crisis.

The opioid crisis has been described as one of the “worst man-made epidemics in history” in an article in the *American Journal of Public Health*. The number of opioid prescriptions increased four-fold in the US between 1999 and 2004. In 2015, 12.5 million people misused these drugs and two million suffered from a substance use disorder. An estimated 20-30% of patients prescribed prescription opioids misuse and between 8-12% develop an opioid use disorder. Opioid overdose is now the leading cause of injury death in the country.

Marketing and prescribing these drugs was especially high in communities with a large manual labor workforce where on-the-job injuries are common and there is a large population with chronic pain. This is how the opioid crisis became centered in Appalachian coal regions and other rural areas where people work in mining, timber, farming, factories, and other manual labor jobs. Opioids were also liberally prescribed to adolescents with sports injuries, wisdom teeth removal, and other pain at a time when people are



**Sally Cohen** is a clinical professor whose scholarship focuses on child health policy and integration of health policy into nursing practice, education, and research.

most vulnerable to misusing drugs and becoming dependent.

Once the problem was recognized, many states established prescription monitoring programs to identify abuse and diversion and prevent overprescribing. These programs did reduce the availability and increase the price of opioids in communities where many people were already addicted. This reduction in availability of opioids for people who were dependent created a demand for heroin, and heroin began appearing in communities where it was previously scarce. As a result, many transitioned to the drug which was cheaper and more available, and as their tolerance increased, they transitioned to injection. Injection increases the risk of HIV, HCV, and overdose, and this is precisely what we are witnessing now.

State and local governments are struggling to respond to the excess morbidity and mortality associated with the epidemic. People who use drugs and other concerned citizens are being trained to recognize overdoses and administer naloxone. Many pharmacies are allowed to sell naloxone without a prescription to increase access. There are efforts to increase access to substance use treatment, particularly medication-assisted treatment like methadone and buprenorphine. Syringe access programs have been established in many communities for the first time. However in some of the regions most affected by the opioid

crisis, such programs are illegal and not allowed to operate.

Policy related to substance use has not been driven by science in the US, but by moral judgment and stigmatization of drug use. Harm reduction is a non-judgmental approach to substance use and respects patient autonomy by accepting an individual's choice to continue to use drugs until such time as they are ready to stop, focusing instead on preventing and treating the consequences of addiction. This covers people who use drugs and are willing and interested in changing behavior to improve their health or to protect other people's health. Harm reduction is consistent with ethical codes for nursing, which compel us to provide principled, compassionate, and evidence-based care, and promote the respect, dignity and justice for patients. ■

## Child health policy

by Sally Cohen

Children's health is important. It affects their learning, development, and potential to succeed as adults. Public policies for children and youth cover many areas, including ensuring

insurance coverage, prevention of obesity, substance abuse and accidents, and encouraging healthy lifestyles. Mental behavioral health services are equally important for children as so many of them contend with adverse childhood experiences that affect their emotional and physical well-being. Among the myriad issues that affect children's health, two are of enormous importance: healthcare coverage and bullying prevention.

Amidst the flurry of tweets and media discussions of healthcare reform are those pertaining to child health. Unlike the elderly, most of whom are entitled to coverage through Medicare, children and youth are covered through a hodgepodge of private and public health policies. About 50% of all children ages 0 to 18 years of age are covered through their parents' employer. Another 40% have Medicaid or other publicly-financed coverage. And 6% are covered in the individual Marketplace, which has been a key component of the Affordable Care Act.

Medicaid and the Children's Health Insurance Program (CHIP) are the major sources of coverage for children in families with incomes too high for Medicaid and too low to afford insurance on their own. CHIP is a federal- and state-funded program, with states responsible for its administration. In 2016, CHIP covered 8.9 million children.

On Sept. 30, CHIP's most recent federal funding ended. The federal government provided funding for some states so that they could maintain CHIP funding for a while. But without confirmed federal funding going forward, CHIP's future and the coverage of millions of children remain unclear.

Despite some decreases in bullying rates over the past ten years, about 20-30% of children and youth in the US are bullied annually. Specifically 28% of students in grades 6-12 and 20% of students in grades 9-12 experienced bullying. Approximately 70.6% of young people say they have seen it in their schools. What's going on?

One challenge is that until 2016, the US lacked a standard definition of bullying, resulting in researchers and policymakers using different criteria and definitions. In 2014, the US Centers for Disease Control and Prevention (CDC) developed an evidence-based uniform bullying definition:

*Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.*

*Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.*

The CDC definition is important for ensuring that teachers, healthcare professionals, researchers, parents, and children use the term "bullying" properly and not incorrectly identify other actions, such as an isolated playground incident of quarreling, as bullying. Moreover this definition and most research pertaining to bullying among peers and does not include bullying among siblings or dating violence, which have different dynamics. The focus has expanded from the child bullied to also include children who bully and those who are bystanders.

What about cyberbullying? Based on available evidence, the consensus among bullying experts is that the dynamics of cyberbullying on the Internet and "playground" bullying are the same, but differ in context.

There is no specific federal bullying prevention law, although aspects of civil rights and some other laws apply. Also the US Department of Health and Human Services manages a website: [stopbullying.gov](http://stopbullying.gov).

Every state has a bullying prevention law, however they vary significantly in scope and enforcement. Most state laws are within education policy and apply to schools, districts, and reporting of bullying incidents to state officials. Public health policymakers are also engaged in prevention.

Many aspects of a child's life can contribute to aggressive behavior. Bullying and violence in communities, media, and even national politics also

contribute to the ongoing challenges of preventing this serious problem. Family and community approaches to bullying prevention are important. Nurses, individually, in communities, and through professional organizations, need to be part of ongoing policy discussions to prevent bullying and keep children, their families, and communities healthy. ■

## Paying for care

by Susan Apold

At this point in our nation's history, the conversation about the best way to pay for healthcare has become a conversation about political power. It is not about health, it is not about care, and it has nothing to do with a system. Who pays for what, who is entitled to what type of care, and where the money should be coming from ignores the fundamental reality that health is at the center of human wellbeing; that staying healthy is a goal in and of itself; that we all get sick; and that it is less expensive to stay healthy than it is to treat illness. We all need to interface with a healthcare provider. And healthcare needs to be financed.

The conversations, though, spend little time asking what we are actually paying for. The assumption is that healthcare costs can magically decrease without a concomitant decrease in quality. And yet, the way healthcare is delivered remains relatively unchanged over the past





**Susan Apold is a clinical professor, adult nurse practitioner, and long-time advocate and activist in nursing and health policy. Her research focuses on issues of importance to nurse practitioners and their patients.**

50 years. While efforts have been made to pay for quality of care and not quantity of care, most healthcare is delivered in a fee-for-service model that rewards intervention over prevention and numbers of patients over quality of care. So how much do we pay, how do we pay, and more importantly, what are we paying for?

Some facts:

- The largest payer for healthcare services is the government: federal payments made through Medicare and state and federal payments through Medicaid.
- Your zip code is a better predictor of your life expectancy than your genetic code.
- As of today, the Affordable Care Act is the law of the land and US healthcare policy.
- The Affordable Care Act has provided for payment for essential health benefits, including prevention, incentives for primary care, payment for quality vs. quantity, and incentives to investigate new models of care delivery.
- Higher healthcare costs do not translate into better healthcare.

Addressing these issues is complex. The cost of care is a cost to us all, and in spite of the current political climate, there are solutions to affordable, accessible, quality care. Those solutions lie in delivering healthcare in a model that actually values health, is delivered by providers who have been educated in strategies

necessary to develop not a culture of medical reimbursement for illness but delivery of healthcare in a culture which values health.

Nurses are already practicing in environments that contain cost and provide quality healthcare. Advanced practice nurses in particular are instrumental in working with populations on healthcare teams that deliver high quality care at lower price points. Sounds impossible — how can quality improve while costs decrease? Yet the data support this reality.

In our growing elderly population, when a physician-NP team works together in long-term care, costs are 42% less for intermediate and skilled care residents and 26% lower for long-term stays. When nurse practitioners are providers in nursing homes, there are lower rates of hospitalization, resulting in decreased costs. These numbers matter, particularly given the reality that the average cost of a year stay in long-term care is between \$80,000 and \$120,000.

In Lima, Ohio, Health Care Partners of Ohio, a federally qualified health center led by CEO Janis Sunderhaus, care is provided primarily by nurses

and nurse practitioners. With nine locations in southwest Ohio, these centers provide a wide array of healthcare services including dentistry, reproductive health, mental health services, and child healthcare. This nurse-led integrated health model has resulted in significant cost savings with the average cost of provider visits lower than the national average across a wide variety of services (medical, dental, behavioral health, and substance abuse visits are 17%, 24%, 44%, and 37% lower than the national average respectively).

Paying for healthcare has been a source of social and political tension for almost as long as we have been a nation. The complexity of the problem is enormous and the possible solutions have not yet all been explored. Nursing stands ready and capable of contributing mightily to reductions in healthcare costs through increased utilization of the education, skills, and experience of the workforce. While our nation grapples with how to pay for healthcare, we must also ask what it is that we can and should be paying for. When nurses' voices are heard at the table, options for solutions to this complex problem increase, and quality and affordability increase. ■



“The theory behind my work is that self-care is a decision-making process ... These decisions are influenced by one’s knowledge, skill, self-efficacy, and compatibility with cultural beliefs and values.”

## VICTORIA VAUGHAN DICKSON

Clinician, researcher, teacher, administrator, and mentor — all of which take her to far-reaching corners of the NYU community and the nursing profession at-large

by Druanne Dillon

As a nursing school student at Temple University, Dickson did not expect a career in cardiology, teaching, or research.

But, explains Dickson, “Heart disease is a leading cause of morbidity and mortality. From my early bedside nursing roles on a medical-surgical unit, I took care of adults post-myocardial infarction or post-surgery, and with unstable heart disease and heart failure. And then, as a nurse practitioner, I focused in my practice on primary and secondary prevention. For many, this was cardiac related. And given my role as an adult nurse practitioner, it made sense to focus on cardiovascular disease. There are individual, family, and community factors that influence risk — self-care and outcomes — in outpatient and employee healthcare.”

### Next logical step: research in improving outcomes

“Unfortunately, I saw many patients develop hypertension and heart disease, despite my best efforts. My clinical

practice informs my research, so it was logical to transition to research in order to continue to try to improve primary and secondary preventive care.”

Dickson received both her MSN and PhD from University of Pennsylvania School of Nursing. Her doctoral dissertation, “A mixed methods study investigating bio-behavioral variables that influence self-care management in persons with heart failure,” set the stage going forward for her research that focuses on development of a greater understanding of cardiac self-care and its promotion implementing and testing the effectiveness of cardiovascular self-care interventions, and the use of mixed methods research.

### Clinical practice informs research

“My research is grounded in my clinical practice as a nurse practitioner; my practice has always been in the community, mostly in employee health, and among vulnerable populations including older workers, women, and ethnic minority

groups. My research involves partnerships with the community, for example the New York City Department for the Aging and the YMCA. My interventions are community-based, reaching people where they live and work, not only in the clinical setting.”

### Self-care: a decision-making process

“The theory behind my work is that self-care is a decision-making process. Individuals make decisions about health behaviors on a daily basis. These decisions are influenced by one’s knowledge, skill, self-efficacy, and compatibility with cultural beliefs and values. Therefore I am careful to adapt the content to be culturally appropriate, but recognize that it is less about teaching and really about building skill in the behaviors that will promote and sustain health in persons with cardiovascular disease.”

Earlier this year, during the American Heart Association’s Go Red for Women campaign, Dickson ran a pilot study

**An incredibly effective nurse practitioner and nurse scientist, Dickson is in demand in several areas, as evidenced by a survey of her current professional roles:**

- Associate professor at NYU Meyers, with extensive clinical and research experience in cardiovascular and occupational health nursing
- Research PI and collaborator, focusing on cardiac self-care in understudied populations
- Director of the Pless Center for Nursing Research
- Program director and research PI for the NIOSH-funded T42 doctoral training program at the Education Research Center in Occupational and Environmental Health Nursing at NYU Meyers
- Co-director, NYU School of Medicine CTSA Scholars Program
- Associate director, Transdisciplinary Research Methods Core at CDUHR
- Clinical appointment as advanced practice nurse in the division of cardiology at NYU Langone Health and Bellevue Hospitals
- Expert and mentor in qualitative research techniques and mixed methods research
- Member of the New York/New Jersey region education and research center leadership
- Eastern Nursing Research Society (ENRS) president-elect (2016–2018)
- Fellow: American Association of Nurses, American Heart Association, and Heart Failure Society of America

designed to promote heart health and self-care in women, set in the YMCA of Greater New York, in ethnically diverse neighborhoods including Chinatown and historically black neighborhoods. In an interview with Frank Roche, global head of internal communication at Cigna, Dickson reported, “Much of our own research has looked at ways in which we can help women think about how they fit heart healthy behaviors into their daily lives. And that seems to resonate well with women because they’re reluctant to put themselves first. We saw this as more than an education program,” the elements of which were:

- Small groups of ethnically diverse women recruited from churches and community centers
- Month-long study, meeting once or twice weekly
- Offered participants YMCA membership
- Provided a personal health coach
- Sessions on exercise, weight management, dietary changes, and stress management
- Talked about recipes and how cultural food favorites could be adapted to heart healthy dishes
- Changed content according to socio-cultural makeup of each group
- Relied on social networks of women with cardiovascular disease and sharing their experiences.

“The intervention worked better than we’d planned,” said Dickson. “My program of research is aimed at helping individuals at risk for the poorest outcomes to improve the health and quality of their lives. It centers around interventions to help them improve their self-care, optimize health, manage the risk factors, and prevent complications. Just telling someone, ‘Hey, you’ve got to watch your diet, you’ve got to exercise’ isn’t enough. We have to understand what goes into how individuals make decisions about

what they’ll do on a daily basis...I can help people understand how they’re making decisions, what influences their decisions, and how they can make heart healthy decisions.”

### Qualitative research techniques and mixed methods research

Another foundation of Victoria Dickson’s research effectiveness is how she gets answers — qualitative research techniques and mixed methods research. Her expertise in these techniques have given her a whole other area of renown in academic research circles, here and internationally, as lecturer, mentor, and collaborator.

“I work with students, early stage investigators, and junior faculty from multiple disciplines and all over the world. I also mentor physicians who are interested

in incorporating qualitative or mixed methods research techniques. I have been an invited speaker at national and international conferences on methods, as well as numerous universities in the US and abroad.

“Researchers use qualitative research technique to explore unknown phenomena (for example, patient preferences) and I use mixed methods that integrate both qualitative data and quantitative data to yield a more in-depth understanding or explanation than either method could alone. There are not a lot of experts in mixed methods, but there is a growing appreciation of the value of integrating all the available data to answer important research questions. “

### Where to go from here

“My research is theory-based and population-focused; I focus on populations who are understudied and try to identify innovative ways to improve self-care. Often one project informs another; cardiovascular disease affects all individuals and new populations. For example, there is an emerging interest in those with multiple comorbid conditions; we recognized that individuals with heart failure and other major complications or comorbidities faced significant challenges. This finding generated a research question and a collaboration with others to work in this area. I am fortunate to have many collaborations in NYU Meyers, NYU School of Medicine, and externally, that have been very important to my work.”

Currently one of Dickson’s projects involves “exploring measurement of stress levels in workers with congenital heart disease using cortisol in hair samples.” She is also collaborating with the NYU School of Medicine on the American Heart Association funded The Sarah Ross Soter Center for Women’s Cardiovascular Research Program–NYU Women’s Heart Attack Research Program (HARP). ■



# FEATURE

## MEET THE INAUGURAL MEYERS SCHOLARS

In May 2016, Howard and Rory Meyers gifted the largest donation ever to an established school of nursing — \$30 million — with three quarters endowed for scholarships for first-generation prospective four-year undergraduates with financial need who have excelled in high school. As part of this endowment, each year the College will provide academic and social support to a cohort of Meyers Scholars, including full tuition and housing assistance as well as mentorship and leadership training.

### RACHEL BREECE BS '21

My first name brings to mind happy times and positive memories from my childhood. My mother was the same age as I am now when she gave birth to me and chose the name Rachel, partially due to her Christian upbringing and partially due to her love of the television show “Friends.” However my last name has a far more negative connotation, because it reminds me of my father. My dad was an addict, and because of his spending habits, we had lived without a lot of the basics, like being able to afford heat in the winter. From an early age, I was told that I needed to look beyond where I was born: Newark, Delaware, a small town in a small state. Most people born there stay there for the rest of their lives.

When it came time to apply for college, I thought I would never be accepted into a prestigious university. Even though I excelled academically and participated in many extracurricular activities, paying for a state school, like the University of Delaware, even seemed like it would be impossible, given my family’s socioeconomic status. I applied to various colleges and began the interview processes, convinced that my local state university was all that I could achieve. Then came NYU.

I couldn’t believe that I was accepted, much less named a Meyers Scholar. I could not fathom all of the choices and exposure I would have in the greatest city in the world. The diversity and the culture seemed to be a gift I did not know how to receive. I felt like I won the lottery and was unsure I deserved the ticket. NYU was a fantasy and, when it became a reality, I was amazed. I kept feeling as if I would wake up from a perfect dream and be faced with the life I had always known.

As long as I can remember, I have felt a great passion for helping others. When I

“Whether it be friends, classmates, or even my younger brothers, I have always felt an urge to jump into action whenever someone in my orbit needed assistance.”



look back on my childhood, many of my actions were motivated by this desire. Whether it be friends, classmates, or even my younger brothers, I have always had the urge to jump into action whenever someone in my orbit needed assistance. Although this was an instinct, it was not until I was a bit older that helping others blossomed into a career interest.

My mother, my brothers, and I have always lived with my grandmother, although I did not fully grasp why until I was in the fifth grade. At this time, I began to comprehend my mother’s struggle with various debilitating illnesses. It was hard to witness the pain she went through, especially because it was the first time that I could do nothing of value to help someone I love. Then, one day, I realized that if I made a career out of medicine, it would be possible to alleviate pain from people who are suffering.

Nurses are taught how to help those in need feel better while also making their day a little brighter through kindness. Considering this, as well as my passion for science, it became clear that nursing was for me. I want to help people while also making a small difference each and every day. I hope that, with this generous gift, I can somehow give back to communities all over the world with the knowledge and experience I gain from attending NYU Meyers. ■

We encourage students who qualify to apply for fall admission regardless of economic or social backgrounds. To learn more about the program, please email [nursing.admissions@nyu.edu](mailto:nursing.admissions@nyu.edu).

## GAVIN ARNESON BS '21

Attending NYU Meyers is the greatest achievement of my life and I am truly indebted to the graciousness of the kind-hearted strangers, including, of course, Howard and Rory Meyers, who have made my goal to be at this world-class university a reality.

I was born in a small town in Northern California called Greenbrae to my mother, father, and two brothers. I spent the beginning part of my childhood as a Californian, catching lots of waves, soaking up the sun. For better or for worse, my family relocated when I was about two years old to Nebraska, where I spent the majority of my childhood, starting and finishing with elementary school. At the beginning of middle school, I again relocated — in separation from my brothers — to Colorado with my father. Colorado is where I found myself, and where I most closely identify as being my “home.” I graduated from my beloved high school in May of 2017 and packed my bags for New York City on July 1.

I’m sure you’re wondering how a small-town boy from Nebraska found his way to New York City? It really started in middle school in Colorado, when I walked into my guidance counselor’s office for the first time and saw a big poster with a clipart NYC skyline. Beneath it read: New York University.

Boom. It’s really that simple. In seventh grade, I fell in love with New York University’s mission, its philosophy, and its values. I craved to become a part of a cultural heartbeat as vibrant and as large as NYU, to become immersed in a world that would challenge every notion around which I had built my comfort zone. I wanted the academic rigor, the global opportunities, and the change of scenery that would facilitate my personal and professional growth that I did not believe

I could get at anywhere else. NYU truly became my North Star and I kept my eyes fixed on my goal: getting to NYU.

In high school, my father began experiencing health issues. Visiting doctors and specialists yielded thousands of dollars in medical costs, but my father was still sick. On top of being sick, our family was now in debt, on the verge of homelessness, and my father was depressed. No matter how specialized the care he received was, his real struggle stemmed from not having anyone with whom to relate. He needed somebody not to hypothesize what was wrong with his body; rather, he needed somebody who could just tell him he was going to be okay and provide an emotional connection and support. He needed somebody to take care of him in a way that physicians, diagnoses, and drugs did not; he really needed a nurse. I wish I could say that I had been a hero and stepped into that role, but I did not. The fact that I did not is the motivation behind my passion for nursing. For people who need what my father needed, I will become a healthcare professional who provides that missing piece.

Amidst all of this he told me not to worry about him or about financial problems. He told me that good things come to those who work hard, and that my hard work would take me where I wanted to go. My father was aware of my goal to go to NYU, and he was also aware of the financial impossibility of attending this institution. He didn’t need to tell me, but I knew that there would be no possibility of going without tremendous financial aid. For six years, I dreamed of going to NYU. I envisioned opening my acceptance letter and receiving the financial aid package that would allow me to attend. I dreamed of becoming something greater, of receiving an education from this



“For people who need what my father needed, I will become a healthcare professional who provides that missing piece.”

school, of wearing an NYU sweater as a student, and of making my dad and my community proud.

My dad did not get to see me become a Meyers Scholar. He did not see me graduate high school. After he passed, I heard his voice ringing in my ears: “Keep going on, it’s not over yet!” So I did, and I still do, and I am able to because of this scholarship.

From the most sincere place in my heart, I could never articulate how much coming to NYU means to me — both symbolically and professionally. I have no words but thank you to the Meyers family for supporting me, believing in me, and giving some kid from a cornfield in Nebraska the chance to make something of himself. I don’t know where I would be if it weren’t for their selflessness and pure kindness of complete strangers. I accept it as an investment in me so that I, too, may be able to continue to invest in the world. I have nothing but gratitude for the school I now get to call home. ■

# CELEBRATIONS

**NYU Meyers** regularly holds panel discussions, gatherings, and celebrations for our current and former students. Here are some of these events' highlights.

## 9th Annual Norman and Alicia Volk Lecture in Geriatric Nursing

April 5, 2017

**A** Dean **Eileen Sullivan-Marx** with **Tara Cortes, PhD '76, MA '71**, executive director, Hartford Institute for Geriatric Nursing (middle), and **Mary Naylor** (right).

**B** The Hartford Institute for Geriatric Nursing staff with **Mathy Mezey** (front center) **C** **Alicia** and **Norman Volk** with **Naylor** (left to right) **D** **Claire Fagin PhD '64** asks a question after the presentation. **E** **Mezey**, professor emerita, with **Norman Volk**.



## Jonas Scholarship and Leadership Reception

April 18, 2017

**F** Prof. **Judi Haber, PhD '84, MA '67** (middle) with **Donald** and **Barbara Jonas** of the Jonas Center. **G** Former Jonas Scholar **Jennifer Kim DNP '15** gave a presentation during the event. **H** **Barbara** and **Donald Jonas** with the Meyers Jonas Nurse Leaders and the Psychiatric-Mental Health Scholars.





# CELEBRATIONS



## Alumni Association Presents: Second Annual Road Less Traveled Panel

April 25, 2017

**I** Panelists left to right: **Anne Sansevero MA '96**; Prof. **Mary Jo Vetter**; **Nadia Sultana** **J** A student takes the opportunity to reflect on nursing pathways. **K** Attendee posed a question to one of the panelists during Q&A. **L** **Vetter** (left) greeted **Penny Klatell, PhD '75, MA '71**, past president, Meyers Alumni Association Board of Directors.



## Alumni Lecture Hall Reception

May 18, 2017

**M** Left to right: **Ann Marie Mauro PhD '98**; **Madeline Naegle, PhD '80, MA '67**; **Linda Beeber MA '70**; Prof. **Michele Crespo-Fierro BS '90** **N** **Evelynn Gioiella, PhD '77, MA '63**, in the leadership conference room that she supported. **O** Past presidents of the alumni board: **Mauro PhD '98** (left) and **Wendy Budin PhD '96** (right) **P** **Naegle**, professor emerita (left), with **Pat Kizilay Smith BS '70** **Q** **Crespo-Fierro** with **Oksana Avizova BS '17** **R** The **Schoon** family visited the plaque commemorating their gift.





# CELEBRATIONS

## Graduation Luncheon

May 22, 2017



**A** Left to right: NYU Trustee **Howard Meyers**, Dean **Sullivan-Marx**, graduation keynote speaker **Barbara Nichols** **B** Profs. **Jamie Newland**, **Joyce Anastasi MA '82**, and **Sandy Cayo** **C** **Norman Volk** greeted **Donald Jonas** (seated) during lunch. **D** Graduate **Pradeep Mulani BS '17** (second from left) with his family **E** Left to right: **Margaret McClure**; **Alicia Georges MA '73**; Dean **Sullivan-Marx**; **Nichols**



## A Tribute to the Leadership of Martha Rogers

June 21, 2017

**F** Alumni left to right: **Joan Beicke MA '68**; **Luz Porter PhD '67**; **Marion Smith MA '69** **G** Left to right: **Violet Malinski, PhD '80, MA '71**; **Elizabeth Barrett PhD '83**; **Jacqueline Fawcett, PhD '76, MA '70** **H** Prof. **Fidel Lim**, **Althea Mighten, ADCRT '98, MA '93**, and **Adrial Lobelo** **I** Leadership Circle donor **Richard Santa Ana MPA '95** with Dean **Sullivan-Marx**. **J** **Alan Davidson MD '62** and **Susan Davidson BS '66** with **Colleen Conway-Welch** (right).





# CELEBRATIONS



## State of the College Address

September 25, 2017



**K** NYU Meyers leadership, board of advisors, faculty, staff, students, and friends gathered to hear remarks from Dean **Sullivan-Marx**. **L** Meyers staff with board of advisors member **Rebecca Zack Callahan BS '06**. **M** Alumni board members: **Monefa Anderson, BS '07, MPA '96**, president; **Sylvia Williams MA '76**, advisor. **N** Dean **Sullivan-Marx** with faculty member **Bei Wu** (left) and **Sherry Greenberg**. **O** Left to right: **Emerson Ea**, assistant dean of clinical and adjunct faculty affairs; board of advisors members **LoBiondo-Wood** and **Carl Kirton MA '92**



## NYU Reception at AAN Conference

October 7, 2017

**P** Left to right: Prof. **Ab Brody**; **Amy Berman BS '06**; Dean **Sullivan-Marx**; Prof. **Newland**; **Marilyn Hammer**; **Jo Ivey Boufford**. **Q** New AAN fellow **Catherine Taylor Foster PhD '74** with Dean **Sullivan-Marx**. **R** **Alicia Georges MA '73** and **Brody** with nursing colleagues





# BY THE NUMBERS

There's never been a better time to study, work, research, and learn at NYU Meyers. Here's a snapshot of this academic year.

2017-2018



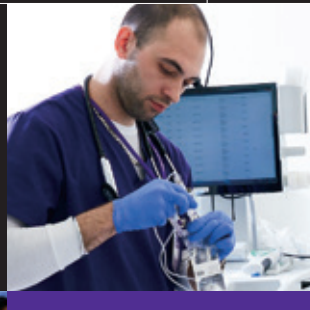
75

FULL-TIME FACULTY



1,577

TOTAL STUDENTS



TOP  
10

IN NIH RESEARCH FUNDING

2

MEYERS SCHOLARS



ACTIVE RESEARCH IN

15

COUNTRIES

10

NEW FACULTY MEMBERS  
AND RESEARCHERS

886

UNDERGRADUATE  
STUDENTS

49%

UNDERGRADUATE DIVERSITY

691

GRADUATE STUDENTS

34%

GRADUATE DIVERSITY



# GIVING

## WELCOME FROM THE ALUMNI ASSOCIATION PRESIDENT

Dear fellow alumni,

I am very excited to start my two-year term as the new president of NYU Rory Meyers College of Nursing's Alumni Association! I have had a long and proud history as a member of the NYU community, which started when I received my MPA in Health Policy and Management from NYU Wagner in the late 90s. After receiving my MPA, I worked for healthcare organizations for 10 years. During the course of those years, I worked closely with and learned from many nurses and nurse leaders. That was when I began to feel drawn to nursing, because I saw first-hand the significant role and impact of the RN.

It was also during this period of my life that my grandmother had a medical emergency and needed to be airlifted from a small town in Maryland to a hospital in Baltimore. The amazing work and care of the clinical staff there enabled her to recover and return home. However I had an uphill battle to get her competent and consistent follow-up care once she returned because of a lack of healthcare services within 30 miles of her home. This

was what finally propelled me to take that decisive step toward becoming a nurse—I did not want to see another family in the same position struggling to receive care. I enrolled in the accelerated BS program at NYU College of Nursing in 2005. It was a challenging journey, but the amazing professors, the camaraderie of my classmates, and the love and support of my family got me through that rigorous program and led me to where I am today.

To say that NYU has been an important part of my life is probably an understatement! I am thrilled to be able to give back to the University—and especially to nursing.

My hope as president is to share my experiences and inspire other members of the NYU nursing community to become involved. My fellow alumni board members are also incredibly energized this year, and our main goal is to become a valuable resource to Meyers alumni, faculty, and current students alike. After all, we have more than 100 years of combined experience as nurses among all of us!

We would love to meet and hear from more of our fellow alumni. There are a variety of free educational

events and celebrations throughout the year—most notably the Estelle Osborne Legacy Celebration on Feb. 28, 2018 and the Volk Lecture in Geriatric Nursing on April 18, 2018. Contact the Office of Alumni Relations at [nursing.alumni@nyu.edu](mailto:nursing.alumni@nyu.edu) or call **212-998-5359** to ensure that your email address is up-to-date so that you receive information about future programming and events.

If you haven't seen our stunning new building, contact Sally Marshall, director of development, at [sally.marshall@nyu.edu](mailto:sally.marshall@nyu.edu) to arrange a tour.

Please do not hesitate to reach out to me at [aapresident.nursing@nyu.edu](mailto:aapresident.nursing@nyu.edu) if you have any ideas or questions. I look forward to meeting many more alumni and members of the Meyers community this year!

Monefa M. Anderson  
BS '07, MPA '96 (WAG)

# NEWS

The College wants to keep in touch with its former students! Please ensure your current email address is on file by emailing [nursing.alumni@nyu.edu](mailto:nursing.alumni@nyu.edu).

## CLASS NOTES

### 1970s

**Arlene Lowenstein MA '74** was designated as a Living Legend by the Massachusetts Association of Nursing. She was director of the nursing program of Massachusetts General Hospital Institute and has since retired as director of the doctoral program in nursing at Simmons College.

**Arlene Schiro BA '75** started a new career as a nurse practitioner in prevention after years in critical care.

**Jeffrey Rossman MA '78** spent ten years at Burke Rehab Hospital and 25 years in community hospital nursing in CCU and step-down units. He retired from the US Army Reserve as head nurse of trauma and emergency medicine.

**Zelda Suzan (Socholitzyk) MA '78** is associate professor at Phillips School of Nursing at Mt. Sinai Beth Israel.

### 1980s

**Tina Eskreis Nelson BA '80** is the CEO of Professional Games, Inc.

**Martha Raile Alligood PhD '83** retired from East Carolina University in 2013 and became professor emeritus.

### 1990s

**Mary Beth Russell (Maneri) MA '91** was appointed to the New Jersey Board of Nursing.

**Janet Gordils-Perez, MA '94, ADCRT '97** has been named chief nursing officer of the Rutgers Cancer Institute.

**Elaine J. Amella PhD '97** was funded by the NIH-NINR for an R01 entitled "Mealtime Partnerships for People with Dementia in Respite Centers and at Home" and is a professor at the Medical University of South Carolina where she was the associate dean for research.

**Susan Saladini PhD '97** was selected to serve as ambassador for The Friends of the National Institute for Nursing Research.

**Tae Wha Lee PhD '98** was appointed dean of the College of Nursing at Yonsei University in Korea.

### 2000s

**Michelle Adelewitz BS '05** became practice manager at an endocrinology and primary care office.

**Carly Penwell BS '08** graduated as a DNP from the University of Minnesota.

**Allison A. Norful MS '09** earned a PhD in nursing from Columbia University.

### 2010s

**Autumn Spence MS '13** welcomed baby girl, Monroe, on Jan. 10, 2017.

## IN MEMORIAM

**Renee Daiuta Feuerbach PhD '07** died on July 10. Feuerbach was a dedicated nurse practitioner in the first free-standing NP office in New York City. Donations may be made in her name to MSKCC c/o Laboratory of Dr. Jacqueline Bromberg.

**Elaine Dillon MS '14** of Englewood, NJ died on Oct. 12 after being hit by a vehicle. She leaves behind a son, Andre.

It has been brought to our attention that a profile about one of our donors, **Marie Schwartz**, which ran in the spring 2014 issue of *NYU Nursing*, incorrectly referred to her husband as Dr. Arnold J. Schwartz. The correct name of Marie Schwartz's husband is Arnold Schwartz. We regret the error.

Save  
the  
dates



February 28, 2018

Estelle Osborne Legacy Celebration



April 10-13, 2018

NICHE Conference





#TBT

## NYU Nurses' Counseling Service and Beyond

by Rae K. Grad MA '72

In 1971, I was a graduate student in nursing at the NYU School of Education. I was newly married, living in a high-rise apartment at 14th Street and 5th Avenue, enjoying the challenges and satisfactions of my graduate education. My husband, who was attending NYU Law School, and I would walk to our classes enjoying the sights and sounds of the Village.

To earn a little extra money, I worked at Margaret Sanger Research Bureau, MSRB, which was located at 17 W. 16th Street. The MSRB was doing exciting and important research on contraceptive options for women.

One day it occurred to me that I could transfer the skills I was learning at MSRB to the students at NYU. My hypothesis was that students at NYU were unaware of contraceptive options and that if we took the information to them—in the dorms—they could learn about options and decide if they wanted to get contraceptive help at the student health service or other local clinics.

Thus the NYU Nurses' Counseling Service opened in Weinstein Dorm. We announced what we were doing, showed up in shifts, opened the door, and allowed anyone to walk through it. From my experience working on this service, I wrote a term paper and felt a great sense of satisfaction that I could apply my nursing knowledge to a real-life situation.

Fast forward two years, my husband and I moved to Richmond, Virginia, where he had a fantastic opportunity to clerk for a federal judge. I figured I would do in Richmond what I did in the NYU dorms.

I had a rude awakening. A master's prepared nurse at that time in Virginia was not a valuable job asset. I remember talking to the student health director at one of the local colleges about starting a contraceptive counseling service in the dorms borne out of my experience at NYU. He looked at me with disdain and disbelief and said, "Any student who wants to get contraception can easily do so—as long as they are married or over 21."

Ultimately after striking out on many job interviews, I landed a job at the cosmetic counter of a department store. I later left that job and became the nurse and allied health officer for the Virginia Regional Medical Program, an amazing opportunity that finally allowed me to use my nursing skills and knowledge.

Over the course of my career, I was a labor and delivery nurse, a professor of OB/GYN, and an author, in addition to obtaining a PhD in health education, working on the Presidents' Summit for America's Future, and serving as executive director of the Southern Regional Task Force on Infant Mortality and the Congressional Commission on Infant Mortality. I recently retired as a federal lobbyist for a major university.

I credit much of the success in my career to Martha Rogers and the nursing philosophy I learned at NYU as well as the hands-on learning experiences I had on campus. I felt that no matter what challenge was in front of me, if I looked at it through the lens of a well-trained nurse, I knew how to solve it. ■



April 18, 2018

Volk Lecture in Geriatric Nursing



May 16, 2018

NYU Commencement



May 22, 2018

NYU Meyers Graduation

**CARL KIRTON MA '92**

Chief Nursing Executive, educator,  
HIV/AIDS care specialist, writer



by Druanne Dillon

There are many nurses who get their degree, do their job, and go home.

Then there's Carl Kirton.

Originally a hospital critical care nurse, Kirton is now chief nurse executive of University Hospital in Newark, NJ. On the way to the premier academic safety net hospital of Northern New Jersey and primary teaching facility for Rutgers University, Kirton obtained advanced degrees in nursing education, a DNP, and became a university educator, author, and leader in his field.

If he had a mission statement it would be this: "Nurses, as members of the healthcare team, are charged with coordinating care and meeting the physical, emotional, cognitive, social, and spiritual needs of those under their care. What drives me is making sure that every patient encounter lives up to this notion and that as nurses we make sure that we have met or exceeded our patients' expectations when they return to their homes and communities."

In Kirton's current role as chief nurse executive (CNE), he "ensures that the practice of nursing is safe, timely, efficient, equitable, and patient-centered." He adds, "The CNE is also responsible for being a role model to others in professionalism, communication, and relationship management. The CNE works with other members of the executive team to ensure that business decisions are always patient-centered and represent the workforce perspective."

How did Kirton get from RN to CNE?

"I received my MA in nursing education in 1992. NYU had and continues to have a strong nursing education program. It was exhilarating to be among some of the greatest minds in nursing education around that time. [Former faculty member] Margaret Wolf provided me with a strong foundation in the academic sciences and provided outstanding career guidance. In fact, I joined the nursing faculty in 1993."

"Former Profs. Phyllis Lisanti and Elizabeth Ayello provided the mentorship to develop my career as both educator

and author. Around this time, there was a strong emphasis on the development of the advanced practice role and programs at NYU. I enrolled in NYU's post-master's advanced practice program at the height of the HIV/AIDS epidemic in NYC. By pure happenstance, I was placed in the nurse practitioner-run HIV unit at St. Vincent's Hospital," an epicenter of AIDS care in the '80s' and '90s.

### Becoming an HIV/AIDS care specialist

For Kirton, this change was pivotal: "It was a marriage made in heaven. Most of my professional career had been in critical care. Had it not been for the faculty who encouraged me to step out of my comfort zone and try something different, I would not have achieved the personal and professional satisfaction I have in the care of HIV patients."

**“An NYU education focused on promoting nursing both as a science as and an art. It provided the appropriate foundation for addressing healthcare problems and management from a scientific, evidenced-based approach and at the same time helped us to be creative and resourceful in our thinking, take risks, and become learned in matters beyond nursing.”**

“Once I became a nurse practitioner, I was still on the faculty of NYU. Under the direction of then-Dean Diane McGivern, NYU explored faculty practice appointments with Mt. Sinai Medical Center. I was fortunate to have an appointment as a nurse practitioner faculty in the Jack Martin Fund Clinic, where I cared for patients with HIV/AIDS. At the same time I became very involved with both the local and national organization for Association of Nurses in AIDS Care (ANAC). I served on the board and eventually was elected by the membership to serve as President of the National Organization.”

“I was fortunate to travel to South Africa and Uganda to work with nurses to build capacity to provide different levels of HIV care in their communities in the late '90s and early 2000s. As a result of improved combination therapy, we were seeing great improvement in the management and care of patients with HIV in the US. However, the same gains were not occurring abroad. I knew of the impact the disease had on people, but seeing it first-hand was profound. I think the biggest difference and the greatest learning lesson was meeting many nurses who continue to care for patients despite limited-to-no choices, poor or risky working conditions, and in some cases the nurses themselves who were infected with HIV.

“I spent approximately 13 years as a nurse practitioner in HIV/AIDS and although in my current role I no longer provide HIV primary care to patients, I remain committed to improving the care of HIV patients and continue to work with and support the work of ANAC.”

### Enter evidence-based practice and problem-based learning

When asked if he credits any of the faculty, particularly, with whom he trained at NYU with influencing or inspiring him, Kirton said, “Absolutely: **Judith Haber**, Ursula Springer Leadership Professor in Nursing. Very early on she recognized the

importance of evidence-based practice and problem-based learning in nursing education. She encouraged me to travel to McMaster University to train with nursing faculty on EBP methodologies. Shortly after my return, I worked with Haber and the rest of the faculty on EBP integration into the nursing curriculum. When NYU began offering the DNP program, I taught the two evidence-based practice courses offered to NYU DNP students. I contributed to Haber's book, *Nursing Research: Methods and Critical Appraisal for Evidence-based Practice*, writing one of the chapters on evidence-based practice.

“The use of evidence as basis for clinical practice and executive leadership has had a profound effect on my career. Relying on data and other sources of evidence helps me to be more effective in making informed decisions, which improves nursing practice and the interpretation of outcomes. I also have personal satisfaction insofar as I educated a generation of nurses in the importance of an evidence-based professional practice.”

When asked about veering off into an MBA, Kirton defended his choice for pursuing that degree, saying that “an essential skill of today's nurse leaders is financial and strategic management. So I took courses in finance, economics, and business strategy, and found immediate connections between every course I took and the work I was doing on a daily basis. It's actually a funny story: without even realizing it, I had taken so many business-related courses that, by the time I matriculated into my MBA program, I had almost completed it!

“Business skills and principles are a core competency of the chief nurse executive today. I might argue that either business courses or a business degree is essential for the today's nurse leaders. I am happy to say that the NYU faculty is at the forefront of this.”

### What did NYU do for Kirton?

“An NYU education focused on promoting nursing both as a science and as an art. It provided the appropriate foundation for addressing healthcare problems and management from a scientific, evidenced-based approach and at the same time helped us to be creative and resourceful in our thinking, take risks, and become learned in matters beyond nursing. Most people think of a nursing education as acquiring clinical practice knowledge; NYU provided courses in healthcare policy, human resource management, organizational development, cultural diversity, community health, and group and family counseling. As an advisory board member, I am continually amazed at how the curriculum evolves to prepare nurses to participate effectively in an ever-evolving healthcare system.”

### Words of wisdom for today's nursing students?

“First, learn something different, either in a formal or less formal way. It will serve you well in the future. For instance, ten years ago, we never thought that innovation science, big data, cybersecurity, planetary health, or sustainable environment studies would have any immediate impact on the bedside nurse. These are important areas that will require nursing leadership in the immediate future.

“Second, don't be afraid to try something new. If it had not been for the faculty who encouraged me to try something new — HIV care rather critical care — I probably would not have had an opportunity to explore what has turned out to be one the greatest satisfactions in my professional career.

“I can't image doing anything different than what I am currently doing.” ■



## NICOLE SWEENEY MS '13



Sweeney recently published a manuscript on nursing management of donor and recipient patients with face transplants in the *AORN Journal* for the Association of Perioperative Registered Nurses. Learn about Sweeney, her career, and the burgeoning field in which she works.

### How did you wind up in nursing and why?

I grew up on Long Island and was exposed to nurse practitioners as a child where I regularly saw one in my pediatrician's office. She was smart, kind, and autonomous, all characteristics of a great nurse. Moreover I was always interested in science, primarily biology. I considered going to medical school, but the nursing field appealed more and I ultimately decided to obtain my BS at the University of Delaware.

### What was your experience like at NYU?

I felt the College did a phenomenal job of making students feel as if they were part of a family unit and that staff and resources were readily accessible. Obtaining my advanced practice degree along with working full time as an OR nurse taught me how to set goals, prioritize tasks, and treat patients in a holistic manner. Clinical Associate Prof. **Mary Brennan** molded me into the NP I am today. She is hard-working, strong, intelligent, and driven and expected nothing but the best from her students.

### What kind of work are you doing currently?

I am currently practicing as an adult-gerontology acute care nurse at the Wyss Department of Plastic Surgery at NYU Langone Health. I care for a vast array of plastic surgery patients, including cosmetic and reconstructive, across the continuum of surgical care. I obtained my registered nurse first assistant program and function as an assistant in the OR. I think it's extremely beneficial to my patients to have a familiar face guiding their care throughout all aspects of their treatment. I am also the face transplant coordinator and manage the care of both the donor and the recipient patients.

### Why have you settled into face transplant work?

I have been honored to serve the role as face transplant coordinator thanks to Dr. Eduardo Rodriguez, who is my collaborating physician. I love being involved in the care of these patients and provide them an opportunity for a second chance at living a normal life and reintegrating into society after years of living with facial disfigurement. Given that this field is cutting-edge research, I am able to learn throughout the process of caring for this unique patient population and hope to ultimately improve the outcomes for future transplant recipients.

### What is a day like?

A typical day varies but I am usually on site by 6:45AM to meet with our patients prior to surgery and then I will assist in the OR. I also spend a great deal of time seeing patients.

### What kinds of progress have you seen during your time working in this area? Where do you see the field evolving?

I have seen a lot of progress in terms of the multidisciplinary approach to care. Although the surgery is quite challenging and lengthy, there is a lot of work done ahead of time as well as postoperative and follow-up care involving a variety of specialists. Nurses are in the forefront of caring for this population so I feel we will be a strong force in developing and publishing care plans and protocols to effectively and safely deliver exceptional care. ■

**ANN BERGER BA '79**

Since August 2000, Berger has been chief of the Pain and Palliative Care Service at the NIH Clinical Center, where she has clinical, teaching, research, and administrative responsibilities. Now leading a team in pain, palliative care, and integrative modalities, Berger began her career as an oncology nurse before attending medical school.

### What was your undergraduate experience like at NYU?

I was at NYU from 1976-1979 as a pre-med student, before transferring to nursing, and loved it. The University is the whole city! What can be bad about that?

I think nursing is more holistic and in nursing there's nothing you can't do.

### What led you to pursue a career in medicine?

After graduating I first worked in pediatric oncology in Philadelphia and attended the University of Pennsylvania for my master's. Since there were no nurse practitioners at that time, it seemed the only way you could move up in the nursing field was to go into administration — but I was not interested in doing that kind of work. So that's when I decided to go to medical school.

Everyone says I still function like a nurse. I love taking care of patients and families and I love getting to know people. Nurses do both.

### How has the field of pain and palliative care improved since you first began working in healthcare?

When I was doing my fellowship in oncology at Yale, I started a palliative care service — then called supportive care. There was no palliative care at the time. However, over the length of my career in medicine and nursing, palliative care has become a board-certified specialty.

Another big change I've witnessed is the type of person going into the field. Years ago, some folks did it as a second career in medicine after practicing a different specialty, but now we have all these young kids who are joining the field from the onset, which is really exciting.

### What has working at the NIH been like?

The NIH is a government facility — there is no other place like this place. Every patient who comes is on a clinical study and his/her/their treatment is paid for by tax dollars. Medicine at its best can be done here and research at its best can be done here because we can actually concentrate on the patients without having to deal with billing.

Seventeen years ago, I started the pain and palliative care unit and developed it into a very active program, which has grown to probably one of the biggest in the NIH. We follow people for long periods of times. We do integrative medicine and do more education than any other department. We not only have two of our own fellows, but we also educate 25 others.

The patients are always amazing. That gives me a lot of meaning. In addition the research we've done on psycho-social spiritual healing and the associated tools we've developed over 10-12 years are both things I'm very proud of.

### What kind of advice would you give to new nurses?

Palliative care is a wide-open field and it can allow you to go any direction. As a nurse, you can do anything. You can do patient care. You can do research, education, administration, policy, or global work. The first time that I heard NPs refer to themselves as "mid-level providers," I was a little taken back. To me, an NP can do anything. Probably because of my education at NYU, where I was told that everything was possible and there was nothing you couldn't do! ■

# GIVING

Rory Meyers College of Nursing would like to say **thank you** to the members of the Leadership and Dean's Circles, who generously support us in our commitment to excellence in nursing research, education, and practice. 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 healthcare.\*

\* Donations as of Nov. 1, 2017

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**MEET PORSHA BRYANT BS '18**

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Over a lifetime, one nurse can touch thousands of lives. Investing in Porsha’s education improves healthcare for all.

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