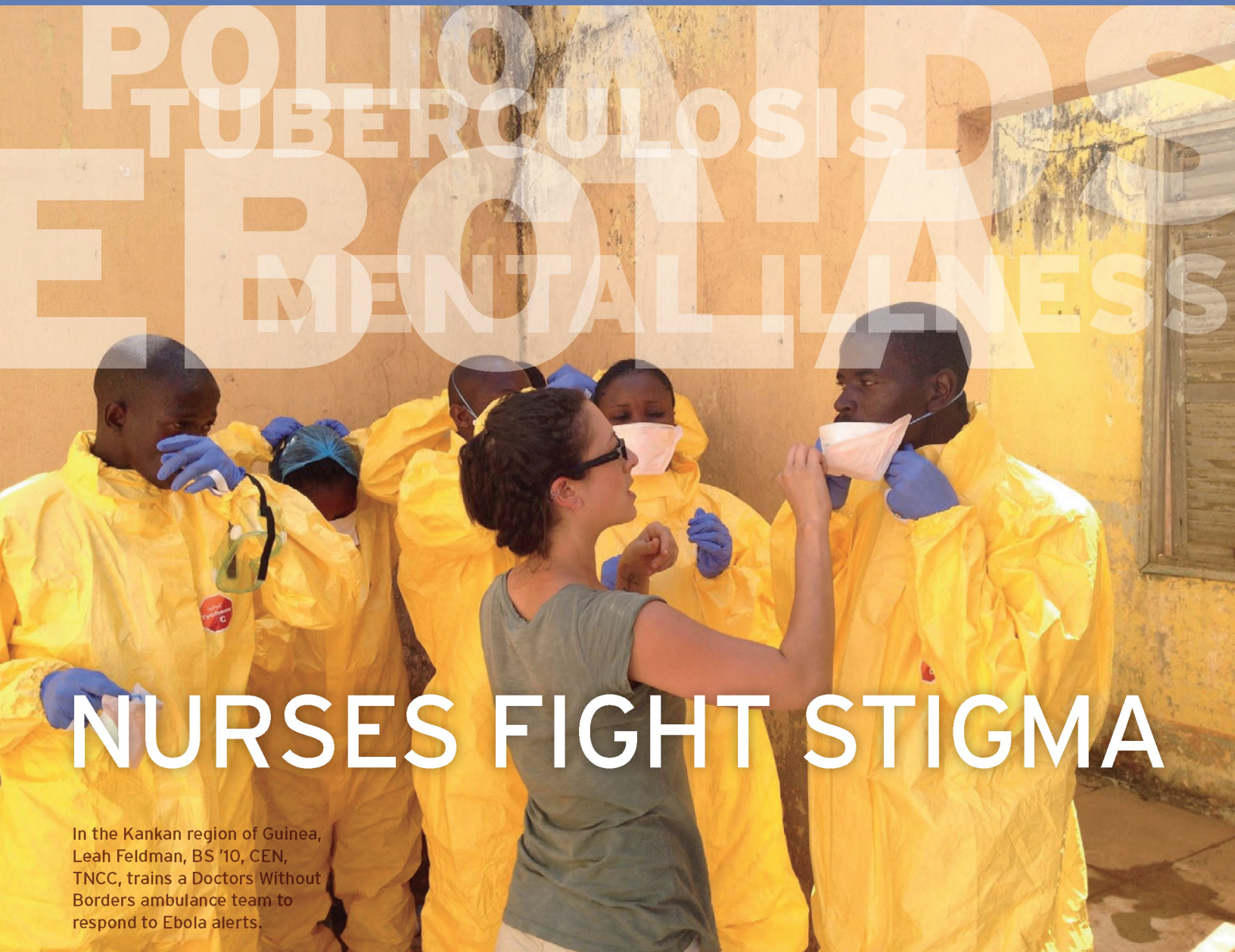


# NYU | NURSING

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SPRING 2015 VOL. 13, NO. 2



## NURSES FIGHT STIGMA

In the Kankan region of Guinea, Leah Feldman, BS '10, CEN, TNCC, trains a Doctors Without Borders ambulance team to respond to Ebola alerts.

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# The Diane McGivern Fund

A campaign to commemorate Diane's legacy at NYUCN



Diane McGivern, PhD '72, MA '64, RN, FAAN  
Former Head of the Division of Nursing at NYU School of Education

Diane McGivern, nursing scholar, editor, and author, is remembered for her compassion and tireless work in nursing, nursing education, and health policy.

Help us to honor Diane with a dedicated space in our new building by making a gift to the Diane McGivern Fund.

For more information or to make a contribution, please contact Larry Siegel at 212-998-6794 or [larry.siegel@nyu.edu](mailto:larry.siegel@nyu.edu).

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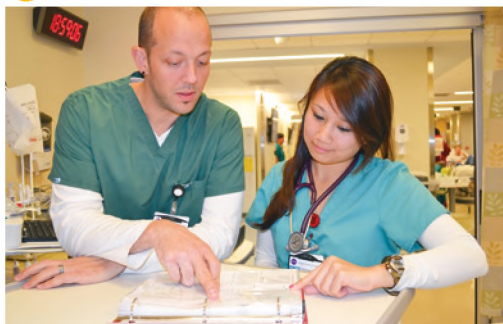
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Cover photo: © Pierre Pech. Pictured from left are Mamadi Traoré, Sia Hawa Koundouno, and Mohammed Bate Cherif of the water, sanitation, and hygiene staff; Leah, and community triage nurses Mariame Dabo and Albert Gnalou Tenguiano.

Dear Friends,

At long last spring! Every year at this time, I marvel at how this always-vibrant city is filled with a new energy that can come only with spring's arrival. Washington Square Park across from my home fills with people no longer compelled to escape the wintry winds and cold by hurrying to their destination. For our faculty and students, it is a wonderful season, and for many, graduation hovers just on the horizon, bringing with it new and exciting opportunities for personal and professional growth and adventure.

For NYU College of Nursing, spring 2015 is a particularly special time for celebration. Only five short months ago, the College was packed into moving trucks and relocated to a truly impressive 11-story structure in the heart of the NYU health corridor. Each of you has shared in the excitement and enthusiasm for this landmark step in the history of the College, whether by reading updates on the building's progress, attending an event in our new home, or, for many of you, showing your support through generous contributions to our building campaign.



As we finish our first semester at 433 First Avenue, I am very proud to share with you just how well this building is helping provide our students with a learning environment befitting their passion for nursing and the excellent education they receive at NYU. If you've not yet toured the building, I encourage you to do so the next time you are in the city and experience our world-class Clinical Simulation Learning Center and technology-rich classrooms for yourself! I guarantee that you will be impressed by what you see.

With the opening of our new building now behind us, our attention is once again fully focused on the future. What lies ahead for nursing and health care? How do we best prepare our students to be effective and compassionate clinicians and nurse leaders? How will NYU College of Nursing continue to lead the charge, driving nursing education, research, and clinical practice forward?

To help me best answer those questions, I established a new position at the College—senior associate dean for academic programs—an essential role that called for a visionary and inspirational leader capable of growing our already renowned academic programs. After a thorough national search for the perfect person to serve in this important position, I was extremely pleased to announce on April 16 that we had found the ideal candidate in our very own **James C. Pace, PhD, MDiv, ANP, BC, FAANP, FAAN**. Jim is currently associate dean for undergraduate programs, a highly regarded nurse educator, leader, and mentor as well as a member of the larger NYU administration who is well respected and admired by his colleagues throughout the University. There is much truth to the adage that what you hope to find is often right under your nose, and I could not be more thrilled to have Jim take on this important role, which he will begin on September 1.

Jim's appointment is great news for the College, and, as I often say, great news is

what NYU College of Nursing is all about! This issue of *NYU Nursing Magazine* perfectly reflects the diverse and positive developments that I have the privilege as dean to hear about every week: the achievements of our students, faculty, staff, alumni, and our many valued supporters and friends. On the pages that follow, you will learn about the long and proud history of nurses as the first health care providers to look beyond stigma and the unknown to provide care to those suffering from devastating health crises like TB, AIDS, and other diseases. I really enjoyed this article because it speaks strongly to why nurses are so trusted and valued around the globe.

After you've explored some of our rich nursing history, you will read about the increasingly central role of technology in patient care and how the College is leading the way in key areas like geriatric nursing and the development of skilled nursing workforces internationally. There are also articles that demonstrate how the College is preparing our students for a changing workplace as we continually adjust to the ways in which the Affordable Care Act is shaping health care and to advances in how we understand and deliver care. In addition, you will meet some of our remarkable faculty, students, alumni, and supporters whose work and commitment to nursing excellence is why we have so much great news to share. I hope you enjoy reading the magazine as much as I have!

I wish each of you a peaceful, safe, and sun-filled summer. And remember—should you find yourself in NYC—be sure to visit your friends at the College of Nursing!

Regards,

*Eileen M. Sullivan-Marx*

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



**Clockwise from upper left:** A spectacular view from the 11th floor conference room; banners announce the new building's three occupants; Dean Eileen Sullivan-Marx dedicates the Terry Fulmer Dean's Suite; Dr. Kellie Bryant demonstrates the capabilities of the new Clinical Simulation Learning Center; Dr. Gail Melkus and Sullivan-Marx honor Muriel Pless, cofounder of the Pless Center for Nursing Research; and guests experience one of the new Smart Classrooms.

# CUTTING THE RIBBON

## College of Nursing Enters New Era with Move to First Avenue

**NYU COLLEGE OF NURSING** students and faculty returned from their winter break to a spacious, sun-streaked, high-tech new home, just down the road from the bustling NYU Langone Medical Center and School of Medicine.

"I am thrilled that this transition—five years in the planning—is complete, and we are now thoroughly enjoying and making excellent use of our incredible new Clinical Simulation Learning Center, Smart Classrooms, Learning Commons, and all of the wonderful spaces that we have been anticipating for so long," says Dean Eileen Sullivan-Marx.

On February 18, 2015, Sullivan-Marx cut a ribbon—draped across the dramatic

staircase in the building's entryway—on the new space at an event honoring the many donors, friends, and NYU colleagues who made the construction of the new building possible.

Several rooms were dedicated in honor of donors who were present at the event, including Muriel Pless, who, with her late sister, Virginia, founded the Pless Center for Nursing Research at the College in 1995; former dean Terry Fulmer; Associate Dean Barbara Krainovich-Miller and Dr. Russell Miller; the Haber Family; The John A. Hartford Foundation; Joan Stout; Robert Piemonte; and the Davidson Family in honor of their daughter Grace.

The ribbon-cutting day also featured Sullivan-Marx's State of the College Address, tours of the building, and a luncheon.

The College of Nursing shares its new building with NYU College of Dentistry and Polytechnic School of Engineering, all of which enjoyed another ribbon cutting, held on March 16, by the deans of the three schools—Sullivan-Marx, Dr. Charles Bertolami of the College of Dentistry, and Dr. Katepalli Sreenivasan of Polytechnic, as well as Dr. Robert Berne, NYU's executive vice president for health; Martin Lipton, chair of the NYU Board of Trustees; and William R. Berkley, chair designee of the Board of Trustees. ■



## NURSES FIGHT

# STIGMA

“We never imagined we would encounter a patient with a deadly virus like Ebola in this day and age,” says **Laraine Ann Chiu, BS '11, RN**, who works in the NYU Langone Medical Center Emergency Department and is president of the College’s Advanced Nursing Student Organization. “Although our department is the most likely place to initially identify a patient with viral hemorrhagic fever, it never occurred to us that we would have a patient with the Ebola virus.”

When the first patients with Ebola arrived in the United States in August 2014, Chiu’s supervisor, **Walter Pagan, BS, RN, CEN, CCRN**, swung into action with the medical center’s senior leadership and infection-control team to develop trainings, drills, simulations, and debriefings for emergency room staff—even before the state of New York mandated them.

Pagan was used to preparing for dangerous outbreaks, as he had in the past for SARS, MERS, and enterovirus. “You can’t let your guard down,” he says. “When we got first recommendations from the Centers for Disease Control, we decided to take it to an even higher level.”

All told, more than 100 nurses and physicians who work in the Ronald O. Perelman Center for Emergency Services at NYULMC received training, including the now-familiar multistep process of donning and removing protective gear. Zones were established outside of the emergency department’s isolation rooms for staff to change out of their protective “moon suits” and dispose of them safely.

*Above 2014: Laraine Ann Chiu, a 2011 graduate of the College of Nursing, who works in the Ronald O. Perelman Center for Emergency Services at NYU Langone Medical Center, was among 100 nurses and physicians who received extensive training to prepare to take care of any patients who arrived with symptoms of Ebola. Chiu’s supervisor, Walter Pagan, in consultation with many colleagues, rapidly developed the Ebola triage and care protocols for the emergency department.*

“There was some uncertainty,” says Chiu, “but most of the nurses wanted to educate themselves instead of hiding. There was no resistance in the department to managing a patient with a possible diagnosis of the Ebola virus.”

### FIGHTING STIGMA WITH KNOWLEDGE

At NYUCN, says Chiu—now an NP student in the Adult Acute Care Advanced Practice Nursing Program—nurses learn to care for people with stigmatizing diseases and to treat them like any other patient. “That’s a responsibility we take up when we become nurses,” she says, adding that her professors encouraged students to examine their values before taking on the immense responsibility of nursing.

The College of Nursing faculty has a long history of teaching students to care for patients who are socially stigmatized, to educate communities about disease transmission, to reduce panic, and to protect themselves without hindering care.

These concepts are threaded throughout College of Nursing curriculums, according to **Noreen Nelson, PhD, RN, CNS**, clinical assistant professor, who oversees the undergraduate Community Health Nursing and Anatomy and Physiology courses.

“Learning how the transmission of disease occurs on a cellular level—whether in TB and AIDS or influenza and food-borne illnesses—helps future nurses understand the etiology and epidemiology of disease,” Nelson says. “When they see how the pieces fit together, it allays their fears and those of the patients they will encounter through their careers.”

Later, in the community health course, students delve into the larger picture of health disparities and social determinants of health, learning to deliver culturally competent, holistic care.

“Values and ethical principles of nursing come up throughout classroom discussions and clinical experiences,” Nelson says.

These discussions came to mind when Chiu thought about working with a patient with Ebola. Her greatest concern was how she would care for a scared, lonely patient in isolation when it was unclear how long nurses could stay in the room. Her department had extensive discussions of how to provide psychological support for isolated people and devised ways that patients could stay in touch with their families using iPads, which would remain in the room.

Chiu’s experience in managing patients on isolation for TB had given her time to think about the critical roles that nurses play. Because nurses have specially fitted respiratory masks, they can stay in patients’ rooms longer than family members and help patients feel comfortable.

For patients who might feel isolated from society, “nurses play an important role in providing them with the emotional support they may need in addition to their care,” she says.

In the College’s Population-Focused Care course, a requirement for master’s degree students, **Robin Toft Klar, DNSc**, prepares 100 students each semester for unexpected health issues, whether infectious diseases or natural and man-made disasters. This year, Klar used Ebola as a case study, but “there really should never be a time that something is completely unexpected, because we have to expect the unexpected,” Klar says. “If you’re prepared, you’re less likely to stigmatize.”

The underlying causes of stigma, Klar says, are fear and lack of knowledge about how a disease is transmitted. “Once we understand transmission, whether it’s antibiotic-resistant TB or Ebola, we know how to protect ourselves as providers and our future patients as well.”

In her undergraduate Community Health Nursing course, Chiu had learned about stigmatized diseases like polio, TB, and HIV/AIDS. But she hadn’t given much thought to stigma against caregivers until she learned that nurses caring for patients with Ebola had experienced discrimination. After widespread media coverage of a Doctors Without Borders physician who was

treated at Bellevue for Ebola, some of the care team’s children had been barred from their preschools, despite clear medical evidence that they did not have Ebola.

## A CENTURY OF FIGHTING STIGMA: TB AND SEXUALLY TRANSMITTED DISEASES

Nurse historian **Patricia D’Antonio, PhD, RN, FAAN**, chair of the Department of Family and Community Health at the University of Pennsylvania School of Nursing, echoes Chiu, saying that there are two sides to disease stigma for nurses. “One is toward the patients, which nurses help them overcome. The other is toward the nurses themselves.”

“The early days of any epidemic are terrifying,” she says, adding that nurses have always been on the front lines. “I see this again with Ebola. It takes time to learn how to take care of patients with a

new stigmatizing disease. We like to present an illusion of control, when the reality is that we’re not so much in control.”

D’Antonio says that illness stigma is virtually synonymous with TB, New York’s leading killer in the early 1900s. “It was the AIDS of the time,” she says.

At first it was thought that TB could be conquered only by separating infected people from their families and putting them in sanitariums, such as those in upstate New York, to get the fresh air they needed and remove the contagion from the community. But with funding from a philanthropist, the first “home hospital” was built in New York City in 1909 to house about 20 families in which a member had TB. This structure kept families intact and allowed nurses to centralize their services. The home hospital had a large impact on slowing the epidemic, says D’Antonio, because

patients were more likely to seek treatment if they knew that their families would be cared for.

NYU’s first nursing curriculum, rolled out in 1936, taught students about the need to work in slums and crowded urban areas to combat TB. Simultaneously, a revolutionary course on race was aimed at combating prejudice to ensure that biased views would not stand in the way of proper care.

By the 1950s, **Claire Fagin, PhD ’64, RN, FAAN**, who worked with children with TB at Seaview Hospital on Staten Island, did not see any reticence on the part of nurses to care for these patients.



Photo: Esther Bubbley, Courtesy of the Visiting Nurse Service of New York

**Ca. 1952:** Public-health nurses, like those working for the Visiting Nurse Service of New York, went into crowded urban areas in the mid-1900s to curb epidemics like tuberculosis. Here, a nurse takes a patient’s pulse.

CONTINUED ON NEXT PAGE

However, she acknowledges, many nurses acquired TB due to poor infection control.

TB was far from the only stigmatized disease of the time. Until the 1920s, D'Antonio says, one couldn't use the words *syphilis* or *gonorrhea* in public. Syphilis was called the Great Imitator, because its symptoms mimic other diseases.

"As with TB, nurses went like the Marines to public forums using these words. They talked to ministers, priests, and rabbis, asking them to call these diseases by their names, to acknowledge to the public that they existed and that there were treatments—although the prescriptions of the era, salvarsan and mercury, had very unpleasant side effects."

## NYU FACULTY AND THE STRUGGLE TO UNDERSTAND AIDS

No population in modern times has faced the degree of stigma confronted by those with AIDS at the start of the outbreak.

"I remember it well," says **James Pace, PhD, MDiv, ANP-BC, FAANP, FAAN**, associate dean of the undergraduate program, who was working on an oncology floor at Vanderbilt University in Nashville in the late 1980s when people with AIDS-related Kaposi's sarcoma began arriving at the hospital.

"As a charge nurse, I assigned patients who had this 'Gay-Related Immune Deficiency,' as it was called. The first question nurses would ask me is, 'How did they get it?' There was a sense that there were innocent victims—people who had acquired AIDS

through a transfusion or birth. And there were guilty victims who had gotten themselves infected. I had nurses refuse their assignments. It was out of prejudice but also fear of endangering their families." Pace remembers that gay and lesbian nurses—many of whom were careful about hiding their own sexual orientation—volunteered to care for these patients.

According to **Sara Gorman, PhD**, who is writing a book about public perceptions of health risk, in nearly every outbreak, from leprosy in medieval Europe to typhus fever and cholera in New York City, outbreaks have been blamed on "low"

or "immoral" people, and particularly on outsiders. Polio, she writes, was blamed on poverty despite the fact that it "struck rich and poor alike."

Gorman notes that responses to exotic, novel infectious diseases seem to incur a kind of panic in the United States that is often out of proportion to the actual threat of the illness. "What is the most effective treatment for Americans to protect themselves from early death by an infectious pathogen?" she asks. "A flu shot." Yet,

people worry about Ebola to the exclusion of more rational threats.

When Pace first heard about the Ebola outbreak, he immediately thought back to the definitive history of the AIDS epidemic, *And the Band Played On*, which describes the evolution of the HIV virus in the context of Ebola. "I already linked the two in my mind," Pace says.

**Judith Haber, PhD '84, MA '67**, associate dean for graduate programs, who, as a doctoral student and advanced practice psychiatric nurse, saw patients with AIDS, also recalls the similarities to Ebola. She felt profound empathy for those coping with this devastating illness, including many of her own patients. In the hospital, nurses gowned, gloved, and masked when treating patients in isolation with pneumocystis pneumonia (in part to protect the patients, who were extremely susceptible to disease). "There was anxiety in the nursing community: Dozens were being diagnosed every day of the week, and people died rapidly. It was scary," Haber says.

Pace, Haber, and other College of Nursing faculty members remember when food trays were left on ledges outside of patients' rooms because nobody wanted to take them in. It was at that time that **Patricia Hurley, PhD '78, MA '76**, an NYU nursing professor and family therapist, decided to do something about the rampant fear of the new disease among health professionals.

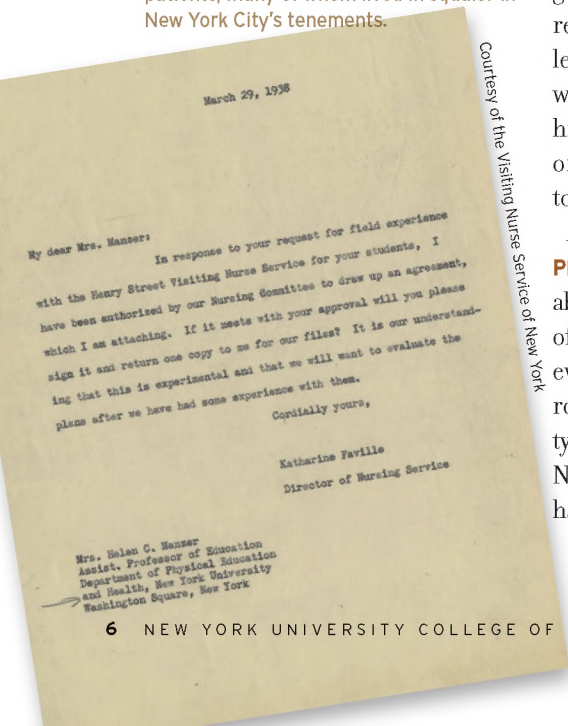
Living and working in Greenwich Village, Hurley witnessed the shocking escalation of community members falling ill. In 1981, she applied and became the first nurse to be awarded a National Institute of Mental Health grant to teach health professionals to provide compassionate care for those with the new illness. Hurley and her NYU colleague **Erlene McGriff, EdD, RN, FAAN**, organized teams of doctors and nurses who cared for people with AIDS to speak to auditoriums full of health professionals who were hungry for information about how the virus was transmitted. Ultimately, their team educated more than 45,000 health care providers, changing the course of care for people with AIDS.

With funding ultimately totaling more than \$13 million, Hurley and McGriff hired a staff and expanded their territory to New Jersey, Connecticut, Puerto Rico, and the Virgin Islands. Their trainings reached not only direct caregivers but food-service



**1982:** A Visiting Nurse Service of New York nurse cares for a patient with AIDS. The previous year, NYU nurses began a campaign to fight the stigma of AIDS, help health care professionals understand the mode of transmission, and ensure that patients received compassionate care.

Courtesy of the Visiting Nurse Service of New York



Courtesy of the Visiting Nurse Service of New York

CONTINUED ON PAGE 37



Left to right Guild discusses her patients with a physician in a Doctors Without Borders tent in Gueckedou, Guinea.

Passing the time while waiting for a car that will take her and her colleagues from the airport to Gueckedou.

Undertaking the multistep process of putting on protective clothing.

Alumna Carissa Guild

# BATTLES EBOLA

**CARISSA GUILD, BS '06, BA (TISCH) '01, RN**, spent six years working almost nonstop with Doctors Without Borders/Médecins Sans Frontières (MSF)—fighting malnutrition in Burkina Faso, cholera in Haiti, and malaria in Chad, among other projects. Finally, in March 2014, she was on her way home, having finished coordinating a maternal-child health project for Syrian refugees in Jordan. Carissa had stopped in Paris for a weeklong training when her phone rang. Ebola was breaking out, and, because she had experience battling an outbreak in the Democratic Republic of Congo two years earlier, she was needed.

“Not many people had experience with Ebola, so if you did, it was hard not to go,” she says.

Guild arrived in Conakry, the capital of Guinea, in April, two weeks after the outbreak was confirmed. At first it seemed as though the epidemic was waning, but in May the team learned of Sierra Leonean refugees crossing the border, with stories of people dying everywhere and health facilities closing.

“It was frightening, and we realized it would be going on for a long time,” says Guild, who was dispatched to the stunning, mountainous region of Gueckedou in the south of the country, where Guinea meets Sierra Leone and Liberia.

The 34-year-old Springfield, Pennsylvania, native found her way to nursing by way of theater at NYU. As an undergraduate, she attended performances by African health promoters who used storytelling to provide health education. She was struck by the novelty of their approach, and after working for several years with the Aquila Theatre Company, recognized that providing health care in a low-resource setting would be a very satisfying career.

While at the College of Nursing, Guild never took her eye off her goal of working in Africa, and a six-week intersession program in Uganda deepened that commitment. While there, she helped care for patients with malaria, TB, and HIV together with students from Makerere University in Kampala. To join MSF, Guild needed two years of work experience, which she fulfilled in the emergency departments of Bellevue Medical Center and NewYork-Presbyterian Hospital. Intense as these experiences were, she says, they provided little preparation for Ebola.

“Ebola care is good, holistic nursing care, but it is not emergency care,” Guild says. “The rush is to make sure the patient is comfortable. The treatment is to make the body as strong as it

can be so it can fight the virus and have the best possible chance at survival. You try to get patients to eat. You make sure they’re drinking. If you realize they are going to die, you give them dignity and make sure they’re comfortable. A huge part of taking care of Ebola patients is caring for their spirit. It’s hard not to get depressed if you’ve lost your brother in the next bed.”

In Gueckedou, Guild trained new international staff, who arrived almost constantly. “You have to train staff well, because with Ebola, you can’t make mistakes,” she says. Still, the team had all of the moon suits they needed and enough equipment to enlarge the hospital from 30 to 99 beds.

Guild’s team regularly received patients who had traveled 12 hours to the clinic. Any time a cluster emerged from a village, health care workers went to that village to talk about prevention and encourage people to bring their loved ones to the clinic. But, as has been widely reported, fear and adherence to the tradition of caring for patients at home led to widespread resistance—often until at least a dozen people in the village had died.

“The local health care workers on our team are some of the most remarkable, compassionate people I’ve ever met, and they all have stories of being sent away, of having rocks thrown at them, and of being stigmatized,” she says.

The experience took an emotional toll unlike anything that Guild had experienced in a New York City emergency room. Two local MSF staff members died of Ebola, and patient mortality rates reached 60% and higher. Guild’s team faced the daily task of notifying husbands, wives, and parents of the deaths of loved ones. Funerals took extensive planning to ensure that the disease was not transmitted. Still, there were poignant moments, Guild says, such as when women who had been cured of Ebola but had lost their children were able, because of their new immunity to the virus, to work inside the medical centers, holding children who were infected.

A trip home is still on hold for Guild, who was recruited by MSF’s Paris office to help enforce infection-control measures in still-operating Ebola wards and to develop new Ebola-control measures for health systems that are being rebuilt in the aftermath of the epidemic. She regularly travels between Paris and the organization’s projects in West Africa, training staff and guiding returning MSF workers, to help ease their transition back to their home countries. ■

# Human-Centered Technologies Advance Solutions to Problems Shared by Millions

By Peter Ephross

**M**arshaling the enormous power of technology to improve health care is one of the major challenges of the 21st century. Several nursing faculty members are using cutting-edge approaches to make this happen.

Many of the projects focus on patient self-management. Among the first NYUCN faculty members to apply a high-tech approach to a behavioral challenge was **Noelle Leonard, PhD**, a psychologist. Leonard is conducting a randomized controlled trial with funding from the National Institute on Drug Abuse, in which teen mothers at risk for neglecting or abusing their children wear biosensor

bands that monitor their sympathetic nervous activity. The band is wirelessly connected to a smartphone, via Bluetooth, that offers apps with messages and videos to reinforce timely stress-reduction strategies to prevent overly harsh punishment and abuse. (For more on Leonard's study, see the Fall 2012 issue of this magazine.)

The following snapshots highlight some of the other innovative projects College faculty are conducting to utilize technology to improve health care.

## A Virtual Community for Diabetes Self-Management

Whether a virtual community can help people with type 2 diabetes self-manage their illness is the focus of a new study by **Gail D'Eramo Melkus, EdD, C-NP, FAAN**, associate dean and Florence and William Downs Professor in Nursing Research.

Half of the 300 participants in the randomized controlled study, recruited in New York City and North Carolina, will join a web-based community called Learning in a Virtual Environment (LIVE). Participants in LIVE create "avatars" through which they interact with other study participants and health professionals. The LIVE community includes a "town," featuring a grocery store, restaurant, fitness center, and bookstore. Each area provides tips to help individuals live healthier lives. For example, the grocery store displays food items with nutritional labels, and the library offers links to educational materials. The community also provides forums and opportunities to chat with fellow participants as well as classes given by health professionals.

The study comes at a crucial time: between 1980 and 2011, rates of diabetes, a leading factor for end-stage renal disease, blindness, and cardiovascular

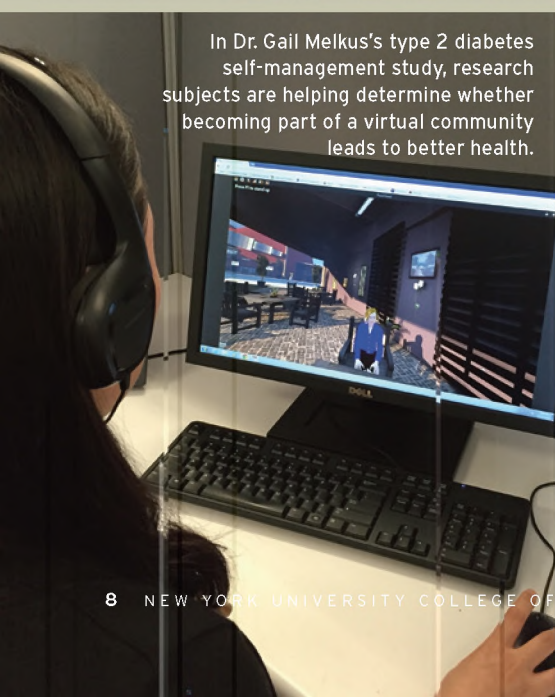
disease, increased by 157% among U.S. adults, according to the Centers for Disease Control and Prevention. Diabetes self-management can be exceedingly difficult. Merely 10% of those with diabetes in New York City manage to control their blood glucose, blood pressure, and cholesterol—the main risk factors associated with medical complications. Monitoring diabetes "requires very active patient and family involvement," says Melkus. If patients are armed with accurate knowledge and skills, they can make informed decisions and lifestyle changes that lead to positive health outcomes, she adds.

The control-group subjects will have access to a website that offers diabetes self-management training similar to what is provided by LIVE, as well as email support from a diabetes educator, if they desire it. But, they will not have access to the virtual community. All participants in the study, jointly conducted with researchers Constance Johnson, PhD, RN, FAAN, and Allison Vorderstrasse, DNSc, BC-NP, co-principal investigators at Duke University School of Nursing, are provided a Fitbit physical-activity monitor and encouraged to increase their physical activity. Participants' metabolic outcomes, such as HbA1c levels, lipids, blood pressure, body-mass index, and waist circumference, will be measured at the start of the study and at 6, 12, and 18 months.

Melukus is a national leader in diabetes research who has worked in the field, particularly on reducing disparities in care, for more than 35 years. Her hypothesis is that the social support offered through the virtual community will help individuals better manage their diabetes. "Previous studies showed an increase in social support in the virtual environment," says Melkus. "People learn from each other as they share tips and stories."



In Dr. Gail Melkus's type 2 diabetes self-management study, research subjects are helping determine whether becoming part of a virtual community leads to better health.



## A Way to Ease the Burden of Cognitive Impairment

For relatives and other caregivers of adults with cognitive impairment, such as Alzheimer's disease or dementia, helping the individual get dressed can be a difficult and often too-intimate task. "It's one of the most onerous aspects of caretaking," says **Winslow Burleson, PhD**, associate professor. Burleson, the first engineer to join the College of Nursing faculty, is using technology to help these adults regain the ability to get dressed independently and lighten the burden on their caregivers.

Co-leading a team of researchers at Massachusetts General Hospital and Arizona State University, Burleson created a high-tech tool called DRESS (Development of a Responsive Emotive Sensing System) to provide automated support for individuals as they clothe themselves. From outside of a person's bedroom, a caregiver, using an app from a smart or mobile phone, initiates a sequence of prompts (recorded in the caregiver's own voice) that help the individual to get dressed.

First, a recorded announcement, delivered through an iPad attached to the person's dresser, invites the adult to begin. The system uses lights to help identify the correct dresser drawer for each garment and guide the individual to don shirts, pants, socks, and shoes. An image-recognition system uses markers on clothing to detect whether the shirt or pair of pants has been put on—and whether the garment was put on correctly. If the individual has trouble, or an item of clothing is put on incorrectly (for example, inside out), the caregiver's recorded voice prompts the individual to try again. If problems continue, or the individual becomes anxious or frustrated, the system notifies the caregiver to intervene.

Results of initial trials are positive: Testing on 11 adults without cognitive impairment indicated that the system was highly reliable. Now, testing of DRESS on subjects with cognitive impairment is being conducted in Arizona.

To develop DRESS, Burleson's team combined a gesture-recognition hardware system and reacTIVision, an image-recognition system that tracks the markers imprinted on clothing, with tailored smart-home system technologies. This work is just one of Burleson's efforts to use smart-home systems to improve health habits and lifestyle practices.

"One of the benefits that we expect is that caregivers won't have to be in the room," says Burleson. "They can be somewhere else in the house." Reducing caregiver stress could help delay institutionalization; it is estimated that delaying nursing-home placement for adults with cognitive impairment by one month could translate into an annual cost savings of \$1.2 billion.

The diverse research team that developed DRESS, led by Burleson and Diane Mahoney, PhD, APRN, BC, FGSA, FAAN, of Massachusetts General Hospital, includes nurses, engineers, gerontologists, psychologists, speech pathologists, and occupational therapists. Caregiver focus groups helped develop the intervention, and initial funding came from the Alzheimer's Association, with additional funding from NIH and the National Science Foundation.

## An App to Support Gerontological Nursing Care

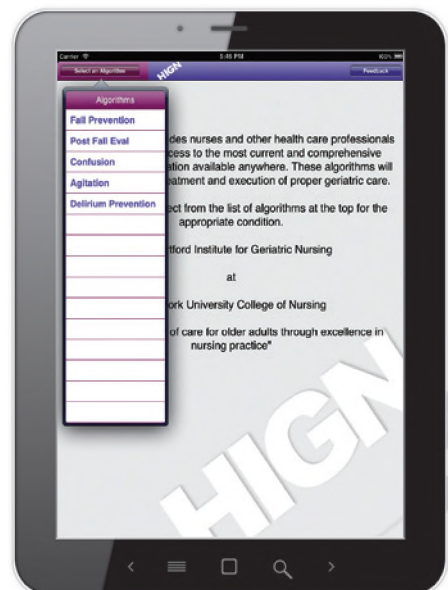
**Tara Cortes, PhD, RN, FAAN**, wants to make sure that the advertising slogan "There's an app for that" applies to geriatric care. Cortes is the executive director of NYUCN's Hartford Institute for Geriatric Nursing, where she is developing innovative apps compatible with iPads and iPhones to help nurses care for older patients. The apps are technological adaptations of the procedure manuals that nurses have long employed to treat their patients.

"What's a better way than to have an app to make information easily accessible for care providers?" Cortes says.

Called ConsultGeri on the Go!—the name comes from the Hartford Institute's popular website, ConsultGeriRN.org—the

apps point providers to appropriate care for health problems faced by an increasingly aging population. For each topic, users search by symptom or condition and are supplied with algorithms that guide them to diagnosis and treatment information. ConsultGeri on the Go! also offers links to a wide variety of assessment tools. The topics of the apps were refined through a nationwide survey of 150 nurses who were asked to name their most pressing questions in geriatric care.

Piloted for two months at NYU Langone Medical Center, the apps received rave reviews from both nurses and physicians.



Now, there's an app pointing nurses to accurate information on symptoms, diagnoses, and treatment of conditions affecting older adults.

Five apps are already in use, covering some of the most salient topics in geriatric care: confusion, agitation, falls, falls risk, and delirium. Fifteen more apps are scheduled to be available by June 2015 on such crucial issues as polypharmacy, advanced directives, sexuality, and alcohol and substance abuse. ■

Peter Ephross, who has written for the *New York Times*, the *Baltimore Sun*, and *Sports Illustrated*, edited *Jewish Major Leaguers in Their Own Words: Oral Histories of 23 Players*, published by McFarland.



# The Hartford Institute Makes Its Mark on Older Adult Care

**F**OUNDED IN 1996, the Hartford Institute for Geriatric Nursing (HIGN), based at NYU College of Nursing, is the foremost internationally recognized leader in the nursing care of older adults. Its mission is to advance gerontological nursing care worldwide so that people can age in good health and dignity. The institute's initiatives in clinical practice, higher education, policy, and research have helped attract top gerontological nursing faculty to the College of Nursing, boosting its rank by *U.S. News & World Report* to the No. 1 school for geriatric nursing education for the past five years.

"HIGN's geriatric-specific resources ensure that nursing students and graduates have the skills and resources to provide age-sensitive, evidence-based care to older adults," says **Tara Cortes, PhD, RN, FAAN**, executive director. "In 19 years, HIGN has transformed the way nurses care for older people."

And not a minute too soon. The over-65 population, which today comprises 15% of the U.S. population, will reach 20% by 2030.

## Education

The institute was founded by **Mathy Mezey, EdD, RN, FAAN**, and former College dean **Terry Fulmer, PhD, ADCRT '01, RN, FAAN**. One of Mezey's early achievements, in concert with the American Association of Colleges of Nursing, was to ensure that geriatric content was included in baccalaureate nursing curricula.

"Prior to 2000, most nurses in undergraduate programs were not taught about the unique ways older people manifest and experience disease," says Cortes.

Whether the condition is a urinary tract infection, depression, or pain, older people often present symptoms in ways that nurses were not equipped to recognize. Now nursing schools must show

that their graduates are competent in caring for older adults as a requirement for accreditation with the AACN.

HIGN has developed curricular materials for students at all levels of nursing education and for practicing nurses seeking gerontological certification. The institute's websites offer more than 400 resources, developed with national experts, for nursing students and clinicians seeking to improve their practice.

A post-master's certificate program was launched in 2014 with funding from the U.S. Health Services and Resources Administration (HRSA) for adult nurse practitioners to develop the skills they need to care for adults with multiple chronic conditions. A central component of the yearlong program, taken primarily online, is a weeklong interprofessional session that brings participants to NYU for clinical and didactic courses taken together with medical residents in a primary care program.

To nurture a new generation of leaders, the Hartford Institute Geriatric Undergraduate Scholars Program was launched in 2013. Ten to 15 undergraduates from both the traditional and accelerated nursing programs are accepted each semester into this highly competitive honors program during the final two semesters of nursing school. Students attend seminars presented by experts in gerontological or interprofessional care, are paired with faculty mentors, have opportunities for extra clinical observation, and write theses on geriatric topics.

## Practice

A significant early product of the institute, with funding from The John A. Hartford Foundation, was Nurses Improving Care for Health-System Elders, or NICHE—a modular program that helps hospitals make system-wide changes to improve care for older adults. For hospitals, participation in NICHE has become a hallmark of excellence in geriatric nursing care. In 2007, funding from Atlantic Philanthropies helped HIGN to build this program into a sustainable model, and today there are more than 600 designated NICHE hospitals across the United States, in Canada, and in Singapore.

HIGN offers an online preparation course for practicing nurses who wish to take the certification examination in gerontological nursing, and the institute also offers educational modules to promote team-based care for older patients in primary, home, and long-term care.

"With the passage of the Affordable Care Act and its focus on coordinated care for a growing number of people, the need to have providers educated about the unique health care needs of older adults has become more important than ever," Cortes says.

For primary care providers who want to learn more about older-adult care, the recently developed Primary Care of Older Adults program, funded by HRSA, provides 12 online modules about the most common health care issues presented by older patients. More than 1,000 nurse practitioners, registered nurses, physicians, and physician assistants have taken the course, and the vast majority say it significantly changed their practice.

Any health care professional may download HIGN's newly released ConsultGeri on the Go! app, which provides algorithms to address the most common symptoms, syndromes, and illnesses encountered in the care of older adults.

## Policy

Over the years, HIGN has influenced public opinion in a number of ways—publishing 115 scholarly articles on best practices. Its policy briefs, distributed through the 28,000 members of the groups that make up the Coalition of Geriatric Nursing Associations, have led to more humane treatment in nursing homes, particularly through reducing use of physical restraints and antipsychotic medications.

The arrival of Cortes as executive director of HIGN has brought the institute into direct dialog with several federal health care agencies. In the second year of her two-year term as a Health & Aging Policy Fellow of the American Political Science Association, she is working with CMS to develop the most beneficial approaches to insuring low-income older people or those with disabilities who are eligible for both Medicaid and Medicare.

## Research

With more than 15 College of Nursing faculty members involved in research related to geriatrics, HIGN has come to serve as a central meeting place to discuss their work, develop partnerships, and explore ways to disseminate findings. Bimonthly meetings of researchers, statisticians, and other interested individuals help the College to attract new scholars.

Each summer for the past 18 years, the institute has brought together a group of emerging, doctorally prepared nurse educators to NYU for the Hartford Institute Summer Scholars program. More than 300 nurses have completed the intensive weeklong program, designed to help them hone their research questions, prepare grant proposals, and get their research papers ready for publication.

## What Is Next?

Today, HIGN is broadening its focus on older adults in community settings. The numerous grants held by the institute focus on healthy aging and appropriate care for older adults living at home, in assisted living, or in long-term care. In 2014, Cortes appointed **Ab Brody, PhD, BA (CAS) '02, RN, GNP-BC**, as associate director of HIGN to work toward this vision.

Says Brody, "Most older adults are cared for in the community, yet the health care system's focus has retained the hospital at its epicenter. The institute recognized early the need to shift focus to the community and will continue to expand our training, education, and research to ensure that competent, community-based care is provided to all older adults." ■

# AB BRODY: IMPROVING HOME CARE FOR OLDER ADULTS

**When Ab Brody**, associate director of HIGN, was working in California in 2009 as a home-care geriatric nurse practitioner, his practice primarily served dementia patients with significant symptoms, including pain and behavioral issues. One patient was an 87-year-old woman with Parkinson's disease who lived in an assisted-living facility. She wasn't very mobile, but she was content and interactive.

One day, Brody received a call from a home care nurse who thought the patient was "declining" because she had become less responsive. It turned out that the patient, in a hypo-delirious state, had a pressure ulcer and was in significant pain. As soon as her pain was controlled, her personality returned to its previous state.

"It was becoming clear to me that care providers in both home-health and hospice care were not adequately assessing and treating dementia symptoms," he says,

adding that older people who become agitated due to unrecognized pain are sometimes given antipsychotic medication, further altering their mood. He began asking the home care agency staff what they'd learned about delirium, pain, and other conditions affecting older adults, and he found gaps in their training.

Brody began working with the leadership, nurses, and occupational and physical therapists at the Visiting Nurse Service of New York to develop a cross-discipline dementia symptom-management program. The program provides some staff members with extensive training on dementia so that they can serve as resources to others. The remainder of clinicians on the team complete online trainings, and all clinicians are given access to evidence-based care plans and assessment instruments. The program, modeled in part on NICHE, was funded by

the National Palliative Research Center.

In this initial study, Brody found that registered nurses knew the most about pain and its treatment. Occupational therapists knew the most about behavioral symptoms. But across the board, lack of confidence in caring for dementia patients was as big a problem as lack of clinical knowledge. Brody found an increase in clinician knowledge and confidence after the training program, and armed with these results, he obtained additional grants from the Robert Wood Johnson Foundation and Cambia Health Foundation to conduct a randomized controlled study of the effects of this program on 150 patient and caregiver dyads. This new study is examining whether the program improves the quality of life for patients with dementia and their family caregivers, and results will be available in 2016.

A photograph of a nurse with curly blonde hair, wearing teal scrubs, leaning over a patient in a hospital bed. She is holding the patient's hand. The background shows a patterned wall with blue and white squares and circles. The text 'THE Affordable Care Act' is overlaid on the image, with 'THE' in white and 'Affordable Care Act' in a light green-to-yellow gradient. Below the title is the subtitle 'A TRANSFORMATION UNDER WAY' in white. A quote is centered in the lower half, followed by the nurse's name and title. At the bottom right is a caption about the nurse, and at the bottom left is the page number and magazine title.

THE

# Affordable Care Act

A TRANSFORMATION UNDER WAY

“The ACA has heightened the importance of good, focused nursing care at the bedside.”

— **ELOISE CATHCART**,  
PROGRAM COORDINATOR OF THE  
COLLEGE'S GRADUATE PROGRAM IN  
NURSING ADMINISTRATION

**Above** Doris Fontanilla Pareja,  
BS '13, RN, cares for a patient at  
NYU Langone Medical Center.

**More than 16 million Americans** are newly insured as a result of the Patient Protection and Affordable Care Act—about 14 million of them through the insurance marketplaces and Medicaid expansion and 2.3 million through their parents' insurance policies. Sign-ups through early 2015 brought the U.S. uninsurance rate down from 20.3% in 2013 to 13.2%, according to the U.S. Department of Health and Human Services. The rate dropped most precipitously for blacks and lower-income Americans as well as for young adults. But though the public has come to know the ACA as a giant insurance program, for health care administrators, and especially nurse administrators, its biggest effects have been on changes in payment structures—some of which are still evolving. How has the ACA affected the health care workplace, and particularly the nurses who make up its largest workforce?

“So far, the ACA has been a catalyst primarily to take costs out of the system. We are seeing health care payment reform,” says **Kimberly Glassman, PhD '07, MA '87, RN, NEA-BC**, senior vice president of patient care services and chief nursing officer of NYU Langone Medical Center (NYULMC) and associate dean for partnership innovation at the College. “It has stepped up the urgency of looking at the entire delivery system and care transitions in particular: how patients enter and exit the system and how you support them in the post-acute phase.”

The ACA's triple goals—increasing access to health care, improving quality, and decreasing expense—are noble, acknowledges **Eloise Cathcart, MS, RN, FAAN**, program coordinator of the College's graduate program in nursing administration. “But to achieve them, we need to shift health care policy for the whole country from a focus on illness to one on health.” A key driving factor is that insurance reimbursement, formerly based on an institution's volume of care, is now based on outcomes and patient-experience indicators. “We need to keep people from getting sick and needing hospitalization—and that is the job of nursing, the largest segment of the health care workforce,” she says.

### Rewarding Hospitals for Keeping Patients Healthy

A major policy aim of the ACA is to reward preventive care, something that Medicaid and Medicare were already incentivizing hospitals to provide, to keep admission rates down and promote care in the community. Medicare will no longer reimburse hospitals for avoidable hospital-acquired conditions, overnight stays that are deemed unnecessary, or readmissions within 30 days. Some commercial payers are beginning to take the same approach, forcing hospitals to meet stringent targets.

These shifts have driven larger hospitals to open ever more ambulatory care centers. **Maureen White, MBA, RN, FAAN**, senior vice president and chief nurse executive for the North Shore-LIJ Health System—the second largest employer in the state of New York—says that the census in her hospital network is going down while visits to the system's 400 ambulatory facilities are up.

New technologies are to thank for making possible some of the aims of the ACA, White says. Thirty years ago, gallbladder removal, cataract surgery, and appendectomy required a hospital stay of 5 to 14 days. Today, those surgical techniques have been perfected and can be done on an ambulatory basis.

“We're in a very dynamic state in the health care industry,” she says. “Procedures that once required hospitalization can now be done on an outpatient basis, and the patient can be home in less than 12 hours post-procedure.”

According to Cathcart, chief nursing officers nationwide are grappling with the irony that hospital systems that succeed at keeping patients out of the

hospital and reducing length of stay will have less revenue. “It's very tricky to manage the finances,” she says. “Treating someone with a heart attack is still more lucrative than keeping people from getting a heart attack. But even so, people with heart attacks are now discharged in two days instead of two weeks.”

### Shifting to Value-Based Management

Although the ACA is having profound effects on hospitals, these changes are not a result of the numbers of newly insured, says Glassman. In fact, emergency department visits (ideally avoided through timely preventive health care), are up, not only at NYULMC but all over the country.

“This tells me that people are still using emergency rooms because they are convenient. So while the ACA provided health care access for more people, insurance providers still have to work hard to help people use the ambulatory services that are available. We're still between the trapezes,” Glassman says.

At NYU Langone Medical Center, a broad “value-based management” initiative to take waste out of the system was launched in response to changes in reimbursement procedures. NYULMC has launched three pilot projects, funded by the Center for Medicaid and Medicare Innovation, which was established through the ACA to help institutions bring about needed reforms. One project, begun in January 2013, explores bundled-payment policies, favored by the ACA. Bundled payments cover a patient's episode of illness, from pre-surgery to 90 days afterward, regardless of whether the patient transitions to an acute rehabilitation facility, receives physical therapy at home, or is readmitted. All

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Whatever course the patient's recovery process takes, we own it.

— **KIMBERLY GLASSMAN**

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Medicare-eligible patients admitted for joint replacement, cardiac valve replacement, or spinal surgery were enrolled in the pilot, which Glassman says was tremendously useful.

“Whatever course the patient’s recovery process takes, we own it,” she says, adding that NYULMC was one of the first organizations in the pilot program to go “at-risk,” meaning that it took full responsibility for particular populations for bundled fees. In the first year, Glassman says, NYULMC “bent the cost curve, delivering high-quality care at a lower price just by changing how we delivered the process of care to a population.”

When NYULMC administrators studied other health care systems, they discovered that their patients were staying in the hospital longer and were disproportionately referred to inpatient rehabilitation, particularly because the excellent Rusk Rehabilitation Center is a part of the medical center. The pilot project showed that the hospital could reduce length of stay and get people home with physical therapy, which Glassman says is preferable because “hospitals are for people who are very sick, and complications occur when they stay longer.”

However, sending patients home requires robust education and careful follow-by nurses. Discharged patients become part of an extensive follow-up system, including phone calls, home visits, and visiting nurse services.

### Ensuring Smooth Transitions

Another NYULMC pilot project involves forming partnerships to ensure the smooth transition of patients between the hospital and home care — one of the primary ACA methods of reducing readmission rates. Previously, NYULMC could not legally link its patient records to those of the Visiting Nurse Service of New York (VNSNY), limiting the free exchange of information. Medicare suspended that law, and now, “with VNSNY, we’re one link in a

very connected chain,” Glassman says. “When our patients leave the hospital, colleagues pick up their care in the community.” NYULMC has added positions for care managers who help make those seamless transitions to home.

The shift is prompting a culture change among nurses, whose obligation does not end when the patient leaves the hospital, Glassman says. Although nurses do not physically follow patients at home, they “own” the hand-off. “We used to work in a more siloed fashion,” she says, “and now we’re more of an integrated whole.”

NYUCN Dean **Eileen Sullivan-Marx, PhD, RN, FAAN**, notes that components of Nurses Improving Care for Health-System Elders (NICHE), an 18-year-old program developed at the College’s Hartford Institute for Geriatric Nursing, are particularly useful to hospitals that want to ensure seamless transitions among their facilities, nursing homes, and home care. “One of NICHE’s chief goals is reducing rehospitalization and increasing patient satisfaction for older people,” she says.

### The Move to Primary Care

Keeping people out of the hospital by providing better access to primary care is a foremost aim of the ACA, says Cathcart, but this enormous societal goal cannot be accomplished overnight. For one thing, more nurses are needed. According to the Health Care Association of New York State,\* job growth for hospital-based RNs is expected to increase by 15% over the next 10 years, but in home health and ambulatory settings, it is expected to increase by about 40%.

Already, since the ACA was launched, community health centers have added over 4,500 nursing positions nationwide and established an \$11 billion fund to open new community health centers nationwide, according to the American Nurses Association.



Visits to the 400 ambulatory care facilities of North Shore-LIJ Health System are on the rise as both surgical technologies and shifts in payment structures reduce the time that patients spend in the hospital.

\*Based on U.S. Bureau of Labor Statistics

In addition, Cathcart says, research is badly needed to demonstrate the best ways to maintain the health of people with chronic noncommunicable diseases through community interventions. Several studies at NYUCN are shedding light on this question. Research by Assistant Professor **Victoria Vaughan Dickson, PhD, RN, CRNP, FAHA**, for example, examines how to keep patients with heart failure out of the hospital through community-based interventions. “Nursing research like Dr. Dickson’s is increasingly important,” Cathcart says, “and how you keep people out of the hospital has more to do with nursing care than physician care. It is about exercise, diet, and lifestyle.”

Although primary care providers are expected to receive bonuses for keeping their patient populations healthy, such rewards have not been reaped yet by most clinicians, according to **Susan Apold, PhD, ANP-BC, FAAN, FAANP**, clinical professor of nursing. Apold, who is past president of both the state and national nurse practitioner associations, says that the need for more primary care providers in the health care system may have led to a recent change in New York state practice rules, enabling some nurse practitioners to have a more autonomous role in caring for patients.

Once NPs have practiced for three years or over 3,600 hours, they may now practice without written practice protocols or a written collaborative agreement with a physician as long as they commit to collaboration with a physician when necessary. Those with less experience must have a written practice protocol—a higher level of oversight—with a physician. However, the changes do not go far enough, she says, and even less stringent requirements of NPs could greatly increase the availability of primary care.

### Preparing the Next Generation of Nurses in the ACA Era

NYUCN has outlined a new strategic plan and vision, which were created with the ACA in mind. “How do we adjust the curriculum to make sure we’re ready to practice?” asks Sullivan-Marx, who is looking toward not only the role of RNs but of health care system leadership.

“Running health systems now doesn’t just require input from nursing but leadership,” Sullivan-Marx says. “Nurses are taking on jobs that go beyond running the nursing departments and patient operations but strategically designing systems, which might include physician practices, around the country. We’re preparing our nursing administration students for that future.”

**Harriet Feldman, PhD '84, RN, FAAN**, dean of the College of Health Professions and the Lienhard School of Nursing at Pace University, echoes this sentiment, saying, “The graduate students whom we are preparing to be managers and executives must broaden their vision and learn management skills that will allow them to be part of a larger group of people who will manage patients’ care.”

Feldman says that the ACA’s emphasis on community-based care calls for nursing students to have even more and varied types

of community-health rotations so that they understand the referral resources available to their patients. In addition, she says, “Accreditors are interested in seeing that students get robust clinical experiences in the community. That has led faculty to undertake curriculum overhauls.”

The focus on keeping people well and out of the hospital is not new to nursing, Feldman says, “but the ACA is at last acknowledging its importance.” She believes that this shift has also created greater openness among physicians to the idea of interprofessional care and to joining Accountable Care Organizations—groups of professionals, sometimes led by nurse practitioners, that coordinate all of a patient’s

care, using the “medical home” model.

“I think what the ACA has done is heightened the importance of good, focused nursing care at the bedside,” Cathcart argues. “It has forced nurses to be more cognizant of reimbursement issues. We’ll still provide the same care regardless of the insurance people have. But care has to happen accurately and rapidly, and we have to work on the assumption that we’re preparing the patient to take care of him or herself at home.”

### What Does the Future Hold?

One predicted effect of the ACA is that its emphasis on community-based care will actually lead to populations of hospital patients who are sicker than they are today. “That has huge ramifications for bringing new nurses into the system and makes the idea of the nurse residency [see p. 16] even more important,” says Cathcart. She talks extensively with her graduate students about the importance of integrating new nurses successfully into their units and keeping expert nurses engaged.

For now, says Apold, who has yet to see a rise in primary care patients in her New Rochelle practice, “The ACA is revolutionary in spite of its flaws, and we’ve managed to insure millions who were previously uninsured. But it’s too early to talk about the effects that it has had on patients. We never anticipated that they would get sick the day they signed up.” ■

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Running health systems now doesn't just require input from nursing but leadership.

— EILEEN SULLIVAN-MARX

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# Nurse Residencies

## Strengthen Nurses' Attachment to the Profession

**NURSE RESIDENCY PROGRAMS**, which provide on-the-job support and education to new nurses, have taken root over the past 15 years in more than 200 hospitals. NYU Langone Medical Center (NYULMC) was among the first adopters of the concept, motivated by research revealing an alarmingly high turnover rate for new hospital-based nurses.

"Nurses were leaving their first jobs and the profession in droves," says

**Kimberly Glassman, PhD '07, MA '87, RN, NEA-BC**, senior vice president of patient care services and chief nursing officer of NYULMC and associate dean for partnership innovation at the College. "The hospital implemented a transitional program to stem the tide. We know from research that new grads need this time to develop their practice and acquire additional skills to become competent practitioners."

Research by NYUCN professor **Christine T. Kovner, PhD '85, RN, FAAN**, and her colleagues found that 48% of nurses nationwide change jobs within three years of starting their first positions. Among the top reasons for departures are poor management and stressful work environments. For years, the national nursing shortage ensured an abundance of jobs for nurses who wanted to switch. But institutions and patient care suffered from constant turnover.

"Nurse residencies solidify new nurses' commitment to nursing and to the organizations for which they work," says **Liz Capobianco, MA '07**, nurse educator and nurse residency coordinator, adding that the program at NYULMC has undoubtedly played a role in its nurse-retention rate of more than 90% annually. "It

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The NYULMC residency reduced the turnover rate among first-year nurses to 5.6%, compared with the national average of 27.1%.

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Liz Capobianco (left), the nurse residency coordinator at NYULMC, helps newly minted nurses like Heather Lancaster adapt to the intellectual and emotional challenges that arise in caring for very sick patients for the first time.

speaks dollars and cents to us to retain nurses after we orient them, and we want them to have rewarding careers and professional growth."

NYULMC piloted the residency program from 1998 to 2001 under the leadership of former chief nursing officer

**Susan Bowar-Ferres, PhD, RN, NEA-BC**. At the same time, the chief nurses at the University Healthsystem Consortium, which promotes collaboration among academic medical centers, were exploring the retention issue and developed a curriculum for new nurses based on the American Association of Colleges of Nursing publication *Essentials of Baccalaureate Education for Professional Nursing*. The consortium invited NYULMC to become one of six participants in a multiyear study on the effects of this curriculum for new nurses. The study showed that residency reduced the turnover rate among first-year nurses to 5.6%, compared with the national average of 27.1%.

NYULMC's new BS graduates begin their yearlong residencies during their eight-week orientation. Cohorts of 15 to 25 new nurses participate together—an experience that cements their relationships with one another and creates bonds throughout the hospital.

"For many new nurses at NYULMC, this job is not only their first as a nurse but their first, period," says Capobianco, who was a member of the 2001 cohort. "You're coming into a professional environment for the first time, and you grow up very quickly when you have sick patients to care for."

About 100 residents each year attend seminars addressing issues of professional practice, leadership, patient outcomes, and clinical skills. Topics such as patients' skin condition, infection rates, pain management, and death and dying become more pertinent as nurses progress on the job. Participants also conduct evidence-based practice projects, exploring recommended changes in practice

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## HONORING THE WHOLE PERSON:

# HOLISTIC NURSING

## IS A BEACON FOR GRADUATE STUDENT NAVJOT KAUR

**G**rowing up in Flushing Queens, **Navjot Kaur, BS '13, RN**—marathon runner, practitioner of the martial art Jeet Kune Do, and student of scientific and philosophical discovery—noticed that many members of her Punjabi Sikh community were gaining weight and receiving diagnoses of hypertension and diabetes.

“Back in India, people were very active, ate locally grown foods, and interacted with members of their community, contributing to their overall sense of well-being,” she says. “Here, we see a cultural shift. Most people are in sedentary jobs, are consuming too many non-nutritive foods, and feel distant, in part because they don’t speak the language.”

In the Gurdwara—the Sikh temple—Navjot observed that the combination of time spent sitting and the generous availability of *langar*—free food available to any community member—were contributing to weight gain. “I asked, ‘What can I do about it?’” she says.

After earning a dual bachelor’s degree in exercise science and nutrition, and psychology, Navjot completed the College of Nursing accelerated BS program with an eye toward holistic care—an outlook that she says is inherited. Her mother, Harjinder Kaur, taught her, “let food be thy medicine,” and that smiling and staying positive are essential for a healthy life.

With her mother, Navjot began to organize local activities—such as running and walking events—to promote active, social lifestyles. This past December, they brought two priests—both of whom were struggling with health problems—to a Flushing health food store and ordered them their

first green juice—a concoction made of mustard greens, celery, kale, cucumber, collard greens, ginger, and lemon.

“They said they felt like they were drinking nature,” Navjot says. “I brought them two more juices the next day.”

Now a student in the College’s Advanced Practice: Family Nurse Practitioner program with a specialty in holistic care, Navjot has had a front-row seat at the crossroads of culture and health care. As a preteen, she saw the many barriers that immigrants faced, resulting in inadequate health care services.

“It’s true that in America, many immigrants can’t speak to their providers,” she says. “We need to do more to facilitate that communication so that children don’t have to translate for their parents.”

As a Hillman Scholar at the College of Nursing, Navjot volunteered for an interprofessional oral health diabetes

study—a joint research project involving NYU Colleges of Nursing and Dentistry and NYU Langone Medical Center. Her brother has type I diabetes, and she was inspired to become a nurse in part by the nurses who had taught him how to manage his illness.

The NIH-funded oral diabetes health study, conducted by Associate Professor **Shiela Strauss, PhD**, and Assistant Professor **Mary Rosedale, PhD '07, PMHNP-BC**, examined whether gingival crevicular blood could be used to screen for diabetes in NYU College of Dentistry clinics. Over 18 months, Navjot helped to enroll more than 500 adults, of whom more than 400 met the criteria for the study. They were eligible if their gums bled on brushing or flossing and if they had diabetes or were at risk for it, according to American Diabetes Association criteria.

During the survey process, Navjot spoke and listened to participants, encouraging them to walk and to manage their weight. Soon, she was promoted to project coordinator, overseeing more than 20 nursing, nurse practitioner, dental, and dental hygiene students.

The results of the study supported the argument that diabetes screening could be done in dental offices, which millions of Americans visit more often than they do primary care providers.

Almost half of the screened patients’ blood tests were positive for diabetes or pre-diabetes, pointing to the importance of screening and educational interventions by health care providers—a result that has been published in several papers of which Navjot is a coauthor with her mentors. The research team sent participants letters



Navjot Kaur (top) recruited patients to a study of the potential for diabetes screening in the dental office, which Drs. Shiela Strauss (bottom left) and Mary Rosedale (bottom right) are conducting.

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# Samuels Foundation Supports Visiting Neighbors Program

**M**ore older adults than ever are living alone, according to the 2010 U.S. Census. The New York City Department for the Aging reports that, in the five boroughs, 32.7% of people age 65 and over, and nearly half of those 85 and older, were living alone in 2013.

The aging population is at the heart of a new initiative at the College of Nursing, funded with a one-year, \$90,000 planning grant from The Fan Fox and Leslie R. Samuels Foundation. The project—a partnership between the College and the nonprofit organization Visiting Neighbors—engages nursing students in visiting older adults who live in NYU-owned buildings near Washington Square as well as throughout the Visiting Neighbors catchment area south of 30th Street.

The needs of these residents became abundantly clear to NYU after Hurricane Sandy, when a group of nursing students and faculty went into four apartment buildings in Washington Square Village and found frail older adults who had no food, water, or electricity and were running out of their life-preserving medications. It was apparent that regular nursing student visits to the residents of these apartment buildings would have a positive impact on many people.

According to **Michele Eaton, DNP, RN**, a clinical faculty member at NYUCN, “We realized that we have people right here who are at risk, and we don’t know enough about them.” The project was a perfect fit for the Samuels Foundation, which seeks community-building efforts that utilize existing resources to improve the quality of life of older people.

“Hurricane Sandy was the trigger, but we wanted to formalize the opportunity for nursing students to help care for the

elderly—not just to prepare for emergencies but to minimize isolation, build community, and take advantage of the resources of NYU College of Nursing and its connections,” says **Julio Urbina, PhD, MPH**, vice president and director of the foundation’s Healthy Aging program.

The project dovetails with Visiting Neighbors’ mission, which is to keep older adults independent and in their homes for as long as possible with the help of volunteers. The organization has served the elderly in lower Manhattan for more than 40 years. During the 2014–15 school year, 26 College of Nursing students reached out to residents of buildings owned by NYU and others in the surrounding areas. If the residents requested visits, students provided an array of services, including health

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**The needs of older residents living alone became abundantly clear after Hurricane Sandy.**

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assessments, such as blood-pressure screenings, and safety checks to make sure there were no hazards such as dangling wires or loose rugs in seniors’ apartments.

Often, students simply talked with residents, who have lifetimes of stories to tell. In some cases, they helped clients travel safely to doctors’ appointments—providing emotional support, an arm to lean on while crossing busy intersections, or help remembering the names of their medications for their health care providers. For residents with additional needs, students work with Visiting Neighbors staff to make referrals to the Visiting Nurse

Service of New York, Meals on Wheels, and other service providers. “A lot of resources come together to make this program work,” Urbina says.

“The students are learning so much from older adults in this culturally vibrant Greenwich Village community,” says Eaton, “and the clients have enjoyed getting to know the students and feeling that they are having a positive effect on their education.” Eaton adds that students have had the opportunity to interact with many fascinating individuals, such as World War II veterans, playwrights, artists, Holocaust survivors, and retired NYU faculty.

**Erin Lonergan, BS '15**, who participated in the program from October to December 2014, particularly remembers one client, a woman in her 80s, who left her house only in the company of Visiting Neighbors volunteers.

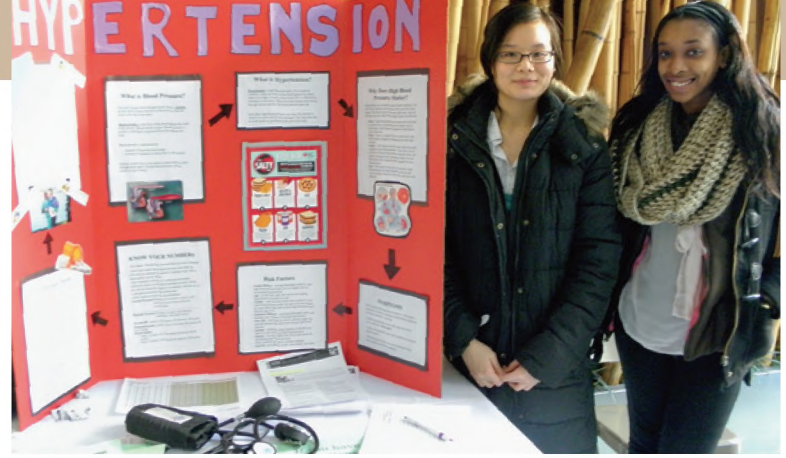
“She was unsteady, but I was able to help her walk outside to her favorite bench,” Erin says. “It really put everything in perspective for me to be able to do something like that. I started thinking more about the work that is needed in the community. Most hospital patients are going to become community patients, and we need to think about the person as a whole and the help that they are going to need.”

Students are compiling records on the level of assistance individual residents might need in case of disaster. Despite efforts by senior centers and social service agencies to keep apprised of isolated older adults in the wake of 9/11 and the New York City blackout, there remains an insufficient infrastructure to meet their needs. Only one-third of seniors choose to go to a senior center, Urbina says.

The Samuels Foundation’s founders—Fannie, the heiress to the G. Fox Department Stores in Connecticut, and Leslie, who owned the I. Miller shoe stores and worked



**Above** At a Meet & Greet event held by Visiting Neighbors in the lobby of a Washington Square Village apartment building, NYUCN student Brett Darmetko talks with an older resident about reducing the risk of falls in his apartment.



**Right** Nursing students Winney Wong (left) and Daneille Rhule screen residents for hypertension and talk with them about preventing high blood pressure.

as head of the women's shoe division in the U.S. Office of Price Administration during World War II—were interested in improving the quality of life in New York City. Initially, that meant supporting the arts, about which they were passionate. The Samuels were well known as patrons of Lincoln Center for the Performing Arts. As the foundation grew, its board concluded that health care was also central to quality of life.

During the 1980s, the foundation began to emphasize geriatric issues, soon becoming a leader in this area with a primary focus on research. When Urbina and **Lauren Weisenfeld, MBA**, deputy director of the Healthy Aging Program, came on board in 2002, they reframed the mission in terms of direct services to New York City elders.

The foundation's healthy aging mission is purposely broad. "If you want to improve quality of life, you have to focus on more than just access to primary care. You have to address appropriate housing, nutrition, and palliative care," says Urbina. "We use philanthropic dollars as venture capital to get promising programs up and running. As long as there will be a way for the program to sustain itself, our board is interested."

"The Samuels Foundation staff are very caring, dedicated people," says **Cynthia Maurer, PhD**, executive director of Visiting Neighbors. "They understand the

complexity of older adults' needs and that prevention makes such a huge difference."

Today, the foundation funds numerous palliative-care and community-based projects and more. It has funded over a dozen nursing and health care programs at NYU, going back to 1994, when it supported the work of **Mathy Mezey, EdD, RN, FAAN**, former director of the Hartford Institute of Geriatric Nursing, to develop clinical guidelines for determining decision-making capacity in the elderly, and **Gloria Ramsey, JD, RN, FAAN**, to help religious organizations promote end-of-life planning.

In recent years, it funded the Nurse Faculty Practice run by NYUCN at the College of Dentistry, which particularly cares for older community residents; an elder-neglect study; and a project to enable four New York City Health and Hospitals Corporation hospitals to implement Nurses Improving Care for Health-System Elders (NICHE), which was developed at the College's Hartford Institute.

The foundation is known for helping New York City hospitals institute palliative-care programs, based on a model developed by the Center to Advance Palliative Care (CAPC) at Mount Sinai Medical Center. In recent years, it has devoted about one-third of its aging-related funding to hospitals and hospices across the city to start or expand these offerings. The foundation currently funds a palliative-care project at NYU Langone Medical Center and previously funded the Zelda Foster Studies Program at Silver School of Social Work to train social workers to become palliative-care leaders. For this extensive support, the

foundation received the College of Nursing Maes-MacInnes Award in 2009.

"We really love what we do, working in a vitally important space where few other funders focus," Weisenfeld says of the foundation, adding that its Healthy Aging Program grants make up nearly half of its \$8 to \$10 million in annual giving.

The foundation is highly strategic, often taking advantage of investments that larger foundations have made. For example, after the Hartford Foundation developed a depression-screening and treatment model, the Samuels Foundation supported institutions' replication of that model. Although many of the foundation's palliative care grants involve nurses, NYU is the only college of nursing to receive a grant currently.

"Part of what attracted us to the Visiting Neighbors project was a concept promoted by the World Health Organization's program Age-Friendly Cities, which is helping cities make the best use of resources to meet the needs of the elderly," Urbina says. "For example, if you are making new street signs, take the opportunity to make them large enough for everyone to read. If you are building bus shelters, make sure there's a bench. Visiting Neighbors also leverages existing resources—volunteers—to meet an important need for the aging."

Says Maurer, "Working with the NYU students has been a delight. They've had an opportunity to see the challenges older adults face as they struggle to remain independent and are exposed to the elderly outside of a hospital or nursing home environment. We are confident that the students' experience with Visiting Neighbors will benefit them throughout their careers." ■

# Celebrations

NYU Langone Medical Center Alumni Reception  
September 26, 2014

NYU Alumni Day: Dean's Luncheon featuring a Tribute to Diane McGivern  
November 8, 2014

Distinguished Alumni Lecture: Lizanne Fontaine  
November 8, 2014

Better Health for Our Veterans: Nursing Action at Work  
November 8, 2014



**A** Kimberly Glassman, PhD '07, MA '87, chair of the NYUCN Board of Advisors and senior vice president for patient care services and chief nursing officer of NYU Langone Medical Center, presents the Award for Clinical Practice Innovation to Barbara Delmore, PhD '03, MA '87.

**B** Claire Fagin, DS '11, PhD '64, speaks about the late Diane McGivern, PhD '72, MA '64, former Division of Nursing head.

**C** Bernard "Bud" E. McGivern, MD (Diane's husband), speaks while Dean Eileen Sullivan-Marx and Diane and Bud's daughter, Ryan McGivern, BA (GAL) '94, AA (LS) '91, looks on.

**D** Donna McCabe, MA '02 (left), presented the NYUCN Alumni Association Rising Star Award to Romina Arceo, MS '12, BS '07.

**E** Eileen Sullivan-Marx visits with alumni, students, and guests at the Distinguished Alumni Lecture.

**F** Lizanne Fontaine, BS '01, JD (LAW) '80, received the 2014 NYUCN Distinguished Alumni Award and presented the Distinguished Alumni Lecture.

**G** From left, Elizabeth Fontaine (Lizanne's mother), Lizanne Fontaine, and Robert Buckholz, Esq., her husband.

**H** A panel discussion features The Honorable Linda Spoonster Schwartz and Cynthia Caroselli, PhD '91.

**I** Left to right: Rachel Moak, BA (GAL) '09; Christie Kappes, BA (CAS) '09; Cyrell Preposi, BS '15, BS (CAS) '08, AA (LS) '05, and other guests.

DNP Alumni Reception

November 18, 2014



Board of Advisors Dinner

December 2, 2014



NYUCN Alumni Association Happy Hour

December 4, 2014



Nursing Building Ribbon Cutting and Open House

February 18, 2015



**J** Tammy Cohen Fetterman, DNP class of '17; Barbara Hall-Atkins, DNP '15; Catherine Trossello, DNP '17; and Wendy Budin, PhD '96.

**K** Clinical Assistant Professor Janet Standard, DNP '11; Associate Dean James Pace; and Susan Renz, DNP '12.

**L** Members of the College of Nursing Board of Advisors, from left, Cynthia Sculco and Anthony Roscigno with Dean Eileen Sullivan-Marx.

**M** Board of Advisors member Norman Volk with Professor Emerita Mathy Mezey.

**N** The College bestowed several endowed professorships at the event. From left, Professor Emerita Mathy Mezey; Deborah Chyun, the Dr. John W. Rowe Professor in Successful Aging; Eileen Sullivan-Marx; Ann Kurth, the Paulette Goddard Professor in Global Health Nursing; and Christine Kovner, PhD '85, the Mathy Mezey Professor in Geriatric Nursing.

**O** NYUCN Alumni Board President-Elect Penny Klatell, PhD '75, MA '71 (holding the red handbag), gives a quick speech.

**P** Alumni Board Members Pam Galehouse, PhD '03, MA '69, and Wendy Budin, PhD '96.

**Q** Grace Davidson, BS '13, with her father, Glenn Davidson, and Dean Eileen Sullivan-Marx.

**R** From left, Eliana Horta; Beatrice Goodwin, PhD '70, MA '60; and Harriet Brathwaite.

**S** Dean Elaine Sullivan-Marx cuts the ribbon on our new building.

**T** From left, Norman Volk, NYUCN Board of Advisors member; Kimberly Glassman, PhD '07, MA '87, Board of Advisors chair; Dean Eileen Sullivan-Marx; Charles Bertolami, dean of NYU College of Dentistry; and Robert Piemonte, Board of Advisors member.

## College News

# Barbara Jonas Psychiatric-Mental Health Scholars Program Eases Doctoral Study

NYU College of Nursing in November 2014, announced a first-of-its-kind mental health doctoral scholarship program, funded with a \$250,000 grant from the Jonas Center for Nursing and Veterans Healthcare. The scholarships — critical funding in an area of nursing where support for graduate education is scarce — will support 20 PhD and DNP candidates over a four-year period.

The program is aimed at stimulating scholarship and reversing the shortage of faculty who are qualified to teach nurses to work with people with mental health problems in primary care and psychiatric settings. In addition to funding, the scholars receive supports such as webinars and conference alerts, and they join a larger, supportive, nationwide network of Jonas scholars.

The Jonas Center, founded nearly a decade ago by Barbara and Donald Jonas, is the leading national philanthropic funder focused on advancing nursing scholarship, leadership, and innovation. It supports nearly 600 doctoral scholars nationwide. Named for the center's cofounder **Barbara Jonas**, a former psychotherapist and lifelong mental health advocate, the program builds on the Jonas Nurse Leaders Scholars and Jonas Veterans Healthcare Programs, established in 2008 and 2012, respectively.

“Over many years in private practice, I saw the debilitating effects of poor mental health on all aspects of peoples’ lives, including their physical health and careers,” says Barbara Jonas. “Donors tend to sweep mental health issues under the rug because they are uncomfortable. We hope that this program will send a strong signal while also increasing the number of faculty and scholars specializing in this area.”

Mental health problems are highly prevalent nationally and globally, according to **Judith Haber, PhD '84, MA '67**, associate dean for graduate programs and an advanced practice psychiatric-mental health nurse. One in four adults, or approximately 61 million Americans, experience mental illness in a given year, and 13.6 million of these people live with serious mental illnesses such as schizophrenia, major depression, and bipolar disorder. “Approximately half of the problems that present in primary care settings are behavioral in nature,” Haber says.

The first three recipients of the scholarship, announced in January, are **Tammy Cohen Fetterman, MA '02, PMHNP-BC**; **Maureen McSwiggan-Hardin, MA '02, PMHNP-BC**; and **Karina Santibanez, MS '13, PMHNP-BC**.

Cohen Fetterman, a student in the DNP program, is the electroconvulsive

therapy nurse practitioner and coordinator at NYU Langone Medical Center. She is seeking to expand her expertise and influence the quality and safety of patient care. McSwiggan-Hardin, also a DNP student, is the former deputy director of a neuropsychiatry program at Columbia Medical Center and has worked with neuropsychiatry patients, including adolescents and adults with autism. Santibanez, a PhD student, has worked in adult and child psychiatric nursing at Four Winds Hospital in Mount Kisco, New York. She is studying the role of bio-inflammatory factors in psychotic children who experience poor reality testing, poor peer relations, and aggression.

A 2010 assessment by the Jonas Center and NYUCN estimated that the scholarships could have a significant impact on building the workforce of psychiatric nurses and faculty. During a 30-year career, one nurse faculty member could teach approximately 7,500 nurses who, in turn, would touch the lives of a potential 3.6 million patients per year — a sizable return on investment.

“The importance of supporting nursing education cannot be overstated, and we are proud to have partnered with the Jonas Center on this and other scholarship programs for nearly a decade,” says Dean **Eileen Sullivan-Marx**. ■



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Three NYUCN graduate students received mental health doctoral scholarships from the Jonas Center for Nursing and Veterans Healthcare. From left, Associate Dean Judith Haber, DNP student Maureen McSwiggan-Hardin, Barbara Jonas, DNP student Tammy Cohen Fetterman, and PhD student Karina Santibanez.



Dr. Sofia Skliarenko, an obstetrician-gynecologist who participated in the Georgian Research Training Program, studied trends in obesity with the aim of developing national guidelines and recommendations.

## Bringing Evidence-Based Learning to the Republic of Georgia

At the crossroads of the Middle East, Europe, and Asia lies Georgia, a country known for its soaring peaks, early Christian churches, seaside sunshine, and unique method of wine production. Separated from Europe by the Caucasus Mountains, Georgia gained independence from the Soviet Union to its north in 1991. Although the country is now stable, past economic struggles and civil unrest left a shortage of high-level health care expertise; gaps in supervision and training of physicians, nurses, and other public health workers; and lags in access to state-of-the-art research.

Through a former College of Nursing staff member, Adam Sirois, who had spent almost a decade working in the region, Executive Associate Dean **Deborah Chyun, PhD, RN, FAHA, FAAN**, learned of a U.S. State Department funding opportunity. With the ensuing grant from the U.S. Embassy in Georgia, she formed the Georgian Research Training Program, through which several College faculty members have taught courses and mentored Georgian researchers to improve evidence-based practice throughout the health care system.

Working with colleagues at the University of Georgia, Tbilisi State Medical University, and Tbilisi State University, Chyun and Assistant Professor **Allison Squires, PhD, RN**,

Students collaborate on group projects in Tbilisi.



provided two types of trainings: one for clinicians pursuing doctoral degrees and another for frontline health workers.

Physicians and nurses attended Chyun's four workshops from May 2013 to September 2014. "These professionals struggle with many of the same health issues we do, such as AIDS and chronic noncommunicable diseases," she says. "They're incredibly dedicated and hard-working but have faced many obstacles, including shortages of funding, mentoring, and access to literature."

Three universities sent students to the trainings, adapted from Chyun's PhD courses at NYUCN, which emphasized the processes of conducting research and disseminating the findings. **Gail Melkus, EdD, C-NP, FAAN**, associate dean for research, accompanied her on several of the trips, and Drs. **Victoria Vaughan Dickson, Marilyn Hammer**, and Squires mentored the PhD students.

Participants have used this support to complete their dissertations and launch their academic careers. Their research covered a wide range of topics, including relapse among opiate addicts in treatment, diabetes and hypertension in internally displaced persons, and transmission of blood-borne diseases among dental workers.

"Many of these are very strong studies, and the researchers will be submitting them to international journals," Chyun says, adding that she and other faculty are continuing informally to support the 18 mentees.

Squires's trainings, during the summer of 2014, were focused on building the capacity for evidence-based practice (EBP) among public-health workers—from primary care providers to policy makers.

She condensed the College's EBP course to 20 hours and presented it to more than 90 professionals in Tbilisi, the capital, and in the western city of Kutaisi. A priority of the course was to help health care workers access literature at no cost.

"In former Soviet Union states like Georgia, practice is often based on old protocols, but there is a strong interest in using current evidence," Squires says. "These participants are potential change makers."

The most memorable participants for Squires were a group of four surgeons who wanted to learn more about the research on enteral feeding after a colon resection. They spoke little English, so a partner organization translated.

"In the Soviet model, patients received only IV fluids for five days post-surgery. This protocol has negative implications for nutrition, recovery, and healing," Squires says. "We know that we can start enteral feeding within 24 hours as long as there are bowel sounds. The surgeons were able to identify the evidence and see that their practice could be updated."

One important outcome of the project was a retreat in June 2014, where academic, government, and nongovernmental organization partners discussed strategies to advance research and funding. In September, NYU and the Georgian partners held a national workshop on public-health research, based on lessons from the project. Students presented their research to guests, including high-ranking officials from the U.S. Embassy, Georgian foundations, and the deputy minister of education.

"The project not only accomplished its goals in supporting student research and EBP, but paved the way for additional NYUCN faculty to undertake projects there. Most important, it provided an opportunity for Georgian partners to come together to address the research needs of the nation," Chyun says. ■



## First Rwandan Nursing and Midwifery Conference Showcases Achievements

The first international conference for nurses and midwives, held in Kigali, Rwanda, on January 26 and 27, shed a spotlight on the research, education, and practice taking place through Human Resources for Health (HRH), an unprecedented international workforce-building collaboration. Held by the Rwandan School of Nursing and Midwifery at the University of Rwanda, it was organized by the school's dean, **Donatilla Mukamana, PhD**, and **MiJa Kim, PhD, RN, FRCN, FAAN**, of NYUCN, a major HRH partner. More than 250 people attended, including hospital-based nurses, nurse faculty, students, and representatives of international colleges, including the University of Rwanda.

HRH is a seven-year undertaking aimed at dramatically upgrading Rwanda's health care workforce and improving patient outcomes. A key component is the pairing of international nurse clinicians and faculty who work hand-in-hand with their Rwandan counterparts, including nursing school deans and hospital nurse managers, to provide support and share evidence-based practices. NYUCN has been involved from the start, with 27 faculty

having "twinned" with Rwandan hospital- and university-based nurses since 2012.

"The Rwandan nurses have been seeing better patient outcomes on the wards as a result of improving nursing care delivery," says **Deborah Chyun, PhD, RN, FAHA, FAAN**, executive associate dean of the College and project director. "They're saving lives and preventing complications. That's the bottom line."

A central component of HRH is to introduce evidence-based guidelines to the Rwandan nursing community and to help individual nurses apply them to their own practices. Speakers cited many advances achieved through wide-ranging projects conducted by the Rwandan nurses with their international partners and mentors. Of the 46 poster presentations, 9 were contributed by NYUCN faculty and their Rwandan partners.

"The conference was a great success," says Chyun. "Several of the projects—related to midwifery, an emergency-department triage system, and student clinical rotations—really engaged nursing staff and have had an impact on practice and education."

Following a welcome by **Agnes Binagwaho, PhD, MD**, Rwanda's minister of health, speakers included **Hester Klopper**, president of Sigma Theta Tau, the international nursing society; and **Josette Niyokindi** and **Anitta Collins** of NYUCN, who discussed the results of the collaborations to build the capacity of the Rwandan health care workforce.

NYU faculty travel to the conference was underwritten by a generous donation from Glenn and Julie Davidson, whose contribution has also enabled the College's Rwandan partners to attend research conferences outside of Rwanda.

**Above** Rwandan nursing students attend a reception before the conference begins. Holding the microphone is Dr. Pandora Hardtman of the University of Illinois, Chicago, who serves as the Human Resources for Health professional standards advisor for nursing and midwifery.

**Below** NYU faculty member Maureen Connell (second from left) and her team from Kibungo School of Nursing present their poster, "A Collaborative Approach to Poverty Reduction and Health Improvement," at the nursing and midwifery conference.

For Rwandan nurses who might not have an opportunity to travel to a nursing conference, the event was a way to bring the research to them. "Even though it's a resource-poor country, our colleagues are figuring out ways to use the evidence and practicing according to those guidelines," says **Robin Klar, DNSc, RN**, clinical assistant professor.

Among the many impressive outcomes featured on the posters, says Klar, was one that addressed midwifery practices in Muhima Hospital, the primary maternity hospital in Kigali. Now, staff put newborn babies on their mothers' chests immediately after birth, promoting early mother-baby bonding; routine episiotomies have been replaced with those done only when medically necessary; and mothers deliver in more upright positions rather than lying down, which can slow labor. "These changes equal healthier moms and healthier babies," Klar says.

Another major change is the increase in the volume of Rwandan health care staff trained in CPR. In NYUCN's projects alone, 171 nurses, 9 doctors, and 14 allied health staff have been trained; 3 nurses have become CPR trainers, and 5 have gone on to earn Advanced Cardiac Life Support certification.

"One of the most inspiring things at the conference was the enthusiasm of the NYU faculty to introduce us to their Rwandan counterparts. Pairing up with a member of the community is so important, and you could see the excitement in their faces and conversations," says Klar. ■



## Report Underscores Equivalency of Clinical Simulation and Traditional Clinical Experiences

The *Journal of Nursing Regulation* in July 2014, published a groundbreaking report on a study by the National Council of State Boards of Nursing, demonstrating the strong value of clinical simulation in nursing education.

Simulation refers to nursing education that incorporates both high-fidelity manikins and individuals who are specially trained to play patients, referred to as “standardized patients.” Some nursing schools, including NYUCN, use simulation to allow students to practice their skills in a safe environment, address shortages of hospital-based clinical placement opportunities, and ensure that students have exposure to all types of high-acuity patients they will encounter in clinical settings.

Researchers followed 666 undergraduate nursing students in 10 precicensure programs from 2011 to 2013. Students were assigned to groups in which either zero, 25%, or 50% of traditional clinical hours were replaced with simulation experiences. The study found “no statistically significant differences in clinical competency as assessed by clinical preceptors and instructors” and “no statistically significant differences in comprehensive nursing knowledge assessments...or NCLEX pass rates.”

NYUCN was not one of the schools involved in the study but was one of the first, if not the first, baccalaureate nursing program to shorten the traditional clinical experience from 14 weekly off-campus experiences to 12 weeks in which students alternate between off-campus clinicals and on-campus clinical simulation sessions.

“Employers of our BS graduates have

consistently noted that they perform as well if not better than graduates of programs that provide the traditional clinical experience,” says **Barbara Krainovich-Miller, EdD, PMHCNS-BC, ANEF, FAAN**, associate dean of academic and clinical affairs, who oversees the College’s Clinical Simulation Learning Center.

“This report underscores what we at the College of Nursing have observed, but it is very validating to have the evidence from a controlled, rigorous, national study,” says **James Pace, PhD, MDiv, ANP-BC, FAANP, FAAN**, associate dean of the undergraduate program.

The NCSBN’s study was the first national randomized controlled study to compare the results of nursing students’ clinical experiences in hospitals and other health care settings with those in simulated environments. The data will be particularly important, says Pace, in helping colleges of nursing demonstrate the value of simulation to their state boards of nursing, which set the requirements for clinical hours in nursing-education programs.

Because simulation provides an environment where it is safe to make mistakes, students can learn more and take on higher levels of responsibility once they enter the workforce. Pace says that although experience with real patients is invaluable, simulation with standardized patients is complementary because it allows students to pay more attention to their interpersonal interactions with the patient than is sometimes possible in the clinical setting.

Unlike actual patients, who rarely comment on students’ performance, standardized patients provide feedback, such as whether students have put them at ease or have adequately informed them about medication side effects.

“Today’s simulation technologies enable us to both individualize and standardize

students’ learning to ensure that each student achieves the educational outcomes that we’re seeking,” says Dean **Eileen Sullivan-Marx, PhD, RN, FAAN**. “We can push learning forward or take time to repeat challenges. Our newest investments in state-of-the-art simulation will help sustain these methods into the future.” ■

## NYUCN Celebrates a Trio of Top 10 Rankings

The College was extremely pleased to begin 2015 by being positioned in the top 10 of three different—and important—rankings of colleges of nursing.

In November 2014, the latest data on National Institutes of Health research funding was announced, and NYUCN was listed as the third largest grant recipient in the nation. This is a significant jump from last year’s sixth-place position and a very impressive rise from No. 46 just a few years ago.

In February, we learned that *USA Today* had ranked the College as No. 2 on its list of best U.S. colleges for a nursing major. The list was generated by the group College Factual, an organization whose mission is to assist students in finding affordable college options that match their academic interests.

*U.S. News & World Report*—which publishes the most prominent higher-education rankings—then issued its Best Graduate Schools 2016 list. The College was ranked in sixth place for nursing.

In each of these lists, the College was in excellent company, appearing alongside other leading nursing programs at highly regarded peer institutions.

“Thanks to our exceptional researchers and clinical faculty, NYU College of Nursing continues to rise in prominence as a leader in nursing education and innovative research that is helping transform clinical practice,” says Dean Eileen Sullivan-Marx. ■

Newborn resuscitation was one of the topics covered in nurse-midwife trainings at the rural Sengarema Designated District Hospital in Tanzania.



## NYUCN Initiative in Tanzania Targets Nurse-Midwife Retention through Clinical Mentorship

In 2014, Assistant Professor **Allison Squires, PhD, RN**, received a grant from the Touch Foundation to help reduce maternal mortality in Tanzania by increasing the skills and leadership abilities of experienced nurse-midwives so that they can become better coaches and mentors to newer nurses. The project comes amid a larger effort to improve the health care infrastructure, particularly in rural areas, of a nation where 410 per 100,000 women die during child-birth, often from hemorrhages, infections, or obstructed labor, according to the World Health Organization.

Although Tanzania has achieved a 55% drop in maternal mortality since 1990, the country still falls short of the Millennium Development Goal of a 75% reduction, and rural women face particular dangers when giving birth. Half of deliveries take place at home, and in the event of complications, it can take up to three days for rural women in labor to reach the nearest hospital, says **Melissa Martelly, MA, RN**,

An NYUCN-led educational program emphasized clinical mentorship and supportive supervision of novice nurse-midwives to improve staff retention.



**PCCN**, an NYUCN PhD student who is helping to facilitate the College of Nursing project in Tanzania.

A key factor in morbidity levels for pregnant women is a workforce crisis in Tanzania. Nurses and midwives are the predominant providers of maternal and child health care, yet the country lacks nursing schools and educators, and difficult working conditions lead to considerable staff turnover. As in many wealthy countries, providers often prefer to work in urban centers, leading to workforce shortages in rural areas.

The NYUCN-led project stems from evidence suggesting that strong clinical mentorship and supportive supervision of novice nurse-midwives can improve staff retention. In the summer of 2014 and winter of 2015, **Wendy Budin, PhD, RN-BC, FACCE, FAAN**, senior nurse scientist for NYU Langone Medical Center and an adjunct professor at the College of Nursing, and **Palomi Niles, MSN, MPH, CNM**, an NYUCN PhD student, conducted two five-day trainings for 20 experienced midwives in each of two rural facilities, Sengarema Designated

District Hospital and Shinyanga Regional Hospital. The trainings centered on building the nurses' mentoring and supervision skills through activities tailored to address the specific needs of each hospital, such as newborn resuscitation and postpartum hemorrhage.

Initial program evaluations from both hospitals were very positive, and participants were particularly fond of the instructors, whom they described as "very helpful, knowledgeable, and confident in what they were teaching." ■

## CDUHR News

The Center for Drug Use and HIV Research at the College of Nursing has named **Holly Hagan, PhD**, as co-director. The center also welcomes two new investigators from the College: **Caroline Dorsen, PhD, FNP-BC**, and **Yvette Lanier, PhD**. **Sherry Deren, PhD**, co-director of CDUHR, was appointed to Governor Andrew Cuomo's Ending the Epidemic Task Force, which is charged with implementing the governor's plan to stop the AIDS epidemic in New York.

**Joseph Palamar, PhD, MPH**, an assistant professor in the Center for Early Childhood Development at NYU Langone Medical Center and an adjunct professor at the College of Nursing, received a NIDA K01 grant for his study "Development of a Rapid Survey to Detect Use of New and Emerging Drugs." Palamar received considerable media attention for his study on hookah use among teens, including in *USA Today* and *TIME* and on CBS News. ■

## Faculty News

**Emerson Ea, DNP, RN, BC**, clinical assistant professor, and **Ann Marie Mauro, PhD '98, RN, CNL, CNE**, won a poster presentation award at the October 2014 RWJF New Careers in Nursing Program Liaisons Summit in Chicago for their poster "The NCLEX Challenge: Unlocking the Key to Success." Ea also received an award for scholarship from the Asian American Pacific Islander Nurses Association in March 2015 at the group's annual meeting in Las Vegas.

**Mei Fu, PhD, RN, ACNS-BC, FAAN**, associate professor, has received several grants to further her research into lymphedema self-management. The first award, of \$349,901, funds a project called The-Optimal-Lymph-Flow™: An e-Health Approach to Enhancing Management of Chronic Pain and Symptoms Related to Lymphedema among Women Treated for Breast Cancer. Awarded by Pfizer Independent Grants for Learning & Change, it is intended to bring this patient-centered symptom-management program to a web-based platform accessible through multiple communication devices. Fu also received a \$10,000 grant from the NYU University Research Challenge Fund to evaluate the program. Finally, Fu received a \$40,000 grant from Judges and Lawyers Breast Cancer Alert to build an automated electronic system to screen at-risk breast cancer survivors for lymphedema and develop a web-based risk-reduction program.

**Ann Marie Mauro, PhD '98, RN, CNL, CNE**, was elected chair of the new NYU Full-Time Non-Tenure Track/Contract Faculty Senators Council. In this capacity, she was invited to be chief marshal of the University-wide Commencement ceremony in May and will lead the platform party into Yankee Stadium. She was also asked to serve as the council representative to the NYU presidential search committee, on which she joins five faculty from other NYU schools. Mauro recently

completed the Wharton Nursing Leaders Program at the University of Pennsylvania.

**Gail Melkus, EdD, C-NP, FAAN**, associate dean for research, Florence & William Downs Professor in Nursing Research, and director of the Muriel & Virginia Pless Center for Nursing Research, will be one of 19 researchers inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame at the honor society's congress in Puerto Rico on July 25, 2015. The hall of fame recognizes nurse researchers who have achieved significant and sustained national or international recognition and whose research has improved the profession and the people it serves.

**Larry Slater, PhD, RN-BC, CCRN**, clinical associate professor; **Kellie Bryant, DNP, WHNP-BC**, director of simulation nursing; **Vicky Albit Ng, MS, CPNP**, a student in the DNP program; and **Barbara Krainovich-Miller, EdD, PMHCNS-BC, ANEF, FAAN**, associate dean of academic and clinical affairs, presented a paper at the November 2014 American Association of Colleges of Nursing Baccalaureate Education Conference, held in Baltimore, on the use of standardized patients to enhance health assessment skills of undergraduate nursing students.

**Allison Squires, PhD, RN**, and **Michelle Shedlin, PhD**, were part of an interprofessional collaboration, led by Melanie Jay, MD, of NYU School of Medicine, that was profiled in *U.S. Medicine: The Voice of Federal Medicine* for their research showing the unique needs of Hispanic veterans, particularly around obesity. Squires was also part of the award-winning team of presenters at the Obesity Society's annual conference in Boston on communication issues involved in obesity and lifestyle counseling in the Veterans Administration primary care setting. Her paper "Methodological Challenges in Cross-Language

Qualitative Research" ranks as the 14th most cited article since 2010 in the *International Journal of Nursing Studies*. Squires also received an award for outstanding oral presentation in February 2015 at the Care4 International Nursing Research Conference in Antwerp, Belgium.

**Eileen Sullivan-Marx, PhD, RN, FAAN**, was the keynote speaker in March 2015 at the opening dinner of the National Nursing Research Roundtable held by the National Institute of Nursing Research with the National League for Nursing in Bethesda, Maryland. The theme for the meeting was the nexus of research, education, and practice for the health of the nation. Sullivan-Marx discussed care transitions with an emphasis on technology. ■

## Student News

Baccalaureate students **Amy Burchard** and **Sara Tierce-Hazard** published research critiques in the *Journal of Clinical Outcomes Management*. The critiques were written as part of their 2014 independent study with **Allison Squires, PhD, RN**, under the mentorship of PhD student **Tina Sadarangani**, who coauthored their papers. Their interest in telehealth interventions evolved from their undergraduate research project undertaken in spring 2014. Tierce-Hazard's paper focused on optimizing the primary care management of chronic pain through telecare, and Burchard's paper addressed telehealth as an alternative to traditional, in-person diabetes self-management support. ■

## RWJF New Careers in Nursing Grant

The College of Nursing has received a \$10,000 Robert Wood Johnson Foundation New Careers in Nursing Innovation Award in collaboration with Stony Brook University and SUNY Downstate under the direction of **Ann Marie Mauro, PhD '98, RN, CNL, CNE**. The grant—one of four awarded nationally—will be used to develop innovative approaches to accelerated nursing education that can be enlarged and replicated in a variety of educational settings.

The NYU team will develop and evaluate an alumni toolkit that includes leadership and mentoring resources for New Careers in Nursing scholars and graduates from underrepresented groups in nursing to help them successfully transition to the RN role and lay the groundwork for continued professional growth.

New Careers in Nursing was created by the Robert Wood Johnson Foundation and the American Association of Colleges of Nursing to increase the diversity of the nursing workforce by providing scholarships to accelerated baccalaureate or master's degree students from groups underrepresented in nursing. ■

# Faculty and Research Scientist Publications

## Joyce Anastasi

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## Kellie Bryant

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## Bernadette Capili

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## Chuck Cleland

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\* Billy Caceres, Melissa Martelly, and Tina Sadarangani are NYUCN PhD students.

\*\* Lauren Gerchow and Navjot Kaur are NYUCN master's degree students. Joe DePaola earned a master's degree at NYUCN.

\*\*\* Caroline Juterbock earned her bachelor of science degree at NYUCN.

## Arlene Farren Keeps Alive the Art and Science of Martha Rogers

The first time that **Arlene Farren, PhD '06**, as an eager graduate student in the 1980s, set eyes on Martha Rogers, the former head of NYU's Division of Nursing, the septuagenarian was standing near the elevator bank in Shimkin Hall, and Farren was thrilled to introduce herself to the iconic nursing leader whose theories dovetailed so smoothly with her own ideas.

"I had been very taken by her and her focus on 'unitary science,' so it was very exciting and special to run into her. True to her reputation for supporting and encouraging nursing students, she was so happy to meet me and hear about what I was learning," says Farren. The encounter with the legendary nursing theorist never left Farren, who would go on to become not only a scholar and teacher of Rogers's Science of Unitary Human Beings but also president of a group that bears Rogers's name, the Society of Rogerian Scholars.

The society is raising funds to name a glass-walled group study room on the third floor of the new College of Nursing building in Rogers's honor. The room, where small groups of students can study together, will promote collaborative learning and teamwork among inter-professional students—a purpose that Farren says would have pleased Rogers: "Nurses bring a unique perspective to a team, and that expression is something she would be proud of."

Farren, who serves as the deputy chairperson of the Department of Nursing at the College of Staten Island, was not exposed until after Rogers's retirement to her theory, which holds that all humans are "unitary" and can't be

compartmentalized or reduced. By the time Farren was a master's student, Rogers was no longer teaching, and Farren was taught the Science of Unitary Human Beings by John Phillips, a faculty member in NYU's Division of Nursing at the time and a cofounder of the Society of Rogerian Scholars. "This idea of seeing the whole person, not just a single part, really resonated with my own view. I thought it was a really positive outlook," Farren says.

In Rogers's worldview, people and their environments are equally important, inseparable, and constantly in flux. Attending to the nursing needs of unitary

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...the psychological, the spiritual, and the physical were all really one, a manifestation of the person.

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beings was equal parts art and science, a conceptual system, writes Steven L. Baumann, PhD, APRN-BC, RN, a professor of nursing theory at Hunter College, that is fundamentally "humanitarian in nature, rather than mechanistic."

Farren's route to a career in nursing was circuitous. In her twenties, she was working on Wall Street, on track to become a securities analyst, when her father became ill. A night nurse telephoned Farren's home to say her father wasn't doing well: he passed away that night, while the family was present. To honor the memory of her father, Farren began to volunteer in the emergency department at Maimonides

Hospital at night after work. "I was influenced by the experiences of his care while he was ill. I was struck by the difference one person could make in the life of another in times of need and crisis."

The experience at Maimonides changed Farren's life. She enrolled in the nursing program at Long Island College Hospital while continuing to work. After receiving her associate degree in 1977, she went on to earn a BS from SUNY Downstate in 1979, an MA in advanced nursing science from NYU in 1987, and a PhD in research and theory development in nursing from NYU in 2006.

### Honoring a Revolutionary Thinker

According to Farren, no defining event catalyzed Rogers's thinking about how nurses relate to patients. In fact, she felt as if her theory had been with her for her entire life. "It was an inner perspective," Farren says, "a philosophical development over time that led her to think that the psychological, the spiritual, and the physical were all really one, a manifestation of the person."

Appointed head of NYU's Division of Nursing in 1954, a role she held until 1975, Rogers shaped her Science of Unitary Human Beings throughout the 1960s and '70s, the heyday of grand and abstract nursing theories, and continued to refine it until her death. As Rogers would have expected, the science continues to evolve and has been most influential to those studying the integration of energy and health.

"Rogers postulated that people are energy fields that are in constant mutual process with the energy fields of other people and the environment. In that way, we're all one,



The theoretical contributions of Martha Rogers (top), the legendary head of the NYU Division of Nursing from 1954 to 1975, inspired a generation of nursing students, including Arlene Farren (above).

we change together, and we're very much integral to each other," Farren says.

As such, Rogers was an early proponent of such noninvasive, complementary therapeutic modalities as touch therapy, visualization, and meditation—practices that many scientists challenged for promoting what they considered unverifiable claims. Today, NYU Langone Medical Center, among other teaching hospitals, has an integrative health department where nurses practice therapeutic touch and Reiki (though not necessarily within a Rogerian perspective). Andrew Weil, the pioneering Harvard-trained naturopath, is a household name, and the holistic approach is no longer considered fringe. "I really do think Martha was revolutionary," Farren says.

When Rogers was in school, nursing was considered an applied science. As she gained influence at NYU, however, she

promoted a shift in that paradigm: To her, nursing was a basic science—no less so than physics, the subject of her doctoral degree—comprising a distinct body of knowledge that nurse scientists could use to develop testable theories. A caring teacher, Rogers urged all her students to achieve at least a baccalaureate degree, and she was active in the movement within New York State to require baccalaureate education for entry into nursing practice.

Although the Science of Unitary Human Beings is no longer taught at NYU, mirroring a national shift toward theories that are far less abstract, Farren continues to introduce Rogerian theory as part of a survey class for clinical nurse specialists and nurse practitioners at the College of Staten Island. Much of her clinical work was in the area of oncology nursing (at Memorial Sloan-Kettering Cancer Center) and in psychiatric mental health nursing (at Payne Whitney Clinic and Maimonides Community Mental Health Center).

Unitary science continues to inform Farren's research on breast-cancer survivors' quality of life and the factors of power, and on self-transcendence as it relates to patients' life-altering experiences. And, as immediate past president of the Society of Rogerian Scholars, an international organization with about 70 members, Farren helps to keep Rogers's science alive and encourages new and provocative ideas that may contribute to the evolution of the science. The society promotes Rogers's ideas through *Visions: The Journal of Rogerian Nursing Science*, which Farren now edits, as well as through an annual conference, a Facebook page, and informal activities.

The Society has embarked on a \$100,000 fundraising campaign to recognize Rogers's legacy by naming a group study room in the new College of Nursing building. "This is really about Martha's legacy," Farren says. "So many scholars in nursing were touched by her, at NYU and beyond, and then proceeded in their own work." One can hardly attend an alumni event without Martha Rogers's name being mentioned, Farren says, and any mention of the nursing school, anywhere, inevitably brings up her name.

That's not surprising: Rogers has been enshrined in nursing history for her theoretical contributions to the field. She led the department of nursing for two decades, wrote three books for advanced nursing students, including the landmark *An Introduction to the Theoretical Basis of Nursing*, and was instrumental in the development of doctoral nursing at the College. Rogers was inducted as a fellow in the American Academy of Nursing and was posthumously inducted into the American Nurses Association Hall of Fame.

Halfway to her fundraising goal, Farren believes the study room "will demonstrate and manifest Rogers's legacy and importance to nursing at NYU." And while Rogers might have been more interested in ethereal spaces than physical ones, Farren supposes that she would have made an exception for a group study area that will help advance the study of nursing, she says, "so that nurses can continue to provide excellent care to people wherever they are." ■

For more information or to make a contribution to the Martha E. Rogers Group Study Room, please contact Larry Siegel at 212-998-6794 or [larry.siegel@nyu.edu](mailto:larry.siegel@nyu.edu).



# GREETINGS

from Donna McCabe,  
Alumni Association President

Dear Fellow Alumni,

As we wrap up this academic year, and I am in the final lap of my two-year term as president of the NYU College of Nursing Alumni Association, I reflect on how quickly time goes by. It seems like only yesterday that I was elected to this office. Although I won't turn over the reins to our new president, **Penny Klatell, PhD '75, MA '71**, until NYU Alumni Day 2015 on Saturday, October 24, I am already feeling rather wistful about my term ending.

I have enjoyed so much connecting with you, my fellow alumni. I take comfort, however, in knowing that I will continue to be involved with the NYUCN Alumni Association as past president—not only because it's important to me to support the College in as many ways as possible, but also because the members of the board have become my other family and I want to continue to work alongside them, helping connect our alums to each other and to our alma mater.

The past two years have been a learning and enjoyable experience for me. Even though I am on the faculty at the College and on campus every day, being involved with the Alumni Board is a totally different experience. As faculty, it is all about the students. I work with other faculty members, administrators, and staff to give our students the best academic and

clinical experience possible so they are prepared to be the best nurses. But as Alumni Board members, our focus is on the alumni—present and future—which brings us back to our students, who are our future.

Alumni represent the past, the present, and the future of an establishment, and they are embedded in its history. It's very important for all of us, as NYUCN alumni, to remain close (even when we live far away), engaged, supportive, vocal, and visible. We would not be where we are today without the excellent education and mentoring we received from NYU College of Nursing, and the College also would not be where it is today, at the forefront of nursing education, research, and practice, without all the students who passed through its doors, many of whom have gone on to become leaders and legends.

On that note, I would like to thank my colleagues on the Alumni Board for the support and commitment they've given me as their president the last two years, as well as our student leaders, who have given up valuable time (which we know they don't have much of) to help us to rally support for NYUCN in all the great things the College aims to do.

In January, NYU College of Nursing moved into a brand new building—

a state-of-the-art facility that represents a dream come true for everyone involved with the College. In February, there was an all-day celebration with a ribbon cutting, room dedications, and the dean's State of the College address. It was a triumphant day for all who attended—and even for those who could not be present. I know that I speak for all alumni when I say that we are very proud of NYUCN's trajectory of success. It is evident in its high NIH and academic programs rankings; the staggering number of student applications; the growing number of students, including large numbers of male students; and now a beautiful building we all call home.

Please continue to stay in touch with the College. Join the alumni board, come to events, update your contact information, send your amazing nursing stories for the e-newsletter, and submit your personal and professional news to the Alumni Office. I look forward to seeing you at a future event.

With warm regards,

Donna McCabe  
DNP, MA '02, APRN-BC, GNP, CWCN

## Class Notes

### 1958



**Carl O. Helvie, BS '58**, recently received a 501(c)(3) tax exemption for the new Carl O. Helvie Holistic Cancer Foundation ([HolisticCancerFoundation.com](http://HolisticCancerFoundation.com)), of which he is president/treasurer. Carl is a 40-year lung cancer survivor who used holistic natural intervention and, following his cure, never had a recurrence. After the recent publication of his eighth book, *You Can Beat Lung Cancer: Using Alternative/Integrative Interventions*, he was interviewed on 150 radio and television shows.

### 1973



**Beverly Bonaparte, PhD '77, MA '73, RN, ANP, FAAN**, has been named president of the Chamberlain College of Nursing, Jacksonville, Florida, campus. Bonaparte was most recently dean and professor of nursing and allied health sciences at St. George's University in Grenada, West Indies (see *NYU College of Nursing Magazine* Fall 2014). She also served as dean of nursing at Pace University and the International University of Nursing in St. Kitts.



**Sarah Pasternack, MA '73, RN**, was named a Living Legend in Massachusetts Nursing by ANA Massachusetts and was honored at an awards dinner in April 2014. The organization cited her significant contributions to the profession of nursing on the state, national, and international levels. Sarah has been a faculty member at St. Francis Hospital in New Jersey, Boston University, and Simmons College and has educated thousands of pediatric nurses. Since 1999, she has been president of the History Nursing Archives at Boston University's Howard Gotlieb Archival Research Center.

### 1976



**Jane Jeffrie Seley, DNP, MPH '92, BS '76**, coauthored the article "Using a Mentoring Approach to Implement an Inpatient Glycemic Control in United States Hospitals" in *Healthcare*, Vol. 2 (2014). She also presented at an FDA public hearing on regulatory science considerations for software used in diabetes management and at several conferences. On April 18, 2014, Jane was a guest on New York City's WBAI-FM radio show *Healthstyles*, discussing new innovations in diabetes technology.

### 1977



**Maria L. Vezina, EdD, MA '77, RN, NEA-BC**, became vice president for nursing/chief nursing officer at Mount Sinai St. Luke's, one of seven hospitals in the Mount Sinai Health System, on August 1, 2014. Previously, Maria was senior director for nursing education, professional practice, and research at The Mount Sinai Hospital in New York City.

## Congratulations to New York Times Tribute to Nurses Honorees



**Maria Dugan, BS '05, RN, IBCLC**, was a finalist in the Compassionate Care category of the 2014 *New York Times* Tribute to Nurses for her work with the Visiting Nurse Service of New York's pediatric palliative-care program.



**Annie D. Lu, MS, BS '00, RN, ANP-BC, BC-ADM**, a nurse practitioner at NYULMC Hospital for Joint Diseases and president of the Nurse Practitioners of New York, was a finalist for the Leadership Award, for having conducted diabetes-related research and advocacy on behalf of nurse practitioners.



**Ralph Carumba, BS, RN**, a master's degree student in the College's class of 2017 and assistant nurse manager at NYULMC, was a finalist for the Team Award along with three MICU clinical staff nurses who together participated in the 16-month Critical-Care Nurses Scene Investigator Academy.

## 1982



**Nancy Roecklein, MS '11, ANP-BC, BA (CAS) '82**, in January 2015 began a role as nurse practitioner with the Breast Medical Oncology Service at Mount Sinai Beth Israel Comprehensive Cancer Center West in Manhattan.

## 1987



**Elaine J. Amella, PhD '97, MA '87, RN, FGSA, FAAN**, on September 1, 2014, was appointed director of the PhD in nursing program at the Medical University of South Carolina. The university is

## In Memoriam

**Mary Anne McDermott, PhD '89, MA '79**, died on December 4, 2014. Mary Anne, who lived in Glen Ridge, New Jersey, was a leader in New Jersey nursing as acting PhD program director at Seton Hall University and as a project director at the Robert Wood Johnson Foundation. At NYU, she earned her graduate degrees in nursing research and theory development. During her long career, Mary Anne served on the nursing faculty of William Paterson University, Hunter College of the City University of New York, and Seton Hall University.

the only online PhD program with a Robert Wood Johnson Foundation Future of Nursing Scholar, and its research program ranks #14 in the nation in National Institute for Nursing Research.



**Kimberly Glassman, PhD '07, MA '87, RN, NEA-BC**, senior vice president of patient care services and chief nursing officer of NYU Langone Medical Center, chair of the NYUCN Advisory Board, and associate dean for partnership innovation at the College of Nursing, was recognized on Tuesday March 3, 2015, as a Luminary of Heart for the New York City Go Red for Women campaign, which raises awareness and funds for education and research on heart disease and stroke in women. The Luminaries were honored at a luncheon hosted by the American Heart Association.

## 1997

**Susan Sabena Saladino, PhD '97**, chair of the Department of Nursing at St. Francis College in Brooklyn Heights, completed the 2014 AACN Wharton Fellows program at the Wharton Executive Leadership Program.

## 2006



**Rebecca Zack Callahan, BS '06, NP**, is working as a consultant and nurse practitioner for Maven Clinic, an innovative new

digital health clinic for women, which plans to offer women instant and affordable health care through video appointments with providers, including nurse practitioners, doulas, physical therapists, dermatologists, lactation consultants, and nutritionists. Rebecca is the mother of identical twin boys, Zack and Chance, born December 30, 2013, and a daughter, Phoebe, who is three.

## 2007

**Catherine O. D'Amico, PhD '07, RN, NEA-BC**, is the director of education for the Research and Magnet Project at Mount Sinai Beth Israel Beatrice Renfield Division of Nursing Education and Research.



**Mary Christine (Christy) Jared, MS '07, RN, ADCRT '12, PMHNP-BC**, was promoted in February 2015 to vice president of professional practice and clinical learning and development at the Visiting Nurse Service of New York.

## 2008

**Mary T. Granholm, MS '08**, a nurse practitioner administrator at Bergen Volunteer Medical Initiative, a nonprofit ambulatory care facility that provides free primary and preventive health care to low-income working people in Bergen County, New Jersey, was reappointed as the Chartis Fellow Nurse Practitioner at her workplace.



### Margaret McBrien Quinlan: Ahead of Her Time at NYU Nursing

**Robert Quinlan, Stern MBA '81**, sent us this story about his mother, Margaret McBrien Quinlan, who enrolled at NYU in 1954:

Born in 2006 in County Leitrim, Ireland, Margaret McBrien Quinlan came to the United States in 1930 and volunteered several years later for the U.S. Army's Medical Corps as a nurse-2nd lieutenant during World War II. She was deployed to France, where wounded men returning from bombing runs over Germany were treated in tent hospitals on the runway.

Transferred to England near the end of the war, Margaret fell ill with a mysterious infection in March 1945. Her military doctors began to worry about her, but a local physician had a new medication to try. Luckily for Margaret, the doctor was Sir Alexander Fleming—the British physician who had accidentally discovered penicillin in 1928. With the new medicine, Margaret's condition improved significantly within a week.

She spent more than 20 years working at Rockland State Hospital, the psychiatric facility in Orangeburg, New York, where she retired as the head of nursing for female patients. Of her two years spent at NYU, Robert says: "My mother just loved NYU—the educational experience, the quality of the professors and the students, and the school's reputation. As a result of her experience, NYU was my first choice of schools to attend for my MBA."



Leah Feldman and a Doctors Without Borders ambulance team take part in a simulation training in preparation to transport patients with Ebola in Kankan, Guinea.

## Alumna Leah Feldman Helps to Build an Ebola Treatment Center in Guinea

**Leah Feldman, BS '10, CEN, TNCC**, volunteered with Doctors Without Borders/Médecins Sans Frontières (MSF) from November 2014 to January 2015, working with a team to build an Ebola treatment center from the ground up in the town of Kankan, Guinea. Leah was responsible for outreach, which included creating an ambulance service, active case finding in the surrounding areas, transport of patients, and decontamination of houses.

After graduating from the College of Nursing, Leah worked in the emergency departments of Memorial Sloan-Kettering Cancer Center, New York Presbyterian-Weill Cornell Medical Center, and NYU Langone Medical Center.

Her first MSF mission, from February to June 2014, was in Bangui, Central African Republic, during the peak of the country's civil war. There, she was the nursing supervisor for the post-op inpatient service of a local hospital, overseeing approximately 60 staff members. During that period, Leah and her team lived in the hospital because fighting in the immediate vicinity made it impossible most of the time to leave.

In October, while participating in an Ebola training session held jointly by MSF and the International Federation of the Red Cross in Geneva, Leah was interviewed and featured in a BBC story on the Ebola outbreak.

When asked about her feelings toward treating patients with Ebola, she told the BBC, "I feel as though it's a responsibility. I have a set of skills that I feel I can offer. I really feel as though this is a region that deserves our attention right now.... Medical care is something we can provide that can actually make a difference in lives..."



Leah poses with her colleagues on an ambulance-alert team after a week of training.

### 2009



**Joe Schomburg, BS '10, MS, MBA**, was married in August 2014 to Elizabeth and in December received his MBA with dual concentrations in finance and entrepreneurship from Ball State University. He was chosen for a two-year administrative fellowship with Kaiser Permanente in Pasadena, California.

### 2010



**Leon Chen, MS '13, BS '10, AGACNP-BC, CCRN, CPEN**, published an article with Fidel Lim in the December issue of *Nursing 2014*: "Propofol Infusion Syndrome: A Rare but Lethal Complication."

### 2013



As a student in the Adult/Gerontology Primary Care NP program, **Billy Caceres, MS '13** (now a PhD student), and his capstone project partners **Dana Moskowitz, MS '13**, and **Theresa O'Connell, MS '13, BS '08**, studied bariatric surgery outcomes in older adults.

Their integrative review of 15 studies revealed that older adults had significant improvements in hypertension and

diabetes following surgery despite having less weight loss than younger bariatric surgery patients. Mortality and surgical complications were comparable for both age groups. Their paper on these findings was published by the *Journal of the American Academy of Nurse Practitioners* in March 2015, and they presented a poster at the State of the Science Conference to be held by the Council for the Advancement of Nursing Science in September 2014. With the encouragement of Dean Sullivan-Marx, Caceres wrote and published an article about Medicare reimbursement for bariatric surgery in older adults, "Policy Implications of a Literature Review of Bariatric Surgery in Older Adults," in the September 2014 issue of the *Journal of Gerontological Nursing*.

### 2014



**Janet McHenry, DNP '14, FNP-BC, CCRN, CNRN**, a family nurse practitioner in the Department of Neurologic Surgery at Montefiore Medical Center, was invited to speak at that medical center by the New York City chapter of the American Association of Neuroscience Nurses on January 28, 2015, about the neurologic manifestations of von Hippel Lindau, a genetic disease, and implications for the neuroscience nurse across the lifespan. ■

# The Importance of Being... A Mentor

By Mary Brennan

The Upsilon Chapter of Sigma Theta Tau International Honor Society of Nursing kicked off its Mentorship Program on February 10, 2015. The goal of the program is to help nurses create and develop mentor-mentee relationships to advance their professional role development within nursing. **Bridget McCurtis, PhD**, assistant vice provost for diversity initiatives and senior director of the Arthur O. Eve Higher Education Opportunity Program at NYU, facilitated the discussion and illustrated the ways in which nurses often serve dual but complementary roles as mentors and mentees at different stages in their dynamic careers.

Mentorship is particularly important for new graduate nurses who acculturate into clinical roles where early support can have a profound impact on their successful transition and long-term retention. Seasoned nurses can serve as mentors for new nurses and at the same time have their own mentors who help facilitate their transition into the advanced nursing roles of educators, nurse practitioners, and/or researchers. McCurtis likened the advice imparted by mentors to a “box of

chocolates,” helping nurses to reach a new “bar” by sharing “nougats” of support, help, and encouragement and finding the “center” of the chocolate—or the inner aspirations of the mentees.

Upsilon Mentorship Committee co-chairs **Billy Caceres, MS '13**, a PhD student, and **Kim Zafra, BS '13**, a master's student, organized the event with **Betty Boyle-Duke, DNP '15**, co-chair of the Education Committee. They and other members of the Upsilon Chapter acknowledged the importance of mentors in their nursing careers and shared some of their personal reflections. Here are some comments made at the event:

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“My mentor from the Robert Wood Johnson Foundation has provided me with advice, a helping hand, and a safe space to discuss my goals. I could not have asked for a better mentor.”

—Billy Caceres, MS '13, BS '10,  
BA '07, AGPCNP-BC

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“My mentor told me never to take no for an answer. That has gotten me everywhere in life.”

—Betty Boyle-Duke, DNP '15, APNP-BC

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“I came to the meeting and found it was a place where people were invested in nursing and offered me opportunities to develop my nursing role.”

—Andrea Abramoff, BS '11, RN



Sigma Theta Tau International  
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- ▶ Email us at [nyu.upsilon@gmail.com](mailto:nyu.upsilon@gmail.com) with any questions or suggestions for future events.

As for me, my first mentor told me she would take me under her wing and teach me everything she knew. What a great foundation for my future career in nursing. As Tom Friedman, the *New York Times* columnist, recently noted in his piece “It Takes a Mentor,” graduates “who had a mentor who encouraged their goals and dreams were twice as likely to be engaged with their work and thriving in their overall well-being.” It appears that mentorship not only has a positive impact on a mentee's professional role development but impacts personal development as well.

The future of nursing depends on how we socialize nurses into their professional roles and nurture their professional identities and career development. Investing in a mentoring culture helps nurses develop to their full potential so that they may help clients reach their full potential and improve the health care of all individuals. ■

Are you interested in serving as a mentor or a mentee? If so, please join our Mentorship Circle on June 2, 2015, at 6:00 p.m. in Room 530 of the new nursing building at 433 First Avenue.



Betty Boyle-Duke and Billy Caceres organized the February 10, 2015, mentorship event for the Sigma Theta Tau Upsilon Chapter.

workers, plumbers, and laundry staff to assure them that it was safe to enter patients' rooms, ending the isolation that many patients faced. Their faculty colleagues, including **Madeline Naegle, PhD '80, MA '67, CNS-PMH-BC, FAAN**, contributed to videos and other educational materials to expand on Hurley and McGriff's outreach, and Naegle developed teaching modules focused on the role of substance use in AIDS.

"Once health care workers learned about the transmission factors and treatment options, HIV/AIDS was less threatening," Pace says. "When you have the science behind you, it opens people to rationality. I don't blame anyone for their fear. It's something that confronts all of us."

Gorman, the author, believes that much AIDS stigma is still driven by false beliefs about transmission, and education is still a dire need. She writes, "In the U.S., as of 2009, one in five Americans believed that HIV could be spread by sharing a drinking glass, swimming in a pool with someone who is HIV-positive, or sharing a toilet seat." Similarly, a survey by the Kaiser Family Foundation found that 37% of Americans thought Ebola could be transmitted by shaking hands with someone who is asymptomatic.

## CHANGING VIEWS TOWARD MENTAL ILLNESS

In addition to leading the charge to defeat AIDS stigma in the health care workforce, NYU nurses were pioneers in mental illness and substance abuse—among the most intractable stigmas, according to D'Antonio. Much of the credit for progress in this area goes to the federally funded work of College of Nursing faculty-alumnae Naegle and Fagin, both psychiatric nurses.

Fagin came to NYU's Division of Nursing from the National Institutes of Health in 1956 to help start a new program in adult mental health, and after a hiatus she returned in 1964 to begin a child- and adolescent psychiatry program. Fagin became one of the first to advocate that

nurses provide community, group, and family mental health care—previously the domain of social workers alone. She placed students in an innovative program at Maimonides Hospital run by Gertrude Stokes, PhD, RN, a leader in the community psychiatry movement, and at the Ackerman Institute for the Family.

Fagin was particularly moved to engage nurses in mental health care when she observed the psychiatric problems of patients in rehabilitation facilities, such as soldiers injured in wars and severely mentally ill children. In fact, says Fagin, many children who were hospitalized with TB for years on end during the 1950s developed serious psychiatric illnesses because of separation from their families.

Although mental illness did not provoke fears of contagion in the way an infectious disease might, "There was a fear on the part of providers, and I made sure that anyone I accepted to the program would love what they were doing. If you scorn or are afraid or ashamed of the patient, you can't get rid of others' stigma," Fagin says, adding, "For nursing students to overcome stigma, they have to really understand mental illness and have an internal appreciation that they can help someone."

The mental health programs at NYU were wildly successful and broke through barriers to treatment, and Fagin became the influential president of the American Orthopsychiatric Association. NYU's nursing school was also among the first to integrate substance use, abuse, and addiction into its nursing curriculum.

As is the case with contagious diseases, says Naegle, it is knowledge of the neuroscience of the changes that occur with excess use of alcohol and use of nicotine and other drugs that enables nurses and others to overcome their views of addictions as "lifestyle choices" and moral failings. To help nurses see themselves as more alike than different from people with substance-use problems, the College's psychiatric nursing courses traditionally include attendance at AA or Al-Anon meetings.

In the late 1980s and 1990s, Naegle received several federal grants to develop a substance-abuse curriculum and to promote faculty research and teaching in the area. Now the College offers a three-course sequence on substance-related disorders. It is one of few nursing or medical schools to offer such a specialty focus. NYUCN is also home to the Center for Drug Use and HIV Research, where reducing stigma and facilitating access to treatment are paramount.

Says Gorman, nurses—named in a 2013 Gallup poll as the profession with the highest ethical standards—can take advantage of their role as the most trusted professionals to counter the stigma facing patients with a variety of illnesses.

"Nurses, since the dawn of time, have been taking care of the people who nobody else would," says Pace. "Polio, influenza, black plague: nurses have always been on the front lines. It speaks to who a nurse truly is, caring for people at their most vulnerable, always there." ■

The Ebola crisis has touched lives at the College of Nursing very personally.

**Lt. Col. Kenneth W. Marx, MD**, the husband of Dean Eileen Sullivan-Marx, recently returned from six months in Liberia, working with the organization AmeriCares to staff U.S. Army-built hospitals. **Dara Shayna Deren Lipton, BS (Steinhardt) '04**, the daughter of Sherry Deren, co-director of the Center for Drug Use and HIV Research, is working in Liberia for IREX, a Washington, D.C.-based company. With funding from USAID, IREX is helping community groups in Liberia to become stronger and more active in their government. During the Ebola crisis, Dara has worked with local organizations and the media to provide community education about the epidemic.

and applying them to their patients.

"It's very helpful to have a day every few months to think about and digest information as it becomes more relevant to the responsibilities they're gaining," Capobianco says.

**Heather Lancaster, BS '12, RN**, who began her career on the medicine/oncology floor of NYULMC, says that the first few months on the job were nothing short of terrifying.

"You graduate with skills and knowledge," she says. "But being the only one in the room with a patient can be anxiety provoking. No matter how much practice you've had, it's someone's life, and you fear making a mistake or saying the wrong thing. Plus, the patients are scared themselves."

Lancaster says that the strong friendships she built during the residency have strengthened her commitment to the medical center. She particularly benefited from a session on death and dying, which was immediately applicable on the oncology unit and later when she was involved in an organ procurement.

"Having in-depth discussions with patient families and team members about death can reduce the stigma associated with this subject. It was relevant in a deeper way than I could have imagined when I was a student," she says.

NYULMC conducts its own research and remains part of a national study that helps each hospital continuously adjust its program. Says Capobianco,

67% of the nurses who went through the NYULMC residency between 2004 and 2012 are still working there—a rate much higher than the national average. Most of those who left the hospital did so due to a life transition such as relocation.

Nationally, more than 40,000 nurses have completed residencies since 2002. The program at NYULMC is one of only 13 accredited by the Commission on Collegiate Nursing Education, and it contributes to the medical center's Magnet designation.

"Now, the nurse residency program is embedded in our culture. It's part of what we do and who we are," says Glassman. ■

with their screening results and made follow-up calls three months later to those patients whose results of 5.7% or greater on the HbA1c blood test placed them in the pre-diabetic and diabetic ranges. Callers touched base with the participants, answered questions, and assessed whether they had followed up with their primary care providers.

Navjot found that many participants had greatly appreciated the feedback and had seen their providers. Those without regular providers were referred to the NYU Nurse Faculty Practice based at the College of Dentistry.

"This was a key time to intervene to promote health and prevent worsening of the condition and devastating complications," Navjot says. "But, you can't just tell people to get their HbA1c in a healthy range; you have to work with them, educate them, and most important, follow up with them."

"Working on this study was my best experience as a nursing student," she adds. "Much of healing is driven by the patient's motivation. But we, as health

care professionals, are catalysts in facilitating their transformations. We can coach our patients and provide them with evidence-based, individualized care, honoring the whole person."

Collaborating with other health care disciplines raised Navjot's confidence to speak up and be heard in the health care setting. "Nurses do a great job of communicating with their patients, but when it comes to speaking with other professions, we may have a harder time executing our thoughts," she says. "No matter where you practice, it is so important to be assertive and to remember that we are all working with and for the patient. There is no hierarchy in that."

Navjot is now coordinating another interdisciplinary study with Drs. Rosedale and Strauss—a potentially groundbreaking examination of the biomarkers for depression and how they are affected by electroconvulsive therapy (ECT). The study seeks to identify whether pro-inflammatory cytokine markers in blood and saliva can predict improvement or

worsening of depression. When a patient at NYULMC is scheduled for ECT, Navjot speaks with the patient's nurse practitioners and psychiatrists to see whether she can recruit the patient into the study. The ultimate goal is to help predict worsening of depression symptoms even before patients experience them.

"Our research reaped great benefit from Navjot's creativity, perseverance, positive energy, can-do attitude, and sincere desire to support and assist patients in optimizing their health," Strauss says. Adds Rosedale, "Navjot is a translational researcher who is seeking to bring better and more patient-centered approaches to the clinical experience. She lives her values and demonstrates how a nursing student can fall in love with discovery, hands-on research, and its intersection with excellent clinical care. She makes clear that our next generation of nursing clinicians and researchers will transform health care and most importantly, improve the lives of our patients." ■

# WHY WE GIVE



## Susan and Craig Schoon

**Susan Schoon, MBA (Stern) '79, and her husband, Craig, PhD (Steinhardt) '74,** met at the University of Iowa. When Craig received a fellowship to study counseling psychology at NYU in 1970, they packed up and moved to New York. Susan, while working for Chase Manhattan Bank, attended the MBA program at NYU Stern School of Business. Craig first worked as a psychologist for the Rusk Institute at NYU Medical Center, and then, for 22 years, for Professional Examination Service. He is now in private practice as a psychologist, and Susan is retired from a position as a

senior vice president for JP Morgan Chase. As alumni of New York University, Craig and Susan were pleased when their daughter, Sara, decided to pursue a degree in nursing at NYU. She graduated from NYU with her BS in 2013. **Susan and Craig have supported the College of Nursing with their contributions, and have generously named a faculty office in the new nursing building.**

“Sara had always been interested in science; she had extensive exposure to hospitals while her grandparents were ill over a period of time. After majoring in biology at Skidmore College, she decided to attend NYU for the accelerated program in nursing.

We were particularly taken by listening to Sara talk about her classes and clinical experiences. We could see that she was getting an excellent education, and it was clear to us that this was an intensive program.

In her practice as an ICU nurse at Bronx-Lebanon Hospital, Sara appreciates the thorough preparation she received at the College of Nursing. In addition to doing her clinical work, she was invited to be a member of the hospital's Nursing Informatics Committee.

When we attended events at the College

of Nursing and met some of the faculty and staff, we listened to several presentations by Dean Sullivan-Marx and were impressed with her and the faculty's vision for the College. We appreciated hearing about their efforts to enhance the quality of research and evidence-based practice at NYUCN and of their determination to enhance NYU's status as one of the best schools of nursing in the United States.

We give to NYU College of Nursing because we feel a particular closeness to the school. The faculty and staff have been so welcoming to us; we feel we know them. We also can relate to Dr. John Sexton's vision of NYU in terms of the students who attend from all over the world. The melting pot he describes in a global way was the experience we had

coming to New York in the 1970s. You could have said the same thing about us coming from the Midwest to the big city. Coming from a farm and a small town in Iowa, the East Village and NYU were challenging and exciting. Now, when we walk around the Village with Sara, we point out 'how it used to be.' It has changed so much!

We are happy to contribute to the College of Nursing and to its wonderful new building. It is a perfect expression of NYU's vision for educating and training strong and capable nurses who will influence the direction of health care in our country. We hope that everyone who appreciates the College's efforts will make whatever contributions they can to help facilitate the realization of its exciting mission. ■

# LEADERSHIP & DEAN'S CIRCLE MEMBERS

AS OF APRIL 5, 2015

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



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