

NYU NURSING SPRING 2020

NURSES

ON THE COVID-19 FRONT LINES



NYU

RORY MEYERS
COLLEGE OF NURSING



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LEADERSHIP

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Executive Vice Dean

Emerson Ea

Assistant Dean for Clinical and Adjunct Faculty Affairs

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Ellen Lyons

Associate Dean for Finance and Administration

Gail Melkus

Vice Dean for Research

James Pace

Senior Associate Dean for Academic Programs

Eileen Sullivan-Marx

Dean

EDITOR-IN-CHIEF

Meredith Barges

Communications Coordinator

EDITORS

Keith Olsen

Director for Communication

Hank Sherwood

Associate Director for Communication

DESIGN

Carabetta Hayden Design, Inc.

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NURSES ON THE COVID-19 FRONT LINES

Owing to the fast-moving and historic nature of COVID-19, the theme of this issue of *NYU Nursing* shifted in the middle of production to highlight the College's efforts to combat the virus. We salute all of our faculty, alumni, students, and staff who are on the front lines and behind the scenes, whose selflessness abounds and care for humanity is limitless.



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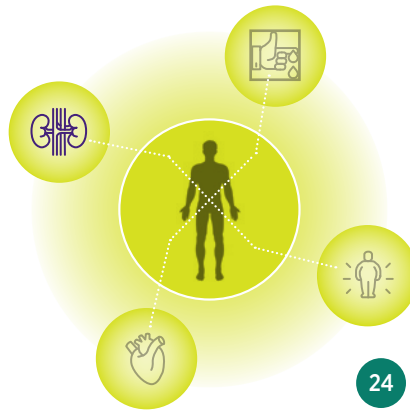
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DEAN'S CORNER



Follow me on Twitter
@EileenSullivanM
for the latest news from the
College and in nursing.

Dear all,

The COVID-19 public health crisis has upended our lives in quite literally every way possible in a very short amount of time. With just a few days' notice in March, NYU Meyers moved to remote instruction and remote work as the virus quickly spread through New York City and NY State. NYU will continue to operate remotely through the summer.

The virus has particularly affected New York City, with more than 142,000 cases and 15,000 deaths as this magazine goes to press. Our city is the hallmark of an NYU Meyers education, and when it grieves, we grieve. We mourn the passing of friends, neighbors, and loved ones.

COVID-19 has robbed us of warm embraces from family and friends, nights at the movie theater to unwind, and visits to favorite local restaurants and coffee shops for simple indulgences—all of which we likely took for granted before. Of course, being a nursing institution, so many of our faculty, alumni, and graduate students have been on the front lines of this crisis, including **KP Mendoza BS '18**, whose face is on our cover, after a shift from the Surgical & Transplant ICU at Mt. Sinai Hospital. We dedicate this issue to all of you who selflessly gave more than most can imagine for patients and their

families during one of the most unnerving times in modern history.

For many of our students and young alumni, this is the first time that a national or global emergency has disrupted daily life in such a pervasive way. As someone who has lived through a few of these traumatic events, I want to leave you all with a question to ruminate on in the days, weeks, and months ahead. Once the world ceases to be consumed by this virus's rapid spread, *Which future will we choose for our loved ones, our patients, and, of course, ourselves?* Life will almost certainly be different once the pandemic abates, and that is okay. But we, the members of the Meyers community, can make the world a better place through knowledge, transparency, and kindness.

Together,

Dean Eileen

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

THE DEAN'S LIST

*For this **Dean's List**, I want to commend the entire Meyers community for its ability to adapt to uncertain conditions with agility. I am proud to work and learn alongside all of you and cannot wait until we can reunite in person.*

In particular, I want to commend our clinicians who have treated COVID-19 patients and/or volunteered during this crisis:

Ab Brody, Assoc. Prof.

Theresa Bucco, Clinical Asst. Prof.

Leon Chen, Clinical Asst. Prof.

Maya Clark-Cutaia, Asst. Prof.

Jeff Day, Clinical Asst. Prof.

Caroline Dorsen, Asst. Prof.

Brian Fasolka, Clinical Asst. Prof.

Selena Gilles, Clinical Asst. Prof.

John Merriman, Asst. Prof.

Jennifer Morrison-Nahum, Clinical Asst. Prof.

Jen Pettis, Assoc. Dir., Program Development, NICHE

Gina Robertiello, Asst. Dir., Simulation Center

Dorothy Wholihan, Clinical Assoc. Prof.

Fay Wright, Asst. Prof.

Did you know there are creative ways to support NYU Meyers in which the College, you, and your loved ones all benefit at the same time?

Are we already in your will, trust, or other estate plans?

If you have named NYU Rory Meyers College of Nursing in your will, please let us know because it helps us plan for the future. It also allows us to thank you for your generosity and to honor your loyalty to the College.

If you have already included NYU Meyers in your will, call or email **Karen Wenderoff**, director of development, and she will add your name as a member of the Society of the Torch. The Society of the Torch is a special group of alumni, faculty, and friends of NYU who have recognized the importance of planning their philanthropy by providing for the University and its schools and colleges through their wills and estates. Through bequests in wills, trusts, and other arrangements, these donors have found a satisfying way to leave a meaningful legacy. Or if you would like, your gift may remain anonymous.

Don't have a will?

You are not alone! Now is a great time to start planning. Please consider including NYU Meyers in your will. Contact Karen for suggested bequest language and NYU's tax ID to share with your attorney.

Have you ever wished you could do more for NYU Meyers?

By including us in your long-term financial plans, you may be able to:

- Create a gift that benefits you and your loved ones;
- Provide immediate or tax-deferred tax advantages to yourself and your heirs;
- Generously support future generations of nursing professionals.



To learn more about this giving opportunity, please contact Karen at **212-992-5924** or **kmw2031@nyu.edu**.

GIVING

WHY I GIVE

ALICIA GEORGES MA '73

HONORING A NURSING PIONEER THROUGH PHILANTHROPY

Nearly five decades have passed, but

Alicia Georges can still recall how inspired she was by Estelle Osborne.

"Estelle and I were in the same sorority, Alpha Alpha Kappa," she says. "She was one of the stateliest, put-together women I have ever met. She had so much confidence—she knew she was as good as anyone else. As a Black nurse and a fellow AAK, that motivated me."

Georges went on to a distinguished career as a nurse, educator, and administrator. She currently serves as chair of the Department of Nursing at Lehman College of the City University of New York and the national volunteer president of the American Association of Retired Persons. She is determined to extend Osborne's legacy to future generations by including NYU Meyers in her estate planning—and specifically, by allocating funds to the Estelle Osborne Scholarship Fund, which supports high-achieving Bachelor's degree nursing students from underrepresented communities.

"I wanted to have an effect on a legacy that needs to remain at NYU forever," she explains.

Osborne came of age when state-sanctioned racial discrimination was pervasive in American society and nursing was one of countless professions that severely restricted opportunities for African Americans. But through her talent, hard work, and determination, she

was able to succeed—and break down countless barriers for Black women and Black nurses.

By supporting the scholarship fund, Georges, who serves on the NYU Meyers Dean's Council, is also giving back to the institution where she earned her Master's degree in nursing.

"Meyers gave me a grounding that was more than how to care for sick people," she says. "I learned about the importance of public health—of knowing what's going on in the community. And while it wasn't easy getting a Master's degree as a Black woman in the early 1970s, NYU was different. It was one of the first institutions to embrace diversity. I met faculty I really admired, like Claire Fagin, Martha Rogers, Erline McGriff, and Dee Krieger—leaders who never hesitated to reach out if they thought I needed help."

Through her philanthropy, Georges hopes to help students "who would never otherwise get the opportunity to take advantage of the world-class education at NYU Meyers" while honoring a nursing pioneer who was her personal role model.

"Too many people are not aware of what Estelle Osborne accomplished," she says. "We can't forget her role in the history of America and in the history of Black America. I don't want to let this legacy die." ■

Our faculty and students regularly attend elite conferences, travel abroad to conduct important research and collaborate with colleagues, and give back to our community. Here is a snapshot of their latest work.

- A** Prof. **Selena Gilles** served in Ghana as part of the Annual Amazing Grace Children's Foundation Medical Mission and Antimicrobial Resistance Symposium.
- B** Prof. **Sally Cohen** received the prestigious Lois Capp Policy Luminary Award, at the 2019 Academic Nursing Leadership Conference.
- C** Dean **Eileen Sullivan-Marx** spoke at the NAHN Latino Leadership Institute, also attended by Profs. **Michele Crespo-Fierro** and **Karla Rodriguez**.
- D** Prof. **Donna Hallas**, an AANP board member, went to Austin, TX, to celebrate the grand opening of the AANP's new building.
- E** **Sullivan-Marx** with participants from Fudan University Stomatology Hospital/ Shanghai Stomatology Hospital attended a training program sponsored by the NYU Aging Incubator, "An Interdisciplinary Approach to Improve Oral Health."
- F** Faculty, students, and staff gathered at the 2019 United Hospital Fund Annual Gala to honor **Sullivan-Marx**, who received a special tribute award for promoting nursing through policy, education, and clinical excellence.





G Many Meyers faculty were celebrated at an NYU Faculty Honors Reception.

H The Teaching Oral-Systemic Health program, a simulation and case study experience, brought together 780 NYU dental, medical, nurse practitioner, and midwifery students and Long Island University pharmacy students.



I Prof. **Allison Squires** moderated a session on the National Academy of Medicine's Global Roadmap for Healthy Longevity, in Singapore.

J Meyers faculty attended a performance of "Novenas for a Lost Hospital."

K Prof. Emerita **Madeline Naegle** was honored at the Nurses Educational Funds 2019 Gala Reception, where a scholarship was established in her honor.



L Profs. **Selena Gilles**, **Sandy Cayo**, **Larry Slater**, **Beth Latimer**, and **Judith Haber** attended the NLN Education Summit.

M The College agreed to partner with Central South University, in China.

NEWS

Here are some ways the Meyers community is helping.

COVID-19

NYU MEYERS CARES



A The College joined NYU Dentistry and other NYU departments to donate over 9,500 face masks, 70,000 gloves, 3,000 gowns, and 400 face shields to NYC hospitals.

B Dean **Eileen Sullivan-Marx** was interviewed about COVID-19 on *CNN*, *MSNBC*, *Yahoo! Finance*, and *Newsmax*.

C Clinical Asst. Prof. **Leon Chen**, **Eunhye Newman MS '13**, and **Carol Leong MS '14** have been treating COVID-19 patients in the Critical Care Center at Memorial Sloan Kettering.

D Clinical Asst. Prof. **Theresa Bucco** is educating nurses about the new IV flow regulator extension tubing being introduced into practice during the pandemic, as a per diem ED clinical educator at Northwell Health Staten Island.

E Clinical Asst. Prof. **Jennifer Morrison-Nahum** is a pediatric nurse practitioner in an ED at a children's hospital in the Bronx. She has treated COVID+ patients as young as 10 months old.

Asst. Prof. **Maya Clark-Cutaia** wrote an opinion piece for *CNN* about the sadly predictable higher COVID-19 disease burden in communities of color. She called on policymakers to add plans and investments in these high-risk communities, such as delivering free prescriptions and assuring access to affordable foods for those on restricted diets.

After Assoc. Prof. **Ab Brody** was redeployed as a nurse practitioner at NYU Langone Orthopedic Hospital in Manhattan, he shared a moving account of the many difficult decisions that front line clinicians are grappling with in treating COVID patients.

Jin Jun PhD '18 co-wrote a piece in the *Detroit Free Press* thanking hospital clerks, cafeteria staff, and social workers on the front lines.

More than 230 NYU Meyers nursing students in the Leadership & Management course and 20 faculty, led by Clinical Asst. Prof. **Sandy Cayo**, sprung into action to provide COVID-19 tests results via phone and assist with remotely monitoring patients.

The NYU Aging Incubator held a webinar titled "International perspectives of the COVID-19 pandemic: Insights from China, England, and Korea," moderated by Prof. **Bei Wu**.

Clinical Assoc. Prof. **Mary Brennan**, Clinical Asst. Prof. **Leon Chen**, and Executive Director of Clinical Simulation **Natalya Pasklinsky** developed online training modules about COVID-19 and acute-care nursing for the United States Public Health Service Commissioned Corps nurses, which is helping to staff the temporary hospital in New York City's Javits Center.

Asst. Prof. **Tina Sadarangani** developed a list of tips for caring for older adults at higher risk during the pandemic. It emphasizes maintaining healthy habits, reducing stress, and general preparedness.

Clinical Asst. Prof. **Stacen Keating** and Research Scientist **Gary Yu** participated in a podcast on *Voice America* about the need for nurses to have epidemiology content and to work collaboratively with scientific inputs from both the East and West.

David Frank, Behavioral Science Training Program post-doctoral research fellow, was quoted in *Gizmodo* about the pandemic turning daily methadone pick-up into an acute public health crisis.

Alums joined Clinical Asst. Prof. **Robin Klar** to explore lessons learned from nurses and midwives in Sub-Saharan Africa during the Ebola outbreak, to inform nurses during the COVID pandemic.

FACULTY NOTES

Clinical Asst. Prof. **Karyn Boyar** presented at the 2020 Carol Carfang Nursing & Healthcare Ethics Conference on the integration of design thinking into contemporary healthcare issues.

Assoc. Prof. **Ab Brody** was named one of America's Top NPs by Point of Care Network

Clinical Asst. Prof. **Sandy Cayo** will be recognized by the UN as a nurse with global impact on International Nurses Day 2021.

Asst. Prof. **Maya Clark-Cutaia** was chosen as a Multiple Chronic Conditions Scholar by the NIH-funded Health Care Systems Research Network and Older Americans Independence Centers. She also received the Outstanding Alumni Award from the University of Pittsburgh School of Nursing

Clinical Asst. Prof. **Michele Crespo-Fierro** was inducted as a fellow in the New York Academy of Medicine. She also assumed the role of president for the National Association of Hispanic Nurses – New York Chapter.

Vice Dean for Research **Gail D'Eramo Melkus** was honored with the 2020 ENRS Distinguished Contributions to Nursing Research Award.

Asst. Prof. **Caroline Dorsen** received the NYU Martin Luther King, Jr. Faculty Award for “outstanding faculty who exemplify the spirit of Dr. King through teaching excellence, leadership, social justice activism and community building.” She is the first Meyers professor to receive this award.

Clinical Asst. Prof. **Linda Herrmann** released a new pathophysiology book, *Advanced Physiology and Pathophysiology: Essentials for Clinical Practice*, which is intended for future healthcare providers who will diagnose, manage, and prescribe.

Clinical Assoc. Prof. **Fidel Lim** became a member of the interprofessional NYU Medical Humanities Working Group.

Prof. **Audrey Lyndon**'s study on maternal complications during childbirth was selected from 64 submissions to compete in STAT Madness 2020.

Asst. Prof. **Chenjuan Ma** presented a poster on “Patterns of Performance on Quality of Care in US Home Health Agencies, 2016-2018” at the Gerontological Society of America Annual Scientific Meeting.

Asst. Prof. **Susan Malone** co-authored an op-ed in the *New York Daily News* urging lawmakers to end daylight saving time.

Asst. Prof. **Ann-Margaret Navarra** was appointed to serve on the ENRS Communications Committee.

Clinical Asst. Prof. **Karla Rodriguez** presented at NYU Faculty Urban Research Day on “Exploring Healthcare Perceptions of a Plant-Based Diet.”

Asst. Prof. **Tina Sadarangani** presented on the role of adult day services in improving health and quality of life for persons with dementia at the National Institutes of Health National Research Summit on Care, Services, and Supports for Persons with Dementia and their Caregivers.

Assoc. Prof. **Allison Squires** was appointed the 2020 Chair of the Global Health Nursing Expert Panel for the American Academy of Nursing. She also was reappointed as a research editor of the *Journal of Nursing Regulation*.



A Undergraduate students took a tour of NYC.

B **Ann Williams**, director of Global Health Initiatives, was named an honorary professor at the Xiangya Nursing School at Central South University.

C Asst. Dean **Amy Knowles** appeared on *Doctor Radio* to promote breast cancer awareness and the Making Strides Against Breast Cancer walk through Central Park.



Meet **Jamie Chiappetta** | Associate Director of Finance

by Meredith Barges



Jamie Chiappetta is the associate director of finance at NYU Meyers. "Anything that involves money goes through our office," she explains. "We pretty much

handle all of the financial transactions, reimbursements...the annual budget submission for the college, operating budgets, gift accounts, and endowments."

A math whiz and finance virtuoso, she was hired from Langone Medical Center as a financial analyst back in 2008, when the College was at its Greene Street location. Over the years, her title and the College's facilities have upgraded twice. "I just love my job. I love working with numbers—as crazy as that sounds."

Born and raised in New York City, she moved with her parents to the Dominican Republic

when she was 12 years old to complete high school. But she missed the city. "I always told my parents, I'm going back to New York...So I came back when I was 17." The next four years at Pace University were extremely busy: she juggled coursework, a job, an internship, and motherhood, welcoming her daughter, Crystal, her senior year.

When she graduated, Chiappetta became the first person in her family to earn a degree. Now she has two: a BS and an MBA! "Both times I had young kids, but the second time around I had a husband. That was a totally different experience."

Chiappetta has been part of several big initiatives at the University. Through the APII Budget Management Improvement Group, she helped develop new University-wide budget reports, which show available balances more accurately. "I use them all the time."

In March, she will be one of the first graduates of NYU's Finance Academy, a new diploma

program for NYU staff. "For our capstone, we come up with ideas for how to generate more revenue or cost savings areas—like maybe having more people telecommute."

When Chiappetta is not crunching numbers at the College, she, her husband, Luigi, and her 11-year-old son, Jeremy, can be found cheering on the New York Red Bulls at Red Bull Arena, where they have season tickets.

Chiappetta is a celebrity in her own right. Last year, the NY Red Bulls announced they were selecting one super fan to put on a can of Red Bull, and she and Luigi were invited in for a photo shoot. "They put us up in a suite and gave us free food, drinks. We were introduced to their eMLS player. It was a really cool day... While we were being interviewed, they handed us over the can. When I looked at it, I screamed. My husband and I are on the can!" ■

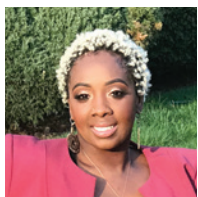
Drawing on the expertise of administrative, faculty, and student leaders from across the College, the **Meyers COVID-19 Task Force** was established to handle the many challenges the pandemic poses for our community.



D COVID-19 Task Force, from top left: **Tanisha Johnson-Campbell**, **Keith Olsen**, **Amy Knowles**, **Susan Lippman**, **Cy Preposi MS '20**, **Prof. Emerson Ea**, Chair **Kimberly Glassman**, **Thomas Freedman**, **Brittany Taam BS '20**, Profs. **Larry Slater** and **Robin Klar**, **Ellen Lyons**, **Lance Irving**, **Natalie Hellmers PhD '22**, **David Resto**.

Meet **Tamara Tobee** | Administrative Assistant for Operations

by Meredith Barges



Flowers anoint her workspace. Framed inspirational quotes hang beside her, announcing to all, “Good vibes only” and “Be the change you want to see in

the world.” **Tamara Tobee** is the welcoming face and operations dynamo of the sixth floor.

As the administrative assistant for operations, Tobee helps with all of the daily operations and facilities for the College. “It can range from a light bulb being out to a leak in the bathroom to someone locked themselves out of a room,” she explains. “It’s really random.”

Tobee skillfully combines her flair for people with operational know-how: “I like to help people solve their issues... Something went wrong and they need to resolve it, that’s where I come in.”

Even though she has building engineers and client services on speed dial, Tobee makes it a point to get to know all of her colleagues: “I feel like I know everyone in this building... I always build some kind of relationship with each person that I encounter.” These connections come in handy when she wears her many hats, like coordinating the annual Thanksgiving potluck.

“People don’t just want to talk about work, because it helps us deal with the stress of it all, to be human, to not be robots,” she says, wishing more staff took opportunities to get know each other. “Let’s just open up a bit. Let’s be a bit more free spirited. Life is too short and too serious.”

Joining NYU Meyers was a leap. Before this, Tobee was a professional makeup artist and retail manager working for famous brands like MAC and NARS. “I like the fact that you can express yourself with makeup. It helps you feel good. And when you look good, you feel good.” But what Tobee did not like were the long hours and missed birthdays and family events. She wanted a change.

The next big change for Tobee will be buying a new home with her fiancé, Shawn, in Westchester, where she grew up and still lives. “I’m just saving, saving, saving to get our condo, so that next year we can focus on getting married and we can start a family.”

Quiet days spent at home in the calm, tranquil oasis she has created in Ossining are key to recharging her megawatt battery. “A lot of people don’t think this about me because of their first impressions, but I actually really just enjoy being at home.” Shopping for shoes with her mom and role model, Toni Matthews, helps too.

The sparkling enthusiasm Tobee brings to work every morning makes her a sought-out friend and appreciated colleague: “There may be a day when you’re not feeling great and I’m in such a great mood, I might rub off on you — and you’ll say, ‘You know what, I’m glad I ran into her.’” ■

A key component of the NYU Meyers mission is to generate new knowledge and demonstrate the highest standards of excellence in research and scholarship for a global society. Our faculty have expanded the scope and number of our research projects, earning us the distinction of 5th in funding from the NIH.



Nurses sleep less before shifts, imperiling patient safety and care

by Rachel Harrison | Associate Director, Research Communications

Nurses sleep almost an hour and a half less before work days compared to days off, which can hurt patient care and safety, finds a new study by researchers at NYU Rory Meyers College of Nursing.

“When nurses work long shifts, their sleep opportunity shrinks considerably, especially when shifts are consecutive,” said **Amy Witkoski Stimpfel**, assistant professor and the study’s lead author. “This can have profound effects for behavior, health, and work performance.”

Nursing is dominated by shift work, with 12-hour shifts common. Add to that commute times and day-to-day responsibilities, nurses often have limited hours to sleep before or between shifts. Research shows this takes a toll on their circadian rhythms and can impair work performance.

Sleep deprivation, in general, lowers our ability to handle complex, stressful tasks and make us more prone to accidents. In health-care, fatigued nurses may be at risk of making critical mistakes in duties from performing diagnostics to administering medications.

To better understand nurses’ sleep behaviors and patient outcomes, Witkoski Stimpfel and her colleagues studied sleep duration and work characteristics among registered nurses using data from surveys of 1,568 nurses conducted in 2015 and 2016.

The nurses had reported getting, on average, under 7 hours (414 minutes) of sleep prior to a work day and more than 8

hours (497 minutes) prior to a non-work day—a difference of 83 minutes. “Average sleep times only tell part of the story. We also found that 11.4% nurses slept a mere five hours or fewer before work,” added Witkoski Stimpfel.

According to the study, less sleep was associated with lower measures of patient safety and quality of care, suggesting a link between sleep, fatigue, and patient care. “It is in everyone’s interest to have nurses well rested so they can perform their important function and keep patients safe,” said

Christine Kovner, Mathey Mezey Professor of Geriatric Nursing and the study’s coauthor.

The study, supported by the Robert Wood Johnson Foundation, called for more research on nurses’ sleep. In the interim, healthcare leaders can take steps to help prevent human errors by ensuring nurses have adequate time off between shifts and fully staffing workplaces. ■



Through NICHE program, nearly 3,000 nursing home residents in Washington State to see quality care improvements

by Rachel Harrison | Associate Director, Research Communications

In December, NICHE received a \$644,000 grant from the Washington State Department of Social and Health Services to improve the quality of care for older adults living in nursing homes in Washington State. Funded by the Centers for Medicare & Medicaid Services’ Civil Money Penalty Reinvestment Program, the project is part of a national effort to reduce adverse events, improve staffing quality, and enhance dementia care in nursing homes.

“Nursing homes play an important role in ensuring the health and safety of frail elders with complex needs,” said **Jennifer Pettis**, associate director of the NICHE Long-Term Care Program. “We are thrilled to collaborate with the Washington State Department of Social and Health Services to arm nurses with evidence-based practices allowing them to provide the best possible care for the state’s aging population.”


As Americans live longer and face more complicated medical issues that come with aging, the number of residents in nursing homes is projected to rise dramatically over the next decade. To keep up, nursing homes need to provide more complex services.

Yet, nurses working in long-term care settings often lack the knowledge of evidence-based care necessary to best meet the needs of older adults. For example, caring for older adults requires specialized assessment skills to differentiate normal changes related to aging from signs of diseases like dementia.

The three-year NICHE project will specially train nurses and certified nursing assistants in 30 nursing homes across the state to implement evidence-based care for older adults. It has the potential to reach more than 3,000 Washingtonians living in nursing homes.

Through the grant, nurse leaders will complete an eight-week online leadership training, they will develop plans for quality improvement projects on two clinical areas for their nursing homes. NICHE’s mentors and faculty will then support teams in implementing their action plans. Nursing staff at all 30 nursing homes will also complete specialized continuing education courses on the care of older adults.

NICHE has partnered with Comagine Health, the Washington Quality Improvement Organization, to evaluate the resident outcomes associated with this program. Research shows that NICHE organizations have improved patient outcomes, decreased costs, and reduced hospital readmissions, leading to higher older adult and staff satisfaction. ■

A portrait of Prof. Janet Van Cleave, a woman with short brown hair and glasses, smiling. She is wearing a black top and a pearl necklace. The background is dark and out of focus.

Prof. Janet Van Cleave receives Oncology Nursing Foundation grant to improve patient outcomes in head and neck cancer

by Rachel Harrison | Associate Director,
Research Communications

Janet H. Van Cleave, assistant professor at NYU Meyers, was awarded a \$24,352 research grant from the Oncology Nursing Foundation to fund a randomized study using the Electronic Patient Visit Assessment (ePVA) to improve outcomes for patients with head and neck cancer.

Patients with head and neck cancer experience painful, debilitating symptoms and function limitations that can interrupt cancer treatment or occur after treatment. These symptoms and limitations can decrease patients' health-related quality of life. In an effort to better capture patient-reported symptoms and function limitations during and after head and neck cancer treatment, Van Cleave and her colleagues developed the ePVA as a web-based clinical support tool. Patients answer questions using touch screens—for instance, on an iPad—prior to appointments, and the information is transmitted to their care team.

The Oncology Nursing Foundation award will support research to establish the value of the ePVA as a communication tool to improve clinical decisions in symptoms and function management in head and neck cancer. Participants with head and neck cancer undergoing radiation therapy with or without chemotherapy will be randomized to either the ePVA intervention or usual care. Participants randomized to the ePVA intervention will complete the ePVA every other week during radiation therapy, then 4, 12, and 24 weeks after they complete radiation.

The mHealth tool will generate automated reports of patient responses, including assessment of pain severity and pain medication use that will be sent to the head and neck cancer team to inform their clinical decisions. For instance, reports may prompt referrals to palliative and rehabilitation services or changes in pain medications.

"We believe that the use of the ePVA enhances patient-provider communication about symptoms and function limitations for patients with head and neck cancer. This enhanced communication, in conjunction with the practitioner's collection of data through history, physical exam, and patient's electronic health record data, should lead to a higher quality of evidence, improved clinical decision making, and improved patient outcomes in head and neck cancer," said Van Cleave.

"Receiving the Oncology Nursing Foundation Research Grant is very important and meaningful to me," Van Cleave continued. "In addition to providing support for my research to establish the value of the ePVA for symptom management of patients with head and neck cancer, the ONF Research Grant also represents validation from my peers of the scientific merit of my work." ■

“PANDEMIC PROVES AGAIN, THERE IS NO SINGLE ROLE OF THE NURSE”

By Ab Brody | Associate Professor, Nursing & Medicine

In March, I was redeployed as a nurse practitioner at NYU Langone Orthopedic Hospital after the geriatrics section of the NYU Department of Medicine, where I am associated faculty, was tasked with hospitalist service. In a short period of time, there have been so many experiences in helping patients in their healing, making difficult decisions about clinical care, and supporting each other in a truly unparalleled time in recent history.

As part of our inpatient medicine team, I am instituting changes to patients' plan of care, ensuring effective day-to-day management and responding to physiologic changes. This is a completely different role for me from geriatric and palliative care consultant; there

is a huge shift in mindset when you are primarily responsible. I'm also working nights, when there are fewer staff, because my wife is also a clinician on the front line and one of us has to be home with our kids.

Almost everyone is playing a different role than normal and handling it with grace and professionalism — the cleaning and engineering staff, patient care technicians, nurses and other nurse practitioners, rehab therapists, respiratory therapists, physicians, physician assistants, clerical staff, administrators, and otherwise. What is not different, however, is that we are all working as a team. It is amazing how everyone has pitched in, come together, and done their best to help each other and our patients.

As we think of the nurse specifically and our role during this pandemic, I've grown to understand, there is no single role of the nurse. Nurses, just like in other times, take on many roles. In this case, we have our ER and ICU nurses providing care to the hardest-hit patients, often in very trying conditions. Our med-surg nurses have to monitor patients who are very labile and one minute may look fine and the next are not. We have also seen nurses and nurse practitioners drafted into ER/ICU/Med-Surg settings or become outpatient COVID testers or telehealth screeners.

There are so many ways for nurses to help, whether on the front line or in a supportive role. Given their front-row view of what is



Ab Brody is an associate professor, associate director of the Hartford Institute for Geriatric Nursing, the founder of Aliviado Health, and the pilot core lead of the NIA IMPACT Collaboratory. His work focuses on the intersection of geriatrics, palliative care, quality, and equity.

FEATURE

going on, we need nurses in all these places to help advocate for our patients and the health system, to be on television, in the newspaper, and on social media advocating for safe, effective care and caregiving.

This novel virus

COVID-19 is unlike any other virus or flu we have seen in the past century. It is so much more readily spread, with no vaccine, only treatments of unknown efficacy. That means we have limited avenues other than containment and supportive interventions.

We are already seeing that in this country Black and Brown people are having disproportionately worse outcomes — and that men are far worse off with almost 50% higher hospitalization, ICU, and mortality rates. Older adults are also disproportionately affected, with reports of 50–90% dying if hospitalized and intubated. Also, fever does not seem to be the leading indicator if patients are healing or not, it is oxygenation requirements. Of those who do recover, many need long hospitalizations because they are debilitated as they regain their lung function. The question becomes, where do they get rehab? They can spend weeks in a “limbo” sort of state, healthy enough not to need full acute care, yet not able to transition to rehab until they have the oft-required two COVID-19 negative tests.

Patients’ goals first

What stands out for me the most, as a geriatric and palliative care NP by training, is how we, in the thick of an emergent issue, automatically do the default, all-curative measures that may not be in the patient’s goals or interest. I had a COVID+ patient who came back with a concerning lab value for cardiac damage and potential heart

attack, and my rapid-response muscle memory from when I was a bedside nurse kicked in, assessing and ordering labs — an ABG, EKG, and all the other care that comes with a potential cardiac event pathway. But about five minutes in, I stepped back. This patient had “do not resuscitate/do not intubate” (DNR/DNI) orders, but the rest of their care goals had not been fully established.

I called the healthcare proxy who had already been discussing with her family what we should do in this type of situation, and they had an answer. Their loved one had always said that if they did not have the ability to be independent (which this patient was unlikely to achieve, given the complicated nature of their stay), they would not want a wheelchair or bedbound life. Therefore, we pulled back and implemented a comfort care pathway.

Within an hour the patient looked much more comfortable and we were able to peacefully care for her symptoms without extensive additional, potentially uncomfortable workup and procedures. If we had continued down the cardiac event pathway, the patient could have ended up with a lot of aggressive care, short of intubation, which would not have been congruent with her goals. Instead, she died peacefully and compassionately in inpatient hospice. In the end, we were meeting the patient and family wishes and supporting a seriously ill individual at the end of their life to have their care match their goals.

Sometimes patient goals are around maximal curative treatment, and it is important to honor that just as it is important to honor when it is somewhere in between or fully comfort care. What is most important is to match those goals with the care we provide. ■

“

Given their front row view of what is going on, we need nurses in all these places to help advocate for our patients and the health system, to be on television, in the newspaper, and on social media advocating for safe, effective care and caregiving.

”



COLLEGE COURSE:

Disaster nursing

SAVING LIVES DURING OUTBREAKS, FLOODS, FIRES, & SPILLS

by Mackenzie Stelljes BS '20

After finding out that NYU Meyers offers a Disaster Management and Hospital Preparedness course, I enrolled as soon as registration opened. For years I have aspired to be an RN in the emergency department, with the knowledge and skills to treat patients in a time of crisis. The class incorporates both my love of nursing and my passion for acute care.

When we started the course this spring, we could never have imagined that we would be studying disease outbreak in the midst of a pandemic. COVID-19 has proven to be unlike anything medical professionals have ever seen before, as the death toll continues to climb worldwide by the day. We are witnessing events, research, and ethical debates unfold before our eyes.

The COVID-19 crisis has provided a huge opportunity to harness the knowledge and skills we have learned throughout the semester and apply the information to real-life situations as they happen at hospitals just down the street. Our class has covered information on pandemics, personal protective equipment (PPE), the phases of a disaster, and hospital emergency preparedness.

Through a combination of dynamic lectures, guest speakers, and hands-on activities, Prof. **Theresa Bucco** has designed the Disaster Nursing course to improve our level of comfort in making the tough decisions involved in treating victims of emergencies. Our class participated in activities like "Stop the Bleed," which simulates a disaster scenario, such as a tornado or an earthquake, in which a patient has sustained a traumatic injury and is rapidly losing blood. This skill is vital in the early stages of an emergency response, with the potential to save many lives in a short amount of time.

Just before we shifted to remote learning, our class had the opportunity to explore the different PPE levels and practice the process of safely donning and doffing the gear. We learned about the PPE used when caring for a patient with Ebola as well as the equipment utilized in a chemical disaster. I had the chance to demonstrate the use of a yellow hazmat suit for chemical disasters, which included a self-containing breathing apparatus and respirator. The experience was surreal; the intensity of the equipment felt almost as if we were in the middle of a chemical war zone.

Many members of the NYU community, including Prof. Bucco, are now on the front line caring for patients with COVID-19. During class, we heard from many guest speakers and fellow students about their personal experiences of treating COVID-19 patients. Our discussions have included the harsh reality that nurses cannot save every patient in this pandemic.

The Disaster Nursing course has taught me about the work entailed in emergency nursing and the challenges surrounding healthcare administration during times of heightened physical and emotional stress. I now have a better understanding of the challenges that healthcare professionals are facing day in and day out at hospitals throughout New York City and around the world. There is no telling when or where the next disaster will strike, but I know I will be capable and confident in my ability to administer nursing care when it does. ■

Above, l to r: © 2018 CBS Interactive Inc. All Rights Reserved; Gerald Herbert/AP; Mark Wilson; Seyloulou/AFP/Getty Images



“ I’M ON CAPITOL HILL ”

by Lataijah Beadle BS ’20 | President, Black Student Nurses Association

In early February 2020, eight NYU nursing students, including myself and two other members of the Black Student Nurses Association (BSNA), were delighted to join the National Black Nurses Association’s Greater New York Chapter (NBNAGNYC) on their annual “Trip to Capitol Hill.” For students involved in the BSNA, events are a way for us to set our books aside for an hour or more and reconnect with other students, faculty, and non-faculty nurses. Most importantly, they allow us to engage in conversation on topics and policies that are near and dear to our hearts, affecting our local communities.

First stop, the Washington Court Hotel Grand Ballroom, for the National Black Nurses Association’s “Day on Capitol Hill.”

Chapters from across the States were all dressed in red for National Wear Red Day (February 7) for heart disease awareness. We were greeted with breakfast and a welcome address by NBNA Board Member and Chair Dr. Sheldon D. Fields and remarks from NBNA President Dr. Martha A. Dawson.

This year’s focus was on “Addressing the Social Determinants of Health.” Such factors that disproportionately affect members of the Black community include socioeconomic status, where low-income families are not able to afford quality meals, and education, where children are not able to learn to their best ability because they do not have nutritious meals to fuel the brain — or there may be a lack of educational resources, like after-school programs or libraries, in the community.

A panelist of speakers gave us in-depth information and statistics on topics affecting our communities, such as “Closing the Gap on Racial and Ethnic Health Disparities” and “The Need to Prohibit the Sale of All Flavored Tobacco Products.”

Second stop, Capitol Hill, for a 10:30 am appointment with Congressman Hakeem Jeffries, 8th District of New York.

Our group divided into two. While Prof. **Sandy Cayo** and four students met with Jasmin Palomares, legislative aide to Sen. Kirsten Gillibrand, my group — myself; two other BSNA members; Prof. **Selena Gilles**, the NBNAGNYC community chair; and Dr. Julius Johnson, president of the NBNAGNYC — met with Jeffries’s legislative assistant, Disha Banik.

We spoke to Banik about the need to ban flavored tobacco products. E-cigarette companies use strategic packaging to market to minors. Still unaware of the current effects of such products, we know the future effects are less likely to be positive. I have three younger sisters, and I understand what it’s like to be peer pressured and wanting to fit in. But also, what child does not want a bubble-gum-, lemon-twist- or mint-flavored product they see in a store decorated with bright colors, fruits, and cool lettering?

Another student lobbied for better mental illness policies. She has a close friend who was affected by seeing a parent struggle with mental illness. Oftentimes the focus is only on the individual battling the illness, which is expected; however, we should also involve the family members who provide care for that person and think about how this might be affecting them.

Last stop, Washington Court Hotel Grand Ballroom, for a debrief.

Each NBNA chapter spoke on their experience and the topics they lobbied for.

Visiting Capitol Hill was amazing. I was able to meet nurses and fellow nursing students from other states who are passionate about bringing change to their communities. Prior to this trip, the thought of speaking to government officials was terrifying. What do I say? How do I say it? Will they listen? And will they understand the message I am trying to get across? This trip helped me overcome my fears. I am now more confident in advocating for nurses and our community.

In some Black communities, like my own, where there is limited access to resources, we try hard to not become a product of our environment. As I progress into starting my nursing career, one of my goals is to spark change in our communities. We have the power, knowledge, and determination to create our own opportunities that will help us thrive; all it takes is for us to join together and make that first step towards a better tomorrow. As a soon-to-be nurse, there are so many different specialties I can go into. I have not figured mine out just yet, but with anything I do, helping to build my community will always be a priority. You cannot choose where you come from, but you can choose to make it better.

I am thankful for the opportunity that the NBNA and Profs. Cayo and Gilles gave us students to know, feel, and witness what it is like to be a catalyst for change. The BSNA looks forward to hopefully joining the Day on Capitol Hill in 2021 and in many years to come. ■

The BSNA’s mission

is to foster NYU Meyers ideals through leadership, academic excellence, service, and partnership; while supporting the development of social and cultural awareness among Black nursing students. “We pride ourselves on engaging in community outreach while also building a safe space for students to network and ensure that they feel a sense of ‘home’ while on campus.” Each year BSNA aims to host three events: A Faculty of Color Round Table, Different Pathways of Nursing, and a mental health event.

STUDENTS



AARON COHEN BS '21

The best thing about NYU Meyers has been making such amazing friendships in such a short time.



SHUGHLA GHAFOR BS '21

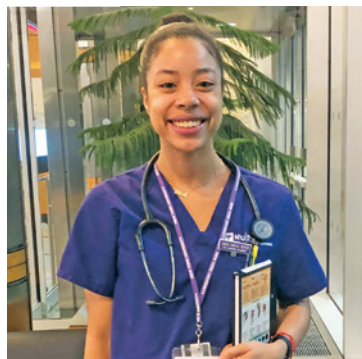
One of the best things about studying at Meyers is the atmosphere with great professors and a diverse student body. Professors at Meyers are very engaging and care about their students and their education.



EMMA FINEGAN BS '21

I am constantly surrounded by enthusiastic, empathetic, and globally engaged peers. As a group, we support each other to wake up early for clinicals or stay up late to study. It's energizing to be around such interested, proactive, positive, and kind people.

One of my favorite things to do is to go to museums and sometimes I imitate the art, like I am doing in the photo from the MOMA.



MARTA ANAIS REYES BS '21



NAVI JOHAL BS '20

The faculty by far are the best thing about NYU! They are always willing to help students in the theoretical and clinical aspects of nursing and guide us towards a path to help us reach our goals. One cannot discount the esprit de corps of students who at times feel like friends made years ago. It's definitely a special place!



ELEA DAVISON BS '21

A happy memory I have is piling into an Uber early in the morning with my first sequence clinical group and smelling all the Dunkin Donuts breakfast sandwiches on the way to Brooklyn.



MICHELLE ROSO MS '20

Since day one I've felt at home. Even just walking into the school, the security guards welcome me and make me feel like family!

Popular new clinical simulation focuses on LGBTQ PATIENTS

by Meredith Barges

Whether it is a heart attack or a bad reaction to a blood transfusion, the NYU Meyers Clinical Simulation Learning Center (CSLC) has likely replicated it. The CSLC uses state-of-the-art simulated healthcare environments to train NYU Meyers students on how to provide world-class nursing care in fast-paced medical settings while being alert for important symptoms and health histories—including ones they could overlook.

Normally the CSLC conducts more than 100 simulations every week for nearly 1,000 baccalaureate and master's degree students. Under the College's current curriculum, undergrads typically spend half of their clinical training hours at the CSLC doing "on-campus clinicals."

As the CSLC has expanded over the years, so have the different scenarios it offers, keeping up with the healthcare field's rapid changes and medical breakthroughs. It also develops specialized scenarios to close content gaps identified by NYU Meyers nursing experts and students.

In 2018, members of the LGBTQIA2 Nursing Student Association approached the CSLC regarding potential bias in simulations. Students were concerned that medical providers in simulations were typically male, while hospital staff were typically female. Students also recommended that LGBTQ patients and families be included so that students could gain broader experience working with different populations.

"As the LGBTQIA2 NSA Board, we thought the Sim Center provided a really exciting opportunity to create scenarios in which students interact with queer and trans patients and where clinicians use inclusive language intentionally," said **Kaitlin Wheeler** BS '19, former co-president of the LGBTQIA2 NSA, who helped raise the issue with the CSLC. "Having a trans patient is likely to happen, especially in New York City. The potential for harm is so high when working with

marginalized groups, so it's worth including diverse patients in sim scenarios."

In response to the feedback, the simulation experts at the CSLC reviewed and revised simulation materials to promote gender equity and inclusion of LGBTQ patients and families. Knowing that well-designed simulation scenarios have the potential to initiate important shifts in students' education and practice, all simulation faculty also attended a training to promote equity in assigning gender identities to healthcare provider roles—and in patient and family roles, to express a wider variety of the community.

That same year, an LGBTQ simulation was created with the goal of creating a safer healthcare environment for all patients, irrespective of gender and sexual identity. The scenario demonstrated the use of open and inclusive language with the patient and healthcare team—and in identifying factors that affect therapeutic communication and the health assessment of the patient, including the presence of acute pain, prior experiences with healthcare, and the patient's ongoing experience of safety in the healthcare environment.

"To develop the LGBTQ Healthcare scenario, CSLC staff worked with NYU Meyers undergraduate and graduate students, faculty, NYU Langone staff, NYU's LGBTQ+ Center staff, and

experts in the field of transgender healthcare. We also networked with members of New York City's LGBTQ community to recruit for the role of patient in this scenario," said **Natalya Pasklinsky**, executive director of simulation learning at NYU Meyers. "Then, that patient collaborated with us to make the simulation as real and meaningful as possible."

In the new scenario, a 30-year old patient presents with acute pain and nausea related to a severe migraine headache in an urban emergency room. The patient's name does not match the identifiers on the patient's identification or insurance card. Throughout the scenario, the amount of information the patient discloses depends on their assessment of their "level of safety" in the emergency room.

There is an important second layer to the simulation learning process—for students and CSLC staff. After students participate in the LGBTQ Healthcare simulation and practice their communication skills with a patient who identifies as transgender, they meet as a group with CSLC instructors to reflect and debrief the experience.

"It's often during these discussions that the learning happens. In fact, sometimes we, as instructors, learn during these discussions too," explains Pasklinsky. "Students have pointed out to us where we can change at the CSLC, like updating our patient ID bands to include chosen names as well as legal names, including pronouns on the medical record, and improving our own communication skills in the vital area of LGBTQ healthcare."

The LGBTQ Simulation has been a huge success, offered six times at NYU Meyers, with full enrollment. According to the CSLC, it will continue to be offered to students in coming semesters. This will help to grow a cohort of nurses skilled in interacting with LGBTQ patients and families—and less likely to overlook important aspects of patient health and wellbeing.

"NYU Meyers graduates hundreds of new nurses per year. The way they're trained and the language they use really matters and affects the way they care for their patients and clients," said Wheeler. "The fact that the College is doing something like this, and could potentially integrate it even more into the curriculum, is huge for our community." ■

"We are being taught holistic nursing. The faculty are adamant that we take in all the patient's aspects, like race and ethnicity and the communities they belong to, to give them the holistic care they deserve. Sexual identity is one aspect of the overall patient. So it's really important to have these types of simulations."

—Nova Bernal-Portela, co-president, LGBTQIA2 NSA & vice president, LATINOS

LIM SHOWS WHY EVERYONE NEEDS A



ROLE MODEL

by Meredith Barges

Whether it is a mentor with a knack for classroom discussion or an expert who serves in a medical clinic in Ghana, role models are individuals who demonstrate the qualities that we would like to have. They offer us a vision of what is possible and affect us in ways that make us want to be better at our jobs, our relationships, and life in general.

Jordon Jew BS '21 met Prof. **Fidelindo Lim** while serving as the secretary of the Men Entering Nursing (MEN) student group, where Lim is a co-advisor. Jew was also in Lim's Adult and Elder II class this semester.

"How passionate Lim is about nursing has impacted my views on nursing and how I've taken my career. He helped pave a pathway for me and put out some bread crumbs," says Jew, who was initially unsure of what area of nursing to follow. Now, on Lim's suggestion, he is trying out the role of nurse's aide in the Oncology Department at NewYork-Presbyterian and volunteering in the emergency department—all new career possibilities.

But Jew insists that Lim did not stand out as a role model because, like himself, he is male and Asian, although both groups are

underrepresented in nursing. Says Jew, "I try to act in a way that aligns with [Lim's] teachings, vision, and scope of practice, because I really respect what he does and how he embodies nursing."

Most people tend to learn from a wide range of individuals who they see as admirable in some way. They are inspired by how they demonstrate excellence.

And on a deeper level, people choose role models based on how they perceive themselves—or at least what they hope to be someday. As Lim explains, "When our students come to school, they are really hungry for this type of modeling they can emulate."

Most faculty become role models because of the particular talents they demonstrate and how they approach their working lives. They help students to reflect on what characteristics they consider important in a nurse and how they might strive to acquire those characteristics.

"When I was in nursing school, I was very impressed by two of my teachers. We didn't have any male teachers at the time. One taught mental health, and I wanted to be a mental health nurse because of her. I was very impressed by her breadth and depth of knowledge. She knew A LOT," recalls Lim.

"When you sit in a classroom in the Philippines and it's 105 degrees Fahrenheit, and you keep yourself awake because you're so excited for your learning, to me that is inspiration."

In an online questionnaire about their experiences at NYU Meyers, students emphasized over and over again that what makes a faculty member a role model is their level of expertise and passion for their field.

"There's always a little affinity, there's an identity thing or a practice thing," says Lim. "So you gravitate toward people who do the same thing you would like to do or because they have the same gender or the same background. I am from The Philippines, and in my opinion, the Filipino-American and Filipino immigrant students gravitate towards me. It's a cultural thing."

Born and raised in the Philippines, **Jorelle Mae Buenviaje** BS '20 first met Lim during her First-Year Orientation in 2019. "I had a hunch, this man is a Filipino," she says. Lim has now taught four of her courses—Pharmacology, Complex Health Topics, and Adult and Elder Care II & III. "I like him as a professor and the way he teaches. He's very passionate about what he's teaching and about his students—and I love his sense of humor."

Buenviaje is adamant about Lim's universal appeal, "Even if he wasn't Filipino, he would still be a role model for me."

When Buenviaje graduates this spring, she will take with her Lim's memorable teaching style, like when he invites students to step into the shoes of a patient or a nurse to help activate their learning: "He always says, Can you imagine...? Say yes."

Some research suggests that because it is hard for individuals to believe that they can succeed in an area unless they see other people like themselves succeeding, having a role model with a similar group identity can be important for diversity. This can help individuals from under-represented groups overcome limitations they may face, whether outwardly imposed or inwardly perceived. No matter how easy our role models make it look, it is always difficult to be the first or only in a field.

Research shows that having a mentor of the same race or ethnicity can improve students' confidence and support. Seeing successful professionals from under-represented groups certainly helps to defy the stereotypes commonly associated with those groups.

This is part of why seven years ago Lim co-founded the group NYC Men in Nursing, an official chapter of the American Association for Men in Nursing (MIN), which has a year-long mentorship program. MIN promotes the professional development of men in the field of nursing and works to increase the overall number of male nurses. While their numbers have steadily risen in the United States to 350,000, men continue to be a minority in nearly all practice settings, representing about 10 percent of nurses in the United States.

Lim, along with Prof. **Chin Park**, is actively involved in the MEN group on campus. Each semester members of MEN visit an all-boys high school in Manhattan to teach wellness practices—and demonstrate that men can be nurses too. For many of the teenagers, it is their first time meeting a male nurse.

"It's hard to say what the impact of that is yet. Ninth graders, when you ask them what they want to be, they say a sports or rock star.



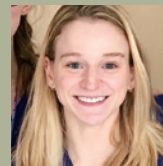
VIVIAN LAM BS '21

“I am a fan of **Prof. Slater**. He is always so knowledgeable about any topic when you ask a question.”



BOBBY SCHROEDER BS '21

“**Prof. Crespo-Fierro** is an amazing role model for me because she completed her doctorate while two children were in high school. That is so inspiring and amazing as someone who is interested in pursuing further degrees after this program.”



KATE MCGRATH BS '21

“**Margot Condon** is the best professor. She is an idol for not only myself but everyone she teaches. She is genuine, calm, and so positive. She is what I hope to be when I graduate.”



YOSIAMIN ORTEGA BS '20,
Harriet Heilbrunn Nursing Scholar
and vice president, LGBTQIA2
Nursing Students Association

“**Profs. Gilles** and **Cayo** are my role models because they show how a person of color can break barriers and be a leader—and manage those leadership roles very well. Their confidence shines...I want to be like them 'when I grow up.’”

They haven't formulated their career life in their minds. However, when we go there and represent that nursing is not just for females, it gives them the idea,” says Lim. “We're optimistic that it's moving the public, the young adults, that nursing is a viable option for men.”

Lim also points to the personal rewards of being a role model: “I meet students who have such wonderful experiences that I would never have experienced if I had never met them...Yesterday, a former student sent me a picture from the Florence Nightingale Museum in London. I told him, 'I'm so proud of you.'”

That former student, **Engel Monsanto** BS '18, who Lim mentored through the College's formal mentorship program and also MEN, where he was president, is now working as a nurse in the Cardiothoracic Step Down Unit at Presbyterian Weill Cornell Medical Center.

Explains Lim: “That's the snowball effect. You mentor someone, and then they mentor somebody else. It expands as it rolls.” ■

SEEING DOUBLE?

The Paradis sisters score the twin advantage

BARBARA PARADIS, MS '22, BS '17 AND ELIANA PARADIS BS '17

► **Barbara:** We are not identical twins, we are fraternal! Some people see us and can immediately tell we're twins. We have different personalities, so it's easy to tell us apart!

► **Eliana:** My sister and I look very similar despite being fraternal twins. While at NYU, we would get confused all the time by professors and some classmates. I remember one time when I was buying coffee and an NYU professor came up to me and thought I was my sister. She had a full-blown conversation with me and I could not bring myself to tell her that I was not Barbara.

► **Barbara:** Funny enough, this was the first time we were at the same school since 8th grade. I'm a Bronx High School of Science and Yale University alum.

► **Eliana:** I went to Townsend Harris and then Cornell University. We both did nursing as a second degree. I have always been interested in healthcare. It was a no-brainer that NYU Meyers was where we wanted to go.



► **Barbara:** NYU was the only program we applied to. We both had plans to apply elsewhere, but we heard from NYU first and decided to just go for it.

► **Eliana:** Going to NYU as twins gave us such an advantage when it came to studying. We would make study guides individually and then test each other. We were also great practice patients for one another and would practice our head-to-toe assessments constantly. Whenever possible

we would try to do our projects together. Not until our last semester did we have community health nursing together!

► **Barbara:** It was huge to have a live-in study buddy. The program is intense and having a support/study group is critical for success... We didn't always have the same instructors for the same classes, so it was nice to have the different perspectives from other teachers.

► **Eliana:** We developed a solid group of 4-5 friends right from the beginning. Together we would study and we ultimately got through the program as best friends!

► **Barbara:** Our parents and older sister were also very supportive throughout the program. From picking us up and dropping us off at the Long Island Railroad Station, making sure we had lunch or dinner to eat, respecting our study time, and just overall supporting us while we went through the program. We were very lucky to have such a great support system.

We both passed the NCLEX on the first try and two weeks later started our first jobs as RNs. ■

INSPIRED BY NURSING



I wanted to combine my passion for helping others with **science and leadership**, which led me to nursing... I discovered the impact nurses can make not only on an individual patient level, but also on a larger scale through policy and education to improve public health.

— Brittany Taam BS '20

I was inspired seeing how nurses have helped my family through difficult times and seeing that **nurses are heroes**. Through these difficult times, they are our population's angels.

— Jaylin Suyen Jofat BS '20

I want to be **the light in someone's time of darkness**.

Nurses are able to be that person, and I want to help as many people as I can.

— Lataijah Beadle BS '20

At the end of every day, I want to go to sleep knowing I made a **positive impact** on someone's life. When my nana needed two heart valves replaced, I firmly believe the care and compassion of the nurses on her unit gave her 10 more years with her family.

— Olivia O'Hare BS '20



As a child I spent months in the hospital and became very close with my nurses. Their **kindness and nurturing** inspired me to pursue nursing.

— Zandra Antoine BS '21



“ IT WAS SOMETHING I WANTED TO SPEND THE REST OF MY LIFE DOING ”

by Bobby Schroeder BS '20

In early spring 2015, my aunt Red was diagnosed with lung cancer that would spread throughout her body in the coming months. Unfortunately, the cancer was so severe, it took her life in the beginning of the summer. Through her last trying months, nurses were the ones providing most of her care in the hospital where she was a patient, UHS Wilson Medical Center, in upstate New York.

I was constantly told that the nurses always put a smile on my aunt's face and made her more than comfortable every day. My cousin and uncle shared how important the nurses were, not only to my aunt but to them as well. They provided my cousin, Ray, with the comfort she needed while dealing with

a parent as sick as my aunt. They served as educators, friends, and, most importantly, a shoulder to cry on.

When my aunt ultimately left the hospital to spend her final days at home, nurses from Wilson were the ones who provided daily homecare. This was an extremely special interaction to witness. The nurses continued to comfort my aunt and draw a smile occasionally. The nurses, in a way, became like family during those months. They were with her until her final moments.

The nurses had such a strong impact on not only myself but also my cousin. Ray left her full-time job, went back to school to take her pre-requisites, and gained admittance to an

accelerated nursing program upstate. She has now been working for about a year in a cardiovascular unit.

This experience definitely played a role in my path to nursing. Seeing the way a nurse can impact a patient and their family is something that is difficult to put into words. However, I knew that it was something I wanted to spend the rest of my life doing.

We deal with people at their lowest in the hospital; yet, we, as nurses, have a special power within us to make those lowest moments just a little better. In some cases, they become the highest moments in a person's life. I truly hope I can one day impact a patient and their family the way the nurses at Wilson impacted mine. ■



MEET MARY BRENNAN

Clinical Associate Prof. & Adult-Gerontology Acute Care NP Program Director

► What makes the NYU Meyers Adult-Gerontology Acute Care NP Program stand out?

Our program is a stand-out for so many reasons, but primarily it's the innovative technologies and pedagogies we use to engage students in their learning, based on the evidence, guidelines, and some reports. For example, the Institute of Medicine's "To Err Is Human" report advocated teaching students about how to make decisions, rather than just memorize information.

Based on that, we shifted the Adult-Gerontology Acute Care NP Program from didactic lectures to developing a problem-based learning curriculum, where students work together in small groups to inquire about the patient and determine the best diagnosis and treatments.

This builds on so many of the future competencies that we're developing, communication, collaboration, and belonging, which students experience in the classroom.

► Where did you get the idea for the "Acute Care General Hospital," the virtual learning environment you created?

I developed virtual cases where technology lets students see and hear the patient and view their physical exam findings. This helps them to develop not only the cognitive intellect, but also to process sensory information—all information that nurses can use to inform their decision making about diagnosis and treatment.

Bringing these patients to life was a collaborative effort among our Clinical Simulation Learning Center, the faculty, and the actors. The first student response on an online forum was: "Wow! Mary Brennan General Hospital has gone Hollywood!" I love that!

► How does the virtual hospital prepare future nurses?

After we started using the virtual hospital about ten years ago I saw a confidence that I hadn't seen before. Students were confident enough to go out and obtain positions as acute care NPs. I think our students would acknowledge that [problem-based learning] is very hard work, it's difficult, it's a transition. But at the end of the program, it's a wonderful asset for them. It positions them well to be in the hospital setting, where on day one they're going to be analyzing cases, making diagnostic decisions, and developing a treatment plan.

Students also participate in nearly 20 simulations by the time they graduate, including eight rapid-response livestream simulations in their last semester, giving them opportunities to practice their decision-making and apply what they're learning.

So, it really sets them up for lifelong learning and practice.

► Given current healthcare trends, why is studying adult-gerontology acute care so important?

In some ways, we have to make invisible diseases visible, so patients understand what the risks are—and we help move them to healthy living.

A great example is the epidemic of Alzheimer's disease, now the sixth-leading cause of death in the United States. Very few patients understand that at this point, 60% of Alzheimer's is preventable by doing simple things like exercising and following a healthy lifestyle. It turns out that all of those healthy lifestyle factors that are good for the heart are also good for the brain.

But we know many hospitals do not have advanced practice nurses. Being in the hospital represents an important opportunity

to intervene and help to motivate patients with chronic diseases to adopt healthy lifestyles as they transition from the hospital setting back home.

► Where do you see the program in 5-10 years?

There are so many issues confronting health-care providers today: antibiotic-resistant infections, waning immunity and resurgence of disease, and poor communication leading to diagnostic and medication errors. Yet statistics suggest that it takes 10-17 years to integrate the best available evidence into practice. That is too much of a gap!

I like to visualize that in the future every acute care NP will go on to earn either a practice doctorate or research doctorate. We need practice experts who are going to be abreast of the evidence, to integrate it, to think about creative ways to integrate it into their practice, to assess their outcomes, and report on those outcomes—and continually work to improve their patient outcomes.

I also think educating nurses to have a strong voice in the healthcare system is critical. Cultivating a strong voice begins in the classroom, as we encourage students to speak up, think through difficult issues, and help solve increasingly complex problems. That is part of our problem-based learning curriculum. All the pedagogies we use are preparing students for the important competencies of the future. ■



MEET DONNA HALLAS

Clinical Prof. & Pediatrics NP Program Director

► What makes the NYU Meyers Pediatric Nurse Practitioner Program stand out?

Our graduates are setting new directions and dimensions for the care of children and their families who most need our attention and expertise. Students gain clinical opportunities in both primary care and specialty care—cardiovascular, pulmonary, etc. Many who want to specialize are able to combine their expert skills with kindness while caring for chronically ill children and their families, including as palliative care experts. Some now hold positions at Seattle Children's, LA Children's, and right here at NYU Langone Health.

Students come to the program as experienced pediatric nurses from a variety of areas, in-patient and out-patient hospital units, including urgent care centers and emergency departments, and intensive care units. They are highly motivated to step up to the next level and learn assessment, diagnosis, and treatment to become high-level, caring PNPs who help families raise happy, healthy children.

► How do you keep the curriculum current?

The uniqueness of New York City, with its five boroughs, provides opportunities to work with many populations, especially the underserved. Students are clinically paired with an expert preceptor to learn ways to assess and care for children with complex medical problems. We also bring real-life situations into the classroom.

The City's current vaping crisis is an example. Students learned to update their questions about tobacco use to include vaping, asking: "Do you have access to vaping materials? Are you buying it at the store or off the market?"

Who's getting it for you? Do you know the harms of vaping? How can I help you?"

Likewise, we addressed the recent Measles outbreak, which had more than 700 cases in Brooklyn.

► Why do some parents hesitate to vaccinate their children?

In my practice, I had some parents who adamantly refused to give their children vaccines and some who automatically accepted them. The reasons were often cultural. When I first started studying vaccine hesitancy four years ago, it was a relatively new area. We developed an online intervention that was survey based and gave the responder resources and scientific information given their responses, like a photo of a child with whooping cough or pertussis if they didn't plan to vaccinate.

We didn't get 100% of the responders to choose vaccination, but we did get statistical significance for prenatal women. We helped our parents and adolescents understand that there's good scientific information versus people just talking or being angry about vaccines.

In our next study, we plan to look at individuals who are vaccine resistant or vaccine refusers. For example, the measles crisis in Brooklyn and Rockland County—and across the United States—primarily affected children who had never been vaccinated. The parents had refused vaccines. We need to investigate what we can do to help people better understand the scientific evidence supporting vaccines, rather than just refuse them for unfounded reasons.

► The book you edited, *Behavioral Pediatric Healthcare for Nurse Practitioners*, was named a 2018 Book of the Year. It calls for assessing and treating abnormal behaviors in children in the primary care setting.

I was thrilled when the *American Journal of Nursing* recognized our book in that way. Nineteen of our students became published authors by contributing to chapters.

One of the conceptual models I developed and discuss in the book is "Intercepting Behavioral Health." The idea is that certain behaviors can be cared for in the office. Behavioral problems should be identified as early as possible, rather than waiting until the child is displaying many adverse behaviors and their behavior is out of control.

When you identify one problematic behavior, like the child roaming around the room rather than sitting down listening to a story, you recognize it as a problem and immediately provide an evidence-based intervention.

► Where do you see the program in 5-10 years?

A few years ago, we started developing the Acute Care Pediatric NP Program. Because we already offer electives, we have an opportunity to train students to graduate not only as primary care PNPs but acute care PNPs as well.

For future directions, I envision one curriculum that prepares our graduates to meet the total pediatric needs of all of the children/adolescents and families that we serve. There is a national trend to have more combined programs, and we are at the forefront of that trend. ■

DISEASE MULTIPLIER

Prof. **Maya Clark-Cutaia** studies chronic kidney disease. Termed a “disease multiplier,” it is linked with numerous other life-threatening chronic conditions. Almost half of kidney disease sufferers have diabetes and cardiovascular disease. “In all three disease processes, minorities are overrepresented,” Clark-Cutaia explains, “so the majority of my patients are African American.”

by Meredith Barges

Most of Clark-Cutaia’s work focuses on educating kidney patients so that they understand their disease process and how to manage it. In particular, Clark-Cutaia is examining how sodium intake impacts the amount of fluid that kidney disease patients gain between dialysis—and how that translates into symptoms.

“The thought would be that if they gained less water weight between dialysis sessions, then they’d be more likely to have less fluid pulled off and therefore be less uncomfortable during dialysis and after,” she says.

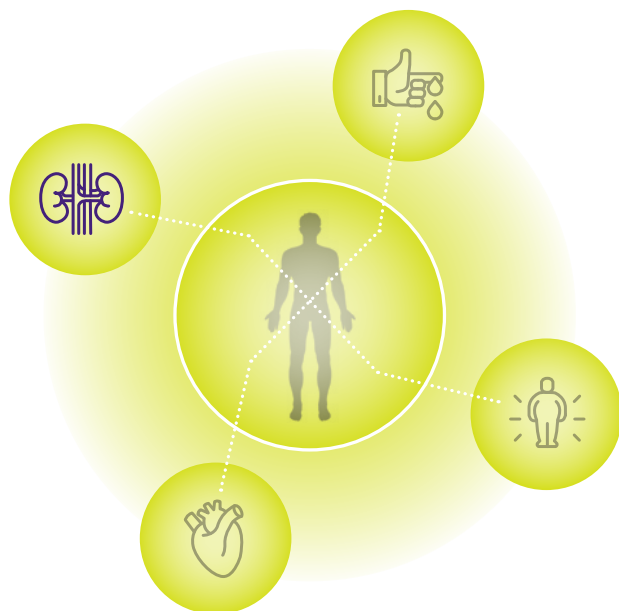
Changes in diet and lifestyle are universally recommended parts of end-stage renal disease treatment. The National Kidney Foundation recommends that those with kidney disease limit their sodium intake to 2,400 mgs per day, and the American Heart Association recommends a lower limit of 1,500 mg per day. However, Clark-Cutaia points out that there is actually no empirical evidence for the current sodium restrictions for dialysis patients.

“We know that [reducing sodium] works in hypertensive patients, but we don’t know what the prescription is for a dialysis patient,” she explains.

With funding from an NIH/NINR-funded career development award, Clark-Cutaia was able to tease out that there is something around the 2,000-mg-of-sodium-a-day that seems to reduce fluid gains between dialysis sessions.

However, meeting these strict dietary recommendations can pose particular challenges for Clark-Cutaia’s patient population, who often face multiple socioeconomic burdens.

“It’s almost impossible for us to eat the way that we’re supposed to eat with a certain amount of income and means. My patients are typically people who live in



Flatten the COVID curve for Black and Brown communities

by Maya Clark-Cutaia | Assistant Professor

low-socioeconomic neighborhoods that don't have grocery stores. They're on federal subsidies, so they can't afford to do fresh fruits and fresh meat," says Clark-Cutaia. "There are a bunch of mom-and-pop shops and gas stations that accept food stamps and EBT cards and things, so that's where they go. That's where they grocery shop."

For Clark-Cutaia, finding treatments that work is about meeting patients where they are. As she points out, not all people eat the same — which is an issue that physicians, nurses, and other care providers need to pay attention to when working with diverse patient populations.

"My parents are very southern. There's a lot of sodium in what we eat," Clark-Cutaia acknowledges. "I understand what some of that psychosocial world is like, which makes the research process a bit easier. But it also really makes me want to get an answer for them, because that could be my uncle, my brother, my mom, my cousin."

Health disparities and extra hurdles to kidney health

Studies show that African Americans are nearly four times more likely to develop end-stage renal disease than other groups. They also face additional barriers to accessing industry-standard, life-saving treatments, which could help prevent heart attacks and cardiovascular disease.

African Americans tend to be diagnosed with kidney issues later in their disease development, when symptoms are more difficult to manage. This could be the result of several factors, including lack of access to healthcare or even, as some charge, a kidney scoring system that is inherently discriminatory.

For the past 20 years, the medical community has relied on different diagnostic criteria for kidney disease in Black patients than the rest of the population. Now, clinicians and researchers have

started questioning that scoring system, which some say is contributing to poorer outcomes for Black and mixed-race patients.

"People are saying, maybe we should just take this out and have everyone be assessed with the same criteria," says Cutaia-Clark.

For someone on dialysis, the ideal situation would be organ transplant, but African Americans and other minority patients are less likely to sign up for transplantation: "There is a lot of research that suggests that it's related to lack of trust, religion, health literacy... There's some research coming out now that suggests that it's not even really being discussed with them."

Meeting patients where they are

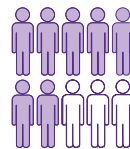
Clark-Cutaia is also looking for larger solutions to help patients manage their multiple and complex disease burdens.

She is hoping to get a grant to both study the current sodium restriction for dialysis patients and test an alternative food-delivery system that would help patients lower their sodium intake. As part of the study, patients would receive free, medically tailored meals through their insurance. In a final phase, patients may also be trained in how to prepare the specialized meals they had received themselves.

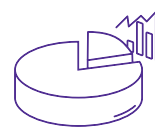
"It needs to be bigger than me just telling patients to reduce their sodium," says Clark-Cutaia. "I can't imagine managing all of the appointments, dialysis, and medications. They have families. Some have jobs. It's a lot... So what things can we do to reduce their risk, while making it accessible in the community? How can we put fewer constraints and responsibilities on them?" ■

Vulnerable populations such as Black and Brown Americans, who suffer higher rates of chronic conditions like kidney disease and hypertension, are more likely to be hospitalized and die as a result of COVID-19. This horrifying reality, unfolding throughout the United States, was, sadly, predictable. To save lives, we need to ask important questions about high-risk patients of color, like for those on dialysis: How are they receiving information and making decisions about their health when there is a lack of trust in the health-care system? How are they being transported safely to and from their treatments when they are already immunocompromised? How are they following the recommended diet when many grocery stores have shifted to expensive online ordering and many lack easy access to the internet and a credit card?

As we take extraordinary measures to flatten the COVID curve, these vulnerable, high-risk patients need to be part of our coordinated national and local response — or the death rate will continue to rise, particularly in Black communities. ■



72% of individuals who have died from COVID-19 in Chicago were **Black**.



78% of COVID+ patients admitted to the ICU in the United States had **one or more underlying health conditions**.

3.5x

Black Americans are 3.5 times more likely to develop **end-stage renal disease**.

* WBEZ Chicago (NPR), Centers for Disease Control, National Kidney Foundation



“ I think it goes without saying that she changed the trajectory for nursing. ”

A NURSE TRAILBLAZER

by Meredith Barges

Few Americans helped to change the face of nursing in the 20th-century more than Estelle Massey Osborne.

A nurse administrator, educator, and leader at a time when racial lines prevented most African American women from holding top positions in their fields, she reached some of the highest ranks as she worked tirelessly to open up nursing to women of color.

To be the first at anything is an accomplishment, but to have been, like Osborne, the first in so many arenas is a testament to her vision, fearlessness, and strength of character. In a relatively short span of time, from 1934, when she became the 11th president of the National Association of Colored Graduate Nurses, to 1966, when she left her executive post at the National League for Nursing to retire, she made heroic steps toward eliminating racial barriers and prejudice at the heart of our healthcare system.

“Like those who have contributed to the building of this great nation, Estelle Osborne found a way to educate herself and make a difference in the lives of many when being a woman of color in America meant its own challenges and difficulties,” said Prof. **Sandy Cayo**, clinical assistant professor at NYU Meyers College and faculty advisor for the Black Student Nurses Association.

Osborne, who was known as “Stelle” to her family, was born in 1901, the eighth of

11 children, in the small town of Palestine, Texas. After two years of college, she entered nursing school in St. Louis, where she developed a passion for bedside care and obstetrics.

At that time, only 14 of the nation’s 1,300 schools for nursing were open to Black applicants. The American Nursing Association did not accept Black nurses as members, and the US Navy categorically refused to enlist them.

Yet for Osborne, racial barriers were only meant to be overcome. She received the first scholarship awarded to a Black nurse by the Julius Rosenwald Fund in 1928. She was accepted to Columbia University, where she became the first Black nurse to receive a Master’s Degree in 1931. All the while, she was teaching at two local nursing schools, including as the first African American instructor at the Harlem Hospital School of Nursing.

Osborne defied a system built on racism to help provide quality healthcare for Black Americans. After she graduated, she



Osborne received the 1959 Nurse of the Year Award from the NYU Department of Nurse Education, conferred by Dept. Chair Martha E. Rogers.

went to work for the Rosenwald Fund as a researcher, studying rural life in the deep South and investigating ways to bring better health education and service to rural Black communities.

Her nephew Jack McGruder saw her impeccable leadership skills up close. When he was 11, he and his family moved from Texas to New York City to live with Osborne in a large apartment building she had purchased on West 148th Street. He said of his remarkable aunt: "Stelle was always doing something for somebody, yet she never seemed to be tired or irritable. Think of a female Obama. She belonged to every worthwhile organization in the world... She was also the most courteous person that I ever met... Her manners were always perfect, even when she was not pleased, and she was fearless."

In 1934, she took on the presidency of the National Association of Colored Graduate Nurses, which was headquartered in New York City. There, she forged strategic relations with white-exclusive nursing institutions like the American Nurses Association (ANA) and intensely lobbied them to accept Black nurses, particularly Black RNs in the South, who were prevented from joining the ANA due to racist membership policies at the state level. She also fostered programs to develop post-nursing school opportunities for nurses of color. When she left the post in 1939, she had increased the association's membership more than five-fold, from 175 to 947.

McGruder recalls: "She was constantly recruiting nurses for the nurses' association. Sometimes on Thursdays or Friday night she would request that I join her... So, I would be carrying forms and documents, and we would meet with typically from 15 to 30 nurses... Stelle was always calm, steady and polite, and almost always they signed on the dotted line."

In 1940, Osborne became the first Black superintendent of nurses at the storied Homer G. Phillips Hospital in St. Louis, the largest exclusively Black, city-operated general hospital in the world, which served over 70,000 people. She was also the first Black woman director of its nursing school.

With the country at war, Osborne was hired in 1943 as a consultant to the Coordinating Committee on Negro Nursing for the National Council for War Service. That year, Congress passed the Bolton Act in response to the severe shortage of nurses at home and in the military overseas. Nurses could not be trained fast enough. Osborne helped to ensure that Black nurses benefited from the \$160 million the bill provided for nursing education and financial aid. Her work also significantly expanded the number of nursing schools that accepted Black students.

Osborne's influence was pivotal to convincing the US Navy to lift its color ban in 1945. McGruder revealed that Osborne had had a strategic ally in her efforts, First Lady Eleanor Roosevelt.

After the war, Osborne returned to nursing education. In 1946, she became the first Black faculty member at NYU, teaching nursing courses at what is now NYU Rory Meyers College of Nursing.

Over the next 20 years, Osborne served mainly in national leadership roles. She was the first African American member of the ANA Board of Directors (1948-1952). She was also the assistant director of the National League for Nursing, the first vice-president of the National Council of Negro Women, a member of the National Urban League, and an honorary member of Chi Eta Phi Sorority and the American Academy of Nursing.

"[Osborne] showed how to question the status quo and break down barriers for women, and women of color, and women of color who are nurses. So I think her impact is really threefold," Cayo explained. "I think it goes without saying that she changed the trajectory for nursing."

In 1959 the NYU Department of Nursing named Osborne "Nurse of the Year." In 1984, three years after she died, Osborne was inducted into the ANA Hall of Fame, in recognition of her outstanding achievements. Both NYU Meyers and the Nurses Educational Fund have created scholarships in her honor. ■

ESTELLE M. OSBORNE SCHOLARSHIP

NYU Meyers is proud to be at the forefront of efforts to open the nursing profession to the widest possible range of students and has actively recruited students from under-represented communities. It is in that spirit that we are raising funds in honor of Estelle Massey Osborne, who broke down countless barriers in nursing education and practice over her extraordinary career.

Aimed at high-achieving undergraduate and graduate students from underrepresented communities, these scholarships will continue Osborne's lifelong work of opening doors to individuals of merit who have been unfairly excluded. By ensuring the resources to enable qualified students, regardless of their economic need, to attend NYU Meyers, you will be helping to keep the doors of the college open to the widest possible mix of students.

Your generous contribution will be of immeasurable help in our efforts to continue this important and timely program—a fitting tribute to a distinguished educator and activist who worked to bring about long-overdue changes in the teaching and practice of nursing in this country.

If you're interested in contributing, please contact **Karen Wenderoff**, director of development, at **kmw2031@nyu.edu**.

CELEBRATIONS

NYU Meyers regularly holds panel discussions, gatherings, and celebrations for current and former students. Here are some highlights.

ALUMNI WEEKEND SIM TOUR

A Maryann Vella leading the sim tour.

B Left to right: Carol Wetherbee MA '76; Eymi Escobar; Prof. Beth Latimer, DNP '11, MA '93; Janet Griffin; Richard Lim BA '63 (WSC); Addie Armstrong BA '92 (SPS); Maryann Vella; Deborah Hyland MA '76; Connie Shen; Roseann Pokoluk BS '79; Cathy D'Amico PhD '07; Gloria Goldberg BA '67 (Steinhardt); Annette Cerrato PhD '06, MA '89

ALUMNI WEEKEND LECTURE

C Left to right: Pamela Galehouse, PhD '03, MA '69 and Jasmin Waterman MS '10

D Faculty speakers: Linda Herrmann; Sandy Cayo; Fidel Lim MA '96; Natalya Pasklinsky, DNP '19, MS '10





ALUMNI WEEKEND LUNCH

E Alumni honorees: **Lauren Arrigoni** MS '16; **Anne Sansevero** MA '96; Prof. **Tara Cortes**, PhD '76, MA '71; Prof. **Beth Latimer**, DNP '11, MA '93; **Joyce Griffin-Sobel** PhD '88

F From the first row: Prof. **Fidel Lim** MA '96; **Edwin Kim** BS '16; **Ellen Sooyon Kim**; **Steph Rosenblum**; Second row: **Minjae Kim** MS '17; **Chris Kwak**; **Jiyhe Choi**; **Jordan Jew**; **Adam Hadas** BS '17; **Frank Baez** BS '19; **Susan Gador** MA '96

G **Jamesetta Halley-Boyce** MA '73

DEAN'S COUNCIL HOLIDAY DINNER

H Left to right: Filmmaker **Carolyn Jones**; **Alicia Volk**; NYU Trustee **Joe Landy** MBA '96 (STERN); Dean **Eileen Sullivan-Marx**; **Jacques Borris**

I Left to right: **Joan M. Stout**; **Ronald Glassman**; Prof. **Kimberly Glassman**, PhD '07, MA '87; **Jean Stout**; **Rebecca Callahan** BS '06

J Dean **Eileen Sullivan-Marx** with **Tony Shih** MD '97 (MED), president of United Hospital Fund

K NYU trustee **Howard Meyers** BS '64 (STERN) and Clinical Prof. Emerita **Barbara Krainovich-Miller**

CELEBRATIONS



A

VALEDICTORY BREAKFAST

A student received a nursing pin during the pinning ceremony.

B Nursing graduates at Valedictory Breakfast

C NYU President **Andy Hamilton** (left) and his wife **Jennie Hamilton** (right) with Dean **Eileen Sullivan-Marx**



B



C

CNO PANEL DISCUSSION

D **Kimberly Glassman**, PhD '07, MA '87 with guests

E **Frances Cartwright** PhD '05 and **Irene Macyk**

F Left to right: **Frances Cartwright** PhD '05; **Anna Distad** MS '15; **Renee Sanchez** MS '13; **Tom Smith**; **Irene Macyk**; **Glassman**; **Prof. Eloise Cathcart**; **Rosanne Raso**; **Nicole Kirchoffer** MS '18; **Carrie Gerber** MS '13; **Steven Tyler** MS '15



D



E



F



BOARD OF TRUSTEES VISIT

G Dean **Eileen Sullivan-Marx** and NYU Trustee **Brian Levine, MD '08 (MED), MS '03 (GSAS)** with students and faculty in the Clinical Simulation Learning Center

H **Levine** and **Natalya Pasklinsky, DNP '19, MS '10**, executive director of the Clinical Simulation Learning Center



ESTELLE OSBORNE LEGACY CELEBRATION

I Past and present Estelle Osborne Award recipients with Dean **Sullivan-Marx**. Left to right: **Tavoria Kellam BS '98; Sylvia Williams MA '76; Dean Sullivan-Marx; Natalia Cineas, MS '09 (WAG), BS '06; Jamesetta Halley-Boyce MA '73; Clinical Prof. Emerita Jamesetta Newland**

J Left to right: Dean **Sullivan-Marx; Mimi Niles PhD '19; Helena Grant; Sylvia Williams MA '76; Sascha James-Conterelli, DNP '13, MA '02; Roberta Holder-Mosley**

K Left to right: **Marianne Roncoli PhD '73; Paula Edwards MA '01; Desiree Smith MS '20**

L Prof. **Ashley Graham-Perel MS '18 (left)** with **Monefa Anderson, BS '07, MPA '96 (WAG)**, president of the Meyers Alumni Association

M Estelle Osborne's family (left to right): **Carol Osborne McGruder; David McGruder; Rene Morgan; Safiya Morgan**



ALUMNI



STAY CONNECTED

Stay up-to-date on the latest NYU news. Opt in for your favorite announcements and update your contact information at bit.ly/meyersupdate.

GREETINGS FROM THE ALUMNI ASSOCIATION PRESIDENT

Dear alumni,

As nurses on the front lines of the COVID-19 health emergency, we are continuing to provide excellent patient care under challenging circumstances. Our skills as critical thinkers, caregivers, administrators, and educators have been put to the test. Through it all, I have leaned on the strong nursing foundation I received at NYU Meyers and support from the alumni community.

This is my third and final year as president of the Alumni Association Board. It has been an honor to serve in this role and a great opportunity to get to know many of you. I'm so proud of the growth in the alumni community and plan to stay involved at the College.

The Alumni Association Board is already looking ahead to when this crisis will be behind us. In the meantime, I hope you will join me at a virtual alumni event or volunteer to mentor or speak with students. Stay safe and healthy.

Sincerely,

Monefa M. Anderson
BS '07, MPA '96 (WAG)
President, NYU Meyers Alumni
Association Board

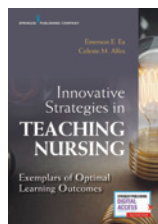
RECENT ALUMNI COUNCIL

NYU Meyers is looking for enthusiastic alumni who graduated in the last ten years to join the Recent Alumni Council. The group will focus on increasing the engagement of recent alumni, promoting volunteerism and philanthropic support, and advising the Meyers Alumni Association on ways to advance the interests of the recently graduated alumni community. For more information, contact nursing.alumni@nyu.edu.

THANK YOU TO ALL VOLUNTEERS!

NYU Meyers would like to extend a huge thank you to all alumni volunteers. This academic year, 53 alumni participated in the Nursing Alumni Program. More than 50 alumni spoke with students at small gatherings and in classrooms.

Students love hearing what life is like on the other side of graduation. We appreciate your commitment to supporting current students. If you would like to join the growing group of NYU Meyers alumni volunteers, contact nursing.alumni@nyu.edu.



Alumni contribute to Prof. Ea's textbook

Meyers alumni **Joyce J Fitzpatrick** PhD '75, **Mary Joy Garcia-Dia** MA '02, and **Joanna Seltzer Uribe**, MS '14, BS '05 contributed to a new textbook co-edited by Clinical Assoc. Prof. **Emerson Ea**, *Innovative Strategies in Teaching Nursing: Exemplars of Optimal Learning Outcomes*.



ALUMNA PROFILE

ALUMNI

ROBIN SCHAFER, DNP '21, BS '99

by Meredith Barges

Robin Schafer, DNP '21, BS '99 spends seven weeks each summer as the health director for two busy summer camps on Lake Raquette, in New York—with sailboats, boat docks, log cabins, and mess halls pretty enough for a postcard. While kids aged 6 to 15 enjoy swimming, archery, tennis, a western night, campfires, and theatrical productions, Schafer heads the infirmary, treating common summertime medical problems like poison ivy, bug bites, and sprained ankles as well as a rising number of mental health issues.

"Campers are still experiencing mental health disorders even though they're not in school," explains Schafer. "I've seen a lot of increase in mental health disorders, a lot of kids who are on more medications these days, and a lack of understanding of what a mental health disorder is in the general population."

Schafer's dual role at camp is to provide healthcare and sensitize counselors and staff to better understand campers in terms of any mental health disorders and complaints they may have.

"An irritable 8-year-old might be sad or depressed, as opposed to just in a bad mood. [Mental health issues] really manifest themselves in different ways in younger kids. I think that's very important for counselors and staff to know," says Schafer.

During the school year, Schafer is at Iona College, in New Rochelle, NY, serving as the director of health services and a psychiatric nurse practitioner. She also has a private practice specializing in adolescent and young adult psychiatric issues. "I usually spend three days a week at health services and two days a week at counseling seeing patients. Definitely, medical and psych go hand-in-hand."

Pediatric nursing was not originally Schafer's top career choice. After college, she worked as a financial consultant at Bear Stearns and

Bloomberg Financial Markets for three years. "I was in finance, and then I decided that wasn't my calling... Children often cannot express how they feel, so I felt that nursing was a good transition, both to medicine and to subjects that can't really express their pain or feelings. So I applied to the NYU nursing program."

At NYU, Schafer especially enjoyed her science and geriatrics courses, graduating with a BS in 1999. "I really loved being on campus. The nursing school was a little older and homier than before it was renovated. There were a lot of interesting students to talk to."

But Schafer quickly gravitated to a pediatric focus: "I seem to be able to listen quite well to that population and really hear what they're saying, as opposed to what I'm thinking. I like that population a lot... seeing them through their lifespan and watching them grow."

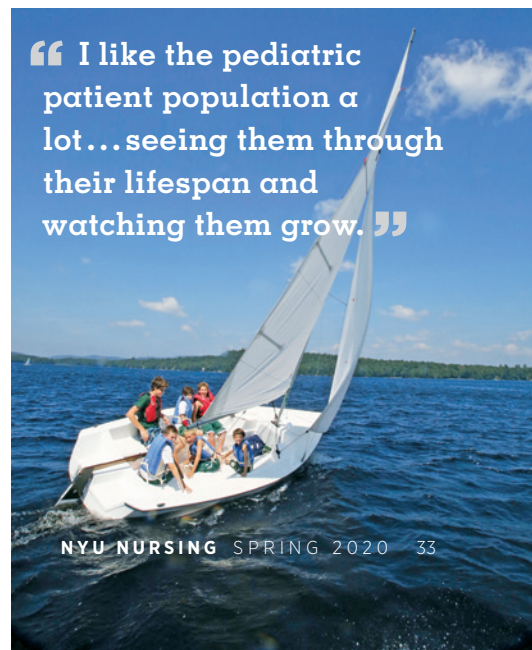
Schafer now holds both an MSN in pediatric nursing from Columbia University and an MSN in psychiatric nursing from Stony Brook University—and she is working on her DNP at NYU Meyers.

Building on her 8 years at Raquette Lake Camps, Schafer has made this work the subject of her dissertation: "I'm trying to figure out if an educational program for counselors and staff at a summer camp helps in improving their knowledge of mental health disorders."

Inspiration for Schafer is seeing her young patients grow and blossom into their healthiest, truest, best selves—with the personalized counseling and medical support they need. "With each individual patient that I help, I know there is a big ripple effect. I'm changing this child's life, so they will go on to do something other than what they normally would have done—and maybe that'll change someone else's life. It certainly changes the future, which makes a big difference." ■



“ I like the pediatric patient population a lot... seeing them through their lifespan and watching them grow. ”



ALUMNI

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

IN MEMORIAM



NYU Meyers mourns the passing of **Kious Kelly** BS '12, who was heroically treating COVID-19 patients as an assistant nursing manager in the Mount Sinai West emergency room before fatally contracting the Coronavirus himself. He died on March 24.

Kelly graduated from NYU Meyers in 2012 with a nursing degree and then pursued his passion for nursing in New York City. Several professors and staff at the College fondly recall Kelly from his time here as a nursing student.

Just 48 years old when he passed, Kelly is remembered as a dedicated and much-respected nurse and beloved family member. He is believed to be the first nurse in New York City to die as a result of COVID-19.

CLASS NOTES

1970s

Amuerfina T. Castro MS '77 was appointed executive director of the Philippine Nurses Association of America Foundation, Inc.

Jamesetta Halley-Boyce MS '73 was inducted into the Hunter College Hall of Fame.

Ellen Reed BS '72 is a certified psychiatric clinical nurse specialist and gestalt psychotherapist, after completing an MSN in 1983 and MBA in 2001. When Cancer appeared, Reed stopped working at age 70 and started writing a book, *Someone to Watch over You: Finding Your Strength Within*. Reed celebrates her husband of 38 years, two amazing sons and daughters-in-law, and two grandchildren.

2000s

Melissa Guillen BS '08 is a school nurse for the NYC Department of Education and Department of Health and Mental Hygiene—and a full-time mom.

Dara Herman BS '06 just marked four years as a medical provider at a school-based health clinic in the Bronx.

Lisa Schmutter, MPA '16, BS '01 is working in quality and patient safety at NewYork-Presbyterian Hospital.

2010s

Stacy Bentil MS '10 is a nurse administrator at an ambulatory surgical center, married with two beautiful girls. Bentil expects to complete a leadership program at Quinnipiac University in 2021.

Ayelet Brenner, MS '10, BS '06 is working in the ER at University Hospital, in Newark, NJ.

Kristen Hansen BS '19 landed a job in the SICU at the Cleveland Clinic, then moved back to NY to join the cardiothoracic unit at Stony Brook Medicine.

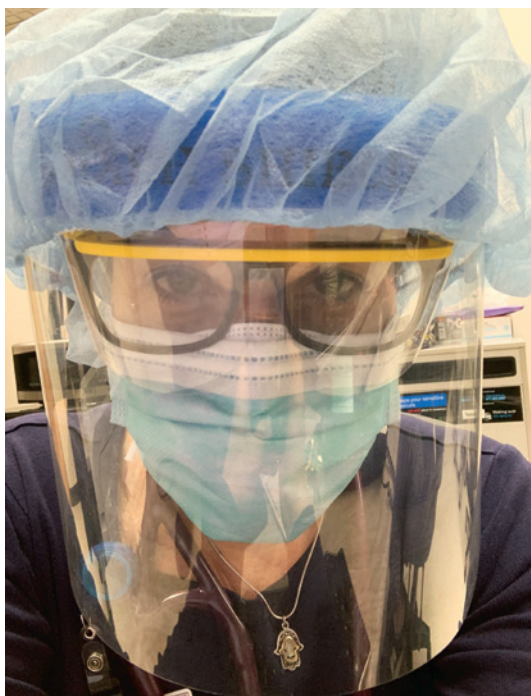
Kristine Houlihan BS '10 has worked at the Bergen Community College drive-through COVID-19 testing center.

Diana Spalding, MS '10, BS '07 co-authored a book titled *The Motherly Guide to Becoming Mama: Redefining the Pregnancy, Birth, and Postpartum Journey*.

Wilfredo Yap, Jr. MS '10 welcomed a son, Warner.

2020s

Dylan Watson BS '20 started a new job as an RN in the ED at Sentara Norfolk General Hospital, a Level 1 trauma center, and closed on a first house.



GIVING

Donations as of March 2020

We are grateful to the individuals who have included NYU Rory Meyers College of Nursing in their estate plans. By providing a legacy, these individuals are helping to further the education of nursing professionals into the future.

LEADERSHIP CIRCLE \$2,500 and above

American Academy of Nursing	Margery (PhD '83) and John Garbin	Rory and Howard Meyers Family Foundation	Jeff Rosedale
American Association of Colleges of Nursing	C. Alicia Georges (MA '73)	Rory and Howard (STERN '64) Meyers	The Louis and Rachel Rudin Foundation
American Cancer Society	Kim (MA '87, PhD '07) and Ronald Glassman	Mathy and Andrew (MED '60, WAG '92) Mezey	Sylvia and Stephen Schoenbaum, MD
Anonymous	The John A. Hartford Foundation, Inc.	Joseph Narus (BS '96, MA '99, DNP '12) and Charles Soriano	Cynthia and Thomas Sculco
Arcora Foundation	Maureen (MA '76) and Philip Heasley	National Council of State Boards of Nursing	Sigma Theta Tau International
Barbara (MA '92) and Michael Calabrese	Heilbrunn Family Foundation	The New York Community Trust	Joan K. Stout
Rebecca (BS '06) and Robert Callahan	Helene Fuld Health Trust	Sarah Pasternack (MA '73)	Eileen Sullivan-Marx and Ken Marx
Claudia and Leo Crowley	The Rita and Alex Hillman Foundation	Susan and Anthony Penque	Switzer Foundation
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DentaQuest Partnership for Oral Health Advancement	Jonas Philanthropies	Joan and Robert Rechnitz	Marguerite Barnish Troxel
Garoline Gail Dorsen (BS '97, PhD '14)	Carl Kirton (MA '92)	Marianne Roncoli (PhD '73)	Troxel Family Foundation, Inc.
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	Geri LoBiondo-Wood (PhD '85)		Alicia and Norman Volk
	Margaret McClure		

DEAN'S CIRCLE \$1,000 - \$2,499

Monefa Anderson (WAG '96, BS '07)	D'Amico Consulting Associates, LLC	Judith (MA '67, PhD '84) and Leonard Haber	Madeline Naegle (MA '67, PhD '80)
Virginia August and Brian Zack	Catherine (PhD '07) and Louis (ENG '72) D'Amico	Beth Latimer (MA '93, DNP '11)	David Resto
Nellie Carter Bailey (MA '80)	Victoria Vaughan Dickson	Lois and David Leeds	Donna Rolin (PhD '12)
Amy Berman (BS '06)	Dawn Fischer (BS '01)	LiHung Lin (MA '86)	Susan (STERN '79) and Craig (STEINHARDT '74) Schoon
Linda Burnes Bolton	Pamela Galehouse (MA '69, PhD '03)	Judith Lothian (MA '81, PhD '89)	Suzette de Marigny Smith
Susan Bowar-Ferres (PhD '87) and Dean Ferres	Mary Giuffra (MA '68, PhD '73)	Audrey Lyndon and John Williams	Nancy Steiger (BS '76)
Frances Cartwright (PhD '05) and Peter Alcarese	Valerie (MA '84) and James Grabicki	Diane J. Mancino (MA '78)	Suzette de Marigny Smith Family Foundation
		Kelly and Craig Meyers	

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Anonymous	Judith (MA '67, PhD '84) and Leonard Haber	Leslie J. Nield-Anderson (PhD '91)	Arnold and Marie Schwartz*
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Beatrice Goodwin (MA '60, PhD '70)	Margaret McClure	June Rothberg-Blackman (BS '50, MA '60, PhD '65)	David M. Werdegar (ARTS '60)
Jocelyn Greenidge*	Frank E. McLaughlin* (MA '61)	Geraldene Schiavone*	Mary J. Whipple (BS '69)

* deceased



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433 First Avenue
New York, NY 10010

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