

NYU NURSING AUTUMN 2020

FIGHTING OUR HEALTH + RACIAL PANDEMICS



NYU

RORY MEYERS
COLLEGE OF NURSING

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RORY MEYERS COLLEGE OF NURSING

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FIGHTING OUR HEALTH + RACIAL PANDEMICS

This issue of *NYU Nursing* confronts our two looming national emergencies with catastrophic public health consequences: a highly contagious respiratory infection that has claimed the lives of more than 250,000 Americans and systems of racial injustice and inequality, which impact nearly every facet of life for people of color.

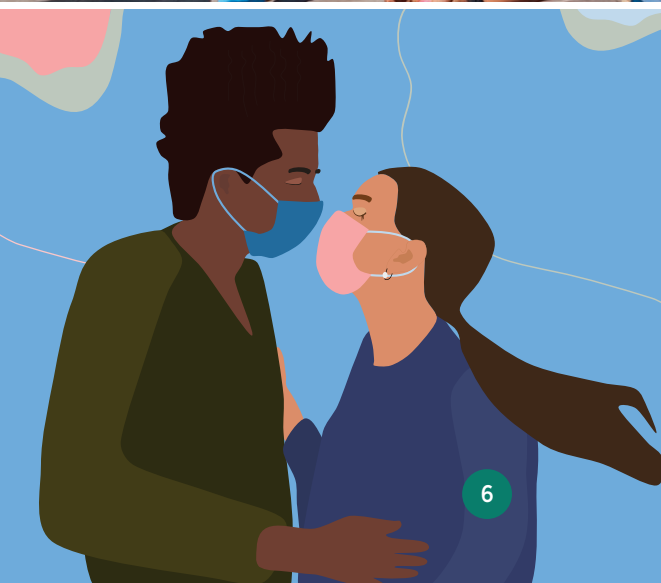


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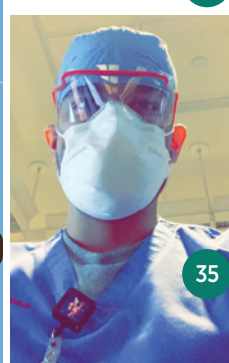
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DEAN'S CORNER



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

Dear friends,

The year 2020 has presented us with an unprecedented set of challenges. I am proud of how so many of you — our alumni, faculty, students, and administrators — have met the moment that our history demands.

At publication, COVID-19 has upended our daily way of life and claimed the lives of more than 250,000 Americans and one million others around the world. This issue of *NYU Nursing* is dedicated to those working on the front lines and behind the scenes and to all of the families who have lost loved ones during the pandemic, which includes many in the Meyers community. These sacrifices and losses have not gone unnoticed, nor have they been forgotten.

While the holiday season will likely be quite different for all of us this year, I hope that you can still find time to rest, take care of yourself, be with your loved ones either safely in person or remotely, and celebrate the conclusion of a most difficult year.

To new, healthy horizons in 2021!

Dean Eileen

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

Howard and Rory Meyers gift \$7 million for new undergrad scholarship program

The College received a generous gift from Howard and Rory Meyers to support a new program for traditional undergraduate nursing students in their third year. The \$7 million scholarship gift, which will be effective over five years, will go toward an interprofessional clinical education experience at NYU Winthrop Hospital in collaboration with NYU Long Island School of Medicine.

Interprofessional education is an expanding phenomenon aimed at developing effective working relationships between different types of healthcare students and practitioners to support optimal health outcomes. Research shows that the benefits of interprofessional health care — for nurses, healthcare professionals, patients and their families, and communities — not only improves patient outcomes, but leads to fewer preventable errors, reduced healthcare costs, and improved relationships with other disciplines.

The scholarships will provide full tuition and room and board for select third-year nursing students beginning fall 2021. Nursing students will collaborate in integrated classes with their medical-student colleagues, who will simultaneously be involved in clinical rotations at NYU Winthrop.

More information about the program, including how students will be selected, will be available in spring 2021.

2020 Fellows of the American Academy of Nursing



OUR FACULTY AND RESEARCHERS

Erin Hartnett

Program Director, OHNEP

Ann-Margaret Navarra

Assistant Professor

Larry Slater

Clinical Associate Professor

Janet Van Cleave

Assistant Professor

OUR ALUMNI AND FRIENDS

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Billy Caceres, PhD '17, MS '13, BS '10

Barbara Delmore, PhD '03, MA '87

Ahrin Mishan MPA '13

Anne Outwater, MA '86, BS '79

Vincent Guilamo-Ramos

Professor, NYU Silver



GIVING

Why I Give

DIANA MASON PHD '87

Thanks to NYU, I had a rich career, and I attribute that to the opportunities I had as an NYU nursing graduate student. I wanted to get my PhD at NYU because the nursing school had a long-standing tradition of innovation and creative thinking. This was in the years when former Dean **Martha Rogers**, though no longer the head of the school, was renowned for her *science of unitary human beings* and was helping nurses to think outside the box about health and nursing.

Serving as a research assistant for Prof. **Carol Hoskins**, my dissertation chair and a leading researcher, was a high point for me. My undergraduate education was

excellent, but NYU taught me how to use evidence—it gave me the opportunity to conduct research and to provide leadership on current issues. I don't think I would have had the career I had without all that I learned and all of the excellent faculty I worked with at NYU Meyers.

It is for these reasons I want to invest in the next generation of nurses at NYU Meyers. I have established an estate gift that will support scholarships for underrepresented minority students, particularly those with financial need. This is important to me because people of color are underrepresented in nursing. We need a nursing workforce that

reflects the people we serve. Nursing has much work to do in building a diverse workforce, and the Estelle M. Osborne Scholarship Fund will move that work forward.

If I could give new nurses one piece of advice it would be to be bold and use your voice! Use those critical thinking skills you learned—speak up and be ready to lead and contribute. Nurses' voices have been grossly underrepresented in the media and that needs to change. I would tell older and well-established nurses to help open doors for the next generation. They need your support, your coaching and mentoring. It is time to pass the baton! ■

Did you know there are creative ways to support NYU Meyers that can benefit the College, you, and your loved ones all 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. It helps us plan for the future. It also allows us to thank you for your generosity and 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 you 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 estate planning. 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.

TEENS WHO THINK THEIR PARENTS ARE LOVING ARE LESS LIKELY TO BE

Cyberbullies

by Rachel Harrison | Associate Director, Research Communications

Adolescents who perceive their parents to be loving and supportive are less likely to engage in cyberbullying, according to a new study by researchers at NYU Rory Meyers College of Nursing.

The findings, published in the *International Journal of Bullying Prevention*, are especially relevant given changes in family life created by the COVID-19 pandemic.

“With remote learning replacing classroom instruction for many young people, and cell phones and social media standing in for face-to-face interaction with friends, there are more opportunities for cyberbullying to occur,” said **Laura Grunin**, a doctoral student at NYU Meyers and the study’s lead author. “New family dynamics and home stressors are also at play, thanks to higher unemployment rates and more parents working from home.”

More than half of US teens report having experience with cyberbullying, or online behavior that may involve harassment, insults, threats, or spreading rumors.

“Understanding what factors are related to a young person’s cyberbullying of peers is important for developing ways that families, schools, and communities can prevent bullying or intervene when it occurs,” said **Sally S. Cohen**, clinical professor at NYU Meyers and the study’s senior author.

Gary Yu, associate research scientist and adjunct associate professor at NYU Meyers, co-authored the study with Grunin and Cohen.

Using data from the World Health Organization (WHO) Health Behavior in School-Aged Children survey, the researchers analyzed responses from 12,642 US pre-teens and teens (ages 11 to 15 years old) surveyed in 2009–2010, the most recent WHO data on school-aged children collected in the United States. The adolescents were asked about their bullying behaviors, as well their perceptions of certain family characteristics, including their relationship with their parents.

The researchers found that the more adolescents perceived their parents as loving, the

less likely they were to engage in cyberbullying. When asked if their parents are loving, youth who said “almost never” were over six times more likely to engage in high levels of cyberbullying than those who answered that their parents are “almost always” loving. Other types of emotional support, including how much teens feel their parents help and understand them, also contributed to the likelihood of whether young people engaged in cyberbullying behavior.

“Our findings point to the importance of parental emotional support as a factor that may influence whether teens cyberbully—and more importantly, it is how teens *perceive* the support they receive from their parents,” said Grunin. “I would stress to parents it is not necessarily if *they* think they are being supportive, but what their adolescent thinks. Parents should strive to discern their teen’s perception of parental emotional support as it might be associated with youth cyberbullying behavior.”

Certain demographic factors were also related to teens’ likelihood of cyberbullying. Girls were much less likely than boys to exhibit high levels of cyberbullying. Race also played a role: Asian American adolescents were the least likely to be cyberbullies, while African American teens were more likely than white teens to engage in high levels of cyberbullying.

Cohen added, “Since 2010, when the survey was conducted, technology and social media have become increasingly ubiquitous in teens’ lives; the increase in screen time during the current pandemic poses new challenges. Online access and anonymity in posts create widespread opportunities for cyberbullying.”

The researchers note that educators, health professionals, social media experts, and others working in youth development should take family dynamics into account when creating programs to address cyberbullying.

“While our study doesn’t prove that a lack of parental support directly causes cyberbullying, it does suggest that children’s relationships with their parents might influence their bullying behaviors. These relationships should be considered when developing interventions to prevent cyberbullying,” said Grunin. ■



damircudic/E+ via Getty Images



Eloise Cathcart
is the director of the
Nursing Administration
Program and a clinical
associate professor.

PROF. CATHCART PENS

SURVIVAL GUIDE

FOR NURSE MANAGERS DURING COVID-19

by Rachel Harrison | Associate Director, Research Communications

Nurse managers play vital roles in healthcare organizations, providing clinical leadership, guiding nursing staff, liaising with hospital administrators, and more. The novel coronavirus (COVID-19) has made nurse managers' roles more complex — and more important — than ever.

In an article in the journal *Nursing Management*, **Eloise Cathcart**, MSN, RN, FAAN, director of the nursing administration program at NYU Rory Meyers College of Nursing, about how nurse managers can lead and succeed in the challenging environments created by COVID-19.

"The coronavirus pandemic has shown us how important good leadership is to

keep us safe during this frightening time.

For example, we hear the Governor of New York tell us the latest — often dire — news about how things are going in the epicenter of the pandemic. His tone is clear, firm, and compassionate; his facts are evidence-based; he doesn't traffic in innuendo or hunches. He doesn't talk about successes in terms of 'I,' but says that New Yorkers made it happen," said Cathcart. "This is also the kind of leadership front-line nurse managers have displayed during this pandemic, as they have stood in front of, beside, and behind magnificent clinical nurses who displayed acts of true heroism and unbounded compassion in the care of COVID 19 patients."

Beyond the difficulties of caring for patients with COVID-19, Cathcart describes the hurdles that nurse managers face in leading units, including working in new physical locations, overseeing new staff members redeployed from other hospital units, and having staff not accustomed to working in an ICU learning to care for ventilated patients in real time.

"No nurse manager practicing today has experienced anything like the coronavirus pandemic; this will be a formative event for all nurses as we move into an unknown future. None of us has managed this degree of chaos, complexity, and uncertainty before so, in a sense, we're all new nurse managers trying to find our way," she wrote in *Nursing Management*. ■

Cathcart offers nurse managers **four key principles** to guide them through the COVID-19 pandemic.

- 1 Embrace your leadership role,** even if you're uncertain about what to do. Cathcart describes how nurse managers are the critical conduit between patients and hospital leadership, and should be visible and available to staff providing care. Nurse managers should also focus on the wellness of their staff, encouraging them to stay hydrated and take breaks to eat during busy shifts; this is especially important during the pandemic, as eating and drinking are difficult because of personal protective equipment.
- 2 The way you conduct yourself is your most important management tool.** In the midst of this challenging and emotional situation, nurse managers need to stay calm and focused. "Many nurses are grieving for a world that's irrevocably changed and feeling unsafe because they don't know what's to come," explains Cathcart. By connecting with your staff and enabling them to express their feelings, nurse managers can help to alleviate some of this anxiety.
- 3 Have a vision for the day and acknowledge short-term wins.** Cathcart notes that your goals look different during a pandemic, and should focus on getting patients and staff safely through the day — as well as celebrating small victories. "Staying focused on the present and acknowledging the small wins that come from a team working together to do their best can help bolster staff morale. Share instances when patients are extubated or discharged from the hospital to help staff remember that there are patients who survive," Cathcart says.
- 4 Keep the voice of the clinical nurse in the conversation.** Good leaders should look to the nurses engaged in patient care for answers in challenging situations. Nurse managers may also create opportunities for nurses to share their experiences and validate the worth of the heroic work they are doing — which could be in person or through written expression, like posting on social media or writing an op-ed. These outlets could help front-line nurses "lessen the tremendous burden they carry," suggests Cathcart.

NEWS

STUDYING SEX AND YOUNG LOVE IN THE TIME OF COVID



LEARN MORE ABOUT PROJECT YESS!

Project YESS! is a community-based research project that relies on the voices of young people to learn more about their dating behaviors, in order to develop evidence-informed HIV behavioral interventions that empower them in making decisions about their relationships and sexual health.

by Meredith Barges

Last spring, when COVID-19 reached New York City, Prof. **Yzette Lanier** was in the survey phase of her CDC-funded research study, Project YESS, which works with Black and Latinx youth in the Bronx and upper Manhattan to reduce sexual and reproductive health inequities.

For many of Lanier's participants, Project YESS is their first chance to talk openly about their relationship, sex, and HIV/STI prevention. "One of the unintended benefits of this study is that it often helps participants think a little more about their own behaviors and why they're engaging in them."

What makes Lanier's research so pioneering is that she works at the *couple level* to develop interventions that can help young heterosexual partners enjoy healthier sex lives and better romantic relationships.

"In this particular study, we ask couples about things like their relationship dynamics and general health, but also about their sexual behaviors—whether they are using condoms or PrEP [pre-exposure prophylaxis] and getting tested for HIV and STIs," explains Lanier.

"We also get a sense of what they think about different prevention methods—asking, 'How do you feel about condoms? Are they a good thing, bad thing?'"

To find participants, the study originally relied on in-person enrollment through street recruitment and connecting with local groups already serving young people.

But as the pandemic took hold and schools and local groups instituted social distancing, recruitment presented real challenges. Times were also difficult in the neighborhoods in the South Bronx and upper Manhattan selected for the study due to their high HIV and STI incidence as they became COVID-19 epicenters—spotlighting the fault lines of racial health disparities in the city.

"For about a month, we were trying to decide what to do, because we could not rely on making the same kind of connections," said Lanier. Then, she and her team turned to word of mouth and the Internet and social media to continue their work, to help ensure the safety of their participants, their team, and their friends and loved ones.

"One of the things that has come out of the pandemic is realizing the importance of an online presence for people to learn about the study and using online methods to reach people," said Lanier. By July, they started to see an influx of new participants.

Lanier and her research assistants—most of whom are Black and Latinx young adults

themselves—adapted their questionnaire to learn more about the links between sexual practices and COVID-19. "To keep safe, there is social distancing. So, youth shouldn't be seeing their partner as often, and based on social distancing guidelines, they probably shouldn't engage in sexual intercourse," says Lanier. "This pandemic has not only impacted them but also their relationships and their decision making moving forward in terms of whether or how to engage in sex."

One of Lanier's early findings is that romantic relationships are a place of safety for young people. "They're a place where youth can go for comfort and support when things happen ... But how do you negotiate that when, because of the pandemic, the place where you're supposed to find comfort and support, you can't go to anymore in the same way?," asked Lanier.

Lanier and her team continue to recruit new couples, with the plan to wrap up the study in April 2021: "We are at over 70 couples right now. So, we have a little bit more work to get to our goal of 150." The findings will be a game-changer for understanding the complexities of STI/HIV prevention, individual choice, and young love among Black and Latinx couples today. ■

HOW TO COMBAT LONELINESS IN OLDER ADULTS DURING COVID-19

by Rachel Harrison | Associate Director, Research Communications

Since the COVID-19 pandemic began to sweep across the United States in early March, experts have warned that older adults are particularly vulnerable. Due to weaker immune systems and their likelihood of having chronic conditions such as heart disease, diabetes, lung disease, and cancer, they are at a significantly higher risk for COVID-19 complications or death, with people 80 and older 184 times more likely to die from the disease than those in their 20s. Nursing homes have been particularly hard-hit, with a third of all US COVID-19 deaths taking place there.

Older adults are also vulnerable to a second public health crisis: social isolation.

To protect older adults, health officials have been imploring them to avoid exposure to others — who might unknowingly infect them — by either staying at home or banning visitors from nursing homes. While these measures are necessary for preventing the spread of the virus, the resulting seclusion can take a toll.

“The outbreak of COVID-19 will have a long-term and profound impact on older adults’ health and well-being,” wrote **Bei Wu**, Dean’s Professor in Global Health at NYU Rory Meyers College of Nursing, in an article in the journal *Global Health Research and Policy*. “Social isolation and loneliness are likely to become major risk factors that affect older adults’ health outcomes.”

Studies have found that social isolation is a risk factor for a range of physical and mental health conditions, including heart disease, obesity, diminished immune response, depression, and anxiety. One of Wu’s studies even shows that social isolation is linked to poor cognitive functioning in older adults.

Isolation and loneliness among older adults was a serious public health problem long before the pandemic: in the United States, a quarter of older adults living at home are considered to be socially isolated, and 43 percent of them report feeling lonely. Those older adults who are normally less isolated usually participate in social activities at senior centers and churches and with family and friends, while nursing home residents benefit from family visits to connect them with the outside world.

The pandemic abruptly halted these face-to-face interactions, leaving a void not easily replaced by the occasional phone call. In her *Global Health Research and Policy* article, Wu, who is also the co-director of the NYU Aging Incubator, offers several strategies for helping older adults feel more connected in the time of COVID-19.

Encourage physical distance and social connection.

Public health messaging on “social distancing” may have missed the mark. While staying physically distant is important, maintaining social connection is more important than ever, Wu explains. Older adults can engage in social connection with their families, community organizations, nursing home staff, and importantly, their peers — just with some modifications to keep a safe distance.

Use technology to combat isolation.

A key way to maintain social connection at a safe distance is to use technology, which has transformed how we interact with one another, especially during the pandemic. While older adults may not seem as tech-savvy as younger generations, this assumption



MesquitaFMS/E+ via Getty Images

may be unfounded: Wu and her colleagues’ latest research shows that 92 percent of older, low-income Chinese Americans have a smart device and 72 percent use WeChat, the most popular Chinese social media platform.

“It is time to develop more person-centered applications with the input of older adults and their family members,” Wu says. Embracing technologies like instant messaging, video, and social media can foster essential connections for older adults.

Identify loneliness in healthcare settings.

Older adults tend to go to the doctor more often than their younger counterparts, making healthcare visits opportunities for identifying those at high risk for isolation and loneliness. Wu explains that we need methods for doctors, nurses, and other clinicians to determine whether their patients are isolated and whether their loneliness is acute or chronic, which can help inform public health interventions. In addition, telehealth can play a role in safely increasing access to healthcare providers and screening for social isolation during the pandemic. ■

NEWS

AN

EPIC PROJECT

by Gina Robertiello | Assistant Director, Simulation Center
and Katherine Marx | Education Specialist

The NYU Meyers Clinical Simulation Learning Center (CSLC) is excited to announce the successful implementation of *simulated Epic*, its new electronic health record that mimics a hospital's real documentation system.

Epic is the most widely used electronic health record in the United States — used in over 250 healthcare organizations, including NYU Langone Health.

This curriculum innovation follows trends in nursing and evidence-based practice guidelines to provide students with a safe and realistic clinical experience. Documentation is essential to effective nursing, fostering communication within a care team and ensuring safe medication practices.

"The impact of simulated Epic on patient care is immense," said **Natalya Pasklinsky**, executive director of simulation learning at NYU Meyers. "Being familiar and comfortable utilizing a documentation system will save nurses time charting, allow more direct patient care, and prevent errors, to name just a few benefits."

The EPIC project was several years in the making. The CSLC engaged in a successful collaboration with NYU Langone Health to

bring a training version of Epic from the hospital to CSLC. Our team consisted of sim center educators and sim IT, medical center information technology (MCIT) administration and security, epic trainers, and nursing informatics specialists. Logistics involved installing a router to access Langone's network and creating a training environment to house all of the CSLC's patients and users.

CSLC team members also traveled to Epic's headquarters, in Verona, Wis., for training. After two visits, four courses, three tests, and a 40-hour project, **Rick Cruickshank**, **Katherine Marx**, and **Gina Robertiello** passed certification in Epiccare Inpatient Clinical Documentation. The team, with support from Langone MCIT, spent the next six months preparing, building, and testing patient charts for students to use during clinical simulations.

All undergraduate Meyers students and 50 adjunct instructors received training and access to the simulated Epic environment before it went live on September 8, 2020. Epic is now in use for all undergraduate cohorts, with approximately 736 students documenting medication administration and patient

DID YOU KNOW?

Hospital adoption of electronic health records is now nearly universal in the United States.*

The Quality and Safety Education for Nurses identifies informatics as an important KSA (knowledge, skill, and attitude) for future nurses.

*Office of the National Coordinator for Health Information Technology.

assessments. Thanks to several nursing education graduate students working to develop materials, simulated Epic can also be used to practice documenting blood transfusions.

The response from students and faculty alike has been positive, and the CSLC team is currently working on a plan to research its effectiveness.

"I am proud of my team, the work they've done and excited to continue the hard work, dedication, and passion for immersing our students in simulation learning and preparing nurses of the future," said Pasklinsky. ■

LEAD Honors Program propels future leaders

by Michelle Crespo-Fierro | Clinical Assistant Professor & Director, LEAD Honors Program

In May, our first cohort of LEAD Honors Program students will complete their studies. These undergraduates have been part of a new course of study at NYU Meyers that provides an individualized, rigorous, and challenging learning environment, allowing for advanced personal and professional growth.

These students have attended intensive seminar courses that expose them to nursing professional concerns, nursing theory, interprofessional nursing practice, global health nursing, and the pillars of the honors program — nursing practice, research, education, and service. These courses prepare our LEAD Honors students to identify, design, and implement a capstone project while they complete their nursing sequence courses.

The LEAD Honors Program and the accompanying curriculum was created by a faculty group led by Prof. **Larry Slater**, director of the Undergraduate Program, as part of his Sigma Theta Tau Faculty Leadership Development Grant, received in 2014. Guiding the curriculum is the LEAD Honors Committee, which is comprised of faculty and administrators, led by Prof. **Michele Crespo-Fierro**.

Mentoring is a key component of the program, and each student is supported by an academic and faculty advisor. Scholars are advised on extracurricular activities, research, education, and clinical and service programs in order to build a portfolio that demonstrates nursing leadership. The capstone project is implemented with the guidance of a mentor. In their final semester, the students prepare a thesis and deliver a presentation to the LEAD Honors Committee. Immersion programs prepare the students to meet the requirements of the project. Writing mentors, who are Meyers PhD doctoral students, assist them, alongside LEAD faculty advisors, to prepare their work for dissemination, either through publication or presentation.

The LEAD Honors Program now has 43 students representing a full complement of cohorts. They maintain high GPAs, serve on the boards of student groups, and take on roles as resident assistants and leaders in Greek Life. They are invited to participate in research and other NYU leadership programs. However, the greatest benefit of being a LEAD Honors Scholar are the friendships and mentor relationships fostered within and across cohorts.

Mary Carol Dulske BS '21

Being in LEAD Honors has been a blessing that I never expected when I started at NYU Meyers. It has provided me with my own little niche within the expansive NYU community and a space to grow personally and professionally. The LEAD Honors program requires students to not only have academic success, but to also be able to engage in legitimate and accurate self-reflection.

The structure of LEAD Honors is one that allows students to gain comfort and confidence in speaking with professors, mentors, and managers, because we are forming relationships with some of the most influential professors and deans at NYU Meyers from the very start. The communication skills built from these relationships helped me once I was doing more than just schoolwork and started engaging in research, externships, and other extracurriculars.

LEAD Honors has led me to find my passions; develop legitimate and attainable long-term goals; and become a better student, professional, and person, overall.

Gavin Arneson BS '21

In my first semester at Meyers I was not in the LEAD Honors Program. I ended up hearing that there was a cohort of students who would have additional leadership training complementary to their nursing education, ultimately culminating in a capstone project during their final year. I was really excited about the idea of doing a final project, and I also knew that leadership encompassed a set of skills that could transfer to any role, on any unit, in any state, so I eagerly applied.

Whether working with a professor directly on developing leadership goals and outlining concrete ways to hone our skills as leaders or working on some of our own research, mentorship has been critical to my growth. It has shown me the power that having a mentor can have — and the importance of seeking one out — as well as the power of being a mentor to others in the future. Some of the skills that stand out to me are those that focus on the leader as inspiring a shared

vision and fostering a sense of shared purpose within a group or a team. Leaders are able to inspire this sense of vision and purpose in multiple ways, and while our mentors certainly talked about how to do this, they also demonstrated it through their actions: one-on-one check-ins, showing up for individual LEAD Honors student events, fostering intellectual curiosity in students, and helping students turn their passions into action.

Angie Portillo BS '21

Nursing is a boundless career — we can find success in nursing practice, research, education, service, and policy making. Being part of the LEAD Honors Program has encouraged me to look at nursing as more than just a career. It has taught me to be innovative, ambitious, creative, and passionate. Through the advice of well-experienced nursing professionals, the program has helped me to see nursing in a different light. Our job is more than just working 12-hour shifts, administering medicine, and monitoring a patient's recovery and progress — it is about our impact on the whole healthcare system.

As a woman born in Honduras and raised in the South Bronx, being part of the LEAD Honors program has motivated me to be a leader in my community and prospective field. Throughout the program, we participated in activities that explore the four pillars of nursing — research, practice, education, and service — both individually and in groups. We are continuously encouraged to reflect on our self-growth as an individual and professional throughout all of our courses using the Individual Leadership Development Planning tool.

As a future nurse leader, I want to encourage nurses to find a deeper connection with any issue related to research, clinical practice, or education. Like **Florence Nightingale** once said, "Let us never consider ourselves finished nurses. We must be learning all of our lives." Through this program, I realized that the nursing role is evolutionary; it can touch the heart of millions and connect just as many minds.

Summer 2020

- A** Prof. **Fidelindo Lim** and Meyers alums and members of NYC Men Entering Nursing volunteered to clean up Randall's Island.
- B** Prof. **Leon Chen** donated plasma after recovering from COVID-19 last spring.
- C** Profs. **Theresa Bucco** and **Beth Latimer**, along with Latimer's son, visited the Central Park Zoo.
- D** NICHE Acting Director of Programs **Jen Pettis** and her husband visited Saranac Lake in the Adirondacks this summer.
- E** Third Sequence students **Brooke Sand** and **Mary Carol Dulske** worked at NYU Langone as Student Nurse Externs. Sand was on TH13, a mother-baby unit, and Dulske was on KP12, a medical-oncology unit.
- F** Dean **Amy Knowles** joined the SIRIUS XM 110 radio show "Doctor Radio" to discuss her eight-year breast cancer survival to kick off Breast Cancer Awareness month.
- G** Third sequence student **Ann Yoo** worked at Memorial Sloan Kettering Cancer Center as a nurse extern this summer. She is currently working at MSK as a nursing assistant in the emergency room and ICU.





NYU Meyers **votes** 2020



PPE donation reaches Monrovia's Redemption Hospital

by Kerry Stalonas | Associate Director, Global Operations

NYU Meyers has been working in Liberia since the fall of 2015, when a faculty team responded to a request from the Ministry of Health to conduct an assessment of the country's nursing and midwifery institutions. At the time, the World Health Organization (WHO) had declared Liberia as free of Ebola Virus Disease transmission, however, it wasn't until months later, in the summer of 2016, that the WHO could officially declare the Ebola epidemic over.

Since then, NYU Meyers has been working in Liberia as part of a consortium with other US educational institutions and NGOs, to strengthen the country's health workforce capacity, and specifically for NYU Meyers, its nursing and midwifery sectors. Through a Responsive and Resilient Health Systems project, NYU Meyers partners with a variety of Liberian stakeholders, including the Liberian Board of Nursing and Midwifery and various educational and clinical institutions.

NYU Meyers' partnership with Redemption Hospital in the capital city of Monrovia has been growing since early 2019. Redemption Hospital is Liberia's largest public hospital, providing healthcare free of charge to the poorest of Liberians. The hospital has been readying its workforce and capacity to fight

against COVID-19 since February 2020, when the first probable case was detected.

Unfortunately, Redemption Hospital has little or no access to Infection Control and Prevention (ICP) supplies and limited Personal Protective Equipment (PPE) for its healthcare workers. Acutely aware that without these ICP supplies and PPE, the battle against COVID-19 would be near to impossible, NYU Meyers was able to procure a substantial amount of supplies for Redemption Hospital as they wage their war against COVID-19. Over the summer, a donation of supplies from NYU Meyers was delivered to Redemption Hospital. This included water buckets, 1,500 bottles of hand soap for handwashing, 1,300 bottles of hand sanitizer, 300 disposable gowns, and 550 N95 face masks.

Redemption Hospital's Director of Nursing, **John K. Shakpeh**, thanked NYU Meyers for this generous donation: "I know the ICP supplies and PPE will be used appropriately to help keep our staff safe during the fight against COVID-19 in the weeks and months to come. Our collaboration with NYU I believe will go a long way and can be beneficial to both sides." Several nurses at Redemption Hospital reacted to the supply donation: "I am glad that I will not have to worry about what I

will put on when the next suspected COVID-19 patient or any other infectious disease patient shows up in the emergency room. Thanks to the NYU Meyers donation, I can now work with less fear," and "With hand sanitizers now available in the ward after a long time, I can now keep my hands clean by practicing the WHO 5 moments of hands hygiene." ■



Director of Nursing **John K. Shakpeh** (here in white nursing gown) receives supplies as they are delivered to Redemption Hospital.



Irving was closely involved in the planning and design of the College's state-of-the-art facilities on New York City's health corridor, a project that rightly became a career highlight.

Meet Lance Irving

Director of Administrative Operations

by Meredith Barges

As the director of administrative operations, **Lance Irving** oversees all facilities and physical learning spaces, offices, and classrooms at NYU Meyers—handling everything from logistics to protective services to cleaning to campus mail. As Irving sums it up, “If you were able to get into the building and get your work done, I’m sure I had something to do with it.”

For Irving, it is the people at NYU Meyers that make his job so exciting. “It’s our ability to come together and interact, and create these wonderful opportunities for our students to go out and make a difference in the world.”

This explains Irving’s long tenure at NYU Meyers—23 years and counting. After a stint as a manager at a toy company, Irving joined the then-Division of Nursing as an administrative aide in 1997, long before the department became a stand-alone college or changed its name.

After becoming the office manager at the Hartford Institute for Geriatric Nursing in 2000, he landed the position of office administrator for the Division of Nursing in 2002 and then assumed his current role in 2019. “As we’ve grown, my role has certainly become

more focused on operations. From our first building on 246 Greene Street, we developed interim space at 726 Broadway and now at 433 1st Avenue. I’ve had a good hand in our moving around.”

Throughout these changes, Irving has always looked forward to what is to come next. “Very few people have the opportunity to experience this level of growth. When you are part of an organization and you are able to grow in this way, it’s really—and I don’t use this word lightly—phenomenal.”

Irving was closely involved in the planning and design of the College’s state-of-the-art facilities on New York City’s medical corridor, a project that rightly became a career highlight. “Standing outside and seeing that I had a hand in our building, a place of great things happening, for me that’s pivotal... whenever I walk in, I think, wow, I had something to do with this.”

Irving’s operational expertise became vital when COVID-19 arrived in NYC. As a member of both the Meyers COVID-19 Task Force and the Meyers Re-Starts Steering Committee, he has worked with fellow administrators to

determine how the College can safely and effectively use its learning and work spaces. “This pandemic has changed how we think about EVERYTHING. So much of our work is about coming together in person, connecting and sharing ideas. Now we are forced to think differently.”

Even before the pandemic, Irving knew not to take simple things in life for granted. For years, he has visited Puerto Rico, watching the many challenges they have faced, Hurricane Maria and the changing economic climate: “When you go to different places, you see how people live differently. If you think about it, we’re all just people. We all want to be happy, and we want to grow up surrounded by love and being respected.”

And although Irving’s annual Puerto Rico getaway was indefinitely delayed due to COVID-19, he is in no hurry to reschedule. Instead, he is using this time to pause and reflect: “Rather than what’s next on my bucket list, I’m looking at the meaning of life. With so much going on in the world, I’m more focused on what I am doing to make a change... That’s where I am in this journey.” ■



"I always wake up feeling like I have a purpose," says Gierbolini. "I am supporting the dean and what she's doing, which is propelling NYU Meyers to the forefront. I'm proud to be part of that."

Meet Samantha Gierbolini

Administrative Aide to Dean Eileen Sullivan-Marx

by Meredith Barges

Samantha Gierbolini is the Italian-speaking administrative aide to Dean Eileen Sullivan-Marx, who, despite being scared of heights, seeks out mountain-top views around the world and is willing to climb out on a fire escape to help save a friend.

At NYU Meyers, Gierbolini handles the day-to-day scheduling for the dean, coordinates her travel, and makes sure that the dean does not run into any bumps or hiccups along the way. "I always wake up feeling like I have a purpose," says Gierbolini. "I am supporting the dean and what she's doing, which is propelling NYU Meyers to the forefront. I'm proud to be part of that. That's the great thing about working with Eileen, she makes it fun. She is an absolute delight!"

Before joining the College in May 2015, Gierbolini worked at Weill Cornell Medical College for almost 10 years, first in the admissions department and then academic affairs, working with third- and fourth-year medical students. "I got to see their academic careers blossom."

Just like at NYU Meyers, Gierbolini is unflappable in an emergency. She was put to the

test while sheltering in place during the pandemic when she got a phone call from her 95-year-old neighbor. "She had fallen in her apartment. She was alone and scared." Gierbolini grabbed her phone, dialed 9-1-1, and crawled onto the fire escape with a hammer and a screwdriver, determined to reach her. "As I was talking to the 9-1-1 operator, I was chipping away at this security gate around her window... I still don't know how I did it—but somehow it popped open." She located her neighbor and unlocked the door for the firefighters and EMS. Miraculously, her neighbor only suffered minor bruising.

Gierbolini is also passionate about healing frayed relationships in her Washington Heights community. She volunteers with an organization called Youth and Police Building Bridges, which brings together kids, parents, and police officers for fun public events in the neighborhood where she lives and grew up. They put on performances, serve food, and everyone plays basketball and soccer. "They get to know each other... It's so important, especially at this moment, there's unfortunately a lot more stigma."

Gierbolini knows all about the bonding power of shared meals. Every Sunday for the last 13 years, she and her mother, father, brother, sister-in-law, and nephew gather for breakfast at a Greek diner in Yonkers, called The Argonaut. "We've been going there for so long, we actually greet the host with a big hug and kiss... My father and me, we don't need the menus. We always get the same dish." Though COVID paused their weekly ritual last spring, they met up back at the Argonaut soon after they reopened, on the second Sunday of July.

Miles away in Utah are the national parks where Gierbolini finds peace and quiet. After visiting Arches National Park for the first time in 2018, she and her boyfriend caught the hiking bug: "I've learned how small we are compared to this earth... the city shows you how everything can be crowded and everything takes up space. What a huge difference when you get to these national parks, because all that you see is open land and the sky and clouds." Her next goal is to hike White Sands National Monument, in New Mexico. Her plan there? "To take pictures of the Milky Way." ■

NEWS

FACULTY UPDATES

Associate Prof. **Ab Brody** gave the keynote presentation at the University of Colorado Denver's Palliative Care Research Day. He also gave a plenary at the Hospice and Palliative Nurses Association's Clinical Practice Forum.

Clinical Asst. Prof. **Leon Chen** was inducted as a fellow of the NY Academy of Medicine.

Clinical Prof. **Tara Cortes** was appointed to the NIAID-funded COVID-19 Prevention Network Peer Expert Panel on Older Adults.

Clinical Asst. Prof. **Michele Crespo-Fierro** was elected co-chair of the Psychiatric Mental Health Special Interest Group of the National Organization of Nurse Practitioner Faculties. She also was accepted as a candidate in the NYU postdoctoral program in psychoanalysis.

Clinical Assoc. Prof. **Saribel Garcia Quinones** and FNP students performed well-child visits and administered routine vaccinations to children living in Queens.

Clinical Asst. Prof. **Selena Gilles** was inducted as a fellow in the NY Academy of Medicine. She also received the Nurse of the Year Award for Community Service from NBNA.

NICHE Executive Director **Mattia Gilmartin** was selected as a 2020/2021 Health and Aging Policy Fellow.

Ursula Springer Prof. **Judith Haber** received the Changemaker Award from NYU Development and Alumni Relations.

Mathy Mezey Prof. of Geriatric Nursing **Christine Kovner** presented research findings from a COVID-19 and nurses study at NYU Meyers Alumni Weekend.

Clinical Assoc. Prof. **Beth Latimer** won the Spirit of Simulation Leadership Excellence Award from the International Nursing Association for Clinical Simulation and Learning.

Clinical Assoc. Prof. **Fidelindo Lim** was selected as Nurse Influencer by *My American Nurse*. He also received a 2020 Meyers DAISY Award.

Clinical Assoc. Prof. **Donna McCabe** was elected to the Board of Directors of the Visiting Nurse Service of New York.

Clinical Instructor **C. Melissa Morelli-Walsh** completed the NYU Office of Global Inclusion, Diversity & Strategic Innovation Fall 2020 Cohort Inclusive Teaching Seminar.

Prof. Emerita **Madeline Naegle** was named to the board of directors of the Floating Hospital.

Asst. Prof. **Tina Sadarangani** received \$792,500 from the NIH for a grant "Bridging Communication Gaps between Primary Care Providers and Adult Day Service Centers to Reduce Emergency Department Use and Hospitalizations among Persons with Dementia." She also received \$216,000 from the NIH NIA AD/ADRD Health Care Systems Research Collaboratory for a career development award.

Assoc. Prof. **Allison Squires** was appointed associate editor for BMC Health Services Research. She also founded and serves as lead mentor for the Emerging Diversity Leaders program of Academy Health's Interdisciplinary Research Group on Nursing Issues.

Asst. Prof. **Jasmine Travers** was awarded a grant from the Donaghue Foundation's Another Look program. She was selected to serve on the National Academies of Sciences, Engineering, and Medicine's Committee on the Quality of Care in Nursing Homes.

Asst. Prof. **Janet Van Cleave** won the Johnson & Johnson Nurses Innovate Quick-fire Challenge in Oncology award.

Prof. **Nancy VanDevanter** presented qualitative findings on a COVID-19 and nurses study at the University of Rhode Island College of Nursing.

Assoc. Prof. **Victoria Vaughan Dickson** won the NIH National Institute of Heart Lung and Blood R25 award for Research Training in Cardiovascular Diseases.

Clinical Prof. **Dorothy Wholihan** is working with the End of Life Nursing Education Consortium to create free educational materials during COVID-19.

We are excited to introduce you to the seven new faculty members we welcomed this fall.

MEET OUR NEW FACULTY



Velda González-Mercado
Assistant Professor

Velda J. González-Mercado's research focuses on symptom science and symptom management, particularly in relation to addressing the needs of the GI/GU cancer population. Her research uses innovative patient-centered phenotyping and "omic" approaches (such as microbiomics, metabolomics, and genomics) to understand the bio-behavioral underpinnings of cancer-related symptoms experienced by GI/GU cancer patients. Her research also looks at ethnic differences in cancer-related symptoms with the goal of developing symptom management interventions to improve treatment outcomes of Latinx and other minority patients receiving cancer therapies. ■



Maurade Gormley
Assistant Professor/Faculty Fellow

Maurade Gormley's research focuses on psychosocial issues during cancer survivorship, with a focus on fear of cancer recurrence. To better understand the psychosocial response

to genomic testing, her doctoral work explored the association between Oncotype Dx® test results and FCR, health-related quality of life, psychological distress, anxiety, depression, illness representation, and perceived risk. Gormley's predoctoral training was funded by an NRSA F31 predoctoral fellowship. She also attended the Summer Genetics Institute at the National Institutes of Health in 2017. ■



Paulomi Niles

Assistant Professor/
Faculty Fellow

Mimi (Paulomi) Niles is a theorist, educator, researcher, and certified nurse-midwife. For the last decade, Niles has been a practicing midwife, serving childbearing women and families within NYC Health + Hospitals, the largest public health network in the nation. Her work explores the potential of integrated models of midwifery care in creating health equity in historically disenfranchised communities with complex care needs. As a researcher, Niles hopes to generate midwifery knowledge as a tool to build equity and liberation for marginalized and minoritized people and grow the profession of midwifery in the United States. ■



Eda Ozkara San

Clinical Assistant Professor

Eda Ozkara San is a nationally certified healthcare simulation educator from the Society for Simulation in Healthcare, with a clinical background in medical surgical and emergency room nursing. Her scholarship mainly focuses on the use of evidence-based educational strategies to promote cultural competence in nursing education, particularly simulated patient simulation techniques. She has been actively involved in the development of simulation-based activities in both academic and hospital settings. ■



Dena Schulman Green

Associate Professor

Dena Schulman-Green's program of research focuses on the timely integration of palliative care into patient and family management of chronic illness. She designed the self-guided Managing Cancer Care plan as an intervention to help women with breast cancer

and their family caregivers to manage cancer collaboratively with clinicians. Schulman-Green is well known for her role in developing the Self- and Family Management Framework to guide research on patient and family management of chronic illness. Her other research interests include addressing health disparities in palliative care, use of telehealth in palliative care, and tailoring research methods for vulnerable populations. ■



Jasmine Travers

Assistant Professor

Jasmine L. Travers' career is dedicated to designing and conducting research to improve health outcomes and reduce health disparities in vulnerable older adult groups using both quantitative and qualitative approaches. Her current work focuses on mitigating disparities in appropriate access and use of in-home and facility-based long-term care for older adults. Travers is the principal investigator of a Robert Wood Johnson Foundation four-year Career Development Award through the Harold Amos Medical Faculty Development Program. ■



Yaguang Zheng

Assistant Professor

Yaguang Zheng's research focuses on cardiometabolic risk reduction by leveraging mobile health, electronic health records, and data science techniques. Zheng has explored behavioral phenotypes through the use of wireless devices in clinical trials and real-world settings and their impacts on cardiometabolic disease prevention and management. Zheng's initial work focused on lifestyle behavior changes through mobile health, more specifically, using mobile health for self-monitoring and its impact on weight-loss outcomes. After identifying a critical knowledge gap in the area of engagement with mobile health, Zheng conducted a pilot study that found that older adults were able to use multiple mobile devices to improve diabetes self-management. ■



FEATURE

Emergency

NURSING THROUGH THE **Unimaginable**

by Leon Chen | Clinical Assistant Professor



Leon Chen is a clinical assistant professor and adult-gerontology acute care nurse practitioner with a background in emergency and critical care medicine.

FEATURE

“

My team and I were witnesses to unspeakable human suffering. Yet, I also saw the true compassion of nurses.

”

In March, the first case of COVID-19 was reported in New York City. Having read reports from around the world, I knew that we were standing at a precipice.

Many questions went through my head: How will I treat these patients when so little is known about the virus? How prepared are we as a city to withstand the impending tsunami?

The optimist in me still hoped for effective containment. However, seeing images of fellow critical care clinicians in China, Italy, and Spain working in what looked like war zones—racing against time to save lives while at the same time desperately trying to keep themselves and their families healthy—made me realize that this was going to be a challenge unlike anything we had seen before.

As an experienced critical care NP, a small part of me was excited to confront an unknown disease, much like a trained athlete about to enter the stadium of a big game. But as a husband and a father to a six-month-old son, I was fearful. What would happen if I were to become critically ill or die? What if I infected my family? For the first time, as I convinced my wife to move her and our son in with her parents to stay safe, I faced my own mortality and the impact that dying would have on my family. I made sure my wife knew where to find my will and who to seek advice from if I was to become critically ill. These were discussions I had never thought I would have at my age. But with the overwhelming uncertainty, the moment felt appropriate.

Top of a Mountain

Much like in other hospitals in NYC, my ICU at Memorial Sloan Kettering Cancer Center expanded far beyond its usual capacity to accommodate the surge of COVID-19 patients. The experience was a revelation. I encountered some of the sickest patients I have ever treated. Evidence for optimal therapy seemed to evolve daily, and on some days it felt like fighting a losing battle. Patients who seemed to have improved

later quickly decompensated and died. Entire families were admitted to ICUs and only some of them survived. Those who survived sometimes woke up to the news of lost loved ones. Families were saying final goodbyes over FaceTime.

My team and I were witnesses to unspeakable human suffering. Yet, I also saw the true compassion of nurses. They donned and doffed PPEs over and over again to provide optimal care for patients. They stayed in the rooms holding patients' phones so that families could see their loved ones. They stayed in rooms just to hold patients' hands because they were alone and afraid.

Going Non-Stop

I chose critical care because I want to treat the sickest patients. My duty to care for critically ill patients does not stop when they are contagious. Despite hours working in the ICU, at times I felt that I was not doing enough for the city. So, I helped to create ventilator learning modules for nurses from the US Public Health Service Commissioned Corps deployed at the Javits Center. I volunteered my time at other hospitals in desperate need of experienced critical care providers—all while adapting to a new way of teaching via Zoom.

Sharing stories with colleagues, including other Meyers faculty members, who were also front-line clinicians, helped me feel like I was not alone in the storm. Being isolated with your own thoughts during a pandemic can be daunting. I often checked on my colleagues who became infected, wondering if I would be next. So, I worked like I was running out of time.

The Reprieve

In May, I became infected, but, fortunately, my symptoms were mild and I generated antibodies. With that assurance after recovering, I visited my wife and son for the first time in months. On the day she had left home, we both had tears in our eyes as we kissed goodbye. I had kissed my son, telling

him that daddy would see him again soon, even though I did not know when. I had wondered how long the crisis would go on and if my son would forget me.

When I was well enough, I went and donated my plasma to NY Blood Center, in hopes that my convalescent plasma could benefit COVID-19 patients. I encourage everyone to donate blood products; many hospitals are experiencing shortages and these products are lifesaving.

The Best of Times and the Worst of Times

The beginning of 2020 now seems like eons ago. COVID-19, like other disasters, has shown us many positive sides of our society. There has been increased volunteering, a sense of community for some, and a new appreciation for our essential workers. But for others, it has meant unemployment, illness, and death. These effects are more pronounced in our underserved populations, and the plague has disproportionately impacted people of color.

In many ways, I am no longer the same person I was before COVID-19. I am burdened by the memories of separation, love, loss, and sorrow, yet I remain hopeful. In this crisis I am emboldened by the resiliency of the human spirit. Someday I hope to tell the story to my son of the unique experiences of the year 2020 and the small ways that his dad made a difference. ■

FEATURE

Pandemics



ACROSS TIME AND LESSONS LEARNED

By Robin Klar | Clinical Associate Professor

As the globe continues to grapple with the COVID-19 pandemic, history reminds us that this public health crisis is one of many throughout history. To better understand the context in which this pandemic sits among other epidemics and pandemics, it is essential to use the *epidemiologic triangle* as a framework. Current infection management and future prevention strategies arise from a closer examination of the three domains within the epidemiologic triangle: agent, host, and environment.

Bubonic Plague *aka Black Death*

Timeline: As far back as 3,000 BCE, however clearly documented in the 1340s

Agent: The bacterium *Yersinia pestis*, transmitted by fleas

Host: Rodents and their fleas

Environment: Expanded transportation for global trade, which created higher population density of humans and rats in port cities

Human response: Skin eruptions along lymph system (groin and armpits most commonly) that let pus and blood flow when opened. This initial stage was followed by fever, chills, vomiting, and diarrhea, ultimately leading to death

Lessons learned: Keeping ports open to maintain national economies promoted the plague's spread



1918 Flu

aka Spanish Flu

Timeline: 1918–1920

Agent: (A)H1N1 virus

Host: Humans. Experts still unsure where virus originated. First identified in military personnel (congregate housing)

Environment: Very high asymptomatic transmission. High contagion rates in dense populations and living quarters spurred the interventions of physical distancing, frequent handwashing, and quarantine. Many of these interventions were unevenly applied

Human response: Especially vulnerable were children under the age of five and adults aged 20–40 and over 65

Lessons learned: Radio communications perfected during WWI and home radio ownership helped transmit information about the pandemic. Use of dishwashing machines (often in military and hotel settings) was encouraged, as opposed to washing dishes by hand. Many deaths were due to secondary infections of the influenza virus

Photographed by Paul Thompson, *Illustrated Current News*, 1918.



HIV / AIDS

Timeline: 1981–present

Agent: Human Acquired Immuno-deficiency Virus/Human Acquired immunodeficiency Syndrome

Host: Humans

Environment: Unprotected sexual contact, intravenous drug use, and mother-to-child transmission (during pregnancy, childbirth, and breastfeeding)

Human response: Initially as HIV, flu-like symptoms. In AIDS, as CD4 cells are destroyed, depleted immune system leads to susceptibility to multiple opportunistic infections that rarely occur in healthy persons

Lessons learned: Global campaign encouraging condom use for every sexual encounter. Also use of gloves as PPE was promulgated across all healthcare to prevent potential exposure to infected blood. Rapid expansion of disposable healthcare equipment and increased safety of needle and sharps disposal. Expanded pharmaceutical development included antiretroviral treatments and post exposure and pre-exposure prophylaxis. For those maintaining consistent pharmacologic treatments, HIV is now considered a chronic illness



Ebola Virus Disease (EVD)

formerly known as Ebola hemorrhagic fever

Timeline: First discovered in 1976. Most recent complex and widespread epidemic 2014–2016

Agent: Ebola virus

Host: Initially wild animals to humans, now human to human

Environment: Contact with infected body secretions or any materials contaminated with body secretions

Human response: A hemorrhagic fever that begins with fever and body aches and can progress to internal and external bleeding as the virus attaches to the body's clotting mechanisms. Case mortality rate averages 50%

Lessons learned: Expanded use of full PPE (mask, face shield, gown, and gloves) and intense training on PPE donning and doffing. In most recent history, unattended funerals and burials; changed burial preparation practices. Free-standing Ebola treatment units, not physically connected to healthcare facilities, were created to keep the virus out of the general healthcare population



SARS-CoV-2

*aka COVID-19
(Coronavirus disease)*

Timeline: 2019–present

Agent: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Host: Humans

Environment: Respiratory and aerosolized droplets spread through coughing, talking, sneezing, and singing within one meter. Dose, amount of infective agent in droplets, and length of time of exposure are still unknown for infection. Still unclear as to indirect contact from surfaces and other body fluid transmission

Human response: Evolving symptom list and continuum from asymptomatic to pneumonia and cardiac involvement. Long COVID is a condition where symptoms, especially fatigue and shortness of breath, persist for a long time

Lessons learned: Pandemic is still evolving. Unlike the 1918 Flu, young children and adults aged 20–40 years are less likely to have severe symptoms and mortality. Adults aged 60 and older have a higher mortality rate. Similar to Ebola, separate treatment units created to contain the virus. Unlike Ebola, most COVID treatment units are within general healthcare facilities

FEATURE

THE
**PUBLIC
HEALTH
CRISIS**
THAT IS

RACISM

By Selena Gilles | Clinical Assistant Professor

RACIAL INEQUITIES

Shocking incidents of racial violence caused waves of peaceful protest throughout the country.



While the world focuses on the public health crisis caused by COVID-19, which has impacted millions globally, Black people also face the public health crisis of racism. There have been sustained protests throughout the world in response to numerous incidents where Black people were killed at the hands of racial violence. Unfortunately, this is not new—Black people have been intentionally excluded from living the American dream and oppressed for over 400 years.

Deep racial and ethnic inequities that continue today are a direct result of structural racism. From slavery to the Tulsa Race Massacre (1921), Jim Crow laws to the Reagan Era, red lining to gentrification, the policies, practices, and social norms of white supremacy continue to plague communities of color. Emmett Till, Rodney King, Amadou Diallo, Trayvon Martin, Sandra Bland, Eric Garner, Breonna Taylor, George Floyd, and unfortunately countless other lives have been taken.

Structural racism has not only segregated communities of color, but has provided little access to resources, opportunities, and upward

mobility. This has made it extremely difficult for people of color to not only have access to high-quality education, but also access to jobs, housing, healthcare, and fair treatment and justice in the eyes of the law. Because of racism it has made it nearly impossible for many Black people to develop intergenerational wealth, regardless of their social status or educational level. Unfortunately, we are born with the odds stacked us.

Structural racism has ingrained in us from an early age that we have to work twice as hard to get the same opportunities as our counterparts. Not only are we seldom given access to the same educational resources, we may have to take on huge financial burdens to even go to college—yet we have to succeed anyway. Being excellent is not enough, we have to be phenomenal in an effort to prove that we are deserving of success.

Black people are often the recipients of discriminatory and derogatory comments and actions, and have to constantly worry about how they are perceived by others. We are labeled as angry, aggressive, or even violent when we speak up for

ourselves. I have certainly faced micro and macro aggressions in my personal life and throughout my career. I have been told by two colleagues that I can afford to be outspoken without the threat of losing my job because I am a “protected” employee who can claim racial discrimination if I was fired. I was invited to be a panelist representing first-generation college grads by someone who made the assumption that my parents did not go to college. Not to mention the numerous times I have been called another person of color’s name, been questioned about my hair, or treated as if I could not afford something in an upscale store. When I was shopping for a home last year, the owner of a home I had an appointment to see would not let my realtor—who was also a Black woman—and me in their home. When I met some of my new neighbors, the first thing they inquired about was if I worked and/or what I did for a living. I have received so many backhanded “you’re so articulate” compliments and have even had patients refuse to be cared for by me due to the color of my skin.

continued on next page

FEATURE



COVID's impact on communities of color highlights why addressing structural racism is vital. We have to continue to have dialogue about how companies, organizations, and healthcare institutions can combat structural racism.

Health inequalities

The combination of structural racism's persistent influence, including implicit bias, has impacted the healthcare that Black people receive. This has produced non-Black healthcare professionals who are ill-equipped to care for Black patients. This is evident not only in the disproportionate maternal mortality rate of Black mothers in this country but also the fact that this pandemic has more severely affected communities of color. While Black people make up about 13 percent of the US population, CDC data shows that they comprise more than 30 percent of COVID-related cases and deaths.

We have seen news stories of city hospitals and hospitals in underserved areas not having adequate PPE at the height of the pandemic. We have also seen an inadequate number of testing sites in communities of color. It is evident from recent data on the still-growing pandemic that Black and Brown households have inordinately felt the effects of unemployment during the pandemic—inclusive of food insecurity, loss of health insurance, and widening housing disparities.

Representation in nursing & having difficult conversations

COVID has proven to us that we need more nurses and other healthcare professionals to keep our ever-changing healthcare systems functioning. With nursing consistently rated the most trusted profession, nurses and other healthcare professionals of color serve as important role models and advocates in their communities, empowered to take the lead in changing the health of their communities. This highlights why representation is so important. If they can see you, they can be you.

COVID's impact on communities of color further highlights why addressing structural racism is vital. We have to continue to have dialogue about how companies, organizations, community agencies, and healthcare institutions can combat structural racism outside of anti-racism statements and expressions of why diversity is important. Whether it is creating safe space where we can engage in often uncomfortable but necessary health conversations regarding racism, providing mental health resources and support to people of color, advocating

for and prioritizing policy changes at all levels that promote equity, or making a continued effort to mitigate healthcare disparities, there needs to be a commitment to put a stop to the public health crisis that is racism.

People of color must be given a seat at the table where decisions are being made and anti racism strategies are being discussed. It is extremely important for them to be on boards, leadership teams, and especially committees focused on diversity, inclusion, and belonging—not just individuals who play along with organizational politics, as that perpetuates institutional racism, but those who are willing to make noise and ensure their voice is being heard.

This is not a moment, it's a movement. All lives can't matter until Black lives matter. Until then, as the late Rep. **John Lewis** stated, "Sometimes you have to get in the way. You have to make some noise by speaking up and speaking out against injustice and inaction." We will continue, with his example, to "not be afraid to make some noise and get in good trouble, necessary trouble" and march on. ■



COOL COURSE

INTRO TO

Palliative Care

By Eliza Giles DNP '24

After volunteering in hospice and completing undergraduate clinicals in oncology, I found myself feeling most vocationally fulfilled when helping patients think and talk about living, dying, and what matters most to them. Whenever I asked a palliative care nursing professional where they had learned their trade, it seemed like they named Prof. **Dorothy Wholihan** and the Palliative Care specialty at NYU Meyers. Once I became a DNP candidate, I was finally able to further my journey by taking Wholihan's popular elective **Introduction to Palliative Care: Advanced Nursing Care to Address the Multidimensional Nature of Pain and Suffering**.

This course provides a foundation in pain and symptom management while covering societal and spiritual themes and the ethical principles affecting patients and families experiencing progressive, life-limiting illnesses and death. I took this elective to complete my palliative care specialty, but also, like many of my classmates, for the universality of these issues in any nursing practice.

Each week, Wholihan guided us in taking a step back to ponder big-picture questions: What does prescribing necessary opioids look like during an opioid epidemic? How do providers moralize "non-compliant" patient behaviors? What is our responsibility to provide spiritual support to patients? How do we effectively communicate in a death-denying healthcare industry and society? What does a "good death" look like? How do we evaluate and relieve total pain and suffering? The magic of this course is in the interwoven opportunities

for personal-professional reflection usually reserved for inner dialogue or the break room.

During our remote Zoom classes, Wholihan moderated virtual "round-table" exchanges on our experiences and recommendations for complementary therapies. She would turn to a small whiteboard behind her to help us map out opioid conversions. She helped us craft and memorize an "elevator pitch" advocating for support from a palliative care service perspective. Best of all, she shared with us the "Wholihan Question" — a foolproof response to a patient or caregiver's most concerning, emotion-laden statements: "What are you most afraid of?"

Our most poignant assignment was filling out an advanced directive with a patient, friend, or family member. When I was in college, I had filled out the Five Wishes® Advanced Directive for myself with my now-fiancé and a few friends. While I have often initiated conversations around advanced care planning and goals of care with my patients, it took this assignment to get me over the mental block of sitting down with my own parents to find out their quality-of-life markers and end-of-life wishes. It was a fruitful and emotional conversation, especially as it often circled back to my grandmother, who passed away in April. This was one of many opportunities this course offered to break down a third wall.

We grappled with all of this in the context of COVID-19—a pandemic defined by high mortality, high symptom burden, and poor quality of life for those in protective social isolation—and during this moment in Black Lives Matter—a movement centered on

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dignity and advocacy in dismantling racism and health inequity—which has heightened the importance of taking an individualized, palliative approach to systemic health issues.

In our last class together a classmate quoted the palliative care film *Lion in the House*, saying, "Death is out of our control, but we can have an effect on how it plays out," and that is exactly what this course has taught us." As a DNP, I hope to affect how life plays out too, especially for vulnerable populations, like LGBTQ+ elders, by improving community-based palliative care. ■



FEATURE

COVID in a Bronx pediatric ED

by Meredith Barges

Early on, a common myth about the Coronavirus was that children could not catch it. Low hospitalization rates in the young initially baffled researchers, who could not explain why COVID-19, unlike many viruses, seemed mostly to spare young people.

However, pediatric experts have made it clear that babies, toddlers, and adolescents can still contract the novel virus and experience serious symptoms, and in some cases even die from complications.

“Children are at risk for contracting COVID, although adults make up most of the known or tested cases,” explains Prof. **Jennifer Nahum**, a pediatric nurse practitioner who worked in the pediatric emergency department at Montefiore Medical Center, the largest hospital in the Bronx, NY, during the first wave of the pandemic.

“The Centers for Disease Control worked tirelessly to figure out if children are less likely to contract the illness or if they are just less likely

than adults to become symptomatic. We now know that children do catch COVID but are more likely to be asymptomatic.”

Current research from the CDC shows that children are 20 times less likely than adults to be hospitalized with COVID, which is good news. The tough news is that hospitalization rates for children are increasing.

The Bronx, where Nahum saw patients was hit hard by the pandemic last spring. Hospitalization and death rates there were much higher than in other NYC boroughs. Public health experts have attributed this to many factors, including the borough’s higher rates of chronic conditions, such as diabetes, asthma, and hypertension, which are more likely to cause coronavirus complications, and higher numbers of front-line workers.

In April, at the height of the COVID crisis in NYC, Montefiore Medical Center turned a giant meeting hall into a COVID-19 ward, to handle the large influx of COVID+ patients.

In the pediatric emergency department, Nahum treated COVID+ children as young as 10 months old. She saw firsthand how the virus affects children: “Overall, children tend to have mild symptoms, including fever, runny nose, and cough. In some cases, they may also suffer from vomiting and/or diarrhea.”

However, in late April, reports of children suffering from an inflammatory condition brought on by COVID-19 had parents panicked. Emergency department providers began seeing youngsters, including teenagers, presenting with severe inflammation, such as swelling and redness, throughout the body and cardiac abnormalities, sometimes several weeks after they were infected with the virus.

Although rare, the condition—called Multisystem Inflammatory Syndrome in children (MIS-C)—is considered serious.

“We’re uncertain why some children have gotten MIS-C and others have not.



PEDIATRIC COVID

Although rare, the condition called Multisystem Inflammatory Syndrome in children (MIS-C) that affects children is considered serious.

The CDC is working hard to determine if children with certain health conditions are more likely to get it," said Nahum. "Fortunately I have not diagnosed any patients with MIS-C."

Since April, there have been more than 1,000 confirmed cases of MIS-C in 44 states, New York City, and Washington, DC. Health experts know that young patients with MIS-C need to follow up with a cardiology expert, though it is uncertain for how long.

It looks like some relief may be on the horizon, as researchers continue testing and refining possible COVID-19 treatments and vaccines. On November 9, Pfizer announced very promising results of a Phase III vaccine trial, with a 90% prevention rate. However, it is still unknown how the vaccine works in people of different ages and how long it can prevent infections.

Meanwhile, the CDC advises families to keep children and teenagers at home as much as possible and find other ways

for kids to enjoy important playtime and communication with friends.

"This is a rare time where we will encourage children and teenagers to utilize phones, texts, and video chat. It's important to stay in contact with friends and family for the mental health of all involved," says Nahum.

Another pediatric health issue on Nahum's radar is underreported child abuse: "We've seen a decrease in child abuse cases, but there is worry that it's because of a lack of reporting and not due to a lack of abuse. While all areas of life are stressful, we must check in on each other and help when we can."

Nahum emphasizes the important role that healthcare providers can play in mitigating some of the stresses around quarantine and physical distancing for children and families: "Nurses can provide great resources for the general public on how to help entertain children of various ages who are stuck at home for long periods of time." ■

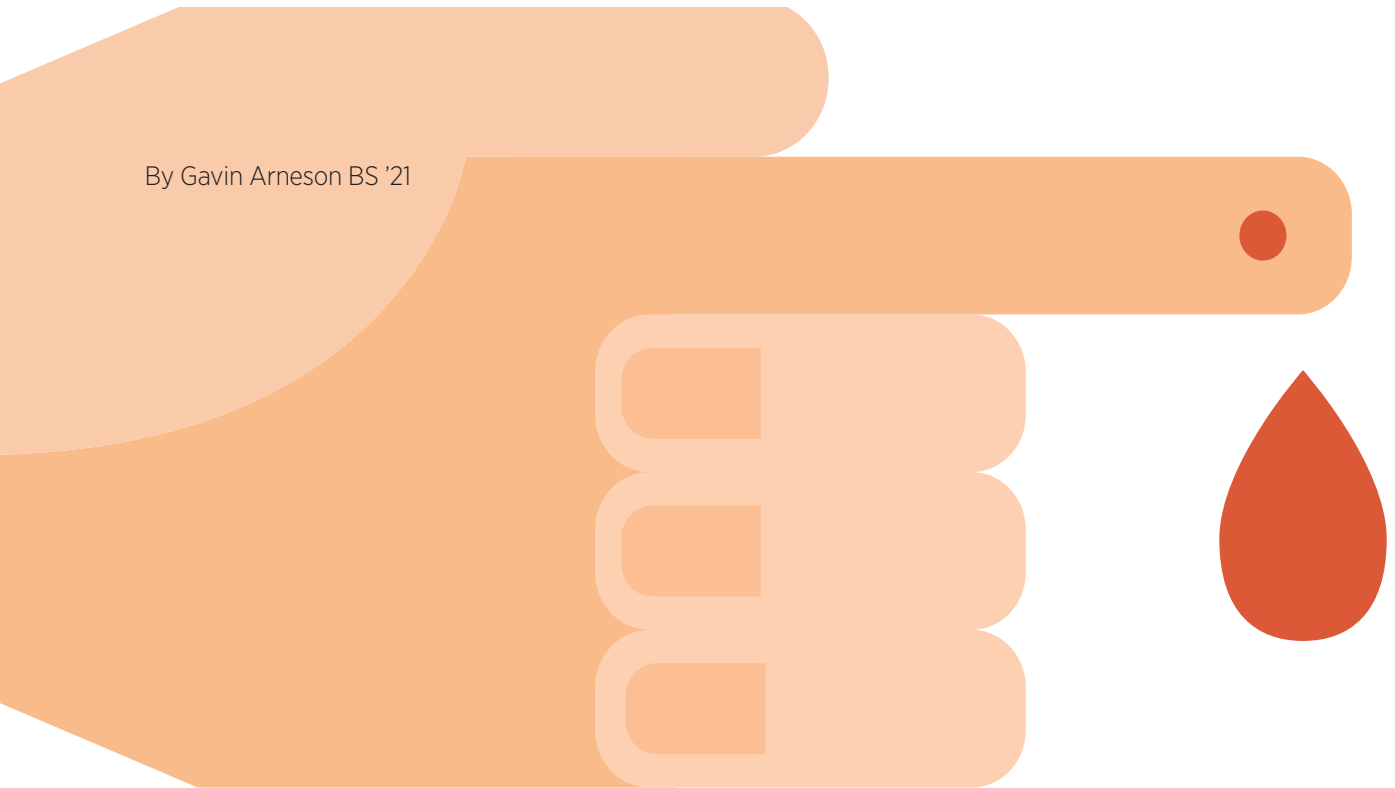
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In the pediatric emergency department, Nahum treated COVID+ children as young as 10 months old. She saw firsthand how the virus affects children.

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What's the full cost of shifting **diabetes care burdens** to patients?

By Gavin Arneson BS '21





GAVIN ARNESON

Arneson won the National Library of Medicine's 2020 HSRProj Research Competition for Students for his research on this topic. He is their first undergraduate winner.

FEATURE

In 1922, 14-year-old **Elizabeth Hughes Gossett** became the first person in the United States to receive an injection of insulin after Canadian scientists successfully isolated the hormone. At the time, average life expectancy after a diabetes diagnosis was just three years. Going forward, for people like Elizabeth, diabetes would no longer be a death sentence. She lived to 71, dying not from diabetes, but a heart attack.

The scientists responsible for insulin's discovery sold their patents to the University of Toronto for \$1, opening the door to a world in which this acute disease could be managed with lifelong treatment.

Since 1922, medicine has changed, but the hallmark of diabetes treatment remains the same. A world in which diabetes is a manageable illness has been within reach since the isolation of insulin; unfortunately, more than 80,000 people die annually from diabetes complications in the United States, and estimates suggest that comorbid conditions associated with diabetes result in over 270,000 deaths in the United States each year.

This trend touched my own life when in 2016, 95 years after the first therapeutic injection of insulin was administered, my father died of type 2 diabetes. He had lived with and managed his illness for years, but after he lost his job and, consequently, our family's health insurance, he had struggled to afford his medical expenses — which can average over \$16,000 annually for an individual with diabetes. As a high school student in rural Colorado, it never occurred to me that his death happened in the context of a health system influenced by decisions made by powerful people who lived far away. I had learned from him that we were always the product of our own choices and that we carve our own paths, even when it comes to our health.

Since coming to NYU Meyers, I have adopted a different viewpoint that recognizes the contextual factors that contribute to health and wellness, like an individual's socioeconomic status. Indeed, my studies

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As nurses, we know all too well that sending people home to lived environments that are not designed to facilitate and sustain necessary lifestyle adjustments is a part of why we come up short in diabetes management.
”

have inspired in me a new understanding of my own story. With this new lens, I have focused on understanding how health systems contribute to — or mitigate — health disparities and why we see an increasing gap between the incidence and outcomes of type 2 diabetes in populations of high versus low socioeconomic status.

My mentors at NYU Meyers listened closely as I explored this interest, and last year, Prof. **Allison Squires** referred me to a student research competition that could incorporate my interests in health systems research and diabetes.

Working with another mentor, Prof. **Maya Clark-Cutaia**, I sought to identify the themes that researchers have prioritized for diabetes care in the last five years. To do this, I used the National Library of Medicine's

Health Services Research Projects in Progress (HSRProj) database, which, with over 38,000 records, is the most comprehensive repository of information on health services research in the United States. Both of my mentors assisted me with qualitative methods of research and provided guidance as I sought to conduct systematic analysis. Together, we found that diabetes research in this country has primarily sought to address disease management by shifting behavioral factors and fostering improved self-management.

While these are indeed important aspects of diabetes care, they leave little room to examine some of the most important underlying issues: namely, the socioeconomic determinants of diabetes that can impede proper self-management. The prevailing research embodies the same assumption as my father's: that we are the product of our own choices. But as nurses, we know all too well that sending people home to lived environments that are not designed to facilitate and sustain necessary lifestyle adjustments is a part of why we come up short in diabetes management.

Disparities in diabetes management have always existed: 14-year-old Elizabeth was, in fact, the daughter of the US Secretary of State when she was first treated with insulin. Today, one need not be the child of a politician to receive insulin; however, one of the scientists who sold the insulin patent, **Frederick Banting**, described a world in which nobody should die of diabetes: “[Insulin] belongs to the world, not to me.” We have not yet achieved this vision.

My studies have helped shape my understanding of how the structure of our society influences disparities in health outcomes and how we, as nurses, hold a responsibility to raise our voice and call for changes in the status quo. We know that our duty at the bedside is only one part of being a patient advocate; the next step compels us to seek justice for our communities. In my last year at NYU Meyers and beyond, I will be taking these lessons with me. ■

ALUMNI

- A** **Jake Gold** BS '15, who is a nurse in charge at NYP Cornell, working alongside **Catherine Hsu** BS '21
- B** Alums **Stephanie Niu** BS '16 and **Jonathan Rando** BS '20 assisted Prof. **Fidelindo Lim** with a live simulation about patient care.
- C** **Ryan Byun** BS '19 and **Hogan Lee** BS '19 make the most of COVID safety regulations with a picnic in Madison Square Park.
- D** **Burak Yilmaz** BS '18 and **Engel Monsanto** BS '18 volunteered at God's Love We Deliver, preparing nutritious hot meals for home-bound New Yorkers. The event was organized by NYC Men in Nursing.



2020 VIRTUAL GRADUATION

We celebrated our 2020 grads with a dynamic virtual event on May 12, the 200th birthday of nursing pioneer Florence Nightingale. What better way to complete a nursing program? Our new grads found many special ways to mark this important accomplishment.





ALUMNI

GREETINGS FROM THE ALUMNI ASSOCIATION PRESIDENT



Dear alumni,

This has been an incredible year with nurses in the spotlight for their skill and heroism during the global pandemic. It seems especially fitting that 2020 is also the Year of the Nurse and the Midwife. I am honored to recognize the many Meyers alumni who have worked on the front lines of the COVID-19 crisis.

During these uncertain times, the Meyers Alumni Association has continued to host a variety of virtual events and provide volunteer opportunities. This virtual space has allowed alumni from all over the world to engage with programs, with a

sizable 37% increase in event attendance over the previous year. Without budget and space constraints, we can provide more programming than ever before, including more faculty lectures, panels on current healthcare topics, and professional development opportunities.

I would like to thank **Monefa Anderson** for serving as the Alumni Association president for the last three years. With her direction, the board made important changes to the governance structure, created new systems for annual procedures, and encouraged creativity to develop new

types of programs. She provided excellent leadership to the board and our entire alumni community.

Until we can meet again in person, stay safe and healthy. I look forward to seeing you online!

Sincerely,

A handwritten signature in black ink that reads "Catherine D'Amico".

Catherine D'Amico PhD '07
President, NYU Meyers Alumni Association

WELCOME NEW BOARD MEMBERS!

The NYU Meyers Alumni Association is happy to introduce our new board members:

Esteen Ladson Barnes, BS '03, MPA '97 (WAG)

Fidelindo Lim MA '96

Melissa Ojemeni PhD '18

Renee Sanchez MS '13

Peter Stoffan, BS '12, MPH '17 (WAG)

Congratulations to the new Vice President!
Mary Gallagher MA '84

Thank you to the outgoing board members for their service.

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

Casey Jussim BS '15

2020 ALUMNI AWARD HONOREES

Natalia Cineas, BS '06, MPH '09 (WAG)

Grace E. Davidson Award

In recognition of a nursing administrator of a healthcare agency who has significantly enhanced the education experience of nursing students

Peggy Compton PhD '93

Rose and George Doval Award for Excellence in Nursing Education

In recognition of achievements that influence nursing education through creative and humanistic approaches while instilling passion in students

Elizabeth Duthie, PhD '86, BA '84

Diane O. McGivern Legislative and Policy Award

In recognition of outstanding work in legislation and policy on behalf of professional nursing

Dawn Feldthouse MS '17

Rising Star Award

In recognition of a recent graduate who has made great strides in their nursing career while representing and supporting the mission and values of the College

Ellen Reed BS '72

Distinguished Alumni Award

In recognition of a graduate who has demonstrated extraordinary achievement, leadership, and innovation in their career and advanced the profession of nursing

Kathleen Wheeler, PhD '86, MA '78

Maes MacInnis Award

In recognition of outstanding work in clinical innovation on behalf of professional nursing

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.

ALUMNI

IN MEMORIAM

Daniel Coronel MA '96

Kathy Gunkel DNP '11

Suzanne Zamerowski PhD '93

Clara Kang, MS '18, BS '14 died tragically in a cycling accident after leaving her shift at NYU Langone Health in Brooklyn. She leaves behind a mother, sister, boyfriend, and many friends and colleagues.

Clara, by all accounts, was selfless, magnetic, warm, and kind. According to loved ones, she put people first — whether it was asking how a friend's sick parent was holding up, taking care of her ailing father, or just calling to check in when she knew someone was down.

Most recently, for the last six months, she worked overnight shifts in the COVID-19 ward. Prof. **Mary Brennan**, program director of our Adult-Gerontology Acute Care program, of which Clara was a recent graduate, called her "a wonderful student who excelled in spite of some difficult personal challenges."

Clara's loss leaves a hole in our profession and the entire Meyers community. We grieve for her, with her family, friends, and patients.



“Clara was a generous soul who loved and truly cared for others. The love and kindness that she had for her family, friends, and partner were reflected in her work as a dedicated nurse practitioner. She was passionate about increasing patient access to healthcare, and her genuine empathy and compassion could be felt in every interaction with her. She will always be loved and never be forgotten.”

—Kristine Kang, Clara's sister

UPCOMING EVENTS

Estelle Osborne Legacy Celebration

February 24, 2021

VIOLET NETWORK

You're invited to join the Violet Network, NYU's new online platform for knowledge sharing, networking, and mentorship. The Violet Network will make it easier for you to share your professional expertise with NYU students and other alumni.

When you join as an alum, you will be able to:

- Expand your network and connect with students and alumni in your city or industry of interest, and
- Join discussions about real issues impacting students and alumni.

Now more than ever, the NYU community is looking for ways to connect and support each other. Join today at violetnetwork.nyu.edu.

MEYERS ALUMNI WIN EVENT OF THE YEAR!

Congratulations to the **Nursing Administration Alumni Advisory Council**! They were awarded the NYUAA Event of the Year for the outstanding CNO Panel Discussion hosted on February 5, 2020.



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.

CLASS NOTES

1970s

Ellen J Reed BS '72 has had a full career in nursing from bedside to private practice to administration and consulting. She just completed her first book, *Someone to Watch Over You: Finding Your Strength Within*. She holds her experience at NYU responsible for the many wonderful opportunities she had in nursing.

1990s

Michele Crespo-Fierro BS '90 is the president of the National Association of Hispanic Nurses-New York Chapter. She celebrates her daughter **Regina Fierro**, a 2019 NYU Steinhardt graduate.

2000s

Lauren Pine BS '00 became disabled in 2017 when she was struck and dragged by a large dump truck. She is now on disability and doing volunteer work with the Center for Independence of the Disabled and Families for Safe Streets. She likes having a unique perspective as an RN and a recent trauma survivor.

Rosemarie Lee BS '02 received her DNP in 2018.

Reni (Papananias) Bell BS '08 is working as a wound, ostomy, and continence nurse practitioner at NYU Langone Health while actively pursuing her passion for narrative medicine by translating her clinical practice through the craft of screenwriting. She was a semifinalist in the Sundance Episodic Screenwriter's Lab in 2020.

Edwidge Cuvilly MS '08 was a contributing author in *A Guide to Mastery in Clinical Nursing: The Comprehensive Reference* and *The Handbook of Clinical Nursing: Medical-Surgical Nursing*, which were awarded the third position in the Medical-Surgical Nursing category for the best books by the *American Journal of Nursing* in 2018 and 2019, respectively. She has been an NP for 11 years, including nine years at Weill Cornell Medicine in the outpatient hematology/oncology bone marrow transplant unit. She earned her DNP in 2020 from Case Western Reserve University.

Stephanie Kidwell BS '08 started a new position as a student learning specialist at Chamberlain University College of Nursing.

Billy Rosa, BS '09, BFA '04 (TISCH) completed a PhD in Bioethics from the University of Pennsylvania. He started a postdoctoral research fellowship in psycho-oncology at Memorial Sloan Kettering Cancer Center. He received the 2020 National Lillian Wald Humanitarian Award from the National League for Nursing and the 2020 National Public Health Service Award for Distinguished Practice in Nursing from the American Nurses Association.

2010s

Jasmin Waterman MS '10 received the 2020 Under 40 Award from the National Black Nurses Association, Inc. She serves as the vice president of the New York Black Nurses Association.

Sapna Kakwani Yekanath BS '11 joined Phoenix Children's Hospital as a PNP in developmental behavioral pediatrics. She completed a 200-hour yoga teacher training, which she

hopes to incorporate into her practice to help patients improve their well being and mental health.

Kristina Ciudad Thompson MS '12 started a new position as nursing department chairperson in 2019.

Jennette Morgan BS '13 is working as nurse-midwife at Mount Sinai Hospital and is back at NYU Meyers teaching maternity simulation.

Kathleen Broglio DNP '14 works at Dartmouth Hitchcock Medical Center and was just promoted to associate professor of medicine at Geisel School of Medicine at Dartmouth. She works in palliative care focusing on individuals with serious illness and risks for substance use disorder.

Leigh McGrath Ehinger MS '15 received a DNP from Johns Hopkins University in May 2020. Her scholarly project was titled "Improving Postoperative Care of Minimally Invasive Gynecologic and Urologic Ambulatory Extended Recovery Patients: Non-pharmacological Pain Management."

Ranekka Dean, PhD '17, MPA '06 (WAGNER) is the director of infection prevention at a level one trauma hospital. She and her team have been very busy during the pandemic.

Joanne Schmidt MS '17 obtained a DNP from Yale School of Nursing. She is currently an FNP and Nurse Manager working for the city government under the New York City Administration for Children's Services. She is presenting her doctoral work at the NY ANA conference and just became a new member of the

professional nursing organization Chi Eta Phi.

Amanda M. Fabian, BS '18, BA '18 (LS) accepted a position in Los Angeles at Cedars Sinai in their Labor and Delivery Training Internship Program.

Marina Grabda BS '18 works as a senior staff MICU RN at NYU Langone Health.

Kristen Hansen BS '19 created a community-based support program for front-line nurses fighting COVID-19 called Adopt a Nurse. Through this program, over 1,700 front-line nurses have been adopted by a member of the community. There are multiple chapters across NY, NJ, CT & NC. She also recently started a position in the CTICU/CVICU at Stony Brook Medicine.

2020s

Genny Berman BS '20 began working as a registered nurse in the pediatric ICU at New York Presbyterian/Weill Cornell Medical Center in May. When she first started, the PICU was operating as an adult/COVID ICU but now is back to operating as a PICU and she absolutely loves it!

Michelle Lin BS '20 has a new position as a burn ICU/SICU RN.

Afreen Patel BS '20 accepted a new grad position in the Versant® RN Residency Program at Keck School of Medicine of the University of Southern California.

Caroline Pluta BS '20 started her first nursing job in the NICU.



HOW **PEGGY COMPTON** PHD '93 HELPED UPEND EVERYTHING WE THOUGHT WE KNEW ABOUT

OPIOID ADDICTION AND PAIN

by Meredith Barges



Back in the early 1990s when Prof. **Peggy Compton** PhD '93 began her research into opioid addiction and pain, few saw any links between the two conditions. If heroin addicts or other opioid abusers complained of pain, they were dismissed as “drug seeking”—even though no one in the medical community had investigated their pain experience.

At the time, Compton was working as a dispensing nurse at a methadone clinic in New Haven, Conn. There, she saw firsthand how this vulnerable group was being marginalized in medical care.

“Not uncommonly one of my methadone patients would be hospitalized with a painful condition, and I would see their complaints of pain being undertreated or ignored,” says Compton. “There was a perception that they wouldn’t be feeling much pain because of the large doses of methadone they were taking. It made me wonder about just how much pain they were feeling, hence my first research study—my dissertation.”

As a nursing PhD student at NYU, Compton devised a groundbreaking study that tested pain perception in opioid users on methadone and in different control groups. She showed that individuals with opioid use disorder being treated with methadone have a much lower tolerance for experimental pain in comparison to those abusing stimulants and those in drug-free recovery. Her strong neuroscience background was foundational to refining and testing a novel nursing theory of pain and opioid use disorder as interrelated

phenomena—supporting the emergent concept of *opioid-induced hyperalgesia*.

“At the time there was a literature about opioids and pain, and a literature about opioids and addiction, but the two literatures were not ‘speaking’ to one another,” explains Compton. “As a nurse, I was taking care of the whole person—pain and addiction existing in the same patient. The links between the two, in the context of opioid use, were grounded in my nursing perspective.”

Compton went on to complete a post-doctoral fellowship at the prestigious Neuropsychiatric Institute Drug Abuse Research Center at the University of California, Los Angeles. She stayed on as faculty at the UCLA School of Nursing for nearly 20 years.

When the opioid overdose crisis started in the early 2000s, Compton’s work developing compassionate and evidence-based pain care for opioid users took on added urgency. With funding from the National Institute of Drug Abuse, she established methods for detecting alterations in pain perception in patients on opioid therapy and identifying substance use disorders in chronic pain patients on analgesic therapy.

“The opioid crisis has gone a long way in reducing the stigma associated with addiction and improving access to evidence-based treatment services,” says Compton. “For so many years, those of us in the field worked to decrease stigma and improve treatment for this chronic and fatal disease, but it felt slowly incremental. Unfortunately, it took the death of so many young Americans to turn the tide.”

Compton’s strong neuroscience background was foundational to refining and testing a novel nursing theory of pain and opioid use disorder as interrelated phenomena—supporting the emergent concept of *opioid-induced hyperalgesia*.

We now know that pain management is central to motivating opioid users toward care and recovery. And ending the opioid overdose crisis, which claims nearly 130 lives every day in this country, requires finding safe, effective, non-addictive strategies for helping individuals manage their chronic pain.

Says Compton, “I am proud that my body of work arose from a place of compassion for a vulnerable and stigmatized patient population. I like to think that with the data I have amassed, I have moved the needle a bit in a more empathetic position.” ■

ALUMNI



WEDDING BELLS

ahead for **MEYERS COUPLE**

by Meredith Barges

ISABEL GONZALEZ BS '14 & ERIC DEMARTINO BS '13

ISABEL Eric and I officially met at the nursing building on Greene Street. He was sitting with a few of our mutual friends, so I introduced myself and asked him to come out with us for brunch.

ERIC We met towards the end of my last semester. She would always come to the table I was sitting at for lunch and talk to my mutual friends. One day she organized brunch and invited me.

ISABEL Luckily, he joined and now six years later, we're not only still together, but engaged! A few of those friends try to take credit for "setting us up", but let's all be honest, I made the first move!

ERIC Ironically, we had Nursing Seminar 1 together in my first year at NYU Meyers. It was a class of about 10 students. I noticed her, but we never spoke the whole semester.

ISABEL Just to set the record straight, even though our seminar class was small, it was at 8 AM, and we sat on opposite ends of the classroom. Eric admits he knew exactly who I was throughout school. He still teases me that I said hello to everyone in class except him. I think we should just be thrilled we met when we did, I can't imagine either of us would have wanted our first date to be studying for our pharmacology final.

ERIC As we were going on dates and learning that we share a lot of the same values and morals, I realized we had something special. Isabel is a breath of fresh air; she is always very cheery and super kind. She wakes up with a smile every single day, and it consistently rubs off on me and boosts my spirit.

ISABEL The week of our first date, my grandfather passed, and Eric was sweet enough to not only drive from Brooklyn to New Jersey but pick up two of my friends along the way. Over time, I think we slowly realized how much our fundamental values and morals aligned, how much we enjoyed spending time with each other, and the potential we had to grow together.

ERIC Isabel and I were supposed to be getting married this summer. Unfortunately, because of the pandemic, we had to postpone.

ISABEL We postponed our big day to keep our families safe. We rescheduled it for next July. We're hoping this time we won't have to reschedule! We plan on getting married in a Church in Avon, Conn., with a reception in West Hartford.

ERIC We have many plans to work hard professionally and travel and enjoy as much of our time together as possible. Every day I

think about Isabel and have a huge smile on my face and realize how lucky I am and how proud I am of her. She is such a consistently hard worker, and I can't believe how much she has accomplished. She does it all with a huge smile on her face.

ISABEL I was a traditional student...For me, it was important to be at a school that didn't have a traditional campus. Every semester, I had clinicals at some of the top hospitals in the country, in varying clinical sites, getting to experience different cultures, neighborhoods, and styles of nursing practice.

ERIC I was in NYU's accelerated BS program, after graduating from SUNY Oneonta in 2010 with a BS in biology. I wasn't sure what was next. Then, when my grandfather got sick and spent some time in the hospital, he would rave about how wonderful the nursing staff was. From there I volunteered in a hospital in Brooklyn to confirm that nursing was an appealing career for me. I applied to NYU Meyers and graduated in 2013.

ISABEL Eric is in his last year of CRNA school [at Quinnipiac University], and I just recently started my first nurse practitioner job. We're very excited to be able to establish ourselves professionally and continue to grow in our field.

GRADS ON THE JOB

ALUMNI



GIVING

Donations as of November 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	Sylvia and Stephen Schoenbaum, MD
American Association of Colleges of Nursing	C. Alicia Georges (MA '73)	Rory and Howard (STERN '64) Meyers	Cynthia and Thomas Sculco
American Cancer Society	Kim (PhD '07, MA '87) and Ronald Glassman	Mathy and Andrew (MED '60, WAG '92) Mezey	Sigma Theta Tau International
Christine Amoroso (SPS '91, BS '95)	The John A. Hartford Foundation, Inc.	The New York Community Trust	Suzette de Marigny Smith
Anonymous	Maureen (MA '76) and Philip Heasley	Sarah Pasternack (MA '73)	Suzette de Marigny Smith Family Foundation
Arcora Foundation	Helene Fuld Health Trust	Jay R. Paul	Joan K. Stout
Barbara (MA '92) and Michael Calabrese	Hugoton Foundation	Jay R. Paul Charitable Foundation	Eileen Sullivan-Marx and Ken Marx
Rebecca (BS '06) and Robert Callahan	Johnson & Johnson Innovation, LLC	Susan and Anthony Penque	Switzer Foundation
Claudia and Leo Crowley	Jonas Philanthropies	Muriel Pless (STEINHARDT '43)	The Thomas P. Sculco & Cynthia D. Sculco Foundation
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Garoline Gail Dorsen (PhD '14, BS '97)	Helaine and Sidney Lerner	Annette and Anthony Roscigno	Troxel Family Foundation, Inc.
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