

NYU NURSING SPRING 2021

# THE WAY BACK

WHAT WE'VE LEARNED AND HOW TO MOVE FORWARD



NYU

RORY MEYERS  
COLLEGE OF NURSING



**RORY MEYERS  
COLLEGE OF NURSING**

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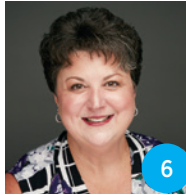
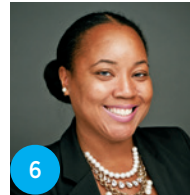
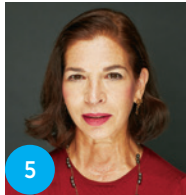
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# THE WAY BACK

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On February 9, 2020, the US reported its first COVID-19 death. Since then the US and indeed the globe have faced the crippling effects of the pandemic and more than three million souls have perished. At the time of this publication one billion doses of the COVID-19 vaccine have been administered around the world, unlocking the first substantial step towards our way back. In this issue of *NYU Nursing*, our faculty reflect on what they learned and how to move us forward.



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# DEAN'S CORNER



Dear friends,

It has been an unprecedented year of struggle and challenge.

The 2020–2021 academic year was certainly one for the history books. As COVID-19 raged throughout New York City in intervals for the last 15 months NYU made comprehensive plans for its students to attend classes in-person and remotely, largely centered around the mitigation techniques we've all grown so familiar with: masking, distancing, and frequent testing.

While it was not a school year we've been accustomed to or may have even wanted I am proud of the resilience our students, faculty, and staff exhibited. Kudos!

Since the start of the pandemic we all have longed for the return of "normal," the moment in which we can safely be with our friends and family, travel, and attend gatherings once again. I am proud to say that, owing to the dedication and expertise of scientists and clinicians from around the world, we are as close as we ever have been to normalcy. Vaccine production and distribution ramped up, leading to hundreds of millions of people being partially or fully vaccinated at the time of this publication.

Nurses, especially Meyers nurses, have been the backbone of New York's, and indeed the world's, pandemic response. They persevered through changing policies and protocols, shortages in PPE, round-the-clock shifts, and fear of exposure to the virus. But they did it, as they always have throughout history, because of the seriousness with which they take their calling to care for patients for they live, work, and play.

To a brighter future — together.

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



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

In April, Dean **Eileen Sullivan-Marx** published an opinion piece in *Scientific American*, "All Nurses are Scientists," which highlights how nurses used science to manage the complexities of patients' illnesses.

Read the article at: [scientificamerican.com/article/nurses-are-also-scientists/](https://scientificamerican.com/article/nurses-are-also-scientists/)

## New rankings for NYU Meyers

### NIH funding ranking

NYU Meyers is ranked 7th nationally in NIH funding among schools of nursing this year.

### US News & World Report rankings

**#12** MS program

**#8** Adult-gerontology primary care

**#24** DNP program

**#13** Nursing-midwifery

**#8** Psychiatric-mental health



**MARIA VEZINA MA '77**

System Vice President/Chief of Nursing Practice, Education, APN Credentialing & Labor Relations Partnerships Mount Sinai Health System

WHY I GIVE | GIVING

Without a doubt, my graduate studies at NYU Rory Meyers College of Nursing was one of the most formative educational experiences of my life. It was a privilege to be part of a program that had such an amazing, star-studded faculty and where a theoretical model of nursing was taught by the author herself — **Martha Rogers**. I still have Rogers' book, *The Science of Unitary Human Beings*, sitting on my bookshelf.

The nursing school was located in the Village in the seventies, which gave the whole experience an extra flair, especially for a young woman from upstate New York. Because my focus was on adult health and nursing education, I had the opportunity to attend faculty meetings, which was a valuable experience that helped to mold and build my leadership skills.

Along with the excellent education I received, I established many important relationships during my years at NYU that have continued to thrive to this day. Attending alumni events and teaching as a guest lecturer kept me connected to the school. Now, as a member of the Meyers Dean's Council, I am proud to be a part of a group that provides advice and support to Dean **Eileen Sullivan-Marx** in accomplishing the College's strategic goals.

My motivation for giving is knowing that my annual gifts help support the education of future nurses. I also believe that as you become successful in your career it is important to give back. Giving back is a win-win that helps widen your professional circles. Also I was especially delighted to be involved in raising funds for the Martha Rogers Group Study Room. This was a small way to honor the teacher who had such an impact on my life and career.

My advice to new nurses is to embrace nursing as a diverse and high-level profession. Determine what you want to contribute and go for it. Always remember that nursing care is a predominant force in quality health outcomes. The most committed work is caring for patients, and as nurses, we capture moments of victory in between moments of heartbreak. Nurses are always at the forefront of healthcare. ■



**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.



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

## NEW COLLABORATION

# Howard University and NYU partner to improve health and health equity

by Rachel Harrison | Associate Director, Research Communications

Howard University's College of Nursing and Allied Health Sciences and NYU Rory Meyers College of Nursing have formed an educational and research partnership to work together to have a greater impact on improving health and health equity in urban areas and global communities.

"We are ecstatic to be in partnership with such a prestigious educational institution as NYU Meyers at such a critical time within our nation's healthcare cataclysm," said **Gina S. Brown**, dean for the College of Nursing and Allied Health Sciences at Howard University. "The potential collaborations are endless."

The new partnership will enable nursing researchers at Howard and NYU to collaborate on existing research projects and jointly apply for grant funding for new projects. The schools are in the process of applying for funding to develop a mentoring and education program to encourage African-American nurses to obtain specialty nursing certifications. In addition faculty will be invited to attend research seminars and professional development opportunities at both schools.

"We are thrilled to build new ties to Howard University, one of the country's top HBCUs, and to work closely with its expert nursing faculty," said **Eileen Sullivan-Marx**, dean and Erline Perkins McGriff professor at

NYU Meyers. "By formally establishing this partnership, we can develop unique opportunities for cross-school collaborations that address health inequities and increase our impact on improving care for the patients and communities we serve."

In addition to fostering faculty and research collaborations, nursing students at Howard and NYU Meyers will have the opportunity to attend new and established programming through educational exchanges. For instance, Howard nursing students will be encouraged to participate in NYU Meyers' 10-week summer research program, designed to engage undergraduate and graduate students from underrepresented backgrounds in mentored research. The NIH-funded program aims to develop the next generation of cardiovascular disease researchers, and NYU and Howard hope that participation will encourage more nursing students of color to pursue research doctorates in nursing or related fields.

The Howard-NYU partnership was catalyzed by Brown and NYU Meyers' **Audrey Lyndon**, professor and assistant dean for clinical research. While on faculty at the University of California, San Francisco, Lyndon worked closely with Brown on educational exchanges; they look forward to building upon this collaboration to change the future of nursing. ■



**“We are thrilled to build new ties to Howard University, one of the country’s top HBCUs, and to work closely with its expert nursing faculty.”**

Eileen Sullivan-Marx,  
dean and Erline Perkins McGriff  
professor at NYU Meyers



Karyn Boyar is a family nurse practitioner specializing in neurology and long-term care who teaches both didactic and clinical courses as well as simulation.

# NYU Meyers launches clinical research nursing master's program

by Rachel Harrison | Associate Director, Research Communications

NYU Rory Meyers College of Nursing has created a Master of Science in clinical research nursing—the only such program in the New York metropolitan area.

Nurses play a critical role in clinical trials, often serving as the operational leads on studies and working directly with participants to provide interventions. As the number of clinical trials in the US has increased, so has the demand for clinical research nurses.

“Clinical research nurses must possess high-level clinical and critical thinking skills, while also remaining cognizant of the regulatory, ethical, and scientific issues of the clinical research environment,” said **Karyn Boyar**, director of the program and clinical assistant professor at NYU Meyers. “They can both improve the conduct of clinical research and ultimately the quality of life for individuals, families, and communities.”

The new master's program will prepare nurses to administer research interventions,

evaluate patients' responses to novel therapies, integrate evidence-based practice into nursing practice, and evaluate patient outcomes. Students will also learn research project management, including patient recruitment and retention, as well as finances. Coursework will also focus on conducting research with culturally diverse and underserved communities through effective communication, evidence-based practice, and ethical decision making.

While clinical research nurses act as clinicians, leaders, advocates, and educators, they are also collaborators working within interdisciplinary research teams. Students in the program will learn alongside other health professionals, with courses offered at both NYU Meyers and NYU Grossman School of Medicine.

Practicum opportunities are available at major medical centers in the New York City area, including NYU Langone Health, Memorial Sloan Kettering Cancer Center, and Rockefeller University. Graduates will be

“Clinical research nurses must possess high-level clinical and critical thinking skills, while also remaining cognizant of the regulatory, ethical, and scientific issues of the clinical research environment...”

Karyn Boyar, director of the program and clinical assistant professor at NYU Meyers

prepared to work in organizations such as universities, academic medical centers, and the pharmaceutical industry.

Nurses can complete the program in one year full time or two years part time. Applications are open for fall 2021, with an early action deadline of March 1 and final deadline of June 15. ■



## NICHE's Jennifer Pettis honored by Alzheimer's Association

by Rachel Harrison | Associate Director, Research Communications



**Jennifer Pettis** is the recipient of the Alzheimer's Association's Frank Carlino Award in recognition of her outstanding advocacy on behalf of individuals and families living with Alzheimer's and other dementias. Pettis was presented the award virtually at this year's New York State Alzheimer's Virtual Advocacy Day on March 10.

Pettis is the acting director of programs for Nurses Improving Care for Healthsystem Elders (NICHE) at NYU Meyers, the leading nurse-driven program designed to help hospitals and healthcare organizations improve the care of older adults. Pettis has more than 25 years of healthcare experience as a nurse, nurse researcher, educator, and consultant working to improve healthcare for older adults.

Pettis is also the Alzheimer's Ambassador for Senate Majority Leader Charles E. Schumer and a Chapter Board member and community educator for the Alzheimer's Association Northeastern New York Chapter. Alzheimer's Ambassadors are grassroots volunteers for the Alzheimer's Impact Movement — the advocacy arm of the Alzheimer's Association — working to develop and advance policies to overcome Alzheimer's disease through increased investment in research, enhanced care, and improved

support. As the main point of contact for Senator Schumer on issues related to dementia and Alzheimer's, Jennifer has visited several of his regional offices throughout the state (pre-COVID-19) and has worked to mentor other Ambassadors and advocates across New York State. She has taken a unique approach through her own network to engage Senator Schumer and has developed a trusted relationship with his congressional offices to ensure her voice is heard by policymakers.

"There are 6.2 million older adults age 65+ living with Alzheimer's, and that number is expected to double to 12.7 million by 2050. In short, Alzheimer's disease is a public health crisis, and the time to act is now," said Pettis. "I humbly accept this award, but my work is far from over. I will continue to advocate for those living with this disease and their caregivers, as well as push to ensure that health systems are prepared to provide person-centered, quality care to individuals living with Alzheimer's and other dementias."

The award is named for Frank Carlino of Cornwall, Orange County, who became the face of Alzheimer's at a time when people with the disease did not speak out about it. The Frank Carlino Award celebrates his visionary spirit and is given yearly to recognize an advocate who exemplifies the qualities of dedicated perseverance and creativity that help people with Alzheimer's and their families.

In New York State alone, there are more than 410,000 people who live with Alzheimer's disease and 586,000 caregivers who provide 7.74 million hours of unpaid care to their loved ones with dementia, which is valued at nearly 15 million dollars. ■

## Prof. Selena Gilles named director of undergraduate program

by Rachel Harrison | Associate Director, Research Communications

**Selena Gilles** was appointed director of the undergraduate program at NYU Meyers College of Nursing in January. Prof. Gilles joined Meyers as an adjunct clinical instructor in 2010 and became a member of the full-time faculty in 2014.

Over the past 10 years, she has developed her teaching expertise to include integrating technology into the classroom, designing novel approaches to promote student learning, and developing interprofessional simulation activities. Prof. Gilles has a vast portfolio of educational content areas and currently serves as the co-director of the Hartford Institute for Geriatric Undergraduate Scholars program. She also has significant experience in curriculum design, test construction, and use of the team-teaching approach.

Prof. Gilles has demonstrated leadership through her service to Meyers as both chair and member of various faculty governance committees and task forces. She has furthered her commitment to leadership by completing two highly competitive programs: the NLN Leadership Institute and the Wharton Nursing Leaders Programs.

A founding member of the National Black Nurses Association-Greater NYC Chapter, she serves on their board and is the organizational representative to the New York Nursing Alliance. ■



## Prof. Maya Clark-Cutaia to study COVID-19 vaccine hesitancy among patients with kidney disease



by Rachel Harrison | Associate Director, Research Communications

Assistant Prof. **Maya Clark-Cutaia** is the co-investigator of a winning submission for the KidneyX COVID-19 Kidney Care Challenge. Working with Lama Nazzal, a nephrologist at NYU Langone Health and David Charytan, director of the Division of Nephrology and Norman S. Wikler Associate Professor of Medicine at NYU Langone Health, their winning project will characterize determinants of COVID-19 vaccine hesitancy in a diverse population with end-stage kidney disease using mixed methods research.

The knowledge gained will be used to inform multidisciplinary and tailored interventions to increase vaccine acceptance in end-stage kidney disease patients, with the goal of increasing vaccine uptake to greater than 70 percent within three months following implementation.

Individuals with end-stage kidney disease undergoing dialysis are at increased risk of COVID-19 morbidity and mortality; if hospitalized with COVID-19, this population's mortality risk is approximately 30 percent.

"The best approach to build widespread COVID-19 immunity is a mass vaccination campaign, but reports of high rates of vaccine hesitancy are concerning," said Clark-Cutaia. "We believe vaccine uptake can be improved using tailored and targeted interventions."

In their project, Clark-Cutaia, Charytan, and Nazzal will gather data from dialysis patients in New York City to explore perceptions of discrimination, mistrust, and stigma surrounding communicable disease, as well as individual and group-based factors that influence vaccination hesitancy. They will use both

surveys to measure barriers and facilitators to vaccination, as well as a qualitative component to examine cultural beliefs and attitudes, perceived expectations, and preferences that influence the ability and willingness to get vaccinated. Their findings will inform interventions to increase vaccine uptake in people with end-stage kidney disease.

KidneyX—short for the Kidney Innovation Accelerator—is a public-private partnership between the U.S. Department of Health and Human Services and the American Society of Nephrology. The KidneyX COVID-19 Kidney Care Challenge was created to identify and share solutions that reduce SARS-CoV-2 transmission and risk among people with, or at risk of, kidney injury or disease. Winning projects are funded with \$20,000 prizes. ■

## Celebrating the completion of the Ghana Nurse Leaders Program Phase II

by Kerry Stalonas | Associate Director, Global Operations

On January 15, 2021, eleven participating nurse leaders of the Ghana Nurse Leaders Program (GNLP) Phase II celebrated the completion of the two-year program and the many positive contributions they have made to the Ghana healthcare system through the implementation of their GNLP change projects.

The completion of the GNLP Phase II, which was a program jointly coordinated and implemented by NYU Meyers through Clinical Associate Prof. **Robin Klar**, Dean of the University of Ghana School of Nursing and Midwifery Lydia Aziato, and the Ghana Health Service's Director of Nursing and Midwifery Services Eva Mensah

marks the participation of a total of 44 Ghanaian nurses in this leadership program. Despite the challenges brought about by the pandemic, these nurse leaders were not only able to successfully complete their change projects, but they were also able to adapt them to meet the needs of the current healthcare situation.

While all GNLP Phase II change projects were outstanding, three of them, identified by the program's principal investigators as most impactful, were awarded at the ceremony.

The recipients of the prizes were Gyimaa Nti-Darkwah (third place, *Emergency nursing practice: Prompt response and documentation at the casualty unit of New Tafo Government Hospital*), Florence Solyelleh (second place, *Assessing/improving documentation on inpatient's vital signs, physical assessment and nursing process the upper west regional hospital*), and Dorcas Zenabu Seidu (first place, *Restructuring public health home visiting practice*).

To wrap up the GNLP Phase II, the GNLP team intends to use the final change project reports developed by the nurse leaders and their



faculty coaches to develop a manuscript that clearly showcases the challenges and opportunities faced by the nurse leaders during the design and implementation of their change projects as well as the impact of their change projects in helping shape the future of the Ghana healthcare system.

The Ghana Nurse Leaders Program is one of three NYU-wide program initiatives under the Ghana Wins! Program, established by the Fundación Mujeres por África (Women for Africa Foundation) with funding from Banco Santander, Spain. ■

NYU Meyers is accepting applications for full-time tenure-track and clinical faculty. To view more information about the positions and to apply, please visit <https://nursing.nyu.edu/open-positions>.

## MEET OUR NEW FACULTY

We are excited to introduce you to three new faculty members we welcomed this spring.



**Richard Dorritie**

**Richard Dorritie** is a clinical assistant professor. He received a PhD in nursing from Columbia University, BS in nursing from Hunter-Bellevue School of Nursing, and an AAS in nursing from Borough of Manhattan Community College.

His research interests are the intersection of poverty and racism with the quality and safety of surgical care. Dorritie's professional activities are focused on developing and advancing nurses as leaders as a member of the NYS Nurses on Boards Coalition, as well as serving the local chapter of the AORN as a board member.

Prior to joining the faculty at NYU, Dorritie was an associate professor at Helene Fuld College of Nursing, and had completed a teaching fellowship at Columbia's Center for Teaching and Learning. Dorritie maintains board certification in both emergency and operating room nursing. ■



**Mikki Meadows-Oliver**

**Mikki Meadows-Oliver** is a clinical professor. She is a certified pediatric nurse practitioner with more than 25 years in the nursing profession. In addition to her clinical work with underserved families in the US, she has done clinical work in Nicaragua; the Dominican Republic; and Cape Town, South Africa. Meadows-Oliver was a 2019–2020 Environmental Health Nurse Fellow of the Alliance of Nurses for Healthy Environments where she focused on environmental health equity/justice and addressing the disproportionate impact of environmental exposures on vulnerable groups.

Meadows-Oliver is a past president of the National Association of Pediatric Nurse Practitioners. She is the column editor for the Practice Guideline Department of the *Journal of Pediatric Health Care*. She has presented at national and international conferences and is the author of nearly 60 publications.

Prior to joining the faculty at NYU, Meadows-Oliver was a faculty member at Yale University, Quinnipiac University, and the University of Connecticut. She has held clinical positions at Yale New Haven Hospital and the Hospital of Saint Rafael in New Haven, CT. Her current clinical practice is Choate Rosemary Hall in Wallingford, CT.

Meadows-Oliver received her PhD in nursing from the University of Connecticut. She received dual master's degrees in nursing and public health from Yale University and a bachelor's degree from Barnard College, Columbia University. Meadows-Oliver is a veteran of the United States Army Reserve. ■



**Kelseanne Breder**

**Kelseanne Breder** is a clinical assistant professor. She completed her PhD at Columbia University through a grant from the National Institutes of Health in informatics and health disparities. She received her bachelor's and master's degrees in nursing from Columbia University. Breder holds two previous bachelor's degrees from University of Florida in psychology and theater. She also completed master's coursework at Yale Law School where she co-published a review of reproductive rights in Central and South America during the 2016 Zika virus outbreak.

Breder's research interests include LGBT health, reproductive rights advocacy, mental health, social determinants of health, social support, empathy and learning, art and alternative therapies, and user-focused informatics interventions.

Prior to joining the faculty at NYU, Breder served as an adjunct professor at Columbia University and Pace University. As a psychiatric-mental health nurse practitioner, Breder has doctored a range of patient populations, from private practice clients to clients who formerly or currently experience homelessness in New York City. ■





I gained the ability to enable patients [...] to conduct home peritoneal dialysis and [ensure that] the whole process is safe [and] free of infection [...]" | **Violette D., program participant**



# Bridging the theory practice gap for nephrology nursing students in Rwanda

by Lakshmi Rajeswaran | Training Specialist

Noncommunicable diseases (NCD) are the leading cause of death worldwide. In sub-Saharan Africa the impact of chronic kidney disease, primarily caused by diabetes and hypertension, is severe in low- and middle-income countries. In Rwanda the prevalence of chronic kidney disease is further exacerbated by HIV infections and their treatment, as well as the use of nephrotoxic traditional medicines and non-steroidal anti-inflammatory drugs.

There is a paucity of published research articles regarding the pervasiveness of kidney failure in Rwanda, but a retrospective study of Rwandan hemodialysis patients found underlying comorbidities such as hypertension (78%) and diabetes (38%) to be present in similar percentages as in Africa overall. It is therefore possible to infer that Rwanda also follows sub-Saharan Africa's estimates that 100 cases per million people have end-stage kidney disease.

During the 1994 genocide many healthcare workers were killed, creating a huge vacuum in the healthcare workforce. The Human Resources for Health (HRH) program started in 2012 with the primary goal of training a large, diverse, and competent health workforce in Rwanda. Since 2012 a consortium of US academic institutions, including NYU Meyers, has been deploying visiting faculty to the Rwanda School of Nursing and Midwifery.

The master's program started in 2015 with eight different specialties, including the new field of nephrology nursing. In Rwanda peritoneal dialysis is offered in only one referral hospital; renal replacement therapy is currently offered in four referral hospitals and three private centers. Kidney transplants are limited by a shortage of nephrologists, transplant surgeons, nephrology-trained nurses, and sufficient laboratory facilities

for tissue typing. As a result many patients with end-stage kidney disease travel to India, France, and Belgium for renal transplantation.

Though master's students in the Rwanda School of Nursing and Midwifery had an understanding of the theoretical aspects of renal replacement therapy, their clinical exposure was limited due to the availability of facilities. A four-week internship training was organized to bridge the theory-practice gap and increase hands-on learning. To sharpen their clinical skills a cohort of seven students, along with one Rwandan faculty, interned at St. John's Academic Teaching Hospital in Bengaluru, India. An additional five students from a second cohort were sent to the Kenyatta National Hospital in Nairobi, Kenya. Both hospitals gave students ample opportunity to learn; on a daily basis 100–145 patients were dialyzed and each month approximately five patients received renal transplants. The internship training provided the students an enriching experience in a different clinical setting.

The two cohorts of Rwandan nephrology nursing students gained essential clinical learning experiences in Indian and Kenya.

The master's students achieved proficiency in aortic venous fistula needle insertion, provided care for pediatric children on hemodialysis and patients undergoing peritoneal dialysis, and observed renal transplantation. In addition all of the students had theoretical sessions conducted by a team of nephrologists, social workers, nutritionists, and transplant nurses. These achievements are underscored by the students' limited opportunities to practice different renal replacement therapy techniques in Rwanda.

Furthermore the master's students developed professional socialization by interacting with nurses, dialysis technicians, and doctors from different cultural backgrounds. The

internship also exposed students to functioning effectively in a fast, busy clinical environment via good teamwork.

Part of the learning experience were the challenges that students faced at the beginning of their internships. The cohort in India had difficulties with contrasting clinical environments; separation from families and children; different food, water, and weather; and a language barrier, which was an obstacle for Indian nurses and technicians as well as Rwandan students. In Kenya the many students that spoke Swahili, the national Kenyan language, were able to have clearer communication with the healthcare professionals.

The former interns are already applying their learnings from India and Kenya: four of the nephrology master's-prepared nurses are assistant lecturers at the University of Rwanda; ten of the nurses are leading dialysis units at referral hospitals. Some are already actively involved in conducting research and publishing their work. All of them can develop policies and guidelines; become involved in community projects aimed at mitigating NCDs; and develop regional collaborations with stakeholders.

The internship training was the first collaborative international project to be successfully implemented with the support of the HRH program within the Rwandan Ministry of Health, and the University of Rwanda. Their efforts are paying off already: Rwanda is on the brink of creating renal transplants, and the master's-prepared nephrology nurses will contribute towards achieving this vision while also educating the public on preventive nephrology.

Since Rwanda is at the point of developing renal transplant centers soon, the master's-prepared nephrology nurses can contribute to a greater level in achieving this vision and sensitize the public on preventive nephrology. ■

Our faculty are experts at the forefront of nursing research and practice. Here are some of their recent accomplishments.

## FACULTY ACHIEVEMENTS

Clinical Assistant Prof. **Susan D. Altman** oversaw a successful re-accreditation of the nurse-midwifery program and advanced certificate in midwifery by the Accreditation Commission of Midwifery Education.

Prof. **Mary Brennan** was honored by Osmosis.org with its inaugural Raise the Line Faculty Award in the nurse practitioner category.

Clinical Assistant Prof. **Leon Chen** received a 2021 Society of Critical Care Medicine Presidential Citation for outstanding contributions. He also was appointed as an editorial board member of the *Journal of American Association of Nurse Practitioners*.

Clinical Assistant Prof. **Michele Crespo-Fierro** was invited by the Association of Nurses in AIDS Care and the University of Maryland School of Nursing to participate in their leadership development speaker series.

Clinical Assistant Prof. **Jeff Day** was appointed chair-elect of the nursing section of GLMA: Health Professionals Advancing LGBT Equality.

Prof. **Selena Gilles** was accepted into the Wharton Executive Education's Nursing Leaders Program at UPenn.

Affiliated Prof. **Vincent Guilamo-Ramos** was named dean of Duke University School of Nursing effective July 1, 2021, the fifth Meyers professor to become dean of a college in the last few years.

Ursula Springer Prof. **Judith Haber** and OHNEP Program Director **Erin Hartnett** were appointed to the National Organization to Prevent Hospital Acquired Pneumonia Advisory Implementation and Policy Workgroups.

Prof. **Donna Hallas** collaborated with Prof. **Jean-Claude Franchitti** and his students to develop a smartwatch application to help manage and alleviate anxiety among children.

Mathy Mezey Prof. of Geriatric Nursing **Christine Kovner** gave an e-poster presentation at the 2020 GSA Annual Scientific Meeting on the experiences and perspectives of older and younger RNs during the COVID-19 pandemic.

Clinical Associate Prof. **Beth Latimer** presented "Achieving Care Excellence: Advancing Collaborative Learning and the Art of Debriefing" with CSLC Executive Director **Natalya Pasklinsky** at the 2021 NICHE Conference.

Clinical Associate Prof. **Fidelindo Lim** was named a member of the Civility and Bullying Workgroup of the National Student Nurses' Association.

Assistant Prof. **Ann-Margaret Navarra** was honored with the Eastern Nursing Research Society's Nursing Research Authorship Award.

Clinical Prof. Emerita **Jamesetta Newland** co-edited the second edition of her textbook *Child and Adolescent Behavioral Health: A Resource for Advanced Practice Psychiatric and Primary Care Practitioners in Nursing*, which is now available. Clinical Prof. **Donna Hallas** contributed to the textbook.

Prof. **Audrey Lyndon** was a 2021 recipient of the *Journal of Midwifery & Women's Health* Best Research Article Award for her article entitled "Listening to Women: Recommendations from Women of Color to Improve Experiences in Pregnancy and Birth Care."

Clinical Assistant Prof. **Eda Ozkara San** recently passed the examination offered by the Transcultural Nursing Society and received a certification as a Certified Transcultural Nurse-Basic.

Executive Director of the Clinical Simulation Learning Center **Natalya Pasklinsky** was accepted into the NYU Management Fellows Program.

Assistant Prof. **S. Raquel Ramos** served as a guest editor on the *Journal of the Association of Nurses in AIDS Care* special issue on "Nursing's Contribution to the HIV Epidemic Over the Last 40 Years."

Prof. **Karla Rodriguez** passed her certification exam for the American College of Lifestyle Medicine to earn a Diplomate ACLM credential.

Assistant Prof. **Tina Sadarangani** was selected by McKnights as a Rising Star in Long-Term Care.

Associate Prof. **Dena Schulman-Green** was appointed to the editorial board of the *Journal of Pain and Symptom Management*.

Assistant Prof. **Jasmine Travers** was an invited panelist for the Campaign for Action's Health Equity Action Forum speaking on disparities and impact of COVID-19 on healthcare staff.

Associate Prof. **Victoria Vaughan Dickson** received the President's Award from the Eastern Nursing Research Society for her outstanding leadership and service.

Clinical Associate Prof. **Mary Jo Vetter** was selected as a 2021 fellow of the American Academy of Nurse Practitioners.





**A** Prof. **Christine Kovner** worked at the Javits Center administering COVID-19 vaccinations.

**B** **Kerry Stalonas**, associate director for global operations, and **Renata Kurtz**, global project administrator, helped pack and distribute textbooks.

**C** Prof. **Saribel Quinones** along with FNP students **Andrea Sarabjeet** and **Jaquelyn Nguyen** performed well-child visits and administered routine vaccinations to children living in the Queens area.

**D** Prof. **Selena Gilles**, on behalf of the Greater NYC Black Nurses Association, delivered toys and food to more than 80 kids in need this holiday season.



## RORY MEYERS



Rory Meyers will live on forever in the world, as will her kindness, generosity, and commitment to nursing students. Because of her gift, NYU nursing graduates will

enter the field holding Rory and her story close to their heart and will take her humility and respect to the bedside for each and every patient.

I have been forever changed because of Rory Meyers. She and her family made it possible for me, a low-income, first-generation Puerto Rican student to attend one of the most prestigious nursing programs in the United States. My future brightened and I began to blossom into a confident nursing student when I began college. I am proud and honored to be a Meyers Scholar, and I will work to keep Rory's memory and legacy alive. | **Amberlynn Pentoja**



The legacy of Rory Meyers, her gift, and her family will live on in myself and in a generation of people who will attend the Meyers College of Nursing as Meyers Scholars. Almost four years ago, when I was first told that I would be able to attend NYU thanks to the generous support of the Meyers family, I knew that the gift would change my life. I did not, however, quite understand the extent to which it would. Though each of us comes from a different background, each Meyers Scholar has been fundamentally impacted by this scholarship. It has increased our capacity to positively impact our communities and strengthened our sense of purpose as nurses. I can personally attest that my life, my family's life, and the lives of my future family have been altered forever because of the generosity of the Meyers family — an impact that will live on in me as a nurse and all my patients. I will always be a Meyers Scholar and will carry with me a deep sense of appreciation and gratitude for the person who made it possible. | **Gavin Arneson**



Rory Meyers' generous gift to the NYU School of Nursing has forever changed my life.

Without her donations to the school, I would have never been able to afford to attend a university as prestigious as NYU. So many opportunities became available to me after becoming a Rory Meyers Scholarship recipient. For one, I am blessed to not have to worry about affording university, much less a university like NYU, as many other students do. Also being able to attend NYU specifically has given me access to one of the best nursing educations in the country, as well as allowing me the chance to explore New York City during my college years.

I can never thank Rory Meyers and her family enough for their donation to the school. It has made things possible for me that I never would have been able to achieve without it. She has created a legacy that will last long after her passing and will continue to touch the lives of other students like me who hope to become nurses. Her generosity and kind spirit will be greatly missed and will continue to live on at NYU. | **Rachel Breece**



Rory Meyers' legacy is everlasting. Her impact continues to grow as the Meyers scholarship continues to help students, their loved ones, and their patients.

As I continue on my own journey, I will always remember that the impact and change I make on this world is due to Rory Meyers' generous gift.

There are no words that can express my gratitude to Rory Meyers for the gift she has given me. The Rory Meyers Scholarship has given me the opportunity to attend the school of my dreams and attain the life I have always envisioned for myself and my family. This experience has also granted me with life experiences, personal growth, and opportunities that I could have never imagined. | **Noor Cheema**



Rory Meyers was a great woman and a great nurse who dedicated her life to helping people and bringing comfort and care to them during their most

vulnerable moments. Her empathy and kindness were not limited to the healthcare field and hospital environment. As the namesake of NYU's very own college of nursing, she was a champion of education, raising up future cohorts of excellent nurses and leaders of the health world. Her donations and financial support for first generation students and for financially-struggling students has relieved the burden of living expenses and tuition. Her acts continuously help students chase their dreams and ambitions freely, without anything holding them back.

My application to NYU was a huge gamble. Attending NYU Meyers has always been a goal of mine, especially with its state-of-the-art clinical simulation center and its outstanding staff. However, as a first-generation student and daughter of laundromat owners, the university's tuition was intimidating. With my parents' occupation, there was no guarantee that we would be able to afford my tuition without massive student loans. I was immensely worried that I would not be able to pursue my nursing career at NYU. Luckily I received the Rory Meyers' Scholarship, which put my family at ease financially. It was because of Rory Meyers' generous donation that I am now able to attend NYU, learn from a professional staff, gain a one-of-a-kind experience, and train to become the best nurse that I can possibly be. My family and I are extremely grateful to Rory Meyers and her family for giving me this amazing opportunity and we hope that her legacy continues on. | **Amy Zheng**

## RORY MEYERS

Rose-Marie “Rory” Mangeri Meyers (1941–2020) was an accomplished nurse, humanitarian, and dedicated wife, mother, grandmother, aunt, and beloved friend.



I am grateful for the innovation that Rory Meyers brought to the world by reshaping how the world views the occupation of nursing. Throughout her life she gave tremendous support to our profession with generous donations that help NYU further improve its facilities and provide support for low-income, first-generation students. From the bottom of my heart, I would like to thank her for her continuous service to our school and for making a tremendous impact in our communities. | **Md Islam**



Rory Meyers’ legacy will live on beyond her passing. No words can describe the gratitude that I and other recipients of her gift feel. It is an honor to get the opportunity to study at a prestigious school like NYU with a scholarship that covers my entire tuition. This would have not been possible without Rory Meyers and her aid. Because of her gifts, I will be able to live out my dream career with all of the opportunities that NYU has to offer.

My family and I are so thankful for the stability that Rory Meyers’ scholarship has provided. I will be the first person in my generation within my family to go to college and become a nurse within four years. Thank you to the Meyers family for their charity and for allowing students to pursue their goals. | **Denise Rodriguez**



New York University offers one of the finest nursing programs in the country and I consider myself fortunate to be able to attend. However none of this would have been possible without the kind help of Rory Meyers. As a low-income and first-generation student, Rory Meyers’ generosity has furthered my passion to care for those most in need and has ensured that my professional and educational goals are financially attainable. My parents, who traveled over 6,800 miles from rural China to pursue

the American Dream, have always emphasized the importance of seeking a higher education to obtain successes and achieve greater things. Upon hearing that I had been selected as a Meyers Scholar, they were overjoyed and extremely proud! Now, heading into my second semester at NYU, I can put all of my energy and focus into the opportunities and resources that NYU has to offer to make a difference in the world. This is something I will never take for granted. From the bottom of my heart: thank you again for enabling me to pursue my dreams and giving me a chance to thrive and succeed. | **Michelle Jiang**



Rory Meyers has had an enormous impact on my academic career. When my parents immigrated to the United States in the late 1980s, the idea of a college education was a mere dream. I remember falling in love with NYU when I was thirteen years old but my family often worried about how they could help me obtain a postsecondary education. It broke their hearts as well as mine, but I maintained a positive attitude nonetheless. I remember the moment that Rory Meyers changed my life. I was having a really rough week, but upon receiving an email notification, my spirits were instantly raised. A weight had been lifted off of my family’s shoulders, and I knew that I could confidently be the first in my family to attend college, and at my dream school, Rory Meyers College of Nursing.

I was filled with great sadness upon hearing about Rory Meyers’ passing. Her gift shaped the path that my life would take, providing me with opportunities that were once my ancestors’ wildest dreams. Undoubtedly her legacy will be carried on for the rest of my life. It will all be thanks to Rory Meyers when I become a nurse one day. I will forever be grateful. | **Eric Li**



Rose-Marie “Rory” Meyers had such a strong passion to help those in need, and this legacy is kept alive through her various works. One of the most admirable of these works is the Meyers Scholarship, which enables low-income, first-generation students to succeed and thrive. I am connected to Rory Meyers through this incredible work. As a first-generation Indigenous student I am extremely honored and grateful to have received from Rory Meyers the opportunity to obtain an education. I speak for not only myself but also a wide array of students from diverse backgrounds when I say that Rory Meyers has truly touched the hearts of many and guided the futures of many excellent nurses to come. Rory Meyers’ memory and legacy lives through me and my fellow generation of nurses. | **Cali Delp**



Attending NYU Rory Meyers College of Nursing has been a dream come true. I am still in disbelief and deeply appreciative to have the privilege to obtain an eye-opening educational experience at what I consider to be the best nursing school. I want to thank Rory Meyers for her heart of service and for providing opportunities to many students like me. Unlike many American college students, I am blessed to be able to follow my passion without having to worry about the burden of tuition or other expenses, and for that I am extremely thankful.

Rory Meyers was a strong and powerful woman, a passionate nurse with a giving heart, and a provider of opportunities for upcoming nurses. Finally Rory Meyers is who I aspire to be. Nursing is one of my passions, but I hope to one day help my Latinx community pursue their dreams and interests. Rory Meyers has inspired me to continue her work and has provided me the tools to do so. Her legacy will not be forgotten, and her generosity will not be in vain, for she has been a savior for me and many students. My deepest condolences to her family, and my prayers are with her family during this difficult time. | **Leslie Taza Rocano**



## 30TH ANNUAL Estelle Osborne Legacy Celebration

by Michelle Fung |  
Development Manager

For the last 30 years, NYU Meyers has been celebrating inclusion, diversity, belonging, and equity during Black History Month with the legacy of one of our own—former faculty member Estelle Massey Osborne. She was a pioneer who worked tirelessly to remove racial barriers and provide opportunities for Black nurses across the US.

During this yearly celebration, we recognize a distinguished alumnus/a or faculty member whose professional career embodies Osborne’s legacy. This year’s honoree was **Lisa Lewis** MA ’98. Lewis is an associate professor of nursing and the associate dean for equity and inclusion at the University of Pennsylvania School of Nursing. During her 17-year academic career, she has built a track record of developing,

growing, and sustaining mission-driven initiatives in cardiovascular health disparities research and the areas of diversity, equity, and inclusion.

The event kicked off with a panel discussion by four esteemed NYU faculty members. Profs. **Vincent Guilamo-Ramos**, **Olugbenga Ogedegbe**, and **Chau Trinh-Shevrin** discussed disparities in COVID-19 outcomes across populations, vaccine hesitancy, and access to resources. The panel was moderated by **Maya Clark-Cutaia**, assistant professor at NYU Meyers.

This annual celebration would not be possible without the vision of its founders: **Gloria Chandler Ramsey**, MA ’87, BS ’83; **Phyllis Lisanti** PhD ’87; and late former Division Head **Diane McGivern**. ■

## An update on IDBE

by Tanisha Johnson-Campbell |  
Assistant Dean for Advising,  
Academic Administration,  
and Belonging

In 2015, NYU Meyers was one of the first units within the University to create a committee dedicated to bringing members of the College together around diversity and inclusion. The Inclusivity, Diversity, Belonging, and Equity (IDBE) Committee is a strong community presence, partnering each year with the Meyers Office of Development and Alumni Relations to host the Estelle Osborne Legacy Celebration. In addition the IDBE Committee has worked with other departments, including

the undergraduate program and the Clinical Simulation Learning Center, to develop talks and educational experiences focused on diversity and inclusion as they relate to healthcare. Past events include a talk about the BIPOC nursing student experience at NYU Meyers and LGBTQ patient-focused simulations.

In 2019, NYU Meyers embarked on creating a five-year strategic plan and the concept of “belonging” quickly rose as a foundational pillar. Centered on Belonging, Innovation, and Globalization (“BIG”), the strategic plan coincided with pivotal national and global events, including the COVID-19 pandemic, the death of George Floyd by the police, and the growing social justice movement. This changing environment amplified the overall conversation about diversity and inclusion. However healthcare took center stage as the COVID-19 crisis drew attention to race-based health disparities and gaps in access to resources.

In summer 2020 Dean **Eileen Sullivan-Marx** announced the creation of the IDBE Steering Committee, chaired by **Tanisha Johnson-Campbell**, assistant dean of advising, academic administration, and

belonging, and NYU Meyers’ global inclusion officer. Faculty leaders and key administrators make up the rest of the steering committee and their charge includes: strategically aligning the College’s initiatives, policies, and practice with those of the larger University, developing initiatives that exhibit the College’s commitment to diversity and inclusion, and guiding the efforts of the General IDBE Committee. Bringing together faculty, students, administrators, and staff, the IDBE Steering Committee is dedicated to fostering a climate that normalizes difficult conversations that respect and honor differences, but that highlight and build on commonalities as well. Recent events included an interprofessional panel discussing the impact COVID-19 has had on race-based health disparities and a monthly *Diversity Matters* series that invites all members of the NYU Meyers community to discuss a particular topic.

As valued members of our community, the IDBE Steering Committee would love to hear from you so please feel free to contact its members with any questions or ideas at [nursing.idbe@nyu.edu](mailto:nursing.idbe@nyu.edu). ■





## REFUSING TO BE ERASED AGAIN

# Speaking up against anti-Asian racism

by Emerson Ea | Assistant Dean for Clinical and Adjunct Affairs

Recent videos that have gone viral showing violence and hateful incidents against Asian Americans have generated very strong emotions that ranged from anger, pity, fear, and plain disgust. But to Asian Americans they captured and documented a defining moment that validated what the Asian American community has felt and experienced all along: that they are a target because of how they look and sound, and, in essence, because of who they are.

Hate incidents against Asian Americans are not new. This pattern of violence, exclusion, scapegoating, prejudice, and racism have existed for a long time. These incidents have been here all along but their history and presence have been muffled, silenced, dismissed, considered insignificant, and, oftentimes, forgotten and buried. The current hateful incidents directed towards Asian Americans and the explosion of emotions and reactions they have generated demand that we as a society confront this ugly and shameful part of our history and current reality, and take decisive action to address them with significant consequences.

These incidents become more pronounced when tensions run high politically, socially, and economically. The tendency is to find a scapegoat or victim that is perceived as a threat or non-conforming as a passive group who will not fight back. As a result Asian Americans have been blamed for disease outbreaks, economic crises, political upheavals, and wars. History is peppered with outrageous examples of how this group has been excluded; blamed for epidemics, terrorist acts, and war; and accused of stealing jobs and opportunities.

Asian Americans have spoken out before but those voices were faint, inconsistent, or short-lived, and were quickly forgotten and silenced when more sensational stories and headlines grabbed everyone's attention away from those

issues. The somewhat muffled and uneven responses from the Asian American community could be attributed to a complex host of factors. One factor is the diversity within the Asian American community where the default is to identify with one's ethnicity or nationality instead of the collective Asian American identity. Another factor is a system that depicts Asian Americans as stoic, quiet, reserved, and without credible reasons to complain as the "model minority." Others have found it difficult to define and pinpoint what anti-Asian hateful incidents look like as they may appear random and uneven. An additional complication arises when victims have been silenced due to cultural and language barriers or because of a lack of trust in the criminal justice system.

The current movement feels different. There is a reckoning that these hate incidents will continue unless the community unites and collectively demands actions. The Asian American community has also been empowered and encouraged by social movements, such as Black Lives Matter, that are fueling the fire, passion, and call for a just society. These movements touch every facet of our society and community including higher education, public health and medicine, business, health-care practice and policy, science, and research.

The nursing profession is not immune to the effects of a structure and a system that have supported and perpetuated inequity, racism, and discrimination. These narratives exist in the lived experiences of nurses belonging to minority groups, including immigrant nurses. Nurses have also seen how systemic racism has contributed to poor health outcomes and health inequities at the individual and community levels. The American Nurses Association has taken an

important first step to confront racism in nursing. If we are to truly advance diversity, inclusivity, and belonging in nursing and to be the agents of social change, the nursing profession and its leaders need to confront this ugly truth and take decisive action to lead efforts to steer the profession's direction towards a path of equity, diversity, belonging, and inclusivity.

The cry for social change and justice to break the cycle of violence, racism, and discrimination requires specific and intentional actions at micro and macro levels ranging from culturally-sensitive hate incident reporting mechanisms, consistent and swift law enforcement to sustained public education campaigns. As a collective Asian Americans also need to continue to partner with and support social movements united by common causes founded on equity and social justice.

There needs to be clarity on what anti-Asian racism looks like: being treated as a perpetual foreigner, scapegoat, "other," harbinger of diseases, stealer of jobs and opportunities from non-Asians, and convenient target. This is an important step to ensuring that the narratives of anti-Asian racism are recognized and acknowledged while adding context to our understanding of racism overall. Individuals and communities have the responsibility to continue to speak up and support actions that reframe how Asian Americans are viewed and treated.

This narrative is my contribution to ensuring that others continue to hear our stories and struggles. I am adding my voice to the conversation until it becomes loud and hard to ignore — until Asian Americans are no longer invisible. ■



FEATURE

# THE WAY BACK

WHAT WE'VE LEARNED AND HOW TO MOVE FORWARD

## Nurses as change agents

by Sean Clarke | Executive Vice Dean



Whether we're thinking of the pandemic from the perspectives of clinicians delivering care, citizens of local communities, members of a profession,

or health and health system scholars, one message is clear: COVID-19 has had, and continues to have, very different impacts across communities across the world. Those communities range from neighborhoods within cities, regions within countries, and countries across the globe.

COVID-19 has provided object lessons with every passing day about social determinants of health and has highlighted the deep responsibilities with which nurses are charged. It has also vividly illustrated the complexities of delivering health, are in systems and organizations that sometimes work in a less coordinated manner than we might like.

As we continue to cautiously restart activities in all sectors of the economy nurses will be working in a healthcare system and providing care in a societal context that have both been indelibly changed. In terms of the nurse workforce changes that were already afoot before COVID-19 in terms of who provides care, what services are offered, where the work takes place (including online), and how workers are paid are now proceeding ever faster. Short lengths of stay, heavy use of information technology, and more telehealth will certainly drive the market for nurses and nursing services. In addition those we care for will be dealing with special financial and social pressures that will no doubt also affect their health.

The future for nurses, and for nurses' contributions to the health of our communities, is bright but will demand that many of us be ready to pivot—clinicians, educators, and leaders alike.

## Alleviating suffering requires reflecting on economic and social conditions

by Michelle Knapp | Clinical Assistant Professor



As the world perseveres in its attempts to contain the COVID-19 pandemic the US now confronts alarming increased rates in mental health conditions, including

substance use disorders. According to the Kaiser Family Foundation 13% of adults reported new or increased substance use related to coronavirus stress, with young adults twice as likely to report new or increased substance use. In addition 26% of young adults have reported recent suicidal thoughts.

In an effort to facilitate treatment in substance use patients, the stringent government restrictions on prescription requirements were lightened. These modifications, if allowed to remain in place, could be a silver lining emerging from the COVID-19 chaos.

What exactly are the regulations for prescribing buprenorphine—a medication used to treat opioid use disorder? To prescribe a controlled substance under the Controlled Substances Act,

“AS WE CONTINUE TO CAUTIOUSLY RE-START ACTIVITIES IN ALL SECTORS OF THE ECONOMY, NURSES WILL BE WORKING IN A HEALTHCARE SYSTEM AND PROVIDING CARE IN A SOCIETAL CONTEXT THAT HAVE BOTH BEEN INDELIBLY CHANGED.” | SEAN CLARKE



**“THE EVIDENCE-BASE BEHIND TREATMENT OF SUBSTANCE USE DISORDERS USING TELEPSYCHIATRY IS JUST BEGINNING TO EMERGE AND WE WILL STILL FACE CHALLENGES AS THE PANDEMIC SUBSIDES.” | MICHELLE KNAPP**

FEATURE

providers are required to conduct at least one in-person examination of the patient unless an exception applies. On March 16, 2020, the Drug Enforcement Agency (DEA) acknowledged the public emergency as an exception and relaxed restrictions. The DEA also expanded the prescribing exception to allow waived clinicians (i.e., authorized to treat opioid use disorder with buprenorphine) to prescribe buprenorphine to new and existing patients using telephones instead of video. This unprecedented change recognized the hurdles to the types of technology this vulnerable population can access.

The evidence behind treatment of substance use disorders using telepsychiatry is just beginning to emerge and we will still face challenges as the pandemic subsides. Some states still prohibit the prescribing of buprenorphine via telemedicine despite the DEA's changes. It is also unclear as to whether the modifications will continue post-COVID-19. The important questions rest with a clinician's primary responsibility, which is to alleviate suffering. This requires patient-centered care, adjusted to the economic and social conditions that influence the individual's health status.

## Teaching and learning on the way back

by Sally S. Cohen | Clinical Professor



This past year taught me a lot about myself and my role as a teacher. As the lead instructor for *Issues and Trends*, I had to nimbly switch to remote teaching of about 135 students. With the assistance of my Meyers colleagues, I found new ways of engaging students, even though most remained invisible to me on the other side of the Zoom camera. Then came the most difficult part—dealing with the myriad harsh realities that the students were facing.

COVID-19 meant that as the pandemic roared into New York City many of them were caring for scores of dying patients. Some were living with extended family members who were sick and died. They all witnessed the

racial and other demographic inequities that COVID-19 revealed. From their one-minute selfies assigned the first week of class I knew that the students were as diverse as the fabric of New York City. My job was no longer to only provide readings and rubrics. I was facing students who had experienced emotional trauma and were angry about the injustices of the healthcare system. What was my responsibility to them in an *Issues and Trends* course?

Against the backdrop of the George Floyd killing and the widening racial and socioeconomic disparities in COVID-19 care and outcomes my co-faculty instructor **Joan Miravite Harper** and I introduced guest speakers and readings on inclusivity, equity, belonging, and clinician well-being. Students told us how grateful they were to have a forum for discussing these issues.

At some point I paused and realized that the students had taught me more than I had taught them. They taught me how important it is to try even harder to make my courses meaningful. They showed me the importance of tossing out the old ways of teaching and replacing them with ways for students to tell their stories. Most of all, “on the way back,” I started to face my part as a white woman of privilege and how I must acknowledge its meaning if I truly want to be an effective teacher going forward.

## How critical care nurses managed the impossible demands of COVID-19

by Mary Brennan | Clinical Associate Professor



At the start of the pandemic, when many of the hospitals were overwhelmed with large numbers of patients exceeding their capacity, many nurses rushed to respond to the crisis despite the lack of personal protective equipment necessary to care for critically ill

patients with a highly contagious infection. Close to 3,000 healthcare workers, many of whom were nurses, died in the first nine months of the pandemic.

Critical care nurses were at every bedside, attending to the patients' physical needs and monitoring their physiologic status. Using sophisticated techniques to assess hemodynamic parameters including heart rate, respiratory status, oxygenation levels, ventilator settings, blood pressure, and fluid parameters, nurses observed patients on a minute-to-minute basis, detecting even subtle changes that might portend a change in their clinical status or indicate signs of imminent deterioration. Early identification of adverse signs and symptoms allows the entire team of nurses, physicians, nurse practitioners, and physicians' assistants to intervene immediately, minimize complications, and avert possible death.

From underneath the dehumanizing masks and face shields, gowned and gloved critical care nurses reached out to comfort dying patients and console grieving families daily. The sheer scope of so many untimely deaths was felt deeply by nurses but was always offset by the heightened awareness of the many other patients who needed their care in surrounding beds.

Even before the pandemic concerns were raised over the shutdown of many hospitals in rural and poor communities over the last ten years. Many states refused Medicaid expansion as part of the Affordable Health Care Act and these decisions were associated with the closure of hospitals in states where an increased proportion of poor and uninsured individuals reside. Many patients with COVID-19 died due to a lack of access to hospitals.

We, as critical care nurses and nurse practitioners in ERs and ICUs, need to advocate for a strong public health system so that all individuals in the US have access to nearby hospitals with critical care and emergency response systems to address the COVID-19 pandemic and other threats in the future.



“MOVING FORWARD DIGITAL SKILLS AND RELIABLE INTERNET WILL BE CRUCIAL FOR OLDER ADULTS AS TECHNOLOGY CAN REDUCE ISOLATION, IMPROVE ACCESS TO HEALTH AND SOCIAL SUPPORT, AND CONTRIBUTE TO IMPROVED QUALITY OF LIFE.” | **TINA SADARANGANI**

## Professional nursing in long-term care

by Tara Cortes | Executive Director, Hartford Institute for Geriatric Nursing



COVID-19 and the archaic model of providing long-term care in this country created a perfect storm leading to an unprecedented number of deaths

in nursing homes. While the vast majority of nursing home staff tried to provide the best possible care, the lack of resources and appropriate reporting severely hampered the ability to pivot from everyday care.

Although residential long-term care is usually thought of as being simply custodial, the care needed in these settings is some of the most complex care delivered across the healthcare continuum. Most residents have multiple chronic diseases and very often have dementia as well. There are no protocols to prescribe care because each individual has different multiple conditions. The increase in the number of people living to 85 and beyond has also led to the increase in complexity for those living in residential long-term care, making the need for quality nursing homes more acute than ever.

Many of the issues contributing to this perfect storm are long-standing and necessitate both immediate and long-term strategies. But one of the first issues to be addressed is the workforce.

Ensuring quality and cost-effective care at any time, but especially in a time of crisis, requires a professional staff that bases decisions and practice on evidence. Several national reports have called for a strong registered nurse presence in long-term care as a critical solution to increase quality while decreasing cost to the overall system. A study done by the Center for Medicare and Medicaid Services found that nursing homes with a greater RN staff number had significantly fewer hospital readmissions. Another study in 2020 on all 215 nursing homes in Connecticut found those with higher RN staffing and quality ratings better controlled

the spread of COVID-19 and had a lower number of deaths.

Professional nurses in long-term care are essential in navigating crises and providing quality care to the increasingly older and more complex population. None of this evidence, however, has ever been considered in setting policy.

## Achieving the post-pandemic “next normal”

by Donna Hallas | Clinical Professor



Everyone is asking “When will we return to normal?” We are all acutely aware of and miss our former personal normal, our family normal, our work

normal, and our play normal. The pandemic abruptly stopped and altered our normal state of being. How do we find our way back?

Most of us have not conceptualized the parameters of the “next normal.” Will the lessons we have learned lead to a kinder, more considerate, more accepting home, work, school, and play environments? The majority of healthcare professionals know that the “next normal” will only become a reality if the overwhelming majority of individuals across all ages and countries are immunized.

COVID-19 vaccines are essential if we are to achieve the “next normal,” which includes a safe environment for children to return to uninterpreted classroom instruction and intra- and extra-curricular activities. Many schools, in particular elementary schools, that followed public health guidelines many of us proposed, were able to open safely and remain open during the 2020–2021 school year.

Some schools across the US left the decision to parents to select in-person classes, hybrid learning, or entirely remote learning for their children. Many schools did not open for in-person learning at all. Some schools that opened had to close on several occasions, leading to interrupted learning and frustration for the children, adolescents, and their parents.

Discussion abounds nationally concerning the reopening of schools for the 2021–2022 academic year. While the public health guidelines that many of us proposed last year will still hold, there is now a COVID-19 vaccine available for school teachers, school personnel, and adolescents 16 years old and over. COVID-19 vaccines will likely be available for children either before school reopening or in the early part of the 2021–2022 academic year.

To achieve the “next normal,” the messaging for all healthcare providers is to be on board with supporting COVID-19 vaccines for all adults and, when approved by the FDA, all adolescents and children. The “next normal” will not be achieved if 20% of teachers refuse to take the COVID-19 vaccine or if the parental hesitancy leads to significant refusal of the COVID-19 vaccine for their children and adolescents. Nurses are four million strong — let our strength help guide us by supporting COVID-19 vaccines at every opportunity.

## Moving forward: The importance of technology in reducing isolation

by Tina Sadarangani | Assistant Professor



The pandemic has made it very clear that humans are social creatures. We thrive in collaborative groups of people. For many of us having to limit

our social interactions in the wake of stay-at-home orders and social distancing requirements has led to prolonged isolation and feelings of loneliness. Older adults have been particularly isolated. Watching friends and family reconnect, while older people have remained sidelined at home, has only worsened feelings of loneliness. These feelings are bad for our health; in fact, loneliness has been studied to heighten health risks just as much as smoking 15 cigarettes a day.



**“I BELIEVE THAT FOR THE FIRST TIME PEOPLE ARE LISTENING TO THE NEEDS CRITICAL TO RECTIFYING THE LONG-STANDING PROBLEMS IN NURSING HOMES, AND FOR THAT I AM HOPEFUL.” | JASMINE TRAVERS**

One thing we have learned in the wake of the COVID-19 pandemic is the importance of technology adoption among older adults in periods of isolation and the favorable impact this can have on companionship and mental health. The pandemic has also shown us how adept older adults are with technology, particularly when provided with support.

Not only can older adults use technology to stay in touch with friends and family, but they can also access medical results online, connect with their healthcare providers, order their groceries, and access transportation. After many senior centers and adult day programs were forced to close, they began offering online services to their members like virtual museum tours, game nights, and chair yoga, allowing older adults to remain active and engaged.

While certainly not a replacement for face-to-face interaction in the long-term, for many of us, and particularly older people, technology has provided a lifeline during these difficult months. Moving forward digital skills and reliable internet will be crucial for older adults as technology can reduce isolation, improve access to health and social support, and contribute to improved quality of life.

## COVID-19 and nursing homes: When nothing surprises

by Jasmine Travers | Assistant Professor



While the questions I answered in Hot Seat, an icebreaker where each participant has five minutes to respond, were straightforward,

there was one that made me stumble.

“What is the most surprising thing you’ve seen in your research over the past year?”

My mind started racing, scanning all the papers, columns, and editorials I had recently read or written on nursing homes, disparities, and workforce issues. Considering the wide array of options, I struggled to land on the most appropriate

finding to share spontaneously. But as I started mentally synthesizing that work, I thought back to the root of the question: “the most surprising.” And then it hit me, the answer was “nothing.”

Like many other issues, including racism, racial injustices, and ageism among others, the problems within nursing home care that were prominent during the pandemic were far from surprising in the US. Insufficient infection control, prominent disparities in nursing homes with high concentrations of Black residents, neighborhood residential segregation associated with disproportionate deaths, inadequate staffing, poor quality of care, poor infrastructures, failing regulatory efforts, scarce resources, and the undervaluing of our most important assets — the people who care for our older adults — are all not surprising.

What is a surprise, however, is our lack of attention to these problems.

So what is necessary to begin to change the narrative?

- Investing in underserved communities and nursing homes;
- Prioritizing structures within nursing homes that facilitate improved quality of care like infection control staff, quality control staff, and smaller facilities;
- Thoughtfully holding those in positions of authority responsible for care delivery;
- Increasing funding to nursing homes and ensuring that a certain proportion goes to resident care and staffing;
- Changing our language when we talk about aging, older adults, and nursing home care to break down stigmas;
- Equipping our nursing home workforce with adequate training, pay, benefits, resources, support, and recognition;
- Bridging partnerships between nursing homes, hospitals, and academic institutions.

A subsequent question posed to me while in the Hot Seat was my thoughts on the silver lining of the pandemic. My response was, “I believe that for the first time people are listening to the needs critical to rectifying the long-standing problems in nursing homes, and for that I am hopeful.”

## Simulation in the time of COVID-19

by Natalya Pasklinsky |

Executive Director, Simulation Learning



The COVID-19 pandemic presented many challenges while managing our undergraduate and graduate curriculum and in-person simulation

learning. We understood that to be successful in promoting an effective transition from a remote environment to on-campus practice, revision of the simulation curriculum required a cognizance of student learning needs to ensure that all students met their learning objectives. Students were challenged with ever-changing guidelines and policies to ensure a safe return to campus, but they were able to manage this with the assistance and support provided daily while they were in person at the Clinical Simulation Learning Center.

Throughout the pandemic students actively engaged in experiential learning using multiple modalities, including interactive software, case studies, VR, role-play, and face-to-face interactions in simulations that were designed to maximize safety by preventing the spread of infection while promoting necessary competencies through intensive skills practice and critical reasoning activities. Increased opportunities for skills practice in simulation helped bridge the gap between the classroom didactic experience and the application of those skills at the bedside. The availability of simulation resources during the pandemic provided students the opportunity to practice and master critical skills necessary to provide safe and effective patient care.

Simulation reflects the Meyers vision and provides students the opportunity to learn, grow, and play in a safe environment while building communication and teamwork skills. Staying connected while managing uncertainty and caring for one another is one of the key aspects, which made simulation in the time of COVID-19 a success. ■



I love the many resources NYU provides for professional and personal development such as classes, health screenings, and financial management.”

## Meet Arlette Cruz

HR Administrator

by Katelyn Wattendorf | Contributing Writer

Name anyone that works at NYU Meyers and **Arlette Cruz** has most likely helped them get there. As HR administrator Cruz processes the appointments of nearly every employee. More specifically Arlette works closely with several departments at NYU to process appointments for adjunct faculty, fellows, courtesy, graduate, and undergraduate students, and international training specialists. Cruz assists new hires through the entire onboarding process, from their initial contract to payroll.

Born in Mexico and raised in Brooklyn, Cruz has called New York home for many years and has been working at NYU since 2010. While employed at a payroll company, Cruz was looking for something new. She saw that the NYU Courant Institute of Mathematical Sciences was looking to hire

someone with experience in payroll and recognized an opportunity to change her path. She was hired soon after and hasn't left NYU since.

Cruz has been working in HR since early in her career. After graduating from Stony Brook University, Cruz entered the HR field while working at a temp agency. This early opportunity was a foundational learning experience that gave her skills she still uses to this day. “The agency introduced me to the many aspects of the company such as recruiting, interviewing, and payroll,” Cruz said.

To excel in HR one has to be a people person, and Cruz fits the bill perfectly. Outside of work, Cruz participates in multiple social leagues, from dodgeball to kickball to cornhole. “The social leagues have helped me make many friends in my

neighborhood so I always have someone nearby to hang out with,” she said.

That social aspect is what Cruz enjoys most about HR. “HR has allowed me the opportunity to interact with various departments at NYU,” she explained. “I enjoy interacting with people, which has allowed me to learn from my peers and supervisors.”

Furthermore, as a true human resources professional, Cruz highlights the effort the University makes to provide support for its employees as particularly significant to her. “I love the many resources NYU provides for professional and personal development such as classes, health screenings, and financial management,” she said. But ultimately it is the people that make her job most enjoyable. “I love the sense of community NYU encourages.” ■





# Meet Thomas Freedman

Senior Administrative Manager for the Dean's Office

by Katelyn Wattendorf | Contributing Writer

As the senior administrative manager for the dean's office at Meyers, **Thomas Freedman** has learned to be ready for anything. "The day can go off-script at any moment," he said. "It is important to be flexible and to be able to adjust to the moment."

Freedman and **Samantha Gierbolini** are Dean **Eileen Sullivan-Marx's** daily support system, which is a multi-faceted task, as they oversee and manage Dean Sullivan-Marx's day-to-day life as dean and as the current president of the American Academy of Nursing. "Dean Eileen wears many different hats both at NYU and within the larger metropolitan and national arena so at any one time there are multiple balls in the air," Freedman said.

No newbie to the special challenges of working in an administrative position at a large university, Freedman's story with NYU began more than 35 years ago. One morning in 1984, Freedman left Boston to drive down to New York, and he returned that night as an official member of the NYU community. "I drove down on the morning of my interview, had my interview over lunch with the department chair, was offered the job, and drove back to Boston the same day," he explained.

He soon began working as department administrator in the Department of Comparative Literature, and later as the executive assistant to the dean at Steinhart, where he stayed for 10 years. After attending library school and working in

library positions at Columbia University and Long Island University, he returned to NYU, this time as the administrative manager for the Dean's Office at Meyers. "I have been happily here ever since," Freedman said.

As for his roles at work, they often change daily. "It's difficult for me to make a list as to what my job entails since sometimes it seems as if I do a little bit of this and a little bit of that," he said. "I do sometimes think of my role as a traffic cop whose job it is to keep things moving along in the right direction."

This state of constant change has been a part of Freedman's life for quite a while. As a child with a father in the Air Force, he moved around a lot growing up. Born in Indiana, he then moved to Okinawa, Japan; Montana; Illinois; and Ohio before graduating high school. Even after high school he continued to live in numerous cities across the US, including Ann Arbor (where he attended undergrad at the University of Michigan), Boston, Madison (where he received his master's degree at the University of Wisconsin), Ithaca, and Seattle. Furthermore Freedman enjoys a challenge, even outside of work. For example being lucky enough to have some outdoor space in New York, he grows and tends to some 100+ plants.

He also points out that one of the important parts of his job is being able to adapt. "The most rewarding part of my job



**I do sometimes think of my role as a traffic cop whose job it is to keep things moving along in the right direction."**

is when everything goes as planned and there are no bumps in the road," he said. "Unfortunately that rarely happens, so I'm very happy when things go 'more or less' as planned."

Still when asked about the highlights of his role Freedman points out the people he works with — especially the person he works for: Dean Sullivan-Marx. "Working for Dean Eileen has its own rewards," he shared. "Dean Eileen is one of the most appreciative people I know. She is a real joy to work with and is always ready with a compliment or thanks. She also has a great sense of humor which I'm also very appreciative of." ■



Undergrad alumni pursue policy and advocacy to improve

# health equity

by Stacen A. Keating | Clinical Assistant Professor

In the summer of 2019 an advocacy training workshop with the Cambridge-based Partners in Health (PIH) caught my eye, and I asked if any undergraduate students involved in the Global Health Interest Group would like to attend. **Erica Kilgore BS '20, Rayne Neunie BS '20, and Coco Wander BS '20** subsequently enrolled in the PIH Engage Training Institute with me. The mission of PIH is focused on both bringing sound healthcare practices to those in greatest need and “serving as an antidote to despair.” The work of PIH spans the globe with much focus on improving health in areas experiencing the most need in terms of resources, treatment, health promotion and disease prevention. PIH had planned an advocacy weekend in Washington DC, which attracted many college students and young professionals from across the entire US. The ability to convene with like-minded individuals held great learning and networking potential. I recently interviewed all three students about their experiences in Washington DC during advocacy weekend.

**1 Please talk a bit about your interest in advocacy/policy work as a nurse. Why did you decide to join me in this workshop?**

**Erica:** I went to nursing school for a second degree to become a midwife and get involved in addressing maternal health policy and health disparity issues. Deciding to attend this workshop as a nursing student felt like an exciting entrée into expanding my influence beyond the bedside. It was also simply a natural progression of how I want to practice as a nurse and eventual midwife. It is important to me to understand the broader context in which I practice and to actively work to improve that context.

**Rayne:** I decided to engage in this workshop because of the organization's stance on healthcare as a human right. As an RN I am innately an advocate for all my patients. Whether it be through patient care, patient education, or communicating a patient's needs to their provider, advocacy plays a significant role within the nursing practice. Staying up to date on policies and learning how to change policies is crucial in achieving the goal of health equity for all.

**Coco:** Being invited to apply to this workshop felt like a new extension of what it means to be a nurse. Through NYU's global programs I had the opportunity to

study public health in Accra, Geneva, and Beijing. In each city I not only learned about healthcare infrastructure in the county but also how the US and other global forces impacted the healthcare systems. The work with PIH helped to tie together how, as a nurse, I could work on both domestic and global healthcare.

**2 What new knowledge or perspective did you take away from that experience?**

**Erica:** I learned even more about the humble beginnings of Partners in Health and how a group of people who shared the same vision for health equity and dedication to improving people's lives can make a profound difference. The biggest highlight that I took away was a sense of inspiration—that I could connect with people who care about the same issues and work towards advocating for these issues.

**Rayne:** I gained a clearer understanding of my purpose and role as an advocate for achieving health equity for all. We can make an extreme impact when we put our minds together to be true changemakers. The new knowledge I took away was the importance of doing work in your local community. Many positive changes can occur at the local level, which can eventually lead to changes on a national level.



**Left** Erica Kilgore (left) and Rayne Neunie (right)  
**Opposite** Coco Wander

## Partners in Health Engage

is holding its policy/advocacy training institute virtually this summer on July 17-18, 2021. If you are a student and interested in attending as part of an NYU Meyers group, please email Prof. Keating at [sk3038@nyu.edu](mailto:sk3038@nyu.edu).

**Coco:** The biggest highlight that I took away from the weekend training was that there aren't enough nurses engaged in public policy. We were the only nursing school at the workshop and when we only met with doctors in DC currently advocating for healthcare for all and working on the legislation. But as we can all see in the hospital there are so many interdisciplinary team members that are engaged in our patient's care.

### 3 What can you note about the experience of meeting other college students and young professionals interested in health policy?

**Erica:** The PIH Engage mission as a grassroots organization is to organize people towards building a movement for the right to health. Meeting other young professionals and college students interested in health policy further inspired me to get involved. This pandemic has led to the world valuing nurses' perspectives even more so we must remain involved beyond the bedside.

**Rayne:** Meeting them motivated me to get more involved and make true change by taking action. I would recommend PIH Engage to every Meyers student because it is the first step you can take to educating yourself about the injustices in healthcare as well as teach you ways to be more action-minded.

**Coco:** The best part of meeting all the other students and young professionals was that sustainability was a major focus for all of us. I remember leaving the first lecture with Rayne and Erica, and each of us was amazed to be in a room with so many like-minded students.

### 4 Please share the policy/advocacy actions you currently engage in as an RN to help other students know how to get involved.

**Erica:** I work hard to advocate for my patients every day to escalate care when needed, to have the providers come to the bedside, and to make sure my patients are receiving the care and attention they need and deserve. We witness firsthand who falls through the cracks and gets left behind within our healthcare system. We see disparities and how they play out in our patients' lives from a perspective that few others experience after spending 12 hours at a time with each patient.

**Rayne:** Advocacy is inherent within our DNA. The nursing practice is a patient-centered career that allows us to support and provide our patients with optimal care. In doing so we are by our patients' sides at all times, educating them, communicating their needs to their providers, and promoting better health by collaborating with others within the interdisciplinary team. Some methods of advocacy include reaching out to your representatives through letter-writing or even setting up a meeting. Another form of advocacy is community engagement.

**Coco:** While I'm currently just getting my footing as a nurse I want to join the national nursing organization Alliance of Nurses for Healthy Environments. I fully recommend asking about nursing committees to join in your future hospitals. It's a great opportunity to meet nurses across different units, which will help you to create better nursing practices in your hospitals.

### 5 There are issues related to healthcare inequities also right here at home in the US. Please talk more about the healthcare advocacy needs you are seeing in the communities you serve.

**Erica:** Learning more about the history of our country and the systematic ways that marginalized communities are further marginalized is essential. Everything has a context and educating ourselves about extremely traumatic histories including the legacies of slavery, segregation, and redlining; the dark racist history of medicine and eugenics in the US; and the genocide of indigenous peoples—puts current health, economic, racial, and environmental injustices into perspective. We also need to read the news and keep up to date with everything that is happening in our communities because our neighbors are often our future patients.

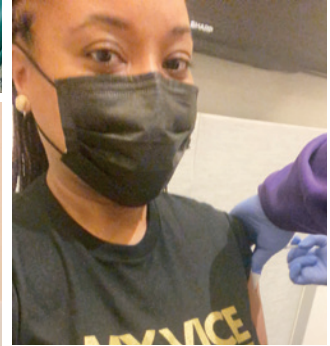
**Rayne:** During my time abroad in East Africa I saw firsthand the disparities in healthcare. However, very similarly, these healthcare inequities exist right here within the United States. For example, depending on where you live, you may live in a food desert where important dietary needs are not easily attained. Nurses can stay involved by understanding the healthcare policies that exist in their local communities.

**Coco:** Prominent issues such as the water in Flint, Michigan, and the high rate of asthma in the Bronx are forcing us to realize the importance of not only advocating for better protection of our environment but also for the people impacted by the changing climate. The best way for nurses to stay connected is by joining a nursing organization in the field about which they are passionate! This lets them not only learn about new research and legislation but also helps to unite nurses to create the change they want to see.



## VACCINES: KEEPING EACH OTHER SAFE

Since December our faculty, students, and alumni have received and administered the COVID-19 vaccine.



# Transcend your well-being INTO ENVIRONMENTAL WELL-BEING



## Reducing overall plastic usage

One of the easiest ways to reduce your personal waste is to reduce plastic usage by investing in a reusable water bottle. Not only do reusable bottles diminish the impact of plastic production and plastic waste on our environment; they can contribute to a more ideal water intake and, in turn, waste less water.

It has also become easier and more common to opt for “less packaging” when shopping. For example, we can use a reusable bag when running errands and decline plastic silverware when ordering takeout.

Among many others, you may be questioning: “With additional cleaning precautions in place, how can I help to reduce waste?” When purchasing your cleaning products, you can choose paper products made from recycled materials, use refillable cleaning bottles, use plant-based cleaning products, and buy locally-sourced or homemade cleaning products from farmers’ markets. All of these options will help reduce fuel impacts on the environment as well.



## Cooking in the comfort of your own home

Instead of looking at the ever-changing status of dining out as a burden use this time to eat healthier and cleaner at home. Buy locally-grown food and other goodies from farmers’ markets. Purchasing locally-sourced food has many benefits, including keeping small-business farmers employed, eating tastier and more nutritious food, and avoiding any toxins or additives. You can even grow your herbs at home with the increasing availability of windowsill or smart gardens. Cooking from home will not only help you stick to a diet or regimen, but it will also reduce stress and waste on the environment.

by Michelle Lassen BS '21

It’s safe to say that we’ve all been feeling rather lost, confused, and on edge as a result of pandemic precautions and regulations. According to reputable organizations like the UN, WHO, and WWF, pandemics tend to result from environmental deterioration caused by humans and the effects of accelerating globalization.

As a result some of us have looked for ways to improve society and the world we live in as we familiarize ourselves with life post-COVID-19.



## Exercising at home

Working out at home eliminates the waste created by transportation to get to and from workout studios, while also making them more time-efficient for you. At-home workouts also eliminate the use of cleaning supplies, laundry, and plastic usage.



## Calming your body and mind with meditation

Meditation has become increasingly popular, especially during the pandemic. It can be extremely beneficial in reducing fatigue by taking time to relax your mind and decompress. Take ten minutes before class or work to focus on your breathing, positive gratitudes, and manifestations. Meditation serves as a daily check-in with yourself on how you are feeling. If you have been finding yourself alone with your thoughts meditation can help you slow down, direct those thoughts to productive use, and give the inner mind peace.



## Shopping may relieve some of your stress but it can put additional stress on the environment

Deliveries have increased since the start of the pandemic. But these packages are impacting the environment in so many ways, from production to distribution. Reduce demand by not shopping new and start shopping vintage or second-hand. Another fun idea is to start a clothing swap with your friends.

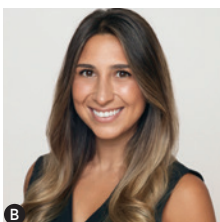
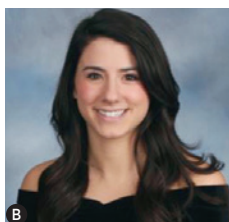
In the face of such despair the pandemic has afforded us opportunities to improve our lives and our planet. We have the tools to do our part and contribute to a more sustainable world. Let’s put these ideas into action and see the positive results that they bring, both personally and environmentally.



# STUDENTS

**A** The Undergraduate Nursing Student Organization collected donated scrubs from the January 2021 baccalaureate graduates to distribute to the Spring 2021 First Clinical Sequence students.

**B** **Madison Kammerer** BS '20 and **Deanna Valdinoto** BS '20 both received the 2020 Association of Chinese American Physicians' COVID-19 Response Efforts Outstanding Service Award. This award recognizes their exceptional support and tireless efforts in caring for patients during the COVID-19 pandemic. Congratulations to them for their passion and dedication!

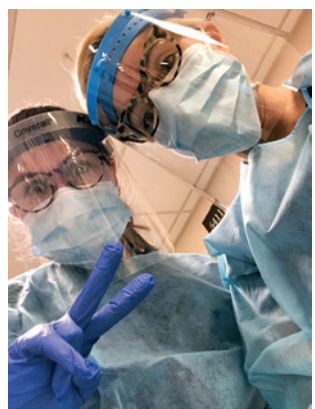
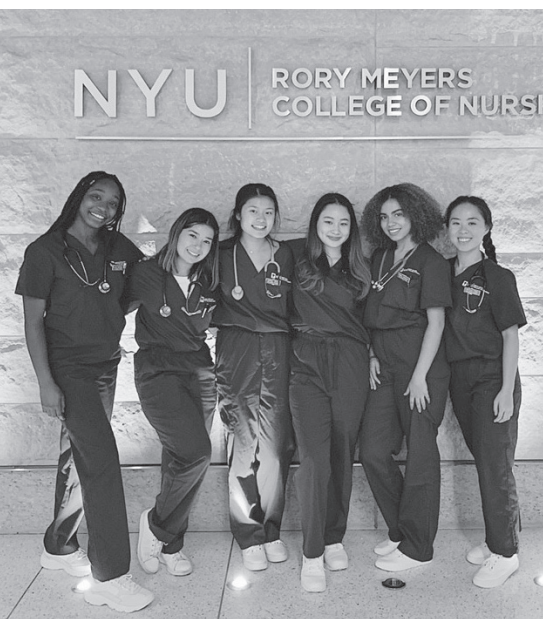






**NURSING IS...**

Our students reflected on what nursing means to them. Here are some of their submissions.





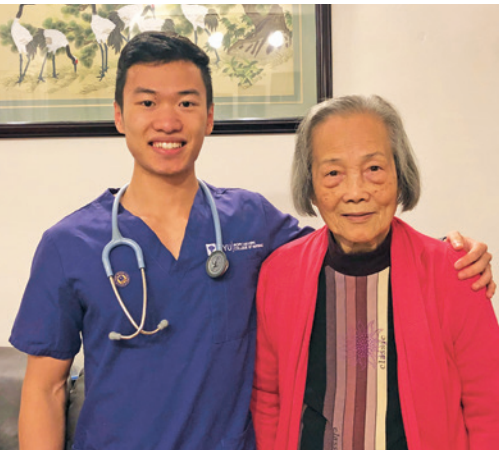
# ALUMNI

## NEW GRADS

January 2021 graduates celebrated their virtual pinning ceremony. Congrats to all of our recent graduates!

January 2021  
Baccalaureate Candidates

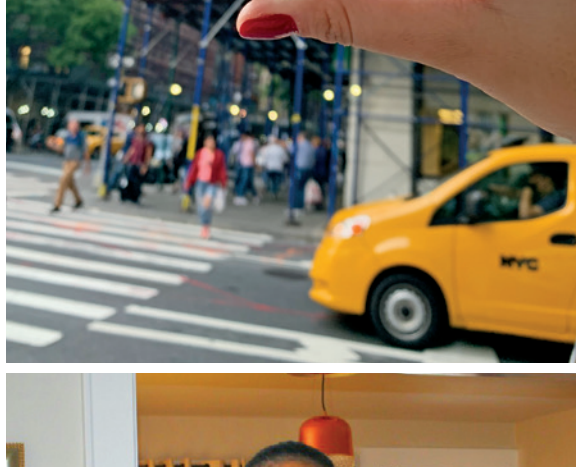
Liza Abramova  
Enas Abuhadba  
Kavita Adinarayan  
Maria Agranovskiy







# ALUMNI



NYU RORY MEYERS COLLEGE OF NURSING



# ALUMNI

- A** Frank Baez BS '19 was the first nurse assigned to give the COVID-19 vaccine to NYU Langone Health staff.
- B** Recent alums completed the Perioperative Immersion Program at NYU Langone Health.









Dear alumni,

What a year it has been for the nursing profession! For nurses at all levels, we have faced the biggest challenges of our careers as we fought against the COVID-19 pandemic. Burnout, depression, compassion fatigue, and secondary traumatic stress among healthcare professionals is at an all-time high.

As we continue to provide care during this pandemic acknowledge your need for support to maintain your resilience. Continue to learn about this new virus so you can provide the highest quality of care; help all of us educate the general public on the benefits of the vaccines and their cumulative effect for our communities. Stay connected with family and friends outside of work. Find ways to release the stress with exercise, journaling, or other mindful activities. Lock arms with your colleagues and lean on them for support.

Finally, be proud of the work you and the entire Meyers community are doing. Nurses have made great strides in patient care that will have lasting positive effects on patient outcomes. Faculty have been conducting research on the effects the pandemic is having on vulnerable populations as well as the nursing workforce. Students have participated in telehealth programs to follow up with patients. Alumni continue to work at the bedside caring for patients and lead their teams through this difficult time. We thank all who have been providing care, health education and immunizations for the community; doing research; and continuing to educate the next generation of nurses and nursing leaders. You are our heroes!

Be confident and optimistic about the future, and trust that the pandemic will soon be

behind us. Focus on resilience so that you can grow, rather than shrink, from stress. Together we can make it through this global crisis.

Sincerely,

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

**SAVE THE DATE** Alumni and Parents Weekend | October 21–24, 2021

### 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](https://bit.ly/meyersupdate).



### Get involved at Meyers!

Each year hundreds of NYU Meyers alumni volunteer to serve the College. Whether you are looking to serve on a committee or the Alumni Association board, you can find a group to engage with here. We are actively seeking new members for each alumni group. Contact [nursing.alumni@nyu.edu](mailto:nursing.alumni@nyu.edu) for more information on how to join.

### Alumni Association Board

NYU Meyers Alumni Association fosters a lifelong connection between the school and alumni, beginning from their journey as students and throughout the many life stages as a member of the alumni community. Alumni of all degree programs and graduating years are encouraged to join.



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

ALUMNI

## CLASS NOTES

### 2020s

**Komal P Murali** PhD '20 is a post-doctoral research fellow at Columbia University School of Nursing.

**Yosiamin Ortega** BS '20 started her dream job as a labor and delivery clinical nurse at Mount Sinai.

**Dylan Watson** BS '20 was Certified Emergency Nurse qualified. He also will start his flight nurse program in the fall with the Air Force.

### 2010s

**Yesica Bravo** BS '17 is currently studying for an FNP master's.

**Erica Clapp** BS '13 left a hospital in Knoxville, Tennessee, where she had been since graduation, to join a home health company that serves nuclear weapons and uranium workers.

**Kristina Fuhrmann** BS '13 graduated with an MSN in family nursing practice from Lehman College.

**Melissa Martyn** MS '18 is a board-certified psychiatric nurse practitioner and works at New York Presbyterian.

**Joan Miravite** DNP '19 received the 2021 AANP Nurse Practitioner State Award for Excellence from the American Association of Nurse Practitioners.

**Erica Mora-Caballero** BS '16 is working with Fulton County Board of Health in Atlanta administering the COVID-19 vaccine.

**Stephanie Niu** BS '16 was promoted to clinical nurse III at Hospital for Special Surgery.

### 2000s

**Lisa Jenkins Brooks**, MBA '18 (STERN), BS '06 launched a website called Writing the Future of Health to make health technology approachable and easy to understand.

**Jeanann Sousou Coppola**,

MA '03, BS '00 is a clinical assistant professor at the Rutgers School of Nursing-Camden and will be inducted into the American College of Nurse-Midwives at the organization's annual meeting in May.

**Emily Dove-Medows** BA '95

(GAL), BS '09 is a nurse-midwife and will officially graduate from Wayne State University with a PhD in nursing in 2021.

**Jacqueline Giannelli** BS '05 is

a family NP working in women's health and is on the founding clinical team of Elektra Health, a new women's digital health company founded in New York City.

**Lauren Pine** BS '00 practiced nursing on an oncological MedSurg GI/colorectal unit at MSKCC for 16 years before an accident resulted in losing her leg at the hip. She now volunteers and advocates with nonprofits that support disability inclusion and awareness.

**Billy Rosa**, BS '09, BFA '04 (TSOA) received the 2021 Advanced Certified Hospice and Palliative Nurse of the Year Award from the Hospice and Palliative Credentialing Center. He also was appointed to the editorial board of *Journal of Pain and Symptom Management*.

### 1990s

**Fidelindo Lim** MA '96 was named nurse influencer by American Nurses Association's *My American Nurse* journal.

### 1960s

**Mary J Giuffra**, PhD '73, MA '68 published a new book, *Two by Two on the Ark: Five Secrets to a Great Relationship*, available on Amazon and Barnes and Noble online.

**Rita Reis Wieczorek** MS '66 is a Nurses Educational Funds' 2021 honoree and the Rita Reis Wieczorek Maternal-Infant & Pediatric Nursing Scholarship is the newest named NEF scholarship fund.

### Recent Alumni Council

The NYU Meyers Recent Alumni Council is comprised of graduates of the last 10 years who work to increase engagement of recent alumni, promote volunteerism and philanthropic support, and advise on ways to advance the interests of the recent alumni community.

### Doctoral Alumni Committee

The Doctoral Alumni Committee serves to further advance practice nursing, provide professional development opportunities, and engage in networking opportunities.

### Nursing Administration Alumni Advisory Council

To develop a structure to strengthen and share expert nursing leadership and nurse executive practice within the NYU Meyers community and beyond.

### Volunteer Recognition

During the 2020–2021 academic year, more than 150 alumni served on the board or a committee, mentored our baccalaureate students, and returned to the classroom to speak. Thank you for sharing your insights and expertise to make a difference in the lives of our students.

ALUMNI



# ADOPT-A-NURSE

A love letter to nurses everywhere

by Kristen Hansen BS '19

In March of 2020 I found myself alongside healthcare workers everywhere drowning on the frontlines of the COVID-19 pandemic in New York. Petrified and heartbroken, I wanted to shine a bit of light on the darkest moment of my new career.

While working in COVID-19 step-down and ICU units I saw firsthand the toll this pandemic took on myself, colleagues, and patients. After one particularly difficult night shift I reached out to my local community on Facebook, looking for people who wanted to safely offer support to frontline nurses.

At a time that was so critically pivotal in keeping people safe and healthy, many of us felt abandoned—by employers, friends, families, and fellow citizens. Adopt-a-Nurse was my love letter to nurses everywhere, to remind them that they had deep support despite seemingly impossible odds.

Nurses were nominated and community members, in the form of adopters, signed up looking to help in any way possible. The adopters were matched with nurses who lived locally and they reached out offering support in whatever way they could—many lent an ear, created beautiful care packages, purchased goodies (including toilet paper, a precious commodity at that point), and delivered food. Many adopters had young children who got involved by making cards, decorating rocks

with inspirational messages, and spreading positivity in so many creative ways. The compassion and selflessness of the community inspired these nurses to continue fighting the seemingly endless COVID-19 battle.

“When the pandemic first hit it came in like a tsunami,” said Sarah Caldwell, a teacher from Hauppauge, New York, one of the first adopters. “We all felt uncertain, scared, even hopeless. We went dormant. The world understood little of what was going on, but we did know one thing: healthcare workers were sacrificing their time, sanity, and even their own health to keep others safe. Adopt-a-Nurse was an inspirational response to an impossible situation. By giving back to the community who had given all they had and more, we were able to make a difference. Adopt-a-Nurse gave adopters the freedom to express their gratitude however they pleased—for some of us that was a letter or a drawing, for others a hot fresh meal, and for still others, it was a simple companion. This type of freedom gave us all power when we felt we had none. Allowing the public to show just one small token of appreciation gave us all the hope and positivity that we were collectively yearning for.”

**Ariel Hernandez BS '19** was adopted in April 2020. “It is difficult to put into words the positive impact the Adopt-a-Nurse group had on my life,” she said. “At the height

of the pandemic I was responsible for the management and care of up to nine patients on a COVID-19 telemetry unit. It seemed like nothing I did for my patients would help. I remember the lack of sleep I would have on my nights off from work and how isolated I felt in my bedroom, quarantined from family. However my adopter and her family sent me texts of encouragement and care packages that helped lift my spirits and keep me going. I will forever be grateful.”

The relationships that blossomed as a result of this positive community engagement are still alive today. I am honored to have had a hand in creating a safe, supportive environment in one of the worst times of our lives. ■





Choose topics that ignite your passion ... Do something that makes a difference in the world. Then enter the phenomenon and open yourself to the research experience. Flow with the existential dislocation of bewilderment. Bring passion, curiosity, and care to your work. In the end, you will transform our images of studied life, and your research journey will transform you. | **Kathleen Charmaz, 2004**



ALUMNI

# When cancer enters during your PhD

by Lauren Ghazal PhD '21

In the weeks leading up to the beginning of my PhD program, almost four years ago, I read this quote as part of the assigned summer reading. I was nervous, but excited, for what the next few years would entail at NYU. I had passion and curiosity for my research, but was confused; what did it mean to enter a phenomenon? And how would I open myself to the research experience?

In the first semester of the PhD program, we dove into the fundamentals of nursing research and its theoretical and philosophical perspectives. Each class had thoughtful discussion around what we bring to research and how we conduct our research. Our research backgrounds and interests varied—parental support of transgender youth, the microbiome, nurse migration. We were advised that “life will happen throughout this program.” And quickly it did. Some became parents, some got sick, and some were responsible for taking care of loved ones who got sick. And then in the midst of our dissertations we were faced with a global pandemic. As nurses pursuing a PhD, these moments brought us greater experiences to inform our research.

Just four months into the PhD program, I was diagnosed with Hodgkin Lymphoma. The decision to disclose my diagnosis to the program was a difficult one as there was so

much uncertainty. I was new to NYU and was unsure of the support I would receive. However when I told my faculty, staff, and peers, I was shown the utmost support and compassion and introduced to the many networks available in our incredible nursing community. For example faculty and peers checked in to make sure I had company during treatments, food deliveries, and transportation to and from treatment. Several Meyers cancer survivors and researchers even provided me with emotional support. The demands of cancer treatment and a PhD program were physically and emotionally difficult, and during this time, I leaned on a community of people I had only known for only a few months—the Meyers community.

I entered my second year of the PhD program in remission and felt different. In the immediacy of my life being gifted back to me I found my worldview had changed and felt lost in my initial research. I was confused—I had just survived cancer at 26 years old... what would I do now? And then I remembered, from almost a year prior, the quote from Charmaz, “...enter the phenomenon and open yourself to the research experience.” I finally realized what this meant for me; I had unwillingly entered into the phenomenon of cancer survivorship, yet I willingly wanted to open myself up to researching this

experience. My experiences had illuminated the need for more research on young adult cancer survivors as I became witness to the range of disparities faced by this population. Again the PhD Program showed nothing but support and encouragement in this complete change in the focus of my research.

Cancer survivorship is difficult for many reasons. For one, there is the trauma associated with this all. But then there is also the resilience and strength cancer survivorship brings. I am now almost three years in remission, and I am proud that I learned how to be a researcher alongside it all. This spring I will be defending my dissertation focused on multilevel factors influencing quality of life in young adult cancer survivors and have recently accepted an NCI-funded postdoctoral fellowship in cancer care delivery. As I graduate from NYU I want to genuinely thank the Meyers community and especially the PhD program. My gratitude extends to every one of you in helping me to get to the point where I can see the positive of my cancer experience. I will always remember how much you cared and helped me face every uncertainty that cancer brought. “In the end, you will transform our images of studied life, and your research journey will transform you.” Thank you all for this transformation. ■



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