

NYU NURSING SPRING 2022

# NURSES



# RISE UP


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## SPRING 2022

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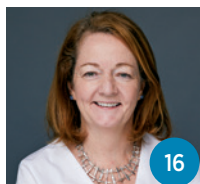
# NURSES RISE UP

**This issue of *NYU Nursing*** is dedicated to NYU Meyers nurses who show up to protect their communities when it matters most. They overcome unimaginable obstacles on the frontlines, in clinical settings, in vaccine centers, in classrooms, and in boardrooms the world over. And it's never mattered more than it does right now. When it matters most, NYU Meyers is where nurses rise up.



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# DEAN'S CORNER



Follow me on Twitter [@EileenSullivanM](https://twitter.com/EileenSullivanM) for the latest news from the College and in nursing.

Dear friends,

Happy spring!

In New York City and at NYU we've seen the resilience of our community as it continues to manage the effects of the pandemic. New Yorkers do their part to keep their neighbors safe!

Fortunately vaccines and boosters have provided us with an opportunity to re-establish a new normal, which includes a meaningful in-person presence on campus this year. It's been a pleasure seeing so many colleagues I had not seen in person in quite some time.

We're thrilled to reconvene together in person to celebrate a double-header commencement this year. A traditional morning ceremony will be held for the Class of 2022, followed by a combined ceremony for the Classes of 2020 and 2021—whom we will finally be able to acknowledge after several years of postponements due to pandemic-related restrictions. We're so proud of all of our graduates and know you will go on to do amazing things.

Wishing you a wonderful graduation season and a relaxing summer!

Dean Eileen

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

**AS OF APRIL 2022**

**More than 256 million  
Americans have received  
at least one dose of a  
COVID-19 vaccine.**

**Almost 100 million  
Americans have received  
a booster.**

**Nearly 10 million  
children ages 5-11  
have received at least  
one dose of a  
COVID-19 vaccine.**

## DEAN'S LIST

Congratulations to several members of our faculty on their recent promotions, which take effect in Sept. 2022.

**Ab Brody**  
Professor

**Michele Crespo-Fierro**  
Clinical Associate Professor

**Victoria Vaughan Dickson**  
Professor

**Emerson Ea**  
Clinical Professor

**Ann-Margaret Navarra**  
Associate Professor with tenure

Congratulations to the following faculty members on their upcoming retirements.

**Eloise Cathcart**  
Clinical Associate Professor

**Judith Haber**  
Ursula Springer Professor

**Candice Knight**  
Clinical Associate Professor

**Christine Kovner**  
Mathy Mezey Professor of Geriatric Nursing

**Nancy Van Devanter**  
Professor

# WHY I GIVE

by Jeanine Frument, MPA '86, BS '82

I love being a nurse and have had a fulfilling career. At this juncture in my life, I want to pave the way for aspiring nurses, to give them the same opportunities I had. I have been a mentor throughout my career. Now I am expanding my support for future nurses and the nursing profession with an estate gift to fund scholarships. This endowment will provide resources to future practitioners in perpetuity.

My journey to becoming a nurse took many interesting turns. When my high school guidance counselor told me I wasn't college material my parents would not accept his view about my future and potential. Seeing how much I loved working at a local nursing home, they encouraged me to become an LPN. From there I went on to get an associate's degree, then my bachelor's and master's from NYU, and finally my doctorate from Johns Hopkins School of Nursing. The takeaway here is never give up, always persist, live your dream, and be your best. I don't want any aspiring nurse to give up on their dream due to a lack of financial resources.

I loved my time at NYU, being part of the downtown scene, and studying under the tutelage of the great nursing theorist Martha Rogers. With brilliant professors and the best clinical experiences the city had to offer, my time at NYU was amazing. To this day I advise aspiring nurses to go to NYU Meyers because I know that the tradition of academic excellence carries on.

The Jeanine M. Frument Endowment Fund for Scholarships for Undergraduate

Nursing Students will focus on Meyers' accelerated program. I selected this program because I understand the challenges many accelerated students face when choosing to move to a new career. They are generally older, mature, and know what they want, and I hope the funds from my endowment will help to ease the financial resources needed to realize their dream of becoming a nurse.

Nursing has tremendously evolved over the past several decades. Back in the day nurses were not often heard and not as well respected as we are today. Today's nurses stand on the shoulders of "giants" such as my mentor and role model, Dr. Margaret McClure. She developed performance indicators for nurses that illustrated the need for advanced degrees and certifications in nursing.

My advice to nurses entering the field: first you must love what you do because this is a challenging profession. Second you must be an advocate for your patients, and to do this you must be highly educated to build competency and have a voice. As leaders and influencers, continuing education is a must for nurses as healthcare is constantly changing. Applying our voices through our education and competency will ensure we remain leaders and partners in the healthcare team.

I am grateful to know that the legacy I am leaving to NYU Rory Meyers College of Nursing will support nursing leaders for generations to come! ■

**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**.

## OUR FACULTY

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

Associate Prof. **Ab Brody** joined the editorial board of the *Journal of the American Geriatrics Society*.

Clinical Assistant Prof. **Leon Chen** presented on febrile neutropenia at Society of Critical Care Medicine's 51st Critical Care Congress.

Clinical Assistant Prof. **Michele Crespo-Fierro** was a fellow in the Second Cohort of the AACN Diversity Leadership Institute.

Clinical Associate Prof. **Selena Gilles** was appointed to the Board of Trustees for CGFNS International and appointed to its Bylaws Committee.

Ursula Springer Prof. **Judith Haber** is an invited member of the One Hundred Million Mouths Project Advisory Board.

Clinical Associate Prof. **Fidelindo Lim** published an article entitled, "When a Patient Refuses a Nurse Assignment" in ANA's *American Nurse*.

Assistant Prof. **Chenjuan Ma** received pilot grant from P50 CAHPE to examine home healthcare services to Asian Americans.

Assistant Prof. **Mimi Niles** was featured as midwife expert in CVS/Every Mother Counts Choices in Childbirth video series and selected as associate editor at *Birth: Issues in Perinatal Health*.

Clinical Assistant Prof. **Karla Rodriguez** joined the Diversity, Equity, and Inclusion task force for the American Holistic Nurses Association.

Associate Prof. **Dena Schulman-Green** was a panelist for Gerontological Society of America's Career Conversations event, "Negotiating Your First Academic Job Offer" in March 2022. She was also elected to the board of directors of the American Academy of Hospice and Palliative Medicine.

Associate Prof. **Allison Squires** was appointed to the national AACN Essentials Committee on Fostering Resilience in Nursing Students. She was also appointed to the AcademyHealth advisory board for diversity mentoring programs.

Assistant Prof. **Jasmine Travers** received the ENRS Rising Star Research Award and the American Geriatrics Society Health in Aging Foundation New Investigator Award.

Assistant Prof. **Fay Wright** was elected as a member-at-large for communications of ENRS.

Assistant Prof. **Yaguang Zheng** participated in the CTSI Collaborative Translational Pilot Project.



Executive Director of Simulation Learning **Natalya Pasklinksy** attended the inauguration of Stony Brook's sixth president.



Congratulations to NICHE Acting Director of Programs **Jennifer Pettis** on receiving the 2021 Amy J. Berman Award for Geriatric Nursing Leadership from Sigma Theta Tau International Nursing Honor Society!



Prof. **Selena Gilles** was named Nurse of the Year for Community Service and Prof. **Maya Clark-Cutaia** was named Nurse Researcher of the Year at this year's GNYCBNA Awards Gala.



The undergraduate faculty celebrated returning to campus for the fall semester with an outing in NYC.



Prof. **Selena Gilles** received the Leota P. Brown Community Service Award from the Theta Chi Chapter of Chi Eta Phi Sorority as well as a Congressional Achievement Award from Congressman Gregory Meeks, City Council Citation, and Certificate of Recognition from Senator Leroy Comrie.



In honor of all their hard work during the COVID-19 pandemic, Prof. **Selena Gilles** and fellow members of GNYCBNA were recognized at a Long Island Nets game.



The GNYCBNA hosted a food drive in Amityville where they were able to provide turkeys, nonperishables, and hot food to more than 75 families.

The NY chapter of NAHN held its annual gala.



Prof. **Jeff Day**, along with student **Emma Waldo** BS' 22 and **Matthew Cosby** BS '13, volunteered at the Special Olympics Winter Classic held at the Javits Center in NYC.

# ANOTHER PANDEMIC CHALLENGE FOR NURSES:



Prof. Amy Witkoski Stimpfel

# SLEEP PROBLEMS

## DIFFICULTY SLEEPING DUE TO WORK STRESS AND SCHEDULING CONTRIBUTES TO NURSES' ANXIETY AND DEPRESSION

by Rachel Harrison | Associate Director, Research Communications

More than half of nurses had difficulty sleeping during the first six months of the COVID-19 pandemic — and getting less sleep increased their odds of experiencing anxiety and depression, according to a new study led by researchers at NYU Rory Meyers College of Nursing.

“Nurses are already at risk for higher rates of depression and insufficient sleep compared to other professions, thanks to the stress of patient care and the nature of shift work. The pandemic seems to have further exacerbated these issues to the detriment of nurses’ well-being,” said Assistant Prof. **Amy Witkoski Stimpfel**, the lead author of the study, which was published in the *Journal of Occupational and Environmental Medicine*.

Nurses have faced unparalleled challenges working on the frontlines of the COVID-19 pandemic, including staffing shortages, an early lack of personal protective equipment, and witnessing widespread suffering and death. Research is beginning to reveal the impact of these ongoing stressors on nurses’ mental health and well-being.

In this study the researchers surveyed 629 nurses and interviewed 34 nurses from June through August 2020. The nurses, who worked across healthcare

settings in 18 states, were asked about their experiences working during the first six months of the pandemic in the US.

The survey revealed high rates of depression (22%), anxiety (52%), and insomnia (55%) among nurses. Notably difficulty sleeping was both a contributing factor to and an outcome of poor mental health.

Only sleeping for five hours or less before a shift increased the odds of depression, anxiety, and insomnia. However nurses also described how anxiety and thinking about stressful working conditions — understaffing, being redeployed to a COVID-19 unit, lack of PPE, and many patient deaths — led to difficulty falling asleep and waking up at night. In addition to stress-related sleep problems, changes in nurses’ work schedules from either working extra hours or abruptly switching between day and night shifts led to nurses getting fewer hours of sleep.

“We found that sleep problems were interwoven with anxiety and depressive symptoms,” said Witkoski Stimpfel. “Prior research supports this bidirectional relationship between sleep and mental health. We know that getting sufficient sleep fosters mental and emotional resilience, while not getting enough

sleep predisposes the brain to negative thinking and emotional vulnerability.”

To better support nurses and their well-being, the researchers urge employers to take action to address work stress and factors that influence sleep. In addition to making sure that nurses have the resources like staffing, beds, and PPE to effectively do their jobs, employers can offer training on stress management and provide referrals to mental healthcare professionals for those in need. Employers should also pay attention to scheduling, ensuring nurses have time away from work, protecting them from excessive overtime hours and shifts that quickly switch between day and night, and offering flexible working arrangements.

“Our findings help us better understand the difficulty nurses are facing — and why some nurses are leaving their jobs or the field altogether — but also reveal opportunities for hospitals and other employers to support this critical workforce,” said Witkoski Stimpfel.

Additional study authors include **Lloyd Golsam** and **Victoria Vaughan Dickson** of NYU Meyers and **Lauren Ghazal** of the University of Michigan. The research was supported by an NYU COVID-19 Research Catalyst grant. ■



# SOCIAL ISOLATION

## AMONG OLDER ADULTS LINKED TO HAVING FEWER TEETH

by Rachel Harrison | Associate Director, Research Communications

### Higher levels of social isolation — but not loneliness — associated with faster tooth loss in older adults in China

Older adults who are socially isolated are more likely to have missing teeth — and to lose their teeth more quickly over time — than those with more social interaction, according to a new study of Chinese older adults led by researchers at NYU Rory Meyers College of Nursing. The findings are published in *Community Dentistry and Oral Epidemiology*.

“Our study suggests that maintaining and improving social connections may benefit the oral health of older adults,” said **Xiang Qi**, a PhD student and the study’s first author. “The findings align with previous studies demonstrating that structural indicators of social disconnection can have powerful effects on indicators of health and well-being.”

Social isolation and loneliness in older adults are major public health concerns around the world and are risk factors for heart disease, mental health disorders, cognitive decline, and premature death. In some countries, including the United States and China, up to one in three older adults are lonely, according to the World Health Organization. The COVID-19 pandemic has exacerbated these issues among older adults, as many in-person interactions have been interrupted to protect older adults from infection.

Social isolation and loneliness are related but different. Social isolation is

an objective measure defined as having few social relationships or infrequent social contact with others, while loneliness is the feeling created by a lack of social connection.

“While social isolation and loneliness often go hand in hand, it’s possible to live alone and be socially isolated but to not feel lonely, or to be surrounded by people but still feel lonely,” said **Bei Wu**, vice dean for research and the study’s senior author.

Older adults are also at risk for another health concern: losing teeth. In China older adults aged 65 to 74 have fewer than 23 teeth on average (adults typically have 32 teeth, or 28 if wisdom teeth have been removed) and 4.5% of this age group has lost all of their teeth. Gum disease, smoking, lack of access to dental care, and chronic illnesses like diabetes and heart disease increase the risks of tooth loss. Missing teeth can have a significant impact on one’s quality of life, affecting nutrition, speech, and self-esteem.

To understand the relationship between social isolation, loneliness, and tooth loss in older adults in China, the researchers used the Chinese Longitudinal Healthy Longevity Survey to analyze data from 4,268 adults aged 65 and up. The participants completed surveys at three different timepoints (2011-12, 2014, and 2018), which captured measures of social isolation and loneliness, how many teeth people had and lost over the seven-year

study, and other factors. More than a quarter (27.5%) of the study participants were socially isolated, and 26.5% reported feeling lonely.

The researchers found that higher levels of social isolation were associated with having fewer teeth and losing teeth more quickly over time, even when controlling for other factors such as oral hygiene, health status, smoking and drinking, and loneliness. Older adults who were socially isolated had, on average, 2.1 fewer natural teeth and 1.4 times the rate of losing their teeth than those with stronger social ties.

“Socially isolated older adults tend to be less engaged in social and health-promoting behaviors like physical activity, which could have a negative impact on their overall functioning and oral hygiene, as well as increase their risk for systemic inflammation,” said Wu. “This functional impairment seems to be a major pathway linking social isolation to tooth loss.”

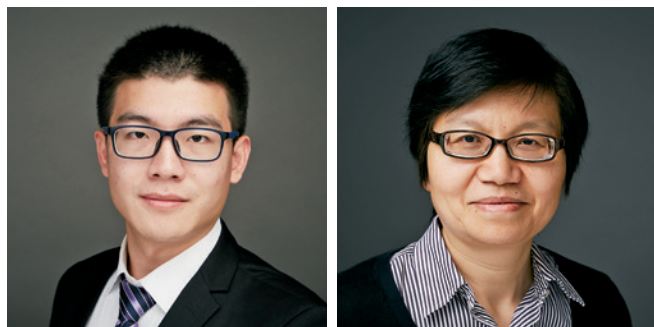
Surprisingly, loneliness was not associated with the number of remaining teeth, nor with the rate of tooth loss.

“While social isolation can result in a lack of support that can affect health behaviors, for older adults who feel lonely, it’s possible that their social networks are still in place and can help them to keep up healthy behaviors,” said Qi.

The findings — which are relevant to countries beyond China, given that social isolation and tooth loss are global issues — highlight the importance of developing interventions to reduce social isolation. Programs could aim to foster intergenerational support within families and improve older adults’ peer and social connections within their local communities. ■

*The research was supported by the National Institute on Aging and the National Institute of Dental and Craniofacial Research.*

PhD student Xiang Qi (left); Prof. Bei Wu



# QUALITY OF HOME HEALTHCARE DIFFERS IN RURAL VS. URBAN SETTINGS



Chenjuan Ma

**RURAL** home healthcare agencies perform better on process measures. **URBAN** agencies perform better on outcome measures.

by Rachel Harrison | Associate Director, Research Communications

**THE QUALITY** of home healthcare varies by location, with rural home healthcare agencies initiating care more quickly while urban agencies excel in preventing hospitalizations, according to a new study by researchers at NYU Rory Meyers College of Nursing. The findings are published in the *Journal of Rural Health*.

Home healthcare — in which healthcare providers, primarily nurses, visit patients' homes to deliver care — is one of the fastest growing healthcare sectors in the United States. In 2018 more than five million Medicare beneficiaries received home healthcare; 9% of patients lived in rural areas.

As the use of home healthcare increases across the country researchers are working to better understand how quality varies and whether there are disparities in care based on location. To understand differences between quality in urban and rural home healthcare, the researchers analyzed national data on home health quality performance measures from the Centers for Medicare & Medicaid Services over five years (2014 to 2018). Their data included 7,908 home health agencies, of which nearly 20% (1,537) were in rural areas. Quality performance measures included timely initiation of care (a measure of care

process), and hospitalization and emergency department visits (two measures of care outcomes).

The researchers measured numerous differences between urban and rural agencies, both at individual timepoints and over time, with rural agencies performing better on the care process measure and urban agencies performing better on the outcome measures. Rural agencies consistently initiated care in a timely fashion, meaning they quickly started home care upon a doctor's orders or within two days of hospital discharge or referral to home care.

"Providing early, intensive visits to patients during a home health episode has been shown to be effective in reducing hospitalization and improving functional status, so timely initiation of care is a critical component of quality home care for patients," said Assistant Prof. **Chenjuan Ma**, the study's lead author. "Strong relationships between rural home health agencies and local hospitals, as evidenced in previous research, may be facilitating the timely initiation of home healthcare to rural patients."

In contrast urban agencies consistently performed better on preventing hospitalization and emergency room visits

during home care over time — although, notably, emergency department visits increased over the five years studied for both urban and rural home health agencies. These gaps between rural and urban agencies were steady over time except the gap in hospitalization, which narrowed slightly over time.

"Our study highlights the persistence of disparities in quality of home healthcare. Limited improvements have been made in the quality of home healthcare over time, and the gaps in quality of care did not significantly shrink between rural and urban agencies," added Ma.

The researchers stress the importance of reducing rural-urban disparities by taking into account the unique geographic, staffing, and health challenges facing agencies. For instance, in addition to staffing and resource challenges, providers from rural home health agencies often spend a significant amount of time traveling to and from patient homes, which could result in less efficient care delivery and could ultimately influence outcomes. In addition reports on rural and urban recipients of home healthcare suggest that rural patients are in poorer overall health status than their urban counterparts. ■



# A SEMESTER IN Abu Dhabi

by Shaqib Minhaj Alam BS '24

**AT 19-YEARS-OLD**, I had my first McChicken sandwich and my life hasn't been the same since.

Culturally my family is from Bangladesh but I'm a natural-born and raised New Yorker.

Growing up I was fixated on becoming a police officer. The thrill of high-speed car chases and adrenaline-fueled criminal pursuits seemed like such an exciting life to live. But for me this meant I could combine my aspirations to go into nursing with the burning passion for Islamic studies that I gained at Stuyvesant.

Do you ever stop to just take in the world around you? It's amazing how complex life is — miraculous even. Although I never got over my fear of insects (cockroach legs look so disgusting!), the life sciences brought me to the field of healthcare. In most cases a love for science in a Bangladeshi household usually translates to becoming a doctor. Yet, in my time at Stuyvesant, I also gained a burning passion for Islamic studies.

This affection for Islamic studies lit up when I heard that NYU offers study abroad to Abu Dhabi. Since I plan to study Islam in Saudi Arabia upon graduating from NYU staying in an Islamic country like Abu Dhabi as an undergraduate could give me a taste for the future — both figuratively speaking and literally speaking. In America most fast-food chains are not halal-certified so coming to Abu Dhabi was the first time I've been able to eat so freely from

McDonald's to Popeyes. It's kind of funny how I will miss the American fast food when I return home to America.

Although I have to say eating in Abu Dhabi is a completely different experience than eating in New York. Abu Dhabi is on top of their game with COVID-19 precautions; in the NYUAD dining halls, each table is marked with tags that indicate whether they have been sanitized. Sanitation workers walk around the dining hall swapping markers as students sit down and sanitize tables just as students get up to leave. Even the bathrooms in the public malls of Abu Dhabi are comfortably clean! To enter public spaces such as shopping malls one needs to present a mobile app called "Al Hosn" and display a negative COVID-19 test result within the past 14 days. The testing system at NYUAD is efficient and takes place right in the center of campus, making COVID-19 policies seem like second nature.

All of NYUAD's campus facilities are built close to each other. NYUAD lives in its bubble on Saadiyat Island, a huge campus with a quiet, relaxed environment. On my way to class I can't help but crouch down to play with the cats I find along the way! There are so many friendly cats here that it's unbelievable for my cat at home to be so unaffectionate. On my first night on campus, with luggage in both hands and a very confusing map of directions, a stray cat skipped over to me and purred along my legs. I'm currently in the process of building a cat

army and I would like to say my recruitment process is going very well.

Despite living in a bubble NYUAD provides free shuttles to the city throughout the day. As a Muslim, I am truly loving my time here. Public stores all host praying spaces which means that I never have to search for halal options, and the people here are so friendly! Surprisingly I've met a lot of international students and staff here at NYUAD. There are a lot of students from Shanghai, Egypt, London, and even Nigeria! It's amazing how even the food on campus is culturally diverse ranging from butter chicken to gao bao buns; I could eat all day.

During my study abroad term I'm taking inorganic chemistry, Nursing Global Perspectives on Health (an asynchronous New York class), and pre-modern Arabic literature. None of my classes here exceed 13 students, allowing for a personal level of learning. My chemistry professor, for instance, has sat with me for an hour after class to help me understand rotational symmetry. To put the cherry on the sundae, class textbooks and printing services are free at NYUAD, which helps reduce the strain online textbooks take on my eyes.

I also hold an on-campus assistantship at the Social Roles and Beliefs Lab. The projects at the Social Roles and Beliefs Lab vary week to week; currently I am working on a document classification Python code. Each time a research paper is added to our lab's library it needs to be categorized into one of 43 folders. My code computerizes this task by reading PDFs and sorting them based on keywords that appear in the text. Regardless all projects at the lab revolve around gender studies, and I find it exciting because they make me rethink my everyday gendered interactions.

Although it's difficult to balance my time between academics, my on-campus assistantship, and personal time, I love the environment here nonetheless and encourage my Meyers classmates to consider a semester in Abu Dhabi! ■



FEATURE

NYU Meyers students  
pictured below (l to r):

**Moselle Jules** BS '22,  
**Dai Phan** BS '22,  
**Cali Delp** BS '23,  
**Amberlynn Pantoja** BS '22,  
**Veronica Pasha** PhD '23,  
**Noor Cheema** BS '22

# NURSES



# RISE UP

**When it matters most**, Meyers nurses show up to protect their communities. They overcome unimaginable obstacles on the frontlines, in clinical settings, in vaccine centers, in classrooms, and in boardrooms the world over. And it's never mattered more than it does right now. When it matters most, this is where nurses rise up. **This is NYU Meyers.**

“During nursing school it filled me with so much joy when I was able to volunteer as a COVID-19 vaccinator to **ensure our community was protected.** As sad and intense as this experience has been I looked back on that time with great pride.”



by Dai Phan BS '22

**M**y desire to become a nurse is rooted in how much I admire my aunt, who is now a retired nurse. My aunt had come to our rescue whenever we were in poor health. I thought of my aunt as a superhero who made us feel better with her knowledge of clinical science and warm bedside manner. She made me feel safe and comfortable in the most uncomfortable circumstances. I desire to become a registered nurse so that one day I can be a great support to my patients just the way my aunt was there for me in those vulnerable moments.

Throughout the pandemic this statement was truly put to the test. Working as a nursing assistant has really solidified my desire to become a nurse and brought real perspectives on how resilient nurses need to be when facing unexpectedly extraordinary challenges.

I started my first hospital job around February 2020. By the time the pandemic broke out in March 2020 I had just got out of my orientation. I remembered how anxious I felt just to be on my own in a neuro step-down unit. Adding in the complications that came with the COVID-19 pandemic further intensified this. All the unknowns were frightening.

As I attempted to help my patients toward recovery I was very worried I would bring the virus back to the home that I shared with five other roommates at the time. I reassured them that I would take all precautions as I felt a strong responsibility to protect my patients, my co-workers, and my roommates. I wore full PPE at work and a surgical mask if I was out of my room at home. I wiped everything after I used it.

The physical exhaustion was difficult though expected. What I did not expect was the emotional roller coaster that our staff, patients, and their loved ones

experienced. I witnessed many patients going out of the ICU to our step-down unit, only to be sent back into the ICU on the same day. The patients and their loved ones were so vulnerable because they could not have their loved ones by their sides due to the no-visitor policy. It was heartbreaking to witness family members having to spend the last moments with their loved ones over a video call. I still wonder if I could have done more and given more of myself during our patients' last moments.

During nursing school it filled me with so much joy when I was able to volunteer as a COVID-19 vaccinator to ensure our community was protected. As sad and intense as this experience has been I looked back on that time with great pride. It helped me understand my role as a nurse and my commitment to supporting my patients. ■



“It’s a hard job, and it takes a special individual with a **passion for both the art and science behind nursing** to go through with it. I am so grateful that of all the professions nursing was the one that called to me.”

by Amberlynn Pantoja BS '22

**T**he theme of this issue is *Nurses Rise Up* and to me that message would not have held the same meaning before the pandemic as it does now. In early 2020 I was in the spring semester of my sophomore year — I was taking fun electives, going to Broadway shows, running through NYU’s Washington Square campus with friends, and loving New York City.

Then the pandemic hit. Suddenly we all had to stay in the house, be vigilant about who we saw, worry for the health

of our loved ones, and live in fear of COVID-19. Every minute of every day I sat on the edge of my couch, phone in hand, scrolling through what felt like millions of articles and social media posts about how many people had died that day and how nurses were stuck working too many hours in terrible conditions without proper PPE. Every day I questioned if nursing was the right career for me.

But that’s the funny thing about nursing. If nursing were just a job, something to do during the day to pay the bills, we

wouldn’t have any nurses left. It’s a hard job, and it takes a special individual with a passion for both the art and science behind nursing to go through with it. I am so grateful that of all the professions nursing was the one that called to me.

Though I am not a nurse yet I believe that I too have risen — I rose above my doubts. I rose above my fears. I rose and now I feel ready to join the millions of RNs in the US who wake up every day and provide quality care to their patients. ■

“Seeing this all unfold as a nursing student allowed me to see **what nursing means on a global and local scale.** When patients are in need nurses rise to the occasion and that’s the kind of nurse I want to be.”



by Moselle Jules BS '22

**A** question no nursing student can avoid is “Why nursing?” Someone would think that after being a nursing major for four years I would have a clear-cut answer, but I don’t—at least not really. What I do know is the kind of nurse I want to be: the nurse who advocates for their patients, shows compassion, and fosters a friendly work environment. Service to others has been a cornerstone for most of my life, which nursing allows me to do with each patient

encounter. Someone once said, “service to others is the rent you pay for your room here on earth.” As a nurse I will pay my rent daily.

Over the past couple of years a spotlight has been shone on our profession. Nurses everywhere have risen to the occasion. We have seen nurses use whatever they could for PPE and help their patients say goodbye to their loved ones through iPads and phones. Even though recent times have been exceedingly stressful what stands out

the most is the resiliency of our community. As New York City was engulfed by COVID-19 in the early days of the pandemic nurses from other states left their families and the safety of their own homes to help treat our city’s patients. Watching this all unfold as a nursing student allowed me to see what nursing means on a global and local scale. When patients are in need nurses rise to the occasion, and that’s the kind of nurse I want to be. ■

FEATURE

# WHEN THE WORLD WENT STILL:

## A COVID-19 memorial exhibition

by Ching-wen (Janet) Chuang MA '23

COVID-19 robbed us of warm embraces from family and friends, nights at the movie theater to unwind, visits to favorite local restaurants and coffee shops for simple indulgences, and trips near and far to see loved ones. Quite literally, New York City went still, and so did the world.

Nurses have been the largest healthcare workforce responding to COVID-19 and Meyers nurses locally, nationally, and globally have been the backbone of the world's pandemic response. This exhibition includes nearly two dozen works, including paintings, drawings, photographs, a time capsule, a timeline of newspaper covers, and a handmade quilt—an interdisciplinary effort documenting our students', faculty members', and alumni's experiences during the pandemic.

We dedicate this moving remembrance to all nurses who selflessly gave more than most can imagine for patients and their families during one of the most challenging times in modern history. We also mourn the lives of those lost and grieve for those they left behind.

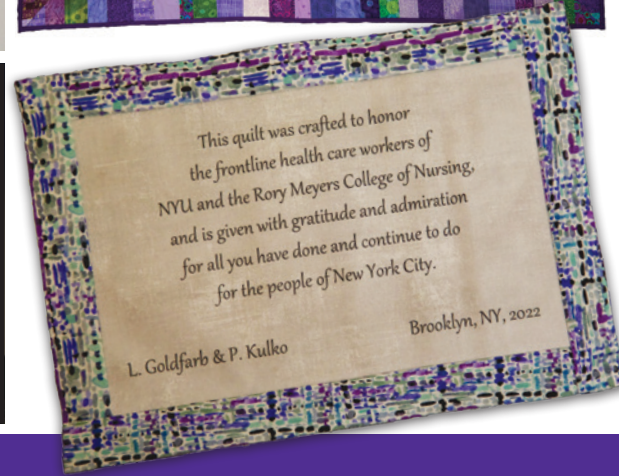
To a brighter future—*together*.







**Ching-wen (Janet) Chuang** is the curator of NYU Meyers College of Nursing's COVID-19 memorial exhibition. She is an international student from Taiwan who majored in art history at CAS, graduating in 2021. She is currently pursuing an MA in visual arts administration at NYU Steinhardt. Previously she worked at the Whitney Museum, Galerie Eva Presenhuber, and Blank Forms in New York City. With a passion for fine art and photography, she spends her free time working as an amateur jeweler, freelance photographer, and monthly dinner club host.



**W**hen I first read the job description for the curatorial position for the Meyers COVID-19 memorial exhibition, my initial thought was, “has it really been two years?” Near the second anniversary of the first COVID-19 case in New York restrictions are lifting, and we might finally be near the light at the end of the tunnel.

I joined the team in January 2022 to bring this interdisciplinary project to life. The goal was to design an exhibition that best showcases artworks and creative writing by Meyers alumni, students, and faculty. After surveying the Meyers building and measuring available wall spaces, I divided the exhibition into four areas that best fit our goal to present nurses' personal and professional reflections on the progression of the pandemic.

Conceptually the lower-level staircase serves as an objective reflection of the last two years. After several design iterations the final rendition uses major newspaper covers to showcase the initial disregard for the virus and subsequent intensive coverage and efforts to combat misinformation on the front page.

Ascend to the fourth floor, which opens into a hallway featuring custom-framed large-format artworks submitted by students, alumni, and faculty. The frame colors were selected to best complement and highlight the dominant tones of the artwork.

The fourth floor presents artworks portraying artists working as nurses. They use art and poetry to reflect on work experiences and the significance of nursing during a pandemic. Continue onto the fifth floor, which introduces the opposite perspective of nurses as artists. The work reflects the more personal interpretation of their experiences as New Yorkers, observing the empty streets, their colleagues, and the ever-changing news cycle.

The exhibition's final stop is the seventh floor, which is a display of the significant achievements of faculty, alumni, and students alongside framed photographs of Meyers nurses on the frontlines. Together they are a reminder of colleagues and friends' dedication to their profession. Accompanying these achievements are framed photographs of Meyers nurses who worked on the frontlines, the conclusion and final reminder of their colleagues and friends' dedication to their profession.

While I do not have any experience in nursing or medicine I hope that this exhibition can give visitors a sense of connection with the artists featured. I want to thank everyone whose works are featured and many others who have supported us during the process. ■

*Special thanks to the planning committee for their hard work in bringing this unique project to fruition.*

**Thomas Freedman** | Senior Administrative Manager, Dean's Office

**Lance Irving** | Director, Administrative Operations & Facilities Management

**Tanisha Johnson-Campbell** | Assistant Dean, Advising, Academic Administration & Belonging

**Margaret McCarthy** | Assistant Professor

**Keith Olsen** | Director for Communication

**Cristina Rivera** | Administrative Aide

**Hank Sherwood** | Associate Director for Communication

**Karen Wenderoff** | Director, Development



# Recognizing Ellen Lyons

by Katelyn Wattendorf | Contributing Writer

When **Ellen Lyons**, former vice dean for administration, finance, and planning, announced her retirement in late 2021, an outpouring of love spilled from the Meyers community, all of whom only had the most positive of words to share about their time under her diligent guidance and leadership. Dean **Eileen Sullivan-Marx** called Lyons a “servant leader” who “put others and the mission first and ceaselessly worked for the betterment of all.”

Lyons originally graduated with a bachelor’s degree in social work, and her first job was working in a youth training program. After the opportunity presented itself for her to serve as the interim director of the program for a few months, she discovered a passion for administration and leadership and went on to receive a master’s degree in public administration. Her journey in healthcare took off with her role at the Department of Pediatrics at Columbia University, beginning as the director of the Pulmonary Division and eventually moving up first to department administrator, and then to the senior administrative position, which Lyons credited as providing critical training for the eventual role she would take as vice dean at Meyers.

Lyons started at Meyers during a major turning point for the school. “When I joined Nursing,” she said, “the school was experiencing a period of tremendous growth. Student enrollment was increasing, new faculty were being recruited, and the research program was expanding.”

In joining the administrative team of a rapidly growing school, Lyons had to shape her work around that expansion. “My goal was to develop an infrastructure to support that growth and ensure the success of the school,” Lyons

explained. “I also wanted to create an environment where everyone’s work is recognized and valued. While I add new goals all the time these two goals remain at the core of my work. These are ongoing goals which we continue to work on by assessing, adjusting, and making improvements.”

In addition to the school’s growth in its population of students, researchers, and faculty, Lyons also managed Meyers’ physical changes at the start of her time here. “The work on the new building consumed much of my time during the first five years at Meyers,” Lyons said. “Designing and financing a new building that would be the permanent home for the College of Nursing was complicated and involved multiple parties with varying views. The Meyers team, who had primary oversight of the construction, were aligned in the major areas, but there was always an opportunity for discussion on issues where we were not in agreement.”

This is where Lyons’s expert leadership and administrative management skillset came into play. Her solution involved seeking expert opinions when needed and allowing space for their insight into the design process. “We brought in experts when needed,” Lyons said, “and also relied on the expertise of our own staff in the areas of IT, facilities, and simulation to develop the design plan. Their active participation in the design was critically important and we avoided several potential missteps by seeking out their expertise.”

Despite successfully carrying out this massive task so early in her time here, Lyons still cited her staff and team as her greatest accomplishment. “I am most proud of the fact that I have been able to

recruit and retain such a talented group of administrators,” Lyons explained. “Many of the senior administrators have been at Meyers for more than ten years. Additionally we have been able to recruit administrators in recent years who bring new vitality to the college. We have focused on being an inclusive workplace and while we have more work to do in this area, we have seen the benefits in terms of a more adaptable, creative work environment.”

When reflecting on the two original goals she set when she joined Meyers—to develop infrastructure to support the school’s growth and to create an inclusive environment—she again credited her success in achieving these goals to her staff. “I think I have been successful in both goals and that is largely due to the efforts of my staff. They are a dedicated group of professionals who are equally committed to these goals,” she said.

Her love for the Meyers community continues to be clear when asked what she will miss most when she retires. “The people! I have truly enjoyed working at Meyers and feel so fortunate to have had the opportunity to work with such wonderful people.”

Looking ahead to retirement, Lyons plans to see the world. “My retirement plans have always centered around travel,” she said. “While travel to far-flung areas of the world has been curtailed for now with COVID-19, I do plan to get some traveling in this year.” But, again, like her time at Meyers has proven, Lyons’s life always circles back to people—“I am looking forward to spending more time with family and friends,” she explained, before adding, “especially those that live in warm, sunny, climates!” ■



# Meet Mary Roldan

by Katelyn Wattendorf | Contributing Writer

**Mary Roldan** became the assistant registrar at Meyers in February 2006, but her career at NYU began 20 years earlier. In 1986, Roldan, who was working as a medical secretary at Memorial Sloan Kettering Hospital at the time, spotted an ad in the newspaper for positions available at New York University. She headed to the Human Resources office, which was on Greene Street at the time, and applied in person. After two interviews she landed a spot as a clerk at the Registrar's office for what is now the College of Arts & Sciences. When the brand-new College of Nursing opened in 2006 Roldan became the first assistant registrar — and still is today.

As assistant registrar Roldan manages every student's progression through nursing school. "I oversee the creation, updating, and maintenance of course, class, and student data. I work closely with several departments at the College involving admissions, curriculum, registration, graduation, and data analysis for reporting to the University and external agencies," Roldan explained. "I review students for graduation and process the certification for the NCLEX and licensing boards. Basically I follow the progress of our student from when they enter our programs until they graduate."

Nursing has been a part of Roldan's life since she was a teenager. A New York native herself, the opportunity to be a part of a nursing assistant program and EMT training program in high school opened her eyes to the medical field. She went on to graduate from the Drake Business School as an administrative medical secretary.

"I have always had a huge respect for the nursing profession," Roldan said.

"I have family members who chose to become nurses and midwives. I now support students who want to be a part of this profession. When I see the students walk across the stage at graduation, it makes me happy to have been part of the academic and administrative teams that helped them achieve their goals."

As a long-term member of the NYU community Roldan has a particularly special tie to the University by being present during so many of the University's critical moments. When looking back on moments that stand out to her, Roldan recalled: the tears and uncertainty of what would happen next on the morning of 9/11, walking with fellow Brooklyn colleagues across the Brooklyn Bridge during the blackout in August 2003, moving the College from 246 Greene Street first to 726 Broadway and then to our current home at 433 First Avenue, and the College's graduation ceremonies at the New Amsterdam theater and the New York City Center. "I never would have been on a Broadway stage if it wasn't for graduation," she said.

Throughout these major events Roldan was able to rely on her colleagues, and she highlighted the community at NYU as key supporters in both her professional and personal life.

"I was very fortunate to have supportive supervisors that mentored me during my career at NYU," Roldan said. "They provided me with opportunities to learn and grow and encouraged me to pursue my education. I have also been fortunate to work with colleagues that have a sense of humor — this has been helpful during stressful periods. Having discussions with my teammates regarding the latest reality TV program or podcasts has

increased not only my knowledge but has led to some hilarious conversations."

Just like in nursing Roldan considers caregiving to be a cornerstone of her role at Meyers. "Being the eldest of three siblings, I learned to be a caregiver and to be respectful and mindful of those around me," Roldan explained. "Having those experiences and having a sense of humor has helped me in my interactions at NYU. I learned that each person has their own story and that it is important to meet people where they are in their personal journey. I have always strived to help those I meet, learn from them, and respect their boundaries. I am always happy to share my knowledge and to assist them where I can. If we can learn and laugh, then that is a great outcome." ■



**... having a sense of humor has helped me in my interactions at NYU. I learned that each person has their own story and that it is important to meet people where they are in their personal journey."**



# Assistant Prof. Margaret McCarthy PhD '13

by Rachel Harrison | Associate Director, Research Communications

**Vital signs — including temperature, pulse, breathing rate, and blood pressure — are often collected as measures of health. Your work looks at another measure: physical activity. Why should physical activity be considered a vital sign, and how can clinicians use it?**

Physical inactivity is a risk factor for cardiovascular disease and should be assessed and addressed in the same way as other cardiac risk factors, such as smoking, blood pressure, or blood cholesterol. The physical activity vital sign (PAVS) can be used in clinical settings to assess current physical activity. Three quick questions “On average, how many days per week do you do physical activity; on average how many minutes per day; and at what intensity do you exercise?” allow healthcare providers to counsel patients when they are not achieving recommended levels of physical activity. The PAVS has been implemented at NYU Langone Health in the Epic electronic health record.

**You’re currently leading an NIH-funded study of a physical activity intervention to reduce cardiovascular risk. Can you tell us about the research and how it uses the physical activity vital sign?**

This study is an implementation of the physical activity vital sign along with a “best practice advisory” to alert healthcare providers when patients have reported low levels of physical activity. Patients fill out the physical activity vital sign before each clinical visit at the NYU Langone Center for Prevention of Cardiovascular Disease. If they report less than 50% of recommended physical activity it triggers an alert to the cardiologist or nurse practitioner, reminding them to counsel the patient

on improving levels of physical activity. The last phase of this intervention is enrolling patients who trigger the alert to participate in remote patient monitoring. Upon consent and enrollment I measure the patient’s baseline levels of cardiovascular disease risk factors, and then they are given a Fitbit to wear for 12 weeks to monitor their physical activity. They then sync their Fitbit to their MyChart patient portal so their cardiologist or nurse practitioner can view it.

**How can technology, including wearables, be used to track physical activity and improve health?**

Wearables can be both a way to monitor levels of physical activity and a motivator to improve one’s physical activity. Many wearables are available on the market including many versions of the Fitbit and the Apple watch. Smartphones also have an activity tracker built-in and since many of us carry our smartphones everywhere, they can be another option to track physical activity. No need to wear anything else!

**You’ve also led research through the Center for Precision Health in Diverse Populations focused on cardiovascular health among people of color with type 2 diabetes. What have you found?**

We are currently finishing data collection on this study, so we will have to wait for data analysis to see the results. We have assessed their cardiovascular health using the American Heart Association’s Life Simple 7 which includes an assessment of 7 heart health components: physical activity, dietary patterns, smoking, blood pressure, total cholesterol, body mass index, and hemoglobin A1c. Following the assessment is

interviewing a sample of the participants about the impact of family, friends, or co-workers on how they care for both their diabetes and cardiovascular health. Our results will give us insight into what areas of cardiovascular health may need improvement.

**Cardiovascular health isn’t just a concern for people with type 2 diabetes — it’s also an issue for young people with type 1 diabetes, which usually appears during childhood or adolescence. What cardiovascular risks do people with type 1 diabetes face?**

Things have improved over the past years due to research in the area of cardiovascular health in adults with type 1 diabetes, but cardiovascular disease is still the number one cause of death for these adults. There is a strong need for these adults to control their cardiovascular risk factors. In a recent study in a sample of young adults with type 1 diabetes (age 18-26), we assessed their cardiovascular health using Life Simple 7 (as with the adults with type 2 diabetes discussed above). In this sample several factors were not at ideal levels: physical activity, dietary behavior, and maintaining their hemoglobin A1c < 7%, a level recommended by the American Diabetes Association. When these young adults were interviewed, a common theme was the lack of time that is needed to address these three heart health factors. They realized that it took planning and thinking ahead to eat healthily and be physically active.

*continued on page 35*



# Assistant Prof. John Merriman

by Rachel Harrison | Associate Director, Research Communications

## **Your research explores how some cancer patients experience changes in cognitive function. What drew you to this topic?**

My first degree was in communication with minors in theater and music. I enjoyed science classes in my undergraduate education and afterward looked for a way to integrate my interest in communication with science and health. Ultimately I landed on nursing as a way to bridge these interests and enrolled in the master's Entry Program in Nursing (MEPN) at the University of California, San Francisco (UCSF). After my pre-licensure education, I worked on a hematology-oncology unit at UCSF Medical Center, where my work focused primarily on supportive care during and after intensive chemotherapy treatments.

On my unit I noticed a striking variation in patients' ability to concentrate after undergoing chemotherapy. Some patients brought stacks of books for their hospital stays, which could be many weeks. Some patients could make it through their reading, but many patients struggled to focus even on short magazine articles. Typically these patients reported difficulty with focus (what we call attention) and short-term memory (what we call working memory), and they felt that their thinking had slowed down (what we call processing speed) since they were diagnosed.

I completed an oncology clinical nurse specialist program while in MEPN at UCSF, during which I was exposed to lectures on cancer genetics and to how genetic variations could influence cancer development its treatment. These lectures and my clinical experiences led to my interest in understanding the role of genetic variation in cancer-related

symptoms, particularly cognitive problems, and how we might better identify patients at risk of worse cognitive problems and target interventions most effectively.

I realized that if I wanted to find causes for this variability or test possible interventions to improve cognitive function in patients with cancer I would need to pursue a PhD. When my master's thesis advisors, Drs. Christine Miaskowski and Brad Aouizerat, mentioned that they had a data set from patients with cancer that included self-reported attentional function and corresponding blood samples, I knew what the topic of my PhD dissertation might be.

## **Are there certain factors that predict whether cancer patients will have cognitive changes?**

Research suggests that subgroups of patients have different risk factors; so no one risk factor determines which cognitive problems a patient might experience or their severity.

Genomic variations are one risk factor. Genomic variations include genetic differences, differences in gene expression, and how gene expression is regulated through epigenetics. My program of research focuses on understanding the mechanistic role of genomic variations in the differences in cognitive problems that I noticed clinically. Gene expression differs between patients because of epigenetics — essentially how life experiences and exposures impact how their genetic codes are expressed. We cannot change the genetic code but we can change how that code is expressed through intervention.

Another possible reason for cognitive problems is stress. To use the example

of breast cancer, which is the population I focus on in my research, treatment could include surgery, radiation therapy, chemotherapy, and long-term hormonal therapy. With months of treatment visits, management of comorbid conditions like diabetes and hypertension that patients with cancer often also have, worries about financial problems, and concerns about relationships with family and friends, psychological stress is a near-constant. During my postdoctoral training with Drs. Catherine Bender and Yvette Conley at the University of Pittsburgh, we found that coming into a diagnosis of breast cancer with existing anxiety and depressive symptoms increases the risk of cognitive problems.

## **You're studying the use of mindfulness-based stress reduction to improve cognitive function in women undergoing treatment for breast cancer. What are you finding through this work?**

My research is starting to look at how mindfulness-based stress reduction (MBSR) can help patients improve their cognitive functioning. MBSR has been around for decades and has been found to improve many health outcomes.

There are plenty of practical ways patients can use MBSR. Patients can incorporate a number of techniques into their daily lives. Yoga, for example, can be an effective mindfulness technique for people who find movement a helpful way to focus, as it includes awareness of the body and its movements when done as a meditative practice. Research suggests that a daily practice of about 12 minutes is enough to notice a beneficial effect over time.

*continued on page 35*



*On Long Island, training*

# FUTURE NURSES

*to collaborate with*

# FUTURE PHYSICIANS

by Rachel Harrison | Associate Director, Research Communications

**NYU Rory Meyers College of Nursing** has launched a new collaborative model for nursing education in which nursing students work alongside medical students for their clinical rotations, with an emphasis on considering the environmental factors that influence a patient's health.

The program, which takes place at NYU Langone Hospital–Long Island, is an example of interprofessional education, which aims to develop effective working relationships between different types of healthcare students and practitioners to support health outcomes. Research shows that interprofessional healthcare has many benefits beyond improving patient care; collaboration can lead to fewer preventable errors, reduced healthcare costs, and improved working relationships.

“To my knowledge there isn’t another structured interprofessional education program like this at other nursing schools. Some schools do one-off interprofessional

simulations or experiences, but our program at NYU Langone Hospital–Long Island is unique,” said **Selena Gilles**, associate dean of the undergraduate program and a Long Island resident.

Twelve nursing students were selected to participate in the program’s first cohort, which began in the fall of 2021. On their clinical days at NYU Langone Hospital–Long Island each nursing student is paired with a medical student. The dyads are assigned to care for the same patients and work together to assess them, develop care plans, and attend rounds and “huddles” of interdisciplinary healthcare teams where their assessments and care plans are discussed.



### Harry Kim | LI IPE program

“The healthcare field incorporates the collaboration and contributions of many different professions to promote the health of patients. Nursing requires a patient-centered approach, yet the collaborations with providers, dietitians, pharmacists, and social workers strengthen and promote an improved patient outcome. Through this Interprofessional Education program, I gained insight on the different thought processes and interventions that ultimately led to one similar goal: promoting patient health. With this collaborative environment that my colleagues and I were provided, we learned, communicated, and grew as future nurses. This program was a great learning experience and I hope to implement this in my nursing career.”

### Liesel Devlin | LI IPE program

“During my experience in the LI IPE program, I have been able to interact with students in various health professions. During clinical we see firsthand the frequency in which health care professionals collaborate to optimize patient outcomes. Although interacting with other professions like providers, social workers, and pharmacists is so prominent in a nurse’s role we often do not get that exposure during nursing school. This program allowed me to discuss patient scenarios with med and pharmacy students to better understand my role as a nurse and practice the skills necessary to create a thriving collaborative environment. In addition discussing different aspects of patient health that each profession would address helped me gain insight into the significance of interprofessional communication as a way to manage all patient needs and provide person-centered care.”

“This program speaks to the importance of collaborative practice,” said **Vincenza Coughlin**, the director of professional nursing practice and education at NYU Langone Hospital-Long Island. “We each bring our unique and complementary knowledge and skills when working together in patient care.”

Notably the students assess patients’ social determinants of health — the environmental conditions such as housing, education level, income, and access to healthy foods that can influence one’s health. This holistic view of people encourages students to think beyond a diagnosis, including how patients end up in the

hospital, what hospital services could benefit them, and how to improve health after discharge, beyond the hospital setting.

“Nursing and medical students forming one team, and working toward the same goal of moving patients toward wellness, is really the essence of what healthcare should be in the 21st century,” said **Alice Nash**, system senior director of nursing professional development & clinical outcomes at NYU Langone Health.

The interprofessional education program, which will run for five years, is funded by a \$7 million gift from Howard Meyers and his late wife Rory. The funds provide full-tuition scholarships plus

room and board for the school year for the nursing students selected.

“Throughout the COVID-19 pandemic, healthcare professionals have pivoted to work in new ways as interdisciplinary teams, with nurses working closely alongside doctors, respiratory therapists, physical therapists, and others,” said **Eileen Sullivan-Marx**, dean of NYU Rory Meyers College of Nursing. “While interprofessional education has long been an interest of ours at NYU, teamwork has never been more important and we are thrilled that this interprofessional program is now underway preparing a new generation of nurses and physicians.” ■

FEATURE



**DNP curriculum spurred student to**  
**ACTION**

*on health system change during most recent COVID-19 surge*

by Stacen A. Keating | Clinical Associate Professor  
and Mary Jo Vetter | Clinical Associate Professor



**The DNP degree** prepares clinicians to transform healthcare systems and improve population health by utilizing advanced practice expertise and scientific knowledge to improve the quality and safety of care. DNP students develop clinical leadership skills to lead interprofessional teams in facilitating sustainable practice innovation. Graduates are prepared to implement evidence-based practice, influence health policy, and integrate information technology to deliver cost-effective, reliable, patient-centered healthcare. As practice scholars, DNPs disseminate details of research translation initiatives on a broader scale to impact global health and wellness.

A second-year DNP student, **Jillian Sonkin**, applied DNP essential competencies by taking action to solve a clinical problem in her practice setting. Sonkin works as a primary care nurse practitioner in a busy practice on Long Island that is part of a larger academic medical center. With the increase in COVID-19 cases and an urgent need to conduct more patient testing and receive timely results she identified an opportunity to apply the knowledge acquired as a DNP student.

The practice had been using a private lab for nasal swab PCR testing, which proved difficult during the recent COVID-19 Omicron variant surge. Due to the associated high volume of testing, the turnaround time for results extended from one-to-two days to five-to-six days, significantly limiting patient access to medical management options. One of the mandatory inclusion criteria for treatment with monoclonal antibodies, or recently approved oral antivirals, is the initiation of treatment within five days of the onset of symptoms. Due to prolonged times to receive results and relatively high rates of false-negative test results seen with rapid antigen tests, many high-risk patients missed the opportunity to be prescribed effective, risk-reducing treatments. Using the

## Using the knowledge gained in the DNP program, Sonkin put her education into practice and **mapped out a potential health system change.**

knowledge gained in the DNP program, Sonkin put her education into practice and mapped out a potential health system change.

The processing of saliva samples requires fewer reagents and equipment, compared to that of nasopharyngeal samples, which tie up an already overwhelmed microbiology lab. After validating the ability to process saliva PCR testing at the affiliated hospital's lab, the practice's medical director proposed using this capability in the ambulatory care setting, to speed up the time from testing to result availability. Sonkin volunteered to run a pilot in her office to work out the logistics involved in implementing this new testing process.

Utilizing a Lean Management quality improvement framework, she developed a workflow that was tested by her practice setting. She sought feedback from team members during multiple rapid improvement cycles to refine the process to overcome barriers to achieving the aim of obtaining test results in time to initiate desired treatment options.

"I identified what was most valuable to the providers and patients, and what steps in the process were inefficient," Sonkin said. She provided the example of saliva testing and the fact that it takes longer to collect. Typically after a telehealth visit providers would step outside

the primary care office to obtain a quick nasal swab from a patient. Saliva tests required a minimum of five minutes for each patient to complete under the provider's supervision. Additionally patients had to abstain from food and fluid intake for 30 minutes before testing, requiring coordination of the timing of the test.

Sonkin developed an amended workflow process that included verbal instructions given during the telehealth visit and written instructions that were given to the patient with the collection tube and specimen bag. A drop-off bin was placed outside the door of the practice for the patient to place their completed sample, thus saving valuable provider time. Analysis of the workflow by all involved staff helped the team gain insight into barriers and facilitators to efficiency.

Once consensus was achieved the workflow was documented in a final diagram that accurately reflected the steps in the process that were used to consistently achieve the goal of receiving timely results. A summary of the initiative was provided to the hospital administration and lab director who advocated for this practice innovation; eventually the new workflow will be disseminated to other ambulatory care practices to improve their patients' potential to receive risk-reducing medical management. So far the process has been successfully integrated into one other practice, with other practices scheduled to initiate changes soon.

Sonkin noted that she was able to apply many DNP competencies gained from her studies at NYU Meyers, including process and workflow analyses, using a Quality Improvement framework to guide the project, the value of interdisciplinary collaboration, and how to be a nurse leader within a healthcare setting. She is currently doing her DNP scholarly project focusing on improving the incidence and specificity of diagnosing obesity and planning clinical interventions in the primary care setting. ■



# Celebrating an historic moment

## FOR THE NURSING AND MIDWIFERY EDUCATION SYSTEM IN LIBERIA

by Renata Kurz | Global Projects Administrator  
and Kerry Stalonas | Associate Director for Global Operations

Over three days from October 27–30, 2021, the **Liberian Board for Nursing & Midwifery (LBNM)** held the first-ever online licensing examination for nurse and midwifery candidates in Liberia.

This exciting digital licensing initiative will significantly advance the nursing and midwifery health workforce in Liberia, providing its students with an enhanced test environment and process. The online examination promises to be more efficient, cost-effective, environmentally friendly, and less time and labor-intensive than the paper-based examinations. Liberia’s initiative marks the second-only online examination of its kind in all of sub-Saharan Africa. In 2018 Ghana was the first African country to launch an online licensing examination.

Working with the Council of Nurses and Midwives Ghana (NMCG) and the LBNM, a tripartite partnership between NYU Meyers and the two West African boards was forged in late 2019 to pilot the digital examination in Liberia in 2021. Today that goal has been made real, with a total of 225 nursing and midwifery candidates participating in this historic pilot examination.

LBNM Registrar Cecelia Kpangbala-Flomo described the initiative to the Radio Service of the Liberia Broadcasting

System, ELBC News, as a dream come true, and an innovation that will go a long way in the history of the board. Kpangbala-Flomo noted, “I’m excited about this test because Liberia is making history this week and we started this process in 2019, but that was the planning process, trying to look for support both financial and technical to help us reach today.”

NYU Meyers principal investigator on the project, Clinical Associate Prof. **Robin Toft Klar**, echoed this sentiment, “This digital licensing exam pilot and first-ever digital licensing exam for midwives in Liberia is the culmination of years of collaboration with multilateral partners. Thinking out loud and connecting the many ideas and partners has changed history for the professional nursing and midwifery licensing exam process in Liberia!”

Felix Nyante, the registrar of the NMCG, noted that this initiative will present a digital revolution in the training and practice of nursing and midwifery. “With the support from the government of the Netherlands Ghana acquired the technology on the digital examination system and transferred and shared the knowledge with Liberia and other African countries who had approached the Council for assistance and mentorship,” he said. “It is our utmost desire that



## As part of the initiative

NYU Meyers, along with its sponsors, including the United States President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration, has procured 180 tablets for the examination, supported stakeholder sensitization activities, and training in both Ghana and Liberia.



Liberia will also transfer and share the knowledge with other African countries. Collectively Africa will recognize the virtuous circle of successful technology transfer and the resulting innovation which will lead to improved technological absorptive capacities in all the nursing and midwifery regulatory institutions.”

Indeed this new technology is a great step towards Liberia's progress in nursing and midwifery at a much-needed time when the sector is growing. According to Kpangbala-Flomo Liberia's nursing and midwifery student population have been steadily increasing since 2014, when eight teaching institutions accounted for a total of approximately 200 licensing candidates each year. Today, with 23 accredited nursing and midwifery teaching institutions, Liberia is currently preparing more than 900 students to become licensed nurses and midwives each year.

Before the October examination the board, along with the NMCG team, conducted mock examinations with over 348 students in Bong and Montserrado counties to sensitize them to the process and format. Nursing and midwifery pre-service candidates who participated in the mock examinations were excited and honored to be a part of history-in-the-making.

Readied for the examination in October, many candidates expressed their satisfaction with the convenience and ease of the online format. Completing the examination and reviewing their work as they moved through was so much faster than the paper-based examination. Candidates noted to ELBC News, “From the beginning online ...we thought it would be so difficult for us to

do that, but you see from yesterday, we feel relaxed taking the test, there is no problem with it.”

Leading up to the pilot, on September 17, 2021, the LBNM officially launched the nursing and midwifery digital licensing examination system with a Monrovia-based event attended by more than 72 in-person stakeholders and another 40-plus remote participants.

Liberia's Minister of Health Wilhelmina Jallah attended the launch and described the initiative as a “leap of fate” for Liberia, signifying Liberia's move to the digital age by leaving behind a time-consuming paper-based examination process that is difficult for both administrators and users. Jallah promised critical support and ownership of the digital examination system from the Ministry of Health.

As part of the initiative NYU Meyers, along with its sponsors including the United States President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration, has procured 180 tablets for the examination, supported stakeholder sensitization activities, and training in both Ghana and Liberia. LBNM secretariat staff traveled to Ghana in August 2021 to shadow the NMCG and observe both the preparatory and on-site administration activities during the Ghanaian online examination. In Liberia the NMCG led a two-week intensive hands-on operational and technical training with the LBNM secretariat staff to ready them for the October rollout start date. Additionally the pilot supported the procurement of two network servers that are now based in Accra and dedicated to hosting the Liberian examinations.



NYU Meyers has been partnering with the LBNM since 2017 as part of its *Responsive and Resilient Health Systems Initiative* in Liberia. As part of this initiative NYU Meyers has worked closely with the board to update and roll out three national-level nursing and midwifery curricula, support textbook procurement and the development and implementation of the country's first accredited continuous professional development module for in-service providers. This extraordinary pilot initiative was made possible with funding and support from the United States President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration, NYU Meyers, and the Nursing and Midwifery Council Ghana, and in collaboration with LBNM. ■



# HIGN



## at 25

by Cynthia Chong | Special Projects Coordinator, HIGN  
and Tara Cortes | Executive Director, HIGN

**For 25 years, HIGN has shaped the landscape of geriatric healthcare to ensure older adults can lead enriched lives. During the past quarter-century we've shaped the landscape of geriatric healthcare to ensure older adults can achieve this goal.**

Older adults are living longer. Today one in every seven people is 65 or older, and that number will change to 1 in 5 in 2040. As this population grows social determinants of health, inequities, access to age-appropriate care, chronic disease, and dementia will be only some of what impacts the health outcomes and quality of life of aging Americans. Over the years our work has been to ameliorate the impact of these factors for older adults, especially the most vulnerable.

Founded with support from the John A. Hartford Foundation in 1996, HIGN was created to ensure older adults achieve optimal health and quality of life. During its first decade we were laser-focused on empowering nursing students and practicing nurses with the competencies and knowledge they need to best care for older adults.

Our founding director, Prof. Emerita **Mathy Mezey**, established us as a leader in geriatric best practices. Under her leadership the Nurses Improving Care for Healthsystem Elders (NICHE) program was developed and became nationally renowned. NICHE has evolved into a separate business unit of the College with

a membership model focused on geriatric nursing excellence in hospitals. During its first decade we developed guides and protocols for nurses in the field and future nurses, including our popular *Try This.*<sup>®</sup> series of geriatric assessment tools and the Geriatric Nursing Protocols that provide knowledge of best practices in the care of older adults. Through establishing geriatric educational resources, furthering geriatric research, contributing to practice improvement, and advocating for policies to improve the care of older adults, the foundation was laid for the expansion of our focus.

In 2010 Prof. **Tara Cortes** assumed the role of executive director for HIGN. We looked at the landscape of aging in the US and strategically considered where we would have the greatest impact. We determined it was time for us to shift to community-based services for older adults as this is where most older adults live. We began to seek grant funding to support the education of nurses and nurse practitioners in primary care, home care, assisted living, PACE programs, and skilled nursing facilities. We also expanded our educational programs to include physicians and other health professionals and developed a GITT 2.0 toolkit to build team care models for older adults in primary care and home care.

All of this gave us the foundation to be a successful Geriatric Workforce Enhancement Program (GWEP) through HRSA. This funding enabled us to work with Montefiore Health System and R.A.I.N., a large community-based organization with 12 senior daycare centers to address the

needs of a vulnerable and very ethnically diverse population in the Bronx, a county that ranks the lowest in health outcomes in New York. During this grant we educated more than 3,000 healthcare professionals on geriatric sensitive care and educated 400 home health aides on caring for people with dementia. We guided the development of the template for the Medicare Yearly Wellness Visit to be built into the electronic health record in the 22 primary care practices at Montefiore. This resulted in more than 70% of Medicare patients at those clinics having an AWW during the last year of the grant. We also established a referral pathway for the primary care clinics to refer to community-based organizations to address social determinants of health.

One of our greatest achievements in the implementation of the GWEP represented a new platform for the work of HIGN. We established a community-based program to engage community volunteers to address health literacy across much of the Bronx. During the grant we trained 135 volunteers who educated more than 5,000 older adults in our health education programs. Our programs addressed stress management, nutrition, exercise, sexuality, oral health, substance abuse, hypertension and heart disease, asthma, and dementia. Evaluation of the program demonstrated that people did change their behavior, such as exercising more, controlling salt intake, or using more effective strategies in caring for a loved one with dementia.

Our website along with our eLearning platform, ConsultGeri, has continued to be a global resource for people wanting

**Since its start in 1996** the singular mission of HIGN has been to shape the quality of healthcare of older adults. The commitment to this mission, exhibited by the dedicated HIGN leadership, staff, and affiliate organizations, has made HIGN a globally recognized geriatric presence. HIGN is the geriatric arm of the NYU Meyers, and has become, over the years, a beacon for all those who wish to advance geriatric care through nursing leadership and interprofessional team care.



Clockwise from left: **Tara Cortes** presenting at 2014 Volk Lecture Reception; Faculty at the 2018 HIGN Research Symposium; Founding Director **Mathy Mezey**

to know about caring for older adults. We have more than 1.3 million people visiting our site every year. Our educational modules and virtual patient cases, which incorporate the latest digital technology are available through [hign.org](http://hign.org).

As HIGN is an integral part of NYU Meyers, the robust team of geriatric educators and researchers on our faculty partner with us in developing resources and providing evidence upon which our resources are built. Additionally HIGN and the NYU Meyers faculty educate state and federal legislative bodies on issues and policies that affect the equity, quality of life, and health of older adults. We further our policy agenda through our new webinar series, which highlights critical issues with a panel of experts that includes our faculty.

Our first 25 years have seen us expand from addressing nursing education and hospital care of older adults to addressing nursing education and care of older adults across the healthcare continuum. Although our priority continues to be the nurse workforce we have expanded our education to address the entire team, including direct caregivers, patients, and families as they are integral to the quality of care nurses provide. Our work is dependent upon the many partners we have across the city, state, country, and internationally. These include hospitals, community-based and long-term care organizations, elected officials, advocacy groups, and many others. We are grateful to all who have supported us with philanthropic donations and grants, shared their wisdom, and provided time to help us successfully reach this 25-year milestone. ■

## 1996–2010

- John A. Hartford Foundation Institute for Geriatric Nursing is founded
- Coalition of Geriatric Nursing Organizations founded
- First Gerontological Review Course launched
- Summer Scholars Program launched
- AACN and HIGN publish BSN Competencies for Older Adults
- APRN Competencies developed
- NICHE program founded under HIGN leadership
- Collaborated with 55 nursing organizations to create geriatric training resources and sustainable infrastructure
- *Try This*.<sup>®</sup> series launched
- *ConsultGeri* resource hub launched as *GeroNurseOnline*

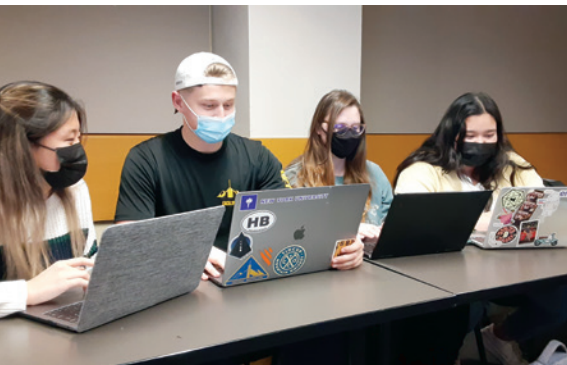
## 2010–Present

- Expansion into primary care, home care, community organizations, and long-term care
- *Geriatric Workforce Enhancement Program* launched
- *Primary Care in Older Adults* project launched
- *Behavioral Health in Primary Care* project launched
- HIGN website redesigned
- *Bronx Volunteer Health Corps* launched
- *ConsultGeri* and *ConsultGeri: Dementia* mobile apps launched
- Interprofessional Oral Health project begins
- *HIGN Scholars Program* launched as the *Hartford Institute Geriatric Undergraduate Scholars* program
- Coinciding with the 25th anniversary, logo and visual identity changed to HIGN

# STUDENTS



Student participated in a Stop the Bleed program as part of their Disaster Nursing course.



Meyers LEAD honors students hard at work in their honors seminar.





Students completed a hands-on blood transfusion and ECG workshop.



NYU Meyers student **Carol Plakk** and her partner **Dakota Fordham** (NYU Gallatin) won the Intercollegiate Tennis Association Cup Doubles National Championship for the first time in program history.



NYULH-LI IPE students worked with NYU medical and pharmacy students to develop a plan of care for a geriatric and pediatric patient.



# STUDENTS



Students practice IV insertion as part of their Critical Care Nursing coursework.



Prof. **Fidel Lim** took students on a historic tour of Manhattan's Koreatown.



**Jennifer Noel** BS '22 was awarded a scholarship at the GNYCBNA Scholarship and Awards Gala.





As part of their Lifestyle Approaches and Well-Being in Nursing course, students were each given a \$10 gift card to buy or prepare something that was whole food plant-based.



The interprofessional education students took part in team building activities.



Students in the Critical Care Nursing elective attended an observational experience in the medical ICU at NYU Langone Health.

Students learned advanced ECG interpretation and other critical care skills in the Critical Care Nursing elective.



The API-NSA distributed care packets/goodie bags to students as pre-finals week treat.



Dear fellow alumni,

This is a bittersweet letter for me. I end my term as president and as a Meyers Alumni Association Board member this year. I plan to stay active, and I am currently working with the NYU Alumni Association Board and their Volunteer Leadership Outreach Committee to establish a local chapter in the southern Nevada region. I want easy access and contact for NYU alumni from all colleges and institutes near my new home.

Leaving the Board does not diminish my commitment to the diverse and excellent education that the college offers to students at all levels. I will continue to support NYU Meyers with my time, expertise, and gifts. The College assisted me in attaining my dreams through education, financing, and support. I want to assist others in the same way.

Nursing at the bedside has changed since I graduated in 1971 and entered the profession as a staff nurse. Length of stay is shorter, and there is a greater emphasis on ambulatory care and continued care for all at home or in settings outside the hospital. Technological advances have permitted much of this; we can monitor individuals remotely to protect them and identify changes in

condition — something not possible in 1971. What has not changed is the need for excellent, well-educated, innovative, and dedicated individuals of all backgrounds who recognize the needs of individuals of all ages and assist them in taking action to improve their health and well-being.

Don't wait to get involved; join us immediately after graduation to support others and find support for yourself throughout your career!

The NYU Meyers Alumni Association fosters a lifelong connection between the school and alumni, beginning from their journey as students and through the many life stages as a member of the alumni community. It helps link alumni to students and faculty and fosters fellowship among its alumni. We are brimming with stellar volunteers of all ages who bring passion to their service. Following is a brief overview of our efforts.

The **NYU Meyers Alumni Association Board of Advisors** is led by myself, **Mary Anne Gallagher** MA '84, and **Sharon Wexler**, PhD '07, MA '85. We oversee the incredible work of the board members who produce programs throughout the year and assist in marketing and communications that promote the work of our alumni community. There

are two standing committees that are part of the board.

The **Nursing Administration Alumni Advisory Council** is chaired by **Renee Sanchez** MS '15. This group hosts programs focused on nurse leadership development. Their largest event is the annual CNO Panel Discussion.

The **Recent Alumni Council**, chaired by **Adam Hadas** BS '17, develops programs for alumni of the last ten years and for current students as they transition into the alumni community.

In addition to these groups many alumni volunteer to speak in the undergraduate classes, mentor students, and support the annual fund with a gift. Thank you to all who engage with NYU Meyers. If you are considering getting involved I implore you to join us. Whether you give your time, talent, or treasure, your support will bring you a sense of purpose and help the next generation of nurses!

Sincerely,

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

## Upcoming Events

### Summer Social

June 28, 2022

### Meyers Marvels: Conversations with prominent Meyers alumni

September 2022

### Alumni Weekend

October 20–23, 2022

## Thank you to all volunteers!

NYU Meyers would like to extend a huge thank you to all alumni volunteers! For the 2021-2022 academic year there were 70 alumni who participated in the Nursing Alumni Mentor Network, 54 alumni who spoke with students in the classroom, and 50 alumni who served on the Meyers Alumni Association Board and Committees. We appreciate your commitment and support! For more information on volunteering, contact [nursing.alumni@nyu.edu](mailto:nursing.alumni@nyu.edu).

## NYU Alumni Clubs

Wherever you are headed NYU is there for you! NYU alumni clubs exist all over the United States and around the world, offering opportunities for alumni to network and share experience. Learn more at [nyu.edu/alumni/get-involved/alumni-clubs](https://nyu.edu/alumni/get-involved/alumni-clubs).



January 2022 graduates were honored at the Valedictory Celebration and pinning ceremony this past fall.

# ALUMNI



**Andy Pan** BS '20 won the employee of the month award at Northwell Hospital.



Meyers alumni **Jeremiah De Guzman** BS '20, **Jorelle Mae Buenviaje** BS '20, and **Nikolaus Sauer** BS '18 ran the NYC Marathon this past fall.

## Class notes

**Jeanann Sousou Coppola**, MA '03, BS '00 was inducted as a fellow in American College of Nurse-Midwives in 2021.

**Lydia Alicia Cristobal**, MS '13, BS '09 recently became a fellow of the American College of Healthcare Executives, the nation's leading professional society for healthcare leaders.

**Milagros Elia** MA '01 was appointed to the newly formed ANA Advisory Committee on Planetary Health.

**Hannah Ewing** BS '19 is serving as the assistant director of COVID-19 initiatives with the Detroit Public Schools Community District.

**Fidelindo Lim** MA '96 received the ANA-NY 2021 Nursing Education Award from the American Nurses Association.

**Selena McCormick** BS '16 has a new position as Northern Kentucky Forensic Nursing Violence Prevention Coordinator.

**Neesha Ramchandani** PhD '20 gave birth to her second son in March 2020 and is a part-time faculty at Yale School of Nursing teaching Transition to Practice, Research & Statistics, and Specialty Pediatrics Clinical Conference.

**Richardeanea Theodore** MA '76 earned dual degrees from Walden University receiving a master's in public policy and a PhD in public policy administration, with a concentration in health policy.

## In memoriam

**Elizabeth A.M. Barrett** PhD '83 passed away peacefully on August 23, 2021 with her family by her side at age 87. She worked in nursing teaching positions at Adelphi University and City College, CUNY, and taught at Hunter College for 15 years before retiring. She also had a private psychotherapy practice in Health Patterning that spanned 40 years.



**George Giacobbe** BS '17 passed away on November 30, 2021. He received his second bachelor's degree in nursing from NYU. He worked at New York-Presbyterian Cornell in Oncology and then found his calling in the Emergency Department where he excelled in the fast-paced environment. He had later moved to Los Angeles and was excited to begin his west coast career at Cedars Sinai Hospital in the ED and loved every minute of it.

**Laura Coble Zamora** MA '67 died on February 10, 2022 at Calvary Hospice of complications of dementia. She had a long career in psychiatric nursing education in the New York Metropolitan area, starting as a nursing supervisor at the New York Cornell/Presbyterian Hospital's Payne Whitney Clinic. She taught at Rutgers University School of Nursing and the School of Nursing, Downstate University. She will be greatly missed by husband Judge Louis Zamora and by many loving friends.

# ALUMNI | ON THE JOB



## FACULTY Q&amp;A: ASSISTANT PROF. MARGARET MCCARTHY PHD '13

*continued from page 18***What is the long-term goal of your research on exercise and cardiovascular health?**

'Exercise is Medicine' is a global initiative to have physical activity assessment and promotion a standard of care in all healthcare visits. I am a strong believer that many lives would be healthier if individuals would engage in the

recommended levels of physical activity per week. This includes at least 150 minutes of moderate physical activity (like a brisk walk) or 75 minutes of vigorous physical activity (jogging) per week. Individuals need to be asked about physical activity and counseled during every clinical office visit.

**What advice do you have for nurses to encourage physical activity?**

If you are a nurse, no matter where you work, ask your patients how much physical activity they engage in weekly. Encourage your work setting to use the physical activity vital sign for all patients. Let's help make this the standard of clinical care. ■

## FACULTY Q&amp;A: ASSISTANT PROF. JOHN MERRIMAN

*continued from page 19*

My current work, funded by a K99/ROO award from the National Institute of Nursing Research, examines how stress management interventions affect the cognitive function of postmenopausal women with breast cancer taking aromatase inhibitor therapy. Aromatase inhibitor therapy is a long-term (5-10 years) treatment that is effective in reducing the risk of recurrence. My focus is on the response to MBSR during aromatase inhibitor therapy by looking at differences in gene expression between patients doing MBSR and doing an active stress reduction control intervention called the Health Enhancement Program, which does not include training in mindfulness. The goal of this small study is to see how specific training in mindfulness over and above general stress management techniques differ in their effects on gene expression.

**How does neuroimaging factor into your research? What can you learn by looking at the brain that you can't learn otherwise?**

We are using brain imaging, alongside self-reported and neuropsychological

assessments, to understand how MBSR impacts brain function. One of the longstanding difficulties in doing research on cognitive function in patients with cancer is that patients may perform similarly to controls without cancer on cognitive testing, but they report that they have more problems with attention, working memory, and processing speed since their diagnosis. Any differences in cognitive performance were slight and perhaps brushed off as inconsequential by clinicians.

Early neuroimaging studies by researchers in the field found that more areas of the brains of patients with cancer were working harder than controls without cancer to accomplish cognitive tasks just as well. These findings provided a possible explanation for the contradictory findings between self-reported cognitive function and objective cognitive testing. Since then neuroimaging has been seen as a useful way to bridge self-report and cognitive test results in research. It can also help us see what parts of the brain are most affected by cancer and its treatment so that interventions can be targeted more effectively.

**Do you see a benefit to incorporating interventions like mindfulness-based stress reduction into cancer care more broadly?**

MBSR is an intensive, costly intervention. It requires eight weeks of 2.5-hour sessions, 30-45 minutes of homework per day, and a one-day retreat. These time and financial requirements are difficult hurdles for many patients, who have busy personal lives in addition to managing cancer treatments.

Brief mindfulness interventions have been developed and are being tested by other research groups, for example by the Creswell lab at Carnegie Mellon University, where I learned about mindfulness interventions during my postdoctoral training at the nearby University of Pittsburgh. Their work shows that brief mindfulness interventions reduce anxiety and depressive symptoms, reduce rumination, and improve attention. However this lower dose of mindfulness training may not have sustained effects on health outcomes. ■

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

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