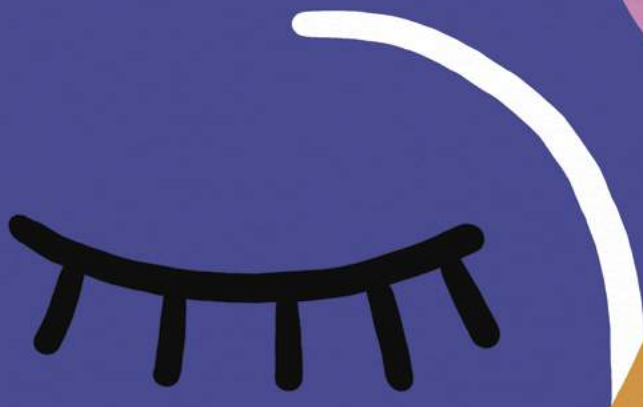


Penn Nursing

FALL 2019

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE



Let's Talk About Sex

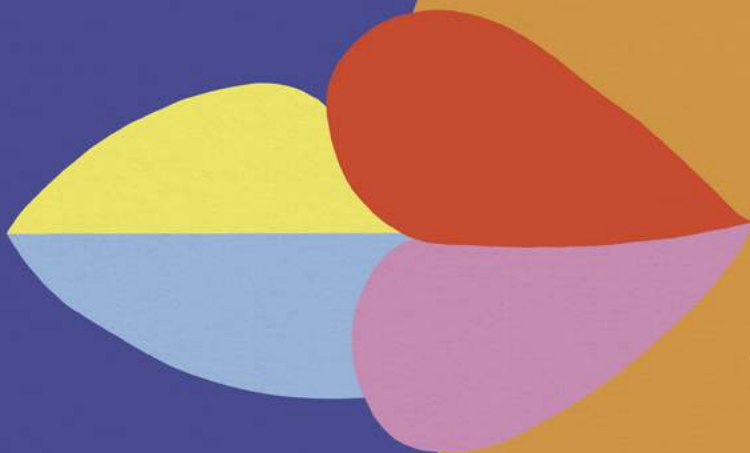
The ins and
outs of care,
language,
and its
many faces.
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"We challenged
the assumption
that nurses
don't need an
education."

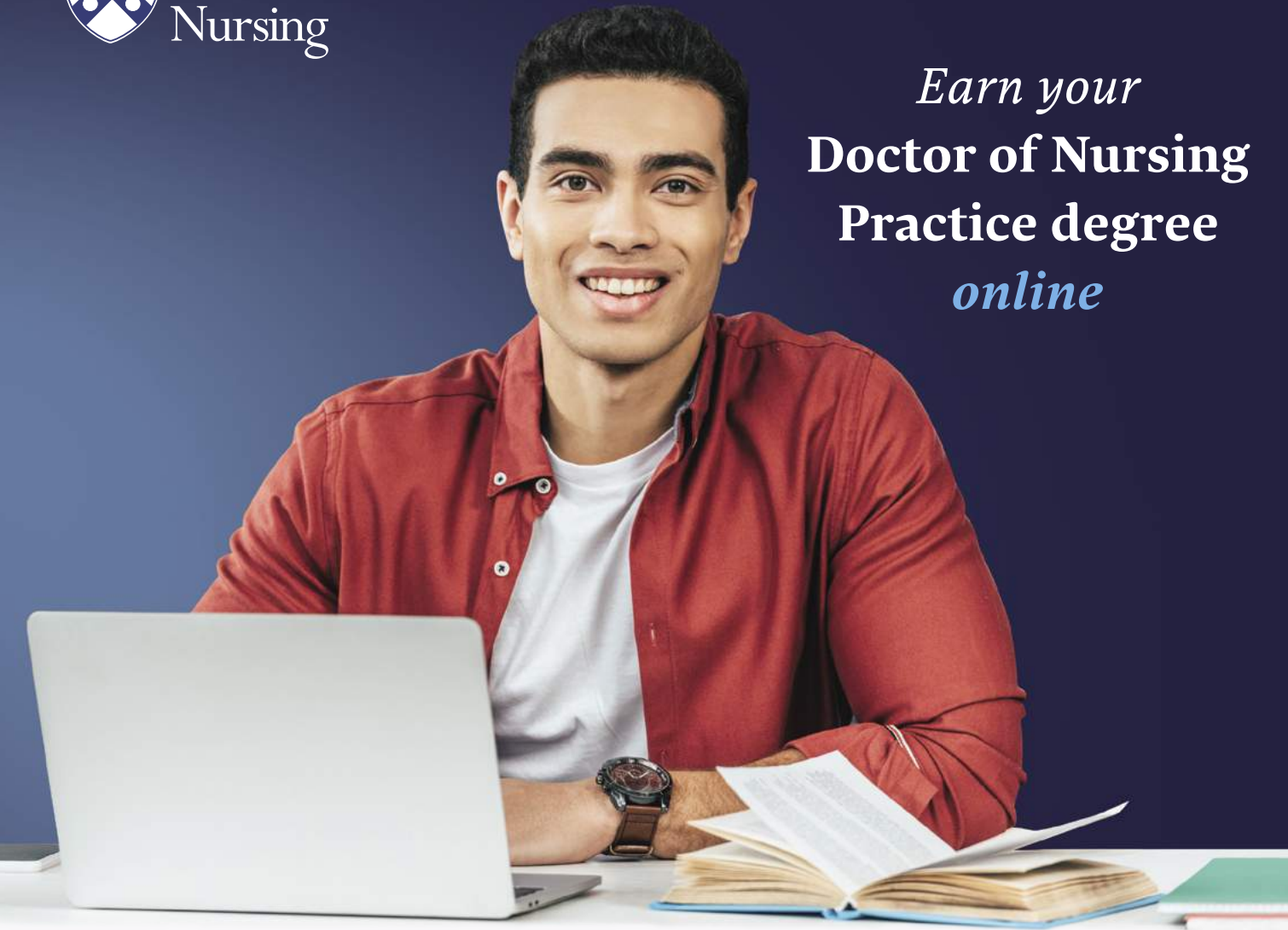
P. 16

"It's really hard
for teachers to
talk about sex to
their students."

P. 36



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“We see billboards with half naked models, but. . .we’re taught about the dangers of sex.”
 —KC Miller, Nu’22, p.36

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Stay connected to Penn Nursing’s *Innovating for Life and Living Campaign*. Follow along and share on social media with [#PennNursingInnovation](https://twitter.com/PennNursingInnovation).

“...Nurse-led innovations can spearhead transformation when they are fully unleashed.”
 —Therese S. Richmond
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Correction: In the Spring 2019 issue’s feature on Veterans’ Health, Helene Moriarty, PhD, RN, FAAN, should have had the following professional titles included with her name: Professor, Diane & Robert Moritz Jr. Endowed Chair in Nursing Research, Villanova University M. Louise Fitzpatrick College of Nursing; Nurse Scientist, Corporal Michael J. Crescenzo Veterans Affairs Medical Center; and Adjunct Professor in Associated Faculty and member of NewCourtland Center for Transitions and Health, Penn Nursing.

STORY SLAM

Nursing

A storytelling event

Nurses have the best stories. We want to hear yours!

We are now accepting submissions for the second annual **Nursing Story Slam**. The event will take place on February 12, 2020 from 6pm - 8pm, and will be held in the Harold Prince Theater at the Annenberg Center for the Performing Arts.

Submissions must be in the context of the event theme. **The theme for this year's event is Courage.**

To apply, please visit: www.nursing.upenn.edu/storyslam

Nurses are, of course, at the bedside, but we are also in many other places, including boardrooms, startups, congress, the military and more.

Therefore, stories can span the full range of nursing experiences, and can be about a time when something went right, wrong, or sideways in the lab, at the bedside (HIPPA compliant, please!), on a research project, or anywhere and everywhere that nurses are as they save lives and change the world locally and globally.

For questions, please email us at: innovation@nursing.upenn.edu.

Support for the Nursing Story Slam has been provided by Sandy Samberg, Nu'94, GNu'95, and Joe Samberg.



Penn Nursing

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE

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University of Pennsylvania School of Nursing Magazine

FALL 2019

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Dean's Letter

Redefining Health

HEALTHY LIVING and relationships are a central focus of nursing. This issue of *Penn Nursing* magazine—colloquially referred to as “The Sex Issue” around Claire M. Fagin Hall—focuses on sex and health, and moves beyond the notion that sexual health pertains only to reproductive outcomes or sexually transmitted infections. Rather, reflecting our *Innovating for Life and Living* Campaign, The Sex Issue recognizes the broader and innovative ways that Penn Nursing is defining sex and sexuality to address issues related to our identities, feelings, and attractions, our interpersonal relationships with one another, and how society and the media represent us. We are pioneering novel ways to support healthy relationships through advocacy, research, education, and practice.

Our work as change-makers in the area of sexual health has a long history. As you will read in the feature article in this issue of the magazine, Associate Professor Emerita of Nursing Rosalyn Watts EDD FAAN RN developed a unique standalone class on human sexuality here at Penn Nursing, which she taught from 1974 to 1999. This ground-breaking course brought to the forefront our understanding of the multifaceted roles sex and gender play as a part of sexual health, everyday life, and who we are.

As practitioners, it is critical to consider sexuality as part of clinical encounters and to address its components in a way that puts people at ease and acknowledges them as sexual beings. We continue to advance Dr. Watts' vision by incorporating concepts related to human sexuality into our coursework and simulation labs, teaching students how to have open and inclusive discussions regarding sex and sexuality with patients of diverse ages, cultural backgrounds, and genders.

I, too, am part of the Penn Nursing legacy related to advances in sexual health; promoting safe sexual decision making, specifically among Latino youth, has been central to my program of research. A cadre of Penn Nursing faculty and students are making critical advances in sexual health research, education, and practice as



▲ Antonia M. Villarruel PHD RN FAAN
The Margaret Bond Simon
Dean of Nursing

well, including Dr. José Bauermeister, Penn Presidential Professor of Nursing, who leads Penn Nursing's Program on Sexuality, Technology and Action Research (PSTAR). PSTAR—one of the few programs of its kind in the country—reflects our vision by empowering faculty, staff, and students to advance research and intervention methods aimed at decreasing sexuality-related health disparities through innovative biomedical and behavior science, and community engaged approaches.

Roz's class paved the way, and our *Innovating for Life and Living* Campaign continues to support and expand upon that work. Penn Nursing is the number one nursing school in the world, but we must always be number one for the world as well. We have raised over 75 percent of our \$60 million campaign goal, and it is clear to see the promise of the Campaign in our sexual health efforts and education, from developing evidence-based approaches to reduce risk and promote health, to creating a more comfortable atmosphere for all people, no matter their orientation or gender identity.

Thank you for being part of Penn Nursing and the groundbreaking work we do, whether in sexual health or some other area. Your support gives us the foundation to be leaders in health and health care as we forge ahead with innovative ideas to improve life and living. ❖

A Mighty Ally for Period Poverty

CAROLINE DILLON, A MEMBER of the new freshman class, has always been drawn to nursing. During a fourth-grade field trip to Boston's Museum of Science she saw an exhibit on childbirth that featured graphic videos. "My 10-year-old classmates were grossed out," she recalled, "but I said I want to deliver babies."

Fast forward to high school, and she helped write SB 142, New Hampshire's period poverty bill requiring all public high schools and middle schools to provide free and accessible hygiene products in girls' and gender-neutral restrooms. "I think that hygiene products are a basic human need," she said, "like soap, toilet paper, toothpaste—it's an infringement on your rights as a human being to not have access and have that deter you from education and work."

The bill sprang from Dillon's experience as a rising senior at Spaulding High School in Rochester, NH, when she participated in the American Legion Auxiliary's Granite Girls program. The weeklong camp included activities such as writing "mock bills." Her interest in women's and girls' hygiene inspired her to draft a mock period poverty bill. Later, during a campus visit to Penn, she mentioned the mock bill to Marianne Smith, Penn Nursing's Associate Director of Enrollment Management, who encouraged her to make it real.

"As soon as we got home I got on my computer," she said. She looked on the New Hampshire Senate website and found Sen. Martha Hennessey, a health- and education-focused Democrat from Hanover—who, coincidentally, happens to be a Penn alumna. After Dillon reached out to her, Hennessey agreed to sponsor the bill.

Helping drive the bill through the state senate took Dillon out of her comfort zone. "I'm not a person who enjoys public speaking, so having to testify was a little intimidating at first," she said. But she found her voice by speaking up for others and it was signed into law this July by Republican Gov. Chris Sununu.

Dillon is excited to continue her activism at Penn Nursing. "There will be a lot of likeminded people," she said, "and I'd like to continue to help bring awareness to period poverty." ❄️

Caroline Dillon finds her political feet outside the NH State House. >



News

A Nap a Day

Ask just about any parent whether napping has benefits and you’ll likely hear a resounding “yes,” particularly for the child’s mood, energy levels, and school performance. New research published in the journal *SLEEP* backs up the insight. Sleep deficiency and daytime drowsiness are surprisingly widespread, with drowsiness affecting up to 20% of all children, says lead author on the study **Jianghong Liu PHD RN FAAN**, Professor of Nursing. While the findings are correlational, the study suggests they may offer an alternative to the outcry from pediatricians and public health officials for later school start times. “The midday nap is easily implemented, and it costs nothing,” says Liu, particularly if accompanied by a slightly later end to the day, to avoid cutting into educational time. “Not only will this help the kids, but it also takes away time for screen use, which is related to a lot of mixed outcomes.”



CDC Clarification

A *JAMA Oncology* article by two Penn researchers calling for consistency in clinical practice guidelines for pain control in individuals with cancer-related pain has helped to bridge the divide in pain management guidelines. As a result, The CDC has issued a key clarification on its Guideline for Prescribing Opioids for Chronic Pain to ensure safe and appropriate access for cancer patients, cancer survivors, and individuals with sickle cell disease. The CDC clarification is especially important because many insurance payors have been inappropriately using it to make opioid coverage determinations for those exact populations. “Many of the current recommendations around opioid prescribing practices stem from expert consensus rather than empirical research, which is urgently needed to generate and develop informed guidelines for patients with chronic cancer-related pain,” said lead author **Salimah H. Meghani PHD MBE RN FAAN**, Associate Professor of Nursing and Term Chair of Palliative Care.

◀ Jianghong Liu



Penn Nursing Students Win 2019 President’s Engagement Prize

Recent Penn Nursing grads **José Á. Maciel**, Nu’19, and **Antonio E. Renteria**, Nu’19, were among the nine winners of the 2019 President’s Engagement and Innovation Prizes. Awarded annually, these prizes provide \$100,000 in funding for Penn seniors to design and undertake post-graduation projects that make a positive, lasting difference in the world.

Their project—*Cultivando Juntos*—will pioneer a community-based curriculum in the agricultural workplaces of Kennett Square, Pennsylvania, aimed to alleviate the negative health issues associated with local farmworkers, many of whom are Latinx immigrants. Featured in the *PBS* documentary “Unnatural Causes,” Kennett Square’s mushroom industry creates stable income opportunities year-round. However, the physical work is grueling, involving frequent lifting, prolonged kneeling, and repetitive manual tasks in tight spaces. Maciel and Renteria are being mentored by **Adriana Perez PHD ANP-BC FAAN**, Assistant Professor in Penn Nursing’s Department of Family and Community Health.

JOSÉ Á. MACIEL AND ANTONIO E. RENTERIA PHOTO BY ERIC SUGAR



New Book for Demiris

Behavioral Intervention Research in Hospice and Palliative Care: Building an Evidence Base sets forth research considerations and guidelines to build evidence-based interventions to improve end-of-life care. **George Demiris PHD FACMI**, a PIK Professor in Penn Nursing’s Department of Biobehavioral Health Sciences, offers an in-depth introduction to implementation research and showcases how a clinical need is identified to inform an intervention. “The science behind the quality of hospice and palliative care lags behind that of traditional medical practice, despite the continuous growth of palliative care interdisciplinary teams,” said Demiris. “Researching, developing, and testing strategies is essential to advancing the effectiveness and value of this care.”



Nursing Brings Clarity to Social Change

In an editorial published in *The American Journal of Public Health*, Penn Nursing’s **Patricia D’Antonio PHD RN FAAN**, Carol

E. Ware Professor in Mental Health Nursing and Chair of the Department of Family and Community Health, provides a historical perspective illustrating how nursing has influenced the cultural and social dimensions of public health policies and practices. She suggests that the history of nurses and nursing can move beyond just important events and actors; it can help provide answers to questions about how agendas around change in public health policy and practice might also change attitudes and beliefs; how self-interest or group interest may intersect with broader issues of social justice; and if harm reduction policies are appropriate steps when ultimate goals are for broad-based prevention.



Aspen Institute Fellow

Twenty one senior health care leaders, including Penn Nursing’s **José Bauermeister PHD MPH**, Presidential Professor and Director of the Penn Program on Sexuality, Technology & Action Research (PSTAR), were chosen to join the Aspen Institute Health Innovators Fellowship’s fifth class and the program’s network of health care entrepreneurs and innovators from across the United States. These leaders will embark on a two-year Fellowship that will strengthen their leadership and challenge them to develop new approaches to improve American’s health and well-being.

Future of Nursing 2020-2030

Three alumni, including **Regina Cunningham PHD RN NEA-BC FAAN**, Chief Executive Officer of the Hospital

Numbers of Note

\$60 M

Innovating for Life and Living Campaign goal

\$46.16 M

Total funds raised as of August 31, 2019

1,347

Number of donors overall in FY19

978

Number of donors to the Annual Fund in FY19

57%

Percentage raised of Education priority’s \$23.5 million goal

89%

Percentage raised of Global Health priority’s \$6.5 million goal

90%

Percentage raised of Research, Policy, & Practice priority’s \$27 million goal

June 30, 2021

Campaign ends but Penn Nursing innovation continues!

of the University of Pennsylvania (HUP), GR'03; **Allison Squires FAAN PHD RN**, Nu'95; and **Marcus Henderson RN**, Nu'17, (currently pursuing an MSN at Penn as well) have been appointed to the committee on the Future of Nursing 2020-2030.

This ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine the lessons learned from the Future of Nursing: Campaign for Action, as well as the current state of science and technology, to inform their assessment of the capacity of the profession to meet the anticipated health and social care demands from 2020 to 2030. As part of its duties, the committee held three regional town halls, the second of which was hosted by Penn Nursing in late July. Dean Villarruel, co-chair of the Campaign's strategic advisory committee, welcomed attendees and said, "We have to foster system-level infrastructure that leverages the contributions of nurses."



Good News for Sepsis Patients

More than one million sepsis survivors are discharged annually from acute care hospitals in the US, and although the majority of these patients receive post-acute care (PAC) services, with

over a third coming to home health care (HHC), sepsis survivors account for a majority of readmissions nationwide. Effective interventions are needed to decrease these poor outcomes.

A national study from the Center for Home Care Policy & Research at the Visiting Nurse Service of New York, in collaboration with Penn Nursing, shows that the combination of early home health nursing and at least one outpatient physician visit in the first week after hospital discharge reduced the risk of 30-day hospital readmission for sepsis patients by seven percent. "Our findings support integrated care management, including scheduling physician follow-up before discharge rather than recommending that patients schedule their own follow-up, as well as clear communication that this is a sepsis survivor so HHC can activate early attention," said **Kathryn Bowles PhD FAAN FACMI**, van Ameringen Chair in Nursing Excellence, and the study's co-principal investigator. ❄

Awards Round-Up

Congratulations to our many recent award winners for the recognition of their incredible work.

Mary Ersek PHD RN FPCN, the Killebrew-Censits Chair in Undergraduate Education and Professor of Palliative Care, was inducted to the International Nurse Researcher Hall of Fame by Sigma Theta Tau International (STTI).

Sara Jacoby PHD MSN MPH, Assistant Professor of Nursing and a Senior Fellow in both the Leonard Davis Institute for Health Economics and the Center for Public Health Initiatives, was honored with a Rising Star Award from the Eastern Nursing Research Society (ENRS).

Linda Aiken PHD RN FAAN FRCN, the Claire M. Fagin Leadership Professor in Nursing and Director of the Center for Health Outcomes and Policy Research (CHOPR),

was given Penn's Provost's Award for Distinguished PhD Teaching and Mentoring. This is the first time a member of Penn Nursing's standing or associated faculty has won the award.

Sharon Y. Irving PHD CRNP FCCM FAAN, Assistant Professor of Nursing, was awarded a Distinguished Nutrition Support Nurse Service Award from the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.).

Barbara Medoff-Cooper PHD RN FAAN, Professor Emerita of Nursing, and her co-founder at Neoneur took the top prize in the The Association for Women in Science-Central Jersey Chapter's (AWIS-CJC) 2019 Women in STEM Entrepreneurship Challenge. To read more about Neoneur

and Medoff-Cooper's innovation journey, see p. 18.

Lisa Lewis PHD RN FAAN, Associate Professor of Nursing, a Calvin Bland Fellow, and the Assistant Dean for Diversity and Inclusivity, was given Penn's 2019 Lindback Award for Distinguished Teaching.

Terri H. Lipman PHD CRNP FAAN, Assistant Dean for Community Engagement, the Miriam Stirl Endowed Term Professor of Nutrition, and Professor of Nursing of Children, and her partners at Inthedance, LLC, received Penn's inaugural Provost-Netter Center Faculty-Community Partnership Award.

Diane L. Spatz PHD RN-BC FAAN, Professor of Perinatal Nursing and the Helen M. Shearer Professor of Nutrition, received

the Excellence in Research Award from the Association of Women's Health, Obstetrics, and Neonatal Nurses.

Karen Lasater PHD RN, Assistant Professor of Nursing, won the 2019 New Investigator Award from the AcademyHealth Interdisciplinary Research Group on Nursing Issues.

Marion Leary RN MSN MPH FAHA, Director of Innovation; **Diane L. Spatz PHD RN-BC FAAN**, Professor of Perinatal Nursing and the Helen M. Shearer Professor of Nutrition; and **Tarik S. Khan MSN RN FNP-BC CRNP**, Predoctoral Fellow in Penn Nursing's NewCourtland Center for Transitions and Health, were named 2019 Influencers of Healthcare by the *Philadelphia Inquirer*.

Media Spotlight

How Anti-Vaccine Sentiment Took Hold in the United States

Alison Buttenheim PHD MBA, Associate Professor of Nursing, was featured in a front-page, above-the-fold story in The New York Times.

THE QUESTION IS often whispered, the questioners sheepish. But increasingly, parents at the Central Park playground where Dr. Elizabeth A. Comen takes her young children have been asking her: "Do you vaccinate your kids?"

Dr. Comen, an oncologist who has treated patients for cancers related to the human papillomavirus that a vaccine can now prevent (for more on this, see p.33), replies emphatically: Absolutely.

She never imagined she would be getting such queries. Yet these playground exchanges are reflective of the national conversation at the end of the second decade of the 21st century — a time of stunning scientific and medical advances but also a time when the United States may, next month, lose its

World Health Organization designation as a country that has eliminated measles, because of outbreaks this year. The W.H.O. has listed vaccine hesitancy as one of the top threats to global health.

As millions of families face back-to-school medical requirements and forms [this month], the contentiousness surrounding vaccines is heating up again, with possibly even more fervor. . .

In 1998, Andrew Wakefield, a British gastroenterologist, published a Lancet study (since discredited and withdrawn), associating the M.M.R. vaccine with autism.

Faced with risking autism or measles, some parents thought the answer was obvious. Most had never seen measles, mumps, or rubella because vaccines had nearly eliminated them. But they believed they knew autism.

And most people are notoriously poor at assessing risk, say experts in medical decision-making.

Many stumble on omission bias: "We would rather not do something and have something bad happen, than do something and have something bad happen," explained Alison M. Buttenheim, an associate professor of nursing and health policy at the University of Pennsylvania School of Nursing.

People are flummoxed by numerical risk. "We pay more attention to

numerators, such as '16 adverse events,' than we do to denominators, such as 'per million vaccine doses,'" Dr. Buttenheim said.

A concept called "ambiguity aversion" is also involved, she added. "Parents would like to be told that vaccines are 100 percent safe," she said. "But that's not a standard we hold any medical treatment to."

Relatively few people are absolutists about refusing all vaccines. "But if you're uncertain about a decision, you'll find those who confirm your bias and cement what you think," said Rupali J. Limaye, a social scientist who studies vaccine behaviors at the Johns Hopkins Bloomberg School of Public Health.

Nowhere is that reinforcement more clamorous than on social media, Dr. Limaye added. "You may only see your pediatrician a few times a year but you can spend all day on the internet," she said.

People tend to believe an individual's anecdotal narrative over abstract numbers. By 2007, when Ms. McCarthy, the actress, insisted that vaccines caused her son's autism, thousands found her to be more persuasive than data showing otherwise. A nascent movement took hold. ❄

Excerpt from the original article by Jan Hoffman, published in The New York Times on September 23, 2019.



PHOTO BY HEATHER HAZZAN, SELF MAGAZINE

«
People are flummoxed by numerical risk. "We pay more attention to numerators, such as '16 adverse events,' than we do to denominators, such as 'per million vaccine doses,'" Dr. Buttenheim said.

Around the Globe

Work with the World Health Organization

Pan America

Between 2018-2022, as a WHO Collaborating Center, Penn Nursing, in collaboration with PAHO, is committed to promoting maternal health and reduction of maternal mortality in the region (particularly Nicaragua) and developing leadership in nursing education and research. Resources have been created by Penn Nursing to support this work and can be viewed at www.nursing.upenn.edu/whocc. Penn Nursing is honored to host the PANMCC annual meeting on October 8th and 9th, and directly following, on October 10th and 11th, a two-day PhD Summit on the state of doctoral nursing education, both here and abroad.

Mandela Fellow

The Gambia

Sainabou Barra Cham, a 2019 recipient of the Mandela Washington Fellowship for Young African Leaders, completed a one-month training with **Kimberly Kovach Trout PHD CNM APRN**, Assistant Professor of Women's Health and Director, Nurse-Midwifery Track, to learn best practices in the US for midwives. As a trained nurse and midwife, she most recently served as the Officer-in-Charge of the Bureng Health Center in Jarra East, Lower River Region (LRR), The Gambia and is the Treasurer of the National Association of Gambian Nurses and Midwives. She will continue to work on improving standards of midwifery care in The Gambia.



Getting Surgical

Morocco

Joelle Rushkuri, Nu'20, a Penn GRIP (Global Research & Internship Program) intern spent the summer in Rabat, Morocco interning at Hopital Avicenne. She said, "I shadowed surgeons and nurses in the thoracic surgery department at the Avicenne Hospital in Rabat and have had the opportunity to see [how] surgeries [are] done here."

Long-term Care at Home

Tokyo

Danielle Zamarelli, a DNP-Nurse Anesthesia student, **Tarik Khan**, a PhD student, and **Yuriko Matsuo**, a Psych NP student, participated in a foreign exchange trip at the University of Tokyo this summer where they studied the Japanese health care system which included joining the Visiting Nurses Association in Tokyo on house calls to learn how they provide long-term care under their universal health care systems. "Our delegation from Penn was moved by the high value Japanese culture places on respect for the patient, family, and the environment. This quality was especially evident in their universal health care and long-term care system, which ensures critical supports for persons with dementia and their dedicated family caregivers," said Khan.

13

Number of students who did a summer internship abroad

Vingroup-Penn Alliance

Vietnam

In partnership with Penn and Cornell, the VinUniversity Project organized its first roundtable in Hanoi, Vietnam on Interdisciplinary Innovation to discuss how industry and academia can collaborate to foster innovation. "If the goal is to transform health care, medical education needs to also be transformed. We need breakthroughs in innovation; transformation in diagnosing, treating, and caring for patients; disruption in knowledge, skills, and attitudes," said Director of the Vingroup-Penn Alliance, **Lisa Bellini MD** of Penn Medicine. In turn, Penn hosted the group so they could see how undergraduate education traditionally occurs. Since the launch of the VinUniversity Project two years ago, the curricular framework for the undergraduate medicine and nursing programs has been designed; a search for senior leadership and faculty for each school is on track; and admissions and student recruitment is moving forward.

7

Number of students who completed a Nursing Research summer internship in Dublin, Ireland

Outcomes Abroad

Singapore

At an ICN plenary in Singapore, attended by more than 5,000 nurses from around the world, **Drs. Linda Aiken and Matthew McHugh** of the Center for Health Policy and Outcomes (CHOPR) presented research on interventions in multiple countries and jurisdictions to improve safe hospital nurse staffing, which saves both lives and money. After the plenary, CHOPR led a sold-out Policy Café where Aiken and McHugh called for a global priority to be placed on implementing safe nurse staffing interventions. Plenary attendees included Director General of the World Health Organization Tedros Adhanom Ghebreyesus and ICN President Annette Kennedy of Ireland.

6

Number of overseas sites for summer internships



Visiting Scholars

Philadelphia

Penn Nursing hosted two visiting scholars: **George Xue**, a medical student from Beijing, China who was mentored by **Dr. Charlene Compher**, and **Patience A. Muwanguzi**, a Fulbright Scholar from Uganda with a PhD in Nursing who was mentored by **Dr. Rosemary Polomano**. George worked on the potential risk factors of central line-associated bloodstream infection in home parenteral nutrition patients, while Patience, in addition to evaluating Penn Nursing's graduate nursing programs alongside of several faculty, also did research on HIV with **Dr. Jose Bauermeister**.



Practice & Community



Exam prep bootcamp in action.

Kensington Health Sciences Academy Bootcamp

For the second year, undergraduate and graduate nursing students hosted an exam preparatory boot camp at Kensington Health Sciences Academy. As part of the NURS 354 course (Addressing the Social Determinants of Health: Community Engagement Immersion) Penn Nursing students worked with high school students in the Health Related Technology (HRT) program. The boot camp was developed to prepare the HRT students for their certification exam. KHSA is one of the programs in the Penn Futures Project, a collaboration among Penn's School of Nursing, Graduate School of Education, and the School of Social Policy and Practice to improve the lives of marginalized youth and families in the community. Nursing students at KHSA are mentored by **Kate McDonald PHD RN**.

DNP Moves Online

Penn Nursing is thrilled to announce its Post-Master's DNP degree, previously a hybrid program, is now being offered as an online degree. "Our Post-Master's DNP is now fully online, making our #1-ranked school and world class campus just a click away for practice leaders looking to pave a new path for themselves and health care," said **Julie Sochalski PHD RN FAAN**, Associate Dean for Academic Programs. As the highest degree for clinical nursing practice, Penn Nursing's interdisciplinary curriculum offers flexibility and convenience for established and aspiring nursing leaders and draws on not only the esteemed faculty at Penn Nursing, but also Penn's entire health care system and The Wharton School. The PM-DNP is now accepting applications for a Fall 2020 start. For more information, visit www.nursing.upenn.edu/pmdnp.

The Chicago Parent Program

On April 16, the Penn Futures Program hosted Dr. Deborah Gross, the Leonard and Helen Stulman Professor in Mental Health and Psychiatric Nursing at Johns Hopkins School of Nursing, who presented "The Chicago Parent Program: Improving the Lives of Young Children in Poverty" to students and faculty from Penn's School of Nursing, Graduate School of Education, and School of Social Policy and Practice. Dr. Gross developed the Chicago Parent Program, a 12-week program that has been rigorously tested and shown to strengthen parenting and reduce behavior problems in young children. As an adjunct to the Penn Futures Pre-K Data Project, and with funding from the Hillman Foundation, the Chicago Parent Program will be tested at Tots Yearn to Learn, a West Philadelphia day-care center and a longstanding partner of the School of Nursing.



New Director for CMCVMC

Penn Nursing alumna and retired rear admiral of the US Navy, **Karen Flaherty-Oxler MSN RN**, was named the new director of the Corporal Michael J. Crescenz VA Medical Center in Philadelphia. In her new role, she will oversee the delivery of health care to

EXAM PREP BOOTCAMP PHOTO BY EDDY MARENCO

approximately 60,000 veterans with an operating budget of more than \$540 million. "Ms. Flaherty-Oxler's versatile and proven leadership experience in the Navy and in health care will provide a fresh and dynamic perspective for our VHA facilities in the Philadelphia area," said Timothy W. Liezert, director of the Veterans Integrated Service Network 4.



Sharing SOAR

Alumna **Rebecca Trotta PHD RN**, Director of Nursing Research and Science at the Hospital of the University of Pennsylvania, presented on Penn Medicine's SOAR (Supporting Older Adults At Risk) Program at a webinar for the CMS Hospital Innovation Improvement Network (HIIN) which was attended by 133 HIIN and hospital representatives. SOAR was highlighted as an innovative initiative to reduce readmissions in geriatric patients through discharge planning and care transitions. Caring for older adult patients typically occurs in silos and is fragmented across settings including hospital and home, and through SOAR, a seamless, geriatric-focused continuity of care solution has been developed. It consists of three phases: preparing in the hospital for transition; transition from hospital to home; and support in the home. As for how SOAR has been received, a caregiver commented, "When my mother was discharged, we all felt supported by the doctors and nurses...that made my mom feel like her needs mattered. The continuity of care is something I'm amazed

HEALTH CARE HEROES PHOTO COURTESY OF MAIN LINE TODAY

by. Having all of her therapy here at home has been so beneficial to my mom. Getting her back to surroundings she knows really helps the healing process."



CHOP at ABCS Summits

The Netter Center for Community Partnership Academically Based Community Service (ABCS) Summit took place on May 3rd in Houston Hall. The Summit brought a spotlight to the work of students enrolled in ABCS courses. Eleven undergraduate and graduate nursing students presented posters and led round-table discussions on the impact of civic engagement; seven of the 17 posters displayed at the summit were authored by nursing students. Several posters were co-authored by community partners. Karen Hudson PHD MSW LSW, community relations advisor

for Government Affairs, Community Relations & Advocacy and leader of the Homeless Health Initiative at Children's Hospital of Philadelphia co-presented "Ignite the SPARK", addressing the Safe Physical Activity and Recreation for Kids (SPARK) program at CHOP's Homeless Health Initiative.

Health Care Hero

Main Line Today's Healthcare Heroes honored **Heather Carlino MSN CRNP** as a health care professional making a difference in the community. Heather has been positively impacting the quality of care in Philadelphia's western suburbs for many years and is a clinical lecturer in Penn Nursing's pediatric acute care nurse practitioner program. Her other passion is Spring Brook Farm, a West Chester-based nonprofit that provides animal therapy and other activities for children ages 6-12 with autism, cerebral palsy, Down Syndrome and other special needs. She serves as vice president of Spring Brook Farm's board of directors, and her nursing know-how powers its Camp Geronimo. "The animal-human bond is amazing and inspiring," Heather says. "When you put a bunny in someone's lap who can't talk to you and their whole face lights up, you know they've made a connection and felt joy." 🐰



Carlino (far left) with the other Health Care Heroes

Policy

Pioneering in South America

Marta Simonetti brings her PhD nursing know-how to Chile.

HOW CAN NURSING and quality-of-care affect patient outcomes? Sometimes, the answer depends on *where* you ask. Take Marta Simonetti—an RN and faculty member at Chile’s Universidad de los Andes School of Nursing for more than 20 years. As a nurse operating within the Chilean hospital network, Simonetti found herself running into hurdles that made it much tougher to perform what’s already a tough job. Excessive workloads, poor communication between departments, and a lack of autonomy in the workplace were among the challenges that Simonetti and her peers faced.

But today, you’ll find Simonetti on the frontlines of a movement for change in Chile’s hospitals. Working closely with Drs. Eileen Lake (her dissertation chair) and Linda Aiken of Penn Nursing’s CHOPR (where she just completed her PhD program) Simonetti led the first large-scale study on quality-of-care and nursing in Chile and South America. Over several summers and spring breaks, Simonetti and a team of Chilean researchers from the

Universidad traveled to more than 40 hospitals to survey 1,600 nurses and 2,000 patients about their experiences. This unprecedented data collection effort revealed a troubling nurse-to-patient staffing ratio that put patients at risk and contributed to burnout among hospital nurses. Before long, Simonetti was briefing Chile’s Minister of Health and offering recommendations for how the government could respond to the study’s conclusions.

“Our first target is to decrease nursing workloads,” Simonetti told *Penn Nursing*. “Staffing ratios are associated with mortality and readmission. Our proposal [to the Chilean government] entails adjusting these ratios to the point where all public hospitals would have comparable standards. From there, a national standard for Chile could be established.”

Simonetti’s research across the Chilean hospital landscape has already yielded two papers and a dissertation (“Associations Among Nurse Practice Environment, Nurse Job Outcomes, and Patient Experience in Chilean Hospitals”) for which Simonetti received the Marion B. Gregory Award—bestowed yearly on a Penn Nursing PhD candidate whose dissertation offers a significant contribution to nursing knowledge. For Simonetti—whose journey from RN to nurse researcher began nearly 20 years ago, when she stumbled upon Dr. Aiken’s research on nursing—there’s a special kind of poetry to being honored this way.

“If I had stayed in Chile, I never would have learned all the things I know today,” Simonetti said. “At CHOPR, I had the opportunity to learn from an expert team of researchers. Very few Chilean nurses have PhD degrees and even fewer have had the chance to study in the US. For me, it’s a real privilege to have gotten my degree at Penn. The

NURSE-TO-PATIENT RATIOS

1:5 | **1:14**
USA | Chile

There is no ideal patient-to-nurse ratio, but the lower the number of patients a nurse takes care of, the better the outcomes. California has a staffing mandate that says a nurse cannot care for more than five patients in a medical-surgical unit. By comparison, in a sample of 40 hospitals in Chile, on average nurses care for 14 patients.

MORTALITY RATES

+20%

There is a clear connection between nurses’ workloads and patient mortality rates. Mortality rates increase by about 20% in hospitals where one nurse takes care of 20 patients compared to hospitals where one nurse takes care of 10 patients.

people I work with at CHOPR are now part of my professional network, and they are my friends.”

Simonetti has since returned to Chile to continue her work as a changemaker in the nursing field. But the findings of her study on Chilean hospitals may have positive implications for neighboring countries in Latin America (“...especially countries with constrained economies,” Simonetti says.) As Chile begins to improve hospital environments for nurses and by extension, patients, a similar wave of research and reform could lead to better quality-of-care standards across the continent.

And for Simonetti, that might be the most satisfying outcome of all. ❖

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“Our first target is to decrease nursing workloads...Our proposal entails adjusting these ratios to the point where all public hospitals would have comparable standards.”



One Question

30 years of health outcomes and policy research breakthroughs.

THREE DECADES AGO—at the height of the AIDS epidemic—Dr. Linda Aiken PHD RN FAAN FRCN, then a recent hire at Penn Nursing, made a crucial observation that many others had overlooked. The extensive range of care services that AIDS patients require was nowhere near consistent with the way that health care was organized and proffered in the United States. Nursing, one of the most important (and expensive) care services in hospitals, had suffered from burn-out, workplace dissatisfaction, and staff turnover. A broad but urgently relevant question took hold of Dr. Aiken and her colleagues:

How do nursing resources impact quality and costs of care and patient outcomes?

It was this question, at the heart of Dr. Aiken's AIDS research, that catalyzed the Center for Health Outcomes and Policy Research, which is best known as CHOPR on the Penn campus and beyond. Each year, with Dr. Aiken at the helm, CHOPR's researchers spend countless hours charting the experiences of nursing professionals and identifying policies that can improve quality-of-care for patients. The CHOPR investigative team has also paid special attention to racial and economic disparities in nursing outcomes. This year, CHOPR is celebrating its 30th Anniversary—a landmark that comes after decades of breakthroughs that have changed the way we think about nursing in health care.

“One of the biggest changes we caused was the rapid transition of the education of nurses in the U.S. to a university education,” says Dr. Aiken. “We challenged the assumption that nurses don't need an education. We published the first paper that showed every 10% increase in the proportion of nurses in a hospital with a baccalaureate degree resulted in a 5% decline in mortality. Since then, the National Academy of Medicine has recommended that the U.S. move to 80% of nurses with a bachelor's degree by 2020. And hospitals are now preferentially hiring nurses with this qualification. This is the biggest change we've seen in the hospital workforce.”

Read on for more CHOPR milestones.

In 1993, Dr. Aiken was appointed by then-First Lady Hillary Rodham Clinton to the **White House's health care reform task force**. She was one of only a few nurses recruited to the team. Dr. Aiken led the subgroup on the health care workforce that recommended full practice authority for nurse practitioners and Medicare funding for nurse practitioner training—policy ideas that CHOPR has consistently championed.

SERVICES & RESEARCH IN

30
Countries

Since its founding in 1989, CHOPR has created nursing services and policy research capacity in 30 countries. Working closely with CHOPR, nursing researchers abroad have published their work in top tier interdisciplinary journals, which has improved the quality and diversity of nursing outcome research and improved nurse workforce policies overseas.

SURVEYED

Forty-three thousand nurses

CHOPR led the formative 1996 meeting that yielded the RN4CAST multi-country study on hospital restructuring and nursing outcomes. The meeting included health professionals from the U.S., Canada, England, Scotland, and Germany. **43,000 nurses from more than 700 hospitals across multiple countries were surveyed for the RN4CAST study**, which revealed strong links between patient outcomes and nurse-to-patient ratios. The study has since been replicated by many additional countries. A number of jurisdictions have passed legislation requiring safe hospital nurse staffing based on CHOPR research including Queensland AU, Ireland, Scotland, and Wales.

TRAINED

63
PhD researchers

EMPLOYED AT

44
Institutions

THROUGHOUT

6
Countries

CHOPR's research training program funded by the National Institute of Nursing Research at the NIH has produced a critical mass of nursing services researchers in the U.S. and abroad. **The Center has trained 63 PhD nursing outcomes researchers now employed at 44 institutions spread throughout 24 states and 9 countries**, and collaborated in the education of more than 30 PhD nurse researchers in Europe.



Center
for
**Health Outcomes
and Policy Research**

UNIVERSITY of PENNSYLVANIA
SCHOOL of NURSING



In celebration of the Center for Health Outcomes and Policy Research's 30th anniversary, and as part of the *Innovating for Life and Living* Campaign, the School of Nursing and CHOPR have launched a \$1 million campaign to extend the policy and practice impact of the Center's trailblazing—and life-saving—research for the next 30 years.

And, thanks to a pledge by Dr. Linda Aiken, Director of CHOPR, to match the first \$100,000 in gifts, your generous contribution today may have twice the impact!

Please visit www.nursing.upenn.edu/chopr30th today, to celebrate the Center's three decades of incredible impact, and ensure its continued success in the years to come.

For more information, please email us at nursingcampaign@nursing.upenn.edu or call **215-898-4841**.



**Innovating
for Life and Living
Campaign**

Discovery & Innovation

THE LONG & WINDING ROAD TO TECHNOLOGICAL DISCOVERY

Follow Dr. Barbara Medoff-Cooper's innovation journey, from identifying a problem to bringing the solution market.

By Louis Greenstein



THIS ISN'T GOING TO TELL US ENOUGH!

THEN A POSTDOC FELLOW, MEDOFF-COOPER PHD RN FAAN IS NOW AN EMERITUS PROF AT PENN NURSING.

1986: BARBARA MEDOFF-COOPER WAS FRUSTRATED BY THE LIMITATION OF MRIS IN STUDYING INFANT BRAIN METABOLISM AND NEURAL DEVELOPMENT.

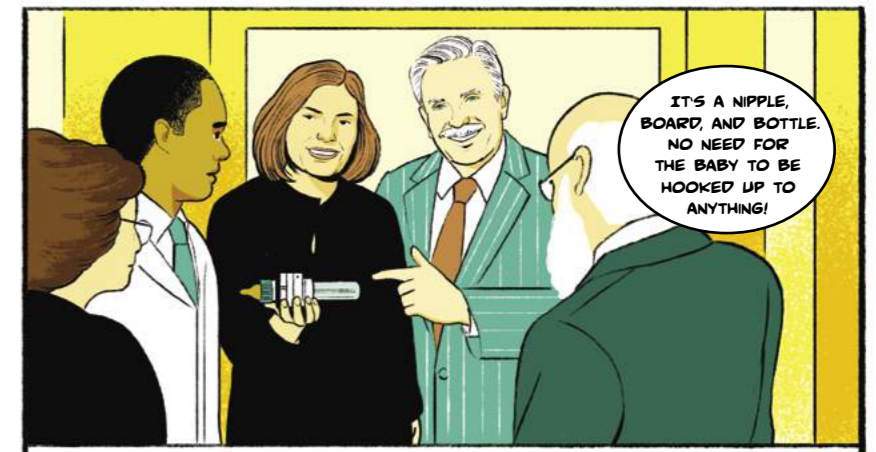


TALK TO THE FOLKS IN PENN'S BIOENGINEERING DEPARTMENT!

HER MENTOR IN THE NEONATOLOGY LAB, PENN PROFESSOR MARIA DELIVORIA-PAPADOPOULOS MD, SUGGESTED THAT INFANTS' SUCKING PATTERNS COULD PROVIDE VALUABLE INFORMATION ABOUT THEIR PHYSICAL, BEHAVIORAL, AND DEVELOPMENTAL STATUS. BECAUSE INFANTS CAN'T SELF-REPORT, MEDOFF-COOPER HAD TO DETERMINE FIRST THE CHARACTERISTICS OF FEEDING BEHAVIORS, AND THEN HOW TO MEASURE THESE CHARACTERISTICS TO PROVIDE USEFUL INFORMATION ABOUT HIGH-RISK INFANTS.



DR. MEDOFF-COOPER BUILT A CUSTOM NIPPLE WITH NIH FUNDING. BABIES DIDN'T LIKE IT. SO THE TEAM BUILT A SECOND VERSION. BUT SOME PHYSICIANS WERE CONCERNED ABOUT HANDLING HIGH-RISK BABIES.



IT'S A NIPPLE, BOARD, AND BOTTLE. NO NEED FOR THE BABY TO BE HOOKED UP TO ANYTHING!

COLLABORATING WITH JAY ZEMEL PHD, AN EMERITUS PROFESSOR IN PENN'S SCHOOL OF ENGINEERING, THEY CREATED A NEW VERSION-EASY TO USE DURING ROUTINE INFANT CARE.



AFTER AN EXPENSIVE PATENT SEARCH (PENN HELPED!), THE INTELLECTUAL PROPERTY WAS FINALLY LICENSED TO A STARTUP COMPANY, NEONEUR LLC. THE NATIONAL SCIENCE FOUNDATION GRANTED FUNDS TO PARTICIPATE IN ITS I-CORPS PROGRAM-A TWO-MONTH INTENSIVE THAT KICKED OFF WITH A THREE-DAY BOOTCAMP WHERE THE TEAM INTERVIEWED 150 POTENTIAL CUSTOMERS TO ASSESS MARKET NEEDS.

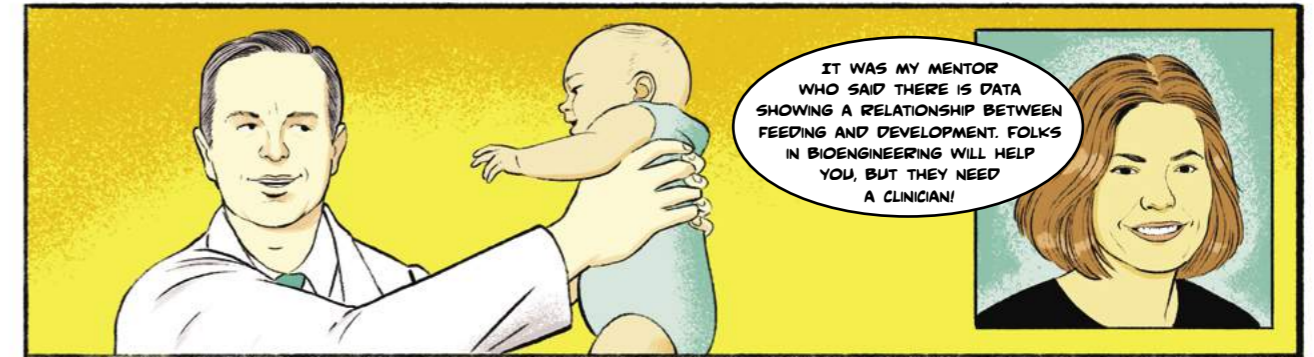


THIS WORKS GREAT!!

I CARE MORE ABOUT THE CALORIES.

IT'S HARD TO GET PEOPLE TO ADAPT NEW TECHNOLOGY UNLESS IT'S SO MIND BLOWING IT CHANGES OUR LIVES!

DR. MEDOFF-COOPER'S DREAM IS TO HAVE ALL INFANTS SCREENED BEFORE DISCHARGE. SPEECH THERAPISTS, OTS, AND MEDICAL RESEARCHERS ARE USING THE DEVICE TO ASSESS FEEDING BEHAVIORS. BUT SOME PHYSICIANS ARE MORE CONCERNED ABOUT OVERALL CALORIES CONSUMED THAN HOW WELL THE INFANT COORDINATES THE SKILLS TO FEED SAFELY AND EFFICIENTLY. THE RESEARCHERS HAVE TO TRANSLATE THE VALUE OF THE INFORMATION TO THE DOCTORS.



IT WAS MY MENTOR WHO SAID THERE IS DATA SHOWING A RELATIONSHIP BETWEEN FEEDING AND DEVELOPMENT. FOLKS IN BIOENGINEERING WILL HELP YOU, BUT THEY NEED A CLINICIAN!

THE NEONEUR TEAM SENT A BETA PROTOTYPE TO RUBEN BROMIKER MD, CHIEF OF THE NEONATAL INTENSIVE CARE UNIT AT SCHNEIDER CHILDREN'S MEDICAL CENTER IN ISRAEL. HE HAS WORKED WITH ALMOST EVERY ITERATION OF THE DEVICE. AND AFTER 30 YEARS OF COLLABORATION, THE NEONEUR FEEDING DEVICE IS ABOUT TO HIT THE MARKET!

Unleashing Nurse-Led Innovation

An in-depth look at what it takes to maximise potential and push nurses to the top.

WHEN DIANE SPATZ first began working to promote breastfeeding vulnerable infants, it's unlikely she thought of it as an act of innovation. Yet innovating is exactly what she was doing when she turned her own extensive clinical experience as a nurse into a ten-step solution for improving the care of our most vulnerable infants starting life in the neonatal intensive care unit (NICU). The process developed by Spatz PHD RN BC FAAN, Professor of Perinatal Nursing and Helen M. Shearer Term Professor of Nutrition at Penn Nursing and Director of the Lactation Program at Children's Hospital of Philadelphia, has now been implemented in hospitals around the country and the world.

And it's been proven successful. Before implementation, the percentage of NICU infants at Children's Hospital of Philadelphia receiving human milk at discharge was about 30 percent. In 2014, six years after it was implemented, more than 86 percent of NICU infants were discharged on human milk.

Spatz, and other nurses like her, are proof that nursing innovation—unleashed through human-centered design, expanded scope of practice, advanced education, and executive leadership—is already happening. The problem is, too few C-suiters in the health care industry appear to recognize that fact. To see what health systems and communities need to unleash nurses' full innovative potential, Penn Nursing and the BDO Center for Healthcare Excellence & Innovation (a health care think tank) partnered to survey 104 clinical leaders as well as 172 business leaders, asking about the future of nursing innovation and its role in their organizations.

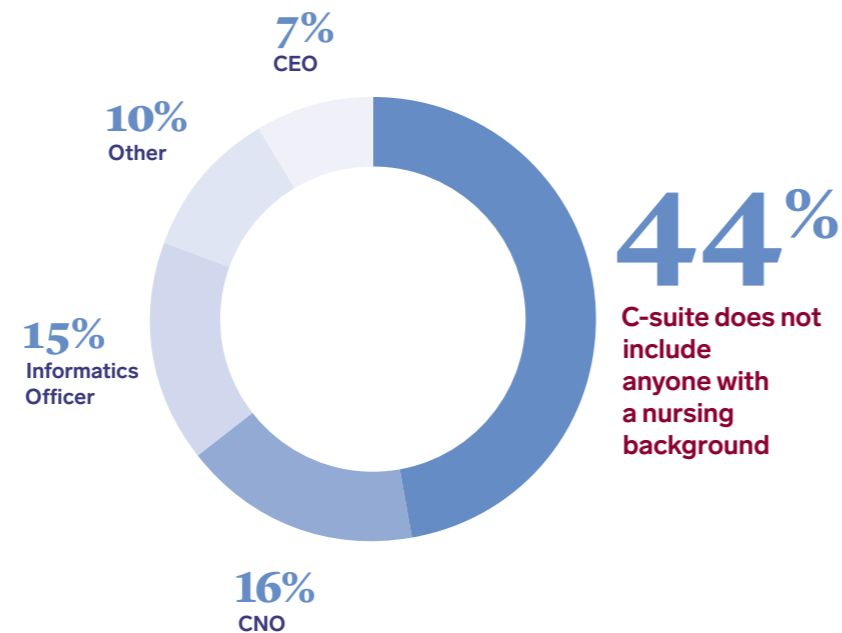
Here is a sampling of the study's results.

To view the full report, visit www.nursing.upenn.edu/unleash.

“When people think about nurses, most view them as caregivers. They don't really think about nurses as innovators or the impact nursing can have when it's applied to creating research-driven, innovative health solutions—both products and processes. Every product and process that touches a patient goes through a nurse...nurse-led innovations can spearhead care transformation when they are fully unleashed.”

—Therese S. Richmond PHD CRNP FAAN
Andrea B. Laporte Professor of Nursing and Associate Dean for Research & Innovation at Penn Nursing

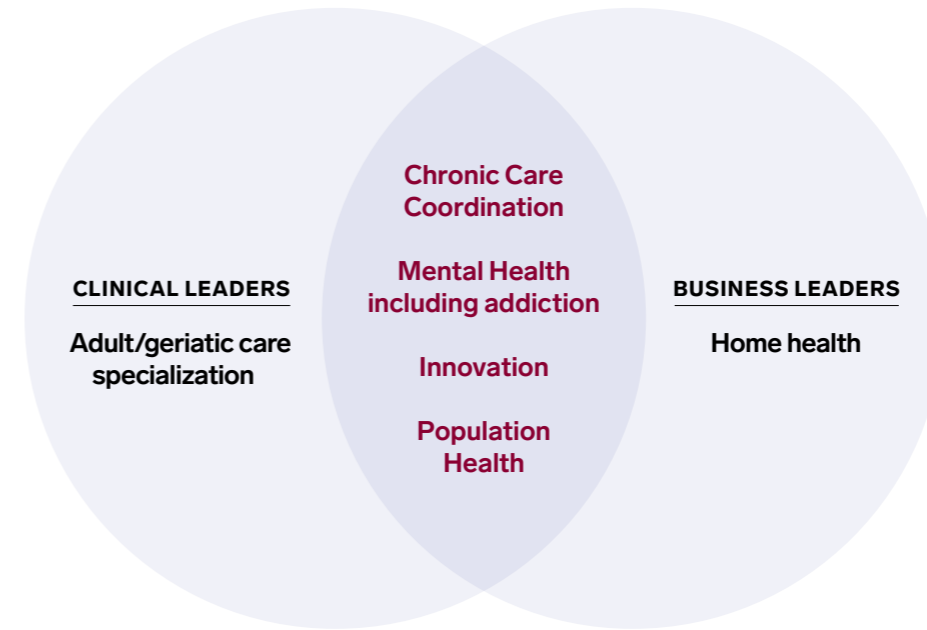
C-SUITE INCLUDING THOSE WITH A NURSING BACKGROUND



81% Percentage of clinical leaders who say investing in placing nurses as decision-makers on all strategic planning teams will be very important for health organizations by 2025.

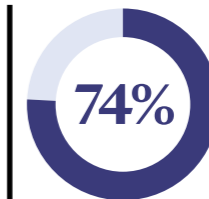
Nursing Areas with Most Opportunity To Transform Care By 2025

And Where Clinical and Business Innovation Leaders Overlap



TOP 4 MOST VALUABLE SKILLS FOR NURSE INNOVATORS BY 2025

	CLINICAL LEADERS	BUSINESS LEADERS
1	Design-thinking for process change 88%	Design-thinking for process change 69%
2	Interface of clinical innovation and technology 86%	Excellent clinical acumen 67%
3	Excellent clinical acumen 85%	Advanced Leadership 57%
4	Data Analytics 77%	Interface of clinical innovation and technology 56%



Percentage of clinical leaders who say changing their organizational culture, empowering nurses to make system-wide changes, will be a very important area to invest in by 2025.

Innovating Adult Care

How can we care for elderly patients while keeping them actively engaged in their community without bankrupting budgets? **The Programs of All-Inclusive Care for the Elderly (PACE)** has come up a proven package of solutions. PACE relies on interdisciplinary teams—often led and coordinated by nurses of various practice levels—to provide preventive, primary, acute, behavioral, and long-term care services for people 55 and older, most of whom are eligible for both Medicare and Medicaid.

PACE benefits go beyond traditional care to also include meals, nutritional counseling, and social work counseling. In New York state, the quality of health for PACE beneficiaries is about twice as high as other managed long-term care participants. In California, in addition to better patient outcomes, PACE programs have also created at least 31 percent cost savings for the dual-eligible population compared to facilities-based care models.

“In a PACE model we led at Penn Nursing, nurse practitioners served both as primary care providers and care coordinators,” says Penn Nursing Dean Antonia Villarruel PHD RN FAAN. “We were able to cost-effectively provide care and also coordinate services by attending to issues in the home, providing transportation, and overseeing effective medication management.”

2x **HIGHER QUALITY**
In New York state, the quality of health for PACE beneficiaries is about twice as high as other managed long-term care participants.

31% **COST SAVINGS**
For the dual-eligible population compared to facilities-based models.

Bringing emergency services to your cell phone

Today, fewer than half of U.S. counties have this capability. Juniors Anthony Scarpone-Lambert and Kirti Shenoy want to change that with their nonprofit Text-911.

By Michele Berger

TEXTING HAS BECOME so ubiquitous, it's hard to imagine a service without the capability. But several summers ago, when Penn junior Kirti Shenoy interned at a resource center that served deaf and hard-of-hearing communities, she quickly learned that not all United States counties have 911 services available via text. In fact, most do not. In an era when people can text for food or a ride nearly anywhere, they can text for help in just 43 percent of counties in the U.S.

"That was devastating to me, to think that there were people in my community who couldn't contact emergency services in their most vulnerable moments," says Shenoy, a Highland, New York, native.

She began meeting with local police dispatchers, community organizations, and the legislature in nearby Dutchess County, advocating for emergency texting there. Within a year, the county's 293,000 people had the ability to reach 911 via text, and Shenoy was motivated to broadly expand the service. When she met Anthony Scarpone-Lambert, a Penn Nursing junior, she knew she'd found the right partner to create a new nonprofit, which today is called Text-911.

The mission of Text-911 is twofold: First, bring emergency text to every U.S. county. Second, educate Americans about the availability and capability of such a service, one that could prove crucial for the deaf community or lifesaving in situations where a phone call could be risky, like in a violent domestic dispute or a mass shooting. For their work, Shenoy and Scarpone-Lambert won the Social Impact Prize from the Penn Wharton Entrepreneurship Startup Challenge. And over this past summer, they finalized an interactive geomap and website, plus began a pilot project with all 67 counties in Pennsylvania.

"When we decided we wanted to create something more tangible, something we could implement across America, we started to dive into the data about emergency text," says Scarpone-Lambert, a Hillman Scholar in the School of Nursing. The duo looked at numbers from the Federal Communications Commission (FCC) and talked to police dispatchers, who revealed that a typical public-safety answering point—where 911 responses happen—receives just 400 emergency texts a year compared to about 100,000 emergency calls.

"That stat in and of itself shows that people who have access aren't using it," says Shenoy, who is studying entrepreneurship at the Wharton School. "That's a huge problem and something we're working on, to make sure that the people who do have it are aware of it."

To that end, the Text-911 founders are partnering with police dispatchers and community resource centers nationwide and are creating customizable materials for police departments. They want to help expedite the process—which can take up to a year—and make it as seamless as possible. Sometimes that means simply providing information about how to implement such services; sometimes it's filing paperwork with the FCC.

For the education component, Shenoy and Scarpone-Lambert have already built a geomap that shows, at a glance, whether a location has access to emergency texting. (To find out if you can text 911 in your county, visit bit.ly/text-911 and search by ZIP code.) The new website (not yet launched) will house the map and resources, both for counties and for individuals.

It's clear the two Penn students are passionate about their startup, which, when fully functional, has the potential to help people across the country. "More than a hundred million Americans live without this capability right now," says Scarpone-Lambert. "Emergency text could save someone's life." ❄

Michele Berger is a science news officer at the University of Pennsylvania and has been writing about science, the environment, and sustainable living for 15 years. A version of this piece originally appeared in Penn Today.



^ Showing off some Text-911 swag.

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"More than a hundred million Americans live without this capability right now," says Scarpone-Lambert. "Emergency text could save someone's life."

Design Thinking for Health

Better Design for Better Health

Nurses are the cornerstone of health and healthcare. No one better understands the needs of patients and communities, and no group is better positioned to see the opportunities for tomorrow's great innovations in care. That's why Penn Nursing and the Rita & Alex Hillman Foundation have joined together to develop a new, FREE online platform: **Design Thinking for Health**.

Design thinking is a framework to generate innovative solutions through creative problem solving. Whether you are a student, practicing nurse, a nurse scientist, an educator, policy maker, or one of the myriad other roles that nurses occupy, this platform is for you. It is here to teach you a new way to tackle the complex challenges you see in your practice. It offers free course modules, case studies and additional resources, all of which are presented in multiple modalities – video, text, and audio – to address a wide variety of learners and spark the creativity that leads to great innovations.



RITA & ALEX
HILLMAN
FOUNDATION

Visit www.designthinkingforhealth.org today and unleash your inner innovator!

Let's Talk About Sex

The sex and sexuality landscape has changed. Here's how Penn Nursing is keeping pace and setting the tone.
By Mark Hay



When Antonia Villarruel PhD RN FAAN, now Professor and Margaret Bond Simon Dean of Nursing, was earning her Bachelor of Science in Nursing in the late seventies, her classes covered the nuts and bolts of sexual health: sexual physiology and the management of STIs. But that was about it. “No one talked about issues around intimacy” and interpersonal relationships, or the host of other dynamics from public policies to local cultural forces that can affect sexuality and sexual health, she said.

“For sure, nobody talked about same-sex partnerships or relationships,” she added, or other forms of diverse human sexual experiences and desires.

Some of this narrowness was a by-product of the era’s culture, which was generally tight-lipped about anything other than the experiences of heterosexual cis-gendered individuals of reproductive age. Some of it, say nurses who got their degrees around this time, reflected a dominant idea in the field. “You were told that you made the decisions for other people about their health care based on guidelines,” says Wendy Grube PhD CRNP FAAN, Practice Associate Professor of Nursing and Director of the Center for Global Women’s Health. That often meant telling them how to change their individual behaviors based on one-size-fits-all advice rather than working with the complexities of sex and sexuality.

As one might expect, this flattened approach to sexual health just does not work. It historically made many people feel uncomfortable—or even erased—within health care settings, and often unable to get the care or messaging best suited to them, said Grube. This approach also led to some humbling experiences for practitioners of the era. “To this day, I recall an encounter I had as a student nurse-midwife when I was doing

a gynecological exam,” said Kimberly Trout PhD CNM APRN, Assistant Professor of Women’s Health and Director, Nurse-Midwifery Track. “I asked, ‘Are you sexually active?’ and the woman said yes. I asked, ‘Are you using contraception?’ and she said no. I replied, ‘Are you interested in contraception?’ and she said no. I said, ‘Then I guess that you would like to be pregnant?’ and she said, ‘No, I’m gay.’ It just hadn’t crossed my mind as a possibility, and I felt badly that I’d made that assumption.”

Wendy Grube can relate. While in private practice in the Lehigh Valley during the nineties, a woman from a nursing home came in with vaginal bleeding. The staff thought she had some kind of malignancy. “I asked her if she knew why she might be bleeding and she said yes. She’d had sex for the first time in 20 years. It made perfect sense, but no one ever asked her if she’d had sex. The concept of post-menopausal women having a sex life, we knew it existed, but it was not discussed or addressed in a clinical setting.” That simply wasn’t part of nursing’s sexual script.

Fortunately, nursing’s approach to sexual health has come a long way since the late seventies, or even early nineties. Instead of simplistic approaches and biases, Associate Professor of Nursing Bridgette Brawner PhD MDIV APRN said,

nurses are “meeting people where they are, in the context of their experiences.” The field today also embraces, as Associate Professor of Nursing Anne Teitelman PhD FNP-BC FAANP FAAN puts it, “the perspective that larger factors play a role in one’s sexuality, and that one’s sexuality plays a role in one’s overall health.” In other words, sexuality must be an essential part of holistic, individualized, and responsive care for everyone.



What does this perspective shift allow? According to Assistant Professor of Nursing Melanie Kornides SCD RN FNP-BC, by drilling down into patients’ unique needs and experiences—especially those in historically marginalized groups—researchers and practitioners can develop more precise and effective messaging and strategies. And Penn Nursing has been at the forefront of this shift for well over 40 years.

THE SEX-AND-HEALTH CONNECTION

Penn’s leadership in the enrichment of sexual health knowledge and services started with Associate Professor Emerita of Nursing Rosalyn Watts EDD FAAN RN, who recalled working in a coronary care unit in the early seventies. One day she looked up at the monitor for one of her patients, “and it was scrambled.” She stepped back into the room to find him

masturbating. That experience set her off on a decades-long train of study into how illnesses affected sexuality, and how to best advise patients on how to have safe and satisfying sex lives. It also led her to develop a unique standalone class on human sexuality at Penn Nursing, which she taught from 1974 to 1999. The class, she said, aimed to “get students comfortable with sexuality and recognize that people can be wired differently.”


Among other things, she taught students to take a thorough sex history—for everyone, always—and to factor in elements like relationship problems or a patient’s culture in both taking and responding to that history. Her class also earnestly engaged with the unique experiences of queer individuals and explored the role and development of sexuality throughout the human lifespan, which was fairly revolutionary in the early seventies.

Watts has her doubts about how many students truly internalized those lessons. But she certainly influenced Professor Emerita of Nursing Loretta Jemmott PHD FAAN RN, who took over teaching her class in 1999. Jemmott helped pioneer a community-focused approach to addressing the HIV/AIDS epidemic among Black youths. She explored the attitudes, beliefs, and practices that abetted the spread of the disease among them specifically. With community member insights and input, she developed optimally effective interventions based on their cultural frameworks and contexts to reduce their risk behaviors. Her interventions have been used in every state as well as at least eight nations abroad, with minor tweaks for local context. To this day, she is working on new interventions for new

communities—such as a 12-hour educational program tailored for pre-teen and early-teenage males in South African schools that, according to recent analyses, seems highly effective at reducing risky sexual behaviors and forced sex.

During the nineties, Jemmott became a mentor to Antonia Villarruel. Early on in her career, Dean Villarruel set out to understand how beliefs about sex, gender-role norms, and taboos around sexual talk played into sexual behaviors among Latinx youths. Guided by Jemmott’s and Watts’s examples, she developed *¡Cuidate!* (“Take Care!”), an abstinence and safer-sex intervention for small groups. Using discussions, interactive games, music, videos, and role-play, all couched within existing Latinx cultural frameworks, the program has proven effective in reducing risk behaviors.

¡Cuidate! was largely a reaction to her realization that Latinx “parents wanted their kids to be safe... They’d say, ‘Yes, I talk to my kids about sex.’ But then you’d ask the kids and they’d say, ‘No, they don’t tell me anything. They tell me to be careful.’ But nobody knows what being careful means.” So she decided to fill some of this information gap for youths. But in recent years, she has turned her eye back on parents, developing



“If we have a better idea of sexual decision-making in the brain, maybe we can tailor our interventions a little differently or better.”

Nurses for Sexual and Reproductive Health

Founded in 2009, Nurses for Sexual and Reproductive Health (NSRH) is a national organization that provides nursing students, nurses, and advanced practice nurses with resources to become skilled caregivers in sexual and reproductive health. Penn Nursing’s chapter is a hub of activism and volunteerism—from organizing workshops, to participating in community events, to advocating for the curriculum to include more

discussion about abortion as well as LGBTQ and transgender issues.

Katrina Lipinsky RN, MN’18, currently in Penn’s Nurse-Midwifery master’s program, is a chapter leader. “We try to keep students and providers in the loop about events and workshops,” she said, “and also advocacy opportunities in the Philadelphia area.” One example: a doula workshop at Penn’s PEACE Center for Family Planning and Pregnancy Loss. Upon completing the training, nursing students volunteer in the office, offering patient support while also getting exposure to the role of nurses in reproductive health.

Jessica Newfield, currently an accelerated

BSN student who will sub-matriculate into the Nurse-Midwifery MSN, completed the PEACE Center training and became an abortion doula. “Patients who come in for abortions or other procedures like IUD insertion want an emotional support person there,” she said. “We support them during all types of procedures.”

Melissa Bucher, also in the ABSN program and planning to sub-matriculate into the Nurse-Midwifery MSN, feels that NSRH has enhanced her training and experience. The chapter, she said, has been advocating for more discussion and inclusion of transgender health issues. “There’s been maybe one

simulation lab where the person was trans,” but it wasn’t discussed in lectures. Some of the club’s leaders are working with faculty to include more classroom discussion of transgender issues and abortion.

Lipinsky pointed out that the absence of abortion training isn’t about the procedure’s controversial nature, but because outpatient procedures aren’t typically covered in nursing school. “It’s across the board in health-education programs,” she said, not unique to nursing. “Our long-term goal is to change the curriculum.” In the meantime, she added, “we’re filling in the gaps.”

¡Cuidalos!, or “Take care of them.” This web-based educational program aims to help Latinx parents learn how to have more informed and effective conversations about sex, sexuality, and sexual health with their adolescent children.

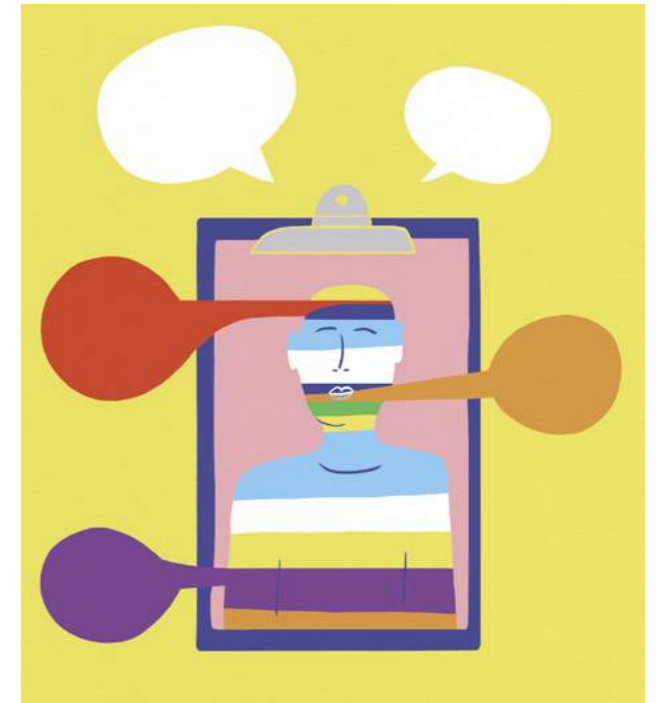
THE SEXUAL SPECTRUM

Since the turn of the millennium, this community-informed approach to sexual health and wellness has increasingly become the norm in nursing. And researchers aren’t the only ones moving this norm forward. As society continues to more broadly embrace and explicitly discuss sexual and gender diversity, underserved communities have begun advocating more openly and assertively for better care.

Queer people have been especially keen to get health care providers to recognize diversity within that blanket label, according to Assistant Professor of Nursing Dalmacio Dennis Flores PHD ACRN. “For three or four decades,” he said, “there was an assumption that when you said LGBTQ, it was a monolithic group. Really, much of the focus has been on cisgender gay males’ sexual health issues.” He noted that this narrow focus is a remnant of often-pathologizing concerns put on gay men and their sex lives in an effort to control HIV/AIDS during the eighties and nineties. But the experiences and needs of trans individuals, of queer cis women, or other queer communities, can be radically different than those of cis gay men.

Likewise, a growing senior population has been calling for more recognition of their sexual lives. “Intelligent, educated, and motivated middle-aged and older women are demanding more care,” including better-informed and specialized sexual care, Grube said. “That’s really changed the face of the whole menopause and post-menopause” field of women’s health care and research.

Community-informed approaches to diverse sexual experiences and contexts have been a hallmark of research at Penn Nursing for decades now. While simultaneously pursuing her doctoral degree, as a nurse practitioner providing primary care to adolescents, for instance, Teitelman found herself wondering why she was seeing an inordinate number of young women coming in to her clinic for repeat STIs and pregnancies. “We did all of our great nursing instruction on how



The Changing Language of Sex and Gender

Many people, nurses and otherwise, have traditionally thought about sex and gender in simple terms: People are born either male or female and stay that way throughout their lives. But in recent years, mainstream culture has increasingly acknowledged, as Wendy Grube puts it, “this whole spectrum of gender identities” that goes far beyond that old, stifling, and inaccurate paradigm. Which means nurses, and the field of nursing, must reframe the way they think and talk about sex and gender to provide better care and support for many historically marginalized gender-diverse groups. A few key take-aways:

- Don’t assume anything about gender—always ask patients how they self-identify.
- Don’t speak in terms of women’s health or men’s health. Instead frame things around ownership of body parts. E.g. If you have a vagina you should consider this screening. If you have a penis, consider this screening.
- Respect your patients. Use the terms and pronouns they prefer and stay flexible and reactive with your support.

Penn Nursing students also recognize how many people, even in academic studies, refer to sex and gender in simple, traditional binary terms—and are pushing to change that. The experiences of someone born with female sex characteristics who transitions to male later in life and takes sex hormones, explains PhD student Patrina Sexton Topper, will be different from those of someone born with male sex characteristics, producing hormones in their particular way and being treated

as a man all their life. Yet both individuals might identify as male in a study. Conversely, says PHD student Jacqueline Bannon, two people identified as female at birth who continue to identify as women throughout their lives might actually have “varying levels of hormonal, ovarian, and other organ function,” despite their surface level similarities.

Bannon, Topper, and other students are working on a manuscript exploring how future studies can use different, more precise terms. For example, the reactions or experiences of people of a certain hormone profile. Or of people with certain organs and levels of organ functioning. Researchers might also simply give people more identities to choose from, and room to share the details of their experiences, rather than dropping them into male or female buckets.

Nursing’s language and best practices around gender diversity are still evolving, says Grube. But Penn Nursing faculty and students are in a good place to help spearhead that evolution, thanks in large part to their focus on community outreach and interdisciplinary work. “We learn from our peers in the School of Social Policy and Practice” for example, says Bannon. “Their language and approaches to terms like gender, sex, and sexual identity” are quite nuanced and instructive.

A Gender Diversity Glossary

Agender: An individual who does not align with any traditional gender identity.

internally and/or chooses to label one’s self.

Bigender: An individual who identifies as both male and female to varied, and at times fluctuating, degrees.

Gender Non-Conforming: Sometimes also referred to as genderqueer, any identity that does not align with the traditional, static gender binary.

Biological Sex: A set of anatomical, chromosomal, and hormonal characteristics commonly linked to a male or female classification assigned at birth. Distinct from gender, a set of cultural-social norms and beliefs constructed around terms like male and female and a sense of self-identification.

Intersex: A term for individuals born with anatomy, chromosomes, or hormones that differ from the expected patterns for male or female biological sex.

Cisgender: An individual whose biological sex assigned at birth aligns with their internal gender identity.

Third Gender: A term used to describe gender categories that go beyond male and female that are, and have historically been, in use in many cultures across the world.

Gender Fluidity: The concept that one’s gender identity may change over time, between or within categories.

Trans(gender): An individual whose gender assigned at birth does not align with their gender identity and who is transitioning from living as one gender to another. This can involve transitioning one’s name, pronouns, and appearance, and making physical changes to one’s body.

Gender Identity: The way one perceives one’s gender

you prevent this, and we had access to birth control,” she said. “So what was missing that this was still happening?”

When she asked young women about factors that could be influencing their sexual behavior, she learned something that seems commonsense now but was largely unconsidered then: Toxic relationship norms or experiences—such as intimate partner violence—can rob young women of a sense of agency over their bodies and sexual behaviors. Recognizing how bad relationships could limit young women’s abilities to act on standard, individual-focused safer-sex advice, not to mention their ability feel comfortable and happy in their intimate lives, Teitelman developed interventions (and continues to do so) to help them learn about relationship dynamics, as well as how to navigate relationships on their own terms.

More recently, Trout interviewed female-identifying sex workers in Kensington, Philadelphia, about their lived experiences and self-expressed health care needs. She and many colleagues had long assumed sex workers just needed more health care services to stay safe and well. But specific services (such as contraception and STI testing) were not on their list of top concerns, Trout said. “The biggest concern was that they wanted to be treated like people, not like drug addicts. . .to have someone spend time with them and make eye contact and give them time to feel they could reveal themselves.” Rather than navigate provider assumptions and put up with being rushed through visits with a hand-off of messaging and drugs, these women wanted to feel empowered and trusted to ask for what they needed.

GETTING INTERDISCIPLINARY

Beyond advancing understandings of the sexual health needs and circumstances of various demographics, Penn Nursing faculty members are also committed to innovating new ways of identifying the needs of, engaging with, and serving different populations through interdisciplinary collaborations. “We’ve been working hard on hiring diverse faculty and attracting diverse students,” adds Grube, “and it has really brought incredible richness to sharing information and exploring concepts related to sexual and reproductive health care.”




A number of faculty members, such as Kornides, come from a public health background. She and her colleagues scour large data sources to spot macro sexual health trends and/or identify under-served communities that might be overlooked by more qualitative or clinic-centric approaches. Kornides is currently using insurance claims data to determine who initiates or follows through on HPV vaccinations—and who doesn't. This information helps her to develop interventions geared towards increasing vaccination uptake and follow-through.

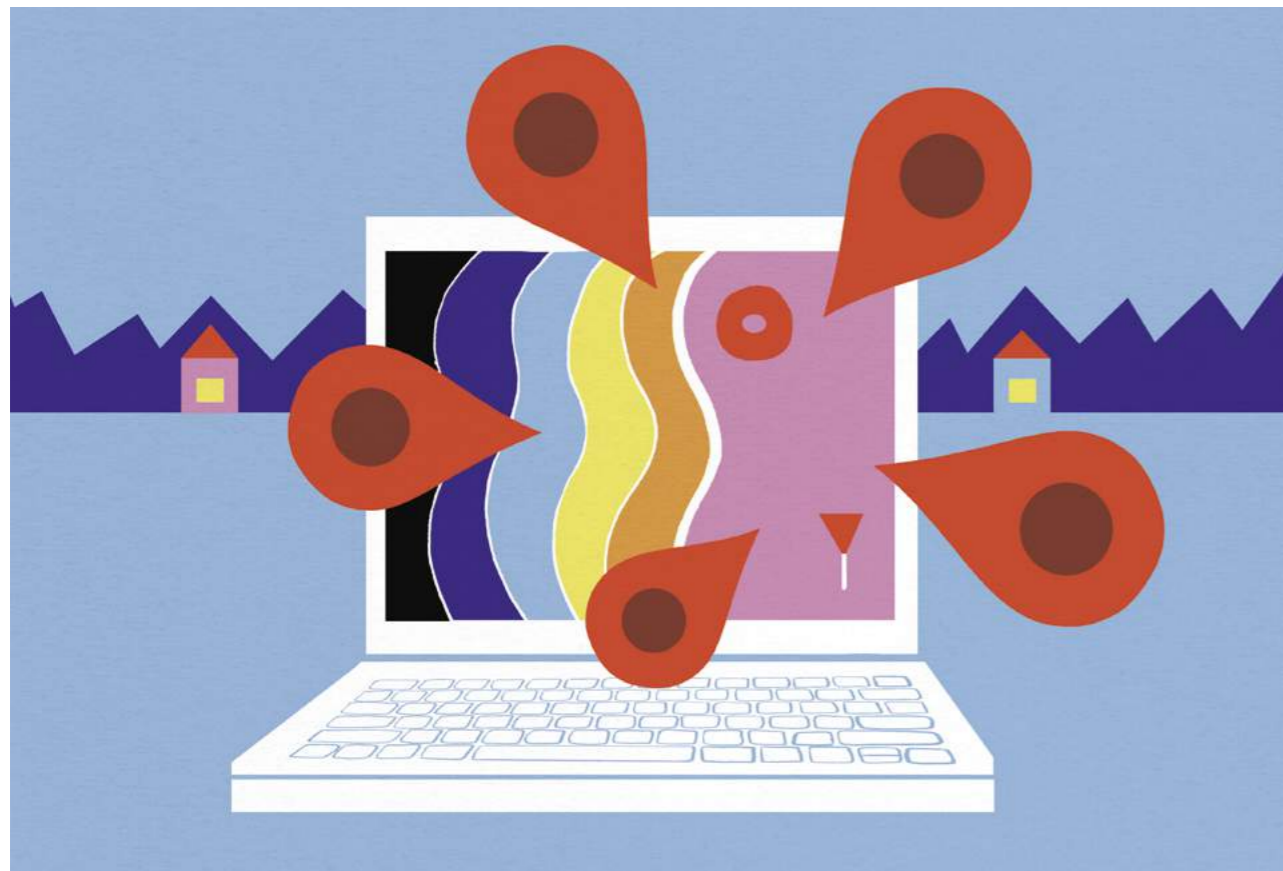
Looking at population level data on HPV vaccinations in the early 2000s, Wendy Grube started to consider the importance of location, beyond broad cultural or economic identities, in pinpointing sexual health needs and approaches. She noticed that Appalachia stood out as having the highest death rates for cervical cancer. Conventional wisdom held that this was just a result of the area being poor and rural, and that the answer was to increase the number

of free clinics in the region. But, she notes, after the CDC spent millions on such services, cancer screening rates actually went down. "So I spent four months in the southern coal fields of West Virginia looking at the context of these women's lives and trying to understand what was going on there." She discovered a unique mixture of religious, sociological, and structural forces specific to the region contributed, such as the belief that HPV and cervical cancer are punishments for sin, along with attitudes that flaunted medical privacy rules. Grube concluded that region- and/or sociocultural-specific initiatives would be needed to best serve this population.

Bridgette Brawner is also interested in the importance of place to sexual health. She uses computer mapping systems to see how sexual health variables, like the rate of HIV transmission, track "with disadvantage in the built environment: vacant houses, disorderly conduct, things that would be structural indicators of a struggling community."



“It’s not that a broken window causes someone to have chlamydia,” she stressed. “It’s the psychological effects of seeing those windows on a daily basis.”



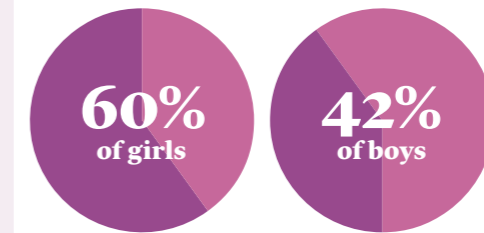
What You Need to Know Before Talking to Patients About HPV Vaccination

HPV is the most common STI in America.

It has no cure.



The year vaccinations first became available.



Percentage of children in the US aged 13 to 17 that had been vaccinated as of 2016.

9-12

Best ages to give routine HPV vaccination, according to the CDC.

100+

Number of different strains of HPV.

21

Age at which all women should begin receiving cervical cancer testing with a Pap test.

13,000

Number of American men who get cancer caused by HPV each year.

14 million

Number of new infections of HPV transmitted in American each year.

300,000

Approximate number of women who are diagnosed with cervical precancers each year.

30

Age at which co-testing (Pap test plus HPV test) should begin for all women.

79 million

Number of Americans teens and young adults infected with HPV at any given time.

11,000

Approximate number of cases of cervical cancer in America caused by HPV each year.

37,000

Number of men and women affected by some form of cancer linked to HPV each year.

Thirteen

HPV types that can cause cervical cancer.

4,000

Number of American women who die each year because of cervical cancer.

9-45

Actual age range of people who can receive the HPV vaccination.

WHY PARENTS AND PATIENTS REFUSE HPV VACCINATION

- Perceive it as a sexual health issue; uncomfortable thinking about young children and sexuality, or think it's irrelevant.
- Lack of knowledge, lack of time to discuss with a trusted, communicative health-care provider.
- Culture, social, or personal taboos or stigmas around sexual-health care.
- Lack of easy access.



What to Talk About with Young Adults

Sarah J. Sherr MSN CRNP, NU'98, GNU'01, works daily with young adults as a nurse practitioner in a higher-ed student clinic. While most 'emerging adults' may not have heart disease, they do often have risky behaviors. This can call for providers to change the narrative. So, while check-ups should always include the basics such as blood pressure and BMI monitoring, health care providers for young adults should also consider screening for—among other things—substance misuse and abuse, mental health and well-being, and lifestyle implications. Where sexual health is concerned, Sarah shared valuable talking points and things to consider for those who may also be providing care for a young adult population.

Her work has revealed how physical environments as much as, or even over, cultural norms and practices can shape people's sexual lives. A lack of affordable housing, for instance, can push some young women into unequal relationship dynamics with the men they end up living with. High incarceration rates destabilize families and communities, over time affecting sex ratios for available sexual partners. This in turn can affect the overlap of sexual relationships and ultimately the prevalence of sexually transmitted infections. Even a general sense of neighborhood neglect can seemingly make people more prone to sexual risk behaviors. "It's not that a broken window causes someone to have chlamydia," she stressed. "It's the psychological effects of seeing those windows on a daily basis."

This focus on neighborhood factors has pushed Brawner to develop interventions that help people living in certain physical contexts to talk through, and learn to navigate, sex within them. She also advocates for initiatives like neighborhood greening or blighted house remediation, along with policies like public housing development and reform, as essential to sexual health and wellness. She argues that keeping neighborhood factors in mind puts nurse practitioners in a better place to help patients explore and improve their sexual health. Brawner says that with this environmental awareness, clinicians can ask better, more targeted

questions to engage with patients. "If I'm in a neighborhood I know is coping with certain specific issues, like the hyper-incarceration of Black men, I might also ask, 'Has your partner been incarcerated for more than 24 hours?' and tailor advice based on the answer."

Meanwhile, Assistant Professor of Nursing Robin Stevens PHD MPH has been exploring how digital neighborhoods, the dense social media networks young people inhabit, might influence their sexual cultures. She turned to this topic after interviewing adolescents in Camden, New Jersey, in 2013 and 2014 and realizing how important social media was to their lives. Her work explores how to use these networks as listening posts to better understand evolving influences on young people's sexual health. But she is also working with Brawner and others to figure out how to reach people on the digital technologies they use. "If we know that young people in particular are not coming into a provider's office," said Brawner, "we can meet them in their Instagram feed" instead.

Teitelman has even started using neural imaging to explore whether differences in people's brain structures and processing might map to certain sexual behaviors—especially among adolescents whose decision-making centers are especially in flux. "The idea is that if we have a better idea of sexual decision-making in the brain, maybe we can tailor our interventions a little differently or better."

STAYING FLEXIBLE

Recognizing the nearly limitless number of ways one can understand people and their sexual lives and needs, the idea of meeting everyone where they are and serving them efficiently can feel daunting. "It does require a lot of flexibility and constant movement to improve our knowledge and our care," said Grube. Even with flexibility and adaptation, nurses themselves can only reach so many people, and learn about so many contexts. The interventions they offer, the advice they give, might not be relevant for long as well, as people's identities, contexts, and needs evolve over time.

This is a big part of why so many Penn Nursing faculty members try to build strong ties with the local community groups and entities they know people visit frequently. "When you start thinking about places like barbershops," Brawner said, "the population you want to engage is already there—these structures, for some of them, are already built into their lives and are trusted resources." Nurses can train individuals who are already part of one's daily life so that one can get contextually appropriate, but also dynamic, sexual health information, not to mention be persuaded to visit an STI testing center or engage with some other community resource or expert if and as needed.

Flores's work focuses less on local institutions and more on empowering parents to fill that role for their gay and bi cis male children. His research

- As of October 2018, the FDA extended the approved age range for people to receive Gardasil vaccines for HPV up through age 45. The prior age cutoff was 26. This change was made primarily because oropharyngeal cancer caused by HPV is beginning to surpass that caused by smoking and alcohol use.

- Chlamydia is very common but new infections of mycoplasma genitalium and ureaplasma genitalium are being found now.

A diagnostic test is available for mycoplasma, but not for ureaplasma.

- Genital herpes simplex type 1 acquired from receiving oral sex without a barrier is fairly common. Many people do use condoms for vaginal sex, but don't think they need barrier protection for oral sex. HSV 1 is generally not as problematic as HSV 2, but it is still a lifelong situation that can be treated but not cured. HSV testing is not recommended for routine testing. Skin

cultures can be done on genital lesions and blood antibody testing can be done three months after possible exposure.

- More and more individuals who are at high risk of HIV exposure are getting on PrEP (pre-exposure prophylaxis). It currently costs around \$1800 for a one-month supply of 30 tablets of Truvada. Often, health insurance will cover this prescription with a patient co-pay of \$50 per month. People on PrEP should be tested for all STIs

every three months because it does not protect against other infections.

- Many millennials seem to be at high risk for various STIs by not thinking through the possible serious consequences of unprotected sex. Encourage patients to use condoms 100% of the time: not every infection can be tested for or cured—such as ureaplasma, molluscum contagiosum, or HPV in men—so no one can really say for sure that they are "clean".



"I'd love for practitioners to be able to say, 'On the off chance that your child may have same-sex sexual attraction or other gender identities, here's a resource.'"

has shown that many straight parents want to support their queer children in building safe, happy, and healthy sexual lives. But they feel awkward or at a loss for how to do so. Based on his interviews with gay male youths and their parents, Flores is working on a series of animated videos to help parents have more informed and effective conversations with their queer cis male children about sex, sexual health, and sexuality and make them aware of resources they can draw on as that engagement continues and evolves. Flores hopes to one day have a suite of interventions focusing on each distinct population within the LGBTQIA+ umbrella. He would also like clinical nurses to help parents think about sexual and gender diversity. "Best case scenario? I'd love for practitioners to be able to say, 'On the off chance that your child may have same-sex sexual attraction or other gender identities, here's a resource.'"

José Bauermeister PHD MPH, Penn Presidential Professor of Nursing and Director of the Program on Sexuality, Technology, & Action Research (PSTAR), looks to tech to develop reactive sexual health engagement and information. "A lot of the work I've been doing thinks about patterns, typologies, and locations," he said, "so that when we're building a website or app or some other virtual tool, the message that you get in some way aligns with" your context and the best practices tailored to it "and increases its persuasiveness

and relevance." Recently, he developed an HIV-prevention messaging tool for young men who have sex with men and find partners on dating apps. He realized that the types of relationships they were looking for could change rapidly on these apps. Each new set of goals or intentions would require unique messaging. This prompted the creation of a web app, myDEX, which would feed them different messaging based on the type of relationship(s) they were exploring at any given moment. It was found to reduce sexual risk behaviors over time and improve young men's decision-making across several HIV prevention behaviors.

All of this only scratches the surface of the many ways researchers and practitioners at Penn Nursing are trying to improve sexual health care. Bauermeister, for one, is also engaged in interdisciplinary work with faculty at Penn Engineering—specifically, experts on friction—seeking to improve the functionality of condoms. This may seem divergent from the rest of the Penn Nursing faculty's work on sexual health. But it speaks to their core ethos: The drive to embrace the limitless variety of human experiences, desires, and needs, and to provide the best care possible—ideally ongoing, reactive, and highly relevant—for every individual.

Mark Hay is a Brooklyn-based freelance writer. He has reported on sex and sexuality for outlets ranging from Aeon to Forbes.com to VICE.



▲ KC standing proud on campus.

KC Miller Wants You to Talk About Sex

By Louis Greenstein

KC MILLER, NU'22, wants you to talk about sex. Not steamily. Not flirtatiously. Not jokingly. Not guiltily. He wants you to talk about sex the way you talk about other aspects of daily life—like food or music. No shame or embarrassment; just regular, healthy talk. “What’s most important,” he said, “is that people talk about sex in an informed way.”

Because the nursing student and activist, 19, knows the cost of not talking about sex in an informed way, he started a non-profit organization while he was still in high school. The Keystone Coalition for Advancing Sex Education, was founded, according to its website, “to foster a happier and healthier generation by reforming sexuality education into a comprehensive and inclusive model that helps to prevent sexual violence, reduce sexually transmitted infections, and empower young people with knowledge.” Keystone CASE works to raise awareness and advocate for comprehensive sex education through political action. According to Miller, sex education in most parts of Pennsylvania is abstinence-based, and students are not getting medically accurate information. While abstinence is an important tool, he said, it’s just one

of many tools. “Our society is sexual. We see billboards with half naked models, but in the classroom we are taught about the dangers of sex.” On the other hand, he said, many countries around the world, such as the Netherlands, are now providing comprehensive sex education. On a trip to Amsterdam, Miller learned that they have less sexually transmitted disease and fewer unwanted pregnancies than the U.S.

EDUCATING THE COMMUNITY

Back in high school Miller founded a club, Sexual Health Awareness Educators (SHAE), that empowers high school students to teach their peers about sexual health. “It’s really hard for teachers to talk about sex to their students,” he said. “There is a place for that, but also a place for educating leaders in the student community on how to get that information into the student population.” Keystone CASE, said Miller, wants to use SHAE as a template for other schools.

Growing up as a gay teenager in the Philadelphia suburbs and attending boarding school at Westtown in West Chester, Miller saw the effects of what he described as a lack of sex education.

“It’s important to me that my community gets the education it needs to keep their bodies healthy and happy.” Noting that he knows many people who have experienced sexual assault, he said that school sex education programs only talk about consent and healthy relationships. But there’s little discussion of sexual assault—and few avenues for survivors to talk about their experiences. “We have to respect survivors...and that inspired me,” he said. “I can make a difference in people’s lives just by educating.”

Miller’s early years weren’t easy. His sister is a heroin addict, and his parents divorced when he was young. “I was personally sexually assaulted and that comes with a lot of trauma and a lot of anger,” he said. “That is one of the biggest reasons why I continue to do this work.” His assault happened after starting Keystone CASE and SHAE. “I was talking with other survivors, and then it happened to me. There was a lot of shame and anxiety. How could I have this organization and it happened to me?” He said he channeled the anger and the trauma into his work.

Miller’s biggest inspiration these days is New York Democratic congresswoman

**“We talk about...
how sexual
health, politics,
and culture all
meld together.”**

Alexandria Ocasio-Cortez. “She took her own experiences and her own community’s struggles and packed it into her own passion and activism and hit the ground and made a difference.”

This past summer, Miller continued to make a difference. While managing a restaurant in Media for forty-five hours a week, he assisted Penn Nursing lead investigator Dalmacio Dennis Flores PhD ACRN on two studies of cisgendered GBQ males. He also worked on a startup podcast called *The Talk*. “We talk about what it’s like to be a college student and how sexual health, politics, and culture all meld together,” he said. Future episodes will explore the intersection of the opioid crisis and sex work in Kensington.

In 2017, Miller received the Young Hero Award by the National Liberty Museum in Philadelphia. His activism has been covered by media outlets including *NBC*, *Fox*, *ABC*, and *Vice News*. In 2018 he gave a TEDx talk at Penn State University on the importance of comprehensive sex education.

NURSES MAKE A DIFFERENCE

Nursing may sound like an unlikely major for a young activist. Originally Miller considered pre-law, political science, gender studies, or public administration. After starting at Penn with a dual major in nursing and health management (through the Wharton School) he dropped the business classes and committed himself exclusively to nursing. “Patient relationships are the most profound ways someone can make a difference in someone’s life,” he said. “I love science. I love people. I love everything about nursing. It’s the way to do the most good while following my passions and interests. It also gives me a ton of knowledge about sex education and public health, and how I can advocate for people on the policy side once I understand the clinical side.”

Miller plans to gain professional experience in trauma or ICU nursing. “I really like high-pressure and fast-paced situations and I really want to dive deep into clinical work for at the least the first five years of my nursing career.” His ultimate goal, however, is working on health care policies to assure that everyone in the U.S. gets a medically-accurate, comprehensive sex education. After that, he says, “I’ll be running for public office.” ❖

If KC Had His Way...

KC Miller wants his legacy with The Keystone Coalition for Advancing Sex Education to be passing The Pennsylvania Healthy Youth Act. Based on California’s 2016 Healthy Youth Act, it would mean that school districts across Pennsylvania must open up the sex ed curriculum and teach a wide-range of topics such as sexual anatomy and physiology, STDs, health relationships, contraceptives, and sexual orientation. He drafted the proposal during his junior year of high school and has been pushing it forward ever since.

Here’s a snapshot of what the bill would do:

- Help students understand abstinence from sexual activity is the only way to be 100% safe from sexually transmitted infections (including HIV) and unintended pregnancy but that sexuality is a healthy part of growth and development.
- Ensure students understand consequences of sexual misconduct and its negative effects on a person, victim, survivor, or community.
- Teach students efficient and alternate ways to protect their health from common sexually transmitted diseases/ infections, HIV, and to prevent unintended pregnancy from occurring.
- Ensure students of differing backgrounds, including but not limited to, race, religion, sexual orientation, gender identity, and ability, receive comprehensive, inclusive, age-appropriate and medically accurate sex education.
- Ensure the integrity of Pennsylvania sex education programs by mandating consistency, medical accuracy, and unbiased instruction.
- Adjust educational techniques to account for research that has shown comprehensive sex education programs help delay the initiation of sex, lessen the frequency of unsafe sexual contact, reduce the number of sexual partners and increase the use of FDA approved contraception among sexually active partners therefore reducing the number of sexually transmitted infections, unintended pregnancy, HIV transmission, and unsafe sexual practices in the long term.
- Help teens develop an understanding of healthy, positive, and safe relationships.
- Provide age-appropriate tools and instruction for students to understand body growth, development, body image, gender, sexual orientation, relationships and family.

To find out more, visit www.keystonecase.org.

Leadership

Going Global with the Renfield Award

How one foundation has partnered with Penn Nursing to change women’s health.

THE TERM “women’s health” covers a lot of ground, from routine gynecological care to female genital mutilation surgery and treatment. It is the desire to recognize dedicated leaders and transformational efforts in this broad field that led the Beatrice Renfield Foundation to establish the Penn Nursing Renfield Foundation Award for Global Women’s Health, an award given every two years that comes with a \$100,000 cash prize.

2018’s recipient, Dr. Vandana Gopikumar of India, is the co-founder of The Banyan and The Banyan Academy of Leadership in Mental Health in Chennai. Gopikumar has been instrumental in



Ercole (top right) with Banyan staff.

treating women experiencing mental health disorders and homelessness, a population often ignored in India. Over the past 25 years, she and her team have helped more than ten thousand people in India with mental health issues to reintegrate into society.

Penn Nursing recently sat in on a conversation between Dr. Gopikumar and Alison Ercole CRNP, NU’11, GNU’14, Penn Nursing’s first Global Fellow. As part of her work as a Global Fellow, she collaborated with The Banyan to develop a training curriculum for Community Mental Health Workers (CMHW) who coordinate local efforts to address the needs of this overlooked population of women. It has been so successful that the Indian government is now considering scaling up the program to a national level. What follows is a condensed version of their chat.

Alison: What was it like for you to find that you’d been selected for the Renfield Award?

Vandana: I was overwhelmed, excited, inspired, humbled and grateful, all at the same time. Dean Villarruel called to share the news, and it took awhile for me to believe that I was hearing her right. Every honor I receive is recognition of the commitment of my colleagues, our organization’s palpable passion, and—most importantly—the grittiness, strength, and wisdom that our service users at The Banyan demonstrate and share.

Alison: Speaking of The Banyan, your work there and with The Banyan Academy of Leadership had already been successful before you won the award, but being selected made a tangible impact on your work—especially the \$100,000 prize. How has it changed things?

Vandana: It very much helped advance our work and, in many ways, made it stronger and more visible in the global mental health discourse. The prize money was entirely invested to help with the design of the Emergency Care and Recovery Centre that will promote end-to-end servicing for those living with severe mental disorders in low resource settings. We believe that mental hospitals need a paradigm shift in care and development of protocols.

Alison: Visiting you again this year to help finalize and launch the rollout of the Community Mental Health Workers (CMHW) training gave me a lot of insight into the importance of such work in the area, but tell me—what’s the biggest barrier to The Banyan’s efforts right now?

Vandana: Organizationally, that would be resources. We are a small team engaged in many activities, driven largely by passion. Securing additional resources would help us sprout wings and be more creative in our developing and testing of solutions. From a systems perspective, the biggest barriers are the very nature of health systems in most low resource settings and the limited attention they receive.

Alison: Your organization grew from a two-bedroom house where you and your co-founder lived and ate alongside

“We believe that trained mental health professionals and facilitators are essential in bridging the care gap.”

PHOTO COURTESY OF ALISON ERCOLE



Women’s health hero, Dr. Gopikumar.

the rescued women. Now your organization reaches over 10,000 people. Over the past 25 years, how have you sustained your principles and mission over this much growth?

Vandana: By being clear in our vision that our primary goal is to improve every single life that we come in contact with. It translates into a principle that we hold very close to our hearts and work: provision of person-centered care. We ardently pursue the goals of normalization, participation, co-creation

of knowledge, and personal recovery. This is what inspires hope in all of us and keeps us engaged and resilient.

Alison: I know that it has inspired hope in me! What are the most exciting projects on the horizon for The Banyan?

Vandana: We are attempting to scale some of our innovations, including the Emergency Care and Recovery Centre that helps homeless individuals access care in a humane, caring, and therapeutic environment. Tamil Nadu’s

government has adopted this approach and replicated it in five districts, and we may do something similar with the government of Kerala as well, with support from the Azeem Premji Philanthropic Initiatives. Similarly, “Home Again,” which enables those with severe disabilities to access community living options, is now being implemented in Tamil Nadu, Kerala, and Maharashtra.

Alison: This kind of innovation really speaks to Penn Nursing’s *Innovating for Life and Living* Campaign, taking on the status quo by doing things differently.

Vandana: Oh, yes. We at The Banyan are mental health change-makers because we believe that trained mental health professionals and facilitators are essential in bridging the care gap. In addition to our partnership with Penn, the TVS Sundram Fasteners Limited Centre for Social Action and Research located at The Banyan Academy (BALM) and the BALM-Tata Institute of Social Sciences collaboration will help in developing passionate and skilled human service professionals.

Alison: One last question. If you could give the next person selected to receive the Penn Nursing Renfield Foundation Award for Global Women’s Health advice on what to expect, what would that be?

Vandana: Well, you can expect to engage in exciting and collaborative work, so it’s important to keep the channel of communication open. Penn Nursing has a wide network to tap into. We lucked out and had the kind, attentive, and dynamic Wendy [Wendy Grube PhD, Director of Penn Nursing’s Center for Global Women’s Health] driving this collaboration and, of course, you—you have been a super committed Global Fellow. We worked as one team after a point; so prepare to make friends and foster a real partnership. Dean Villarruel was also keen to not have the award be a one-off event but for it to translate into something even more meaningful and long term, which it has in our case. Penn Nursing considered itself our partner in making a difference in the area of global women’s health. ❀

To learn more about the Penn Nursing Renfield Award, visit www.nursing.upenn.edu/renfield



Healthy Pequeños

2018 President's Engagement Prize winner Alaina Hall, Nu'18, has spent the last year building *Healthy Pequeños* (or Healthy Little Ones) at an orphanage in Miacatlán, Mexico. While implementing a water-filtration system might not be the typical path for a recent nursing graduate, Hall hit the ground running and has made incredible strides in limiting infectious diseases among local children while simultaneously educating orphanage residents and caregivers in health, disease prevention, and health promotion. "...It was a huge need, it's a huge problem, and it's something very preventable," says Hall.

15
water-related services provided

730
children now up to date on vaccines

6
major sanitation repair projects completed

98
education sessions given to 733 children & 37 caregivers

615
children with new access to clean water

8
repaired clinic spaces

582
children were given access to sanitary clinic spaces

7
sources of sewage exposure eliminated for 461 children

Visit www.healthypequenos.org

WAIT, YOU'RE A NURSE?

Julie Assis JD RN From lawyer to nurse to city official.

JULIE ASSIS, NU'13, serves as Chief Deputy City Solicitor in the HIPAA & Privacy Law Unit and is the HIPAA Privacy Officer for the City of Philadelphia, a recent promotion as of April 2019. As the City's guide in balancing privacy with other public interests such as improving health and social services for its most vulnerable residents, her BSN from Penn Nursing was instrumental in crafting her pragmatic style and innovative approach to solving legal obstacles.

"When I entered the program, I had been working as a health lawyer for many years," Julie says. "I had written plenty of hospital policies, but I wanted to experience health care from another angle. One of my family members has a chronic health care condition, and from my perspective—both as a lawyer and as part of the support system for my family—there was always a disconnect between the care patients receive directly from staff and what administrators think it should be. After repeatedly getting the run-around while requesting medical records, despite being a privacy lawyer and knowing that we had a right to those records, I realized that policies only work when all members of the organization are willing to carry them out."

As a nursing student, Julie was drawn to the neonatal intensive care unit, where she worked for a short time after graduating. The experience of being a bedside nurse after having worked in law for almost a decade gave Julie a unique perspective.

"The act of being in those tense, life and death situations made me appreciate the quick thinking required of health care providers. Nurses have to make many micro decisions confidently and

quickly, without hesitation or equivocation. I am a 'systems thinker' and enjoy finding ways to improve efficiency. My natural inclination to consider every angle does not translate well when a baby is coding in the NICU."

Julie returned to a career in law with a clearer view of health care and a different appreciation of her strengths. "My experience as a nurse has significantly improved my ability to make a decision and move forward," Julie notes. "It has also helped me provide legal advice that is more practical and direct, since I can now put myself in the shoes of the person who is on the front lines of carrying out the project."

"I'm really pleased with the direction my career has gone, thanks to my Penn Nursing education and my experiences working as a nurse," Julie says. "My role as privacy advisor to the City of Philadelphia is immensely satisfying to me," she says. "I work on projects that essentially help health care and social services providers for the City launch initiatives and use their information to better serve their clients. I've been able to advocate for the privacy of our most vulnerable citizens, helping our social service agencies—such as those that serve the City's population of people experiencing homelessness or struggling with addiction—find ways to use data to expand services while still protecting the individual privacy rights and dignity of the data subjects."

Julie says, "There is a heightened interest in privacy right now, nationally and globally. Part of my work involves networking with privacy officers from other government agencies making policy decisions about how to best use data to solve social services and public health challenges. As my role grows, I can see myself becoming more involved in national policy discussions around health care and privacy, and it's a very exciting time to be in the government sector. Penn Nursing gave me the ability to see health care policy through different eyes." ❄️

Random fact: Julie spent most of her childhood outside of the United States—as a young child in Europe, then in West Africa through middle and high school. She says, "I have lived in so many different cultures that I learned early on that American cultural norms are just one of many options."

«
"Penn Nursing gave me the ability to see health care policy through different eyes."

Photo by Jason Varney





CASE STUDY

Coordinate, Coach, Transition

How to improve care transitions for socially vulnerable patients? Secure the safety net.

PROBLEM:

An alarming rate of hospitalized patients with complex social needs are re-hospitalized or return to the emergency department within 30 days.

SOLUTION:

Hospitalized patients with significant social needs are at risk for poor health outcomes following a hospital discharge. To meet their needs, J. Margo Brooks Carthon PhD RN FAAN Associate Professor of Nursing, spearheaded a work group to develop an intervention that would improve their transition from hospital to home. Using a Design Thinking framework, which drew on her experiences as a Penn Nurse Innovation Fellow, Dr. Brooks Carthon and the team learned through months of fieldwork that concerns over finances, housing instability, or a lack of transportation left many patients feeling as

though they had to manage their recovery alone. In the hospital setting, the workgroup learned that there were notable variations in how patients with complex social needs were managed across units and that there was limited communication between inpatient and outpatient care providers.

These insights led to the development of THRIVE, a clinical pathway focused on supporting patients in their homes in the month following a hospitalization so that they are equipped and empowered for maximal recovery. THRIVE was built on three pillars: Coordinate, Coach, and Transition, with each pillar providing a powerful and transformational approach to care delivery for socially vulnerable patients.

Nurse Case Managers begin the process of identifying patients with high social needs during hospitalization. After a THRIVE patient is identified, a home care referral is made and on the day of discharge the floor nurse gives a verbal report by phone to the home care nurse to share important social and medical history. Prior to THRIVE there were no formal mechanisms for inpatient and home care nurses to verbally communicate. Hospitalized patients are then immediately able to meet their home care nurses using a secure patient-facing video conferencing system. This “virtual introduction” begins the important process of relationship building.

On the day after discharge, THRIVE enrollees receive a visit from a home health nurse. During ongoing visits, home care nurses serve as health coaches, providing patient education, reviewing medication orders, and supporting patients as they schedule primary care and specialist appointments.

THRIVE also expands the role of hospital-based attending physicians by making them available by phone to home care nurses for questions or additional orders until patients receive a follow up appointment with a primary care provider. This ensures that transitional needs that often emerge after discharge, such as questions about medications or physical symptoms, can be addressed in real time.

Penn Presbyterian Medical Center is currently conducting rapid cycle pilot testing of THRIVE and is targeting Medicaid patients living in Philadelphia with high disease burden. During evaluation, enrolled patients will be assessed for whether they experience fewer rehospitalizations or ED visits during their first 30 days post-discharge. ❖

Funding for development of THRIVE included a Penn Nurse Innovation Fellowship; the Leonard Davis Institute; Penn Medicine Center for Health Care Innovations. Analytic support from post-doctoral fellow funded by CHOPR T-32.

Illustration by Giacomo Bagnara



EXECUTIVE EDUCATION



Nursing Leaders CHOOSE WHARTON

Today's nursing leaders are faced with growing demands on both their time and their resources. An increasingly complex regulatory environment and patient population has created new challenges for the way health care systems deliver care.

The *Wharton Nursing Leaders* program is for nurse executives who need to develop essential analytical, financial, and leadership skills in order to provide greater value to their organizations.

Wharton Nursing Leaders

Dec. 2–6, 2019 • Philadelphia, PA

Come to Wharton to gain the most relevant business knowledge to make an impact on your health care organization. Session topics include:

- Negotiations
- Hospital Finance and Accounting
- Critical Thinking and Decision Making
- Team Building and Motivation

WhartonNursingLeaders.com

Alumni Notes

» We want to hear about you! Send us a personal or professional update at NursingAlumni@nursing.upenn.edu or call us at 215.746.8812. Notes may be edited for space and style. Photos are encouraged.

1960s

Claudia Palmer, Nu'61, G'63, shared, "At 82, all I can manage is four hours per week volunteering in the ER of White Plains Hospital in New York. Also, I am caretaker for my 94-year-old husband, a retired surgeon who was a prosector in anatomy at Penn's medical school."

1970s



▲ **Jane Barnsteiner, Nu'70, GNu'73**, was selected as the winner of the 2019 Distinguished Alumni Award from the University of Michigan School of Nursing for her extensive contributions to nursing science, practice, and education focused on patient safety and quality improvement.



▲ **Rosemarie Kaupp, Nu'70**, was selected as Empowered Woman of the Year by the International Association of Top Professionals for her dedication, commitment, and outstanding leadership to empower women globally. Rosemarie is the author of the children's book *Amberella Tales* and blogs at "May Your Laughter Live," a blog for bereaved parents.

Lynne Pompetti, HUP'72, shared, "I joined the USAF Nurse Corps in 1984 after completing a MSN in Psychiatric/Mental Health Nursing from the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, OH. I proudly served until 1988, when I separated due to difficulty in obtaining joint spouse assignments with my (then) ADAF officer spouse. It was very interesting to observe that the dynamics within a nursing service are common regardless of the setting, location, type of setting, and specialty."



▲ **Nancy M. Valentine, GNu'72**, presented a Penn Nursing Alumni-sponsored webinar titled *Mentoring and Coaching in Building a Successful Career: Be a Confident and Effective Leader at all Stages*.

Penn Nursing Babies



▲ **Jessica Cole (Mailloux), Nu'03**, and husband Robert welcomed son Wyatt Allen on February 24, 2019. Jessica shares, "Robert and I were thrilled as we had been trying for years, and we think he is perfect!"

Do you have a new baby? We want to celebrate with you! Send a birth announcement and a picture to NursingAlumni@nursing.upenn.edu or call us at 215.746.8812. We'll send you a PennNursing onesie (6 month size). Photos are encouraged.

1980s

Jennifer Clair, Nu'83, is a nurse practitioner at Forever Care OB/Gyn.



▲ **Theresa Raphael-Grimm, GNu'84, GR'93**, is

a full clinical professor at the University of North Carolina at Chapel Hill, where she also serves as the faculty chair, currently in her second term. As a clinician-educator, she teaches at both the graduate and undergraduate levels and practices psychotherapy in the UNC Department of Psychiatry where she is an adjunct professor. She is also the associate director for psychotherapy services in the Taking Care of Our Own Program, a physician support program in the UNC School of Medicine. Her book, *The Art of Communication in Nursing and Healthcare*, was published by Springer Publishing Company in 2015.

Karen Flaherty-Oxler, GNu'85, was appointed as director of the Corporal Michael J. Crescenz VA Medical Center (VAMC) in Philadelphia. In her new role, she will oversee delivery of health care to approximately 60,000 veterans. With nearly 3,000 employees, the Crescenz VAMC operates 309 inpatient beds and conducted nearly 530,000 outpatient visits last year.



▲ **Ellen (Tishman) Kurtzman, Nu'86**, has been named a 2018-2019 Robert Wood Johnson Foundation Health Policy Fellow. As a fellow, Dr. Kurtzman—who is a health services researcher at The George Washington University—is spending a

year on Capitol Hill in a legislator's office, improving health and health care through federal policymaking.



▲ **Diane Spatz, Nu'86, GNu'89, GR'95**, serves as the only PhD nurse on the Congressional Task Force on Research Specific to Pregnant Women and Lactating Women where she connected with panelist **Melissa Yore Gorman, Nu'02, GNu'05** who represented a parent perspective. Melissa is a current NP in Boston and previously worked with Diane as the student president of SNAP 17 years ago.

Judy Verger, GNu'86, GR'06, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019.

1990s

Sherry Greenberg, Nu'90, GNu'92, GR'14, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019.

Allison Squires, Nu'95, was selected as the National Academy of Medicine Distinguished Nurse Scholar-in-Residence for the *Future of Nursing 2020-2030 Study*. During her time as the NAM Distinguished Nurse Scholar-in-Residence, Dr. Squires aims to bring her sustainable development perspectives to examine methods of increasing



FROM THE PENN NURSING ALUMNI BOARD PRESIDENT

Dear Penn Nursing Alumni, As nurses we have the unique privilege of being present for the most vulnerable and intimate moments in the lives of our patients. We bear witness to suffering and loss, and to joy and healing. We whisper words of encouragement and hope in the darkest of hours, or as one patient's

family member and physician put it we are "silhouettes in the dim." Our conversations can be difficult, educational, therapeutic; our interventions personalized, evidence-based, comprehensive. It is only natural, therefore, that these conversations include sex.

Earlier this year, Penn Nursing Alumni hosted a webinar entitled *Sex-Ed for Adults*. The session received our highest registration to date and provided important content to our listeners. This issue of the Penn Nursing magazine delves into the work of faculty across the continuum of sexual health and well-being.

Providing you with timely, personal, and relevant content has always been our goal as we create Penn Nursing Alumni programming. Whether we are discussing hot topics such as sex, opioid dependency, nutrition, leadership skills, or navigating career stages, we are committed to supporting your work and your journey.

I invite you to remain engaged in the Penn Nursing community at large. Please see the calendar on the back cover and frequent our website for the latest list of Penn Nursing alumni webinars, which can be accessed from anywhere and are recorded to give you instant access to a broad range of topics. Join us for Homecoming, Alumni Weekend, graduate reunions, or a Happy Hour at your next professional conference; reach out to find a mentor; or search for inspiration on your career trajectory on QuakerNet. Know an unsung hero? Consider nominating them for an alumni award and elevate their work. Or, suggest them for an alumni profile on our website. Have an interest in volunteering your time and talents? We would love to have you!

We're working hard to meet you where you are. If you have any questions or if we are missing an area where you'd like to hear or do more, please reach out. We welcome your calls and invite you to join us in creating more opportunities for Penn Nurses to be refreshed, engaged, supported, and celebrated.

Maya N. Clark-Cutaia, Nu'03, GNu'06, PhD, ACNP-BC, RN
President, Penn Nursing Alumni

GET INVOLVED

Engage! Are you willing to mentor students or fellow alumni? Making sure your employment is up to date in QuakerNet is one of easiest – and most critical – ways to help young nurses identify you for possible shadowing, networking and mentoring. Please log in and help us facilitate professional connections.

Go! Make sure you register for Penn Nursing events during Alumni Weekend on May 15-16, 2020. See www.nursing.upenn.edu/alumni for details.

interprofessional collaboration and maximizing the skills of nurses across the spectrum.

Grissel Hernandez-Kertland, Nu'97, became the director of Center for Education and Professional Development at Stanford Health Care.

Virginia Marshall, GNu'98, was appointed chief executive officer of Hospice & Palliative Nurses Association (HPNA), Hospice & Palliative Credentialing Center (HPCC), and Hospice & Palliative Nurses Foundation (HPNF). She began her new position on June 24, 2019.

Karen Trister Grace, Nu'98, GNu'00, is a postdoctoral fellow at Johns Hopkins Bloomberg School of Public Health.

Katherine Gregory,

GNu'98, is the scientific co-founder of Astarte Medical.

2000s

Sadie Hutson, GNu'00, GR'04, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019.

Joanne Ritter-Teitel, GR'01, is chief nursing officer and associate dean of clinical practice at SUNY Downstate Medical Center.

Rebekah Couper-Noles, GNu'03, is Chief Nursing Officer, Community Based Care at Intermountain Healthcare.

Brooke Faught, GNu'03, was a panelist for a Penn Nursing Alumni webinar titled *Sex-Ed for Adults* on June 6,

2019. She is the Director of Women's Institute for Sexual Health (WISH).

Colleen Jensen, Nu'03, recently began her role as a quality RN specialist at Providence St. Patrick Hospital.

Jamille Nagtalon-Ramos, GNu'03, GRD'17, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019.

She also moderated a Penn Nursing Alumni webinar titled *Sex-Ed for Adults* on June 6, 2019. Dr. Nagtalon-Ramos is now an assistant professor at Rutgers School of Nursing.

Nancy Etzel, Nu'05, GNu'08, is the director of global pediatric education at CHOP.

Kelley (Martin) Baumgartel, Nu'06, is an assistant professor at Duquesne

University.

Lakeetra Josey, Nu'07, GNu'08, GR'16, is associate professor and director of graduate programs at Temple University College of Public Health, Department of Nursing.

Margo Brooks Carthon, GR'08, was part of a panel at Penn Nursing's *Innovations in Health Care* event in New York City on February 11, 2019.

2010s

Meredith Palusci, C'09, Nu'10, GNu'14, is a nurse practitioner at UMass Memorial Medical Center.

Carla Paredes, Nu'10, GNu'15, is a family nurse practitioner at CityLife Neighborhood Clinics.



Lauren Arrigoni, Nu'11, shared that she is the pediatric cardiology nurse practitioner at Mount Sinai Kravis Children's Hospital in New York City. Lauren also volunteers as a nurse at Double H Ranch, a camp for children with serious illnesses. She says, "At camp, the nurse follows the campers wherever their activity is, so they can be a 'normal' kid and not miss out on anything! At camp, I can be found giving G-tube feeds on the fishing dock, lifting a quadriplegic camper onto our adapted zip line harness, or giving Factor to a hemophiliac camper before the high ropes course! Double H is a magical place where kids get to just be kids instead of the kid 'with cancer' or the kid with 'sickle cell.' I have been volunteering there ever since I graduated from Penn."



Antonette Montalvo, Nu'11, GNu'13, published her e-book *Visionary Nurse: 90-days of Inspirational Musings on*

being Influentially Visionary. In August 2019, Antonette shared several of her inspirations and led two brief coaching sessions during a Penn Nursing Alumni webinar.

James Calderwood, Nu'12, W'12, WG'18, is at Inova Health Systems as director of operations, physician services.

Adrianna Nava, GNu'12, will be joining the 2019-2020 U.S. Latino Leadership Fellowship Program this fall at the Harvard Kennedy School's Center for Public Leadership. The Fellowship is a game-changing opportunity for practitioners, scholars, and activists to lead the transformation of U.S. Latino and other underserved communities. During this program, she will be concurrently enrolled in the Mid-Career Master in Public Administration (MC/MPA) program at the Kennedy School.

Jennifer Rosen, Nu'12, GNu'13, is a faculty member at the University of Colorado.

Joseph W. Schatz, GNu'12, recently began his role as the track director for the Psych-Mental Health Nurse Practitioner program at Penn Nursing.

Marion Leary, GNu'13, GR'14, is the Director of Innovation at Penn Nursing.

Rachel Smigelski-Theiss, GNu'13, is a clinical nurse at Lifespan.

Laura Starrh, Nu'13, GNu'17, is a nurse practitioner at Surgical Associates.

Joana Bueno, Nu'14, GNu'18, is a psychiatric nurse practitioner at Family Practice & Counseling Network.

Emilia Flores, Nu'14, GR'17, is the Penn Pathways Program Manager at the Center for Evidence-Based Practice at the University of Pennsylvania Health System. Dr. Flores was part of a panel at Penn Nursing's *Innovations in Health Care* event in New York City on February 11, 2019.



FROM THE HUP NURSING ALUMNI ASSOCIATION PRESIDENT

Dear Fellow Alumni, This past spring I was elected to serve as President of the Board of Directors of the Alumni Association of HUP School of Nursing.

I am a lifetime member who has served on the Board for the past four years. A 1974 graduate, I worked at HUP for most of my career, where I took advantage of the generous tuition benefits and earned my BSN, MSN, and PhD from Penn Nursing. I worked at Penn as a teaching/research assistant and lecturer, was a member of the Penn Doctoral Student Association, and served a term on the Penn Nursing Alumni Board.

My primary goal is to keep the HUP Alumni Association a vibrant and growing organization. Although the final graduating class was in 1978, there are still many graduates we have yet to reach and invite them to join our Alumni Association. If you—like me—are both a HUP and Penn Nursing graduate, I particularly encourage you to join us. We will continue to offer social events such as the annual autumn and spring luncheons and a reunion for all HUP graduates. Our reunions are held every five years; the next is scheduled for 2021.

The Board's Nursing Scholarship Program offers \$500 to \$5000 annually. Administered through the Philadelphia Foundation, local students enrolled or planning to enroll in an accredited School of Nursing are eligible. Details and the application can be found on the Philadelphia Foundation website (www.philafound.org).

Thank you for this opportunity to introduce myself. I look forward to communicating with you soon.

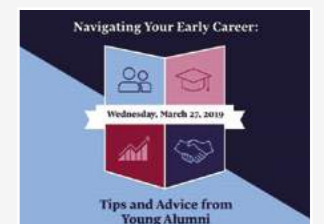
Linda S. Knox, HUP'74, Nu'81, GNu'86, GRN'95, RN, PhD, President, HUP Nurses Alumni Association

Julie Truong, Nu'14, GNu'18, is a nurse practitioner at Penn Medicine.

Caitlin VanderWindt, GNu'14, is a pediatric nurse practitioner at Detroit Community Health Connection.

Lindsay Bernardo, Nu'15, GNu'18, is a nurse practitioner in the Emergency Department at the Children's Hospital of Philadelphia.

Jason Brown, Nu'15, GR'19, started a postdoctoral fellowship at Georgetown Medstar.



Jodi Feinberg, Nu'15, moderated a young alumni panel discussion for a webinar titled *Navigating Your Early Career—Tips and Trick from Young Alumni* on March 27, 2019, sponsored by Penn Nursing Alumni. Panelists included **Olivia Brisbane, Nu'17; Sarah**



^ AANP Happy Hour On June 19, Penn Nursing alumni, faculty, and friends gathered for a happy hour at the AANP Conference where four Penn Nursing alumni were inducted as fellows.

Gray, Nu'13; Laine Mulcahy, Nu'15, GNu'19; and Kyle O'Connor, Nu'14.

Guy Weissinger, GED'10, GED'11, Nu'15, GR'19, started a postdoctoral fellowship at Drexel University.

Elena Kvak, Nu'16, W'16, is the senior strategy analyst at The Voleon Group.

Kikelomo Otutuloro, Nu'16, is a software engineer at Heroku.

Kara Pavone, Nu'16, GR'19, is an assistant professor at Northeastern University.

Dana Rosenberg, Nu'16, is a registered nurse at NursesRx.

Jenna Kapsar, Nu'17, is a registered nurse at Penn Medicine.

Sarah Nayani, GNu'17, is an oncology nurse practitioner at Stanford Children's Health/Lucile Packard Children's Hospital Stanford.



^ **Samantha Roecker, Nu'17,**

is an otorhinolaryngology nurse at HUP and was profiled by The Philly Voice as her personal record at the California International Marathon in Sacramento, California has positioned her to compete with other Olympic hopefuls at the 2020 Olympic Trials in Atlanta on February 29, 2020.

Colleen Brace, Nu'18, works at Penn Medicine as clinical nurse I.

Emily Guthier, C'17, Nu'18, is a registered nurse in the Pediatric Intensive Care Unit at Children's National Health System.

Christina Jackson, Nu'18, began her role as clinical nurse at Penn Medicine, University of Pennsylvania Health System.

Hannah Kasper, Nu'18, is a registered nurse at CHOP.

Haley Klose, GNu'18, is an adult nurse practitioner at Thomas Jefferson University Hospitals.

Jiyeon Lee, Nu'18, began her position as registered nurse at the University of Washington Medical Center.

Nicolas Rojas, GNu'18, is working at WVU Medicine as an advanced practice psychiatric



^ **Work-study students from Penn Nursing's Office of Institutional Advancement—Jennifer Fitzula, Nu'19, Katelyn Elliott, Nu'19, and Ana Quiroga, Nu'19—at the 2019 Commencement.**

mental health nurse practitioner. **Alexis Schlimm, GNu'18,** is a nurse at CHOP.

Sarah Shin, Nu'18, works at UCLA Health as a registered nurse.

Sarah Shmsky, GNu'18, works at AtlantiCare as a critical care nurse practitioner.

Abigail Whitaker,

GNu'18, is a nurse practitioner at HUP in the Cardiothoracic Intensive Care Unit.

Sylvia Witek, GNu'18, is a pediatric nurse practitioner at CHOP.

Joseph Fortes, Nu'19, is a registered nurse at CHOP.

Claire White, GNu'19, is an access manager at CHOP.

New AAN Fellows

Congratulations to our alumni and colleagues on their induction as 2019 American Academy of Nursing Fellows.

Deena Kelly Costa, GNu'11, GR'12, PHD, RN

Sherry A. Greenberg, Nu'90, Gnu'92, GR'14, PHD, RN, GNP-BC, FGSA, FAANP

Carol J. Howe, C'83, Nu'85, GNu'88, PHD, RN, CDE

Charlotte Thomas-Hawkins, GNu'85, GR'98, PHD, RN

Dorothy Wholihan, Nu'83, DNP, AGPCNP-BC, GNP-BC, ACHPN, FPCN

Jia-Rong Wu, GNu'93, PHD, RN



Kimberly Kovach Trout, Nu'80, GNu'87, GR'05, PHD, CNM, APRN, FACNM
Assistant Professor of Women's Health Director, Nurse-Midwifery Track
University of Pennsylvania School of Nursing



Linda Jacobs, Nu'75, GNC'95, GR'99, PHD, CRNP
Clinical Professor of Nursing
Director, Development of Cancer Survivorship Clinical Programs,
Research and Education Initiatives
Abramson Cancer Center
University of Pennsylvania Health System



ALUMNI SPOTLIGHT

Deborah Watkins Bruner, GR'99, RN, PHD, FAAN

The 2019 recipient of Penn Nursing's Outstanding Alumni Award

This past May, Penn Nursing celebrated alumna Deborah Watkins Bruner, RN, PhD, FAAN when she received the 2019 Outstanding Alumni Award for her substantial contributions to nursing and scholarship. Bruner, appointed in 2018 as Emory University's inaugural senior vice president for research, is the first and only nurse to serve as principal investigator on one of the National Cancer Institute's sponsored Community Clinical Oncology Programs and was ranked as the number one NIH-funded nurse in the world in both 2012 and 2013. She has remained

in the top five percent of all NIH-funded investigators since that time. Bruner's impressive publication record spans two decades and 80 published articles, five authored books, and over 130 research presentations, all of which has resulted in countless awards, including her election to the National Academy of Medicine, an honor bestowed on only 65 nurses in the world out of more than three million.

The below is adapted from a recent Q&A with Dr. Bruner in *The Oncology Nurse-APN/PA*®.

Q: What is your biggest challenge as an oncology nurse professional?

A: Funding for research is the biggest challenge right now. The federal government does not seem to appreciate the importance of science and of training the next generation of nurse scientists... We could lose a generation of scientists because of a lack of funding. Loss of science and scientists will mean fewer advances in patient care.

Although the DNP is a wonderful clinical degree, it creates a brain drain on the supply of nurses who have a PhD degree. We need PhDs to teach nursing research and to conduct rigorous, patient-centered research. Most nurses go into nursing for clinical practice; however, many of them are not exposed to evidence-based research during their nursing training. We need to get more nurses exposed to research earlier in their training and education.

Q: What is the biggest reward related to your job?

A: Mentorship. Seeing mentees involved in science that changes clinical practice is exciting. For example, research that

I was involved in demonstrated that a single fraction of radiation for bone metastases provided equivalent pain relief of up to 30 fractions. Now, the American Society for Radiation Oncology guidelines state that you can use a single fraction of radiation, which saves patients multiple trips to the hospital and is less costly.

One of my mentees at Penn helped update the pain guidelines for the National Academy of Medicine. Another mentee is working to establish guidelines for anal cancer screening in patients with HIV. Nursing research should lead to or influence evidence-based patient care guidelines.

Q: What has your career path been?

A: I received my nursing degree at a state college, and then earned two master's degrees in oncology and nursing administration. I worked as a clinical nurse specialist in gynecologic oncology and became frustrated with the lack of evidence for managing symptoms of gynecologic cancer—this started my interest in research.

I worked in a number of nurse manager and program leader/researcher roles for 16 years at Fox Chase Cancer Center and earned my PhD at Penn Nursing where I took my first academic position as a professor of nursing. After my time at Penn, I moved to the Winship Cancer Institute of Emory University.

Q: If you won the lottery, would you do something different?

A: Absolutely not. I love research, mentorship, and changing practice. I tell my colleagues that I want to turn to dust at my desk.

The complete interview was published in the November 2017 issue, Vol 10, No 6 of *The Oncology Nurse-APN/PA*®.

Congratulations to all of 2019's Alumni Award Winners!



Hilaire J. Thompson, GR'03, PHD, RN, ARNP, AGACNP-BC, CNRN, FAAN, FGSA
Lillian Sholtis Brunner Award for Innovation



Lauren Hancock, GNu'10, MSN, RN, CHPPN, CPNP-AC
Alumni Award for Clinical Excellence



Ashley Z. Ritter, Nu'07, GNu'10, GR'18, PHD, CRNP
Alumni Spirit Award



Ellen M. McCabe, Nu'88, GNu'91, GR'19, PHD, PNP-BC, RN
Alumni Spirit Award for Graduating Students

In Memoriam

1940s

Nancy Close Edwards, HUP'46, on April 10, 2018. Nancy graduated as an RN from the Hospital of the University of Pennsylvania, where she worked until she retired to raise her five children. She was very proud of being a “US Cadet Corps” nurse while in training during WWII, taking over responsibilities of the RNs being called to serve. Returning to work in 1970, she continued her education, taking courses at Gwynedd Mercy College to expand her skills. She spent 13 years on staff and as head nurse at the Fox Chase Cancer Center. During her time there, she was a panelist and featured speaker for many Death & Dying, Pain, and Grief seminars. She was also an RN at MCP/EPPI for three years, doing research and providing staff development for the ECT process.

Nancy was very active as a volunteer. She was a founding member of the Participatory Action Advocacy Committee (PAAC) in southeastern Pennsylvania, founding member and board member of the National Alliance for Mental Illness (NAMI) in Montgomery County, and board member for the COPE Centers MH/MR in the 1970s. She co-authored a booklet titled, “The Portable Medication Record.”

Her proudest moments were “marrying my neighborhood sweetheart, raising five children, and experiencing the joy of eight grandchildren and two great-grandchildren.” Nancy and her husband Bill shared a love of the ocean, enjoying many family vacations at the New Jersey shore.

Nancy was a descendant of Charles Carroll, a member of the Continental Congress and a

signer of the Declaration of Independence.

Nancy was preceded in death by her husband of 66 years, Wilson (Bill) Edwards, her five siblings, son-in-law William Farren Speier III, son Donald, daughter-in-law Shirley Edwards, and granddaughter Melissa Edwards. She is survived by three siblings, four children, seven grandchildren, and two great-grandchildren.

Gene Fogelsanger, HUP'46, on March 28, 2019. She was born in Chambersburg, PA and entered nurse's training during World War II. She worked as a registered nurse in Philadelphia, Akron, and State College, PA. After the war, she married her high school sweetheart, Donald Fogelsanger, who preceded her in death in 2018. Gene was an active member of the Women's Board of Summa Health. She is survived by her children, Thomas and Lisa; her step granddaughter; and her great grandson.

Christine Willis, HUP'46, on March 22, 2018. Christine was born in Harrisburg, PA. She met her husband of 55 years, Park Weed Willis III, while attending the University of Pennsylvania. From 1963 until her retirement in 1990, Christine enjoyed a rewarding career in nursing at the University of Michigan Hospitals. During most of her time she served as the nursing director of the Clinical Research Unit. Christine enjoyed sailing, skiing, ice skating, and swimming. She was a prolific reader and letter writer and loved to play the piano. She was predeceased by her husband and is survived by her six children, fourteen grandchildren, five great grandchildren, and numerous nieces and nephews.

Betty Amundson, HUP'47, on May 28, 2018. She was born in Dry Run, PA and married Kenneth George Amundson in 1947. She was predeceased by her husband. She is survived by her children.

Nancy Connors, HUP'47, on April 10, 2018. Nancy was born on December 13, 1926. She was a 1944 graduate of Pottsville Catholic High School and a member of the Cadet Nurse Corps.

Dolores “Dee” Ball, HUP'48, on February 4, 2019. Dee was born in Bradford, PA and attended Bradford High School. She met her husband, George, while attending the Cadet Nursing Program at the Hospital of the University of Pennsylvania. They married in 1948 and lived in Philadelphia until 1955, when they moved to Broomall to raise their family. During her nursing career, Dee worked at the Hospital of the University of Pennsylvania, as well as in a doctor's office. As her children got older, Dee worked at the Launfal Day School in Villanova as the nurse during the summer camp program and as a preschool teacher/nurse during the school year until her retirement in 1992.

Dee was a Philadelphia Phillies and Eagles fan. She enjoyed music, dancing, playing bridge, and taking trips to Long Beach Island and Florida with her family. She was predeceased by her husband, George L. Ball, Jr., with whom she shared 47 years of marriage. She is survived by her four children, Diane B. Feldstein, James A. Ball, Alex C. Giannini, and George L. Ball III; five grandchildren; and two great-grandchildren.

Marion Bryde Bogen, HUP'48, on October 7, 2018. **June Rothrock, HUP'48**, on January 3, 2019.

1950s

Dorothy Elizabeth Ortals Selby, HUP'50, on January 17, 2019. Dotty earned her BS and RN from Nursing Teachers College of Columbia University. She worked as a nurse at St. Luke's Hospital in NYC and later, as an overseas stewardess with Pan American Airways. Her routes included Europe, the Middle East, and Africa. Dotty and her husband, Steve, moved to Baton Rouge where they raised four daughters. Dotty was an active volunteer in the community, helping at her children's schools, serving on the Dental Auxiliary, helping out at the public library, and hosting St. James Episcopal Church Choir “practices.”

She spent over ten years as a volunteer with the Federal Probation and Parole office. Dotty was an avid reader, and she and Steve enjoyed traveling by car to see the United States. She is survived by her devoted husband of 60 years, Dr. Stephen M. Selby; their daughters, Jennifer Browne, Marjorie Self, Elizabeth Imhoff, and Marian Selby; and many grandchildren and great-grandchildren.

Elizabeth “Betty” Blaydes, HUP'51, on February 22, 2019. Betty graduated from Baltimore High School. After graduating from HUP, she worked there as a registered nurse where she met and married Dr. J. E. Blaydes, Jr. They resided in New York City, NY before relocating to Bluefield, WV. Betty was a devoted mother of three and participated in several community organizations, including The Women's Auxiliary of the West Virginia Medical Society, St. Luke's Auxiliary, The Girl and Boy Scouts of America, and the

Mercer County Mental Health Board. After raising her family, she dedicated her life as a Christian missionary and spent over thirty years traveling, primarily in Israel. She volunteered in pediatrics at the Hadassah Hospital in Jerusalem and was the first non-Jewish member of the Hadassah Women in Israel. She also traveled to the West Indies to work with 23 churches on three islands.

Betty is survived by her brother Robert Allan Pfohl, sister-in-law Rachel Pfohl, son Dr. Stephen H. Blaydes, daughter Elizabeth Blaydes Lewis, five grandchildren, four great-grandchildren, and four nephews.

Barbara Yeich Edwards, Nu'51, on January 29, 2019. Barbara was born in Carbondale, PA. After graduating from the University of Pennsylvania, she attended the Frontier Graduate School of Midwifery in Hyden, KY. She served as a midwife in rural Appalachia until 1954. She married Harry Richard Edwards, and they spent 47 loving years of adventure together before his passing in 2001. Together, they build their own home, moved to the Marshall Islands in the Pacific to live and work, and raised a family. Barbara loved animals and nature and was very outdoorsy, hiking parts of the Appalachian Trail, summiting mountains, and riding horses. She is survived by her children, grandchildren, devoted siblings and in-laws, and numerous nieces and nephews.

Marion Butz, HUP'53, on April 12, 2019. Marion was born in Johnston, PA. She met and married her husband Harold while at the University of Pennsylvania. They settled in Lancaster, PA where Marion was a nurse at the Lancaster Osteopathic

Hospital and Lancashire Hall Nursing Facility. Marion and Hal purchased the Antique Marketplace, which they owned for over 22 years. Her expertise was in textiles and glass. She was predeceased by her husband of 63 years, Harold. She is survived by her four children and nine grandchildren.

Matilda “Tillie” Pensak Kuzma, Nu'54, on May 5, 2019. Tillie worked as a registered nurse for the Philadelphia General Hospital and was a clinical instructor at Community Medical Center (now Geisinger Community Medical Center) for more than 27 years. She was preceded in death by her husband of nearly 54 years, Andrew Kuzma, her sister, and two brothers. Surviving are a son and caregivers, Dr. Andrew P. Kuzma and his wife, a brother, and two grandchildren.



Rose Marie (Bernot) Burns, HUP'55, on April 17, 2019. Rose was a 1955 graduate of the Hospital of the University of Pennsylvania School of Nursing. She worked locally as a pediatric nurse for over forty years. Rose was the beloved wife of the late Robert J. Burns who died on August 9, 2013 after 57 years of marriage. The support she gave to her husband in sickness and in health was an inspiration to all who knew her. She was also the sister of the late Michael and

Joseph Bernot. She is survived by her loving children Robert (Lori), Kathleen (Paul) Moran, David (Cheryl), and Angela; four grandchildren Robert, Rosemary, Kevin, and Matthew; and two great grandchildren Harper and James.

Beverly Jean Litwin, Nu'57, on February 12, 2019. She is survived by four children, Randy, Tracy, Kim, and Dan; 10 grandchildren; and three great-grandchildren. In addition to being a registered nurse, Jean had a Master's degree in music and had been an accomplished organist. She was a devout member of St. Paul's Church and was a parish nurse for many years.

Sheila Taylor, HUP'57, on January 23, 2019. Sheila was born in Reading, Pennsylvania and raised in the Panama Canal Zone. She married Philip H. Taylor in the Naval Academy Chapel in 1958, and together they raised four children. Sheila was an outstanding CCU nurse and enjoyed gardening, cooking, and travel.

1960s

Carole Burchett, HUP'62, on January 19, 2019. Carole was born in Newark, NJ and attended Clifford J. Scott High School. After graduating from the Hospital of the University of Pennsylvania, she was hand-picked to go to Lexington, KY and was one of the first nurses at the University of Kentucky College of Medicine. At Kentucky College, she met her husband, Troy Lincoln Burchett, MD. Carole had a strong commitment to civic causes. In 1965, the young couple were residing in Atlanta, GA while Troy was completing his internship. Carole was working as a young charge nurse in the recovery room of

a private hospital that was forced to desegregate. After most of the recovery room staff walked out because they would not care for African-American patients, Carole came to find several patients left on stretchers in a hallway. She famously said, “We are going to take care of all people,” and proceeded to run and staff the recovery 24/7 for several weeks with the help of a single aid.

The couple moved back to Kentucky when Troy began his private practice in Morehead, Kentucky in 1972. Carole was a principal leader of the League of Women Voters sponsorship of the constitutional amendment to reform the Kentucky judiciary. During this time, she also received a psychology degree summa cum laude from Morehead State University.

Carole was a legendary cook and housekeeper. She orchestrated countless wonderful meals for family, friends, civic organizations, and her church. The Burchetts lived in Morehead until 2005 when they permanently relocated to Southern Shores, NC. While enjoying retirement, the couple traveled extensively with trips around the globe.

She is survived by her husband, Troy Lincoln Burchett, her children Stephen Burchett and Suzanne Burchett, and her grandchildren Troy Lincoln Burchett II and Anne Witten Burchett.

Eleanor Sloat, GNu'63, on February 26, 2019. Eleanor was born in Carmel, IN. She earned a Bachelor's in Nursing at Indiana University, a Master's in Nursing at the University of Pennsylvania, and a Master's in Counseling from Bowie State. Eleanor's professional life included nursing work in a variety of settings, counseling work with a focus on children and families, and nursing instruction.

In Memoriam

Eleanor met Francis “Fran” Sloat, and they married on November 24, 1962.

They had four children and five grandchildren. She enjoyed singing in choirs, in congregations, and at home.

Mary Louise (Scanlan) Quigley, GNu’65, on March 23, 2019. Mary Lou was a nursing instructor at Helene Fuld School of Nursing for 23 years. After retirement she enjoyed spending time with her friends, family, and grandchildren. She loved volunteering, being an active member of the Medford Lakes Garden Club, and spending time in Ocean City. Mary Lou was the beloved wife of the late Thomas J. Quigley for 50 years.

Mary E. Beck, Nu’66, on March 24, 2019. Mary was born in Decatur, AL. She was in the Army Nurse Corps during WWII, having served as a registered nurse in England and France. Later, she was a therapist for Family Counseling Services for 25 years until retiring. Mary was a member of Temple Beth El, Allentown. She was predeceased by her husband, Alfred J. Beck, and her son, Mark. She is survived by her daughter, Marla.

Alta Weaver, GNu’66, on April 9, 2019. Alta was a nurse education coordinator for Ephrata Community Hospital before she retired in 1982. After retirement she worked part-time at Audubon Villa, Lititz, and Lancaster Lung Association. She graduated from West Reading Hospital School of Nursing in 1947, earned her Bachelor of Nursing from Wayne State University in 1953, and her Master of Nursing from the University of Pennsylvania in 1966. From 1954 to 1969, she worked in Tanzania under the Eastern Mennonite Mission. She instigated the founding of Shirati Nursing School, Tanzania, where she was director and instructor. She was

then a nursing instructor for Eastern Mennonite College (now Eastern Mennonite University) and then at Neumann’s College.

She is survived by her sister, brother, and numerous nieces and nephews. She was preceded in death by her parents and five sisters.

Susan Thompson, HUP’67, on March 14, 2019. She was born in New Jersey and graduated from Hagerstown High School in Maryland. She pursued her passion for nursing over 50 years, working at Mount Ascutney Hospital, Claremont General, Washington County Hospital Trauma Center, and Valley Regional Hospital in Claremont, NH.

Susan was predeceased by her parents and brother. She is survived by her husband, Thomas Thompson, daughter Jodi Gregory and her husband, two grandchildren, two sisters-in-law, and various nieces, nephews, and cousins.

1970s

Jayne Fernsler, Nu’71, on February 17, 2019. Jayne was raised on a farm in South Annville, PA where she graduated from Annville Cleona High School and Reading Hospital School of Nursing. After receiving her BSN from the University of Pennsylvania, she went on to receive her MSN from University of Delaware and her DSN from the University of Alabama. Jayne worked at the Reading Hospital, American Cancer Society, and the University of Delaware. She was a past volunteer for the American Cancer Society, Delaware Hospice, the Oncology Nursing Society, and the White Clay Creek Preserve. She loved to read and travel, but most of all she enjoyed learning. Jayne was predeceased by

her parents and sisters, Amy Greenawalt and Mary Sutherly. She is survived by her brother Richard Fernsler; sisters Patricia Rentchler, Dorothy Light, and Lynda Bowman (all of Lebanon Co, PA); and many loved nieces and nephews and their children.

Kathleen Gibson, HUP’76, on March 7, 2019. Kathy was a resident of Lititz, PA. She attended the Hospital of the University of Pennsylvania to become a nurse. After her graduation from HUP, Kathy joined the United States Navy.

Mary Patricia (Pat) Harper, HUP’76, on February 22, 2019. After graduation, Pat began her lifelong career as an OR nurse, first at Hahnemann Hospital and then at Georgetown University. Always an adventurer, she followed her dream to live on an island and spent several years living and working in beautiful St. Thomas, US Virgin Islands. She returned to the States and settled in Miami because she said she never wanted to own a winter coat again. Pat is survived by her son, Steven Berges; her brothers Bill and Dan; and nieces and nephews.

Kathleen (Kathy) Martin Gibson, HUP’76, on March 7, 2019. Kathy was born in Camden, NJ and was the daughter of the late Joseph Martin and Veronica (Jablonski) Martin. After graduating from HUP, she joined the US Navy and while in the Navy Nurse Corps, she attended George Washington University and completed her education to become a nurse anesthetist. In the Navy, she met and married her husband, Joe. Kathy ended her nine-year naval career in 1986 at the rank of Lieutenant. Kathy and her husband settled in Lititz, PA where Kathy worked as a nurse anesthetist at Lancaster General Hospital until her retirement in 2014.

Kathy was a woman of many

talents. A masterful pianist, she was able to play many classical pieces by memory. She was incredibly athletic and a fitness enthusiast, excelling at basketball and many other sports. Baking and cooking were also in her skill set. She had a love for life and her family.

Kathy will be dearly missed by her husband of almost 39 years, Joseph Martin Gibson; her children, Samuel Joseph Gibson and wife Karisa, Ann Marie Secheresiu and husband Paul, and Kate Elisabeth Gibson; and her grandson Joseph Martin Gibson. She is also survived by her siblings, Joseph Martin; Mary Martin and spouse Ada Egar; Paul Martin and wife Liz; and Stephen Martin. Kathy is preceded in death by her parents and brothers, Peter Martin and Guy Martin.

1980s

Sherry Benica, Nu’81, GNu’87, on August 22, 2017. Sherry was born in Philadelphia, PA. She had five degrees, the most recent being a PhD from the American School of Professional Psychology. She was an associate professor at Argosy University and had a private psychology practice. She married Art Benica in 1983. She is survived by her father, husband, brother, and various family members.

1990s

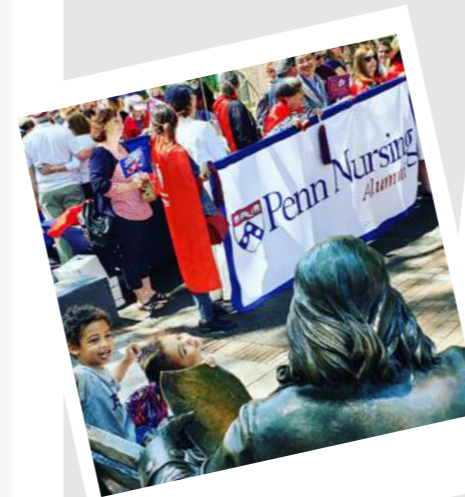
Nancy C. Reilly, GNu’95, on November 29, 2018. Beloved wife of Michael J. Loving mother of Jean Adelaide, Michael Luke, Peter John, Robert William, Mark Augustine and Sally Elizabeth. Daughter of the late Luke and Sally Burns of Westminster, MD and survived by a brother, Robert Burn.

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for

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May 15 – 18, 2020



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 Penn Nursing
Alumni

A DAY IN THE LIFE

What's it like to be a current Student Registered Nurse Anesthetist (SRNA) at Penn Nursing?

Kendall Smith

Penn Nursing DNP Nurse Anesthesia Student



7:00 P.M.

My day typically starts the night before when I formulate my Care Plans for each patient that I'll care for during clinical the following day. I review the patient's medical history and all the prior surgeries they've had and start to think about how to tailor my plan for delivering anesthesia to their needs. I familiarize myself with any medications they take and preexisting conditions they may have that will affect the needs of their care. After formulating a plan that I can confidently go into the next day with, it's time to decompress.

9:00 P.M.

My Calm app reminder goes off to encourage me to start thinking about going to bed. Prioritizing sleep for me is key to feeling fresh and ready to take on the day. Before heading to bed, I set my alarm, meditate for 5-10 mins, write down one goal for the next day, and pray. ZZZZZzzzzzzzz

4:00 A.M.

Alarm rings. Usually I set my alarm as a fun song that I am feeling for the week. Today it's J Cole. My hand goes for the snooze button but I want to hear the end of the chorus so I let the song play. It's time to jump in the shower and put my scrubs on that I laid out the night before.

4:30 A.M.

While finishing up brushing my teeth, I order a Lyft to drive me to my clinical site. While in the program we rotate through a number of different hospitals based on the subspecialty of anesthesia that we are learning at the time (pediatrics, cardiac, trauma, obstetrics, etc). Today I will be in the orthopedic surgery department. :)

4:35 A.M.

Hop in the Lyft and toss on my headphones with an energizing playlist as I reread my goal for the day and take notice of the Philadelphia skyline.

5:00 A.M.

Walk into the hospital staff locker room and greet my fellow SRNAs. We chat about what the day has in store and wish each other luck as we walk to our respective operating rooms.

5:30 A.M.

Finish setting up the OR, which includes an anesthesia machine check, evaluating patient monitoring devices, and testing airway equipment. I calculate the correct dosage amounts for the first case and start to take out the proper medications for the first patient. Lastly, I make sure I have properly functioning emergency equipment should any difficulties or complications arise. I tap the emergency bag valve mask twice in the morning for good luck so that hopefully I don't have to use it ;)

5:45 A.M.

Meet my first patient of the day and explain my role within the surgical team. I am often one of the first people that the patient meets when they get to the preoperative waiting area and it is important for me to work to quickly develop a positive rapport with the patient and their family members. Creating an open space for patients to discuss what to expect in the OR helps establish the trust. While I place the intravenous line (so that I can give medications before, during, and sometimes after the case), I interview them to make sure that I am aware of any recent changes in their health and to be aware of any medications that they might be taking or allergies that might affect their anesthesia plan. Then it's time to head back to the OR to meet my precepting CRNA (Certified Registered Nurse Anesthetist) for the day.

6:00 A.M.

Meet my precepting CRNA who serves as my mentor for the day. We typically go through each case and discuss specific aspects that might be challenging. I share anything of concern that came up during my patient interview with the patient and communicate that we have proper "access" to administer medications.

6:30 A.M.

OR huddle time. During this time the surgeons, operating nurses, anesthesia staff, and other operating room personnel have a brief meeting to discuss the patients. It is during this meeting that we talk as a team about any special equipment that needs to be in the room, any expected complications the entire team needs to be aware of, and just generally foster a culture of safety and collegiality.

6:55 A.M.

Roll the patient back to the operating room. I make sure that the patient is properly positioned on the operating table before placing monitoring devices. I am responsible for making sure the patient's heart rate, blood pressure, temperature, oxygen level, and more are in a safe range so that the patient can tolerate the surgery. After all the monitors are applied, I start to "preoxygenate" the patient so that we as an anesthesia team (SRNA, CRNA, MDA) can start induction. We give patients a carefully calculated combination of medications including but not limited to sedatives, paralytics, antiemetics, and analgesics.

9:00 A.M.

Time to start to wake the patient up. I begin decreasing the patient's dependence on the anesthesia machine so that the patient's lungs can be nice and strong when they are disconnected and the breathing tube is removed.

9:30 A.M.

Emergence went smoothly and the patient is awake with no pain. I wheel the patient

from the OR to the recovery room and talk with the PACU nurse about what was done during the surgery as well as a pertinent summary of the patient's information. Post-anesthesia care unit (PACU) nurses provide care for and treat patients who have recently undergone anesthesia. After getting a thumbs up from this patient, it's time to meet the next.

9:40 A.M.

Refocusing, I begin another patient interview. After placing the next patient's IV, I head back to the OR to prepare for the next case.

10:10 A.M.

Once the room is cleaned, new OR equipment is placed, and all the team members are in place, it's time to roll the next patient back to start induction. I put the next patient to sleep and the next case has begun.

12:00 P.M.

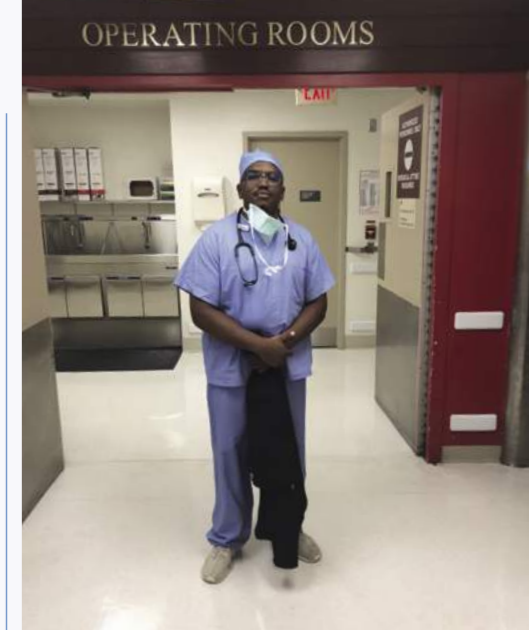
Time for lunch in the hospital cafeteria. After giving a rundown of the current patient to a CRNA who will be in the room while I am away for my lunch break, I quickly eat my usual turkey burger, fresh salad, and water. I like finding a quiet space outside to enjoy some warm sunshine because the OR is cold.

12:30 P.M.

Now it's time to head back to the OR to wake the patient up and get ready for my last case of the day :)

3:00 P.M.

Clinical day ends—I head back to the locker room and get changed, then walk



to the nearby Septa station to travel back to Penn's campus.

3:30 P.M.

Head to the library to meet with my DNP project group to review research articles. We are translating the latest innovations in clinical research into a quality improvement project for our hospital setting, helping to make the OR safer and improve the quality of care that is given within the UPHS.

5:00 P.M.

Stop by the Pottruck gym for some cardio before heading to dinner. I warm up by running on the treadmill before playing a quick pickup game of basketball.

6:00 P.M.

Walk to Houston Market to have dinner and a group study session with freshman undergrads. I serve as a graduate associate (GA) on campus which means that I have the opportunity to serve as a resource and mentor to undergrads.

7:30 P.M.

Head back to my room for a shower and some reading before looking up my patients for the next day.

8:00 P.M.

Dudaduduadu (ESPN sports app reminder). Take a quick break from my work to watch some Thursday night football so that I can win in my Fantasy Football League. After watching a few series of the game, I log back in to finish up my Care Plans, then set my alarms for the last day of the week :)



ALL PHOTOS PROVIDED BY KENDALL SMITH

Path



Born in San Diego, CA—one of two children—to parents who instilled in him from a young age the importance of education. His father is a first-generation American with a strong Mexican heritage.

Double majors in physics and neuroscience at the University of California-Santa Cruz. Identifies as a technical, process-oriented person who equally enjoys people and social work. After graduation, considers the field of transactional law, becoming a community college professor, nursing, and joining the Peace Corps.

Unable to decide on next steps, he leaves on an extended camping trip in May 2014 and travels along the California coast. He commits to staying on the road until he has made a decision. While traveling, he is accepted to the Peace Corps and so returns home.

In learning that they do not maintain good soil health, he introduces the idea of 'soil conservation', encourages the village to move from annuals to more perennials, and introduces different fruit tree varieties which ripen when no other local fruit is ripe, with the aim of decreasing seasonal malnutrition.

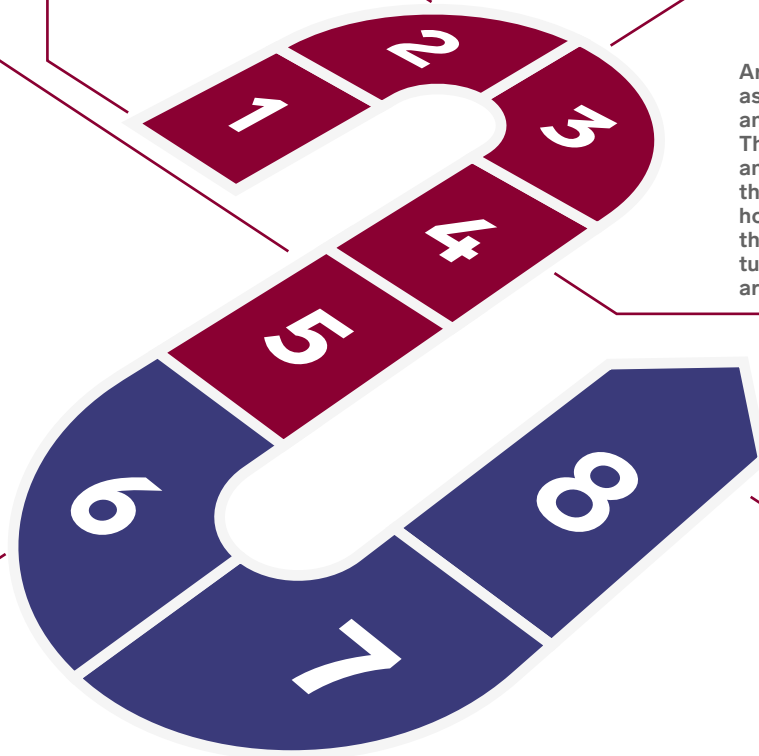
Arrives in The Gambia and is assigned to the agriculture and environment sector. There is no running water and no electricity. Spends the first-year learning about how the local people use their local resources: grass is turned into roofs and plants are used as medicine.

PENN NURSING

Extends original two-year Peace Corps commitment for a third year and begins to reconsider nursing as career plan. Bikes weekly from his village to a nearby town with internet access to take online prerequisites—spends eight hours at a time per visit. Accepted to Penn Nursing and arrives in June 2018.

Hopes to one day run a small hobby farm in California, growing food and providing local and seasonable fruits and vegetables to members of his community while serving as their primary care provider—offering holistic care and nutritious resources in clinic to support overall health.

Loves that nursing can take him anywhere and is interested in nutrition, healthy environmental changes, and behavioral change to optimize health. Intends to sub-matriculate into Family NP program. While at Penn Nursing, enjoys the classes Pathways to Practice and Community Champions.



Spencer Anthony Ramirez Penn Nursing ABSN Student

Hobby-farm hopeful with dreams to provide holistic, community care.

Photo by Mike Fisher



"It's important to give back to organizations that have been influential in one's life, and Penn Nursing is one of those organizations for me. Not just because I'm an alumna, but also because of the School's role in the education of nurses worldwide and the advancement of the profession. It has had, and continues to have, an impact on millions of lives around the world. That's why I've given to the Annual Fund for more than 40 years—Penn Nursing is changing lives."

—Eunice Searles King, PhD, Nu'71

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Events

Please join us on
and off campus.

OCTOBER

22, 23 Penn Alumni
Healthcare +
Medical Innovation
Houston, TX + Dallas, TX

26 HUP Alumni Luncheon
11:30 AM – 2:00 PM
Greater Philadelphia

26 Academy Fellows Reception
Washington, DC

29 *Innovating for Life and
Living Campaign Tour*
6 – 8 PM
Lehigh Valley, PA

NOVEMBER

4 Penn Alumni
Artificial Intelligence
London, England

6 Alumni Webinar:
Impacting Health
Policy Through Research
with Dr. Linda Aiken
12 – 1 PM
Virtual

7 Admissions Webinar:
PhD Program Info Session
12 – 1 PM
Virtual

8 Doctoral Alumni Reunion
6 – 8 PM
Fagin Hall

9 Homecoming:
Nurse Networking
College Green
Penn Campus
Philadelphia, PA

14 *Innovating for
Life and Living
Campaign Tour*
6 – 8 PM
Lancaster, PA

16-18 Penn Nursing
Admissions
Information Table &
Alumni Happy Hours
Sigma Theta Tau
Biennial Convention
Washington, DC

20 Penn Nursing Admissions
Information Table
SNAP Conference
Lancaster, PA

21 Lang Lecture & Award
Presented to
Dr. Charlene Compher
Ann L. Roy Auditorium,
Fagin Hall
Philadelphia, PA

DECEMBER

5 *5B Film Screening*
(nursing CEU's available!)
5 PM: Reception
6 – 8 PM: Film and Panel Discussion
Penn Campus
Philadelphia, PA

6 Penn Nursing
Career Day
12 – 1:30 PM
Ware Lobby, Fagin Hall
Philadelphia, PA

FEBRUARY

11 *Innovating for Life and
Living Campaign Tour*
6 – 8 PM
Marriot Marquis, Times Square
New York, New York

MARCH

3 Penn Alumni
Social Equity Matters
Featuring Penn Nursing's
Robin C. Stevens, PhD, MPH
Silicon Valley, CA

5 Penn Alumni
Driving Energy Solutions
Seattle, WA

25 Dean's Annual Webinar
12 – 1 PM
Virtual

26 Alumni Happy Hour
NAP-NAP Conference
5 – 7 PM
Long Beach, CA

APRIL

15-19 Penn Nursing
Admissions
Information Table
NSNA Annual Convention
Orlando, FL

25 HUP Alumni Luncheon
11 AM – 2 PM
Greater Philadelphia

MAY

15 Midwifery + Women's Health
Programs Reunion
Penn Campus, Philadelphia, PA

15, 16 Penn Nursing
Alumni Weekend
Featuring the annual Student, Alumni
and Faculty Awards Ceremony
Penn Campus, Philadelphia, PA

18 Penn Nursing
Commencement
Philadelphia, PA

For more information, please visit
www.nursing.upenn.edu/calendar
or call the Nursing Alumni Relations
team, at 215.746.8812.