

2020
YEAR OF THE NURSE & MIDWIFE

Penn Nursing

SPRING 2020

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE

20 ALUMNI NEXT-GENERATION

20 alumni doing **fascinating, important,** and sometimes very **surprising** work with their nursing degrees—showcasing an array of **mold-breakers, change-makers, big thinkers,** and truly **exceptional nurses.**



When the World Health Organization named 2020 the Year of the Nurse & Midwife, no one could have imagined that the world would be facing a new pandemic. Right now, we are seeing the integral role that nurses and midwives play in health globally during the response to COVID-19—nurses are providing direct care, others are leading health system responses, and still others are leaders in public health at federal agencies like the CDC. Some are faculty at schools of nursing who are working to ensure their students can continue to learn in a rapidly changing environment. Others are nurse scientists working to understand this virus, educating the public about the importance of social distancing or continuing their research on other critical issues such as addiction and pain management, gun safety, health disparities, and so much more. As always, in whatever role, doing whatever it takes, they are making a difference.

To all of our alumni, and all nurses around the world, thank you.



www.2020nurseandmidwife.org

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We want to hear your story about nursing and COVID-19. Please send submissions to magazine@nursing.upenn.edu or tag us on socials @PennNursing. Stay safe!



“There’s so much to learn from our counterparts in other countries who make do, and succeed, with much more limited resources and options.”
—Eva Domotorffy, Nu’95, p.37

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“Empathy for your patients and their families definitely helps prepare you to have empathy for your staff as an executive and a leader.”
—Madeline Bell, RN, p.50

Take Our Course in Telehealth, *Free of Charge*

During these times of uncertainty, we're all having to change what we do and how we do it—including health care providers who have had to swiftly migrate to telehealth to offer care that doesn't require patients to travel and visit crowded facilities for treatment. To help meet this urgent need, Penn Nursing is offering its new online training in best practices for telehealth to all health care providers, **free of charge**, and each completed course provides 2 CEUs.



Simply visit www.nursing.upenn.edu/aspire100 or scan the QR code, and use the code **ASPIRE100** when registering.

We're all in this together, and we're grateful to all the nurses and health care providers around the world for all they are doing to fight the pandemic.

Aspire

Empowering Learners, Broadening Excellence

Aspire is Penn Nursing's new suite of specialized online courses, and academic products and services designed for individuals and institutions who are dedicated to advancing innovation in health care.

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Sasha Dages

ALUMNI NOTES EDITOR
Monica Salvia

EDITORIAL CONSULTANT
Christine Speer Lejeune

DESIGN
Pentagram

Administration

MARGARET BOND SIMON
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University of Pennsylvania School of Nursing Magazine

SPRING 2020

Penn Nursing is a biannual publication of the University of Pennsylvania School of Nursing, Claire M. Fagin Hall, 418 Curie Boulevard, Philadelphia, PA 19104-4217

nursing.upenn.edu/magazine

215-898-9891

magazine@nursing.upenn.edu

Nursing the World to Health

DEAR FRIENDS and Colleagues: When we started planning for the issue of Penn Nursing magazine that you now hold in your hands, the world was a very different place. As we face our changed reality—perhaps serving on the frontlines as health care providers under heightened circumstances; working, learning, or instructing in virtual environment; or following stay-at-home restrictions—one thing is certain: the content within this magazine predominantly reflects a pre-global pandemic world. Let it serve as a reminder that Penn Nursing, now the #1 ranked nursing school in the world for the fifth consecutive year, is continuing to educate the future leaders in nursing and produce cutting edge research—exactly the kind of nurses and nurse-scientists we need during times such as these.

Beyond what you'll read about in the magazine, Penn Nursing's vision for current and emerging issues that will influence the field of nursing and health care is clear: innovation—in research, education, and practice—is the central tenet of everything we do. From providing students and faculty with funding and mentorship for early stage entrepreneurial product ideas to serving as experts to the media on social distancing during the current COVID-19 outbreak, our School is at the forefront of developing leaders, no matter the next evolution in health. This issue highlights the impact of our students, faculty, and alums—and I hope you are filled with as much pride as I am in reading about their journeys and their passion.

Another tenet central to Penn Nursing is health equity. It seems prescient now that Penn Nursing has been so involved in making sure everyone is counted in the upcoming U.S. census—as our article about the census indicates, an accurate count is essential to guide federal funding for a range of health-related programming, and it is our responsibility to ensure public health needs are met. We are seeing in real-time the varying needs of different communities during this pandemic—and what



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

happens when those needs go unmet or are underestimated. I am proud of Penn Nursing's role in the Census this year. It speaks to our commitment to social justice and better health for all people, and it will pay dividends during future health crises.

The World Health Organization declared 2020 the Year of the Nurse & Midwife long before COVID-19 emerged. This initiative marks the bicentenary of the birth of Florence Nightingale, but it also highlights the role of nurses and midwives in, essentially, nursing the world to health. As it turns out, we have more reason than ever to advocate for nurses and midwives this year, and to celebrate and elevate the work they do. Nurses and midwives around the world are in harm's way as they care for COVID-19 patients and others. They are in labs and in boardrooms and in Congress, coming up with solutions.

As G.J. Melendez-Torres, one of the alums profiled in this issue, says, "Now more than ever, I am proud to be a nurse: proud of my colleagues at the bedside and in the clinic, on the frontlines of public health and policy, and working to mobilize the research knowledge we need." I hope you will join all of us at Penn Nursing as we celebrate the Year of the Nurse & Midwife—and as we honor nurses everywhere.



Kendall Grasela: Big Family Values

GROWING UP AS one of 11 kids—five of whom were adopted—gave Kendall Grasela, Nu'20, insight into life and gratitude for having a large, close-knit family. Kendall's parents are adoption advocates who dedicate their lives to helping others. She calls her mother her role model.

The first nursing major to play for Penn Women's Basketball, Kendall—who wears the number 11 jersey—is currently team captain. She followed her brothers into basketball and her sister into nursing. "I look up to her a lot," she said. "I loved science, I loved medicine ... I loved being a part of making someone's life better." After Kendall took pre-med courses freshman year, her sister encouraged her to try some nursing classes. Kendall liked the curriculum's focus and appreciated Penn Nursing's tight-knit community.

After graduation, she plans to continue her nursing education, but hasn't decided on a specialty. "I think I'll do an MSN," she said, adding that her sister is back in school for her CRNA. While Kendall can imagine a career in anesthesiology, she could also see earning an MBA and "helping people on the policy side." She's drawn to pediatrics and orthopedics as well. "I'll probably do bedside nursing a little bit ... then work in a private practice if I do orthopedics and team up with a doctor or a surgeon that works with athletes."

Having grown up in leafy Huntingdon Valley, Kendall wasn't sure about living on an urban campus. But her Penn experience changed that. "I love how when you're on the central campus it doesn't feel like you're in the city. You feel like you're surrounded by trees and you don't hear the cars, and then you walk off the four-street radius and you're like 'oh wow, I'm in the city' — and it's very cool."

◀ Kendall's on-court prowess.

News



€4 Million Grant

Magnet4Europe, the largest initiative to improve hospital work environments to date, has officially begun, with an award of €4 million from the European Union’s Horizon 2020 program. The grant will support the international partnership of some of the world’s leading Universities—led by KU Leuven and Penn Nursing’s Center for Health Outcomes and Policy Research (CHOPR)—to redesign hospital workplaces to improve the mental health and well-being of nurses and physicians and to improve patient safety. “Hospitalized patients can only be assured safe and effective care when their nurses and physicians are able to perform at their best,” says **Linda Aiken PHD**, Professor and Director of CHOPR, and co-lead on Magnet4Europe, “and this requires healthy work environments.”

understand the impact these professions have on health and health care. “The WHO has never dedicated a year to any profession before, so that makes the next months especially exciting,” said Penn Nursing Dean **Antonia Villarruel**. “As part of our celebration, Penn Nursing will be sharing stories about nurses and midwives, collecting and posting artwork about nurses and midwives, and more.” For more information, visit 2020nurseandmidwife.org.



Nudge Unit

Associate Professor **Alison Buttenheim PHD MBA** is part of the team that recently received a grant from the Bill and Melinda Gates Foundation to establish a nudge unit focused on HIV prevention in South Africa. Nudge units allow for behavioral science and rapid testing to develop low-cost interventions that result in behavior change and improve health care delivery. The University of Witwatersrand’s Health Economics and Epidemiology Research Office (HE²RO) and Penn’s Center for Health Incentives & Behavioral Economics (where Buttenheim is also associate director) are launching *Indlela: Behavioural Insights for Better Health*. (“Indlela” means “the way” or “the path” in Zulu.) “It’s exciting to have the opportunity to partner with researchers and HIV service providers

in South Africa in leveraging the same behavioral science strategies and toolkits to improve testing and treatment outcomes,” says Buttenheim. She and **Harsha Thirumurthy PHD**, also an associate director of CHIBE, will co-lead this three-year initiative with their colleagues at HE²RO. The project has also advanced to the Top 100 in the MacArthur Foundation’s \$100 Million Grant Competition. The winner will be announced in the fall of 2020.

Aspire and Telehealth Training

In keeping with social distancing guidelines in this time of COVID-19, many health care settings have swiftly migrated to telehealth to offer care without requiring patients to travel and visit crowded facilities for treatment. However, many providers across the country and the world lack the knowledge and skills to successfully connect, treat, and improve accessibility for patients using telehealth. In response to this urgent need and as part of *Aspire*, Penn Nursing’s new suite of specialized, online courses, academic products, and services, online training in best practices for health providers is being offered free of charge. For more information or to complete your own free training, visit www.nursing.upenn.edu/aspire100 and use promo code ASPIRE100.

#1 Again

Penn Nursing has been named the number one nursing school in the world, for the fifth year in a row, by QS World

University. The QS rankings highlight the world’s top universities in 42 different subject areas based on academic reputation, employer reputation, and research impact.

In addition, the School has retained its top spot—for three consecutive years—for research funding in FY2019, among other schools of nursing nationwide, with \$11.3 million in awards from the National Institutes of Health (NIH). “Although rankings are not the only measure of our research success, they are a national reflection of our commitment to our mission and progress in advancing the health and well-being of the public. They also contribute to the extraordinarily high standing and reputation of our School around the world,” said Penn Nursing Dean **Antonia Villarruel**.

2020 Renfield Award

Daron G. Ferris MD, the Founder of CerviCusco, was named the 2020 recipient of the Penn Nursing Renfield Foundation Award for Global Women’s Health—which comes with a \$100,000 cash prize—for his dedication to cervical cancer prevention among the indigenous women in Cusco, Peru. Nominated by Penn Nursing’s **Wendy Grube PHD CRNP FAAN**, practice associate professor and director of the Center for Global Women’s Health, Ferris created CerviCusco, a non-profit



organization that ensures all women, including those with limited economic resources, have access to high-quality and affordable health education and care, including screening, diagnosis, and treatment of cervical cancer.



\$6 Million Grant to Study Replication of Transitional Care Model

A \$6 million grant from Arnold Ventures will support the replication and rigorous study of the outcomes of the Transitional Care Model (TCM) in four U.S. health care systems. Designed by a team at Penn Nursing, the TCM has been proven in multiple National Institutes of Health (NIH)-funded randomized clinical trials (RCTs) to improve health outcomes, reduce rehospitalizations, and decrease total health care costs among the growing population of Medicare beneficiaries. “To achieve positive outcomes for older adults with complex health and social needs, an advanced practice registered nurse (APRN) collaborates with patients, their family caregivers, and health care teams to design and implement individualized plans of care that extend from hospital to home,” explained the project’s lead, **Mary Naylor PHD RN FAAN**, the Marian S. Ware Professor in Gerontology and the Director of the NewCourtland Center for Transitions and Health.

Design Thinking

An online curriculum called *Design Thinking for Health* was launched to support creative, action-oriented thinking, and methodological problem solving by nursing innovators—including students, bedside nurses, clinical leaders,

← **Daron G. Ferris**

Numbers of Note

Penn Nursing answered a University-wide call for equipment to ensure the safety of patients while protecting health care personnel throughout the University of Pennsylvania Health System during the COVID-19 pandemic. Below, a roundup of what was donated.

1,900

Face masks

600

Boxes of gloves

540

N95 masks

220

Isolation gowns

36

Surgical gowns

50

Eye shields

600

Caps

3

Anesthesia machines

1

Ventilator



Year of the Nurse & Midwife

The World Health Organization (WHO) has declared 2020 to be the Year of the Nurse and Midwife and Penn Nursing is leading several initiatives to help the public—in the Commonwealth of Pennsylvania and beyond—better

and researchers—by providing access to Design Thinking techniques with a focus on nursing-relevant issues. The new, open-source curriculum is free and may be used or adapted by any nurse or nursing program to support nursing-driven innovation. “Nurses are one of the great untapped resources in health care innovation,” said **Ahrin Mishan**, Executive Director of the Rita & Alex Hillman Foundation. “We believe the time is now for nurses to move beyond their reputation as ‘masters of the quick fix’ and become designers of lasting change.” The curriculum was created through a collaboration between Penn Nursing and the Rita & Alex Hillman Foundation and is jointly owned by the University of Pennsylvania and the Foundation. Explore the Design Thinking for Health platform at designthinkingforhealth.org.



New Chair, New Research

Effective July 1, **José A. Bauermeister PHD MPH**, Presidential Professor of Nursing, will be the next Chair of Penn Nursing’s Department of Family and Community Health. “As a Presidential Professor, with an extraordinarily strong program of research, Director of the Program on Sexuality, Technology and Action Research (PSTAR), and past

Chair of Faculty Search, José has already demonstrated strong leadership abilities both within and outside the School. He is known for his exceptional organizational skills and has a proven track record of successful formal and informal mentoring of junior and mid-level faculty,” said Penn Nursing Dean **Antonia Villarruel**.

In addition to his new position, Dr. Bauermeister recently led a team to develop an innovative study that employs a mystery shopper methodology to assess HIV testing services for young men who have sex with men. Results of the study were published in the December issue of the *Journal of Acquired Immune Deficiency Syndromes* in an article titled “Testing the Testers: Are Young Men Who Have Sex with Men Receiving Adequate HIV Testing & Counseling Services?” ❖

Appointments and Awards Roundup

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

Ariana Chao PHD CRNP,

Assistant Professor in the Department of Biobehavioral Health Sciences, was virtually awarded the 2020 Rising Star Research Award from the Eastern Nursing Research Society (ENRS) during its 32nd Annual Scientific Sessions in late March. This award recognizes a Junior Investigator that has shown promise in establishing a program of health and/or nursing research.

The Council for the Advancement of Nursing Science selected Penn Nursing’s **Dalmacio Dennis**

Flores PHD ACRN, Assistant Professor, as one of six early career nurse scientists to participate in the 2019 Duck-Hee Kang Memorial Mentored Workshop. The competitively chosen group of postdoctoral and new faculty received research mentoring from senior nurse scientists during a one-day workshop on October 22 in Washington, DC.

Charlene Compher PHD RD

CNSC LDN FADA FASPEN, the Shearer Endowed Term Chair in Healthy Community Practices, Professor of Nutrition Sciences, Director of the Nutrition Programs, and Vice-Chair of Penn Nursing’s Department of Biobehavioral Health Sciences, received the 2019 Norma M. Lang Award for Scholarly Practice and Policy, awarded biennially in honor of **Norma M. Lang PHD**, a professor and dean emerita of Penn Nursing with world-renowned contributions to health policy and practice.

The American Academy of Nursing announced that six individuals—including Penn Nursing Postdoctoral Fellow **Darina Petrovsky PHD RN**—were selected to participate in the newly re-envisioned Academy Jonas Policy Scholars Program. Petrovsky is a Fellow in the NewCourtland Center for Transitions and Health.

George Demiris PHD FACMI,

a Penn Integrates Knowledge Professor (PIK) was elected for membership to the National Academy of Medicine, one of the highest honors in the fields of health and medicine, recognizing individuals who have demonstrated outstanding professional achievement and commitment to service.

Lea Ann Matura PHD RN FAAN,

Associate Professor in Penn Nursing’s Department of Biobehavioral Health Sciences, was one of eight winners of the inaugural Pulmonary Hypertension Accelerated Bayer (PHAB) Awards.

Penn Nursing alumna and Board of Overseers Chair **Andrea Berry Laporte** was recognized with one of Penn’s highest alumni awards as a 2019 recipient of the Alumni Award of Merit. Laporte was one of five Alumni Award

of Merit recipients this year, honored at a gala held November 8 at Penn’s Annenberg Center for the Performing Arts.

Peggy Compton PHD RN FAAN,

the van Ameringen Chair in Psychiatric and Mental Health Nursing and an Associate Professor in the Department of Family and Community Health, will be honored by Sigma Theta Tau International (STTI) for her contributions to the nursing profession during this summer’s 31st International Nursing Research Congress in Abu Dhabi, United Arab Emirates.

Janet Deatruck PHD RN FAAN,

Professor of Nursing Emerita, and co-authors were awarded the *American Journal of Health Promotion’s* “Paper of the Year” for their study: “Engaging with the Community to Promote Physical Activity in Urban Neighborhoods.”

Media Spotlight

HEALTH HERO: A trauma surgeon champions gun reform

Therese Richmond PHD RN FAAN, Andrea B. Laporte Professor of Nursing and Associate Dean for Research & Innovation, was featured in O, The Oprah Magazine.

MET A SURGEON who’s taking on gun violence—both in and out of the operating room.

Joseph V. Sakran, MD ... hadn’t originally planned to share his personal story with this group of Philadelphia high schoolers until after their tour of one of the trauma centers at the University of Pennsylvania, where he was a fellow. But faced with that adolescent here-but-not-here look, he impulsively opened up along the way: When he was 17, he told the students, he almost died. After a high school football game in a suburb of Washington, D.C., he went with friends to a nearby park, where a gunman shot into the crowd during a fight that didn’t involve Sakran...

...Sakran’s experience altered the course of his life—it was the reason he became a trauma surgeon and did his residency at the hospital that saved him. But until that day in 2012, he hadn’t appreciated the power of his story. As he spoke, the teens were riveted. “How many of you have experienced gun violence?” he asked. Almost every hand went up...

...In November 2018, after the American College of Physicians published recommendations for reducing firearm violence, the National Rifle

Association tweeted, “Someone should tell self-important anti-gun doctors to stay in their lane.” Many physicians responded with hashtags like #ThisIsOurLane or #ThisIsMyLane, sharing their experiences with gun-related trauma in words and pictures: bloodspattered operating rooms, the waiting room chairs in which parents are told their kids have died. Sakran then created the Twitter handle @ThisIsOurLane to aggregate and amplify the voices. After the first day, it had 500 followers; today it has more than 30,000.

Social media efforts like Sakran’s do more than just raise awareness— they can help providers feel more comfortable speaking out, says Therese S. Richmond, PhD, professor and associate dean at Penn’s School of Nursing, who has worked with gun victims for decades. “Even though poll after poll shows that most Americans support some degree of gun control, it’s such a partisan issue. Many health care professionals are afraid to talk about gun violence,” she says. “Yet, can you imagine if you went to the ER with a heart attack and they said, ‘It’s not my job to talk to you about heart disease; I can only treat your symptoms and send you on your way’? We’d call it malpractice.”

“We don’t have to be pro- or anti-gun. We have to change the conversation: How do we keep people safe?”

But Sakran isn’t letting politics silence him ... As Richmond explains, it’s essential for providers, researchers, and legislators to collaborate. “We need to use data and experience to inform and evaluate policy, because not everything works the way we think it will,” she says. “We don’t have to be pro- or anti-gun. We have to change the conversation: How do we keep people safe?”

That’s the question that drives Sakran. “People have asked, ‘When are you running for office?’” he says. “But I’m already serving the public by taking care of patients and advocating for policies that will prevent other people from needing the second chance I got.” ❖

The above is an excerpt from the original article by Rachel Mabe, which was published in O, The Oprah Magazine’s January 2020 edition.



Around the Globe

Global Impact Fund

Global

A new gift from Overseer **Sandy Samberg**, Nu'94, GNu'95, and her husband, **Joseph Samberg**, to the Global Impact Fund will allow Penn Nursing students to travel for clinical experiences. The Sambergs have long enabled Penn Nursing students to have nursing experiences outside their comfort zones. They established the Samberg Family Global Endowed Fellowship at Penn Nursing, which sent its first class of students on international summer trips in 2016. The Fellowship has so far allowed over 15 students to travel to a range of locations for clinical experience, including Guatemala, Thailand, and India. "I hope that having these experiences raises an awareness for Penn Nursing students that there is more than one way to handle certain situations," she says.

PAHO Summit

Pan America

In late October of 2019, Penn Nursing hosted the Pan American Network of Nursing and Midwifery Collaborating Centers (PANMCC) annual meeting as well as a two-day PhD Summit on the state of doctoral nursing education, both in the US and abroad, and how best to re-envision PhD programs in Latin America. As a WHO Collaborating Center, this effort by Penn Nursing, in collaboration with PAHO, demonstrated our commitment to promoting maternal health and reduction of maternal mortality in the region and developing leadership in nursing education and research. Resources created by Penn Nursing to support this work can be viewed at www.nursing.upenn.edu/whocc.

20.7m

Estimated number of nurses and midwives worldwide

Israel Exchange

Israel

The Elizabeth Wright Fund—which gave Penn Nursing its first exchange program and has provided the opportunity for more than 120 undergraduates to study in Israel—turned 40 this past fall. "My time in Israel gave me a passion for the language, culture, and people of the Middle East and a desire to use my nursing degree cross-culturally. I have since spent time in developing nations, including Afghanistan, Iraq, and Sudan, using my nursing skills and Penn education to bring health and healing to the people in those developing countries," said **Brooke Keeney**, Nu'01. **Barbara Medoff-Cooper** PHD RN FAAN, Professor Emerita of Nursing, has overseen the program for more than 20 years. What's next? "More recently, I've engaged in work to facilitate faculty exchanges so that Israeli academics may visit Penn's campus as well, which is very exciting," says Dr. Medoff-Cooper.



Partnership in China

China

A new partnership, "Modern Nursing in China," between the Bates Center and the School of Humanities of Shanghai Jiao Tong University, will explore how nursing developed in the country during the late-19th and early-20th centuries. It will also examine the intersections of medical and nursing missionary work as well as the establishment of military nursing and the process of professionalization from late Qing China through contemporary times. Penn Nursing's **Patricia D'Antonio** PHD RN FAAN, Director of the Bates Center, and **Cynthia Connolly** PHD RN PNP, Associate Director of the Center, will participate along with **Michael Shiyung Liu**, distinguished professor in the School of Humanities of Shanghai Jiao Tong University, who created this project.



NPs in Japan

Japan

In 2019, **Julie Fairman** PHD RN FAAN, the Nightingale Professor in Honor of Nursing Veterans and Chair of the Department of Biobehavioral Health Sciences, was the keynote speaker at the Japan Society of Nursing History. She spoke about her groundbreaking research on the history of nurse practitioners to an auditorium filled with hundreds of attendees. The role is just beginning to take hold in Japan, where the few NPs available work mostly with older adults and children, and in rural areas. In her speech, Dr. Fairman stressed the importance of building networks of stakeholders who can advocate for expanded roles.

Global Nursing Fellow Program

Global

Thanks to a \$1 million endowment, Penn Nursing has expanded an exciting program to provide skilled graduates and faculty with the opportunity to engage in meaningful projects that support the health-related work of global organizations committed to serving vulnerable populations. Building on the success of Penn Nursing's first Global Nursing Fellow, **Alison Ercole**, who worked on a community mental health project in India in 2018, the Global Nursing Fellows Program GNFP is designed to catalyze personal and professional growth and leadership and to advance competitively-selected projects of organizations operating in a global context.

50%

Percentage of the global health workforce made up of nurses and midwives

Practice & Community



▲ A few members of staff at the Center for Pelvic Wellness

Meeting Community Needs

A relatively new practice partner for Penn Nursing, The Center for Pelvic Wellness at Princeton Medical Center (part of Penn Medicine Princeton Health) opened its doors in December 2016 and has not stopped growing since, necessitating a second location which opened in October of last year. Patients have access to a nurse navigator to coordinate care with private practice physicians, health care providers, and physical therapists—among others. A highly specialized pelvic therapy program that offers treatments for men, women, and children aged seven and older, the program uses a multi-disciplinary team to coordinate care and is serving the pelvic health needs of many community patients—not a service routinely provided. Nurse navigator **Ashley Palmisano** says, “We have had the overwhelming support of the community, which really demonstrated how important investing in this program was. I am very proud to support this program and everything it has provided for our community.”

New Psych-Mental Health NP

After using telepsych for many months to manage interim patient issues, Penn Medicine’s Chester County Hospital recently filled a search for a psych-mental health NP provider. **Susan Renz PHD DNP GNP-BC**, Penn Nursing’s Primary Care Program Director; and **Joe Schatz DNP CRNP PMHNP-BC CARN-AP**, Director of the Psychiatric-Mental Health Track, worked with **Dr. Rick Donze DO MPH** at Chester County Hospital to create the vision for this position. They recommended **Kim Joffe CRNP**, a 2019 graduate of Penn Nursing’s Psychiatric-Mental Health Nurse Practitioner program, and she began practicing there earlier this year.

Community Health and Wellness Fair at Mercy LIFE West Philadelphia

Mercy LIFE West Philadelphia, in collaboration with Penn Nursing, hosted a

Community Health and Wellness Fair in late 2019 to support and empower the Philadelphia community to live healthier lives. The family-friendly event included raffles, back-to-school giveaways, and children’s activities, live entertainment, and healthy refreshments. Community members were provided educational materials and health resources, behavioral health consultations, diabetes screenings, and wellness activities that included massages and healthy eating lessons. The health fair also showcased local health organizations that presented their advocacy efforts and resources.



West Philly Women’s Day

On February 15, Penn Nursing, in collaboration with the Center for Global Women’s Health and the Trustees Council for Penn Women, hosted the West Philadelphia Women’s Health Conference. The one-day conference focused on addressing some of the major health issues of women, adolescent girls, and gender minorities in the West Philadelphia community and included basic health screenings, a Pap Rally, presentations, and small group sessions. It was attended by over 100 community members as well as Penn Nursing Overseer, **Dr. Wendy Hurst Levine**. The conference was led by **Wendy Grube PHD CRNP FAAN**, Practice Associate Professor of Nursing and Director of the Center for Global Women’s Health, and supported by students from the Women’s Health and Pediatric Nurse Practitioner Programs and from the local Sayre High School.



Cut Hypertension

In the fall, members of Penn Nursing’s Community Champions program joined students from the Perelman School of

Medicine at the Cut Hypertension program. Cut Hypertension was founded in 2010 by Penn Medicine’s Student National Medical Association (SNMA). The program was created to combat one of West Philadelphia’s greatest health concerns, hypertension. The prevalence of hypertension among African American men within the community is one of the highest in the city. Cut Hypertension targets this population by providing blood pressure screenings and hypertension education/counseling at barbershops in West Philadelphia. Screening sessions are every Saturday at Philly Cuts on 44th and Chestnut Street. Philly Cuts owner, **Darryl Thomas**, is a dedicated partner who provides students with the platform to truly make a difference in the community. **Lisa Lewis PHD RN FAAN**, Assistant Dean for Diversity and Inclusivity and Associate Professor of Nursing, is a Cut Hypertension program advisor.



New CNO

This past fall, Penn Medicine’s Lancaster General Health welcomed a new chief nursing officer, **Larry Strassner PHD MSN RN FACHE**. Dr. Strassner provides executive leadership, direction, and oversight of all nursing operations across LG Health, in collaboration with senior executive and physician leaders and in coordination with Penn Medicine nursing leadership. Prior to joining LG Health, Dr. Strassner served as chief operating officer of the 456-bed Medstar Franklin Square Medical Center, flagship of the MedStar Health System, the largest not-for-profit health system in Maryland and Washington, DC. While at Franklin Square, he previously served as vice president of patient care services and chief nursing officer.

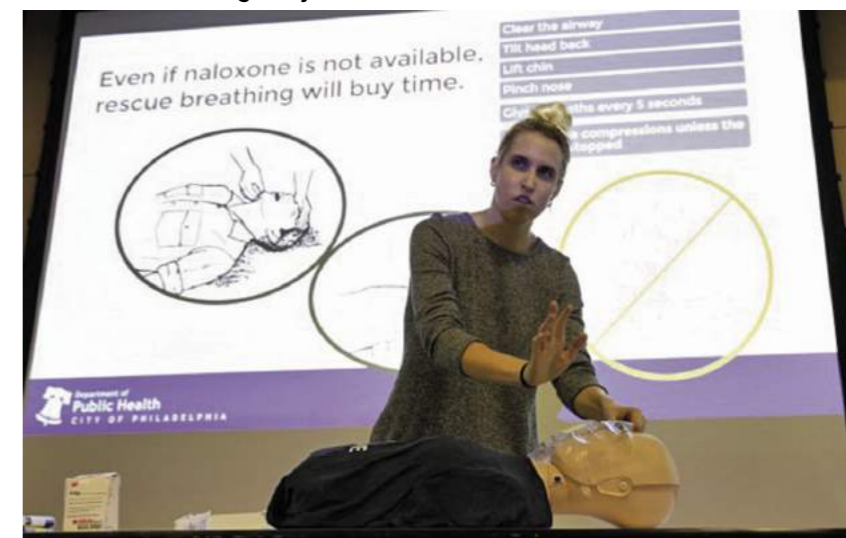
Free Narcan Training

Student Nurses at Penn (SNAP) hosted a free Narcan training in November which was led by the Harm Reduction Team from the Substance Abuse and Overdose Awareness task force at the Philadelphia Department of Public Health. (PDPH) It was attended by over 100 doctoral fellows, undergraduates from all four schools, graduate students, and faculty.

The training covered Narcan, how to recognize an opioid overdose, and helping reduce the harmful effects of substance abuse and overdose on the community. “It was such a great opportunity for PDPH staff to come to Penn and teach the community at large about overdose and overdose reversal,” said **Lindsey Krott, Nu’21**, the organizer of the student-led event. “These are invaluable skills for us as health care professionals and members of the community. I know my perspective and how I approach care has been greatly changed by the viewpoint and education of those at PDPH.”

Allison Herens, Harm Reduction Manager at PDPH, said that the goal of events like these is to ensure that one day, when people who use drugs enter clinical settings, being treated with basic care and respect will be the new norm. “I find that these trainings give students another perspective on substance use and addiction and offer non-traditional engagement strategies and solutions that will hopefully lead to better patient interactions and outcomes in the long run.”

▼ Free Narcan Training led by the Harm Reduction Team at PDPH.



MLK Annual One Health Vaccination Clinic

In honor of Martin Luther King Jr. Day, Penn Nursing teamed with Penn Vet and Penn Dental to offer free health care services to both people and their pets in the West Philadelphia community. The event has happened annually since 2009, but this was the first year that registered nurses and students from Penn Nursing and Penn Dental were on-site to assist pet owners with one-on-one consultations to address their personal health concerns. Penn Vet student organizer **Sarah Rivera** estimated that over 60% of attendees wanted to have their blood pressure taken and were grateful for access to these additional services. As Penn Nursing graduate student **Aaron Huntley** observed through working at the event, “If you meet an animal that is underfed or not well cared for, maybe it represents that the family is also not being cared for or doesn’t have enough food,” Huntley said. “It’s not just the animals in isolation.” ❁

COVID-19

AS THIS MAGAZINE goes to print, we are caught globally in the COVID-19 pandemic. Its pace of growth has been rapid, to say the least, and we have all made unprecedented changes to adjust. From the Class of 2020 missing their scheduled Commencement ceremony to the herculean efforts of our frontline nursing alumni, faculty, and many students, this is an incredible moment in time and we at Penn Nursing are grateful for and impressed by the way our community has rallied, both together and apart.

While we witness day-to-day the integral role that nurse, researchers, and medical professionals are playing in the COVID-19 response, Penn Nursing is collectively taking steps to mitigate the spread of the virus while serving as leaders and experts on health and health care. What follows is a short selection of early ways in which our faculty have responded—and we encourage you to visit www.nursing.upenn.edu/covid_media to stay current with Penn Nursing’s pandemic-related media coverage.



▲ Volunteer Marina Spitkovskaya, Nu’11, GNu’14, prepares for patients at Philly’s first drive-through COVID-19 testing site.

Flattening the Curve of Coronavirus

In the current fast-moving, unprecedented situation, what we do today to stem the impact of COVID-19 can vastly affect what we will face tomorrow. In a special edition of Penn Nursing’s “Amplify Nursing” podcast hosted by Marion Leary and Angelarosa DiDonato that aired on March 13th, special guests Alison Buttenheim, a public health researcher and behavioral epidemiologist at Penn Nursing, and social epidemiologist Carolyn Cannuscio of Penn Medicine discuss what we can do individually and as a society to slow the spread of the disease.

What follows are a few takeaways.

1. Social distancing is crucial.

“Viruses thrive in groups of people that mingle and move to new places,” Cannuscio says. “We want to deprive an infected person or that virus the opportunity of encountering a susceptible host. Right now, we are a globe filled with susceptible hosts.”

Beyond school closures and working from home, this means behavioral changes like avoiding shopping in crowded places, not going to see a show, not having a group of friends over, Buttenheim says. “That’s a big change in people’s daily lives, and it’s been hard

for people to kind of absorb how important it is, but it’s really, really important.”

Luckily, people are getting the message, she adds. “We’ve got to get people not to be in the same place at the same time. That’s what it’s going to take at this point—another phrase people are sick of hearing—to flatten the curve. That just means slow down, delay, or postpone as many cases of the virus as possible so that our health care system isn’t overtaxed.”

2. It’s important to understand and combat the challenges that social distancing might cause for some families.

These challenges might include serious hardships for families who perhaps cannot work from home, for example, or who may rely on schools for two meals a day for their children.

Part of Cannuscio’s work has focused on studying the impact of short-term school closures on such families. “Children in Philadelphia’s public schools are eligible for universal free lunch and breakfast,” she says. “If we close the school for just three days,

that’s over 400,000 meals missed.” School districts have already begun to come up with creative solutions to this situation and the researchers say more are likely to come soon.

3. Institutions and governments can make broad policy decisions and in turn, remove a weighty burden from individuals.

If an airline or performer hasn’t canceled a flight or the show you bought tickets for months ago, it can be hard to know how to proceed in this uncharted territory: Cancel the trip or go? See the concert or stay home? If your office is still open and running, what are the expectations? Can you ask to work from home or will it be frowned upon? These decisions weigh on people, which is why Buttenheim and Cannuscio recommend they instead be made at a much higher level.

“Good policies can help people make some of those decisions without exerting so much effort. They can help enforce a social norm that says we’re all in this together and we’re all

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“What really strikes me with this is how fast the situation is changing.”

going to adhere to these same rules. I’m also recommending to people they try to defer any big decisions that they don’t have to make today,” Cannuscio says. “I want people to think about the basics, their needs, their family’s needs, and policies will help people waste less energy on trying to make these decisions.”

“Amplify Nursing” is supported by the Pinola Fund for Innovation in Nursing and was created by Penn Nursing’s Marion Leary, the Director of Innovation, and Angelarosa DiDonato, Associate Program Director of the Nurse Anesthesia Program.

A version of this story originally appeared in Penn News Today and was written by Michele Berger.

▼ Current PhD student, Stephen Bonett, Nu’17, (pictured far left) alongside other COVID-19 frontline volunteers in Philadelphia.



TIM TAI / THE PHILADELPHIA INQUIRER, POOL

1918 Redux: Supportive Nursing Care for the Coronavirus Pandemic Is Courageous Care

Penn Nursing's Pat D'Antonio PHD RN FAAN, Ware Professor of Nursing and Director of the Barbara Bates Center for the Study of the History of Nursing, wrote a piece for the *American Journal of Nursing's* blog, "Off the Charts." She offers up how history informs our present, and the nuances then and now of supportive care.

The lessons of the past. As we struggle to make sense of unfolding data, announcements, and public health directives about the current coronavirus pandemic, appreciating the lessons from past pandemics can help us understand the effectiveness and challenges related to quarantines and social isolation, as well as the need for reliable and timely communications.

In times of public health uncertainty, nurses and nursing care have played a critical role in saving lives and relieving suffering. We know a great deal about the role of nursing during the 1918

influenza pandemic. Some lessons need heeding now.

Historian Nancy Bristow's *American Pandemic* (New York: Oxford University Press, 2012) presents the historical facts clearly. For example, public health officials' 1918 prohibitions on public gatherings, the sharing of such (then) new personal items as toothbrushes, and school attendance and religious services met acceptance as well as resistance.

In 1918, supportive care saved lives. During the 1918 pandemic, medical science struggled with public perceptions

of the limits of its ability to respond. There were no tests or cures at the time, and flu vaccines only arrived later. However, the supportive care provided by nurses saved lives.

In 1918, as today, it is the critical, too often unrecognized clinical work that helps people withstand the onslaught of a strange infection and mobilize their own immunological responses. Supportive care is the provision of appropriate hydration, nutrition, fever control, rest, ventilation, and emotional support.

The tools of supportive care have changed in many ways since 1918. Hydration from frequent sips of water now comes from IV lines; nutrition support has moved from broths and porridges to carefully calibrated parenteral feedings; and fresh air comes not from the outside but from negative pressure isolation rooms that both provide filtered air to the patient and prevent the spread of infections to others.

But other things remain the same. Supportive care is now, as in 1918, highly skilled care. It's not just the necessary technical know-how but also the complex hour-by-hour assessment of the supportive care's efficacy and the possible need for recalibrations in that care.

Supportive care is collaborative, intensive, 'precarious.' Supportive care is intensive, time-consuming care that involves the input and collaboration of multiple members of the health care team. This care is also quite precarious. My own work on early 20th century nursing care—a time when health care professionals were only beginning to understand the implications of bacteria in their medical and surgical care—shows the limits and unpredictability of carefully constructed protocols when applied to care for real patients (*American Nursing*, Baltimore: Johns Hopkins Press, 2010).

Nurses, for example, received careful instructions about maintaining a "clean hand" for working directly with a patient and a "dirty hand" for transferring something used with or by that patient to an outside environment. This worked—until a patient sneezed, or coughed, or the nurse tripped with an armful of "dirty" laundry. In supportive care, nurses need to go slowly and carefully, and this takes more time.

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▲ Red Cross Emergency Ambulance Station in Washington, D.C. during the 1918 flu.



▲ Tending the ill: A hospital ward of soldiers stricken with the Spanish flu at Fort Riley in Kansas.

Supportive care was also courageous care. A fundamental transformation of health care occurred not only when it moved out of the home and into

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In times of public health uncertainty, nurses and nursing care have played a critical role in saving lives and relieving suffering ... Some lessons need heeding now.

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hospitals in the early 20th century, but when nurses responded to the call to provide care not just to family members at home but to strangers in hospitals. These strangers often had newly identified infectious diseases that could also infect nurses—and sometimes kill them. We know that the new coronavirus has infected nurses and other health care workers here, and in China there have been deaths.

Supportive care today remains courageous.

Listening to nurses' urgent concerns today. So we need to listen and respond

to nurses' calls—for more protective equipment, for more time to give care, for more staffing, and for more acknowledgments of their concerns. Nurses need to do for themselves before they can care for their patients. As airline safety announcements remind us, you must first look to securing your own oxygen masks before those of your children or fellow flyers.

Right now, joining nurses' supportive care efforts to that offered by their health care colleagues can heal patients. And listening to nurses' concerns can save them and their colleagues.

How Do We Protect Health Care Workers from the Coronavirus As They Protect Us?

Sometimes health workers have to work around system-related issues to do what is right for their patients, but what should they do, knowing that because of COVID-19, their system may be unprepared?

By Connie M. Ulrich PHDRN FAAN



▲ Connie Ulrich PHDRN FAAN

IN 2014, TWO TEXAS hospital nurses who were caring for the first person in the United States infected with the Ebola virus became infected themselves. Both survived, but the administrators of the Texas hospital were unprepared to deal with Ebola, and they provided little guidance to staff on how to protect themselves from the deadly virus. According to a lawsuit brought by one of the nurses against the hospital, nurse managers on duty printed out information from the Internet to understand how to care for the infected patient while protecting their staff nurses—information that was insufficient to prevent the two nurses from becoming infected.

Today, as health care workers on the front lines expect to treat patients with COVID-19, many health care systems and many states are reported to be unprepared. Nurses accept risks as part of their daily work with patients and families, as do ER physicians, nurses' aides, paramedics, physical and occupational therapists, and other health care workers on the front lines. But what degree of risks should they accept when resources are limited or not available?



“Nurses and others have a professional and moral obligation to use their voices to speak out.”

Nurses often face what is called moral distress—defined as knowing what should be done for a patient while at the same time being unable to provide the appropriate care, often because of constraints imposed by organizations or practice settings. Nurses who experience moral distress report feeling powerless and emotionally and physically worn out. Today, more than 3,000 health care workers in China have been infected with the coronavirus, and their colleagues must care for them—with compassion, but also with distress and with fear that the systems are not providing them with enough support.

Did we learn any lessons from Ebola? Working in crisis mode with COVID-19 presents similar scrambling challenges of protecting nurses and others who will care for sick patients or their co-workers. A recent nursing survey exposed the worries that nurses share about COVID-19: About half didn't have information on how to recognize or respond to COVID-19, about one in four didn't know if a plan was in place to isolate COVID-19 patients, and only about two-thirds reported having access to N95 masks. And, many didn't know if there was a policy in place for co-workers who were sick or otherwise exposed to COVID-19. We need to do better.

A surge of patients in an emergency department, primary health clinic, urgent care center, or other health care facility could overwhelm health care

workers who are trying to prioritize care needs, protect other patients who are in waiting rooms or hospitalized with compromising illnesses, and protect themselves in the process. Staffing levels across the country already vary depending on the type of health care facility, the complexity of patients within the unit, and the geographical location of where one is working. And data tell us that hospitals with lower levels of staffing, less educated nurses, and poor work environments affect patient outcomes.

Patients and families are scared when they are ill, and they rely on nurses and other caregivers to tell them the truth, trusting that they are prepared to do what is necessary to address their illness, protect their rights while hospitalized, and advocate on their behalf. Sometimes nurses and others have to work around system-related issues to do what is right for their patients, but what should nurses and others do, knowing that COVID-19 is fast approaching and their system may be unprepared?

Two years after becoming infected with Ebola, one of the nurses in Dallas settled a lawsuit against the owner of the hospital. The lawsuit accused the hospital not only of negligence but also of deception in how it handled its lack of support for workers. Organizations have a moral responsibility to their patients and employees. Education, staff training, and organizational transparency are key to mitigating fear, controlling outbreaks such as COVID-19, and providing quality care to patients when they are at their most vulnerable, who expect and deserve excellence. Nurses and others have a professional and moral obligation to use their voices to speak out and demand that organizations gather the resources needed for full preparedness, communicate up-to-date changes on protective guidelines, and develop plans on how to allocate limited resources, including if, and when, staff become sick with COVID-19. Let's not place our nurses and other clinicians in vulnerable, compromising, and morally distressing positions.

Connie M. Ulrich is a professor of nursing and the Lillian S. Brunner chair at Penn Nursing and professor of bioethics at Penn Medicine. This opinion piece originally appeared in The Boston Globe on March 10, 2020.

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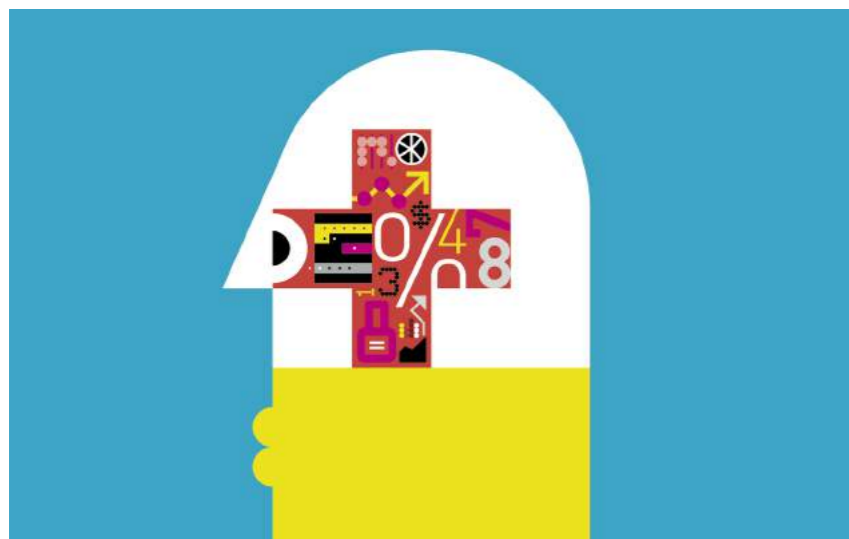


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Policy



The Census and Health Care

How Penn Nursing is helping to get an accurate count—and why it matters.

EACH DECADE, the U.S. government trains and dispatches thousands of census takers to help us get an accurate picture of who lives in America. This epic surveying event has implications for nearly every aspect of American life—from the number of representatives who are apportioned to states, to the amount of federal funding funneled into health care programs that millions rely on.

“An accurate census count is essential to guiding funding for programs that include Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP),” says Terri Lipman PHD DRNP FAAN, the Assistant Dean for Community Engagement at Penn Nursing. “Populations that are frequently undercounted, such as children, the elderly, undocumented immigrants, and

people experiencing homelessness, are often populations that could most benefit from health care coverage.”

The 2020 census has particular relevancy for nurses. Knowing more about the populations that you’re serving in a clinical setting can facilitate better health outcomes. That’s why Penn Nursing faculty and students will be playing an active role in the census—with volunteers undergoing training to become Census Champions. What exactly does this involve? Mostly, being a Census Champion is about leveraging pre-existing relationships with a community in order to perform outreach and education about why the 2020 census matters so much.

Especially when it comes to public health. What follows are just a few of the way that the 2020 census results could shape American health care.

Among other things, the census is a measure of poverty. Millions of people in America benefit from federal and state health care programs such as Medicaid and CHIP, and community health centers that are meant to act as a safety net for those who cannot afford insurance premiums. The census results will have a tangible impact on how these resources are allocated and sustained for the next ten years. And the stakes are high. In Philadelphia alone, approximately a third of the people living in the City fall in a ‘hard to count’ demographic. Every person not counted in the census represents a federal-funding loss of \$2,100 per year—or, over ten years, that’s \$21,000 of missed funding for Philadelphia, per every person missed.

“I initially went for the Census Training to learn more about the community in Philadelphia. Little did I know that nonresidents like myself (I’m an international student) and babies are part of the census count—not to mention how lack of knowledge can impact the funding for communities. We all have a part to play in spreading the word as Census Champions!”
—Shuzhen Chee, Penn Nursing MSN student in the Adult Gerontology Acute Care Nurse Practitioner program

The Department of Health and Human Services will utilize census data to measure the quality of service at hospitals and patient well-being, which can help hospitals better understand how to effectively care for the most vulnerable populations they serve.

The census offers us a firmer grasp of the social determinants of health in America: the factors that can impact health and health care outcomes. These factors can include a person’s income level, national origin, and housing situation. Nursing is, by nature, heavily invested in social determinants of health, and nurses work hard to understand health care barriers that patients often face. Thanks to the census, social determinants can be tracked accurately, thereby helping nurses best do their jobs.

The assessment of existing health programs often involves analyzing census data. For instance, health programs that are designed for rural communities are sometimes built around the recorded populations of such communities. Census data that reflect a population change in a community could alter health care programs that serve the community, which underscores the importance of conducting an accurate census. Inaccurate counts can negatively impact preparing for standard population health needs such as safety net health

services. For example, as our population ages, dementia-related care is becoming increasingly important—and not having an accurate view on demographic population distribution will affect the availability of related health services like interpreters and multilingual providers.

“As President of APANSA (Asian Pacific American Nursing Student Association), I hope to have our members volunteer for the Census in the greater Philadelphia community. I’m glad that Penn Nursing hosted this event—I didn’t know that college students staying on Penn’s campus had to complete census forms separately from our family. And as someone who holds a leadership position in a nursing organization, I want to help spread the word.”
—Jamie Chung, Penn Nursing BSN student

Every year, the Centers for Disease Control and Prevention conduct a nationwide survey to measure public health in America. The data collection methodology for this survey (the National Health Interview Survey) is actually shaped by the census data collection method, which changes each decade to better account for those who are often overlooked and unrecorded.



APPLY IT The Training

The importance of collecting accurate census data is clear when it comes to health care. But for many Americans—such as undocumented residents—the prospect of being counted may cause discomfort. Concerns about privacy can lead to anxiety for people who would benefit from being included in the census. So how do health care professionals, including nurses, encourage more members of their community to take part in the 2020 census?

“Rather than just going into a community and talking about the importance of the census, it’s very important to undergo proper training for providing 2020 census education and also, to be prepared to address the concerns of that community,” says Lipman, alluding to the Census Champion training. “Here at Penn Nursing, we will be trained and we will be working with communities where we already have ongoing relationships. Having the trust of a community is crucial, and thanks to the training, we will be better able to answer questions that members of the community may have about issues such as how census data are protected.”

To that effect, Penn has joined forces with the City of Philadelphia to provide Census Champion training to students, faculty, and staff who want to help raise awareness in their community about the 2020 census and the opportunities to be engaged. Philadelphia alone will be hiring 3,000 temporary workers to carry out the census (and at up to \$25.50/hour, it’s a fairly lucrative gig.) But for nurses and health care professionals in particular, another way to approach census outreach is to frame the 2020 census within the context of previous conversations they may have had with their communities. This connects back to the foundational idea that Census Champions should have strong ties with their neighbors and a good track record of building trust, locally.

“We are looking to tie our promotion of the 2020 census to health care education,” says Lipman. “If we’re talking to a group of parents about the health of their children, we can also talk about how an accurate census count will be crucial for funding appropriation of children’s programs. Our Community Champion students, who are committed to the health of our local communities, are dedicated to becoming Census Champions to support this critical initiative.”



Changing the Nursing PhD Landscape

There is a growing conversation about nursing PhD programs. We sat down with Penn Nursing's Julie Fairman to understand why now, what are the opportunities, and what is the potential—for students, health care, and the world.

▲ Dean Villarruel with some of Penn Nursing's PhD students.

WANT TO BE a nurse? Find a four-year program and earn your BSN. That's the directive that many prospective nursing professionals will hear as they weigh their academic options and consider where they want their career paths to lead. Since the 1970s, earning a bachelor's degree has become increasingly standardized for nurses, at the behest of organizations such as the National League for Nursing and the Institute of Medicine. The thinking here is that a four-year education in nursing science better equips the average student for the array of challenges they'll almost certainly encounter in clinical settings—enhancing patient care and improving outcomes.

But higher education is much more vast than the framework of a bachelor's program. If a BSN can augment the quality of nursing care, what about a PhD?

This is just what Julie Fairman PHD RN FAAN, the Nightingale Professor in Honor of Nursing Veterans, Chair of

the Department of Biobehavioral Health Sciences, and Director of the Robert Wood Johnson Foundation's Future of Nursing Scholars program, wants to know. Fairman studies how historic events have changed the way nursing care is delivered—and how nurses themselves have become more autonomous and received greater recognition for the vital role they play in patient outcomes. As the impact of nursing care becomes glaringly clear, it's time to re-imagine the standard educational model for nursing professionals. It's time to talk about where the nursing PhD can take students, and how it could further transform health care.

The nursing education landscape has changed a lot in the last few decades, thanks to the focus on baccalaureate degrees and the explosion of online programs. But how does the PhD fit into this contemporary landscape? And why does it matter?

Well, the PhD is usually seen as a research role, and it has fit in as a way to

provide the evidence for improving patient care. It's the development and invention of the knowledge base. Health care has gotten so much more complex. It requires a great deal of critical thinking. Nurses' roles have changed. They're more independent. They're recognized as the reason patients actually recover when they're in a hospital. Nursing was the profession that made home care a reality, where you were able to move patients out of the hospital quicker, and they could be cared for right in their homes, by visiting nurse associations. However, the number of people in PhD programs is not growing. It's been stagnant over the last 10 years, which is one of the reasons the RWJ Future of Nursing Scholars Program has been working to get candidates into programs faster.

What are some of the factors behind this stagnation of enrollment in PhD programs?

While not necessarily true at Penn Nursing, on a national level, we're seeing a decline in the number of applicants to the programs. There are funding challenges. We're at a point where we really need to re-envision how we prepare people for scientific and academic roles in nursing. And Penn Nursing is incredibly well positioned to do this because we participate in three of the major programs that have been developed to increase the PhD pipeline: the Hillman Scholars Program, the Robert Wood Johnson Foundation's Future of Nursing Scholars (FNS) program, and the Jonas Policy Scholars Program.

Can you expand on the utility of these programs? How do they help students pursue a nursing PhD?

All three of these programs provide funding and mentorship. Hillman, for example, is a really innovative program that focuses primarily on students who

How the Hillman Program is Preparing the Next Generation of Nursing PhDs

Nurse researchers play a pivotal role in advancing the field of nursing science, but what about advancing the nursing PhD landscape? Or rather, expanding the BSN to PhD pipeline? That's what the director of the Hillman Scholars Program in Nursing Innovation, Nancy Hodgson PHD RN FAAN, who is also Penn Nursing's Anthony Buividas Term Chair in Gerontology and Associate Professor of Nursing, thinks about each week.

Funded by the Rita and Alex Hillman Foundation, the program currently supports PhD development at two universities, including Penn, and to hear Hodgson put it, that proximity to large undergraduate classes is essential.

"We need young nurse scientists who are ready to dedicate their careers to solving health care challenges," Hodgson says. "The older model of nursing PhD education involved working in the field for years, earning a master's degree, and in so many cases—because nursing is a heavily female profession—you would have students taking a long break to have kids and raise a family. My work with the Hillman Program is focused on streamlining the process and PhD curriculums."

So how does an accelerated nursing PhD track begin? According to Hodgson, the key is getting PhD-curious BSN students exposed to graduate courses on ethics, research, and policy while they're finishing their baccalaureate programs. In addition, early mentorship from faculty prepares prospective PhD students for conducting research related to their phenomena of interest. But the Hillman Program doesn't force PhD students to choose between committing to advanced studies versus gaining additional clinical experience. One of the program's unique assets is the Clinical Fellowship, which allows students

to spend six months to a year working as a nurse in a clinical setting with patients.

"This fellowship gives young PhD students a chance to hone their nurse identity," Hodgson says. "This option can help future nurse researchers feel more connected to the nursing field at large."

The Hillman Program's success metrics include the amount of time it takes students to earn their nursing PhDs (three years is the current standard) as well as research publication and post-grad career advancement. Alumni of the Hillman Program have joined the faculty at research-intensive universities. And according to Hodgson, one of the next big steps for the Hillman Program will be tracking the long-term journeys of Hillman scholars. Today, eight years since inception, the program has seen 26 nursing PhD scholars earn degrees, with an additional 77 scholars currently on track to graduate.

"We don't yet know where our scholars will go, and how they'll change science, but we have full confidence in them," Hodgson says. "One of our first graduates is now in Pittsburgh, working to improve health care for persons with serious mental illness. Another is in Australia on a Fulbright scholarship, conducting research on pain management approaches after surgery. The Hillman model has already proven successful and as we share the lessons we've learned, we're likely to see this model replicated."



Nancy Hodgson PHD RN FAAN

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"Nurses' roles have changed. They're more independent. They're recognized as the reason patients actually recover when they're in a hospital."

APPLY IT

Why I Did a PhD, with Paule V. Joseph GR'15 PHD MS FNP-BC RN CTN-B

You might have encountered Dr. Paule Joseph's name on NPR or in *Time* magazine, where her research on childhood obesity and sugar detection has been highlighted. But before she joined the NIH's National Institute of Nursing Research (NINR) as a tenure-track biological and behavioral science investigator, Joseph was working as a bedside nurse at New York's Mount Sinai Hospital. An inquisitive professional who often asked herself, "Why?" when it came to basic nursing protocols, their efficacy, and what could be done differently, Joseph was encouraged by her colleagues and mentors to pursue a PhD—a nudge that led her straight into Penn Nursing's doctoral program.

How My Journey Began

I was working as a nurse at Mount Sinai and taking classes at Pace University, working towards my MSN. I was part of the research committee at Sinai. I would come in on my day off! And I remember, this one day, Dr. Patricia Grady, who was then the director of NINR, came to the hospital to talk with us. It was amazing to think, "Wow, there are nurses who do full-time research." In the hospital, we did quality improvement projects, such as improving wound care for patients with varied injury levels. But meeting Dr. Grady really ignited in my head this idea of getting a PhD. And at Pace, the faculty were very encouraging. I had the opportunity to work with one professor who was technically a historian, when it came to nursing, which I was fascinated by. In order to move forward as a profession, we need to understand where we come from. So, I took extra classes with her, and at one point she said to me, "You know, Penn has a nursing PhD program. You might want to consider that."

What I Wanted To Do With a PhD

I wanted to be an influential person in developing the evidence that we use to change the nursing practice. As a nurse, I was often that random person asking, "Why are we doing this?"

Where's the evidence?" When I had a break from working with patients, you'd often find me looking at articles. I really wanted to improve things in our unit. One of the things that I developed a strong interest in, before I began my PhD program at Penn, was obesity and, eventually, childhood obesity. And an interesting thing I noticed when I began applying to PhD programs was that almost every person whom I met and interviewed with had gone to Penn! My first year at Penn Nursing was about exploration, but also creating a foundation for everything else I did in the program. Everything that I did in my courses was directly related to my area of clinical interest, which I appreciate. By the end of my first year, my interest in obesity had expanded to a joint interest in genetics. I was able to take classes from different schools and faculty to marry these two interests. And this led to not just learning how to think like a scientist, but also how to communicate with the public about genetics and obesity. The first paper I published, from my dissertation, actually had quite the influence in the worldwide conversation about childhood nutrition and obesity. It was all over the media, and it demonstrated the importance of focusing on these clinical subjects.

Where My PhD Led

A recent accomplishment that I'm very proud of is becoming only the second nurse in the country to ever receive the Lasker Clinical Research Scholar award. It's a grant for five years of research funding at the NIH and is a unique opportunity that I'm very grateful for. Having the support I've had from mentors since the beginning encouraged me to break into research in basic sciences ... something I've heard too often is, "Nurses don't do this." But as a nurse clinician scientist, I still see patients while focusing on the research. I love that I didn't have to give up one for the other. It's something the NIH allows you to do, the way things are structured. You get to work with patients while developing ideas. What better job is there?

were already in baccalaureate programs. They receive tuition coverage and stipends. It's the same thing for the Future of Nursing Scholars program. This is a \$20 million-plus program. The program offered \$75,000 cash to students, and the home school was required to provide \$50,000 to support their program scholars for an accelerated three-year PhD. To further support the scholars, we also provided leadership training. The FNS program has supported more than 200 nursing PhD candidates across the country. I think that exemplifies how Penn has really been at the forefront of PhD education. The RWJ Future Scholars program's head office—as well as the Hillman Scholars head office—is based right here.

So, we've reached a point where there are literal initiatives for a majority of nurses to have BSNs by the year 2020. In theory, could we get to a point where a similar initiative for PhDs in nursing develops? What do you think it would take to get there?

There's still not much talk about this except what came out of the IOM's 2010 Future of Nursing report. The recommendation was to double the number of doctorates in the field. The DNP has achieved this goal, but the PhD really needs more attention—and a re-envisioning—in order to help us understand what research-intensive programs should be doing to effectively create the nurse-scientists of the future and improve patient care. That's a conversation we need to have.

Speaking of conversations, you also helped organize Penn's recent PhD Education Summit. What were some of the more salient takeaways from this event?

One of the top priorities of the summit was starting a dialogue about the future of PhD education in research-intensive schools. The Dean and I were co-conveners for the summit, we worked with an incredible group of faculty, and we also partnered with the PAHO Group (Pan American Health Organization) because we think that we actually have a lot to learn from other countries about how they educate nurse scientists. The PAHO Group has been doing three-year PhD programs for a while, but in general, one of the things we learned from the



▲ Julie Fairman PHD RN FAAN in her Fagin Hall office.

summit is that people are really hungry to talk about this right now. We saw feedback from the participants to the effect of, "This is great. Keep it going. Can we keep doing this for the next three years?" And that was really invigorating to us. The fact that people really want to have this conversation right now. We haven't moved the PhD

graduation needle much, and since there's so much happening in the science space—in genetics, phenomics, or data science, for instance—all kinds of new methodologies are being used, inside and outside of nursing. This raises the question of how we help more people in nursing fields partner with these other disciplines.



“In its best form, a PhD is a scientist leadership development program. There's really very little that you can't do with a PhD.”

So how does one move the needle? What strategies and factors have you seen moving it forward and bringing more scholars into the PhD program landscape?

One thing we've found in the FNS program is that a potential nursing PhD candidate really needs someone to take an interest in them and push them a little bit into a PhD program. From our first two cohorts, we found that a lot of the scholars who entered our program from all over the country had someone who said, "You know, you really need to get a PhD." That was one of the things that I think we can use as a strategy for building the pipeline. Consistent mentorship is a very important foundation of a good PhD program in general. This is really an incredible time for us to stop and think about how and what we want to produce, what we want these scholars to be able to do, and how we can support them. Mentorship is a key component of successful programs that produce successful graduates.

That's probably the question many prospective candidates are asking themselves. What can I do with a nursing PhD?

I was just looking at the data from our first two cohorts. Most of them did post-docs and will be the next generation of nurse scientists. Some went right into tenure-track faculty roles (and there is a faculty shortage). Others chose clinical roles, or positions in the federal government. A PhD actually gives you incredible breadth of opportunity, not just academic possibilities, even though we in academia do want and need those nurse scientists. A PhD can allow you to develop the skills to be able to go into a policy role, or an administrative leadership role. In its best form, a PhD is a scientist leadership development program. There's really very little that you can't do with a PhD.

Discovery & Innovation

A NICU Lifesaver

How a Penn Nursing alum and NICU nurse simultaneously saved a preemie’s life and taught a master class in innovation.

By Adam Winski

WHEN A COUPLE from Brooklyn, NY prematurely gave birth to twin sons in 2017, nothing could have prepared them for the rollercoaster ride they faced when one of their sons struggled to thrive in the NICU. In came a recent graduate from Penn Nursing’s BSN program, who after just a few hours with their child, was able to correctly identify what might be causing the problem. Using a combination of innovation, nursing-know-how, and leadership skills—a clear demonstration of the Penn advantage—nurse Elizabeth Durfee RN CCRN, Nu’16, was given approval to try her solution, and within 24-hours, the infant was on the road to recovery. Read on for a first-hand account from the father of these twins—who are now happy, healthy, and very active two-year-olds—of how nurse Elizabeth took an innovative approach to save his son’s life.

ON JULY 29TH, 2017, my twin boys, Davis and Pierce, were born. It was one of the most exciting days of my life, but also scary and filled with uncertainty. They were due to be born in October, but they decided to come early at 29 weeks (clearly their father’s sons; their impatience got the best of them and they just couldn’t wait any longer to start experiencing the world!)

Amazingly, three years after writing an article on how nurses are the key to innovation in health care,

an innovative nurse saved my son Pierce’s life.

Davis was born first at an auspicious 1:11 in the afternoon. Pierce came 4 minutes later in the position called “Sunny Side Up”—face first and wide eyed with his tongue sticking out and a look that seemed to say, “Dad, I know you’re probably worried, but I’m going to be just fine (and keep you on your toes!)”

Davis cruised through his stay in the NICU with essentially no issues. Pierce, on the other hand, after two smooth weeks, began to experience breathing issues.

Like many babies born at 29 weeks, Pierce had a tube put in his lungs to help him breathe. Fortunately, this only lasted his first couple of days. He progressed to the synchronized inspiratory positive airway pressure (SiPAP) machine, which delivers air with alternating pressures through a mask.

Some days, Pierce responded really well to the SiPAP mask. On other days, however, he would have multiple episodes of bradycardia and/or desaturation, where his heart rate would slow, causing oxygen levels to decrease to dangerously low levels. When these measures would drop below a certain threshold, alarms would ring, and nurses would rush over to increase the oxygen.

This was an incredibly difficult time for us. On our daily visits to the NICU during this period, it would often be a real-time decision as to whether the care team thought that Pierce was up for “kangaroo time,” also known as skin-to-skin. Sometimes, after walking the mile-plus in the scorching August heat of NYC, I’d arrive to find out that I couldn’t hold Pierce. Other times, we’d start, but he would quickly have an episode that required him to be put back in the isolet.

Meanwhile, the SiPAP mask was

The happy family and the lifesaver. >

causing breakdown on Pierce’s nasal tissue, resulting in a very painful looking sore between his nostrils. My wife and I during this time would tell each other that we thought Pierce looked great and was coming along. The truth of the matter is we were both terrified that the mask was going to cause long-term damage to his face and ability to breathe through his nose.

The incredible team at NYU tried everything to get a handle on Pierce’s issues. They attempted different size masks. They would alternate mask sizes to try to minimize the risk of damage to Pierce’s face. Tests for infection always came back negative, and overall his vitals were strong. Strangely, some of the times they would remove the mask, he would respond better than with the mask on. But when they tried to lower the air pressure to wean him towards breathing room air, he would regress. No one could figure out what was causing his episodes.

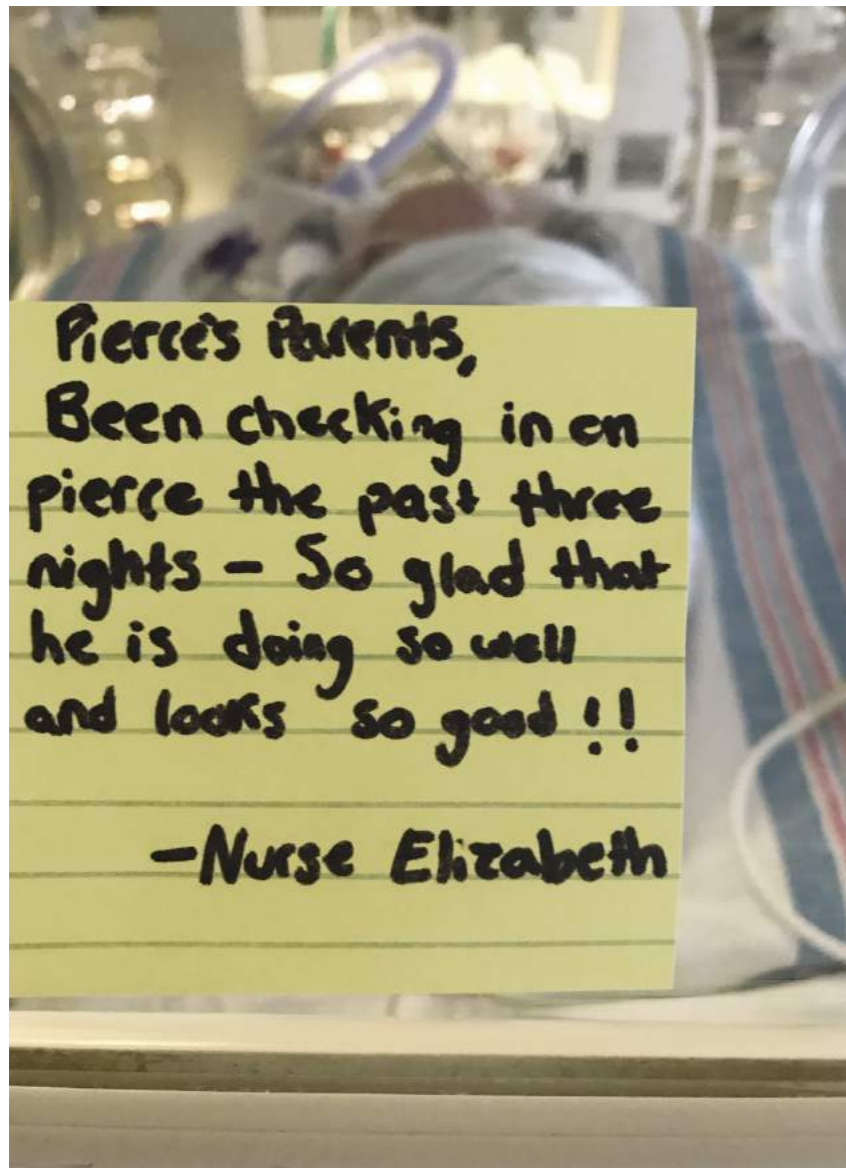
At the lowest point, one of the head doctors told us that they were on the verge of considering a course of steroids to help propel Pierce’s lung growth. While they were only proposing using a minuscule dosage, at larger amounts, that particular medicine had been proven to cause neurological delays. We obviously hoped to avoid this however possible, but



After writing an article on how nurses are the key to innovation in health care, an innovative nurse saved my son Pierce’s life.



Photo by Ben Baker



◀ Note turned keepsake.

there didn't seem to be any other options.

Fortunately, the brilliant and innovative nurse Elizabeth Durfee, Nu'16, figured out what was really going on before we had to resort to this drastic measure.

During one of our nightly calls, we got a very different response than a basic recounting of how many episodes happened that day and the (hopeful) gain of 60 grams.

When Elizabeth picked up the phone, she was so clearly excited to hear from us. "I'm so glad you called! I think I've figured out what is going on with Pierce. It's the mask! Because of the breakdown on his nose, the mask hasn't been sitting properly. Rather than helping, I think the mask is actually blocking his air passage, causing his episodes." A stunningly counterintuitive insight!

We were immediately on the edge of our seats listening with rapt attention.

She continued, "Here's what I want to do. I'm going to see if the doctors will agree to let me try him on CPAP and see how he responds to that. Assuming that he responds equally well to the CPAP, that will help show that the higher pressure of SiPAP in combination with the mask isn't as effective as it should be. Therefore, it would make sense to try a different delivery vehicle like the high-flow canula. What do you think?"

"Yes!" We shouted in unison. "Let's do it!"

We were up all night, waiting to see how this experiment was going to go, and if it would even happen at all.

APPLY IT

Five Tips to Help You Be a Pro Innovator

There are five key innovation principles that can be put to work to design more empathetically, innovate more compellingly, and ultimately develop products, services and experiences that create true impact. You may even help save a life!

1

Embed with the people for whom you want to innovate.

Nurses are the ones who are working with the patients most closely. In the NICU, it's the nurses who are managing the breathing apparatus, putting in and removing feeding tubes, feeding, changing diapers, and working in a hands-on way directly with the infant in every way. Through this, they get to know their patients intimately a personal and micro-behavioral level. Compare this to the

doctors who see the patients one to two times per day and are also considering the patient through a lens of data and vital statistics. This information is of course crucial but creates a different type of relationship. Through this day-in and day-out immersion, uncovering deep insights such as the one had by Elizabeth are made more likely.

2

Question "the way things are done" by asking why.

That's just the way we do things

is a terrible response to pretty much any question. All of us are prone to the bias that the ways things are being done are immutable. They aren't. In this case, "the way things are done" is a premature baby moves from being intubated, to being on SiPAP, then CPAP, onto the nasal canula, and then finally room air. That progression didn't work for Pierce and required Elizabeth asking why it couldn't be done a different way. In order to prove something to key decision-makers and

Finally, at about 6am I couldn't wait any longer. I called Elizabeth.

When Elizabeth came to the phone, she was ecstatic. "It worked! Pierce didn't have a single episode. I'm pretty sure that we figured it out. I'm so happy!"

I can't even begin to describe the feelings of joy, relief, and overall excitement we had at this news. I quickly showered and rushed over to the NICU to see Pierce and meet this miraculous nurse.

Pierce immediately looked like a completely different baby. He went from labored breathing, where each breath was a Herculean effort, and a clear look of discomfort on his face, to a serene, peaceful-looking angelic baby breathing easily. *All in one night!*

Elizabeth had just left, so I didn't get to meet her that morning. She did leave a note a few days later saying how thrilled she was to see Pierce doing so well. I carried that note in my wallet for the first year of his life, and now keep it in a very safe place. It's something I will always treasure.

We did finally meet a couple of weeks later and remain in touch. She will always be a hero to me and a very special part of our family.

Not only did Nurse Elizabeth save my son, she also taught a masterclass in innovation.

Adam Winski is a design strategy and innovation leader who humanizes the built world to bring out the best in people, teams, and organizations through design, hospitality, technology, and purpose. This piece originally appeared on LinkedIn, July 9, 2019.

influencers, it's important to have some early indicators of proof, which brings us to our next principle.

3

Build your evidence.

Convincing people to do things differently is hard! If you think you know of a better way to do something, you have to prove that it's worth taking a chance on. Showing that Pierce responded just as well with less pressure in the same mask was a strong indication

that the mask wasn't working properly, and that another approach could be worth trying.

4

Enlist the key influencers.

Innovation and change are a team sport. So is health care. Elizabeth knew she would need to build the right team to enact her strategy. With the evidence in hand, she was able to convince the doctor, residents, and other members of the team to get behind her approach and use the high-flow

canula. Conducting any kind of meaningful innovation and initiative will require the help and support of many people. Think deeply about what you are trying to accomplish, who will be important to ally with, and engage them in a way that taps into what matters to them.

5

Empower frontline teams to innovate.

Hats off to the NYU NICU team for empowering their nurses to test new approaches under

Truthfully, I did not expect to hear from Adam and Michelle after that evening. After all, it was the first night I had ever taken care of Pierce and, in my mind, I had simply done my job as a nurse that night for a patient whose parents trusted me to do so. Later that week, multiple day-shift nurses told me that Adam and Michelle had been looking for me to say thank you. I will never forget the hug that Adam and I shared in the middle of the unit after finally meeting in person for the first time. I was overwhelmed when they expressed to me how much I meant to them. To this day, I have the card that they left me on Pierce's graduation day from the NICU hanging on my apartment wall. It reminds me, even after the hardest of shifts, that I am beyond lucky to be able to play any such part in these families' lives.

Since that moment, I have had the chance to see Pierce and his brother Davis in their home. Watching them play and stir up trouble together like two-year old twins should be heartwarming to see. The small baby in an isolette that I once knew is now a curious, mischievous, and sweet toddler, full of life and always eager to take a ride on the subway with Mom and Dad. I don't always get to see where my patients go or how they live after they leave me, and it is a privilege to be able to do so with Pierce. I cannot thank this family enough for all that they have given me through sharing their story and these moments with me.

—Elizabeth Durfee

Nurse's Perspective

When I read Adam's article about Pierce and his time in the NICU, I remember that night just as clearly and similarly. I remember assessing and re-assessing Pierce and thinking that his episodes of bradycardia did not totally make sense. Unlike other premature babies, Pierce's response became seemingly worse when he was provided increased respiratory support, not better. I remember looking at his anatomy and wondering if I should present my theory to the medical team. More than anything, I recall feeling ecstatic when his condition improved overnight after we decided to change the type of care we were providing. I was overjoyed and could not wait for Adam and Michelle to call and to hear the sound of their voices on the other end of the phone. There truly is no better feeling as a NICU nurse than the one that comes with seeing a little fighter, such as Pierce, pull through and beat the odds. I was beyond relieved that the plan had worked, that the news I was going to deliver was good, and that we had taken the risk of trying something new. From this experience, I learned the importance of always advocating for your patients. It is a reminder to always trust your gut, and to make sure to find evidence to support it. This experience absolutely reiterated the fact that the patient and their clinical presentation will often tell you more than any chart or lab numbers will.

ALUMNI NEXT-GENERATION

In honor of 2020—the Year of the Nurse and Midwife—we’re taking a look at 20 remarkable alumni who are defining and redefining the world of nursing right now. From a clinic director focused on an underserved transgender population to a midwife working to lower maternal mortality rates to the CEO of a high-profile, life-changing nonprofit, the alumni on this list speak to a changing world where nurses are impacting patients, policy, best practices, and much, much more, forging new paths for themselves and for generations of nurses to come. BY JANINE WHITE

THE STREET NURSE

Kara Cohen, Nu'08, GNu'13

Associate Site Director, Pathways Clinic at Project Home Healthcare Services, and Founder and President of Best Foot Forward Philly

AS AN ALBERT SCHWEITZER Fellow in 2012, Kara Cohen helped people experiencing homelessness with foot health by starting Best Foot Forward Philly. Nearly a decade later, the nonprofit holds a regular clinic at a shelter and has helped thousands. The all-volunteer service draws students from local nursing programs, including Penn's. "We often have students tell us this is the most significant thing they did in nursing school," Cohen says. "They use every single part of their nursing skills: patient interaction, patient education and advocacy, and wound care."

The Job

Cohen also works with Project Home to treat chronically homeless patients at a clinic and a drop-in center located in a Philadelphia transit station, and through street outreach. In the last year, the nonprofit started offering Hepatitis C treatment to clients long denied care for the infection. "That has been so gratifying," she says. "When they finish their treatment, we get them a cake, we sing, 'For He's a Jolly Good Patient,' and we make them a T-shirt that says, 'I Did It.' We have a party because it's such a big deal."

3,700 and Counting

By the end of 2018, Best Foot Forward Philly had held 3,700 foot clinic sessions. Cohen counts providing clients with a positive health care experience among the successes. "We show people you can have a caring relationship with a health care provider," she says. "We have a really good reputation in the streets, which is the thing I am proudest of."



THE COMMUNITY CLINICIAN

Jorge Roman, Nu'09, GNu'10

Clinical Manager at Magnet at the San Francisco AIDS Foundation

THE MAGNET CLINIC in San Francisco focuses on LGBTQ health issues, specifically sexual health and HIV prevention, and connecting clients to long-term primary care. There, Jorge Roman can continue clinical work while building broader community connections. "Although it's really gratifying to see and touch one person at a time, the way I've always approached health in general is more from a public health perspective. I like the challenge and the idea that by impacting groups of people, we can make entire communities healthier and stronger," he says.

The Job

There's a medical director supervising, but Roman loves that Magnet is a nurse-run clinic. "We're a good example of how nurses really step up to the plate to influence and impact a community," he says. In his leadership role, he helps to manage the staff, satellite clinics, and a mobile testing unit.

HIV Prevention Engagement

Roman saw a perfect match in the San Francisco AIDS Foundation, which runs the Magnet Clinic. "My career goals align a lot with where our strategic planning is," he says, "focusing specifically in communities of color, injection drug users, older individuals who have HIV and have had HIV for a long time." Looking to the future, Roman says he's already brainstorming how the Magnet Clinic can more actively engage transgender individuals and younger gay men who identify as African American or Latinx.

"I also help them become advocates for their own health and personal needs through education."

—Jasmine Perez, Nu'08, GNu'10

THE MIDWIFE

Jasmine Perez, Nu'08, GNu'10

Certified Nurse Midwife at AtlantiCare Regional Medical Center

JASMINE PEREZ GREW UP in a big family, and from a young age, she says, "I was witnessing lots of pregnant women, and I was always really curious as to all the different changes and things that were happening with the female body." A childhood in "the projects in the Bronx" meant seeing "a lot of sick people ... in a resource-limited area." The perspective she gained informs her work today. "My goal has always been to help bridge the health gaps for the underserved, especially Latin American women," she explains. "By speaking their native language, I help them ask the questions they've never been able to ask before. I also help them become advocates for their own health and personal needs through education."

The Job

Perez is a big believer in increasing patient education whenever possible at her medical center. She introduced birthing balls, as well as aromatherapy and nitrous oxide laboring alternatives. In 2019, Perez jumped at an opportunity to work on a grant-funded county initiative aimed at decreasing maternal morbidity and mortality for African American women and disadvantaged women in her region.

New Mom, New Skills

Having spent part of 2019 on maternity leave after having her first child, Perez is now working to become a Certified Lactation Consultant. "Being a mom now and having experienced how difficult it can be to establish breastfeeding," she says, "I decided I wanted to have as much information as possible and get the certification so that I can really champion women to breastfeed."



“I’m able to pass on my knowledge to the students, from what I learn as a researcher and what I see in the clinical setting, the real day-to-day things that happen.”

—Cherry Leung, Nu’04, GNu’06

THE SEX EDUCATOR

Brooke Faught, GNu’03

Director of Women’s Institute for Sexual Health (WISH)

BROOKE FAUGHT WANTS to bring more awareness about women’s sexual health to the world. She has lobbied Congress and testified before the FDA about the dearth of approved treatments for female sexual dysfunction, and serves as board secretary for the International Society for the Study of Women’s Sexual Health. On speaking publicly to providers, she says: “If I can make them aware so that if they see a patient who has the guts to bring up these concerns, they might say, ‘Oh, you know what? I heard somebody speak on that. There are actually people out there who can help you with this.’ Then I’ve made that difference.”

The Job

Faught opened the Women’s Institute for Sexual Health (WISH) in 2005 as part of Urology Associates’ expansion of women’s services. “I literally was laughed at in Nashville for probably a good year with outside providers. They thought, ‘Who is this nurse practitioner who we don’t even know coming in and starting this quirky medicine practice for sex and women?’” she says. Now she gets referrals from those same people.

“How am I going to talk to her about sex?”

When her second daughter was born with Down syndrome, one of Faught’s first fears, she says, was, “Oh my God, how am I going to talk to her about sex?” That inspired her to focus her doctoral research on social boundaries in young women with Down syndrome. “My ultimate goal is to come up with a method for health care providers to appropriately screen for sexual concern as well as just basic education of sexuality in this population,” she says.

THE POST-DOC

Cherry Leung, Nu’04, GNu’06

Assistant Professor at Community Health Systems at UCSF

WITH A DESIRE TO merge clinical experience, research, and teaching, Cherry Leung mapped a career path that includes a PhD in epidemiology from the University of Hong Kong and nurse practitioner certifications in pediatrics and psychiatric mental health. While sub-specializing in pediatric neurology, her area of focus on adolescent mental health crystallized, she says, after seeing many patients with depressive symptoms.

The Job

Leung is looking at the gut microbiome and its association with adolescent depression and wants to explore how “the gut is associated with the brain,” she says. She hopes her findings can fuel “innovative treatments and programs to reduce the prevalence of depression.” One day a week, she practices and precepts a student at Edgewood Center for Children and Families, which works with children who have behavioral and mental health issues.

Tenure Track

“I never thought that I would still be in school after getting my PhD and doing a post-doc,” Leung says. But she appreciates the mentorship at UCSF, where she’s on the tenure track. “Without these mentors and these collaborations, I wouldn’t be able to do the type of research that I currently do,” she notes. She also values the chance to pay that all forward with teaching. “I’m able to pass on my knowledge to the students, from what I learn as a researcher and what I see in the clinical setting, the real day-to-day things that happen,” she says.



THE WORKFLOW GURU

Emilia Flores, Nu’14, GR’17

Clinical Pathways Program Manager at University of Pennsylvania Health System

WITH A BS IN industrial engineering and management science and experience in business consulting, Emilia Flores chased her fascination with workflow into the health care field. Now her days are spent creating clinical pathways—blueprints for effectively changing hospital practices, one problem and one patient population at a time. The work is a marathon, not a sprint. “I don’t know if you’ve ever heard the expression that it takes 17 years for evidence to make it into clinical practice,” Flores says. A simple project might take a few months, whereas she’s been working on a hysterectomy-related pathway for over a year.

The Job

To get valuable and necessary input from busy UPHS nurses and providers, the clinical pathways process must be efficient. “We will do a lot of legwork up front realizing that we have maybe an hour or two with the stakeholders,” Flores says. She appraises and summarizes existing guidelines and evidence and creates a prototype workflow diagram.

New Seats at the Table

As the Center for Evidence-Based Practice has proven its value across UPHS, Flores says, the group is being invited to the table for more initiatives. She’s looking forward to a new telehealth subcommittee and a project aimed at improving the transmission of patient data. “This also comes from nurses and providers who see problems and want to make things better,” she says. “My work wouldn’t be possible at all if I wasn’t able to partner with all of these really passionate clinicians.”



THE EPIDEMIOLOGIST

G.J. Melendez-Torres, Nu’11, W’11

Professor of Clinical and Social Epidemiology at the University of Exeter in England and Director of Peninsula Technology Assessment Group (PenTAG)

WHEN G.J. MELENDEZ-TORRES was pursuing his dual degree, he says, “I would go from starting my day at 5 a.m. and helping deliver babies to a marketing recitation in scrubs. Two births into the day, I am thinking about product placement and pricing.” The doubled effort underpins his work today in England, where he helps the British government with decision-making about the value of new drugs, considering everything from efficacy to cost. His team at Peninsula Technology Assessment Group looks at seven to nine new drugs a year.

The Job

With PenTAG, Melendez-Torres is at the intersection of many competing perspectives. Pharmaceutical companies don’t want to lose research investment. Health system managers want to control costs. Patient groups want all possible treatments available to them. “It’s not my role to advocate one way or another, but it is my role to defend our work to justify the quality and plausibility of a new drug to support decision-makers,” he says. “We don’t prescribe or direct, but we speak our truth to power.”

Quantifying Health

Melendez-Torres is most drawn to research where he sees a need and people “who will use the evidence.” In his academic work, he applies social epidemiology and health economics methods to child and adolescent development, including mental health and domestic violence. “Domestic violence is an area that affects individuals, families, and communities,” he says. “How can you quantify how improved advocacy about domestic violence awareness benefits a community?”



THE CEO

Kennedy Gachiri, Nu'06, W'06

CEO of The NewNow and CEO and Founder of Superstar Agenda

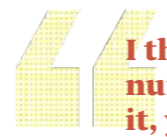
THOUGH KENNEDY GACHIRI'S dual degree in nursing and economics initially led him to the world of corporate law and investment banking, he now spends his days leading The NewNow, a nonprofit which supports rising global leaders dedicated to addressing some of humanity's thorniest problems. His nursing background helps him connect with a diverse group of people. "I can tell when folks are reacting from a place of stress," he says. "I think with a basis in nursing, once you've done it, you just have no choice but to be an empathetic, compassionate individual. That crosses over [into my] leadership style."

The Job

The NewNow supports high-profile, action-oriented people working to address issues such as gender inequality, climate justice, and peace and security. "Some of these folks have been nominated for the Nobel Peace Prize. One of them was a *Time* 100 most influential person," Gachiri says.

In His Spare Time

During college and after, Gachiri found himself measuring his success by external parameters and eventually, he says, "I felt like if I continued living my life looking to the outside for what it means to be excellent, then I just wasted my time here on Earth." He took time off and developed the Superstar Agenda, a business that helps people tap into their creative potential to achieve their goals. Given his nonlinear career path, Gachiri says he'd tell today's nursing students, "Don't define yourself by a profession or a label, because that's just a story. The truth is there are so many aspects to us as individuals. Each of us creates in different ways."



I think with a basis in nursing, once you've done it, you just have no choice but to be an empathetic, compassionate individual."

—Kennedy Gachiri, Nu'06, W'06

THE MULTI-TASKING MENTOR

Ruthlyn Greenfield-Webster, Nu'92

Senior Nurse Clinician at NYU Langone Hospital

WITH A RESUME THAT includes stints as an assistant nurse manager and group practice leader, starting her own legal nurse consulting business, and competing around the world in track and field, Ruthlyn Greenfield-Webster is a natural teacher inside and outside the hospital. "I really do enjoy sharing my knowledge," she says. "I love helping others to learn and grow, because that's something that's important to me in my own life. I do a lot of preceptorship." She has also served as an alumni interviewer for Penn and a volunteer track coach at her daughter's high school. "My personal motto is, 'Live Life with PASSION, passion is capitalized,'" she notes. "I don't think things are impossible. You just have to figure out how to make them possible."

The Job

Over nearly 30 years in at NYU Langone, she's worked all over the hospital—in rehab, med-surg, geriatrics, hematology, oncology—and is currently in the interventional radiology unit. "I love that I can be a resource for my colleagues," Greenfield-Webster says.

Going for Gold

Co-captain of Penn's women's track and field team her senior year, Greenfield-Webster returned to competition in her mid-30s, and she travels the world for meets. In 2013, she took the triple jump top prize at the Masters Track and Field World Championship in Brazil. Every year, she hits Franklin Field for the Penn Relays. "That's a tradition for me, and I brought my family into it," she says. "That's a mecca trip for us every April."

THE CAPTAIN

Eva Domotorffy, Nu'95

Senior Nurse Executive, Naval Health Clinic Annapolis

THE NAVY HAS taken Eva Domotorffy—who won an ROTC scholarship her freshman year at Penn—around the world, from a U.S. base in Italy to Papua New Guinea. She has spent time on a hospital ship, and established educational exchanges and partnered with providers such as midwives while abroad. "There's so much to learn from our counterparts in other countries who make do, and succeed, with much more limited resources and options," says Domotorffy, whose rank is Captain.

The Job

Part of the Military Health System, which is separate from the VA, Domotorffy's ambulatory care facility in Annapolis comprehensively serves active duty and retired military and their families, plus the people who work on the base as well as some foreign military. In 2019, Domotorffy championed a shared governance initiative designed to "emphasize nurses at every level having a voice in their practice," she says. In the Nurse Corps, new assignments typically come every two to four years. Domotorffy did a stint at the Bureau of Medicine and Surgery and was once branch head for the Office of Women's Health in policy and program development.

Self-Recruited

While in grad school part-time in New York City, Domotorffy was a Navy medical recruiter. She never anticipated long-term service, but plans for civilian life were no match for her own sales pitch. "I was recruiting nursing students, medical students, nurses, physicians," she says, "and in convincing my students and all of these professionals what a great opportunity and a great deal Navy medicine is, I think I talked myself back into it."



“So much research comes out of Penn Nursing, and I want to take all of that knowledge and put it into practice on the legislative level.”

—Joanne Mantilla, Nu’14, GNu’19

THE CONNECTOR

Steven Cabrera, Nu’13
Assistant Nurse Manager at NYU Langone Medical Center

AFTER A FEW YEARS in neurointensive care at Penn Presbyterian Medical Center in Philadelphia, Steven Cabrera moved to NYU Langone in late 2018. He was promoted to nurse manager in late 2019. “For me, being a minority, being Hispanic, representation truly does matter,” Cabrera says. “When people realize that people like them have been in these positions, like nurse manager, it gives people the confidence to move forward and say ‘Hey, I can go places with this degree.’”

The Job

When Cabrera enters the room of a Spanish-speaking patient, he often senses an air of nervousness. “It’s very encouraging to see them turn it upside down when they realize ‘Oh my gosh, this person speaks Spanish ... I can say what I need to say.’ There’s a more intimate opportunity to connect,” he says.

Increasing Access

Cabrera wants to get his master’s and become a family health nurse practitioner—and plans to one day open a community clinic for vulnerable populations. In Philadelphia, he volunteered at Puentes de Salud, which provides medical services to immigrants and people without medical insurance. He appreciated how he was able to apply his skills and make an impact. “Puentes opened the door and validated why I needed to be a nurse,” he says. “It was a unique feeling, to be able to give people the access to health care that they all deserve.”

THE ANESTHETIST

Jake Bevilacqua, Nu’09, GNu’13
CRNA Team Leader at Massachusetts General Hospital, North Shore Medical Center

IN A CAREER AS a Certified Registered Nurse Anesthetist, Jake Bevilacqua saw the chance to dedicate himself to one patient at a time while also contributing to the evolution of the field. “You have the opportunity to care for someone when they’re completely vulnerable,” he says. “They have no ability to advocate for themselves, and I think that the responsibility in that is tremendous and something that is a privilege to have.”

The Job

Bevilacqua was working at Mass General in downtown Boston when a job opened up at North Shore Medical Center, closer to the home he shares with his wife (a fellow Penn Nursing alum). In his current dual role, clinical duties take him to every corner of the medical center, from labor and delivery to the emergency room. He manages about 23 nurses, and he’s part of a team tackling disaster preparedness. “I realized that the hospital had disaster plans on paper, but the actual execution of those plans in a disaster was a bit more nebulous,” Bevilacqua says. “So I got together a multidisciplinary group to translate the plans the hospital has into practical application. It’s a work in progress, but the ball is rolling.”

Side Gig

Bevilacqua stretches his entrepreneurial skills with a CRNA-only practice that provides anesthesia in physicians’ offices. With anesthesia being used for an expanding number of procedures, he says, “there’s a growing demand for the specialty while at the same time the number of people graduating with the certification is limited.”



THE POLITICIAN

Joanne Marie Mantilla, Nu’14, GNu’19
Registered Nurse at Hospital of the University of Pennsylvania

THIS YEAR, Democratic primary voters in Pennsylvania’s 2nd District, in Philadelphia, will have the chance to mark their ballots for Joanne Marie Mantilla. As an elected representative in Washington, she says, she would have the power to direct federal funding to states and cities, to address what she considers society’s most pressing issues: lack of access to health care, and improving support for formerly incarcerated individuals and people struggling with addiction or chronic homelessness. “So much research comes out of Penn Nursing, and I want to take all of that knowledge and put it into practice at the legislative level,” she says.

The Job

“Structured chaos” is the two-word description Mantilla uses to capture her days on an inpatient general surgery floor at Hospital of the University of Pennsylvania. “I didn’t want a 9-to-5 office job. I wanted to constantly be innovating and doing something different,” she says.

The Second Generation

Mantilla dreamed about becoming an opera singer as a child, but she couldn’t help but be influenced by family vacations that revolved around nursing. “My mom is a nurse. She still works at the bedside. She would take me with her to all these national nursing conferences,” Mantilla says. “I got to see all the cool things that she did. She got to meet people from all over the country.”

THE HOSPITAL PLANNER

Augustin Kozhimala, Nu’10, W’10
Assistant Nurse Manager of the Neurosurgery Operating Room at the Kimmel Pavilion at NYU Langone Health

NOT MANY NURSES get a chance to design a multibillion-dollar hospital, but Augustin Kozhimala sees his influence on the Kimmel Pavilion every day. The opportunity to be on a team planning workflows and space in the facility, which opened in July 2018, drew Kozhimala to the job at NYU Langone Health. He sees the impact of their consideration of the gap between hospital bed and OR when patients often wait in noisy hallways. At Kimmel, there’s a connected, private space. “That’s been a nice design that has helped with patient satisfaction and to help them feel way more calm before they go in for surgery,” he says.

The Job

As a leader, Kozhimala says, “Having a mindset or mantra where you look at the job as ‘you working for the staff’ is key.” He avoids falling on the status quo. “[Staff] feedback is most important to make things better for the patients. They’ll keep giving it if you keep trying to change and innovate with them,” he says. Kozhimala is enrolled in the NYU Stern MBA program too, with a plan to finish this summer.

Shark Tank Star

When the hospital held a Shark Tank-style pitch challenge in 2019, Kozhimala presented his idea for an operating room “shot clock.” Collaborating with the IT department, he created the tool to help teams get closer to the institution’s goal of 30-minute turnovers between patients. Preliminary data since implementation in September already show an improvement. “When the nurse charts in Epic that the patient left the room, the clock will start running, and everyone in the room can see it,” he says. “It’s really helped in starting surgeries on time.”

THE PELVIC FLOOR PROVIDER

**Jenna Rae (Lewis) Perkins
Nu'11, GNu'14**

Pelvic Floor Nurse Practitioner at
George Washington University's Medical
Faculty Associates



SOMETIMES IT'S EASIER for Jenna Rae Perkins to say she's a women's health nurse practitioner. Many people haven't even heard of a pelvic floor nurse practitioner. "The bladder, the bowels, the vagina, and sexual function—I have incorporated all those things into my practice," she says. "When I started working in urology, I quickly realized that women who were having bladder issues were also having sexual dysfunction. Women with UTIs were also having constipation issues ... It was clear that in order to treat the whole woman, I would have to treat all these conditions."

The Job

Perkins' patients find comfort when she connects the dots. "When [health problems] are disconnected, it feels like a lot of little issues, but when you can holistically look at it and it makes sense, then patients are empowered by that," she says.

"Putting it out in the universe"

Having a baby girl in 2019 meant pressing pause on launching a venture focused on women's health education but, Perkins says, "The more I keep putting it out in the universe ... the more there's going to be charge to it and I have to do it!" She's dipped a toe in with an Instagram account; followers get a mix of women's health news, pop culture, and Perkins' personal life. "It allows patients to be more open with you if they have an understanding of who you are as a person," she says. "It gives people space to be themselves if you are yourself."

“When you're looking at policy ... it's the human touch that makes policies work or not.”

—Erin Hartman, Nu'18

THE BEDSIDE INNOVATOR

Mark Weber, GNu'02

Nurse Practitioner in the Pediatric
Intensive Care Unit at The Children's Hospital
of Philadelphia

MARK WEBER WAS working in a pediatric ICU when a nurse practitioner inspired him to get his master's degree. "She was doing a bedside study on the best way to insert the nasojejunal tubes," he says. They assessed three different techniques—and Weber started shaping a career in research and innovation.

The Job

At CHOP, Weber is working with nurse practitioners on the use of bedside ultrasound to make quick assessments with a five-minute scan. "If you have a patient who is acutely hypotensive, and you don't know why, it can give you a quick interpretation of the heart to get more data to put all these puzzle pieces together," he explains. "Sometimes, the child is acutely ill, and you need answers right away. Bedside ultrasound allows you to get those answers promptly." He says proficiency comes with about 10 or so scans.

Upping the Skill Set

"I'm trying to encourage people to push the quality of their practice higher," Weber says of his training work at CHOP, which also includes vascular access and minimizing infections related to central lines. He's thrilled to see nurse practitioners being sought out at critical moments. They're excited to be asked for help with vascular access; Weber recalls one person saying, "Holy cow, this colleague with 20 years of experience is coming to me, a newer nurse practitioner, asking me for help." It's been fun, seeing people like that progress.

PHOTO OF MARK WEBER COURTESY OF CHOP

THE POLICY BRAIN

Erin Hartman, Nu'18

Registered Nurse at
NewYork-Presbyterian Hospital

ALONG WITH HER NURSING studies at Penn, Erin Hartman took classes in economics, statistics, and political science and interned with the U.S. Senate committee on health and the World Health Organization (WHO). "I've always been a political buff, and wanting to do international work and health and policy—it all comes into play in sexual violence," she says of her choice of career focus. While at WHO's Geneva headquarters, she worked on a curriculum for health care providers treating women who have experienced sexual violence.

The Job

For her first job, Hartman zeroed in on a hospital where she could get certified and work as a sexual assault nurse examiner. At NewYork-Presbyterian, while serving first in the emergency department and then oncology, she estimates she's spent about 20 to 25 percent of her hours helping patients as an on-call sexual assault examiner. "This is the work I'm supposed to do," she says.

Continued Learning

In late 2019, Hartman was named a Marshall Scholar. She'll pursue a master's degree in international human rights law and practice at the University of York, and possibly follow that with a master's degree in gender, peace, and security at the London School of Economics. She sought out these programs to prepare for international work in conflict and emergency settings, and to broaden her policy chops. "Nurses treat the human response to disease and illness and not just disease and illness," she says. "And when you're looking at policy ... it's the human touch that makes policies work or not work."





THE ADVOCATE

Rakiyah Jones, GNu'18
Family Nurse Practitioner at ColumbiaDoctors
Nurse Practitioner Group, Clinical Director
of Transgender Montefiore Health System,
and Assistant Professor of Nursing at Columbia
University School of Nursing

“MY MAIN PASSION IS forgotten communities.”
When friends ask Rakiyah Jones’ mom what he’s
up to, she throws up her hands. She’s proud of
him—but she’s not sure where to begin. There’s
nursing in Washington Heights. The private care
practice in New Jersey focusing on transgender care.
Duties as a Captain in the Army Reserves. All
that, and he’s recently taken on a few new jobs.

The Job

When he started at the Transgender Montefiore
Health System in November 2019, Jones dove
into a literature review that disappointed.
“Being a person of color, being black, being trans-
identifying, being part of the LGBT community,
and a veteran, my main passion is forgotten
communities. That includes older adults,” he
says. “No one has focused on what it looks like
as trans-identifying people age and it’s not
being discussed.” He’s forming a team to expand
education and patient care.

He’s Got an App for That

Jones created a “mobile concierge application
and model of care” for advanced care planning
in underserved communities dubbed UTRUST
(Understanding the patient’s meaning of illness;
Trust vs. mistrust; Role of religion in health;
Understanding family dynamics; Sensitivity to
health inequities; Talk about wishes). “I want
our students to be comfortable with having
discussions about end of life in advance, not
just at the bedside when it is too late, when the
patient and family are in distress,” Jones says of
teaching the approach. “We need to be having
these conversations in the primary care setting
and in the community.”

THE STARTUP FOUNDER AND ADVISER

Katherine (Kate) Gregory, GNu'98
Associate Chief Nursing Officer of Women’s and
Newborn Health at Brigham and Women’s Hospital,
Assistant Professor of Pediatrics at Harvard Medical
School, and Scientific Co-founder of Astarte Medical

AFTER TWO VENTURE capitalists approached
Kate Gregory about her work in the lab, Astarte
was born. The software company is developing
products based on her research that could help
clinicians improve the feeding of pre-term babies,
better manage the use of microbial interventions,
and more. “We have an opportunity early in life to
impact, not only whether or not these babies live
or die, but the entire life course for them,” Gregory
says. Astarte recently made news site *Technical.ly
Philly’s* 2020 list of “most promising tech startups.”

The Job

In addition to running her lab, where she’s PI of
the Brigham Baby Biome Project, Gregory oversees
women’s and newborn health clinical operations at
Brigham and is the neonatal editor of the *Journal
of Perinatal and Neonatal Nursing*. “I’ve been so
fortunate to have many diverse experiences in
my nursing career, including direct patient care,
science, entrepreneurship, and executive leader,
and am an example that nurses can do almost
anything, given the opportunity. I’ve had incredible
mentorship and support, and hope that I can help
others accomplish their goals on behalf of the
patients, families, and communities they serve.”

Studying the Human Milk Microbiome

NIH funding is allowing Gregory to explore
breastfeeding and the human milk microbiome,
particularly in the case of pre-term births. “I think
many nurses are curious about how milk plays a
role in the health of pre-term babies, and studying
the microbiome may shed light on that,” she says.



“We need to be having
these conversations in the
primary care setting and in
the community.”

—Rakiyah Jones, GNu'18

THE PHILANTHROPIST

Jon Kerekes, Nu'95, GNu'95
Former Senior Vice President Experience
Strategy and Transformation at Humana

“IN NURSING SCHOOL, you quickly learn that
there’s no greater gift that you can give than to
genuinely help people in their greatest times of
need, whatever that help may be,” says Jon Kerekes.
He has carried those principles throughout his
professional and personal life. He and his wife
have a named scholarship at Penn to support
first-generation students with a focus on nursing
and business, and he enjoys spending time
mentoring youth and participating in the Penn
Interview program.

The Job

Kerekes opted to spend his career in consulting
and health care companies where he could
“contribute to solutions, programs, and processes
that would help hundreds of thousands, even
millions of people,” he says. In his SVP role at
Humana, Kerekes says, finding ways to improve
the experience of customers and helping every
consumer stay healthy were top priorities. He is
proud that while he was at Humana, he says, “the
company was recognized as the leading national
health care company in satisfaction, experience
delivery, and net promoter,” and was focused
on improving the health of communities it served
by “reducing unhealthy days.”

Post-Corporate Life

“My wife and I support the arts through ballet
and musical theater,” he says. “And we support
disadvantaged junior golfers who are pursuing
college scholarships through the game of golf. We
look forward to working to deepen and broaden
our support within each of these areas so that we
can support young men and women.” Additionally,
Kerekes recently started a company, KMA LLC,
focused on representing athletes as they begin and
grow their professional careers.

WAYS PENN NURSING IS CHANGING THE WORLD

There are ways you could try to quantify the reach and influence of Penn Nursing. You could look at school rankings, which for the past five years have placed the School in the number one spot in the world. Or you could calculate the amount of research funding it's been awarded by the National Institutes of Health. (That would be \$11.3 million in 2019, the highest level of research funding among nursing schools in the country for three consecutive years.) But in truth, the impact of Penn Nursing is impossible to measure. From revolutionary research and scientific advancements to program development and policy shaping led by the School's nursing and other interdisciplinary faculty, it is changing the way nurses interact with the world—and helping people lead better, healthier, more fulfilling lives. And there's never been a better time to celebrate the School: The World Health Organization has dubbed 2020 "The Year of the Nurse and Midwife" to commemorate the 200th anniversary of Florence Nightingale's birth and honor the vital work and dedication of nurses and midwives. So while it might not be possible to quantify the influence of Penn Nursing, it's the perfect time to try: Here, 10 ways Penn Nursing faculty are changing the world.

BY EMILY GOULET

1 THEY'RE WORKING TO STOP PREVENTABLE INJURIES.

WHETHER ITS GUN violence or texting while driving, many traumatic injuries are preventable. And several Penn Nursing faculty members, including **Therese Richmond**, **Sara Jacoby**, and **Catherine McDonald**, are working tirelessly to understand how these injuries happen, why they happen where they do, how they psychologically affect the victims, and how to prevent them in the first place. Richmond, who founded what is now known as the Penn Injury Science Center 20 years ago, studies trauma recovery—particularly in those from at-risk urban areas—and the importance of concentrating on physical and mental healing. Jacoby, who was a Philly ICU nurse, also focuses on urban communities, and on the glaring inequality between their trauma outcomes and those of other, less vulnerable areas. Her approach: Learn more about where and to whom these injuries are happening (she's researching the benefit of collaboration between health professionals and law enforcement); and understand how to support these people during recovery (she's studying the potential of mobile technology). McDonald, meanwhile, is tackling risky behavior in adolescents. She worked with CHOP researchers to develop a driving simulator that assesses how teens react in different crash scenarios, and now she's studying how to curb risky behaviors—and how to get teens to pay attention to the road instead of their phones.



Therese Richmond
PHD RN FAAN
Andrea B. Laporte
Professor of Nursing
Associate Dean
for Research &
Innovation



Sara Jacoby
MPH MSN PHD
Assistant Professor
of Nursing



Catherine McDonald
PHD RN
Assistant Professor
of Nursing

2 THEY'RE CHANGING THE WAY WE LOOK AT DEMENTIA.

WITH AGING OFTEN comes indignities both small and profound: from hearing difficulties and vision problems to disorientation and memory loss. But certain interventions can make life for elderly people not only dignified but fulfilling. These sorts of interventions—and innovations—are all in a day's work (or, more accurately, a lifetime's work) for a trio of Penn Nursing faculty members who are seriously advancing elderly and dementia care. **Adriana Perez** is focusing on older Latinos with dementia, researching how tailored, meaningful physical activity can help behavioral symptoms and improve quality of life, and also evaluating the role of community in ensuring that these elders utilize health care resources. **Pamela Cacchione**—a clinical educator who also works on life-changing sensory interventions with tools like pocket-sized amplifiers and anti-glare lenses—leads mental health screenings and interventions for older people with a keen awareness of the serious health risks antipsychotic drugs pose for patients with dementia. And **Nancy Hodgson**, a nationally recognized nurse scientist, co-founded one of the first nursing-home-based palliative care programs in the nation, the Palliative Care Program at the Madlyn and Leonard Abramson Center. Need proof of its success? The program is now a national model.



Adriana Perez
PHD ANP-BC FAAN
Assistant Professor
of Nursing



Nancy Hodgson
PHD RN FAAN
Anthony Buividas
Term Chair in
Gerontology
Associate Professor
of Nursing



Pamela Cacchione
PHD CRNP GNP BC
FGSA FAAN
Ralston House
Endowed Term Chair
in Gerontological
Nursing
Associate Professor
of Geropsychiatric
Nursing

THEY'RE TACKLING THE OPIOID CRISIS HEAD-ON.



Peggy Compton
PHD RN FAAN
Van Ameringen
Chair in Psychiatric
and Mental Health
Nursing

Associate Professor
of Nursing



Heath Schmidt
PHD
Associate Professor
of Nursing



Salimah Meghani
PHD MBE RN FAAN
Associate Professor
of Nursing

Term Chair of
Palliative Care

Associate Director,
NewCourtland
Center for Transitions
and Health



**Rosemary
Polomano**
PHD RN FAAN
Associate Dean
for Practice

Professor of
Pain Practice

BETWEEN FIVE AND eight million Americans use prescription opioids daily to treat chronic pain. The result? Astounding levels of addiction—and a phenomenon called hyperalgesia, or increased sensitivity to pain. Research from renowned pain expert **Peggy Compton** has found that in many cases, opioids are actually hindering patient outcomes, making pain (or the perception of it) worse. She's working with chronic pain patients to determine whether tapering them off opioids improves pain perception, in an effort to understand how opioid abuse affects the human pain system—and how to better assess addiction. She co-teaches a pain course with neuropharmacologist **Heath Schmidt**, the director of Penn's Laboratory of Neuropsychopharmacology. With funding from the National Institute of Drug Abuse, Schmidt is also digging into how the brain changes with repeated drug exposure, and working to develop new ways to treat opioid use disorder. Meanwhile, **Salimah Meghani's** work has influenced the CDC to make key clarifications in its pain management guidelines, which were inconsistent and unintentionally limiting pain treatment for cancer patients. And her palliative care research has uncovered inequality in pain treatment, with African Americans consistently receiving less care. And **Rosemary Polomano** was on the committee for a prestigious report from NASEM to build a framework for evaluating and developing clinical practice guidelines for opioid prescription, and coming up with a prioritized research plan for conditions that don't yet have evidence-based opioid prescription guidelines for treating acute pain—a milestone in tackling the ongoing opioid crisis.



Lee Ann Matura
PHD RN CRNP
Associate Professor
of Nursing



Barbara Riegel
PHD RN FAAN FAHA
Edith Clemmer
Steinbright Professor
of Gerontology



Amy Sawyer
PHD RN
Associate Professor
of Sleep & Health
Behavior



Lauren Massimo
PHD CRNP
Assistant Professor
of Nursing

THEY'RE SHAPING THE WAY WE MANAGE SYMPTOMS.

WHEN **Lee Ann Matura** noticed that people with pulmonary arterial hypertension typically showed a common cluster of symptoms—fatigue, shortness of breath, and difficulty sleeping—she began to wonder how much these symptoms affected patients' daily lives. And so she dived into research on symptom management strategies, such as mindfulness-based stress reduction and cognitive behavioral therapy. Her goal: Improve the lives of those with cardiovascular disease and other chronic illnesses. (And it's working: These strategies have had a measure of success in some cancer patients.) **Barbara Riegel's** work focuses on helping older adults with chronic heart disease and other chronic conditions take better care of themselves—and on working with caregivers to promote and understand best self-care practices. Through her extensive interdisciplinary research into heart disease and self-care, she's discovered that patients who understand their symptoms, work to manage them, adhere to treatment regimens, and become actively involved in their care live longer, happier lives. **Amy Sawyer's** approach to quality of life, behavioral health, and symptom management is at once simple and incredibly complex: sleep. Her extensive sleep science research focuses on health behaviors as they relate to sleep disorders, and on how to improve our everyday behaviors for optimal, restorative, quality sleep. And **Lauren Massimo** was recently awarded a pilot grant to develop an app that helps people with frontotemporal degeneration manage apathy, a common symptom among people with FTD. She's leading a team of Penn neuropsychologists and smartphone app developers to create an app that gives those with FTD a framework for setting, scheduling—and sticking to—meaningful daily activities and goals.



Antonia Villarruel
PHD RN FAAN
Professor and
Margaret Bond Simon
Dean of Nursing



José Bauermeister
PHD MPH
Presidential
Professor of Nursing



Dennis Flores
PHD ACRN
Assistant Professor
of Nursing



Robin Stevens
PHD MPH
Assistant Professor
of Nursing

THEY'RE LEADING THE MODERN SEXUAL HEALTH REVOLUTION.

FIVE PENN NURSING faculty members—including **Dean Antonia Villarruel**—are pioneering the way we talk about, study, and improve sexual health and equality. There are high-tech interventions, like the mobile health strategies and biomedical technologies that **José Bauermeister** uses to help increase health equity for young sexual and gender minority populations; and the geographic information system mapping that **Bridgette Brawner** uses to develop interventions for urban populations to help prevent HIV and other sexually transmitted infections. There are the social strategies, too: **Dennis Flores**, who is a national spokesperson for HIV-testing campaigns, is focused on improving the dynamic between parents and sexual minority youth with a framework of inclusive interventions, so that this population won't engage in risky sexual behavior. And **Robin Stevens**, the founder of Penn's Health Equity & Media Lab, is lasered in on social media—specifically on the 56,000 social media posts she and her colleagues have collected from youth between the ages of 13 and 24. Their aim: to study the relationship between platforms like Twitter, Instagram, Snapchat, and sexual risk. And of course there is Dean Villarruel's lauded *¡Cuidate!*, a culturally-based program that promotes abstinence and safer sex for Latino youth. The intervention is a continued success: A randomized controlled study found that participants waited longer to have sex, had fewer sexual partners, and engaged in less unprotected sex. The program is now widely used throughout the US and Puerto Rico.



Charlene Compher
PHD RD CNSC LDN
FADA FASPEN
Shearer Endowed
Term Professor in
Healthy Community
Practices

Professor of
Nutrition Sciences



Karen Glanz
PHD MPH
George A. Weiss
University Professor
Professor of Nursing



Tanja Kral
PHD
Associate Professor
of Nursing



Ariana Chao
PHD CRNP
Assistant Professor
of Nursing



Bart De Jonghe
PHD BS
Associate Professor
of Nursing

THEY'RE PUSHING NUTRITION TO THE FOREFRONT OF HEALTH CARE.

DESPITE ITS VITAL importance in health care, nutrition has always lingered in the shadow of other sciences. But **Charlene Compher, Karen Glanz, Tanja Kral, Ariana Chao, and Bart De Jonghe** are driving the field into the limelight with leading-edge research on genetics, biochemistry, and behavioral science. Their studies are wide-ranging and pioneering: Thanks to her research on the links between gut microbiome, diet, and clinical outcomes, Compher has helped countless people who suffer from short bowel syndrome and Crohn's, an increasingly common disease in the US and around the world. Glanz, who was named one of the World's Most Influential Scientific Minds of 2015 by Thomas Reuters, is a public health scholar on a global scale. To wit: Her work on improving healthy food environments—like a study on the impact of healthy food marketing in grocery stores—has earned wide acclaim (and replication). Both Kral and Chao direct much of their research at understanding and tackling obesity—Kral from a familial perspective (like how people who are genetically predisposed to obesity are influenced by their surrounding food environment); and Chao from a bio-behavioral approach (like studying mechanisms linked to binge eating, food cravings, and other addictive food behaviors). And De Jonghe is working to curb chemo's awful side effects, namely nausea, vomiting, and appetite loss, with neuroscience. He's studying brain signals to identify which areas of the brain are connected in an effort to control these side effects—of potential benefit for those undergoing chemo treatments.



Mary Naylor
PHD RN FAAN
Marian S. Ware
Professor in
Gerontology

Director,
NewCourtland Center
for Transitions
and Health



Karen Hirschman
PHD MSW
Research Associate
Professor



**Margo Brooks
Carthon**
PHD RN FAAN
Associate Professor
of Nursing



Linda Aiken
PHD RN FAAN FRCN
Claire M. Fagin
Leadership Professor
in Nursing

Director, Center for
Health Outcomes and
Policy Research



Matt McHugh
PHD JD MPH RN
CRNP FAAN
The Independence
Chair for Nursing
Education

Professor of Nursing
Associate Director,
Center for Health
Outcomes and
Policy Research

7 THEY'RE IMPROVING CARE IN THE HOSPITAL AND AT HOME.

LEAVING THE HOSPITAL doesn't mean the healing process is over. And for many chronically ill patients, the transition from hospital to home is incredibly difficult. But thanks to the work and innovation of faculty members like **Mary Naylor, Karen Hirschman, Margo Brooks Carthon, Pam Cacchione, Linda Aiken, and Matt McHugh**, patients and caregivers are better equipped to navigate this vulnerable time, so that patients stay healthier—and stay out of the hospital. Naylor's pioneering work led to the Transitional Care Model, an advanced practice nurse-led model that supports and guides older adults as they move to home care. Hirschman, a former geriatric social worker and a member of the TCM team who worked to refine and scale the model, is equally dedicated to improving the care of older adults, especially those with cognitive impairments, and to addressing the burden on family caregivers. Brooks Carthon focuses on socially vulnerable and minority older adults whom she found had poorer outcomes than white patients, likely due to a lack of economic resources or access to quality care. Her solution: She spearheaded the development of THRIVE, a program that supports patients with complex social needs (like housing instability and financial insecurity) successfully transition into home care. Meanwhile, Cacchione's research spans health policy, sensory impairment, and ... robots. (Yes, really.) She's researching the development of affordable mobile service robots to help older adults in assisted living facilities. And Aiken and McHugh have worked to improve nurse-to-patient ratios in hospital settings. Aiken is an authority on nurse shortages, and her research on the importance of these ratios informed safe nurse-staffing mandates around the world, while McHugh's research influenced nationwide policy, including nurse-staffing legislation, so patients get better care and have better outcomes.



George Demiris
PHD FACMI
Penn Integrates
Knowledge
University Professor



Anne Teitelman
PHD FNP-BC
FAANP FAAN
Associate Professor
of Nursing



José Bauermeister
PHD MPH
Presidential
Professor of Nursing



Tanja Kral
PHD
Associate Professor
of Nursing



Kathy Bowles
PHD RN FAAN FACMI
Professor of Nursing
van Ameringen
Chair of Nursing
Excellence

8 THEY'RE HARNESSING THE POWER OF TECHNOLOGY.

IMAGINE SMART HOMES that passively monitor older adults or people with disabilities to make sure they're safe, or interactive mobile technology that helps kids with autism who are picky eaters eat healthier. These are very real possibilities, thanks to a group of leaders from Penn Nursing who are utilizing the power of tech to transform the ways in which we understand, care for, and improve patients' well-being and quality of life. There's **George Demiris**, who designs and evaluates smart home technologies and wearable devices for older adults to promote independence, and to ease the burden on family caregivers. There's **Anne Teitelman**, who developed two mobile web apps, Everhealthier Women and NowIknow, to help women track things like cancer screenings, HPV vaccinations, and other reproductive health behaviors to reduce the risk of cervical and other cancers. There's **José Bauermeister**, whose pioneering work has helped mHealth apps and other technological interventions (geared toward things like HIV prevention, testing, and care, and the health of racial and sexual minority young adults) reach more people and be more effective. There's **Tanja Kral**, who is working on developing an mHealth intervention that will help children with autism spectrum disorder eat more nutritiously, as these children are prone to mealtime problems and obesity. And finally, there's **Kathy Bowles**, who along with her research team developed a unique screening tool called the Discharge Decision Support System. They turned it into a software product that has changed the way hospitals assess post-acute care needs and transitional care, so that patients have better outcomes and avoid readmission.

9 THEY'RE ADVANCING THE WAY WE DEAL WITH CHRONIC ILLNESS.

WHEN IT COMES TO chronic illnesses like diabetes, heart disease, and cancer, the stats are staggering. Diabetes affects approximately 30.3 million adults and 200,000 children in the US. Nearly half of all American adults have heart disease. And about 75 percent of head and neck cancer survivors are impacted by lymphedema. At Penn Nursing, renowned experts like **Terri Lipman, Barbara Riegel, and Jie Deng** are boosting awareness, leading research, and advancing treatments for these chronic conditions in an effort to help people live longer—and better. Lipman, an international expert on diabetes, maintains the only registry of pediatric type 1 diabetes in Philadelphia (which has shown a steady increase of type 1 diabetes across all racial/ethnic and age groups, and a doubling of occurrence in children under five); she pioneered examinations of the prevalence of low vitamin D levels in kids with type 1 diabetes, so that health providers can routinely screen at-risk kids for the deficiency. Riegel works extensively with patients and caregivers to promote self-care for older adults with heart disease. And for good reason: Her comprehensive research found that self-care practices—like diet, exercise, symptom recognition, sleep, and stress management—strongly reduce the risk of hospitalization and clinical events like heart attacks, but aren't emphasized enough by health care providers. And Deng is leading the charge to tackle health challenges facing cancer survivors, particularly secondary lymphedema, which causes internal and external swelling in the face and neck following treatment for head and neck cancer.



Terri Lipman
PHD CRNP FAAN
Miriam Stirl Endowed
Term Professor
of Nutrition
Professor of Nursing
of Children

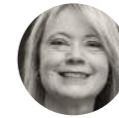
Assistant Dean
for Community
Engagement



Barbara Riegel
PHD RN FAAN FAHA
Edith Clemmer
Steinbright Professor
of Gerontology



Jie Deng
PHD RN OCN FAAN
Associate Professor
of Nursing



Kim Kovach Trout
PHD CNM APRN
Assistant Professor
of Women's Health
Director, Nurse-
Midwifery Track



Wendy Grube
PHD CRNP FAAN
Practice Associate
Professor of Nursing

Director, Center
for Global
Women's Health

Director, Women's
Health/Gender-
Related Nurse
Practitioner Track



Diane Spatz
PHD RN-BC FAAN
Professor of
Perinatal Nursing

Helen M. Shearer
Term Professor
of Nutrition



Martha Curley
PHD RN FAAN
Ruth M. Colket
Endowed Chair in
Pediatric Nursing
Professor of Nursing

10 THEY'RE REVOLUTIONIZING THE WAY WE ADVOCATE FOR WOMEN AND CHILDREN'S HEALTH.

FROM HAITI AND RURAL India to Pennsylvania and Appalachia, Penn Nursing is changing the global landscape of health care for women and children. Nurse midwife and failure-to-thrive nurse clinician **Kim Trout** works to improve nutrition during pregnancy, with a special focus on gestational diabetes—particularly on establishing evidence-based diet guidelines for GD patients and addressing the growing disparities in the treatment and occurrence of the disease, which is becoming increasingly common in African American and Latin women. She's also working to help those in developing countries, like Haiti, develop their midwifery education. **Wendy Grube** helps underserved women advocate for their reproductive health, especially in places where there are stark inequities in the rates of diseases like cervical cancer. (The widely preventable disease is disproportionately common in rural Appalachia. She takes students there every year to provide free health care and health education for women.) **Diane Spatz** has transformed the way we approach breastfeeding research, education, and practice. Her 10-Step Model for human milk and breastfeeding in vulnerable infants, which provides breastfeeding information and comprehensive support to mothers, is used by hospitals in the US and worldwide. And **Martha Curley's** revolutionary advancements in pediatric critical care have given providers around the world tools to assess critically ill children. (See: The Braden QD scale which predicts pressure ulcers; the State Behavioral Scale which assesses sedation states of infants and young children on mechanical ventilators; the Withdrawal Assessment Tool for opioid and benzodiazepine withdrawal; and the Individualized Numeric Rating Scale to assess pain levels in children with severe intellectual disabilities who cannot speak.)

Leadership

From Bedside to CEO

Three of Philadelphia’s top hospitals are now run by nurses—who are also Penn alumnae. So what makes nurses such a natural fit for executive leadership?
by Molly Petrilla

WHEN REGINA Cunningham PHD RN AOCN FAAN, Gr’03, arrived for her first day of work as a staff nurse at Memorial Sloan Kettering in 1982, she had no idea that someday she’d be running a major hospital herself.

It was rare, even unheard of, to see a nurse CEO back then. “It just wasn’t done,” Cunningham remembers. “I never even thought, at that age or stage of my career, about being a CEO. In fact, I didn’t think about it almost right up until it happened.”

Today, Cunningham is among a rising tide of nurses who are reaching the highest levels of leadership. As CEO of the Hospital of the University of Pennsylvania since 2017, she helms a top-ranked academic medical center with 807 beds and \$2.8 billion in net patient revenue each year.

And as coincidence would have it, within only a few blocks’ radius from Cunningham, two other nurses hold similar roles. Next door to HUP, Madeline Bell RN, G’09, has been CEO of the Children’s Hospital of Philadelphia since 2015. A short walk past the Quad, you’ll find Karen Flaherty-Oxler MSN RN, G’85, who was named executive director of Philly’s VA Medical Center last summer.

“Really good listening, good judgment, good assessment skills, the ability to read people,” Bell says, ticking off the qualities she believes make a strong leader. She adds: “They’re all things I developed as a nurse.”

From University City to Memorial Healthcare System in Florida, where three out of six hospitals are now run by nurse CEOs, to Johns Hopkins, where a former oncology nurse serves as president of the health system, to hospitals and health systems of all sizes throughout the country, nurses like Cunningham, Bell, and Flaherty-Oxler are increasingly landing at the top of the org chart.

Exact numbers are elusive, but in 2016, Becker’s Hospital Review spotlighted 33 nurses who had become CEOs of hospitals and health systems—and as the more recent appointments of Cunningham and Flaherty-Oxler illustrate, those numbers have only continued to grow since.

“It wasn’t like some mandate came down from the Joint Commission that you must hire nurses for these roles,” notes Kevin Mahoney, CEO of the University of Pennsylvania Health System. Rather, “I think the industry has had a growing recognition that nurse leaders can do more than just the clinical side—that they can run the whole ship.”

“I think it’s been overdue,” he adds, but, “I’m glad it’s here.”

What Nurses Know

Bell had been working as a nurse at CHOP for six years when she began to consider leadership roles. “I was very curious about how decisions that impacted nurses and health care in general were made,” she says. “I decided I really wanted to be part of making those decisions versus having them delivered to me.”

Cunningham recalls a similar impulse to “improve the environment of

care and make a better place for nurses to practice” emerging seven years into her own nursing career.

Both nurses say that as they pivoted into administrative roles and ultimately climbed to the top tiers of leadership, they were continually struck by how many of the skills they’d developed at the bedside directly translated to running hospitals.

Reflecting on this now, Bell mentions empathy first. “I think in general, people who choose nursing as a profession have a lot of empathy,” she says. “And that empathy for your patients and their families definitely helps prepare you to have empathy for your staff as an executive and a leader.”

Bell, Cunningham, and Flaherty-Oxler all credit nursing with instilling a strong sense of teamwork in them, too. “Functioning on a team is not always as easy as it looks,” Cunningham says, but as a hospital CEO in the increasingly complex world of health care, it’s essential. “You have to rely on a team where people have different roles and are bringing different expertise to the table,” she says, just as a clinical nurse does.

By working at the bedside, nurses also learn how to quickly form meaningful connections with their patients, and

In charge: Cunningham, Flaherty-Oxler, and Bell (pictured L to R). >



“Functioning on a team is not always as easy as it looks.”

—Regina Cunningham
PHD RN AOCN FAAN

Photo by Colin Lenton

they perfect the arts of communicating complicated information and sharing difficult news. High-level executives face many of those same challenges. And nurses are explicitly taught to practice active listening, another skill that is, Cunningham says, “extremely important when you get into leadership roles.”

As a nurse, “you also have a scientific mind and the ability to do assessments, understand results, and achieve quality outcomes,” notes Flaherty-Oxler—all things that translate directly to leadership.

For all three alumnae nurse executives, clinical experience has proven invaluable, too. “I can talk shorthand with the clinicians,” Bell says. “I think that really helps. It gives me an advantage to really understand clinically the work that we do.”

“To me, clinical knowledge is a differentiator,” notes Cunningham. “The work in a hospital is about taking care of patients, so having that clinical knowledge is very helpful.”

“A lot of times people ask me, how do you make decisions?” she says. “Many of my decisions go back to my formative years as a nurse—they’re focused on what the patient needs.”

Nurse Leaders Then and Now

While modern-day nurse CEOs are a fairly recent development, the practice of nurses running hospitals predates penicillin, X-rays, and even aspirin.

Patricia D’Antonio PHD RN FAAN, Gr’92—the Carol E. Ware Professor in Mental Health Nursing—traces nurse leaders back to 1873, when three nursing schools founded on Florence Nightingale’s principles opened in America. Similar programs quickly emerged over the next several decades, including at the Hospital of the University of Pennsylvania. By 1900, the US had somewhere between 400 and 800 hospital-based nursing schools.

“One of the things people don’t realize is that the head of the training school was also the head of the hospital,” D’Antonio says. And that dual-appointed leader was a nurse—including at HUP, where an English woman named Charlotte Marie Hugo was named both hospital superintendent and director of the nurse training program when the school opened in 1886.

“It was recognized that unlike physicians at the time, nurses were the ones who were onsite around the clock and had the best knowledge of the hospital’s day-to-day, hour-to-hour needs,” D’Antonio says.

Nurses continued to run hospitals through the early 20th century, but by 1920, things had started to change. With new technologies emerging, directing a hospital had gotten more complicated. Professional hospital administrators began to surface, taking over the head-of-hospital roles that had

previously gone to nurses.

That shift continued well into the 20th century, as hospital operations became even more complex and “it was felt that a special set of business skills were needed,” D’Antonio says.

But over the last decade, nurses have been landing back at the top more and more.

Mahoney says the trend is partly linked to the growing number of nurses who are entering the field with bachelor’s, master’s, or even doctoral degrees. “When I started my career [in the 1980s], if you had a bachelor’s-prepared nurse, it was unusual,” he says. “Now, increasingly, our workforce is master’s-prepared.”

Advanced-degree nursing programs often incorporate leadership theory and training—including Penn Nursing’s own MSNs in Nursing & Healthcare Administration and Health Leadership—which means grads are better prepared to take the helm later on.



“I do believe you’re really well positioned by the science and art of nursing to flourish in leadership roles.”

—Karen Flaherty-Oxler MSN RN

Words of Wisdom

How do you get started when you’re aiming for the top? All three alumnae nurse leaders offered their best career advice for other nurses who are looking to lead.

Regina Cunningham PHD RN AOCN FAAN, Gr’03

CEO of the Hospital of the University of Pennsylvania
 “Taking the opportunities to build your skills over time is really important. Seek out experiences where you will gain skills and let people know about your interests.”

“Look around the organization where you work and figure out who gets things done, then talk to them. Find out how they work. Sometimes you can identify a role model in your organization that way.”

“Having courage is also really important. Sometimes I say that if I could talk to my younger self, I’d say, ‘Don’t be so worried about making a mistake or what people are going to think.’ Be more courageous in taking the bolder steps. Don’t be reluctant to fail. If you see something that you think could be changed and you think you have the power to

contribute, make that known. Have the courage to go out on a limb. Don’t worry: If it doesn’t work, it doesn’t work.”

Karen Flaherty-Oxler MSN RN, G’85

Executive Director of Philadelphia’s Corporal Michael J. Crescenz VA Medical Center
 “Don’t narrow your focus. Keep your mind wide open and say yes to new opportunities, because you never know what is on the other side of that yes—what you will learn, how you will grow. If you have a very defined and regimented focus, you may lose opportunities.”

“Everybody has a supervisor or a manager. If they haven’t spent time with their manager, they need to do that. Getting a better feel for what your manager does may help you. You see different aspects of the organization, and I think you grow a lot from understanding that.”

“If you go to the top person in the organization or your chief nurse, you’re going to see that perspective. Yet I think it’s important to see all perspectives where you can. If you could create a shadowing experience or project management experience where you had

The swell of master’s and PhD programs in nursing is also helping to propel more nurses into the C-suite as chief nurses, which in turn tees them up for even higher titles.

“Many nurses who are on C-suite teams as the chief nurse—which is what I was—are developing very strong administrative skills,” Cunningham notes. “They know how to make decisions within an organization and how to get things done.”

The rise of nurse CEOs also parallels the rise of women leaders in general. (While more men have been entering nursing, according to the last US Census in 2011, 91 percent of nurses were still women.) In 2019, nearly 22 percent of new CEOs named in the first half of the year were women—compared to just 12 percent over the same period in 2010, according to data from Challenger, Gray & Christmas.

“As women in society take on increasingly complex and responsible administrative positions, we see nurses doing so as well,” D’Antonio says. “I see it as an increasing acknowledgement that women are quite successful in these high-level executive roles.”

And finally, there are the emphases on value-based care and patient experience sweeping through health care in recent years.

“As we think about shifting from the volume-based, fee-for-service world

to more value-based health care, there couldn’t be a better time for nurses to be at the helm of these organizations,” Cunningham says. “Nurses understand patients and nurses understand quality.”

“We’re starting to get an increased awareness of the importance of the patient experience to the entire healing process,” adds D’Antonio, “and in current hospitals, no one understands the patient experience better than nurses.”

What Happens Next

When a nurse walks into HUP for her first day on the job now, she’s surrounded by role models that Cunningham could never have envisioned 38 years ago—not only inside the hospital itself, but also nearby at both CHOP and the VA.

“The role models of nurse CEOs are really, really important for other nurses,” Bell says. “I’ve had so many nurses say to me, ‘I’ve seen you go from the bedside to being CEO, and it makes me realize I could do that, too.’”

It’s those role models who first cracked open CEO careers for nurses—and who will help the trend continue well into the future. “It’s a credit to the pioneers who were successful,” Mahoney says. “Otherwise the trend wouldn’t continue.”

Sue Keim—who directs both the Nursing & Healthcare Administration program and the Health Leadership program at Penn—says emerging

educational programs ensure that nurses will keep reaching high-level leadership roles well into the future.

Keim notes that a number of universities in the US are beginning to offer leadership-focused DNP—and in fact, come Fall 2021, Penn Nursing is on track to launch its own DNP in executive leadership.

“We’re going to expose students to higher-level health care finance and much higher-level leadership principles,” Keim says. “I have seen a growing trend in nurses who get DNPs in systems leadership becoming Chief Nursing Officers.”

Cunningham recalls a recent CEO summit she attended in Chicago, organized by the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education. “There were 25 CEOs invited, and three of them were nurses,” she says. “That’s amazing.”

“I think that nurses will increasingly be considered serious contenders for these roles,” she adds.

That’s not to say that becoming a nurse guarantees you’ll someday run an organization, or even that you’d want to. “I don’t think being a nurse [automatically] makes you a great executive,” Flaherty-Oxler says. “But I do believe you’re really well-positioned by the science and art of nursing to flourish in leadership roles.”

access to all [management levels], that would be ideal.”

“You should not be afraid to ask anyone any question or for career guidance.”

Madeline Bell RN, G’09

President and Chief Executive Officer of the Children’s Hospital of Philadelphia

“A lot of my career has been people asking me to do something that was outside of my comfort zone, or something I wasn’t particularly prepared to do. I would just say yes and learn how to do it along the

way. That’s a lesson I’m often trying to share with others. Oftentimes people limit themselves because they think it’s something they’re not prepared to do. I think the lesson I have from my career—on going from the bedside to being a CEO—was about taking a lot of chances to learn things outside of what I was comfortable with.”

“When you’re leading a project, make sure your team includes people with different backgrounds, styles, and skills. I’ve made diversity a priority at CHOP because having a diverse team helps us provide better care

(research shows that when your workforce reflects your patient population, patients have better outcomes), and because diverse teams come up with more innovative ideas than homogeneous teams. That’s especially important right now: As the health care landscape becomes more and more complex, we are going to need to think in entirely new ways to find the best solutions to the challenges we face.”

“Don’t take a job for the title. Many people think that a certain title will give them credibility. In fact, your influencing skills—that is, your ability to gain support

and “followership” from the people who will be affected by a decision—are far more important than your title. Your influencing skills, not necessarily a title, will help you get things done.”

“Work for a place that you believe in. To be successful in your career, it’s important to work for a place that reflects your own values. One of CHOP’s biggest strengths is that we have a workforce that is inspired by our mission and values. Having a team made up of employees who share a sense of mission and purpose makes us much more effective as a team.”

CASE STUDY

Innovation Accelerator Award Winner

The \$10,000 prize went to advancing Heart Failure Monitoring Socks.

Problem:

Over 6.5 million Americans have been diagnosed with heart failure. The American Heart Association predicts a 46 percent increase in the number of people diagnosed by 2030. How can we monitor heart failure patients who often have difficulty monitoring their own signs and symptoms?

Solution:

As a gerontological nurse practitioner for over 30 years, Pamela Z. Cacchione PHD CRNP GNP BC FGSA FAAN, Ralston House Endowed Term Chair in Gerontological Nursing with Penn Nursing, has first-hand experience with the difficulties some heart failure patients

have with symptom monitoring.

But it wasn't until Dr. Cacchione's own brother developed heart failure in his 40s following surgery that she considered a solution. "I could not get my brother to weigh himself," she said. "We finally started talking about impressions from his socks, a symptom of peripheral edema, and it gave me the idea to develop heart failure monitoring socks that would measure swelling, activity, and possibly weight for people with heart failure."

Dr. Cacchione's innovation, called Heart Failure Monitoring Socks, provides an option for early intervention when symptoms worsen, even if the patient lives in a remote area or does not have regular care provider visits. Heart Failure Monitoring Socks have the capacity to transmit data to a care provider, the patient's smart phone, or a trusted other, allowing not only for the identification of heart failure exacerbations but also to monitor for treatment effect.

After coming up with the idea, Dr. Cacchione partnered with a team of Penn Engineering senior design students to develop the first prototype. Her latest version of which features a more

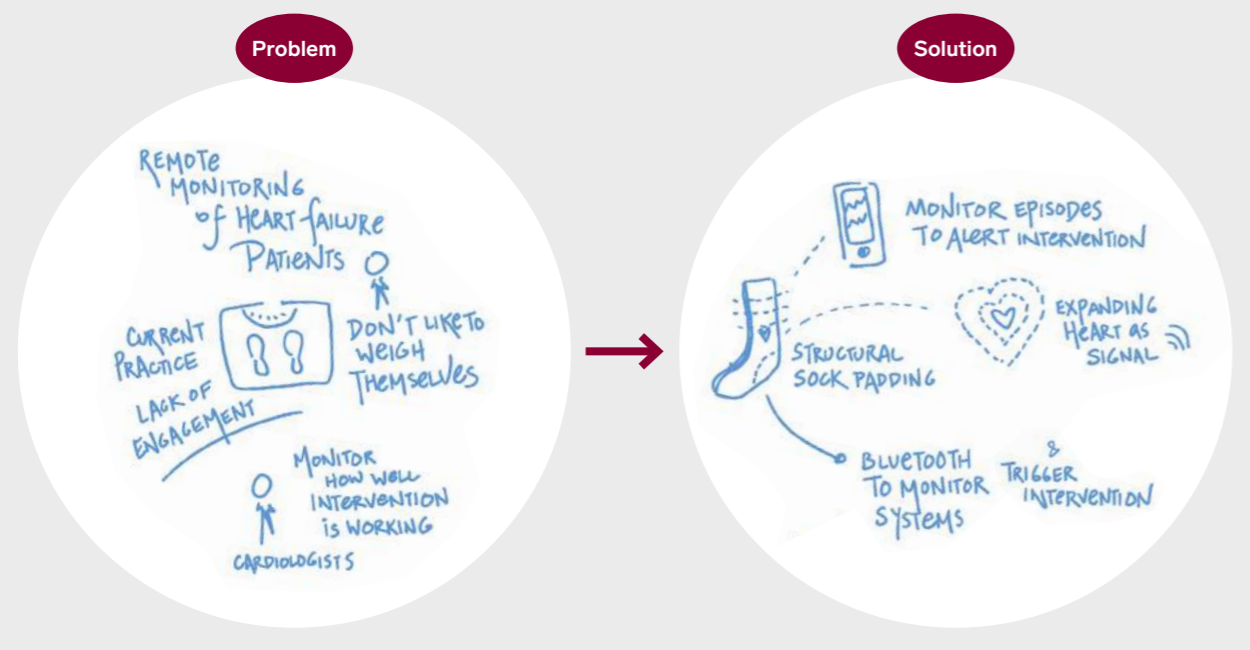
wearable, non-bulky design. More recently, the promise of Heart Failure Monitoring Socks won Penn Nursing's first Innovator Accelerator pitch day event in January 2020, providing Dr. Cacchione with a prize of \$10,000 to continue the process of bringing her socks to market.

Penn Nursing's Innovation Accelerator program prioritizes innovation and entrepreneurship, offering students and faculty an opportunity to compete for much-needed early stage seed funding to move inventive and ambitious projects forward. In addition to providing up to \$10,000 each year for projects, the winner(s) attend a 10-month accelerator program.

Marion Leary RN MSN MPH FAHA, Penn Nursing's Director of Innovation, noted, "I'm so excited to see the incredible solutions that develop through this program, but I'm even more excited for what a program like this can do to develop nurses as entrepreneurs." ❄️

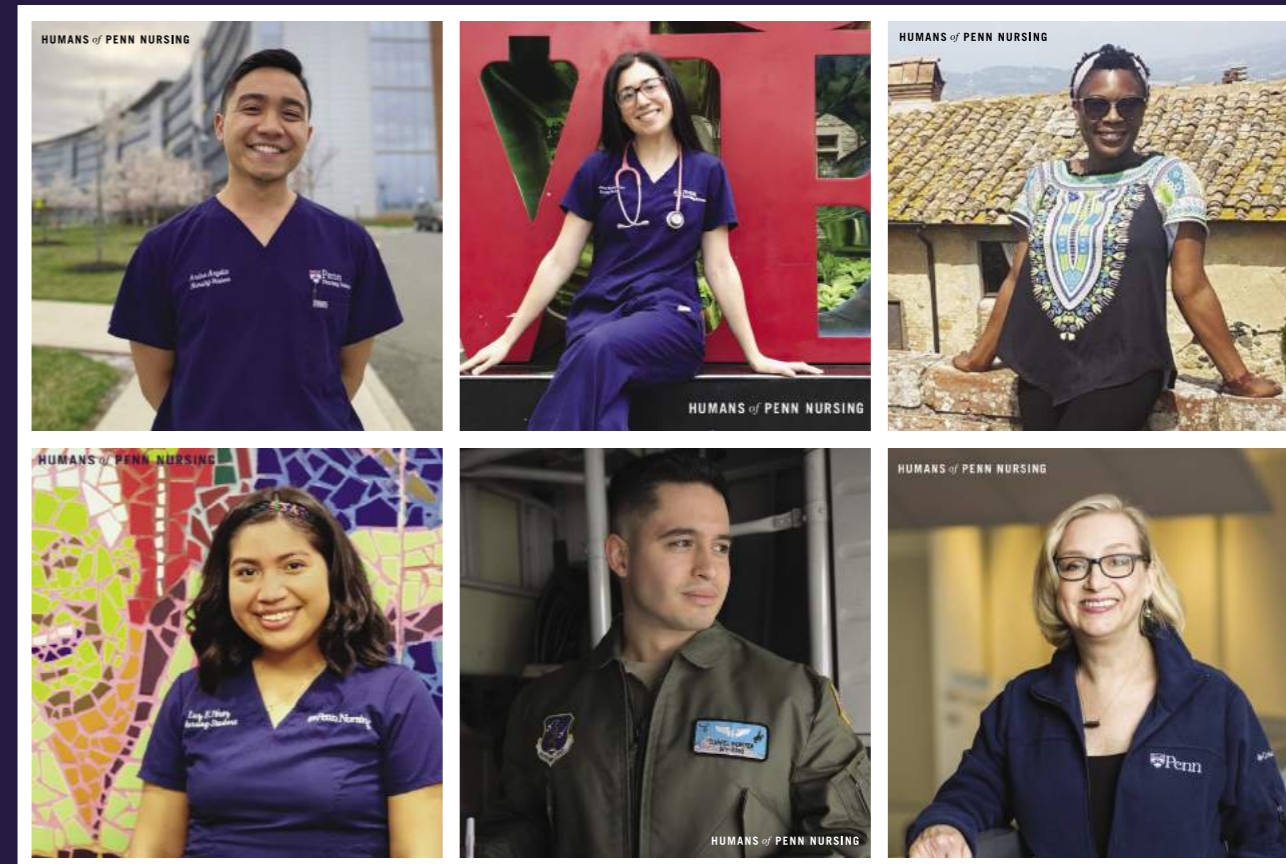
Thanks to generous support from Penn Nursing donors Carolyn E. Bennett, Nu'91; Seth M. Ginns, C'00; and Andrea B. Laporte, Nu'69, the Innovation Accelerator program is a critical source of entrepreneurial funding.

Smart Socks for Heart Failure



Live drawing from the Innovation Accelerator Pitch Event.

Illustration by Rachel Acker of Health Hero



HUMANS of PENN NURSING

Every nurse has a story and we want to hear yours.

Our new Humans of Penn Nursing series showcases the true, personal stories that explore the breadth and depth of the nursing experience, whether in research, practice, or teaching.

Join your friends, classmates, or fellow Penn Nursing grads who have already shared their stories!



Scan the QR code below or visit www.nursing.upenn.edu/humans and share your story today.

A DAY IN THE LIFE

What's it like to be a full-time student in the midwifery/women's health nurse practitioner program? Meet Cali Wang. Her mission is to help women live life to the fullest by promoting sexual and reproductive health and increasing education and opportunity for natural birth.

This spring, Cali worked at a free clinic in central Pennsylvania that provides gynecological services for uninsured people.

Cali Wang

BSN, RN, BA
Class of 2020



5:23AM

It's still dark. I wake up two minutes before my alarm is due to go off. I'm proud to have worked my eight-and-a-half-hour sleep cycle to a science.

5:35AM

I slice a piece of ginger for hot tea into my thermos. We caught a mouse last night—number three in four weeks. No one had mentioned this to me before I moved to Philly. No time today to take care of it; I'll let my roommates get it this time...

5:45AM

I get in my car and turn on Psalm 8 on audio to get my day started. I get through the long drive by singing along to Shane & Shane and talking to God. I'm grateful for the sunrise, which I watch in my rearview mirror, and for a new stash of mints that will help me survive all the odors I will inevitably encounter in clinic today.

7:35AM

I park in the "Provider Only" lot right behind the building, with permission granted by my preceptor on the first day of clinical. It's quite nice. I put on my silver molecule earrings of estrogen and serotonin. I have a rule to always wear something fun. I think it makes me look more personable, and every little bit helps, especially in this line of work where I'm getting all up in people's business who may be meeting me for the first time that day.

I grab my white coat. Five weeks into clinical, I'm still feeling a bit awkward and pretentious wearing it even though I know it's normal to feel that way. I enter the building, greet the receptionist at the front desk, and politely decline fresh coffee. Coffee makes me jittery. I'm at 100% capacity with eight-and-a-half-hours of sleep every night this week. I have my water bottle with me, so I'll remember to drink lots of water and snack on my trail mix throughout the day.

Print the schedule for the day, eat my banana for breakfast, and make prep notes for each patient

8:00AM

My preceptor arrives and we catch up. She lets me run every other visit, so I have time to chart.

Schedule for the day

- 28 y.o. start birth control
- 40 y.o. IUD replacement
- 70 y.o. annual gyne, vaginal dryness
- 21 y.o. pap/STI screen/vaginal itching
- 27 y.o. male penile wart treatment with TCA
- 19 y.o. chlamydia treatment
- 52 y.o. peri-menopausal gyne
- 43 y.o. abnormal v. bleeding x2 weeks

I realize I am wearing mismatched shoes—at least they are both black!



I notice that my first patient has no history of any Pap smear (cervical cancer screening) in her chart. ACOG

recommends that all females start at the age of 21 and get screened for sexually transmitted diseases (STDs). During our visit, I take the time to explain why we recommend these preventative services. One of the challenges is to not use medical lingo when we're talking to patients. It's been drilled into us at Penn Nursing. I'm glad to have practiced using common language in the classroom. It truly is a skill that, sadly, not all providers have. I end up doing a full gynecological-exam with her (pap, STD swab, pelvic exam).

My preceptor saw the young lady who came in for a depo shot. She is from South America. The clinic had tried to notify her of her positive chlamydia test, but the phone number had been disconnected. A letter had been sent to her address as a last attempt to reach her. Good thing she was due for a depo and had already been scheduled to come in. The licensed practical nurse (LPN) came in to translate for my preceptor. It took twice the time to relay all the necessary information to her and assure her of the treatment that would cure the STD.

I am reminded of the stark reality of health care. This clinic has a show-rate of 50%. We could have the most advanced treatments and services, but all of that is useless to someone who we cannot reach or communicate with in a language they understand.

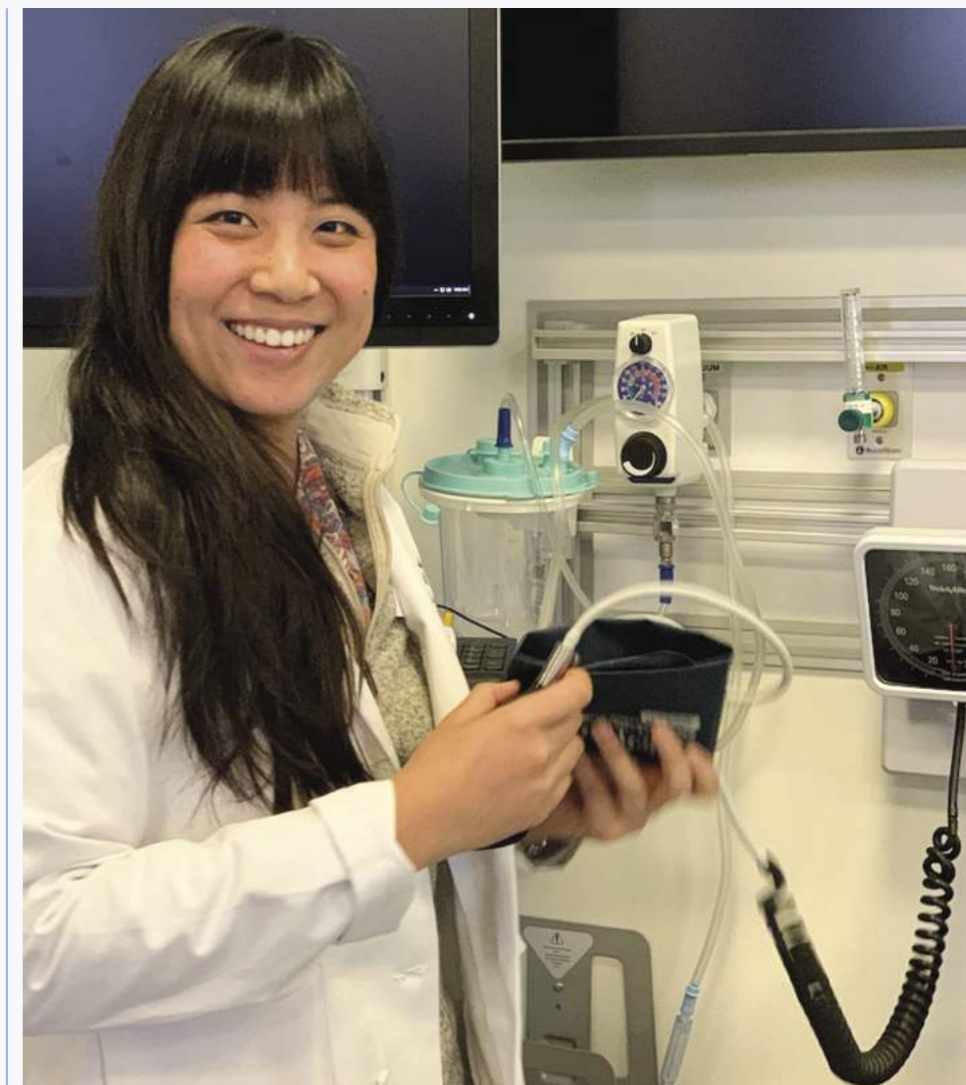
2:05PM

Debrief the day with my preceptor in the office and eat my lunch (leftover Brussels sprouts, salmon, sweet potatoes). She lets me ask her any questions I have without making me feel inadequate.

Edit my cheat-sheet notes for how to evaluate and treat abnormal uterine bleeding, then write a spiel on how to talk about birth control methods, and practice by saying it five times. Clock in my hours on CEP.

3:00PM

I pass by an Amish farm in Intercourse on the way home and stop to buy raw milk, eggs, and a jar of homemade rhubarb jam for \$5. I strike up conversation with



▲ Prepping for clinical.

Emma, the clerk who helped me with my purchases. She is the second-eldest of thirteen. I come to find out all the siblings were born at home, except one who was sent to the hospital. She leaves me the name of the midwife who works with the Amish community—maybe I'll try to reach out and shadow her someday. In return, I leave my number with her in case she ever wants to venture out to the city.

4:45PM

I make a stop at Horseshoe Trail in Valley Forge to go for a run. I meditate on the goodness of God and ask Him to help the people I saw today. Brokenness (of the body, of the spirit, of relationships) is all around us, yet somehow in nature,

time stops, and the heart seems to know that God is still at work and He is still good. I linger in that stillness.

5:40PM

Get back on the road. Traffic as usual. Tune the radio to 90.1 WRTI classical and jazz. Call my sister.

7:15PM

Home. I turn on classical radio again, and make dinner.

9:10PM

Shower and get on my PJs. Day off tomorrow. I'm asleep in 30 seconds.

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.

1970s

Carol McCarthy, Nu'71, GNu'86, is a Pediatric Nurse Practitioner at Madison Metropolitan School District.

Noreen Lawlor, Nu'74, GNu'83, works as a Psychiatric Mental Health Nurse.

Margaret Crowley, Nu'75, GED'79, GNu'06, works as a Nurse Practitioner at Penn Medicine in Hematology and Oncology.

Patricia Vuolo, Nu'77, is an Assistant Professor at SUNY Orange Nursing.

Jilda Green, GNu'78, is a Psychologist at Collaborative Care.

Joan Kelly Michaels, Nu'78, is the Director of Registry Services at the American College of Cardiology.



^ **Kristen Swanson, GNu'78**, is Dean and Professor at Seattle University College of Nursing. Her research focuses on caring responses to miscarriage and interventions to promote healing after early pregnancy loss. Her caring theory has been used to guide practice, education, and research in schools and health-care settings around the world. She is the first Virginia Mason Medical Center Distinguished Nurse Scholar. She has been a visiting professor in the United States, Thailand, Taiwan, and Sweden, and is frequently invited

to consult on strategies to create and sustain a culture of patient-centered caring in health care settings. She is an alumna of the Robert Wood Johnson Executive Nurse Fellows Program, an advanced leadership initiative for nurses in senior executive roles who aspire to lead and shape the future U.S. health care system.

Sarah Schorr, Nu'79, is a Practice Administrator at Dr. Alan B. Schorr Practice.

Janet Smith, GNu'79, is a Clinical Instructor at Weigner University.

Frances Welch, GNu'79, is a Nurse and Recovery Coach at Samaritan Daytop Village.

1980s

Donna Gibson, GNu'80, is a Nurse Practitioner at Palliative Care Team.

Kristine Shields, Nu'80, has written *Pregnancy and the Pharmaceutical Industry: The Movement Towards Evidence-Based Pharmacotherapy for Pregnant Women* (Elsevier, 2019). She writes, "The book explores the pharmaceutical industry perspectives on including 'the last research orphans' in drug studies and how it can be reconciled with recommendations from the Food and Drug Administration, Institute of Medicine, Council for International Organizations of Medical Science, and American College of Obstetricians and Gynecologists in favor of pregnant women's inclusion in drug testing." Kris is a women's

health nurse practitioner, with a master's in nursing and master's in public health from Drexel and a doctor of public health degree from UNC Chapel Hill. She lives in Bucks County, Pennsylvania and is working on a book about sexually transmitted diseases.

Deborah Wilson, Nu'81, is a Visiting Nurse with the Service of New York.

Kathleen Mahoney, Nu'82, GNu'86, is now a Nurse Practitioner at Healthcall Primary Care.

Gloria Sonnesso, GNu'83, is a Nurse at Temple Hospital.

Susan Feinstein, GNu'84, is a Faculty Member at the Cochran School of Nursing.

E. Susan Pollock, GNu'84, is a Nurse Navigator at the Mental Health Care Center.

Marykay Case-Gamble, GNu'85, is a Geriatric NP at Methodist Hospital.

Joseph Colagreco, Nu'85, works as a Nurse Practitioner at Rockefeller University.

Karen Flaherty Oxler, GNu'85, is the Executive Director of Philadelphia Veteran's



^ **Flaherty-Oxler, GNu'85, on the job.**

Affairs Medical Center. After 38 years of active duty and reserve enlistments, Karen Flaherty-Oxler, MSN, RN, GNu'85 is now leading one of Philly's largest medical centers—and bringing health care to 60,000 other veterans. Flaherty-Oxler says some of her current goals center on customer service, tailored programs for women veterans, and inspiring her colleagues to think bigger and find joy in their work each day. "The Philadelphia VA should be No. 1 in the country, and we will be," she adds. "We're on the journey."

Charlotte Thomas-Hawkins, GNu'85, GR'98, is the Director of the Center for Healthcare Quality at Rutgers University.

Danielle Galia Mullen, Nu'87, is a Certified Registered Nurse Anesthetist at United Anesthesia Services.

Elizabeth Sipala, GNu'88, is a Nurse Practitioner at Chestertown Cardiology.

Captain Jeanne Larson, Nu'89, is a Family Nurse Practitioner at Cape Fear Physical Medicine and Rehab.

Denise Prentice, Nu'89, is the Clinical Service Coordinator for Accolade.

1990s

Sherry Greenberg, Nu'90, GNu'92, GR'14, is an Associate Professor at Seton Hall University.

Mary Ann McLaughlin, Nu'90, GNu'93, is a Program Director at Gwynedd University.

Shelia Rossell-Lincoln, Nu'92, works as a Nurse Practitioner at Centerion.

Sarah Ann Delgado, Nu'93, GNu'99, works as a Nurse Practitioner at the American Association for Critical Care Nurses.

Katharine Elizabeth Donaldson, GNu'93, is a Nurse Consultant at the Central Jersey Family Health Consortium.

Alice Ho, Nu'93, GNu'97, is an Infection Prevention Consultant for the City of Philadelphia.

Katrina Losa, GNu'93, is the Executive Director of the Cancer Center in Newark New Jersey.

Joyce Anne Brill, GNu'94, works as a Nurse Practitioner and Professor at Rutgers University.

Robert Hess, GR'94, is the author of the Index of Professional Nursing Governance and the Index of Professional Governance, the only valid and reliable instruments for measuring governance among health care professionals in organizations, used extensively both nationally and internationally. He recently published a new book, *Shared Governance: The Essentials for Building Competencies and Measuring Progress* (2019) and the fourth edition of his other book *Shared Governance: A Practical Approach to Transforming Interprofessional Healthcare* (2014, 2018).

Tonya Andrade Schneider, GNu'94, is an Associate Professor at the University of Maryland.

Susan Horner Lloyd, Nu'95, is the Cancer Registrar

for Penn Medicine.

Kristen Montgomery, GNu'95, is a Nurse Midwife at LocumTenens.

Margaret Stone, GNu'95, recently began her role as a Staff Nurse Midwife at Kaiser Permanente.

Jacqueline Galbati, GNu'96, is the Vice President of Advancement at Camden County College.

Joanna Schnupp Imperial, GNu'96, Gnu'97, is now a Clinical Assistant Professor and Certified Nurse Midwife at the University of Texas Rio Grande Valley.

Teresa Merola, GNu'96, GNu'04, is a Nurse Practitioner at the LH Pediatric Facility.



^ **Susan Kyle Von Nessen, GNu'96**, is the Associate Dean of Clinical Affairs at Rutgers School of Nursing. She has dedicated much of her professional career to improving health care, and she offers first-hand clinical, strategic, operational, and research experience from her more than 30 years working in some of the nation's premier academic medical centers and children's hospitals.

Rosemarie Almonte, Nu'97, works in Clinical Informatics at the Mitre Corporation.



^ **Chris Friese, Nu'97, GNu'01, GR'05**, was recently named the Associate Director for Cancer Control and Population Sciences at the University of Michigan Rogel Cancer Center. In this role, he will lead the center's efforts around cancer screening, detection, and prevention, as well as research on cancer outcomes, disparities, and new models of



FROM THE PENN NURSING ALUMNI BOARD PRESIDENT

Dear Penn Nursing Alumni,

As many of you know, the World Health Organization has designated 2020 the Year of the Nurse & Midwife in celebration of the 200th anniversary of the birth of Florence Nightingale and in recognition of the pivotal role nurses and midwives in global health. Since the original drafting of this letter, COVID-19

has plagued several countries, and has recently besieged our cities. And while this is not how we hoped to showcase not only the magnitude of a single nurse's worth; we continue to work. Dean Villarruel and the entire Penn Nursing community had planned a busy year, ensuring that 2020 allowed us to educate the public about what nurses do and who we are, celebrate our accomplishments, and advocate for nursing practice.

But instead, we are showing them in real-time. Whether at the bedside, a clinic, operating room, labor and delivery; a telemedicine computer screen, a lab, a court room, or a school, we are exploring the full scope of what our communities need and developing comprehensive, patient-centered plans of care. We have left the security of our homes to ensure that the homes of others remain full and intact. We are placing ourselves in harm's way, caring for our colleagues and soothing the fears of strangers. I am sure many of us know someone who does not exactly understand what it is we do, or just how broad our scope of practice can be. THIS is who we are. We are the backbone of healthcare and we are showing the world the true meaning of resilience and grit. For some of us, it is difficult to step into the limelight, but we all show up and perform.

I was going to encourage your participation in webinars, Penn Club regional groups, the Penn Alumni Interview Program, and membership on the Penn Nursing Alumni Board. We were also going to urge you to attend Year of the Nurse & Midwife events and bring friends, family, and colleagues, but many of those events have now been postponed. What I can ask you to do is tell a story about an experience of yours or an observation you have made. Capture what nurses do in pictures or in words every single day. Educate your communities so that we can make an impact and "flatten the curve." Remind yourselves and the world why we do what do. And when we can do so safely, I promise you that we will come together to draw on each other's strength, resilience, hopes and lessons learned.

Lastly, the daily changes to restrictions, working from home, and social distancing can be frustrating and an inconvenience to say the least. I challenge you to find the bliss and blessing among these hardships. I charge you to prioritize self-care. As always, please keep us informed about what you are doing and how we can help. Please send your updates, questions, comments, and concerns to NursingAlumni@nursing.upenn.edu.

Very Best,

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

cancer care delivery.

Laura Barton Russo, Nu'97, works as a School Nurse in Baltimore County Public Schools.

Teresa Calendrillo, Nu'98, is the Vice President of Patient Care Services at The Charlotte Hungerford Hospital.

Karen Gibble, GNu'98, works in Advanced Treatment Options in a private practice.

Virginia Marshall, GNu'98, is the Chief Executive Officer of the Hospice Palliative Nurses Association.

Diane Luedtke, GNu'99, is working as a Certified Registered Nurse Practitioner at Matrix.

Minnette Markus, GNu'99, works as the Director of Quality, Safety, and Patient Experience at Rutgers University.

Bridget McMahon, Nu'99, is the Senior Director of Clinical Operations at Pharmaron.

Dennis Smith, Nu'99, is the Vice President of Sales for Campania International.

2000s

Susan Weisser, GNu'00, is a School Nurse at Gladwyne Montessori School.

Christine Cox Jude, Nu'01, GNu'03, is a Midwife at Kaiser Permanente.

Nicole Davis, Nu'02, works as a Nurse Practitioner at Unity Health Care.



^ **Hanne Harbison, Nu'02, GNu'03**, is a Lecturer and full-time faculty member in the Nursing, Family, and Community Health program at the University of Pennsylvania School of Nursing.

Kathleen Magee, Nu'02, W'02, works as the Director of the Cancer Center for Texas Children's Hospital.

Annaka Thibodeaux, Nu'03, GNu'06, is working as a Nurse Practitioner with Olympia Pediatrics.

Kristin Tuozzo, Nu'03, is a Senior Nurse Clinician at NYU Langone Health Center.

Lauren Fittz, GNu'04, is a Pulmonary Nurse Practitioner at National Jewish Health.

Kira Kuhn, Nu'05, GNu'07, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Jessica Kozierachi, GNu'05, is a Nurse Practitioner of Family Medicine at West Bend Family Medicine.

Courtney Baker, GNu'06, is a Nurse Practitioner at Hackensack Medical Center.

Anndrea Carey, Nu'06, GNu'10, is a Nurse Practitioner with TeamHealth.

Sage Macleod, Nu'06, GR'09, GNu'10, is a Nurse Practitioner at Coastal OBGYN and Midwifery.

Juliet Puorro, Nu'06, GNu'08, is a Clinical Nurse Leader at Penn Medicine Princeton House.

Joanna Wapner, Nu'06, GNu'14, is a Nurse Practitioner in Electrophysiology at Temple University Hospital.

Jamie Weller, Nu'06, is a Public Health Nurse Consultant at the New Jersey Department of Health.

Mariel Colella, Nu'07, GNu'10, is a Nurse Practitioner working with Doctors Without Borders.

Matthew Fox, Nu'07, GNu'11, is a Certified Registered Nurse Anesthetist at Dartmouth-Hitchcock Medical Center.

Colleen Horowitz, Nu'07, GNu'09, is a Complex Care Nurse Case Manager at Marin Community Clinics.

Yasmeen Mcpherson, GNu'07, is a Nurse Practitioner at Carilion Clinic.

Briana Ralston, Nu'07, GNu'10, GR'15, is a Nurse at Children's Hospital of Pennsylvania.

Lusine Poghosyan, GR'08, is the Stone Foundation and Elise D. Fish Associate Professor at Columbia University.

Regan Trappler, Nu'08, GNu'11, is a Nurse Specialist in Healthcare-Associated Infections

at DC Health.

Carly Young, Nu'08, GNu'12, is a Certified Nurse Midwife at Hospital of the University of Pennsylvania.

Lauren Anderson, Nu'09, GNu'11, GR'16, recently began her role as a Senior Pharmaceutical Sales representative for Amgen, Inc.

Alberta Jean Coscia, GNu'09, is a Pediatric Nurse Practitioner at Children's Hospital of Philadelphia.

Cynthia Paidpati, GNu'09, GR'17, is an Assistant Professor at Loyola University of Chicago.

2010s

Brittani Cook, Nu'10, is a Family Nurse Practitioner at Activate Healthcare.

Kelley Erickson, C'10, C'11, Nu'11, GNu'16, is a Nurse Practitioner at Seattle Children's Hospital.

Christopher Gordon, GNu'10, works as a Nurse Practitioner Team Manager at Integris Baptist Medical Center.

Allison Papinsick, Nu'10, GNu'15, is a Medical Liaison for Bristol Meyer Squib.

Svetlana Sakhnovsky, Nu'10, GNu'13, is a Nurse Practitioner at Holy Redeemer.

Jessica Phillips Steck, Nu'10, writes, "I recently published Nursing-Led Savings with other nursing colleagues at the Children's Hospital of Philadelphia (Sigma Theta Tau International, 2019). The book features the work of bedside nursing staff leading cost-savings projects and promoting a culture of bedside financial stewardship." Find out more about the book and read a sample chapter at bit.ly/31HemJO.

Sara Van Craeynest, Nu'10, GNu'12, works as a Nurse Practitioner at Jefferson Hospital.

Andrea Edwards, GNu'11, works as a Nurse Practitioner at DuPage Medical Group.

Benjamin Goodrum, Nu'11, GNu'13, is a Family Nurse Practitioner at Kaiser

Permanente.

Courtney Seiter, GNu'11, is a Nurse Practitioner at Children's National Medical Center.

Tamara Yang, Nu'11, is a Registered Nurse at Wave Plastic Surgery.

Anastasia Bouikidis, GNu'12, is a Nurse Anesthetist at Temple University Hospital.

Torrie Burt, GNu'12, is a Nurse Practitioner with Penn Medicine.

Jennifer Jen, Nu'12, GNu'16, is a NICU Nurse at Penn Medicine Princeton Hospital.

Anne Mitchell, GR'12, is an Assistant Professor at Thomas Jefferson University.

Rachel Schneider, Nu'12, GNu'14, is an OBGYN Clinician, Nurse Midwife, and Women's Health Nurse Practitioner at Brattleboro Memorial Hospital.

Catherine St-Gelais, GNu'12, is a Nurse at Montreal Children's Hospital.

Alexis Brianna Aaronson, GNu'13, works in Supportive Care and Palliative Medicine at the University of Pittsburgh Medical Center.

Megan Ault, Nu'13, GNu'15, is a Psychiatric Nurse Practitioner at Southern Illinois University School of Medicine.

Kelly Chen, Nu'13, W'13, GNu'18, is a Nurse Practitioner at NYU Langone Health Center.

Amber Lyons, Nu'13, GRN'19, is a Nurse Anesthetist at US Anesthesia Partners.



^ **Susan Lysaght Hurley, GR'13**, is currently the Director of Research at Care Dimensions, a community-based hospice.

Recently, Susan was named as one of 10 palliative care leaders in the country accepted into Cambia Health Foundation's Sojourns Scholar Learning Program. The Sojourns Scholar Leadership Program is designed to identify, cultivate, and advance the next generation of

palliative care leaders. As part of the leadership program, each Sojourns Scholar receives over \$180,000 in funding to conduct an innovative and impactful clinical, policy, educational, or systems change project in the field of palliative care. Scholars also receive individual mentorship to design and implement a development plan that supports their growth as national palliative care leaders.

Kevin Ozimkiewicz, Nu'13, is a School Nurse in the School District of Philadelphia.

Maris Mosley, Nu'13, GNu'15, works as a Nurse Practitioner with the Iowa Health Center.

Paula Sophia Mulliner, GNu'13, is a Nurse Practitioner at Optum.

Caitlin Reynolds, Nu'13, GNu'16, is a Nurse Practitioner at the University of Pennsylvania.

Zoey Gross, Nu'14, GNu'18, is a Certified Nurse Midwife and Women's Health Nurse Practitioner at Mount Auburn Hospital.

Kaitlin Luu, C'14, Nu'14, GNu'18, is a Nurse Practitioner at a nursing home.

Amanda Berman, Nu'15, GNu'18, is an Advanced Practice Nurse and Clinical Nurse Practitioner at Bluhm Cardiovascular Institute with Northwestern Medical Group.

Jennifer Breed, GNu'15, is a Nurse Practitioner with Children's Medical Group.

Heather Diffendall, GNu'15, is now a Nurse Practitioner at Wellspring York.

Sara Jayne Digirolamo, GNu'15, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Jodi Feinberg, Nu'15, GNu'20, is a Nurse Practitioner at NYU Langone Medical Center.

Bethany Geleris, GNu'15, is a Nurse Practitioner at University of California, San Francisco.

Alice Mulorz, GNu'15, is a Nurse Practitioner at Cooper University Hospital.

Adrienne Marie Ortega,

GNu'15, is a Nurse Practitioner at Haddonfield Internal Medicine.

Mario Pasuquin, GNu'15, works as a Nurse Practitioner at the University of Pennsylvania Hospital.

Christine Polek, GNu'15, is a Nurse Practitioner at Penn State Medical Center.

Giuliana Gonzalez Portillo, GNu'15, works as a Nurse Practitioner at Mary's Center.

Alexandra Ries, GNu'15, is a Nurse Practitioner for Cardiac Surgery at HUP.

Molly Schwalje, Nu'15, GNu'18, is a Nurse Practitioner at St. Christopher's Hospital for Children.

Mia Spinelli, NU'15, GNu'18, is now working as a Nurse Practitioner for the State of California.

Lauren Toler, GNu'15, is an Assistant Professor at Jefferson University.

Jennifer Toth, Nu'15, GNu'19, works as a Nurse Practitioner in Pediatric Hematology and Oncology at Medstar Georgetown University Hospital.

Catherine Wildenberg, GNu'15, is an Academic Success Coordinator at the University of Wisconsin.

Kimberly Venella, GNu'15, is a Nurse at Children's Hospital of Philadelphia.

Erin Begg, Nu'16, GNu'19, is a Neurology Nurse Practitioner at Synapse Neurology.

Jessica Gross, GNu'16, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Hope King, Nu'16, GNu'18, is a Nurse at the Hospital of the University of Pennsylvania.

Alexis Lipinski, GNu'16, is a Nurse Practitioner at St. Christopher Hospital.

Margaret Mitchell, Nu'16, GNu'19, recently began her role as a Nurse Practitioner at Children's Hospital of Philadelphia.

Samantha Pino, Nu'16, is a Registered Nurse at Jackson Memorial Hospital.



FROM THE HUP NURSING ASSOCIATION PRESIDENT

Dear Fellow HUP Alumni, I hope this letter finds you well. The HUP Alumni Association board members have been busy with long range planning for our 135th reunion that will take place in Philadelphia in 2021. Throughout this year and early next year, we will update you on the reunion through the bi-annual newsletter and in publications such as this. All we ask of you, currently, is to "save the date" of September 17-19, 2021 and to begin communicating with your classmates to start planning for attending the reunion. Remember, we hold reunions every five years, and the next reunion will not be held until 2026.

We have also been planning for our next luncheon. Please watch your email for more details.

We look forward to seeing many of you at the next luncheon.

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

Louise Babikow, GNu'17, is a Nurse Practitioner at Regional Gastroenterology.

Nicole Chaney, GNu'17, is a Midwife at Reddingbrook Center.

Bethany Claunch, Nu'17, GNu'18, is a Registered Nurse with Atrium Health.

Robert Collins, GNu'17, is a Certified Registered Nurse at Einstein Medical Center.

Elizabeth Curley, GNu'17, is a Nurse Practitioner with VCU Health Systems.

Eniayo Egberongbe, GNu'17, is a Nurse Practitioner with Rhode Island Counsel and Associates.

Katherine Gaddis, Nu'17, is a Registered Nurse at Hospital of the University of Pennsylvania.

Karina Gonzalez, Nu'17, is a Registered Nurse at the Children's National Medical Center.

Meghan Graham Maini, GNu'17, is the Associate Director of Quality at the Hospital of the University of Pennsylvania.

Vilben De Guzman, GNu'17, is a Nurse Practitioner at University of California.

Catherine Hagan, GNu'17,

is a Certified Nurse at All Women's Healthcare.

Ashleigh Holmes, GNu'17, is a Nurse Practitioner at LS Medicine.

Evan Jaep, GNu'17, works as a Nurse Anesthetist at Atlantic Care.

Lisa Juarez, GNu'17, is a Palliative Care Nurse Practitioner at Abington-Jefferson Health.

Ilona Kharazi, GNu'17, is a Nurse Practitioner at Einstein Medical Center.

Abigail Kienzle, GNu'17, is a Nurse Practitioner at CVS Minute Clinic.

Angie Feng Lam, GNu'17, is a Nurse Practitioner at New York Presbyterian Hospital.

Deborah Lipman, GNu'17, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Teresa Mahoney, GNu'17, is a Nurse Practitioner at the Children's Specialized Hospital in New Jersey.

Nicole Myers, GNu'17, is a Certified Nurse Midwife at Midwife Care Associates.

Stephanie Noelle Neubert, GNu'17, is a Nurse Practitioner

Penn Nursing Babies



^ **AnnMarie Thuer, GNu'12**, welcomed her son Thomas Baran Thuer in January of 2019, and here he is in his Penn Nursing onesie!

Margaret Root, GNu'15, shared that she welcomed twins in early 2019.

Megan Ratwani and her family welcomed Connor Ratwani, born August 5, 2019. He joins his sister Charlotte (5) and brother Patrick (3).



^ **Amy Witkoski Stimpfel, GR'11, and her husband Scott, GRD'13**, are thrilled to announce the birth of their second son, Benjamin Francis, on July 22nd. "He was born at NYU Langone Medical Center, weighing in at 7lb 5 oz and 19 inches long. He's ready to join big brother Peter as a future Quaker!"



^ **Heidi Ricker, GNu'14**, and her family welcomed their second baby, Xander Michael Ricker, on November 4, 2019.



^ **Melissa Garcia, Nu'09, GNu'13**, and husband Douglass Stewart, ENG'08, WG'16, are proud to welcome their second child, Clara Maria Garcia Stewart. Clara was born at Bryn Mawr Birth Center on December 26, 2019, weighed 7 lbs. 3oz, and measured 19 3/4" long.



^ **Katelyn Wright, GNu'15**, shared that she and her family welcomed a third baby to their family. She told us that "Silas Grey was born on December 5, 2019, (and) the little man completes our family."



^ **Xiaopeng Ji, GR'17, GRW'17**, welcomed baby boy Evan J. Sui on June 28, 2019. She and her family are so excited for the adventures with their little bundle of joy.

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.

at the Children's Hospital of Philadelphia.

Angela Marie Oakes, GNu'17, works as a Nurse Practitioner with Penn Medicine.

Bhumi Patel, GNu'17, GNu'18, is a Nurse Practitioner at Pennsylvania Hospital.

Rise Perry, GNu'17, is an Acute Care Practitioner with Wealth Span Work.

Wylan Rosser, GNu'17, recently began his role as a Hospitalist with InVision Services.

Heather Santucci, GNu'17, is a Registered Nurse with the Hospital of the University of Pennsylvania.

Benjamin Shelkrot, GNu'17, is a Nurse Anesthetist at Society Hill Anesthesia Consultants.

Justine Suzette Sefcik, GR'17, is a Post-Doctoral Fellow at Drexel University's College of Nursing and Health Professions.

Ellery Spahr, Nu'17, is a Nurse at Children's Hospital of Philadelphia.

Michelle Teicher, Nu'17, W'17, is an Analyst at PJT Partners.

Leah Rose Turner, GNu'17, is a Nurse Practitioner at Penn Medicine.

Thomas Alne, GNu'18, is a Nurse Practitioner at Hospital of the University of Pennsylvania.

Rex Bruno Ambatali Jr., GNu'18, is a Neurosurgery Nurse Practitioner at the University of California Davis Medical Center.

Maureen Beck, GNu'18, is a Nurse Practitioner at NYU Medical Center.

Dooler Stanley Campbell, Nu'18, is a Nurse at Wake Forest Hospital.

Lauren Cobert, GNu'18, is a Pediatric Nurse Practitioner with the University of Virginia Health Systems.

Ashley Cautillo, GNu'18, is a Certified Nurse Midwife at Robert Wood Johnson Barnabas Health.

Richard Damato, GNu'18, is a Nurse Practitioner with a private practice.

Courtney Ann Davoli,

GNu'18, is a Nurse Practitioner at Margiotti and Kroll Pediatrics.

Jamie-Marie Defelice, GNu'18, works as a Nurse Practitioner at Penn Medicine.

Lauren Elizabeth Galea, GNu'18, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Samantha Garrett, Nu'18, is now a Clinical Nurse at University of Pennsylvania Health Systems.

Alaina Hall, Nu'18, works as a Registered Nurse in the Children's Hospital at Montefiore.

Caitlin Hoffman, GNu'18, is a Nurse Practitioner at Children's Hospital of Philadelphia.

Stacy Elizabeth Hopkins, GNu'18, is a Nurse Practitioner specializing in Endocrine and Oncologic Surgery at the Hospital of the University of Pennsylvania.

Alexandra Hunt, GNu'18, is a Nurse Practitioner at University of Maryland Medical Center.

Elizabeth Hutchinson, GNu'18, began her role as a Registered Nurse at Penn Hospital.

Rosario Jaime-Lara, GR'18, is a Post-Doctoral Fellow at the National Institute of Health.

Alexis Kalargheros, Nu'18, is a Registered Nurse at Children's Hospital of Philadelphia.

Anne Kinsey, GNu'18, is a Nurse Practitioner at Jefferson Hospital.

Yewon Adriana Lee, GNu'18, works as a Nurse Practitioner at Ohio State Medical Center.

Danielle Lungelow, GNu'18, is a Psychiatric Nurse Practitioner at MCC.

Marlene McHugh, GNu'18, is an Assistant Professor of Nursing at Columbia University.

Brittany Moldover, GNu'18, is a Nurse at Penn Medicine.

Susan Soyung Park, GNu'18, is a Neuro-critical NP at Tower Health.

Karishma Saumin Patel,

GNu'18, is a Nurse Practitioner at Children's Hospital Los Angeles.

Laura Christine Roman, GNu'18, is a Pediatric Nurse Practitioner at Fairfax Pediatric Associates.

Mary Szymanski, GNu'18, is a Nurse Practitioner working in Geriatrics at Jefferson Hospital.

Lauren Tieniber, GNu'18, works as an Advanced Practice Nurse at Robert Wood Johnson University Hospital.

Audrey Weisman, GNu'18, is a Nurse Practitioner with Northwell Health.

Andre Angelia, Nu'19, GNu'21, is a Registered Nurse at Penn Medicine Princeton Medical Center.

Shoshana Aronowitz, GR'19, GR'21, is currently a National Clinician Scholar Program fellow at Perelman's School of Medicine. She was

recently interviewed by NPR for a story entitled "Black Americans Tend to Live with Unmanaged Pain When Under-Prescribed Opioids Due to Racial Bias." In the interview Shoshana addressed the "long term consequences, such as trouble engaging with their families or participating in healing activities" when they are undertreated in pain.

Ashley Bannerman-Martin, Nu'19, GNu'21, is a Registered Nurse at Mercy Health System of Southeastern Pennsylvania.

Tyler Bird, Nu'19, is working as a Nurse at the Lincoln All American Center.

McKenna Boit, Nu'19, GNu'21, is a Registered Nurse at Seattle Children's Hospital.

Anna Campbell, Nu'19, GNu'21, is a Registered Nurse at Massachusetts General Hospital.

Joseph John Dovidio,

GNu'19, is a Nurse Practitioner in the Thomas Jefferson University Health System.

Sydney Liu, Nu'19, W'19, is a Deals Strategy Associate at Price Waterhouse Cooper

Kynnedie Maloz, Nu'19, GNu'20, is a Registered Nurse at Children's Hospital of Philadelphia.

Elizabeth Menne, Nu'19, is an Emergency Room Nurse at Sky Ridge Medical Center.



^ **Breanne Mastromarino, Nu'19**, writes, "after graduating in May 2019, I explored my creative talents by interning as a Social Media Coordinator in the department of Residential and Hospitality Services at Penn.

In Memoriam



^ **Dr. Samuel Louis Fagin** on December 24, 2019. A brilliant engineer/mathematician, Sam received graduate degrees from New York University (Math), the University of Maryland (EE) as well as a Bachelor of Science from CCNY (EE). He had many patents and was one of the inventors/developers of Optimal Filter Theory. This work was recognized in his book and many articles describing this theory. For the majority of his career he worked as a consultant to the government and various private companies. Sam served in the US Army Signal Corps in WWII and claimed he shortened the war by three minutes!

Sam loved book shops, sailing, playing chess in Central Park, and traveling to far away

places, especially France. Sam was the devoted husband of Dean Emerita Claire Fagin for 67 years. As Claire's partner in all things, many of you will remember Sam as a staunch supporter of nursing and, for nearly 50 years, a staunch supporter of Penn Nursing. Always at her side, as the photo reflects, Sam's gentle, quiet brilliance and wry humor were a great complement to Claire's equally brilliant and dynamic energy. For his many contributions to our School, Sam received the Penn Nursing Honorary Alumni Award in 2006. We will miss Sam, but his contributions to Penn Nursing are forever a part of our School. Sam is survived by his wife Claire, sons Josh and Charles, and his nephews and nieces: Miles, Harry, and Adam Snyder; Steven and Robert Fagin; Allen Fagin and Sharon Raucher Reier; and Donna Raucher Snyder.

Sister Teresita Hinnegan on February 10, 2020. Bill

McCool shared this memory and tribute, "Sister Teresita was a tireless proponent for the well-being of not just women in need, but of all of humanity. She was so innovative, and made sure that her innovations were for the individuals most in need, whether that included women who had been trafficked and/or imprisoned; or underfunded midwifery students who benefitted from her grant writing; or rural nurses who wanted so desperately to become midwives while staying in their communities. In her efforts to reach the latter group of folks, she almost singlehandedly put together Penn's first online education program. And the program was synchronistic and live at a time when people were still learning about, and leery to trust, "distance learning."

After leaving Penn, she took on the difficult task of founding "Dawn's Place," a non-profit organization that provides

I have recently started working as a Clinical Nurse I on Founders 12, a general medicine and telemetry unit, at the Hospital of the University of Pennsylvania. I am thrilled to be living near campus and plan to remain involved as a Penn alum by interviewing, leadership giving, and reunion planning."

Kayla Penniman, Nu'19, GNu'20, is a Registered Nurse at Genesis.

Julianne Smolyn, Nu'19, GNu'21, is a Registered Nurse at Memorial Sloan-Kettering Cancer Center.

Hue Truong, Nu'19, GNu'20, is a Registered Nurse at UPHS.

Cecelia Wang, Nu'19, GRN'24, is a Registered Nurse at University of California, LA.

Anyu Zhuo, Nu'19, GNu'21, is a Nurse at John Hopkins Hospital.

long-term trauma recovery and comprehensive support services to both internationally and domestically trafficked women. That same year, 2007, Teresita also opened the Center for the Empowerment of Women in the Roxborough neighborhood of Philadelphia. The mission of the center is To stop the silence and put an end to all violence against women and girls. In 2013, she became the first religious sister to offer the opening invocation at a session of the Pennsylvania House of Representatives, invited by Rep. Pam DeLissio.

Thanks to the nomination of Kim Trout, PhD, CNM, who at that time was a tenured faculty member at Villanova University's School of Nursing, Sr. Teresita received an honorary degree of Doctor of Medical Science from Villanova University in 2009. She was a special person who lived a life well-lived, not just for herself, but for everyone's lives whom she touched. "

In Memoriam

1940s

Ruth E. Ambrey, HUP'43, on August 4, 2019. Ruth loved children and combined this with her nursing degree as a school nurse in the Hamilton Township schools for many years. She was very proud of her nursing degree from the University of Pennsylvania, Class of 1943, where she met her late husband, Frank. Widowed at a young age with two small daughters, Susan and Sherry, Ruth returned to the College of New Jersey, where she received her bachelor's degree in school nursing. Ruth is survived by her daughters, Susan and Sherry, along with many grandchildren and great-grandchildren.



^ **Shirley Koop, HUP'46**, on December 9, 2019. Shirley graduated from the University of Pennsylvania School of Nursing in 1948. After graduation, Shirley worked as a staff nurse in the emergency and receiving unit of Conemaugh Valley Memorial Hospital until 1950 and went on to serve as a nurse for Bethlehem Steel Company until 1952.

Marion Woods, HUP'46, on January 8, 2020. After growing up in Bethlehem, Pennsylvania, she received her nursing training at the University of Pennsylvania. She went on to practice nursing both in Pennsylvania and North Carolina. On November 26, 1944, she married James Watson Woods, Jr., a marriage that lasted until his death in February of 2000. Together they settled in North Carolina, where they raised three children, Diane, James, and Martin.

Dorothy Barnhart, HUP'47, on December 7, 2019. Dorothy worked until her retirement for Somerset Hospital as a Registered Nurse with over 40 years of service.



^ **Katherine Fratti, HUP'47**, on August 25, 2019. Katherine retired from the Lebanon VA Medical Center in 1977 and the Hershey Medical Center in 1997. Katherine was a dedicated and hardworking nurse for most of her life, serving her patients with great care and compassion. With that same gracious and kind demeanor, she raised three children and was a grandmother to four grandchildren.

Edna (Trudy) Spangler, HUP'47, on August 29, 2019. Trudy's heart was as wide as the world, and her love and care for others was present in every movement of her life—as nurse, hospice volunteer, deacon and elder of her church, daughter, sister, aunt, mother, grandmother, great-grandmother, and friend.

Marian Krider Nattress, HUP'48, Nu'59, on January 8, 2018. She received her RN from the School of Nursing at the Hospital of the University of Pennsylvania, her BS in Nursing degree from the University of Pennsylvania, and completed her master's degree requirements from University of Pennsylvania, Penn State, and West Chester University. Following graduation from nursing school, she worked at HUP as a staff nurse, head nurse, and Director of the Student Nurses' Health Services. She was the youngest nurse ever to become an administrator. She is survived by her two daughters,

Barbara and Georganne; her sister Mildred and many nieces and nephews.

Janet Fischer Glatfelter, HUP'49, on November 7, 2019. Janet served as a skilled nurse of fifty years, a devoted wife of 45 years, a nurturing mother of four, a grandmother of 11, and a great grandmother of 10.

1950s

Carolyn Hocker Cooper, HUP'50, Nu'55, on October 9, 2019. She was a dedicated and inspiring educator and mentor. Surely, Central Illinois and beyond is filled with numerous capable health-care providers who learned many of their skills thanks to Carolyn's excellent teaching, generous assistance to colleagues, and her extensive volunteer service to her profession. Carolyn Cooper received multiple prestigious awards over the course of a long career as a Registered Nurse and a Professor of Nursing.

Marilyn Carr Maher, HUP'52, on December 26, 2019. **Siu Lien Huang Tsung, Nu'52**, on March 13, 2019. Siu Lien earned her degree in Nursing Education from the University of Pennsylvania. She was a devoted wife, mother, homemaker, and grandmother. She is survived by her loving sons, their spouses, and her two grandchildren.

Cora Searing, HUP'53, on December 3, 2019. Cora was a member of the Christian Missionary Alliance at Chapel Pointe, and she was an avid reader and enjoyed embroidering. Cora retired as a Registered Nurse working in the Washington, DC metropolis.

Elizabeth Mellick Mulla, Nu'54, on November 30, 2019. **Patricia Quinn, HUP'54**, on April 2, 2019.

Nancy Jane Clarke, HUP'55, on November 11, 2019.

Martha G. Erdner, HUP'55, Nu'60, on November 24, 2019. After graduating from Allentown High School, Marty went on to graduate from the University of Pennsylvania and the Hospital of University of Pennsylvania. She practiced as a nurse in several Philadelphia area hospitals. She is survived by her husband E. Larry Erdner; daughters Trish, Susan, and Lauren; and grandsons Devin and Brennan.



^ **Dorothy Quinn Streeto, HUP'55**, on November 15, 2019. Dorothy ("Dot") was head nurse at the Hospital of the University of Pennsylvania, a graduate of the University of Pennsylvania, School of Nursing. She worked briefly at Hartford Hospital prior to the birth of her first child. She was an exceptional woman: cheerful, intelligent, sensitive to all she met and knew who were in need. All of her life was one of love and service.

Nancy Kanjorski, HUP'57, on August 18, 2019.

Dolores Stankavage, HUP'57, on August 9, 2019. After graduation, Dolores worked in the hospital's neuroscience department. Dolores married her husband Leo in 1961 and left nursing to raise her four children. As the children became independent, she returned to nursing, working the night shift at the Neshaminy Manor assisted living facility until her retirement in 1998.

Barbara J. White, HUP'57, on September 26, 2019.

Marcia Miklos Finisdore, HUP'58, Nu'61, on August 16, 2019. Over the decades of her life, Marcia was a nurse, a Montessori teacher, a small

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In Memoriam

business owner, a teacher and trainer, a nurse case manager, a home builder, and a real estate investor. Her most treasured role was as an advocate—for everyone seeking justice, but most of all for hearing-impaired people. Most important to her was the Distinguished Alumni Award from the Nursing School of the University of Pennsylvania and the Rocky Stone Humanitarian Award. She rests easy in the knowledge that she made a difference for many.

▲ **Mary Louise Frevold, HUP'58**, on July 8, 2019. Mary Lou proudly served as an officer in the US Navy and worked at the Bedford VA Hospital for over 30 years, having retired at the age of 72.

▲ **Sharon Hall McGonigal, HUP'58**, on August 9, 2019. Sharon dedicated herself to nursing throughout her lifetime, beginning her career working in labor & delivery for more than 20 years. She continued her learning and transitioned to emergency nursing, where she worked in the Hanover Hospital Emergency Department for 29 years while she passionately supported emergency nursing through being an active member of the Pennsylvania Emergency Nurses Association.

▲ **Joane Donald Disanti, Nu'59, GNu'82**, on August 22, 2019.

1960s



▲ **Joann Nallinger Grant, HUP'62, Nu'72**, on November 21, 2019. Joann, known for her indomitable spirit and

no-nonsense talk, was born to George and Ann Nallinger in Philadelphia on April 30, 1941. After graduating from Upper Darby High School, her sense of compassion and desire to be of service led her to pursue a nursing education at the Hospital of the University of Pennsylvania (HUP). She became a registered nurse (RN). JoAnn was working in the HUP emergency room when she chanced on a newly minted doctor, Igor Grant, who was evaluating pediatric patients. From this first encounter sprang an affection, then love, that endured for 52 years. JoAnn was recruited to work with a surgical team at Penn developing what was to become the first practical way to deliver balanced nutrition intravenously to patients who could not take nourishment by mouth due to cancer or other afflictions. JoAnn became recognized as the first nurse in the field of total parenteral nutrition. JoAnn was a generous supporter of causes that involved health, social justice, and the environment. At the University of Pennsylvania School of Nursing, she and Igor established an endowment for an annual award that recognizes a student who demonstrates excellence in nutrition research. JoAnn is survived by her husband Igor Grant; daughters Jenna and Leslie; grandsons Boris, Lee, and Ellis; and her brother Kenneth Nallinger.

▲ **Lucille Musser Arking, Nu'68**, on August 22, 2019. After graduating with her RN from the three-year program at Episcopal Hospital School of Nursing, Lucy worked as a public health nurse trainee for the City of Philadelphia, where she and her colleagues helped educate and treat infections throughout the city. This earned her a citation from the Mayor

and, more importantly, made it possible for her to apply for, and win, an NIH fellowship to earn her BSN in Nursing from the University of Pennsylvania in 1968. Lucy is survived by her husband of 60 years, Robert; two sons, Henry and Jonathan; and six grandchildren.



▲ **Susan Gantt Helstein, Nu'69**, on November 3, 2019. Susan received her nursing degree from the University of Pennsylvania, where she was inducted into Sigma Theta Tau, the National Honor Society for Nursing. After years of working in the medical field, Sue left the formal nursing profession to be an “at-home Mom” to her four children, to whom she devoted her loving and learned efforts to raise them to be faith-filled caring parents and giving members of society.

1970s

▲ **Elizabeth Beal Bowman, Nu'70**, on July 8, 2019.

▲ **Arthur Kretschmer, GNu'74**, on January 15, 2018. Arthur was born on January 22, 1938 in Rochester, NY. After serving in the army, Arthur became psychiatric nurse before retiring in 2006.

1980s

▲ **Mary L. Botter, GNu'84, GR'98**, on July 12, 2019. Mary's true passion was nursing. Mary's joy came from promoting the profession through her work with others. She was a beloved teacher, mentor, nurse executive,

consultant, and devoted friend who approached life with grace and courage. She saw the light and the goodness in everyone and everything.

▲ **Donna Bruchmann Vogel, GNu'89**, on August 29, 2019. Donna graduated from Georgetown University with a bachelor's degree in Nursing and continued her education, achieving a master's from University of Pennsylvania, concentrating her studies on Perinatal Clinical Nursing. After working as a Nurse Practitioner, she taught Nursing for many years, spending most of her time as a Professor at Fairleigh Dickinson University in Teaneck, NJ. Her love for nursing and passion to help people changed so many people's lives.

1990s

▲ **Marianne Patricia Pavlovitz, Nu'93**, on May 4, 2019.



▲ **Julie Scenna Fitzgibbons, GNu'95**, on November 19, 2019. Julie graduated from the University of Pennsylvania and the Jefferson School of Nursing. Julie spent her career as a registered nurse and a nurse practitioner, including over 25 years caring for women at Chestnut Hill Hospital, Abington Women's Primary Healthcare Group, and Einstein Montgomery Women's Health. Julie was a vibrant spirit. She was exceptionally thoughtful and a trusted confidante to many. Among her greatest joys were spending time with friends and family as well as being Nana to her four grandchildren.



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Celebrate! 2020 has been named the Year of the Nurse and Midwife.

Path



Born in Silver Spring, Maryland. Moved to Ghana, West Africa at age 4 for a year and attended kindergarten. Returned to the U.S. to discover that her kindergarten curriculum had covered most of what she would learn through third or fourth grade.

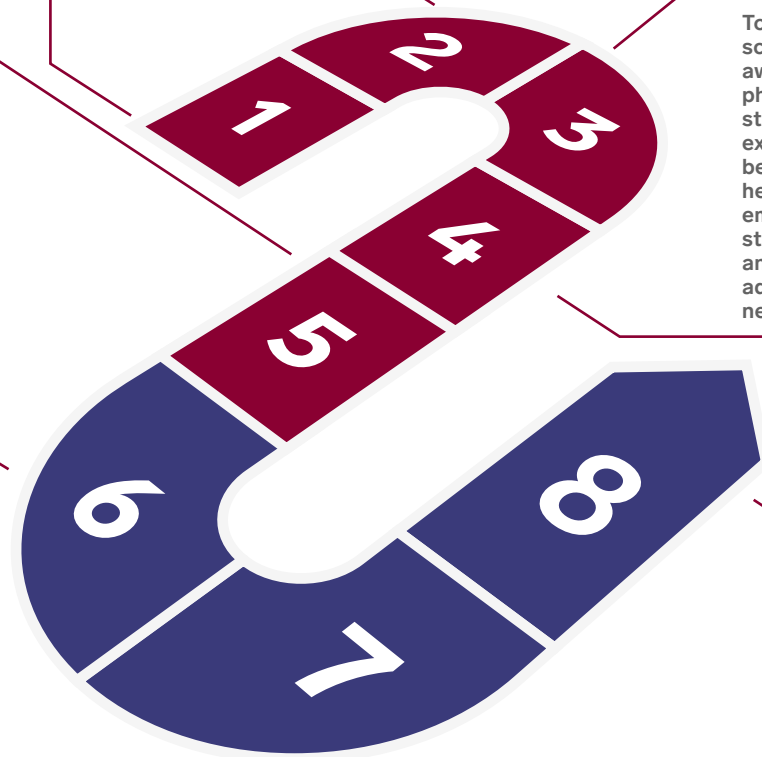
Mother provided care for a child who attended Helena's middle school. "Watching my mom in school, learning with her patient, was interesting to me." Realizing that nurses can do a lot of different things influenced her decision to enter the profession. Got involved. And took an informal role as sexual health educator for peers.

As the oldest girl in the family, had an "always taking care of others spirit." Protected victims of bullying. Knew she wanted to help people. Attended a middle college program, graduating from high school with a diploma and an associate degree. Considered a career in psychology or psychiatry.

Toward the end of high school, stepfather passed away. Though he'd been physically abusive, she still grieved the loss. The experience was significant because it encouraged her to deal with conflicting emotions. Witnessing sub-standard first responders and her LPN mother's advocacy raised her awareness of health inequity.

Attended University of Maryland Baltimore County for undergraduate studies, majoring in psychology and graduating in two years thanks to the associate degree she'd earned in high school. Could have taken three classes per semester and graduated in four years, but had a drive to accomplish and didn't want to waste time.

Entered Johns Hopkins MSN program and began working in community-based research with Penn Nursing alum Kamila Alexander PHD, GR'12. Focus: HIV prevention among black women and men. Learned from an academic standpoint about women who experience violence and how a lack of power increases risk of HIV.



PENN NURSING

Finished MSN in May 2019 at age 21 and matriculated at Penn Nursing for PhD program. Now splits her time between clinical work at a psychiatric hospital in Northeast Philadelphia and research at the intersection of violence, trauma, and substance abuse.

Helena Addison MSN RN Penn Nursing PhD Student

Clinical practice and research at the intersection of violence, trauma, and substance abuse

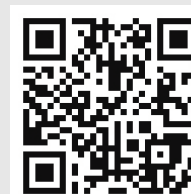
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