

Penn Nursing

FALL 2023

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE

Bright Ideas

How Penn Nursing is bringing genius solutions to challenges that have vexed health care for years.

Penn Nursing DNP students showcase brilliant ideas for a workplace that works better [P. 28](#)

Improved workplace conditions make nurses want to stay. Ask Penn Nursing how it knows [P. 36](#)



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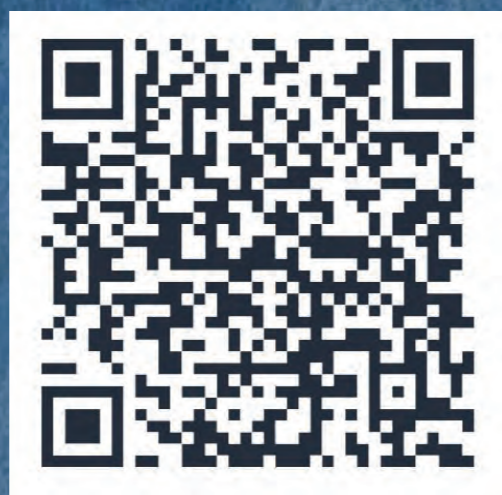
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- BSN or higher from an ACEN/CCNE accredited school
- Must be between the ages of 18 - 47
- Willing to relocate



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We want to hear your thoughts about Penn Nursing magazine. Please send your letters to the editor to magazine@nursing.upenn.edu or tag us on socials @PennNursing.



“The DNP Project Showcase plays a pivotal role in displaying the knowledge and skills [students] have acquired in both academic and clinical settings, as they bring it to life from research to implementation.”

—Dawn Bent DNP MSN
 CRNA, p. 34

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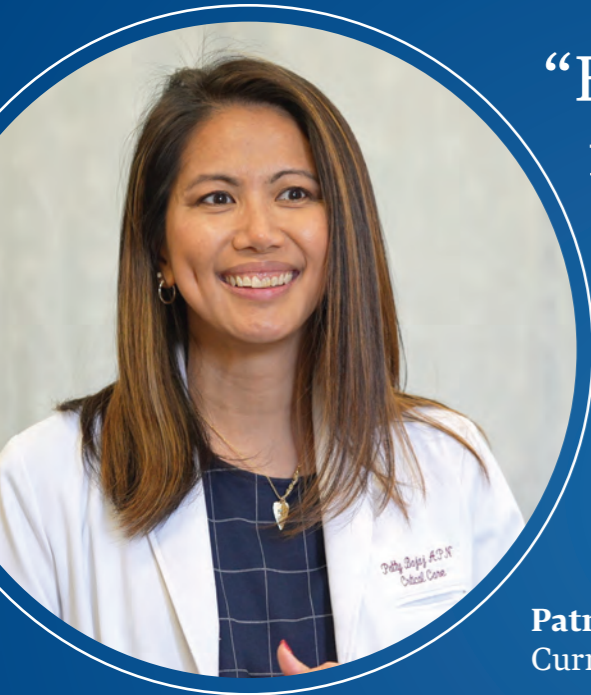
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“Nurses need to be involved in the innovative processes, to co-develop solutions. [...] That's how you get buy-in.”

—J. Margo Brooks Carthon
 RN FAAN GRN'08, p. 38



“Being a mom of four and a full-time critical care nurse practitioner, I am able to fulfill my personal and professional dream of advancing my career in the comfort of my home.”

Patricia Bajaj, ACNP-BC, RN, MSN, CCRN
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Dean's Letter

Fearless Innovators for a Changing Field

Dear Friends and Colleagues,

WE'VE ALL SEEN news about nurses leaving the profession due to burnout, and nurses striking to ensure better working conditions and quality of life. I'm often asked what I tell people who are considering nursing as a career in this environment—what we tell our students at Penn Nursing. The truth is that the kind of student who aspires to a Penn Nursing education is fearless.

Our students see the current situation as a challenge—because we are preparing leaders at Penn Nursing, and leaders are not afraid to innovate bold, new solutions in every aspect of health care, from the bedside to the research lab to the boardroom. I often say that for Penn Nursing students and alumni, simply *good* is never enough. We are all driven to do more, reach higher. And that's why there has never been a better time to be a nurse.

You'll find examples of the inventive solutions Penn Nursing leaders are developing in this issue of *Penn Nursing* magazine, starting with a look at several inspiring projects presented by our Doctorate of Nursing Practice (DNP) students. These projects underscore the importance of this degree path as a tool for nurses to shape the future of clinical nursing practice (page 28). The DNP degree tracks we offer at Penn Nursing—whether the Post-Masters, Executive Leadership, or Nurse Anesthesia programs—help nurses improve patient care and encourage dynamic workplaces that allow nurses to practice at the top of their licenses and abilities.

Fighting misinformation and disinformation is another area ripe for nurses to play a role as a way to both improve working conditions and improve health in our local communities. Turn to page 16 to read about the ways in which our students, alumni, and faculty are on the frontlines, creatively and steadfastly minimizing the effects of constant exposure to harmful false information.



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

Nurses are imperative in this space, because not only does evidence-based science leads to better health—but also to improved health equity.

That's what Penn Nursing's first-ever Summer Innovation Institute, held this past summer, was all about: empowering health care leaders such as chief nursing officers, nurse managers, and LGBTQ+ advocates to innovate to improve health in community and health care settings (page 23). Embracing design thinking—while working alongside community leaders—is a powerful way for nurses to influence their own working environments and dismantle structural inequities in health care, and it can certainly be used to combat misinformation.

Innovation is what we do at Penn Nursing. I'm passionate about it, as I know you are, too. It's why I'm so grateful to you—our friends, supporters, and alumni—for upholding our mission and values. Part of our commitment to leadership and innovation is diversifying the future workforce to improve health and work environments. That's why I want to assure you that we will always work within the letter of the law to ensure Penn Nursing stays the vibrant place it is, with a diverse student body of fearless leaders who will transform not only health care, but nursing working conditions and quality of life as well.

Thank you, as always, for standing with nurses. ❖

To Thailand, With Love (of Nursing)

THE FLOATING market was nearly deserted. The Bangkok sun rendered every color brilliant, from the red canopy over the boat to the green awnings that shaded pedestrian walks along the water. But for Megan C. Laubacher and several of her Penn Nursing classmates, the heat and the absence of the usual chaos didn't matter: the serenity of drifting down the canal and watching the few vendors working harmoniously on the Coronation Day holiday was awe-inspiring.

It was also a reminder of an important cultural aspect of Thai life, one Laubacher saw in Chiang Mai as well, when community health workers explained why they volunteer their time—namely, always doing good. Doing good is critical because of its connection to the Buddhist concept of merit. Merit is gained by doing good deeds; it determines the quality of one's next life and helps move a person toward enlightenment. Thailand is approximately 95 percent Buddhist.

Laubacher, now a fourth-year undergraduate, spent the spring 2023 semester learning about the Thai health system and how it is uniquely tied to the country's religion and culture in Penn Nursing's Comparing Health Systems in an Intercultural Context course. The course culminates with a two-week field experience in Thailand during which students explore nursing and nursing education with Thai nurses, faculty, and students, as well as experience religious and cultural sites.

Seeing merit-making in action is one of the many reasons the travel component of the Thai comparative health systems course is critical. The experience helps enhance students' capacity to care for and collaborate with individuals from around the world. Penn Nursing is one of the few undergraduate and graduate nursing programs in the United States that offers travel options in the curriculum. ❖



News

Breastfeeding Disparities

Despite breastfeeding being recommended for at least two years, only 36 percent of all infants are still breastfed at their first birthday. Black/African American mothers are least likely to initiate breastfeeding, with initiation rates of only 74 percent compared to a national average of 84 percent.

New Penn Nursing research, published in *Breastfeeding Medicine*, shares Black mothers’ descriptions of their needs and experiences during breastfeeding. “The goal of this research was to hear from Black mothers who had long-term breastfeeding experiences to understand the barriers and facilitators of setting and reaching long-term breastfeeding goals,” explains **Stephanie N. Acquaye RN Nu’21**, Hillman Scholar and article coauthor. “Population-specific interventions must always be guided by the voices and experiences of members of that population.”

“Factors positively affecting achieving long-term breastfeeding goals include accessible breastfeeding education and support from community

and providers,” says coauthor **Diane L. Spatz PhD RN-BC FAAN Nu’86 GNu’89 GR’95**, Professor of Perinatal Nursing, and **Helen M. Shearer** Term Professor of Nutrition at Penn Nursing.

Women and Health

This past April, Penn Nursing, in collaboration with the Aspen Institute, hosted a half-day program that explored women and health, with a lens on areas that require further attention as well as the policies and initiatives that can help move the topic forward.

“There is an unprecedented urgency for our nation to coalesce around women’s health—the importance of this initiative cannot be understated, and we at Penn Nursing and the Aspen Institute are committed to building momentum in this space,” said Penn Nursing Dean Antonia Villarruel.

The program, *Women’s Health Policy and Practice: Realizing the Promise*, featured presentations and moderated conversations with experts from both the government and private sectors; attendees were engaged in insightful discussions centered on the actions needed to create a better future for women in America. Topics ranged from a view of women’s health from the White House to research focusing on women’s health to how women’s health care experiences impact research, policy, and practice.

“While there are challenges ahead, our hope is that our conversations will help bring to light not only issues, but collective action that we can take in addressing local, state, and federal science policy to safeguard women and health,” said Villarruel. “Women who are healthy, enabled, empowered, and valued are more likely to achieve their potential and make substantial contributions to their families and their communities and to sustainable development.”

◀ **Stephanie N. Acquaye RN Nu’21**



New Curator at Bates

Jessica Martucci PhD is the new Curator of the Barbara Bates Center for the Study of the History of Nursing.

Martucci will guide the Bates Center’s teaching and research services, collection strategies, and exhibition programs, fostering engagement with the Center’s archives and bringing together students, faculty, and researchers from



▲ **Jessica Martucci PhD**

Penn and around the world. This inaugural role was created through a partnership between the Penn Libraries and Penn Nursing, driven by their mutual goal to support research and scholarship and advance knowledge in the history of nursing and health care.

She is a historian of medicine who has published and presented widely on the history of health care, often with a focus on issues of gender, equity, and social justice. In her new role, Martucci will be responsible for growing the Center’s collections, establishing acquisition priorities, and partnering with faculty, staff, and donors to acquire new materials. She will also play a key part in ensuring that the Center’s archives thrive as a hub of research, learning, and innovation.

“I have long admired the unique work and collections of the Bates Center in promoting the study of the history of nursing,” says Martucci. “Nursing as

a practice, profession, and system of knowledge is a critically important part of health care’s past, present, and future. I am thrilled to be able to step into this new role as the Center’s Curator, where I look forward to developing and expanding the collection’s visibility and impact.”

Translation Gaps



▲ **Eileen T. Lake PhD RN FAAN GNu’97 GR’99**

Two decades ago, the Practice Environment Scale of the Nursing Work Index was published to measure the nursing practice environment. Although the instrument’s use has resulted in advances in science and quality improvement efforts, its potential may be limited by the availability and quality of translations into different languages.

“In countries and regions where a translation is available, managers can survey their registered nurses to assess the quality of their work environments and compare them with published referents,” suggests lead-author **Eileen T. Lake PhD RN FAAN GNu’97 GR’99**, Professor of Nursing, the Edith Clemmer Steinbright Professor in Gerontology, and Associate Director of CHOPR. “In countries without published translations, managers should consider collaborating with regional schools of nursing to support translation efforts by permitting their staff nurses to volunteer as research participants.”

The research suggests that additional cultural equivalence or psychometric evaluation is warranted for half of the available translations.

New Masters-Entry Program

Penn Nursing’s new Master of Professional Nursing (MPN) degree

provides students with a bachelor’s degree in another field an exciting alternative path to a nursing career. This entry-level nursing program, offered at the graduate level, prepares students to deliver a full array of health care services to meet the demands of patients and families with increasingly complex health needs.

The MPN program leverages the experience and education that candidates bring to this fast-paced, 15-month, full-time program. The four-semester plan of study builds robust skills in population health, health equity, interprofessional collaboration, care transitions, and systems thinking. Rich academic partnerships with clinical sites throughout the region assure the clinical foundation for nurses to play leading roles in meeting the nation’s need for high quality and accessible care across settings and populations.



▲ **Julie Sochalski PhD RN FAAN**

“Penn Nursing’s MPN program envisions highly motivated and skilled nurses ready to translate evidence into practice and to care for diverse patient populations with complex care needs across settings, from neighborhoods and community health centers to quaternary health care delivery systems,” says **Julie Sochalski PhD RN FAAN**, Associate Dean for Academic Programs.

Primary Care Nursing Burnout

Following the COVID-19 pandemic, nurses across the U.S. are facing a burnout crisis. Many nurses report concerns with their work environment, including strained relationships with managers and colleagues, a lack of input, few opportunities for advancement, and limited resources. However, little is known



▲ **J. Margo Brooks Carton PhD RN FAAN GR’08**

about these issues in other settings where nurses work, such as primary care offices and clinics. Primary care practices are increasingly hiring registered nurses (RNs), yet practices vary widely in the roles their RNs perform.

Using surveys of primary care RNs in four large states, a research team including investigators from Penn Nursing’s Center for Health Outcomes and Policy Research, **J. Margo Brooks Carton PhD RN FAAN GR’08**, the Tyson Family Endowed Term Chair for Gerontological Research and Associate Professor of Nursing, and **Jacqueline Nikpour PhD RN Nu’17**, Postdoctoral Fellow, analyzed the association between the quality of the nursing work environment and rates of burnout, job satisfaction, and intent to leave one’s current job. The research compares work environment against the rates of each outcome across four types of primary care settings: private practices, nurse-managed clinics, retail and urgent care clinics, and community clinics.

The research, published in *Nursing Outlook*, finds that across all primary settings, better work environments were associated with lower rates of burnout and higher rates of job satisfaction. Nurses in community clinics had the highest rates of burnout, intent to leave, and poor work environments, with nearly 40 percent of them experiencing burnout. These findings are particularly concerning and have potential implications for patient care and workforce diversity in underserved settings.

Reflections on Forward-Thinking Nursing Doctoral Education

Following the 2010 National Academy of Medicine report, “The Future of Nursing: Leading Change, Advancing Health,” the Robert Wood Johnson Foundation (RWJF) created the Future of Nursing Scholars (FNS) program. At its heart was a goal to equip a cadre of PhD-prepared nurses for long-term careers advancing science and discovery, strengthening nursing education, and leading transformational change in health care.

With the end of this distinguished program, Penn Nursing leaders offer an in-depth review of the program’s successes and its long-lasting impact on nursing scholars, faculty, and institutions through several special articles published in *Nursing Outlook*.

The Overview

During the course of the FNS program, nurses from 46 schools pursued their PhDs as Future of Nursing Scholars; more than 180 scholars graduated. The article “Robert Wood Johnson Foundation Future of Nursing Scholars Program: An Overview” describes the state of the field at program launch, its development, and operations.



▲ Heather J. Kelley

“Preliminary results suggest accelerated PhD programs featuring intensive mentoring and financial support can produce well-prepared nurse researchers ready for post-doctoral positions and leadership roles,” says Heather J. Kelley, Deputy Director of the RWJF Future of Nursing Scholars Program and the article’s lead author. “Given the critical need for more PhD-prepared nurses in the U.S. and concerns about the length of time required to complete a PhD, it is essential that innovative approaches like the FNS model be integrated into nursing education.”

The Impact

The article “The Impact of the Robert Wood Johnson Foundation Future of Nursing Scholars Program on Scholars, Schools and Nursing Science,” describes the program’s impact on participating scholars and schools and the perceived impact on nursing science.

“The FNS program provided a large-scale demonstration, across academic environments, for the success of implementing three-year PhD programs to prepare the next generation of nurse leaders,” says Julie Fairman PHD RN FAAN GNu’80 GRN’92, Professor Emerita of Nursing and Director of the RWJF Future of Nursing Scholars. “The program also provided proof-of-concept “on high-quality accelerated PhD education for nursing students well matched with mentors and elevated the national conversation on PhD education.”

Faculty Mentoring

The article “Characteristics of Faculty Mentoring in the Robert Wood Johnson Foundation Future of Nursing Scholars Program,” describes the experience of faculty mentors involved with the program, including support activities for students, time commitment, student productivity in manuscript dissemination, and challenges and opportunities.

“Completing a PhD program in three years requires increased use of faculty resources including intensive faculty mentor time,” says Fairman. “The FNS program demonstrated that committed mentors, shared research interests, structured plans (use of IDPs), and identification and provision of emotional support are imperative to success.”

Adapting Curricula to a Three-Year Program

The article “Three-Year Nursing PhD Curriculum Content Among Schools Participating in the Future of Nursing Scholars Program,” identifies and analyzes common elements of how PhD curricula was adapted to a three-year program.

“Most frequently seen across curricula included content focused on statistics, qualitative methods, quantitative methods, additional research methods, theory, and philosophy courses,” says Fairman. “Continued and concentrated efforts are needed to elevate trainees’ exposure to emerging priority areas in nursing science, rather than regulating them to electives or cognates while balancing the broad interdisciplinary training needs that are

necessary for developing scientific inquiry.”

The Scholar Experience

The FNS program used a multi-pronged approach to support nurses completing accelerated PhD programs. The article “The Scholar Experience,” describes scholars’ experiences completing PhDs, their dissertation characteristics, program leadership development sessions, and scholar perceptions of program components.

“Scholars’ experiences with the FNS program were enthusiastically positive, evident by exit survey and interview data,” says Kelley. “Five important contributions maximized the success of this program. Those are mentorship, cohort cohesion, opportunity to build leadership skills, funding support, and guidance.”

Focus Group Results

In January 2022, the national program office hosted an in-person convening for scholars and mentors from all cohorts as a capstone event, with insights shared in the article “RWJF Future of Nursing Scholars Experience and Recommendations: Focus Group Results at Final Convening.”

“We learned that participants valued the mentorship model, networking, connecting with other scholars, regular meetings with FNS scholars and mentors, and other opportunities available to them. They also expressed that financial support was very important,” says Fairman.

The End or a New Beginning?

The RWJF committed \$20 million to the program and developed a philanthropic collaborative to bring an additional \$5 million in funding. Through a competitive selection process, Penn Nursing was chosen as the National Program Office. Development of the FNS program emanated from the program office and incorporated three key pillars: science, innovation, and policy.

“Perhaps the most important lesson learned from the FNS program is that innovation and experimentation in both the structure and process of doctoral education is not only possible, but essential,” says Penn Nursing Dean Antonia M. Villarruel. Her article “The End? or a New Beginning? Perspectives on Lessons Learned from the Future of Nursing Scholars Program and the Preparation of PhD Nurse Scholars,” concludes the special series dedicated to the FNS program. All articles are available at www.nursingoutlook.org.

Awards, Appointments, & Transitions

PATRICIA ADAMS, Director in the Office of Faculty Affairs, Human Resources & Organizational Development, retired from her position on September 30, 2022 after 38 years of service to Penn.

JERRIE BAKER, Senior Accountant/Financial Analyst in the Office of Business and Finance, retired from her role on August 3, 2022.

JOSÉ A. BAUERMEISTER PHD MPH FSBM, the Albert M. Greenfield Professor of Human Relations, Chair of the Department of Family and Community Health, and Founding Director of The Eidos LGBTQ+ Health Initiative, was named one of the top 50 in Digital Health for 2022 and was also recognized as an “Outstanding Voice” in the Philadelphia Business Journal’s “Business of Pride” issue. In addition to these recognitions, Dr. Bauermeister was also inducted as a 2023 SMB Fellow of the Society of Behavioral Medicine.

DEBORAH BENNETT, Coordinator in the Helene Fuld Pavilion for Innovative Learning and Simulation, retired from her position on September 1, 2022.

DAWN ELIZABETH BENT DNP CRNA, Practice Assistant Professor, was inducted as a 2023 Fellow of the American Association of Nurse Anesthesiology (AANA).

ANNE CAPUTO RN MSN MA Gnu’13 GRN’22, Advanced Senior Lecturer A in the Department of Biobehavioral Health Sciences, transitioned from her faculty role on July 1, 2023.

REBECCA CLARK PHD RN NU’07 Gnu’10, Assistant Professor of Perinatal Nursing, Midwifery, and Women’s Health at Penn Nursing and a Nurse Scientist at Pennsylvania Hospital, is one of 16 nurse scientists accepted to the fourth cohort of the Betty Irene Moore Fellowship for Nurse Leaders and Innovators. She is

the first Penn nurse scientist to be accepted to this program. Dr. Clark was also recently selected for the 2023 Rising Star Award from the Interdisciplinary Research Group on Nursing Issues (IRGNI).

The Journal of the Academy of Nutrition and Dietetics named **CHARLENE W. COMPHER PHD RD LDN FASPEN**, Professor of Nutrition Science in the Department of Biobehavioral Health Sciences, the recipient of the 20th Annual Elaine R. Monsen Award for Outstanding Research Literature.

The University of Pennsylvania awarded **PEGGY COMPTON PHD RN FAAN**, Professor of Nursing and the van Ameringen Chair in Psychiatric and Mental Health Nursing, a 2023 Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching.

The American Academy of Nursing (AAN) named **MARTHA A. Q. CURLEY PHD RN FAAN**, Professor of Nursing in the Department of Family and Community Health and the Ruth M. Colket Endowed Chair in Pediatric Nursing Science at Children’s Hospital of Philadelphia, a Living Legend for her significant contributions to nursing and health care over the course of her career. This is the Academy’s highest honor.

JIE DENG PHD RN OCN FAAN, Professor of Nursing and Faculty Director of the Laboratory of Innovative & Translational Nursing Research, has been named the University of Pennsylvania’s Evan C. Thompson Term Chair for Excellence in Teaching.

JENNIFER ESSOON, Security Guard in the Office of Operational Services, retired from her position in May 2023. She was an Allied Universal employee and worked at the University since 2008. She was with Penn Nursing for seven years.

ABIGAIL HOWE-HEYMAN PHD CNM RN, Practice Assistant Professor

and Director of the Midwifery Track, has been inducted as a 2023 ACNM Fellow of the American College of Nurse-Midwives (ACNM).

SHARON Y. IRVING PHD CRNP FCCM FAAN FASPEN Gnu’93 GR’11, the Miriam Stirl Endowed Term Chair in Nutrition, Associate Professor of Pediatric Nursing, and Vice-Chair of the Department of Family and Community Health, was awarded the 2023 Women of Color at Penn (WOCAP) Award for faculty.

KAREN B. LASATER PHD RN FAAN GR’15, Associate Professor of Nursing, has been appointed as the Jessie M. Scott Term Chair in Nursing and Health Policy.

MARION LEARY PHD RN MPH Gnu’13 GR’23, Director of Innovation, was recognized on Metro Philly’s 2023 LGBTQ+ Power Players list.

JIANGHONG LIU PHD RN FAAN, Professor of Nursing and the Marjorie O. Rendell Endowed Professor in Healthy Transitions, and Faculty Director of Global Health Minor; and **MATTHEW D. MCHUGH PHD JD MPH RN CRNP FAAN Gnu’98 GR’04**, Professor of Nursing, the Independence Chair for Nursing Education, and Director of CHOPR and Policy Research, were both inducted to the Sigma Theta Tau International Nurse Researcher Hall of Fame.

LAUREN MASSIMO PHD CRNP Gnu’05 GR’14, Assistant Professor of Nursing, was inducted as a Fellow of the American Academy of Nursing (AAN).

ANN LAWRENCE O’SULLIVAN PHD FAAN CRNP NU’70 Gnu’72 GR’84, transitioned from her faculty role in the Department of Family and Community Health on July 1, 2023 after 50 years of service.

ROSEMARY CAROL POLOMANO PHD RN FAAN NU’76 Gnu’79 GR’95, Penn Nursing’s Professor of Pain

Practice and a Nurse Scientist at the Hospital of the University of Pennsylvania, stepped down from her role as Associate Dean for Practice and Community Engagement position on May 1, 2023. She will remain a faculty member at Penn Nursing.

BETH QUIGLEY DNP RN CRNP ANEF Gnu’89 GRN’20, Integrated Anatomy, Physiology and Physical Assessment Practice Assistant Professor, transitioned from her faculty role on March 11, 2023.

The American Association of Critical-Care Nurses (AACN) named **THERESE RICHMOND PHD RN FAAN GRN’95 GNC’07**, the Andrea B. Laporte Professor of Nursing, as the recipient of its 2023 Marguerite Rodgers Kinney Award for a Distinguished Career. Earlier this year Richmond stepped down from her role as Associate Dean for Research and Innovation but remains on the faculty of Penn Nursing.

The University of Pennsylvania awarded **LORETTA A. SERNEKOS PHD MSN AGPCNP-BC PMHNP-BC CNE Gnu’12**, Advanced Senior Lecturer, with a 2023 Provost’s Award for Teaching Excellence by Non-Standing Faculty.

DIANE L. SPATZ PHD RN-BC FAAN NU’86 Gnu’89 GR’95, the Helen M. Shearer Term Professor of Nutrition and Professor of Perinatal Nursing, has been selected as a 2023 Fellow of the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN).

JANET TOMCAVAGE, Senior Director of Special Events, has retired from her position after 31 years of service to Penn Nursing in a variety of roles.



“My time at Penn Nursing has given me knowledge, opportunity, and a voice I could have never imagined possible.”

Brianna Garcia, MSN, AGNP-C
Adult-Gerontology Primary Care NP

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Media Spotlight

Symposium at Penn Aimed at Improving Health Care for LGBTQ Community

CBS Philadelphia aired a story on Penn Nursing’s Summer Innovation Institute which focused on the critical issue of LGBTQ+ health disparities.

As part of her story, health reporter Stephanie Stahl interviewed José Bauermeister PhD MPH FSMB, the Albert M. Greenfield Professor of Human Relations and Founding Director of The Eidos LGBTQ+ Health Initiative, about the need to improve health equity for the LGBTQ+ community.

The following is the transcript of the story that originally aired on June 27, 2023.



PEOPLE IN the LGBTQ community face a number of obstacles in finding accessible and affordable health care—just getting a doctor can be challenging.

The group gathering this week at the University of Pennsylvania is coming up with some new ways to change that.

“I was assigned female at birth, and growing up I always knew I was different,” Aydian Dowling said.

Dowling now proudly identifies as a transgender man and is working to help the LGBTQ community, which is facing discrimination and bullying that can cause serious mental health issues.

“Nobody wants to feel isolated. Everyone wants to feel loved,” Dowling said.

Dowling created TRACE, a mobile application to support people who are transgender.

“We are a mental health and peer-to-peer platform,” Dowling said.

Dowling is part of Penn’s first Summer Innovation Institute that’s addressing health disparities in the LGBTQ community (for more on Dowling, see p. 24).

“We also have some really amazing advocates who are saying, ‘Hey, we have some creative ideas,’” Dr. José

Bauermeister, the director of Penn’s Eidos LGBTQ+ Health Initiative, said.

Dr. Bauermeister helped organize the weeklong workshop, finding new ways to improve health equity.

“Education is a big component. We still have a lot of folks who don’t know where to go to get quality care. We have a lot of providers that have a lot of questions [about] how to affirm their patients,” Dr. Bauermeister said.

They’re brain-storming ways to educate medical providers about special needs in the LGBTQ community.

“You don’t have to be transgender to treat a trans person, you just have to understand that we’re also people and need help,” Dowling said.

The symposium is about bringing together new and creative ideas and business to support a marginalized community that’s facing new legislative threats in many states, which creates even more anxiety in the community.

“Get our minds to work together so we can help one another,” Dowling said.

Dowling[’s] is among a number of emerging and established businesses participating in the workshops this week. 🌈

Practice & Community

2023 Lauder Fellows

Penn Nursing is proud to have selected its second cohort of 19 Fellows of the Leonard A. Lauder Community Care Nurse Practitioner Program (LLCCNPP) to join the School. The 19 Fellows come from across the country, with a variety of backgrounds but a shared commitment to using this unique opportunity to further their education and clinical experience to help solve the challenges they see in their chosen fields. The LLCCNPP is a first-of-its-kind, tuition-free program dedicated to building a nurse practitioner workforce committed to working in and with underserved communities, both rural and urban. To learn more about the program and our new Fellows, please visit nursing.upenn.edu/lauder.

Promoting Exercise for Healthy Brain Aging in the Latino Community

Latino older adult communities are some of the most sedentary in the country, but Penn Nursing's **Adriana Perez PhD ANP-BC FAAN**, the Anthony Buividas Term Chair in Gerontology and Associate Professor of Nursing in the Department of Family and Community Health, has shown that group fitness and wellness education classes can help improve universal health outcomes.

Latinos are more likely than their peers to face difficulty walking outdoors due to extreme temperatures or safety concerns. It is more likely for Latino communities to struggle to afford physical activity programs or gym memberships than white populations. Language barriers can make group fitness classes difficult.

To confront this challenge, Perez is studying effective, culturally relevant strategies to engage the Latino community in *Tiempo Juntos Por Nuestra Salud*, which is a clinical trial that translates to "Time Together for Our Health."

Over the span of 12 weeks, exercise group participants meet twice a week for an hour to learn indoor exercise activities and conditioning. At the heart



▲ **Adriana Perez PhD ANP-BD FAAN** with exercise intervention group participants

of the exercise intervention group are discussions that focus on individual motivation, goal setting, promoting social support and community resources for staying active. Participants' baseline physical activity and health outcomes (cardiovascular, cognitive, and sleep) are tested at the start of the study and at three, six, and 12-month follow-ups.

In addition, Dr. Perez was awarded a research grant from the Alzheimer's Association for a study focused on accelerating the inclusion and enrollment of Latino communities in Alzheimer's disease and related dementias clinical trials across four cities in the U.S. with high Latino populations.

Is One Call Enough?

One of the Alzheimer's Association's largest initiatives is its free, 24/7 Helpline, which receives more than 800 calls per day and connects callers with master's degree-level care consultants.



▲ **Nancy Hodgson PhD RN FAAN** GNu'88 GR'99

Nancy Hodgson PhD RN FAAN GNu'88 GR'99, the Claire M. Fagin Leadership Professor in Nursing and Chair of Penn Nursing's Department of Biobehavioral Health Sciences, and her team were asked to evaluate the Helpline and answer a very important question: Is the Alzheimer's Association Helpline helpful?

Hodgson found that 80 percent of caregivers who called benefited from the Helpline in some way and that offering a callback helped caregivers feel better able to manage their emotional distress and cope with their situation. She presented her findings at the 2023 Alzheimer's Association International Conference.

New Code

Kathryn H. Bowles PhD RN FAAN FACMI GR'96, Professor of Nursing and van Ameringen Chair in Nursing Excellence, and her team got a new ICD-10 code accepted for sepsis survivors. They petitioned the Centers for Disease Control (CDC) for a new ICD-10 code for sepsis aftercare based on their study findings that there is presently no code to recognize/document/pay for the care of sepsis survivors once they are discharged from acute care.

Along with Dr. Bowles' team's petition, they have a publication (commentary) in *CHEST*, the journal of the American College of Chest Physicians and the professional home for critical care, pulmonary, and sleep medicine with an impact factor of 10.26. They presented their petition at the national CDC meeting on March 9, 2023. The proposal was accepted, and the new code goes into effect in October 2024. This will improve the coordination of care for 1.3 million sepsis survivors in the U.S. The code is also used worldwide.

New Community Engagement Leadership

Monique Howard EDD MPH, Senior Director of Women's Health Initiatives in the Center for Global Women's Health (CGWH), has accepted a secondary role as Senior Director of Community Engagement.

In this new role, Howard will advance the School's community engaged research, education, and service priorities. This work will require a high level of sensitivity and deep understanding of how the community views its own needs, and how those will ultimately align with new and ongoing work of students and faculty at Penn Nursing, the University, and the Health System. She is well positioned to develop new connections and nurture existing community relations as she has for over 25 years as a public health practitioner.

Making History



▲ **John Barrett DNP MSN FNP-BC GNu'16**

Congratulations to **John Barrett DNP MSN FNP-BC GNu'16**, a lecturer in the DNP program in the Department of Family and Community Health, for becoming the first nurse practitioner to be awarded a fellowship in Penn Medicine's Division of Emergency Ultrasound in its 22-year history. The division is at the forefront of promoting the use of bedside ultrasound. Barrett's fellowship award is a significant milestone that marks the beginning of a new era in ultrasound training. Bedside ultrasound has been extensively proven to reduce diagnosis time, enhance diagnostic accuracy, and facilitate prompt decision-making in emergency medicine, primary care, and critical care settings. This fellowship places a strong emphasis on developing expertise in clinician-performed ultrasound, conducting groundbreaking research, and sharing knowledge, thereby paving the way for unprecedented growth and impact. Barrett's ultimate vision is to extend this training to nurse practitioners nationwide, spreading the benefits of ultrasound utilization far and wide.

APNA Board Scholar



▲ **Madeleine Nguyen**

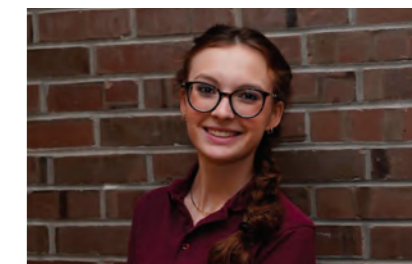
Current ABSN student **Madeleine Nguyen** was named to the American Psychiatric Nurses Association (APNA) Board of Directors Scholars program in June 2023. The program provides graduate and undergraduate students interested in psychiatric-mental health nursing with a range of resources, including registration, travel, and lodging expenses to attend the APNA Annual Conference.

Big Award for SNAP

Student Nurses at Penn (SNAP) won the Stellar School Chapter Award for the first time at the 2023 National Student Nurses' Association (NSNA) Convention in Nashville, Tennessee in April. This award recognizes NSNA school chapters that demonstrate ongoing involvement in NSNA, including a strong commitment to shared governance and professional development of

NFP Scholarship Winner

Penn Nursing undergrad **Catherine Wright** has been awarded a 2023 scholarship from the Nursing Foundation of Pennsylvania (NFP). This award provides financial support for nursing education and nursing research grants. Wright is one of 21 students from across the Keystone State to be recognized for her talent, hard work, and commitment to the pursuit of earning her nursing degree.



▲ **Catherine Wright**

their students and faculty. The awards are open to official NSNA school chapters that have maintained constituency status for the previous five years and meet specific criteria for recognition. **Diane Spatz PhD RN-BC FAAN Nu'86 GNu'89 GR'95**, the Helen M. Shearer Term Professor of Nutrition and Professor of Perinatal Nursing at Penn Nursing, is the chapter's faculty advisor.



Around the Globe

Next Stop: Perry World House

International

Penn Nursing students **Zarah Huo** and **Charolette Brown** are members of the 2023-24 cohort of Student Fellows at Penn's Perry World House. Through this program, Penn students get unique access to world-class expertise and broaden their understanding of the most pressing issues facing the international community. Brown and Huo join 32 other fellows selected for this year's program, all representing diverse academic backgrounds and personal experiences.



Comparing Health Care Systems

Spain

Nursing student **Maeve Gonter**, a Fellow in the SNF Paideia program, spent time in Spain where she had the opportunity to compare the Spanish and U.S. health care systems. While at the University of Navarra, Maeve learned about the Spanish health care system through lectures on the role of the nurse, nursing in both public and private hospitals, and how the universal health care system impacts different types of care. She also got to visit both public and private hospitals for hands-on experience.

"...connection can be found anywhere, in any group of people, when you're willing to listen, learn, and dialogue with each other."

—**Maeve Gonter**
Penn Nursing Student

Advocating for Implementing a Nurse Practitioner System in Korea

South Korea

David Yu MSN RN GNP'18, a Nurse Practitioner at Penn Presbyterian Medical Center's ICU, was invited to speak at the largest national critical care medicine conference in South Korea. David shared his concern for how the unstable staffing system in Korean hospitals could negatively affect not only patient care, but also nursing professionals and medical providers. He feels strongly that adopting a Nurse Practitioner role in Korea would go a long way toward addressing its current challenges.



Learning From Each Other in Uganda

Uganda

Penn Nursing student **Amanda Moore**, with the University's Global Research and Internship Program (GRIP), travelled to Uganda as part of a community-development internship. Before going to Uganda, she had participated in a mentoring program where she tutored a young Ugandan boy each week for nearly three years over Zoom. While there, Amanda was able to visit the student at his school. He and his friends taught her about traditional Ugandan dances, songs, and food.

"One aspect of this country that never ceases to amaze me is the Ugandan hospitality."

—**Amanda Moore**
Penn Nursing Student



Renfield Awardee Returns

India

Earlier this year, the 2018 awardee of the Penn Nursing Renfield Foundation Award for Global Women's Health, **Dr. Vandana Gopikumar**, made a return appearance (virtually from India) to Penn Nursing to discuss the impact the award has had on her work. She is the Co-Founder of The Banyan and The Banyan Academy of Leadership in Mental Health, a nonprofit with the goal of promoting equitable mental health amongst socially disadvantaged groups, within a social justice framework.



Caribbean Study

Trinidad & Tobago

Current students **Keisha Whitely** and **Jerilyn Gillenwater** had a successful guided independent study in Trinidad & Tobago. As part of their time there, they were invited to attend a meeting of the Trinidad and Tobago Coalition Against Domestic Violence. They even got to meet the nation's president. Keisha and Jerilyn are pictured below with their Mamatoto host, **Debbie Lewis** (in orange), and the honorable President of Trinidad & Tobago, **Christine Kangaloo**.



Vin University Collaboration

Vietnam

Drs. **Nguyen Hoang Long** and **Nguyen Thi Hoa Huyen**, from Vin University, spent a two-week study tour at Penn this summer, working with faculty and senior leaders at Penn Nursing, Penn Medicine, and the Hospital of University of Pennsylvania to continue collaborative work to develop VinUni's Bachelor of Nursing program. The study tour was an important step in advancing nursing education opportunities at VinUni and Penn Nursing. This continues the strong partnership between Penn Nursing and Vin University that began in 2018 and which will see its first Bachelor of Nursing graduates in 2024.



Policy

Five Ways Penn Nursing Is Tackling Health Misinformation and Disinformation

A commitment to science-based evidence centers Penn Nursing alumni, faculty, and students as champions of truth in a world of health rumors and fake news. By Janine White

MEDICAL MYTHS HAVE EXISTED and persisted for centuries, often despite scientific advances. But modern-day health misinformation is skyrocketing at alarming rates. Baseless ideas about effective vaccines, treatments, and vital health screenings go viral on social media. Sifting the vast Internet to find trustworthy, factual sources grows trickier. Even well-intentioned friends and family pass along inaccuracies. Understandably, many patients who want to make appropriate health care decisions get confused. The U.S. Surgeon General Vivek H. Murthy has warned that health misinformation is a “serious threat to public health.”

Add profit and politics into the mix, and you get health disinformation. Purveyors intentionally deceive to make money or score political points. Anti-vaccine influencers earn ad revenue on their social media channels. Unethical online peddlers sell ineffective (even harmful) “remedies.”

There is hope: Nurses, as highly trusted professionals working at bedside and in communities, are well-positioned to address false claims and guide people to accurate sources.

Penn Nursing supports efforts to tackle health mis/disinformation around the world and in our own backyard. Read on to see how faculty, students, and alumni are confronting these twin foes and advancing health literacy.

1 National Leadership

“For patients to make informed decisions, they need information that is accurate, complete, and understandable. Nurses have an ethical responsibility to make sure they get it,” says Professor and Margaret Bond Simon Dean of Nursing Antonia M. Villarruel PhD RN FAAN Gnu’82.

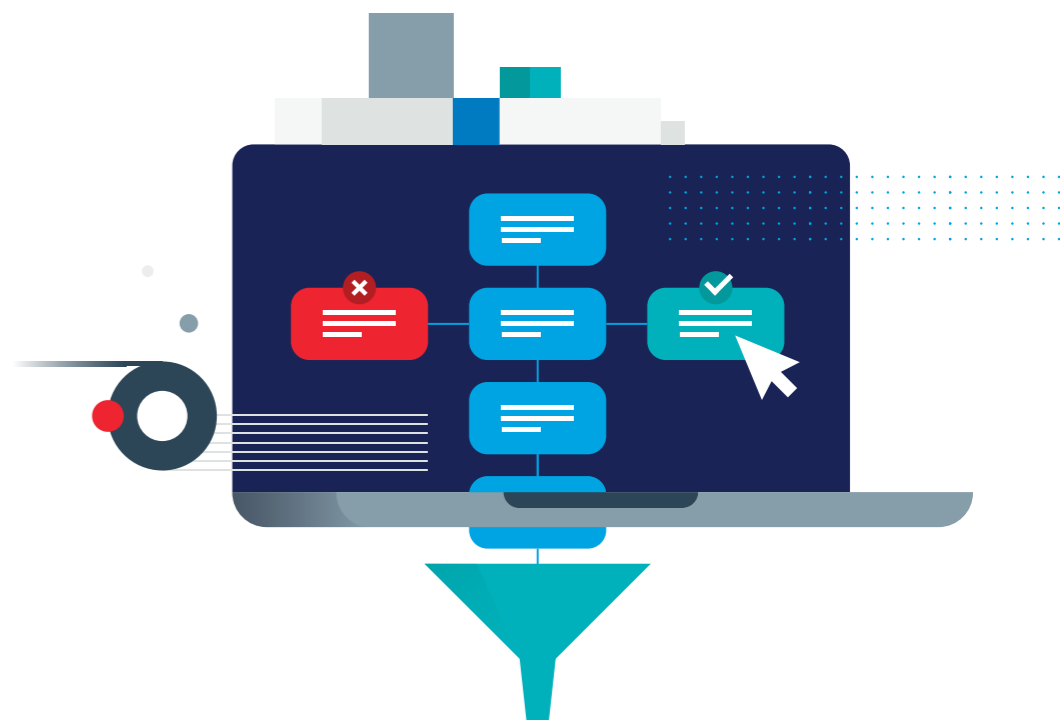
That professional mandate is one reason Dean Villarruel signed on to advise a National Academy of Medicine (NAM) assessment of credible health information. Initially, the advisors aimed to help social media platforms in their efforts to filter out mis/disinformation. Ultimately, they developed helpful flowcharts that anyone can use to identify quality sources, whether that’s a federal agency, a private

illustrations by Fernando Volken Togni

company, or a nonprofit. With information coming from every direction, every day, the evaluation criteria “has been helpful to many people in terms of discerning where they get the information and how they use it,” Dean Villarruel says. Their work informed Google’s method of elevating credible medical information. (YouTube was a funder.)

Since the paper’s publication, Dean Villarruel has shared the findings with a variety of audiences, from the American Nurses Association to the ABIM Foundation’s annual forum. For the *American Journal of Nursing*, she wrote “Preventing the Spread of Misinformation—A Role for All Nurses,” with former nursing liaison librarian Richard James, to frame the NAM papers for practitioners.

Mindful of the pandemic’s prevailing uncertainty and the fact that medicine and practice both change over time—a healthful nightly glass of wine, anyone?—Dean Villarruel suggests that nurses present information as “the best advice we know with all the evidence we have at this time.” Also, ask patients where they are getting their information and don’t assume they will follow medical advice. “It is a partnership and we just need to engage like it is.”



2

PARTNERSHIPS

The School is collaborating with people across Penn and its neighbors throughout Philadelphia to ensure evidence-based information is accessible to all and that the public has the tools they need to make appropriate health care decisions. Penn Nursing’s longtime community health work often makes it a natural partner in projects that aim to share trustworthy resources.

Together with Philly Counts, the city’s vaccine outreach program, Penn Nursing has led the Philly Community Alliance Against COVID-19 (Philly CEAL). As part of this local effort, which is connected to a larger, national NIH initiative, Principal Investigator José A. Bauermeister PhD MPH FSBM, Chair of the Department of Family and Community Health, and Dean Villarruel spearheaded a research team starting in 2021. Their aim: Use data and community input to mitigate disparities in testing, vaccine uptake, and treatment across the city.

Philly CEAL university partners include Penn Medicine and the Annenberg School for Communication. According to Dean Villarruel, Penn Libraries’ participation has been crucial for addressing health mis/disinformation. After all, librarians are experts in quality public information. Penn nurses have volunteered at CEAL vaccination events. And CEAL has created community-informed campaigns about vaccinating children and pregnant women.

Others that have signed on include the Caribbean Community in Philadelphia, the Korean-American Association of Greater Philadelphia, and Children’s Hospital of Philadelphia.

“We need not just trusted information, but also trusted messengers,” Dean Villarruel says. “Sometimes that is not a health care provider. As we’re thinking

“We need not just trusted information but trusted messengers. Sometimes that is not a health care provider.”



about information and science in general, figuring out ways to incorporate a diverse lived experience is important.”

The School also joined a university partnership that brings together nurses, physicians, media experts, computer scientists, and more to strengthen health literacy. Launched in 2022, Penn Medical Communication Research Institute (PMCRI) is a multidisciplinary effort with the Perelman School of Medicine, the Annenberg School for Communication, and Penn Engineering.

“A coordinated response among health care providers is essential to convey accurate information to patients and prevent the spread of false information,” says Anne R. Cappola MD ScM M’94, PMCRI Director and Professor of Medicine, Perelman School of Medicine. “Penn Nursing has a wealth of expertise in high-quality care and communications research, and their faculty have been valuable and engaged partners in PMCRI’s mission to advance medical and health communication.”

Two Penn Nursing faculty have collaborated on projects supported by PMCRI’s \$50,000 pilot grants. Alison Buttenheim PhD MBA, Patricia Bleznak Silverstein and Howard A. Silverstein Term Endowed Professorship in Global Women’s Health, has studied how to communicate with parents and caregivers about

“A coordinated response among health care providers is essential to convey accurate information to patients and prevent the spread of false information.”

vaccinating children against COVID-19. Assistant Professor of Nursing Melanie L. Kornides ScD RN FNP-BC has worked on two pilots. One examined how to increase vaccination rates in lower-income communities. For another, Kornides and a team are promoting pediatric flu shots in marginalized communities of color in West Philadelphia. This fall, customers at some CVS stores will see their Penn-designed, community-informed campaign. Shoppers who point their smartphones at QR codes on educational posters will get information about the flu vaccine.

“We want to make sure that every message we put out there is something that will actually resonate within that community,” Kornides says of the approach she and colleagues took. They met with West Philadelphia parents and adolescents, health care providers, and community stakeholders to craft the messaging. The researchers are set up to analyze whether the QR code attracts clicks and increases flu shots at the store.

Kornides says multidisciplinary projects like PMCRI’s are the “gold standard.”

“You can bring a diversity of perspectives. We can bring in people from Annenberg who use health communication science. We can bring people in on design and creativity aspects. It really makes your project so much better, to have all these people with their experience working together to create an intervention,” she says.

Other PMCRI pilots have taken aim at reducing medical bias and improving the diversity of participants in pediatric trials.

For an annual symposium, PMCRI also draws on Penn Nursing faculty. This October, Terri Lipman PhD CRNP FAAN GNU’83 GRN’91, until recently the Assistant Dean for Community Engagement, is set to speak at the 2023 Symposium on Social Media & Effective Medical Communication.



3 Research

Penn Nursing faculty have won federal grants and been awarded university funding to study health mis/disinformation—and find methods to address its ill effects or, even better, to prevent harmful myths from taking root. “A lot of really smart people are working in this space now. It’s definitely been easier to get funding for research projects,” Kornides says.

She has been studying parents who are hesitant to have their children vaccinated against HPV since 2016. “We haven’t reached the levels that we’d like to reach as far as uptake goes,” she acknowledges. An NIH grant has afforded the opportunity to test an “inoculation approach.”

“We’re trying to get ahead of misinformation” spread on social media, she says. Over the course of a year, they’ll test messages designed to look like posts on platforms such as Instagram with a group of parents of children younger than 11 or 12 (the typical age the shot is administered). “Hopefully in our trial, that will translate into actual higher vaccination rates,” she says, adding that scientists still have a lot to learn about the long-term efficacy of inoculation theory. “How much inoculation do you need? How many messages are sufficient?”

Of course, baseless beliefs about vaccines don’t just ripple across social media. With a PMCRI pilot grant, Buttenheim and a team studied another source of misinformation in fall 2021. The FDA was considering emergency use authorization to vaccinate children ages 5 to 11 and invited public comment via the regulations.gov website. Some calls for input only garnered a handful of comments, but this one was popular. Buttenheim says about 130,000 comments were posted—with the vast majority opposed to the authorization. Using natural language processing models, the team identified prevalent themes among the commenters to gain insight into misinformation claims and other mindsets shaping anti-vaccine attitudes. From there, they developed and tested messaging for pediatric providers to use during office visits.

“Most of the evidence provided in these public comments is factually not correct. But it’s really helpful to see how arguments against the vaccine are constructed and communicated,” Buttenheim says. “It helps if clinicians are prepared for those conversations and know what sorts of objections are going to come in the door.”

Effective strategic messaging is also key to Kornides’ research into COVID vaccine uptake. “There’s not

going to be one magic bullet that cures belief in misinformation,” Kornides says. “It’s really going to be a more tailored approach to specific demographics and to specific audiences.”

With PMCRI funding, she and a team tested three different messaging strategies to address COVID vaccine myths known to be circulating in low-income communities. First, they presented a piece of misinformation together with actual facts that expose the falsehood. Second, they conveyed the truth, then the rumor, and then the truth again (commonly called the “sandwich method”). Third, they stuck with just the facts and didn’t call out any specific misinformation. Their recently finished data analysis revealed the third option was most effective in decreasing belief in the misinformation and increasing the likelihood of willingness to get a shot.

Skepticism toward COVID shots is a fresh reminder that vaccine hesitancy has been around as long as vaccines have. Buttenheim hopes to get out in front of such doubts regarding HIV prevention.

There isn’t yet a vaccine that prevents HIV, but she is leading a study that could help with demand for the vaccine once it is available. With a five-year NIH grant, the team is focusing on young women in South Africa, a group with high rates of new HIV cases. Their inoculation approach seeks to “pre-bunk” myths before misinformation runs rampant on social media.

Starting this fall, they’ll identify myths that could arise. For example, Buttenheim says, they already know that many adolescent girls take pre-exposure prophylaxis (known as PrEP) to reduce their chances of contracting HIV. That may make them doubt whether they need a vaccine at all. They’ll then test evidence-based inoculation messages in a randomized trial of about 1,000 adolescent girls and young women to identify effective ways to “build resistance to misinformation.” Eventually, the researchers also hope to learn whether people who gain that resistance apply it beyond the HIV vaccine and strengthen their ability to recognize other untruths more readily.

They’re not the only Penn Nursing researchers working in the vaccine acceptance space, especially around HIV—and the research projects complement one another. A team of researchers led Dolores Albarracín PhD, the Alexandra Heyman Nash Penn Integrates Knowledge University Professor in Penn Nursing’s Department of Family and Community Health and in the Annenberg School for Communication, has received a \$4 million, five-year grant from the National Institutes of Health to identify ways to increase vaccination rates, studying how health and social policies and norms affect acceptance of vaccines, in general, and a future HIV vaccine, in particular. This project will investigate how to increase the usage of any approved vaccination.

“Although a common theory attributes the reluctance to vaccinate to misinformation, vaccines are created and rolled out within a complex social context that includes intertwined norms, public communications, and public health policies,” Albarracín notes. “Understanding the causal pathways to vaccination requires the kind of cross-disciplinary effort this grant will facilitate.”

4

POLICY

Governments, businesses, and institutions can help to spread quality medical information and counter mis/disinformation. Many faculty and alumni are involved in projects to give more organizations guidance on adopting effective policies toward that goal.

Mary Naylor PhD RN FAAN GNu'73 GRN'82 is a driving force behind the Coalition for Trust in Health & Science. More than 70 organizations and companies have joined since the launch in early 2023. Naylor says the Coalition intentionally includes a broad array of health ecosystem players. The American Nurses Association and American Medical Association have joined up, along with consulting giant KPMG and health care tech firm Real Chemistry.

Even though some members have competing agendas, each has pledged to work individually and collectively to “help the public to be positioned to make appropriate health choices, based on truth.” Those who sign on get access to a curated collection of effective strategies for correcting misinformation and educational sessions on topics like emerging disinformation.

“These are big organizations who have signed on because they all play a part. And they are all very concerned, as we all should be, about the truth decay that is happening,” says Naylor, who is Director of the NewCourtland Center for Transitions and Health.

She has recruited Penn Nursing faculty, students, and alumni to further the Coalition’s mission. “I know it’s something that nurses need to be at the forefront in contributing to,” she says.

Many are dedicating time to creating the Coalition’s “Compendium.” This “living library” will be a continually updated resource members can reference for help with promoting trust in evidence-based health information.

Assistant Professor Michael Stawnychy PhD CRNP GRN'23 says he volunteered to help create the Compendium for several reasons. As a nurse practitioner, Stawnychy noticed patients bringing up issues of trust in health care and research frequently. Also, with an awareness that there are historical reasons that some patients mistrust medicine, he has a growing interest in finding ways to promote trust,

“The easiest thing to do in a policy debate is to scare people. Our goal is to shed light based on the actual conditions.”

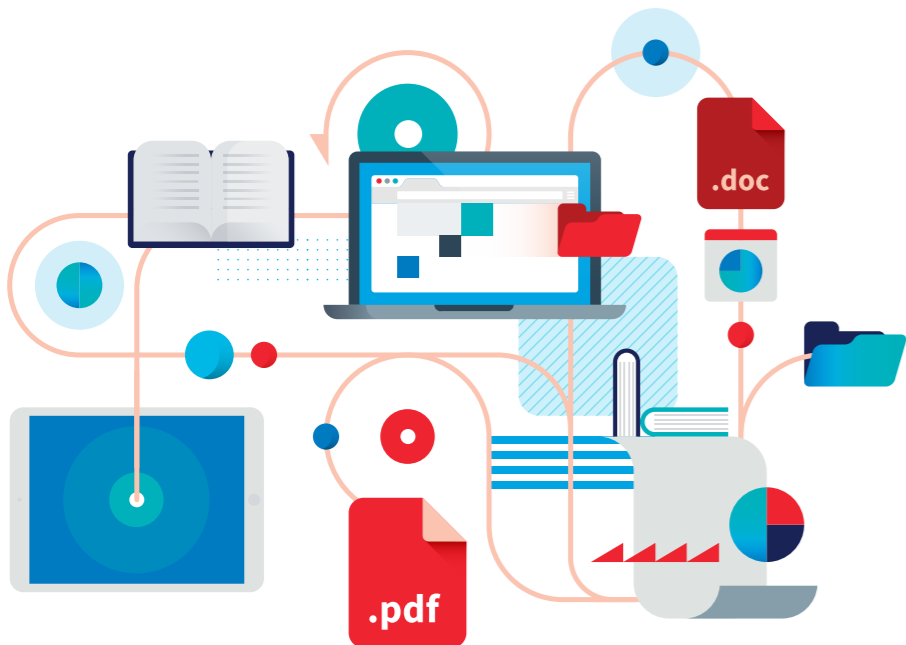
not just in one-on-one interactions, but in a large-scale way.

Stawnychy is conducting an umbrella review for the Compendium. (Also pitching in: NewCourtland predoctoral fellow Claire Regan DNP CRNP AGPCNP; Adele Crouch PhD RN AGCNS, who was previously a NewCourtland postdoctoral fellow; and Research Professor Karen Hirschman PhD MSW GRN'01 MSW'96, who works with Naylor at NewCourtland.)

So far, Stawnychy has turned up research on everything from strategies for building community trust to improving recruitment of underrepresented groups in research. Intervention types include debunking and pre-bunking. Modality ranges from social media messaging to in-person conversation. The end goal: Generate a practicable resource for Coalition members, he says, “so they could present the problem they are trying to solve, and then figure out the best intervention.”

The Coalition may be in its early days, but the School has a longtime resource for government and health care system policymakers, too. Founded in 1989, the Center for Health Outcomes and Policy Research stands ready to analyze what works and what doesn't. Based on current evidence, faculty forecast potential impacts of public health legislation—and their work often serves to debunk the misinformation that's a reality in modern politics.

“The easiest thing to do in a policy debate is to scare people,” says current CHOPR Director Matthew D. McHugh PhD JD MPH RN CRNP FAAN GNu'98 GRN'04. “Our goal is to shed light based on the actual conditions. There are some reasonable concerns about unintended consequences, and we can use our research to help legislators understand what aspects seem to be more successful in terms of policy design or seem to be feasible.”



5

Innovation

As effective communicators, nurses are leading the way in the innovative use of storytelling and media to help the public sort fact from fiction. On podcasts, Facebook posts, and more, they clarify what disinformation purveyors seek to cloud.

One such source of illumination is the School's Amplify Nursing podcast. Hosts Marion Leary PhD MPH RN GNu'13 GR'14 GRN'23 and Angelarosa DiDonato DNP CRNA GNu'11 see each episode as an opportunity for listeners to hear the proof behind why nursing is the most trusted of professions. Their guests are not just “talking heads,” says DiDonato. They are providers with the “research to back up what they're saying. It's a nice contrast to a lot of the nonsense that's out there.”

The podcast also offers plenty of helpful tips for nurses who want to use their own platforms to address mis/disinformation and share facts with the public. Barbara Glickstein, who has a nursing degree and a background in journalism and now prepares nurses for media appearances, appeared on Amplify Nursing to talk about how nurses can make their voices heard. In one episode, Beth Toner, Director of Program

“There are so many ways to get factual information out there.”



Communications at the Robert Wood Johnson Foundation, recommended that all nurses take an improv course to sharpen listening and adaptive response skills. Prolific blogger and RN Patrick McMurray shared tips for posting health care stories while protecting patient privacy.

“Nurses are expert health communicators and experts in their respective areas, and we want to promote them as such on the podcast,” says Leary, who adds that she is a “huge proponent of nurses using their voices on social media” or through other forms of communications like op-eds, blogs, and live storytelling such as the School's annual Nursing Story Slam event. “There are so many ways to get factual information out there.”

Early in the COVID pandemic, Amplify Nursing aired a special series to bring the latest science-backed information to listeners. “We were so fortunate to be able to have experts within the School come on and talk about what was happening and what we knew,” DiDonato says.

Those experts included researchers and clinicians from Dear Pandemic, which started in the early days of the pandemic as a way to educate people about the spread of the virus with humanity and a dose of humor. Many of the founders are Penn Nursing faculty and alumni. Ashley Ritter PhD APRN Nu'07 GNu'10 GR'18 is currently chief executive officer of the project, which is now called Those Nerdy Girls. The name change, in late 2022, reflects the group's expansion well beyond their original focus. Today, they publish evidence-based information on everything from supplements (“Will taking magnesium help with my mental health?”) to over-the-counter birth control pills. Their website has nearly 200 posts filed under the category of “Uncertainty and Misinformation,” where they break down the facts about health screenings, science literacy, identifying legitimate news sources, and more.

Dean Villarruel highlighted Dear Pandemic in “Preventing the Spread of Misinformation—A Role for All Nurses,” as an example of how to effectively share accurate health information with the public. And in that same article, she and her co-author urged action. Their words echo the School's dedication to countering health mis/disinformation through faculty, alumni, and students.

“Nurses have access to a wealth of tools, principles, and approaches for ensuring that patients and communities receive evidence-based, up-to-date, and credible health information,” they wrote. “The COVID-19 pandemic and related infodemic are calling us all to act in our professional and personal lives. How will you answer the call?”

Discovery & Innovation

Connecting the Dots

The Eidos LGBTQ+ Health Initiative connects innovators in LGBTQ+ health with Penn knowledge and resources. By Carter Johns

IN NOVEMBER 2021, Penn announced a \$750 million investment to advance pathbreaking contributions to innovative and impactful areas of medicine, public health, science, and technology.

José A. Bauermeister PhD MPH FSBM, Albert M. Greenfield Professor of Human Relations at Penn Nursing, saw an opportunity to address the overlooked area of LGBTQ+ health.

“By many metrics, and my own research on the stigma and discrimination that contribute to health risks faced by people who identify as LGBTQ+, there is a crucial lack of solutions that address risk reduction in an integrative, humanistic way,” Bauermeister says. “As I thought about what an academic research center should look like in the 21st century, I realized that Penn has an abundance of knowledge and talent that can advance social innovation.”

From this match of need and understanding, the Eidos LGBTQ+ Health Initiative was born. Its mission: to cultivate and engage leaders from community, academic, civic, and business spheres to create innovative health solutions for the LGBTQ+ community. “We want to demonstrate that we have the expertise, knowledge, and commitment to help advance their ventures or research,” says Bauermeister, who serves as Founding Faculty Director.

Though based in Penn Nursing, Eidos aims to provide access to resources, research, and support from all of Penn’s 12 schools. “Penn has a unique set of minds to tackle these issues,” says Jessica Halem, Senior Director of the Eidos LGBTQ+ Health

Initiative. “Startups focused on LGBTQ+ health can benefit from connections to legal scholars, communications scholars, engineers, designers, computer scientists, and businesspeople. We’re here to connect those dots.”

“Sometimes, we take for granted how much knowledge we have, and how Penn people can connect to solve a problem or help an entrepreneur launch a venture,” adds Bauermeister. “After word got out about Eidos, we had many faculty members contact us, eager to share their projects or connect us with students who wanted to work in this space.”

When Julia Votto GEN’23 and her team in the Integrated Product Design program were deciding on a thesis project, they wanted to focus on health disparities in the LGBTQ+ community. After learning about Eidos from a newsletter during her internship with Johnson & Johnson, she contacted Eidos for a consultation. “We had a conversation with Jessica [Halem], and she gave us a wonderful presentation on the top 10 health disparities in the community,” Votto says. “The one that got our attention was blood pressure.”

Blood pressure checks are standard in health checkups, but some people who identify as LGBTQ+ may feel stigma about visiting a doctor’s office. Home care options can help people take charge of monitoring their health status. As Votto’s team performed research on available blood pressure cuffs, they discovered that there had been no significant innovations since their

Summer Institute

THERE IS A DESIGNER in all of us. This past June, Penn Nursing’s inaugural Summer Innovation Institute brought professionals together for a five-day, on-campus workshop to channel that idea and advance health equity.

A collaboration between Penn Nursing, the Eidos LGBTQ+ Health Initiative, Johnson & Johnson, and the Community Collaboratory for Co-Creation, participants engaged in interdisciplinary morning sessions and afternoon group sessions to do their own active equity-centered, design thinking projects. Those led by Eidos were geared for LGBTQ community members and partners; sessions led by the Johnson & Johnson Nurse Innovation Fellowship program brought 20 nurse leaders from 10 hospitals around the country to design solutions for patients, health systems, and communities.

One attendee with the Eidos cohort, Penn Nursing alumna and business owner Jenna Perkins RN WHNP-BC Nu’11 GNU’14, spoke with Director of Innovation, Marion Leary PhD MPH RN GNU’13 GR’14 GR’23, about the impact the Institute made on her work and how she has translated her learning into a health-equity minded action plan. *Their conversation has been edited for length and clarity.*



ML What is your background, and what drew you to the Summer Innovation Institute?

JP I went to undergrad in the school of Nursing and loved it—it was a challenge and I value my educational experience, so much so that I stayed for my graduate degree: I earned a master’s degree in the women’s health/gender-related program, and started my career in Washington, D.C. working in urology as a women’s health NP. I was able to bridge the world between patients having

overactive bladder symptoms, vaginal symptoms, and painful intercourse. I developed a very niche practice, but also covered a lot—pee, poop, sex, breathing, and all dysfunction that can happen in the pelvic floor. Over a year ago, I took a leap of faith to start my own practice, DiscovHER Health. At a Penn Nursing Alumni event in Washington, D.C., I met Penn Nursing Board of Advisors member John Rydzewski W’75 WG’77, who asked if I’d met the Eidos team—and that’s how I ended up at the Summer Innovation Institute.



ML What was it about the Institute that you felt you really needed to be a part of?

JP There are not a lot of spaces for health care innovators to have community, nor spaces for health care innovators who specialize in caring for people in the LGBTQ+ community. It turned out to be the opportunity of a lifetime.

ML What were the day-to-day sessions like for you?

JP The morning sessions were didactic training on what design is. Oftentimes, health care providers like me don’t learn about that—and so it was nice to reveal that the nursing model and the pathway to designing products are very similar. You have to listen to get an understanding of what the problem is. You have to work collaboratively with clients or patients. And you have to design products around the population once you really understand them. It was great to learn the theory behind design and recognize that I am a designer as a nurse. As a business owner, I’m a designer because I’m designing a business around my people. Being able to take the theory I learned in the mornings and then in the afternoon sessions work within my offerings and my practice to apply the theories I had learned was invaluable.

ML What value does what you learned at the Summer Innovation Institute bring to the work that you’re doing now?

JP Being able to sink into the fact that I am a designer has given me a lot of confidence to do things boldly, to say that I don’t have to follow the road of what other entrepreneurs in health care are doing. And then the technical skills—learning that the same way that you have to prototype physical products,

you have to do the same with a virtual product or with a practice. I was able to take that information and say that these products I have right now don’t have to be the end; they are my minimally-viable products. I can have different iterations and make them better and better. You just have to get started.

ML How do you think you’ll use what you learned at the Summer Innovation Institute?

JP I’ve already used a lot in my practice, doing things like changing my mission statement to make it really clear we provide shame-free care for people who need our services. Being able to identify what I was already doing and put a name to it was helpful. I didn’t come into it knowing that I was freeing people from shame; I came into it knowing that I was helping people feel better, helping people with pelvic pain, with these intimate issues. But the idea that I’m able to empower them and reduce the shame they have around their bodies and through lack of education is so helpful. I’m using the network that I’ve been able to develop through the Institute—working with and meeting with other CEOs, knowing I’m not alone out here, winging it, by myself. There are other people that also want to help vulnerable populations, that want to have a heart-led practice or business.

ML Can you talk about what engagement was like between you and the other attendees at the Summer Innovation Institute and how that diversity in attendees contributed to what you learned and how you interacted at the Institute?

JP The Johnson & Johnson folks are the cream of the crop in nursing. So you have nurse leaders from all over the country, all in one space. That

was beautiful for me to see as a nurse. I wasn't a part of that cohort, but still had opportunities to connect with them often. I also had the opportunity to connect with people outside of nursing who didn't come to the conference with some of the hang-ups that I think we as nurses come with—they were already operating freely as designers and leaders within their businesses. Being able to pair both of my worlds was very valuable. There was time at lunch where we were all sitting together and working in the afternoons with all of the leaders from Eidos—I felt like I was smack dab in the middle of both of those worlds, and it was incredible.

ML Why do you think it's important for clinicians, innovators, and providers to attend a summer institute focused on health equity and innovation?

JP It's important for us to do this because there aren't many opportunities outside of spaces that are curated for this, right? There's not a lot of opportunity in the grueling work that we're doing as clinicians to stop and think about a health equity lens. Signing up for the experience really gave space and time to something that's a priority for me, but not something that I was able to always be thinking about when I am designing or working. We can get caught up in the details of the day-to-day of how to do something and not have to sit back and think, okay, how does health equity come into play here? Having that dedicated time to say, "we're going to focus on designing, but we're going to focus on it with the lens of health equity at the forefront," was important.

ML From your point of view, how does the equity-centered design lens integrate with the human-centered design, design thinking work that you were doing? What is your sense of how the health equity and equity-centered design framework integrate with human-centered design?

JP At every step, you weren't just learning about human-centered design, you were learning about equity-centered design with humans at the center of it. Like, how do we make

this equitable for all humans? They did a great job of interweaving these things. So it didn't feel like we were learning about two separate things. It felt like everything was as it should be, like design should *always* have a health equity lens. That's really one of the takeaways from the Summer Innovation Institute—that even though you're doing a human-centered design or design thinking project, health equity has to be a part of that, and an equity-centered framework has to be the foundation throughout the entire project. And not just a sort-of one-off in the beginning or the end, but throughout each phase. It has to be embedded or baked into the work.

ML Is there anything else you want to say about the Summer Innovation Institute or your experience there or the work that you're doing?

JP It was beautiful for me to come back. I grew up on campus. You know, I was 17 years old, very wet behind the ears, when I landed in West Philly for my first degree at Penn Nursing. To see myself now as a designer, as a business owner... having the opportunity to come back to campus and walking back into the School of Nursing was so special. I'm really proud of my progress. To think that I designed DiscovHer Health based off my relationships with my girlfriends on campus because they were asking me about yeast infections and UTIs and all of these other questions. I was like, hey, there's a business here. I literally got the email address for DiscovHer Health when I was still in undergrad. Going through grad school, getting the technical skills to actually be a provider, with DiscovHer Health being in the background of my thinking. Even a few years ago when I was interviewed for a Penn Nursing Alumni profile, I said I want to start a practice. To then have started that practice and be back on campus as an innovator, as a designer, as the business owner is incredible.

To learn more about Jenna's business, visit discovherhealth.com. Check nursing.upenn.edu for updates on the next Summer Innovation Institute.

inception over 30 years ago. "It was astonishing, but also exciting," she says. The team developed a prototype for Subtext, a home blood pressure testing cuff that updates traditional design for comfort, usability, and function.

Another story that exemplifies the Eidos touch is TRACE, a social media app for transgender people and allies developed by Aydian Dowling. Gaining fame as a social media influencer and model, Dowling sought to create a way to both celebrate the gender transition and build community in a safe place. His three-person team had a prototype, but they needed additional help to bring the vision to fruition.

"We didn't have access to people with PhDs, or people at Wharton," Dowling says. "And when you're an openly transgender person in a meeting with investors, you don't know if it's a safe or open space. Having that kind of anxiety can negatively affect your presentation. To be able to connect with like-minded folks who understand and advocate for what we're trying to build has been a wonderful experience."

The initial investment from the Office of the President helped establish the value of the proof of concept. Now, Eidos is seeking to raise an additional \$3 million, which will be matched by the President's Office, to fuel their mission and help to elevate more ventures and research projects. The initiative also invites investors and subject matter experts to connect to find out how they can extend talent and capital that will take these projects to the next level of reach and impact.

"There's something tangible about supporting an action-based center," says Halem. "We want people to know that their commitment and other people's commitment to Eidos means more students can be involved, more projects can be said yes to. We want to reach farther and wider than Penn."

Eidos welcomes anyone with an interest in entrepreneurship, health care innovation, and social innovation to be part of their pioneering project by offering financial support, counsel, or expertise. Contact Jessica Halem at jhalem@nursing.upenn.edu to learn more.

**This story originally appeared August 9, 2023 in Penn's Knowledge for Good.*



Penn Nursing Helps Launch New United Community Clinic

Living the example of Penn's mission translates into incredible impact in one underserved community.

ON ANY GIVEN NIGHT at the United Community Clinic at The African Family Health Organization (AFAHO) in the Southwest Philadelphia area known as "Little Africa," you might meet someone from Mali, Sudan, or the Ivory coast, and hear a few different languages around the room. Clients—especially African and Caribbean immigrants and refugees—can obtain essential care, including medical care, thanks to AFAHO's translators, cultural navigators, and Penn students and faculty.

Penn partnered with AFAHO to set up the United Community Clinic (UCC), integrating health services with AFAHO's existing human and educational services offerings. This collaboration allows students—Penn Nursing BSN and MSN students and medical students—to gain a unique clinical experience in an underrepresented neighborhood, supporting clinic providers.

One of those providers is Certified Nurse-Midwife Hadja Diallo CNM WHNP GNu'15. Having grown up in Guinea, West Africa, she brings a rich cultural understanding to the clinic, picking up on nuances that someone with another background might miss. She is committed to passing along this cultural knowledge to students—including the Penn Nursing students accruing required clinical hours through their work here.

Students describe Diallo as an enlightening and empathetic preceptor. Theresa Hayden RN GNu'23 says, "I knew right away that Diallo truly cares for people and her patients. She did not hesitate in taking charge or speaking up when there was room for improvement in patient care or aspects of clinic organization. Her advocacy for her patients is truly admirable."

Megan Doherty MPH, Director of Operations and Programming in the Perelman School of Medicine's Center for Global Health (CGH), is developing a cultural/medical competency program for the students, complementing the education in cultural competency they are receiving from Diallo and the organization's cultural navigators, something often not accessible through experiences in the traditional health system.

Terri Lipman PhD CRNP FAAN GNu'83 GRN'91, involved in putting together the clinic's previous space with Ann Teitelman PhD FNP-BC FAANP FAAN at the First African Presbyterian Church (now New River Presbyterian Church) at 42nd and Girard Avenue in Parkside, says, "being able to engage

with patients outside of the walls of the hospital provides a clearer perspective of their lived environment, their strengths, and the challenges faced by marginalized communities."

Diallo also cites the physical space of the clinic as conducive to the interdisciplinary collaboration that students experience here. She says, "From the time a patient walks into the clinic, the whole team is really forced to work together, helping to remove barriers for interdisciplinary communication."

Penn Medicine professor Michael Beers MD agrees. He says, "We view our clinic as spokes on a wheel. At the center is AFAHO itself—the case workers, translators, and organization as a whole acting as a social safety net for immigrants. We work as the spokes, assessing what's needed and referring clients into the health system for follow-up care where necessary."

Hayden values her experience as part of the wheel spoke. One patient, originally from Nigeria, resisted the idea of getting a flu vaccine at first, but gaining an understanding of where the patient was coming from made it possible to change his mind. She says, "Taking that extra few minutes to get to know a patient a little better can make a real difference and create a ripple effect with how they approach their health and receiving care."

AFAHO Health Programs Manager Dianne Uwayo MPH says, "Students have been very receptive to learning from clients—it's been impactful to see them understanding barriers to care, such as language access, that they may not learn about in their classes."

The clinic—currently open every other week from 5:30-8:30 PM—will likely have expanded hours and services in the future, thanks in part to a Penn Medicine CAREs grant secured by Diallo. There are also plans to bring in a medical director, expand women's health access, broaden the formulary to supply asthma medications, and deploy EKG machines and Point-of-Care Ultrasound.

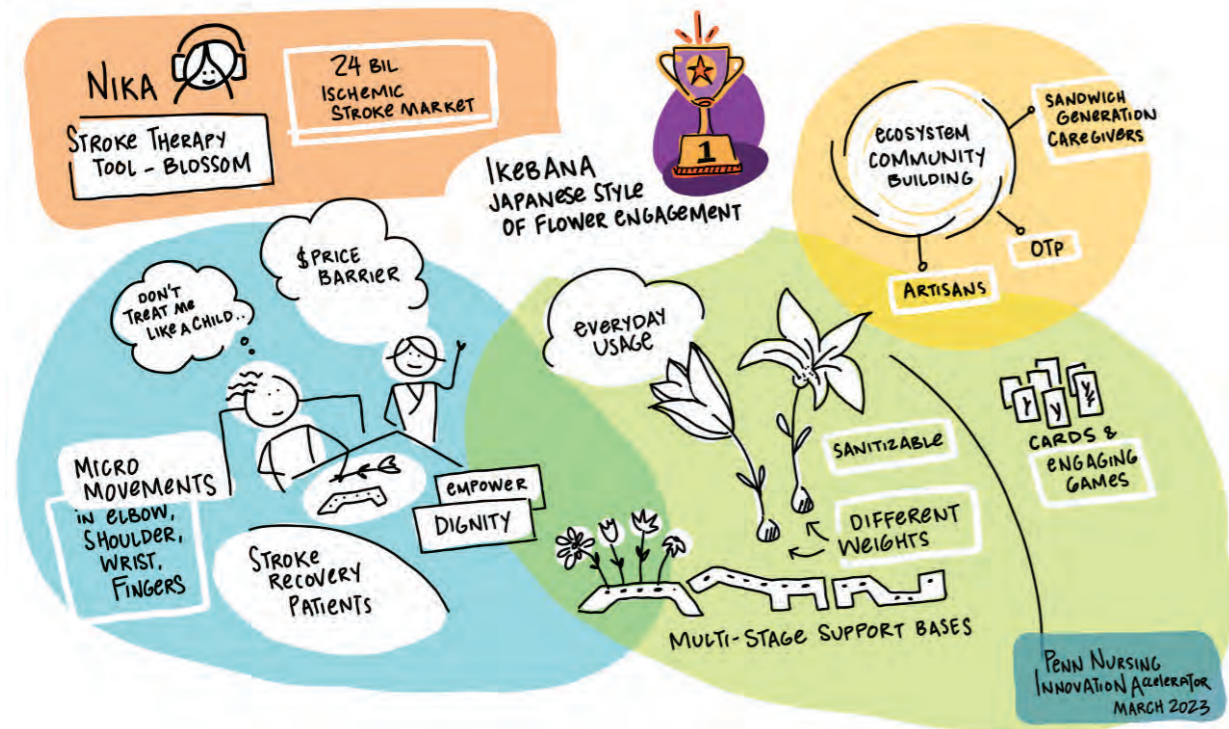
Diallo says, "I hope Penn Nursing can be at the forefront of expanding this project—we have so many resources, and we can be instrumental in its staffing."

Interested students and faculty, especially those with French and West African language skills, who would like to volunteer are encouraged to get involved. To learn more, visit afaho.org. ❖

And The First Place Goes To...

The expansion of the Innovation Accelerator program supports stroke recovery and oncology treatment education solutions.

Inventive ideas transform health care—and Penn Nursing’s Innovation Accelerator program provides funding through its pitch event to winning teams for early-stage development and mentorship in a 10-month program. Now in its fourth year, the program continues to consider general health and health care concepts and has evolved to hear proposals in patient safety as well.



Health/Health Care Track Winner

PROBLEM: Stroke patients have a finite time period to engage in rehabilitation to optimize recovery, but a significant number of patients don’t adhere to physical therapy recommendations. Price barriers put high-quality rehab tools out of reach, and using lower cost tools that feel child-like may invoke shame—both are barriers to adequate therapy and can result in permanent and lifelong disabilities.

SOLUTION: Blossom—an affordable, easily-sanitized stroke recovery tool—combines the simplicity of a peg and board concept with Ikebana, the art of Japanese flower arranging. The convertible “vase” offers a variety of base and stem insertion options, and the flowers come in differing sizes, weights, and balance points. This allows for customization to the level of physical therapy needed, encourages micro-movements, challenges small muscle groups, and develops cognitive associations. Blossom includes games and puzzles, and the potential exists for the development of a website or app

to be updated with daily activities and challenges; additionally, new Blossom kits could be developed to support fine mobility rehab for patients with other conditions. The winning team is led by Penn Nursing undergraduate student Lynne Chow and then-Integrated Product Design graduate student Nika Coda GEN’23; their team also includes Penn Nursing postdoctoral fellow Fanghong Dong PhD.

The general health and health care innovations track is funded by Tom and Carolyn Bennett, Seth Ginns C’00 and Jane Ginns, and Andrea Laporte Nu’69.

illustrations by Rachel Acker of Health Hero

Patient Safety Track Winner

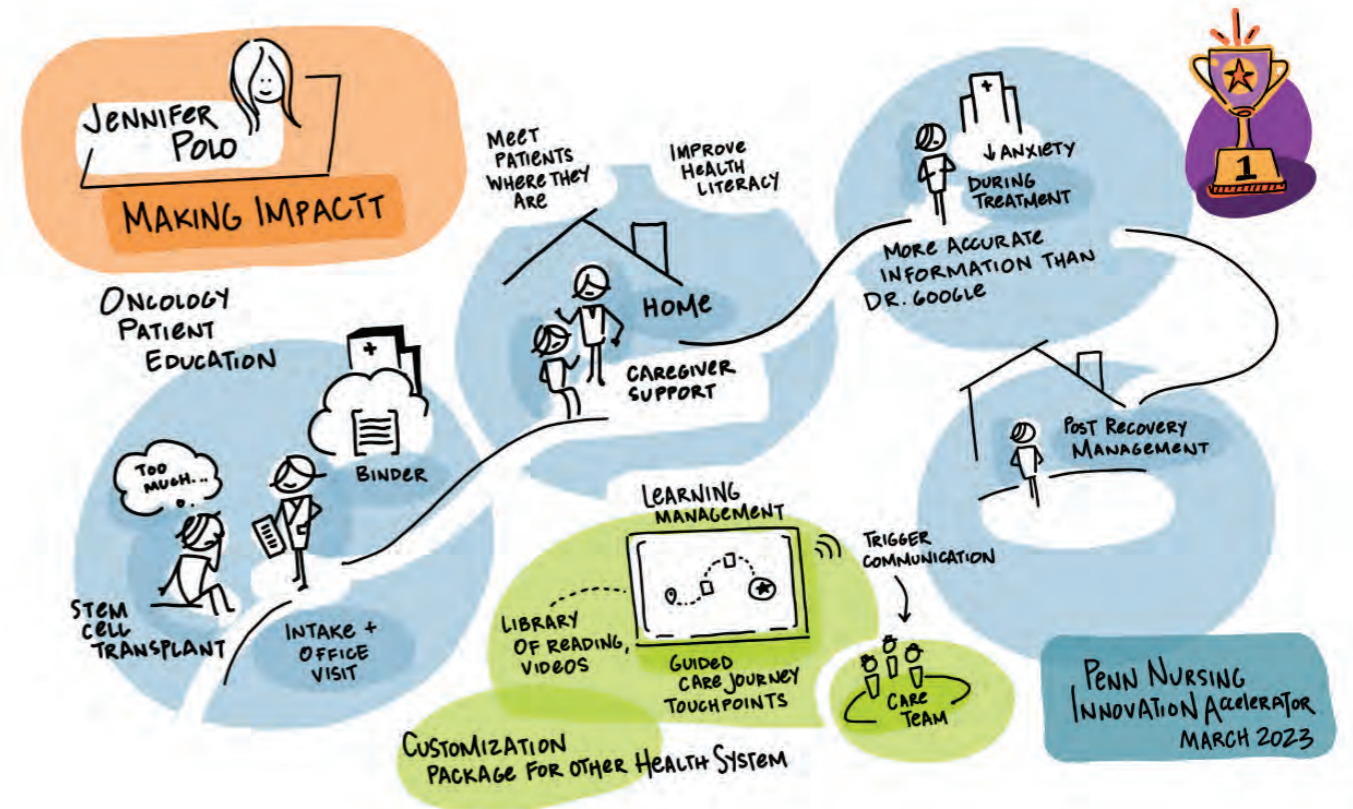
PROBLEM: Receiving a cancer diagnosis can be a confusing time. In the whirlwind of patients engaging with new care providers and learning about their cancer and its treatment, 80 percent of medical information learned after an initial oncology visit is forgotten. Patients often turn to Internet search engines to fill in the gaps, resulting in incorrect and incomplete information that can cause additional stress.

SOLUTION: The IMPACTT app provides accurate health care information and provider access to patients and their caregivers at a critical time: before treatment begins. The app helps users visualize the care continuum, from intake session through treatment, preparing patients for upcoming physical and mental demands. Structured touchpoints allow providers to see what patients understand about treatment, and the app may trigger calls to health care providers to improve patient health literacy.

Proposed by Pennsylvania Hospital oncology nurse navigator Jennifer Polo BSN RN OCN and her team (including Penn Nursing alums Carrie Marvill MSN RN AOCNS NE-BC GNU’14 and Mary Pat Lynch DNP RN AOCN NEA-BC GNU’89, as well as Lucy Walker Term Professor Sarah

H. Kagan PhD RN AOCN GCNS-BC FGSA FAAN), the IMPACTT app contains a library of materials, including videos, images, reading, and surveys/questionnaires, as well as direct connections to a patient’s care team, something unique to the IMPACTT app. IMPACTT’s stem cell transplant module deployed in June 2023 at Pennsylvania Hospital, with additional modules in development. The app has the capability to be personalized for different oncology diagnoses and hospital systems.

The patient safety technology track is supported by the Patient Safety Tech Challenge.



The push and pull from the patient bedside to take phone calls. The mounds of plastic trash discarded without any thought about the environment. The readmission rates for patients with heart failure.

PROMISING APPROACHES Influencing health care and health care workplaces through leadership, policy implementation, and patient care takes incredible skill and thoughtfulness. Penn Nursing's Doctor of Nursing Practice program is an example of how to do it right. **story by Anne Mostue ■ illustrations by Ryan Olbrysh**

These nagging problems haunted Doctor of Nursing Practice (DNP) students throughout the semester at Penn Nursing—and it led to genius solutions that, in many cases, resulted in policy changes in major hospitals.

THESE SOLUTIONS—and the work it took to identify the root causes of issues as well as to apply data and expansive stakeholder input to right-size fixes—were presented at Penn Nursing's first-ever DNP Project Showcase in May.

Penn Nursing Dean Antonia M. Villarruel PhD RN FAAN Gnu'82 says, "When we talk about having an innovation ecosystem at Penn Nursing, these DNP projects are an example of what it empowers. We are developing practice experts who utilize an implementation science approach to ensure quality and safety. These projects and their impact, the result of a whole year of data synthesis and co-creation of solutions and evaluations, is exactly what we envisioned when we launched this program in 2016."

The goal of each of the projects, the culmination of students' degrees, is to lead practice scholarship and bring it into practice. Right now, Penn Nursing offers three DNP tracks, two of which are online.

"The online delivery of our Post-Master's and Executive Leadership DNP

courses and program events makes it possible for busy professionals like practicing Nurse Practitioners, managers, public health professionals, and leaders working in the C-suite to successfully complete the program," says Amy Sawyer PhD RN GR'07, director of the DNP Program. "The online learning experience lends flexibility to when and where an adult learner completes the work, which is extremely advantageous for professionals balancing myriad responsibilities."

The online curriculum can be completed in 21 months for the Post-Master's track and 24-months for the Executive Leadership track. Within each course, learning and instruction emphasizes active engagement among students and with Penn faculty who are field-leading experts.

Sawyer adds, "By creating a virtual classroom in this way, online learners truly feel that they are part of a Penn community while learning together with a national student cohort that bring the richness of diversity to their practice scholarship."

READ ON FOR THE INVENTIVE SOLUTIONS PENN NURSING'S CUTTING-EDGE DNP PROGRAM HELPED FOSTER.

One Call Away



The phone rang constantly in the 36-bed telemetry unit at Penn Medicine Princeton Health. Nurses were pulled away from bedside care. A patient was having trouble swallowing—one nurse spent 20 minutes trying to contact a doctor and come to a solution, time that took her away from patient care. The frustration was palpable.

“Clinical nurses are feeling so much stress and pressure,” says Karyn Book DNP RN GRN’23, Vice President of Patient Care Services and Chief Nursing Officer at Penn Medicine Princeton Health. “As leaders, we have to prioritize and address inefficiencies in the nurse practice environment.”

Along with colleague Jennifer Hollander DNP RN GRN’23, Director of Patient Care Services, both enrolled in Penn Nursing’s Doctor of Nursing Practice-Executive Leadership program and worked together to find a solution that would allow their colleagues to spend more time with patients without frequent interruption. And just as importantly, avoid the burnout that comes with those interruptions.

Book and Hollander cite the United States Bureau of Labor Statistics projection that employment for registered nurses is projected to grow six percent from 2021 to 2031. About 203,000 openings for registered nurses are projected each year, on average, over that decade. Many of those openings are expected as the result of needing to replace workers who transfer to different occupations or exit the labor force—to retire, for example. Right now, more than 20 percent of nurses indicate their intent to retire from nursing within the next five years.

“As we started to dig deeper into literature it became clear that when looking at job enjoyment, the non-direct care tasks that are taking nurses away from the bedside were found very much to increase the dissatisfaction of nurses,” Hollander says. “They estimated an average of 20 percent of their shift was spent on these non-direct patient care tasks.”

Book and Hollander initiated a four-week intervention with a reduction of non-direct patient care tasks and a nurse dedicated to answering phone calls for nurses from 7am-to-7pm. Their results demonstrated significant positive impact in terms of nurses’ perceptions of the work environment and management support—and led to a significant

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Karyn Book
DNP RN GRN’23
Vice President
of Patient Care
Services and
Chief Nursing
Officer at
Penn Medicine
Princeton
Health

2

Jennifer Hollander
DNP RN GRN’23
Director of
Patient Care
Services at
Penn Medicine
Princeton
Health

practice change at Penn Medicine Princeton Health: the placement of a dedicated nurse to manage the call center in the telemetry unit.

“Book and Hollander’s DNP project is representative of Penn Nursing DNP scholars’ focus on contemporary problems that are critical to address in health care organizations,” says Sawyer. “With a clear understanding of the problem as leaders in their organization, Book and Hollander leveraged the published evidence to identify impactful solutions while simultaneously conducting an organizational assessment using design thinking principles to elucidate unique factors about the target practice setting, interdisciplinary workforce, and human factors (nurses and patients).”

And an equally exciting result of Book and Hollander’s project is their development of a sustainability plan that addresses the potential financial impact for Penn Medicine Princeton Health in reducing nurse burnout to improve nurse retention.

Sawyer notes that Book and Hollander are working within the C-suite to sustain and spread the use of call centers to improve the workplace for nurses and care for patients. She says, “The remarkable practice scholarship demonstrated by Book and Hollander was, in part, informed by scientific work of field-leading scientists at Penn Nursing, including Drs. Eileen Lake, Matthew McHugh, and Linda Pugh, further highlighting our world class science-practice partnership.”

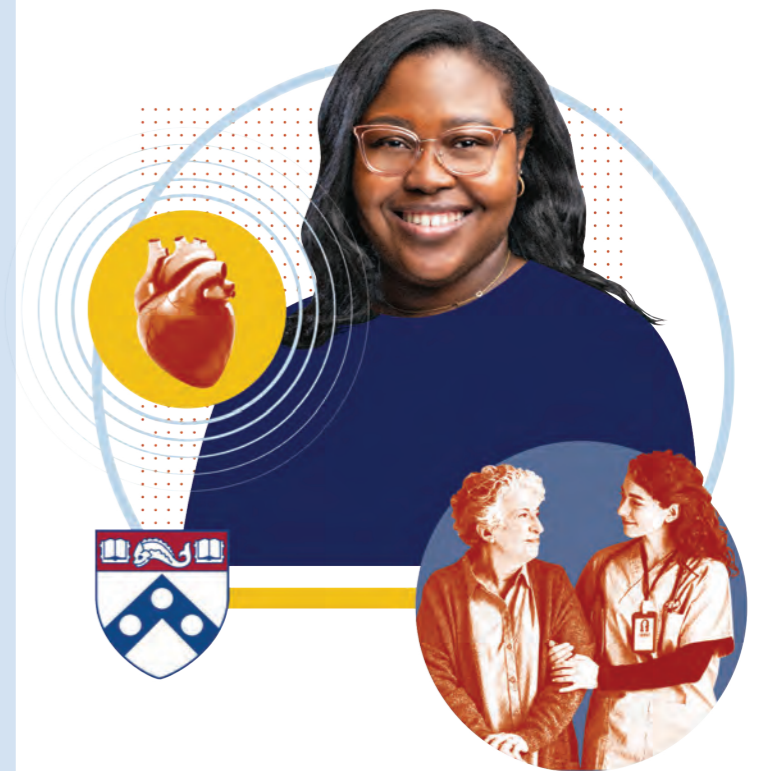
THE DOCTOR OF NURSING PRACTICE IN EXECUTIVE LEADERSHIP PROGRAM

The DNP-EL degree that Book and Hollander completed is designed to develop master’s-prepared nurses who already have leadership experience, adding executive-level skills that can create systemic and organizational change within health care settings. The online coursework is co-developed with Wharton Executive Education, Wharton Online, and the Perelman School of Medicine Health Care Innovation Graduate Program and includes strategic planning and execution, value-based health care innovation, and advanced health care economics and finance.

“It is incredibly fulfilling to work with a diverse group of students who, as burgeoning nurse leaders, will continue to advance our profession,” said Susan K. Keim PhD MS CRNP GNU’11 GR’18, Director of the DNP-Executive Leadership track. “We help them to cultivate their executive leadership and project development skills and can already see the impact they will have on improving our health care systems in many ways.”

A Reminder Goes A Long Way

Omolola Olawo DNP MSCN RN GRN’23
Nurse Manager at UChicago Medicine



The complexity of care required for heart failure patients—even after leaving the hospital—often leads to frequent hospital readmittance. Post-Master’s DNP (PM-DNP) graduate Omolola Olawo DNP MScN RN GRN’23, a Nurse Manager at UChicago Medicine, says, “I work very closely with our population health team, and a hot topic within the organization has been readmission rates. The population health nurses work on various projects, including a post-discharge line. Given the program was only recently implemented, I thought it would be great to evaluate its effects and provide the team an opportunity to see the bigger picture of their impact.”

At the DNP Project Showcase, Olawo shared her findings: every patient who received a post-discharge call went on to complete a follow-up appointment—but, surprisingly, the data

did not show a reduction in 30-day rehospitalizations.

Despite this, Olawo's study on the impact of transitional care management calls on 30-day readmission rates and observed that such interventions did indeed support the transition from the hospital back into the community setting for the 350 heart failure patients studied at UChicago Medicine. She notes, "I specifically chose patients with heart failure as the target population because we have so many patients affected with cardiovascular related diseases, and—using a health equity lens—it was important to address this."

Advisor Sue Renz PhD DNP GNP-BC Nu'84 GNu'87, practice professor and faculty lead, says, "Omolola was disappointed when she looked at results and worried that the project failed. I helped her to think of her outcome differently. There are many reasons patients go back to hospital, and the calls *did* result in patients scheduling and actually showing up for follow up visits. You have to look at what they *did* do. These patients could have been lost to follow up and sent back to hospital anyway."

Olawo agrees. "To me, this [post-discharge patients who completed follow-up appointments after receiving a post-charge call] was the greatest impact of this project. It demonstrated just how important these calls are in getting patients connected with a health care provider. The real-life application is for the nurses to understand the impact of their work. My hope is that when they are provided data on the positive effects of their work, there is a much larger connection to what they do."

Transitional care management interventions have health and financial benefits for all stakeholders. Olawo predicts that as care begins to move from hospitals to the community, ambulatory spaces, and homes, there will be more integration with transitional care services.

"Going through the process of a DNP project has given me the opportunity to learn how to apply an evidence-based approach to address practice related issues. I've now gained experience in identifying and implementing interventions, and I have been inspired by others to develop innovative solutions to the many complex health care issues we face," says Olawo.

"My hope is that when they are provided data on the positive effects of their work, there is a much larger connection to what they do."

THE POST-MASTERS DOCTOR OF NURSING PRACTICE PROGRAM

That Olawo's DNP project directly impacted her personal practice is intentional. With all PM-DNP classes available online, the curriculum offers flexibility and convenience, making it possible for master's-prepared nurses to earn the degree while balancing a full-time career. The PM-DNP students, prepared to evaluate and apply nursing science to address practice gaps within communities and complex health care systems, are encouraged to complete their DNP program at their existing site of employment. In doing so, they are able to have an immediate and measurable impact in their own practice setting.

"Our students arrive as subject matter experts with deep insights to clinical dilemmas. In caring for patients and communities, they have firsthand knowledge of the nuances of care, and they are motivated to make a difference," says Nancy Blumenthal DNP ACNP-BC CCTC GNu'90, Director of the PM-DNP program. "This track confers fluency in disciplines essential to leading change within complex systems. Specific attention is given to evaluating scientific evidence and using it to address gaps in care. Of course, the faculty are highly accomplished and internationally acclaimed. But equally important is that each cohort is comprised of nurses who are driven to improve patient outcomes."



The Last Memento

We've all seen television hospital dramas where dying patients in the ICU have their grieving families gathered around them. But what happens then? After a patient passes, families must often find a way to reconcile their loved ones' time in the hospital within their bereavement process. Patricia Aligno Bajaj DNP RN CCRN ACNP-BC GRN'23, an Acute Care Nurse Practitioner practicing as a Lead Critical Care NP at Penn Princeton Medical Center, envisioned supporting the families of these patients in a more meaningful way—one that could positively contribute to the process of bereavement.

As part of the Post-Master's DNP Program, Bajaj led interdisciplinary colleagues at Princeton

Patricia Aligno Bajaj DNP RN CCRN ACNP-BC GRN'23 Acute Care Nurse Practitioner, practicing as a Lead Critical Care NP at Penn Princeton Medical Center

Medical Center to convene and collaborate on a Keepsakes Program. Keepsakes are a form of bereavement support frequently provided with palliative care. Most keepsakes either serve as reminders of the patient's presence, such as thumbprints and locks of hair, or technology-assisted items like photographs or word clouds.

"In the fast-paced and high-stress ICU environment, we often fail to prioritize the well-being of families and their coping mechanisms," Bajaj says. "My site lead introduced me to the Three Wishes Project (3WP), a compassionate initiative undertaken by ICUs at UCLA, which grants both keepsake and non-keepsake wishes to families of patients nearing the end-of-life. Although limited data exists regarding the efficacy of this program, the results have been consistently positive, with families welcoming and appreciating this heartfelt gesture."

It's the effectiveness of the program that Bajaj wanted to evaluate.

Dr. Thanh Neville, the lead researcher of UCLA's 3WP project agreed to present the project to stakeholders at Bajaj's site for the kick-off of her project. Staff at her hospital embraced the idea. Not only did they generously assist with project implementation, they also suggested that providing keepsakes to end-of-life ICU patients and their families should become a standard of care in the ICU.

Bajaj says, "Clinical staff viewed the creation of the keepsake as a gesture of compassion. Given the demanding patient acuity and volume, as well as staffing issues, it was a pleasant surprise that staff nurses were so receptive."

Despite her initial concern that the keepsake program might be perceived as "morbid or unsettling," her DNP project revealed keepsakes are highly valued by family members—in fact, many families sought numerous keepsakes.

Bajaj also evaluated time and cost estimates for producing the keepsakes: the price of a keepsake, per family, ranged from \$2.63 to \$49.01, with an average cost of \$12.88 for the staff time required to create a keepsake. A hand mold was the most time consuming, and therefore, more costly.

Price is a minor factor, though, in comparison to the impact keepsakes have on the surviving family. Bajaj says, "One family was so moved by the gesture that they requested information on our hospital's foundation so they could make a donation in recognition of the keepsakes' impact."

Another surviving family expressed their wish that the hospital had offered this service when their other parent passed away a year prior to the project's implementation.

Bajaj says, "This practice change will continue to enhance end-of-life care even after the project's completion, thanks to the dedicated bedside nurses at Princeton Medical Center. The staff's insights regarding how to maximize project implementation success was invaluable."



1
Catherine Ruggiero
BSN BS RN

2
Dayna Dombrowsky
BSN RN

3
Rachel Bosco BSN RN

What a Waste

Nurses champion health in every way, including environmentally. DNP-Nurse Anesthesia students Catherine Ruggiero BSN BS RN, Dayna Dombrowsky BSN RN, and Rachel Bosco BSN RN were appalled to learn that United States health care facilities produce 6,600 tons of waste daily, and up to 25 percent of that is plastic packaging and plastic products. Of the total waste generated in operating rooms, anesthesia care contributes 25 percent.

Their DNP project proposed an intraoperative recycling initiative at Penn Medicine’s Pennsylvania Hospital. The four-week pilot required some serious dirty work—Ruggiero, Dombrowsky, and Bosco weighed bins and recorded total volume and mass on a weekly basis. They collected a total of 1,369 pounds of waste and 253 pounds of recyclable materials.

Part of the problem, Ruggiero says, stems from a lack of awareness of the sheer volume of trash produced—and how and why intraoperative recycling and equipment is critical for protecting the environment, which in turn can impact patient health.

After stressing the environmental burden to anesthesia providers and operating room staff and providing clearly labeled bins, the volume of waste

THE DOCTOR OF NURSING PRACTICE-NURSE ANESTHESIA PROGRAM

The DNP-NA post-BSN entry track prepares graduates for the full scope of nurse anesthesia practice in diverse clinical settings, from hospitals to outpatient surgery centers to physicians’ offices. Led by a team of expert practitioners and top nurse researchers, the DNP-NA brings the real world and innovative science into the classroom.

Taught and mentored by expert nurse anesthetists (many of whom are Penn Nursing alumni) and anesthesiologists, students like those on the “Green Team” acquire the critical thinking skills for independent as well as collaborative clinical decision-making. They hone their skills in a state-of-the-art simulation center and clinical rotations, performing procedures and using ultrasound guidance. Students are exposed to experiences that range from common complications to rare occurrences.

Dawn Bent DNP MSN CRNA, program administration of the DNP-NA program, says, “It’s incredibly important for our DNP-NA students to graduate from the program as well-rounded and thoroughly prepared CRNAs. Their journey from start to finish embodies a plethora of academic courses and experiences in various anesthesia clinical settings (hospitals for general anesthesia, as well as pediatric, OB, cardiac, and trauma settings). The DNP Project Showcase plays a pivotal role in displaying the knowledge and skills they’ve acquired in both academic and clinical settings, as they bring it to life from research to implementation.”

placed in unsorted trash receptacles decreased by 15.6 percent, an average of 4.57 pounds per week. At the completion of the data gathering period, Ruggiero, Dombrowsky, and Bosco observed a 100 percent increase in recycling weight.

Renz notes that the project was tricky because of limitations that impact what equipment can be placed inside sterile operating rooms. She says, “Team Recycle originally wanted the hospital to consider replacing disposable equipment with reusable equipment that could be sterilized between patients. This was not possible, so they opted to measure trash and recycled materials instead and saw an increase in recycled materials over time.” As it turns out, that was enough to improve knowledge and inspire action among their colleagues.

Now that the project has concluded, Ruggiero says she and her team have measured continued commitment to recycling in all shifts in the particular operating room in which they targeted for their study. She says, “Staff are actively looking for the bins to place recyclable materials. Also, we have found staff still talking about our project months after it has concluded. We feel very proud that we were able to make such an impact on the operating room staff. We really hope our project will lead to sustainable change.”

As a result of their DNP Project, Ruggiero, Dombrowsky, and Bosco are advocating to create a sustainability team or a “green team” at Pennsylvania Hospital to ensure a broader focus on environmental impact when administrators create policies related to waste, emissions, and energy. The academic exercises of the DNP-NA program helped prepare them for implementation by breaking it down into a multitude of sections, focusing on imperative steps, dividing up tasks, and staying on track.

In the ever-changing and complex health care industry, bold leadership and creativity go hand in hand.

To truly revolutionize care delivery models, improve patient and health care worker outcomes, optimize organizational outcomes, and ensure health equity, it requires the right mix of knowledge and skill—and outright grit. Penn Nursing’s DNP program not only prepares graduates for a variety of leadership roles, it prepares them to innovate and recognize the power they have to transform. The DNP Project Showcase highlighted the pipeline of outside-the-box thinking, creativity, excellence in scholarship, and sheer determination for which Penn Nursing is known around the world. ✨

For more information about the DNP Project Showcase, please visit nursing.upenn.edu/dnpprojects.



Don't Go!

Keeping Nurses at the Bedside

The news of a nursing workforce shortage is everywhere, but reality is complicated. Keeping nurses at the bedside in communities where they're needed is crucial—and knowing how and why the problems exist (and can be fixed) is just as important.

AS EESHKA DADHEECH SETTLED IN for her first class with Associate Professor of Nursing Julie Sochalski last spring, her attention was drawn to a quote displayed at the front.

"... it is not surprising that the nursing shortage has received much attention. What is surprising is that despite this concern, the problem appears to have grown steadily worse."

It was January 2023—New York City nurses were striking over short staffing and working conditions. So Dadheech Nu'24 W'24 assumed the quote was from a recent news article about those picket lines.

Then, Sochalski PHD RN FAAN revealed the source: an article published in ... 1966.

"Do the math," Sochalski told them. "We've been talking about this for 60 years. Actually, longer." Then she challenged, "Why aren't we fixing it?"

The question was a fitting one for the senior capstone course of the Nursing and HealthCare Management program. Dadheech and her fellow students could apply what they had learned in Nursing and Wharton classes to a health care challenge that is persistent and urgent all at once.

The U.S. Bureau of Labor Statistics estimates there will be nearly 200,000 openings for registered nurses annually in the next decade—all at a time when increasingly complex patient care requires more professionals with experience. And

though RNs were exiting prior to COVID-19, a 2022 survey revealed that at least 100,000 left the workforce during the pandemic. Some retired, but others cited stress and burnout. Of the respondents, 188,962 RNs younger than 40 admitted they weren't planning to stick around much longer.

Given the potential impact of these losses on everything from patient mortality to the length of hospital stays, the turnover is drawing attention. Last year, U.S. Surgeon General Vivek Murthy issued an advisory that warned about the effect on "the public's ability to get routine preventive and emergency care, and our country's ability to respond to public health emergencies."

There are many reasons a nurse might leave a position. But Sochalski's students concluded that a big reason the shortage has not been effectively addressed yet is a lack of focus on pressing systemic issues.

Matthew McHugh PhD JD MPH RN CRNP FAAN GNu'98 GRN'04, Director of the Center for Health Outcomes & Policy Research (CHOPR), agrees. "There are plenty of trained nurses. What we really have is a recruitment and retention problem that has resulted in a shortage of nursing care at the bedside," says McHugh. He adds, "Many times, people come away feeling like they couldn't cut it as nurses. But almost invariably it's something outside of the individual. It's a systems or an organizational problem. It's a policy problem."

With this in mind, many Penn Nursing faculty, students, and alumni, along with the School's practice partners, are determined to better align cause and response. They are researching technological innovations that would improve working conditions and mitigate burnout. And they are advocating for data-driven policy solutions that ensure equitable access to quality nursing care across the U.S.

→ Healthy Workplace, Healthy Workforce

"The number one reason that nurses say they leave an institution, or they go find work in a different setting, is because of inadequate staffing and resources," says McHugh.

His findings are from a 2021 survey of physicians and nurses at 60 hospitals, led by McHugh and fellow CHOPR researchers and published in *JAMA Health Forum* in July 2023.

He ticks off several other factors driving nurses away from patient care: Safety concerns, lack of management support, limited opportunities for career advancement, and scheduling flexibility.

Among nurses responding to the survey, 47 percent said “administration does not listen or respond to clinician concerns,” and 36 percent said they lacked sufficient control over their workload. The majority also said that just being able to take breaks uninterrupted would be a big relief. So while staffing levels are key—hiring more nurses isn’t the cure alone.

“We have research that shows that the benefits of good staffing can be undermined if they are deployed in a lousy work environment. That even translates in terms of patient mortality,” McHugh says. “You have to focus on these other aspects of the work environment, including management having nurses’ backs, listening to nurses, making sure that there’s a good collegial environment. Those are bread and butter management things that don’t cost a lot of money. It requires a will and taking some action, but that’s a lot cheaper than hiring.”

After all, churn is costly. A national nurse recruiting agency estimated recently that decreasing RN turnover by just one percent saves the average hospital \$380,600 per year. Plus, when experienced nurses leave, their valuable institutional knowledge disappears with them.

Health system leaders are taking note, according to Gretchen Berlin RN Nu’06 W’06. She works with health care industry clients on designing effective frontline-workforce strategies at consulting firm McKinsey & Company, and says hiring and retention is their “number one through number six priority.” Though awareness was growing before the COVID pandemic, she says she has observed an increase in willingness to make “financial investments to support real retention and staffing stability and flexibility.”

From her CEO seat, Regina Cunningham RN AOCN FAAN GRN’03 says the Hospital of the University of Pennsylvania (HUP) is focusing on “basics—like transparency, clear messaging from the leadership” and ensuring nurses “have a say in controlling what the work environment really is.”

As efforts to increase diversity continue, health systems also need to be intentional in their recruitment and retention of nurses of color. Research by Tyson Family Endowed Term Chair for Gerontological Research Associate Professor of Nursing J. Margo Brooks Carthon RN FAAN GRN’08 has found Black nurses in community settings are more likely to report job dissatisfaction and intent to leave. And she points to multiple sources that call attention to nurses of color reporting racism and discrimination. “As we talk about work environments, we have to ensure that the policies and the practices are anti-racist in nature,” says Carthon.

In addition, well-intentioned organizational efforts around diversity, equity, and inclusion often mean extra, emotionally exhausting—and typically unpaid—work for nurses of color. Carthon suggests compensating nurses for these efforts. She says nurses also report that mentors and allies can be helpful in making nurses who are contributing to DEI efforts feel valued.

She underscores that improving workplaces—regarding scheduling, career growth, new technology, and so on—must be an all-in effort.

“Organizations don’t just need to fix things for nurses. Nurses need to be involved in the innovative processes, to co-develop solutions. And that’s how you get buy-in and that’s how you ensure that you hit the mark,” Carthon says.

“Looking at regulatory barriers is really important as a way to potentially retain—but also better position nurses to work expansively in the places that need them most.”

→ Shaping Policy

For decades, Penn Nursing faculty and alumni have advocated for evidence-based health care policy. Today, many are speaking out about how states can enact laws and regulations that make nursing more sustainable for the long term. They are also advocating for scope of practice expansion to address the inequities of the shortage, which is unevenly distributed across the United States.

“When it comes to nurses and nurse practitioners, looking at regulatory barriers is really important as a way to potentially retain—but also better position nurses to work expansively in the places that need them most,” Carthon says. “We can’t afford to constrain them after they’ve been trained, particularly when we have so many communities that just don’t have access to high-quality nursing care.”

Take Pennsylvania, for example, where School faculty have advocated for allowing nurse practitioners full practice authority. A 2022 study estimated that such a policy move by the state could increase the number of NPs in Pennsylvania by 29.5 percent.

State laws on abortion and gender-affirming care are influencing nurses’ career decisions, too.

Some nurses—fearing they will be thrown in jail for prescribing miscarriage medications—may move out of states with restricted abortion access. This could leave communities that already don’t have enough nurses with an even greater shortage. Bloomberg Law reported that, according to one Louisiana public health official, “hospital administrators have also expressed their concerns about staffing shortages, particularly among nurses and other staff, who may refuse to participate in treating certain patients out of fear that they, too, could be criminalized for the treatment decisions of physicians and others.”

Louisiana made most abortions illegal in the state in 2022.

Women’s health nurse practitioner Kelly Nichols APRN Nu’15 GNu’17 lives in Philadelphia but commutes to work at a Planned Parenthood clinic in Delaware. The state recently started permitting advanced practice clinicians to prescribe medications for abortion. As the policy change was being considered, Nichols spoke before Delaware officials at a hearing. Today, she says, “I really wouldn’t want to move to a state where I wasn’t allowed to provide this care.”

Julie Sochalski’s senior capstone students also got an audience with policymakers who are thinking about the nursing shortage: Near the end of spring semester, as they put the final touches on their recommendations, they were invited to speak at an on-campus meeting between Penn faculty and representatives of Pennsylvania’s new governor, Josh Shapiro. Sochalski and Dadheech recall that the students’ “elevator pitch” got the guests thinking.





The Numbers

“We were the only students in the room,” Dadheech says. “It was the first time we had taken our research out of the class. It was great to see them questioning us because they were actually listening to us.”

The students’ solutions include establishing a state funded national health care workforce commission to collect information that, in turn, will inform sound policy. They also proposed developing a standard for capturing the value of nursing care, and a reporting system for hospitals to make nurse staffing levels public.

“It was the coolest way to end my undergraduate career,” Chin Chin Choi Nu’23 W’23 says of the presentation to Gov. Shapiro’s staff. “The course was a chance to put my Nursing and Wharton sides together to brainstorm and think about solutions that have a real-world impact. Then being able to present it to people in government, and hopefully action can come out of it? It feels great.”

Another alum bringing a nursing perspective to government is Tarik Khan PhD CRNP FNP-BC GRN’22. A Pennsylvania state house representative, he spoke before that body passed legislation on June 28 to require health systems to staff units according to specific nurse-to-patient ratios. Nodding to CHOPR’s research, he says, “We know that if this bill is implemented, it will save, a conservative estimate is 100 lives a month in Pennsylvania alone. And it will save hospitals \$100 million a year in length of stay.” A state Senate vote is pending, and only two other states have passed similar staffing laws (California and, just this year, Oregon). But according to McHugh, such legislation carries the potential to remedy inequities.

“It’s not randomly distributed—which hospitals need this intervention and which ones don’t. It’s usually the hospitals that are serving the poorest populations, historically marginalized populations, rural populations,” he says. “The patient populations who need to benefit from it the most because they’re suffering from the lack of adequate nursing care when they go into their local hospital.”

→ Innovation at the Bedside

New technologies can also support bedside nursing as a sustainable career, and faculty and alumni are leading innovation on that front. Many are collaborating at the School’s practice partner hospitals where, says Colleen Mattioni DNP MBA RN CNOR, HUP Chief Nursing Executive, supporting nursing careers is a top priority. “How do we continue to retain this expertise at the bedside, so that it not only reduces stress and burnout, but also increases wellness on the unit? We need to be transferring that knowledge into our novice nurses, for our patient outcomes,” she says.

Director of Nursing Research and Innovation Rebecca Trotta PhD RN Nu’98 GNu’01 GRN’10 is currently co-lead of a HUP virtual nursing pilot. She says their “incredible team effort” that includes many nurses is necessary for success. “If you don’t have frontline folks involved from the beginning, you’re really decreasing the likelihood for long-term sustainability,” she says.

They are trialing remote nurses to handle patient admissions and discharges, and to provide clinical care support to new nurses working on the floor. The effort is also a chance for nurses to practice remotely—a potentially attractive alternative to have in the mix of a typical work week.

“Maybe two and three decades ago, 12-hour shifts were the way to go. Everyone wanted three 12s,” Trotta says. “Now people want to be able to work in smaller chunks or work at home. We want to be able to provide that level of flexibility.”

~5%

At hospitals with high nurse dissatisfaction, physician turnover is about 4-5% higher

“Physician and NurseWell-Being, Turnover Rates, and Adverse Outcomes, Patient Safety, and Interventions” *JAMA Health Forum**

↓ 25%

amount travel nursing sector is expected to contract in 2023

Staffing Industry Analysts, April 2023

54%

nurses say their hospital has too few nurses

“Physician and NurseWell-Being, Turnover Rates, and Adverse Outcomes, Patient Safety, and Interventions” *JAMA Health Forum July 2023**

40%+

nurses who said they would leave their hospital if possible

“Physician and NurseWell-Being, Turnover Rates, and Adverse Outcomes, Patient Safety, and Interventions” *JAMA Health Forum**

No. 2

After “improving nurse staffing levels,” which tops the list, most nurses say the best way to reduce burnout is being able to take breaks without interruption.

“Physician and NurseWell-Being, Turnover Rates, and Adverse Outcomes, Patient Safety, and Interventions” *JAMA Health Forum July 2023**

\$64.4 billion health care staffing market in 2022 (more than triple 2019)

Staffing Industry Analysts, April 2023

2 out of 3 nurses under 35 reported feeling burned out

2022 Survey by American Nurses Foundation

How often are you asked to cover additional shifts?

23% daily

36% weekly

American Nurses Foundation, Pulse on the Nation’s Nurses COVID-19 Survey Series: Workplace Survey, June-July 2022

40,000 days projected reduction of patient lengths of stay with a 4:1 staffing ratios in Illinois

Lasater KB, Aiken LH, Sloane D, et al “Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study” *BMJ Open* 2021

*Authored by researchers at the Center for Health Outcomes and Policy Research/Leonard Davis Institute

At the Children’s Hospital of Philadelphia (CHOP), Professor of Informatics and Clinician-Educator at Penn Nursing Kenrick Cato PhD RN CPHIMS FAAN is setting up an assessment of alarm fatigue that will allow the hospital to formulate an evidence-based plan to reduce the recognized stressor of constant alerts sounding off from equipment.

Together with Sarah Collins Rossetti PhD RN FACMI FAMIA Nu’03, an associate professor at Columbia University, Cato is tackling another well-known driver of burnout: documentation burden. According to the CHOPR/LDI survey, 57 percent of nurses said “time spent on electronic health records is moderately high to excessive” and more than half said reducing time spent on documentation would mitigate burnout.

Their “25x5” initiative is so called because it aims, in the next five years, to reduce documentation burden for clinicians to 25 percent of what it is right now. This year, they released a toolkit that offers institutions practical advice for easing documentation burden. Their End Burden study is seizing an opportunity created by the COVID pandemic. During its height, many institutions went into “disaster” mode and reduced note-taking requirements to what nurses felt was absolutely necessary. By combing through records, they’ll look at “what did nurses think was important to document?” Cato says. Initial analyses are expected in late 2023—and the findings could give health care leaders information to act on.

Cato believes large language models (LLM)—think ChatGPT—can also reduce documentation burden in the future. An LLM could scan a transcript of a patient-provider conversation and speedily customize reports for each necessary audience, from quality and regulatory departments to clinicians and patients.

Over at McKinsey, Berlin believes health systems are just “scratching the surface” on using more powerful analytics for scheduling and preventing turnover.

“I think, especially in the inpatient setting, too often it’s, ‘this is what we scheduled six weeks ago, so we’re going to do it again.’ And we have much more sophisticated information on what demand is actually likely to look like, to be able to more dynamically staff that. So we need to lean into that,” Berlin says. Managers might set up a system to flag when any nurse is frequently scheduled in a way that might make them unhappy. “To at least have a conversation and recognize it can go a long way,” she says.

Berlin and her colleagues recently broke down a typical nursing shift into 69 activities. They estimated that up to 20 percent of a 12-hour shift could be “optimized through tech enablement.” Examples include ambient listening, where sensors “listen in” on provider-patient conversations to support documentation, and smart beds that help with patient turning.

Innovation does require investment—and, as Trotta points out, organizations must engage nurses upfront before introducing such changes. When it comes to implementing technology, McHugh cautions that to truly alleviate burnout, innovation needs to support nurses and not create additional task burdens. But, again, that’s where Penn Nursing’s leadership can positively influence the profession and health care in general.

At CHOPR, he says, they scrutinize potential solutions without bias: “None of us really care about the how, as long as it solves the problem. Things that often sound like really good ideas on paper fail in practice. Our role as researchers is to bring accountability and say, here’s the data.”

**“You are a changemaker.
You are a problem solver.
You are a future leader. We
want you to go in knowing
that you have voice and
engagement.”**

That’s how Trotta is using her training and research experience in the HUP virtual nursing pilot. She says part of her role on the trial team is “to ensure that we’re able to collect the right data to demonstrate the outcomes that we hypothesize it will drive.”

→ Turning Around Turnover

Implementing effective innovation and laws have something in common: They take time. But when it comes to addressing the urgent matter of nurse retention, glimmers of hope can be found.

Nearly all hospital-based physicians and nurses responding to the CHOPR/LDI survey reported positive professional relations and efficient teamwork. “These findings,” the researchers wrote, “hold promise for clinicians acting together to bring about important changes in their work environments.”

And while organizations need to own systemic change, each nurse—whether at the bedside or behind a research desk—can also make a difference.

Cato is hopeful that even measuring burnout will become more scientific in the years to come, and less reliant on surveys that are open to each respondent’s interpretation of what is and isn’t “stressful.”

“I think everybody is concerned about burnout with clinicians and everyone also wants the evidence to support policy-making,” Cato says. He says that national funders are realizing the need to support research into issues like documentation burden and burnout. “That evidence is going to take three to five-plus years to generate, but you have to start,” he says.

Increasing advocacy from frontline nurses can also positively influence health system leaders and policymakers. “They’re empowered by their own experiences and they’re supported by the evidence,” Carthon says. “I absolutely think that we can continue to make strides and progress.”

Carthon also points optimistically to the School’s role in educating tomorrow’s nurses who will positively influence their workplaces—and help ensure that 60 years from now, students won’t be spending a semester puzzling over why we haven’t addressed the nursing shortage.

“We want our students to feel like you don’t have to go into an environment and say, ‘well, that’s just the way it is.’ You are a changemaker. You are a problem solver. You are a future leader,” she says. “We want you to go in knowing that you have voice and engagement. Part of being a Penn Nurse is bringing that into the institution with you.” ❄️



Leadership

The Parent Equation

Being a parent can be difficult at the best of times. But when you factor in being a nursing student as well—or supporting a nursing student—matters get even more complicated. We asked several Penn Nursing alumni to share their experiences of being parents while being in school or receiving unconditional support from a parent during challenging times as students.



Martina Travis

DNP CRNA RN GRN'23

2023 Graduate of Penn Nursing's DNP Nurse Anesthesia Program

When you find people that truly care and they want to help, “utilize” them.

I am originally from New Jersey but am a long time Delaware resident. I was a single mother of three, but just before the pandemic started, I took in my teenaged goddaughter, and she's been mine ever since. So now I have four children: three boys and one girl.

I became a parent at 16 years old, and my son was the reason I didn't quit high school as well as my reason for going to

college. I had only met one person outside of teachers that went to college, and I was nervous about starting, paying bills, etc.

I was 14 years old and had a stepbrother who found out about his HIV diagnosis shortly after he contracted TB. His health went fast. He asked to die at home, and I was one of his primary caregivers. That is when I knew what I wanted [to become a nurse].

My children see that being a nurse is not a job, and it is most definitely not a career—it is who you are. Compassion, patience, sympathy, many times empathy, and an overall feeling of wanting to make someone “better” or “feel” better.

I never sit in the same room as my children without being present, so time management was hard. I had to skip going to the park, the movies, game nights, events, and many things because I did not have time for school, children, sleep, study and extra-curricular activities. If I was giving all of myself in one area, I was surely failing in others. If I split my time, each part was receiving a half (behind) job; kids, school, me, etc.

I have never wanted anything more than to give [my kids] a present parent and the life they deserve. And in school, as I got into clinical there were several people in the anesthesia community that embraced me, checked up on me, and listened to me. I was able to reach out to them at any time and for anything.

I made a request to have my clinical closer to my son as we were both entering college at the same time, and it was approved. If I needed to move a test date to later in the day or the week because of scheduling conflicts, it was done. Each person would wish me luck and never a hesitation which is hard being a single parent in that program.

After my first year in the DNP-NA program, my car was totaled, and my clinical was in New Jersey. I could not get a car because I did not have a job, and I used all my emergency money on emergency things early on. I “uberred” to New Jersey and Pennsylvania for a while, and a friend heard my troubles. She was upset that I hadn't reached out sooner and lent me a car. My heater broke, so I went a winter without heat, and we just made do. Everything that could go wrong did, and more! I had friends who talked sense into me and stood by me, helping me any way they could.

During my last two semesters I had issues with financial aid and almost had



to quit again. After contacting Antoinette Oteri and Dr. Villarruel, they worked to make sure I had every scholarship I was possibly eligible for to cover my last semester and finish my education journey.

There were no childcare programs open when I had to leave for clinical. A good friend and her husband rotated taking my youngest to school, older ones helped with picking him up. I had two friends that would come from out of state to help from time-to-time and when I had no one, I had to stay home and take the penalization. It is stressful and risky missing clinical, but my child was safe, and that is what mattered most.

I have a tough time asking for help and receiving help from people and places that are not genuine. It has made me feel like my back is against the wall more days than not. When you find people that truly care and they want to help, “utilize” them. It is not the same as “using” them.

I have the constant support of my children and several amazing friends. Some can help physically and others only verbally, but it makes a dramatic difference. As a nurse, jobs will always be there. You can always make up money, but you can't make up time. I do not take jobs or positions that compromise time with my kids. When they are older I will work schedules that work for me.

I regret I didn't start my education sooner. I've sacrificed time and memories with my children, but we have time to make more because I am officially finished with academia! Long-term, I wish to start a support program for mothers who experience what I have at each school I attended. ■

Bruno Saconi

PHD MA RN GR'22 GRW'22

Staff Scientist with Geisinger's Department of Population Health Sciences
Nurse Scientist with Geisinger's Nursing Institute

I was born and raised in Brazil, but I currently live in Danville, Pennsylvania. We are a family of four. My wife Kelly is a dietitian by background and currently a full-time rockstar mom. We have two girls—Amy (2.5 years old) and Liz (nine months) and a three-year-old Sheltie named Bella. We enjoy spending time together and in nature, and you will often find us in the kitchen baking/cooking vegan cakes and dishes.

I was on the third year of my PhD program and working on my dissertation proposal when my wife and I found out we were expecting our oldest child. We were planning to grow our family, so I was really excited to be a dad.

As is true for many nurses, I wanted to help people. Now that I'm a parent, I am usually the one who takes care of the kids when they are sick, and I rarely miss my kids' medical appointments.

At Penn, I was grateful for the family center and the resources available for families and parents (e.g., dependent health insurance). At Penn Nursing, my mentors and colleagues were always very supportive and understanding. I cherish great memories of faculty and colleagues who personally reached out to us after my

first child was born and had meals, gifts, and cards delivered to our home.

Being a PhD student and a parent is a LOT of work. In all honesty, it was not always possible to achieve the desired work-life balance, so I would say the hardest thing was time management. PhD students often don't have a set schedule, especially as we approach our dissertation phase. While I personally appreciated this flexibility as a new parent, it was hard to set boundaries around when work starts and ends.

But being a dad gave me extra motivation to finish my degree. Also, on days I when was tired and needed a "break" from schoolwork, I enjoyed the opportunity to spend time with my kid.

I could not be more grateful for my mentor—Dr. Amy Sawyer. Dr. Sawyer has been my mentor since my first master's degree (2016). Her encouragement, guidance, and friendship were key as I navigated my graduate studies. I undoubtedly account my success as an early career researcher and teacher to Dr. Sawyer. She is the kind of mentor everyone should have.

My advice: you can [become a parent while pursuing an education]. Find your people, your community, those who will cheer you up throughout this journey. Also, do not be afraid to ask for help.

Above all, I thank God for guiding me throughout my journey from the beginning. Next, my wife Kelly. Without her support and encouragement, I would certainly not be here.

Since my wife and I are from Brazil, and all our immediate family are still there, our support system is made up of our friends and church community. As with most international students, one of the hardest things is the decision to be away from your loved ones. ■

Bayyinah Muhammad

MSN CNM WHNP-BC IBCLC
GNu'22

Midwife at Community of Hope Family Health & Birth Center, a Federally Qualified Health Center (FQHC) in Washington, DC
Board Member for the International Board of Lactation Consultant Examiners

I am from Atlanta, Georgia. I moved to D.C. about four months ago to start my first job as a Certified Nurse-Midwife. I am the oldest of my mom's three children. My mother retired as a Wound Ostomy Care and Rehab nurse a few years ago. I also have an extended family that includes another mom—an educator extraordinaire—who embraced me into her family for boarding school from middle through high school. I like to think I am the perfect combo of their rearing, personalities, and devotion to my growth. I come from a family (biological and chosen) of strong Black women who are educated, opinionated, and fiercely committed to making the spaces they occupy better.

Every step of the way I have had the support of my mother. My journey has not

been linear. The first time I went to nursing school I stopped a semester prior to graduation due to financial issues. It was a very hard and bitter pill for me to swallow. It took years for me to put my pride and fear to the side. My mother, family, and friends never let me forget what my true passion and purpose was. They always spoke life into me while holding me accountable to the goals I set. When I finally decided to go back to nursing school and graduate top of my class, they were all there cheering me on and reminding me it wasn't the end. When it came time to decide whether to quit a new job that I loved to come to Penn, they were there. Reminding me that not only was midwifery my birth rite, Penn was my top choice!

At 12 years old, I had the privilege of being present for the birth of one of my cousins. It was an eye-opening, life-changing event that got me interested in birth. After researching the role of everyone in the room and who else could be in the room, I realized I wanted to be a midwife. At the time I thought you had to be a nurse to become a midwife. I later learned that isn't the only pathway to midwifery, but it was ultimately the pathway to midwifery that felt most appropriate for my goals.

I come from a family of nurses. My grandmother, mom, and aunt are all nurses. My mom told me the story of how my grandmother gave them the option to be teachers or nurses. They chose nursing. While my mother did not obligate me to

nursing, she did provide perspective, clarity, and support along the way—in a way that only someone who has survived nursing school and thrived as a nurse can do.

My professors held space for me to grapple and wrestle with what it meant to be a Black woman training to be a Certified Nurse-Midwife. I often tell people, "I don't know if I could have had the difficult encounters and conversations with my professors without being penalized anywhere other than Penn." There is still much work and progress to made, but I am grateful for my professors' advocacy, support, vulnerability, and honesty along the way.

Finishing was my greatest joy, there was always this nagging feeling that something would prevent me from finishing. I also found joy with my other Black midwifery colleagues. They were a safe space during my program that I am forever grateful for. I foresee those relationships carrying well past the walls of Fagin Hall and our time at Penn. There is something reassuring and communal about having folks who understand the intricacies of surviving with hopes of thriving in predominantly white spaces.

There are many people in my life who are a text, call, or email away to advise, support, and remind me of my purpose. Above all, my mother. I often tell her I don't understand how she raised three children by herself while being a full-time nurse. She is a nurse by profession but truly my biggest advocate and supporter. A few other people of note from my time at Penn Nursing:

- i. I knew Dean Villarruel from my time at the University of Michigan. I remember going to San Antonio, TX with the National Coalition of Ethnic Minority Nurses (NCEMNA). We took excursions into the community and saw how nurses were leading the charge in community and culturally congruent care. Seeing nurses who looked like me being leaders and change agents is something that propels me today. It was a full circle moment to come to Penn and be reunited with her. Her version of the story is that I was hiding from her; I like to think I was making sure all my ducks were in a row. She has been a constant support on my journey from University of Michigan to my time at Penn. I am grateful for the grace

she extends me, inspiration, and her supportive presence along the way.

- ii. Hadja Diallo CNM WHNP GNu'15 (for more on Diallo, turn to p. 25) was one of my midwifery professors and clinical preceptors. Hadja is the midwife I wish everyone had. And by everyone, I mean both patients in clinical settings and students/faculty in academic settings. Her intentionality, patience, and knowledge inspire me as a person and practitioner. I am grateful for her guidance and support along this journey.
- iii. Heather Clarke DNP CNM APRN FACNM was my advisor at Penn. Her advocacy and support are directly tied to how I have ended up in D.C. working in the setting I had only dreamed of practicing in. Dr. Clarke provided constant grounding and encouragement for me to go further.

There were times during the program that felt arduous. Grappling with the assault on Black birthing bodies while training to be a part of the system that perpetuates that assault was, and is, never lost on me. It requires an ongoing questioning, reckoning, and accountability to be vigilant and intentional about how I view those I care for and how I choose to provide support/care to them and their families. My redirect came from remembering my 'why': my family and the undeniable calling I have for this work.

The core of my support has always been my family, especially my mother. My family rallies around me with words of encouragement, reminders of my purpose, and even monies to lighten my financial burden. It is not lost on me that this is not a privilege that many folks have. I am forever grateful and indebted to them. My family continues to be supportive along this journey of life and nursing and I have attracted friends and coworkers who also bolster and celebrate me.

There have been sacrifices along the way in the form of time, money, health, relationships, and probably a few other things I can't think of right now. Staying the course often requires going without or making do for the time being to reach the end goal. Even with the sacrifices I am never without, and hardships are never without reprieve. ■

The core of my support has always been my family, especially my mother.

Finally, becoming a parent is a journey that can be radically different for everyone. And for a queer, trans person, there might be additional layers of consideration and care. Penn Nursing alum and current faculty Casey Benchimol shared their experience as part of Penn Medicine's Listening Lab. Read on to find out more.

Casey Benchimol

MSN CRNP WHNP-BC
AGPCNP-C Nu'14 GNu'18

Part Time Lecturer, Women's Health/ Gender-Related NP Program

*Be like Artemis
It feels joyful to build family as a queer person...*

My name is Casey Benchimol. My pronouns are they/them. I am a patient with Penn Family Medicine who had my baby at the hospital of the University of Pennsylvania, and I used to work on the postpartum floor there. I now work as a nurse practitioner at an LGBT specific health center.

I've actually been reflecting on my experience of pregnancy and birth a lot because my baby just turned 11 months yesterday. I always wanted to be a parent. I think gender and parenthood, and someone's plans for being a parent, they're often intertwined.





When I was looking into getting a primary care provider and gender affirming provider to help with my transition, I was looking for someone to help prescribe testosterone. And also to be a primary care provider. I don't want to see forty different providers; I want to see one person who I can get to know who will do everything for me.

I met Dr. Best, who did primary care and gender affirming care, and also pregnancy. And then she ended up being my baby's pediatrician as well.

I wasn't sure how I was going to feel about being pregnant. I was in some Facebook groups that were really helpful, but there's just not a local support group for pregnant trans people. I wasn't super sure how I was going to adjust, but I had a lovely pregnancy. It was really cool. I definitely was anxious, but I don't think any of that was related to my gender.

I found this book that is really awesome called *Transformed by Birth*. It is the perfect mix of information about what's happening with your body and your baby. The book is not specifically for trans people, but it's just not gendered. The author writes stories that are related to mythology.

One of the stories compares the twins Apollo and Artemis. Apollo is very civilized and structured. Artemis lets her body and her intuition do things. The author talks about how when you're laboring, you have to let go of this Apollo side, and you have to let yourself be more like Artemis. That was a mantra that I had for myself when I was going through pregnancy: "Be like Artemis."

I was very fortunate that I had this very affirming provider. Something that we've really unfortunately moved away from in health care is continuity, especially in pregnancy. And as a trans person, I think, especially with many marginalized populations, that continuity is really helpful in terms of being humanized, and being seen as an individual, which I think could really help prevent a lot of the adverse outcomes that we see. I felt really fortunate that I had someone take me on, and was like, "Look, I'm gonna see you throughout."

And she made time to go over my birth intentions. "What do you want to feel? What do you want around you? What do you want out of your experience?" And I think that it's not too much to ask for those needs to be met. I wanted to connect with Artemis, I wanted to see what my body could do and have that experience.

I had one visit towards the end of my pregnancy, it was right before my due date. And they checked my blood pressure, and it was elevated. They told me I should go to the OB Triage at the hospital. I was already at term, so that meant that it was much safer to get the baby out than to keep the baby in. And so they were going to induce me.

There was a big note in my chart that was like, "If Casey has to go to the hospital, call Dr. Best." She was the one who started my induction. She really listened about what I wanted.

There are quite a few things that didn't go according to plan. I had preeclampsia, I

needed an induction, I needed magnesium. My blood pressures were super scary high, And then Sonny, my baby, ended up going to the NICU. But he was fine. Everything was set up for this to be a traumatic experience.

What helped make it not feel traumatic was the fact that I had people around me that were really supportive. Everything along the way was being explained to me. I was really included in the decision making. I talked about my birth intentions.

The fact that my doc took the time to really go through all of that beforehand was really helpful. Anticipatory guidance about what's going on is so much more helpful than going backwards. I also think that there's a huge benefit to processing afterwards.

Being able to share your story is really helpful, but also sharing it with the people that were there, and being able to debrief on what actually happened, is really helpful to mitigating any trauma.

It feels amazing to build family as a queer person. A lot of what we see depicted in mainstream culture of queerness are the negatives, the harm, the bad things happening to us. And I think there's so much joy in queer community. And what is more joyful than family building? And it's not something new, we've been doing this forever. But it's nice to be able to do it out in the open.

I try really hard to make sure I talk with all my trans patients about their goals for building families because that is so joyful. And the research shows that just as many trans people want families as cis people. So I want to make sure I help promote that.

I am so grateful for Dr. Best's support, for her care for myself, for my wife, and for Sonny. And for being there throughout my transition in my gender, and in my transition from a person who was not a parent to a person who is a parent. I could not have landed with a better person. And I am so, so thankful that things went the way they did. ■

This story was originally shared as part of the Penn Medicine Listening Lab, a story telling initiative created by patients, caregivers, staff, and providers, that embraces the power of listening as a form of care. To experience Casey's story and so many more, visit <https://PennMedicine.org/ListeningLab>.

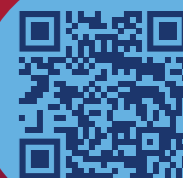


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Investing In A Legacy Of Nutrition

An award to honor a revolutionary nurse and her legacy in health care has inspired award recipients—and her family.

ESTABLISHING THE JoAnn Nallinger Grant Award was an act of love and an act of hope for Igor Grant MD as much as it was an act of generosity.

The award—which goes to a graduating Penn Nursing undergraduate student who is also a Nutrition minor or second major—honors the late JoAnn Nallinger Grant RN HUP’62 Nu’72, who became the first nurse in the field of parenteral nutrition (PN) and wrote a definitive guide on the subject used by nurses for decades. JoAnn and Igor, a professor of psychiatry, had been married for 52 years when she passed away in 2019—and Igor saw the award as an opportunity to provide something of value to Penn while honoring JoAnn during her lifetime. He says, “JoAnn deserved recognition for the groundbreaking work she did as a nurse, and I wanted to do it in a way she could enjoy.”

JoAnn and Igor—along with their two daughters, Jenna and Leslie, both educators—flew to Penn campus in Philadelphia for the 2018 award ceremony to meet the award recipient, Charis (Anderson) Louis BSN RN CPN BMTCN Nu’18. JoAnn passed six months later, but Igor continues to meet each award recipient—virtually or in-person. Charis, now a Clinical Nurse IV in Pediatric Hematology, Oncology, and Stem Cell Transplant at Stanford Children’s Health, says receiving the award continues to have an impact:



Charlene Compher PhD RD LDN FASPEN, JoAnn Nallinger Grant RN, and Charis Louis BSN RN CPN BMTCN in 2018 (L to R)

“Nutritional management plays a huge part in the day-to-day of my job—I work hard with our Child Life department and our sedation team to maximize coping and minimize trauma associated with placing feeding tubes when needed, and I advocate for early intervention when we see kids beginning to struggle with intake in order to avoid weight loss and so they can maintain and sustain their growth and development. I am inspired by JoAnn Nallinger Grant and her legacy as I show up every day and put on the critical thinking cap I developed at Penn.”

This year Igor had the opportunity to meet Hayley J. Siegle BSN RN Nu’23 and her proud family. Like Charis, Hayley is energized by receiving an award named for such a pioneering

nurse. She says, “It’s a reminder of the power we have as health care workers to continue to learn and innovate in order to improve the quality of life and well-being of our patients.”

To date, six exceptional Penn Nursing students have received the JoAnn Nallinger Grant Award. Igor shares the report he receives about each new awardee with his daughters. “The award has very much become a family celebration,” he says. “I’m one of those people who values documenting history, and it is meaningful to me and to my daughters—JoAnn did work that changed health care, and the awardees will be carrying on that tradition.”

Both JoAnn and Igor have ties to the University of Pennsylvania—JoAnn as a graduate of the Hospital of Pennsylvania (HUP) Training School for Nurses and

Penn Nursing, and Igor as a HUP resident. They met in the emergency room, when Igor, a young intern, made a complaint to the nurse in charge of the ER that evening—JoAnn. “She was fairly quick to put me in my place,” Igor says. “I built up the strength to ask her out eventually, and she agreed, but it was her strength that hooked me. She had a reputation as a feisty child, and as an adult was known for speaking her mind, professionally and personally.”

Because of her honesty, Igor has always thought of JoAnn as a stabilizing force—especially as a nurse. Beyond the more technical aspects of implementing and perfecting treatments during her work as part of the multi-disciplinary team that developed PN, she was the person that visited patients receiving treatment to monitor progress—and in doing so, provide moral and emotional support. It is JoAnn’s competence, dedication, seriousness, and honesty that earned her respect—and helped evolve a medical procedure that has become a routine yet critical part of health care today. That is the legacy Igor sees in the JoAnn Nallinger Grant Award.

“Nurses are on the front lines of health care,” he says, “Moral and emotional support are critical. We know depressed and despairing patients don’t do as well—so having a competent, supportive, and honest person in your care makes all the difference. It goes beyond that, though. It is imperative to have nurses on care teams—they have unique abilities to develop techniques that move the field of nutrition forward, just as JoAnn did. And I hope the JoAnn Nallinger Grant Award influences new graduates to innovate and succeed in the same way.”

Charlene Compher PhD RD LDN FASPEN, Professor of Nutrition Science and Director of Nutrition Programs at Penn Nursing, says, “As a dietitian who has worked for many years side-by-side with nurses and physicians to manage nutritional aspects of PN care for patients with severe gastrointestinal disease, I echo Igor’s value for the importance of highly skilled nurses on care teams. We can anticipate stellar future progress in nursing and nutrition care from the awardees.”

“I am inspired by JoAnn Nallinger Grant and her legacy as I show up every day and put on the critical thinking cap I developed at Penn.”

The Gift of Education

In 2020 Igor Grant and his family opted to further honor JoAnn Nallinger Grant by establishing the JoAnn Nallinger Grant Fellowship. This special fellowship provides financial support to students in Penn Nursing’s accelerated BSN and MSN programs who have an interest in the nutrition field, as well as the School’s new Masters of Science in Nutrition Science program.

The fellowship was made possible thanks to the Laporte Challenge Fund, a gift match opportunity offered by Andie Laporte, Nu’69, who serves on Penn Nursing’s Board of Advisors and is emeritus Trustee for the University. Including the JoAnn Nallinger Grant Fellowship, the Laporte Challenge Fund helped create 14 new endowed fellowships designated for accelerated second degree and Masters students.

Laporte recently made a second gift to Penn Nursing, this time to encourage funders to provide financial aid support to PhD students. Gifts made to the PhD education fund from July 1, 2023 through June 30, 2024 will receive a one-to-one match through the new Laporte PhD Challenge Fund until the Fund is expended.

Generating new sources of financial aid for accelerated and graduate students are an ongoing priority for Penn Nursing. Limits on the number of years a student may receive federal financial aid create hardships for second degree and advanced degree students, and Penn Nursing is committed to helping students make their educational goals attainable.

To make your own gift, visit nursing.upenn.edu/giving

Empowering Visionaries

Nursing organizations that affirm Black and brown nurses are critical for improving the workforce... and patient care **By Shannen Gaffney**

WHY DO WE NEED a Black Nurses Association? The question always surprises Sheldon D. Fields PhD RN CRNP FNP-BC AACRN FAANP FNAP FAAN GR'00—recently elected as President of the National Black Nurses Association (NBNA). He says, “It shows that many people are unaware that nursing organizations with more power, such as the American Nurses Association (ANA), have perpetuated racial discrimination and have not worked to defend or advocate for minority nurses.”

While the ANA released in 2022 a “reckoning statement” acknowledging the organizations’ history of racism and perpetuating systemic racism, vowing to improve diversity from within as well as to engage in efforts to address racism in the wider nursing community, the challenge is deep. Working with the National Commission to Address Racism in Nursing, they found that “almost all Black nurses surveyed (92 percent) said they have personally experienced racism at work, and 70 percent said it came from leaders.”

Like all nurses who want to advance their careers, Fields was expected to become a member of the ANA. And if he wanted to apply to become a Fellow of the American Academy of Nursing—a designation that indicates significant contributions to the nursing profession—he also had to be an ANA

member because the ANA owns that Fellowship. That makes organizations like the NBNA and others that engage underrepresented minority nurses critical for holding the ANA and large nursing associations to their equity and diversity goals. The NBNA also allows Black nurses to work together more autonomously to improve equity and create a national community among nurses.

Fields was the first Black man to receive his PhD in nursing science at the University of Pennsylvania in 2000, and he was the only Black man in his undergraduate, graduate, and doctoral cohorts. He was moved to leadership by engaging in the Mary E. Mahoney Minority Nursing support group at Binghamton University, where he received his BSN—and he served as President of the Graduate Student Organization for Nursing at Penn while pursuing his PhD. He says, “It’s important to give students the opportunity to see Black nurses in leadership roles, who in turn will talk about the hurdles Black nurses face.”

For Fields, Penn Nursing was a place where he found Black nursing leaders—for instance, Loretta Sweet Jemmott PhD RN FAAN GNu’82 GR’87. He says, “She was really the first Black nurse scientist to be doing this successfully NIH-funded research in HIV prevention.” Fields was also inspired by Dr. Freida Outlaw, director of the graduate program in

“We don’t often see ourselves in positions of power, influence, or authority. I hope my leadership inspires our members to dream big and reach higher.”

Sheldon D. Fields
PhD RN CRNP
FNP-BC AACRN
FAANP FNAP

Adrianna Nava
PhD MPA RN

Psychiatric Mental Health Nursing from 1991 to 2005, and the late Dr. Ruth McCorkle, director of Cancer Control at Penn’s Cancer Comprehensive Center and director of the Nursing School’s Center for Advancing Care in Serious Illness.

Jemmott, Outlaw, and McCorkle inspired Fields, but his first NBNA conference in 1998 was a life-changing moment. He says, “Walking into a room where for the first time I felt affirmed as a Black man in nursing, I knew that someday I would play an important role in the association, and here we are today with me getting ready to assume the presidency.”

That feeling of affirmation and belonging can create waves of positive change—giving shape to mentorship opportunities, policy reformation that improves outcomes for communities of color, and ultimately empowering and uplifting the nursing workforce.

Adrianna Nava PhD MPA RN GNu’12 says for her, being involved in an underrepresented minority organization for nurses is about empowering and uplifting the part of the nursing workforce that doesn’t normally get heard. She was elected President of the National Association of Hispanic Nurses (NAHN) in 2021, following in the footsteps of Margaret Bond Simon Dean of Nursing Antonia M. Villarruel who served as NAHN President in the mid-1990s. She is the first millennial nurse to serve as the national president of the association. Nava says, “Being Latina myself, I hope to serve as a mentor and open doors for nurses looking to get involved in health policy-related work. I also hope to encourage our student members to consider their role in policy early in their nursing careers.” Nava is currently a Research Scientist at the National Committee for Quality Assurance, where she serves as the scientific lead for the development of quality measures for addressing social determinants.

The President’s role at NAHN is to oversee operations and strategy, and to build culture within the organization, contributing to projects that project a unified voice for Hispanic health issues and preparing nurses to be leaders of change. This involves planning for their national conference in Portland, OR, where Nava spoke on the topic of “Leading from Within: Expanding Your Emotional Capacity to Lead,” as well as their Hispanic Health Policy Summit in Washington D.C., where NAHN gathers with other Latinx focused medical professionals across disciplines to talk healthcare policy and research, bringing priorities to members of Congress.

In 2022, Nava—who earned her Masters in Health Leadership (with a concentration in Health Policy) from Penn Nursing after serving as a Barbara Jordan Health Policy Scholar in HHS Secretary Xavier Becerra’s former D.C. congressional office in 2009—received an invitation to represent NAHN at the signing of President Biden’s Executive Order on Strengthening Access to the ACA and Medicaid, a policy that was a focal point of her PhD dissertation. She says, “I have seen how access-related disparities, especially among Latinos, prevents my community from receiving timely care. As nurses, our participation

in the policy process is integral to addressing health care. I felt validated that our voices [as Hispanics] are important. I wasn’t there just as me—I was representing a larger community of Hispanic nurses and their families.”

More recently, Nava spoke alongside Senator Tom Carper of Delaware at the U.S. Capitol during a press conference to discuss the impact of pollution on public health and the pressing need for solutions.

Elevating the voices of underrepresented minorities in the nursing community through organizations like NBNA and NAHN are key for foregrounding the importance of addressing racism in nursing, transforming nursing leadership opportunities, and highlighting policy that impacts specific segments of our communities. Fields notes, though, that these organizations also play a role in diversifying the nursing workforce.

In Fields’ current role as Associate Dean for Equity and Inclusion at the Ross and Carol Nese College of Nursing at Penn State University, he’s able to dedicate his efforts directly toward ensuring the nursing workforce is as diverse as the patients they serve—through mentoring students and introducing them to opportunities like the ones he found through the NBNA. He says, “It’s been 32 years since I first became an RN, and I’m surprised that the percentages of men and of people of color in the nursing profession have not kept pace with the demographics of this country.”

This is a crucial challenge to overcome in nursing: cultural competency and the ability to meet the unique needs of patients equates to better care and better patient outcomes. Fields notes that nursing’s continuing workforce diversity issues relate to gatekeepers in the nursing profession and academics, which the June 2023 SCOTUS decision overturning affirmative action in college admissions won’t help. Without affirmative action in place to promote diverse student bodies, universities will need to think differently about their admissions processes.

Fields says, “The qualities of a good nurse are empathy and compassion—but those skills aren’t tested in college admissions.”

Nava adds that she’s fortunate her leadership experiences as NAHN’s President have highlighted the value of nursing voices in addressing some of the country’s most pressing health care problems. “Especially as a Latina nurse leader, we don’t often see ourselves in positions of power, influence, or authority. I hope my leadership inspires our members to dream big and reach higher.”

The National Black Nurses Association (NBNA) was organized in 1971 under the leadership of Dr. Lauranne Sams, former Dean and Professor of Nursing at Tuskegee University in Alabama

NBNA represents 308,000 African American registered nurses, licensed vocational/practical nurses, nursing students and retired nurses

NAHN was founded in 1975 by Dr. Ildaura Murillo-Rhode, former Dean of Nursing at the State University of New York (SUNY), SUNY Brooklyn, and SUNY Downstate Medical Center

NAHN has 44 chapters in 24 states

Information about Penn Nursing minority student organizations can be found here: nursing.upenn.edu/studentorgs; University-wide organizations can be found at: diversity.upenn.edu

Alumni Notes

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

1960s

Joan Segal Trachtenberg, Nu'65 GNu'81, writes, "Recently, my dear classmate **Jill Sheridan Slattery, Nu'65**, and I got together to celebrate our longtime 'Penn pal' friendship and her 80th birthday."



▲ **Laura Lucia Hayman, HUP'68, Nu'70, GNu'75, GR'82**, was honored by Nurses With Global Impact, Inc. at a ceremony commemorating International Nurses Day at the United Nations on May 12, 2023. Nurses With Global Impact recognizes and honors nurses in front line roles who demonstrate exemplary practice by impacting the global delivery of health care, celebrating their work, and supporting their programs. Dr. Hayman is a full professor in the Manning College of Nursing & Health Sciences at the University of Massachusetts Boston and an Adjunct Professor of Medicine, Division of Preventive and Behavioral Medicine, at the University of Massachusetts T.H. Chan School of Medicine in Worcester, Massachusetts.

1970s

Paula Resnick Colb, Nu'70, is a volunteer docent in archeology and judaica at the Israel Museum in Jerusalem. She says, "I've been there now for 22 years and love it."

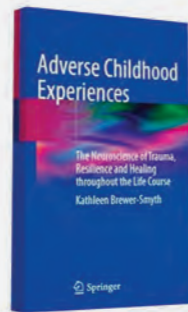


▲ **Barbara Sheer, Nu'71**, received the Fellow of American Association of Nurse Practitioners (FAANP) Legacy Award for a lifelong career that has had a profound and enduring impact on the profession and the Nurse Practitioner role. Dr. Sheer is professor emerita at the University of Delaware and continues to be involved with the International Council of Nursing (ICN) Advanced Practice Network and the history committee of the American Association of Nurse Practitioners (AANP).

Lillee S. Gelinas, GNu'79, serves as the Editor-in-Chief of *American Nurse Journal*. Dr. Gelinas has over 30 years of experience as a nursing and health care executive. She currently holds a faculty appointment as Assistant Professor and Patient Safety Section Director at the Texas College of Osteopathic Medicine,

where she designed, developed, and implemented the only Patient Safety Course in the United States being taught to medical students and university faculty resulting in certification as a Patient Safety Professional.

1980s



▲ **Kathleen Brewer-Smyth, GNu'85, GR'01**, who serves as an Associate Professor at the University of Delaware, authored a book titled *Adverse Childhood Experiences: The Neuroscience of Trauma, Resilience and Healing throughout the Life Course*, published by Springer Nature 2022.

1990s



▲ **Michelle Larkin, Nu'90**, serves as the Vice President of Program Management at

the Robert Wood Johnson Foundation. With more than 27 years as a leader in health policy and practice and as an attorney committed to using law and policy to improve health, she provides leadership to the executive vice president, senior management team, and staff on strategy and all program, policy, communications, research, evaluation, and learning activities. In this role, she helps shape the Foundation's vision to build a Culture of Health in America, where everyone has a fair and just opportunity for health and well-being.



▲ **Linda Stolte Steinkrauss, Nu'92, GNu'97**, is a Pediatric Nurse Practitioner in Endocrinology at Nemours Children's Hospital, Delaware. She is also the President of the Pediatric Endocrinology Nursing Society and volunteers at Innocence Project Delaware. **Dawn Nair, GNu'94**, is a Cardiology Nurse Practitioner at Yale University Hospital.



▲ **Allison Squires, Nu'95**, founded the Global Consortium of Nursing and Midwifery Studies, an international research consortium focused on research capacity building and collaboration, especially with low- and middle-income country researchers. To date, 70 countries have joined the consortium. Their current study is examining the long-term effects of the COVID-19 pandemic on the nursing and midwifery workforce. Dr. Squires also received the outstanding mentoring award from the Interdisciplinary Research Group on Nursing Issues of Academy Health at their annual research meeting in June of 2023.

2000s



▲ **Margaret Curtis Berreth, Nu'00, GNu'01**, was inducted as a fellow in the American College of Nurse-Midwives at their annual meeting in May. This honor has been bestowed to only approximately seven percent of nurse-midwives. Meg has worked to improve women's health care throughout her 21-year career. She has worked at the University of North Carolina at Chapel Hill in the Department

FROM THE PENN NURSING ALUMNI BOARD PRESIDENT

To my fellow Penn Nursing Alumni,

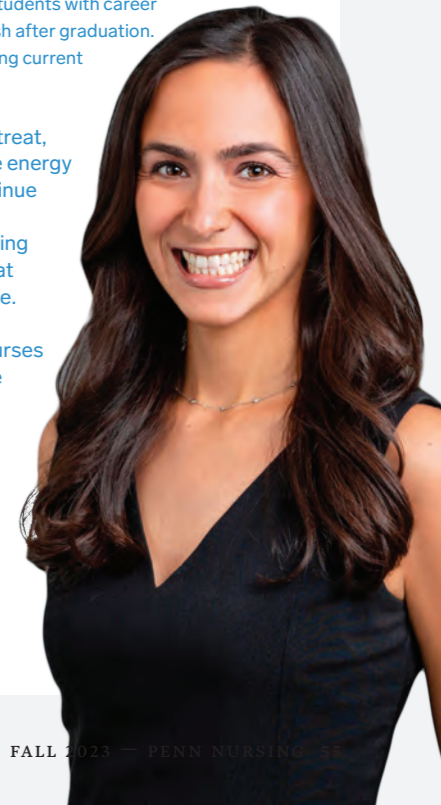
As I commence my second year as Penn Nursing Alumni President and reflect on this past year, I feel so fortunate to have such a strong group of Penn Nursing Alumni leaders on our board. We are Quakers, we are nurses, we are the Penn Nursing Alumni Board. Comprised of 24 board volunteers, we are tasked with fostering loyalty to the School of Nursing and the University, supporting the School of Nursing's goals, maintaining professional and social bonds amongst alumni, and promoting professional development. Our board members lead four committees of volunteers—membership, alumni awards, events & outreach, and student alumni connections. Let's take a look at a few highlights from this past year:

- 1) Membership** – we've welcomed six new members to the board, serving in various leadership roles, and spanning geographically from California to Virginia to the northeast, each with broad experience and expertise. From nurse innovators to clinicians to professors, we're proud to have a diverse group of leaders that embodies the larger alumni network.
- 2) Alumni Awards** – this year we were thrilled to announce our inaugural Social Justice and Health Equity Alumni Award recipient. The award recognizes a graduate for exceptional contributions in the areas of equity, access, inclusion, and social justice through health and wellbeing. This year's roster of alumni award winners displayed amazing work in a wide array of fields, including HIV-risk reduction and sexually transmitted disease prevention, providing clinical and wellness services to veterans, and creating the first Physician coaching program in Brooklyn. Congratulations to all our alumni award recipients!
- 3) Events & Outreach** – we bring Penn Nurses together across the country. We've hosted conference happy hours for NAPNAP, ACNM, and AANP. When you go to your next conference, make sure to see if there is a Penn Nursing happy hour for you to attend. If there isn't one scheduled at your next conference, reach out and you can help us host.
- 4) Student Alumni Connections** – we strive to support our Penn Nursing students and foster connections to the larger alumni network. From career panels and webinars to a speed dating networking event, we empowered students with career guidance and alumni relationships they need to flourish after graduation. If you're interested in serving as a panelist or supporting current students, let us know!

Over the summer, we had a productive summer retreat, where we planned new initiatives for the year—the energy is palpable! Looking ahead, we are excited to continue to expand our reach and grow our board. Are you interested in getting involved? We are always looking for new committee and board members. Email us at nursingalumni@nursing.upenn.edu to learn more.

Join us in creating more opportunities for Penn Nurses to be celebrated, promoted, and supported. There is much to celebrate amongst our Penn Nursing community, and I look forward to all that we will continue to accomplish together.

-Jodi Feinberg, Nu'15
President, Penn Nursing Alumni Board



of OB/GYN for the past 14 years, during which she established the Centering Pregnancy program.

Cypress LaSalle, GNu'00, is a Senior Nurse Practitioner at University Health KC.

Benjamin Katz, Nu'02, W'02, serves as Chief Executive Officer at Happy Head, the online leader in prescription hair loss medicine. Ben shared that Happy Head is his first return to health care since his time at Penn, and he uses his nursing education and experience in his everyday work.

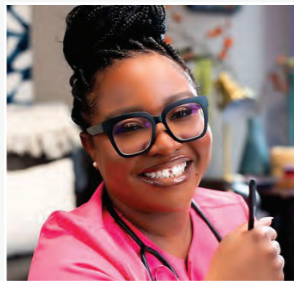


▲ **Angela Amar, GR'03**, was named the new dean of NYU Rory Meyers College of Nursing. She began her new role on August 1, 2023. Dean Amar joins NYU from the University of Nevada, Las Vegas (UNLV) School of Nursing, where she had been dean and a tenured professor since 2018. Prior to her tenure as dean of the UNLV School of Nursing, Dean Amar joined the faculty of Emory University's Nell Hodgson Woodruff School of Nursing in 2012, where she served as an assistant and then associate dean between 2013 and 2017. She developed forensic nursing programs for Emory, Boston College, and Georgetown, establishing an educational model on forensic nursing for nursing schools nationwide. Dean Amar's scholarship on sexual and partner violence focuses on improving care and support for survivors of violence and trauma when they enter the health care system.



▲ **Bridgette Brawner Rice, GNu'05, GR'09**, has been named Associate Dean for Research and Innovation at Villanova University M. Louise Fitzpatrick College of Nursing. Dr. Rice is also the Richard and Marianne Kreider Endowed Professor in Nursing for Vulnerable Populations at the College of Nursing.

Sandra Rodgers, GNu'05, is a Nurse Practitioner at Nemours Children's Health.



▲ **Jessica Savage Jones, Nu'08**, is the CEO & Founder of the non-profit Stand Up 2 Breast Cancer, Inc. The mission of the organization is to provide education regarding breast cancer and awareness about clinical trials for women with breast cancer who lack access and resources. In her current role, she works with individuals who are in various stages of their cancer diagnosis, from those who are newly diagnosed to those with metastatic breast cancer.

Samantha Wood, Nu'08, GNu'12, is a Nurse Practitioner at Jefferson Health.

2010s

Mary Daley, GNu'10, is the Chief Director and Compliance Officer at Envision.



▲ **Amelia Cataldo, Nu'11, GNu'15, GRN'22** presented her work "Development of an Advanced Practice Provider Fellowship at an NCI-Designated Cancer Center" at the 2023 American Association of Nurse Practitioners in New Orleans. Amelia (right) is pictured with her colleague Sincere McMillian.



▲ **Jenna Rae Perkins, Nu'11, GNu'14**, founded DiscovHER Health, which opened its doors in Old Town Alexandria in February 2022. She is a board-certified Women's Health and Gender-Related Nurse Practitioner specializing in complex urology, urogynecology, sexual health, and pelvic floor disorders, with almost 15 years of experience. For more information on Perkins' practice, see p. 23.

Saumya Ayyagari, Nu'13, GNu'18, GR'18, is a Nursing Workforce Development Manager at National Nurse Led Care Consortium.

Grace Eckels, Nu'18, GNu'22, recently began a new job as a Neurology Nurse Practitioner at Lenox Hill Hospital after graduating with her Family Nurse Practitioner degree from the University of Pennsylvania in December 2022.

Christina Hartwell, GNu'19, serves as a Clinical Director at Thomas Jefferson University Hospital Systems. **Yamslee Vega, GNu'19, GNu'21**, is a Trauma Nurse Practitioner at Lakeland Regional Medical Center.

2020s

Patricia Abiog, Nu'20, is a Registered Nurse at Baylor Scott & White Health.

Kallie Brown, GNu'20, Nu'20, is a Registered Nurse Emergency Department at University Health KC.

Alyssa Loftus, GNu'20, is a Psychiatric Nurse Practitioner at Delaware Behavioral Health.

Angela McNulty, GNu'20, is a Nurse Practitioner at Christiana Care Health Services.

Tatjana Muwwakkil, GNu'20, is a Midwife at Los Angeles County+USC Medical Center.

Kim Wanner, GNu'20, is a Nurse Practitioner at Christiana Care Health Services.

Charvette Shumaker-Kirk, GNu'21, is an Acute Care Nurse Practitioner at City of Hope Medical Center.

Alyssa Aboff, GRN'22, is a DNP-Anesthesia at Temple University Health System.

Natalie Olender, Nu'22, is a Registered Nurse at Children's Hospital of Philadelphia.

Nia Akins, Nu'20, finished sixth in the 800-meter distance race at the 2023 World Athletics Championships in Budapest, Hungary, her first global championship. She ran a personal-best of 1:47:73 and finished under two seconds behind the winner.

2023 Alumni Award Winners:

We are thrilled to congratulate the 2023 Penn Nursing Alumni Award winners, honored in May 2023 as part of Alumni Weekend on campus.

Interested in nominating a graduate for an award? Nominations open each fall. Details can be found on the alumni website.



Loretta Sweet Jemott, GNu'82, GR'87
Outstanding Alumni Award



Morghana Milagrosa, Nu'06, GNu'08
Lillian Sholtis Brunner Award for Innovation Practice



Caitlin Hildebrand-Turik, Nu'08, GNu'11
Alumni Award for Clinical Excellence



Maya Clark-Cutaia, Nu'03, GNu'06
Alumni Spirit Award



Nicole Kirchhoffer, GRN'21
Early Career Award for Excellence



Patricia K. Bradley, GNu'86, GR'98
Social Justice & Health Equity Alumni Award



Richard James
Honorary Alumni Award



Tara Teipel, Nu'23
Alumni Spirit Award for Graduating Students

Penn Nursing Babies

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

► **Rachel Mathisen, Nu'11**, and her husband Michael welcomed their miracle baby, Noah Samuel Fink, into the world on March 10, 2023. Rachel is currently working as a Family Nurse Practitioner in Augusta, GA.



Penn Nursing in American Academy of Nursing

2023 AAN Living Legends



Pamela F. Cipriano
PhD, RN, NEA-BC, FAAN, HUP'76
President, International Council of Nurses; Professor, University of Virginia School of Nursing



Martha A.Q. Curley, PhD, RN, FAAN
Professor of Nursing, Penn Nursing; Ruth M. Colket Endowed Chair in Pediatric Nursing, Children's Hospital of Philadelphia; Professor of Anesthesia and Critical Care Medicine, Perelman School of Medicine

2023 AAN Fellows Penn Nursing Alumni



Kelley Baumgartel, PhD, RN, Nu'06



Julie Blumenfeld, DNP, CNM, GNu'97



Christina Calamaro, PhD, PPCNP-BC, FNP-BC, FAANP, GR'05



Nicholas Giordano, PhD, RN, Nu'15, GR'18, GRW'18



Michelle Kelly, PhD, PPNP-BC, NNP, CNE, FAANP, GNu'97



Lisa Cantore Letzkus, PhD, RN, CPNP-AC, GNu'08



Kelly Wiltse Nicely, PhD, CRNA, FAANA, Nu'01, GR'10



Anne Pohnert, DNP, APRN, FNP-BC, Nu'98, GNu'99



Juh Hyun Shin, PhD, RN, GNu'03

2023 AAN Fellow Penn Nursing Faculty



Lauren Massimo, PhD, CRNP, GNu'05, GNu'09, GR'14
Assistant Professor of Nursing, Penn Nursing

2023 National Academy of Medicine Distinguished Nurse Scholar-in-Residence



Margaret Chamberlain Wilmoth, PhD, MSS, RN, FAAN, GR'93
Professor, University of North Carolina, School of Nursing

2023 AAN Honorary Fellow

James Buchan, PhD, DPM, MA(hons)
Adjunct Professor, University of Technology, (UTS) Sydney, Australia

Paying tribute to

ENS S.M. Sophia (Bernick) Stubbs, Nu'63, GNu'65, Veteran of the U.S. Navy



^ Sophia Stubbs 1st row, 2nd from right



Sophia Stubbs was many things to many people. To her grandson Ray Stubbs, she was “GoGo.” To her colleagues at the Montgomery County Home Health Aid and Homemaker Service, she was the boss. And to the U.S. service members with amputations returning stateside during her four years as a Navy nurse in the Korean War, she was—among other things—a crochet instructor.

To everyone, though, she was an inspiration. She joined the military shortly after receiving her diploma around

1949 and practiced as a surgical nurse at the Navy Hospital in Key West, FL, working side-by-side assisting the former 13th U.S. Surgeon General, C. Everett Koop, MD, with his surgeries. It was after this experience that spent four years providing nursing care to injured Korean War veterans, including her work of teaching them how to crochet as a diversion from their devastating, life-altering injuries, even going so far as to start a competition for the neatest crochet patterns.

Sophia met her husband—who also served in the military—at the Philadelphia Naval Hospital, where she was transferred after the war.

Ray Stubbs, Jr., their son, notes, “My mother’s military service influenced her determination to get a BSN and MSN from Penn Nursing.” Sophia attended night school to complete her BSN and then enrolled full-time to complete her Masters in Nursing. “She was very focused on life and what needed to be done to help others,” Ray says.

Sophia’s life-long passion was nursing—and she utilized her education at Penn Nursing to make a difference. She began work at the Montgomery County Home Health Aid and Homemaker Service, at the time a newly formed organization that provided services beyond nursing for patients at home, eventually becoming the organization’s executive director.

Penn Nursing’s Professor of Pain Practice, Rosemary Polomano, PhD, RN, FAAN, salutes and thanks Sophia for her military service. “It is so important during Veteran’s Day and other times during the year to take a moment to remember the dedicated service of active-duty military and veteran colleagues, and the difference that they made while serving our country.”

Sophia’s grandson, also Ray Stubbs, says of his tough and disciplined former military grandmother, “She will always be my role model.”

In Memoriam



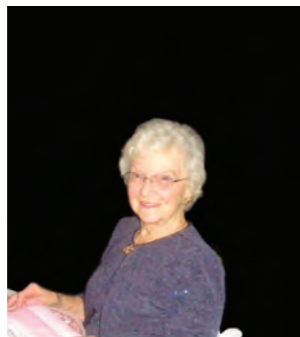
▲ **Vivian Piasecki** on July 10, 2023. Vivian was a devoted member of Penn Nursing’s Board of Advisors for over 20 years and helped raise it to prominence through her leadership as Chair from 1991 to 1999. She also co-Chaired Penn Nursing’s Dean’s Council, served on the Penn Nursing Campaign Committee, and led Friends of Penn Nursing in its efforts to raise scholarship funds for future nurses. In gratitude for her many years of service and advocacy, Penn Nursing gave Vivian its Honorary Alumni Award in 1999. The Vivian Weyerhaeuser Piasecki Room at Claire M. Fagin Hall was dedicated in her name in 2019, connecting current students to her rich support of Penn Nursing.

Even beyond her dedication to Penn Nursing, she was a committed health care advocate. She served on several Penn Medicine boards, including as a longtime Trustee of the Health System and as a member of the Advisory Board for the Institute on Aging. Vivian’s support of Penn Medicine and Penn Nursing led to her commitment to a wide range of priorities and projects, including providing support for Penn Medicine, but also for faculty support, lectures, and research.

Vivian was predeceased by her husband—Frank Piasecki, ME’40—in 2008; Frank was a Penn alumnus, helicopter industry pioneer, and National Medal of Technology winner. Vivian and Frank’s philanthropy touched every corner of Penn Nursing, from annual giving and the Dean’s Fund to capital improvements and facility renovations. Their generosity helped create endowed professorships as well as academic scholarships for students at Penn Nursing.

1940s

▲ **Esther Colliflower, HUP’46**, on February 22, 2022.



▲ **Betty Jane Haddock Weikel, HUP’46**, on March 23, 2021. Betty was in nurses’ training during WWII and was in the Nurse Cadet program. She was honored to be a nursing student at the “U of P” (University of Pennsylvania). She valued the excellent education she received there and cherished the many lifelong friendships made with her fellow nursing students. Among her keepsakes were her HUP pin and nurse’s cap. Betty was an experienced operating room nurse throughout her career.
▲ **Dorothy Turner, HUP’48**, on April 22, 2023.

1950s

▲ **Dolores Akin, HUP’50**, on February 14, 2023.

▲ **Virginia Peterson, HUP’52**, on January 5, 2023.



▲ **Alma Peterson, HUP’53, Nu’59**, on June 4, 2022. Alma attended the School of Nursing at the Hospital of the University of Pennsylvania—where she was known by all as “Sparky”—receiving her RN in 1953 and her BSN in 1959. While a nursing student, she met and fell in love with Penn medical student David M. Peterson; they would marry in 1959.

▲ **Elsa Spiegel, HUP’54, Nu’54**, on February 18, 2023.

▲ **Marie Heinz, HUP’55**, on February 9, 2023.

▲ **Joann Majetich, HUP’55**, on May 7, 2023.



▲ **Dorothy Swope, Nu’55**, on February 5, 2022. Dorothy graduated with her BS in

Nursing from Penn in 1955. She worked in various capacities as a nursing with Lancaster School District. Within that period, she earned a M.Ed. from Millersville University in 1971 and made many friends working as a counselor and while teaching ESL at the IU13 Adult Enrichment Center. A life-long learner, she was taking PhD classes at Temple University in her fifties.

▲ **Gloria Diehl Farbstain, Nu’56**, on May 11, 2023. Gloria was the first person in her family to graduate from high school; she attended a one-room schoolhouse. Her older brothers, Charles and George nicknamed her “Nursie” because she was fervently protective of her younger brother Alvin. Gloria lived up to her nickname, earning her BSN from the University of Pennsylvania in 1956. Following her graduation she dedicated her career to children, serving as a Public Health Nurse at various schools throughout Fairfax County. After 25 years in public health, Gloria retired at the age of 70, devoting herself full-time to gardening, baking, and travel.

▲ **Alice Thomas, HUP’56**, on February 24, 2023.

▲ **Jean Monka, HUP’57**, on February 26, 2023.

▲ **Elaine Kemmerer, HUP’57**, on March 15, 2023.

1960s



▲ **Ann Bliss, Nu’60**, on December 7, 2022. Ann was

instrumental in the formation and early success of the Yale Physician Associate Program. She earned her BS from the University of Pennsylvania in 1960. She worked as a medical writer for McNeil International Pharmaceuticals from 1960 to 1961, received a master’s in social work from Bryn Mawr College in 1963, and served as a Professor of Mental Health Nursing while at SUNY Buffalo and at Niagara University, 1963-1970. In 1970 she joined the faculty at the Yale School of Medicine, at the inception of the PA Program. Ann served on the Yale faculty from 1970 to 1996, teaching behavioral medicine and psychopathology for 25 years, fostering students’ development and providing mentorship and support that many alumni recall with fondness.

▲ **D’Etta Tracy, Nu’61**, on April 1, 2023.

▲ **Winnifred Gillette, Nu’61**, on April 19, 2023.

▲ **Gail Zapp, HUP’64**, on April 1, 2023.

▲ **Laura Griffin, Nu’69**, on March 29, 2023. Laura earned her BSN degree from the University of Pennsylvania and an MS degree from the University of Delaware. She had a wonderful 39-year nursing career where she worked in the recovery room, on the med/surg floor, as a Pennsville visiting nurse, and an Assistant Professor in the nursing program at the University of Delaware. She valued helping and comforting others and taught and encouraged her students to do the same.

1970s



▲ **Kathryn Matthews, GNu’76**, on April 17, 2023. In high school Kathryn aspired to become a medical missionary and volunteered as a “candy striper,” providing care to residents of the county nursing home. Her work there and the guidance of a school nurse inspired Kathy to pursue a career in nursing. With a Navy Nurse Corps scholarship, Kathy earned a BSN from Keuka College in 1968 and served in the U.S. Navy Nurse Corps until 1973. After completing her military service, she completed the Family Nurse Practitioner master’s program at the University of Pennsylvania.

▲ **Rosalie Mirenda, GNu’79**, on May 13, 2023.

▲ **Mary Moore, GNu’79, GRN’87**, on January 4, 2023.

1980s

▲ **Jeanne Gelman, GNu’80**, on January 12, 2023.

▲ **Mary Folkerth, GNu’82**, on March 22, 2023. After high school Mary earned a BSN from Villanova University and then graduated from the University of Pennsylvania with her master’s degree. She had a love for nursing and a love for teaching and spent much of her career in higher education. She began her teaching career at

Temple University and accepted a position as an Associate Professor of Nursing at Indiana University East, where she spent nearly 30 years inspiring and equipping the next generation of nurses with the skills, compassion, and competency to take care of their patients.

▲ **Dennis Farrell, GNu’88**, on March 22, 2023.

2000s



▲ **Nicole Price, Nu’02**, on February 26, 2023. Nicole was an exceptional student at Philadelphia High School for Girls and earned a bachelor’s degree in nursing at the University of Pennsylvania in 2002. Nicole worked at first at the University of California Los Angeles Mattel Children’s Hospital. She returned to Philadelphia after she met Fisher, became a nurse and then nurse manager at CHOP, and served most recently in the hospital’s pulmonary unit. Caring for her patients seemed more like a calling than a job for Nicole. Creative, friendly, and talkative once she got to know you, she focused on people’s emotional health as well as the medicine they took. She sought young people in distress, especially those like her who struggled with sickle cell anemia, and showed them how to plan for a fulfilling future.

Penn Nursing Alumni part of \$19 Million Grant from NIH to Establish Maternal Health Implementation Science Hub at Penn Medicine

Hub part of NIH initiative to establish Maternal Health Research Centers of Excellence, promoting maternal health equity.

Penn Medicine, with the help of three Penn Nursing faculty (all Penn Nursing alumni) will serve a critical role in driving research to reduce pregnancy-related complications and deaths and promote maternal health equity through a new National Institutes of Health (NIH) grant. The \$19 million, seven-year grant funds the creation of an implementation science hub as part of the NIH's new Maternal Health Research of Centers of Excellence initiative.

Through this initiative, the NIH has funded 10 centers of excellence research centers, the implementation science hub, and a data innovation hub to support research to reduce pregnancy-related complications, deaths, and promote maternal health equity. The implementation science hub tea—led by Meghan Lane-Fall, MD, MSHP, the David E. Longnecker Associate Professor of Anesthesiology and Critical Care, and Rebecca Hamm, MD, MSCE, an assistant professor of Maternal Fetal Medicine, both in the Perelman School of Medicine at the University of Pennsylvania—will work with these centers on development, execution, and analysis of their research, to help bring findings into clinical practice and community settings. The hub is called AMETHIST@Penn, which stands for Achieving Maternal Equity and Transforming Health through Implementation Science and Training.

“While there have been great strides and increased focus in advancing our understanding of maternal health, especially in the last few years, without the ability to integrate our knowledge and



▲ Amanda Bettencourt PhD APRN CCRN-K ACCNS-P GR'19; Katelin Hoskins PhD MBE CRNP Nu'07 GNu'08 GNu'12 GR'20; and Rebecca Clark PhD MSN RN CNM WHNP-BC Nu'07 GNu'10.

findings into practice, there is no benefit to patients,” said Lane-Fall. “This is why implementation science is so important—it helps ramp up the pathway from research to clinical care.”

The new grant adds to Penn's robust maternal health research portfolio, which includes initiatives to address racial disparities in maternal health outcomes, measure cardiovascular risks in pregnant patients, and monitor placental health to more accurately measure and predict high-risk pregnancies. Poor maternal health outcomes in the United States are statistically more common compared to other similar countries. According to the CDC, maternal mortality is increasing, with more than 1,200 women died of maternal causes in the United States in 2021—compared to 861 in 2020 and 754 in 2019.

“There are a myriad of causes for poor maternal health outcomes from socio-economic disparities, to structural racism and environmental impacts,” said Hamm. “Challenges are as straightforward as problems making it to important medical appointments due to job or

other personal responsibilities, to the management of more complicated disorders like gestational diabetes. So when we think through addressing specific outcomes, we need to make sure solutions we test can actually reach the populations who need them most. This is what our implementation science hub can help researchers studying interventions in maternal health address.”

Researchers from the 10 research centers across the United States include Avera McKennan Hospital, Columbia University, Jackson State University, the Medical College of Wisconsin, Michigan State University, Morehouse School of Medicine, Stanford University, Tulane University, University of Oklahoma Health Sciences Center, and the University of Utah. The centers of excellence, a data innovation and coordinating hub led by Johns Hopkins University, and the implementation science hub at Penn Medicine, will work together to design and implement research projects to address the many factors that affect pregnancy-related complications and deaths, with

a focus on populations that experience health disparities.

Lane-Fall, Hamm, and others involved with the hub will support nearly 20 large-scale research projects being performed at the selected centers from beginning to end, assisting in incorporating implementation science methods into their designs and analyses, and ideally helping experts in the centers for excellence deploy their innovative ideas into practice. The hub will also support training and education for the next generation of maternal health implementation scientists nationwide.

The three Penn Nursing faculty coinvestigators are Amanda Bettencourt GR'19; Katelin Hoskins Nu'07 GNu'08 GNu'12 GR'20; and Rebecca Clark Nu'07 GNu'10. [Penn Nursing's Karen Glanz PhD MPH, George A. Weiss University Professor, is also a coinvestigator].

Dr. Clark, Assistant Professor of Perinatal Nursing, Midwifery, and Women's Health, is the training and development core co-lead with MPI Meghan Lane-Fall; Dr. Bettencourt, Assistant Professor of Nursing, is in the training and development core; and Dr. Hoskins, Assistant Professor of Nursing, is in the equity, community, and stakeholder engagement core.

This research is supported by the NIH (1U24HD113146-01).

A version of this story was originally published by Penn Medicine on August 28, 2023. To view the original, visit [pennmedicine.org](https://www.pennmedicine.org).

Nominate a Penn Nursing graduate for a 2024 Alumni Award



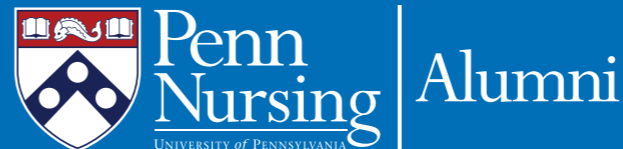
Each year, the Alumni Board Awards Committee strives to recognize outstanding alumni who demonstrate the power of Penn Nursing through their varied contributions to the profession and to the health care of citizens of our nation and around the world.

Timing

- Nominations for 2024 will open in mid-fall.
- **DEADLINE:** Nominations will be accepted until January 15th, 2024.
- Award winners will be notified in March.
- Awards are presented each May during Alumni Weekend

How to Nominate

- Anyone (coworker, spouse, parent, colleague, or friend) can submit a nomination.
- Before submitting a nomination review our nomination guidelines on our webpage at <https://www.nursing.upenn.edu/alumni/events-programs/penn-nursing-alumni-awards/>
- To submit a nomination, please complete our online nomination form.



Scan here to learn more and submit a nomination



Path



1. Lucy, due to earn her DNP in Executive Leadership from Penn Nursing in May, receives an email, asking her to consider a gift to the Penn Nursing Annual Fund. She's made donations to health clinics and political causes but never to Penn Nursing.

2. When Lucy interned with a nursing expert in New York City last year—a life-changing experience that influenced her career path—taking the train back and forth was a financial hardship. Penn Nursing's Student Services helped her defray the costs with Annual Fund monies so she could continue the internship. Lucy decides to donate \$50. Maybe it will help someone like her.

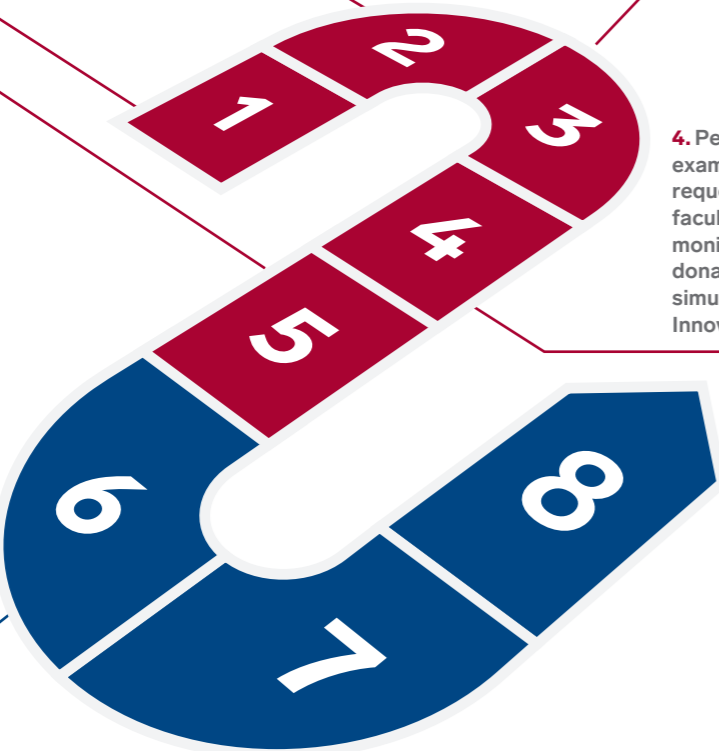
3. Lucy's gift arrives at Penn Nursing Office of Development and Alumni Relations. Her \$50 is added to the Annual Fund, along with several other donations that arrive that day:

- \$300 from Mark, a Penn Nursing alum who also makes a recurring gift of \$25 each month.
- \$100 from Alex and Sandy, parents of Penn Nursing student Ashley, who will graduate from the BSN program in 2024.

4. Penn Nursing's Business Office examines additional funding requests from department heads/faculty and available Annual Fund monies, including Lucy's \$50 donation. They allocate funds to the simulation lab in the Helene Fuld for Innovative Learning and Simulation.

5. The Pavilion Director prioritizes funding from the Annual Fund to enhance realism in simulated clinical scenarios by hiring content experts—individuals with extensive experience in specific areas being simulated—to act in the role of patients.

When nursing students spend time in these simulations, they learn in a safe environment how to engage in difficult situations, many of which they may not be exposed to in off-campus clinical settings. Penn Nursing is the only nursing school that hires content experts instead of standardized patients, ensuring a robust and realistic learning environment!



6. The Director hires Gina to act as a patient; Gina is a clinical provider with 20 years of experience providing care to intimate partner violence (IPV) survivors.

7. ABSN student Christopher is scheduled for a 2-hour simulation session in the Pavilion as part of the Women Across the Lifespan course. Gina plays the role of a pregnant woman who arrives at the emergency department (ED) with vaginal bleeding—and during the scenario he practices therapeutic communications that reveal the patient was pushed down the stairs by their partner. Afterward, Gina and trained simulation instructors provide him with feedback on his communications and interventions.

8. During Christopher's clinical rotation in the ED a few days later, a woman comes in with a black eye and bleeding—a victim of IPV. As a result of his simulation experience, made possible through Lucy's donation and the Annual Fund, Christopher had the confidence and tools to care for this challenging clinical scenario and was able to implement a safety plan for his patient.

**All names are changed to protect privacy.*

Penn Nursing's Annual Fund changes lives and helps develop the next generation of bold nurse leaders. The Fund provides additional financial aid, faculty resources, student experiences, and lifelong learning opportunities for students and alumni. But can a \$50 donation really make an impact?



Your support of the Penn Nursing Annual Fund is vital and helps students like Katie access the educational resources that will make them future nursing leaders.

Will you make your gift? Your leadership makes a difference and every dollar counts!

When you donate to the Penn Nursing Annual Fund, you give our students access to additional financial aid, academic enrichment, and opportunities that help them succeed.

3 Ways You Can Support Penn Nursing Students Who Need Your Help



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Visit www.nursing.upenn.edu/giving/how-to-give/ to find out more.



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Making donations is easy with a few clicks. Just visit: www.nursing.upenn.edu/spring

Did you know that you also have the option to make a gift with your digital wallet on our secure website?



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Please visit our online calendar at
www.nursing.upenn.edu/calendar for
current information on virtual and in-person
events. We hope to see you soon!

