

How nursing is
bringing smart tech
into the home.

P. 16

Taking health
and health care
upstream.

P. 36

Penn Nursing



How the VA Shows America's Best Health Care Future

And why Penn Nursing
lies at that leading edge.

P. 20

SPRING 2019

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE





When you're the best at what you do, you choose Penn Nursing.

Recognized worldwide for excellence in research, education, practice, and policy, Penn Nursing's MSN, DNP, and PhD programs prepare nurses to be leaders in innovative-practice and research-intensive environments.

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To learn more about Penn Nursing, visit www.nursing.upenn.edu

SCOPE
4 — Nursing Takes Center Stage

News

6 — Happenings at Penn Nursing

9 — Media Spotlight: *Vogue*

GLOBAL
10 — World Wide Work and Perspectives

PRACTICE & COMMUNITY
12 — Local Engagement and Partnerships

Policy

14 — Vintage Voices: A Meeting of Minds ✓



Discovery & Innovation

16 — Smart Home: Alexa, Make My Bed

18 — Design Thinking for Nurses

PHOTOGRAPH OF ORNELLA INGABIRE BY EDDY MARENCO



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



Applying sound, cutting edge analytic methods to improve care for our nation's veterans—that's a delight!
—Mary Ersek
PHD RN FPCN, p.28

Contents

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE
SPRING 2019

Features

COVER STORY
The Veterans Health Administration:
At the leading edge of America's health care

20



The Penn Nursing-Veterans Connection

28

Penn Nursing Diaries: A Day in the Life

30



Innovating for Life and Living Campaign

Nurses are expert innovators, combining science, ingenuity, and compassion to solve problems for a single patient, a community, or even an entire health system.

That's why we launched our \$60 million *Innovating for Life and Living* Campaign to support nurse-led innovations in healthcare via **education; research, policy, and practice; and global health.**

Through the Campaign we will:

- Educate entrepreneurial practitioners and leaders by integrating cutting-edge simulation technologies, greater interdisciplinary learning, and new design-thinking principles into our curricula.
- Accelerate the scale and spread of nursing research, testing and proving novel ideas, and incorporating data-driven science more fully and powerfully.
- Develop and define patient, family, and community-centered solutions that improve lives and change the way care is delivered.
- Transform the impact of nursing on individuals, families, and communities.

For the fourth year in a row, Penn Nursing is ranked as the **#1 nursing school in the world**, but we also want to be **#1 for the world**. The needs and opportunities for innovation in health and healthcare are substantial, and together we can make a greater impact.

For more information and/or to set up a time to speak with someone, please email nursingcampaign@nursing.upenn.edu or call 215-898-4841.

Penn Nursing

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING MAGAZINE

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University of Pennsylvania School of Nursing Magazine

SPRING 2019

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Dean's Letter

On The Frontlines

Where there has been war and conflict, there have always been nurses to care for the wounded. And so it is fitting that the feature story in this new issue of *Penn Nursing* magazine focuses on the role of nurses and nurse scientists in the policy development, research, and practice that go into ensuring that as a country we can offer our military the best available care. We have always been a critical part of this work.

Penn Nursing is known for its commitment to innovation, and our alumni and faculty lead the way in finding new solutions that have and will revolutionize services and care for active military and for military veterans. Our School's excellence in this area led First Lady Michelle Obama and Dr. Jill Biden to visit Penn Nursing in 2012 to announce the launch of a major effort in nursing and veterans' health through their national initiative Joining Forces. New solutions, such as those championed through this initiative and other nurse-led work, are important—from pain management to palliative care, innovative developments that come out of the military and the Veterans' Administration (VA) become tomorrow's cost-saving and life-saving protocols that impact the broader public.

I view military service through a lens that is wider than my experience in health and health care. My uncle was in the Navy and served during World War II. My father-in-law was in the Marines. My niece and her husband also served in the Navy. Like many, I don't need to look back too far to realize the personal impact of those who serve.

I often speak about Penn Nursing being more than the #1 nursing school in the world—we are #1 for the world. And while we are driven to innovate because it is a natural part of what nurses do every day, so many of us have a personal connection to improve, to innovate, and to be change-makers in the VA, in the active military, and in other health and health care spaces. It makes our work that much more urgent.

The Power of Penn lives in each of us. The spirit of Penn Nursing's *Innovating for Life and Living* Campaign, which has



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

already raised more than 70 percent of our \$60 million campaign goal, infuses each of us with a mandate to do what Penn Nursing does best: transform health and health care for the better.

It is a joy to watch that commitment in action here at Penn Nursing, to see students and faculty jump into action when a new idea develops—what many call their lightbulb moments. I hope you'll submit your own lightbulb moments for a new recurring column in the magazine called "Case Study." The column highlights the work of our alumni who have encountered problems on the job and developed innovative solutions to solve them. As I always say, this is what nurses do every single day. Your stories of addressing complex problems, whether working within military spaces—like in our feature article in this issue—or in some other area, are truly inspirational.

Whether you are an alum, a current student, or a friend, thank you for being part of Penn Nursing and the groundbreaking work we do. The *Innovating for Life and Living* Campaign will increase the transformative impact of nursing, expand wellbeing, and advocate for health equity. You will see the promise of the campaign play out not just in this issue of *Penn Nursing*, but well into the future—for active military and veterans, for our most at-risk populations, and for the world. ❖

Nursing Takes Center Stage

August 4th, 2010 was a very exciting day for me. I was in Afghanistan, standing under the American flag with a 9mm strapped to my hip, re-taking my oath to protect and defend my country, pinning on my new rank as first lieutenant. I had been in the country about three weeks. Three weeks. I was a young and naïve nurse with zero trauma experience. Besides what I had seen on TV, the show “ER” as a kid—you all remember that? That was about it.

We were getting prepared for an evening shift. Night shift, my shift, was the busiest shift. It was when the majority of patient movement happened by aircraft, either in to us or out to Germany, the next stop for wounded troops before heading back to the United States. We lived in a tent on the flight line. There was a deafening roar constantly of planes taking off and landing, plus the commotion of patients and staff coming and going in a 25-bed tent, readying for the night’s missions. But we were always listening for that sound to stop, for the flight line to suddenly grow silent, usually indicating an impending rocket attack by insurgents.

We received notification of an incoming aircraft, a C-130 with wounded onboard. We loaded up on the Ambus. We headed out to the flight line. We watched the plane taxi in and pull into its assigned space. I jump off the bus. The load master sees me. He waves me on. It’s a hot off-load, so the plane’s still running. I walk against the force of the hot air coming off the engines and up the ramp into the back of the C-130.

It’s dark. The only light is from headlamps the crew is wearing, and they’re all glowing like a bright red and white. Takes a few seconds for my eyes to adjust. I look down to my left. The New Zealand flag is draped over a body. It was like I hit a brick wall. This was the first time I’d seen a casualty of war.”

As told by winner Erin Cornman RN, an MSN Acute Care student at Penn Nursing, Assistant Nurse Manager at Penn Medicine Lancaster General Health, and US Air Force Veteran, at Penn Nursing and Penn Medicine’s inaugural Story Slam on February 13th. ❖

For Erin’s complete story as well as the stories of other participants, please visit nursing.upenn.edu/storyslams.

Veteran and nurse Erin Cornman wows the crowd. >



News

Weight Gain Predictor for Obesity in Children with Autstim

A new study which examined early life risk factors for obesity among children with ASD, developmental delays or disorders, and children from the general population, is among the first to show that children with ASD had the highest frequency of rapid weight gain during the first six months of life, which may put them at increased risk for childhood obesity. The study has been published online in the journal *Autism*. “Healthy growth patterns during infancy, in particular, may carry special importance for children at increased risk for an ASD diagnosis, including high-risk populations such as former premature infants, younger siblings of children with ASD, children with genetic disorders that predispose to ASD and others,” said **Tanja Kral PHD**, Associate Professor of Nursing and lead author of the study.



(JAMDA) explains how the DIRECT CDS was evaluated in two hospitals and its promising effects on PAC referrals and improved patient outcomes. “We developed DIRECT to improve the patient-centered discharge process using an evidence-based, objective tool,” said Principal Investigator and lead author **Kathryn H. Bowles PHD RN FAAN FACMI**, Professor of Nursing and the van Ameringen Chair in Nursing Excellence. “The DIRECT CDS indicates potential as a useful tool to optimize PAC decision-making and improve patient outcomes. It may also identify patients who need PAC but are unable to receive it because of policy or insurance barriers. Future studies examining the outcomes of these patients may have policy implications.”

New Decision Support Tool Improves Discharge Outcomes

In an effort to lessen readmission risk after discharge and achieve the best possible outcomes for patients, hospital-based clinicians are more intentionally planning discharge of those who require post-acute care (PAC). Yet, although hospital clinicians strive to effectively refer patients who require PAC, their discharge-planning processes often vary greatly and typically are not evidence-based.

To optimize PAC decision-making, a team led by Penn Nursing developed, validated, and tested a two-step clinical decision support (CDS) algorithm called Discharge Referral Expert System for Care Transitions (DIRECT). The DIRECT CDS helps clinicians identify patients most in need of PAC and suggests whether skilled home care or facility level care is best. An article titled “A Decision Support Algorithm for Referrals to Post-Acute Care” in the *Journal of the American Medical Directors Association*

◀ Tanja Kral PHD



Implications of California Vaccine Bill

The proportion of California kindergarten students who received all required vaccines at the start of school increased a year after the state eliminated non-medical vaccine exemptions for school entry—but not without problems reported by health officers, according to a

study published in the November 2018 issue of *Pediatrics*.

“The study revealed concerns about reports of physicians who advertised medical exemptions online for a fee and the impact this could have on the long-term success of Senate Bill 277,” said lead-author **Salini Mohanty DRPH MPH**, a postdoctoral fellow in Penn Nursing’s Department of Family and Community Health and associate fellow in Penn’s Leonard Davis Institute of Health Economics.

The authors suggest that without additional changes to the law—including a standardized review—medical exemption rates could continue to rise in California.



Nursing Science Could Help Reduce Firearm Violence

Despite the staggering impact of firearm violence, there is limited research directed at preventing or addressing its impact on individuals, families, and communities. An article from Penn Nursing and the Penn Injury Science Center frames firearm violence as a health and public policy problem and shows how nurses are in a prime position to understand the complex factors leading to firearm violence and investigate how to reduce its frequency and impact. The article has been published in the *Journal of Nursing Scholarship*.

“Understanding the factors that come together to injure people with a firearm positions nurses to both extend the dialogue beyond pro-gun versus anti-gun and to design and carry out rigorous studies to reduce firearm violence,” said lead-author **Therese S. Richmond PHD CRNP FAAN**, the Andrea B. Laporte Professor of Nursing and Associate Dean for Research & Innovation.



Two New Books

Moral Distress in the Health Professions, by co-editors **Connie Ulrich PHD RN FAAN**, the Lillian S. Brunner Chair in Medical and Surgical Nursing at Penn Nursing, and **Christine Grady PHD RN FAAN**, Chief of the Department of Bioethics Research at the NIH Clinical Center, is the first book dedicated solely to moral distress among health professionals. It brings conceptual clarity to moral distress and distinguishes it from related concepts, with explicit attention given to the voices and experiences of health care professionals.

In their new book, *Better Living with Dementia: Implications for Individuals, Families, Communities, and Societies*, **Nancy Hodgson PHD RN FAAN**, Penn Nursing’s Anthony Buividas Term Chair in Gerontology and Associate Professor, and Drexel’s Dean of Nursing **Laura Gitlin**, dissect the challenges of living with the disease for individuals who have it, and for their caregivers.



Story Slam, Twitter Chat, and Innovation Director

Director of Innovation, **Marion Leary RN MSN MPH FAHA**, brought two new events to Penn Nursing this winter. In honor of Ben Franklin’s birthday, she moderated the School’s first Innovation Twitter Chat which opened with Marion’s question: “What does nursing innovation mean to you and what does it mean at Penn Nursing?” Lively

Numbers of Note

#1

National rank in NIH funding amongst schools of nursing for the second consecutive year

#1

Rank by QS World University among other nursing schools world-wide for the fourth consecutive year

\$13.4 M

Total dollar amount of funding from the NIH for FY18

\$1.8 M

Largest dollar amount of a single NIH award

57

Number of faculty investigators

3

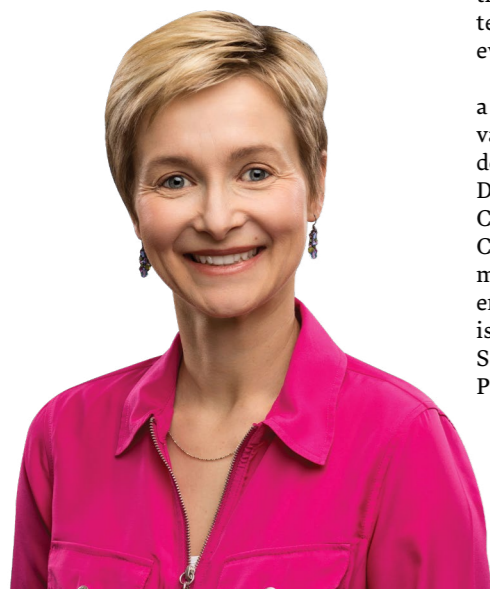
Number of T32 grants held by Penn Nursing in FY19—more than any other nursing school

77%

Percentage of faculty at Penn Nursing that hold active research grants

\$1.4 M

Amount awarded in grants to Penn Nursing by the Health Resources and Services Administration to support nursing workforce development



conversation between nurse innovators around the world ensued for over an hour. And in February, nurses from Penn Medicine and Penn Nursing participated in a Story Slam, sharing their true, personal stories that explored the depth, breadth, and diversity of nursing in front of a packed house. See p. 4 for an excerpt from the winning story.



Online Intervention Shows Promise in HIV Prevention

More than 67 percent of all new HIV infections in the United States in 2016 occurred as a result of transmission through sexual contact among men who have sex with men (MSM). Young gay, bisexual, and other men who have sex with men (YGBMSM) are particularly at risk, accounting for 81 percent of new HIV infections among people ages 13 to 24. YGBMSM's risks for HIV coincide with developmental milestones as they transition into adulthood, including their exploration and pursuit of sexual and romantic relationships. At present, many of those explorations take place over the Internet, as evidenced by the increasing use and popularity of social networking and dating sites.

Now, an innovative online intervention tool shows promise in decreasing sexual risk-taking and promoting HIV/STI prevention behaviors among YGBMSM as they meet partners online. A team led by **José Bauermeister PHD**, Presidential Professor of Nursing and Director of the Program on Sexuality, Technology, & Action Research (PSTAR) at Penn Nursing, designed the My Desires & Expectations (myDEX) tool to address cognitive and emotional factors that influence YGBMSM sexual decision-making when seeking partners online. myDEX was pilot tested in a randomized trial over 90 days with 180 YGBMSM participants. Results of the study were recently published in *AIDS & Behavior*.



Honorary Degrees for Two with Penn Nursing Ties

Penn Nursing's **Neville E. Strumpf PHD**, Professor of Nursing and Dean Emerita, and **Denis Mukwege**, who recently won a Nobel Peace Prize and was the 2016 recipient of the Penn Nursing Renfield Foundation Award for Global Women's Health, will both receive honorary doctor of sciences degrees at the University of Pennsylvania commencement on May 20, 2019. "Through their work, they have touched and changed our world through concern and service to others, scholarship, communication, education, and creativity. They truly exemplify the greatest levels of achievement. It is our privilege to honor them as we celebrate Commencement and our wonderful Class of 2019," said Julie Beren Platt, Penn trustee and chair of the Trustee Honorary Degrees Committee, of this year's honorary degree recipients.



New Leadership

Penn Nursing's *Innovating for Life and Living* Campaign has new leadership in **Nadina R. Deigh**, Vice Dean for Institutional Advancement. She says, "I am thrilled to join the *Innovating for Life and Living* Campaign. Given Penn's and Nursing's focus on innovation, more specifically the positive, widespread impact nurse innovators have on health care every day, it is especially exciting to lead this important effort." Deigh, who joined Penn Nursing in November, has

extensive experience and proven success in not-for-profit and academic environments, including two other schools at Penn (Wharton and the School of Social Policy & Practice). She provides strategic oversight for the School's development, marketing and communications, events, and alumni engagement teams. As a member of the Dean's leadership team, she also participates in key School-wide initiatives where Advancement is a meaningful partner.



Aiken Receives Honorary Fellowship

Penn Nursing's **Linda Aiken PHD RN FAAN FRCN**, the Claire M. Fagin Leadership Professor in Nursing, and Director of the Center for Health Outcomes and Policy Research (CHOPR), was awarded an Honorary Fellowship of the Royal College of Surgeons in Ireland (RCSI) Faculty of Nursing and Midwifery at a ceremony on February 27, 2019.

The honor reflects Aiken's pioneering research in the field of nursing care and safe staffing. She developed the "RN4CAST" project, a study examining how organizational features of hospital care impact nurse recruitment, retention, and patient outcomes. The project is the largest study of its kind, examining nursing care practices in the US, Europe, Asia, South Africa, Australia and Chile, and demonstrates the importance of a smaller patient to nurse ratio in improving patient outcomes.

"I'm very proud to receive this Honorary Fellowship from the RCSI Faculty of Nursing and Midwifery. Nurses save lives and money if available in sufficient numbers. Our research demonstrates the value of safe nurse staffing levels and supportive clinical work environments in hospitals, and particularly for achieving excellent outcomes for surgical patients," said Aiken. ❖

Media Spotlight

The Breastfeeding Movement is Experiencing a Tech Revolution

The Helen M. Shearer Term Professor of Nutrition, Diane Spatz PHD RN-BC FAAN, Penn Nursing's breastfeeding expert, was featured in *Vogue* magazine.

FOR A MANNER of nourishment that is biologically ordained, breastfeeding has long been subject to societal whims. In the early twentieth century, nursing one's own baby was often a barometer of class: The poor did; the wealthy demurred, turning instead to wet nurses and manufactured infant food. In 1956, the year that *Vogue* ran Irving Penn's soft-focus photograph of a breastfeeding woman (a secular *Virgo Lactans* scene titled "The Miracle"), La Leche League held its first meeting in an ongoing push to put breast milk back on top—a counterweight to the mid-century gleam of packaged meals. Misleading marketing of baby formula

stirred worldwide controversy in the seventies and eighties, even as its popularity held ground. But when breast-pump industry leader Medela introduced its first electric home-use device in 1991, working women found themselves more easily able to keep up their milk supply without being tethered to an infant. Still, freedom often meant pumping, grudgingly, in odd places, while women who chose to nurse endured *tsk-tsks* or leers.

Nevertheless, women persisted—encouraged by emerging science that continues to underscore the benefits of breast milk. "What we know from a research standpoint is that human milk affects every single organ in the baby's body," says Diane L. Spatz, Ph.D., a professor of perinatal nursing at the University of Pennsylvania School of Nursing and the director of the lactation program at the Children's Hospital of Philadelphia. Recent studies show that a real-time feedback loop connects breast and baby, with milk ever-adapting to suit individ-



ual needs—whether it's extra nutritional heft for a preterm infant or antibodies to fight off infection. Along with lactoferrin (a key protein for gut health), beneficial microbes, and even unique sugars to feed those microbes, breast milk contains rare stem cells that are thought to boost neurodevelopment. "You can be formula-fed and turn out OK," Spatz says, but she argues that broader support for breastfeeding—particularly in the first few days after childbirth, a critical window for establishing a latch and stimulating milk production—would go a long way. Sure, it can be a grind—or, as comedian Ali Wong calls it, a "savagely ritual that just reminds you that your body is a cafeteria now!" It can also be physically painful, emotionally draining, and, for some, frustratingly impossible. But mammals, defiant, are we. ❖

Excerpt from the original article by Laura Regensdorf in *Vogue's* September 2018 issue.

Around the Globe

How Nursing Can Achieve Universal Health

Cuba

Penn Nursing was represented by speakers **Dean Villarruel**, **Eileen Lake PHD MSN MA BSN FAAN**, the **Jessie M. Scott Endowed Term Chair in Nursing and Health Policy**, and PHD student **Marta Simonetti** at the 2018 Pan American Nursing Research Colloquium in Havana, Cuba this past November. The biennial meeting brings together Pan-American nursing professionals to discuss the contributions of nursing in achieving universal health.



Qigong Comes to Fagin Hall

Philadelphia

In support of the University's Wellness commitment, Penn Nursing's Global Health Affairs Office brought **Yin Quan**, a Baiyin Qigong Master from Taiwan, one of the most influential Qi management masters in the world, to Fagin Hall to teach the Penn community about Qigong, an integral element of Traditional Chinese Medicine believed to help with physical wellbeing, chronic diseases, and mindfulness. This two-day event was made possible through the **Soad Hussein Hassan Visiting Global Scholar Endowed Fund**.

Teaching Trauma Care in Africa

Botswana

James Ballinghoff MSN MBARN NEA-BC, CNO at Penn Nursing's practice-partner Penn Presbyterian Medical Center (PPMC), led a group of nurses to the University of Botswana in September 2018 to provide trauma nursing education as part of the Penn-Botswana Partnership. "It was a mutually beneficial experience. The nurses we worked with were so gracious and engaged, and it was great to be able to share our experiences with trauma care to better prepare them for future patients," Ballinghoff said. "It was an amazing opportunity to leverage the Botswana-UPenn Partnership and learn more about their nursing care, operations, and cultural and health care differences." Nurse leaders and clinicians invited from all over the country representing various health care settings participated in didactic and hands-on practice sessions addressing trauma care.

225

Number of alumni reporting addresses outside of the United States



Semester Abroad at Hadassah School of Nursing

Israel

Four Penn Nursing seniors—**Liat Greenwood**, **Naomi Shapiro**, **Susan Wang**, and **Vivian Kim**—spent the fall term in Israel taking classes at the Hadassah School of Nursing, logging clinical hours at each of Israel's four national HMOs, and completing a community project with Israeli senior BSN students at Hadassah. This opportunity was made possible by the **Elizabeth Wright Fund**. Two of their instructors while in Israel also happened to be Penn Nursing alumni: **Abby Kra Friedman Nu'01** and **Vered Kater GNu'86**.

Hong Kong International Nursing Forum and ICOWHI Congress

Hong Kong

Dean Villarruel and **Anne Teitelman PHD FNP-BC FAANP FAAN**, the **Patricia Bleznak Silverstein** and **Howard A. Silverstein Endowed Term Chair in Global Women's Health**, presented at December's 8th Hong Kong International Nursing Forum cum 2018 International Council on Women's Health Issues (ICOWHI) Congress. This event brought together world renowned leaders to discuss topics surrounding practice, education, and research related to holistic care and women's health.



10-Step Model to Be Adopted by Thailand

Thailand

At the 5th annual Breastfeeding Sick Babies conference in Thailand, **Samsak Akksilp**, Director General of the Department of Medical Services in the Ministry of Public Health, announced that by 2020 all 144 NICUs in Thailand will adopt the 10-Step Model—developed by Penn Nursing's **Diane Spatz PHD RN-BC FAAN**—to ensure all infants have access to human milk and breastfeeding.

44

Number of countries in which our alumni live



Practice & Community



▲ Dr. Grube gives a demonstration at the West Philly Women's Day Conference.

West Philly Women's Day

Penn Nursing hosted its inaugural, one-day West Philadelphia Women's Day Conference at West Philadelphia High School in January, which provided education on a variety of topics including the health disparities faced by West Philadelphia women and girls. Directed by **Wendy Grube PhD CRNP FAAN**, Director of the Center for Global Women's Health (CGWH), and attended by over 90 participants, more than 20 graduate and undergraduate Penn Nursing students helped to organize the conference, lead sessions, and perform health screenings. The program was supported by a grant from the Trustees Council of Penn Women and the CGWH. Many Penn faculty contributed their expertise and insight including **Nancy Hodgson PhD RN FAAN**, **George Cronin PhD**, **Becky Phillips MSN RN**, **Hanne Harbison MHSPh MSN WHNP-BC**, and psychologist **Meeta Kumar PhD** from Penn's Counseling and Psychological Services department.

Interim CNO for HUP

Colleen Mattioni DNP RN CNOR has been named interim Chief Nursing Officer at the Hospital of the University of Pennsylvania (HUP). Colleen brings over 25 years of experience, including several leadership roles and has presented locally, nationally, and internationally on a wide array of topics. She will work closely with Penn Nursing to advance the existing practice partnership between the School and HUP, and says, "It is an honor and a privilege to lead HUP Nursing and support the academic partnership with Penn Nursing."

Satisfied Patients at Puentes

According to the National Association of Free and Charitable Clinics, approximately 1,200 free clinics in the US care for 4,000 patients annually, with 800 new patients anticipated to enroll every year. **Carlota Izaguirre BSN RN SRNA**,

currently enrolled in Penn Nursing's DNP Anesthesia program, completed a study titled "Community Health: Patient Satisfaction and Perceived Barriers to Healthcare Access" at Puentes de Salud community clinic, which determined that not only do patients at Puentes report higher levels of satisfaction when compared with a national sample, more broadly, it found that an increased number of patient visits predicts higher patient satisfaction overall.



32nd Annual Pediatric Nursing Conference

Students from local Sayre High School and Penn Nursing's pediatric acute care NP program presented posters related to community engagement at the 32nd Annual Pediatric Nursing Conference in Washington, DC. This partnership is supported by the Netter Center for Community Partnerships and the Center for Public Health Initiatives.

Evidence-Based Practice at the VA

Amy Sawyer PhD RN, Associate Professor of Sleep & Health Behavior at Penn Nursing with a joint appointment at the VA where she leads the Evidence Based-Practice (EBP) team, co-hosted the first Evidence-Based Practice (EBP) Retreat at the Corporal Michael J. Crescenz VA Medical Center (CMCVMC). Attended by EBP Committee members, EBP champions (i.e., staff nurses who previously attended a one-day EBP intensive), and nursing leadership, retreat goals included building "community" across EBP team members, extending attendees EBP knowledge through an educational program, and developing vision and strategy for diffusing EBP as a practice model at the VA. **Dean Villarruel**, who

highlighted the value of EBP in health care settings and for advancing the health of Veterans, and emphasized the importance of the academic partnership between Penn Nursing and the VA, opened the event.

Major initiatives at the CMCVMC for 2019 include developing a formal EBP mentorship program, continuing to develop the EBP learning curriculum, building programmatic infrastructure for larger-scale EBP projects and large numbers of concurrent projects at the VA, and supporting project dissemination.

Puentes a Las Artes

Longstanding partner Puentes de Salud recently collaborated with The Barnes Foundation to create Puentes a Las Artes—or Bridges to the Arts—an early childhood education program that helps to develop life-long literacy for young children. The children, ages three to four, work with Community Champions Penn Nursing students to amplify their bilingual vocabulary and foster critical thinking and observational skills using art and literacy workshops.



Collaborative Relationships Key to Improved Outcomes

The Penn Medicine Nursing Research Conference poster session in December featured information to improve care for elders, resulting from an academic-community health care collaboration between Penn Nursing and their collaborative partner Mercy LIFE West-Philadelphia (MLWP), a community health care PACE (Program for All-Inclusive Care for the Elderly)

provider. Senior Penn Nursing students, led by **Gwen Lech MSN CRNP**, Penn Nursing clinical instructor and Nurse Practitioner at Mercy LIFE-West Philadelphia, collaborated with the MLWP team led by **Lisa Johnson MSN RN**, the Director of Quality Improvement and Compliance. Students found that physical and occupational therapists, nutrition providers, and personal care aides reported using their own tools to assess needs and were not familiar with the Braden Scale—a validated, evidence-based tool for predicting the risk of pressure injuries used by the MLWP electronic health record (EHR)—or how to find it in the EHR. In addition, home care nurses reported doing recommended interventions without a process to document them. It illuminated the importance to engage all members of the health care team on improvement initiatives.

The academic partnership between Penn Nursing and the MLWP facility has potential to serve as a national PACE model that embraces and integrates students at the undergraduate and graduate level across many professions. "Collaboration between health care systems desiring to improve patient outcomes, and academic institutions such as Penn Nursing desiring impactful, real life opportunities for innovating and developing the nursing workforce which results in improvements at the bedside, can be a win-win," says Lech.

HRSA Funded Community Initiatives

Community Influences on Behavior Health **Pamela Cacchione PhD**, the Ralston House Endowed Term Chair in Gerontological Nursing, is designing, implementing, and evaluating a collaborative experience for Advanced Practice Psychiatric Mental Health Nurse Practitioner students in partnership with the Penn Center for Community Health Workers to integrate community influences on behavioral health with psychiatric mental health in order to enhance patient responsiveness to care and to facilitate optimal health outcomes. (Award #5M01HP313460200)

APRNs for Community Practice

Through a partnership with the Southeast Pennsylvania Area Health

Education Center, **Julie Sochalski PhD**, Associate Professor, Associate Dean for Academic Programs, and the Class of 1965 25th Reunion Term Chair, is directing a project to develop and implement clinical training for primary care advanced practice nursing students who are interested in working in underserved communities and caring for underserved populations. (Award # T94HP30898)



Dialogue and Discourse

Penn Nursing's **Martha A.Q. Curley PhD RN FAAN**, who also holds the Ruth M. Colket Chair of Pediatric Nursing Science at the CHOP Research Institute, launched the Ruth M. Colket Dialogue and Discourse Series in collaboration with CHOP and Penn Nursing's PHD and DNP communities. Beginning in January, the Series invites experts in nursing research and evidence-based practice to engage in interprofessional dialogue and discourse on debatable topics relevant to pediatric health care.

The spring 2019 series featured experts **Katherine Gregory PhD RN**, Executive Director of Women's and Newborn Health at Brigham and Women's Hospital; **Bernadette Melnyk PhD RN**, Ohio State University Vice President and Chief Wellness Officer and Dean of the Ohio State University College of Nursing; and **Elaine Larson PhD RN FAAN CIC**, **Anna C. Maxwell PhD RN FAAN** Professor of Nursing Research, Professor of Epidemiology and Senior Associate Dean of Scholarship and Research at Columbia University School of Nursing. ❖

Policy

Vintage Voices: A Meeting of Minds

Thought leaders gather to improve care for vulnerable older adults.

OUR HEALTH AND SOCIAL systems exhibit consistent fault lines in responding to older adults living with complex care needs. Fragmentation within and across these systems is the norm, often with harmful consequences for this population and their family caregivers. Absent immediate efforts to strengthen this foundation, the projected growth of older adults requiring services and support accompanied by the expected shrinking pool of family caregivers will further strain systems ill equipped to meet current needs. The future human and economic toll of widening breakdowns in care is likely to be devastating.

To address this societal priority, more than 50 thought leaders representing diverse perspectives and sectors worked together for several months to identify actionable “big ideas” that, if implemented in the next few years, could substantially enhance the capacity of our care systems to deliver high-value care to vulnerable older adults and support their family caregivers.

These experts focused on the following three paths to achieve a more person-centered, seamless care system: accelerating the use of proven care models, increasing partnerships with consumers, and advancing the use of human and technological innovations. At a convening of these thought leaders hosted by Penn Nursing in May 2018, potential solutions were prioritized. Consensus on

two overarching recommendations and key strategies to implement them resulted from this process.

The first is that a national dialogue focused on what matters most to older adults living with complex care needs and their family caregivers is essential. Strategies identified to achieve this recommendation include positioning older adults and their caregivers as central participants in this conversation, fostering consistent messages such as the urgent need to improve the effectiveness and efficiency of both health and social systems, targeting key stakeholders including federal and state policy makers, and using playbooks that have guided other effective national conversations.



Successful dialogues are grass-roots efforts, engage trusted community members, and have clearly identified metrics. A national dialogue designed to stimulate system transformation aligned with older adults’ and caregivers’ goals needs to take place in diverse communities throughout the United States. Trusted

«
...a national dialogue focused on what matters most to older adults living with complex care needs and their family caregivers is essential.

Illustration by Tug Rice

clinicians engaged in the care of older adults—nurses, physicians, and other health professionals—will need to be active participants in local contexts as well as leaders at local, state, and national levels in advocating for the key ideas emanating from this dialogue.

The second recommendation is to accelerate adoption or adaptation of high-value care models that have been proven to improve the care and outcomes of older adults coping with complex needs and those of their family caregivers. Currently, health and social systems’ use of these evidence-based approaches is quite limited. Experts agreed that widespread implementation of the Transitional Care Model, Aging in Place, and ENABLE, among other models, could yield immediate improvements in older adults’ health and quality of life while reducing costs.

Positioning systems to implement these models by building the core competencies of clinicians is an example of a strategy proposed by thought leaders. For example, clinicians need to be able to engage older adults and their family caregivers, improve care transitions, prevent functional decline, enhance palliative care, and effectively function as a team. In addition to developing core competencies, clinicians need to advocate for the use of such evidence-based approaches within their care systems as well as for the policy changes essential to ensure their sustainability.

It’s essential that clinicians are actively engaged in implementing each of the strategies proposed by these thought leaders in order to move the needle in re-designing health and social care systems for the vastly growing population of older adults with complex care needs and their caregivers who are counting on us. ❧

Penn Nursing’s Mary D. Naylor PhD RN FAAN, the Marian S. Ware Professor in Gerontology, Nancy A. Hodgson PhD RN FAAN, the Anthony Buividas Endowed Term Chair of Gerontology, and George Demiris PhD FACMI, a Penn Integrates Knowledge University Professor, served as conference co-chairs for “Assuring High Value Care for Vulnerable Older Adults and their Caregivers: Maximizing the Contributions of Nurses.” Drs. Hodgson and Naylor co-authored this piece.

This article originally appeared in Today’s Geriatric Medicine, Vol. 11, No. 5, p. 34.

APPLY IT

What Nurses Should Know About Post-ACA Health Coverage, with Kiahana Brooks Nu’12 GR’16 RN MPH

When it comes to health care, there’s policy, and then there’s ground truth. Kiahana Brooks has been up close to both. As a former inpatient nurse who earned her BSN at Penn as well as her Master’s in Public Health and now works within the federal government as an Affordable Care Act data and policy analyst, Brooks has experiential insight to the real time transformation of today’s health care landscape, and what this means for not only patients, but nurses too.

New health coverage has a learning curve: “The ACA expanded coverage to millions of people but one of the challenges that comes with that is understanding the new health care that you have. People are still learning the ins and outs of how their explanation of benefits works, what they need a referral for, what tier their medication is on, and lots more. It’s a process.”

ACA care is usually a question of coverage: “Knowing what’s in-network and what’s covered for each patient under an ACA plan is crucial to helping patients make health care decisions that won’t negatively impact their finances and will get them the best care. This is one of biggest challenges that nurses face.”

It’s all in the book: “A lot of nurses don’t fully understand how their health insurance works. My own nursing job was my first real job that had insurance—I had to read the booklet to educate myself—and I found that the more I dug into the specifics of my own plan, the more I began to understand concepts like bundles, referrals, copays, etc.”

The road to care is paved with surprises: “It can be a shock for

patients to show up and find out that they have a copay or any kind of financial share at all in their health care costs. It’s important for patients to ask questions about what’s in-network and how billing works, and it’s also very important for nurses to be able to direct patients to the right people who can offer them answers.”

Following up makes a difference: “One of the most important things that a nurse can do with patients who are learning about how their coverage works is to take the time to follow up and make sure that patients found the information they needed to make fully-informed decisions going forward.”

Sometimes even nurses need help: “Understanding how health insurance works in the ACA landscape is one of many things that new nurses have to learn when they’re also learning how to be a nurse, period! Knowing your limits, knowing what resources you have within your reach, and knowing when to consult with a colleague is essential. Especially when it comes to questions that you or any patient might have about the complexities of an insurance policy.”

Hospital expertise is an asset: “Nurses really understand how hospitals work. They know the nuances of things like discharging or admitting a patient. And today, with the ACA in place, there’s a great need for that insight at nonprofits and in government. As people start to think about the role that health care plays in people’s lives, nurses can offer firsthand knowledge of what it actually looks like.”

To read more about Kiahana, visit www.nursing.upenn.edu/kiahana

Discovery & Innovation

Smart Home: Alexa, Make My Bed

Well, not quite yet. But smart devices are allowing patients a new degree of autonomy. At Penn Nursing’s new Home Care Suite, that’s just the beginning. By Miles Howard

THE NEXT TIME you’re at a friend’s house, pay attention to how they adjust the living room lights or the thermostat. Or rather, who does the adjusting. Smart technology—devices that can automate everyday tasks and even augment our behavior—is already transforming the way many of us live. But connective home maintenance systems like Amazon’s Alexa and wearable smart tech such as the formative Fitbit are just the beginning



Home Care Suite mastermind, George Demiris PHD FACMI

of where this trend could take us, and what it might inspire. Just ask George Demiris PHD FACMI—a Penn Integrates Knowledge University Professor who’s currently building a first-of-its-kind “Smart Home” caregiving suite right here at Penn Nursing.

Dr. Demiris—whose federally-funded research has primarily involved hospice care and utilizing technology to improve health outcomes for adults and their caregivers—is taking a “constructive” approach to harnessing smart tech for medical benefits. The foundation for his latest project is the Nursing School’s Home Care Suite. Demiris is currently re-wiring and retrofitting the at-home caregiving simulation lab with smart technologies that can monitor a patient’s health and adjust the suite environment to enhance the patient’s comfort and, in certain cases, promote their recovery.

The potential here is groundbreaking. The Smart Home not only stands to offer the patient more autonomy in controlling their surroundings, but it may also alleviate stress for caregivers and help them make sounder, more informed decisions based on their patient’s measurable health data, or the prognosis for what lies ahead. It could render home care far more pleasant and effective for everyone involved. But in order to take this idea from the abstract to reality, Demiris understood from the get-go that he needed to create a physical and functional Smart Home to tinker with.

“Brainstorming new solutions is more effective when it’s done in an environment that looks more like the real environment than just a conference room,” Demiris explains—alluding to the layout and features of the Home Care Suite. The lab resembles a one-room apartment that contains a bed and living area, natural light, a working bathroom and kitchenette, and even a washer and dryer. It’s the

ideal venue in which to test the efficacy of smart technologies on everyday human rituals like eating, washing, socializing, and sleeping. And once the suite has been refurbished into the Smart Home that Demiris envisions, he’ll recruit undergraduate students from Nursing, Engineering, and other Schools to test run every technological feature of the new space.

“We want to be as creative as we can,” Demiris says. “[We want] to use that space as an incubator for innovation in the home, for researchers and educators on campus.”

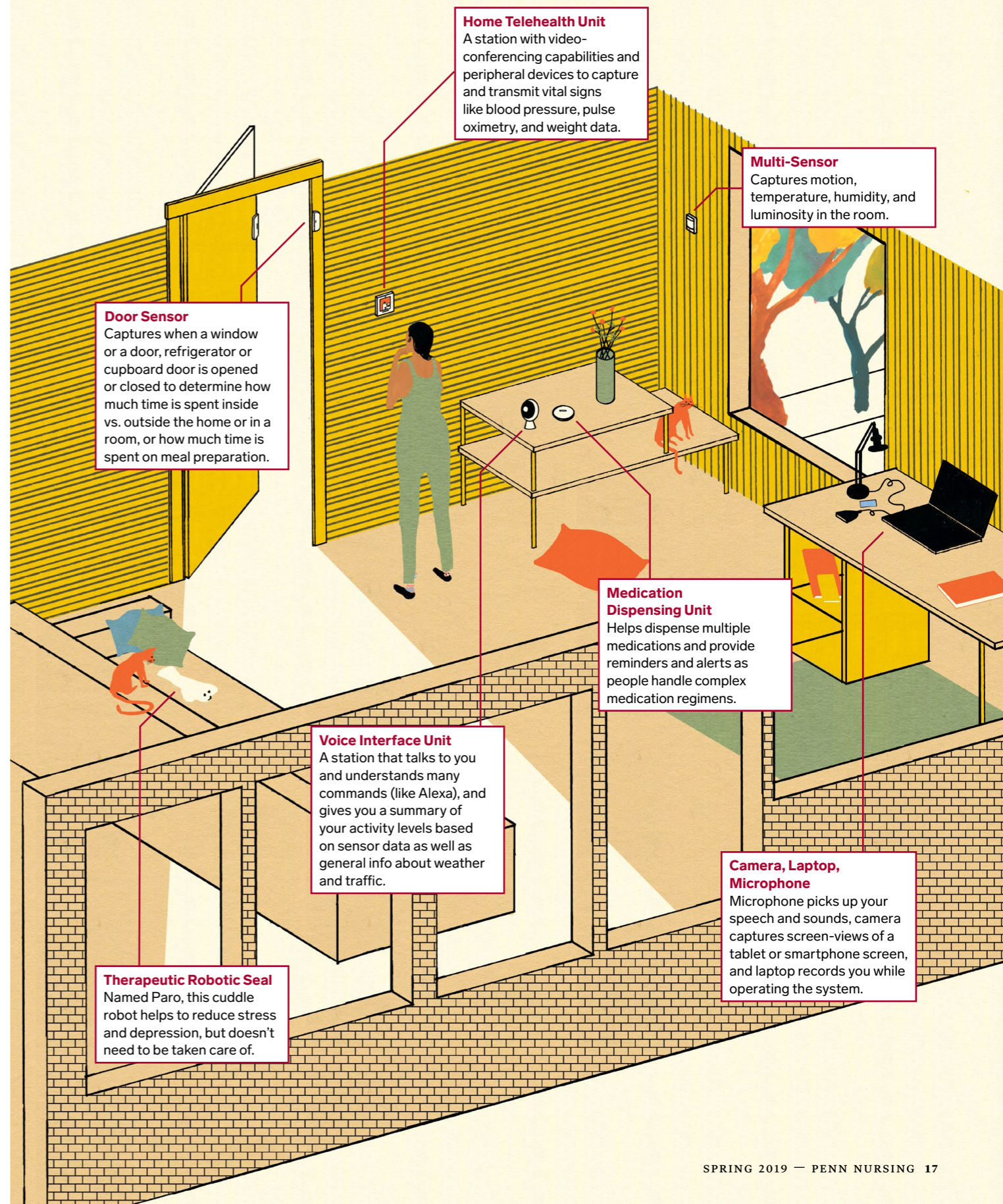
Considering that Demiris began his research career by turning an old WebTV adapter into a vital sign monitoring device for patients (“It had a modem and a little video camera and you could do extremely horrible-quality video calls,” he told *Penn Today*), the launch of the Smart Home project is a quantum leap. But it’s also a testament to Demiris’s irrepressible curiosity, and his comfort around the labs and lecture halls of the Nursing School—which he cites as a natural home for a project as unconventional and team-oriented as the Smart Home.

“Penn has embraced innovation in a way that makes it exciting for this type of collaboration and this type of work,” Demiris says. “It’s much more part of the culture.” ❄️



We want to be as creative as we can. We want to use that space as an incubator for innovation in the home, for researchers and educators on campus.

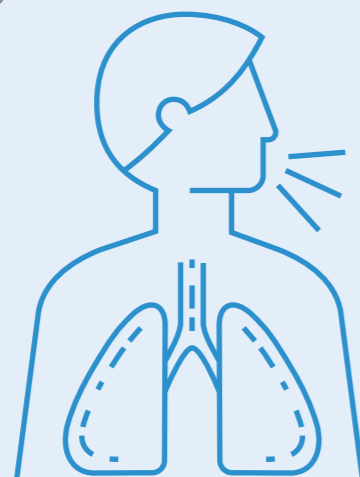
Illustration by Ryan Peltier



Design Thinking in Action

Start with asthma, end with an app.

One of the teams in Marion Leary’s Design Thinking class took on a problem common in schools: Children with asthma tend to suffer attacks after running around during recess. Erin Kennedy, David Norris, and Lauren O’Malley used design thinking to create a teacher-friendly app. They describe the process.



1 Empathize

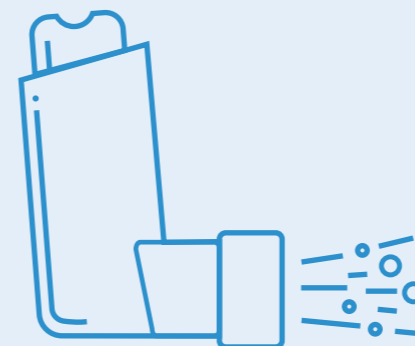
At the beginning of the course, we knew that our group wanted to focus on improving the health of elementary school students, and we all had some experience working with children in the past. However, we learned that it is really important to adopt a “beginner’s mindset” and try to view a situation from a different perspective. Our first instinct before meeting with the stakeholders was to focus on improving students’ nutrition. After discussing our ideas with them, we discovered some pressing issues like asthma, which we could make a greater impact on through simple design solutions.

2 Define

In class, we learned how to dissect the information that we gathered from our stakeholders about the problem of asthma in schoolchildren and define a specific part of the problem. All students diagnosed with asthma are issued an individualized asthma action plan by their care provider which contains important information about their asthma care. However, the action plan is filed away on paper in the nurse’s office making it difficult to access. Since teachers do not have easy access to the action plans and most have not received any medical training, they reported that they either didn’t know what to do if a student had an asthma episode, or they were hesitant to intervene. We wanted to improve teachers’ ability to administer treatment quickly and confidently.

3 Ideate

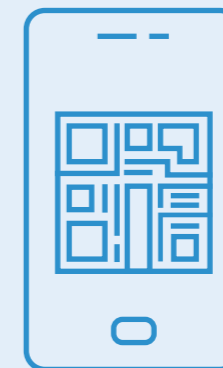
Through in-class activities, we brainstormed how we could address the lack of an organizational system for the action plans, the difficulty in accessing the action plans, and the teachers’ discomfort and fear about helping their students with asthma. Setting a short time limit, we each came up with as many ideas as we could. Then we collaborated, incorporating many aspects of these ideas into our project goal. Eventually we came up with our solution: place QR code stickers on each child’s inhaler that would link directly to their action plan and play audio instructions for how to administer an inhaler.



4 Prototype

We created a prototype by making a Dropbox folder, uploading a fake asthma action plan, and using a free QR code generating website to assign a code to the Dropbox link. We printed QR codes on a sheet of stickers and stuck one on an “inhaler” we made out of clay. Using our phones to scan the QR code, we were immediately directed to the action plan. Ideally, the QR code would scan to a customized asthma action plan that would have an audio component embedded. This audio component is the same idea as an AED and would walk the teacher through the process of administering the inhaler to the student. The name of “Q-Air” came from a fellow student in the class during one of our feedback sessions.

5 Test



We tested the prototype with our classmates and incorporated their suggestions. We made a video to demonstrate how the Q-Air system could be implemented in schools and how it could be used in an emergency setting. And we pitched Q-Air to our classmates, Professor Leary, our stakeholders, and a panel of judges who are active in the Penn innovation field. From here, we hope to further this project and continue to test it.

Design Thinking for Nurses

A new course teaches students one of the most effective systems for innovation. By Louis Greenstein

NURSES ARE CHANGE AGENTS. They innovate. They solve problems – and not every problem they face is clinical. A new course at Penn Nursing, drawn from the world of design and engineering, offers a practical method for rapid innovation.

Taught by Penn Nursing Director of Innovation Marion Leary RN MSN MPH, *Innovation in Health: Foundations of Design Thinking* introduces a methodology that begins by understanding the problem “through the eyes of people who are experiencing it,” says Leary. The five-step process starts with empathizing with those who face the problem you want to solve. When you can understand their problem you’re ready for step two: defining the problem. Think of this as a guiding principle to which you’ll return throughout the project. Next comes ideation—brainstorming—where team members share ideas for a solution. Then you

build and test a prototype. “Those are the steps,” says Leary. “But they’re not linear. You’re always checking in with the stakeholders and community members affected by the problem.” In the hands-on course, teams of students learn Design Thinking by tackling real-world challenges. At the end of the semester, the teams pitch their prototypes to a panel of innovation experts.

One team in the inaugural fall 2018 session looked at a typical health care problem: Parents of children hospitalized with acute illnesses want to spend as much time as possible involved in their child’s care, but not

all can afford the opportunity to stay bedside. Who can’t empathize with these parents? They’re stressed; many are rushing from the hospital to their jobs and homes, often caring for other children. According to team member Paige Madison Sinclair RN MSN OCN, a class of 2018 health leadership grad, they miss critical information about the child’s care plan, owing to conflicting schedules with busy clinicians.

Knowing that there had to be a better way for families and clinicians to communicate, the team designed a “virtual rounds” mobile app for families to access information from providers’

rounds. The app enables doctors and nurses to streamline their documentation, allowing parents to stay involved in their child’s care plan while away from the bedside.

“Innovation is not always creating new medical devices,” says Leary, “but reimagining existing systems and applying them to new areas.” Design Thinking works well in health care innovation, she says, because it’s faster-paced than the traditional scientific research process, which can take years. “Design thinking creates rapid prototypes, and allows you to fail fast and then begin again to find just the right solution.”

The course exceeded Paige Madison’s expectations. “I would say to a nursing student that while you may be focused on completing your clinical tasks throughout a shift, it is vital that you start to challenge yourself to look at the bigger picture of how we can improve patient care and clinician workflows through the intersection of technology and design thinking.”

Innovation in Health: Foundations of Design Thinking is open to nursing students as well as upper-level undergrads and graduate students from all schools at Penn. ❖

The Veterans Health Administration: At the leading edge of America's health care

If you want to see the future, you can start with the VA, America's largest integrated health system. Penn Nursing faculty and alums are helping forge the path. **By Louis Greenstein**

WHAT DO GPS, CHARIOTS, and duct tape have in common? They were military innovations that found their way into civilian life—along with the internal combustion engine and the Internet. We all owe a debt to armed forces' visionaries whose technologies and systems we use every day. Same with the Veterans Administration: from bar coding medicines to developing a new pain scale to discovering that a daily aspirin cuts in half the rate of heart attacks in patients with unstable angina, the VA is an incubator for innovations that improve the quality of life not only for veterans, but also for civilian populations around the world. And Penn Nursing is at the leading edge of research in the most exciting VA innovations. "The VA, as a closed, contained health care system provides some of the best opportunity to see the full impact of what it provides to a specific population," said **Julie Sochalski PHD FAAN RN**, Associate Dean for Academic Programs at Penn Nursing.

In 2011, **Mary Ersek PHD RN FPCN**, Penn Nursing's Killebrew-Censits Chair in Undergraduate Education and Professor of Palliative Care,



Illustrations by Sarah Maycock

accepted a dual position as Director of the Veteran Experience Center, a national quality improvement initiative housed at Philadelphia's Corporal Michael J. Crescenz VA Medical Center (CMCVAMC). The Center's mission is to improve the quality of end-of-life care across the VA's integrated health care system. The work is satisfying, she said, because it enables her to apply the sophisticated analytic skills she acquired through her research so that clinicians can use data to improve care. "That immediate translation of research into clinical practice was, and remains, very enticing and rewarding," she said.

"Certainly veterans do seek health care outside the VA, but a large number of them do seek it there," said Dr. Sochalski. Large enough, according to the Veterans Health Administration, to make the VA the U.S.'s largest integrated health system and the top employer of nurse practitioners—sort of a microcosm of the state of the nation's health care. Along the way, it has created data systems for tracking outcomes—and that data is turning into a gold mine.

"It's a great time for evidence-based research and training," said **Coy Smith ND RN MSN NEA-BC FACHE CPHQ**, Associate Director Patient Care Services/Nurse Executive at CMCVAMC and Assistant Dean for Clinical Practice at Penn Nursing. He agrees that the patient demographic at the VA has much in common with its civilian counterpart. "A lot of this work is transferrable for sure."

If you're following breakthroughs in health care, here are four that should put the Veterans Health Administration-Penn Nursing partnership at the top of your watch list.



Breakthrough #1: Traumatic Brain Injury Research

Penn Nursing alum **Helene Moriarty PhD RN FAAN** and VA psychologist **Laraine Winter PhD** are Principal Investigators of an NIH-funded study that evaluated the impact of the Veterans In-home Program (VIP), an innovative intervention for veterans with traumatic brain injury (TBI) and their families. VIP delivers occupational therapy in the home setting and with the involvement of family members. Most studies look at

patient impairments, but this one targeted social and physical aspects of the home environment for modification. VIP provides strategies for veterans and family members to manage TBI-related symptoms. For example, some veterans have emotion regulation issues, said Moriarty. "They may have a short fuse, irritability, anger that comes out easily. Spouses or family members say 'we are walking on eggshells.'" During the home visits, the OT interventionists worked with the vets on relaxation techniques, stress reduction, and other ways to manage demands and reduce emotion triggers. VIP also incorporated strategies to help veterans manage problems with memory, organization, and planning that are common in TBI.

VIP's purpose is to align the physical and social demands of the environment with the capability of the injured veteran. For example: "The common problem of losing personal belongings like keys often leads to frustration and anger, and gets the family upset," said Winter. To address this, the OTs helped family members set up "control centers" in the home, usually near the front door. When patients got in the habit of depositing their keys and wallets at the control center, they tended to lose them less often.

Veterans receiving VIP showed improved community reintegration and greater ability to manage their TBI-related problems, according to Moriarty. Family members in VIP experienced lower rates of depression and caregiver burden. "This is groundbreaking research because VIP is the first intervention demonstrating benefits for both veterans with TBI and family members." Moriarty adds that families of veterans with TBI may be more stressed and vulnerable than their civilian counterparts because of multiple deployments in a short time, and they may be dealing with concurrent comorbidities in the veteran, such as PTSD, depression, and pain.

"We would love for this to move into the civilian population," said Winter, noting that she and Moriarty are seeking funds to expand VIP and test it with veterans and civilians, and their families. "If we can replicate the findings with a general population with TBI, it would be a strong argument for delivery of some services in the home with the engagement of family members and for a focus on aligning environmental demands with patients' capabilities."



"We used to think of quality improvement and research as separate. But over the years we've gotten more sophisticated."

Mary Ersek PhD RN FPCN

★★★ Breakthrough #2: Evidence-Based Quality Initiatives

"Change, no matter how you look at it, is hard," said **Amy Sawyer PhD RN**, Penn Nursing's Associate Professor of Sleep & Health Behavior who is currently leading 15 evidence-based quality improvement projects at the Philadelphia VA addressing varied practices at the medical center. Examples include pressure injury prevention in surgical patients, pre-operative warming for prevention of intraoperative hypothermia, and secondary traumatic stress in health care providers. "It's hard," she said, "to accept and it's hard to convey to others that change needs to happen." One recent

occupational health project involved switching from PPD to the T-SPOT.TB for testing incoming employees for tuberculosis. Unlike the standard PPD, the T-SPOT.TB does not require a follow up visit after 48 to 72 hours. During a PPD shortage a couple of years ago, VA clinicians put the T-SPOT.TB procedure in place and followed it for a year. "It was cost effective," said Sawyer. "You aren't bringing people back for a second appointment." She notes that, while the T-SPOT.TB test requires a potentially off-putting blood draw, the test puts less burden on patients and employees, requires less time and money, "and if there's a positive result, treatment can begin immediately." The program, which has since rolled out across the entire VA system, saw a 29 percent increase in

employee compliance, a 40 percent drop in costs, and a 50 percent reduction in time to clear new hires.

"We used to think of quality improvement and research as separate," said **Mary Ersek**. "But over the years we've gotten more sophisticated. We use research methods. We sort of mimic statistically a randomized control trial."

The primary tool that Dr. Ersek and her team use in their VA work is a National Quality Forum-endorsed patient/family reported outcome measure called the Bereaved Family Survey (BFS). The BFS was developed through a VA-funded research project and is now used throughout the VA. The BFS asks respondents to evaluate specific aspects and the overall quality of care at the end-of-life. It's mailed to the next

VA Innovations That Can Spread

The VA helped lead the way to innovations ranging from CT scanning to the cardiac pacemaker to the nicotine patch. Here are some of the newer research and clinical advances in veterans' care that may be coming soon to hospitals and clinics throughout the health care ecosystem. The first three have active Penn Nursing involvement. (See the main story.)

TBI Home Intervention

Helping families deal with veterans' traumatic brain injuries can improve vets' lives. This approach could have implications for civilian brain injuries.

Data-Driven Quality Improvements

Also called Evidence-Based Quality Initiatives, this innovative approach links quality improvement with solid research.

Palliative Care Improvements

The VA is well ahead of the rest of the health care field in providing palliative care for vast numbers of patients.

Suicide Prevention

An average of 17 veterans commit suicide each day. The VA's REACH VET initiative uses a set of predictive algorithms to identify veterans at high risk of suicide, allowing earlier interventions.

Prosthetic Limbs

Caring for some 90,000 amputees each year, the VA leads the world in enabling research and development of artificial limbs. One of the most impressive results: the Life Under Kinetic Evolution (LUKE) arm. Developed in collaboration with industry and DARPA, the Defense Advanced Research Projects Agency, moves as a single unit with up to ten powered degrees of freedom—

allowing motions that range from picking up a glass of water to wrapping a present.

Moral Injury

Defined as "a wounding of the conscience," resulting from feelings of guilt over using deadly force or failing to report a crime, moral injury often lies behind PTSD. The VA created an organization of chaplains to help vets learn self-forgiveness.

Narcan in Defibrillator Cabinets

After training nearly 700 veterans, staff members, and VA police to administer the drug, the Boston VA put Narcan kits in automated external defibrillator cabinets at all of its health care sites.

3D Printers in Hospitals

The agency is implementing the first nationwide medical 3D printing network in hospitals coast to coast, allowing rapid creation of devices ranging from orthotics to artificial limbs.

Remote Hearing-Aid Adjustments

Phonak, a hearing aid app that connects to patients' smartphones, allows adjustments over Bluetooth, saving both the patients' and practitioners' time.

of kin of every veteran who dies as at a VA facility or in one of several VA Home-Based Primary Care programs. Facility-level scores are calculated on a quarterly basis and sent to each facility in a report. The Veteran Experience Center also works directly with care teams to help them interpret their scores and develop strategies to improve care and outcomes. "We conduct phone conferences with the teams twice a year in conjunction with the Implementation Center, which offers clinical resources and support," said Ersek. "For example, we might identify chronically low scores on the overall item as well as those related to communication for a specific facility. In response, the Implementation Center may work with the team to initiate training and practice in conducting family conferences. We continue to monitor their BFS scores during and following the training and see if it had an impact on outcomes."

The Bereaved Family Survey, is "a unique way to keep a pulse on the quality of care at the VA for veterans and families," said **Ann Kutney-Lee PhD RN FAAN**, Adjunct Associate Professor of Nursing. Dr. Kutney-Lee studies the effects of nursing care organizations on patient outcomes. "We ask about communication with providers, whether or not their preferences were met for treatment," she said. "We ask about emotional and spiritual support. Did they get the amount of support they wanted? Did they see a chaplain if they wanted one?"

"In the general population of veterans the suicide rate is high, but it's notably lower for any vet who gets their care at a VA."

**Coy Smith ND RN MSN
NEA-BC FACHE CPHQ**

Some of the nation's top medical centers—including Duke, Stanford, Mount Sinai of New York, and Kaiser—use versions of the BFS. Soon, the Centers for Medicare and Medicaid Services will require every Medicare-certified hospice in the country to report findings from a similar survey.

Breakthrough No. 3: End of Life and Palliative Care Improvements

Demographics are shifting for the veteran population. "In recent years they were mostly World War II and Korean War vets," said Dr. Kutney-Lee. "They are now at the end of their life span and we're seeing a new wave who served in Vietnam." The change in demographics has implications for end-of-life care. Veterans from the Vietnam era, she said, are more likely to have been exposed to dangerous combat situations that they were unable to escape. "Many veterans were fighting in jungles and mountains, there were hidden explosives planted, all with a near constant threat of being ambushed...the nature of the direct combat situations was very different." And the way in which society welcomed home the veterans was different. World War II vets were treated as heroes. They enjoyed national support. They were seen as having fought for a cause. But Vietnam was different. "They were not welcomed when they got home," said Dr. Kutney-Lee. "Things were thrown at them when they got off the planes and they are less willing to talk about their experiences." This, she said, can bubble up emotionally at the end of life. Unlike World War II vets, those who served in Vietnam may never have had a chance to process their experiences.

Kutney-Lee and her fellow researchers are trying to understand what is different about these vets at the end of life and how to prepare health care providers inside and outside of the VA. They are seeing higher rates of chronic illnesses that correlate with chemicals such as 2,4,5-T, an ingredient in the herbicide Agent Orange, to which soldiers were exposed in Vietnam—along with higher rates of anxiety and post-traumatic stress. In an effort to be proactive, the VA's Hospice and Palliative Care Program Office and

its analytic arm, the Veteran Experience Center, are using the BFS and other data to create educational programs. These programs are aimed at helping providers meet this group's unique end-of-life needs. "You see increased anxiety, stress, emotional distress, feelings of guilt," said Dr. Kutney-Lee. "We want the vets' and their families' experience to be as peaceful as possible at the end of life."

She is involved in another project with Penn Nursing professors Ersek and **Margo Brooks Carthon PhD RN FAAN** to study racial and ethnic disparities in quality end-of-life care for vets. A couple of years ago they found that, according to the BFS, next-of-kin of African-American vets were 50 percent less likely to report that their loved ones received excellent care at the end of life. The researchers want to know why. Is it the facility itself? Is it how nursing care is organized? One clue: members of racial and ethnic minorities tend to be more sensitive to changes in nurse staffing levels. The researchers hypothesize that in facilities where staffing is better, nurses are better positioned to meet the complex care needs of patients, and this may also apply at the end of life. "They have the resources they need and the time to spend with their patients," said Kutney-Lee. "It could be that nursing care isn't as well organized in facilities with high populations of racial and ethnic minorities, or that minorities might be more susceptible in that kind of environment."

Breakthrough No. 4: Pain Management, Mental Health, and PTSD Programs

VA research looks at the relationship of pain and behavioral health—and a lot of the researchers' conversations dwell in how to integrate behavioral health into primary care.

One promising area: acupuncture. It may come as a surprise to some, but the VA and the Department of Defense are among the largest users of acupuncture in the nation. "Battlefield acupuncture," developed by Air Force physician Richard Niemtow MD, entails inserting small needles in a patient's earlobes. Unlike standard acupuncture, the practitioner need not be licensed. "It can be taught easily," said Assistant Dean Coy Smith.

"It's being taught and utilized at the VA." The Philadelphia VA, he added, uses both kinds of acupuncture. Battlefield acupuncture, which can be administered anywhere (not just on the battlefield), leaves the needles in the patient's earlobes, so there is a carryover analgesic effect after the treatment is complete. While news media have covered the disproportionate suicide rate among veterans, the VA's success in curbing that trend may be underreported. "You can't prevent all suicides," said Smith. "But you can prevent a lot of them." The VA's active suicide prevention program includes a screening tool for clinicians and providers to help determine suicide risk, along with a number of experts across the VA who specialize in suicide research and prevention. In fact, a perusal of the literature on suicide risk and prevention reveals that the VA is behind much of the work. "In the general population of veterans the suicide rate is high," said Smith, "but it's notably lower for any vet who gets their care at a VA."

Pain management entails a complex matrix of mind and body. "What comes first, the chicken or the egg?" said alum **Nicholas Giordano PhD RN**. A post-doctoral fellow at the Defense & Veterans Center for Integrative Pain Management, he is examining the links between pain and mental health among combat-injured personnel. His Penn Nursing PHD dissertation posed a key question: In an era of unprecedented survival after complex and life-threatening injuries, what are the short- and long-term symptom trajectories of PTSD and pain? One finding: veterans who present early on with symptoms of PTSD might experience more intense pain. "We are following traumatically injured individuals from time of injury until two years later," Dr. Giordano said. "This is more than a snapshot. We see how symptoms develop over time and how they are related to one another."

Penn Nursing's work with the VA is even changing the standard pain scale, thanks to **Rosemary Polomano PhD RN FAAN**, Penn Nursing's Associate Dean for Practice and Professor of Pain Practice. She specializes in managing acute pain after combat-related injuries. After learning that clinicians in 28 facilities who used the standard numeric pain rating scale (0-10) indicated that this scale was inadequate in helping patients and health care providers



communicate about pain intensity levels, Polomano collaborated with leaders from the Defense and Veterans Center for Integrative Pain Management and others to develop the Defense and Veterans Pain Rating Scale (DVPRS). According to Polomano, DVPRS is now the official military pain scale with the goal of being in use in all DOD health-care facilities. The scale integrates word anchors (“No pain,” “Hardly notice pain,” “Sometimes distracts me,” “Hard to ignore,” “Awful, hard to do anything,” to “As bad as It could be, nothing else matters”) with color-coding and facial expressions to help patients rate their pain. Other health systems are free to use the DVPRS, said Polomano. “It is in the public domain.”

Polomano also teaches *Pain Science and Practice*, a class open to students from Penn Nursing as well as Penn’s dental and medical schools. According to the syllabus, the “interprofessional course focuses on the biopsychosocial aspects of pain and pain management from the perspectives of individualized pain care, scientific discoveries, evidence-based practice and cross-disciplinary learning.” This year, in partnership with the Uniformed Services University Graduate School of Nursing in Bethesda, MD, 30 active duty military personnel from their nurse anesthesia program attended the class.

Penn Nursing alumna, Dr. Caroline Angel, now of the Reintegrative Health Initiative, reports that the evidence indicates that the stigma around seeking treatment for mental health is one of the biggest challenges faced by veterans who are struggling with PTSD in their reintegration. “Lack of accessible services can also present a barrier,” she said. These challenges also apply beyond those facing PTSD to include a broad range of mental health and reintegration issues. Clearly, there’s more work to be done.

“There’s definitely this idea of being on a mission.”

Nicholas Giordano PHD RN

★★★
Penn Nursing and the VA: Perfect Together

Nurses work at the heart of the changes in veterans’ care—and, therefore, in helping to determine the future of American health care. “Much of the VA’s innovative models of care delivery are due to the leadership and contributions of VA nurses,” said Distinguished Health Policy Fellow at the Penn’s Leonard Davis Institute of Health Economics, David Shulkin MD, a former Secretary of Veterans Affairs. “It’s often their affiliation with leading academic centers like Penn that help to ensure the VA remains at the forefront of these innovations.” Shulkin, a Penn professor before he headed the VA, said his tenure with the government was highly influenced by his university experience. “Penn Nursing’s leadership in primary care-based nursing and community-based nursing was influential in my thinking on expanding new models of care for veterans,” he said.

For example, Shulkin’s VHA Directive 1350, issued in 2017, used the power of “federal supremacy” to grant full practice authority to more than 5,000 advance practice nurses working in all 50 states. Their ability to practice to the full extent of their training and licensure without physician supervision at VA facilities, even in states with laws that would otherwise prohibit them from doing so, was a big step in promoting high-level nursing care. This one step, enabling full scope of practice, arguably constitutes the single most important recent advance at the VA.

“What the VA says is ‘we are a system,’” explained Julie Sochalski. “Trying to maintain polices that are discontinuous across states didn’t make sense, so they adapted full practice authority for any advanced practice nurse practicing at the VA.” For those nurses the policy is a game changer. “Say there is a restrictive practice act in Alabama. You can fully practice if you are at a VA facility in Alabama because there is federal authority. If you stepped out of the VA and went next door to a clinic, your practice would be restricted.” The goal, she said, was to “expand the number of [advance practice nurses] and reduce the time it takes to get in to see someone.”

“I’ve often felt that the VA is the best place for advanced practice nurses,” said

Patricia D’Antonio PHD RN FAAN, Carol E. Ware Professor in Mental Health Nursing and Chair of Penn Nursing’s Department of Family and Community Health. She recalled that one of the best jobs she ever had was working with VA nurses to identify patients with compelling emotional or psychological needs and finding ways to meet those needs. One patient, an outgoing, lovable former boxer, would sometimes lash out and punch someone if he got upset. The VA nurses developed a plan to appoint him an unofficial nursing assistant. “He followed a nurse around, carried water, etc. He had a job to do.” With a new sense of purpose, he could control his anger. No more punching. One day he went missing. “I found him in the break room with the nurses,” said Dr. D’Antonio. “He felt such a part of the staff that he was with them.”

Palliative Care Professor Mary Ersek was similarly drawn to the VA’s work. “Do people forget the mission? Yes,” she said. “But you are reminded of it, and it is about people being impacted by experiences forced upon them. Being involved in the military, that’s a big honor. The mission is not about prestige. We get to use rigorous research methods, but I like that we stop and say it’s not just an academic exercise, it’s about how will using these advanced analytic methods improve care for veterans.”

This sense of purpose creates a unique esprit de corps among providers and researchers. Back when Dr. Giordano was a Penn Nursing undergraduate, the first thing he noticed about the VA was the camaraderie. “There’s definitely this idea of being on a mission,” he said. “At the Department of Defense it’s maintaining a medically ready fighting force, and at the VA it’s caring for that force long after the fighting.” Recalling his clinical rotation at the Crescenz VA Medical Center, he said, “These men in rooms together were talking to one another. My patients at the medical center never talked to each other, but at the VA, whether they served in the same conflict or decades apart, they were sharing their experiences.”

That sense of purpose goes a long way. “I haven’t practiced clinically at the VA since 1992,” said D’Antonio, “but I still describe myself as a VA nurse. It’s part of my identity.”

Louis Greenstein is a writer living in Philadelphia.

The Penn Nursing-Veterans Connection

“The issue of veterans’ health should be of great concern to all health care professionals,” says **Dean Emerita Claire Fagin PHD RN FAAN**. “Scientific evidence suggests that in most areas, care for veterans is as good or better than the private sector. I admire nurses who devote their careers to the health of veterans and I urge all of us to use our knowledge and our voices in advocacy.”

At Penn Nursing, faculty and alumni certainly take that seriously. Here is a sampling of the current state of our research and practice with veterans, those in active duty, and the VA.



MARY ERSEK
PHD RN FPCN
Killebrew-Censits Chair in Undergraduate Education; Professor of Palliative Care

WORK WITH VETERANS

Leading a VA-funded project to improve the care of veterans with advanced dementia who reside in long-term care facilities.

“Serving our nation’s veterans is an honor. Applying sound, cutting

edge analytic methods to improve care for our nation’s veterans—that’s a delight!



PAULA CRAWFORD GAMBLE GNU’85 GNC’93
CRNP, CAPT, NC, USN (Ret)
‘Serving those who Served’ as the Veterans Care Concierge Liaison at Penn Medicine

WORK WITH VETERANS

Providing Penn Medicine employees who have served or continue to serve in the military with support and

convenient access to the many services offered to them, such as assisting veterans with registering at the VA, an important step that opens the door to benefits like free pharmaceutical services and educational assistance through the GI Bill.

“I’m honored to be in this unique position that promotes Penn’s culture of serving our veterans. Our military history at Penn Medicine dates back to the American Revolution and I could not be more proud to be a part of this legacy.”



AMY M. SAWYER GR’07
PHD RN
Associate Professor of Sleep & Health Behavior

WORK WITH VETERANS

Advancing the VA practice culture to be evidence based; improving every day health care delivery to ensure “Veterans First;” mentoring students and colleagues in VA health care systems and practice; and building the academic partnership between Penn and the VA.

“Inspiration to advance health care for veterans is never absent! Just look to a veteran, knowing that he/she has given so much for our country; just look to a VA colleague, knowing that he/she gives 100% every day to ensure veterans receive ‘best care.’ And always remember, BE THE CHANGE in order that advances in VA health care are part of everyday practice.



JOAN CARPENTER
PHD CRNP ACHPN FPCN
Recently completed post-doctoral research at Penn Nursing sponsored by the U.S. Department of Veterans Affairs

WORK WITH VETERANS

Improving the quality of goals of care conversations for seriously ill veterans in community living centers through work with the VA Quality Enhancement Research Initiative.

“I hold a deep dedication to improving end-of-life care experiences for seriously ill veterans and their families who have endured incredible sacrifice for our nation and our freedom.



ROSEMARY CAROL POLOMANO HUP’74 NU’76 GNU’79
PHD RN FAAN
Associate Dean for Practice; Professor of Pain Practice

WORK WITH VETERANS

Advancing pain assessment and management practices for combat-injured military service members and veterans across transitions in care.

“Given that the prevalence of both acute and chronic pain is high among active duty service members and veterans, better screening and assessment practices are needed to guide pain care.



NICHOLAS A. GIORDANO NU’15 GR’18 GRW’18
PHD RN
Postdoctoral Research Fellow, Defense and Veterans Center for Integrative Pain Management

WORK WITH VETERANS

Researching the implementation and assessment of interdisciplinary, multimodal, pain management interventions capable of improving the quality of life and the physical function of American service members and veterans.

“Across the clinical continuum, from the combat theater to community care settings, nurses and APRNs are critical to the timely delivery of acute and chronic pain management for service members, veterans, and their families.



PEGGY WILMOTH GR’93
PHD MSS RN FAAN
Major General, US Army (retired), Nurse educator

WORK WITH VETERANS/MILITARY

Researching the impact of military service and deployment on the children of those who serve in the Reserve Components and providing civilian providers, who are the primary source of health care for Reserve Component families, with guidelines about health and stressors that are unique to military life. Has

created pocket cards that address veterans seeking health care in the civilian sector as well as children of the military or veterans.

“Even out of uniform, I continue to find ways to serve the 1% who volunteer to wear the cloth of our nation in defense of our Constitution—and that extends to their families, our veterans, and their family members. It has been, and continues to be, an Honor to Serve.



PAMELA HERBIG WALL GN’05 GR’14
PHD PMHNP FAANP
International Health Coordinator, United States Government

ACTIVE DUTY EXPERIENCE

Navy Nurse Corps Officer and Psychiatric Nurse Practitioner (1996-2016)

“Every moment spent as a mental health nurse with the service members was a humbling and awesome experience. It was the opportunity of a lifetime to broaden my perspective and change my lens.



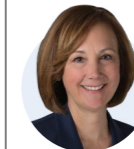
CAROLINE M. ANGEL GNU’00 G’04 GR’05
PHD RN
Co-founder, Reintegrative Health Initiative

WORK WITH VETERANS

Exploring community based

interventions that increase social connectedness and enrich veterans’ lives. Co-developed Team Red, White & Blue’s (a large veteran service organization) newly published veteran wellbeing instrument, the “Enriched Life Scale”.

“When I started participating in the veteran-serving community, my mission was to ‘help the good guys.’ Along the way, I have met the most extraordinary people. I am grateful for their leadership and friendship. As it turns out, they wound up helping me.



CHRISTINE E. BADER GR’18
PHD RN
Senior Advisor, Office of the Secretary, U.S. Department of Veterans’ Affairs

WORK WITH VETERANS

Working closely with the Deputy Secretary to evaluate programs and policies and their implementation that affect overall operations in the federal government’s second-largest Cabinet department, advising on over 1800 facilities that encompass medical centers, clinics, benefit offices, and national cemeteries across the country.

“Having had the honor of serving in the United States Air Force, Nurse Corps on both active duty and in the reserves, I am privileged to now serve in the VA by helping to shape the care and benefits veterans have earned, and how to best deliver them.



ANN KUTNEY-LEE GNU’04 GR’07
PHD RN FAAN
Adjunct Associate Professor of Nursing; Senior Fellow, Leonard Davis Institute of Health Economics

WORK WITH VETERANS

Studying quality of end-of-life care in the Veteran Experience Center and Center for Health Equity and Research Promotion, both based at the Corporal Michael J. Crescenzo VA Medical Center in Philadelphia.

“Our research teams strive continuously to identify the unique care needs of Veterans at the end-of-life to best serve those who served our country.



JULIE SOCHALSKI
PHD FAAN RN
Associate Dean for Academic Programs; Associate Professor of Nursing; Class of 1965 25th Reunion Term Chair

WORK WITH VETERANS

Investigating the impact of nurse practitioners working to the extent of their practice authority in the Veterans Administration health system, the nation’s largest employer of nurse practitioners.

“The VA, as a closed, contained health care system provides some of the best opportunity to see the full impact of what it provides to a specific population.

A DAY IN THE LIFE

—
What’s it like to be a current undergraduate at Penn Nursing? Think little sleep, rushing to class and clinicals, and constant commitments. Sound familiar? We asked three juniors to keep track of their days so that you know what it takes to keep up with them.

George Yang

Penn Nursing/Wharton Dual Degree Student



5:45 A.M.

Climb down slowly from the top bunk of the bed. I fell off a couple weeks ago, and since then, I’ve been especially wary of the edge. My roommate, D., wakes up; he’s a really light sleeper. “Bye, George,” he waves. “Bye D,” I say as I leave the apartment.

6:00 A.M.

Today’s breakfast is a peanut butter and jelly sandwich—with a banana—for the walk.

6:20 A.M.

I’m speed walking to clinical at the Hospital of the University of Pennsylvania. Throw the banana peel in a nearby trashcan. Keep my strides long.

6:55 A.M.

“Any questions?” asks W., my clinical instructor.

7:10 A.M.

Get a report from the nurses on the GI surgery floor. Taking one look at my small handwriting, the nurse I’m

shadowing laughs. I make a mental note to work on improving the way I write down notes from report.

8:30 A.M.

We sit down in the pre-conference room and present our patients: what medications they’re on, what conditions they have, and the pathophysiology of those conditions. My patient, a frequent visitor of the hospital, has had recurrent small bowel obstructions.

9:00 A.M. – 12:00 P.M.

The day is generally going smoothly. My patient, however, was in pretty intense pain (9 out of 10) for a few moments, so I rubbed his back and looked around the supply closet for some aromatherapy, but couldn’t find any.

12:00 P.M.

Since it’s our last official day, our post-conference is not as involved. Typically it would be prioritization games, education about the importance of maintaining contact precautions, and videos about speaking up when we see breaks in aseptic technique, but today we make light conversation. I appreciate the 12th floor’s view of the Philadelphia skyline.

Kelly Kim

Penn Nursing Student/Young Quakers Club Participant



6:40 A.M.

ALARM rings—my hands automatically go for the snooze button. After finally opening my eyes, I check my calendar to see if I have any meetings today and do a quick 30 second stretch. I get out of bed, throw on my navy scrubs, clip on my ID badge, and pin up my hair.

7:00 A.M.

Walk over to the kitchen to make a bowl of Honey Nut Cheerios with almond milk. I stand and look out my

window as I eat to watch the sunrise over Center City. I check the weather app on my phone to see if I need to wear an extra layer under my scrubs or if I need an umbrella. I dread showing up to clinical with wet scrubs and walking around in wet socks and shoes all day as I go from patient to patient.

7:30 A.M.

Start running two blocks down to my clinical group’s designated spot so we can Uber together. I definitely

meet the stereotype of the nursing student who is always rushing to make it on time. As we gather one by one, we huddle together to shield ourselves from the cold winter breeze that is freezing our wet hair.

8:00 A.M.

Sit in a circle to begin our pre-conference for our clinical day and talk through interesting articles we’ve read related to our patient population and share any concerns or questions.



Nia Akins

Penn Nursing Student Athlete



5:50 A.M.

After already hitting snooze once, that lovely high-pitched relentless beeping emits from my alarm clock and personally attacks my peaceful state of slumber again because, evidently, the first time was just not enough.

5:51 A.M.

Officially get out of bed put on my running shoes and a headband. (Side note: I think I’m brilliant because I cleverly sleep in my running clothes. Saves time.)



6:00 A.M.

Descend stairwell into kitchen to eat a piece of bread and one bite of a banana. Step outside to start my run.

6:15 A.M.

Run down Spruce Street to the track locker room in Franklin Field to stretch in a warm space and remove an extra layer because I’m kinda toasty now. Continue run down South Street and onto the river.

7:15 A.M.

Finish up and return home. Put the remainder of the banana along with frozen fruit, kale, protein, almond milk, and 1/3 of an EmergenC packet into my blender. Use

a towel to muffle the sound of blender so I don’t wake up the roomies :)

7:20 A.M.

Shower!

7:30 A.M.

Drink smoothie while preparing for the day. It’s the best kind of day because I wear scrubs!!! I also make real breakfast (scrambled eggs with tofu, tomatoes, spinach, and feta cheese), lunch, and dinner.

8:20 A.M.

Finally eat that breakfast I prepared earlier. But first I sprinkle OI’ Bay on top—don’t judge until you try it! It is the seasoning of choice in my house.

8:49 A.M.

Leave for class with two fellow nursing roommates and walk into the infamous three-hour Med-Surg lecture in Fagin right on time at 9am.

1:00 P.M.

Waving goodbye to my classmates, I'm off to corporate finance class. Grab a salad and go to the forum level (basement) of the Huntsman building. Finance homework is due today, and graphs have to be printed on paper. I also want to rewrite my homework, because I wrote it on scratch paper before. But, I spend too much time eating my salmon salad, so I staple together the scratch paper and hope that the TA will forgive me for my messy work.

1:30 P.M.

Walk up to class on the first floor of the Huntsman building. My assigned seat is in the back, and I get out a blank sheet of printer paper.

1:30 P.M. – 2:30 P.M.

The lecture is about options. (i.e. you get the "option" to buy the stock at a certain fixed price, even if the price changes in the future). The professor keeps making analogies to college applications, comparing things like Early Decision

and Early Action to financial options. I really like the professor, since he reminds me of the dad in Pixar's *Despicable Me*. He often acts tough on us, but he's kindhearted and answers all our questions patiently. After class, I make a mental note to borrow someone's calculator for the final exam; I've been using an online calculator the entire semester, but I have to make sure I have a graphing calculator for the final.

2:50 P.M.

Let out of finance class, I quickly rush to discrete math class. Since it's all the way across campus, I have to use my "don't be late for morning clinical" speed walk pace. My soleus muscle starts aching after the speed walk across Locust to the David Rittenhouse Laboratory.

3:05 P.M.

Make it to class (a little late), and quietly let myself in through the back door.



3:05 P.M. – 4:20 P.M.

Class is about apportionment systems (i.e. how to distribute out representatives to states in our political system). We prove that something called the "Quota Method" for apportionment is the most fair method of giving out representatives because it satisfies a few mathematical properties (not to be described here). Unfortunately, we don't use this system currently because doling out

representatives has been pretty low on the political agenda for most people over the last 200 years.

4:20 P.M.

Stay after class to talk to the professor and a Chinese international student friend about how the last part of the proof works.

5:00 P.M.

Walk to Ormandy, the music library in Van Pelt's 4th floor to get some quiet time to myself. Typically I work here



I'm going through my psychiatric-mental health rotation right now and I never realized how much I would love this area of nursing. The incredible stories and struggles that people share

with me make me realize what a privilege it is to be in the profession of nursing where people give you trust at the most vulnerable points in their lives.

9:00 A.M.

Today, I'm placed on the women's short-term drug/alcohol rehabilitation unit. I join their morning community group in which they talk about their goals for today. After group ends, I sit with a woman who has recently entered the program and

she shares with me her life story and how she came to end up at this facility. Most of the women here have gone through immense trauma and faced numerous hardships. Some have been victims of domestic violence and rape while others have experienced loss and depression. Sometimes, all they need is someone to listen, and I'm grateful I was able to do that for this woman today.

10:00 A.M.

Follow this woman to her small-group therapy session and the counselor leads a discussion about grief and loss. One man speaks on the loss of his son, and how drugs have been his only way to cope. Through this rotation, I've had so much time to reflect back on my own perspectives and biases. The time spent at this facility has been invaluable as I have really learned to become less judgmental and more empathetic, especially with

people who struggle with substance use disorders.

12:30 P.M.

We begin our post-conference and one by one, we reflect on the emotions and thoughts we experienced throughout our day. My instructor, Gerry, is such a wonderful mentor in this area of nursing and he always provides insight on how the treatment of psychiatric disorders has evolved and how we as nurses can make a tremendous difference

for people who have mental illnesses.

2:00 P.M.

Clinical day ends and we wait for our Uber XL to take some of us home and some of us to lab. In the car, we have an intense discussion about what we are going to eat for lunch.

2:15 P.M.

After much deliberation, I decide to pick up my usual Chicken Pesto Parm salad from Sweetgreen. I eagerly

speed walk home so I can eat my salad while finishing the Netflix documentary on a Japanese sushi master I started last night.

3:00 P.M.

Grab a tall Earl Grey tea at Starbucks and read through the documents posted on Canvas to prepare for lab tonight.

3:40 P.M.

Wrap myself in my scarf and layers to start walking over to Franklin Field. I currently work

with elementary and middle school students in West Philadelphia who come to Penn to exercise with the track team. It's a program called Young Quakers Community Athletics (YQCA), a collaboration between Penn's Netter Center for Community Partnerships and Penn Athletics. This is the first year nursing students have been involved in the program and we are actively looking for ways we can make a positive impact. After a lot of observation and participation in the program,

9:05 A.M.

Oooh...Bowel and Bladder is the topic for today. Really interesting topic, especially when you're an athlete, drink pints of water, and need to desperately go to the bathroom.

10:20 A.M.

Alas! Break time. Rush down to the first floor of Fagin to find (despite my athletic background) I am the fifteenth person in line for a bagel.



10:22 A.M.

Still waiting in line for my bagel, taunted by the million other treats in the glass window of the cafe.

10:27 A.M.

Spend my trillionth dollar at the wonderful Fagin Cafe on a banana quinoa muffin and return to lecture.

11:50 A.M.

The lecture ends. I pack my stuff up and waltz one classroom over, where *Intro to Nursing Statistics* will begin in one hour.

12:00 P.M.

I do my stat homework while eating lunch.

1:00 P.M.

Stat begins. It's just ANOVA day in paradise here ;)

2:21 P.M.

Stat ends and I walk over to Rhoads 6 at the Hospital of University of Penn (s/o to advising for first choice for clinical, couldn't have done it without you!) to pick up my patient assignment for the next clinical day and work

on Prep Tool. Rhoads 6 is a liquid oncology unit, and happens to be the discipline of nursing I would like to work in after graduating.

2:50 P.M.

Begin to sweat because my patient has more drugs than I have nephrons and I have approximately ten minutes to finish my patient look-up.

2:55 P.M.

Stop meticulously studying my patient's chart and begin ferociously copying and pasting things into my prep tool for the next five minutes until I need to log out and head over to Franklin Field for practice.

3:05 P.M.

Breeze into the locker room smiling because I just set a personal record for getting from Rhoads 6 to Franklin Field. It's the little things! I change into running clothes.

3:10 P.M.

This is my second favorite thing about Mondays (keep reading for my first favorite): walking onto the track for practice with my teammates, hearing about their days and enjoying their company. I won't be able to run with them today because I ran this morning to make it on time to class later, but a shot of their energy is enough to keep me going.

as work study, but today I'm just a visitor. I take a look at my schedule, and remember that I have a meeting today with a Penn alumna who currently works in health care that I signed up for. My email says it's business formal, which means...

5:40 P.M.
Speed walking back home.

5:55 P.M.
Iron my shirt (haven't worn it since the beginning of the semester) and some pants.

6:15 P.M.
Speed walking to Bernie's Restaurant & Bar for the meeting, around Sansom and 36th.

6:30 P.M.
It's a three-course meal with turkey; oh my goodness.

6:30 – 8:30 P.M.
The alumna talks about her experience in Teach for America, and how much more scary teaching is compared to health care consulting. She also recommends a

book—*The Fix*, by Michael Massing, which is a book about the war on drugs. I'll have to check it out from the library some time. I've been on the fence with consulting for the past couple years, but whatever I do longterm, I'm pretty set on working as a bedside nurse once I graduate.

8:30 – 9:30 P.M.
The Undergraduate Assembly has a meeting at one of the members' homes, and we are treated

to pasta. B., who is the head of the committee, talks about all the kinds of hot sauce he brought. We briefly chat about our projects this semester. I'm doing something to help improve prison education as well as some work with the library.

9:30 P.M.
Strolling back home, I realize I'm pretty exhausted.

9:40 P.M.
After I enter our apartment, D. says he has a present for me.



“What?” I raise my eyebrows. But when I see it, I laugh.

It's a smart watch, which is an inside joke between us: D. had really wanted me to decrease the sound of my morning alarm for clinical. Naturally fearing being late for clinical, I had refused. He had then joked that he would buy me a watch that vibrates, so that I wouldn't have to use an audible alarm on my phone. I thank him and apologize for my waking him up this past semester.

10:00 P.M.
Help D. edit one of his scholarship applications. He studies computer science, so it's sophisticated writing. I don't understand it—which I tell him. “Are the judges going to be computer science specialists?” He looks to the side. “No, but hopefully they'll understand.” I convince him to revise his essay to be more easy-to-read.

10:30 P.M.
I brush my teeth, climb up my bunk bed, and go to sleep.



we have decided to kick-start a mindfulness initiative so that students can not only improve their physical health, but their emotional and mental health as well. Many times, I will sit and talk with students who are going through stressful situations, whether at school or within their families. I believe it is very important to have a safe space to talk through these issues as well as practice positive coping mechanisms.

Today, I helped resolve a conflict between three

students by using some of the therapeutic communication techniques I learn in lab. I also ran practice laps with some of the students. It's definitely hard keeping up with them! I hope all this running will help build my endurance to take care of patients for 12 hours a day.

5:00 P.M.
Rush over to Fagin Hall just in time for my lab instructor, Heather, to open the door as soon as it hits 5PM. Today's topic is opioid withdrawal and I volunteered to be the nurse for our simulation today. I know it's practice, but I still get nervous as I try to scramble in my head all the therapeutic communication techniques we've learned so far. But I'm glad I can get feedback before my actual test-out next week.

7:00 P.M.
Walk over to the study hall where my Bible Study group will have our meeting today. While waiting for other members to come, I eat the granola bar, orange, and cookie I packed for dinner.

7:30 P.M.
My weekly Bible Study group meets every Thursday. I love the community I have found here because it includes students from different schools and majors. It's interesting to learn from

the experiences of people in different majors as they go through college.

10:00 P.M.
Get home and review the material I need to cover for the weekly anatomy and physiology lecture review sessions I lead. I look back through the detailed diagrams I drew as a freshman taking this class and think how fast nursing school flies by. Tomorrow's review session will be on the skeletal system (one of my favorite systems!)

11:00 P.M.
Take a shower and call my mom so we can talk about our days. We are best friends and she definitely helps me process through all the highs and lows. While talking on the phone, I simultaneously add more notes to my care plan due next week.

12:00 A.M.
Bed (FINALLY!).

3:15 P.M.
Our coaches begin a cross country game plan for today and give us a sneak peek into the week ahead.

3:35 P.M.
Do “Athletic Monday” drills (hurdle drills, sprints, 1/2 of a core routine).

4:00 P.M.
Head down to the weight room to lift. I LOVE LIFT. We've got cleans today, deadlifts, squats—fun stuff.

5:05 P.M.
Return to the locker room and I put on scrubs again. (I would like to add that I perform proper hand hygiene after lift and freshen up.)

5:17 P.M.
Begin my trek back to the Nursing School for lab and eat dinner en route (a quinoa rice bean bowl that I prepared this morning.)

5:28 P.M.
Arrive at Fagin. I'm only going to the first floor but I hit the

button for the elevator and just stare at the steps. My legs are forever grateful for this decision.

5:29 P.M. OR MAYBE 5:30. OKAY 5:31 P.M.
Sheesh... I arrive at lab.

5:32 P.M.
Get the spiel on central lines and learn about dressing changes and then perform central line dressing changes on simulation mannequins.

6:00 P.M.
Watch two fellow classmates rock their way through a full simulation scenario on a hypothetical oncology patient needing a platelet transfusion.

6:50 P.M.
Lab ends and I scramble over to Rhoads 6 again (the oncology unit I am on for clinical) because I forgot some of my patient's medications which is vital for a prep tool. I forget their prior to admission medications Every. Single. Time.

7:10 P.M.
Begin my walk to work. I call my mom and tell her about my day. Twenty minutes later I arrive at the house of the most kind, amazing family ever to babysit their children.

7:33 P.M.
First favorite thing about Mondays: telling their kids a bedtime story. A princess story for the two-year-old girl and a superhero story for the four-year-old boy. After tucking them in, I head into the living room to find that

their parents never fail to leave me water and one of their seasonal Jewish treats.

7:47 P.M.
Use their living room floor to finish up that core routine from earlier before I sit down and get lazy.

8:00 P.M.
Finish dinner and open laptop to work on prep tool.

10:30 P.M.
The parents return and I pack up and head home.



A little over half-way through the prep tool—woot woot!

10:45 P.M.
Arrive home and slap some peanut butter on a piece of bread. I take a seat to enjoy my roommates' company.

11:00 P.M.
Hallelujah, a shower.

11:30 P.M.
Attempt a personal record in prep tool completion.

12:10 A.M.
Brush my teeth and set alarm for 5:30 to account for inevitable snoozing and printing of prep tool.

12:15 A.M.
ZZZZZZzzzzzzzz :)

Leadership

Before the Bedside

A conversation on the upstream factors of illness.

A GROWING TREND IN health care starts by looking upstream at root causes of a patient’s health problems and addressing issues before they cause illness, rather than simply examining the “downstream” symptoms. Upstream teams come from every part of a community—education, law enforcement, business, transportation, local government, and neighborhood coalitions and take on initiatives such as evaluating public policies that affect our health, funding research into societal causes of disease, and sponsoring projects aimed at improving the health of the entire population. Recently, *Penn Nursing* got on the phone with three champions of upstream health—Calvin Bland, Risa Lavizzo-Mourey, and Bob Atkins—for a far-reaching conversation. What follows is a condensed version.

Penn Nursing: What are the goals of upstream health care initiatives?

Lavizzo-Mourey: The idea is to understand and address the complex factors that can enhance someone’s ability to stay healthy or make it difficult for them to get and stay healthy. The factors are often ones that people who have trained in health care as opposed to public health or population health don’t include in their worldview.

Atkins: We’re trying to bring in players from transportation and housing and school systems. Upstream has to have

other voices, all these sectors at the table. Law enforcement. School nurses... Central to this work is the question of health equity and how to increase opportunity for all in our society. That’s why we’re going upstream. That’s where we increase the opportunity. That is what it means to live in a free and just society.

Bland: If you look at any sector of our society—political, social, economic, or religious—you will find things that impact the ability of anyone to lead a healthy and productive life.

Lavizzo-Mourey: Often we don’t see a role for business. But individuals spend a good deal of their time at work and that influences their daily choices and activities.

PN: What are some examples of upstream health initiatives leading to positive outcomes?

Bland: Can I give you a historic one? In the early 1900s, children died from infant pneumonia diarrhea complex. Why did so many children die and why did it get better by the ‘30s and ‘40s? Upstream. Better sanitation, better water, and better housing reduced the number of hospital beds needed for children and made pediatrics pretty much an ambulatory specialty.

Lavizzo-Mourey: Kids with asthma often end up in the emergency room or hospitalized when they are exposed to things that trigger asthma: mold, noxious chemicals, second-hand smoke. If you address the environment where a child lives and goes to school by eliminating mold and second-hand smoke, you can avoid the use of the Emergency Room, loss of school days, and lost days at work by going to the root cause.

Atkins: In 2015 and 2016, we funded twenty communities across New Jersey—we gave them four-year grants of two hundred thousand dollars each to operationalize upstream health. Each was tasked with bringing more voices and sectors to the table...Every community was different, they were working from the bottom up—each one saying this is what we want to do in Asbury Park or in Camden or Trenton. In Cape May County they brought in a cross-sector team led by the police chief, the school superintendent, the Chamber of Commerce, and somebody from behavioral health. They decided to focus on adverse childhood experiences. How did it affect the business community, law enforcement, schools? We didn’t tell them what they were going to do. We said, “First work and plan and bring different sectors in” and then they focused on housing and childhood lead and different health care challenges.

PN: What’s next in upstream health care?

Lavizzo-Mourey: First, I think that it’s going to be culture change...getting upstream to be part of our everyday thinking. The second is making sure we really do see the unit of analysis as being small enough to make a difference. People being committed to their neighborhood, to their small region—I’ve been very impressed by that. People routinely talking about children in the



Central to this work is the question of health equity and how to increase opportunity for all...

community as “our children.” They’re willing to innovate and build public schools and invest as opposed to saying, “It’s your kids and my kids.”

Atkins: The unit of analysis has to be the right size as Risa said. But I think we also have to put data tools in the

hands of community leaders. If we are going to engage school leaders and police forces we have to give them the tools for policies, systems, and environmental change.

Bland: You have to put the right people together. You need the right people to

embrace ideas, the right influence leaders to seek change. I’ve seen progressive and not so progressive hospital leaders. The progressive ones were asking questions other than “who is in my beds?” Look at the influence they have, bring those influence leaders into the tent and get them to buy in. ❁



Bob Atkins PHD RN FAAN (center) graduated from Penn Nursing with his BSN in 1995 and is now director of New Jersey Health Initiatives, a statewide grant-making program of the Robert Wood Johnson Foundation, and an Associate Professor at Rutgers University with a joint appointment in Nursing and Childhood Studies.

Calvin Bland MS (right), a Wharton grad, retired as Chief of Staff and Special Advisor to the Robert Wood Johnson Foundation’s (RWJF) President in 2008 and is a past President & CEO at St. Christopher’s Hospital for Children. He is an overseer at Penn’s SP2 and a visiting research professor at Rutgers. Penn Nursing is home to one of three Calvin Bland Fellowships endowed by RWJF and named in honor of his retirement from the Foundation.

Risa Lavizzo-Mourey MD MBA (left) is the Penn Integrates Knowledge University Professor of Population Health and Health Equity at the University of Pennsylvania, with joint appointments in Penn Nursing, the Perelman School of Medicine, and the Wharton School. She is the president emerita and former CEO of the Robert Wood Johnson Foundation and earned her MD from Harvard Medical School and her MBA from the Wharton School.

Photograph by Colin Lenton

WAIT, YOU'RE A NURSE?

James Calderwood Nu'12 W'12 WG'18 RN MBA

Helping move the nation from sick care to health care.

HIGH SCHOOL FAMILY vacations to South America on medical missions coupled with two summers helping to open a surgical center in a remote area of Kenya introduced James Calderwood to an early love of patient care. And as a DC native, he witnessed local hospitals closing due to poor financial planning

which ultimately led to his early interest in health care management. This interest has only grown. James, a graduate not only of the Nursing/Wharton dual-degree undergraduate program but also a Wharton MBA, currently works in clinical innovation and is fighting to help move the US from sick care to health care.

On How Being a Boy Scout Shaped Him:

Boy Scouts gave me a love for the outdoors while reinforcing key leadership and other skills. Merit Badges enabled me to visit a jail for Crime Prevention, learn basic health care in First Aid, and even work on tractors in Farm Mechanics. I ended up earning all the Merit Badges in Boy Scouts and, amongst other things, was Person of the Week on World News Tonight with Charles Gibson. The most important thing Scouts taught me was the importance of teamwork. A group can accomplish far more than any single person and we need to frame success as a team, not as an individual.

On His Nursing Experience:

While I have never worked as a bedside nurse, I maintain licensure in Pennsylvania and Maryland and use my nursing knowledge every day. Whether reviewing health care policy in the Senate [read on for details] or creating value-based care strategies for hospitals, I would not be competent professionally without being a nurse. I do volunteer clinically every chance I get. For example, after Typhoon Yolanda in the Philippines, I worked with the US Navy's Medical Civic Action Program (MEDCAP) as a civilian member of Project Hope, where we saw over a thousand patients a day at a clinic operated by a group of Marines. I am also a Disaster Health Nurse with the Red Cross and have spent time in the mountains of Nepal where I helped to diagnose and treat a variety of patients including one with leprosy. As a child, my parents and I visited the last leprosy colony [a hospital] in the US (my mother knew the director)—I never imagined I would see a leprosy patient in clinical practice!

On Mentors:

Dr. Matt McHugh at Penn Nursing and Dr. Christopher Maxwell at Wharton were both influential in helping introduce me to options after college. Dr. McHugh's class taught us how government, hospitals, insurers, and providers all interact.



We need to frame success as a team, not as an individual.

PHOTOGRAPH COURTESY OF JAMES CALDERWOOD



It was a wonderful capstone to my joint degree education. Dr. Maxwell led the Wharton Leadership Venture program and I was lucky enough to join him for trips to Patagonia, Wyoming, and Mexico. He started his career cleaning ORs, then became a respiratory therapist, and was a leadership professor before retiring. He is a model on the importance of continually pursuing one's interests and the value of clinical skills in all professional facets.

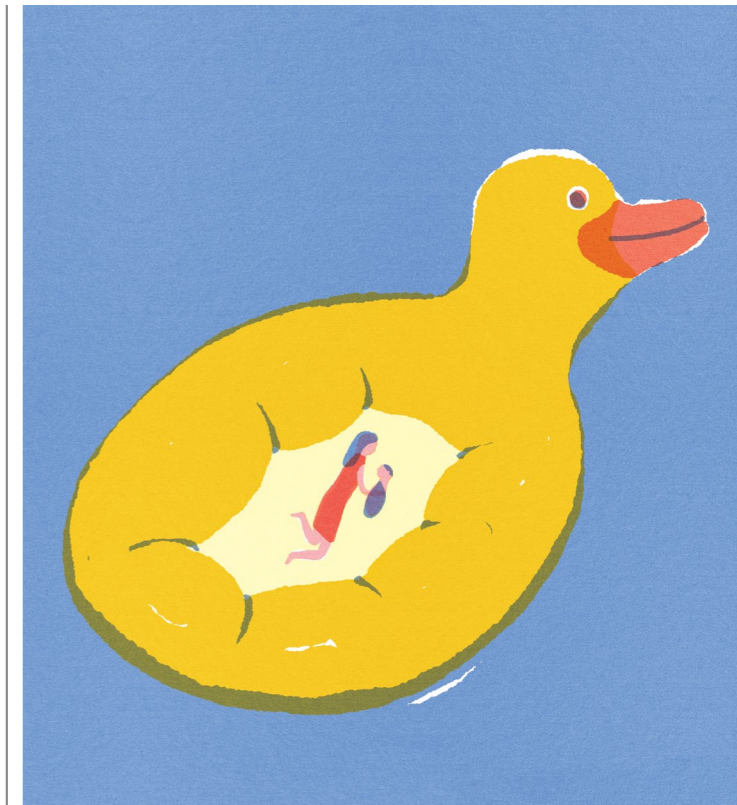
On His Time in the Senate:

A few days after graduation I started in Senator Tom Udall's office as a Kaiser Family Foundation Health Policy Fellow. I knew the government drove health care in the US and I wanted some first-hand experience concerning how those decisions were made. I was lucky enough to work on diverse issues from polio vaccination to clean water for Native Americans to organ donation. The highlight, though, was being on the stairs of the Supreme Court as the ACA ruling was released. While I truly enjoyed working in Congress, I knew I wanted to learn more about how private industry adapted to legislation. The medical device trade association (AdvaMed) was a perfect next step. There I worked with our 300-member companies from J&J and Medtronic to two-person startups to create effective strategies for CMS, FDA, clinicians, investors, and even the Indian government.

On His Current Career and Aspirations:

The more I worked on hospital reimbursement issues, the more I wanted to learn how hospitals operate and getting my MBA in Healthcare Management was a perfect transition to my internship in strategy at the Cleveland Clinic and my current role in clinical innovation. I work with providers, hospitals, and other organizations to develop trial programs for value-based care models and plan to spend my career helping to ensure access to the appropriate care at the appropriate time. This access becomes a careful balance of clinical medicine, appropriate management, and financial understanding. I love the provider side and expect to stay in it for a while, but I ultimately hope to improve health care where ever the needs are greatest. I'm excited to see where my Penn education takes me next! ♡

Illustration by Lorenzo Gritti



CASE STUDY

Tiffany Mahuad Nu'10 GNu'13 BSN RN CLC RNC-MNN

How to prevent newborn falls? Change the beds.

Problem:

An alarming rate of newborn falls.

Solution:

The assistant nurse manager and I put together a committee. Every time a fall would happen, we would go back to the beginning—from the moment that the patient walked into the hospital. We would look through their chart, chart the course of the labor, and see what medication the mother was given. What time did the fall occur? In what setting? Was the patient feeding? Was she sitting down? Was she in her bed? And then we started to put the pieces of the puzzle together.

What that led us to was redesigning patient beds, particularly on the postpartum unit where falls were more prone to happen. The new beds had four side rails that were completely closed off. So if a mother was to fall asleep while breastfeeding

her newborn and the baby happened to fall out of her arms, the baby wasn't really going to go anywhere.

We also worked with the physicians to space out the amount of time we were giving narcotics to patients—making it every six hours instead of every four, and alternating that with pain relievers. That way they could still get quick pain relief, but not necessarily need to be on those hard-hitting medications.

We actually wrote a protocol that still exists at our hospital that I think others have modeled, which is really an honor.

Tiffany's story originally appeared on the Johnson&Johnson Nursing website as a "Get Inspired" profile. To view her complete profile as well as other relevant content around nurse-led innovation, visit nursing.jnj.com/home.

Alumni Notes

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

1960s

Judith Molnar Lo Gerfo, HUP'69, shared, "After working as a nurse childbirth educator, I began graduate studies in theology and clinical pastoral education. As a board-certified chaplain, I served in hospital ministry for many years in the Archdiocese of Boston. In retirement, I guide tours for school groups and people with disabilities at the Museum of Fine Arts, Boston."

1970s

Bonnie A. MacNew, GNU'75, shared "05/1962-10/2016 – a

54-year nursing career dedicated to the care of underserved, medically fragile, and special needs infants and children. Retired as Director of Nursing (17 years) from St. Edmond's Home for Crippled Children".

Linda Bucher, GNU'79, is professor emerita at the University of Delaware.

Valerie Leishman, Nu'79, is senior manager of professional education at Leukemia and Lymphoma Society.

1980s

Roxanne Geidel Oelrich, GNU'80, recently retired as a clinical nurse specialist from NYU Winthrop Hospital. She

was elected to the board of Chances4Children, a non-profit giving hope to the children and people of rural Haiti through orphan care, medical services, feeding, and women's empowerment and education programs.

Diane M. Breckenridge, GNU'81, recently began her role as Dean and Professor at Charles R. Drew University of Medicine and Science.

Ann Gibbons Phalen, GNU'84, GR'03, was appointed as dean of the Frances M. Maguire School of Nursing and Health Professions a Gwynedd Mercy University.

Diane Spatz, Nu'86, GNU'89, GR'95, published "Spatz 10-Step and Breastfeeding

Resource Nurse Model to Improve Human Milk and Breastfeeding Outcomes" in the Journal of Perinatal and Neonatal Nursing which has been adopted as a national model for nurses.

Christine S. Brennan, Nu'87, GNU'89, is an associate professor at Louisiana State University House New Orleans.

Christine M. Alichnie, GNU'77 GR'86, is president at Perivascular Nurse Consultants, Inc.

Linda Haddad, GNU'88, is a professor at University of North Carolina at Wilmington.



» **Barbara Goudarzi, Nu'87**, was awarded the Walter Reed Hospital coin in recognition of her life-saving actions of a passenger aboard a transatlantic flight on April 17, 2018. In her remarks, Barbara thanked all those who contributed to her success throughout her nursing career. In particular, she acknowledged her extraordinary Penn education which laid the foundation and gave special recognition to her advisor, Dr. Neville Strumpf, for her ongoing support and mentoring. Barbara is the clinical nurse specialist member of the orthopedic

surgery trauma team at Walter Reed National Military Medical Center in Bethesda, Maryland. **Anne Mavor, Nu'87, GNU'91**, is the director of health services at Manhattan College.



» **Elizabeth Johnston Taylor, GNU'87, GRN'92**, was selected for induction as a 2018 Fellow of the American Academy of Nursing. Beth is a professor at Loma Linda University and shared that she is currently working on a book Fast Facts about religion: Implications for nursing Care.

Mary Fitzpatrick Bressler, GNU'88, is a nurse at Delaware Valley University.

Janet J. Ahlstrom, GNU'88, works at Kansas University Health System as a Clinical Nurse Specialist.

1990s

Mary S. Barrett, GNU'92, is executive director at the American Consortium for Education.

Sherri Duarte, Nu'92, is director of IT customer relationship management at HonorHealth

Anne Krouse, GNU'92, GR'99, was appointed dean of Widener University.

Karmi Soder, GNU'94, is a program manager at Google.

Allison Squires, Nu'95, as well as Penn Nursing alumni Regina Cunningham, GR'03, and Marcus Henderson, Nu'17, has been selected as the National Academy of Medicine Distinguished Nurse

Scholar-in-Residence for the Future of Nursing 2020-2030 Study. The National Academy of Medicine (NAM) Distinguished Nurse Scholar-in-Residence, supported for nearly 30 years by the American Academy of Nursing (Academy), the American Nurses Association (ANA), and the American Nurses Foundation (Foundation), is a year-long opportunity for a fellow of the Academy to engage with nurse leaders and other scholars at NAM while helping to develop health policy at the federal level. The review committee selected Dr. Squires for her strong policy background as well as her stated focus to examine and address sustainability of the workforce from the perspective of integrating social determinants of health. She was also a post-doctoral fellow at Penn's Center for Health Outcomes and Policy Research (CHOPR).

Heather Lynn Aldridge, GNU'96, works at Nemours Children's Hospital as a pediatric and neonatal nurse practitioner.

Su Ackley Cartmell, GNU'96 GNC'00, is a clinical instructor at the University of North Carolina-Chapel Hill.

Karen E. Campbell, Nu'97, recently began working as a nurse at Cabrini Health.

Karen Fitch Bergeholtz, GNU'98 WEV'12, works at Enclara Pharmacia as a Senior Director.

Melina Hinton, Nu'99, is an adjunct instructor at The College of New Rochelle.



» **Deborah Watkins Brunner, GR'99**, was appointed as senior

FROM THE PENN NURSING ALUMNI BOARD PRESIDENT



Dear Penn Nursing Alumni, I am so proud to be a part of this issue dedicated to Veterans and Military Service in the School of Nursing. As one of the approximately 2% of the American population to have served, I am grateful to those my fellow service members. I am thankful for your service and humbled by your sacrifice.

Your military service, as listed on page 44, resulted in the provision of care to many who were far from home, sometimes alone, but always vulnerable. Whether by sea, land or air, your expertise resulted in an impact the likes of which few will ever know or understand, for that, again, I thank you and am honored to stand among you.

Military service, while certainly unique and of great importance, is not on the only way to have an impact and contribute your time and talent in your community. I challenge each you to seek opportunities to make your make and to do good. In our current tumultuous climate, your skills, knowledge, time, and grace are in high demand. No contribution is too small, and every contribution is important. We here are Penn Nursing would relish the opportunity to share your time and talent.

Please let Penn Nursing know what YOU are doing in professional and personal lives, as well as, what is important to you and how we might connect in our greater alumni community. Please send your updates to NursingAlumni@nursing.upenn.edu.

Lastly, we would like to offer means to remain engage with Penn Nursing. Participation in webinars, Penn Alumni regional clubs, the Penn Alumni Interview Program, membership on the Penn Nursing Alumni Board and financial giving can be done from any location. We invite you to campus to participate in reunions, Alumni Weekend on May 17-19 and volunteer as local preceptors. If you would like further information, please reach out to NursingAlumni@nursing.upenn.edu.

Very Best,

Maya N. Clark-Cutaia, PhD, ACNP-BC, RN Nu'03 GNU'06
Interim President,
Penn Nursing Alumni Board
Assistant Professor
New York University
Rory Meyers College of Nursing

GET INVOLVED

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

Go! Make sure you register for Penn Nursing events during Alumni Weekend on May 17-18, 2019. See www.nursing.upenn.edu/alumni for details.

Dear Dean Villarruel,

I write today to tell you about the extraordinary act of one of your nursing students, Jenn Vise. On Friday, November 2, 2018, I was a pedestrian struck by a pickup truck while crossing an intersection. I was thrown landing on my head and sustained a laceration to my scalp and fractured my temporal bone with a subsequent hemorrhage into the temporomandibular joint. I can tell you that the pain was excruciating and the world was literally spinning around me. Within seconds of my hitting the ground Jenn's voice was in my ear telling me she was a nursing student at Penn, had been an EMT for six years, and that she would take care of me. Fortunately, the driver of the vehicle stopped and there were other individuals that gathered to help, but Jenn ran the show. Jenn calmly assessed my physical status, refused to allow the driver of the truck to pick me up and put me in his truck to take me to the hospital, called 911, and repeatedly told me she would not leave me until they came.

On this day I was a nurse turned patient. My work experience includes time spent in the Neurosurgical ICU and Emergency Departments at Pennsylvania Hospital. Most alarming for me were all the horrific possible scenarios of a significant head trauma. I will forever be grateful for her confidence, ability, and kindness.

Very truly yours,

Karen Greenberg, RN

» **Nurse Turned Grateful Patient** This past November, then student Jenn Vise, Nu'18, came to the aid of a nurse who was hit by a truck.

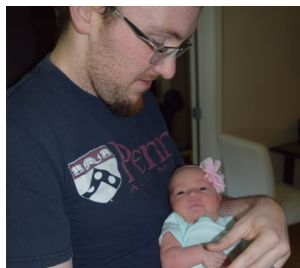
Penn Nursing Babies



▲ **Kathleen Florea, Nu'02, GNu'03**, and her husband welcomed Nickolas Anthony on September 14, 2018. Kathleen shared, "My husband and I decided to adopt and had been waiting a year and a half when we were matched to a baby in New York. Upon flying out there, the match fell through as the birth mom changed her mind. However, in the meantime, we found out I was pregnant--I learned of this 10 days after turning 40. We never thought I could get pregnant, or carry a baby to term so we viewed this, and still do, as a miracle."



▲ **Eric Bowles N'08 and Kate Bowles N'08** and big sister Clara welcomed Elena Bowles on March 14, 2018.



▲ **Michael P. Hoess, Nu'09, GNu'15**, and his wife Christine Covington-Hoess welcomed daughter Vienna Hoess on August 31, 2018. Michael shared, "Everyone is happy and healthy, and my wife and I are overjoyed to welcome her to our family and the world."



▲ **Kaci (Kapczynski) Davis, Nu'10, GNu'14**, shared "Walt Michael Davis joined our family on October 6, 2018, weighing 9-lbs! Margot (almost two years old) has been the best big sister!"



▲ **Julie (Latona) Jacobs, GNu'14**, and her husband Jake welcomed baby boy Jonah on August 28, 2018. He joins older brother Jordan who is two and a half years old.



▲ **Katherine Oag, GNu'17**, shared "my husband, Gavin, and I welcomed a baby boy named Alexander Charles Mackenzie Oag on June 1, 2018. Big sister, Sarah Cate (3), is very excited!"

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

vice president for research at Emory University. She also serves as the assistant dean for faculty mentoring at Emory's Nell Hodgson Woodruff School of Nursing and the associate director of faculty mentorship, training, and education at Emory's Winship Cancer Institute.



▲ **Vanessa (Hernandez) Vance, Nu'99**, opened a parent coaching company, Parent Heroes. She is a certified child sleep consultant, helping children aged 4 months to 5 years learn how to sleep. Vanessa received the Austin Birth Award for 2018 Best Child Sleep Consultant. She works at Dell Children's Medical Center of Central Texas on the weekends, as a nurse.

2000s

Kathleen Burke, GR'01, PAR'10, began her position as editor in chief at Journal for Nurses in Professional Development. JNPD specializes in providing Nursing Professional Development Practitioners in all health care settings with evidence-based best practices and the latest research in teaching and learning in the practice setting.

Jamille Nagtalon-Ramos, GNu'03, GRD'17, is assistant professor at La Salle University.

Hilaire Thompson, GR'03, was inducted into the Washington State Academy of Sciences. She was recognized

for her influential work in clinical care provision and policy development for TBI treatment and prevention in several countries.

Kristen N. Abreu, Nu'05, is a nurse at the Center for Advanced Pediatrics.



▲ **Megan Mariotti, Nu'05, GNu'08**, is the clinical innovation delivery lead at Verily Life Sciences. Megan was an alumni speaker at the Penn Nursing Innovating for Life and Living Campaign Tour Kick-off in San Francisco on January 8, 2019, hosted by Dean Villarruel.

Ruth Masterson Creber, C'05, Nu'05, GR'14, is assistant professor of healthcare policy and research in the Division of Health Informatics at Weill Cornell Medicine.

Maricarmen Arce, Nu'06 GNu'10, works as a CDI Nurse Specialist for Children's National Health System.

Timothy Sowicz, GNu'09, GR'16, is an assistant professor at University of North Carolina at Greensboro.

2010s

Lauren Arrigoni, Nu'11 GNu'16, is a nurse practitioner at Mount Sinai School of Medicine.

G.J. Melendez-Torres, Nu'11, W'11, GNu'12, was appointed professor of clinical and social epidemiology at the University of Exeter.

Nora Drummond, Nu'12, is a certified nurse midwife at Saint Joseph Mercy Health System.

Margaret Haviland,

Nu'12, GNu'17, works at Kernodle Clinic as a certified nurse midwife.

Saumya L. Ayyagari, Nu'13 GNu'17 GR'18, works for Bayada Staffing as a nurse.

Steven Cabrera, Nu'13, works at NYU Langone Medical Center as a nurse.



▲ **Sarah Gray, Nu'13**, is founding clinical at Trusted Health. Sarah was an alumni speaker at the Penn Nursing Innovating for Life and Living Campaign Tour Kick-off in San Francisco on January 8, 2019, hosted by Dean Villarruel.

Daphna Shaw, Nu'13, GNu'16, is pediatric nurse practitioner at UT Southwestern.

Yilun Chen, Nu'14, W'15, is manager of business planning and strategy at Microsoft.

Lauren Eisenhauer, Nu'15, GNu'16, works at Princeton Sports and Family Medicine as a family nurse practitioner.

Nicholas Giordano, Nu'15, GR'18, GRW'18, is a postdoctoral fellow at The Henry M. Jackson Foundation for Advancement of Military Medicine.



▲ **Paule V. Joseph, GR'15**, was selected as a researcher for the inaugural class of the NIH Distinguished Scholars Program.

Abigail L. Messer, Nu'15, is a registered nurse at St. Joseph's Hospital and Medical Center.

Jenna Walck, GNu'15, recently began her position as a neonatal nurse practitioner at Nemours.

Andre Rosario, Nu'16, is a clinical nurse at HUP.

Miranda N. Brickle, Nu'17, works at Penn Medicine as a nurse.

Margaret Hesser, GNu'17, is a pediatric nurse practitioner at CHOP.

Catherine Parrella, Nu'17, is a women's health nurse practitioner at Penn Medicine, University of Pennsylvania Health System.

Sara Rhoads Whitner, GNu'17, works at Kootenai Health as a critical care clinical nurse specialist.

Jessica M. Agas, Nu'18, is a registered nurse at MedStar Georgetown University Hospital.

Charis M. Anderson, Nu'18, works at Lucile Packard Children's Hospital as a nurse.

Sarah Cerreta, Nu'18, is a registered nurse at Children's Hospital Los Angeles.

Jessica Davis, Nu'18, works at Johns Hopkins Hospital as a registered nurse.

Rachel Groves, GNu'18, is a nurse practitioner at Monmouth Cardiology Associates.

Sarah Patricia Hemstetter, GNu'18, is a nurse practitioner at the University of Maryland Medical Center.

Amelia Karlin, Nu'18, is at HUP as a nurse.

Jordan Lilley, Nu'18, is a registered nurse at HUP.

Allison Mayfield, GNu'18, works at the University of Maryland Medical Center as a certified registered nurse practitioner.

Primrose Manilog, Nu'18, W'18, is a registered nurse at Mayo Clinic.

Christine Mitchell, Nu'18, is at New York-Presbyterian Hospital as an emergency department nurse resident.

► **Nicolas Rojas, GNu'18**, was featured in Mint Mag, a digital

FROM THE HUP NURSING ALUMNI ASSOCIATION PRESIDENT



Dear Fellow Alumni, In just a few weeks, I will complete for my third term as President of The Hospital of the University of Pennsylvania (HUP) Nurse's Alumni Association. It has been my pleasure to serve in this role three times in the last 18 years, and I complete my term

very hopeful that our HUP Nurse's Alumni Association and legacy will continue for many years in the future. The incoming President of HUP Alumni is **Linda Knox HUP'74, Nu'81, GNu'86, GR'95**.

I have great pride in our HUP Nursing Alumni. The HUP School of Nursing was one of the oldest Diploma Nursing Schools in United States and continued through 1978. The HUP Cap (that is, when we wore caps!) and the HUP Pin were recognized throughout the United States and numerous countries. We've all kept the HUP legacy strong and growing. During my terms as President we were able to provide scholarships to assist HUP graduates in advancing their education to a BSN or MSN.

I want to sincerely thank our HUP Alumni members who have continued to support our Association. My involvement for over thirty years was alongside the active role of so many of you, my fellow HUP Alumni.

I also want to acknowledge individuals from Penn Nursing for their support over the years: Dean Emerita Afaf Meleis, current Dean Antonia Villarruel, and Associate Director of Alumni Relations, Monica Salvia. They have all been there to support our HUP Alumni throughout my presidency.

To our alumni, thank you for the opportunity to be your President over the years. It has been my pleasure.

Best Regards,

Elaine A. Dreisbaugh, MSN, RN, CPN, President of the HUP Nurse's Alumni Association

magazine focusing on young minority professionals. Nicolas contributed his piece "Breaking the Stigma of Mental Health"



to the magazine's first issue, published December 2018.

Allison Walsh, GNu'18, is a nurse practitioner at CHOP.

Annette Wightman, Nu'18, is a pediatric registered nurse at Penn State Health Milton S. Hershey Medical Center.

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

Military Service



Penn Nursing alumni have a long history of military service. This winter, we reached out to alumni and asked them to share their military service with us. Their responses are shared here for our readers.

Kirsten Anke, Nu’93, was on active duty in the Army.

Elizabeth Anne Kerr Baylor, Nu’65, writes, “I was active duty for 3 years, served at the hospital at West Point and 3rd Field Hospital in Vietnam.”

Barbara Beebe, GNu’05, was previously on active duty in the Army.

Patrice Drapeau Bibeau, GNu’93, served in the Army and retired in 2017 after 30 years of service.

Patrice’s assignments included medical centers, overseas hospitals, ambulatory care clinics, regional office, and Navy Medicine Headquarters.

Amy Birdsong, GNu’13, served in the Air Force.

Mary Hines Bowman, Nu’88, shared, “I provided 20 years of care as a Navy nurse practitioner in the Reserves while employed full time as a VA nurse practitioner for 22 years.”

Angela Braithwood, Nu’97, was on active duty in the Army.

Marcia Cook-Love, GNu’83, was called to active duty from 2004 to 2005 to Landstuhl Hospital in Landstuhl, Germany where she worked as a psychiatric mental health nurse with soldiers and Marines

experiencing PTSD during Operation Iraqi Freedom and Operation Enduring Freedom. She often escorted soldiers and Marines back to the U.S. for additional mental health care at Bethesda Naval Hospital or Walter Reed Hospital. She continued to serve at Walter Reed until 2009 as an advanced practice psychiatric nurse.

Caitlin Clason, GNu’18, served in the Army.

Oliver Chu, Nu’05, W’05, served in the Army.

Shelley Lenker Davis, Nu’95, served in Navy at Bethesda Naval Hospital and at USNH Okinawa Japan.

Ellen Dreibelbis, Nu’11, shared she was previously on active duty in the Navy and spent two years taking care of combat wounded patients, three years as an emergency room nurse, and two years working with Marines while on active duty.

Kevin Driscoll, GNu’09, served in the Coast Guard. He writes, “30% of my departmental staff are veterans, and we work closely with Walter Reed Joint Military Medical Hospital.”

Eric Doerfler, GNu’96, served in the Army.

Ebony Ferguson, GNu’14, is on active duty in the Navy and shared that her current patient population consists of active duty Navy and Marine Corps patients and their significant others as well as Marine Corps recruits.

Carly Fraser, GNu’15, served in the Air Force and is currently serving in the Delaware Air National Guard as a nurse practitioner at the 166th Medical Group.

Agatha M. Gallo, Nu’75, GNu’77, GR’85, was previously on active duty in the Air Force. She also cared for children and families stateside during the Vietnam era as an RN and PNP.

Kathryn M. Gaylor, GR’04, served in the Army and worked with a military patient population. She writes, “My specialty is psychiatry. I spent 27 years working with soldiers with behavioral health issues. My research was with burned military members with PTSD and mild TBI.”

Maureen Glendon, GNu’86, writes, “I served for 23 years in the Air Force reserves, and I was on active duty as a flight nurse during Desert Shield

and Desert Storm. I served as medical crew director on Aerovac missions from Saudi Arabia to Germany, providing nursing care for ill and injured military members.”

Phyllis N. Goins, Nu’70, served in the Air Force.

Barbara Goudarzi, Nu’87, was on active duty in the Army and currently works with a military patients at the Bethesda National Military Medical Center.

LaTarya (Smith) Gulley, GNu’14, who is on active duty in the Navy, writes, “I currently serve active duty beneficiaries in the Hampton Roads Virginia area.”

Donna Neidigh Hershey, GNu’82, writes, “Served in the Army Reserves for 30

years which included several humanitarian missions and a tour in Afghanistan in 2002 where I served as the Chief Nurse for the first Level III medical facility established in Afghanistan.”

Keynan Hobbs, Nu’05, GNu’06, served in the Army and is currently in private practice, providing psychotherapy to veterans who are referred to community providers by the VA.

Jane E. Jacknewitz-Woolard, GNu’91, GNC’92, served in the Army and worked with a military patient population as a PNP/FNP at Walter Reed National Military Medical Center.

Mary-Martha Johnson, GNu’86, PAR’10, shared that she was active duty in the U.S. Navy for 13 years, stationed at San Diego Medical Center, U.S. Naval Medical Center in Yokosuka, Japan, and Naval Hospital in Philadelphia, PA.

Kelly Kadish, GNu’13, was on active duty in the Navy and was deployed to Haiti and Afghanistan. She also previously worked as a registered nurse at Walter Reed National Military Medical Center, working with

both active duty military and veterans.

Joseph Kelly, W’91, GR’95, shared, “I began as medic during the Vietnam War and then completed my BSN. As an Army Nurse Corps officer, I worked in a variety of clinical positions in inpatient medicine, oncology, orthopedics and the ER. I trained combat medics for a few years at Ft. Sam Houston, TX and was extremely fortunate to have the Army send me to Penn for my nursing doctorate. I ended my career helping to launch the TRICARE program in the Midwest.”

Erica Khoury, Nu’10, served in the Navy.

Mary Ellen (Merva) **Kenworthy, Nu’76**, served in the Air Force.

Beverly Kupiec-Sce, GNu’87, served in the Air National Guard stateside during Desert Storm and Desert Shield.

Andrea Maria Laizner, GR’99, served in the Canadian Armed Forces Reserves. She writes, “As a Major, I was the Senior Nursing Officer for the Eastern Militia Area.”

Carolyn Weiss Lehman, Nu’07, was on active duty in the Navy. After leaving active duty, Carolyn joined the reserves and continues to serve.

Heidi Lehman, GNu’88, was on active duty in the Army and Air Force. She writes, “I was a flight nurse with an aeromedical evacuation unit.”

Rear Admiral Nancy J. Lescavage, GNu’86, writes, “I served for 38 years on active duty in the U.S. Navy where I achieved the rank of Two Star Admiral. I had the honor of leading the Navy Nurse Corps worldwide as its 20th director. As a Two Star Admiral, I was responsible for the health care of three million patients for all of the Armed Services in 21 states.”

Ann Lewandowski, GNu’92, is a retired Air Force



Reserves and Active Guard Reserves Lieutenant Colonel. She writes, “Have proudly served/cared for our critically ill, wounded warriors. Grateful to have the education/experience which enabled me to provide the necessary care to our troops both on the ground & in the air.”

Jeannette Brastad Lively, Nu’73, was a Navy nurse and worked in Navy hospitals.

Diane Luedtke, GNu’99, served in the Army.

Paul E. Maguire, GNu’79, served in the Army and Air Force.

Lucas Marcum, GNu’14, shared that he was on active duty at Walter Reed Army Medical Center, caring for combat injured soldiers, from 2009 to 2010.

Alyssa S. Maizan, GNu’04, served in the Army.

Jon McBride, served in the Army.

Ann Marie McCarthy, GNu’85, writes, “I was in the Army Reserves from 1988 through 1993. As an NP, I served on a physical exam team during drill weekends at Fort Dix, NJ. During the period of the Gulf War, many of the military patients seen presented with PTSD and gulf war syndrome. After serving in the US Army Reserves, I spent 20 years as an officer in the Public Health Service, serving in the Indian Health Service on the Navajo Reservation, retiring as a Captain (06). I did several deployments: Hurricanes Katrina and Ivan, Post 9/11 Anthrax Postal Mission in NYC, Navy Humanitarian Mission in the Solomon Islands, Alaskan Bush Hospital in Kotzebue, AK, and a NOAA Research Ship medical officer detail.”

Thomas H. Miller, GR’95, served in the Army. He writes, “I am currently a Patient Safety Nurse Consultant in the federal civil service working HQ U.S. Army Medical Command.”

Rochelle Molnar, Nu’13, is currently on active duty in the Navy and services active duty service members and their families as the nurse manager of OBGYN services.

Annette Munson, Nu’86, W’86, served in the Army and worked in neurosurgery post-op and surgical ICU at Walter Reed Army Medical Center. Annette also taught for 91C Medic program at William Beaumont Army Medical Center in El Paso, TX, where graduates are eligible for LPN licensure.

Jeannine V. Normand, Nu’67, served in the Air Force.

Mary Jane Orock, Nu’70, served in the Air Force and worked for 22 years as a military nurse in various military hospitals.

Amy Orrego, Nu’04, served in the Air Force. While on active duty, Amy worked as a nurse in a military hospital and was deployed to Afghanistan and Iraq.

Lynn O’Malley, GNu’94, shared that she served in the Navy and worked with a military patient population at family practice clinic at military treatment facilities.

Kathleen Deska Pagana, GNu’79, GRN’87, previously served in the Army Nurse Corps.

Patricia Patrician, GR’02, shared, “I came into the Army in 1982 as a staff nurse and Second Lieutenant. I worked in the ICU and Progressive Care Unit, taking care of active and retired military members and their families. After completing the Army’s Critical care Course in 1985, I worked in the Medical ICU at Brooke Army Medical Center at Ft Sam Houston, TX. I earned my MSN in critical care from UTHSCSA (San Antonio) in 1989 and became the Nurse Manager of an ICU at Blanchfield Army Community Hospital at Ft. Campbell, KY for 3 years. Following a brief stint as an

LPN Instructor, I became the Cardiothoracic Clinical Nurse Specialist at Eisenhower Army Medical Center, Ft. Gordon (Augusta), GA.” After her last clinical position in the Army Nurse Corps, Patricia held positions in education and research, including her position as the Chief of Department of Nursing Science at the Academy of Health Sciences, AMEDD Center and School, Ft. Sam Houston, TX. She retired in 2008 after 26 years in the Army Nurse Corps and has worked as faculty at University of Alabama at Birmingham ever since.

Rebecca (Ravegum) Rabb, Nu’89, served in the Army Nurse Corps for 21 years, caring for active duty soldiers and their family members.

Kristin Roshelli, Nu’02, served in the Air Force.

Mike Ryon, GNu’04, served in the Navy.

Kathryn (Foster) Saybolt, Nu’02, served in the Navy and after leaving the military, worked in Navy hospitals for a number of years.

Mary Ann Krisman Scott, GNu’78, GR’01, was on active duty in the Army.

Elaine Smith, Nu’18, shared, “I am currently serving on active duty in the Navy Nurse Corps. I work at Walter Reed National Military Medical Center caring for service members and their families.”

LeeAnn Sperling, Nu’15, served in the Army.

Elizabeth Taylor, Nu’00, served in the Navy.

William Tkacs, Nu’75, PAR’99, served for 22 years in the Navy, four years as a corpsman and 18 as nurse corps.

Carole Torok-Huxtable, GNu’80, served on active duty at Wilford Hall USAF Hospital, Lackland Air Force Base in San Antonio, TX and served in the Air Force Reserve at Niagara Falls Air Force Base in New York

in preventive health for the unit. Carole also served in the Air Force Reserve Unit at Turner Air Force Base in Albany, GA in both preventive and clinical health services.

Mabel Traubel Turner, Nu’60, served in the Army.

Hannah Florence Victor, Nu’17, L’18, is on active duty in the Air Force at the David Grant Medical Center in Travis Air Force Base in California.

Pamela Wall, GNu’05, GR’14, served in the Navy.

Margaret P. Wallace, GNu’79, served for 13 years as a flight nurse in the U.S. Air Force Reserves, with intermittent periods of active duty. She shares, “During that time, I cared for military personnel during air transport. I did this during the Vietnam War and afterwards.”

Kevin G. Ward, GNu’99, served in the Army.

Paige Waterman, Nu’89, is on active duty in the Army and shared, “I have had the opportunity to work with military members and their family members within and outside of the continental U.S. Among the most remarkable qualities that I see repeatedly is the commitment to service and teamwork, including those suffering catastrophic injury or illness during active service.”

Peggy Wilmoth, GR’93, served in the Army. She shares, “My final assignment in the Army Reserve was as Deputy Surgeon General for the Army Reserve.”

Linda H. Yoder, GRN’92, served in the Army.

Cynthia R. Youtzy, Nu’67, was on active duty in the Air Force from 1957 to 1977, when she retired.

Deidre Mullin Yuknavich, Nu’79, served in the Air Force at Scott Air Force Base in Illinois and Yokohama Air Force Base in Japan.

In Memoriam

1940s

Helen Paige, HUP'43, on September 23, 2018. Helen developed a transitional care unit at City Hospital New York City in 1949 and served in the US Navy Nurse Corps during WWII and the Korean War. She is survived by her son, brother, and many nieces and nephews.

Helen Pancoe, HUP'45, on July 29, 2018.

Virginia Lee Snell, HUP'45, on August 5, 2018. Virginia served in the Army Cadet Nurses Corp during WWII. After the war, she was a registered nurse at the Marine Public Health Hospital in Maryland. Later, Virginia owned and operated her gift store, The Ginny Lee, for 42 years. She is survived by her children, grandchildren, and great grandchildren.

Virginia Plum Myers, HUP'47, on January 9, 2019. Ginnie was a member of the V.S. Cadet Nurse Corp. She served as a staff nurse at Warren General Hospital and the Warren Dental Arts Hospital. Ginnie was a life member of the HUP Alumni Association and served on the Advisory Board for the Warren Senior Center.

1950s



▲ **Mary Gilmore Huey, HUP'50**, on July 4, 2018. After graduation, Beth enlisted in the

U.S. Army Nurse Corps and was assigned to a casualty receiving hospital in Japan during the Korean War. Later, Mary worked at the Tacoma Blood Bank for 12 years before her retirement.



▲ **Mary A. (Yetter) Stetser, HUP'52**, on January 13, 2019. In addition to her nursing career, her family, friends, and Florida neighbors, all relied on her. She took blood pressure readings, drove the elderly to doctor visits, and doled out medical advice. She enjoyed racing and gardening. Mary is survived by her two children, five grandchildren, and five great-grandchildren.

Constance Szmidt, HUP'53, on November 10, 2017 at age 85. Beloved wife of Walter J. Szmidt. Devoted mother of Thomas, Michael (Kathleen), David (JoAnne) and Robert (Jeannie). Loving grandmother of Jennifer, Tim, Katie, Emily, Ben, Laura, and Lily. Proud great-grandmother of Brooke and Danny. Dear sister of Adrien Tirpak and the late Andy Tirpak.

Margaret Lawless McNally, HUP'54, on October 20, 2018. Margaret was a nurse for the School District of Philadelphia and later became nurse supervisor for the South West District of the city. She is survived by ten grandchildren, two great-grandchildren, and siblings.

Ann Andrews, Nu'55, GRD'71, on November 27, 2018.

Marilyn Lockwood, HUP'56, on September 14, 2018. Marilyn was employed at the Visiting Nurse Association of Susquehanna County. She is survived by her children, siblings, and many nieces and nephews.

Marilyn Gordon, HUP'57, on November 17, 2018.

Sandra Horton Eichler, Nu'58, on September 5, 2018. Sandy met her husband George Eichler, MD while they both were working at the Graduate Hospital of the University of Pennsylvania. After graduating, Sandy worked as a nurse and business manager in her husband's family practice in Portland, PA. She also managed multiple other businesses including the Messinger LP Gas business and the Turn Inn Restaurant. She is survived by her husband and two daughters.

Charmaine Kissinger, Nu'58, GNu'72, on September 6, 2018. Charmaine's career in health care spanned 50 years and included initiatives in the development of several hospice programs. She is survived by her sister, nephews, and seven great nieces and nephews.

1960s

Dianne H. Boyer, HUP'61, on April 24, 2018.

Joyce C. McGanka, Nu'61, on May 24, 2018. Joyce worked as a registered nurse for many years, prior to her retirement. She is survived by numerous nieces, nephews, cousins, sisters, and brothers-in-law.

Mabel Bagenstose, Nu'66, GNu'68, on October 21, 2018.

Mary Jane Ferdinand Royer, HUP'66, on February 21, 2019. Jane was born in Hazelton, PA. After graduation, she worked as a nurse at the

Hospital of the University of Pennsylvania Emergency Department where she met her future husband of 50 years, Thomas C. Royer, MD. They lived in Danville, PA for 21 years where they raised four children.

Jane and Thomas were instrumental in the founding of the Danville Ronald McDonald House and served on its board of directors. Jane was a member of the Children's Miracle Network Telethon Committee and served on the board for the school at St. Joseph's Catholic Church. She and Thomas also helped organize a free medical clinic for the area's migrant farm workers.

As her children grew, Jane returned to nursing and worked for nearly a decade as nurse administrator of the Geisinger Care Center and later, in a similar role, at Johns Hopkins in Baltimore, MD. Jane is survived by Thomas, her three children, her brother, and her grandchildren. She was predeceased by her parents and her eldest daughter. The family will be establishing a memorial scholarship in Jane's name for nursing students at the University of Pennsylvania.

Donna D. Huckins, Nu'68, on July 5, 2018. Donna served in the Air Force for 20 years as a registered nurse. After retirement from the Air Force, she was the director of the Nurse Examiner Program at the Tampa Crisis Center where she worked for eight years. She is survived by her sister and many nieces and nephews.

June C. Krinsley, Nu'68, PAR'97, on September 9, 2018. Sandy received her RN degree from Bloomfield College and her BSN from University of Pennsylvania. Before her retirement, she worked at Mercer Home Healthcare as a nurse liaison. She is survived by her husband of 51 years, Theodore

M. Krinsley, three children, and four grandchildren.

Mary Ann Ruskavich, HUP'68, on December 15, 2018. Mary Ann was the head nurse of pediatric oncology at CHOP and later worked at Bristol Laboratories, leading sales training teams. She is survived by her son and grandchildren.

Lucy Stetter, GNu'68, on July 1, 2018. Lucy began her career as a staff nurse at Underwood Memorial Hospital and later became the associate director of nursing education at West Jersey Hospital. She was an associate professor and later head of the Nursing Department for Gloucester County College for 18 years, before retiring in 1991. She is survived by her children and grandchildren.

Lila Bittenbender, Nu'69, on December 18, 2018 at the age of 100. Lila joined the U.S. Army Nurse Corps in 1941, beginning a 36-year career with the Army.

Deborah Bogden, HUP'69, on August 5, 2016. Deborah was born in Philadelphia PA and was a registered nurse. She is survived by one daughter, Kelly of Darien, CT, and one son, John of Boston, MA. She is the sister of Donna L. Ward of Lancaster, PA and Gordon T. "Skip" Greeby Jr. of Lake Bluff, IL. Deborah is also survived by her adoring grandsons, Jack, Chase, and Wes, and her nephews.

Helen Havens Todd, Nu'69, on September 19, 2018.

1970s

Stella Doherty, GNu'72, on September 20, 2018.

Nancy Tillotson Jacobson, Nu'73, GNu'78, on October 9, 2018.

Anne Swank Deavel,

Nu'74, GNu'80, on September 10, 2018.

Jeanne Selva, Nu'75, GNu'78, on August 19, 2018.

1980s

Anita I. Boutin, GNu'80, on July 27, 2015. Anita was born in Biddeford to Gerard and Jeannette Boutin. Anita graduated from St. Joseph's High School in Biddeford. She went onto attend and graduate from the University of Maine with a degree in nursing and was employed by the Webber Hospital. She also earned a Master's Degree in Nursing from the University of Pennsylvania and was the director of nurses at Notre Dame Hospital in Biddeford. She later graduated from the University of Rhode Island Pharmacy School and worked for Southern Maine Medical Center for 25 years, retiring in 2011. She was one of two people in Maine with a Master's in Nursing and a Master's in Pharmacy.

She enjoyed traveling with her brother Gerard on many trips to countries all over the world. Most of all, she cherished and loved her dog Brutus. She was predeceased by her mother, father, and her brother Roger. She is survived by her brothers, Gerard Boutin and Norman Boutin, her cousins Marc Beaudoin and Ginette Beaudoin, and nephews Joseph and James Boutin

Patrick Kenny, GNu'80, on January 2, 2019. Patrick had a long career in nursing education, most recently as the LPN program chair at Jersey College Nursing School. He joined several nursing associations and participated as both a member and in several officer positions. He is survived

by his sister, step-sister, nephews, and great-nephew.

Donald W. Hinton,

GNu'82, on October 27, 2017. Donald was the first male vice president and nursing executive in the Division of Mental Health Hospitals. He worked at Marlboro and Trenton Psychiatric Hospital for 33 years. After retiring, he worked as a clinical instructor at Brookdale Community College.

Julie J. Brubaker, GNu'87, on August 1, 2018. Julie worked at Allendale Family Practice for 20 years until her retirement. She is survived by her mother, her brother, nephews, and many great nieces and nephews.

1990s

Donna M. Nahass, GNu'92, on December 3, 2018. Donna worked as a geriatric nurse practitioner at the Medical College of Pennsylvania and at Temple University Hospital. She was the recipient of the 2007 Nancy Tatem RN Award for Distinguished Service in the field of Geriatric Nursing. She is survived by her husband, sisters, nephew, and niece.

2000s



▲ **Debra L. Wiegand GR'03**, PhD, RN, CCRN, CHPN, FAHA, FPCN, FAAN of North Wales, Pennsylvania, beloved wife of James Wiegand, passed away peacefully on November 13, 2018. Dr. Wiegand earned her

PhD in Nursing and Masters in Bioethics from the University of Pennsylvania in 2003. Dr. Wiegand was an Associate Professor with the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing. She taught palliative care, end-of-life, and bioethics courses. Dr. Wiegand was a pioneer and a visionary researcher regarding family decision-making and the dying process in the ICU setting and held major leadership roles in key national and international organizations devoted to the family, cardiovascular health, palliative care, death and dying, and critical care. Born June 15, 1958 in Amherst, OH, she was the daughter of the late Theodore and the late Lucille (nee Krieg) Lynn. Debra is survived by her children, Michael McHale, Shannon Cattie (Sean), Scott Wiegand (Katie), of Collegeville PA, and her grandson, Ryder. She is also survived by her sister Kathy Kreeger (Bob), of Amherst OH, brother, Dale Lynn (Dana), of Alliance OH, sister, Rebecca Lengyel (Ken), of Lorain OH, 12 nieces and nephews, and many close friends.

Lynne M. Reilly, GNu'03, on April 2, 2017. Lynne was a long time employee at Penn Medicine Chester County Hospital. Prior to her role as a nurse practitioner for inpatient oncology, Lynne worked in the bone marrow transplant unit at Penn. She is survived by her children, Brian (Carrie), Meghan McCarragher (John), Dan; her longtime companion Mark Snyder and Mark's daughter Lesley Snyder; siblings Frank Durso, MD (Jane), Lee Durso (Susie), Mary Schufreider (Tom), August J. Durso, Jr. DDS (Jackie); grandchildren Leah, Paige, Quinn and many nieces and nephews. Lynne was predeceased by her sisters Kathleen Fuller and Patricia Clesen.

Path



August 1998: Born in Kigali, Rwanda—the first of three girls. Attends a French-speaking primary school until age 11 when she enrolls in a school that teaches in English and must quickly learn the language. Feels drawn to science and develops an interest in the human body.

Takes a national exam at age 16 and does very well. She is encouraged to apply to Rwanda's prestigious Gashora Girls Academy of Science and Technology upper-secondary girls' boarding school. She is accepted.

At Gashora, everything changes. Extra-curricular activities are highly encouraged and Ornella discovers her love of nursing and community health after an internship researching patient satisfaction.

Along with a group of friends, she founds Education for a Change—a tutoring program geared towards the refugee camp located across the street from their school. There, every Saturday, they teach refugee children how to read. This helps to nurture an interest in global health while developing Ornella's communication skills.

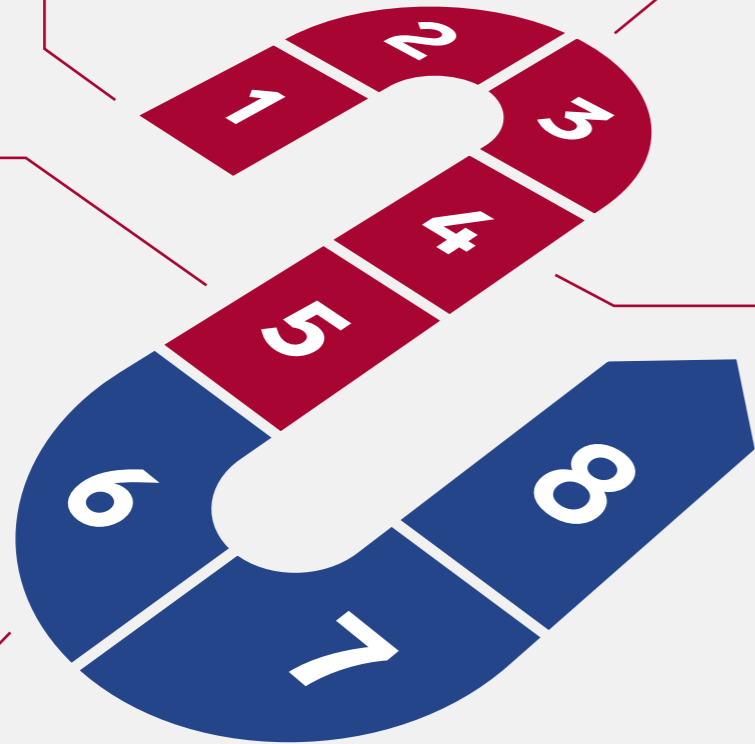
Admissions officers from Penn visit Gashora and Ornella learns about what an Ivy League university is. She had always planned to attend a small college, but her curiosity is piqued. In the spring of 2016, a Penn Nursing student visits Gashora and inspires her to apply early decision to Penn Nursing. She is accepted that December.

PENN NURSING

On July 12, 2017, more than 30 of her family and friends drop Ornella off at the airport in Rwanda. They expect her not to return home until she has graduated. She arrives at Penn and begins the pre-freshman program.

Initially, she finds the size of Penn overwhelming but quickly settles in. She joins the Penn gospel choir and, through an acting class, makes her stage debut as Aaron Burr. She is a member of the Society of African Internationals and, at Penn Nursing, looks back fondly on her love/hate relationship with Dr. Connie Scanga's anatomy/physiology class.

Upon graduation, plans to work as a bedside nurse—perhaps as part of an NGO—for a few years, will pursue a Master's degree in public health or global health, and would ultimately like to work for the World Health Organization.

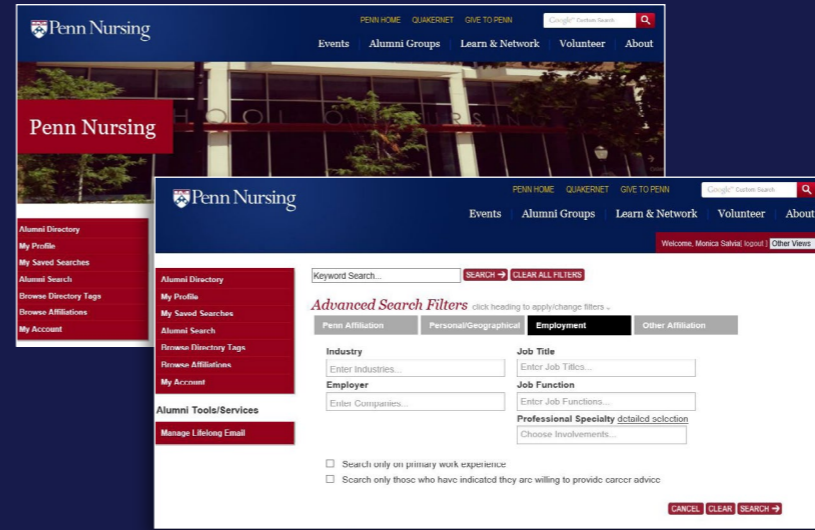


Ornella Ingabire Penn Nursing Undergraduate, Class of 2021

Recruited from Rwanda, she had never heard of the Ivy League.

Photograph by Eddy Marengo

QuakerNet: An Online Tool for Penn Alumni & Students



No matter where you live, or where your profession has taken you, QuakerNet can help you advance your career.

QuakerNet is Penn's exclusive online alumni directory that allows students and graduates to search based on location, degree, employer, and more. Develop a connection at your ideal first workplace, find a nurse leader whose path inspires you, or seek out an entrepreneur with the skills you want to develop. In QuakerNet, you can search for a contact and reach out with approved contact information to schedule a phone call, shadowing experience, or meeting.

Registered members of QuakerNet have access to benefits such as:

- Alumni Directory: Penn Nursing students and alumni are part of a global network of more than 15,000 Nursing graduates found in every state nationwide and over 40 countries around the globe. Plus, you can connect with Penn alumni from every school and program!
- Penn Points Badges: Report event attendance and volunteer roles to add engagement badges to your QuakerNet profile.
- Quaker Gmail: Get your free Penn Alumni Gmail address.

For Students Seeking Connections

Penn Nursing alumni are eager to share their experience and provide advice. We encourage students to keep the following guidelines in mind:

1. Be professional, courteous, and prepared.
2. Reach out with an individualized call or email. Contacting a large number of alumni at once looks like spam.
3. Transparency matters. Communicate your request clearly.
4. Remember that Penn Nursing alumni are busy individuals who often work different schedules and may not respond to your contact immediately. Patience is a virtue!
5. Follow-up is important, and a brief thank you note is always appreciated.

<https://quakernet.alumni.upenn.edu>

Claire M. Fagin Hall
418 Curie Boulevard
Philadelphia, PA 19104-4217

www.nursing.upenn.edu



Events

Please join us on
and off campus.

APRIL

11 **Preceptor Day**
Fagin Hall, Philadelphia, PA

23 **The Power of Penn Campaign Event**
with Abby Bechler-Karsch, Nu'88,
GNu'93, PAR'18, PAR'21
Atlanta, GA

8, 10, 17 **Penn Quaker Days**
A university-wide event for
admitted high school seniors
and their families
Philadelphia, PA

27 **HUP Alumni Association Spring Reunion**
Newtown Square, PA

MAY

1 **Bates Center Lecture**
AROUSSED: A History of
Hormone Healers & Hucksters
Speaker Randi Epstein, MD, MPH,
MS, Yale University
Philadelphia, PA

17-18 **Alumni Weekend,**
featuring:

Friday, 17

- Celebrating Excellence: Student, Alumni, and Faculty Awards
4:00 – 5:30 PM
Fagin Hall, Philadelphia, PA

Saturday, 18

- Penn Nursing Legacy Breakfast
8:30 – 9:30 AM
Fagin Hall, Philadelphia, PA

- Dean's Lecture: Innovations in Nursing Education
Innovating for Life and Living
Campaign Tour
10:00 – 11:15 AM
Fagin Hall, Philadelphia, PA
- Penn Nursing in the Parade
12:00 – 1:00 PM
Locust Walk, Philadelphia, PA

18-22 **Alumni Happy Hour during the annual ACNM Conference**
Gaylord National Resort
Washington D.C.

20 **Commencement**
10:15 AM
Franklin Field, Philadelphia, PA

20 **University of Pennsylvania School of Nursing Graduation Ceremony**
4:00 PM
Verizon Hall, Kimmel Center for the Performing Arts
Philadelphia, PA

JUNE

6 **Penn Nursing Alumni Webinar: Sex Education for Adults**
Online

18-23 **Penn Nursing Gathering during the AANP 2019 National Conference**
Indianapolis, IN

NOVEMBER

8-10 **Homecoming Weekend**
Featuring our annual Nurse Networking event on Saturday, November 9 during QuakerFest
College Green, Philadelphia, PA

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