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“Change is inevitable. Growth is intentional.” Not only does this adage serve as the theme for the winter issue of The Academic Nurse, it describes my world view of my role as dean and the imperative for nurses in our changing health care environment. This issue features three articles that describe recent activities at Columbia Nursing that ensure its growth will strengthen the school’s leadership in nursing education, research and service.

An essential tool helping shape the school’s rapid growth has been its strategic plan. Early in my tenure, I established five working groups in various programmatic and administrative areas to identify specific goals, tactics, and outcomes to be achieved in a five-year period. This last year we added a sixth featuring the development of our Office of Global Initiatives. This road map is helping the school move forward a sixth featuring the development of our Office of Global Initiatives.

One of the goal areas identified in the strategic plan is to “contribute to the improvement of the world’s health through service, practice, education and research.” What emerged has been a revitalized Office of Global Initiatives which is creating new alliances and collaborations with health care organizations and institutions around the world, as well as solidifying existing relationships and opportunities for our students to have an international learning experience. One of these activities is our partnership with Clinica de Familia La Romana, located in the Dominican Republic. This issue contains an article highlighting how students from Columbia Nursing have traveled to the clinic to learn about global health and also to help provide health care services to children and adults, many with HIV. Students returning from the clinic tell us it was a transformational experience that also contributed to their understanding and ability to work with immigrant populations in this country, especially in the Dominican community in the Washington Heights neighborhood where our school is located.

And finally, as you may know, we recently announced plans to build a new home for our school. In this issue, you’ll find architectural renderings giving you a “sneak peek” of the seven-story building which will be located at 168th Street and Audubon Avenue, anchoring the north end of the Columbia University Medical Center campus. Our architects, COX|FOWLE, met extensively with teams comprised of faculty, staff, and students to create a facility that truly represents an environment of learning and embodies the principles and values of nursing and nurse education. The building’s many small and large seminar rooms and conversation nooks encourage partnerships and collaboration, while quiet spots provide ample space for individual study. One exciting feature is a state-of-the art simulation laboratory located on two floors of the new building. Here, students will learn complex clinical techniques aided by high-tech mannequins in a variety of model health care settings. Topping the building is a rooftop terrace providing the perfect space for faculty, students, staff and alumni to informally exchange ideas while overlooking views of upper Manhattan.

Looking across the landscape of America’s health care system, I see enormous opportunities for nurses as they move into positions of leadership in community, home, and hospital settings. The importance of nurses in the delivery of care goes hand-in-hand with the contribution of nursing science to help direct that care so that it combines both cost-effectiveness and clinical efficacy. I believe that the growth we’ve experienced at Columbia Nursing, and the progress which is yet to come, is in step with nursing being at the center of the health care system; but it also anticipates many of the contributions nurses of the future will be called upon to make. It’s an exciting time to be in nursing education, and to focus our education and research mission at a time when advanced practice nurses are playing an ever-greater role in the health care delivery system.
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1. Great Expectations:
Use of Midwife Care Depends on Women’s Perceptions about Their Role in Childbirth

Women who see themselves as active participants in the delivery of their first child and prefer a collaborative role with their health care provider are more likely to prefer planned home birth and the care of a midwife, according to a study by Columbia University School of Nursing’s Adriana Arcia, PhD, RN, published in the journal Midwifery.

Conversely, when women perceive their role in the birthing process more passively and are more fearful of the delivery experience, they prefer a hospital setting and the care of a physician.

Arcia looked at 344 pregnant women between the ages of 18 and 40 who had not yet given birth (nulliparas) and were more than 20 weeks pregnant. The women were given a web-based survey about childbirth perceptions that covered three areas: the mother’s role, the provider’s role, and the delivery experience. Their answers indicated whether they perceived the mother’s role as active or passive, the provider’s role as dominant or collaborative, and the delivery as frightening and painful or positive.

“We found that women who perceived their role in the birth of their first child as active, the provider’s role as collaborative, and the delivery as a positive experience, were more likely to prefer midwifery care, birth at home, a vaginal delivery, and the avoidance of pain medication,” says Arcia.

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2. Implantable Defibrillators: Lifesaver and Anxiety-Maker for Individuals at High Risk for Sudden Cardiac Death

Implantable cardioverter-defibrillators (ICDs) have long been used to prevent sudden cardiac death in patients with irregular heartbeats, particularly in people with inherited conditions such as dilated or hypertrophic cardiomyopathies and Long QT syndrome. Now, research suggests that patients who receive the ICD device also experience similar anxiety during and after treatments.

In a study presented at the International Society of Nurses in Genetics (ISONG), Kathleen T. Hickey, EdD, FNP, ANP, FAAN, assistant professor at Columbia University School of Nursing, looked at the relationship between cardiac arrhythmias recorded by ICDs in individuals with a cardiogenetic diagnosis and its effects on their perceptions about their risk of illness and their overall quality of life. Fifty-eight people with a mean age of 41 were studied; 82 percent were white, 38 percent female, representing various races and cardiogenetic diagnoses.

The study found a direct relationship between the number of ICD treatments and negative perceptions about cardiac health, compared with those whose devices did not activate.

A positive cardiac genetic diagnosis in and of itself did not affect overall quality of life. It was the actual delivery of ICD treatment that correlated with a self-reported lower quality of life.

“ICDs unquestionably save lives but the research also underscores how the treatment can raise concerns,” says Hickey. “We know that diagnosis of an inherited heart condition can mean people are anxious, depressed, or worried that their quality of life will deteriorate. And while the device is actually preserving their lives, we’re also seeing that these feelings can weigh every time a patient’s heart is stimulated by the defibrillator.”

Patient education is critical to alleviating the anxiety of cardiac patients with ICDs. Many patients with new ICDs worry about increasing their heart rate or engaging in activities that could stress their device. Nurses play a key role in helping patients understand and adapt to their treatments, particularly the psychological impact of receiving defibrillator shocks.

Sudden cardiac death (SCD) is an unexpected death in a person with no known history of heart disease. Death occurs quickly and usually without warning. It kills more than 300,000 Americans each year. Although many SCDs occur during cardiac resuscitation or defibrillation, the majority of victims suffer sudden cardiac death. In the absence of resuscitation, quality of life may deteriorate. And while the device may prevent death, it can also cause harm.

The survey found that the symptoms most participating NCIs had mentioned in the past were palpitations and at least one bundle-branch block, although most noted ICD-related symptoms. The survey also indicated that patients who had been treated for ICD-related symptoms were more likely to have had complications, and that the symptoms most frequently reported were palpitations and at least one bundle-branch block.

Previous studies have shown that the use of preventative practices, such as the use of effective drug regimens and defibrillation, can significantly reduce the number of deaths and complications. Patients who are treated with ICDs and are also monitored with continuous monitoring systems have lower rates of complications and ICD-related death in a larger number of cases.

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6. Hand Hygiene: Automation Improves Motivation

Practicing good hand hygiene is the single most important thing health care workers can do to prevent the spread of infections in hospitals. Yet in some institutions, less than half of health care workers regularly wash their hands. According to a recent study led by Laurie J. Conway, RN, at Columbia University School of Nursing’s Center for Interdisciplinary Research to Prevent Infections, an automated tracking and reporting system could boost hand hygiene compliance rates in hospitals.

In the study, an electronic monitoring system was installed throughout a 140-bed community hospital and evaluated over a six-month period. Compliance rates for hand hygiene were calculated hourly for each inpatient unit and per patient visit for outpatient units and the emergency room. Hospital managers, executives, and department heads were kept informed via monthly reports, with the expectation that they would share information in the reports with their staff.

It was effective. Inpatient units experienced a 3–5 percent increase in hand hygiene compliance rates, though outpatient and emergency room rates did not change significantly.

“We know that hand hygiene saves lives, and we want to determine the easiest way to improve adherence,” said Conway, who presented the study results at a recent meeting of the Association for Professionals in Infection Control and Epidemiology (APIC). “Dispensers that can electronically monitor when staff wash their hands offer immediate and effective feedback and have the potential to improve hand hygiene. They could go a long way toward ensuring patient safety,” said Conway.

Each year in the U.S., nearly two million patients contract infections while in the hospital, and approximately 90,000 die. Most of these infections could be prevented. According to the U.S. Centers for Disease Control and Prevention (CDC), hand hygiene can reduce health care–associated infections by more than 66 percent.

The CDC’s comprehensive guidelines for hand hygiene include recommendations to wash hands before performing invasive procedures (e.g., inserting catheters), taking care of patients with weakened immune systems, and touching wounds. Hands should also be washed after contact with patients, after contact with blood or body fluids, before donning and after removing surgical gloves, and after touching inanimate objects, such as medical equipment, doorknobs, and bathroom faucets.

Even with the institution of the CDC Hand Hygiene Guidelines, compliance rates have not significantly improved, according to a 2007 study by Elaine Larson, PhD, associate dean for research, published in the American Journal of Infection Control.

The automated monitoring system is a promising tool that warrants further investigation.

7. Nurses Use New Mobile Health Tools to Help Patients Quit Smoking

As a primary point of contact for patients in many clinical settings, nurses play a key role in providing resources to help them quit smoking. Now, more nurses are using mobile technologies to access the best and most up-to-date smoking-cessation resources for their patients.

In a study published in the July 2013 issue of Oncology Nursing Forum, Suzanne Bakken, PhD, RN, FAAN, FACMI, Alumni Professor of the School of Nursing, and professor of biomedical informatics, and colleagues looked at how smoking-prevention and cessation resources on a mobile health platform were integrated into the workflow of 136 registered nurses in advanced practice. The study also looked at how the nurses used the information and whether they found it helpful. The resources were from the National Cancer Institute’s Cancer Information Service (CIS).

The nurses used the mHealth decision support system to screen for tobacco use in 7,696 clinical encounters in which 23 percent of patients were African American and 38 percent Latino. Most were insured by Medicaid or Medicare. Of the nearly 1,300 smokers identified, 38 percent were willing to quit.

In this setting, 86 percent of nurses said that they used the mHealth decision support system to access the CIS information through a context-specific link called an “infobutton,” and 60 percent considered the information useful. The researchers also found that overall use of CIS resources by smokers and health care providers in the New York metropolitan area increased during the period of time covered by the study.

“Nurses truly are on the frontlines of this major public health issue, and they can effect tremendous change,” says Bakken. “Making the most up-to-date information readily accessible through the integration of technology into the workflow can assist nurses in managing and supporting patients’ smoking-cessation efforts.”

CIS has a wealth of information for the public about smoking prevention and cessation programs. But even though there are effective tobacco-cessation interventions available that could double or triple quit rates, according to a 2006 National Institutes of Health State-of-the-Science Conference on tobacco, not enough smokers request or are being offered these interventions. This is particularly true for populations at high risk for health disparities because of race, ethnicity, or socioeconomic status.

Smoking remains one of the nation’s leading public health challenges. It is the single largest preventable cause of death and disease in the United States. According to the Centers for Disease Control and Prevention, 443,000 deaths are caused by tobacco use each year. While the number of Americans who smoke has decreased 20 percent from the 1960s, there are still approximately 43 million adult smokers.

In addition, researchers are finally able to put a number on the years of life a smoker can expect to lose. A study published earlier this year in The New England Journal of Medicine found that smokers lose 10 years of life on average, but the earlier they quit, the more years they can gain back—yet another compelling reason for smokers to quit.
The researchers found that while the average length of stay in the APCU was comparable to that in other medical-surgical units (MSUs), the median charges were significantly lower in the APCU. They also found that a high proportion of patients were admitted to the APCU from ICUs—indicating a pronounced need for such units to serve patients when hospital-based end-of-life care is needed. It’s noteworthy that the use of ICUs during the last month of life for Medicare beneficiaries with cancer was dramatically lower (12.1 percent) at the Montefiore APCU than at 137 other U.S. academic medical centers. The creation of the APCU resulted in statistically significant reductions in both the ICU mortality rate and length of stay, as terminally ill patients were transitioned out of the ICU.

“In our study, more than 70 percent of patients were discharged from the hospital to the community,” says McHugh. “This is not only a more compassionate and efficient way to manage their needs, but it alleviates the strain on limited resources in ICUs and MSUs.”

The study suggests that potential cost benefits can be achieved by managing terminally ill patients in APCUs rather than in ICUs or MSUs and that these benefits are more likely to occur when patients are directly managed by palliative care specialists, trained in chronic disease management as well as family and end-of-life counseling. The report notes that this combination of advanced-disease management and personal counseling can assist patients and families in the transition from aggressive treatment to more palliative care.

This is significant. Americans are living longer, long enough to develop chronic conditions that require greater use of the nation’s health care resources. According to the Administration on Aging, there will be 72 million Americans aged 65 and older by the year 2030—that’s 19 percent of the population.

In the U.S., the majority of patients with advanced illness die in acute or long-term care facilities, with around 20 percent dying in ICUs. In the absence of specialized units, patients in an ICU either are sent to a general medical unit or step-down respiratory unit or must continue receiving care in the ICU. The establishment of APCUs allows patients to leave the ICU while continuing to receive a high level of medical care that focuses on their values and treatment preferences, as well as support for their family members.

Once available only to patients in hospice, palliative care services are now offered at most hospitals to anyone facing serious and life-threatening illnesses. Unlike hospice, palliative care is provided along with curative treatment. Studies show that palliative care consultations can shorten stays in the intensive care unit (ICU), reduce costs, and enhance quality of care by improving pain and other symptoms.

Now some hospitals are taking the practice of palliative care further, through the creation of dedicated acute palliative care units (APCUs). According to a recent study published in the American Journal of Hospice & Palliative Care, these units are an efficient and cost-effective way to care for patients with advanced chronic illnesses.

Marlene McHugh, DNP, FNP, DCC, assistant professor and colleagues from Albert Einstein College of Medicine, Rush University Medical Center, and Montefiore Medical Center, evaluated the economic impact of Montefiore’s APCU. They looked at the demographic, diagnosis, length of stay, discharge status, and hospital charges data for 1,837 patients who were admitted to the APCU over a three-year period. Most had sepsis and heart failure with concomitant illnesses.

### To the Community and Back:
#### Prisoners are Key to Containing Infections

Prisons, with their highly transient population, are a breeding ground for infectious diseases, including one that is of particular concern to public health officials—methicillin-resistant Staphylococcus aureus (MRSA). While MRSA has been primarily a hospital-acquired infection, according to the U.S. Centers for Disease Control and Prevention, MRSA rates are escalating in community settings at an alarming rate.

With grants from the National Institute of Allergy and Infectious Diseases, of the National Institutes of Health, a collaborative research team from Columbia University School of Nursing, College of Physicians and Surgeons, and Mailman School of Public Health are studying prison populations to identify factors and patterns associated with the development and transmission of S. aureus infections.

At a recent meeting of the Association for Professionals in Infection Control and Epidemiology (APIC), the School of Nursing’s Carolyn Herzig, MS, MPhil, and Montina Beals, MPH, and the Department of Medicine’s Dhritiman Mukherjee, PhD, MPH, discussed the phases and preliminary findings of an ongoing five-year study, “Risk Factors for Spread of Staphylococcus aureus in Prisons.”

Their findings are of concern. Among inmates of two maximum-security prisons in New York State, Sing Sing (for men) and Bedford Hills (for women), the rates of S. aureus and MRSA among prisoners entering and leaving prison were much higher than among the general population.

Upon entering, 50 percent of women and 58 percent of men were colonized with S. aureus. Women were almost twice as likely to enter prison with MRSA—10.6 percent compared with 5.9 percent for men. Upon leaving the prison system, the numbers were also high: 38 percent of women and 44 percent of men had S. aureus, and 10 percent of women and 9 percent of men had MRSA.

Inmates are at high risk for contracting MRSA infections, and it is difficult for public health specialists to identify the source of outbreaks and develop effective infection-control strategies. Among the contributing factors are overcrowding, insufficient hygiene, and inmates at high risk for infections. Many inmates have used intravenous drugs, have tattoos and piercings, are infected with HIV, and commonly share personal items. Individually and collectively, these factors fuel the spread of MRSA and other infectious diseases among prisoners. Another concern is the transient nature of the prison system. Since 2005, more than 700,000 prisoners have cycled in and out of U.S. state and federal prisons each year, exposing both the general population and other prisoners to S. aureus infection.

Yet this high-risk group has received limited attention. “It’s important that we communicate with our colleagues about this lesser-known but very important public-health issue and encourage further study,” said Herzig. “Understanding the prevalence, risk factors, and ramifications of MRSA both within and outside the prison system can facilitate the development of earlier interventions and containment protocols that could greatly reduce community-acquired infections.” The study continues through 2014.
In the early part of the last century, when nursing students from Presbyterian Hospital moved into stately Maxwell Hall, they encountered a building that perfectly suited the educational needs of those preparing to enter the profession.

When nursing students from Columbia Nursing — their academic descendants — move into their new home, they’ll discover a school of nursing befitting one of the nation’s eminent educational and research institutions, a place that will play a vital role in preparing advanced practice nurses and scientists for the challenges of 21st century health care just as Maxwell Hall did for its era.

Instead of a hushed assembly hall, students will find Internet-enabled conference and seminar rooms where they can share ideas and learn directly from one another. Replacing the decorous parlor, a sun-filled atrium will allow faculty, students, staff and visitors to gather for impromptu meetings and conversation. In lieu of the formal dining room, a café will provide nourishing snacks and a comfortable place to unwind or study quietly. And a rooftop terrace will allow members of the school’s community to mingle or attend scholarly presentations while absorbing spectacular views of upper Manhattan and beyond.

A New Home for Columbia Nursing
by Marc Kaplan
The Academic Nurse

Winter 2013

The future of nursing and nursing education will have a new address,” said Dean Bobbie Berkowitz, RN, PhD, FAAN, in October when she announced plans for the school’s new seven-story main building that will be located on the corner of 168th Street and Audubon Avenue — anchoring the east end of the Columbia University Medical Center campus.

The new structure’s most distinguishing feature is its very design. A succession of small and large seminar rooms, conversation nooks, quiet spots for individual study, and a simulation laboratory outfitted with high-fidelity mock health care settings were all designed in active consultation with the school’s faculty, students, and staff. For more than four months, Columbia Nursing teams met with COX|FOWLE architects to offer their vision of how a building intended to prepare future nurse leaders, educators, clinicians, and scientists should look and function. What emerged was an environment that promotes teamwork, collaboration, and the free exchange of ideas, all reflecting the overarching principles and values of nursing and nurse education.

“Arriving at a blueprint for our new home has been a dynamic, interactive process,” said Dean Berkowitz. “The result is a modern building that reflects the many perspectives of the faculty members, students, and staff that will use it. The facility will give full expression to our pursuit of excellence in nurse education, research, and practice.”

The building’s 68,000 square foot interior is 65 percent larger than the school’s current facilities in the Geoghan Building. Customizable study areas can be modified to satisfy different styles of teaching and learning, while faculty offices will accommodate students for one-on-one meetings and mentoring.

Three clinical skills labs will contain a total of six beds and 14 exam tables to help students sharpen their clinical skills and critical thinking. A state-of-the-art simulation laboratory will enable students, aided by high-tech mannequins, to master complex clinical techniques in a protective environment. The sim lab will occupy nearly two floors and be equipped with a variety of model health-care settings, including an in-patient exam area, critical care unit, and operating room.

The building is also designed to create synergies between the school’s clinical and research faculty. Working in close proximity, and in a variety of spaces that encourage interaction, clinicians and nurse researchers will benefit from mutual enrichment and a broadening of their perspectives.
“Columbia Nursing is entering a new era in its long and celebrated history,” commented Marjorie “Midge” Harrison Fleming ’69, chair of Columbia University School of Nursing’s Board of Visitors. “Nurses are quickly moving to the center of the health care system, and our students are being educated to make important contributions that advance the profession in education, research, and service. This building provides an opportunity for friends and alumni to join as partners in establishing the next chapters of both the school and the future of nursing.”

“Our new home will foster a community where generations of nurses will be superbly prepared for one of the most exciting, rewarding, and challenging professions an individual could hope for,” said Dean Berkowitz. “Nursing and nurse education must regularly anticipate and respond to fresh developments, as well as the changing needs of the patients, families, and communities we serve. This building will be especially suited to help us do so, thereby meeting the test of preparing nurse leaders and advancing the science of nursing in the decades to come.”
Programmatic and administrative growth areas and goals were identified for enhancing the school's status as a leader in nursing education, research, and service. At the same time, the Institute of Medicine published a landmark report, “The Future of Nursing: Leading Change, Advancing Health,” whose goal was to ensure that nurses fully participated in advancing the health of the nation, particularly in a time of health care reform. The work of the school’s planning process took on special importance in the context of this changing health care landscape.

There has been significant progress and much to celebrate since the school formalized its strategic framework and began work on its implementation. What follows are highlights of what has been accomplished through the energy, vision, and commitment of our talented faculty and dedicated staff. This report also serves as indication of what lies ahead for Columbia Nursing as it solidifies its position as one of the world's foremost schools of nursing.

Educational Programs to Prepare Nurse Leaders

A pillar of the school's core mission is to provide our graduates with a strong foundation of knowledge and experience for delivering the highest quality care and service to our patients, their families, and the community. The challenge of ensuring a well-educated, well-prepared nursing workforce has never been more urgent as nurses have assumed a new, more active role at the forefront of patient care in both traditional and non-traditional settings. In addition, the rapid pace of medical technology and pharmacology requires nurses to master new and complex knowledge and skills.

In light of this dynamic environment, Columbia Nursing regularly modernizes our curriculum to ensure that students receive instruction in the most up-to-date, evidence-based practices for providing comprehensive, integrated care that spans the life of the patient. We also work to cultivate critical thinking skills that serve our students throughout their professional careers and as lifelong learners.

Changes are being planned to our curriculum so that our master of sciences (MS) degree will serve as the entry to professional nursing practice beginning in 2015 and all advanced practice programs will transition to the DNP educational level beginning in 2016. Four years of full time study will be required to achieve the MS and DNP degree. The MS degree will be conferred after four semesters at which time the graduate will be eligible to sit for the nurse licensing examination, to be followed by eight semesters of graduate education which will terminate with DNP degree and eligibility for APRN certification and licensure.

These changes will ensure that Columbia Nursing continues to produce skillful, compassionate clinicians for leading the delivery of care within health systems and society.
Advancing Patient Care through Nursing Science

Just as nurses bring a special perspective to the care of patients, they also add an important dimension of understanding and patient benefit through nursing science.

Columbia Nursing’s research enterprise is among the most productive and respected in the field. In an intensely competitive environment for government-funded grants, the school experienced a 26 percent increase in active sponsored projects between FY 2012 and FY 2013, an 80 percent increase in newly sponsored projects for the same period.

A common theme of our research is addressing health care disparities in recent immigrants and ethnic and racial minorities. For example, is the Washington Heights/Inwood Informatics Infrastructure for Community-Centered Comparative Effectiveness Research (WICER). Together with an interdisciplinary research team from Columbia University Medical Center and the Visiting Nurse Service of New York, Columbia Nursing collected and integrated data from a variety of sources into a virtual health database. They have also developed a set of tools and processes for accessing the data, and conducting research studies that take advantage of the infrastructure. A key aspect of WICER was visiting households within the targeted community and interviewing more than 6,000 residents to gather information about health behaviors and other factors influencing health. The information has been linked with clinical data from NewYork-Presbyterian Hospital to create a more complete picture of the health status of community members.

The school’s work in infection control continues to advance the field by extending its focus beyond traditional acute care settings to non-hospital sites, such as nursing homes and pediatric long-term care facilities. Columbia research is also evaluating and comparing treatments, medical tests, procedures, and health care services in such areas as pediatric asthma therapy, vitamin supplements, hypertension screening, the organization of public health departments, and staffing ratios in the nursing workforce.

Additionally, we are active in the use of Internet-based tools and mobile devices to improve the care of patients and prevent illness and injury. One effort is a web-based intervention to improve the health and health care management of Latino patients with dementia. Another is investigating how texting can be used to reinforce healthy behaviors among teens.

Columbia Nursing has also established several projects to help ensure that the field of nursing research is regularly replenished with new nurse scientists. These include providing mentoring support to younger faculty members and students through workshops, seminars, and reviews; technical assistance to help strengthen grant and publication submissions; and coaching to enhance presentation skills for effective communication to professional and peer audiences.

Advancing Nursing throughout the World

Just as nurses are on the frontlines of health care in the United States, they also play a key role globally, where in many countries they represent the only provider a family will see during its lifetime. Recognizing the centrality of nurses for global health, Columbia Nursing has strengthened our Office of Global Initiatives with the goal of fostering international partnerships that advance nursing service, education, and research.

Through our collaboration with the World Health Organization’s (WHO) Strategic Directions for Strengthening Nursing and Midwifery Services, we are developing guidelines and curricula to strengthen nursing and midwifery education worldwide for delivering comprehensive HIV care. In partnership with health care institutions in Swaziland and South Africa, Columbia Nursing is strengthening nurse capacity in those countries in the areas of education, clinical care, and research. A partnership is currently underway with Columbia Global Center in Kenya and future partnerships are being considered in Jordan, Brazil, and Chile. The focus of these efforts is to identify gaps in health disparities that are best met by nursing research and building an infrastructure to carry out the findings.

Columbia is the only school of nursing designated a Collaborating Center for Advanced Practice Nursing by the WHO. Our students and faculty provide care at the Clinica de la Familia in La Romana in the Dominican Republic to adults and children with HIV/AIDS. Our faculty-exchange program reinforces our students’ international perspective by hosting nurse leaders from other countries to give special lectures and presentations. And we are helping increase the capacity of nurse practitioners in ten African nations in collaboration with Columbia University’s Mailman School of Public Health.

Columbia Nursing’s commitment to global health supports our belief that quality health care is a fundamental right for all members of society, both in the United States and worldwide. Caring for Patients of All Backgrounds and Cultures

Our curriculum, including a new course on health disparities, enables students to acquire a broad perspective for providing care that meets the needs of a diverse, multicultural population. Our Office of Diversity and Cultural Affairs fosters an environment that respects individual differences and emphasizes social justice and quality health care for all people. It sponsors educational and mentoring workshops with local high schools and colleges to encourage careers in nursing; Columbia Nursing continues to host seminars, open to the entire Columbia health community, on health disparities and sensitivity in working with minority communities. The school has also taken a leadership role in addressing LGBT health.

Creating a student body that reflects the diversity of our patients is another of our goals. The Office of Admissions has conducted outreach at historically black colleges and participated in college fairs and conferences aimed at underrepresented populations. While more remains to be done in this area, from 2012 to 2013 there was a 24 percent increase in the number of underrepresented groups enrolled in our post-baccalaureate Entry to Practice program. From 2011 to 2013, the number of Columbia Nursing tenure-track faculty members from under-represented groups doubled. And there has been an increase in the amount of diversity-focused endowed funds and fellowships earmarked to help recruit underrepresented minority students.

A Bright and Bold Future

As this summary of progress shows, Columbia Nursing is on track for an era of exceptional growth. The school is thriving in its mission of advancing the profession in education, research, and service. Columbia Nursing is proud to be a major force in the lives of the patients we serve and the nurse-leaders we prepare. in nursing are helping to create a culture of tolerance and promote sensitivity and competence in caring for diverse individuals, families, and communities.

There has been progress in other areas as well, including enhancing the school’s financial management capabilities, establishing a communications office, and expanding development and alumni relations. And a new state-of-the-art building — now in development — will ensure that we remain at the forefront of nursing education and research for years to come.

All across the school, there is momentum and excitement for what the future holds for Columbia Nursing. Nurses are now at the center of the health care system, and our students are being trained to make real contributions that advance the profession in education, research, and service. Columbia Nursing is proud to be a major force in the lives of the patients we serve and the nurse-leaders we prepare.
In 2014, Clinica de Familia La Romana (CFLR), located in La Romana, Dominican Republic, will celebrate its 15th year providing health care to the “poorest of the poor” on the eastern end of the island of Hispaniola. The clinic is the first service site of the International Family AIDS Program (IFAP), a collaborative project of Columbia University that supports health interventions in several countries and provides opportunities for global health training to students, faculty, and others. CFLR’s original focus was on countering the vertical transmission of HIV from mothers to babies; today it is the second-largest HIV clinic in the country, annually treating 1,600 children and adults with HIV. Through the years the clinic has also significantly expanded its public health services, treating more than 40,000 non-HIV patients last year alone—an incredible achievement in a resource-poor area.

“Empathy is the heart of this place,” says Derrick Lewis, the clinic’s student and volunteer coordinator. “It’s empathy that underlies our motto: Somos Familia—We are Family. And that includes the students who come to work with us.”

“Three years ago, we had no formal student clinical experience in international venues,” says Judy Honig, DNP, EdD, CPNP-PC, assistant dean of student affairs at Columbia University School of Nursing. “So we went to CFLR to determine whether the program there could provide suitable educational opportunities for our students. As it turns out, it has proven very useful, partly because our own neighborhood, Washington Heights, is largely Dominican. Consequently, the clinic offers students insight into working with our local population; it makes them more insightful about Dominican culture—the family support systems and approach to disease.”

CFLR began when Stephen Nicholas, MD, professor of pediatrics and associate dean for admissions, College of Physicians and Surgeons, received a request for help from a Catholic order of nuns, The Adoratrices Sisters, who work among the poor in La Romana, saw a pressing need for practitioners of Western medicine to provide health care to pregnant women with HIV. In 1999, when the clinic was established, no one was willing to touch HIV patients; much less deliver their babies. Then Nicholas, Columbia University, and others responded to the nun’s call with resources and funding. Consequently, that same year, the first baby supported by the program was born HIV-free and is still alive today. In the years that followed, the clinic expanded its patient services, as well as its educational offerings with Columbia University, and in 2007, it became an independent nongovernmental organization, or NGO.

“We’ve come a long way in 15 years,” Nicholas says. “We started with patient care, and today research and education are also part of our program.”

AN EDUCATION IN GLOBAL PUBLIC HEALTH

As a major initiative of Columbia University’s outreach into global public health, CFLR annually hosts more than 60 medical residents, postgraduate fellows, and faculty, as well as students from Columbia’s schools of dentistry, public health, and nursing. “Collaborating with the school of nursing is one of the best things we ever did,” says Nicholas. “We needed nursing students because the Dominican Republic has a weak system of nursing education. But equally important are the enthusiasm and empathy these young people bring to the clinic—they strengthen our program through their interactions with both the staff and patients.”

“The clinic is providing amazing care to people who need it and who wouldn’t receive it otherwise,” says Mina Halpern, executive director of the clinic for the past two years. “Most of our 79 employees come from the populations we serve: Some are former sex workers; some are HIV positive; some come from extreme poverty. All of them have a deep feeling for this community, so when the nursing students come and share their passion for the work, they are received as family also. These students become a part of us.”

Melanie Swan, ’14, who is in the Family Nurse Practitioner Program, visited the clinic this summer. “I wanted to put myself outside my comfort zone,” she says. “This was my first exposure to global health, and at first it was quite a surprise—the weather, the language, the culture, the health care issues. But the time I spent in La Romana turned into a wonderful, truly unforgettable experience.”

Swan, who plans on pursuing a clinical doctorate at Columbia Nursing, is not alone in her praise of the program. Zoe Andrade, ’14, says, “CFLR offers a tremendous service to that community. The experience gave me a new point of view regarding how to work with immigrant populations in this country, especially the Dominican community here in Washington Heights.”

Lewis has seen such changes in perspective repeatedly since joining the staff in 2011. “When students first get here, some see the place through the eyes of a tourist—beautiful sky and sun and sand,” he says. “We’re on the coast, some 80 miles east of the capital. But behind the world-class beach resorts is a large, impoverished community based on agriculture and manual labor. Many of our clients live in the batays, which are small, poor villages of sugarcane cutters, who suffer from significant rates of HIV. And many local women work in the sex trade, which is illegal in Dominican Republic. Some students who come here have never seen anything like this before.”

One student who had had experience with Dominican culture before attending the program this summer is Genevieve Quilton, ’15, a longtime resident of Washington Heights whose mother immigrated from the Dominican Republic before she was born. Her decision to become a family nurse practitioner is based partly on a desire to serve the Dominicans of her neighborhood.

“I have been to DR several times, and I have been the interpreter for my mom in the U.S. since I was 8 years old, often helping her with visits to the doctor,” Quilton says.
“So this is my culture. However, I still learned a lot from the program—especially from the clinical work and the visits to the brothels. At one point, I was talking to a sex worker, a young woman maybe my age, about her life and work and HIV. And I kept thinking, had my mom not left there, who knows, this could’ve been me.”

In a world where immigration is on the rise, “it’s important to remember that global health is also local health,” says Ana Jiménez-Bautista, who was born in the Dominican Republic and is former director of programs at IFAP. “This is especially true in urban areas like New York, where there are so many immigrants. That’s one reason why it’s important for students to participate in international programs. Ultimately, education and global health go hand in hand.”

Maya Scherer, IFAP’s current director of programs, agrees: “Global health education goes far beyond simply working in an international setting—it’s about helping students gain cultural competency that will help them overseas as well as at home. It’s about being able to build relationships. IFAP has a strong collaboration with the school of nursing because the school is so committed to this idea.”

STopping the Epidemic, One Person at a Time

The philosophy of the education program at CUFRL is that everyone involved benefits: patients, staff, students, and faculty. “The moral imperative is that you are both learning and giving; there’s always a service component,” says Honig, “and I think strongly that nursing students should have the opportunity for a credit-earning experience outside their community. It exposes them to other cultures; it allows them to learn about and contribute to various programs; and it gives them the opportunity for interdisciplinary education alongside other Columbia students.”

Students usually hear about the program when they enroll in the school of nursing or, later, through campus announcements or student clubs. Students who apply are interviewed by the program’s administrators to determine what they want out of the program and their level of Spanish competency, among other things. Every summer, a Spanish immersion class is available for students who need to improve their skills, since the clinic is “Spanish-only.”

“Ultimately, an opportunity like this is about letting students explore their desire to participate in global health,” says Scherer. “This is special work—and our commitment to collaborating and supporting the La Romana clinic sets an important example for the students.”

Students join the program in La Romana for a 4-week period through the Center for Global Health, a collaborative program between the clinic and Columbia University that has sponsored some 300 international and Dominican health science students at CUFRL. The center’s mission is to improve the health of underresourced populations by involving global health students and professionals in research, education, and service, essentially helping program participants understand the health care challenges of a developing country. The center also strives to increase participants’ understanding of Dominican and Latino populations in the United States through exposure to both Dominican and Haitian cultures, as well as through immersion in the Spanish language. Toward this end, while in La Romana, nursing students have opportunities to interact with Dominican students and to tour regional clinics and Dominican universities, familiarizing themselves with the Dominican systems of public health and education.

Upon arrival in La Romana, nursing students receive an orientation and introductions to the staff before setting into clinical and project work. Students are quickly integrated into the team and work a full workweek, usually rotating through the clinic and hospital. They are encouraged to engage in Spanish language classes and local cultural activities.

“The first thing I remember about the program is that when we arrived, the whole clinic came out to meet us,” says Grellon. “They made us feel like family—it was a good feeling. Every morning the patients lined up ready to be treated, eager as can be. And I saw every kind of patient.”

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Melanie Szwaj T’14, poses her mark at La Ochoa de Amiga

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Adena Bargad PhD, CNM, joins as Program Director, Women’s Health Nurse Practitioner Program, and Assistant Professor. Bargad has worked as a certified nurse midwife for more than a decade and is an expert in adolescent reproductive health, postpartum depression, menopause, and community health. She practices at Planned Parenthood of New York City. She previously served as a clinical preceptor for Women’s Health NP students and as a guest lecturer on adolescent reproductive health at Columbia Nursing. She received a PhD in developmental psychology from Yale University.

Albert Bayona joins as Operations Administrator. He has worked at Columbia University Medical Center since 1998 in various positions. He holds a BA in English Language Arts.

Laura Cabrera joins as Financial Aid Coordinator. She received an MBA from the University of Bridgeport.

Jennifer Dohrn DNP, CNM, joins as Director, Office of Global Initiatives and Assistant Professor. She is responsible for building and implementing strategy to grow the office of global initiatives. She oversees collaboration with Columbia Global Centers and leads the Columbia Nursing WHO Collaborative Health Center for Advanced Practice Nursing. Dohrn has worked as a nurse educator for more than two decades. She previously served as Project Director for the Mailman School of Public Health’s ICAP’s Nurse Capacity Building Program/Nursing Education Partnership Initiative Coordinating Center working to improve the infrastructure for nurses and nurse midwives in 12 Sub Saharan African countries. She continues to contribute to the ICAP program and works at a community health center in New York City. She received her DNP and MS degrees from Columbia Nursing.

Dawn Dowding joins as Professor of Nursing, and serves a joint appointment between Columbia Nursing and the Visiting Nurse Service of New York. Prior to her position at Columbia Nursing, Dowding served as Professor of Applied Health Research at the University of Leeds in her native United Kingdom. Her research focuses on the development of decision support tools and the evaluation of the effectiveness of such tools in clinical decision making. Dowding previously served as a Harkness Fellow in Health Care Policy and Practice at Kaiser Permanente in Oakland, California and as a member of the clinical editorial board of the Nursing Times, the UK-based weekly nursing magazine. At Columbia Nursing, she will teach evidence based practice to combined BS/MS students and is currently at work developing a research program across both organizations to improve patient outcomes at the VNSNY. She received her PhD at the University Of Surrey.

Ellen Fahey, DNP, FNP, joins as Assistant Professor of Nursing. She will teach Advanced Clinical Assessment. She previously served as clinical director of the Concussion Center of Fairfield County, which she also co-founded. The Center cares for children and adults who have suffered a mild traumatic brain injury. She practices at the Center for Advanced Pediatrics in Norwalk, Connecticut, where she focuses on adolescents. She received her DNP at Columbia Nursing.

New Faces
New Roles
Spring / Fall 2013

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Jeffrey Kwong, DNP, MPH, ANP-BC, joins as Director of the Adult-Gerontology Nurse Practitioner Program and as an Assistant Professor. He has more than 16 years of clinical experience in HIV care and has worked with diverse populations including people with addictions, the homeless, and the LGBT community. Kwong has practiced in a variety of settings including university medical centers, community centers, and outpatient clinics. He is a certified HIV specialist by the American Academy of HIV Medicine and is also certified by the Association of Nurses in AIDS Care. He currently serves as secretary for the Greater New York Chapter of the Association of Nurses in AIDS Care.

Marlene Mauri joins as Human Resources Coordinator. She previously worked at Columbia University Medical Center’s Department of Neurology, the Irving Institute of Clinical and Translational Research and ICARE, a global health center based at Columbia’s Mailman School of Public Health. Mauri holds a BBA.

Michelle Odlum, BSN, MPH, EdD, joins as Postdoctoral Research Scientist. She previously served an adjunct Assistant Professor in Health Information Management (HIM) and the Director of a Health Information Technology (HIT) training program through the City University of New York and as an Informatics Evaluator and co-Investigator in the Department of Biomedical Informatics at Columbia University Medical Center. Odlum was recently awarded The Robert Wood Johnson Foundation New Connections Junior Investigator grant to study the impact of societal factors and the influence of health information technology on students’ career choices in healthcare. She has more than ten years of experience working on a variety of research, evaluation, and health promotion activities in special needs populations. Her research has covered childhood asthma, tobacco cessation, environmental health, H1N1, HIV/AIDS, and immunizations.

Lisa Rapaport joins as Senior Communications Specialist in the department of Marketing and Strategic Communications. She has more than 15 years of experience writing about medicine, public health, policy and research. She previously worked as Deputy Team Leader for health and technology news at Bloomberg. Before that, she was a Knight Wallace Medical Journalism Fellow at the University of Michigan. She also serves as a health reporter at The Sacramento Bee and her work has appeared in publications including The New York Times, The Los Angeles Times, and BusinessWeek.

Tanyka Smith, PhD, FNP-BC, MS, joins as Postdoctoral Research Fellow. She previously worked as an adjunct Professor at NYU College of Nursing and as an associate nurse manager in the Emergency Department at Beth Israel Hospital. She is a Family Nurse Practitioner and previously worked in an underserved community at the Brownsville Multi-Service Health Center and currently works at Brooklyn College Health Center. Smith received a MS from Columbia University School of Nursing and her PhD from NYU College of Nursing. She is a past recipient of the NIH/NINR: Ruth L. Kirschstein National Research Service Award as well as the American Nurses Foundation Research Award. Her research areas include HIV/AIDS prevention in the African American community, women’s health, sexual health among older adults, and health disparities.

Jessica Virtuso joins as Administrative Assistant in the Office of Curricular and Academic Support. She has a BA in Political Science from Hofstra University.

Alana Zbaren, MA, joins as Academic Affairs Coordinator. She is originally from Minneapolis, Minnesota. She received a BS in Interior Design from the University of Minnesota, Twin Cities. She earned an MA in education from the University of St. Thomas.

NEW ROLES

Samantha DaLuz is Grants Manager.

Lovette Esliter is Academic Program Coordinator.

Dian Holder, MS, is Director, Curricular and Academic Support.

Judy Honig, EdD, DNP, CPNP, was named Dorothy M. Rogers Professor of Nursing.

Marc Kaplan is Associate Dean of Marketing and Strategic Communications.

Mary Tresgallo, DNP, MPH is Assistant Professor.

Tasha White is Academic Program Coordinator.
Spring / Fall 2013

Adriana Arcia, PhD, RN, postdoctoral research fellow, authored “Facebook Advertisements for Inexpensive Participant Recruitment among Women in Early Pregnancy,” published in Health Education & Behavior and “US nulliparous perceptions of roles and of the birth experience as predictors of their delivery preferences” in Midwifery.


Mary Byrne, PhD, CNP, FAAN, Stone Foundation and Elise D. Fish Professor of Health Care for the Underserved in Nursing, was the lead author of “The Drew House Story: Collaborating on Alternatives for Incarcerated Women and their Children,” published in Criminal Justice. She also was an author of “Recidivism after Release from a Prison Nursery Program,” published in Public Health Nursing and “Pre-school Outcomes of Children who Lived as Infants in a Prison Nursery” published in The Prison Journal.

Bevin Cohen, MPH, Program Director, Center for Interdisciplinary Research to Prevent Infections (CIRI) was the lead author of “Gender Differences in Risk of Bloodstream and Surgical Site Infections,” which was co-authored by Elaine Larson, PhD, RN, FAAN, associate dean for research published in the Journal of General Internal Medicine. Laurie Conway, MS, PhD student, was a lead author of “Tensions Inherent in The Evolving Role of the Infection Preventionist,” authored by Monika Pogorzelska-Maziarz, PhD, MPH, associate research scientist; May Uchida, PhD student; Pat Stone, PhD, FAAN, director of the Center for Health Policy and Centennial Professor of Health Policy in Nursing; and Elaine Larson, PhD, FAAN, RN, associate dean for research, published in the American Journal of Infection Control.


Kristine Kulage, MPH, director of the Office of Scholarship and Research Development was the lead author of “Refocusing Research Priorities in Schools of Nursing,” published in Journal of Professional Nursing. Other authors included Laura Ardzzone, ‘04 MS ’10 DNP, Will Enlow, DNP, assistant professor; Kathleen Hickey, EdD, FNP, FAAN, assistant professor; Joan Kearney, PhD, assistant professor; Rebecca Schnall, PhD, assistant professor, and Elaine Larson, PhD, RN, FAAN, associate dean for research.


Marlene McHugh, DNP, FNP, assistant professor, co-authored “Outcomes of the Acute Care Unit in a Medical Academic Center,” published in American Journal of Hospice and Palliative Care.

Mary O’Neil Mundinger, DrPH, Dean Emerita, Edward M. Kennedy Professor of Health Policy authored “Why are Standards for DNP’s who Practice Comprehensive Care to be Scarcely,” published in Clinical Scholars Review.

Lusine Poghosyan, PhD, RN, assistant professor, was the lead author of “Development and Psychometric Testing of the Nurse Practitioner Primary Care Organizational Climate Questionnaire,” published in Nursing Research and co-authored “Organizational Climate in primary care settings: Implications for nurse practitioner practice” published in Journal of the American Association of Nurse Practitioners.

Monika Pogorzelska-Maziarz, PhD, MPH, associate research scientist, was the lead author of “Risk Factors for Bloodstream Infections with Methicillin-Resistant Staphylococcus aureus: A Nested Case-Control Study” published in Epidemiology & Infection.

Lori Rosenthal Cogan, DNP, DCC, associate professor, was an author of “Prevention of the nova Hepatitis B in Recipients of Core Antibody Positive Liver with Lamivudine and other oral Nucleos(t)ides: a 12-Year Experience,” published in Transplantation.

Rebecca Schnall, PhD, RN, assistant professor, was the lead author of “The Effect of an Electronic ‘Hard-stop’ Alert on HIV Testing Rates in the Emergency Department,” published in Studies in Health Technology and Nursing, “Nurse Practitioners and Israeli Health Care,” published in Health Affairs, and “Advanced Practice Nursing Students’ Identification of Patient Safety Issues in Ambulatory Care,” co-authored with Elaine Larson, PhD, RN, FAAN, associate dean of research, Pat Stone, PhD, FAAN, director of the Center for Health Policy, and Centennial Professor of Health Policy in Nursing, Rita Marie John, DNP, EdD, director, Pediatric Primary Care Nurse Practitioner Program and Suzanne Bakken, PhD, RN, FAAN, FACMI, Alumi Professor of Nursing and Professor of Biomedical Informatics published in the Journal of Nursing Care Quality. She was also an author of “Using Text Messaging to Assess Adolescents’ Health Information Needs: An Ecological Momentary Assessment” in Journal of Medical Internet Research and was an author of “Assessment of the Health IT Usability, ‘Primary Care Professional’s Perspectives on Treatment Decision Making for Depression with African Americans and Latinos in Primary Care Practice,” published in the Journal of Immigrant and Minority Health, “Assessment of the Health IT Usability Evaluation Model (Health-ITUEM) for Evaluating Mobile Health (mHealth) Technology,” published in The Clinical Journal of the American Society of Nephrology.

Phyllis Tarallo, DNP, assistant professor, was the lead author of “Prevalence of High-Risk Human Papilloma Virus among Women with Hepatitis C Virus before Liver Transplantation” in Transplant Infectious Disease published with co-author Jan Smolowitz, DNP, assistant associate dean, and Maomiao Jia, PhD, assistant professor and “Preparing for Your Patient’s Liver Resection,” published in O.R. Nurse.

Anna Maxwell Seminar Series
Sally Aboelela, PhD, assistant professor, Mary Byrne, PhD, professor, Arlene Smaldone, DNCS, assistant professor, scholarship and research, and Rita John, DNP, associate professor, presented “Taking a Positive Spin on Student Evaluations.”

APIC (Association for Professionals in Infection Control and Epidemiology) Annual Conference, Fort Lauderdale, FL, June 8-10
Elaine Larson, PhD, RN, FAAN, CIC, Associate Dean for Research, received the Distinguished Scientist Award.

Infection Prevention in Emergency Departments: A Workshop to Identify Barriers and Successful Strategies. Carter EJ, Snavr Price C, Schuster J.
<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Project Title</th>
<th>Program Funding Source</th>
<th>Current Budget</th>
<th>Total Budget</th>
</tr>
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<tr>
<td>Elaine Larson, PhD, RN</td>
<td>Training in ImmoDerminal Research to Prevent Infections (TIR)</td>
<td>National Institutes of Health, National Institute of Nursing Research</td>
<td>$120,660</td>
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<tr>
<td>Elaine Larson, PhD, RN</td>
<td>Examining Minority Representation in Genomic Research</td>
<td>National Institutes of Health, National Institute of Nursing Research</td>
<td>$349,934</td>
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<td>Current Budget</td>
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<td>Mary Woods Bryne, PhD, NP, MPH, FAAN</td>
<td>Center for Children and Families Award</td>
<td>National Institutes of Health, National Institute of Nursing Research</td>
<td>$10,000</td>
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<td>Principal Investigator</td>
<td>Project Title</td>
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<td>Current Budget</td>
<td>Total Budget</td>
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<tr>
<td>Laura Conover, MS, MSHl</td>
<td>Effect of Menopause on Musculoskeletal Pain</td>
<td>National Institutes of Health, National Institute of Nursing Research</td>
<td>$8,855,607</td>
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<td>A Placebo-Controlled, Randomized, Double-Blind, Parallel-Group Dose-Finding Trial, to Evaluate the Efficacy and Safety of THC-2</td>
<td>mushrooms Inc.</td>
<td>National Institutes of Nursing Research</td>
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<td>Rebecca Schnall, PhD, RN</td>
<td>Preventing the Development of Mobile Apps for HIV Prevention, Treatment and Care</td>
<td>National Institutes of Health, National Institute of Nursing Research</td>
<td>$10,000</td>
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<td>Project Title</td>
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<td>Current Budget</td>
<td>Total Budget</td>
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<tr>
<td>Eric A. Karsh, MD</td>
<td>Parallel-Group, Dose-Finding Trial to Evaluate the Efficacy and Safety of THC-2</td>
<td>National Institutes of Nursing Research</td>
<td>$35,000</td>
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The School of Nursing celebrated the generosity of more than 90 named scholarship donors and the accomplishments of more than 100 student scholars at the 18th annual scholarship reception on October 29 at the Columbia Club of New York.

Amelia Salce, William Randolph Hearst Nursing Scholar; Mason Granger, Director of Grants for the Hearst Foundations; William Randolph Hearst Nursing Scholars Anthon S. Scheider and Kathleen Hipp

Paul Mendelsohn with Rachel Mocci, Lore Mendelsohn Nursing Scholar

Charlie Stone, Samantha Gilligan, Harold and Wilhelmina Shipley Nursing Scholar; Sally Shipley Stone '69

Dean Bobbie Berkowitz, PhD, RN, FAAN; Elizabeth Gary, Sidney and Loretta Teich Foundation Nursing Scholar; Vivian Taylor, EdD, Associate Dean, Diversity and Cultural Affairs

Lauren Watson, Edward F. Kelley Nursing Scholar; Frannie Burns '77, Jesse Monnin, Jennifer A. Smith '05 Nursing Scholar

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Lincoln Fund Nursing Scholars (top row left-right) Maria Garcia-Ball, Fabiola Murcia, Sara Almasian, Kent Michael Haina, Jesus Villa, Jenna Passarin and Stephanie Macenais (bottom row left-right) Nabetse Oseguera Tapia, Martha McLanahan, President, Lincoln Fund, Kelly Ortega and Lara Trevino

Kamilah Dowling, Mary Dickey Lindsey '45 DNP Scholar; Adina Bargad, PhD, CNM, Director, Woman's Health NP Program; and Mary Dickey Lindsey '45 DNP Scholars Min Na Park and Monica Velasco

Lauren Watson, Edward F. Kelley Nursing Scholar; Frannie Burns '77, Jesse Monnin, Jennifer A. Smith '05 Nursing Scholar

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Olaf Stasin, Helene Fuld Health Trust Nursing Scholar; Angela Clarke Duff '70, Board of Visitor member, Helene Fuld Health Trust Nursing Scholars Scott Michener and Emily Owen

Danielline Martinez, Sidney and Loretta Teich Foundation Nursing Scholar; Sebanti Sarkar, Gladys Brooks Foundation Merit Nursing Scholar; Amy Sepolin, Jane F. McConville '51 Nursing Scholar; Kimberly Ciacia, Anna and Milton Felson Nursing Scholar
On April 26, some 200 alumni, faculty and students gathered for the 2013 reunion at Bard Hall. Committee co-chairs Martha Cohn Romney ’81 and Suzanne Law Hawes ’59 gave a warm welcome to participants who travelled from points near and far to connect with friends. Highlights included a state-of-the-school report from Dean Berkowitz and a keynote address by Guy Geier, managing partner of CO/EXFOWLE Architects, the designers of our planned new building. The day concluded with a reception in the Georgian Building, where alumni mingled with faculty and students, toured simulation labs and admired Columbia Nursing memorabilia.

Reunion 2013

Save the Date: Alumni Reunion 2014  Friday, May 2, 2014 Columbia University School of Nursing

Nominations for distinguished Alumni Awards are welcome. For more information, please contact Larin Smith at 1-800-899-6728 or Denise Ewing at 914-481-5787. All nomination materials are due by February 3, 2014.

Jennifer Wilen ’11 ’12 worked in Bangladesh to reduce maternal death during childbirth.

There are now three ways you can direct your gift:
- Student Scholarship Fund
- Student Travel Fund
- Dean’s Discretionary Fund

To make your tax-deductible contribution today, send a check payable to Columbia University School of Nursing or donate online at https://giving.columbia.edu/giveonline/.

For more information, please contact Janine Handfus, Associate Director, Annual Fund and Foundation Relations at 212-305-0079.
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Support the next generation of Columbia Nursing students

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July 1, 2012 to June 30, 2013

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Scholarships for Accelerated Second Degree Baccalaureate Nursing Students
Helene Fuld Health Trust

Mary Dickey Lindsay ’45 DNP Scholarship
The Guiffard Fund

Scholarships in Memory of Dean Helen Pettit for Undergraduate Nursing Students
Scholarships in Memory of May Rudin for Undergraduate Nursing Students
Scholarships for Oncology Students
The Louis and Rachel Rudin Foundation

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Columbia University School of Nursing Building Fund
Donaldson Foundation
Estate of Alfred G. and Alice Ann Fleming Brusdrick ’51

Anna and Milton Felson Scholarship Fund
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Hugoton Foundation Excellence in Simulation Fund
Hugoton Foundation

Lincoln Fund Scholarship for Minority Students
The Lincoln Fund

Mary O’Neill Mundinger Professorship
Elena and Michael Pinsonneault

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Sills Family Foundation

Charles A. Frazier Scholarship
Charles A. Frazier Foundation, Inc.

Housing Assistance for Women Students LOU Fund for Women’s Education

Jonas Nurse Leaders Scholars Program Jonas Center for Nursing Excellence through the Jewish Communal Fund

Psychiatric Mental Health Scholarship
Estate of June P. Feddler ’58

Dr. Scholl Foundation Scholarship
Dr. Scholl Foundation

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Brenda Barrowclough Brodie ’65 Scholarship Fund
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Jonas Veterans Healthcare Program Jonas Center for Nursing Excellence through Rockefeller Philanthropy Admin

Mary O’Neill Mundinger Professorship
Mary Jane Henderson ’84 and Juan Hernandez

Dorothy Rogers Professorship
Endowment Fund
The Dorothy Millard Charitable Foundation

Rose Nadler Schefer Memorial Scholarship Fund
The Ely J. Goldstein Foundation

Scholarships for Diverse Nursing Students
Sallie and Lionel Rich Foundation

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Laura ‘Poppy’ Schwartz Hirshman ’59 Scholarship Fund
Karl Hirshman

Mary O’Neill Mundinger Professorship
Mary Jane Hirshman ’59 and Dick Fleming

Nurse Anesthesia Alumni Scholarship Gift Fund

$1,000 TO $4,999
Nurse Anesthesia Alumni Scholarship Gift Fund
Donald Richard Boyd ’86

Other Gifts and Pledges for Special Purposes

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All gifts received after June 30 will be listed in the Fall 2014 Academic Nurse Alumni*3-year consecutive donors  ^ Faculty/Staff

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Joan Saadagh Pythyl ’56 ^
Richard D. Simmons* $5,000 - $9,999
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Karen Kreuger Desjardins ’98 ^
In memory of Robert and Joan Kiragor
Anthony B. Einthoven
Ruth Nuasbaum Fenton ’45 ^
In memory of the deceased parents of the Children of the Church
Marylton Johnson Hartam ’51 ^
In memory of Jane F. Condover ’51
Laverne Frank ’50
Kathleen McCoy Nicosie ’89 ^
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Anna C. Maxwell (1851-1929) was the first director of the School of Nursing. She is known for pioneering professional nursing and midwifery, and for establishing one of the first schools of Nursing. She is known for Anna C. Maxwell (1851-1929) in memory of Jane F. McConville ’51.

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Robert Brook, MD, ScD
RAND Corporation
Santa Monica, California

Gene Budig
Distinguished Professor,
The College Board
New York, New York

Frannie Kelly Burns ’77
Greenwich, Connecticut

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Huron Consulting
New York, New York

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San Francisco, California

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America’s Health Insurance Plans
Washington, DC

Robert L. Kane, MD
University of Minnesota
Minneapolis, Minnesota

Kenneth W. Kizer, MD
University of California,
Davis Health System
Sacramento, California

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Rockefeller Family and Associates
New York, New York

Phyllis D. Meadows, PhD
University of Michigan
Ann Arbor, Michigan

Duncan V. Neuhauser, PhD
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Then & Now: Practice makes perfect

Twin Columbia Nursing students Barbara and Betsey Ball injecting a grapefruit for practice in 1957. Image courtesy Archives & Special Collections, Columbia University Health Sciences Library.

Nurse Anesthesia Program student Phylicia Stephenson learning radial artery catheterization on a simulation mannequin.
Save the Date  **Friday, May 2, 2014**

**Reunion 2014**

For more information on Reunion or Distinguished Alumni Awards, please contact Larin Smith at 1-800-899-6728 or Denise Ewing at 914-481-5787