THE BIG PROMISE OF BIG DATA

HOW HEALTHCARE REFORM WILL IMPACT NURSING

PERSPECTIVES ON MANAGING PAIN
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As nurses, we are bound together by compassion as well as the pursuit and promise of discovery. Anticipating a better way to care for a patient, solving a quality problem, managing care more efficiently, or applying a new technology are commitments we share as clinicians, educators, and scholars.

We also share the imperative of improvement; seeking the next breakthrough to a more healthy society. The process of improvement and discovery is collaborative and although there are challenges, creating and implementing innovation is something we expect of ourselves as individuals and as a profession.

This issue of *The Academic Nurse* highlights how the Columbia University School of Nursing faculty and students are delivering on the promise of discovery along the avenue of Informatics. Our profession and the way we practice have been revolutionized by the transition from paper to electronics. Under the leadership of Professor Suzanne Bakken, PhD, Columbia University School of Nursing has embraced systems thinking and system approaches to care. The results of this approach are evident in the work of a number of our faculty members and graduates, as illustrated in our lead story, “From Information to Understanding.” Bakken’s work has been vital in helping establish and advance nursing informatics. Over the years, Bakken has helped educate a new generation of nurse informaticists, many of whose accomplishments you can read about starting on page 13.

A culture of discovery requires a supportive academic environment with the incentives and infrastructure to enable scholarship. Therefore Columbia University School of Nursing has made important investments that will increase our ability to succeed in a highly competitive research environment.

For example, our strategic plan states that “we will be internationally renowned for our high quality scholarship, particularly in collaborative research between clinicians and researchers within nursing and across disciplines.” Over the past two and a half years, we have put into place strategies and tactics that will enable us to achieve this goal. We increased our faculty capacity by hiring new junior and senior members. We increased our leadership capacity to track scholarly performance through a new Office of Grants Management. We created a support
structure within our Division of Scholarship and Research that assists with grant writing and research skills, increases the quality of our mentoring, offers rigorous critique and peer review of grants prior to submission, and provides small intramural grants to enable faculty to collect preliminary data in preparation for a larger grant award. As a result of these investments there is a 38% increase in externally sponsored research funding since 2010.

Research is critical to our reputation as a school of nursing. We believe that the discovery, dissemination, and application of new knowledge are central to our mission of educating future nurses. Our practice as nurses is dependent on a commitment to every individual, family, and community that we will always seek a better way to meet their health goals. This is a commitment that Columbia Nursing meets every day.

Bobbie Berkowitz, PhD, RN, FAAN
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Research Briefs

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Implementation of the HIV Test Law in the ED

As the HIV epidemic continues to affect more than one million people in the U.S., emergency departments (ED) in New York hospitals have been mandated to offer HIV testing to all patients between the ages of 13 and 64. The first qualitative study to examine ED healthcare providers’ perceptions of factors that predispose, enable and reinforce the provision provides insights that other institutions might use so they can appropriately implement similar legislation passed by other states.

Interviews were conducted with ED healthcare providers from two New York City teaching hospitals to better understand the factors affecting their ability to implement the legislation. Responses fell into three categories: those that predisposed providers to offer an HIV test; those that enabled the offering; and those factors that have the potential to reinforce providers offering the test.

The study, conducted by Rebecca Schnall, PhD, RN, Assistant Professor of Nursing, was published in the March issue of Academic Emergency Medicine.

One of the predisposing factors included self-efficacy. Several participants did not feel that HIV testing in the ED aligned with their personal vision of an Emergency Medicine provider, a sentiment shared by some physicians and nurses alike. Nor were they trained to perform the test. Knowledge gaps also included protocol for following up with the patient after an HIV test.

Providing proper ED resources was one of the key factors enabling providers to offer the HIV test. Space is often at a premium in a busy ED, and respondents did not feel that their EDs were equipped with enough space to offer an HIV test in a private setting. Additionally, participants were concerned about the impact of the legislation on patient wait times and the extra burden on staff. One respondent suggested that in order to free up physicians to see more patients, a staff person be solely dedicated to HIV testing. Another suggestion pertained to the type of test being offered. Respondents suggested that they would prefer point-of-care testing or rapid testing, as well as a test that required cheek swabs rather than a blood draw.

In addition, respondents reported that linking access to testing with HIV treatment and public health supportive services would reinforce their desire to offer the test. The ED providers shared an overwhelming sense that the legislation would have an overall positive impact by identifying a population that would otherwise go undetected and unassisted. Participants also thought that the legislation had the potential to improve public health by helping individuals who might go undiagnosed and potentially “control the ripple effect” in which people who are HIV positive refrain from risk-taking behaviors.

Overall, providers understood the potentially positive impact of HIV testing in the ED and its achievement as a public health measure. Respondents also felt the legislation would ultimately be cost saving and that it was important to understand and capture the cost savings involved in implementing this legislation.
Predicting Adherence to HIV Drug Therapy

Studies have shown that when patients expect a positive outcome from their drug regimen, they are more likely to stay on their meds.

But what happens when the patient isn’t equipped with the language skills to understand and act on medical information presented in brochures, product inserts, or healthcare articles on websites explaining a drug’s efficacy in fighting a disease?

In a first-of-its-kind study assessing the relationship between literacy, health beliefs, and adherence to medication among HIV-infected adolescents, researchers at Columbia University School of Nursing found that low functional literacy endangered infected youths because they didn’t take their drugs as prescribed. Not adhering to antiretroviral therapy among HIV-infected individuals can result in more hospitalizations, emergency room visits, and increased risk of death.

The study, “Health Literacy and an Expectation of a Positive Outcome Linked to Drug Therapy Adherence among HIV-Infected Youth,” was published in the Journal of the Association of Nurses in AIDS Care.

“Without the language skills to help reinforce the message that by adhering to their drug regimen they can stay healthier for a longer period of time, many HIV-infected young people are at risk for falling behind on their therapy,” says Ann-Margaret Navarra, PhD, postdoctoral research fellow, the lead author on the paper. “Basically, the patient is being given a responsibility above their skill set. Patients can’t afford to wait for the education system to raise their reading ability. What’s needed right now is health education that goes beyond the traditional written pamphlets.”

The study was conducted among English speaking HIV-infected adolescents between the ages of 13 and 24 years of age, with a prescribed antiretroviral therapy (ART) regimen for six months or longer. The patients were evaluated for health literacy (measuring both numeracy and literacy values), health beliefs to assess perceived threat of illness, positive and negative outcome expectancy, and intent regarding oral medication adherence. The study also measured media consumption using a questionnaire developed by the team.

“Health beliefs are the gateway to adherence,” she says. “Health beliefs about ART need to be assessed as part of ongoing adherence support and especially before the initiation of an antiretroviral regimen.”

“With increasing numbers of patients requiring treatment for chronic illness, our study raises a red flag that the current emphasis on self-management of long-term disease might not be an effective approach for all populations of patients,” says Navarra.
Crunching Big Data to Inform Big Policy

Adult obesity is on track to replace tobacco use as the nation’s leading cause of preventable death, according to massive data modeling by Haomiao Jia, PhD, Associate Professor of Clinical Biostatistics.

“I am interested in demonstrating how to look at different large-scale health problems and compare them,” says Jia. “We don’t look at individuals but at people groups – really big people groups.”

Jia’s work was integral to recommendations in the recently released report Adult Overweight and Obesity in New York State, 2000-2010. The report looks at the prevalence of overweight and obese residents in the state, based on selected demographic characteristics such as gender, race/ethnicity, educational attainment, and incomes. Prior to this study, smoking was considered the number one preventable health threat in both the state and the nation. However, data presented in this study indicate that as smoking continues to decline, obesity continues to rise at an alarming rate.

Jia predicts that by 2050, health issues related to obesity will shorten life expectancy in the U.S. by two to five years. Such findings are important not only for understanding social trends but also for informing the decisions of state and federal agencies responsible for policies, programs and funding to address public health issues. Given the gravity and rapid growth of the problem, Jia believes, “this report may prompt authorities to create new initiatives for educating people, such as setting up obesity-prevention programs.”

Jia began to work on a statistical model to combine and quantify “big data” when he came to Columbia from the CDC in 2006. His current data modeling efforts stem from biostatistical research he began more than a decade ago.

“The challenge lies in combining and manipulating different types of big data sets in ways that allow us to understand the reality the data want to reveal,” Jia says. “To make meaningful conclusions on large, complex issues, one data set is often not enough.” Jia is one of only a handful of researchers who use the model to crunch big data sets over long periods of time. Jia partners with Erica Lubetkin, MD, MPH, Associate Medical Professor at City College of New York, as well as with the CDC in Atlanta. Under a CDC grant, Jia analyzes health data for all 50 states and the District of Columbia, using data sets that have been gathered continuously since 1993. A subset of the larger U.S. data group was extrapolated to provide health trend information on obesity and smoking in New York State.

And the methodology can be applied to issues other than obesity and smoking. It can cover any possible disease or disorder and consider any possible risk factor, including the effects of poverty, education level, and even availability of insurance. In addition to obesity and smoking, Jia has used the method to study stroke, asthma, and other problems. He is currently expanding the method to calculate data related to mental health. “We are using the assessment to study aspects of depression as related to incidents of suicide,” he says.

One of Jia’s challenges is trying to educate researchers about the availability of his services and techniques. He notes, for example, that his data modeling could be useful for manipulating data in clinical trials, even though these usually involve much smaller data sets. “The main thing for me is to get more people to use the model.”
Public Health Social Network Typified by “Clumps” & “Gaps”

At a time when the nation’s health care system is relying more than ever on the diffusion of innovative ideas and best practices to increase efficiency and decrease costs, a new study now shows that the nation’s peer-to-peer network for public health executives could be more effective.

Research from the emerging field of social network analysis revealed that local health department executives tend to talk to each other in small groups of twos and threes, mainly within state boundaries.

“Professional social networks are recognized as an important vehicle for influencing ideas about practices that are valuable and effective,” says lead author Jacqueline Merrill, DNSc, RN, MPH, Associate Professor of Clinical Nursing (in Biomedical Informatics), and the Director of the Laboratory for Informatics, Complexity and Organizational Study. “Overall, the gaps in information flow suggest that a direct peer-to-peer network is currently not the main way local health officials tend to communicate about administrative, professional and leadership issues in public health,” said Merrill.

The researchers investigated how top executives in local health departments communicate about substantive issues using the data from the National Association of County and City Health Officials 2010 National Profile Survey. Merrill and her colleagues constructed network diagrams representing communication links between local health departments that were augmented by attributes such as geographic location and size. Other characteristics were included to assess the overall terrain, or topology, of the communication network, making visible communication patterns and the geographic distribution of links in the network.

In a typical diffusion model, health officials at the periphery of the information network would rely on communication and ideas spreading from a central well-connected core. In this case, researchers found that the connections were sparse at both the center and the periphery of the network, a pattern that could slow down the diffusion of ideas, but also suggests potential for improvement. Further, there was no sign that a central group of health officials served as thought leaders or coordinated the flow of information with the rest of the network. A picture emerges, says Merrill, that shows an average health official at the local level who has only a few direct ties to peers, and a small effective network within his or her local area.

In order to effectively spread the news about best practices and other innovations, the public health system could benefit from a communication network where health officials are connected to one another in greater numbers. The more information each health official knows about the activities of their public health peers, the more opportunities there are for best practices to spread through the system. “Information and influence might focus on professional issues such as culture change regarding quality improvement, enhanced leadership techniques, or improved business practices,” she says.

“All public health practice is local, but not all innovation is local,” she adds. Her team is now working on a computer simulation of communication flow that could guide interventions to increase the spread of information in the health officials’ advice network.
From Hospital to Home: The Challenge of Transitioning Patients Using Oral Anticoagulants

U.S. health care reform requires patients to transition from hospital to home earlier and earlier, thrusting family members and other patient caregivers into roles of increasingly greater responsibility. For patients undergoing anticoagulation therapy, this situation is particularly delicate because determining the effective dose of anticoagulation medicine requires careful monitoring that can lead to dire consequences if not conducted properly.

In an article recently published in the *Journal of Cardiovascular Nursing*, Mary Johnson, DNP, Assistant Professor of Clinical Nursing, explores the clinical challenges facing caregivers assisting patients undergoing anticoagulation therapy during hospital-to-home transitions.

“Fifteen to twenty years ago, cardiac surgery patients would usually stay in the hospital 2-3 weeks. Now they are sent home in 3-5 days,” says Johnson. “For example, under the old scenario, patients receiving the most commonly used oral anticoagulant, warfarin, could be monitored in the hospital until the anticoagulant levels in their blood were deemed stable and appropriate. Consequently, when patients finally went home, their effective dosage had been determined and they didn’t need blood tests for a few weeks. That’s not the case anymore.”

As the article notes, patients leaving the hospital on anticoagulants today usually need to return to the hospital for assessments within a few days, shifting the responsibility of monitoring and knowledge requirements for patient care from hospital staff to patients and their caregivers. Warfarin in particular presents management challenges, including a narrow therapeutic window and problematic interactions with other medications and even some foods.

The Joint Commission has issued National Patient Safety Goals for reducing the likelihood of patient harm during anticoagulation therapy and for medication reconciliation across transitions of care. However, there are currently no recognized standard guidelines for discharging anticoagulated patients from the hospital. Thus, the discharge process for these patients is guided by each hospital’s individual discharge plan or checklist. Johnson’s article provides a standardized checklist, adapted from the Anticoagulation Clinic at Beth-Israel Medical Center in New York, in order to help fill this gap in protocol.

In addition, the article discusses newly available anticoagulation therapies, notably dabigatran etexilate, rivaroxaban and apixaban. These new oral anticoagulants are considered as or more effective than traditional options, because of their potential for easier management in non-hospital settings, fewer drug-drug and drug-food interactions, simpler dosing schemes, and no requirement for coagulation blood test monitoring. The article also provides guidance on helping patients and medical personnel manage patient care during the transition out of the hospital and back home for those patients on warfarin therapy.

Ultimately, the nursing mission is about patient health, and successful communication is integral to the success of that mission. Today’s cost-constrained healthcare environment requires patients being discharged from the hospital earlier and being more caregiver-dependent than ever before. Diligence, careful planning and close communications are required among patients, caregivers and healthcare providers during and after discharge until new anticoagulants are readily available.
Contrary to popular opinion, oncology nurses have lower burnout, less job dissatisfaction, and less desire to leave their current position than do medical-surgical nurses. According to a study published in *Cancer Nursing*, Jingjing Shang, PhD, RN, Assistant Professor of Nursing, attributed the more favorable outcomes for oncology nurses to better nurse work environments in oncology. Specifically, oncology nurses reported more favorable staffing, active preceptor programs and other foundations for quality of care, and good collegial nurse-physician relations. “Our study results suggest that nursing outcomes and quality of care can be improved by improving nurse work environments. More specifically, for nurses working in specialty units, effective preceptor programs will provide nurses with knowledge and expertise, which in turn will improve nurse autonomy, grant greater control over their daily work, and ultimately enhance patient and nurse outcomes,” writes Shang. “In context of future nationwide nursing shortage, it is critical for hospitals to strengthen nurse work environments to both attract new nurses and retain existing nurses.”
From Information to Understanding
Nurse Informaticists Put Big Data to Work

By Gerald Jonas
Nursing care has been revolutionized by the changeover from paper-based to electronic record keeping. Over the last three decades this new technology has provided remote access to records, powerful search capabilities, and the opportunity to uncover patterns that point to more effective interventions and treatments.

But the resulting “tsunami of data” can be overwhelming. One of the challenges of nursing’s Big Data era is to turn the riches buried in electronic documentation into systems and tools that can improve patient care and outcomes.

Enter informatics.

Informatics is a multidisciplinary field, developed over the last half-century, that embraces computer science, information science, and systems analysis in the broadest sense (including human-machine interfaces). While no formal definition is accepted by all practitioners, informatics generally aims at converting “raw” data into useful information and action-oriented knowledge.

For Suzanne Bakken, RN, PhD, FAAN, FACMI, Alumni Professor of Nursing and Professor of Biomedical Informatics, that formulation does not go far enough. As one of the founders of the field, she wants nursing informatics to go beyond the buildup of knowledge to what she calls “wisdom.” This requires an “interpretive” approach designed to support a nurse’s moment-to-moment decision-making with real-time recommendations: “The goal, and it’s not very futuristic at all,” Bakken says, “is for nurses to have integrated into their workflow a suite of tools that allows them to deliver the highest quality, evidence-based care.”

But the promise of informatics does not stop there. Outside the hospital, in clinics and the community at large, nursing informatics looks for the best ways to communicate vital health information to what Bakken refers to as “the consumers.” She notes: “‘Patient’ is a role we play at certain times. I’m only a patient a very small part of my life.”

To fulfill this grander vision, nursing informatics needs practitioners skilled in the understanding and application of information structures, processes and technology. Along with her own research, largely focused on the healthcare needs of underserved communities, Bakken has devoted her career to mentoring new generations of informatics researchers.

START-UP

Bakken’s own interest in informatics began two decades ago when she went to Stanford as a postdoc, with the intent of creating decision-support systems for healthcare workers. Of all clinicians, nurses spend by far the most time with patients. So it’s essential that everyone responsible for patient care be kept informed not just about what nurses do but about what they learn while on duty. The switch to electronic health records (EHRs) was supposed to make it easier to document such information. But not every nurse, much less every clinician, uses the same vocabulary to describe a patient’s condition. So when Bakken set out to help nurses and others make better patient-care decisions, her first challenge was to make sure the language of nursing was represented in the computer-based systems that were just beginning to become standard in hospitals.

At that time, Bakken says, “There were several existing sets of words to document nursing care. Each had strengths and weaknesses. But none were formally defined in a way that made them computable. And no one was about to declare, ‘There shall be one language and all nurses shall use it.’ People needed the familiar lists of words they were already using, in the systems they were comfortable with.”

Instead, Bakken and her colleagues set out to create a user interface that would translate all the different words for the same concept into a single term recognized by the system “on the back end.” Once this was accomplished, computers could aggregate patient-care records across different institutions and specialties – such as acute care vs. home care. Building on this foundation, the system could be programmed to present clinicians with useful information to support bedside decisions, while amassing data that researchers could later “mine” for new insights.

How difficult was getting this new tool in place? Looking back, Bakken can’t help but laugh: “I actually spent ten years of my career working on the terminology problem. That was about the dullest thing I’ve done in my life!”

Was it worth it? “Today,” she says, “we have an international standard for representing nursing concepts in electronic systems.” And this is one
of the building blocks of applied informatics that Bakken and her former students are using to analyze and improve the treatment of patients and other healthcare “consumers” worldwide.

AN INFORMATICS X-RAY
One of those former students is Jacqueline Merrill, DNSc, RN, MPH, Associate Professor of Clinical Research (in Biomedical Informatics), who heads the Laboratory for Informatics, Complexity and Organizational Study (LICOS) at CUSON and has an interdisciplinary appointment in the Department of Biomedical Informatics. Merrill has had a most unusual career trajectory.

Right out of high school she got her Diploma in nursing at Massachusetts General Hospital. “But I had an artistic side that nursing wasn’t satisfying, so after a few years in critical care I left to go to design school.” After running her own design business for 15 years, she returned to nursing as a public health nurse assigned to elementary schools in New York City.

She was soon frustrated by the lack of resources to do her job. One example: during an outbreak of hepatitis she had trouble getting materials to educate parents. Resources are often scarce in public health, but she saw the problem in a larger context: “The organization might be structured better to support the needs of the field. And that’s my thing. I see things as a system.”

Returning to school, she completed a BS and MPH and was pursuing a doctorate at CUSON when she met Bakken and realized that informatics was a perfect match for her mind-set. “Systems thinking is an innate property of nursing,” Merrill notes. “Nurses are taught to look at the patient as a system -- not only physiologically, but as an individual embedded in a family, a community, and the population at large.”

Since 2006, Merrill’s laboratory has been helping public health departments analyze their organizational strengths and weaknesses. She uses network analysis, a computational technique employed by the U.S. military and Fortune 500 companies to improve team performance.

The process begins with an online survey that documents how employees communicate in the course of a workday -- who exchanges information with whom, how frequently they interact, and along what channels. The software converts the survey data into measurements and “network visualizations” -- diagrams that capture the intricacies of communication and collaboration among employees.

Since the survey is standardized, health departments can also compare themselves with other departments to identify system-wide patterns.

Merrill sees network diagrams as akin to an X-ray: “An X-ray is a diagnostic tool. It shows you a picture of what’s there. It doesn’t tell you what to do; the organization’s management team works with you to interpret what’s going on. It’s a form of evidence-based decision support -- an informatics method -- that helps improve management.” One LICOS study of 115 employees at a public health department revealed that intradepartmental communication was so centralized -- moving mainly from field workers to higher-ups -- that key information was not flowing freely between divisions. In effect, there was a communications bottleneck.

With this analysis in hand, Merrill said, “Two divisions realized they were serving a population in common and decided to leverage their efforts by screening for sexually transmitted diseases in urine samples routinely collected by the Maternal and Child Health Clinic. And the STD clinic
identified 82 cases of asymptomatic chlamydia and gonorrhea.” The impact on community health was immediate and tangible. “These women would have never gone for medical attention until serious symptoms appeared. Now, not only were they treated early on but their partners were treated as well, doubling the impact on population health improvement.”

FROM DATA TO NARRATIVE
While Merrill uses informatics to show how organizational changes can improve health-care outcomes, another of Bakkens’s former students, Sarah Collins, RN, PhD ’09, is a Nurse Informatician in the Knowledge Management group at PARTNERS Healthcare Systems and deals more directly with the individuals who deliver health care.

One of her research interests is the way information is recorded and communicated during the “handoff” between nursing shifts— and other transitions of care among all types of clinicians—so that continuity of care is maintained. While some information is passed along verbally, the key facts must be documented for clinicians who are not present at these transitions. This is no small task; studies show that clinicians spend up to 30% of their workday on documentation alone (much of it to meet legal requirements).

The older method of paper-based documentation was prone to misunderstandings caused by illegible handwriting; and of course the records were inaccessible to clinicians in remote locations.

While electronic health records may solve these problems, they also pose new difficulties.

Both paper and electronic forms organize data under clearly labeled categories – medications given, vital signs like temperature and blood pressure -- to allow for easy entry and retrieval at a glance. But what happens when the organization of data fails to effectively convey significant observations about a patient’s condition?

In paper-based systems, nurses typically add notes in the margins to place the basic data in context. These notes can be critically important for patient care. As one acute-care nurse put it, “There are a lot of people on the team… Only one doctor gets the page [notification], but everyone can see these events highlighted [on the flowsheet].” Another nurse said, “It is nice to be able to document a comment in the moment, right on the flowsheet, because you get busy.”

Yet Collins and her colleagues found that accessing such context-setting comments was actually more difficult to do in EHR systems. Nurses can add comments to the EHR flowsheet, and other healthcare workers can consult these comments in a pop-up box, but it is all too easy to miss the icon that indicates a comment is present.

Collins’s research has demonstrated the need for reconfigured EHRs with a built-in capacity for communication that provides a narrative and meaningful context to structurally organized data. These “patient-centered” EHRs would capture for clinicians, and preserve for researchers, the useful -- sometimes crucial – information about patients that gets shared among clinicians verbally during a face-to-face handoff.

HEALTH FOR ALL
Olivia Velez, PhD, ’06, ‘11 was the first member of her family to go to college. After graduating in computer science from Mt. Holyoke in 1998, she spent several years as a database manager and software developer before enrolling in CUSON in 2005.

Why nursing? Because, she says, “When I was a kid, my mother worked at a community health center in Peekskill, N.Y. I had a high school internship there one summer, taking care of kids whose parents came in with problems. Peekskill is 50% Latino and I started thinking how technology could bring better health care to underserved populations.”

Her determination to use technology to reduce healthcare disparities was a constant throughout her education -- which now includes a BN, two master’s
degrees (in information technology and public health) and an informatics doctorate with Bakken.

For her PhD dissertation, Velez designed and tested an “mHealth” (mobile health) application to support the work of midwives in rural Ghana. On three separate visits to that West African country, she observed and interviewed midwives in villages where they not only deliver babies, but are often the only healthcare workers local people ever see. With the nearest hospital miles away on unreliable roads, the benefits of replacing paper-based recordkeeping with an easy-to-use smartphone application were clear: using such an app, a midwife could get feedback from an interactive database on how to deal with complicated cases and when to call for backup.

Since early 2013, Velez has worked in Washington with the Maternal Child Health Integrated Program (MCHIP) of the United States Agency for International Development (USAID), supporting mHealth programs in developing countries around the world.

THE SYSTEM IS ‘IN’
Rose Lai, MPH, DNSc, ’06

remembers when the very idea of computer-supported health care seemed like science fiction: “When I entered the Master in Public Health degree program at Columbia, the university was just entering the Internet era. That year, 1996, was the first year that everyone at Columbia got an email address.”

Lai soon realized that the new information technology would make it possible for patients who are discharged from a hospital to access continuing medical care from home. After getting her doctorate in Consumer Health Informatics under Bakken, she returned to her native Taiwan, where she now works for ITRI, a government-funded research and development organization.

As deputy director of ITRI’s Healthcare Service Division, Lai oversees development of electronic systems that provide 24/7 care at home for post-operative patients, the elderly, and people with chronic diseases.

The key to this innovation is a television setbox, like a cable channel selector, that provides two-way communication between consumer and the healthcare system. “We chose the TV and a dedicated remote,” Lai says, “because older people are familiar with this technology.”

She describes a typical case: a patient with diabetes sees a doctor at a hospital or clinic and goes home with instructions for self-care and a prescription for medication. The patient regularly monitors her glucose level using a special device that transmits the information, via the television setbox, to the system. If the transmitted data indicates problems, or if the patient does not report on schedule, the system alerts a case manager, who can send a reminder video to the consumer’s TV, notify family members, or call in emergency personnel.

A patient who is traveling can stay in touch via a smartphone app; if she needs help, she can go to one of the 78 medical institutions in Taiwan (hospitals, nursing homes and clinics) linked together in the system. Last year a government-funded pilot project served over 4000 active cases.

FIGHTING FALLS
Clinical innovations driven by informatics typically involve more than one level of the healthcare system.

Patricia Dykes DNSc, RN, FACMI ’04, Assistant Professor of Medicine, Brigham and Women’s Hospital, a former acute-care nurse who earned a DNSc in nursing informatics at Columbia under Bakken, tackled a problem nurses know only too well: falls by hospital patients that can seriously compromise recovery.

According to one estimate, there are over 700,000 such falls a year. The vast majority are considered preventable — so Medicare and Medicaid have stopped reimbursing hospitals for the treatment of injuries resulting from such falls. The message is clear: Reduce in-patient falls or suffer financial consequences.

Despite this bottom-line incentive—and despite the fact that reliable methods to identify high-risk patients have been available for decades — interventions to reduce in-hospital falls have been largely ineffective.

What made Dykes’s program different, and successful, was her systems-based approach. She began by getting “buy-in” from administrators at the top of the organization on down. This included the Chief Nurses Council, Chief Medical Officers and Chief Information Officer, among others. Then her team conducted focus groups with everyone involved in patient care: professional care-givers, paraprofessionals, and the patients themselves. One goal of these investigations was to find
out what people on site perceived to be the barriers to adopting healthcare innovations.

A key finding, Dykes says, was that generic recommendations don’t work: “Unless you do a specific risk assessment for each patient and generate specific recommendations for that risk profile, you can’t prevent falls.”

Providing this kind of real-time decision support for nurses requires a thorough understanding of their work environment: “I was an acute care nurse. I know how busy nurses are; they don’t have time for anything that won’t demonstrably improve patient care and fit seamlessly within their workflow.”

The program at the heart of Fall TIPS considers 144 possible combinations of carefully defined risk levels (Is the patient confused? Does she have trouble walking?) and specific interventions (a cane, a walker, a chair that automatically alerts caregivers when a patient stands up).

Once an individual’s data is entered, recommended interventions tailored to that patient’s needs can be instantly reviewed, further customized based on the nurse’s knowledge of a patient, and then printed out as a “bed poster” (a patient education handout), or accessed by the careprovider online.

A randomized, controlled study of 10,000 patients in four Boston-area hospitals showed that, over six months, the Fall TIPS toolkit decreased falls by 22%.

**CLOSING WOUNDS**

**Leanne Currie, RN, DNSc, ‘04,**
Associate Professor, University of British Columbia School of Nursing, a native of Vancouver, Canada, worked as an emergency room nurse before “falling in love with informatics” as a graduate student in the 1980s. After getting her DNSc at CUSON, she returned to Vancouver as an associate professor at the University of British Columbia School of Nursing.

Her research there concerns home care nurses who serve patients across a large catchment area known as the Vancouver Coastal Health Authority. The Authority, which has responsibility for over a million people, includes the city of Vancouver but stretches northward into remote mountain, coastal and island communities. Its dozens of home care nurses make nearly 900 visits a day, reaching some of their more distant patients by boat or float plane.

“My main focus at the moment,” Currie says, “is on clinical decision support in the community” -- specifically, supporting home care nurses in the care of wounds that fall under five categories: diabetes ulcers, lesions caused by poor circulation (arterial, venous, or mixed), and burns.

Wound care, Currie points out, is generally considered a domain of nurses. “We collaborate with physicians, nutritionists, social workers, and occupational and physical therapists, but central to the patient care team is the expertise of nurses.”

On each visit to a patient’s home, the nurse measures the size of the wound and enters it into an interactive system on a laptop, along with a photograph. If the wound has not diminished in size at least 30% over three weeks, the program alerts both the visiting home care nurse and an advanced-practice nurse back in Vancouver, who specializes in wound care and can recommend further treatment.

A large study has been completed comparing the progress of some 1500 patients before and after the automatic-alert system was implemented. The results have not yet been published, but, says Currie, they are “very promising.”

Currie, who has dual U.S.-Canadian citizenship, is also interested in bridging the so-called “digital divide” – the disparity in access to computers and the Internet between less-advantaged (often rural) communities and the rest of society. Her interest in this issue is personal: Some of the disadvantaged come from what is known in Canada as “First Nations” (Native American) communities, and her father’s grandmother was a Cree.

**FOUNDATIONAL**

Like other Bakken students, Currie credits her former doctoral advisor with steering her toward success as a researcher: “She’s an amazing mentor. She’s good at finding your strengths, and pushing you to the edge of your strength -- but never over it. She used to say, getting a doctorate is as much about endurance as intelligence.”

Jacqueline Merrill agrees: “Sue is a brilliant scientist who has made many
foundational contributions to the field of biomedical informatics. But her greatest gift is her ability to bring out the best in people in ways that are positive and constructive, insightful and growth-oriented.”

Bakken’s contributions as a researcher continue. She is currently Principal Investigator for the Washington Heights-Inwood Informatics Infrastructure for Comparative Effectiveness Research (WICER), a $9 million, multidisciplinary project that aims to understand and improve the health of a largely Latino community in New York City. WICER is funded by the Agency for Healthcare Research and Quality.

By combining responses to a 6000-person health survey with clinical data from the Washington Heights/Inwood population, researchers hope to identify ways to “give back” information to “consumers” that will help them play a greater role in their own healthcare. This information will be designed to match an individual’s “health literacy”; it might take the form of easy-to-read computer graphics that compare an individual’s blood pressure with the norm in the community and the value recommended for good health.

The WICER database will also be “mined” to explore the comparative effectiveness of treatments for hypertension and heart disease, and to study how closely patients adhere to prescribed medication regimes.

Bakken sees WICER as a culmination of her research focus over the years: “I’ve always considered my research to be at the intersection of informatics, health-care quality, and improving the health of underserved communities.” As for the far-ranging work of her former students, she expresses great satisfaction in their accomplishments. “When I came here,” she says, “first, I really wanted to figure out what every nurse should know and get it integrated into the curriculum. And, second, I wanted to develop this cadre of highly qualified, very well trained nurse scientists who do interdisciplinary work in informatics. By any number of bibliometric measures we have succeeded: We are the number-one knowledge producer in nursing informatics in the world.”

Nursing informatics is a specialty that integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing practice. Nursing informatics supports consumers, patients, nurses, and other providers in their decision-making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology.

*Nursing Informatics, Scope and Standards of Practice, ANA 2008*
Entering Sacred Space:
When Nurses Manage Pain

By Robert D. Brown
“I was a young nurse when a 42-year-old woman came into the hospital with metastatic stomach cancer. By the time her tests were finished, she was doubled over in a wheelchair, in excruciating pain and sobbing. Her three children hovered nearby, upset and scared. Finally, the nurse practitioner on pain service appeared with a syringe of pain killer. The pain was alleviated. I remember thinking that this nurse, my friend and colleague, was an angel at that moment. She had the knowledge, she had the tools, and she knew what to do and how to do it. She knew that relieving this woman’s pain was the most important thing anyone could do, for both her and her children. The patient died within a year, but seeing how her suffering could be controlled changed how I would view pain management forever.”

– Professor Mary Ellen Tresgallo

Pain is one of the most common human experiences, yet each individual’s relationship to it is personal. Pain can be mild or excruciating, exact or diffuse, persistent or sporadic. How it’s experienced can be affected by age, general health, culture, emotional and psychological state, and previous pain history. And, of course, people simply have different pain thresholds. For these reasons, two people with the same injury or medical condition can experience pain very differently. No matter the circumstances, pain management is central to the practice of nursing. Indeed, because so much of what nurses do is in anticipation of or in response to pain, it is sometimes called the fifth vital sign.

“Once patients are stabilized medically and during that process it is imperative that their pain and symptoms be treated,” says Mary Ellen Tresgallo, DNP, MPH, FNPBC, Assistant Clinical Professor. This means accurate medical assessments, access to the right medication, a supportive environment, and effective communication. It requires treating the whole person and often involves their families, as well.”

Effective pain management frequently requires collaboration. “Partnering with colleagues is critical,” Tresgallo says. “Given the complexities of pain, it often takes a team credentialed in different disciplines to make a patient comfortable.”

Marlene McHugh DNP, DCC, FNP, Assistant Professor of Clinical Nursing, agrees, “Patients can be triaged to team members with specific pain expertise. This could be nurses, anesthesiologists, or physical therapists, among others.”

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“It was back in the 1990s. I was working as an ICU nurse and also doing graduate clinical work at a homeless shelter. One night I went to the hospital and a patient from the shelter was there. He was alert and oriented, but I knew he was mentally ill from my shelter work. I remember he was wearing a Batman shirt. He had presented to the ER with advanced AIDS symptoms, including a large neck lesion that had eroded to an arterial bleed. The bleeding wouldn’t stop and he was in pain, terrified. He was dying. He recognized me and started screaming, ‘Please help me!’

I pleaded with the resident to give him pain meds but the resident refused because it would cause a further drop in blood pressure. I said, ‘You know he is going to die, we can’t let him stay in this amount of pain.’ But the resident wouldn’t budge. Then, out of nowhere, another resident appeared. ‘This is criminal,’ she shouted. ‘Sedate this man!’

And I thought, ‘Thank God.’ We administered the meds and the patient calmed down. Within an hour, he was dead -- but at least he didn’t die in pain. In those days, when HIV was still new, patients often suffered tremendous pain and many had no one to help them or serve as an advocate. But that’s when the change started -- that was the beginning of patients and their caretakers starting to demand better pain control.”

– Professor Marlene McHugh
“Historically, we have undertreated pain,” says Laura Ardizzone, DNP ’04, ’10, chief nurse anesthetist at Memorial-Sloan Kettering Cancer Center and CUSON graduate. “Our goal should be that patients are as pain–free as possible. There’s been a great deal more education in recent years about the importance of pain management, how much medication to give, and how to observe and track patients and their pain medicine. Also, today there are multi-modal analgesics — patients who once would’ve only been given narcotics can now be given non-opioids. Yet we still have a long way to go in keeping patients as pain–free as possible.”

According to the American Society for Pain Management Nursing, pain is the most common reason for admission to hospital emergency rooms nationwide. Patients often end up there because they can’t obtain relief from over-the-counter painkillers or even their own physician. Yet studies show that pain is regularly undertreated in the ED.

“Our health care system isn’t supporting people as it should, which makes them run straight to the ED rather than calling their doctor, nurse practitioner, or special clinic,” McHugh says. “As a family nurse practitioner myself, I give patients my card and ask them to call me before they decide to go to the ED. The goal is to keep them pain–free in a familiar environment, ideally their home, and out of the ED.”

“The nurse should always be an advocate for the patient in pain — this is not a secondary role,” says Penelope Buschman, MS, PMHCNS-BC, FAAN, Assistant Professor of Clinical Nursing and program director for the Psychiatric Nurse Practitioner Program. “We have to be the voice of the patient, the child, the family as they confront a bewildering medical system in search of pain relief. The more complex the medical landscape, the more important it is for nurses to take on a patient-advocacy role.”

As growing numbers of baby boomers move into their senior years, nurses will be increasingly required to help manage pain for more patients living with chronic illness. But some educators believe that the emphasis on pain management in advanced practice nurse training hasn’t fully filtered into traditional nurse training programs. Nurses without advanced training, often do not receive a solid grounding in pain management, and do not spend as much time with these patients as students did in years past.

“We need to change how we educate nurses,” says McHugh. “It is crucial that we constantly reassess competencies. We have to place a greater emphasis in the classroom on the importance of keeping patients pain–free as well as identifying the pain management skills nurses need and then accommodate their training accordingly.”
Beyond providing additional training for students, pain management can be enhanced by interdisciplinary team nursing. McHugh continues: “Nurses need to sit together with colleagues from palliative care, medicine, rehab, and primary care to develop treatment plans that include ensuring that patients receive proper pain management and that the family environment is taken into account. This approach is becoming more important as the population ages and we again see several generations living under one roof.”

Home health nurses, for example, are the heart and soul of many communities, particularly underserved ones. Patients treated in hospitals receive intervention for pain, but often there is no follow-through in pain management once they leave. McHugh notes, “As the patient’s primary care giver for discharged patients, nurses in home health settings need to be involved in the team model and fully educated on pain management options. In addition, the team model facilitates home health nurses’ ability to act as a bridge between their patients and the larger medical system.”

At Memorial Sloan-Kettering Cancer Center, where Ardizonne is the chief nurse anesthetist, residents, fellows, and nurses are all taught to provide effective pain management. “It’s no longer a pyramid with the doctor at the top, but more of a circle, a collaborative team approach,” she says. “The result is improved patient-centered care, with patients and their families as partners.”

For the new approach for pain management to succeed, nurses with pain-management expertise need to play an active role in providing ongoing education to their nurse colleagues. This could include mentoring, formal training via workshops, and related measures. “We want all caregivers to feel that what they offer in terms of pain management is safe and effective for the patient,” says Ardizonne, “We’re all involved as a team and each member should be valued as part of a whole that serves the patient. This requires respect, collaboration, good standards of care and education, and overall institutional support. If we have all that, then we have satisfied the mandate.”

“I remember an 8-year-old patient in the children’s burn unit – a very specialized, difficult case. I was a new psychiatric nurse. Most of the little boy’s body had been burned. He required dressing changes several times a day, with pain meds given each time. In addition to tremendous physical pain, the child was obviously experiencing emotional pain whenever he looked at his body. The dressing changes had become so painful and emotional that the nurses on the unit asked me to help.

The boy’s family refused to become involved, so other than the nursing staff, he was very much alone. He was all bandages except for part of his right hand – he asked me to hold that hand and talk to him during dressing changes. It didn’t take away his physical pain, but it alleviated his mental and emotional pain somewhat. What was important was that he determined how I could help him. He taught me the power of touch and caring. I just had to be there and do it. I don’t know if he survived -- his life would have been hell. But there are some patients and experiences that really affect you – and they determine forever the way you practice your profession.”

– Professor Penelope Buschman

Effective nursing requires a trusting relationship between caregiver and patient; this is especially true in pain management, when patients often feel their most vulnerable. “A patient’s room is sacred space,” says Tresgallo. “Before you open the door to their room, you’ve reviewed their medical chart, talked to physicians, family, caretakers, others. But ultimately you have no idea what you might face. Therefore you should enter quietly, listen, and not assume anything. Being present with the patient, doing the proper assessment, and listening and observing carefully allows you to develop a plan of care – to choose the appropriate interventions for that patient. But the first step is just to be there, to be invited and to be present.”
Pain management at the end of life poses special challenges. A nurse must defend and honor the values and wishes of patients in the last stages of advanced disease while also keeping them as pain–free as possible. Often, the nurse is the only person at the bedside. “Just being there and bearing witness to that end of life can help relieve a patient’s pain,” Buschman notes. “It’s a huge undertaking, and nurses can discover an interconnection with another human being that is truly ennobling.”

“Nurses are people persons,” says Ardizonne. “Most of us were drawn to the field because of the intangibles – because we wanted to help, because nursing is an art. It gives us the chance to address patients’ physical pain, certainly, but also their mental, emotional, and even spiritual pain. We’re at our best when we can help relieve this pain and make a human connection.”

Every day, Mary Tresgallo used to visit a 9–year-old boy with a metastatic liver tumor. At the end of his life, he motioned her over and said, “I know you come here to try to make me feel better. And I want to tell you something -- you do. I want to thank you for that. And you know who else thanks you? God thanks you.” “That boy affirmed for me what I couldn’t put into words,” Tresgallo says.

“You’re an instrument, a part of the healing,” she continues. “The compassion of nursing -- the art of nursing -- is being able to enter into someone’s suffering and help the person emerge from it. When we do that in an elegant, thoughtful and kind way -- that is the work.”
Richard Nixon tried. Gerald Ford tried. Jimmy Carter also tried, as did both George Bushes. Bill Clinton tried, too. But now, enactment of healthcare reform under President Obama is poised to trigger the first overhaul of the country’s healthcare system since Medicare and Medicaid almost fifty years ago.

It’s too soon to predict the full effect of President Barack Obama’s Patient Protection and Affordable Care Act on nursing. But amid an aura of uncertainty, what is clear is that health care reform will affect the profession in this country in several significant ways. Broadly speaking, between 30 million and 44 million Americans are projected to acquire health insurance under reform—many for the first time. Couple this with the aging of the baby boomers and clearly an enormous number of new patients will be coming into or expanding their contact with the healthcare system, creating a significant need for nurses. As a result, experts predict that employment of registered nurses will grow by 23 percent through 2016, faster than the average for all other jobs.

This need for nurses has been acknowledged by healthcare reform advocates. One provision of the reform act raises federal loan limits for nursing students, which had not been adjusted in more than ten years despite rapidly rising higher education costs. The act also supports the NURSE Corps Loan Repayment Program, which repays 60 percent of nursing student loans in return for at least two years of service at one of thousands of healthcare institutions with a critical shortage of registered nurses.

The law also earmarks funding to carry out several pilot projects in which nurses play key roles. These include home visits to low-income mothers to provide health education during pregnancy and early childhood; home care and education to help chronically ill older people remain in their own homes; nurse-managed health clinics that will serve people in low-income communities; and making certain that advanced practice registered nurse training programs are eligible for reimbursement through Medicare.

Also, Medicare payments for services provided by certified nurse midwives will increase by 35 percent, equalizing the reimbursement rate of midwives with physician pay for Medicare-covered services.

In addition to these direct effects on nursing, healthcare reform is affecting how care is delivered and thus how nurses practice their profession. Responding to provisions in the Affordable Care Act, hospitals...
are reorganizing, thereby creating unprecedented opportunities for nursing. For example, a central goal of healthcare reform is to slow the growth in national healthcare spending. One approach is by lowering Medicare reimbursements to hospitals with unnecessary and costly patient readmissions. Set in motion last October and planned for expansion in the coming months, the “readmission penalty” has already affected more than 2,000 hospitals, with some large institutions losing close to a million dollars in revenue. Scorecards that assess overall patient satisfaction are also affecting reimbursements to hospitals, triggering hospitals to undertake substantial new quality improvement projects.

“Many of these new metrics emphasize outcomes over which nurses have a major influence,” says Patricia Stone, PhD, Director of the Center for Health Policy, Centennial Professor in Health Policy. Stone also serves on the Hospital Value-Based Purchasing Technical Expert Panel of The Centers for Medicare & Medicaid Service.

The Quarterbacks of Care
Hospital executives recognize that metric-driven outcomes require close oversight to provide the right care at the right time to the right patient. At NewYork-Presbyterian Hospital, each patient is assigned a health care team representing the disciplines required for a 360-degree healthcare approach. Nurses, physicians, pharmacists, physical therapists, and social workers come together to develop care plans based on clinical evidence shown to result in patient benefits and desired outcomes. The plans also include transition planning and post-discharge plans for patient education.

Care plans based on clinical pathways, however, are a bit like suits purchased off the rack, which are designed to fit the average patient exhibiting a set of conditions, but requiring further customization to address individual needs. Nurses play the primary role in individualizing the plans on a case-by-case basis. “Nurses work with the whole healthcare team to ensure that plans are adjusted to meet the targeted needs of each patient,” says Hussein Tahan, DNSc, ‘03 Director of Nursing Research & Education at NewYork-Presbyterian Hospital.

“Nurses at the bedside know the patient best,” agrees Stone, “They’ll be helping coordinate with the larger team.”

Believing that continuity of care is important; hospitals are also reorganizing care through the primary nurse model, which assigns principal responsibility for care to a single nurse for the patient’s complete length of stay. At NewYork Presbyterian, the primary nurse has overall responsibility for the implementation of the patient’s care plan and for ensuring that the full team is aware of patient progress as well as any change in health status.

The primary nurse is the lynchpin for a smooth transition between nursing shifts. Research shows that “handoff” is among the riskiest and most error-prone times for a patient, when information may not be effectively communicated, medication allergies fully reported, or vital insights into patient care shared.

By keeping the big picture in mind, the primary care nurse ensures that the nurse coming on duty isn’t “starting from square one,” as Tahan notes. He adds that while the concept is not new, like many professional practice models primary care nursing has been revived and reinvigorated as hospitals adapt to the evolving healthcare environment.

Activating Patient Engagement
In the past, once patients were discharged, they were no longer considered the responsibility of the hospital. In today’s era of readmission penalties however, hospitals are assuming increasing responsibility for patients who transition from the hospital to home or to assisted-living or long-term care facilities.

“Hospitals can no longer afford to focus solely on acute care, even though that is the bulk of our business,” says Tahan. “Today we have to concentrate just as much on where patients are going as where they are coming from. Nurses play a key role in the continuity of care across settings. They are the link.”

It is common in certain situations, says Tahan, for NewYork-Presbyterian nurses to check with the patient’s home health nurse and family members to determine if the home setting is conducive to advancing the patient’s post-hospital care plan. The goal is to troubleshoot difficulties before obstacles set in that may require readmission.

The emphasis on keeping patients healthy after discharge is elevating nursing’s role beyond simply providing healthcare information. “Just telling patients they have diabetes doesn’t change..."
behavior,” says Tahan. “For patients to make healthy lifestyle changes and adhere to medications, you need to work with them, motivate them over time, and move them into a place where they can be active participants in the status of their own health.”

Nurses also work to ensure that patients feel comfortable asking questions, expressing concerns, exploring treatment options, and contacting their primary care provider for questions or concerns. The change is subtle but significant: Nurses are taking an active and expanded role in helping patients evolve from passive recipients of care to partners in decision-making, ultimately taking responsibility for their own health condition. As Tahan says: “Instead of patients waiting for providers to take care of them, nurses are helping patients learn to take better care of themselves.”

In the new world of healthcare reform, technology has been rapidly opening new avenues for nurses to ensure safe and effective care. For example, the Affordable Care Act supports the adoption and meaningful use of certified electronic health record technology and technology-enabled quality-improvement strategies. In many hospitals, when patients are discharged, nurses electronically transfer hospital-based medical records to primary care providers or other clinical care sites. This allows care providers outside the hospital to review the patient’s post-hospital clinical plan with the hospital-based care team.

“The electronic health record engenders a comprehensive communication,” says Tahan. “It kickstarts sequential conversations among all providers caring for the patient instead of team members having to schedule and wait to have a consultation by phone or in person.”

Many patients have web-based personal health records, which further the patient engagement process. At NewYork-Presbyterian, all patients are able to review medical test results and track their progress on MyNYP.com, where the information is readily available. Nurses will also have the opportunity to track patients’ progress by asking questions -- and providing answers -- via the web, thus maintaining an important communications channel between patients and the inpatient healthcare team after discharge.

Ready to Lead

“Things are changing fast and we have to keep talking to our clinical partners to ensure that the School is incorporating new developments into the curriculum,” says Stone. For example, through a partnership with the Visiting Nurse Service of New York, combined BS/MS Entry to Practice students are exposed to clinical experiences in a variety of community health settings. “Another advantage of Columbia Nursing is that our faculty members work in clinical settings, which keeps the classroom experience real, fresh, and up-to-date.”

“No one knows exactly what healthcare will look like three or four years from now,” Stone continues. “Events change so fast that they continually challenge us as educators. But we can teach our students critical thinking skills. Whatever form healthcare reform ultimately takes, helping students assess the evidence and think about it critically will prepare them to address almost any eventuality. Good nursing makes a true difference to the kinds of outcomes rewarded by the Affordable Care Act. We provide high-quality, high-value service. When we’re allowed to perform to the fullest of our abilities across the spectrum of care settings, nurses shine.”
CUSON is only 1 of 8 nursing schools in the nation associated with a major academic medical center.

International partnerships with nursing schools and clinics (Bangladesh, the Dominican Republic, Hungary, Ireland, Israel, Norway (2), Portugal, South Africa, and Taiwan).

First time pass rate for CUSON students for National Council Licensure Exam is 96.04%. (The national first time student pass rate is 91.24% and the New York State first time student pass rate is 89.43%)

Nurses have graduated from CUSON since it opened.

Percent of the student body comprised of ethnic and racial minorities.

CUSON numbers

Nursing & Numbers
1

Ranking of nurses for honesty and ethics in Gallup Poll of Professions

26

Percentage that the number of employed nurses is expected to grow to by 2020 (Bureau of Labor Statistics’)

13.2

Percent of the nation’s registered nurses with either a master’s or doctoral degree. (American Association of the Colleges of Nursing)

375,000

People in the nursing workforce who have received a master’s degree as of ’08. (RWJF Future of Nursing report)

3.5 million

Employed nurses in the US (RWJF Nursing). Of those, 78% were RNs, 19% licensed practical and vocational nurses, and 3% NPs

national numbers
School News
Faculty Publications 2013

Eileen Carter, PhD student, Monika Pogorzelska-Maziarz, PhD, associate research scientist and Patricia Stone, PhD, professor; co-authored “The APIC Research Agenda: Results from a National Survey,” published in the American Journal of Infection Control.

Bevin Cohen, MPH, program coordinator, Laurie Conway, MS, PhD student, and Elaine Larson, PhD, associate dean of research, co-authored “Determinants of personal and household hygiene among college students in New York City,” published in the American Journal of Infection Control.

Laurie Conway, MS, PhD student; Monika Pogorzelska-Maziarz, PhD, associate research scientist; Elaine Larson, PhD, associate dean of research; and Patricia Stone, PhD, professor; co-authored “Adoption of policies to prevent catheter-associated urinary tract infections in United States intensive care units,” published in American Journal of Infection Control.

Laurie Conway, MS, PhD student, and Elaine Larson, PhD, associate dean of research, co-authored “Guidelines to prevent catheter-associated urinary tract infections: 1980 to 2010,” published in Heart and Lung.

Ann-Margaret Dunn-Navarra, PhD, postdoctoral research fellow, and Elaine Larson, PhD, associate dean of research, co-authored “Parental Health Literacy, Knowledge and Beliefs Regarding Upper Respiratory Infections (URI) in an Urban Latino Immigrant Population,” published in Journal of Urban Health.


Elaine Larson, PhD, associate dean of research; Monika Pogorzelska-Maziarz, PhD, associate research scientist; and Patricia Stone, PhD, professor, co-authored “Long-term survival and healthcare utilization outcomes attributable to sepsis and pneumonia,” published in BMC Health Services Research.

Elaine Larson, PhD, associate dean of research, co-authored “A new metric of antibiotic class resistance in gram-negative bacilli isolated from hospitalized children,” published in Infection Control and Hospital Epidemiology.

Robert J. Lucero, PhD, assistant professor, and Lusine Poghosyan, PhD, assistant professor, contributed the lead chapter, “The Future of the Hispanic Registered Nurse Workforce: Improving Quality of Care and Patient Outcomes,” in Hispanic Voices: Progreso, Poder, y Promesa, a new book issued by the National League of Nursing.


Marlene McHugh, DNP, assistant professor, and Penelope Buschman, MS, assistant professor, co-authored “Nursing Leading the Response to the Crisis of Palliative Care for Vulnerable Populations,” published in Nursing Economics.

Marlene McHugh, DNP, assistant professor, co-authored “Core Curriculum for the Advanced Practice Nurse” for the Hospice and Palliative Care Association.

Marlene McHugh, DNP, assistant professor, authored “Hypercalcemia” in Core Curriculum for the Advanced Practice Nurse, Hospice and Palliative Care Association.

Marlene McHugh, DNP, assistant professor, Debra Miller-Saultz, DNP, assistant professor, and Elsa Wührman, MS, assistant professor, co-authored “Interventional Pain Management in the Palliative Care Patient,” published in International Journal of Palliative Nursing.

Jacqueline Merrill, DNSc, associate professor; Sunmoo Yoon, PhD, postdoctoral research scientist; Elaine Larson, PhD, associate dean of research; Judy Honig, DNP, associate dean for student affairs, and Nancy Reame, PhD, professor; co-authored “Using Social Network Analysis to Examine Collaborative Relationships among PhD and DNP Students and Faculty in a Research-Intensive University School of Nursing,” published in Nursing Outlook.

Monika Pogorzelska-Maziarz, PhD, associate research scientist, Patricia W. Stone, PhD, professor, and Elaine Larson, PhD, associate dean of research co-authored “Wide Variation in Adoption of Screening and Infection Control Interventions for Multi-Drug Resistant Organisms: A National Study,” published in The American Journal of Infection Control.

Nancy Reame, PhD, professor, co-authored “An exploratory analysis of associations between eating disordered symptoms, perceived weight changes and oral contraceptive discontinuation among young minority women,” published in Journal of Adolescent Health. She also authored “Fat, Fit or Famished? No Clear Answers from the Women’s Health Initiative about diet and dieting for longstanding hot flashes,” published in Menopause.


Mary Byrne, PhD, professor, co-authored “Maternal separations during the reentry years for 100 infants raised in a prison nursery,” published in the Family Court Review. She also co-authored “Predictors of post-release research retention and subsequent reenrollment for women recruited while incarcerated,” published in Research in Nursing and Health.

Bevin Cohen, MPH, program coordinator, and Elaine Larson, PhD, associate dean of research, co-authored “A review of antibiotic use in food animals: Perspective, policy and potential,” published in Public Health Reports.

Ann-Margaret Navarra, PhD, postdoctoral research fellow, and Elaine Larson, PhD, associate dean of research, co-authored “Health Literacy and Adherence to Antiretroviral Therapy Among HIV-Infected Youth,” published in Journal of the Association of Nurses in AIDS Care.

Honors & Presentations 2013

HONORS

Suzanne Bakken, PhD, professor, was elected President-Elect of the American College of Medical Informatics (ACMI). She also received an honorable mention for the Irving Institute 2012 Mentor of the Year.

Dean Bobbie Berkowitz, PhD, was appointed to Institute of Medicine committee on credentialing. She curated a special issue of Nursing Outlook, the official journal of the American Academy of Nursing and the Council for the Advancement of Nursing Science, on progress in nursing. She was also appointed to the editorial board of the journal LGBT Health, launching fall 2013.

Elizabeth Cohn, DNS, assistant professor, was named a Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholar to study the ethical, legal and social issues arising from genetic and genomic research.

Will Enlow, DNP, assistant professor, was selected to serve on the American Association of Nursing Anesthetists education committee.

Will Enlow, DNP, assistant professor, and Elsa Wurhman, DNP, assistant professor, were credentialed as Diplomates of Comprehensive Care.

Kathleen Hickey, EdD, assistant professor, was elected as a fellow of the Council on Cardiovascular Nursing of the American Heart Association (AHA). She was also elected President of the International Society of Nurses in Genetics (ISONG).

Judy Honig, DNP, associate dean for student affairs, was inducted into Seton Hall University College of Nursing’s Hall of Honor.

Mary Johnson, DNP, assistant professor, was named a Fulbright Specialist in Norway.

Kristine Kulage, MA, director of the Office of Scholarship & Research and a student at Columbia University Mailman School of Public Health, was elected as a student member of the New York Academy of Medicine.

Elaine Larson, PhD, associate dean of research, received the National Institute of Nursing Research Director’s Lectureship Award and was named an ENRS Sustained Influential Leader.

Marlene McHugh, DNP, assistant professor, was appointed a content reviewer of NIH Pain Consortium Centers of Excellence in Pain Education (CoEPEs), Southern Illinois University and Saint Louis University.

Lusine Poghosyan, PhD, assistant professor, received the 2012 New Investigator Award from the Interdisciplinary Research Group on Nursing Issues.

Nancy Reame, PhD, professor, was invited by Robert Wood Johnson Foundation’s New Connections Program to serve as a mentor to early and mid-career nurse researchers.

Cliff Roberson, DNP, assistant professor, was the first faculty member at Columbia University and CUSON to become a Certified Healthcare Simulation Educator.

Rebecca Schnall, PhD, assistant professor, was elected as a fellow to the New York Academy of Medicine.

Janice Smolowitz, DNP, senior associate dean, was selected as a Robert Wood Johnson Foundation 2012 Executive Nurse Fellow.

Patricia Stone, PhD, professor, served as an executive planning committee member for the healthcare workforce session at Academy Health’s annual research meeting. She received the Eastern Nursing Research Society’s Distinguished Contributions to Nursing Research Award. She was also elected to the Hospital Value-Based Purchasing Technical Expert Panel of The Centers for Medicare & Medicaid Services.

PRESENTATIONS

Dean Bobbie Berkowitz, PhD, and members of the Dean’s Nursing Policy Coalition joined Nurse Leaders during legislative briefings in Washington, D.C. to discuss the centrality of advanced practice nursing to the health care system after the advent of the Affordable Care Act.

Bevin Cohen, MPH, program coordinator for CUSON’s Center for Interdisciplinary Research to Prevent Infections (CIRI); Laurie Conway, PhD student; Monika Pogorzelska-Maziarz, PhD, associate research scientist; Yu-Hui Ferng, MPA, CIRI project manager and Jennifer Wong-McLoughlin ’08, presented at the American Academy of Nursing’s 39th Annual Meeting and Conference in Washington, D.C.

Elizabeth Cohn, DNSc, assistant professor, and Elaine Larson, PhD, associate dean of research, presented “Calorie Posting in Chain Restaurants in a Low-Income Urban Neighborhood: Measuring Practical Utility and Policy Compliance” at the American Academy of Nursing’s 39th Annual Meeting and Conference in Washington, D.C.

Norma Hannigan, DNP, assistant professor, presented “FUNdamentals of Humor in Nursing Education” at the Anna Maxwell Teaching Academy Seminar.

Kathleen Hickey, EdD, assistant professor, and Rita Marie John, DNP, associate professor, presented “The Multiple Ways to Use Case Presentation” at the Anna Maxwell Teaching Academy Seminar.

Rita Marie John, DNP, associate professor, presented “Use of Isabel Decision Support to Improve Diagnostic Accuracy Among Pediatric Nurse Practitioner (PNP) Students” at the 2012 American Academy of Pediatrics National Conference in New Orleans.

Rita Marie John, DNP, associate professor, and Arlene Smaldone, DNSc, associate professor, presented “Specialty Labs in the Primary Care Setting: What Every PNP Should Know” at the National Association of Pediatric Nurse Practitioners 33rd Annual Conference on Pediatric Health Care.

Rita Marie John, DNP, associate professor, presented “Current Challenges in Pediatric Infectious Diseases” at the National Association of Pediatric Nurse Practitioners 33rd Annual Conference on Pediatric Health Care.

Kristine Kulage, MA, director of scholarship & research development and Laureen Pagan, administrative coordinator, office of scholarship & research, presented “Take the xTrain to NIH NRSA Success,” at the NCURA conferences in Washington, D.C. and in New Orleans.

Elaine Larson, PhD, associate dean of research, presented “Infection Prevention and Social Change” at the Kass Lecture at IDWeek, the joint meeting of the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), the HIV Medicine Association (HIVMA) and the Pediatric Infectious Diseases Society (PIDS).

Elaine Larson, PhD, associate dean of research; Monika Pogorzelska, PhD, associate research scientist; and Laurie Conway, MS, PhD student, presented “Self-assessments of US Healthcare Facilities Participating in the World Health Organization’s ‘SAVE LIVES: Clean Your Hands’ Campaign - 2011” at the 2012 annual conference of the Association for Professionals in Infection Control and Epidemiology.

Lusine Poghosyan, PhD, assistant professor, presented “Nurse Practitioners as Primary Care Providers: Creating Favorable Work Environments in Massachusetts and New York State,” at the inaugural Michigan Symposium on Effectiveness and Implementation Research at the University of Michigan School of Nursing in Ann Arbor. She also presented “The Nurse Practitioner Workforce in Primary Care: Current and Future Opportunities and Challenges” at Academy Health’s annual research meeting.

Nancy Reame, PhD, professor, is now featured as a menopause expert on HealthGuru.com, a website that offers health-education videos on a variety of topics for millions of viewers per month.

Nancy Reame, PhD, professor, and Raquel Ramos, PhD student, presented “Expanding Diversity in a PhD Nursing Program Using Tailored, Web-Based Recruitment Strategies” at the Montefiore Nursing Scholars second annual research symposium.
Nancy Reame, PhD, professor, organized the Symposium on Reducing Health Disparities for Women Veterans: Engaging Diverse Disciplines in Science, Practice and Policy at the NIH 2012 Summit on the Science of Eliminating Health Disparities in National Harbor, MD.

Rebecca Schnall, PhD, assistant professor, presented “An Ecological Momentary Assessment of the Health Information Needs of Adolescents” at the American Medical Informatics Association Annual Symposium in Chicago, IL.

Jingjing Shang, PhD, assistant professor, presented “Supplemental Nurses in Hospitals and Patient Outcomes” at the 2012 State of the Science Congress on Nursing Research in Washington, D.C.

Janice Smolowitz, DNP, senior associate dean and Judy Honig, DNP, associate dean for student affairs, presented “Building the Next Generation of Advanced Practice Nurses through Clinical Education and Faculty Practice” at the Royal College of Nursing’s International Nurse Practitioner/Advanced Practice Nursing Network Conference in London.

Jan Smolowitz, DNP, senior associate dean, presented “Doctoral Preparation of Advanced Practice Nurses to Meet Global Health Care Needs” at the Royal College of Nursing’s International Nurse Practitioner/Advanced Practice Nursing Network Conference in London.

Patricia Stone, PhD, professor, Monika Pogorzelska, PhD, associate research scientist, Laurie Conway, PhD student and May Uchida, PhD student, presented, “The IP’s Role in Implementation Science: Examples from the Field” at the Association for Professionals in Infection Control and Epidemiology’s 2012 annual meeting.

Patricia Stone, PhD, professor, presented “Healthcare Associated Infections: A National Perspective of the Problems and Solutions” at the Ohio State University College of Nursing during National Nurses Week.
New Faces  
New Roles

Walter Bockting, PhD, one of the world’s leading experts on gender identity development and transgender health, joins the faculty as Professor of Medical Psychology (in Psychiatry and Nursing) at CUSON and at Columbia University College of Physicians and Surgeons. He will also serve as co-director of the newly launched Initiative for LGBT Health, based in the Department of Psychiatry’s Division of Gender, Sexuality, and Health at P&S, in close collaboration with the School of Nursing. For the last 20 years, he has directed transgender health services at the University of Minnesota’s Program in Human Sexuality. Bockting’s research interests include gender identity development, transgender health, sexuality and the Internet, and HIV prevention. His work has been supported by grants from the National Institutes of Health, the American Foundation for AIDS Research, and the Minnesota Department of Health.

Angel Cherpanath is a Financial Analyst in the Division of Finance and Administration where, among other duties, she assists in managing endowment and gift accounts, as well as the preparation of budget reports and financial forecasts. Previously, Angel was a Premium Accounting Specialist for Chubb Insurance Company, in Toronto, Ontario, Canada.

Jennifer Crockett, MBA joins the Division of Finance and Administration as Director, Grants Management Office. In this new position, Jennifer oversees the administration of sponsored projects and grants for the School of Nursing throughout the award life cycle. Jennifer’s previous position was as Director, Sponsored Projects, Finance for Columbia University.

Marc Kaplan is the Director of Communications, overseeing CUSON’s media relations, social media, Web site, publications, and events. He has more than 25 years of experience providing integrated communications strategy and tactical management to healthcare institutions in the nonprofit and for-profit sector. He has served as Director of Communications for the University of Pennsylvania Health System and the Perelman School of Medicine at the University of Pennsylvania. He also served as Director of Communications for The Rockefeller University, and Consumer Reports. He was also the President of his own public relations firm, which had as clients the Aspen Institute, the Templeton Foundation, as well as pharmaceutical companies including GlaxoSmithKline.

Kristine Kulage’s new responsibilities as Director, Office of Scholarship & Research Development, will be to oversee all initiatives for expanding the
scholarly and research capacity at the School. Working with the Associate Dean of Research, Kristine will work to promote collaborative research between clinicians and researchers within nursing and across disciplines, as well as increase faculty development in scholarship and research, and serve as a resource for the School’s faculty members and doctoral students in their scholarship and research endeavors. She will also provide administrative support to the Office of Global Initiatives.

Janice Rafferty joins as Director of Development. She previously worked as a major gifts officer at the Perelman School of Medicine at the University of Pennsylvania, director of annual giving at U Penn’s engineering school, and assistant director of alumni relations and annual giving at U Penn’s graduate school of education.

Larin Smith joins as Assistant Director for Alumni Relations. She previously worked at New York University School of Law as stewardship manager and as an alumni relations and communications officer.

Ruth Torres’ new responsibilities as Director of Finance will be overseeing all financial operations for the CUSON and its centers and faculty practices. Reporting to the Associate Dean for Finance and Administration, her responsibilities will include developing and maintaining all fiscal controls, financial analysis/reporting as well as ensuring that all regular financial operations are managed effectively.

Vivian Taylor, PhD, is the School’s newly appointed Associate Dean for Diversity and Cultural Affairs. Taylor served as the Vice President of Community Development and Chief of Staff at Barnard College, where she has held a wide variety of positions including Higher Education Opportunity Program Director and Associate Dean for Student Affairs. During her 25 years of service at Barnard, Taylor worked to develop and implement programs to bring equity, access, and support to underrepresented and marginalized members of society.

Rachel Zuckerman is Senior Communications Specialist in the Communications department. She previously worked at Consumer Reports as a Communications Specialist and Social Media Editor, and prior to that worked in the PR departments of several nonprofits, a PR agency, and as a newspaper reporter. Her articles have appeared in The New York Times, The Forward, The Philadelphia City Paper, and other publications.
The School of Nursing celebrated the generosity of more than 90 named scholarship donors and the accomplishments of nearly 100 student scholars at the 17th annual Scholarship Reception on October 22 at the Columbia Club of New York.

The event also served as an opportunity for named scholarship donors to meet their student scholarship recipients.

Welcoming the group were Bobbie Berkowitz, PhD; Alumni Association president Martha Cohn Romney, ’81; and Lincoln Fund president Martha McLanahan. Alfredo Axtmayer II, a Combined BS/MS student and Lincoln Fund Nursing Scholar, delivered his personal perspective on why he chose to become a nurse and asked those in the room to consider their own motivations for pursuing nursing. He also encouraged faculty, alumni, and friends to learn more about the students in the room, joking, “not to toot our own horns — but we’re pretty awesome.”

In addition to honoring donors and scholars, both Dean Berkowitz and Axtmayer acknowledged the importance of faculty. Said the dean, “Although our students come to us well prepared to enter the profession of nursing, it is our faculty and staff who finish it. So, we owe them a great debt for the work that they all do in helping these scholars achieve what they achieve.”
Barbara and Donald Jonas, Founders, Jonas Center for Nursing Excellence (center); Jonas-funded scholars (left-right) May Uchida, Eileen Carter, Kenrick Cato, Manuel C. Co Jr., Wanda Montalvo, William F. Baker, (Baker Family Fund) and Donald Boyd

Mason Granger, Program Director, Grants, Hearst Foundations, with (left-right) Hearst Nursing Scholars Cherilyn Mark, Kerry Nieman, and Erica Belgard; and LCU Foundation Nursing Scholar Emma Gring

(clockwise, from back row, far right) Lincoln Fund Nursing Scholars Michael Olivier-de la Torre, Marni Wofford Hamilton, Akosua Boateng, Lindsey Zamarripa, Emily Elias, Akini Moses, Alfredo Axtmayer II, and Abimbola Laniyan; Keith Thomas, Director, Lincoln Fund; and Martha McLanahan, President, Lincoln Fund

Dean Bobbie Berkowitz (left) and William F. Baker, Baker Family Fund

Columbia University trustee Kenneth Forde (left) with LCU Foundation and Dr. Scholl Nursing Scholar Ilana Kresch
Meet this year’s Helene Fuld Health Trust Nursing Scholars! Each student is currently in the ETP Program and was selected based on exceptional promise, demonstrated financial need, and commitment to providing outstanding patient care.

Left to right at subway entrance: Martin Guerin, Samuel Jaquish, Angela Young, She Zao, Claire Kiefer, Heidi Swan, Dawn Kurus (not pictured: Mary Penticoff)
Martin Guerin graduated cum laude from Miami University in Oxford, Ohio, where he earned a BA in zoology. After playing Division 1 hockey and winning the W. Pat Roudebush Miami University Scholar-Athlete of the Year award, Martin was a professional hockey player in the NHL and ECHL. He is also owner and founder of Elephant Surf, a company that produces surfing apparel and raises money for the Surfrider Foundation. Martin has volunteered as an event fundraiser for the Muscular Dystrophy Association, as a hockey instructor for the Junior Redhawks Learn to Play Hockey Program, as a reading tutor for the Learn to Read Program, and as a skate partner for Oxford Therapeutic Disabilities Skates. He plans to become a nurse anesthetist.

Samuel Jaquish earned a BS in biopsychology from the University of California, Santa Barbara. He is a trained EMT and has participated in neuroscientific research focused on understanding addictions. Samuel was selected to present his undergraduate research project, “The Reintegration of Empathy into Modern Medical Treatment,” at the Southern California Conference for Undergraduate Research. He plans to become an acute care nurse practitioner, focusing on emergency care and patient advocacy.

Angela Young earned a BS in biology from Johns Hopkins University. She has previously volunteered at the Baltimore Rescue Mission Clinic, caring for patients at a homeless shelter. She also worked at the Johns Hopkins Pancreatic Cancer Research Center, where she helped identify new detection markers for early pancreatic cancer and visited hospitalized endoscopy patients. Angela plans to become a nurse anesthetist.

She Zao earned a BS in biology from the University of Minnesota, where she conducted research at an urban emergency department and received hands-on medical training. She has served with AmeriCorps as a behavioral health case manager at the Boston Health Care for the Homeless Program, where she worked with a team of mental healthcare providers. She plans to become a family nurse practitioner and serve disenfranchised populations.

Claire Kiefer earned a BS in psychology from McGill University and an MPH from the Mailman School of Public Health at Columbia University. She has worked as a development associate for Love Heals, an AIDS education organization, and as program associate for administration and grants management with the Commonwealth Fund. Most recently, Claire interned with the New York City DOH’s Healthy High Schools Initiative, where she focused on improving nutrition in public schools. She plans to become a women’s health nurse practitioner.

Heidi Swan earned a BA in Spanish and history from the University of Virginia and an MPH from Thomas Jefferson University, where she studied health disparities as a Greater Philadelphia Albert Schweitzer Fellow. Heidi has advocated for migrant farmers and their families, taught English in Guatemala, and served as a translator for an American medical team in Bolivia. These experiences inspired her to pursue a career in public health in order to bring health education and resources to impoverished communities. After working as a medical oncology research coordinator, she realized she wanted to provide direct patient care. Heidi’s goal is to treat underserved populations both at home and abroad as a family nurse practitioner.

Dawn Kuras earned a BA in political science from the University of Notre Dame. Though she originally set out to study chemistry, the events of September 11, 2001 prompted her to pursue a career helping victims of international conflict, which she achieved as the director of emergency services for the American Red Cross in Virginia. As an advanced practice nurse, Dawn plans to provide primary care to underserved, disaster-affected communities abroad.

Mary Penticoff (not pictured) earned a BA in biology from Barnard College. While there, she spent a semester in Kenya with the School for Field Studies, where she volunteered with a mobile health clinic and at a group home for orphans and sick children whose parents couldn’t afford medication. This inspired Mary to pursue a career bringing health care to parts of the world that need it most, which she plans to do as a pediatric nurse practitioner.
The cost of a Columbia Nursing education:

The cost of tuition has risen to more than $1,200 per credit or a minimum of $72,876 for a bachelor’s degree, $60,442 for a master’s degree and $66,560 for a doctoral degree. Columbia nursing students borrow approximately $84,000 to complete the first phase of the Combined BS/MS Program (ETP) despite the fact that most receive financial aid.

To support students like Carmen, please make a gift to the 2012-2013 Annual Fund today. Every dollar contributed to the 2012-2013 Annual Fund is directed to students via Alumni Association scholarships.

Please make your gift today!

Online: www.giving.columbia.edu/giveonline

Phone: 1-800-899-6728

Mail: Columbia University School of Nursing Office of Development and Alumni Relations 630 West 168th Street Mail Code 6 New York, NY 10032

Carmen Mandac graduated from the Entry To Practice program in 2012 and is now completing her Master’s in the pediatric nurse practitioner specialty.

She is also enrolled in the oncology and pediatric palliative and end of life care subspecialties. Her clinical placements are in the neo-natal intensive care unit at NewYork-Presbyterian Morgan Stanley Children’s Hospital (CHONY) and in the pediatric intensive care unit at Jacobi Medical Center, where she is also providing pediatric primary care and support for adolescent mothers. In addition, she is gaining experience at a school-based health clinic associated with Woodhull Hospital.

Carmen was awarded a 2011-2012 Alumni Association Scholarship, made possible by gifts to the Annual Fund. The collective support of alumni and friends like you is helping her achieve what she is doing today.
Alumni Association members are all Columbia University and Presbyterian Hospital School of Nursing graduates. The Alumni Association works with the Office of Development and Alumni Relations to develop programs designed to connect alumni with the School and with each other. Within the Alumni Association, alumni participate by class and program. All Alumni Association initiatives are designed to promote the strengthening and renewal of alumni friendships and partnerships that enhance the School, including encouraging support of the Annual Fund.

President
Martha Cohn Romney ’81
President (2012-2015)

Vice President, Annual Fund
Beth Zedeck ’04,’06 (2011-2014)

Nominating Chair
Sarah C. James ’97 (2010-2013)

Secretary
Maria Magliacano ’06 (2011-2014)

Directors
Laura Pearson Armstrong ’85 (2011-2014)
Sharron Close ’01,’03 (2011-2014)
Patricia Dykes ’04 (2012-2015)
Ellen Gottesman Garber ’76 (2012-2015)
Michele Kolb ’05,’09 (2012-2015)
Marguerite “Peggy” Lorey Peoples ’57 (2012-2015)
Katherine Perera Patterson ’98,’10 (2010-2013)
Rosalie Perez ’04,’07 (2011-2014)
Julie Schnur ’03,’05 (2010-2013)
Karla Silverman ’98,’01 (2012-2015)
Catherine Tanksley ’98 (2011-2014)
Glenn Wurtzel ’00,’02 (2011-2014)

Dean
Bobbie Berkowitz, PhD, RN, FAAN

Associate Dean for Development & Alumni Relations
Reva Feinstein
This spring marks my first year as president of the Columbia University School of Nursing Alumni Association. I am honored to serve you as president and very much look forward to welcoming many alumni back to campus on April 26 at our 2013 Reunion.

Since July, I have had the privilege of serving as a member of the Columbia Alumni Association (CAA) Strategic Planning Committee, charged with taking the recommendations of President Bollinger’s CAA 2017 Task Force on alumni relations. The Presidential Task Force made a set of recommendations that we are using as the framework for developing the CAA’s first 5-year plan. It has been wonderful to have a seat at the table and contribute to a strategic plan that I hope will benefit School of Nursing alumni both individually and collectively.

During the past several months, the Committee has undertaken a “consultation phase” during which a draft of the plan has been shared with alumni leaders, alumni and development directors, and several deans from across Columbia’s sixteen schools. During this time, I have participated in consultation meetings with alumni and administrators from across the CUMC schools. These have resulted in a new emphasis on best practice resources for staff and volunteers, endeavoring to build a relationship between the CUMC-based schools with one another and to examine ways of connecting us to both the CAA and the Morningside Campus. The plan, when complete, will offer the School of Nursing opportunities for our alumni and students to connect back to the School, University, and most importantly one another. I look forward to reporting back to you at the completion of our work on the CAA 2017 Strategic Plan.

It is also a great pleasure to note that Roxana Sasse ’92 ’11 will receive a Columbia University Alumni Medal this year. Both a master’s (nurse anesthesia) and DNP graduate from CUSON, Roxana has served Columbia Nursing as an alumni volunteer and leader for decades and will be the thirteenth CUSON graduate to receive this distinguished honor. All of this year’s Alumni Medalists from across the schools at Columbia will be honored on May 22 at the University Commencement, and again on October 12 at the CAA Alumni Medalist Gala during Alumni Leaders Weekend. Bravo, Roxana!

In closing, I look forward to meeting and reconnecting with alumni across the generations at both the Reunion in April and in the months and years ahead. It is always wonderful to have opportunities to celebrate the depth and breadth of the CUSON alumni community.

Warm regards,

Martha “Marty” Cohn Romney ’81 RN, MS, JD, MPH Alumni Association President
Celebrate Columbia University School of Nursing with a purchase from our new online shop.

http://ColumbiaNursing.Promoshop.com

Columbia Giving Day

A thank you to all who participated and volunteered on Columbia Giving Day, a 24-hour, university-wide online fundraising event on October 24, 2012, that raised $30,840 for CUSON scholarships and included a matching bonus from University Trustees.

Giving Day Committee
Michelle Kolb ’05, ’09, Chair
Laura Ardizzone ’04, ’10
Vanessa Battista ’06, ’08
Don Boyd ’06
Julie Chiu ’05
William Mark Enlow ’04, ’10
Matthew Jenison ’10, ’12
Sunni Levine ’96
Roxana Sasse ’92, ’11
Olivia Velez ’06, ’11

If you are interested in participating on the CUSON Giving Day Committee in 2013, please contact Janine Handfus at jh2526@columbia.edu.
1940s

Class Representatives
Marion Howald Swarthout ’42
Marjorie Hutchins Taylor ’45
Jane Crowell Rieffel ’46
Catherine Olsen Kuck ’47
Annette Cohen Squire ’48

Rosemary Heeren Beaumont ’43

Ruth “Roo” Silverman ’45
writes that she still lives in a retirement community in beautiful Marin County, California, within sight of the Golden Gate Bridge and San Francisco. She remains active at 92. She retained her champion title for her daily croquet game. She is a member of a ukulele group and plays for patients in her community’s health center. She keeps her mind active reading in her book club and playing regular games of dominoes and Mah Jong. Her children (65, 63, and 60) visit from Cape Cod.

Elizabeth Schoonmaker Booth ’42
reports that she is in good health at age 95. In October, she was thrilled to take an Honor Flight with other World War II veterans to visit the memorial in Washington, D.C.

Rose Bendock Carr ’42
is doing well and enjoys taking walks downtown.

Ella Martens Craft ’42
enjoys seeing her family who live nearby.

Dorothy Weinberger Cribbs ’42
reports that she is enjoying life.

Annette Fitch Donovan ’42
is celebrating a medical miracle. After losing her hearing last year, she was treated, and now has her full hearing back.

Barbara Tanis Fetzer ’42
writes that her health is stable.

Martha Pearson Freeman ’42
spent time in Norway with her family last summer and for a week during Christmas.

Doris Sawyer Jimison ’42
is healthy and active at 93, playing bridge and doing Sudoku. She has 17 grandchildren scattered around the world.

Irene Holtan Schmidgall ’42
is keeping well. She visits family in Florida and her sister on Long Island.

Marion Howald Swarthout ’42
is busy with church activities, fitness classes, and family. She is looking forward to a large family reunion in July.

Rosemary Heeren Beaumont ’43
volunteered and worked on staff at her local library in Florida for 25 years. Then she volunteered in the school library where her grandchildren attended and is still there 24 years later.

Her great-granddaughter is now in fifth grade at the same school. She and her husband Jack traveled across the US on their Honda Goldwing motorcycle. He passed away in February 2013 and she lives with her daughter Cindy and her husband. She is looking forward to the 2013 reunion.
Elizabeth “Bette” Jewett ‘47 retired in 1990 after working 25 years in Los Angeles, and now enjoys life in beautiful Sonoma County in Northern California. She writes that she had a fulfilling professional life, thanks to the wonderful preparation she received at CUSON. She worked in nursing administration in hospitals in Illinois, New Jersey, and California, as well as the Kaiser Foundation Hospital in Los Angeles for 18 years, first as an assistant director of nursing, and then as the director of administrative nursing service. She retired as the acting director of patient care services. She and her husband enjoy driving across the country to visit their six children, nine grandchildren, and five great grandchildren, who live in Vermont, North Carolina, Texas, and the Pacific Northwest. She still keeps in contact with Ruth Hazzard James ‘47, and Jean Becker Shields ‘47 and her husband George.

Patricia Riker Pimbley ‘47 writes that she had many interesting professional experiences throughout her career starting with Harkness Pavilion. In 1950, she joined Los Alamos Medical Center in New Mexico doing relief supervision for the evening/night staff. She also taught aides and orderlies and substituted for the public health nurse. She married in 1951, adopted three children in 1957, and went back to work in 1960. In 1968, she and her family moved to Geneva, Switzerland, where she taught practical nurses for eight years. When not working, she served on local and state boards of the League of Women Voters. She and her family lived in Washington, D.C. for a year, where she joined the local League of Women Voters board.

1950s

Class Representatives
Jean Fisher Stonesifer ’50
Emily DiYulio Scinto ’51
Mary Newton Western ’52
Joan Herndon Hinz ’53
Nancy Weems Valsamis ’54
Alida Isham Millham ’57
Marian Fiske ’58

Rachel “Chelly” Content Fields ’51 writes: “I had always wanted to become a nurse, and remember my three years as a nursing student fondly. I made lifelong friends from the Class of 1951. My nursing education served me well, and my friends and family still ask me for medical advice. I loved being a nurse.”

Anne Coolidge Ford ’51 writes: “My husband Dick and I are both in fairly good health for our age. We spent last winter in Texas, where our two sons and all four of our grandkids live. We visit our daughter in New Jersey three or four times a year, including last Thanksgiving, when we saw Newsies in the City.”

Betty Nordstrom Hanway ’51 writes: “Rosalie Lombard ’51 is trying to write about her two-year stint at the Grenfell Mission from 1952-54, and I am encouraging her. She visited us and brought a DVD of old movies she took then — the film was so interesting.”

Zelpha “Zee” Card Hoyer ’51 writes: “It meant a lot to me to be able to attend the joint reunion last May. It had been a long time coming.”

Marilyn Ceparano Liota ’51 retired from the Visiting Nurse Service of New York in April 2012, after 60 years of service. When she retired, she was VNSNY’s longest-serving nurse and supervised more than 400 nurses as vice president of acute care.

Alice Daley Thomas ’51 reports: “Gordon and I celebrated our 60th wedding anniversary in April, along with my 85th birthday. We are planning a cruise to Europe with our two daughters, leaving from Tampa, crossing the Atlantic, and cruising the western Mediterranean. I am also pleased to report that one of our daughter’s triplets is currently enrolled in her sophomore year at the University of Pennsylvania Nursing School, carrying on the family tradition.”

Ruth Klawunn Randa ’52 lives at Willow Valley Continuing Care Community in Lancaster, Pennsylvania, and is a neighbor of several other grads including Doris Best Edwards ’47; Joan Stromenger Wicke ’52; and Liz (Betty) and Loyd Graham ’52. She sees Leila Levy Donner ’52, Betty Foster Gentsch ’52 regularly. She stays active playing bridge and golf, attending a book club, and doing water aerobics. She attended the
weddings of her three grandchildren and likes spending time with her great grandchildren. She enjoys reading about CUSON and how it is at the forefront of nursing education.

**Patricia Nutter Whitman '53** reports: "Carol Wagner Horst '52, Marion Young Knowles '53, and I gathered recently at Carol's home in Marlton, New Jersey for a mini-reunion of PH friends."

**Nancy Halsted Bryant '54** enjoys her pleasant life in the retirement community of Westminster Canterbury of the Blue Ridge with her husband. She has many friends and enjoys exercise classes, water aerobics, billiards, Bible study, poetry sharing, monthly art exhibits, and committee work. She volunteers with the Orphans and Vulnerable Children’s Project in Kenya and recently spent six weeks in Nairobi planning workshops for caregivers and parents in baby care centers. She looks forward to continuing her work there.

**Marilyn “Lynn” Miller Stiefvater '54**, a realtor emeritus, was honored for her 40 continuous years as a broker/member of the National Association of Realtors. She has served on the Westchester County Board of Realtors as the owner of Stiefvater Real Estate in Pelham, New York, which she owns with her son, Scott. Her three children and seven grandchildren all grew up in Pelham, and currently live there, with the exception of those in college. Lynn reports that aside from several years as a substitute school nurse in Pelham, many pursuits outside of nursing have kept her busy, and "my countless memories of CUSON are such happy ones."

**Lynn Miller Stiefvater '54 with sons Andy and Scott, summer 2012**

**Mary Eldredge Baker '55** reports: "I just turned 80, like most of my classmates, and it’s not so bad so far! David and I have been enjoying sunny and warm Naples, Florida, for a few months — playing golf three times a week and eating lots of seafood. We now have three grandchildren ages 3-11."

**Joan Seaburgh Puydak '56** still lives in Akron, Ohio, and is doing well.

**Joan Wheaton Jack '57** reports: "My husband, Bob, and I have lived in a retirement community in Palo Alto for the past four years, and have never been busier. Our three children and seven grandchildren all live nearby, so life couldn’t be better. After getting my master’s in nursing, I ran the Health Education Department at the Palo Alto Medical Foundation and retired in 1994. Bob has been retired from Lockheed for about 15 years; so we spend our time, like all retirees, volunteering, traveling (though not so much anymore), and seeing family."

**Shirley Whitehead MacNulty '57** writes: “I am sorry to report that my husband of 54 1/2 years, Bradford S. MacNulty, passed away on December 23. I continue to be busy designing knitwear for knitting magazines including Love of Knitting and Cast On, plus yarn companies. I am also busy serving again as president of our condo association’s board of directors. I spend my time between my home in Wilmington and my condo on the top of Sugar Mountain, North Carolina. My younger son, Bob, his wife, and his 11-year-old step-daughter live near me in Wilmington. My older son Jim and his wife live in Mocksville, North Carolina. Jim’s two adult sons also live in Wilmington. I would love to hear from anyone who lives in or near Wilmington or Sugar Mountain.”

**Alida Isham Millham '57** reports: “I decided not to run for reelection to the New Hampshire general court, so am now retired. I miss the policy part (especially with all the healthcare reform issues), but am still working on those things. But I do not miss the politics.”

**Mary Anne Meyers Anderson '58** reports: “Hello classmates of 1958! I am still working, doing psychiatric counseling at a private practice. I still receive great satisfaction from this experience. I was saddened to read of Gretchen Rohrbach ‘58’s death and hope most of us, especially those..."
who attended the 50th reunion, are doing well.

1960s

Class Representatives
Grace Gage Butler '61
Sally-Ann McCarthy Whelan '61
Margaret J. Wilkman '63
Judy F. Ward '64
Dianne Brittain Goodrich '65
Mary Jane Lynch Corn '67
Margaret Compton Beall '68
Karen Troutman LaMonica '68
Susie Post Roberts '69

Naomi Shubin Atrubin '61 reports: “I am a retired psychiatric nurse living in Rochester, Minnesota, and am very active as a heart volunteer. I am on a Mayo Clinic cardiac board, and visit four federal prisoners once a month. I am in three book clubs and love playing duplicate bridge. I am also an active member of my synagogue social justice committee, and I have three wonderful children.”

Barbara Pontz Tolbert '62 writes: “My husband Brian and I will be volunteering at historic Sitka Lutheran Church, Sitka, Alaska for the month of August this year. Sitka is on Baranoff Island, accessible by water and air. We will be sharing information with tourists about the rich Russian and Finnish history and culture.”

Edith Flanders Lambert '63 reports: “Bill and I are spending three months in sunny Florida. We are lucky to have missed the snow in the northeast. We celebrated our 50th wedding anniversary in August with our family. Now, I’m looking forward to the 50th class reunion in April.”

Jill Spangenberg Steinle '63 lives in Austin, Texas, with her husband of 50 years. They live near both of their sons and their families. She writes that she will always be grateful for her training at Columbia and loves reading about all the changes and advancements at our great school.

Sally-Ann McCarthy Whelan '61 reports: “Jim and I are heading to California to get some warmth and sunshine. I heard from Bev Crum Butor '61 at Christmas, and she and Maxine Freid Haigh '61 are planning to attend the reunion in April. Unfortunately, I will not be able to attend because we will be in Europe to see the tulips in Holland, then on to Brussels and Berlin. I am sorry to miss it.”

1970s

Class Representatives
Sharon Lont Kelly '71
Karen Davis Roberts '73
Martha Roberts Colen '74

Deena Penchansky Lisak '64 reports that she is semi-retired, but still volunteers weekly with multiple sclerosis patients practicing yoga, watching movies, and creating arts and crafts. She actively fundraises for a nonprofit organization for MS patients and will participate in the MS walk in Detroit. Her husband Bob is receiving an award in May from Columbia’s College of Physicians and Surgeons for research. Her son lives in Chicago with his three children, and her daughter lives in Tucson.

Joann P. Wessman '65 serves as faith community nurse in her church, speaks at local and regional workshops, and teaches a basic nursing preparation course at her parish.

Janet Hine Widell '67 retired after a long career in community health nursing and a teaching career that focused on pediatrics, community health, and psychiatric/mental health nursing. She still serves as a parish nurse for her Presbyterian church. She and her husband Bob have lived in Auburn, Alabama since 1972 and enjoy the benefits of living in a university town. They enjoy international travel and their three grandchildren.

Susan Green Cooksey '68 recently returned from Fiji from participating in a medical support project funded by a Rotary International grant. She taught nurses how to screen for cervical and breast cancer. She is writing an article for a nursing newspaper on nurse practitioners.
Amanda Burr ’70 reports: “Greetings to all my classmates. I am still the full-time pastor of the United Methodist Church of Palm Springs, California, where I have been serving since 2007. During the 42 1/2 years since graduating from Columbia, I have never stopped being a nurse. I have only taken two breaks from formal clinical practice during that time. I finished my MSN in 2009 and have returned to clinical nursing, taking a per diem job as a hospice admissions nurse. I think one of the greatest gifts of nursing is that a nurse can practice in so many different areas and specialties. There is so much variety; we should never get bored.”

Betty Watts Carrington ’71 reports: “Working in full-scope midwifery in Brownsville, Brooklyn; teaching students at SUNY Downstate; and serving the Nurse Midwifery Program at Columbia with a clinical affiliation at Harlem Hospital made for an exciting career. I retired in the fall of 2004. My goal since then has been to serve southeast Queens, New York. I serve on the boards of directors for Alpha Kappa Alpha Sorority, Epsilon Pi Omega Day Care Center, Alpha Phi Alpha Senior Center, Queens Sickle Cell Advocacy Network, Inc., and the National Association of University Women, Northeast Section as Recording Secretary. My son, Michael, and daughter-in-law, Lynn, are the parents of my two grandchildren — Kevin, 19, is a college freshman, and Kayla Anne, 16, is a high school junior in California. My daughter, Lynn, and son-in-law, David, live nearby in Bellerose, New York.

Karen Hellrich ’71 started a retired nurses group in Wilmington, North Carolina, eight years ago that is still very active. The group has donated money to the University of North Carolina at Wilmington School of Nursing and to an orphanage in Haiti after the earthquake. Last year, they donated dental hygiene supplies to a former member who is in the Peace Corps in Dilijan, Armenia to help people living there.

Rebecca Wilson Moldover ’71 writes: “After working in diverse settings and raising my four children, I’ve settled into working with my husband in his private practice in Manhattan. We have five grandchildren who, along with our children, happily take up our spare time.”

Ramón Lavandero ’72 lives in Salt Lake City and continues working as a senior director on the American Association of Critical Care Nurses national staff. He also is a clinical associate professor at Yale School of Nursing, where he was president of the alumni association, and now serves a second term on the dean’s external advisory board. He was inducted as an American Academy of Nursing fellow in 2002 and serves on the academy’s 2013 program planning committee. In 2011 he received the Outstanding Achievement Award for Practice from the Nursing Education Alumni Association at Teachers College, Columbia University, and was inducted into TC’s Nursing Education Hall of Fame.

Frances Gass ’73 reports: “I have been teaching parenting education for nearly 30 years in Bellingham, Washington. I teach through Bellingham Technical College and as a self-employed contractor to DSHS. (A lifetime ago, I worked in public health with our new dean, Bobbie Berkowitz!). My husband recently retired from a general pediatrics practice. I have a son living in Minneapolis who is working in public health and a daughter who is getting her PhD in epidemiology at Emory University. She just had twin boys with her partner, Heather. Grand-parenting is the best! I would love to re-connect with classmates. Email me!”

Merry Juliana Menden ’73 works full-time as a family nurse practitioner in southern Delaware. Her 23-year-old son, Joshua, continues his studies in Delaware. She continues to see her twin, Holly, in New Jersey. The five Menden girls, of whom Merry is the youngest, all work in the medical profession as physicians and nurses. The sisters remain close, and meet annually for a vacation, this year in Deer Isle, Maine.

Judy Best ’74 lives in New Jersey. She has had a varied career, from working with hemophiliacs, as a hospital patient educator, and as a clinical liaison for Clinitron beds, to practicing risk management. She received an Adult Nurse Practitioner degree from Seton Hall University. She is now retired and enjoys her three Airedale terriers.

Marsha Gottlieb Bronster ’74 teaches at two schools of nursing in the D.C. area. Her passion is community health. She received a master’s in public health from Hebrew University in Israel.
in 1977. She has lived all over the country, from California to Boston. She and her husband live in the DC area with two Bernese Mountain dogs and have four children aged 21 to 31.

Martha Roberts Colen ’74 reports that after completing her MBA in 2002, she started her career as an administrator for ambulatory surgery centers. She is currently the administrator of the Virginia Beach Ambulatory Surgery Center, a multispecialty, joint-venture ambulatory surgery center. She and Larry, her husband of 31 years, a plastic and reconstructive surgeon, live in Norfolk, Virginia. They have three grown children who are busy developing their careers: Eva is the director of recruitment for Teach for America in Virginia. Henry is enrolled in the University of Virginia Darden Graduate School of Business and will be interning at Morgan Stanley in New York City this summer. David is completing his fourth year of medical school at the University of Virginia. Their empty nest is now filled with two Labrador retrievers, Maya and Moe.

Ria Hawks ’74 ’92 ’02 has had several teaching stints at CUSON over the years and is currently teaching a pediatric oncology class in the Pediatric Nurse Practitioner Program. She is a pediatric nurse practitioner and coordinator of pediatric bone marrow transplantation at Morgan Stanley Children’s Hospital of New York-Presbyterian Hospital. She lives in Englewood, New Jersey. Her passions are opera and weaving. She is happily committed to her partner Jim, with whom she serves on the board of the New Jersey Association of Verismo Opera. In April, she and Jim were supernumeraries in the Verismo Opera’s I Pagliacci and Gianni Schicchi. She is also an instructor in SAORI weaving.

Rosanna Formanek Hess ’74 founded Research For Health, Inc. in 2005. She and fellow nurse research colleagues are conducting studies in the US, Mali, Gabon, and Tanzania. Rosanna has presented and co-authored research on burn care among the Amish, as well as studies on peripartum cardiomyopathy, hepatitis B and pregnant women, and postpartum hemorrhage. She is an adjunct faculty at Malone University School of Nursing and Health Sciences in Canton, Ohio. She lives with her husband Nelson in Ohio except for winters, which they spend in Florida. They go to Alaska each summer to visit their son, daughter-in-law, and five grandchildren.

Judy Nixon Hook ’74 went to Pakistan in 1996 and taught psychiatric nursing at the Aga Khan University in Karachi. It was set up by a small branch of Islam whose leader, is very dedicated to development. One of his goals is to make nursing a respectable profession for Muslim women and to educate nurses well. Judy considers herself very lucky to have been part of this project. While there, she and her then-husband adopted a 12-month-old Pakistani girl named Ateeya. She and her daughter now live in Minnesota.

Roz Kendellen ’74 graduated from the Nurse Midwifery Program in 1974. She worked at Kings County Hospital, Downstate Medical Center Nurse-Midwifery Program in Brooklyn, and St. Elizabeth’s Hospital in Elizabeth, New Jersey. She graduated from Rutgers Law School in 1985 and worked at several law firms concentrating in health law. She currently works for Meridian Health System in Neptune, New Jersey, as an associate general counsel in the Office of Legal Affairs.

Sue Shields Mollard ’74 and her husband, Chris, have four beautiful daughters, two of whom are nurses. Jess is a nurse practitioner in the Albany Med NICU and Meg works in the SICU. Sarah married an Aussie and they live in Chicago. Her youngest daughter, Rachel, will finish her studies in biomedical engineering next year. All the girls just got back from a trip to South Africa, where Rachel was working in one of Capetown’s non-permanent settlements. Sue still works full-time as a women’s health nurse practitioner in a private practice. She sees Derrie Mulligan ’74 fairly often, as she is Sue’s oldest daughter’s godmother.

Miriam Noetzel ’74 is an MD and works as a physician at the New York City Department of Health’s STD bureau.

Virginia “Lee” Miller Royen ’74 and her husband Randi moved to Columbia, South Carolina in 2007. They have two daughters and four grandchildren. One daughter lives in Maryland and one in Japan, as her husband is in the Navy. After many years working in ER & trauma, Lee transitioned to working in utilization review on both the hospital and insurance company side. She retired in 2012, but works for three months in the spring doing HEDIS reviews. She
enjoys traveling and spending time at her second home in Highlands, North Carolina. Lee keeps in touch with Betteanne Weydig Visnovsky ’74 and her husband, who are godparents to her youngest daughter.

Lynn Bolte Samaan ’74 lives in Rockport, Massachusetts and is a licensed minister working as a chaplain at the Boston Rescue Mission. She also does part-time mission work in India.

Margaret “Peggy” DeGasperis ’75 is the utilization management specialist for the CHOICE program at the Visiting Nurse Service of New York and has worked there for 17 years after a busy career in critical care nursing. She is certified in gerontology by the ANA. She received her master’s in nursing, majoring in the adult health clinical specialty at Hunter College-Bellevue School of Nursing. She is currently enrolled in the MBA program at SUNY-Empire State College and has an advanced certificate in health care administration. In her spare time, she enjoys hiking and traveling. Her husband Joseph, is a retired behavioral health nurse, and she has two adult children.

Joan Sekler ’75 was recognized for her social justice activism as a documentary filmmaker. Last fall, the Center for the Study of Political Graphics presented Joan with its Historian of the Lions Award at its annual party auction in Los Angeles. A nurse and physician’s assistant, Joan has produced, directed, and written films including “Unprecedented: The 2000 Presidential Election,” for which she won a Director’s Choice Award, and Locked Out, which chronicled the struggle of unionized miners in Boron, California against the multinational Rio Tinto Group. “Joan has been tireless in her efforts to combat inequities, even since our days in nursing schools when she fought against racism in health care,” said classmate Holly Cassells ’75.

Patricia Riley ’76 has spent the last eleven years designing, implementing, and evaluating one of the most advanced health workforce information systems in sub-Saharan Africa. The project, which began in collaboration with Emory University’s Lillian Carter Center for International Nursing, has been documenting Kenya’s nursing workforce since 2002. It has now expanded and influenced the replication of similar systems in a half a dozen countries. A current project involves supporting the African Health Professions Regulatory Collaborative for Nurses and Midwives (ARC), a regional nursing regulatory initiative involving 17 countries in east, central, and southern Africa. For more than a decade, Pat has served as adjunct faculty with Emory University’s Lillian Carter Center for International Nursing. She has been inducted into the Sigma Theta Tau International Honor Society of Nursing and as a fellow in the American College of Nurse Midwives.

Robert James Oliver ’78 writes:
“I am in Paris, teaching a graduate economics class at Sciences Po, a school closely affiliated with Columbia.”

1980s

Class Representatives
Ann Kilburn Ingram ’80
Patricia McGarty Laidlaw ’81
Marty Cohn Romney ’81
Diane Johnson ’81
Nina Eldridge Born ’82
Carol A. Dean ’89

Janet Cook Ready ’81 celebrated her first anniversary as President of Vassar Brothers Medical Center in
Poughkeepsie, New York. Previously, she served there as Senior Vice President and Chief Operating Officer. She received an MBA and an MPH in 1983, also from Columbia, and then served in positions of increasing responsibility at various hospitals and major medical practices.

Thea Crist ’82 reports: “I have had an awesome career as a nurse anesthetist for 30 years, and am still going strong. My permanent home is in Miami; however, I have been traveling for work these past few years, including for a DOD civilian contract at the National Naval Medical Center (now Walter Reed Medical Center), and Georgetown University Hospital. I work in Portland, Maine at Mercy Hospital. Additionally, I am a licensed acupuncturist, having graduated from the New England School of Acupuncture.”

Meredith B. Jaffe ’82 lives in East Northport, New York. She previously worked as an RN (neoplastic diseases) at Mt. Sinai Hospital until graduating from NYU College of Dentistry in 1988. She practices general dentistry at a private practice in Huntington, New York, as well as dentistry for the developmentally disabled at OptiHealth Care, Developmental Disabilities Institute in Smithtown, New York. She is also involved in forensic dentistry. Just for fun, she studied library and information science at Queens College, obtaining an MLS in 2011. Meredith is married to Richard Schloss, MD. She has two sons: Bradley Schloss, a student at Touro Law School, and Jason Schloss, a student at Pratt Institute. She encourages her classmates to contact her on Facebook.

Judi Prevorsek Workman ’81 recently transitioned from her role as director of the nursing division at the Emergency/Critical Care/Oregon Poison Center of Oregon Health and Science University (OHSU) to director of cardiovascular services at OHSU.

Michiko Lendenmann ’88 has been a nurse practitioner in the neurology department at Children’s National Medical Center in Washington, D.C. since 1995 and enjoys her job. She received a PhD in nursing at Catholic University in 2009 and her dissertation was on parenting preschool-aged children with autism. Since 2011, she has seen autistic children once a week at the regional outpatient center at the Children’s National Medical Center. She is married with two children ages 24 and 21 — both college students. She and her husband want to move to Japan where she can teach at a nursing school. She has lectured in Japan on the role of nurse practitioners in the USA several times and plans to travel there in August. She remembers that “Columbia nurse practitioners were very independent, loved their jobs, and were very educated. I’m very glad I received my education there, and am proud of the school of nursing.”

Kathleen Barnes ’89 was selected as a finalist for the Nurse Award in Child Health by Nursing Standard, a British nursing journal. The award celebrates excellence in nursing on a national level. Kathleen is a pediatric nurse practitioner at the Children’s Walk-In Centre of Liverpool Community Health in England.
Adult Gerontology Acute Care Nurse Practitioner Program (formerly Acute Care Nurse Practitioner Program)

Program Representatives
Joan Ostrander Valas ’90
Kaedi Rae Garvin ’03

The Acute Care Nurse Practitioner Program has been renamed the Adult Gerontology Acute Care Nurse Practitioner Program (AGACNP) as part of the LACE recommendations. In October 2012, AGACNP students participated in the pilot adult gerontology acute care nurse practitioner exam, administered by the American Association of Critical Care Nurses. Enrollment in the program continues to increase.

Mary Johnson ’97 ’05 AGACNP program director visited Norway as a Fulbright Specialist in Global Health, building on CUSON’s collaboration with faculty there. Future projects include a joint study on simulation education. In May, she will speak at the American Thoracic Society’s international meeting in Philadelphia on the role of advanced practice nurses in the hospital setting.

Elizabeth Heetderks ’07 ’09 is a hospitalist at Johns Hopkins Hospital, where she serves on the rapid response committee, which adjusts hospital policy. She was a preceptor for Hopkins ACNP students, and now teaches medical-surgical nursing for BSN students. She plans to pursue a PhD.

Matthew Jenison ’10,’12 reports: “After successfully completing my semester abroad in Norway as part of Columbia’s new relationship with Oslo School of Nursing, I returned to my hometown, where I am now working at Canton-Potsdam Hospital as an ACNP. Up until four years ago, when people were admitted to the hospital for inpatient services after making it through the ER, they were still being seen by their primary care providers. There were no in-house dedicated physicians, PAs, or NPs. The community is still coming to accept the beneficial service of having in-house hospitalist providers 24 hours a day.”

Adult Gerontology Nurse Practitioner Program

Program Representative
Robert David Rice ’93

Nurse Anesthesia Program

Program Representatives
Maribeth Leigh Massie ’98
Laura Ardizzone ’04 ’10

The Nurse Anesthesia Program (NAP) hosted its annual visiting day for accepted students in January. Prospective students learned about the school and program, discussed financial aid and other student services, and met with faculty. Faculty led short lectures and discussions, campus tours and

Kerri Anne O’Connor-Scanlon ’93 ’97 is the chief nursing officer at Long Island Jewish Medical Center, part of the North Shore-LIJ Health System.

Karen Hiensch ’10 ’12, Christin Isik ’10 ’12, and Kathy Wu ’10 ’12 returned to the School in December, 2012 to offer advice and information during a panel presentation for current ANP students. Each panelist gave a unique perspective on challenges and rewards of finding employment and working as a newly minted adult nurse practitioner.

Tamar Prager ’10 ’12 and her wife became mothers to their beautiful son, Hanan, last year. She works part-time at a primary care practice on the Upper West Side, and enjoys motherhood.

Tamar Prager ’10 ’12’s son, Hanan
simulation exercises. NAP faculty and students recognized National Nurse Anesthetists Week during a luncheon at the School of Nursing in January. Students participated in a lobbying day at the Capitol in Albany with leadership from the New York State Association of Nurse Anesthetists (NYSANA). Students and NYSANA representatives discussed the importance of CRNAs in ensuring access and quality in health care while reducing costs with New York State legislators.

Laura Ardizzone ’04 ’10 was recently promoted to chief nurse anesthetist at Memorial Sloan-Kettering Cancer Center in New York, New York. In February, she shared her hospital expertise at “Driving Change in the Evolving Healthcare Industry Landscape,” a panel discussion and networking event hosted by the Columbia University Alumni Association.


William Enlow ’04 ’10, assistant professor of clinical nursing at CUSON, completed the ABCC exam for recognition as a Diplomate of Comprehensive Care last year.

Cliff Roberson ’04, Assistant professor of clinical nursing, is the first CUSON faculty member to be certified as a healthcare simulation educator (CHSE) from the Society for Simulation in Healthcare.

Doctor of Nursing Practice (DNP) Program

Program Representative
Rita Marie John ’05

Roxana Sasse ’92 ’11 was awarded the Columbia University Alumni Medal for distinguished, longstanding service to the university.

Norma Hannigan ’05, assistant professor of clinical nursing at CUSON, was named co-director of the School’s World Health Organization Collaborating Center in December 2012.

Patricia Maani-Fogelman ’05 is program director of the nursing grand rounds at Geisinger Medical Center and of the annual, daylong Perspectives in Nursing conference. In October, Patricia presented at the 19th International Congress of Palliative Medicine in Montreal, and on “Compassion Fatigue and Moral Distress in Nursing: Evolution of a New Work Distress Complex (WDC).” A manuscript is in progress. In July, she will present “The ABCs of Palliative Medicine Interventions for the Child with Advanced/T erminal Illness” at the national 2013 Pediatric Nursing Conference. Patricia and her husband Timothy have built a new home in Montoursville, Pennsylvania where they live with their Boxer, Layla.

Entry to Practice (ETP) Program

Elishevai “Shevi” B. Schachter-Rosner ’05 gave birth to her third child and earned a master’s degree in nursing education from Ramapo College. She has worked in the NICU at Morgan Stanley Children’s Hospital at NewYork-Presbyterian since 2007.

Lindsay Posner ’07 received her MBA from Fordham University last year and works as an associate at Huron Consulting Group, and as a per-diem registered nurse at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

Sibyl “Shalo” Wilmont ’08 is a student in the joint-degree MS Community/Public Health Nursing/Urban Public Health/MPH program at Hunter College. She works as an emergency department nurse in Warwick, New York and writes a weekly column for the Columbia Journalism Review’s “Second Opinion” section.

Jessica McWalters ’12 is enrolled in the Women’s Health Nurse Practitioner Program at CUSON, completing clinical hours at Jacobi Hospital in the Bronx. She also works as a part-time registered nurse at an OB/GYN
practice part-time in Midtown. Jessica lives on the Upper West Side and enjoys cooking and exercising in her free time.

Mara Burney ’13, a student in the Adult Gerontology Acute Care Nurse Practitioner Program, traveled to Haiti with Heart-to-Heart International, an organization that aims to improve global health through humanitarian initiatives that connect people and resources to a world in need.

**Family Nurse Practitioner Program**

**Program Representative**  
Dawn Denise Aubel ’98

Mary Moran ’08, an instructor of nursing at CUSON is working with students in the Entry-to-Practice (ETP) Program on her Girls2Women charity, an organization that teaches Ethiopian girls how to make their own reusable, environmentally friendly cotton sanitary pads, enabling them to attend school during menstruation. In December, she hosted a Girls2Women sewing circle, at which ETP student Hana Conlon created a new panty that incorporates the reusable pad into the design.

Stephanie Ann Sapok ’10 ’12 works full-time at Metropolitan Neurosurgery Associates in Englewood, New Jersey, and per diem at a CVS MinuteClinic.

**HIV/AIDS Nurse Practitioner Program**

**Program Representative**  
Bernadette Capili ’96

**Nurse Midwifery Program**

**Program Representative**  
Hilary Beth Prager ’05

Donna Tabas ’83 ’04 opened a private midwifery practice, North Jersey Midwifery Care, LLC in Union City, New Jersey. She has hospital privileges at Holy Name Hospital in Teaneck, New Jersey. Because she accepts a limited number of birthing women each month, she can offer unrushed prenatal visits and personalized, holistic care to each of the women she serves. Her goals are to help women achieve safe, joyous, and transformative birth experiences in the hospital setting and to reduce the rate of unnecessary Cesarean sections. Her deliveries have been featured in the documentary, “Orgasmic Birth,” and on TLC’s “A Baby Story.” She is writing a book titled *Belly Buttons and the Torah: A Midwife’s Metaphorical Guide to Finding Holiness and Wholeness Within.*

**Neonatal Nurse Practitioner Program**

**Program Representative**  
Lauren O. Blum ’89

**Pediatric Nurse Practitioner Program**

**Program Representative**  
Vanessa Battista ’06 ’08 won the 2011 End-Of-Life Nursing Education Consortium (ELNEC) award in the pediatric palliative care category. Vanessa is a nurse practitioner at Children’s Hospital of Philadelphia.

**Stacie Falanga Corcoran ’93** will present at the Cancer Survivorship Conference on late effects of bone marrow transplantation at Davidoff Comprehensive Cancer Center in Tel Aviv, Israel and on “Advanced Practice Models of Care for Cancer Survivorship” at the Oncology Nursing Society in Washington, D.C.

**Oncology Nurse Practitioner Program**

**Program Representative**  
Velta Sandia Willis ’04

Michelle Kolb ’05 ’09 a CUSON Alumni Association board member, addressed 200 accepted Entry to Practice students on why she chose CUSON on Visiting Day.

**PhD/DNSc Program**

**Program Representative**  
Leanne Marie Currie ’04

Diane Pastor ’08, an associate professor and program director of the Adult Health Nurse Practitioner Program at Stony Brook School of Nursing, and Pamela de Cordova ’09 ’11, a post-doc at the University of Pennsylvania School of Nursing, participated in the Columbia University Alumni Association healthcare networking
event, “Driving Change in the Evolving Healthcare Industry Landscape,” in February at the Columbia Club of New York. They shared their expertise with alumni interested in research and academia.

(left-right) Hussein Tahan ’03, Diane Pastor ’08, Laura Ardizzone ’04 ’10, Lusine Poghosyan, assistant professor, and Pamela de Cordova ’09 ’11

Hussein A. Tahan ’03 is the director of nursing and research at NewYork-Presbyterian Hospital. He shared his hospital expertise at “Driving Change in the Evolving Healthcare Industry Landscape,” a panel discussion and networking event in February hosted by the Columbia University Alumni Association.

Patricia Dykes ’04 is the program director for the Center for Patient Safety, Research, and Practice at Brigham and Women’s Hospital in Boston. She was recently promoted to assistant professor of medicine at Harvard Medical School.

Olivia Velez ’06 ’11 reports: “I started a new position as the senior mHealth (mobile health) advisor for the Maternal Child Health Integrated Program (MCHIP), which is the USAID Bureau for Global Health’s flagship maternal, neonatal and child health program. In this position, I lead MCHIP’s mHealth strategy development and provide global technical mHealth leadership for maternal, newborn, and child health.

Psychiatric Mental Health Nurse Practitioner Program

Class Representatives
Penny Buschman ’64
Mary K. Devine ’97
Illouise Rosita Murillo-Tucker ’97
Paula Elizabeth Alsept ’02

On February 4, the Psychiatric Mental Health Nurse Practitioner (PMH) Program hosted a reception for program alumni at the Columbia University Alumni Center. This annual reunion offers an opportunity for alumni to reconnect and to learn about what’s new in the PMH Program. Program director and assistant professor of clinical nursing Penny Buschman ’64, announced a newly established endowed scholarship for PMH students.

Jeannemarie Baker ’90 will receive the 2013 Norman Vincent Peale Award for Positive Thinking in recognition of her visionary leadership at the St. Paul’s Center, a nonprofit mental healthcare center in New York City. The Peale Award recognizes people who live clearly and inspirationally by exemplifying the power of positive thinking, faith, deep caring for people, and dedicated commitment to improving our world. The Reverend Paul W. Bradley, president and CEO of the Blanton-Peale Institute, writes, “your innovative role in public health and service to those on the margins of society clearly exemplify a life lived through positive thinking. It would be our honor and privilege to present you with the Peale Award.” Among past honorees include Ronald Reagan, Richard DeVos (founder of Amway), industrialist Armand Hammer, Sir John Templeton, and Colin Powell.

Women’s Health Nurse Practitioner Program

Cathy Dennis ’99 is an adjunct professor in the University of Connecticut’s nursing program. She also works in two private OB/GYN practices on Long Island and in Rye, New York, specializing in reproductive endocrinology. She is married with two sons and lives in Connecticut. She hopes all is well with her fellow alumni.

Bita Kerman ’08 ’10’s article, “Contraception and Menstrual Control in the US Military,” was published in the July/August 2012 issue of Nurse Practitioner World News. The article asserts that the US military must re-assess the gynecological needs of women in combat as their numbers and roles within the military continue to grow.
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Losses in our Community

The School of Nursing has learned of the following deaths in the past year.

Charlotte Shakespeare Badgley '46
Elizabeth Protheroe Blackford '48
Donna R. Brackett '44
Virginia Leggett Cameron '41
Roxana Park Carnes '45
Susan Patricia Carton '99
Susan Costello '05
Patricia H. DeHaan '51
Heidi Jo Emme '03
Carolyn Trossbach Fisher '41
Loretta Boyan Furey '45
Joan C. Gass '88
Josephine Ghia '55
Marilyn Smith Halsey '51
Caroline James Herrin '55
Dorothy Lyman Hewitt '35
Margaret Joan Ogle Hill '62
Anna Schuttger Holloman '41
Suzanne Lingner Holm '45
Eleanor Smith Lewis '45
Ruth Hutcheon Link '45

Anita Groenfeldt McKeown '67
Beverly Gould Menze '53
Sallie Province Mink '71
Diana McEwing Motyl '51
Katherine Riddlesberger Rice '65
Ann Hayes Rich '47
Lorraine Fields Royal '55
Lillian Locker Schenkel '27
Sara Kreisler Schiff '81
Marie Gilliams Shumaker '45
Gretchen L. Smith '51
Kathleen G. Spitaleri '56
Karolyn J. Stewart '60
Dorothy Schneider Stier '62
Mary Brigden Summers '51
Alice Fleming Trundle '51
Eleanor Outerson Vander Els '50
Phyllis Harrington Wagner '63
Jennie Elms Pastoriza Weese '52
Heidi Emme Windecker '03
Barbara Barbieri Winslow '54

Please notify the Office of Development & Alumni Relations at (212) 305-0079 if you learn of the death of a fellow alumnus and/or would like to write a brief eulogy. The School also accepts memorial contributions.
Marie Katherine Perass Alter ‘33

As relayed by her daughter Terry Alter

Marie Katherine Perass Alter passed away in January 2011 at the age of 99. She grew up in New Jersey, attending Ridgewood High School, and graduated from Columbia University School of Nursing in 1933. At Baby’s Hospital, she worked as Head Nurse on the surgical 9th floor and met her future husband, Francis W. Alter, M.D., Jr., when he rotated through her floor as an intern. Marie left nursing to marry in April of 1942. Her husband served in the Navy during World War II, then was shipped to the South Pacific with a medical unit of the U.S. Marine Corp. During that time, Marie lived with her husband’s family in Toledo, Ohio for the duration of the War. After the War, the couple moved to California, where her husband joined the Ear, Nose & Throat Department of the San Mateo Medical Clinic. Marie was a devoted mother to her two daughters, a Girl Scout troupe leader for many years, and served as camp nurse at the Girl Scout summer day camp at Coyote Point, California. She was a frequent contributor to TV Critic Terrence O’Flaherty’s weekly letters column in the San Francisco Chronicle from the late 1950’s to the 1970’s. An excellent travelling companion on trips to Europe with her daughters, she also enjoyed playing golf and spending time at a vacation home in Pebble Beach. Marie will be remembered for her caring and compassionate nature, her fun-loving, adventurous spirit, her wonderful sense of humor and quick wit, and her generous, loving heart. She is survived by two daughters, one granddaughter and two great grandsons.

Elizabeth Lee (Betty) Bliven ‘42

Published in Islandsweekly.com

San Juan Islands, June 3, 2012

Elizabeth Lee (Betty) Bliven died in June 2012 at the age of 92. She was born in Portland, Maine and remained fond of all things pertaining to Maine. In 1939, she entered Columbia University School of Nursing and, after graduating, became an Instructor of Nursing Arts at the School. Betty met her future husband Curt as a toddler through her parents who were friends with Curt’s. In 1939 they reconnected when Curt was on leave from the Navy. On March 19, 1944, they were married in Cranford, N.J. Because Curt was in the Navy, they were then separated for 13 months. The family relocated often during their 20 years in the Navy. Karen Patricia was born in 1947 in Newport, R. I.; Sandra Jean was born in 1948 in Portland, Maine; and Peter Michael was born in Newport in 1950. Curt was stationed in Bainbridge, Maryland for 3 years and in Japan for 2 years. During their time in Japan, Curt was at sea for 17 out of 24 months. Curt’s last assignment was at Sandpoint, in Seattle. Betty worked for 17 years at Childrens’ Orthopedic Hospital as head nurse on the teenage ward. At age 59, Betty and Curt
set sail down the West Coast through the Panama Canal and up to The Great Lakes in a 42-foot gaff-rigged schooner. Betty and Curt eventually moved to Lopez Island. Betty loved her waterfront Lopez home and the tight-knit community and developed many interests. She was a Deaconess at the Lopez Community Church, a volunteer at the Thrift Shop, a member of the Garden Club and Birthday Club and the Lopez Quilters. As a breast cancer survivor, she attended the Breast Cancer Support Group. She was a grand cook, loved to read and had a great love of cats. She is survived by her three children, three grandchildren and five great-grandchildren. Nicholas Leonard was born on the morning of June 16, 2012 – the same day his great-grandmother, Betty, was laid to rest.

Maryanne Costa '06 '09

As relayed by Psychiatric Nurse Practitioner Program Director Penny Buschman, who taught Maryanne
Maryanne completed the entry-to-practice program and earned her master’s degree in 2009 with a specialty in psychiatric mental health. Her great passion was for the care of the homeless mentally ill. She practiced at St. Paul’s Center and most recently at BRC, the Bowery Residents’ Committee. Maryanne supervised ETP students briefly at the New York State Psychiatric Institute, an experience she enjoyed. Her home was in Hawaii where she hoped to practice someday.

Mary Lavan Dull '48

Published in The Trentonian
Trenton, NJ, November 4, 2012
Mary Lavan Dull, 87, died in November 2012. She was an Air Force veteran of the Korean War and worked as a school nurse with the Abington School District for more than 30 years before retiring. Originally from Trenton, N.J., she lived in Levittown, NY, for 35 years before moving to Morrisville. She is survived by two brothers, a daughter-in-law, and several nieces and nephews.

Elizabeth Marker Granicher '48

Published in the Denver Post, Denver, CO
July 24 to August 3, 2011
Elizabeth Marker Granicher passed away in July 2011 at the age of 85. She attended the College of Wooster for two years before earning a BS from Columbia University School of Nursing in 1948. Elizabeth worked as a registered nurse at Columbia University Medical Center and enjoyed gardening and traveling. She is predeceased by her husband, Donald and a sister, Marjorie. She returned to her sisters, Virginia and Patricia, and numerous, loving, affectionate nieces and nephews.
Published in the Poughkeepsie Journal
Poughkeepsie, NY, September 15-17, 2012

Michael Stephen Hamilton, 64, of Hopewell Junction, died in September 2012. He was born in 1948 in San Francisco, CA. A proud veteran of the US Army, he served during the Vietnam Conflict from 1966 to 1969. He grew up in San Francisco and attended San Francisco State College, received his Bachelor of Science in Nursing in 1994 from Mount Saint Mary College in Newburgh, then earned his Master of Science in Nursing and Masters in Public Health Education with an HIV/AIDS Sub Specialty in 2000 at Hunter College of the City University of New York. In 2003, he completed a Psychiatric/Mental Health Nurse Practitioner Certificate with a specialization in gerontology at Columbia University School of Nursing. He worked at Vassar Brothers Hospital where he was the Hospital Pharmacy Inventory Coordinator until 1995. He then became a Charge Nurse in the Special Care Unit at St. Francis Hospital in Poughkeepsie until 1997, when he was promoted to Nurse Manager of Mental Health Services. He served his residence as Nurse Practitioner in Psychiatry, Neurological Institute, Columbia University Medical Center in New York City from 2001-2002. He then served as a Psychiatric/Mental Health Advanced Practice Nurse for the Visiting Nurse Service of New York, along with Clinical Instructor of Nursing at Columbia University School of Nursing. In 2011, he retired from GMHC. Michael married his partner of 20 years, Erv Kuhlmann, in 2008. He is survived by his husband Erv; a son, Michael S. Hamilton, Jr.; two sisters and a brother; as well as three nieces and a nephew.

Published in Rutland Herald
Rutland, Vermont, June 27, 2012

Verna Palmer Harvey, 85, died in June 2012. She was born in Milford, N.H. and attended Middlebury College before earning a BS from Columbia University School of Nursing in 1949. Verna worked as a nurse at Camp Killoleete in Rochester, the Caverly Preventorium in Pittsford, and as a private duty nurse. On October 1, 1949, she married Norman P. Harvey. They moved into the “Little House” on the family farm, T.S. Harvey and Sons, in North Hollow. For the next 18 years, they farmed with Norman’s father and brothers and started a family. In 1967, Norm and Vern decided to strike out on their own with their three children and purchased a farm in Florence, Vt. She worked closely with her husband, feeding cows and calves, helping with farm bookkeeping, running errands and managing the household. In 1978, Norm and Vern formed a business partnership with their oldest son, Kimber, in an effort to create a way to transition farm ownership and operation to the next generation. While no longer a partner in the business, Vern remained engaged and aware of the day to day operations of the farm up until her death. Vern was former longtime member of the Vermont Institute of Natural Sciences and the Rutland County Audubon Society. She was an avid gardener and bird watcher, and, in later years, enjoyed tai chi, yoga and Bone Builders. Church was a central part of Vern’s life, which included the Federated Church of Rochester and the Pittsford
Congregational Church. Vern spent a lifetime collecting friends. She was especially proud of her 80-year friendship with her daughters’ namesake, Janet Hubbard Metcalf of Kailua, Hawaii. Verna is survived by three children, Janet, Kimber and Matthew, a granddaughter and several cousins, nieces and nephews.

Elizabeth Gross Kirkpatrick ‘45

Published in The Baltimore Sun
Baltimore, MD, November 6, 2012
Elizabeth Gross Kirkpatrick died in October 2012. She was born in Harrisburg, PA in 1921 and graduated from Bryn Mawr College and Columbia University School of Nursing. During World War II, she enlisted and served as a lieutenant in the US Army. As an army nurse stationed at Camp Polk Louisiana, she developed a lifelong fondness for armadillos and many memories of her charges on the VD ward. She joined the nursing staff at Union Memorial Hospital, where she became enamored of a young doctor named Crawford. N. Kirkpatrick Jr, whom she tripped in the hallway. They married and she became a devoted wife and mother who made time for a variety of community and charitable organizations. She served on the Board of The Calvert School and was President of the Maryland Children and Family Services in the 1970’s. She is survived by her four children and three grandchildren.

Elizabeth ‘Libby’ Crane Muchmore ‘52

Adapted from “Remembrance of the Life of Elizabeth ‘Libby’ Crane Muchmore”
Keystone Heights, Fl, January 16, 2012
Elizabeth ‘Libby’ Crane Muchmore, 83, died in January 2012. From an early childhood, Elizabeth talked about becoming a missionary nurse and following in the footsteps of her many relatives who were missionaries. After graduating from Columbia University School of Nursing, she worked as a nurse in Fort Lee, NJ, rooming with a nurse who was a former classmate. In 1959, she went for a three-week trip to Nigeria, an introduction to many long stays in Africa. The years that she spent in Nigeria and Liberia were not without incident, including a bout of hepatitis and a civil war. In Liberia, she worked at ELWA Hospital and Community Health projects. She returned to the US for Home Assignment in July 1993, retiring in 1994.

Evelyn Laureta Reantillo ‘51

Published in the The Garden Island
Kaua’i, Hawaiian Islands, March 6, 2012
Evelyn Reantillo Laureta of Lihu’e passed away in February 2012 in Honolulu at the age of 82, following a short illness. She was a retired registered nurse and nursing instructor at Kaua’i community College and an active volunteer in numerous community organizations. Evelyn was born in Jamaica, NY and is survived by her husband, retired state and federal Judge Alfred Laureta of Lihu’e, their two sons Michael and Gregory, their two daughters Pamela and Lisa, 12 grandchildren and four great-grandchildren.
“My education at Columbia Presbyterian School of Nursing (known today as Columbia University School of Nursing) was an important and valuable step in my life.

The School’s reputation for graduating well-prepared nurses was widely respected.

I served for a time in the U.S. Army after graduating in 1942, where nurses were expected to assume great responsibility. After marriage, my contributions to nursing were focused on childhood diseases and my work as camp nurse while I kept busy raising our five children, mainly in California. When I returned to active nursing, it was to a job in the operating room.

After the death of my husband, Walter, I became aware of the advantages of charitable gift annuities as a way to plan for one’s own future and to support one’s chosen group.

The gift annuity that I established at Columbia Nursing allows me to support the School in the long run, while enabling me to continue receiving a monthly income during my lifetime.

It is gratifying to know that the annuity will eventually be used for scholarships. I find it inspiring to read of the accomplishments of CUSON graduates. This was made especially clear to me when I heard many of them speak of their experiences when I returned to Washington Heights last year for my 70th reunion celebration, as well as in 2007 when I attended my 65th milestone reunion.”

Charitable gift annuities are a way to make a charitable gift while also providing you and/or others with a fixed income for life. They are relatively easy to create and can be funded with a gift of $25,000 cash or securities. You qualify for an immediate charitable income tax deduction for a portion of the amount used to fund your gift annuity and a portion of each payment is generally tax-free for a period of time. Establishing a gift annuity can be a very effective way to support Columbia and also provide an income stream for yourself or loved ones.

For more information, please call Reva Feinstein at 212-342-3030 or 800-899-6728 or rgf7@columbia.edu
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Sarah Sheets Cook
DNP, RN-CS ‘05

We salute and thank you for 50 years of service to Columbia University School of Nursing!
Cook was the first faculty member of the School of Nursing to have a contributory faculty practice, and pioneered the role of “attending nurse,” taking students to her practice while providing care to patients. This later became the basis for the School of Nursing’s universal faculty practice plan. She served several times as chairperson for pediatric and/or maternal-child health nursing education, and served on multiple School of Nursing and University committees. She became Assistant Dean for Administrative Affairs in 1987, Associate Dean for Academic and Clinical Affairs in 1988, Senior Associate Dean in 1994, and Vice Dean in 1997. Cook received the DNP degree from Columbia Nursing in 2005.