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Nursing is a force behind healthy people and an agency of change within health care systems and across communities.

Because nurses play a crucial role in coordinating the many health care teams, disciplines and departments needed to care for patients at a high level, they are bridge builders. It is this expertise and aptitude that prime nurses to play leading roles in health care beyond the bedside.

In health systems and hospitals, professional associations, government agencies, universities, and the business world, nurses are leaders who, by the actions they take and the values they uphold, inspire others to come together in pursuit of a common goal. This has both symbolic power and practical effect.

Ensuring that nurses have a major voice in the conversation about health care and health improvement in multiple settings will be a priority as I begin my two-year tenure as president of the American Academy of Nursing. The Academy, which works to improve health policy and practice through new nursing knowledge and policy-related initiatives, aims to promote and develop nursing leadership.

It is my hope that all nurses recognize their intrinsic capacity to lead. This can take many forms, from speaking to young people at a health fair to serving on corporate, nonprofit, and government boards and commissions. It’s not so much where it’s done as how it’s done. Passion, enthusiasm, and a commitment to improving lives and life opportunities mark out leaders wherever they find themselves.

What’s more, true leaders recognize that innovation can’t be achieved by decree. It must be cultivated. This means that genuine, upward advances best occur in climates of inclusiveness and full participation, promoting and recognizing contributions wherever they originate.

This issue of Columbia Nursing illustrates some of the ways nurses are helping make things better through their leadership.

“Leading Lights: Change Agents for Nursing’s Future” profiles five Columbia Nursing alumnae who are setting the pace in government, hospital management, research, nursing education, and advanced clinical practice. Their stories exemplify how the skills and values—and pressure testing—acquired during training and while in practice last a lifetime.

In “New Trends in Nursing: Challenges and Opportunities,” 10 nurse leaders assess several rapidly evolving trends facing nursing, and consider how the profession might act and react in anticipation and response. The dynamic nature of these developments represents a rich opportunity for nurses to ensure a more humane, encompassing, and responsive shift in how we care for patients and connect with the until-now medically unreached.

“Second Acts: Discovering Nursing as a Second Career” offers a fascinating look at how the world of nursing is being renewed and enriched by the arrival of a new generation of practitioners—with a twist. All eight Columbia Nursing students profiled have enjoyed interesting, stimulating first careers ranging from the performing arts to financial analysis and global journalism. Each has made the shift to nursing. You’ll learn what attracted them to the field and how they’re putting their previous skills to use on behalf of the patients they serve. When this kind of talent comes together, good things will happen!

I think you’ll be inspired by what you read!

BOBBIE BERKOWITZ, PhD, RN, FAAN
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Fall/Winter 2015 Contents

4 Research Roundup
- What Network Analysis Can Tell Us about Lowering Readmission Rates
- Making Sense of Diabetes Self-Management
- Tools for Determining the Health Literacy of Spanish-Speaking Patients
- Improving mHealth App Adoption by Patients

22 School News
- Selected Faculty Publications
- Government and Private Research Funding
- Alumni Reunion 2015
- Gifts and Pledges for Special Purposes
- Annual Fund Gift List
- Anna C. Maxwell Legacy Society
- Corporate Matching Gifts

ON THE COVER:
Illustration by Traci Daberko.
8 Leading Lights: Change Agents for Nursing’s Future
By Naomi Freundlich
Five extraordinary graduates show how far their Columbia Nursing education has taken them.

14 New Trends in Nursing: Challenges and Opportunities
By Jeff Meade
Ten prominent nurse leaders assess evolving health care trends and how the profession can anticipate and adapt.

18 Second Acts: Discovering Nursing as a Second Career
By Sibyl Wilmont ’08
Columbia Nursing students tell why they came to nursing from earlier, wide-ranging careers.
Hospitals have been actively struggling with various approaches to bring readmission rates under control ever since the Affordable Care Act permitted the federal government to penalize them for high rates among Medicare patients. But so far the problem has proven intractable: In fiscal 2016, only 799 out of more than 3,400 hospitals that participated in the Hospital Readmissions Reduction Program were performing well enough on the CMS 30-day readmission program to avoid a penalty.

One promising approach to the readmission conundrum is to improve the organization of patient care as the patients transition across various care services through detailed planning and sharing of information. Such efforts could be supported with information from network analysis, which can take data about patient service visits and map interdependencies and interrelationships. That’s where “Transition Networks in Congestive Heart Failure Patients,” a recent study published in *Applied Clinical Informatics* led by Jacqueline Merrill, PhD, associate professor at Columbia Nursing, comes in.

Merrill’s team, which included colleagues from Intel Corporation, Carnegie Mellon University, and Memorial Sloan Kettering Cancer Center, used network analysis to examine care coordination in patients with congestive heart failure, a chronic condition with 30-day hospital readmission rates as high as 27 percent. The team investigated the flow of patients across ambulatory and inpatient services for evidence of patterns in how patients use services in relation to hospital admissions. Their goal was to determine the feasibility of utilizing network analysis to provide useful information about coordinating care to reduce preventable readmissions.

The team used retrospective clinical and administrative data for more than 4,800 congestive heart failure patients treated throughout the Columbia University Medical Center (CUMC) system. They used specialized software and developed a unique algorithm to assess the sequence of transitions patients made between services, such as inpatient and outpatient internal medicine, and inpatient and outpatient cardiology, over the course of one year.

At the macro level, they found that no dominant service or set of services showed up “hubs” that could be targeted as coordinating centers to manage patient flow. But a more refined analysis looked at the flow of individual patients according to their admission status. Patients in the “admitted-once group” stood out from the other patient cohorts (never-admitted, single-readmission, and multiple-readmissions). This group made many more transitions and a 50 percent increase in links between services compared to the never-admitted group, suggesting a pattern of expanded care that begins with an admission. Said Merrill, “We found that for these patients, care use metaphorically exploded once they were admitted. And it wasn’t just specialty care related to heart failure. They received more of all kinds of care.”

Not only did network analysis show how congestive heart failure patients transition among services, and how that varies with admission status, it also revealed which services these patients passed through most frequently, something that traditional linear methods, like reporting the number of visits, could not do, said Merrill.

Network analysis needn’t limit itself to studying the utilization of care employing admission status as the sole criteria, said Merrill. “We can look at how patients transition through service visits according to their age or according to the kind of insurance they have. Furthermore, network analysis can help assess which sequences of care lead to improved outcomes for congestive heart failure patients and for others as well. That process, of course, is very good for patients and aligned with the federal government’s new priorities,” added Merrill.
Making Sense of Diabetes Self-Management

Today’s information age poses special challenges to diabetics, who are constantly trying to separate signal from noise in the blizzard of data they might receive when trying to manage their chronic disease. Glucose-monitoring devices produce highly accurate readings using smaller volumes of blood, in turn, reducing the pain associated with daily testing and encouraging more-frequent testing. But the resulting volume of information requires careful interpretation and response, which can at times overwhelm even the most vigilant of patients.

Writing in a recent issue of the Journal of Biomedical Informatics, a research team from Columbia provides a new way of thinking about how people can more effectively manage their diabetes by understanding how they process and act upon the information they are given.

The new framework is based on a theory called “sensemaking,” which draws on concepts involving organizational behavior, education, and the interaction between human beings and computers. Proposed by Lena Mamykina, PhD, assistant professor of biomedical informatics; Arlene Smaldone, PhD, associate professor of nursing; and Suzanne Bakken, PhD, Alumni Professor of Nursing and professor of biomedical informatics, sensemaking is concerned with how individuals interpret complex social situations and environments. In this case, the team investigated how individuals with chronic diseases make sense of their health and disease, how they perceive and interpret health data, and how their interpretations inform their action.

The researchers distinguish between two cognitive modes of chronic disease self-management. People in sense-making mode analytically engage with situations that require their action and carefully examine their properties, only taking action after full analysis. This is in contrast with the habitual mode, where people simply follow established patterns and routines.

“Habitual mode is only effective when individuals have established successful self-management behaviors and achieved control over their blood glucose levels. It is not effective for individuals who are still adjusting to the disease, or who are changing their routines and practices,” said Mamykina. “Sensemaking has its origins in the here and now, and is concerned with trying to decipher and organize unexpected information, working to find patterns, discovering connections, and only then making choices.”

While sensemaking requires more thought than the habitual mode, it can help patients feel more in command. Said Smaldone: “Because they are so involved, individuals can take control of their disease as opposed to feeling that their disease is controlling them.”

In the authors’ model, sensemaking has three linked phases: perceiving new information and experiences, developing inferences from these perceptions, and using the inferences to guide action. Each step involves active, conscious response; rote behavior is ruled out. The researchers found solid empirical evidence for their proposed framework after reviewing dozens of qualitative studies of diabetes self-management practices published in peer-reviewed journals from 2000 to 2015.

How would the model work in real life?

First, there has to be uncertainty. Often, individuals with diabetes are confronted by situations that fall outside their established routines or that do not meet their expectations. For example, they may need to make nutritional choices while traveling or attending social functions where food options are not consistent with their regular diet. Or they might encounter unusually high BG (blood glucose) levels while following their usual daily routines. In cases like these, the individuals can no longer function in the habitual mode and have to pause their activities to analyze the current situation.

Second, once people find discrepancies between their expectations and observations, they search their memory for similar experiences to help determine what they should do next. But there is ample research evidence on the limitations of human memory, preventing people from seeing connections between new observations and past experiences. The authors note that this represents an opportunity for new tools to help people review relevant records from the past and identify possible patterns and correlations. For instance, many current self-monitoring applications provide diagrams, charts, and other visualizations of data.

Finally, to test new inferences, individuals engage in experimentation, testing the effects of different choices on their blood glucose levels. The studies of diabetes self-management reviewed by the researchers provided many examples of this experimentation. As one patient put it, “I eat something; I count the carbs, then test and see if my BG level goes over my target. If it does, I reduce my carbs by cutting the portion size or replacing it with an alternative for that meal.” Once the benefit of a new approach has been established, it is often incorporated into patients’ self-man-
How can care providers be sure that their Spanish-speaking patients understand the health information they are given? It’s an important question, particularly as native Spanish speakers in the US now top 41 million, more than the number in Spain and second only to Mexico.

Health literacy is a concept that refers to patients’ ability to take the information that they receive in the health care setting and then later use that information to manage their health. Tools that providers and organizations may use to measure the health literacy of their patient population assess skills such as reading ability, numeracy, and listening comprehension, among other factors. Currently, there is not a single accepted standard to assess health literacy, so providers looking to measure this have to choose from a plethora of measuring tools.

To help nurses, researchers, and other health care providers trying to improve communication about health with and within Spanish-speaking populations, Columbia Nursing PhD student Samantha Stonbraker identified and summarized 19 validated methods that can be used to measure health literacy among Latinos in clinical and research settings. Her research, “Tools to Measure Health Literacy Among Spanish Speakers: An Integrative Review of the Literature,” was recently published in the journal Patient Education and Counseling.

“Health care providers have the best of intentions,” Stonbraker said, “but we can’t always tell how much our patients understand the health care system or even how much they understand issues related to their own health. My hope is that health care professionals can use this article as a reference guide to the tools that might help bridge the health literacy gap between providers and patients.”

The article started as a literature review assignment in a class Stonbraker took last fall with Assistant Professor Rebecca Schnall, PhD, with Associate Dean for Research Elaine Larson, PhD, acting as Stonbraker’s advisor. All three are credited as authors on the article. In her review, Stonbraker performed Spanish and English language searches of nine databases, including MEDLINE and PubMed, looking for published papers on tools that could be used to assist Spanish speakers. Her goal was to capture information on all validated tools for measuring the health literacy of Spanish speakers—tools designed for or adapted to Spanish speakers after undergoing peer review, including an evaluation in which their methodology was assessed for efficacy.

Stonbraker discovered 20 articles that described 19 validated tools, which are described individually in a useful chart that is the heart of the article. This chart is essentially a Consumer Reports of the main tools to be found online that help caregivers understand the health literacy levels of their specific patient populations.

The chart provides a quick overview of each tool, including information on each one’s purpose, cultural context, method for assessing patient skills, administration, and scoring. In addition, the chart notes each tool’s focus, audience, and approach. For example, the list includes:

- Tools that focus on specific health conditions, such as diabetes, breast and cervical cancers, nutrition, genetics, etc.;
- Tools that focus on issues related to accessing the system, such as Medicare, Medicaid, and general comprehension; and
- Tools that target specific audiences, such as parents of young children, adults in primary care settings, and the Hispanic population along the U.S.-Mexico border.

“The tools are not universal—they don’t cover all dialects and they aren’t applicable to all situations,” Stonbraker pointed out. “However, they are much better than having only English language tools for assessing a patient’s level of health literacy.

“As health care providers in a multicultural era, we have an obligation to provide the information that patients need to manage their health, in a way that patients can understand it,” Stonbraker said. “To do that, we must be able to measure how much patients are able to understand and use the information they receive in health care settings. Health literacy assessments may be the first step toward that understanding.”
Consumers have become increasingly more comfortable using their cellphones to bank, shop, and purchase plane tickets. But despite the more than 100,000 apps devoted to health care and fitness now available in the iTunes and Google play stores, potential smartphone owners are still resistant to adopting mobile apps to help manage their health.

To better understand patient attitudes toward health-oriented mobile apps, a research study utilizing focus groups was conducted by Assistant Professor Rebecca Schnall, PhD, to test a conceptual model that borrowed concepts that predict purchasing behaviors by consumers on the Internet, and combined them with an approach she used previously to study the acceptance of technology in the context of the delivery of HIV care through an electronic medical record.

The study focused on persons living with HIV because of this population’s need for self-management support and because of the persistent cultural stigma historically associated with HIV/AIDS, both circumstances well suited to using an app for education and patient support. A facilitator conducted focus-group sessions with 50 persons living with HIV in the New York City area as well as with 30 HIV health care providers. The resulting article, “Trust, Perceived Risk, Perceived Ease of Use and Perceived Usefulness as Factors Related to mHealth Technology Use,” was recently published in Studies in Health Technology and Informatics, and presented at Medinfo’15, the 15th International World Congress on Health and Biomedical Informatics.

The most repeated underlying theme to emerge was “perceived risk,” the heightened concern over where personal health information was being stored and who would have access to the data. Focus-group participants emphasized their need for adequate security safeguards and controls so that the app could be depended upon, for example, not to transfer personal health information from mobile devices to centralized electronic health record systems, to be bought or used by an unauthorized third party. Trust in the institutions that collected, stored, or transmitted their data emerged as an essential factor in using an mHealth app as well.

In addition to perceived risk and trust, participants stressed the need for the app to be easy to use and not dependent on Internet connectivity. Also, since persons living with HIV often face cognitive deficits as a result of the disease and their medications, it is imperative that an app be simple and user-friendly.

The final factor influencing potential end users is the app’s promise to be useful in helping them and their caregivers with practical information, such as updates on medications, reminders, learning more about their disease, and even potentially helping with the delivery of care in a more private manner than currently available.

“Today, patients approach health care as consumers more than ever before,” said Schnall. “And in the case of mHealth, they apply the same criteria to health information as they do to many other transactions on the Web. Issues like security, trust, and privacy are at least as relevant to consumers using mHealth technology as they are to consumers using eBay, Amazon, Orbitz, and other e-commerce services; mHealthapp designers are learning that they need to pay attention to these concerns. Otherwise, people won’t use the apps.”
Leading Lights: Change Agents for Nursing’s Future

Columbia Nursing Alumni Excel at the Bedside and Far Beyond

By Naomi Freundlich

Where can a nursing education take you? For Columbia Nursing graduates the answer has long been “as far as you want to go.” Having participated in innovative programs in clinical nursing, research, and informatics, as well as taking advantage of opportunities to earn advanced degrees in public health, policy, and business, Columbia nurses are pursuing careers in a diverse array of fields.

In this article, we profile five extraordinary alumnae who have built successful careers in government, hospital leadership, research, nursing education, and advanced clinical practice. For these five women, nursing education has been a springboard to opportunity, allowing each to follow her unique passion and trajectory.

As one of the nurse leaders put it, “Nurses are so many things: they are patient advocates, they deliver care, they are leaders, and they have made a huge impact in health care, business, and policy.”

Photographs by Jörg Meyer
For Sally (Rogin) Dreslin ’94, serving as executive deputy commissioner of the New York State Department of Health often demands many of the same skills as working in a busy hospital emergency department, which she once did. Overseeing individuals and departments responsible for such major state programs as Medicaid, public health, health systems management, and quality and safety is “a very challenging, exciting position, and it’s important to be able to juggle corresponding crises and major policy initiatives, and negotiate with multiple stakeholders,” she said.

Many of Dreslin’s most important management skills—promoting teamwork, encouraging open communication, and prioritizing—were developed two decades ago during her nursing education and training at Columbia Nursing and in her early days in the ER. “You don’t need clinical skills to do this job, but it definitely helps to have the ability to understand how our policies and proposals impact people at the ground level—patients, families, and the health care workforce.”

Her experience as a practitioner also gives Dreslin credibility with the nursing staff in the department, many of whom also know how hard she fought to help pass the Nurse Practitioner Modernization Act—state legislation that allows advanced practice nurses in New York to work at the top of their license without a collaborative physician.

Another holdover from her nursing days is having “a thick skin,” said Dreslin. “Health care situations are stressful; the patient and family are often in crisis and not always on their best behavior. They may, at times, be confrontational or even verbally abusive, and you have to remain calm and understand the fear and stress they’re experiencing. These traits come in handy now in the heat of policy skirmishes and similarly demanding situations,” she said.

When she started clinical nursing in 1994 at St. Vincent’s Medical Center in New York City—the epicenter of the AIDS crisis—there were few treatments to offer the HIV-positive patients she cared for. Now Dreslin helps develop policies and implement programs for that very same population. She is also involved in the state’s Medicaid redesign efforts, responsible for enacting reforms that lead to improved health and better cost control at a time when the program is expanding to cover more New Yorkers. “You do good work wherever you are as a nurse,” said Dreslin. “Working for the state, your touch is just much broader.”
The Researcher

Olivia Velez ’06 ’11 took an unconventional route to nursing. After graduating with an undergraduate degree in computer science, she spent eight years designing software for use in health care settings. Her job required her to “spend thousands of hours shadowing nurses, doctors, and midwives” to better understand how clinicians interact with patients and use electronic health records. Becoming disenchanted with simply doing programming but without a clear goal for the future, Velez describes herself as “going into nursing kind of on a whim.” That whim turned out to be life-altering. Earlier this year, she moved her family to Cape Town, South Africa, where she is now executive director of HealthEnabled, a new nonprofit organization that works with government and NGO partners to develop digital health initiatives in South Africa and other low- and middle-income countries.

Her first step in starting her new career, enrolling in Columbia Nursing’s Entry to Practice program, introduced Velez to the clinical practice of nursing and also to what she calls “really the best health informatics program anywhere.” She went on to earn a master’s degree from the Mailman School of Public Health and a PhD in health informatics, focusing on the use of phones and mobile devices to improve the health of mothers and infants.

At HealthEnabled, Velez is working to design and promote mobile health applications for use at the national level. For example, the group is part of a team supporting the rollout of South Africa’s MomConnect program, a government initiative to register all pregnant women in the country and provide them with stage-based messages about pregnancy, birth, and care of an infant. As in much of Africa, cellphones are widespread—some 93 percent of South Africa’s population has access to one, even in remote areas far from hospitals and clinics. The women are registered by health care workers and then receive text messages for the remainder of their pregnancy and for the first year of their child’s life.

Having a PhD in nursing research and a background in informatics has been a great advantage for Velez. “I definitely have a different perspective from the other people I tend to work with on a daily basis,” she said. “They are either super-techie or public health people with no technical background.” So if busy clinicians resist the mobile health approach because they think the technology won’t work or the system will be too time-consuming, Velez tells them, “I am a nurse, I know what your day-to-day job is like. I know how to deliver a baby and care for patients.” When you come in as a software developer you don’t have that experience.”

Velez says that Columbia Nursing gave her strong leadership skills and helped foster an interdisciplinary approach to tackling complex global health problems. For her, “Columbia Nursing was all about ‘you’re never just a nurse, you’re a leader, an advocate, you have to be in the political space at all times, you have to be in the research space at all times.’” By combining her skills in nursing, public health, and digital technology, Velez is advancing health care for women and children throughout the developing world.
Janet (Cook) Ready ’81 is the first nurse to serve as president of the University Medical Center of Princeton in Plainsboro, New Jersey. She is also the first woman to hold the position since the hospital’s founding 96 years ago.

Ready leads the senior management team, oversees patient care services, and is responsible for maintaining the medical center’s high level of clinical quality and keeping it fiscally sound. Ready, who holds MBA and MPH degrees from Columbia University, as well as her nursing degree, said, “I have to give credit to Columbia Nursing for teaching me how to think critically, work autonomously, and not be afraid of failing.”

Overseeing strategy and operations, Ready is responsible for advancing innovations in care delivery and introducing new services, such as a neonatal unit that can care for premature babies born as young as 28 weeks, sophisticated robotic surgery capabilities, and a center for pelvic wellness. True to her background, Ready is dedicated to making University Medical Center more “patient-centric” by better managing care transitions—from hospital to home, for example—and care coordination between inpatient providers and primary care practices. The institution also aims to be responsive to the broader community’s needs by operating a clinic for indigent patients who live in the area.

In her three decades as a hospital executive—with a six-year stint operating a large physician practice—Ready has found that when the going gets tough, she is quick to fall back on her basic nurse training. In December there was a sudden surge in patient volume. A few heads turned when Ready came down to assist with patient flow. “The staff was not accustomed to seeing the hospital president in the nursing office and they responded very well to that.”

When it comes to designing a business strategy for the medical center, Ready’s decisions are made from a nursing perspective. “My approach is to invest in a culture of patient safety, staff excellence, and great care delivery,” she said. “If you can deliver quality outcomes, have the right staffing model, and maintain and advance patient safety, you will have a good financial outcome.”
The Primary Care Leader

Marlissa Belay ’97 ’00 is a dedicated nurse practitioner immersed in what she calls the “art and science” of clinical practice. But Belay also possesses a savvy business sense that is breaking new ground for nurse entrepreneurs.

In 2007 she developed a new approach that uses nurse practitioners to provide daily, on-site primary medical care for residents of long-term care facilities. The idea was to supplement the weekly or monthly visits physicians usually make to these centers, and manage emerging health issues before they require distressing and costly transfers to the hospital.

Now, eight years later, Belay—who earned an MS in the adult-gerontology nurse practitioner program at Columbia Nursing—and two other NPs provide primary care for hundreds of residents of three long-term care facilities in New Jersey. Belay believes she is filling a “huge unmet need” for primary care among the underserved population living in the area—especially residents of nearby Newark. She accepts Medicaid and also welcomes uninsured or under-insured patients. “To see a doctor right now is expensive, especially for people paying out of pocket. A typical physician visit is $125 for a new patient,” said Belay. “I charge $60 and offer a sliding scale for those who can’t afford to pay.”

Belay puts an emphasis on understanding the social and emotional sides of her patients along with addressing their physical health needs. She schedules an hour for each patient’s first visit. “I want to know about your social history, I want to know about your family support system, and I want to know about your diet, what you eat for breakfast, lunch, and dinner,” she said.

The confidence to go it alone came after several years of working in long-term care and on a surgical floor at Hackensack University Medical Center. “I learned so much about medicine from the surgeons and the other doctors,” said Belay. “I just sucked it up until I felt that I wanted more, that I had outgrown the job.”

She tries to teach the NPs she works with to think independently and realize that they are capable of working without a physician “looking over their shoulder.” She added, “What I feel most proud of is that I am building the profession by teaching my NPs to develop a sense of entrepreneurship and envision setting up their own practice someday.”
The Academic Leader

Judy Honig, associate dean for academic and student affairs at Columbia Nursing and pediatric nurse practitioner, calls herself a “lifelong learner.” She has an impressive collection of degrees that attest to her dedication to educational advancement: She is a registered nurse, certified pediatric nurse practitioner, and pediatric primary care mental-health specialist, and has two doctorates, one in nursing practice and one in education. “I think I got a new degree every five years,” she said only half-joking.

Still, Honig felt that something was missing. Ultimately, it came to her: a doctoral degree for nurses like herself who weren’t interested in becoming hospital administrators, health policy experts, or researchers but instead wanted to attain the highest level of expertise in clinical practice. “Clinical practice is what centers me, it’s the reason I went into nursing,” said Honig. “Had there been an option for a clinical doctorate, I would have taken it.”

That Columbia Nursing now offers such an option is due in no small part to Honig’s commitment and passion. She played an integral part in the design and implementation of the school’s doctor of nursing practice (DNP) degree. And she served on two national task forces charged with defining the essential competencies for graduates of a clinical doctoral program.

Columbia Nursing admitted its inaugural class of 20 nurse practitioners into the DNP degree program in 2004—the first such program in New York and one of only a handful in the nation. “It took a long time for us to get members of the university’s senate to understand our program because it was a degree no one had ever heard of,” said Honig. Although the concept of a DNP had enthusiastic support from many physicians and university colleagues, there were a few dissenters. “One guy stood up in a meeting and said, ‘I don’t understand why nurses need doctorates. Who’s going to take away my wife’s bedpan?’”

As much as she loves her “little pediatric practice,” Honig continues to spend much of her time envisioning and shaping the future of nursing education. She was instrumental in developing Columbia Nursing’s new accelerated Master’s Direct Entry program for non-nurse college graduates. Starting in 2016, students will follow a curriculum that emphasizes cultural competency, the importance of evidence-based practice, and care coordination—all of which will better prepare them for the demands of a continually changing health care world.

Honig sees education as “super-important” in providing the chances to advance and grow over her long career. “When I decided to go into nursing, I never thought I’d be where I am now,” she said. “There have been many points in my career where I had to make a decision or a choice, and I think nursing offers these opportunities to expand in new directions.” Through her dedication to nursing education, Honig is providing similar opportunities to the next generation of nurses.
New Trends in Nursing: Challenges + Opportunities

The 2011 landmark Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, identified and helped shape how the landscape of health care was shifting.

While the report’s goals, aims, and recommendations remain critically important, we brought together 10 of the nation’s most influential nurse leaders to take a fresh look at several evolving trends facing the field that were not covered in *The Future of Nursing*, and consider how the profession might prepare for and respond to them. Here’s what the nurse leaders had to say.

**PRECISION MEDICINE**
When people think of precision medicine, they often focus on the role of genes in illness.

As Debra Wujcik, PhD, associate professor of nursing at Vanderbilt University, explained it, “Precision medicine is looking at specific mutations and genetic changes and how they contribute to disease. Once we have an understanding of how the mutations contribute to disease, we then assess what drugs we can use to interfere with those pathways.”

There is a widespread impression that focused or targeted therapies are new, but as Wujcik pointed out, “There are plenty of chemotherapy drugs that we’ve used for 30 or 40 years that have a particular target. What is new is that precision medicine takes the next step. It says, ‘This is what this individual person has as part of his or her genetic makeup.’ This is a treatment that is focused on that individual’s makeup, not all patients with that particular disease.”

This more refined focus on genetics will likely pose serious challenges for nurses in years to come, says Allison A. Vorderstrasse, DNSc, associate professor at Duke University School of Nursing.

“The implications revolve around making sure nurses are current and highly knowledgeable in their education,” Vorderstrasse said, “such as requesting tissue samples, and also dealing with sending them out (for testing). But possibly more importantly, they need to know how to interpret and communicate the data that are returned.”

Genetic differences account for only part of the story, Wujcik says. Individuals differ in other significant ways, and those differences can have a bearing on precision treatments and forms of prevention.

The environment in which a person lives, for example, and that person’s lifestyle are also part of the definition.

“When we think about it from the perspective of data, it does mean, yes, data related to genes are part of the picture, but it also means that it’s very important that we have data collected about lifestyles,” explained Suzanne Bakken, PhD, Alumni Professor of Nursing and professor of biomedical informatics at Columbia Nursing.

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**ILLUSTRATIONS BY TRACI DABERKO**
Those kinds of data can come from sources that didn’t exist until relatively recently, such as a Fitbit and other activity- and sleep-monitoring devices, and electronic medication-monitoring aids.

At the same time, the definition of “environment” continues to grow, offering a far more precise picture of an individual. An environment, for example, isn’t just a ZIP code. It can include such factors as whether there are places to exercise and buy nutritious food, and whether a person’s friends support a healthy lifestyle.

Whether considering genetic makeup, lifestyle, or environment, Bakken believes nurses are well qualified to respond to future challenges tied to precision medicine because in many respects, it is what they have always done.

“Nursing has historically paid a lot of attention to tailoring the treatment to a particular individual,” she said. “The concept of precision medicine, including genomics, is newer, but the notion of taking individual variability into account in the treatment of patients is something that’s very familiar to nursing as a profession.”

DATA SCIENCE

It’s not that we’ve never had data before. We’ve long been awash in numbers, but what we didn’t have was an effective or efficient way to use all of those figures.

“Now we’re aided by incredible computational ability, so we not only have the power of the computer to help us handle the information . . . we’ve also developed lots of methods for dealing with the data, acquiring data, archiving data, standardizing data, and processing data into information and knowledge that can support decision making,” said Jacqueline Merrill, PhD, associate professor at Columbia Nursing.

“You have an image of a patient traveling around with a flowing cape of data behind them,” explained Merrill. “We’ll have the ability to learn, not for every patient but most of them, information about their behaviors, their actual physical state, including their genomic profile, their clinical state, and their environment, where they live. We’re going to start looking at a more complete picture of patients with these kinds of data.”

Of course, as Merrill and other experts acknowledge, that is only a first step. How does access to the information embedded in that “flowing cape of data” play out in the decisions nurses make at the bedside and across a patient population? What data do nurses actually need?

Patricia Flatley Brennan, PhD, Moehlman Bascom Professor at the School of Nursing and College of Engineering at the University of Wisconsin-Madison, goes back to a definition in an American Nurses Association policy statement, which says that nursing is the “alliance of suffering through the diagnosis and treatment of human response.” When looked at from that perspective, Brennan says, what nurses need is “data that assists in diagnosis and treatment.”

The problem is that if data are viewed as a field of wheat, there’s still a lot of chaff.

“The challenge to nursing is to achieve the right balance between collecting data that might be needed sometime in the future, which can be burdensome but is important, and collecting data that are actually wasteful because we end up collecting so much of it,” said Brennan. “We have to choose data that help us build nursing knowledge by understanding complex patterns.”

NURSING SCIENCE

There is no consensus for defining nursing science. But a broad definition might be “the understanding of human health and the application of that knowledge to improve healing.”

As editor of the journal Nursing Research, Susan J. Henly, PhD, professor emerita at the University of Minnesota School of Nursing, has witnessed the evolution of nursing science as few others have. She has found that in many ways that the more things change, the more they stay the same.

The first paper published in the first issue of the journal in 1952 focused on the personal adjustment of chronically ill people to home care.

“That could be a paper somebody wrote today,” Henly said. “But also, over time, nursing science has gotten more complicated. The research training is better. The tools for doing research have become better. There’s a base of findings on which the science has been built, so it’s become considerably more complex.”

Yet there remain many areas of clinical study in which knowledge gaps exist.

And nursing science will also need to keep pace with changing approaches to health care delivery and quality, particularly in light of such reforms as the Affordable Care Act.

To Pat Stone, PhD, Centennial Professor of Health Policy and director of the Center for Health Policy at Columbia Nursing, that’s one piece of low-hanging fruit we should attend to as we look toward the future.

“Our health care delivery system, if you can call it a system, is more expensive and we have poorer outcomes than any other industrialized nation,” said Stone. “That’s not new. We have a changing health care delivery landscape where there is an increased focus on providing high-quality care efficiently. The knowledge gaps are vast in terms of how we organize care to obtain the most value.”

In fact, there are so many issues needing more study that the list seems impossibly long. “There’s a lot we don’t know in every aspect,” said Stone. Thus the question: Will we have enough nurse scientists to do the work?

“There’s definitely a scientific workforce issue, or maybe a number of them,” said Henly. “One is that the first wave of scholars who had research careers is retiring, so we’re going from a small workforce to a smaller one. Another part of the workforce issue has to do with
composition. We have a real problem with underrepresentation of minority investigators in nursing science. That’s not much different from other fields of science, but it’s especially important in a field that has such a close connection with practice. The size and the composition of the workforce are important.”

**POPULATION HEALTH**

Over the years, the term “population health” has been defined, redefined, and debated. To Betty Bekemeier, PhD, associate professor of psychosocial and community health at the University of Washington, population health is about working to improve the health of whole groups of people, addressing the underlying conditions that have an impact on health, helping people in that group make healthier choices, working across sectors and within culturally diverse communities, and helping to influence policy decisions.

Although population health is not a new concept, it is gaining prominence, and over time it is likely to broaden the nursing community’s approach to care—possibly in ways that require the development of an entirely new skill set.

Take chronic conditions such as diabetes, for example. “Definitely, chronic disease is at the forefront of this,” said Bekemeier. “We cannot be successful at improving the management of chronic disease without addressing the underlying conditions that impact health—and that leads disproportionately to poor health outcomes for so many.”

This means going beyond setting up neighborhood clinics and establishing patient navigator services—important and essential as they are. For Bekemeier, population health also means setting up the conditions in which interventions such as these can be established in communities in the first place. And that means becoming involved in public policy.

“Getting involved in policy sounds like a giant leap for nurses. I always talk about it in terms of pushing oneself outside of one’s comfort zone. You can start right in your backyard—your own institution or community. That may be a really different way of thinking about addressing chronic disease, but in the long run, it’s what’s going to change what’s happening, in terms of chronic conditions in our communities,” added Bekemeier.

**NURSING ETHICS**

As life-sustaining treatments become more complex and effective, perennial questions about the wisdom and morality of prolonging life become more nuanced.

For good or ill, the use of advanced technologies and treatments is the default mode, says Cynda H. Rushton, PhD, Anne and George L. Bunting Professor of Clinical Ethics at Johns Hopkins School of Nursing and founding member of the Johns Hopkins Berman Institute of Bioethics. “Many nurses are questioning whether that ought to always be the case. We are seeing so many patients who, after they’ve started a therapy say, ‘If I’d really understood what this meant, I don’t know that I would have gone down this path.’ Technology is not a solution to everything in health care.”

Matters can get worse when a nurse openly questions whether the treatment has any benefit at all. This can lead to conflict within the care team, says bioethicist Mary Ellen Tresgallo, DNP, assistant professor at Columbia Nursing and chair of the pediatric ethics committee at Morgan Stanley Children’s Hospital of NewYork-Presbyterian.

When such conflict surfaces, Tresgallo works to find areas of commonality in the shared experience. “I try not to think about the physician’s position versus the nurse’s position versus the social worker’s position versus the administration’s position. For me it’s about finding common ground and focusing on partnerships and collaboration. It’s about problem solving and creating a space where all members of the care team can come together to discuss difficult cases. It is important to make the room bigger by encouraging all voices at the table. By doing this, we can support each other and take better care of our patients and families.”

Creating the kind of environment in which nurses’ ethical concerns are valued will become even more important as new technologies emerge, says Rushton.

“We need to think about how we create a culture of ethical practice where it is expected that nurses are going to speak up and speak out, and that their voices are going to be heard. We have to have mechanisms to identify when moral distress is present and respond to it before it becomes a crisis. We need to put in place policies in organizations where nurses can have support and guidance about how to navigate the ethical issues, and we need inter-professional ethics training. A culture of ethical practice would have spaces where doctors and nurses have a chance to understand each other’s perspectives and … actually listen to each other—not to try to convince the other one to change their mind but to really appreciate that there are different ways to see the issue.” •
SECOND ACTS:
DISCOVERING NURSING AS A SECOND CAREER

By Sibyl Wilmont ’08

What do a former opera singer, an organic farmer, and an ex-sommelier have in common? The answer: They all made the unlikely switch to nursing and are now students at Columbia Nursing. What they also share—as do other career changers at the school—are an array of seemingly unrelated skills and experiences that add unique perspective to their new roles.

Many second-career nurses experience mixed emotions when they find themselves back in the classroom, some for the first time in decades. On the one hand, it can be intimidating being among much younger classmates, who are more at ease taking exams and writing scholarly papers. On the other hand, there is the allure of the new as well as the self-confidence gained from years of life and work experience. Below, current Columbia Nursing second-career students relate their personal and professional reasons for making such a sweeping change, and assess what impact their previous accomplishments have on their success as students and practicing nurses.

THE FINANCIAL ANALYST
Paul Coyne saw himself in a mirror wearing scrubs during a physical required by his employer, Goldman Sachs. That day, he decided to apply to nursing school. Amazingly, while an ETP student at Columbia, he simultaneously earned an MBA in health care management and a master’s in finance, both from Northeastern University. Today, he is looking forward to capping off his education with a DNP in May 2016. It is truly a rare bird who exhibits this kind of drive; even more remarkably, just seven years earlier, Coyne had suffered a stroke a week after graduating college.

“I worked really hard to get my brain back in use,” said Coyne, “so I felt there must be some greater purpose for me than sitting in a cubicle reviewing derivative transactions.” Today, he is a board-certified NP and enjoys working as a manager of analytics and insights at NewYork-Presbyterian Hospital in a role that he describes as “bridging finance, clinical, and IT”—particularly relevant for the student who was “the only one asking how much everything cost.”

That’s his niche, purposefully created to help address the economic challenges of today’s—and tomorrow’s—health care system, as he explained: “To really advocate for patients, nurses need to be able to speak the same language as the people making the decisions.”

THE BUSINESS STRATEGIST
“Is this worth pursuing or should we move on?” This was the question perennially posed to pharmaceutical consultant Catherine Cohen, who helped companies decide whether to develop a promising product or to cut and run. The position combined her twin interests in economics and biology, keeping her in the health care world while she decided if medical school was the next step. Cohen had never heard of advanced practice nursing until she sat in on a diabetes education class being led by an APN. Instantly inspired, her future was clear: Medical school was out and a career in nursing research was in.

Cohen, now a student in the PhD program at Columbia Nursing, loves conducting big-data analysis, particularly relating to infection prevention in long-term care. “Many scientists struggle with making their research accessible and understandable,” she said, “but I have a leg up with the writing, presentation, time-management, and decision-making skills I acquired from consulting.”
There are undeniable parallels between the at-first-blush incongruous fields of organic farming and midwifery: the nurturing, the cultivation, the seeds of life. But after six years as an organic farmer on small New England farms, growing everything from melons to flowers (her favorite), nurse midwifery student Anna Wei focuses on the practical skills she brings to her new profession.

There’s the manual dexterity, honed through years of working with her hands. She connects prioritization and nursing management with efficiently delegating tasks to farm workers and the timing necessary for successfully seeding, planting, irrigating, and harvesting crops. Wei especially values the patience Mother Nature taught, coaxing her to become more in tune with the seasons, to work through natural cycles, waiting for things that take time. So, she says, she doesn’t regret not becoming a midwife earlier.

“I’ve always been interested in women’s health and birth, but farming opened my eyes to that a lot more,” said Wei, who is inspired by pioneering Tennessee midwife-farmer Ina May Gaskin. She fantasizes about establishing a farm with an on-site midwifery birthing center and community-based approach to birth education and food security.
THE OPERA SINGER
Imagine being on a grand stage, an adoring audience applauding you … and being completely unmoved. This was the situation in which professional opera singer Daniel Billings found himself when he decided it was time for a change. After 20 years with prestigious opera companies in major U.S. cities and Germany, an intense experience with a dying friend in a Chicago hospital turned him from an attention getter to attention giver. “It opened my eyes to the hospital setting and the team dynamic,” Billings said. “It made me want to be part of that, to give back.”

And no, he doesn’t plan to do that by singing to patients. Billings is working toward an adult-gerontology primary care nurse practitioner degree with an oncology subspecialty. His immediate goal is to care for the elderly, and at some point help address the health care needs of his former musician colleagues. “I’ll bring medicine to the arts instead of bringing the arts—my voice—to the bedside,” he said.

THE GLOBETROTTER
A life path that took Krystyna de Jacq from Poland to France to Kuwait to the United States sensitized her to people’s culturally specific needs. Her educational and professional background is equally diverse, with degrees in economics, psychology, and nursing; teaching college-level economics and French; and working as a conference planner for UNESCO, a psychiatric RN, a research assistant in psychology, and now, as a psychiatric mental-health NP pursuing her doctorate. And she did all of this with success.

“Oh many people come to the U.S.,” she said, “with dreams about ‘becoming someone,’ imagining everything is easy here, that it comes naturally. And they think that if they’re not successful, something is wrong with them. I can relate to this and tell them things only someone with the same experience can.”

As a psychiatric mental-health NP, de Jacq’s empathy is not restricted to her patients; she wants to address the mental health needs of nurses, too, which she calls “an issue under the carpet that is extremely important, given the amount of time nurses spend with patients in the hospital and out in the community.” Ultimately, her goals are to contribute to reducing—perhaps one day eliminating—the stigma associated with mental illness, and to promote better, earlier mental-illness education for new generations of nurses.

THE ACTOR/MARTIAL ARTIST
During his 25 years as a professional stage, screen, and television actor, advertising voice-over artist, photographer, fight choreographer, and holder of a black belt in tae kwan do, Christopher Burns was always fascinated with other people’s stories. He attributes this to his theatrical training and the need to listen carefully to what people say, “without expectations or assumptions, and to respond accordingly.”

Burns plans to use this special skill as a psychiatric mental health nurse practitioner to augment his fascination with science. For him, acknowledging the gestalt is key to effective nursing, holding that there are no boundaries between illness and everyday life experiences, between the physical and the mental. Accordingly, his focus is on the growing number of people with severe mental illnesses such as schizophrenia and major depression who also live with co-morbidities such as diabetes, heart disease, and hypertension. “My goal as a practitioner is to realize that nothing can be solved from only one direction,” he said. “That while we can’t change others, we can offer people different courses of action—a bigger tool kit—to help them pursue as full a life as possible.”
THE MAGAZINE EDITOR

ETP student Catherine Straut enjoyed her job as an assistant features editor at *ELLE*; it was fun meeting celebrities and working at a fast-paced fashion magazine. But the woman who calls medical narrative authors Atul Gawande and Siddhartha Mukherjee her heroes longed for a more emotionally and intellectually challenging career. So when she recalled the nurses who helped her recover from congenital heart surgery as a young girl and was encouraged by friends who are nurses, she decided that it was time to put her talents to work in a different career. Straut plans to pursue a master’s degree in the Pediatric Primary Care Nurse Practitioner program at Columbia Nursing.

As disparate as they seem, she says, writing and nursing have something in common: an emphasis on the ability to communicate information clearly. And teamwork is important. “As a writer, you always have an editor,” she said. “It’s the same with your preceptor, learning to take constructive criticism for what it is—constructive.”

THE VETERINARY TECHNICIAN

As an actress, sommelier, restaurant manager, and licensed veterinary technician, Lisanne Pessini has always worked in what she calls the “people business.” Building on her love of caring for animals, she became a student in Columbia Nursing’s ETP program. Pessini likens tending to pets to caring for young children: Both are unable to express their needs and often come with distraught parents with their own difficulties communicating in times of stress. “The ability to gain trust and be sensitive to patients’ needs as well as the needs of their families is crucial,” she said.

So it was especially gratifying when a clinical instructor complimented her for making everyone in the class feel comfortable while she sensitively worked with a severely disabled young boy and his mother. She carries this memory with her as she pursues a career as a pediatric nurse practitioner in primary care. Whether it’s in a restaurant or the hospital, she said, “If you can make someone feel like they’re heard and that they’re important, you can solve 98 percent of the problems they’re having.”

LISANNE PESSION

CATHARINE STRAUT
Our faculty’s research continues to create new knowledge that advances health care. Listed are selected articles published by leading peer-reviewed publications.

Adriana Arcia, PhD, assistant professor, was the lead author of “Sometimes More Is More: Iterative Participatory Design of Infographics for Engagement of Community Members with Varying Levels of Health Literacy,” published in Journal of the American Medical Informatics Association. Other faculty member authors include: Associate Professor Jacqueline Merrill, PhD, FAAN; Postdoctoral Research Scientist Sunmoo Yoon, PhD; and Alumni Professor of the School of Nursing and Professor of Biomedical Informatics Suzanne Bakken, PhD, FAAN, FACMI.

PhD student Catherine Cohen was the lead author of “Infection Prevention and Control in Nursing Homes: A Qualitative Study of Decision-Making Regarding Isolation-Based Practices,” published in BMJ Quality and Safety. Associate Research Scientist Eileen Carter, PhD, and Centennial Professor in Health Policy Pat Stone, PhD, FAAN, were also authors.

Catherine Cohen, PhD student, was the lead author of “Effectiveness of Contact Precautions Against Multidrug-Resistant Organism Transmission in Acute Care: A Systematic Review of the Literature,” published in Journal of Hospital Infection. Bevin Cohen, MPH, program director, and Jingjing Shang, PhD, assistant professor, were also authors.

Ruth Masterson Creber, PhD, postdoctoral research fellow, was the lead author of “Identifying Biomarker Patterns and Predictors of Inflammation and Myocardial Stress,” published in Journal of Cardiac Failure.

Dawn Dowding, PhD, VNSNY Professor of Nursing, wrote the guest editorial “Using Health Information Technology to Support Evidence-Based Practice,” published in Worldviews on Evidence-Based Nursing.

Stephen Ferrara, DNP, associate dean of clinical affairs, was the lead author of “Latent Tuberculosis Infection and Treatment in a Healthcare Worker,” published in The Nurse Practitioner.
Maureen George, PhD, FAAN, associate professor, was the author of “Integrative Medicine Is Integral to Providing Patient-Centered Care,” published in *Annals of Allergy, Asthma and Immunology*. In addition, she was an author of “Mapping the Urban Asthma Experience: Using Qualitative GIS to Understand Contextual Factors Affecting Asthma Control,” published in *Social Science and Medicine*; “Women and Lung Disease: Sex Differences and Global Health Disparities,” published in *American Journal of Respiratory and Critical Care Medicine*; and “Review of the Effect of Music Interventions on Symptoms of Anxiety and Depression in Older Adults with Mild Dementia,” published in *International Psychogeriatrics*.

Amanda Hessels, PhD, postdoctoral research fellow, was the lead author of “The Impact of the Nursing Practice Environment on Missed Nursing Care,” published in *Clinical Nursing Studies*.

Sarah Iribarren, PhD, postdoctoral research fellow, was the lead author of “Qualitative Evaluation of a Text Messaging Intervention to Support Patients with Active Tuberculosis: Implementation Considerations,” published in *JMIR mHealth and uHealth*. She was also an author of “A Practical Field Guide to Conducting Nursing Research in Low- and Middle-Income Countries,” published in *Nursing Outlook*, and “Evaluation of a BCMA’s Electronic Medication Administration Record,” published in *Western Journal of Nursing Research*.

Rita John, DNP, EdD, director, Pediatric Primary Care Nurse Practitioner program, was an author of “Understanding and Managing Glucose-6-Phosphate Dehydrogenase Deficiency,” published in *The Journal for Nurse Practitioners*.

Rita John, DNP, EdD, director, Pediatric Primary Care Nurse Practitioner program, was the lead author of “A Review of Knee Pain in Adolescent Females,” published in *The Nurse Practitioner*.

Jacqueline Merrill, PhD, FAAN, associate professor, was the lead author of “Transition Networks in a Cohort of Patients with Congestive Heart Failure: A Novel Application of Informatics Methods to Inform Care Coordination,” published in *Applied Clinical Informatics*.

Michelle Odlum, EdD, assistant professor, and Sunmoo Yoon, PhD, postdoctoral research scientist, authored “What Can We Learn About the Ebola Outbreak from Tweets?” published in *American Journal of Infection Control*.

Ailsa Pacsi, DNS, postdoctoral research fellow, was the lead author of “Understanding the Experience of Dominican American Women Living with Late-Stage Breast Cancer: A Qualitative Study,” published in *Hispanic Health Care International*.

Nancy Reame, PhD, FAAN, Mary Dickey Lindsay Professor of Disease Prevention and Health Promotion, was the author of “Equalizing Equol for Hot Flash Relief? Still More Questions Than Answers,” published in *Menopause*.

Rebecca Schnall, PhD, assistant professor, and Sarah Iribarren, PhD, postdoctoral research fellow, were the lead authors of “A Review and Analysis of Existing Mobile Phone Applications for Health Care-Associated Infection Prevention,” published in *American Journal of Infection Control*.

Rebecca Schnall, PhD, assistant professor, was an author of “Tools to Measure Health Literacy Among Spanish Speakers: An Integrative Review of the Literature,” published in *Patient Education and Counseling*. Elaine Larson, PhD, FAAN, associate dean for research, was also an author.

Rebecca Schnall, PhD, assistant professor, was the lead author of “Trust, Perceived Risk, Perceived Ease of Use and Perceived Usefulness as Factors Related to mHealth Technology Use,” published in *Studies in Health Technology and Informatics*. Suzanne Bakken, PhD, FAAN, FACMI, Alumni Professor of the School of Nursing and Professor of Biomedical Informatics, was also an author.

Arlene Smaldone, PhD, assistant dean for scholarship and research, was the senior author of “Does Diabetes Self-Management Education in Conjunction with Primary Care Improve Glycemic Control in Hispanic Patients? A Systematic Review and Meta-Analysis,” published in *The Diabetes Educator*.

Arlene Smaldone, PhD, assistant dean for scholarship and research, was an author, along with Suzanne Bakken, PhD, FAAN, FACMI, Alumni Professor of the School of Nursing and Professor of Biomedical Informatics, of “Adopting the Sensemaking Perspective for Chronic Disease Self-Management,” published in *Journal of Biomedical Informatics*.

Pat Stone, PhD, FAAN, Centennial Professor in Health Policy, was the lead author of “Understanding Infection Prevention and Control in Nursing Homes: A Qualitative Study,” published in *Geriatric Nursing*. Associate Research Scientist Eileen Carter, PhD, was also an author.

Pat Stone, PhD, FAAN, Centennial Professor in Health Policy, was the lead author of “Impact of Laws Aimed at Healthcare-Associated Infection Reduction: A Qualitative Study,” published in *BMJ Quality and Safety*.

Pat Stone, PhD, FAAN, Centennial Professor in Health Policy, along with Rebecca Schnall, PhD, assistant professor, was an author of “Psychometric Evaluation of an Instrument for Measuring Organizational Climate for Quality: Evidence from a National Sample of Infection Preventionists,” published in *American Journal of Medical Quality*.

Sunmoo Yoon, PhD, postdoctoral research scientist, was the lead author of “Refining the Self-Assessment of Informatics Competency Scale Using Mokken Scaling Analysis,” published in *Journal of Interprofessional Education and Practice*, and “A Data Mining Approach for Examining Predictors of Physical Activity Among Urban Older Adults,” published in *Journal of Gerontological Nursing*. Suzanne Bakken, PhD, FAAN, FACMI, Alumni Professor of the School of Nursing and Professor of Biomedical Informatics, was an author on both papers.
Government and Private Funding for Research and Training
July 1, 2014 – June 30, 2015

Principal Investigator: Adriana Arcia, PhD
Project Title: Feasibility and Acceptability of an Online Maternity Education Platform
Program Funding Source: Provost’s Grants Program for Junior Faculty
Total Budget: $25,000
Total Project Dates: 2/1/2015 - 1/31/2016

Principal Investigator: Suzanne Bakken, PhD
Project Title: Provost’s Postdoctoral Research Scientist & Scholar Program
Program Funding Source: CU Provost
Total Budget: $124,000
Total Project Dates: 7/1/2013 - 7/31/2016

Principal Investigator: Suzanne Bakken, PhD
Project Title: i3DEAL for HIV Research R03
Program Funding Source: NIH-NIMH
Total Budget: $160,000
Total Project Dates: 5/13/2014 - 4/30/2016

Principal Investigator: Suzanne Bakken, PhD
Project Title: Washington Heights Initiative Community-based Comparative Effectiveness Research (WICER 4 U) R01
Program Funding Source: AHRQ
Total Budget: $749,980
Total Project Dates: 9/30/2013 - 9/30/2015

Principal Investigator: Suzanne Bakken, PhD
Project Title: Reducing Health Disparities Through Informatics (Competing Continuation) T32
Program Funding Source: NIH-NINR
Total Budget: $1,318,967
Total Project Dates: 7/1/2012 - 6/30/2017

Principal Investigator: Suzanne Bakken
Project Title: New York City Hispanic Dementia Caregiver Research Program (NHiRP) (Multiple PI: Luchsinger) R01
Program Funding Source: NIH-NINR
Total Budget: $2,662,135
Total Project Dates: 6/1/2013 - 3/31/2018

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN
Project Title: Hyde and Watson Foundation Grant
Program Funding Source: Hyde and Watson Foundation
Total Budget: $6,600
Total Project Dates: 9/1/2014 - 8/31/2015

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN
Project Title: Dr. Scholl Foundation Grant
Program Funding Source: Scholl Foundation
Total Budget: $15,000
Total Project Dates: 12/1/2014 - 11/30/2015

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN
Project Title: Dr. Scholl Foundation Grant
Program Funding Source: Scholl Foundation
Total Budget: $15,000
Total Project Dates: 7/1/2014 - 6/30/2015

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN
Project Title: Milbank Foundation for Rehabilitation Scholarship in Palliative Care
Program Funding Source: Milbank Foundation for Rehabilitation
Total Budget: $45,000
Total Project Dates: 7/1/2014 - 6/30/2016

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN
Project Title: Ladies Christian Union Housing Support
Program Funding Source: Ladies’ Christian Union Foundation
Total Budget: $55,000
Total Project Dates: 3/11/2014 - 3/10/2015
Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN  
Project Title: Ladies Christian Union Housing Support  
Program Funding Source: Ladies’ Christian Union Foundation  
Total Budget: $55,000  

Principal Investigator: Bobbie Berkowitz, PhD, RN, FAAN  
Project Title: The Lincoln Fund for Minority Nurse Scholarships  
Program Funding Source: The Lincoln Fund  
Total Budget: $50,000  
Total Project Dates: 7/1/2013 - 12/31/2014

Principal Investigator: Mary Woods Byrne, PhD  
Project Title: Saving Mothers in Bangladesh: Prevention and Management of Emergencies in Rural Settings  
Program Funding Source: The Asia Initiative  
Total Budget: $5,000  
Total Project Dates: 07/1/2013 - 6/30/2015

Principal Investigator: Mary Woods Byrne, PhD  
Project Title: Hearing the Voices of Criminal Justice Involved Mothers and Transforming the Dialogue into Reflective Planning for Shared Care Giving of Their Separated Children  
Program Funding Source: Justice Initiative at Columbia University  
Total Budget: $5,000  
Total Project Dates: 2/1/2014 - 1/31/2015

Principal Investigator: Mary Woods Byrne, PhD  
Project Title: Shared Parenting: The Caregiver Connection  
Program Funding Source: Sills Family Foundation  
Total Budget: $25,000  
Total Project Dates: 10/1/2013 - 9/30/2014

Principal Investigator: Mary Woods Byrne, PhD  
Project Title: Shared Parenting: The Caregiver Connection  
Program Funding Source: Sills Family Foundation  
Total Budget: $25,000  
Total Project Dates: 10/1/2014 - 9/30/2015

Principal Investigator: Mary Woods Byrne, PhD  
Project Title: Trauma Recovery Within Commercial Sexual Exploitation and Domestic Sex Trafficking in Young Urban Females N/A UR007475  
Program Funding Source: Irving Institute for Clinical & Translational Research  
Total Budget: $40,000  
Total Project Dates: 11/1/2014 - 10/31/2015

Principal Investigator: Catherine Cohen, PhD candidate  
Project Title: ENRS-Multidrug Resistant Organism Infection & Isolation Precautions in Nursing Homes  
Program Funding Source: Eastern Nursing Research Society  
Total Budget: $5,000  
Total Project Dates: 4/1/2015 - 4/1/2016

Principal Investigator: Catherine Cohen, PhD candidate  
Project Title: Multi-Drug Resistant Infections and Isolation Precautions in Nursing Homes F31  
Program Funding Source: NIH-NINR  
Total Budget: $79,852  

Principal Investigator: Jennifer Dohrn, DNP  
Project Title: Global Nursing Research Development Initiative (Co-PI: E. Larson)  
Program Funding Source: CU President’s Global Innovation Fund  
Total Budget: $150,000  
Total Project Dates: 7/1/2014 - 6/30/2017

Principal Investigator: Dawn Dowding, PhD  
Project Title: The Detection and Management of Pain in Patients with Dementia in Acute Care Settings: Development of a Decision Tool  
Program Funding Source: NIHR-UK  
Total Budget: $18,915  
Total Project Dates: 9/1/2013 - 9/30/2015

Principal Investigator: Dawn Dowding, PhD  
Project Title: A Realist Process Evaluation of Robotic Surgery: Integration into Routine Practice and Impacts on Communication, Collaboration, and Decision Making  
Program Funding Source: NIHR-UK  
Total Budget: $21,600  

Principal Investigator: Amanda Hessels, PhD  
Project Title: Proposal for Development, Psychometric and Pilot Testing of Standard Precautions Safety Climate and Observation Tools  
Program Funding Source: APIC  
Total Budget: $38,775  
Total Project Dates: 1/1/2015 - 3/30/2016

Principal Investigator: Kathleen Hickey, EdD  
Project Title: Home ECG Monitoring to Detect Allograft Rejection Following Heart Transplantation (UCSF R01 - Hickey SubPI)  
Program Funding Source: NIH-NINR  
Total Budget: $1,001,051  

Principal Investigator: Kathleen Hickey, EdD  
Project Title: iPhone Helping Evaluate Atrial Fibrillation Rhythm Through Technology (iHEART) R01  
Program Funding Source: NIH-NINR  
Total Budget: $1,988,000  
Total Project Dates: 8/1/2014 - 5/31/2019
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<td>RWJF</td>
<td>$100,000</td>
<td>9/1/2014 - 8/31/2015</td>
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<td>Haomiao Jia, PhD</td>
<td>Poisonings, Coroners, and Differential Suicide: Evidence from Suicide Notes</td>
<td>CDC</td>
<td>$58,532</td>
<td>8/1/2015 - 7/31/2017</td>
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<td>Jeffrey Kwong, DNP</td>
<td>Elder LGBT Interprofessional Collaborative Care (E-LINC) Program</td>
<td>HRSA</td>
<td>$1,467,978</td>
<td>7/1/2014 - 6/30/2017</td>
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<td>Elaine Larson, PhD</td>
<td>Health Information Technology to Reduce Healthcare-Associated Infections: HIT-HAI R01</td>
<td>NIH-NINR</td>
<td>$1,083,668</td>
<td>7/1/2012 - 6/30/2017</td>
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<td>Elaine Larson, PhD</td>
<td>Keep It Clean for Kids: The KICK Project R01</td>
<td>AHRQ</td>
<td>$1,656,379</td>
<td>7/1/2012 - 6/30/2016</td>
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<td>Elaine Larson, PhD</td>
<td>Risk Factors for Spread of Staphylococcus aureus in Prisons (Multiple PI: F. Lowy) R01</td>
<td>NIH-NIAID</td>
<td>$3,691,537</td>
<td>8/15/2009 - 7/31/2015</td>
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<td>Michelle Odlum, PhD</td>
<td>Studying the Impact of Societal Factors and the Influence of Health Information Technology on Students’ Career Choices in Health Care</td>
<td>RWJF</td>
<td>$99,273</td>
<td>8/15/2013 - 9/15/2015</td>
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<td>Lusine Poghosyan, PhD</td>
<td>Primary Care Nurse Practitioner Practice Environments and Impact on Quality of Care and NP Outcomes</td>
<td>RWJF</td>
<td>$349,913</td>
<td>9/1/2013 - 8/31/2016</td>
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Principal Investigator: Nancy Reame, PhD
Project Title: A Placebo-Controlled, Randomized, Double-Blind, Parallel-Group, Dose-Finding Trial to Evaluate the Efficacy and Safety of TBS-2 Intranasal Testosterone Gel (TRIMELE)
Program Funding Source: MedPace, Inc.
Total Budget: $35,719
Total Project Dates: 3/6/2013 - 12/4/2014

Principal Investigator: Tawandra Rowell-Cunsolo, PhD
Project Title: Contextualizing & Responding to HIV Risk Behaviors Among Black Drug Offenders K01
Program Funding Source: NIH-NINR
Total Budget: $703,574
Total Project Dates: 7/1/2013 - 6/30/2018

Principal Investigator: Rebecca Schnall, PhD
Project Title: Use of mHealth Technology for Supporting Symptom Management in Underserved Persons Living with HIV R21
Program Funding Source: AHRQ
Total Budget: $298,483
Total Project Dates: 4/3/2015 - 3/31/2017

Principal Investigator: Jingjing Shang, PhD
Project Title: Healthcare Associated Infections in Home Health Care
Program Funding Source: NIH-NINR
Total Budget: $159,200
Total Project Dates: 5/13/2013 - 10/31/2015

Principal Investigator: Arlene Smaldone, PhD
Project Title: VNSNY Jonas Scholars Nursing Scholarship
Program Funding Source: Jonas Center for Nursing and Veterans Healthcare
Total Budget: $10,000
Total Project Dates: 8/1/2014 - 7/31/2016

Principal Investigator: Arlene Smaldone, PhD
Project Title: Columbia University Future of Nursing Scholars
Program Funding Source: RWJF
Total Budget: $75,000
Total Project Dates: 9/1/2014 - 6/30/2017

Principal Investigator: Arlene Smaldone, PhD
Project Title: Jonas Nurse Leaders and Veterans Scholar Program
Program Funding Source: Jonas Center for Nursing and Veterans Healthcare
Total Budget: $80,000
Total Project Dates: 8/1/2014 - 7/31/2016

Principal Investigator: Arlene Smaldone, PhD
Project Title: Columbia University Future of Nursing Scholars
Program Funding Source: RWJF
Total Budget: $150,000
Total Project Dates: 4/1/2015 - 8/31/2018

Principal Investigator: Arlene Smaldone, PhD
Project Title: Hydroxyurea Adherence for Personal Best in Sickle Cell Treatment: HABIT (Multiple PI: N. Green; Resubmission) R21
Program Funding Source: NIH-NINR
Total Budget: $411,799

Principal Investigator: Patricia Stone, PhD
Project Title: Prevention of Nosocomial Infections and Cost Effectiveness in Nursing Homes (Diversity Supplement) R01
Program Funding Source: NIH-NINR
Total Budget: $127,898
Total Project Dates: 5/1/2014 - 4/30/2016

Principal Investigator: Patricia Stone, PhD
Project Title: Comparative and Cost-Effectiveness Research Training for Nurse Scientists T32
Program Funding Source: NIH-NINR
Total Budget: $749,008
Total Project Dates: 7/1/2013 - 6/30/2018

Principal Investigator: Patricia Stone, PhD
Project Title: Prevention of Nosocomial Infections and Cost Effectiveness in Nursing Homes (PNICE-NH) R01
Program Funding Source: NIH-NINR
Total Budget: $2,484,785
Total Project Dates: 7/1/2012 - 4/30/2016

Principal Investigator: Laura Zeidenstein, DNP
Project Title: Saving Mothers in Bangladesh
Program Funding Source: McKenzie River Gathering Foundation (MRG)
Total Budget: $2,000
Total Project Dates: 8/1/2014 - 7/31/2015

Principal Investigator: Laura Zeidenstein, DNP
Project Title: Saving Mothers in Bangladesh: Prevention and Management of Emergencies in Rural Settings
Program Funding Source: The Community Foundation of Northwest Connecticut
Total Budget: $2,000
More than 200 alumni, faculty, students, and guests gathered in May for Reunion. Five outstanding alumni received Distinguished Alumni Awards and one honorary award was presented. A jazz reception at the Georgian Building concluded the day spent connecting with friends old and new.

For information about next year’s event or joining a reunion committee, please contact Mairead Moore, 212.305.5999 or mm4513@columbia.edu or Denise Ewing, 914.481.5787 or admin@cuphsonaa.org.

There will be an opportunity to extend Alumni Reunion and earn ANCC continuing education and pharmacology credits on Saturday, May 21, 2016. The Nurse Practitioner Association New York State will hold its spring conference on that date. More details to follow.
1: Alumni celebrate 60 years of the Nurse Midwifery program.
2: Jessica Kidd Mukherjee ’12 ’15, Peggy McEvoy ’60, Pamela Skowronsks’i ’13 ’15, Paula Grossman Mosher ’60, Jean Monahan Kelly ’60, Lois Mueller Glazier ’60, Assistant Professor Mary Moran, student Amy Rose Taylor ’14, Marie Castronovo ’12 ’15
3: Assistant Dean of Student Affairs Donna Cill ’00 and Marlissa Belay ’00
4: Edwidge Jourdain Thomas ’93 ’05, Sandra McLaughlin Johanson ’64, Rosalind Riordan Kendellen ’74, Betty Watts Carrington ’71
5: Dean Bobbie Berkowitz and Suzanne Law Hawes ’59
6: Alumni celebrate 10 years of the DNP degree.
7: Class of 1965, celebrating their 50th reunion.
8: Stephanie Kuhn Wright ’65, Sue Slevin Tuxill ’65 ’70, Barbara Bean Johnson ’65, Kent Haina, student, Diane Nitchman Clapp ’65
9: Sarah James ’97, Janice Cobb Ziemba ’74, Phyllis Leppert ’61, Jean Fisher Stonesifer ’50
10: Denise DeMarzo Houghton ’78, Janet Cook Ready ’81
11: Linda Franks Rogers ’65, Susan Strom Bennett ’65

Photographs by Michael DiVito
## Gifts and Pledges for Special Purposes

**July 1, 2014–June 30, 2015**

### Above $1,000,000

- Helene Fuld Health Trust

### $500,000 to $1,000,000

- Anonymous
- Mary Dickey Lindsay ’45

### $100,000 to $499,999

- The Guilford Fund
- Hugoton Foundation, *in memory of Wallace Gilroy and in honor of Joan K. Stout, RN*
- The Louis and Rachel Rudin Foundation, Inc.
- Anna Draper Shaw ’66
- Peter Wheeler
- Lucy Jobson Wierum ’51
- Megan Christian Wright ’82
- The Lincoln Fund
- Janet Cook Ready ’81
- Sills Family Foundation
- Sidney and Loretta Teich Foundation, Inc.

### $25,000 to $49,999

- Nancy Sloane Coates ’44
- Barbara Fildes ’81
- The Barbara & Harold Gottesman Family Foundation
- The Hastings Foundation, Inc.
- The Fay J. Lindner Foundation, *in memory of Eli Schefer*
- Delphine Mendez de Leon ’78
- Joan Seaburgh Puydak ’56
- Dr. Scholl Foundation
- Estate of Geraldine Travis

### $10,000 to $24,999

- Devonwood Foundation
- The Hyde and Watson Foundation, Inc.
- Janice Jones Izlar ’06
- Member of the Class of 1964
- Georgia Persky ’10, *in honor of Suzanne Bakken*

### $5,000 to $9,999

- Karl J. Hirshman
- The Hyde and Watson Foundation, Inc.
- Janice Jones Izlar ’06
- Member of the Class of 1964
- Georgia Persky ’10, *in honor of Suzanne Bakken*
$1,000 TO $4,999

Community Clothes Charity, in memory of Nancy Sloane Coates ’44
Community Foundation of Northwest Connecticut
Vincent C. DeBaun
Mary Cullen-Drill ’94 ’08, in honor of Penelope Buschman Gemma ’64
Susan Patel Furlaud ’02 ’09
Rosalind Riordan Kendellen ’74
Hans Norman Larsen IV ‘02
Kathryn L. McElroy ’83
McKenzie River Gathering Foundation
Members of the Class of 1964
Julie Marie Rousseau ’00 ’01
Roxana I. M. Sasse ’92 ’11

UP TO $999

Kathleen O’Connell Aitken ’73, ’95, ’97,
   in honor of obstetric nurses and midwives
Amanda Alba ’10 ’12
Stephanie Avila ’99 ’00
Karen A. Baldwin ’79
Saria Sandlin Billet ’83, in honor of faculty and my 1983 classmates
Sylvia Blaustein ’88
Dianne Rizzo Bloom ’72
Elinor Cantor Buchbinder ’73
Betty Watts Carrington ’71
Ronald Ralph Castaldo ’02
Judy L. Chock ’74
Sara Eleanor Church ’07 ’08
Elizabeth LaRusso Cooper ’71
Maria R. Corsaro ’83 ’13
Thea Crist ’82, in memory of Elsie Svozil, CRNA, and Dr. Han Lee
Deniz B. Dishman ’00
Patricia Fleming Fakharzadeh ’82
Phyllis R. Farley
Marjorie Harrison Fleming ’69, in memory of Gerry Waskow
Amanda Weingarten Foyfer ’08 ’09
Lillian Claire Funke ’12 ’13
Rebecca Garland, in memory of Harriet Sullivan ’53
Michael Greco
Linda K. Hamlin ’67
Linda Sayo Hayashi ’05
Ann Parsley Heaney ’64, in memory of Nancy Sloane Coates ’44
Diane E. Hodgman ’71 ’74
Jeanne Toussie Jacobwitz ’76 ’81,
   in memory of Gladys Toussie Markuson
Kulmindar Kaur Johal ’72
Judith Karen Jones ’08 ’09
Rosalie Kaleda ’79

Valerie Tosoni Kolbert ’84, in memory of Dr. Ivan Goldberg
Judith Krones ’85, in memory of Rose Krones
Patricia A. McMaster ’85
Members of the Class of 1964
Judith Smith Mercer
Lea Tiare Minton ’10 ’11
Margaret A. Nally ’85
Ita B. O’Sullivan ’95
Janette M. O’Sullivan ’92
Ampem-Darko Nana Owusu
John B. Penney, in honor of Julie Marie Rousseau ’00 ’01
Richard H. Penney, in honor of Julie Marie Rousseau ’00 ’01
Nancy Higginson Pitney ’85
Jean Tease ’60
Christine Fuller Tinstman ’69
Patricia A. Urbanus ’69
Margaret Rose Van Horn ’99 ’00
Leonora Porreca Whildin ’71
Jessica Blythe Wilder ’03 ’07
Connie Yip ’11 ’13

Thank you for your support of Columbia Nursing. Gifts like yours have a tangible and direct impact on students and the school. You can choose to support a specific fund about which you are passionate, or you can make an unrestricted contribution that will support our most urgent priorities.

TO MAKE A GIFT, PLEASE VISIT
http://nursing.columbia.edu/giving
or make a check payable to “Columbia University School of Nursing” and mail to Columbia University School of Nursing
Office of Development and Alumni Relations
630 West 168th Street, MC 6
New York, NY 10032

Fall/Winter 2015 Columbia Nursing 31
**NIGHTINGALE SOCIETY**

Florence Nightingale (1820-1910), known as the “Lady with the Lamp,” laid the foundation for professional nursing. Through her work during the Crimean War and her use of research and statistical analysis, she proved the importance of hygiene and paved the way to improved conditions in hospitals and medical facilities around the world.

**$25,000 AND ABOVE**

Anonymous  
Estate of Jean Lagakis Benner ’42  
CUPHSONAA, Inc. *  
Estate of Grace E. Laubach ’53  
Mary Dickey Lindsay ’45  
Estate of Lilian Schuttger Price ’43  
Estate of Robert A. Reynolds  
Estate of Geraldine Travis

Columbia Nursing gratefully acknowledges the generosity of alumni and friends whose Annual Fund gifts supported the Student Scholarship Fund, Global Fellows Fund, Dean’s Discretionary Fund and the Building Fund.

Your contributions enabled us to provide vital financial assistance, cover unanticipated student expenses and offer invaluable international student experiences. Donations to our newest allocation, the Building Fund, helped to ensure a home for the future of nursing where clinical excellence and research flourish for generations to come.

**$10,000-$24,999**

Ruth Nussbaumer Fenton ’45*, in honor of the Class of 1945  
Ellen Gottesman Garber ’76  
Joan Gorrell ’61*  
H. F. Lenfest, Esq.*  
Deborah Keeler Lott ’68*  
The Dorothy Metcalf Charitable Foundation  
Estate of Judith M. Murray ’72  
Alice Daley Thomas ’51  
Megan Christian Wright ’82

**ROGERS SOCIETY**

Dorothy M. Rogers, director of residence at Maxwell Hall from 1928–1943, was counselor and friend to hundreds of students.

**$5,000-$9,999**

Jeannemarie Gelin Baker ’90  
Lea Ormezzano Battiato ’54, in memory of Jane F. McConville ’51

* 3-year consecutive donors  
^ Faculty/Staff
Marie Kelly Burns ’77*,  
in honor of Penelope Buschman Gemma ’64  
Karen Krueger Desjardins ’98 ’05^*  
Marilyn Johnsen Hamel ’51*,  
in memory of Jane F. McConville ’51  
Doris MacDonald Hansmann ’43  
Lenore Frank Hardy ’56*  
Janice Jones Izlar ’06  
Kathleen McCooe Nilles ’89*,  
in honor of Ann McCooe  
Richard D. Simmons, Esq.*,  
in memory of Mary Bleecker Simmons ’60  
May Yong ’12 ’14*

PETTIT SOCIETY

Helen F. Pettit served as director of the School of Nursing from 1976–1981. She has been described as “dreaming dreams but always there, generous with her time, offering encouragement and opportunities for advancement.”

$1,000–$4,999  
Ellen Soley Adkins ’81*  
Suzanne Bakken^*,  
in honor of the midwifery faculty  
Bobbie Berkowitz^*  
Joan N. and Norman Bluestone Foundation  
Brenda Barrowclough Brodie ’65*  
Brita Carhart ’74 ’82  
Jeanne Fischer Cherry ’53*,  
in memory of Louisa Kent ’36  
Eileen Auerback Coelus ’82  
Darlene Curley  
Dorothy Simpson Dorion ’57*  
Angela Clarke Duff ’70*  
Patricia Dykes ’04*,  
in honor of Suzanne Bakken ’08  
Anthony Evinin*  
Marjorie Harrison Fleming ’69*,  
in memory of Marge and Ted Harrison  
Kenneth A. Forde  
Thomas Gentsch,  
in memory of Betty Foster Gentsch ’52  
Clare Warren Gordon ’63*  
The Ethyl Rathbun Grady Living Trust  
Sharon Keim Grelser ’83  
Edna Fishburn Halstead ’53*  
Karen Hein*  
Ann Gilbride Hill ’52*,  
in memory of Kevin Hill, MD  
Kevin Daugherty Hook ’98*  
Karen Andresen Kennedy ’86  
Patricia Smith Langley ’61*  
Sally Ruffner Leiter ’66*,  
in memory of Terry William Dagrosa ’66  
The Charles A. Mastronardi Foundation*  
Delphine Mendez de Leon ’78  
Betsy Cook Morgan ’68*  
Liliane Morin ’79*  
Maryann and James Nicholson,  
in memory of Nancy Sloane Coates ’44  
Elyane Soley Orr ’50*,  
in memory of Marjorie Heckman Pinto ’50  
LaVerne Werner Puett ’68  
Jane Crowell Rieffel ’46*  
Patricia Riley ’76*,  
in memory of Gloria T. Riley  
Joyce Miller Sammis ’53*  
Anna Draper Shaw ’66*  
Barbara Sporck-Stegmaier ’46*  
Marilyn Miller Stiefvater ’54*  
B. Lane Turzan ’68  
Sue Slevin Tuxill ’65 ’70*

GILL SOCIETY

Elizabeth S. Gill was the director of Columbia Nursing from 1961–1968 while also serving as director of nursing service at Presbyterian Hospital. A graduate of Columbia Nursing and of Teachers College, her love for nursing was expressed in her comment: “I have received more than I have ever given.”

$500–$999  
Nancy Abel ’75  
Laura Louise Ardizzone ’04 ’10*  
Donna Chrysilda Barreiro ’84*,  
in memory of Eleanor Barreiro  
Nancy Barton ’83*  
Jane Richardson Carmichael ’63*  
Joseph Patrick Colagreco ’91*  
Dorothy Davies Colfer ’69  
Mary Mitchell Haddad ’94  
Dorrance Hamilton,  
in memory of Nancy Sloane Coates ’44  
Margaret Ross Hastings ’54*,  
in memory of Elizabeth S. Gill ’37  
Margaret Moore Hazlett ’68*  
La Berta Ahfield Hollar ’50*  
Denise DeNarzio Houghton ’78*  
Mary Sue Marburger Hunia ’70,  
in memory of Marian R. Marburger  
Joan Tinker Keller ’54*  
Janet Martz Kraege ’47  
Alice Pape Kundel ’57*  
Susannah Lee Lunt ’55  
Maria Coutretsis Magliacano ’06*  
Marlene McHugh ’89 ’91 ’08^*  
Ann Mulhauser,  
in honor of Midge Harrison Fleming ’69  
Harriet Coltman Muir ’59,  
in memory of Josephine Guide Sapp ’76 ’06  
Lynn Summo Nelson ’69  
Marian Higginbotham Niles ’69*  
Barbara Grothe Penney ’69,  
in honor of the Class of 1969  
Martha Cohn Romney ’81*  
Linda Harnsberger Rose ’86*  
Roxana Sasse ’92 ’11^*,  
in memory of Mary Roxana Edwards ’38  
Carol Widmaier Scott ’63  
Lucy Nichols Stein ’49  
Mary Stenson Stenson ’85  
Sara Shipley Stone ’69*  
Marjorie Hutchins Taylor ’45*  
Elizabeth Watling Van Laan Lorenz ’47  
Judith Solcum Van Derburgh ’53*  
Shirley E. Van Zandt ’79 ’85*  
Holly Grim White ’73*  
Beth Ellen Zedeck ’04 ’06*

UP TO $499  
Barbara Shaw Abbott ’57*  
Mary Reynolds Adams ’56*  
Deborah Albright ’88*  
Jeanne Allen ’80*  
Geraldine Golden Allerman ’57  
Granita Beauregard Allport ’78*  
Sandie Altman-Baker ’77  
Sandra Alvarado Alvarado ’98  
Evelyn Basralian Ambrose ’65  
Sandra Woodward Ambrosi ’62  
Susan Clark Amlicke ’62  
Gary Anderson  
Rusian Eloise Anderson ’01,  
in memory of George L. Anderson  
Suzanne Lillircapp Anderson ’59  
Thomas Anderson*
### Annual Fund Gift List

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<td>Sally Nelson Black ’55*</td>
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<td>Edith and Michael Blair,</td>
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<td>in memory of Nancy Sloane Coates ’44</td>
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<td>D. Elizabeth Brewster Blakney ’56</td>
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<td>Lois Bonneau-Gumbs ’74*</td>
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<td>Donald Boyd ’06,</td>
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<td>Mary Wadleigh Boyd ’59</td>
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<td>Barbara H. Boyington ’72*</td>
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<td>Eileen Braun ’95,</td>
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<td>in memory of Ronald E. Young</td>
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<td>Geraldine Meyer Brodnitzki ’67,</td>
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<td>in memory of Katherine Robinson</td>
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<td>Marsha Gottlieb Bronsther ’74</td>
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Congratulations to Dean Bobbie Berkowitz, PhD, RN, FAAN on assuming presidency of the American Academy of Nursing.

It's a tremendous honor to join the senior leadership team of the Academy and help support its mission of advancing health policy and practice. Nurses possess the knowledge to help solve many of the problems confronting our nation’s healthcare system. The Academy’s more than 2,000 fellows are leading the way to improve the delivery of healthcare at the local, state, and national level.

— Dean Bobbie Berkowitz, PhD, RN, FAAN
“I met Kim Nathan Wright during our first week at Columbia Nursing in 1980. I commented on her San Francisco Giants jacket when I saw her sitting on the steps of the Hammer Health Sciences Library. I felt grateful to meet a fellow San Franciscan and we soon became best friends. We supported each other through nursing school and as working nurses. As a pediatric nurse, she epitomized compassion, resourcefulness, and calm—qualities Columbia Nursing fostered in each of us. Kim was happily married to Ken Wright until she died of a brain tumor at age 41.

Ken and I have since married and we have been giving to Columbia Nursing for some time. When I learned about Columbia Nursing’s new building, I wanted to give in honor of my late friend. I hope that the next generation of Columbia nurses will use The Kim Nathan Wright and Megan Christian Wright Conference Room to collaborate, and build close relationships with each other, just like Kim and I did.”

— Megan Christian Wright ’82
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