A New Level of Mastery

Columbia Nursing’s New Curriculum Prepares Nurses to Serve as Leaders in an Evolving Healthcare System
My education at Columbia Nursing provided the framework for my entire career.

I remember counseling first-time teenage mothers during a hospital internship. They felt terrified and I tapped into my nursing skills to help them stay calm.

Later, I leveraged the skills I learned here—patient care, clinical documentation, and critical thinking—to help hospitals and hospital systems develop clinical programs and services. I developed a transplant program at a major teaching hospital, created an ambulatory pediatric cancer center, and improved the bottom line for major hospitals by cultivating more efficient staffing and clinical services.

I give back to Columbia Nursing because my education has enabled me to enact change in healthcare. I want to help others acquire the skills to succeed in the broad range of career choices that nursing affords, and empower them to make a difference. ”

— Delphine Mendez de Leon '78
Managing Director,
Huron Consulting Group

For more information about giving to Columbia Nursing, please visit nursing.columbia.edu/giving or contact Janice Rafferty Grady at jar2272@columbia.edu or 212.305.1088.
From the Dean

Nurse Practitioners and the Shifting Healthcare Horizon

No one wants to get sick. To remain healthy, we have to make smart lifestyle and dietary choices and stay a step ahead through high-quality primary care, including regular checkups and preventive action. And when we do fall ill, timely access to primary care can prevent things from getting worse.

Primary care is the bridge to a longer, healthier life. And studies show that it mitigates the need for costlier, more-intensive interventions later on. Historically, family physicians supplied most primary care. Today, however, we know that fewer physicians are opting for this type of care. Fortunately, nurse practitioners possess the training and temperament to step into the breach—and are increasingly doing so.

Research tells us that NPs supply first-class care, as patients consistently report high levels of satisfaction—all at lower cost. As some might say, what’s not to like?

This issue of Columbia Nursing examines the changing role of NPs in our fast-evolving healthcare system. Our cover story, “A New Level of Mastery,” shows that Columbia University School of Nursing was early to adopt the American Association of Colleges of Nursing’s recommendation that all new advanced-practice nursing students graduate with a doctoral degree. Starting next year, becoming a nurse practitioner or nurse midwife at Columbia Nursing will mean acquiring a doctorate in nursing practice (DNP). Our Nurse Anesthesia program will follow shortly. The article also portrays our pathbreaking 15-month Masters Direct Entry program for non-nurse college graduates, which will educate students as master’s-credentialed registered nurses.

“The Future Has Arrived—The IOM Report Five Years On” examines how Columbia Nursing has responded to the influential Institute of Medicine assessment of the nursing profession. For example, in line with a major recommendation of the report, Stephen Ferrara, DNP, our associate dean of clinical affairs, helped steer New York’s Nurse Practitioners Modernization Act, which removed the need for written collaborative agreements with physicians, through the state legislature. And consistent with the report’s call to increase diversity within nursing, we are working to attract and retain more students and faculty members from underrepresented groups. All of this, in addition to our ongoing efforts to promote excellence in nursing education and research, demonstrates Columbia Nursing’s commitment to advancing the field of nursing as envisioned in the report.

This issue’s third major story, “The Changing Role of Palliative Care in a New Era,” offers a powerful case study of Columbia Nursing education excellence in action. Our palliative care sub-specialty, established more than a decade ago, expands the range of the field by building on its long-standing concentration on end-of-life care to now include patients living with chronic conditions such as heart disease, stroke, cancer, lung disease, diabetes, and HIV/AIDS. These patients are often not near death or hospital-bound, but they (and their families) do require a special kind of attention to address serious physical, psychosocial, and spiritual stresses. Marlene McHugh, DNP, assistant professor of nursing and co-founder of our subspecialty program, puts it well: “Palliative care aims to improve quality of life by reducing the physical, psychosocial, and spiritual stresses of illness for patients and their families from the time of diagnosis until death and its aftermath. The goal of palliative care is to improve people’s lives as best we can.”

As the population ages and people live longer with chronic diseases, the role of nurse practitioners will grow concomitantly. Columbia University School of Nursing will continue meeting the demand for skillful, compassionate caregivers, just as we have since our inception in 1892. As this issue of Columbia Nursing shows, our pioneering spirit remains vibrant, our vision clear, and our commitment to the populations we serve is unwavering. I hope you enjoy the issue.

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Dean, Columbia University School of Nursing
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The final beam being lifted onto the structure of Columbia Nursing’s new building. Turn to page 29 for more photos from our Topping Off ceremony.

PHOTO BY MONIKA GRAFF
A male genetic disorder that produces distinct physical abnormalities yet commonly escapes diagnosis may increase risks for low self-esteem, depression, and other psychosocial conditions that can impair well-being in boys and men, new research shows.

Klinefelter Syndrome (KS), which results from an extra X chromosome in males, produces characteristic traits that include tallness, breast development, small testes, and low testosterone levels. To determine if any of these traits, especially hormone levels, relate to young males’ psychosocial health, Associate Professor Arlene Smaldone, PhD; Professor Emerita Nancy Reame, PhD; and Sharron Close ’01 ’03 ’11, PhD, currently an assistant professor at the Nell Hodgson Woodruff School of Nursing, Emory University, conducted a cross-sectional study of 43 affected boys ages 8 to 18. After conducting physical examinations and blood-hormone analyses, and administering questionnaires to the boys and their parents, the researchers found an inverse relationship between the number and severity of KS-related traits and boys’ emotional well-being.

Most of the respondents—more than two-thirds—ranked their emotional well-being as poor, regardless of their pubertal status. Nearly 40 percent reported having low self-esteem, more than 25 percent reported having a negative self-image, while 16 percent were at risk for depression. There was no association between testosterone levels or age and quality-of-life assessments.

Although KS has been linked to potentially lifelong medical and mental health problems that may first appear during childhood, only 10 percent of males are diagnosed as youngsters and only 25 percent are diagnosed as men, while 65 percent are never diagnosed. Many boys with undetected KS grow up feeling different and struggling with neuro-cognitive and social issues. The authors urged pediatric primary care providers to be keen to the characteristics of KS, since it can be clinically diagnosed during childhood. They noted that early diagnoses might spare boys the pained confusion of feeling different, and lead to interventions to reduce their risk for depression and other problems that could harm their quality of life.

This study appeared in The Journal of Pediatrics.
NP Job Satisfaction Could Be Good for the Nation’s Health

The quality of their work environment affects how satisfied nurse practitioners (NPs) are with their jobs and whether they plan to keep them, a recent study from Columbia Nursing has found. Assistant Professor Lusine Poghosyan, PhD, Senior Data Analyst Jianfang Liu, PhD, and Assistant Professor Jingjing Shang, PhD, suggest that this finding could lead to strategies for retaining NPs, which in turn could expand the dwindling primary care workforce and improve healthcare quality.

To assess NPs’ perceptions of their work environments and to see if those perceptions were associated with job satisfaction or intent to leave, the researchers surveyed a cross section of NPs practicing in 163 Massachusetts primary care organizations, including private physician offices, community health centers, and hospital-affiliated primary care practices. They evaluated work environments by four measures: NPs’ professional visibility, their relationships with administration, their connections with physicians, and the support they received to practice independently.

Of the 314 participants, most were white women and had master’s degrees. Their average age was 50. More than half had held their current job for more than seven years. The majority liked their jobs and had no desire to leave. Those who were the most content with and least likely to leave their jobs had positive working relationships with physicians and administrators, felt their role was recognized, and received support to practice independently.

Of the measured workplace qualities, NPs gave the lowest ranking to their relationships with administrative staff. This is notable, the authors wrote, because administrators generally manage healthcare practices, and the lack of collegiality could lead to NPs’ dissatisfaction at work and their desire to leave.

As the demand for primary care outstrips the supply of qualified providers, advancing NP practice will become increasingly important to healthcare quality, underscoring the need to promote positive relationships between NPs and administrators and to create productive work environments.

This study appeared in Health Care Management Review.

Infection Control and Prevention Programs Inadequate in Many U.S. Nursing Homes

Despite a federal mandate requiring all nursing homes to have programs dedicated to infection prevention and control (IPC), more than one-third receive citations each year for not meeting federal infection-control standards, a new survey shows. To assess the quality of IPC programs, and the differences between cited and non-cited nursing homes, Senior Project Director Carolyn T.A. Herzig, PhD, Centennial Professor of Health Policy Patricia Stone, PhD, and Associate Dean for Research Elaine Larson, PhD, conducted a cross-sectional survey of more than 2,500 randomly sampled skilled nursing facilities. Of these, approximately 39 percent had received citations for deficient infection control, and 65 percent for quality of care.

The 990 respondents—most of whom were registered nurses—oversaw the IPC programs for their facilities, where they had accrued an average of five years of experience. Yet most of these appointed infection-control experts lacked sufficient training. In fact, researchers found that these nurses spent only 29 percent of their time—approximately 12 hours per week—on infection control activities, while simultaneously having responsibilities in at least two additional areas, such as nursing administration, staff education, or employee health. The levels of training and experience in facilities that had not received infection control citations exceeded those of cited facilities.

Infections, especially those of the urinary tract, the upper respiratory tract, and skin and soft tissue, are major contributors to morbidity and mortality among nursing home residents. However, only half of the surveyed nursing homes funded continuing education in infection control; those that did were less likely to receive infection control citations.

The researchers found that many facilities’ infection-control protocols adhered to federal guidelines, but there was wide variation across the nation. The study authors called for more evidence-based education and training to reduce infection-related mortality and morbidity in nursing homes.

The article appeared in the Journal of the American Medical Directors Association.
U.S. RESPONDERS ILL-PREPARED TO HANDLE MASS FATALITIES

The United States is only half as prepared as it should be to efficiently handle mass fatalities, especially those involving large numbers of deaths or chemical, biological, radiological, nuclear, and explosives (CBRNE) contamination. In a national study of industries and organizations that deal with mass fatality incidents, responders said they needed more training and planning to perform effectively.

Researchers examined five groups of responders—medical examiners and coroners; the death care industry (funeral homes, cemeteries, crematories, and funeral industry suppliers); health departments; faith-based and other voluntary organizations; and offices of emergency management—that typically deal with situations in which the number of deaths overwhelms local resources. To assess the preparedness of these groups, collectively known as the mass fatality infrastructure (MFI), Associate Professor Jacqueline A. Merrill, PhD, and colleagues collected data on the groups’ organizational and operational capacities to respond to a mass fatality, as well as their abilities to collaborate and share resources with each other.

Merrill and her co-researchers found that most respondents viewed their organizations as somewhat prepared for a mass fatality. The researchers also found that degrees of preparedness varied. For example, less than half of the sample reported that their staff had undergone mass fatality training, while only a quarter said their staff had been trained for events involving CBRNE. About half of the respondents said their organization had practiced mass fatality drills, yet a mere 15 percent had experienced a mass fatality during the previous five years.

Another important area of concern found by the research is the ability of the different groups to work together. Although a majority of respondents reported having collaborative arrangements with other organizations, fewer than half of those alliances were two-way arrangements that best support on-scene coordination. The respondents prioritized training, drills, and planning together, rather than simply more funding, as a means to develop greater capacity to deal with a sudden influx of deaths.

The authors noted the positive correlation that exists between organizations’ experience with mass fatalities and their levels of preparedness and effectiveness. And, they emphasized, as concerns about widespread death from terrorism, biological warfare, and pandemics such as Ebola increase, so will the importance of dedicating more federal resources to strengthening the capabilities of responders.

This study was funded by the National Science Foundation and appeared in Disaster Medicine and Public Health Preparedness.
Not All Kenyan Nurses With HIV Training Provide Care

Although the majority of nurses in Kenya are trained to treat and care for people with HIV, a substantial number neither feel competent in their skills nor put them to use—despite efforts throughout sub-Saharan Africa to increase nurses’ roles as frontline HIV care providers, according to a study from Columbia Nursing.

In a survey of 180 nurses from four ICAP (International Center for AIDS Care and Treatment Programs)-funded government health facilities, more than two-thirds reported having received training in HIV testing, counseling and patient education, clinical management, administration of antiretroviral therapy (ART), prevention of mother-to-child transmission, and caring for pediatric patients. Yet only 53 percent reported feeling competent when performing these tasks, and even fewer—44 percent—reported practicing them.

Assistant Professor Jennifer Dohrn, DNP, urged that the gaps between nurses’ training, self-reported competency, and practice be taken seriously and addressed in Kenya, which has a scarcity of health workers trained to care for the millions of people living with HIV, and which has been trying to expand access to HIV care by promoting the shifting of treatment tasks from physicians to nurses. This expanded capacity for nurses can greatly contribute to high-quality HIV care when competencies and practices are increased.

The most notable gaps were in nurse-initiated and -managed antiretroviral therapy (NIMART), which has been associated with improved patient outcomes, found to be comparable to physician-provided care, and is key to the task shifting that has led to increases in HIV service delivery.

Bridging these gaps, Dohrn concluded, will require greater investment in nurse training, especially in NIMART, and in mentorship, legislation, professional regulation, and quality assurance so that all nurses receive the education and training they need to confidently provide comprehensive HIV treatment and care.

The study appeared in the Journal of the Association of Nurses in AIDS Care.

Mobile Health Apps Miss the Mark for People With HIV

Mobile phone health apps have become widely available tools—but how well they fit people’s needs is not well understood. According to a Columbia University study, funded by the Centers for Disease Control and Prevention, not one of the many thousands of health apps in today’s marketplace meet all of the health self-management needs of people living with HIV (PLWH).

To see how the available mobile health apps meet the specific needs of PLWH, Assistant Professor Rebecca Schnall, PhD, Professor Suzanne Bakken, PhD, and Postdoctoral Research Fellow Sarah Iribarren, PhD, conducted eight focus groups with HIV-positive participants and used the results to custom design an app with functions that participants said would be ideal for managing their health. The app had functions that would help them communicate with providers or peers, remember to take medication, access lab reports, and provide information about nutrition and fitness, among other features.

The researchers then combed through 5,606 commercially available apps and identified 15 that targeted PLWH. Some included a few of the functions that the study participants had requested. However, none of the apps had all of the requested functions. Many lacked communication abilities, all lacked nutrition or fitness information, and few were available in Spanish, even though Hispanics comprise more than 20 percent of all new HIV-infected patients in the United States.

Mobile health apps could potentially improve quality of life and clinical outcomes for PLWH, especially those facing economic, racial, or other barriers to accessing health services. Currently, however, few available apps meet all of the health needs of PLWH. The researchers advocated for more rigorous development and testing of such apps to assess their impact on health outcomes.

This study appeared in JMIR mHealth and uHealth.
A brand-new curriculum will debut this June, ushering in the next chapter of Columbia University School of Nursing’s 125-year history.

The accelerated 15-month Masters Direct Entry (MDE) program for non-nurse college graduates will educate students as master’s-credentialed registered nurses. MDE builds on and replaces the 12-month Entry to Practice (ETP) program, which awarded bachelor of nursing science degrees to non-nurse college graduates. MDE is aimed at both future caregivers and researchers.

“The new MDE program reflects our commitment to expertly prepare students to deliver high-quality, compassionate care, and for taking leadership roles in the nursing field,” said Bobbie Berkowitz, PhD, dean of Columbia Nursing. “By preserving what is best of ETP and adding new offerings that address today’s and tomorrow’s challenges, we are ensuring that our graduates are fully equipped to meet the demands of a fast-evolving profession.”

Masters Direct Entry is a key part of other changes at Columbia Nursing. The school is an early adopter of the American Association of Colleges of Nursing’s recommendation that, beginning in 2015, all new advanced-practice nursing students graduate with a doctor of nursing practice degree. Starting next year, becoming a nurse practitioner or nurse midwife at Columbia Nursing will mean acquiring a doctorate in nursing practice (DNP). Our new nurse anesthesia program culminating in the clinical doctorate will begin in 2019.

At the end of the 15-month program, MDE graduates will sit for the NCLEX (National Council Licensure Examination—the nationwide test for the licensing of nurses) and have the option of becoming advanced practice nurses by moving directly into Columbia Nursing’s 33-month DNP program or obtaining a PhD. Those choosing the DNP track will be able to select from seven advanced-practice nursing specialties: adult-gerontology acute care, adult-gerontology primary care, family medicine, pediatrics, mental health and psychiatry, midwifery, and nurse anesthesia. Those selecting the PhD track will be poised to embark on research and teaching careers and will be mentored by a senior researcher working in the same field of interest. (Postbaccalaureate nurses from other institutions who are accepted into the DNP program will take a semester’s worth of additional courses before they begin their doctoral study.)

Illustrations by James Steinberg
“Columbia Nursing has been a leader in clinical education since the school began,” said Judy Honig, DNP, EdD, associate dean of academic affairs and dean of students. “By establishing the MDE program and becoming an early adopter of the AACN’s recommendation that advanced practice nurses possess a doctoral degree, we’re building on that long history of leadership. Education is power, and the more our students know, the better they can care for patients and improve how care is delivered.”

Momentum for the changes began when Dean Berkowitz initiated a strategic planning process. Columbia Nursing leaders, faculty members, and students spent three years re-envisioning program offerings. A task force zeroed in on the details. After extensive schoolwide discussion, the transition from the BS to MS degree for entry into the profession of nursing, and acceptance of the AACN’s doctoral recommendation for advanced practice nurses, were approved by a full faculty affirmative vote.

“As times have changed and the science has advanced, people are living longer,” said Karen Desjardins, DNP, director of the new MDE program. “Nurses require more knowledge to manage these often complex patients. New technology, gene-based treatments, and an impetus to keep costs down also mean that nurses need more education. Masters Direct Entry will ensure that our students hit the ground running while acquiring rigorous preparation if they choose to undertake doctoral training.”

Because Columbia Nursing emphasizes the importance of translating new knowledge into nursing practice, in their first semester MDE students will be exposed to an evidence-based practice course. Topics will include orientation to research methods and limitations, interpretation of data, and applying new findings to practice. “We want our students to think of evidence-based practice as central to their caregiving,” said Desjardins. “Doing something because it’s always been done is simply not good enough for 21st-century nursing. We’re after the bigger picture: Whatever type of care you’re providing, the default assumption must be to learn what the research says. This is a way of thinking, but it’s also a way of professional life.” In addition to the semester-long course, all clinical offerings will have evidence-based practice projects.

Another hallmark will be care coordination. Because nurses are increasingly responsible for the coordination and continuity of care as patients move from one healthcare environment to another, a semester-long class will provide a thorough understanding of the various settings and care teams involved in such shifts. “Coordination of care means communicating and sharing information. It is not a new idea and has been a long-recognized strength of the nursing profession,” said Desjardins. “But it’s become more important as specialization and complexity of care have grown. At the patient level, coordination can reduce unnecessary or duplicate tests, medication errors, and hospital admissions. At the system level, experts tell us that inadequate care coordination resulted in $25-$45 billion in avoidable spending in 2011 alone.”

Care coordination will be the topic of a stand-alone course as well as a recurrent theme throughout MDE clinical offerings. Aspects include communication and care transitions, patient-centered care planning, teamwork and collaboration, and education and engagement of patients and families. “Nurses bring a comprehensive perspective to outpatient and clinical settings,” said Desjardins. “In the past, students learned this aspect of nursing through daily exposure to how things were done, becoming part of what’s been called ‘tacit knowledge.’ The new curriculum will make it overt.”

A third thread will address matters of religion and culture. Multicultural Issues in Nursing is the stand-alone course, and again, the issue will permeate virtually all clinical courses. The Tanenbaum Foundation, a nonsectarian organization addressing religious prejudice and mutual respect, is providing training for faculty members and learning materials for use in the MDE program. “Religious beliefs and practices are an essential part of many people’s lives, and can become particularly meaningful when facing illness, suffering, or death,” said Desjardins. “In a country where 84 percent of people identify themselves as religious, addressing this vital element in the patient-provider relationship is crucial for ensuring effective, empathetic care.”

Tanenbaum, in partnership with Columbia Nursing faculty members, has developed curricular materials in the form of lectures, formatted discussions, role-playing, and discussion questions that will be employed and reinforced throughout the MDE program.

Masters Direct Entry will carry over a popular course on health policy, examining the legislative and regulatory frameworks that play a central role in the delivery and financing of healthcare today. “The nursing profession has always had a stake in policy development in terms of such issues as smoking,” said the course’s professor, Jacqueline Merrill, PhD. “But in the past few years, the Affordable Care Act and state regulation of nurse practitioners have reinforced the need for students to learn about a process that significantly affects their professional lives as well as those of their patients. My aim is to generate an understanding of policy by doing it. For example, I might ask them to consult such sources as the National Healthcare Quality and Disparities Reports, which could show that a state is underperforming in the ‘Nutrition, Physical Activity, and Obesity’ category. Students would then develop policy recommendations on this issue, targeting individuals, community organizations, and healthcare practitioners.”

Other new course additions include health promotion and disease prevention, population health, advanced normal physiology and pathology, advanced pharmacology (in addition to a basic course
in pharmacology), and advanced assessment (in addition to a basic course in physical assessment).

Susan Doyle-Lindrud, DNP, director of the doctor of nursing practice program, is excited about the changes that are coming. “With the fall 2017 curriculum change, the number of students entering the DNP program may increase, but the type of student will remain the same. Students come to Columbia Nursing because of its strong academic reputation and because they expect to be academically challenged.”

She agrees with the movement toward doctorally trained advanced-practice nurses. “Today’s healthcare system is increasingly complex, and advanced practice nursing education should include a higher level of academic rigor. The DNP degree, which includes a full-time clinical practice immersion during residency, better prepares advanced practice nurses to manage their patients’ health problems and evaluate their own practice settings. Our DNP courses are taught by faculty members who maintain clinical practice positions, which means that they are able to bring extensive clinical expertise into the classroom. In addition to improving patient care, doctoral studies prepare nurses to become leaders and make system changes on behalf of patients.”

Arlene Smaldone, PhD, who directs the PhD program, is equally sanguine. “The need for high-quality nursing research has never been greater. There are many potentially fruitful areas for nurse scientists. For example, precision medicine is rapidly growing in importance and serious clinical problems such as multi-resistant organisms remain unsolved. The Affordable Care Act offers many research opportunities, such as the role of the primary care workforce in population health, revamped payment structures, and new access to care for those who previously lacked health insurance.”

She notes that incoming PhD nursing students are increasingly younger. “Until recently, they might have practiced for an extended period of time before considering doctoral study. But today, prior clinical time is often cut in half. Clinical practice is certainly important. However, studies show that those entering PhD programs earlier in their careers can conduct high-quality research without long years or an extended period of time for such experience.”

In addition, today’s researchers regularly partner with clinicians and others, such as psychologists, bioinformaticians, and health economists, to help inform their research. “Our PhD program takes these factors fully into account and we look forward to many newly minted MDE graduates joining our ranks,” said Smaldone.

Columbia Nursing has recruited a group of alumni ambassadors to welcome the June MDE arrivals and help them adjust to their new settings. One ambassador, Amy Rose Taylor ’14 ’16, earned her BS in nursing through ETP, recently completed her MSN in the adult-gerontology primary care program, and is now a DNP student at Columbia. “Columbia Nursing has provided me with so many opportunities,” she said. “I was a single mother of four when I started the program, transitioning into a new career. I received a phenomenal education, met amazing people, was a health policy fellow, and published a book—all because of the experiences and support I received from Columbia Nursing. This was the perfect school for me. I’ll tell the MDE students that they will be able to achieve their dreams here as well.”
The Changing Role of 
PALLIATIVE

Family Nurse Practitioner students with Assistant Professor Marlene McHugh (center) at Montefiore Medical Center.
CARE IN A NEW ERA

BY ANDREA KOTT, MPH // PHOTOGRAPHS BY JÖRG MEYER
The woman had a terminal brain tumor. She was in a coma and having trouble breathing. Elizabeth Kelliher ’13, DNP, Columbia Nursing’s palliative care fellow, wanted to administer morphine to relieve her patient’s distress. However, the patient’s sister feared that the morphine would hasten her sibling’s death. “Many people think this way,” Kelliher said. “It’s not true, but it’s our biggest struggle with families.” Applying her palliative care training, Kelliher explained that the morphine would reduce her patient’s suffering and ease her dying. “My palliative care experience prepared me to help her sister with that transition.”

With a specialty in oncology, and having worked for a decade as a neuro-oncology nurse practitioner (NP), Kelliher had cared for her share of terminally ill patients. But until she completed the yearlong Palliative and End-of-Life Care Fellowship, which is part of the school’s palliative care program, she’d felt limited in the kind of care she could provide. The fellowship changed all that. She learned how to do much more than manage pain and symptoms. She learned how to talk with patients and their families about diagnoses and treatment choices, relieve their spiritual and physical suffering, and provide comfort during illness and afterward. “I was doing my best before but I wasn’t doing it right,” Kelliher said. “Now I’m doing my best and I’m doing it better.”

Palliative care once signified the imminence of death. Today, it represents a holistic approach to care that extends throughout the continuum of illness. As Americans age and live longer with terminal as well as chronic diseases, there is a growing need for palliative care and clinicians who are trained to provide it. Through its palliative care sub-specialty, Columbia Nursing is preparing future nurse practitioners to meet this need.

COLUMBIA NURSING’S APPROACH
Established more than a decade ago, Columbia Nursing’s program dispels the notion that palliative care necessarily signals the end of life. Students learn that while it may factor into care for patients whose death is near, palliative care is becoming increasingly important for people with chronic and incurable conditions — heart disease, lung disease, stroke, cancer, diabetes, or HIV/AIDS — who are neither near death nor hospital-bound.

“It’s not about pulling plugs. IT’S ABOUT BEING PRESENT, AND HELPING PATIENTS and families live with illness and die with dignity,” said Elizabeth Kelliher ’13, DNP.

“People and physicians relate palliative care with hospice. They’re afraid it’s about stopping care,” said Marlene McHugh, DNP, assistant professor of nursing and a co-founder of the sub-specialty program. On the contrary, McHugh notes, palliative care aims to improve quality of life by reducing the physical, psychosocial, and spiritual stresses of illness for patients and their families from the time of diagnosis until death and its aftermath. “The goal of palliative care is to improve people’s lives as best we can. As advanced practice nurses we manage complex symptoms and psychosocial issues as well as coordinate care.”

“It’s not about pulling plugs,” Kelliher added. “It’s about being present, and helping patients and families live with illness and die with dignity.”

THE BIRTH OF THE SUB-SPECIALTY
In 2014, the Institute of Medicine published “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life,” a report on the healthcare system’s deficiencies in caring for the seriously ill. More than two decades before the report appeared, however, McHugh was witnessing these deficiencies firsthand.

Having begun her nursing career in oncology and intensive care, she was accustomed to dealing with critical situations. She was also sadly familiar with the consequences of inadequate pain management and communication between physicians and patients about illness trajectories, treatment plans, and quality of life.

In the early 1990s, after several years of practice, McHugh recognized that nurses and nurse practitioners needed more robust training in palliative care. At the time, she was a primary care provider in Washington Heights, working on the frontlines of the AIDS epidemic. “So many people had advanced AIDS and uncontrolled pain,” she said. “Nobody knew what to do.”

She completed a fellowship in palliative medicine at Mount Sinai Beth Israel Hospital and went on to co-found the palliative medicine program at Montefiore Medical Center, where she is associate director for its palliative care service. She also co-authored a 2014 study that found that terminally ill patients who received treatment in acute palliative care units, as opposed to intensive care or medical-surgical units, enjoyed cost savings and greater quality of life, especially when their caregivers had expertise in managing chronic diseases and delivering family and end-of-life counseling.

Since then, McHugh, who teaches courses on palliative and primary care, chronic illness, and pain management in Columbia Nursing’s program, has been a vigorous proponent of palliative care education and training for all
“Nursing is the largest workforce in healthcare, and nurses have the most interactions with patients,” she said. “Every nurse needs to have generalist palliative care training because the population is aging and chronic illness is increasing.”

**ILLNESS IS CHANGING**

The need for palliative care has never been greater. Spiraling healthcare costs coupled with healthcare reform are compelling more and more hospitals to shift their chronically ill patients into less labor- and cost-intensive outpatient settings, says Rakiyah Jones, a first-year DNP student who is studying to become a family NP and sub-specializing in palliative care. “In the past, people with chronic illness were in the hospital but now they’re home,” Jones said. “They’re home with advanced kidney disease, they’re home with heart disease, they’re home with chronic obstructive pulmonary disease or diabetes or HIV.”

Although some people may access palliative care in outpatient settings, others may not have such access, especially those who live in urban or rural areas that typically lack palliative and end-of-life care services and facilities. “There is a lot of advanced illness in urban community settings but only a small number of providers who are qualified to palliate,” said Jones, a Bronx native who plans to practice adult and pediatric palliative care in his community. There are even fewer minority healthcare providers who are trained to provide palliative care, adds Jones, who is African-American. “A large majority of minorities live in inner cities that lack access to palliative care that is culturally competent.”

Palliative care is particularly important for homebound patients who live alone, without the monitoring they need to adhere to medication regimens. “Many people are not compliant with their medications because the symptoms that some medicines cause can be worse than the disease,” Jones noted. “If I had control of patients’ symptoms, then they’d be compliant with their meds.”

With more immediate and effective pain relief, patients would be less likely to end up in emergency rooms, he says. “I want to be able to increase patients’ quality of life at home, so I can keep them out of the hospital. If your quality of life is good, then it gives you more hope and maybe you live a little longer.”

Research supports this fact, says Assistant Professor Penelope Buschman, MS, FAAN, who also co-founded and directs the school’s palliative care program. Studies show that keeping patients out of the hospital lowers healthcare costs while enhancing their quality of life, Buschman says. “Good palliative care can mean longer lives.”

**SOCIAL DETERMINANTS OF HEALTH**

Columbia Nursing presents palliative care as a philosophy of care and a system of providing services that addresses not only physical suffering but also suffering caused by socioeconomic hardship. As Jones points out,
the NP who deals with advanced chronic illness must also deal with the complexities of family life and other social determinants of health. “In addition to having a sick child, a family may be living in a shelter or coping with unemployment, a lack of healthcare, interpersonal violence, or immigration issues,” he said.

All of these factors influence health outcomes, McHugh says. “People with chronic or terminal illnesses may be worried about losing their housing or not having enough money to buy food,” she said. As a result, they may avoid spending what little money they have on doctor visits or medication. “Any time we can recognize these social determinants and manage them, we can help improve patients’ quality of life.”

Columbia Nursing’s NP students learn about all these dimensions of palliative care, says Mary Tresgallo, DNP, assistant professor of nursing and another program co-founder. “Medical decision making, goals of care discussions, how medical information is shared and with whom, pain and symptom management, quality of life, deciding who navigates day-to-day life while a family member is sick — who pays the bills, who takes care of the children, who works with a bereaved parent, who gives a caregiver respite — to me this is palliative care.”

In the end, palliative care is simply good medical management, explains Tresgallo, who teaches ethics in the program and is the chairman of the Pediatric Ethics Committee at Morgan Stanley Children’s Hospital of New York–Presbyterian Hospital. “It is a journey, and it is about ushering the patient, the family, and the medical team on that journey as medical issues change.”

**TEACHING THE ART OF PALLIATIVE CARE**

Founded in early 2000, Columbia Nursing’s palliative care sub-specialty — which has adult and pediatric tracks — entails a rigorous 18-month curriculum that begins with an introductory course, followed by a clinical rotation, and a seminar that gives students the opportunity to discuss patients whom they cared for and issues raised in the clinical setting. “The sub-specialty provides a generalist education in palliative care,” Buschman said. “It is designed to provide all NPs, regardless of their specialty, with basic knowledge.”

The Fellowship in Palliative and End of Life Care, funded by the Louis and Rachel Rudin Foundation, is geared toward doctoral and postdoctoral NPs like Kelliher, who plan to specialize in palliative care in a clinical setting, as educators, or make a difference in healthcare policy. Fellows receive placements in a variety of palliative care settings where they can accrue more than 500 clinical hours, Buschman says. “The fellowship is part of the school’s commitment to education and clinical practice in palliative care.”

While learning the science and application of complex pain management is a critical component of palliative care education, it is only one part of Columbia Nursing’s curriculum. In addition to advanced symptom and pain management, courses cover care planning, transitions of care, bereavement support, self-care, compassion fatigue, and therapeutic communication, as well as the spiritual and ethical issues that arise with caring for the incurably ill. The program takes a See one, Do one, Teach one approach, Tresgallo says. For example, during their classroom experience and clinical rotations, students see members of Columbia University’s palliative care faculty as well as other partners in palliative care in action. It is through watching these mentors that students learn how to conduct family meetings, discuss care plans, and broach difficult topics. Later, they have the opportunity to do, by leading meetings or conversations with patients and families in their mentor’s presence. During their seminar, they practice difficult conversations by engaging in role-play with their peers, in which they take turns assuming the role of patient, family, and provider. “Nobody is ever going to be 100 percent confident in those conversations, but without the opportunity to struggle with language and listening, NPs are less well prepared,” Buschman said. Seminars also give students opportunities to teach each other by sharing their clinical experiences as well as the emotional impact of their work.

Kelliher says that observing her mentors gave her the skills and confidence she needed to advocate for her
dying patient, and to communicate with and comfort her patient’s sister. “By watching physicians over and over, I have learned when to speak, when to listen, and what to say,” she said. “I have learned how to have difficult talks, stay focused, be supportive, and provide evidence to support my recommendations for patients and families on tough issues such as the end of life.”

A PARADIGM SHIFT
Throughout the program, students learn to regard palliative care as a partnership between a patient, a patient’s family, and a team of caregivers, including nurses, social workers, physicians, spiritual care providers, and child life specialists. Ideally, this partnership begins at diagnosis and continues along the disease trajectory, Buschman says. And ideally, it engages everyone involved in ongoing discussions about a patient’s illness, as well as the risks, benefits, and implications of treatment.

This approach to patient care represents a long-overdue shift away from the traditional methods that medicine has used in its attempt to treat incurable illnesses, especially in today’s era of advanced technology and life-sustaining treatments, Buschman says. “Along with these developments, there didn’t seem to be a pause to ask, ‘Is this in the best interest of the patient and the family?’ We needed to stop and think: Just because we can do something, should we?”

Of course, medicine is not all that has changed. “Nursing isn’t what it was a hundred years ago,” Buschman continued. Because nursing has a much stronger scientific base today than it did a decade or two ago, an education in palliative care is more necessary than ever, she stresses. “Without it, we risk losing the piece that connects us to our patients.”

To this end, Columbia Nursing presents palliative care not as the end of the road but rather as an opportunity for patients to consider the next steps in their care. It prepares emerging NPs to enhance patients’ and families’ quality of life by helping them understand diagnoses, encouraging them to share their hopes and fears, and inviting them to shape their own treatment plans. Said Jones, “We tell patients and families what we expect. Then we ask them about the goals of their care and help them come up with a plan of action to realize those goals. It’s not always an easy conversation but it’s a necessary one.”

THE CHALLENGES
Caring for terminally or chronically ill patients can be emotionally taxing, which is why the palliative care program pays careful attention to the need for students to take care of themselves. Instructors urge students to reflect on their feelings and share how working with the incurably ill affects them. At the same time, the program underscores the importance of caregiver empathy, and of respecting patients’ authority to make their own treatment decisions. “We want our students to be able to speak up,” Buschman said, “but not to impose their own agendas.”

Before her fellowship, Kelliher says she would not have known how to deal with the woman who was so torn about her sister receiving morphine. “I would have been at a loss for words,” she said. “I would have become frustrated, taken things personally, spoken too much, and not listened enough.” Instead, she listened empathically. Then, she explained why she felt morphine was a compassionate treatment choice. “I was able to stand my ground without getting upset and flustered.” She held the woman’s hand, while the woman held the hand of her dying sister. “Over the past year, I have watched experts do this repeatedly and beautifully,” Kelliher said. “It’s what I needed to learn.”

“Because NURSING HAS A MUCH STRONGER SCIENTIFIC BASE TODAY THAN IT DID A DECADE OR TWO AGO, an education in palliative care is more necessary than ever,” said Penelope Buschman, director, palliative care sub-specialty.
The IOM Future of Nursing Report Five Years Later

How Are We Doing?

By Naomi Freundlich
IN 2010, THE INSTITUTE OF MEDICINE (IOM) released a seminal report outlining a vision for the future of nursing just as nurses were being asked to take on new and crucial roles in a shifting healthcare delivery system. The profession, then and now, is experiencing a significant jump in demand for services, particularly in providing high-quality and affordable care to an aging and increasingly diverse population. Titled “The Future of Nursing: Leading Change, Advancing Health,” the IOM report made recommendations across several key areas—including removing scope-of-practice barriers, expanding leadership opportunities, and advancing nursing education.

The release of the report also coincided with the passage of the Affordable Care Act and its emphasis on new models of care designed to accommodate a wave of people previously without access to health insurance. These models focus on teamwork, care coordination, and prevention—particularly in meeting the needs of patients with complex chronic conditions, mental health problems, and those lacking in basic primary care. At 3 million strong, nurses are the largest segment of the healthcare workforce, and, according to the IOM report, “have a key role to play as team members and leaders for a reformed and better integrated patient-centered healthcare system.”

Shortly after the release of the report, the American Association of Retired Persons (AARP) and the Robert Wood Johnson Foundation (RWJF) launched a Campaign for Action—setting up state Action Coalitions to shepherd the Future of Nursing report’s recommendations. In December 2015, with support from RWJF, the IOM published an interim report assessing progress made on implementing the recommendations and identifying areas that should be emphasized over the next five years.

The overall consensus: Significant progress has been made but there is much work to be done. Leadership at Columbia University School of Nursing recognizes how important it is for nurses to be active partners in an evolving and more-effective healthcare system. The IOM recommendations inform many of the school’s decisions in nursing curriculum and degree programs, and in the education we provide for our students. Columbia Nursing’s faculty and education partners work on a daily basis to take on and, in some cases, overcome the remaining challenges in key areas outlined in the IOM follow-up report.

REMOVING BARRIERS TO PRACTICE AND CARE
The authors of the 2010 IOM report saw fit to make “Remove Scope-of-Practice Barriers” as their first recommendation. Specifically, the IOM advised that advanced practice registered nurses (APRNs) should be allowed to practice to the full extent of their education and training in all states. At the time, only 13 states were classified as meeting the criteria for full practice authority, and since then
eight more states have changed their laws to give APRNs full practice and prescriptive authority.

Clearly, more progress is needed to get nurses practicing at the top of their licenses everywhere. Still, as the interim report points out, states have jurisdiction to craft their own laws regulating how NPs can practice—with prescribing and hospital admission privileges, physician oversight requirements, and clinical practice rules differing across state lines. The variety of state laws, says Stephen Ferrara, DNP, associate dean for clinical affairs at Columbia Nursing who is also the executive director of the Nurse Practitioner Association, New York State, are “arbitrarily restrictive.” “As NPs, we’re all educated equally and take the same certificate exam, but are limited by the state in which we practice.”

In New York, for example, until January 2015, nurse practitioners were required to have a written “collaborative agreement” with a physician in order to treat patients. Under this agreement, the physician had to be available to collaborate at all times and was also charged with reviewing a certain number of an NP’s charts every quarter. Ferrara says that collaborative physicians were not always easy to secure, and NPs owning their own practices often had to pay for their services, making it a “very prohibitive and restrictive practice” that ultimately prevented NPs from setting up private practices.

Removing scope-of-practice rules has become even more imperative as implementation of the ACA is bringing a raft of newly insured people seeking primary care. “As it stood, people were having a hard time accessing primary care,” before the health law was passed said Ferrara. “Nurse practitioners are well prepared and ready to take care of patients.” State laws restricting practice prevent NPs from meeting the growing needs of the newly insured.

In New York there has already been significant progress. Ferrara helped shepherd the Nurse Practitioners Modernization Act through the state legislature by mobilizing members of his organization, keeping the pressure on local representatives, and eventually winning the support of Governor Andrew Cuomo. It took nearly eight years of hard work and negotiation, but the law was passed in April 2014 after Governor Cuomo included the Modernization Act in his executive budget. The new law went into effect in January 2015 and improves the practice environment for all but less-experienced NPs (those with fewer than 3,600 hours of clinical experience). So far, it’s relatively early to see a huge impact, says Ferrara, but for NPs already in private practice it’s a relief not to rely on an unaffiliated provider to determine the viability of their practices. And there is budding interest from NPs in opening practices; in a 2015 Nurse Practitioner Association, New York State, survey, some 16 percent of respondents said they are considering doing just that in a year’s time.

ACHIEVING HIGHER LEVELS OF EDUCATION

In the 2010 IOM report, the authors concluded that higher levels of education can help nurses meet the increasingly complex needs of patients, function as leaders, and advance research. Specifically, the report advised that some 80 percent of nurses have a baccalaureate degree by 2020 and that lifelong learning be a goal for all. So far, enrollment in baccalaureate programs has increased substantially, and, according to the follow-up IOM report, since fall 2010, matriculation in DNP programs has increased by an impressive 161 percent. Meanwhile, enrollment in PhD nursing research programs has increased by 15 percent over the past five years, with 5,290 students now pursuing the research-focused doctorate. This progress is key, according to the report authors, as “both DNP and PhD nurses are critical to fill the need for faculty positions and for leadership roles in academics, healthcare delivery, healthcare planning and policy, and other arenas.”

At Columbia Nursing, the administration and faculty are committed to rigorous, advanced-level nursing education—from the Mas-
ners Direct Entry (beginning this summer) and DNP programs to continuing education for lifelong learning to the wide community of nurses. All Columbia Nursing students start off with four-year college degrees and obtain master’s degrees or higher. They graduate with a skill set that is broader and increasingly relevant to a more complex healthcare system, where nurses are being asked to take on roles in care coordination, lead quality efforts, and take part in team-based care. Advanced practice nurses will only be educated at the doctoral level, “making them exceedingly well prepared to be clinicians who can move around the healthcare system easily,” said Judy Honig, DNP, associate dean for academic affairs and dean of students. “A doctoral-level nurse will be positioned for leadership roles in practice, be invited to participate on task forces, can impact policy, and meet the demand for nurse educators who are expert clinicians,” she added.

The IOM update cites a strong growth in baccalaureate and advanced practice nursing programs and an increase in the number of nurses prepared to practice not just in hospitals but in community settings, public health departments, and health systems research. But the authors do note some key limiting factors in reaching the report’s educational goals. Residency programs are few and far between, financial assistance is difficult to come by, and there is a shortage of qualified faculty—particularly DNP’s and PhD-level nurses.

Honig says that as a model for nursing education, Columbia Nursing works hard to find new clinical placement opportunities for all students. “We are opening a new faculty practice near the school in Washington Heights that will be a place for students to have the academic experience of taking care of patients and of interacting with a range of providers.” The school has also expanded globally, and has very strong placements internationally, including in the Dominican Republic, Mexico, Ghana, and the West Indies. Finally, Honig says that Columbia Nursing is exploring the idea of placing students in rural settings in upstate New York to gain clinical experience in those under-served areas.

**PROMOTING DIVERSITY**

A more diverse healthcare workforce is important to help provide culturally relevant care to an increasingly diverse population. Evidence also suggests that racially, ethnically, and socioeconomically diverse nurses are more likely to practice in under-served communities, improving access to and quality of healthcare. In nursing, particularly at the baccalaureate level and beyond, African-American, Hispanic-Latinos, and men have been historically underrepresented. The Future of Nursing report noted that the most effective way to achieve workforce diversity is to start at the pipeline—for example, identify and test best practices to recruit and retain more diverse students pursuing nursing education.

The IOM follow-up allows that five years really isn’t enough time to see a significant change in diversity among practicing nurses. But the authors also note that since 2004, studies have shown that there has been steady progress in increasing the percentages of all racial and ethnic minorities and men in the nursing workforce—although still not representative of the general population. According to the IOM com-
committee, “Initiatives to retain diverse and underrepresented students in nursing education programs include financial support, mentorship, social and academic support, and professional counseling.”

Many of these types of initiatives are underway at Columbia Nursing. To start, the school understands that the best way to attract and retain more diverse students is to employ more faculty members from underrepresented groups. Under the guidance of Vivian Taylor, EdD, associate dean for diversity and cultural affairs, Columbia Nursing has submitted a diversity plan to Columbia’s provost with a goal of hiring—and retaining—two or three faculty members from underrepresented groups within the next three years. Taylor also helped form a diversity committee—comprising students, faculty, and staff—with four subcommittees working on faculty and curriculum, recruitment and retention, education and community, and staff development support. Members are working on developing resources on health disparities and cultural competency training that can be integrated into training modules for faculty and staff, among other efforts.

The school is also focused on building more diversity into the pipeline of students who choose nursing education. One promising effort involves collaborating with the Jewish Home Lifecare centers on their Geriatric Career Development Program (GCD), a program designed to support the academic and career development of students from seven under-resourced high schools in Harlem and the Bronx. At GCD (which is also a clinical training site for Columbia Nursing), the 10th- to 12th-graders attend SAT/ACT prep classes, get assistance with college applications, and learn about the financial aid process. They also spend time visiting with patients, assisting and shadowing nurses, and earning certification as medical code billers, EKG technicians, and nurse’s aides. This February, 10th-graders visited Columbia Nursing’s campus for workshops on nursing careers, heard a panel of faculty talk about their career journeys into research or clinical practice, and even had an opportunity to experience the simulation lab. “It’s a perfect program for the nursing school to have a collaboration with,” said Taylor. “Many of the students said that the visit had actually changed their lives and given them focus,” she added. Last year, 99 percent of GCD participants applied to college and 92 percent earned allied health professional certification.

Increasing the diversity of the nursing workforce involves community outreach—to elementary and secondary school students, to undergraduates at city colleges and liberal arts schools who may not have considered nursing, and even at health fairs to raise awareness. It involves diversity orientation sessions with nursing students and schoolwide campaigns, like recent ones that focused on respect and civility. “We are saying to undergraduates, ‘look there’s a call for you, the workforce needs to diversify,’” said Taylor. “‘Come and let’s get prepared to do the kind of work that will reduce health disparities in this country and the world.’”

**COLLABORATING AND LEADING CARE DELIVERY AND REDESIGN**

The Future of Nursing report was unequivocal about the central role nurses will play as the nation undergoes vast changes in healthcare financing and service delivery. “Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States,” wrote the IOM authors, “leading from the bedside to the boardroom.”

At the heart of healthcare redesign is the notion that hospitals can no longer think only about what goes on within their own walls, says Pat Stone, PhD, Centennial Professor of Health Policy and director of the Center for Health Policy at Columbia Nursing. Nurses will be increasingly called upon to lead care coordination efforts, advocating for strong community supports to bridge the traditional healthcare
system with population health. “This is an exciting time for nurses” said Stone. “We are being put in leadership roles in care coordination, reviewing the whole patient picture, and coming up with models of care that help patients across the entire spectrum of care.”

Stone’s work has been focused on how healthcare services are organized to provide the best patient outcomes in the most cost-effective ways. Stone was the principal investigator in a large study (P-NICER) assessing the status of infection control in hospitals and the impact of state-level mandatory infection reporting regulations. Preventing hospital-acquired infections is an area where nurses are leading and collaborating. Infection rates are now publicly reported and can determine reimbursement rates for hospitals. Most infection preventionists are master’s-prepared nurses who collect and analyze data to determine the source: Did patients come in with the infections? Were they acquired during hospitalization? Are surgical infections associated with a particular surgical team? Nurses working in this area need “to be versed in health policy, data analysis, and informatics,” said Stone. They play a leadership role by developing reports that inform hospital boards how to meet quality standards for reimbursement.

IMPROVING WORKFORCE DATA INFRASTRUCTURE
According to the IOM report, there are major gaps in the available data on the types of health professionals, where they are employed, and what roles they fill. These data are essential for projecting how many providers of different types the nation needs, what the best mix is, and whether the educational pipeline is sufficient to meet the demand. The 2010 report called for collaboration between the Health Resources and Services Administration (HRSA) and a new National Health Care Workforce Commission to improve research and the collection and analysis of data on healthcare workforce requirements. Unfortunately, this commission remains unfunded. Additionally, HRSA hasn’t administered its National Sample Survey of Registered Nurses (NSSRN) since 2008—representing “the loss of an important source of data on the nursing workforce.”

With so much of healthcare redesign dependent on nurse participation—as clinicians, as team leaders for patient care coordination, performing public health roles, and taking part in quality efforts, it is critical to understand where more nurses will be needed and how to meet future workforce demand. The IOM campaign recommends using its state action groups and advocacy efforts to encourage collaborative efforts at the state and federal levels to collect more robust data on the nursing workforce. The authors also call for—once again—creation of a national infrastructure to integrate diverse sources of health workforce data and make them available to researchers, policymakers, and planners.

Jacqueline Merrill, PhD, an associate professor with an interdisciplinary appointment in biomedical informatics at Columbia University Medical Center, has felt the impact of this data gap in her work documenting the size and composition of the public health workforce. The NSSRN, for example, which was conducted every four years between 1970 and 2008, collected information about the time nurses spent in the various roles they performed. It asked about licensure, certifications and specialties, and salaries, and provided valuable contextual information about what nurses were actually doing in their positions. “Accurate data like that collected by the NSSRN supported decisions on appropriate investments in building the workforce,” said Merrill. “You can’t answer questions about the future supply of nurses in the education pipeline or what national and state-level policies are needed to promote professional education without understanding the status of the workforce, both currently and in terms of trends over time. You also can’t plan for allocating resources to build specific segments of the contemporary and future workforce to avoid projected gaps in skills, knowledge, and leadership abilities.”

Despite a lack of funding for HRSA’s nurse survey, IOM notes that “progress has been made by many different organizations over the past five years on the collection and analysis of health workforce data generally and nursing workforce data specifically. The challenge going forward is to find a way to build on this progress by developing a national infrastructure that can synthesize, link, and support the multiple currently uncoordinated efforts.”

The IOM Future of Nursing report was important in that it crystalized a national vision for how nurses can participate, innovate, and lead in a higher-functioning, more patient-centric healthcare system. It’s only been five years since the report was released, but by pursuing efforts that promote excellence in nursing education and research, foster leadership, and increase diversity in the profession, Columbia Nursing has been a key partner in helping make that vision a reality.
Our faculty’s research continues to create new knowledge that advances health care. Listed are selected articles published by leading peer-reviewed publications.

**Tracy Andrews, DNP, assistant professor,** authored a chapter in *Cardiac Surgery Essentials for Critical Care Nursing.*

**Suzanne Bakken, PhD, Alumni Professor of Nursing and Professor of Biomedical Informatics,** was the lead author of “The Promise and Potential Perils of Big Data for Advancing Symptom Management Research in Populations at Risk for Health Disparities,” published in *Annual Review of Nursing Research.* She was an author of “Integrating Community-Based Participatory Research and Informatics Approaches to Improve the Engagement and Health of Underserved Populations,” published in *Journal of the American Informatics Association; “The Association Between Online Health Information-Seeking Behaviors and Health Behaviors Among Hispanics in New York City,” published in *Journal of Internet Medical Research; “Correlates of Online Health Information-Seeking Behaviors in a Low-Income Hispanic Community,” pub-
lished in *Informatics for Health and Social Care*; and “Nursing Needs Big Data and Big Data Needs Nursing,” published in *Journal of Nursing Scholarship*.

**Rozelle Corda,** assistant professor, was the author of “Reducing Fontan Effusions: A Day Saved Is a Dollar Earned,” published in *The Journal of Thoracic and Cardiovascular Surgery.*

**Dawn Dowding,** PhD, professor, was the lead author of “Using Sense-Making Theory to Aid Understanding of the Recognition, Assessment and Management of Pain in Patients with Dementia in Acute Hospital Settings,” published in *International Journal of Nursing Studies.*

**Amanda Hessels,** PhD, postdoctoral research fellow, authored the following publications: “Relationship Between Patient Safety Climate and Standard Precaution Adherence,” published in *Journal of Hospital Infection;* “Impact of Health Information Technology on Quality of Patient Care,” published in *Online Journal of Nursing Informatics;* “The Impact of the Nursing Practice Environment on Missed Nursing Care,” published in *Clinical Nursing Studies;* and “Building Interdisciplinary Research Models through Interactive Education,” published in *Clinical and Translational Science.*

**Jeffrey Kwong,** DNP, director, Adult-Gerontology Primary Care Nurse Practitioner program, was the lead author of “Counseling, Screening, and Therapy for Newly-Diagnosed HIV Patients,” published in *The Nurse Practitioner.* **Sigrid Gabler,** PhD, instructor, was also an author.

**Marlene McHugh,** DNP, assistant professor, and **Penelope Buschman,** assistant professor, authored “Communication at the Time of Death,” published in *Advanced Practice Palliative Nursing.*

**Alsaccia Pasci,** DNS, postdoctoral research fellow, and **Suzanne Bakken,** PhD, Alumni Professor of Nursing and Professor of Biomedical Informatics, authored “Correlates of Dominicans’ Identification of Cancer as a Worrisome Health Problem,” published in *Hispanic Health Care International.*

**Lusine Poghosyan,** PhD, assistant professor, was the lead author of “Practice Environments and Job Satisfaction and Turnover Intentions of Nurse Practitioners: Implications for Primary Care Workforce Capacity,” published in *Health Care Management Review.* Other faculty authors include **Jianfang Liu,** PhD, senior data analyst, and **Jingjing Shang,** PhD, assistant professor. She was also the lead author of “Nurse Practitioner Autonomy and Relationships with Leadership Affect Teamwork in Primary Care Practices: A Cross-Sectional Survey,” published in *Journal of General Internal Medicine.* Bottom of Form

**Rebecca Schnall,** PhD, assistant professor, authored “Do High-Risk Young Adults Use the HIV Self-Test Appropriately? Observations from a Think-Aloud Study,” published in *AIDS and Behavior,* and “Comparison of a User-Centered Design, Self-Management App to Existing mHealth Apps for Persons Living With HIV,” published in *JMIR mHealth and uHealth.* She was the senior author of “Impact of Mandatory HIV Screening in the Emergency Department: A Queuing Study,” published in *Research in Nursing & Health,* and the senior author of “Information, Motivation, and Behavioral Skills of High-Risk Young Adults to Use the HIV Self-Test,” published in *Aids and Behavior.*

**Arlene Smaldone,** PhD, assistant dean for scholarship and research, was an author of “Does State Legislation Improve Nursing Workforce Diversity?” published in *Policy, Politics, & Nursing Practice.* She was an author of “Structured Scaffolding for Reflection and Problem Solving in Diabetes Self-Management: Qualitative Study of Mobile Diabetes Detective,” published in *Journal of the American Informatics Association,* and “Participatory Approach to the Development of a Knowledge Base for Problem-Solving in Diabetes Self-Management,” published in *International Journal of Medical Informatics.* She was also an author of “Burden of Hepatitis C Virus Infection Among Older Adults in Long-Term Care Settings: A Systematic Review of the Literature and Meta-Analysis,” published in *Current Infectious Disease Reports.* **Elaine Larson,** PhD, associate dean for research, was also an author.

**Pat Stone,** PhD, Centennial Professor of 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.* **Jacqueline Merrill,** PhD, associate professor, was also an author.


She was a senior author of “Increased Errors and Decreased Performance at Night: A Systematic Review of the Evidence Concerning Shift Work and Quality,” published in *Work,* and “Costs of Infection Prevention Practices in Long-Term Care Settings: A Systematic Review,” published in *Nursing Economics.*
Dear Fellow Columbia Nursing Alumni,

It has been a privilege to serve as president of Columbia University School of Nursing’s Alumni Association. I am constantly in awe of our remarkable alumni community. There are more than 10,000 Columbia Nursing alumni around the globe. They are making a difference as nurse practitioners and nurses, hospital leaders, researchers, educators, volunteers, and much more—all leaving their individual marks on the world and in their communities. Columbia Nursing continues to develop new and meaningful ways for alumni to stay engaged: through volunteer opportunities, by attending events regionally and on campus, and by giving back financially. I urge you to become an active alumnus and share in the exciting activities and opportunities that the school and its Alumni Association offer. Here are some examples of how you can participate.

- **Recent Alumni Engagement Committee** taps recent graduates so that we can better learn a variety of strategies to connect other recent graduates with Columbia Nursing through diverse events and initiatives.
- **Alumni Admissions Ambassadors Program** provides an opportunity for admitted students to ask alumni volunteers questions when they are deciding if they will attend Columbia Nursing.
- **Student-Alumni Connection Program** is a mentoring program that offers students an insider’s view into alumni career paths while enabling graduates to become involved in guiding the next generation of nurses.
- **Real Talk** is organized jointly by the Alumni Relations and Career Development Offices to invite recent graduates to campus for informal and candid conversations about life after Columbia.
- **Regional Events** were offered in Charleston, South Carolina, Salt Lake City, Utah, Washington, D.C., and Amelia Island, Florida.
- **Local New York City Events** take place on campus throughout the year. We hosted a reception and reading by *New York Times* Bedside columnist Theresa Brown last fall. This year, our panel discussion “Countdown to Election: Health Policy 2016,” was jointly hosted by Columbia Nursing’s Center for Health Policy and the Alumni Associations of Columbia Nursing and the Mailman School of Public Health. Both featured a complimentary continuing nursing education component.
- **Alumni Reunion** brings together hundreds of alumni on campus each spring. This year, the Nurse Practitioner Association New York State will hold its spring 2016 conference on the Saturday after Reunion and attendees have the option of earning six ANCC continuing education and six pharmacology credits at a deeply discounted rate for Columbia Nursing alumni.

I invite you to browse Columbia Nursing’s alumni web pages at [nursing.columbia.edu/alumni](http://nursing.columbia.edu/alumni) to find ways to stay engaged and maintain your connection to the amazing Columbia Nursing community of alumni, students, and faculty. If you have any questions, please reach out directly to Mairead Moore in the Alumni Relations Office at 212.305.5999 or mm4513@columbia.edu.

I look forward to seeing many of you at Alumni Reunion!

Warm regards,

Marty Romney

Martha “Marty” Cohn Romney ’81, RN, MS, JD, MPH
Alumni Association President
Topping Off Ceremony
for New Columbia Nursing Building

More than 75 students, alumni, faculty, and other members of the Columbia University community gathered this fall to sign the last beam and watch as it was lifted into place to complete the steel structure.

Among the seven-story structure’s many features will be a sunlit atrium lobby, rooftop garden terrace, and a two-floor, state-of-the-art simulation center equipped with lifelike mannequins that imitate real-life medical conditions giving students the opportunity to learn skills in a safe, educational environment.

1: Bobbie Berkowitz, dean, Columbia University School of Nursing, signing the final beam
2: Megan Christian Wright ’82 and Ken Wright CC ’74
3: The final beam being lifted onto the structure of Columbia Nursing’s new building
4: P. Roy Vagelos ’54P&S, chair, CUMC Board of Advisors, Bobbie Berkowitz, dean, Columbia University School of Nursing, and Lee Goldman, Executive Vice President and Dean of the Faculties of Health Sciences and Medicine, Chief Executive, Columbia University Medical Center
5: Laura Ardizzone ’04 ’10, Patricia DeAngelis Fife ’68, Ellen Gottesman Garber ’76, Midge Harrison Fleming ’69, and Angela Clarke Duff ’70

Photographs by Monika Graff
Columbia Nursing celebrated the generosity of its donors and the accomplishments of more than 150 student scholars at the 20th annual scholarship reception on October 28, 2015 at the Columbia Club of New York.

Donors and Students Recognized at Annual Scholarship Reception
1: Amy Rose Taylor ’14 ’16, Jenny Shek ’14 ’16, and Mark Bodden, vice president and program director of the Louis and Rachel Rudin Foundation
2: Columbia Nursing students Brooke Wilkinson, Cordelia Cowan, Brianna Alonzo, and Natasha Atkinson
3: George Lindsay Jr., Mary Dickey Lindsay ’45, Dottie Simpson Dorion ’57, and Sally Shipley Stone ’69
4: Kathy Legg, president of LCU Fund (second from left), with students Jennifer S. Johnson, Rachel O’Hearn, Sharon Perez, and Susan Meyer
5: Maggie Guinta, student, Scott Ward, and May Yong ’10 ’12
6: Columbia Nursing students Helena French, Nailah Dodd, Mallory Woods, Jonathan Ringer, Minru Hwang, and Jodi Kunibe
7: Columbia Nursing students Brianna Alonzo, Sharon Fortgang, and Lauren Hamlin
8: Elizabeth Kelliher ’13 with Judy Honig, Dorothy M. Rogers Professor of Nursing and associate dean for academic affairs and dean of students
9: Joan Hagan Arnold ’69 and Eva Comollo, Columbia Nursing student
10: Columbia Nursing students Garleny De Oleo, Monica Detomas, Kathryn Briones, and Natalie Almonte
11: Columbia Nursing students Athena Amini, Tiffany Strohli, Shani Queller Yardeni, Sanam Mobin, and Cesar Beltran
12: Mary Dickey Lindsay ’45 (center) with students Meredith Placer and Elizabeth Shelley
13: Vivian Taylor, associate dean for diversity and cultural affairs; Lusine Poghosyan, assistant professor of nursing; and Columbia Nursing students Lodz Joseph and Lena Peterson

Photographs by Monika Graff and Michael Divito
1940s

Mary Dickey Lindsay ’45 received the Richard E. Witten ’77CC Award for Transformational Volunteer Leadership at the Columbia University Alumni Leaders Weekend. She was recognized by Columbia University President Lee Bollinger and Columbia trustees, along with hundreds of alumni leaders from across the world.

Patricia Pimbley ’47 writes from Los Alamos, N.M., that she and her adopted son are helping to care for each other. She became a great-great-grandmother this year.

1950s

Lucy Fitzpatrick Wierum ’51 volunteered at a clinic in Hackensack, N.J., until recently. She and her husband, Carl, go to Hutchinson Island, Fla., each winter, where they are neighbors of Pat Wray Keller ’51. They will move to Nashville in 2016 to live next door to their son, his wife, and their two granddaughters. She notes that they will miss New Jersey but look forward to being near their family.

Mary Eldredge Baker ’55 and her husband are enjoying their winters in Naples, Fla., and are busy visiting friends and playing bridge and occasionally golf. She notes that they are both doing very well, and when they are back at their home in Culver, Ind., they enjoy seeing their three children and three grandchildren.

Dorothy Simpson Dorion ’57 notes that she had the pleasure of wearing her Columbia Nursing uniform at a Downton Abbey costume gala; everyone assumed it was rented, but it was actually her own original uniform, complete with black shoes and the stockings of a student nurse.

Alice Brath Camp ’59 notes that she is doing well and enjoys skiing in Vermont.

1960s

Barbara McNagny ’63 notes that at 82 she is honored to practice nursing, with two night shifts each week in a rehab nursing facility in Springfield, Mo. In the last 47 years, she has enjoyed designing and building four homes and is living in one of them now. She has three children: Lili (53), Phil (50), and Emma (45). She writes that she is indebted to Columbia Nursing for the education she received and feels fortunate that she chose the nursing profession. She will always remember the wonderful times at Maxwell Hall, and is grateful for having shared this time with her great Class of 1963.

Sandra McLaughlin Johanson ’64 notes that after a rigorous cross-country move in late 2015 from New Jersey, she is finally settled into her new home in downtown Seattle, with its view of Mount Rainier and the snowy Cascades. She notes that it is an exciting and vibrant city, and that she’s looking forward to connecting with Columbia alums in her new life in the Pacific Northwest.

Sally Ruffner Leiter ’66 notes that after 34 years in public health nursing in Denver and Rochester, N.Y., she and her husband Bob are now retired to Aiken, S.C., and Denver. She was not quite ready to retire earlier, so she completed a Gemological Institute of America (GIA) program in diamonds, and then went to work in a fine jewelry store. In 2007, she fully retired, and has since enjoyed traveling the world with Bob and friends, as well as golfing and playing bridge.
Betty Chin Jung ’71 is an adjunct lecturer with Southern Connecticut State University Department of Public Health and has taught public health for nearly two decades. She developed a wellness course/writing project that helps students develop critical thinking skills by using evidence-based resources to develop public health interventions. She was invited to evaluate a fitness textbook in 2015 regarding its relevance to health and wellness, and served as an ad hoc reviewer for the American Journal of Public Health. She was also asked to contribute the chapter on epidemiology for the public health nursing textbook, Community and Public Health Nursing, to be released in 2016.

Rebecca Moldover ’71 recently moved from Tenafly, N.J., her home for 25 years, to Northampton, Mass. She is retired and notes that Northampton is the perfect place to work or enjoy free time. She and her husband have two children in New York, while their other two children live outside of Boston, which enables them to see their six grandchildren often.

Marsha Gottlieb Bronsher ’74 lives in Maryland and is an adjunct professor of nursing at George Mason University. She received her master’s in public health in Israel shortly after graduating from Columbia Nursing. She has four children.

Judith Alban Pesce ’75 completed her nursing graduate education at Regis University in Denver, receiving an MSN with a management focus. During her course of study, she was inducted into Sigma Theta Tau International.

Lainey Berkowitz Rudolph ’75 went to Nepal with Anatta World Health & Education Outreach and the Canadian Engaged Buddhism Association. There they held a medical clinic in a remote village in Lumbini, treating 850 people in two days while working with Nepali physicians and a cohort of international volunteers. They also set up a medical and dental clinic at the Dada Gaun Children Home in Kathmandu. She notes that the extreme poverty and lack of adequate healthcare, in addition to the devastation of the massive earthquake last year, have left thousands still in great need. She says that the overwhelming feeling from the people there is one of joy and kindness, and she is grateful for the opportunity and experience.

Kathleen Doherty ’77 co-authored Yoga and Grief: A Compassionate Journey Toward Healing.

Ellen Wormser Jarocki ’78 and Willa Wing Lagasse ’78 saw their children marry one another; Ben Wormser and Grace Lagasse wed in September 2015. Ben and Grace met while students in medical school and then discovered that their mothers had been classmates at Columbia Nursing. Ellen is a nurse midwife in New Haven, Conn., and Willa is a nurse anesthetist in Newark, Del.

Janice Presser ’78, CEO of the Gabriel Institute, gave a TEDx talk, “Timing Isn’t Everything. Teaming Is.”

MJ Olson Campbell ’80 became a grandmother in 2016 to Nathan David, born to Lara and Zack Alexander.

Susan Keady ’80 is now an infection control practitioner at Massachusetts General Hospital in Boston.

Alice Bonner ’81 was appointed Massachusetts Secretary of Elder Affairs and Commissioner of the Department of Transitional Assistance.

Janna Lesser ’81, associate professor, University of Texas Health Science Center School of Nursing at San Antonio, received a Distinguished Alumni Award in nursing education at the 2015 Alumni Reunion.

Martha Cohn Romney ’81 received the Award for Teaching Excellence from the School of Population Health at Thomas Jefferson University in Philadelphia.

Deborah Navedo ’83 ’86 is the architect and inaugural director of the Master of Science in Health Professions Education degree program at the MGH Institute of Health Professions and now leads faculty development across professions. With a PhD in higher education.
administration from Boston College, she attracts physicians into the inter-professional cohorts at both the graduate certificate and master’s level. She is married to Dr. Andres Navedo-Rivera ’86PS, and they have three children: Ivan ’15TC, Jose, and Maria.

Jacqueline Brandwein ’86, clinical assistant professor at Adelphi University’s College of Nursing and Public Health, created and led a nursing service learning course to Guatemala, where she implemented and oversaw participation for a group of undergraduate nursing students. They provided community-based services to indigenous Mayans in the highlands around Lake Atitlán, Guatemala, and a variety of public health services. The students also helped build safe and fuel-efficient wood-burning stoves that improve health by preventing burn injuries, smoke-related respiratory disease, and deforestation that leads to mudslides during the rainy season. They worked with multinational global aid workers as well as local healthcare providers. The experience enabled the students to learn about the global issues of food insecurity, environmental exposure to health hazards, and what it means to be a globally conscious nurse.

1990s

Lisa Peddle Smith ’90, civilian ICU nurse, was awarded the Honor Medal with Crossed Palms from the Boy Scouts of America. This award is given to an adult leader who has demonstrated unusual heroism and extraordinary skill or resourcefulness in saving or attempting to save a life at extreme risk to self. Only 288 of these medals have been awarded since 1924. She was one of the first responders at the crash of an Osprey helicopter at Bellows Air Force Base in Hawaii in which two of the 22 marines onboard perished. She also received a Certificate of Commendation from the United States Marine Corps and a Certificate of Special Congressional Recognition from the U.S. Senate for her efforts at the scene of the crash site.
Adult-Gerontology Primary Care

Stacie Corcoran ’93 was given the 2015 Oncology Nursing Society’s Excellence in Survivor Advocacy Award.

Francisco Diaz ’03 ’05, adjunct professor of nursing at Bellevue Hunter College School of Nursing and gerontological nurse practitioner at St. Barnabas Hospital in the Bronx, presented on advanced practice nursing at the National Association of Hispanic Nurses (NAHN) conference.

Katie Duke ’15 presented on nursing and social media at Shreveport Northwestern State University School of Nursing.

Dyan Summers ’01 (current student) treated a Zika patient in New York City in 2013 and was quoted in an article about Zika in the New York Times in 2016.

Nurse Anesthesia

Janice Izlar ’06 was appointed to the Georgia Board of Nursing by Governor Nathan Deal.

Pauline Maietta ’08 ’11 addressed admitted students on Visiting Day at Columbia Nursing.

DNP

Joyce Anastasi ’05, the Independence Foundation Endowed Professor at NYU College of Nursing, received a Distinguished Alumni Award in Nursing Practice at the 2015 Alumni Reunion.

Laura Ardizzone ’04 ’10 served as a panelist for the first Graduate and Professional Schools Forum at the Columbia University Alumni Leaders Weekend. She also presented a webinar titled “From Bedside to Boardroom: How to Be Influential.”

Mary Byrne ’94 ’11, Stone Foundation and Elise D. Fish Professor of Health Care for the Underserved at Columbia Nursing, was part of the team that wrote guidelines for the implementation of mother-child units in Canadian correctional facilities.

Jeanne Churchill ’10, assistant professor at Columbia Nursing, presented “Narrative Writing in Nursing Education” at the First International Conference on Nursing Education and Research in Athens, Greece.

Jennifer Dohrn ’85 ’05, assistant professor of nursing and director of the Office of Global Initiatives at Columbia Nursing, presented “Building a Sustainable Clinical Nursing and Midwifery Research Network to Improve Health Outcomes in Southern and Eastern African Countries” at Sigma Theta Tau International’s 26th International Nursing Research Congress, in San Juan, Puerto Rico. She also presented “Identifying Gaps in Clinical Nursing and Midwifery Research in African Countries: Making a Way Forward with Sustainable Mentorship” at the Consortium of Universities for Global Health Sixth Annual Conference in Boston, and was named adjunct faculty member at the University of Malawi Kamuzu College of Nursing.

Mary Lynn Dunne ’14, Melissa Kramps ’04 ’13, Nicole Holuba Le Marca ’10 ’13, and Michelle Peters ’07 ’09 ’12 participated in a “Real Talk” panel discussion with students about life after Columbia Nursing in 2015.

Elizabeth Hall ’05, assistant professor and director, Family Nurse Practitioner Program at Columbia Nursing, was featured on NewYork–Presbyterian’s “Amazing People” website.

Norma Stephens Hannigan ’07 was named a fellow of the American Association of Nurse Practitioners.

Judy Honig ’05, associate dean for academic affairs at Columbia Nursing, received a Distinguished Alumni Award for Nursing Education at the 2015 Alumni Reunion.

Brenda Janotha ’08, assistant professor at Columbia Nursing, presented a poster, “Using Team-based Learning Pedagogy to Improve Student Performance in Nursing Health Assessment,” at the Team-based Learning Consortium in St. Petersburg, Fla.

Rita Marie John ’05, associate professor at Columbia Nursing, presented “Patient Safety Issues in Ambulatory Setting and Use of Informatics in Patient Care” at the 5th National and 2nd International Mediterranean Pediatric Nursing Congress.
Program Notes and In Memoriam

in Ankara, Turkey; and “Time Management 2015” at the Federation of Nurses/UFT’s Professional Issues Conference. She presented “What’s New for Pediatrics 2015” at the New York Hospital Queens Grand Rounds as well as a review course for the pediatric mental health subspecialty at the National Association of Pediatric Nurse Practitioners conference. In addition, she was the keynote speaker at the New Jersey State School Nurses Association’s annual conference.

Ruth Madden ’09 ’11 ’12 married Zachary Foreman in April in Alexandria, Va.

Heather O’Hara McCoy ’07 works in neuroscience, practicing exclusively in headache medicine. She opened her own private clinic in Scottsdale, Ariz. (Integrative Headache Care, LLC., www.iheadcare.com) and became one of only three NPs in the U.S. to obtain certification in headache medicine from the National Headache Foundation.

Marlene McHugh ’89 ’91 ’08, assistant professor at Columbia Nursing, presented “Systemic Palliative Care Education Focusing on the Full Trajectory of Illness at an Academic Medical Center in an Urban Underserved Community” at the Hospice Palliative Care Association of New York State (HPCANYS), in Albany, N.Y.

Shannon More ’11 ’13 ’14 participated in a “Real Talk” panel discussion with students about life after Columbia Nursing in 2016.

Rebekah Ruppe ’00 ’01 ’09, assistant professor at Columbia Nursing, welcomed baby boy Asa Ray Henderson.

Laura Zeidenstein ’05, associate professor of nursing and Nurse Midwifery program director at Columbia Nursing, along with faculty colleagues Rebekah Ruppe ’00 ’01 ’09, assistant professor, and Maria Corsaro ’83 ’13, assistant professor, presented “Narrative Story Telling: Integrating Experiences and Student Self-Knowledge” at the American College of Nurse Midwives Annual Meeting. Zeidenstein was also elected a fellow of the American College of Nurse Midwives.

ETP/BS

Daniel Billings ’15, current student, won the Robert Wood Johnson Foundation New Careers in Nursing essay contest.

Karen Cowgill ’94, assistant professor, Seattle University College of Nursing, was named a 2014–15 Fulbright Scholar based in the Democratic Republic of Congo.

Kevin Hook ’98 is vice president of nursing practice and education at Genesis HealthCare, a multi-state nursing and rehabilitation healthcare organization in the United States.

Elisheva Rosner ’05 has worked at Children’s Hospital of New York (CHONY) for almost nine years in the NICU and was recently promoted to CN3 as a charge nurse. She is very involved in making changes on the unit and has been part of a successful team working to reduce CLABSI in the hospital’s NICU.

Nurse Midwifery

Elizabeth Gary ’14 ’15 addressed admitted students at Visiting Day in 2016.

Family Nurse

Johanna Eadie ’12 ’15 and Meredith Gentes ’11 ’13 participated in a 2016 “Real Talk” panel discussion with students about life after Columbia Nursing.

PhD

Felesia Bowen ’10 co-authored an abstract, “Cultivating and Sustaining a Diverse Nursing Workforce: A Plan for Nursing’s Future,” that was accepted to Sigma Theta Tau International’s 43rd Biennial Convention.

Kenrick Cato ’08 ’14, associate research scientist at Columbia Nursing, was elected a fellow of the New York Academy of Medicine.

Catherine Cohen ’12 ’16, postdoctoral research fellow, was selected a 2015 recipient of the Eastern Nursing Research Society/Council for the Advancement of Nursing Science Dissertation Award.

Elizabeth Gross Cohn ’09 was named a White House Champion of Change for Precision Medicine.

Jacqueline Merrill ’98 ’06, associate professor at Columbia Nursing, was appointed to the Health Policy Advisory Council of the American Association of Colleges of Nursing.

Wanda Montalvo ’15 was the lead author of “Mentorship in Developing Transformational Leaders to Advance Health Policy: Creating a Culture of Health,” published in Nurse Leader. She also joined the Community Health Center’s Weitzman Quality Institute in Middletown, Conn., as associate director in 2016.

Andrew Phillips ’08 ’12 was awarded a one-year postdoctoral research fellowship in Columbia Nursing’s Laboratory for Informatics, Complexity and Organizational Study (LICOS).

Annie Rohan ’91 ’13, assistant professor, Stony Brook University School of Nursing, received a distinguished alumni award for nursing practice at Columbia Nursing’s Alumni Reunion on May 1, 2015.

Rebecca Schnall ’09, assistant professor at Columbia Nursing, presented “Trust, Perceived Risk, Perceived Ease of Use and Perceived Usefulness as Factors Related to mHealth Technology Use” at MEDINFO 2015 in São Paulo, Brazil.
Arlene Smaldone ’03, associate professor of nursing and assistant dean for scholarship and research at Columbia Nursing, was named to a new interdisciplinary appointment as associate professor in dental behavioral sciences (in Dental Medicine) at CUMC.

Olivia Velez ’06 ’11 joined HealthEnabled in Cape Town, South Africa, as executive director. She presented at a symposium on mHealth in Health Systems in an Era of Healthcare Transformation at George Washington University.

Po-Yin Yen ’10 was selected for the Emerging Leaders in Informatics program by the Alliance for Nursing Informatics (ANI).

Sunmoo Yoon ’04 ’11, postdoctoral research scientist at Columbia Nursing, presented “Data Mining of Social Media” at the Center for Transdisciplinary Collaborative Research in Self-Management Science Summer Workshop Series on Informatics and Technologic Interventions at the University of Texas at Austin.

Psychiatric Mental Health

Chana Engel ’06 ’09, psychiatric nurse practitioner/staff clinician, National Institute of Mental Health, received a distinguished alumni award for nursing practice at the Columbia Nursing Alumni Reunion on May 1, 2015.

Susan Furlaud ’09 ’12 hosted a mini-reunion for PMH graduates at her home in Manhattan in November 2015.

Rachel Maki ’06 ’08 presented “Strengths-Based Approaches in Engaging and Treating Clients” at the Ali Forney Center in Harlem to 25 staff members who work with LGBTQ homeless youth.

Glenn Wurtzel ’00 ’02 opened his own private psychotherapy and psychiatric medication practice in New York City. He welcomes adolescents, adults, and couples into his practice, supervises professionals from all fields of mental health, and notes that “difficult cases” are a specialty.

Pediatric Primary Care

Lilly Hubschman ’10 ’13 passed the International Board of Lactation Consultant Examiners exam and became an international board certified lactation consultant. She has since opened her own private lactation consulting service in the NYC area, providing prenatal breastfeeding preparation classes, postnatal lactation consultations, and work-related consultations. She also continues to work as a neonatal nurse practitioner.

Women’s Health Subspecialty

Debra Walz ’10 completed the National Institute of First Assisting program, and assists in breast cancer patients’ surgery in the OR and provides a continuum of care from diagnosis to treatment and recovery.

In Memoriam

Charlotte Pfau Mortimer Evans ’57
After graduation from Columbia Nursing, Charlotte Evans worked as part of the first open-heart surgery team and later accepted a position as a medical copywriter. She ultimately settled in California, where she raised a family and worked in advertising and publicity. Evans received a diploma from the Stanford University Mass Media Institute, and a Master of Public Administration from Notre Dame de Namur University in Belmont, Calif.

Evans began her work on behalf of abused and neglected children with the founding of Communications for Youth, a nonprofit in the Bay Area before she relocated to the Chicago area and was appointed by the governor of Illinois to the Statewide Committee on Child Abuse and Neglect. She founded CASA of Kane County, a child advocacy organization. Evans was also a painter, an accomplished pianist, and an avid bridge player.

Ann Becker Finein ’54
Ann Finein was born in Flushing, N.Y., and married William Henry Finein in 1986 in Falls Church, Va. She received her Bachelor of Arts from Brown University in 1951 and a Bachelor of Science from Columbia University School of Nursing in 1954. Finein was an RN at the Inova Fairfax Hospital in Falls Church, Va., from 1954 until her retirement in 1985. She was an active member of the Mt. Pleasant Lions Club, Lutheran Brotherhood, and the Immanuel Lutheran Church, and she enjoyed baking and traveling. She is survived by two step-children and 10 step-great-grandchildren, as well as aunts and cousins.

Abigail Flanagan ’15
Abigail Flanagan was on a humanitarian mission to Honduras when she was involved in a serious vehicular accident that took her life on January 13, 2016. Born in 1970 on the island of Trinidad, Flanagan moved to the United States at age 18 with
her mother and two brothers. The family settled in Brooklyn and later moved to Rockland County, N.Y. She worked most recently at Columbia University Medical Center and at Neighborhood and Family Acacia Network as a critical care nurse practitioner and primary care nurse practitioner, respectively. Flanagan was a member of both the Nurse Practitioner Association and the American Academy of Nurse Practitioners. Most recently, in 2015, she was awarded a Doctor of Nursing Practice from Columbia Nursing. Flanagan will always be remembered for her dedication to the profession of nursing; her life exemplified one devoted to learning and teaching, with a deeply rooted commitment to giving back and helping others.

Pamela Scott Heydon ’60

Pamela Heydon passed away peacefully in San Francisco after a brave battle with pancreatic cancer. She had recently turned 80. Heydon was educated at Dana Hall School and Colby Junior College. She then worked as a medical secretary at Memorial Sloan Kettering, and later enrolled at Columbia Nursing, where she made many lifelong friends. She married Clark Heydon, had two sons, and then focused on raising her children and volunteer work, including being very active in the math department of the Wilton, Conn., school system. Heydon later worked in advertising. After retiring at 65, she was actively engaged with family, tennis, and reunions with her nursing class friends. She traveled extensively, with destinations that included Botswana, the Caribbean, Europe, Hong Kong, Thailand, Cambodia, and Bali.

Mary Patricia Donovan Johnson ’97 ’05

Mary Johnson was a nurse practitioner and assistant professor at Columbia University School of Nursing and recognized for her authority in the field of organ transplantation and acute care. A nurse for 30 years and a role model for her students, she spent more than 10 years coordinating transplants and caring for heart and liver transplant patients at NewYork–Presbyterian Hospital prior to her academic career. She also worked at Hackensack University Medical Center and Beth Israel Medical Center in New York. Johnson received her Master of Science (1996) in critical care and later went on to earn her Doctor of Nursing Practice (2005) from Columbia Nursing. Johnson was named a Fulbright Specialist in 2012 and traveled to Oslo and Akershus University College of Nursing in Norway to lecture on acute care practice and to strengthen collaboration between that university and Columbia Nursing on simulation education cases and resources. She received an award for developing e-training on transplantation in 2003 from the Transplantation Speakers Board of Trustees and was author or co-author of dozens of articles on the use of technology for simulation training, acute care, and heart and liver transplantation.

In Memoriam

Other Losses in our Community

Susan B. Andrews ’31
Barbara A. Arrington ’70
Marjorie D. Baird ’22
Sarah Graham Bean ’44
Joline Turner Bender ’55
Esther Vantilburg Berliner ’43
Barbara A. Broad Boland ’80
Nancy Cusack Boyden ’61
Doreen Worthley Brown ’50
Charlotte Jane Brundage ’90
Robert Stickely Caffrey ’55
Elizabeth I. Delong ’39
Leila H. Demen ’21
Barbara Diane Boguta-Lengal Dodd ’82
Patricia A. Hall Bernal Dunton ’51
Josephine Hallinan Finan ’42
Mary D. Baldwin Foster ’45
Sandra I. Freeberg ’68
Edna Lawson Furrebee ’60
Marilyn Wagner George ’52
Elinor Robinson Goodwin ’47
Ellen McDermott Haase ’47
Mabel Stephenson Haemmel ’48
Linda Halk-Domitrovs ’95
Constance C. Hamon ’29
Doris Spiller Hansen ’48
Florence B. Haring ’51
Ruth Hanssen Hillestad ’28
Mary Goheen Jeyes ’38
Dorothy Johnson ’52
Karen S. Odde Kanegis ’64
Elaine Godfring Kennedy ’46
Joan E. Kincaid ’83
Shoshana Y. Kirschenbaum ’07
Ann Knechtle ’46
Lisa Barrie Kudman-Weiner ’01
Hera Saviois Kwiatkowski ’48
Batya Levine ’10
Vivian Broock Looms ’44
Laurie Jersey Lowe ’52
Marjorie Fitzgerald McKenzie ’43
Mildred Hallock McKinlay ’37
Gail C. Ganter Meier ’55
Susan G. Messner ’64
Dorothy Miller ’28
Rita Sullivan Montgomery ’45
Susan Petty O’Laughlin ’44
Dorothy Geiger Potter ’44
Louise Troy Richman ’66
Beverly Sprague Rodda ’57
Ruth H. Rogers ’53
Bernice Mittlacher Rosenberger ’48
Virginia Meyers Russell ’68
Irene Holtan Schmidgall ’42
Susan Messner Sheehan ’64
Margaret Shadrer ’38
Carol Tracy Smithwyck ’64
Annette Cohen Squire ’48
Doris D. Norton Stanley ’43
Lois A. Stearns ’47
Virginia Stockbridge ’58
Margaret Wallace Sullivan ’58
Jacqueline Sweeney ’90
Alice Daley Thomas ’51
Dorothy Davis Thompson ’40
Lillian E. Turner ’45
Christine Voss Vandekerk ’56
June Travers Werner ’45
Marie West ’32
Lynn S. Millard Wissler ’82
Elizabeth Writer Kleinfeld Zern ’51

Will you accept the challenge?
She is survived by her husband, two sons, her grandchildren, her mother, five siblings, and many aunts, uncles, cousins, nieces, nephews, and their children.

Elizabeth K. Lane ’40
Elizabeth “Lee” Madeline Kuhnt Lane passed away peacefully in Orchard Park, N.Y., where she resided in an independent living facility. She had lived in Darien, Conn., for more than 72 years and was known to her community and many friends as Lee. She was born in Bad-Kösen, Germany, and immigrated to the United States in 1928 with her parents. She graduated from Columbia Nursing, where she met her husband, W. Zeph Lane. After their wedding, she accompanied her husband—a medical officer in the U.S. Navy—as he served in various locations, including Pensacola, Fla. and Seattle and Colville, Wash. The couple moved to Darien in 1948, where they raised a family of eight children; they ultimately had 12 grandchildren and 11 great-grandchildren.

Nursing, family, and community were Lane’s lifelong commitments. She attended to countless patients, friends, and neighbors, who remember her fondly for her care and compassion. She is also remembered for the private nursery school she founded in Darien. She was an enthusiastic longtime member of the International Order of Characters, a charitable organization started during World War II by Army Air Force aviators: her call sign was “Funshine.”

Josephine Guide Sapp ’76 ’06
Josephine Sapp worked in Fair Oaks Hospital for 11 years, and spent 15 years at Bayonne Mental Health Center. She later taught nursing at Morris County Community College and then became an assistant professor of nursing at Columbia University School of Nursing. She was also one of the first responders as a trauma specialist on 9/11/2001. She married Jack Sapp in 1973; they settled in Summit, N.J., where they raised their family and lived for 39 years. Sapp graduated from Bridgewater Raritan High School and earned her Bachelor of Science in nursing at Paterson State College; she earned a Master of Science (1976) in psychiatric-mental health and a Doctor of Nursing Practice from Columbia University School of Nursing.

During her teaching career, Sapp was known as the “go-to” person. She could clinically mentor students and teach at both the undergraduate and graduate levels with ease. Over the years, she assisted her patients in making connections with advocates to seek out resources to manage and maintain quality treatment.

THE CHALLENGE: A Class of 1993 alumna has pledged $1,000,000 to help make a Columbia Nursing education possible for the next generation by inspiring alumni and friends to join the Anna C. Maxwell Legacy Society and include Columbia Nursing in their estate plans.

HOW IT WORKS: Documented planned gifts of $125,000 or more will be matched with $50,000 from the challenge grant to create a new endowed scholarship in the donor’s name.

WILL YOU ACCEPT THE CHALLENGE?

For more information, please visit nursing.columbia.edu/plannedgiving or contact Janice Rafferty Grady at jar2272@columbia.edu or 212-305-1088.
**Then:** Two members of the Class of 1983, Alicia Brumm (middle) and Jean Underwood (right) consult with staff nurse, ca. 1980.

**Now:** A Columbia Nursing Student (center), consults with her preceptors on that day’s patient charts.
Your gift to the Annual Fund prepares future Columbia Nurses to provide compassionate care for patients, families and communities.

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GLOBAL FELLOWS FUND

STUDENT SCHOLARSHIP FUND

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Save the Date:
Columbia Giving Day - Wednesday, October 26, 2016

For more information, please contact Janine Handfus, Associate Director, Annual Fund and Foundation Relations at jh2526@columbia.edu or at 212.305.0079.
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