125 YEARS OF
A COLLECTIVE
PIONEERING SPIRIT,
DEDICATION,
AND PASSION
FOR NURSING
1892-2017
“Coming from a career in fine dining and entrepreneurship, I didn’t know if my skills would translate in nursing. What I found at Columbia was a tradition of nurse leadership and a culture that celebrates what is possible in nursing. As students, we were encouraged to become problem solvers and change makers. We now serve as health care providers, educators, wellness coaches and yes, entrepreneurs. Columbia Nursing has the vision to prepare nurses to capitalize on incredible opportunities and expand the role. That is why I give.”

— May Yong ’12 ’14
Acute Care Nurse Practitioner, Executive Chef, Entrepreneur
From the Dean

The Future of Nursing, 125 Years in the Making

Columbia Nursing has never stood still.

In 1892, when we first opened our doors as the Presbyterian Hospital Training School for Nurses, we understood that providing nurses with a well-rounded education was crucial to improving the quality of health and health care in America.

We accepted the challenge of transforming students into essential, capable clinicians. But we didn’t just raise the educational standards for our nurses. We broadened their horizons. We knew that nurses would always be needed at the bedside. We also knew that, with the right education and preparation, they could do more. Much more. Indeed, nurses today are fundamental to the improvement of health throughout the world.

In the past 125 years, we’ve done more than expand opportunities in nursing. We’ve redefined the profession. In fact, our history is the history of nursing. Through innovations in education, research, and practice, we are constantly moving forward to meet the needs of a changing society and health care system.

What hasn’t changed is our commitment to excellence.

To commemorate this commitment—and our 125th birthday—we share with you this special anniversary issue of Columbia Nursing. It takes us back to early industrial America, when poor-quality health care and the need for qualified nurses compelled the Presbyterian Hospital to open its Training School for Nurses. It introduces our founder and first dean, Anna C. Maxwell, who revolutionized nursing education by making clinical experience, site rotations, and rigorous testing in medicine and surgery standard requirements in the nursing curriculum. It captures our ongoing efforts to strengthen and broaden nursing education, as we did in 1937 by doubling to 1,000 the number of classroom hours required to earn a diploma.

Throughout, this issue of the magazine illustrates how Columbia Nursing has consistently raised the bar for nursing education by urging that the baccalaureate degree be the entry into professional nursing practice; by creating the country’s first graduate program in nurse midwifery; by being among the first to confer the master’s degree in clinical nursing; by developing more than a half-dozen master’s-level advanced-practice clinical specialty programs; by establishing a PhD program to foster nurse-scientists; by creating global networks of interdisciplinary nurse researchers; and, most recently, by constructing a state-of-the-art building with a 16,000-square-foot simulation learning center to better prepare nurses for real-world patient care. This special issue also gives you a glimpse into what life was like for students and faculty at different points in time, and as part of the school’s transformational history.

Today, Columbia Nursing graduates continue to redefine the possibilities of the field by earning doctoral degrees, conducting cutting-edge research, teaching, delivering primary care, managing health teams, setting health policy, leading major health care institutions, serving in the military, and starting and running businesses.

Together, they embody the bold innovation that keeps Columbia Nursing at the forefront of the field.

As dean, I enjoy the good fortune of being able to usher the school through its ongoing evolution. Indeed, my job entails recognizing the entrepreneurship of faculty, harnessing it, and providing an environment where they can succeed.

And we are succeeding. With every measurement, our metric increases, placing us firmly in the country’s top-10 nursing schools. I take great pride in that.

Of course, we haven’t gotten here all at once. It has taken 125 years of a collective pioneering spirit, dedication, and passion from our faculty, staff, students, and alumni to become the school we are.

We have never stood still, and we’re not about to any time soon.

Enjoy this issue of Columbia Nursing.

BOBBIE BERKOWITZ, PHD, RN, NEA-BC, FAAN
Dean, Columbia University School of Nursing
Mary O’Neil Mundinger Professor of Nursing
Senior Vice President, Columbia University Medical Center
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Presbyterian Hospital Training School for Nurses, which later becomes Columbia University School of Nursing, is founded as one of the first nursing schools in the nation.
The harshness of life in 1800s America and the negative effects of the Industrial Revolution on injury and disease are almost impossible to imagine. If ill, the well-to-do could at least afford to recover at home with the attention of a private physician or nurse. It was a different story for the poor and the working class, who typically had to seek “care” at almshouses or at decrepit public hospitals.

Following the Civil War, a social crusade for hospital reform began. Returning soldiers and health workers introduced the general public to the possibilities of institutional care, and slowly a more equitable system of health care emerged. Presbyterian Hospital, established by New York philanthropist James Lenox, was at the forefront.

Presbyterian opened its doors in 1872, but like other hospitals at that time, administrators had trouble finding competent staff and recognized a need for qualified nurses.

By the late 1880s, it became clear that the only remedy was to open a nursing school, and the hospital administration began a
search for a nurse who could lead it into nursing’s modern era. They found such a figure in 40-year-old Anna C. Maxwell, a native of upstate New York. The year was 1891.

**MAXWELL’S HOUSE**
Respected and well connected, Maxwell had little trouble attracting experienced staff nurses and promising students. In a promotional circular for Presbyterian’s new two-year diploma program, Maxwell stated that the school was looking for women with “a high order of intelligence and a desire to learn … Nurses will find there is no knowledge, even of subjects far removed from nursing, which may not prove useful.”

It’s a wonder that anyone applied. The work schedule was unremitting and the pay low. Student nurses, who doubled as staff nurses, were expected to work and study 12 hours a day, six days a week, with three weeks’ vacation—all for a $9 monthly stipend. Nonetheless, the hospital received 536 inquiries from prospective students within 18 months. The Presbyterian Hospital Training School for Nurses officially opened on May 1, 1892, with an enrollment of 10 “probationers” (students accepted on a trial basis) and six nurses already on the payroll, who were given advanced standing. Sixteen additional “probies” were accepted at intervals during the year.

**THE EARLY CURRICULUM**
Early lectures at the school—mostly delivered by the medical staff, some of the finest physicians of the day—were rich and diverse. Topics included hygiene of the sickroom; bacteriology; anatomy; bandaging; symptomatology of the nervous system, heart, lungs, and abdominal organs; surgical diseases; obstetrics and gynecology; contagious diseases; nervous cases; Swedish massage; and cooking for the homebound.

Like all other student nurses, those at Presbyterian made beds, and cleaned and collected bedpans, but unlike student nurses at other institutions, they also took charge of six to 10 patients, administered hypodermics, prepared ether cones, made plaster splints, performed bladder irrigations, and assisted in operations.

Students were dispatched all over the city for additional clinical experiences: Sloane Maternity, the Foundling Asylum, and Willard Parker Hospital for Contagion, to name just a few sites. Most hospitals frowned upon this practice, fearing that it would inflate operating expenses (from having to hire replacements on the wards) or that they would eventually lose these nurses to other institutions. But Presbyterian’s far-thinking administrators knew that the added experience produced a more well-rounded nurse—and it spread the word about the quality of the hospital’s program. On more than a few occasions, leaders of institutions that hosted Maxwell’s pupils wrote to tell her, “From now on, our matron [senior nurse] must be a graduate nurse.”

In order to complete Maxwell’s rigorous exams, students had to pass a series of tests, culminating in a day’s worth of oral examinations in medicine, surgery, and *materia medica* (given by a physician and a surgeon), and a practical exam on the wards (overseen by Maxwell herself). On May 15, 1894, the school graduated its first class, 21 pioneers in nursing. “Without the intelligent, well-trained, and faithful nurse, these noble buildings, with their admirable equipment and staff of skilled physicians and surgeons, would not constitute a hospital,” stated William H. Draper, MD, president of the medical board, in his commencement address. The school was off to an auspicious start.

Maxwell would preside over the program for another 25 years, expanding the possibilities of the profession each and every year. She could not have predicted that less than a century after her retirement, Columbia nurses would be earning doctoral degrees, leading major health care institutions, conducting and innovating research, setting health policy, starting businesses, practicing independently, writing prescriptions—redefining and transforming the possibilities and the profession of nursing.
The Alumnae Association of the Presbyterian Hospital Training School for Nurses in the City of New York is incorporated.

Anna C. Maxwell’s efforts in training nurses to serve for active military service contribute to the establishment of the U.S. Army Nurse Corps and the awarding of military rank to nurses.

The Alumnae Association of the Presbyterian Hospital Training School for Nurses in the City of New York is incorporated.
Columbia Nursing is involved in virtually every facet of nursing’s campaign in World War II. Its most public contribution is to the Second General Hospital of the U.S. Army, Columbia-Presbyterian Medical Center’s overseas military hospital unit.

Maxwell Hall, the school’s new home, opens within the new Columbia-Presbyterian Medical Center and plays a central role in helping to create the first medical center.

Helen Young serves as dean.

Breaking ground for Maxwell Hall, 1925.

Florence Nightingale Hall, the school’s first residence, opens on East 71st Street opposite Presbyterian Hospital.

Helen Young presents surgical instruments to Great Britain’s Duchess of Leinster for use in World War II.

The first bachelor of science degrees are awarded to students.
1904
Students staff Presbyterian Hospital’s new visiting nurse service, predecessor to the hospital’s department of social work, one of the first in the U.S.

1917-1919
188 graduates of the school serve overseas during World War I; pictured here are nurses of Base Hospital No. 2 in Étretat, France.

1937
The School of Nursing joins Columbia University.

1937-1950
Margaret Conrad serves as dean. Conrad is the first leader of the school under its new affiliation with Columbia.

1944
Second General Hospital personnel evacuate patients in Lison, France.

1949
Columbia University President Dwight D. Eisenhower (far left) congratulates graduates of the Class of 1949.
1950-1961
Eleanor Lee serves as dean.
Columbia Nursing becomes a member of the Association of Collegiate Schools of Nursing.

1952
Columbia Nursing is the first school to award a master's degree in nurse midwifery.

1956

1965
Psychiatric community mental-health nursing is added as a specialty.

1968-1976
Mary Crawford serves as dean.

1981-1985
Joann S. Jamann-Riley serves as dean.

1981
Acute care specialty is introduced.

1984
Georgian Building becomes the new home to Columbia Nursing students.

1986-2010
Mary Mundinger serves as dean.
1957
Carrie J. Conser Henry, the school’s first African-American student, graduates from Columbia University School of Nursing.

1961-1968
Elizabeth Gill serves as dean.

1970
The first male students are admitted into Columbia Nursing (Ramon Lavandero ’72 and John Mladinich ’72).

1976-1981
Helen Pettit serves as dean.

1984
Pediatric specialty is introduced.

1984
Oncology nursing specialty is introduced in collaboration with the Memorial Sloan Kettering Cancer Center.

1988
Columbia Nursing becomes the first nursing school to require all faculty to establish either a clinical practice or a research program.

1990
Nurse anesthesia program is introduced.
Columbia Nursing sponsors milestone conference in Nairobi, Kenya, to create an action plan to identify knowledge gaps in clinical care.

Columbia Nursing hosts the Global Nursing and Midwifery Clinical Research Development Initiative in Amman, Jordan. Experts from 22 countries in the eastern Mediterranean region identified methods to address critical regional health needs.
A groundbreaking Columbia Nursing study published in the *Journal of the American Medical Association* conclusively showed no difference in patient outcomes for patients randomly assigned to nurse practitioners or physicians.

Columbia Nursing is the first nursing school to establish a palliative and end-of-life care subspecialty.

Columbia Nursing receives an $8 million grant to develop a mobile HIV intervention for high-risk young men.

Columbia Nursing tops off its new state-of-the-art building, scheduled to open in 2017.

Columbia Nursing’s new building opens. The school celebrates 125 years of transforming the education and profession of nursing.
A ROOF WITH...
A VIEW
THE SCHOOL'S 125-YEAR JOURNEY TO ITS NEW HOME
BY KENNETH MILLER
n the southwest corner of 168th Street and Audubon Avenue in New York City, the fourth home of the Columbia University School of Nursing will soon open its doors. Shimmering brightly by day, glowing softly by night, the glass-and-steel cube is a stunning example of contemporary architecture—and a powerful symbol of the school’s stature as a pioneering leader in nursing research, practice, and education.

The school’s journey to its new home has been 125 years in the making. It is a strong reminder of how far nursing education and the nursing profession have come in that time, and Columbia Nursing’s transformative role.

When the Presbyterian Hospital Training School for Nurses opened in 1892, with an inaugural class of 26, nursing students and staff were housed in an unused ward on the top floor of the medical building. The students slept in two-bed cubicles, while graduate nurses—and founder Anna C. Maxwell—occupied austere single rooms. Mice were so numerous that the hospital superintendent paid the elevator man a bounty of 1 cent per tail.

Early on, Maxwell realized that these quarters were less than ideal. “Our greatest present need is a nurses’ home apart from the hospital building,” she wrote in 1894. “It seems essential, both from a hygienic and rational point of view, that the nurses … should have complete change, fresh air, and the atmosphere of home surroundings when off duty.” Her vision was finally realized 10 years later, when the school moved into a custom-built seven-story structure on East 71st Street. Florence Nightingale Hall featured a roof garden, gymnasium, assembly room, parlor, dining hall, domestic-science kitchen, and laundry; an underground tunnel led to the ward building. “The fact of improved conditions for cooking and serving has made a marked change for the better,” Maxwell noted, “and the luxury of a single room for each student means everything to her.” In the early years of the next century, as nursing schools multiplied, the hall became a model for others around the world.

By the 1920s, Presbyterian Hospital had outgrown its antiquated physical plant, and the decision was made to move to Washington Heights, which was then an undeveloped neighborhood. Before plans for the future Columbia-Presbyterian Medical Center were finalized, Maxwell traveled to the 20-acre site and claimed a prime parcel, on a bluff overlooking the Hudson River. The school’s new residence, named Maxwell Hall, was the first of Columbia-Presbyterian’s 11 units (all designed by celebrated architect James Gamble Rogers) to open in February 1928.

Even more opulent than its predecessor, the U-shaped building stood 13 stories tall, with a courtyard facing the river. A grand foyer led to spacious common areas, including a 300-seat auditorium, a 100-seat classroom, faculty offices, and a library. Downstairs was a linen-decked dining hall; beneath that, a giant swimming pool. The upper stories contained 360 student rooms—each with a sink, sturdy furniture, and maid service—and apartments for 15 faculty members. As before, there was a roof terrace, this one with sweeping views of the Hudson. Students could watch as the new George Washington Bridge was erected just to the north. “The environment provided us with a support system,” notes Keville Frederickson Tomasson ’64. “After the stresses of an eight-hour shift on the ward, we could get together and decompress.”

With the passing decades, Maxwell Hall grew shabbier. Public spaces were replaced by offices, or simply locked away. The roof terrace, pool, and dining hall went out of service. Although aerobics lessons were sometimes taught in the foyer, nursing classes...
migrated to the Hammer Health Sciences Building. “The place was pretty empty,” recalls Brenda Hartley Landes ’85, who spent a year at Maxwell as a graduate nurse. “You could tell that the building had been really vibrant in the past, but it wasn’t anymore.”

In 1984, Maxwell Hall was demolished to make way for what became the Milstein Hospital Building. The school briefly relocated first to space in the Black Building and then to the Georgian Residence, a narrow seven-story building across from Presbyterian’s emergency room. The Georgian was handsome, with an arched façade and a fireplace in the marble lobby, but it was still being renovated; the front half of the building was cordoned off for one semester, the back half for the next. “There was construction noise for months,” says Kristie Roach Roeth ’85, “on top of the ambulances from the ER.” Although simulation teaching space was part of the Georgian, the old sense of a self-contained community from the Maxwell Hall days—a household—was gone.

Columbia Nursing’s next home, opening in summer of 2017, brings back that community feeling, along with a more modern kind of grandeur. Designed by the renowned firm of CO|FXFOWLE, the 68,000-square-foot building is sheathed in alternating panes of clear and translucent glass. A broad staircase joins the seven floors, winding upward from a sunlit atrium. “One of our goals was to create an iconic identity for the school,” explains the project’s chief architect, Nicholas Garrison. “Another was to provide places for coming together and exchanging ideas. The staircase helps fulfill both of those missions—providing visual orientation, drawing together the interior spaces, and encouraging conversation as people travel up and down.”

At the heart of the new building is the Helene Fuld Health Trust Simulation Center, occupying two floors and spanning 16,000 square feet. The highly technical simulation labs, which mimic hospital patient and operating rooms, are configured in exactly the same way as those at hospitals and other medical facilities, using responsive human-patient simulator manikins and other sophisticated education technology. “Becoming a nurse and nurse practitioner requires many skills: technical, critical thinking, communications—nurses must communicate effectively with colleagues, patients, and families. Our simulation center is built to provide the perfect environment for today’s students to strengthen these skills,” says Kellie Bryant, DNP, assistant professor of nursing and the center’s executive director.

The new building also offers ample areas for collaboration and mingling, including a café, computer labs, conference rooms, and study areas. Future plans include using the new building to host an annual conference as part of the Helene Fuld Health Trust Simulation Center, as well as global meetings that bring together thought leaders to move forward regulations for advanced practice nursing.

On the roof is an assembly space that holds 200 people, surrounded by a sprawling terrace. And once again, there’s that superb, unforgettable view of the George Washington Bridge.
The profession of nursing was born during the Crimean War of the 1850s, when Florence Nightingale and her staff of women volunteers transformed a military hospital in Istanbul from a filthy, chaotic death house into an immaculate temple of healing. Yet it took a decades-long struggle, through successive wars, for nursing to gain acceptance as a critical part of the military health care team and to be able to serve in military field hospitals. Columbia University School of Nursing was in the vanguard of those efforts, and its contributions to the care of America’s troops did not end when the guns fell silent.

The school became involved in the military in 1898, when the Spanish-American War erupted in Cuba. The U.S. surgeon general resisted calls to send nurses into action, arguing that they would be “out of place” among men at arms. But as outbreaks of tropical disease began decimating military camps, pressure from newly organized nurses’ groups increased. The school’s founding director, Anna C. Maxwell, helped spearhead the lobbying campaign. After weeks of delay, Army officials agreed to hire 1,200 nurses from 200 diploma programs. For the first time, units of nurses—under their own command—would be allowed to work in military field hospitals.

The New York City chapter of the Red Cross tapped Maxwell to lead its recruitment drive. After inspiring some 200 graduate nurses to enlist, she accompanied a contingent to Camp Thomas in Chickamauga Park, Georgia. They arrived on the day the five-month war ended, but the sick and wounded continued to pour in. The medical tents were full of “what had been strong, splendid men,” she wrote, “hollow-eyed, emaciated, muttering in...
the delirium of fever, sores in which dead flies were encrusted filling their mouths.” During Maxwell’s one-month stay, she and her team attended to 900 soldiers. Under their expert care, all but 67 survived.

Buoyed by such successes, Maxwell and her allies soon persuaded Congress to create the U.S. Army Nurse Corps. When World War I broke out, however, at least a dozen Columbia Nursing alumnae beat the Army to the combat zone. Two were Canadian nationals who’d become directors of nursing at British military hospitals; others were working in Europe when the Germans invaded, and stayed on to care for casualties. Several faculty members (including Helen Young 1912, who later succeeded Maxwell as dean) took leaves of absence to volunteer at French hospitals.

By the time America entered the war in 1917, U.S. medical centers had begun collaborating with the Army Medical Department and the Red Cross to establish quickly deployable base-hospital units, each with enough supplies and personnel to field a 1,000-bed hospital. The first such unit, known as Base Hospital No. 2, was organized at Presbyterian Hospital by chief surgeon George E. Brewer, MD, and Maxwell. Its 25 physicians and 35 nurses shipped out that May, landing in the Normandy fishing village of Étretat. Because Maxwell, at 64, was considered too old for overseas service, the nurses’ unit was led by her assistant, Janet B. Christie 1898.

For the next 18 months, in wards cobbled out of a villa, several hotels, and a casino, Base Hospital No. 2 treated train-loads of Allied soldiers and German POWs. Unlike the casualties of the Spanish-American War, most of whom were felled by malaria or yellow fever, these young men bore the full brunt of modern, industrialized warfare—their bodies shattered by explosive shells and machine-gun bullets; their lungs, eyes, and skin seared by chlorine and mustard gas.

The unit also sent mobile surgical teams to casualty clearing stations on the French and Belgian fronts, perilously close to the fighting. “In the theatre, amputation after amputation, many double; abdominal wounds with cavity full of free fluid and rapidly spreading peritonitis,” wrote Louise Marsh, 1908, who served in western Belgium. “We are provided with gas masks in case we get ‘gassed,’ with metal helmets in case we get shelled and trenches ready to get into.”

The clearing stations were sometimes deliberately targeted by German planes. “Night before last we were trying to operate on a patient when Fritz came over,” nurse Jennie Rignel 1913 wrote from a French outpost, “and three times in the next hour we fell flat on our abdomens ... while our operating theatre was shaken with the vibrations of eight huge bombs dropping uncomfortably close.” Still, she added, “the satisfaction of knowing that we are doing our bit is compensation for any trying circumstances.”

Altogether, about 200 alumnae served overseas in World War I; one perished, another was wounded, and more than 20 earned medals, including Britain’s Royal Red Cross and France’s Croix de Guerre. Their heroism (and further lobbying by Maxwell and others) helped win military nurses “relative rank”—the right to officers’ titles, though not the concomitant pay or benefits.

During World War II, Columbia Nursing served the Allied cause in myriad ways. On the home front, the school prepared record numbers of nurses to compensate for wartime shortages; faculty and students raised money for war relief, ran blood drives, and organized civil defense patrols. Base Hospital No. 2 was reborn as the Second General Hospital of the U.S. Army, with approximately 50 physicians and 100 nurses. The unit reported for basic training at Fort Meade, Maryland, in January 1942, and sailed for England six months later. Meanwhile, 200 graduates and faculty members joined other overseas units. Six of those volunteers, all from the Class of 1940, survived the sinking of their ships by Nazi submarines; four wound up spending time in German or Japanese prison camps.

The Second General Hospital began its deployment in a cold, damp bivouac in the ancient cathedral town of Lichfield. “Women were not expected,” wrote the nurses’ leader, Marjorie Peto 1926, “and no provision for their accommodation had been made.” One night, Luftwaffe bombers pounded nearby Birmingham, sending flames into the sky and giving the spectators their first taste of danger. After several weeks, half the group were dispatched for a rotation at a hospital in Northern Ireland; the rest were relocated to 500-bed Churchill Hospital in Oxford, which would be the unit’s home for the next two years.

Life in Oxford, which suffered few air raids, was relatively placid. But in June 1944, the Second General Hospital was ordered to decamp again. This time, 17 of the nurses were assigned to form the core of a new hospital in England. The others shipped out to France, landing on Utah Beach in Normandy shortly after D-day. “One could see instantaneously that the war was not very far away,” Peto recalled. On the first morning, camped in a field, the nurses witnessed a massive American assault on nearby St. Lo. “They could see the bombs drop, and feel the earth respond.”

While the Second General built its new home, a 1,000-bed field hospital in the Lison train station, the nurses bivouacked in a muddy apple orchard. They were soaked by rain and swarmed by fleas and mosquitoes; they used their helmets as sinks and trenches as latrines. “Walks in the country were not safe because the countryside was full of land mines,” Peto wrote. When the new facility was completed, the group plunged back into action. “I was assigned to a ward with 60 post-operatives, seriously wounded,” recalled Louisa Morris Kent 1936. “There were five ward men ... and three nurses; we ran all night ... We gave penicillin, sulfa, plasma, blood, oxygen, etc., on and on, and over and over ... This went on for seven nights.”

In November, when the hospital was turned over to another unit, Peto and 60 of her nurses were sent to newly liberated Paris to help evacuate thousands of patients to Britain. Others were dispatched to
the Battle of the Bulge, or to organize the 1,500-bed hospital in Nancy that became the Second General’s next base of operations. Most of the unit’s nurses had reassembled there by early 1945, when Allied forces began to push into Germany; now, the patients included skeletal men, women, and children rescued from Hitler’s concentration camps. “From a professional standpoint, the nurses were doing the most satisfactory work of their enlistment,” Peto wrote. “The wounded were in need of expert handling and tender nursing care and the nurses of the 2nd General were happiest when the demand on their skill was the greatest; morale was way up. This was what they had enlisted for.”

In October 1945, a month after the war ended, the unit headed home to the U.S. Back in Manhattan, the nurses were honored with a gala dinner at the Waldorf-Astoria Hotel. Later, dozens of medals were handed out by the U.S. and other governments to nursing alumni, including several to Lieutenant Beatrice Chambers 1935, who had spent 42 months in Japanese POW camps; to pass the time, she’d treated fellow internees—as well as guards and Filipino civilians—at a makeshift clinic. Lieutenant Colonel Peto received the Bronze Star for meritorious service, for her “outstanding skill and sound judgment” in supervising the care of 22,000 sick and injured soldiers.

Since 1945, there have been no more deployments. Yet the school’s ties to America’s armed services persist in other ways. Some graduates go on to serve in the military, where their nursing education, skills, and values remain in high demand. “The school teaches nurses to be leaders, while fostering a desire to give back and serve a greater good,” explains Rear Admiral Tina Alvarado, who earned her BS in 1981, joined the Navy just in time for Operation Desert Storm, and now oversees all Navy Reserve Medical forces, including four expeditionary medical facilities. “And working at a large urban hospital—where the pace is intense, trauma injuries are common, and patients come from a wide range of cultural and socioeconomic backgrounds—helped prepare me for the rigors of military nursing as well as the humanitarian missions that are often in austere environments across a wide cultural divide.”

Other students make caring for veterans their mission. That calling will receive renewed encouragement starting later this year, when the Jonas Center for Nursing and Veterans Healthcare, a national organization that seeks to improve veterans’ health by supporting doctoral-level nursing candidates committed to their care, takes up residence in the school’s new glass-and-steel headquarters at 168th Street and Audubon Avenue. The move comes in conjunction with an $11.1 million, 10-year grant—the largest in the school’s history.

Meanwhile, Columbia Nursing continues its long tradition of welcoming veterans as students, recognizing their experience and maturity as valuable assets. Kenrick Cato joined the National Guard after graduating from Swarthmore, enlisted full time after 9/11, and served five years as an infantry captain—including a tour of duty in northern Iraq— before enrolling at Columbia Nursing. He emerged in 2014 with a PhD in clinical informatics, and is now an assistant professor at the school. “There are lots of overlaps between military service and nursing,” Cato observes. “Both often involve life-and-death situations. Both require structure and discipline. But most of all, both involve doing work that’s extraordinarily meaningful. To me, that’s the biggest satisfaction.” •
Beyond the Hospital
Columbia Nursing’s long commitment to

By Gary Goldenberg

1904: Students staff Presbyterian Hospital’s new visiting nurse service, predecessor to the hospital’s department of social work, one of the first in the U.S.
The rise of the modern hospital in the latter half of the 19th century brought immeasurable relief. But the work of the country’s social reformers was far from over. It was estimated that only one in 10 people who needed care actually went to a hospital (essentially the only option), and many of those who did were discharged to an uncertain fate.

One of the first institutions in the country that moved to fill this void was the Visiting Nurse Service of New York, which was established in 1893. Presbyterian Hospital followed in kind in 1904, when it opened a department of visiting nursing and social service, which dispatched staff and student nurses into the community to manage patients with communicable diseases, change dressings, teach young mothers how to care for newborns, and more. Presbyterian’s nurses demonstrated that they could work independently and effectively beyond the hospital walls—foreshadowing the practice innovations that their successors at Columbia University School of Nursing would introduce in the latter part of the century.

The nation as a whole would adopt this health care ethos in the 1960s with the advent of Medicare and Medicaid, and services like the Women, Infants, and Children (WIC) program, which institutionalized a whole new range of community health services for seniors, the poor, recently discharged patients, and young families. Seasoned visiting nurses like Mary Turner Henderson ’64, MEd, were added to the Columbia faculty to teach a required semester-long course in public health nursing, which delved into public health policy and took students into impoverished communities around the city two to three times a week. “Most of these students had never seen conditions like that,” Henderson recalls. “It was a real eye-opener seeing how poverty affects one’s health and access to health care.”

Ties to the community were further strengthened with the creation of the Center for Advanced Practice (CAP), which was established in 1994 by Presbyterian Hospital and the Columbia University School of Nursing to address the severe shortage of primary care physicians in the hospital’s network of neighborhood ambulatory-care centers. Unlike the other centers, CAP was staffed with nurse practitioners with full hospital admitting privileges—the first practice of its kind associated with a major teaching hospital.

Buoyed by CAP’s success, the school created Columbia Advanced Practice Nurse Associates (CAPNA), a primary care practice in midtown Manhattan, in 1997. “I felt honored to work at CAPNA,” says Kristine Takamiya ’01 ’07, DNP, ANP-BC, a longtime CAPNA provider now at the University of Washington. “It was wonderful and fulfilling to practice autonomously in a setting where the focus is always on health promotion and disease prevention.”

Under the leadership of Bobbie Berkowitz, PhD, dean of Columbia University School of Nursing, CAPNA has since expanded and evolved into the ColumbiaDoctors Primary Care Nurse Practitioner Group, with new sites in Morningside Heights and Washington Heights. This is part of the school’s re-energized focus on preparing NPs to become primary care practitioners by bringing them into the clinical setting to learn side by side with faculty in the practice, as well as to make quality primary care accessible to all populations, including the under-served. To this end, the 3,300-square-foot state-of-the-art Washington Heights facility adds several new specialties to the mix, including psychiatric-mental health nursing and care focused on the special needs of the LGBT community.

The upper Manhattan practice is also rolling out a house calls service—the area’s first—bringing the school full circle back to its roots in the community. “This is not to be confused with a concierge service for private patients or basic home health care,” explains Stephen Ferrara, DNP, assistant professor of nursing and associate dean for clinical affairs, who oversees the nurse practitioner group. “This is full-fledged primary care for homebound patients, who all too often don’t get the care they need.”

The practice will be working with NewYork-Presbyterian Hospital’s accountable care organization, one of whose goals is to minimize patients’ complications after hospitalizations and reduce re-hospitalizations. “We will be doing the hands-on care and the coordination of care to make that happen,” says Ferrara. “These are the missing links that help keep people healthy at home and out of the hospital.”

Stephen Ferrara, DNP, who oversees the Nurse Practitioner Group, at the Washington Heights practice.
When diploma nursing schools were founded in the late 1800s, the vast majority were vehicles for filling hospital wards with competent yet inexpensive nurses. Service came first and studies second. There were rare exceptions, such as the Presbyterian Hospital Training School for Nurses, whose curriculum was unusually rich in theory as well as in practice.

Recognizing that the future of nursing lay in academe, the school joined with Columbia’s Teachers College in 1917 to create a program leading to a diploma in nursing and a bachelor’s degree in education.

The notion of bringing Presbyterian’s diploma nursing program into the academy, as part of Columbia University, was first broached in 1921, with the intention of constructing a joint medical center in Washington Heights.

Then, in 1937, the school was reconfigured as the Department of Nursing within the College of Physicians and Surgeons. Three years later, the first graduates were awarded baccalaureates in nursing. Although the curriculum retained vestiges of the diploma program, it bore little resemblance to the average nursing program. In less than a decade, classroom instruction doubled to 1,000 hours, addressing almost every aspect of nursing. By any measure, the school was ahead of its time. Not until the 1960s did the American Nurses Association call for nurses to be prepared at the baccalaureate level.

Around the same time, the school also strengthened continuing education for Presbyterian’s staff nurses, with a nod toward specialization, a relatively new concept in nursing, if not in medicine. “This is the age of specialization,” Dean Helen Young, 1912, remarked at another school’s commencement. “Choose the department you are specially suited to, learning all there is to know about it, make the sky the limit.”

A major educational change at the school occurred in 1955, when Columbia Nursing joined with the Maternity Center Association of New York to create the country’s first graduate...
program in nurse midwifery. The following year, the school became the first to award a master’s degree in clinical nursing. More than a half-dozen master’s-level clinical specialty programs were added over the next few decades.

While many in and out of nursing worried that advanced education would pull nurses away from the bedside, the faculty saw it as a necessary step in the field’s professionalization that would only strengthen nursing care.

More educational innovations were to follow. The late 1980s, for example, saw the introduction of the Columbia Model of Nursing Education, featuring the country’s first universal practice plan in nursing. Clinical faculty were required to engage in an outside practice that offered opportunities to develop or test nursing theory or practice, the net effect of which was to ensure that faculty stayed current and to open a host of new clinical sites to students.

The model also introduced the accelerated (12-month) Entry to Practice (ETP) program, creating multiple pathways to the nursing baccalaureate for students with non-nursing degrees. All students were encouraged to pursue master’s-level studies, raising the bar for entry-level practice. Evidently, Columbia Nursing had tapped into something. Enrollment at Columbia rose.

DOCTORS OF NURSING

It was only a matter of time before the school would aim even higher. In 1994, Columbia established a doctor of nursing science (DNsc) program, designed to produce researchers who advance science related to health and health care. The DNsc transitioned to the PhD program in 2008.

The doctor of nursing practice (DNP)—or, to be more precise, the Columbia Nursing study that formed its philosophical basis—played an immeasurable role in reshaping the primary care landscape. The study asked whether nurse practitioners (NPs) in independent primary-care practice could produce the same clinical outcomes as physicians. Similar studies had been done before, but this was the first in which patients were randomized to NPs or MDs practicing with the same authority and responsibilities, including hospital admitting privileges. The study was conducted at the school’s faculty practice, the Center for Advanced Practice, or CAP (see p. 23).

The findings, published in the Journal of the American Medical Association in 2000, showed that the outcomes of the two types of practitioners were essentially indistinguishable. “The study made a powerful statement about the capabilities of NPs in primary care and stimulated considerable discussion and controversy,” says Judy Honig ’05, DNP, associate dean for academic affairs and dean of students. “It was also frequently referenced by those advocating for policy change, practice advancement, and salary increases, and it has been cited close to a thousand times in peer-reviewed papers.”

Based on this evidence and the practice model pioneered at CAP, in 2004 Columbia launched a doctoral program in clinical nursing, leading to the DNP, a significant step for the school and for the field of nursing in general. DNP students are required to master an array of competencies in diagnostics, treatment, and comprehensive care.

While doctoral-level nursing education remains the exception—just 1 percent of U.S. nurses hold the terminal degree—it is becoming the norm at Columbia Nursing. Under the leadership of Bobbie Berkowitz, PhD, dean of the Columbia University School of Nursing, all students wishing to become nurse practitioners or nurse midwives will now be required to obtain the DNP. A third specialty, the nurse anesthesia program, will follow suit in 2019.

The ETP program has evolved accordingly, becoming the Master’s Direct Entry (MDE) program, which in 15 months prepares non-nurse college graduates as master’s-credentialed registered nurses. The curriculum has been carefully crafted so that MDE students complete many of the prerequisites for doctoral study, accelerating their path to the DNP or PhD.

With its embrace of doctoral education, Columbia Nursing is an early adopter of recommendations put forth in the Institute of Medicine’s (IOM) 2010 “Future of Nursing” report, which among
other things called for schools to prepare nurses to assume leadership roles across all levels of health care. “That means we have to educate nurses at the doctoral level,” says Honig. “Nurses can’t have parity on the health care team unless they have parity in education.”

Honig is quick to note that Columbia Nursing’s brand of leadership remains grounded in both clinical care and in conducting research that advances health and health care. “Everything we teach is designed with the patient in mind,” says Honig. “Other doctoral programs prepare leaders, but many with a focus on administration or health systems. We teach these skills, too, but with the aim of improving the delivery of care.”

The IOM report also called for more emphasis on care coordination. “It’s the places in between the many parts of the health care system where things go wrong,” says Honig. “Prescriptions don’t get filled, care instructions get lost, follow-up appointments aren’t made, at the expense of quality and safety. The care coordinator thinks about these gaps. This critical nursing role is what we’ve always taught, but now, with the MDE program, we are articulating it more than ever before.”

Two other threads run through the revised curriculum—evidence-based practice (the translation of knowledge into practice) and cultural competencies (the ability to understand, appreciate, and interact with people with backgrounds or belief systems different from one’s own)—ensuring that graduates are ready for the fast-changing and increasingly diverse populations that nurses serve.

SIMULATED PATIENTS, REAL LEARNING

The way students master clinical skills is also getting an upgrade, thanks to the new state-of-the-art Helene Fuld Health Trust Simulation Center. “The old-school approach was to go first to the bedside to learn skills like starting IVs and treating wounds,” says Kellie Bryant, DNP, assistant professor of nursing and the center’s executive director. “But some interventions, if not done properly, can put patients at risk. My first IV insertion as a student was on my preceptor. Can you imagine how nerve-racking that was? That’s not the way students should be learning.”

The new center brings simulated learning to a whole new level with life-like patient manikins and realistic hospital environments. “We can replicate a host of clinical scenarios, from heart attacks to seizures, including many of the accompanying physiological changes in heart rate, respiration, blood, and pressure,” says Bryant. The simulation center will also use so-called standardized patients—actors trained to portray patients—adding a human element to pre-clinical learning. In addition, there are plans for educational sessions to include students from other health professions, reinforcing the collaborative nature of team-based modern care.

Studies show that simulation better prepares students when they go into the clinical setting. “It’s all about patient safety and improving clinical outcomes,” says Bryant.

That’s something Anna C. Maxwell, the school’s founder, might have said 125 years ago.
THE RISE OF THE NURSE-SCIENTIST

BY KENNETH MILLER | PHOTOGRAPHS BY JÖRG MEYER

NURSE RESEARCHERS TAKE CENTER STAGE
As a rookie nurse in 1968, Elaine Larson, PhD, RN, associate dean for research, had an experience that left her shattered. One of her patients was a woman in her early 30s with rheumatic heart disease. “She called me into her room and said she was having a little trouble breathing,” Larson recalls. “I listened to her heart and took her pulse. Everything seemed fine, so I just propped her up with a pillow. But when I came back five minutes later, she was in acute distress.” Within half an hour, the young woman was dead of acute pulmonary edema.

“Afterward, I thought that if I’d known more about this patient’s condition, I could have taken appropriate action,” Larson says. She also realized that other nurses might find themselves in a similar position. So she threw herself into the literature, wrote up a case study, and submitted it to the *American Journal of Nursing*. When it was published, she knew she’d found her calling: “In addition to taking care of patients, I wanted to help find solutions about how to take care of them.” That revelation spurred Larson to pursue a master’s degree in nursing and microbiology and a PhD in epidemiology—and, eventually, to join the faculty of Columbia University School of Nursing, where finding better ways to care for patients is a defining mission.

When Larson arrived in 1998, the school was just beginning its transformation into a premier center for nursing research. Today, it is one of the largest per-capita recipients among nursing schools of grants from the National Institutes of Health. “In terms of both the quality of our research and of the faculty that lead it,” says Larson, “we’re among the top-10 schools in the nation.”

Even though Florence Nightingale pioneered evidence-based nursing care and statistical analysis in the 1850s, the medical establishment long dismissed the notion that nurses could be key drivers of health care research. It would be more than a century after Florence Nightingale established the role of evidence as critical to nursing that research related to the practice of nursing would first enter the literature. In the 1950s
and ’60s, practice was still the focus. Then, in the 1970s, as more university-affiliated schools of nursing began to engage in research, themes around nursing theory, patient outcomes, and the engagement of nurses in independent research emerged. The process of discovery gained strength during the 1980s, with Columbia University School of Nursing gaining prominence as a leader in scholarship and research.

The school attracted a growing number of highly credentialed scholars, who launched groundbreaking studies on topics that included care of the frail elderly, case management of diabetics, AIDS care, and suicide prevention among adolescents. In time, the school was awarded major grants, starting with a million-dollar award from the Kellogg Foundation to devise a new approach for academic medical centers—piloted at Columbia-Presbyterian—serving medically under-served inner-city communities. Talented and ambitious students flocked to the doctor of nursing science (DNSc) program, established in 1994, and to the PhD program that succeeded it in 2008.

Being part of a major academic medical center, Columbia Nursing is able to pursue interdisciplinary studies across a variety of health care fields. The school’s distinguished faculty of nurse-scientists is deeply engaged in discovering best practices in clinical care and public health. Larson, an internationally recognized authority on infection prevention and control, is a pioneer in the study of hand sanitation; her ongoing research has led to the development of new hygiene protocols that significantly improve patient care and outcomes. Among her many projects, she is co-principal investigator—with Jennifer Dohrn ’85 ’05, DNP, director of the Office of Global Initiatives and its WHO Collaborative Health Center for Advanced Practice Nursing—for the school’s Global Nursing Research Development Initiative, establishing networks of nurse researchers as part of interdisciplinary collaborative teams between Columbia Nursing and initiatives in southern and eastern Africa and the eastern Mediterranean regions.

“Worldwide, nurses make up the largest proportion of health care professionals, and serve as the backbone of health care systems,” Larson explains. “To improve global health and primary care delivery, and address global health disparities, it’s crucial to understand current nursing care needs, practices, and outcomes.” The initiative culminated in one summit meeting in Nairobi, Kenya, in 2015, and a second in Amman, Jordan, in 2016, to define priorities for research and formulate strategies for moving forward. This project brought together nurse and midwifery researchers and leaders in both regions to define clinical nursing research priorities.

Harnessing big data, informatics technology, and the principles of precision medicine in order to develop digital health care tools for under-served populations in this country—particularly Latinos—is another research area central to the school. “Our focus is on reducing health disparities by designing and testing symptom self-management interventions,” explains Suzanne Bakken, PhD, RN, professor of biomedical informatics and Alumni Professor at Columbia Nursing and director of the Precision in Symptom Self-Management (PriSSM) Center, an interdisciplinary research center. “We’re working on projects such as tailoring interventions based on genetic, environmental, and lifestyle factors, and designing infographics to help people understand their risk of various conditions—such as hypercholesterolemia.”

Informing and advancing policies aimed at improving the availability, affordability, safety, and effectiveness of health care nationwide is a critical area of study. Patricia W. Stone, PhD, RN, the Centennial Professor of Health Policy and director of the school’s Center for Health Policy, focuses primarily on health care-associated infections in nursing homes and health care systems. Her work involves collaborating with health care institutions and organizations, including the Centers for Disease Control and Prevention (CDC) and multiple state departments of health, to investigate the prevention of health care-associated infections, especially among elderly patients in hospitals and nursing homes.
Although her research deals with big-picture topics, Stone—like many of her colleagues at Columbia Nursing—is driven by concerns that are deeply personal and inextricably tied to her experiences as a nurse. A few years ago, when her mother was dying in a California hospital, Stone noticed that the nursing unit appeared unusually chaotic. The state was grappling with a severe nursing shortage at the time, forcing the hospital to use traveling nurses as staff. “The nurses were good, but I could see they weren’t functioning as a team,” she recalls. “At one point, when I asked where my mom was, the nurse on duty didn’t know. She said, ‘I’m sorry, I’m a traveler.’” That episode eventually led Stone to conduct a study of hospital staffing, which showed that longer nurse tenure on a unit is linked to fewer problems such as infections, falls, and pressure ulcers, and thus shorter length of stay for patients.

A hallmark of Columbia Nursing’s commitment to research includes cultivating the next generation of nurse-scientists. The school offers pre- and postdoctoral fellowship support that ranges from tuition stipends to workshops in proposal and manuscript writing. But the most critical resource is one-to-one interaction with the faculty. “We pride ourselves on providing doctoral students with the opportunity for experiential learning,” says Arlene Smaldone ’03, PhD, RN, assistant dean for scholarship and research. “To do that, you need mentoring from scientists who actually live the life. The majority of our faculty are supported by at least one externally funded grant. That’s important.”

With such professors and role models, a young nurse researcher can accomplish extraordinary things. Rebecca Schnall ’09, PhD, RN, for example, studied under Bakken, receiving her doctorate in nursing informatics in 2009. Schnall became an associate research scientist at the school, with a focus on translating evidence-based approaches for patient self-management into mobile applications, a promising new field called mHealth. In 2016, she and her team were awarded a $7.9 million grant from the National Institutes of Health to develop a mobile health app geared to young men at high risk for HIV. Her project, a five-year study conducted at sites in New York City, Chicago, Seattle, and Birmingham, Alabama, will adapt and test an intervention covering a range of topics—including correct condom use, dealing with stigma, and communicating effectively about safer sex—among 700 racially and ethnically diverse adolescents who have sex with other men. The app will feature games, videos, and interactive scenarios.

“Our aim is to provide this population with information to make better health decisions,” says Schnall. “There is much evidence that mobile technology is a great way to connect with this generation. By meeting them where they are, we’re hopeful about the intervention’s potential to decrease infections.”

The school is also reaching beyond the traditional boundaries of academia to help clinical nurses make scientific contributions of their own. A new program called Linking to Improve Nursing Care and Knowledge (LINK) connects hospital-based registered nurses from NewYork-Presbyterian with nurse researchers at Columbia Nursing to carry out specialized research for nurses in clinical settings who have identified recurring problems in patient care. The LINK team provides conceptual, statistical, and logistical support, including assistance in determining feasibility and pursuing funding. More than a dozen projects are currently in the pipeline.

“As nurses, we bring a special perspective to research on patient care,” notes Larson, who is a member of the LINK team. “Physicians tend to say, ‘to control your disease, take this medication three times a day.’ A nurse is more likely to ask, ‘Do you have anybody at home who can help you with your pills?’ Many of the biggest issues in health care are behavioral: how to support patients in managing their illness; how to motivate clinicians to clean their hands. Nurses understand that the key to improving outcomes isn’t just developing new therapies; it’s getting people to do the right thing.”
If there’s one credo that has guided Columbia Nursing through the past 125 years, it is the imperative to move forward.

“I like movement and change,” says Bobbie Berkowitz, PhD, dean of Columbia University School of Nursing. “Columbia Nursing is always moving forward. We are always pursuing innovation and excellence.”

Under Dean Berkowitz’s leadership, the school keeps a close eye on trends and looks ahead toward the challenges facing society—health disparities, poverty, chronic illness, and unhealthy environments—as well as creating solutions that mobile technology, informatics, data science, and precision medicine are making possible.

“We promote endless inquiry in the pursuit of evidence,” Dean Berkowitz says. “Our researchers are constantly asking questions, seeking solutions, and finding new ways to think about science. Our faculty practice is the primary care practice of the future, using the evidence we know is out there and crafting ways for people to be healthier. And we are creating a cadre of students who are ready to face the health and health care challenges of the 21st century.”

As Columbia Nursing forges ahead, the school is aligning with the Columbia University Medical Center’s work in precision medicine. Dean Berkowitz prefers the term precision health; she says that Columbia’s nurses are focused on using personalized genetic information to help patients manage their disease and plan for recovery. “We’re about understanding the human condition and how individuals interact with their environment and other determinants of health.” At the end of the day, we want to help individuals, families, and whole communities recognize threats to good health and take steps to improve their opportunities to be healthier. Genetics is crucial to this, but it isn’t the entire picture.

At the same time, the school is embracing its role and responsibilities in an increasingly global society. “Focusing on health or illness in one country doesn’t really work anymore,” Dean Berkowitz notes. “Health and health care are global. Diseases like Zika and Ebola cross continents and populations. Therefore, we are creating global thinkers.”

Global thinking, after all, is essential to leadership, and Columbia Nursing is preparing leaders. “We expect our nurses to provide leadership, whether in their own teams or in a policy setting.”

And shaping policies, especially those that are related to the environment, reproductive rights, health disparities, or access to care, is the surest way to improve and protect health. Says Dean Berkowitz, “We have a societal obligation to be engaged in our world and to keep moving forward. We can’t sit back.”

POSTSCRIPT:

Columbia Nursing Keeps Moving

BY ANDREA KOTT, MPH

I
Students and alumni at the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016. Turn to page 42 for more photos.

PHOTOGRAPH BY MICHAEL DIVITO
Dear Fellow Columbia Nursing Alumni,

The year 2017 marks an exciting milestone as we celebrate our 125th anniversary at Columbia Nursing. The school’s first dean and founder, Anna C. Maxwell, set the standard for nursing education and service that would become the foundation of the school’s excellence in the decades that followed. Her pioneering spirit and belief in the power of nursing opened new horizons for the profession and for over 13,000 nurse clinicians and scientists who have graduated since then. It is wonderful to take time to celebrate the school’s founding, as well as the many different ways our alumni contribute to the profession and the world.

Please help us commemorate the school’s 125th anniversary by sharing your Columbia Nursing story through the ColumbiaYou portal, you.columbia.edu/schools/nursing. We’ve had various participants thus far, including a 1971 graduate who has led HIV/AIDS prevention efforts in over 18 countries, and credits the school for preparing her for the complexity of health care and the opportunity to treat others; a 1990 graduate who runs a rural health clinic in Pennsylvania—without a physician on-site—who was inspired to become a nurse practitioner during her time at Columbia Nursing; and a 2015 graduate who pays tribute to the mentorship and guidance she received while pursuing her PhD. We encourage you to share your story—let us know how Columbia Nursing prepared you to impact the world, or share your favorite memory.

A series of “Spotlight” events have taken place across the country to honor this milestone year. Each one brings Dean Bobbie Berkowitz—in tandem with different faculty members, graduates, and students—to have lively conversations about Columbia Nursing. Since the launch event in New York City last November, alumni and friends have gathered at homes and venues in St. Helena, California; Santa Monica, California; Englewood, New Jersey; Philadelphia; New Canaan, Connecticut; and Boston; the next is planned for Seattle, on June 28. These events make it easier for more of us to stay connected to the school.

You are part of a vibrant community of over 13,000 alumni. It is exciting to see increasing numbers of graduates stepping forward to mentor students, serve as ambassadors in the admissions recruiting process, and collaborate across the university to organize events for alumni, students, faculty, and friends. This past year has been a testament to effectively meeting the Alumni Association’s mission of promoting the role of nursing in the health care system and in society, and to help link alumni to students and faculty. I express gratitude to all who have volunteered, attended events, answered surveys, and supported the Annual Fund. As we plan for the future, I encourage you to reach out to the Office of Alumni Relations with suggestions and feedback, and to share your professional and personal updates.

It is a privilege to serve as the Alumni Association president; thank you for the opportunity to work on your behalf and serve our school.

Warm regards,

Marty Romney

Martha “Marty” Cohn Romney ’81, RN, MS, JD, MPH
Alumni Association President
1950s

Rosalie Lombard ’51 notes that the experiences and classes that she had at Columbia Nursing helped to prepare her for her next adventure: nursing in the subarctic area of northern Newfoundland and Labrador. She writes that the primitive medical conditions presented challenges far different from those in her previous medical center milieu. Reaching patients by dog team, boat, or occasional airplane was the norm in that isolated area, especially in the winter. After those years in the north, she returned to work at a medical center as a member of the nursing faculty, teaching, and nursing administration at the University of Vermont. She wrote a book about her time in the north and titled it, “Adventures of a Grenfell Nurse.”

Dorothy Simpson Dorion ’57 had a gallery exhibition in fall 2016 titled, “Splashes of a Colorful Life,” presented by the Cultural Center at Ponte Vedra Beach, Florida.

Eunice Phillips ’60 was named Citizen of the Year by the town of Hancock, Maine.

Diana Vietor Mundy ’62 notes that she and her husband, Gardner, moved to a continuing care retirement community in New Hampshire last September. She writes that three major surgeries and a move were exhausting.

Penelope Buschman Gemma ’64, assistant professor, and Latisha Hansen ’10 ’12 ’15, DNP, assistant professor, presented “Bridging the Workforce Shortage: PMHNP in Clinical Practice” at the NYCCAP Collaborative Care Committee conference with Beth Maletz, instructor in clinical. Penny also presented “Columbia University School of Nursing: Commitment to Serious Illness Care” at the National Academy of Medicine.

Keville Frederickson Tomasson ’64 received the Pace University Scholarly Research Award for her work in London with Haitian immigrants.

1960s

Cynthia Grant Chandler ’60 notes that she has traveled a bit (though not internationally this year) and went to the Academic Surgical Congress in Jacksonville, Florida. She also went to Maryland’s National Harbor Center and the ACS Clinical Congress in Washington, D.C. She wrapped up the year with a final meeting of the Southern Surgical Association in Palm Beach.

Christine Tassone Kovner ’69 is delighted to report that she has four grandchildren (ages 5, 7, 10, and 11) all living in New York City, so she is able to see them and her daughters often. She notes that her family spends the summer on Fire Island, where they have a beautiful office for her to sit and write. Christine is on the faculty at the Rory Meyers College of Nursing at NYU, where she is the Mathy Mezey Professor of Geriatric Nursing; she adds that she doesn’t have any retirement plans yet. Her husband of 45 years also spent his career on the faculty at NYU and just retired.

1970s

Lucille Garner Belgrave ’74 has officially retired as assistant professor at Helene Fuld School of Nursing, Coppin State University. She postponed her retirement twice to help the school through accreditation and to assist the interim dean. She notes that she will finally have time to devote to her gardening, crafting, and spending time with her grandchildren.

Patricia Riley ’76 received the Distinguished Service Medal at the Centers for Disease Control and Prevention and was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

1980s

Susan Mawhinney-Brignola ’83 is an alum of Concord Law School and recently graduated from the University of South Florida with her second MSN degree, after successfully completing the ANCC certification examination. She is now certified as an adult gerontology-acute care nurse practitioner.

Susan Fox ’84 was named the chair of the Northern Metropolitan Hospital Association (NorMet).
Adult-Gerontology Acute Care

Lauren De Lucia ‘00 ‘02 attended the International Association for the Study of Pain (IASP) conference in Japan. Lauren is celebrating the fourth year of owning and operating an NP-run all-women practice in New Jersey (De Lucia Advanced Practice).

Matthew Jenison ‘10 ‘12, current Columbia Nursing Alumni Association board member, marks his fifth year of being a part of Canton-Potsdam Hospital (a 75-bed facility) in Potsdam, New York. He bought a house in Potsdam and married Chelcey MacDonald last June. They celebrated their honeymoon in sunny Jamaica.

Adult-Gerontology Primary Care

Dorothy Smith Carolina ’98 was named executive director of the New Jersey Board of Nursing.

DNP

Laura Ardizzone ’04 ‘10 received the Kathleen O’Donnell, PhD, CRNA Excellence in Leadership Award from the New York State Association of Nurse Anesthetists.

Mary Byrne ’94 ’11, Stone Foundation and Elise D. Fish Professor of Health Care for the Underserved, presented “Trauma Recovery by Commercially Sexually Exploited Young Girls and Women: Meanings and Contextual Model,” “Shared Healthy Alliances for Reflective Parenting: A Program to Support Child Caregiving During Maternal Separations,” and “Accelerated Reduction of Maternal Mortality in Bangladesh’s Largest NGO Health Care System” at the American Public Health Association annual meeting.

Jennifer Dohrn ’85 ’05, assistant professor, presented “Nurses and Midwives as the Key to Universal Health Coverage: Stories From the Frontline” at the Unite for Sight, Inc., conference at Yale University.

Rita Marie John ’05, associate professor, presented “What’s New in Pediatrics” at the What’s New in Pediatrics Pediatric Grand Rounds at New York Hospital Queens and was named a NAPNAP Hall of Fame mentor for 2016. She presented “Review Course for Mental Health Exam” at the National Association of Pediatric Nurse Practitioners national conference. In addition, she presented “Time Management” at the Professional Issues Forum 2016 for New York State Union of Teachers.

Sabrina Opiola McCauley ’02 ’10, assistant professor, presented “Hiding in Plain Sight: Undiagnosed Hepatoblastoma in a Full-Term Newborn” at the 16th National Neonatal Nurses Conference. She also presented “Pediatric Community Acquired Clostridium Difficile: A Growing Public Health Concern” at the National Association of Pediatric Nurse Practitioners national conference.

Heather McCoy ’07 opened an NP practice in Arizona.

Marlene McHugh ’89 ’91 ’08, assistant professor, presented “Overview of Oncology Care Management Strategies to Support Members With Cancer-Related Conditions: An Interdisciplinary Approach” at CMO-Montefiore Care Management conference.

Hilda Haynes-Lewis ’99 was also a presenter.

Dianne LaPointe Rudow ’05 was elected secretary of the Organ Procurement and Transplantation Network/United Network for Organ Sharing board of directors.

Rebekah Ruppe ’00 ’01 ’09, assistant professor, authored Chapter 17, “Autoimmune Conditions” in “Pharmacology for Women’s Health,” which was chosen No. 1 in the Maternal-Child Category in American Journal of Nursing’s 2016 Book Awards.

JoAnne Silbert-Flagg ’09 was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Janice Smolowitz ’82 ’05 was appointed founding dean of Montclair State University School of Nursing.

Dyan Summers ’01 ’16 participated in the CUMC Community Forum on Zika on June 2, 2016.
Marjorie Salas Weiss '12 '17 will graduate this May with her Doctor of Nursing Practice (DNP) and also completed the Spanish/English Language Medical Interpreter program at Columbia University.

ETP/BS

Randy Gross '06 completed his PhD in Nursing Science from the CUNY Graduate Center. His dissertation was titled “Warmth and Competence Traits: Perceptions of Female and Male Nurse Stereotypes.” Results from the 318 undergraduate non-nursing students who completed his survey showed that the angel nurse stereotype was consistently perceived as high warmth (trust) and high competence (skills, capability). Randy notes that nursing should reclaim this iconic image and re-brand it for the 21st century using new archetypes such as Angelo and Angela.

Samuel Jaquish '13 founded NurSearch, a professional networking site specialized for nurses that connects individuals who are interested in hiring a nurse or who are searching for a nursing job.

Family

Marie Castronovo '12 '15, Amy Pullizzi '12 '15, and Shakhira Evans '12 '15 co-authored an article, “Nurse Bullying: A Review and a Proposed Solution,” in the May-June 2016 issue of Nursing Outlook.

Yudelka Garcia '12 '14 joined the nurse practitioner group providing primary care at Columbia’s new faculty practice on 168th Street.

Wendy Kong '02 '05 manages AdvantageCare Physicians, the first NP-run site (out of 36 sites) in lower Manhattan.

Nurse Midwifery

Nina Sabghir '91 '92 notes that her family is growing and that she has nine grandchildren. Her children are scattered across the globe, in Hawaii, Israel, and the U.S., including one daughter who is a psychiatric NP. Nina currently serves as the GYN provider at Kingsbrook Jewish Medical Center in Brooklyn, meeting the health care needs of a vulnerable population.

Pediatric

Vanessa Battista '06 '08 presented at the annual meeting of the Association of Pediatric Hematology/Oncology Nurses (APHON).

Patricia Burke '96 was chosen as president-elect of the New York League for Nursing.

Elena Wagner '96 '98 opened Freeport Pediatrics in Maine with two colleagues.

Psychiatric Mental Health

Sandra Alvarado '98 joined the nurse practitioner group providing primary care at Columbia’s new faculty practice on 168th Street.

Mary Ann T. Donohue-Ryan '98 was named chief nursing officer at Englewood Hospital and Medical Center.

Suzanne Pennacchio '75 is the new chief nursing officer at Jacobi Medical Center.

PhD

Judith Aponte '04 has been chosen to become the editor-in-chief of Hispanic Health Care International (HHCI), the official journal of the National Association of Hispanic Nurses (NAHN).

Wei-Ti Chen '98 '02 was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Sharron Close '01 '03 '11 was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Catherine Crawford Cohen '12 '16 won best student poster for “Predictors of Multidrug-Resistant Organism Infection in a National Sample of Nursing Home Residents” at Western Institute of Nursing annual conference. She presented “Predictors of Multidrug-Resistant Organism Infection in U.S. Nursing Homes.” Catherine also presented “Predictors of Multidrug-Resistant Organism Infection in U.S. Nursing Homes” at the Council for the Advancement of Nursing Science, State of the Science Conference 2016.

Sarah Collins '09 has been appointed to the AMIA (the American Medical Informatics Association) board of directors. She also received the Harriet H. Werley New Investigator Award from AMIA, which recognizes the contribution of a new investigator who has conducted nursing research that has the potential to enhance the science and practice of nursing.

Maureen Dailey '10 was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Mary Dougherty '09 was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Patricia Dykes '04 won the Virginia K. Saba Nursing Informatics Award from the American Medical Informatics Association (AMIA).

Wanda Montalvo '15 is coordinating a practice improvement collaborative to improve LGBT primary care as part of her new role as associate director of the Weitzman Institute.

Annie Rohan '91 '13 is enjoying her role as DNP program faculty at Stony Brook University’s School of Nursing, where she is also assisting in developing the school’s first PhD program. Rohan is the recent recipient of a $2.3 million HRSA grant to support scholarships for disadvantaged students, and is deeply committed to mentoring high-risk students through completion of their primary-care nurse practitioner programs.

Rebecca Schnall '09, assistant professor, participated in “Outside, In — Bringing Health Home: Technology and Patient-Centered Care,” a panel discussion sponsored by Politico.
Krista Schroeder '16 presented “Which Propensity Score Method Best Reduces Bias? An Example” at the Academy Health 2016 Annual Research meeting.

Sam Stonbraker ’13 ’16 joined the nurse practitioner group providing primary care at Columbia’s new faculty practice on 168th Street.

Hussein Tahan ‘03 received a Lifetime Achievement Award from the Case Management Society of America, and was named a fellow of the American Academy of Nursing in fall 2016 in Washington, D.C.

Jasmine Travers ’16 received the Gerontological Society of America Dissertation Award. She also presented “Racial/Ethnic Disparities in Influenza and Pneumococcal Vaccination Receipt Among Nursing Home Older Adults 2010-2013” at the Academy Health 2016 Annual Research meeting.

Po-Yin Yen ’10 was selected for the Nursing Informatics Emerging Leaders Program by the Alliance for Nursing Informatics (ANI). Po-Yin is the fifth Columbia Nursing grad to be selected for this honor.

2016-2017

In Memoriam

Judith Ann (Blanchard) Brunquell ’77, 68, of Scituate, Massachusetts, passed away July 8, 2016, surrounded by her family, after courageously fighting an extended illness. Judy was the loving mother of Amy Brunquell Korber and Christopher Brunquell, and the granddaughter of Jayden, Mason, and Nathan Korber. She will be fondly remembered by her son, Christopher, and her daughter, Amy, and husband John Korber, all of Glastonbury, Connecticut. Judy was the dear sister of Martha B. Twigg and her husband, Richard Twigg, of Norwell, Massachusetts, and Dr. Jim Blanchard and his wife, Dr. Terry Sweeney, of El Granada, California. She is also survived by her former husband, Dr. Philip Brunquell, of Glastonbury, Connecticut. Judy was born in Quincy, Massachusetts, and grew up in Scituate, the daughter of the late Dr. Herbert N. Blanchard and Eleanor (Sands) Blanchard. She was a graduate of Scituate High School, Connecticut College, and Columbia University School of Nursing. Judy worked as a research assistant at Harvard Medical School, Albany Medical School, and Brown University. She was a pediatric nurse at Massachusetts General Hospital until she and her husband started their family and she devoted her energies to her children’s activities. The family wishes to acknowledge and thank the extremely dedicated and caring staff at Cardigan Nursing & Rehabilitation Center in Scituate for the remarkable long-term care they gave Judy.

Joanne Brinton Du Wick ’48 passed away peacefully at home on Oct. 30, 2016, at the age of 89. She was born in Bryn Mawr, Pennsylvania, graduated in 1948 from Columbia University School of Nursing, and in 1951 from Simmons College. She married Leonard Du Wick in 1957 in San Francisco. After the births of her two daughters, she continued her education at CSU San Francisco, and worked in hospitals, schools, camps, and public health. After retirement, she volunteered at flu clinics, the symphony, and the local library. She was an avid reader, had an interest in politics, and a sense of humor and large laugh that was instantly recognizable. She leaves behind a sister, Patricia Sheline; two daughters, Heather Du Wick and Amanda Du Wick (Richard Humbert); and many nieces and nephews.

Janet “Jill” Martz Kraegel ’47 died Sept. 30, 2016, at home in Mequon, Wisconsin. She was born March 25, 1925, in Columbus, Ohio, to Ruth (Retting) and Eugene Martz. Following an idyllic childhood spent running free with her three siblings on the farm in Thiells, New York, Janet attended Denison University, where she met her future husband, Wilfred Kraegel. During World War II, she transferred to Columbia Presbyterian School of Nursing in New York City, where she received her Bachelor of Science in 1947 and started her nursing career. Wilfred won her heart through sheer persistence during and after the war and they were married in 1947. Janet and Wilfred chose Milwaukee as the city of their dreams, moving there in 1948. Janet practiced hospital nursing in an era when she had to hide her early pregnancy, as pregnant nurses were promptly fired. With that pregnancy in 1948 and the subsequent birth of three more children, Janet took a 16-year break from nursing to devote herself full time to caring for her family. In 1964, with all four children in school, Janet returned to her professional passions, nursing and patient care. Following two years as a pediatric nurse, she returned to school to obtain an MScN from Marquette University in 1968 and followed this in 1979 with a PhD in urban education from the University of Wisconsin-Milwaukee. During her lifetime, Janet observed and participated in the transformation and expansion of nursing and nurses in health care systems, evolving from the “handmaidens” of physicians in the 1940s to the uniquely skilled and valuable professionals of today. Janet believed hospitals should be organized around the needs of patients, not the convenience of doctors, and for the rest of her life she advocated for new approaches to patient care and new roles for nurses in health care. Among her achievements in administration and education were receiving multiple grants and project leader positions from the DHEW; serving as project director and presi-I
Catherine (Katie) Sugarman ’41, née Katerina Marianne Hirsch, died peacefully at home in Boca Raton, Florida, with her husband, Harry, at her side, on Aug. 27, 2016. Born July 25, 1917, in Stuttgart, Germany, she was the second child of Marta and Siegfried Hirsch. After the Nuremberg Laws of 1935 made it impossible for Jews like Katie and her brother Helmut (known as Helle) to attend university, the family moved to Prague. It was there that Helle became involved in anti-Nazi activities. Implicated in a plot to bomb Nazi Party headquarters in Nuremberg, he was tried in a secret court and sentenced to death. Katie abandoned her medical studies, devoting herself to saving his life.

Despite the efforts of Ambassador William Dodd and others, Helle was executed in June 1937, which ironically probably saved the lives of Katie and her parents, who were granted special entry to the U.S., arriving in New York in April 1938. Needing to support her heartbroken parents and establish a new life in America, Katie gave up her dream of becoming a doctor and enrolled in the Columbia Presbyterian School of Nursing, earning BS and RN degrees in 1941. Upon graduation, she worked as a visiting nurse with the Henry Street Settlement, caring for indigent immigrant families on New York’s Lower East Side. That same year, she married Dr. Norman Kelman, with whom she had three children: Peter, Barbara (Ravage), and David. She served as founding president of the Karen Horney Clinic, which opened in New York City in 1955 and continues to offer low-cost psychotherapeutic services today. The family moved to Westport, Connecticut, in 1956. After her divorce from Norman in 1961, Katie began a new career as a fundraiser, first with the Anti-Defamation League and then with Brandeis University, from which she retired in 1980.

In 1968, she married Harry Sugarman. Katie and Harry had an enduring love and rewarding life filled with international travel, close friendships, and philanthropic activities for such organizations as Brandeis University, the Boca Raton Museum of Art, and the Israel Tennis Centers, a social service organization for children of all religions and ethnicities in Israel. In addition to Harry and her children, Katie is survived by six grandchildren, eight great-grandchildren, and two stepsons, Michael and Steve Sugarman.

Katie never forgot Helle and his sacrifice. She was a source of information to writers and filmmakers who wished to tell Helle’s story to future generations. Katie herself lived as Helle had urged her in a letter he wrote to his family after he was sentenced to death: “[Katie] shall enjoy threefold what I have missed and she shall always remember that she is living for me, too.” May she rest in peace, joined in spirit with her parents and her most beloved brother.
The launch of our 125th anniversary took place on Nov. 2, 2016, in New York City, and was followed by a series of regional Spotlight Events across the country.
1: Students Nicholas Hakala, Elizabeth Franco ’16, Meghan Murray, Shaina Gates Hakala ’15, Jamie Hum ’15, and Michelle Ellis ’15 during the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

2: Marribeth Massie ’98, Don Boyd ’06 ’17, and Tim Lehey ’85 during the first annual Nurse Anesthesia Student-Alumni Reception on Jan. 23 during National CRNA week.

3: Dean Bobbie Berkowitz and Dean Lee Goldman at the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

4: Keville Frederickson Tomasson ’64 and Sally Shipley Stone ’69 at the reception of the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

5: Donald Jones, Hilda Hodges Jones ’79, and Angela Clarke Duff ’70 during the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

6: Nicole Erlach, Jessica Bezdziecki, Kimberly Zajdel, Tahina Charles-Pierre, Brandon Pace, and Hilary Von Glahn during the first annual Nurse Anesthesia Student-Alumni Reception on Jan. 23 during National CRNA week.

7: Charles Sotovilla, Nick Aguanno, Elyse Kaestner, Lynette Yang, Stacy Wong ’14, and Ivy Shek during the first annual Nurse Anesthesia Student-Alumni Reception on Jan. 23 during National CRNA week.

8: Meg Martin ’10, Julie Johnson ’79, and Josh Silber enjoy wine at Tres Sabores Winery (owned by Julie Johnson ’79) at the 125th Anniversary Spotlight Event in St. Helena, California on Nov. 12, 2016.

Photographs by Michael DiVito
CELEBRATING 125 YEARS
9: Craig Henderson, Mary Turner Henderson ’64, and Margaret Mabrey Craig ’64 at the 125th Anniversary Spotlight Event in St. Helena, California on Nov. 12, 2016.

10: Linda Hinkley ’95, Maria Magiacano ’06 (host), and Sheryl Kilkenny ’02 at the 125th Anniversary Spotlight Event in New Canaan, Connecticut on Mar. 26.

11: Students with alum Roxana Sasse ’92 ’11 at the reception of the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

12: Amy Rose Taylor ’14 ’16 (DNP student), Allison Norful (PhD student), and Jasmine Travers ’16 enjoy the 125th Anniversary Spotlight Launch Event in New York City on Nov. 2, 2016.

13: Patricia Dykes ’04, Kathleen McCooe Nilles ’89, Sarah Collins ’09, and Andy Phillips ’08 ’12 at the 125th Anniversary Spotlight Event in Boston, on April 6.


15: Judith Crowley ’79, Mara Iaconi ’10 ’12, and Mary Farrant ’79 at the 125th Anniversary Spotlight Event in St. Helena, California on Nov. 12, 2016.

16: Natalie Wilson ’09 ’11 and Kara Guilfoyle ’09 ’12 at the 125th Anniversary Spotlight Event in Santa Monica, California, at the home of Julie Rousseau ’00 ’01 on Nov. 13, 2016.

17: Sean Warnoch ’00 and Lilly Dinh ’16 at the 125th Anniversary Spotlight Event in Santa Monica, California, at the home of Julie Rousseau ’00 ’01 on Nov. 13, 2016.

18: Students, alumni, and faculty gather for the first annual Nurse Anesthesia Student-Alumni Reception on Jan. 23 during National CRNA week.

To view more pictures and event information, visit: nursing.columbia.edu/alumni/events
The bond between Class of ’64 members remains strong. I remember the day we attached our black stockings to balloons that flew across the city! Finally we were seniors and wearing white! Meeting President Eisenhower, who attended our choral concert, was exciting. The memories of Maxwell Hall and Columbia University are treasures.

— Constance Crisci Corwin ’64

Capping, walking through the tunnel to the hospital, feeling safe living in Maxwell Hall, telling our night’s experiences at a punchy breakfast, loving the A/C in the OR, ortho in summer, Christmas caroling through the hospital, Grand Rounds, patients, and classmates.

— Anne McGowan Kubic ’56

In 1970, Beth Israel’s chief nurse told Dean Mary Crawford she might have a male candidate for Columbia’s nursing program. Dean Crawford’s reply: “We just accepted our first male student and I’d rather not have just one. Send him on up. We’ll see what we can do with him.”

— Ramon Lavandero ’72

I had the unique experience of having Dean Berkowitz as my adviser and sponsor in the PhD program. One word of doubt or discouragement would have changed my trajectory, but instead I received encouragement and support. One downside of graduating: I miss our conversations.

— Wanda Montalvo ’15
Maxwell Hall in the 1950s imposed curfews and rules on our social life. Only one day of our three years were men allowed in our rooms. On Graduation Day in ’57, my husband proposed to me in my room. We are celebrating our 60th wedding anniversary this year.

— Dorothy Simpson Dorion ’57

Columbia gave me such a good nursing education that I was able to transition into the Navy and work at the great Naval Hospital during the Vietnam War. This great education also gave me the confidence to work in the home care field through most of my continuing employment. My thanks to Columbia!

— Susan Cake Nelson ’66

I knew the day that I entered the front door at the school of nursing that I had made the right decision. The faculty was in clinical practice, I had opportunities to train at the best clinical sites, and when I became an FNP, I was prepared to practice, lead teams, and be an academic nurse practitioner.

— Marlene McHugh ’89 ’91 ’08

At Columbia Nursing there’s a big emphasis on leadership and thinking big. And that’s what I take with me every day now as a postdoc and in my future plans for working in academia as a nurse-scientist. I really want to lead change and improve patient outcomes on a national level. At Columbia, I received the encouragement and motivation from many faculty to feel that I can actually make a difference.

— Jasmine Travers ’16

Columbia really encourages mentoring—it’s the idea that if you’re given a hand and had the opportunity to be mentored (and I was very lucky to have such a great mentor), that when you finally get to the place where you can help out that you should then give back and mentor a student. I learned from my mentor that when in doubt—whether it be a treatment plan or through your studies and education—do what’s best for the patient and you’ll never be in the wrong.

— Matt Jenison ’10 ’12

My favorite Columbia Nursing memory is just being a part of this wonderful community of patient-focused, culturally aware, forward-thinking, compassionate, scholarly, driven, future leaders in health care.

— Kent Haina ’14

To submit your Columbia Nursing memory, and to view other alumni, student, and faculty submissions, visit: you.columbia.edu/schools/nursing
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For more information, please contact Janine Handfus, Associate Director, Annual Fund, at jh2526@columbia.edu or at 212.305.0079.
Plan NOW To Support The Next Generation of Columbia Nurses

A class of 1993 alumna has pledged $1,000,000 as a challenge grant to help make a Columbia Nursing education possible for the next generation by asking alumni to include the school in their estate plans. A documented planned gift of $125,000 will be matched with $50,000 from the challenge grant to create a new endowed scholarship in the donor’s name. It’s simple and easy and a once in a lifetime opportunity (expires December 2017)!

LEAVING -A- LEGACY

I chose to leave a portion of my estate to Columbia University School of Nursing because my education has served me well throughout my career – be it at the bedside or behind an executive desk.

Remember to reward the school that did so much for you.

— Elizabeth Mulford Vavra ’77

nursing.columbia.edu/giving/planned-giving

For more information about leaving Columbia Nursing in your estate plans, contact Janice Rafferty Grady at jar2272@columbia.edu or 212.305.1088.
BUILDING THE FUTURE Gala

SAVE THE DATE: TUESDAY, OCTOBER 17, 2017

The Mandarin Oriental Hotel • New York City • 6:30 p.m. • Black Tie

For more information, please contact Cynthia at the Garwood Events Office at Cynthia@garwoodevents.com or 212-678-0231.