

NURSING

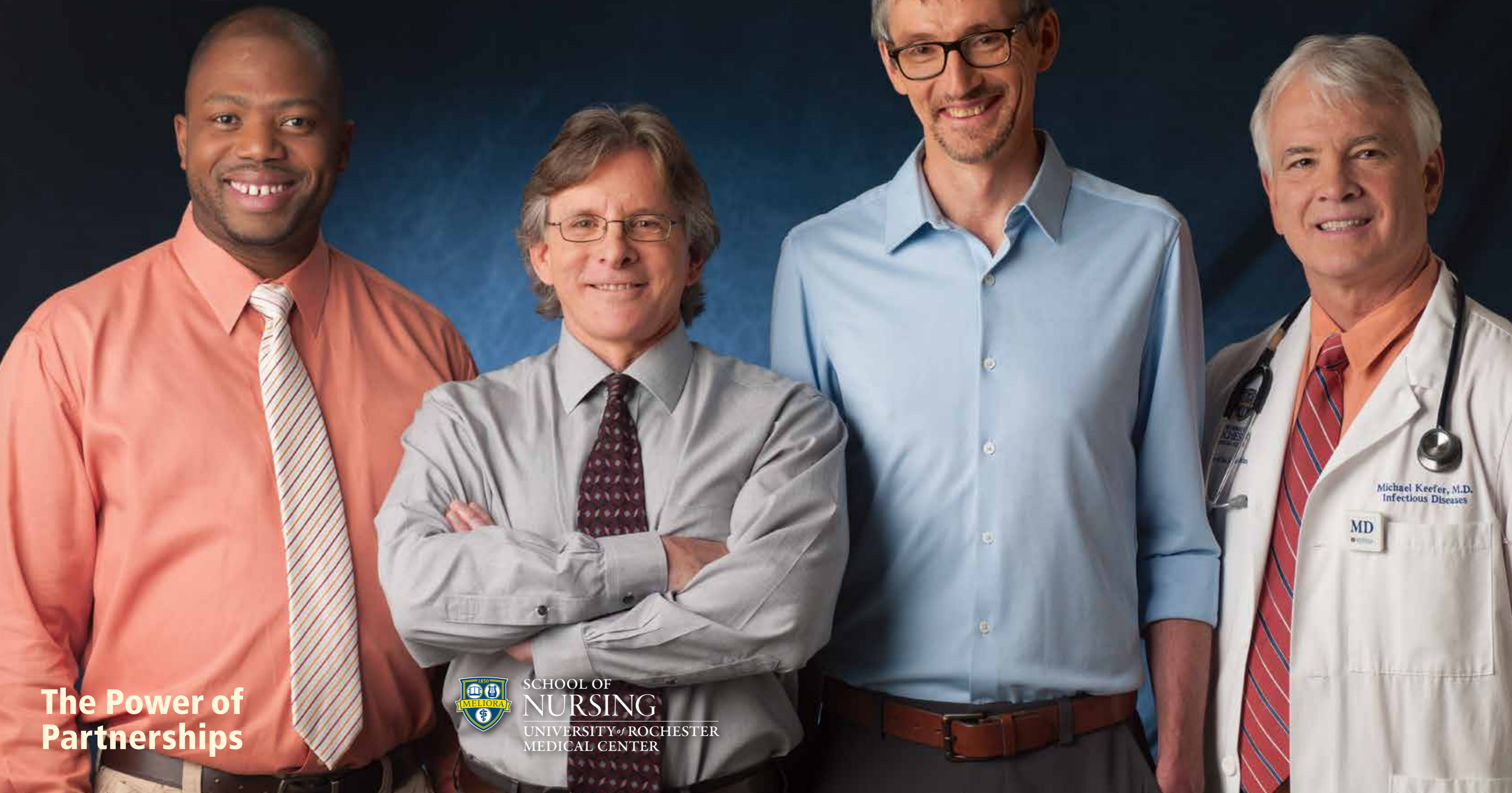
University of Rochester School of Nursing · 2014 Volume II

Left:
LaRon Nelson, PhD, RN, FNP, FNAP, Assistant Professor, Dean's Endowed Fellow in Health Disparities, School of Nursing; Associate Director of International Research, URM Center for AIDS Research

Right:
Stephen Dewhurst, PhD, Dean's Professor and Chair of Microbiology and Immunology, School of Medicine and Dentistry; Director, URM Center for AIDS Research

James McMahon, PhD, Associate Professor, School of Nursing; Joint Director, Clinical and Translational Research Core, URM Center for AIDS Research

Michael C. Keefer, MD, Professor, Department of Medicine, Infectious Diseases, School of Medicine and Dentistry; Co-Director, URM Center for AIDS Research



The Power of Partnerships



By the Numbers:

1972

is the year the School officially became independent and pioneered the **unification model**, a philosophy of integrating practice, research and teaching.

817%



enrollment growth in our **Accelerated Bachelor's and Master's Programs for Non-Nurses** since their inception in 2002. The rigorous programs prepare 192 students each year (across three cohorts) to become registered nurses.

10

of our faculty are **fellows** of the **American Academy of Nursing** (AAN), recognizing their leadership in nursing education, management, practice, and research.

American Academy of Nursing

7

consecutive years of funding from the Robert Wood Johnson Foundation's **New Careers in Nursing** program which provides scholarships to students who currently hold bachelor's degrees in other fields and want to become nurses. The scholarship program enriches the nursing field with graduates from a wide range of cultures, backgrounds, and perspectives.



128%

growth in the number of **male faculty** and

100%

growth in the number of faculty of **underrepresented ethnicities** since 2007.

700

clinical hours and an additional **90 laboratory hours** are completed by students in our 12-month accelerated programs, more than most four-year baccalaureate programs.



1st

academic medical center to implement an **Institute of Innovative Education (IIE)** that spans nursing, medicine, and



other health care disciplines. The institute works to identify, implement, and strengthen interprofessional learning opportunities to prepare a new generation of collaborative professionals who will positively change the way health care is provided.

200

is the **average number of students** enrolled in our master's programs.

33%

of students in our accelerated programs are **men**. Enhancing the diversity of the nursing workforce to better reflect the U.S. patient population is a key priority of the School.



University of Rochester School of Nursing

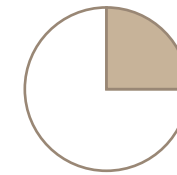
1st

University in the country to start a chapter of **Primary Care Progress** that includes **both medical and nursing students**. The national organization, initiated at Harvard University, unites health care students who are interested in strengthening the provision of primary care and furthering interprofessional collaboration.



25%

of our PhD graduates currently hold or have held **senior academic leadership roles** and/or senior positions with **national professional organizations**.

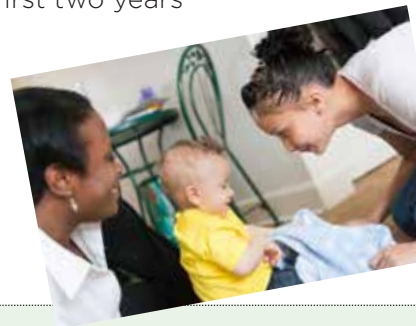


1st

nursing school in the country to implement a **research support center** providing design consultation, data preparation, collection, management, and analysis.

20

is the number of **years of a successful longitudinal study** led by a team of SON nurse researchers that examined the impact of nurse visits to the homes of first-time mothers during pregnancy and the child's first two years of life.



>10,000

More than 10,000 **clients** have received health and wellness coaching from nurses in the **School's Center for Employee Wellness** since it began serving University employees in 2013.



Nearly 6,000

people have received **vaccinations and health counseling** from the School's Passport Health office in order to travel safely to 137 countries during the last two years.



6

is the number of **nurse practitioner specialty areas** offered in our master's programs (pediatric, neonatal, family care, family psychiatric-mental health, and adult/geriatric).

pediatric

neonatal

family

acute care

psychiatric-mental health

adult/geriatric

>4,000

More than 4,000 **visits** are made each year by city students to our two **School-Based Health Centers**, where nurse practitioners provide free and comprehensive physical and mental health services.



50

is the number of **states** our graduates hail from, as well as more than a dozen other countries.





Kathy H. Rideout, EdD, PNP-BC, FNAP
 Dean and professor of clinical nursing,
 University of Rochester School of Nursing

Today, when I walk through the doors of Helen Wood Hall, I'm doing so much more than walking into a brick-and-mortar building on Crittenden Boulevard. I'm stepping into a dynamic, evolving, collaborative organization that is opening doors to improving the world.

Within the pages of this magazine you will find countless examples of how incredibly strong our School's connections are across the University of Rochester; the Medical Center; within the Rochester community, New York State, nationally, and globally.

And, you will see how these bonds—in education, practice, and research—are enabling us to inform policy, influence decision-makers, and respond effectively to nearly every issue at the heart of health reform. More importantly, we are creating the approaches and interventions to address the challenges we face, and elevate the way health care is provided for all.

I'm very proud to share with you the accomplishments of our researchers, educators, nurse clinicians and students, and their vital work

to ensure access to care for vulnerable populations, prevent disease, promote health, manage chronic disease, and improve end-of-life care.

Additionally, we are serving as a national model for how interprofessional education should be provided, and preparing the advanced practice nurses who will continue to develop and lead innovations in all of these areas.

Everyone at our School is especially fortunate to be able to follow in the footsteps of pioneering leaders like Loretta Ford, who understood the importance of nurses being involved, visible, and "at the table" of where key health care decisions are being made.

Having such an inspirational roadmap has helped us cross every bridge with confidence, all the while knowing that the partnerships we enjoy and cherish today—forged in mutual respect and united by a patient-and-family centered focus—will pave the way for generations to follow.

Kathy H. Rideout

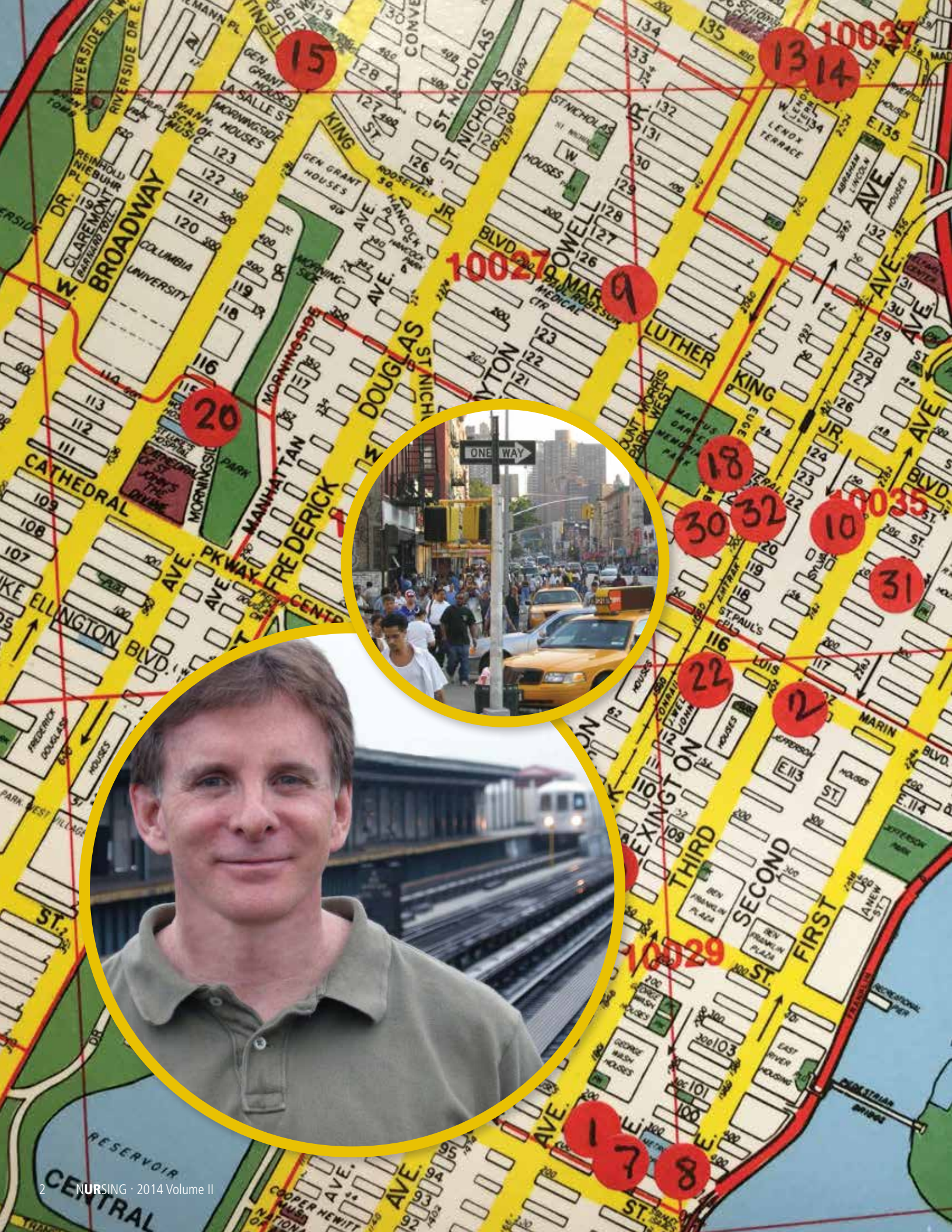
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School of Nursing researchers LaRon Nelson and James McMahon work in partnership with School of Medicine and Dentistry scientists Stephen Dewhurst and Michael Keefer within the University of Rochester Medical Center's Center For Aids Research (CFAR). Merging their expertise in socio-behavioral and clinical research, they are charting new territory in the development, identification, and translation of interventions to slow and prevent the spread of HIV/AIDS.

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The Power of Partnerships

Integrating Social, Behavioral, and Clinical Science to Eradicate HIV/AIDS

As clinical scientists perfect preventive medications, epidemiologists like James McMahon aim to make sure they're being used effectively by those who need them most.

Twenty years ago, School of Nursing associate professor **James McMahon, PhD**, was in New York City with a big decision to make: spend his life quietly peering into a microscope studying bone growth, or take to the noisy, bustling streets of Harlem to uncover ways to stop the spread of HIV/AIDS.

"There's a big part of me that likes the solitary aspect," recalls McMahon, whose reassuringly calm and thoughtful demeanor makes this easy to believe. "So I thought about it a little bit."

But thankfully, his alter-ego won out.

During this critical juncture, he was dutifully finishing his dissertation in bone biology at Hunter College, while also sidelining—to keep the wolf from the door—as a research associate for noted HIV/AIDS investigator **Stephanie Tortu, PhD**. There, McMahon was "doing field work, writing papers...anything and everything" to support Tortu's NIH-funded projects with the National Development and Research Institutes.

"In the end, the choice was really a no-brainer for me," he says. "The whole research around helping people with multiple disadvantages—poverty, mental health, substance abuse, violence, and obviously HIV/AIDS and

other health problems—just seemed so much more immediately rewarding than the sort of esoteric science of looking at how bones grow in different conditions. I mean, at one point I was studying the effects of zero gravity on the NASA space rats. You're answering interesting questions, sure, but it's not something that's going to change anybody's life in the way that HIV/AIDS research was doing."

If he's had any doubts about his choice since then, there are no bones about it now.

For more than two decades, McMahon has continued to conduct community-based, public health research in low-income NYC neighborhoods, putting him on a first-name basis with the doctors—and many patients—of more than 40 HIV/AIDS clinics he has worked with across the five city boroughs. His studies have also included high-risk areas in Estonia and Vietnam.

The scope of his research—often teaming with scientists across the country—has made him one of the top HIV/AIDS investigators in the nation working to tackle the disease collaboratively from multiple research fronts: behavioral, social, and clinical. With a specific interest in reducing the risk of HIV/AIDS transmission among heterosexual couples through pre-exposure prophylaxis (PrEP), McMahon was recently awarded \$500,000 from the National Institutes of Mental Health (NIMH). The grant will support a formative study of the complex challenges and opportunities in this area. In September, he submitted an R01 to NIMH to obtain additional funding to extend this pioneering project for five more years.

Even more significantly, as current co-director of the Clinical and Translational Sciences Core of the URM Center for AIDS Research (CFAR)—solidified in 2013 with the help of a \$75 million NIH grant—McMahon is helping to promote, influence, and facilitate the interdisciplinary work of other scientists in this vital arena. (He co-directs the core with **Amneris Luque, MD**, a professor in the

School of Medicine and Dentistry's infectious disease department, who also runs the URM Center for AIDS Clinic.)

"Integration is what you really need to be competitive in research," he says. "We have tremendous scientific strengths here in RNA virology related to HIV, basic biology and virology work, and in our first-rate clinical care and relationships with patients. As a result, we are continuing to refine anti-retroviral medications, and have an arsenal of effective tools for preventing HIV/AIDS transmission. However, our ability to integrate social and behavioral science as well—especially in the areas of medication adherence and linkage to care—is what elevates our reach, and is where I believe we can make the most progress toward eradicating this disease."

The pre-exposure prophylaxis medication known as Truvada is one of the "tools" McMahon says has the potential to be a game-changer in the fight against HIV/AIDS.

"If HIV-negative people take it, and if they adhere to it, it can reduce their risk of infection by up to 95%, which is more effective than condoms," he says. "But there are multiple barriers that need to be overcome in order to make sure that those people at risk—for example, partners of heterosexual HIV-positive men and women—are able to get it, adhere to it, and are monitored effectively while they're on it."

Those barriers, says McMahon, include the current method of providing HIV/AIDS services which, understandably, puts the primary emphasis on treating the infected partner.

"Whether it's a primary care provider or a specialized clinic, they are often just not set up to give anti-retroviral medication to HIV-negative people," he says. "It opens up a whole new area of provision, infrastructure, monitoring, and insurance coverage."

For example, people in NYC who are diagnosed as HIV positive are eligible for a well-organized set of support provisions—including



Harlem, NY, where HIV/AIDS infection rates are among the nation's highest, is a key site of McMahon's research. "Sadly, health disparities in our country continue to widen due to poverty and unequal opportunities," he says. "But I have seen individuals struggling with what would seem like impossible challenges, and it's amazing how much determination they have to improve their lives."

The red dots represent some of the 40-some NYC clinics McMahon has worked with over the last two decades.

“...Our ability to integrate clinical, social, and behavioral science – especially in the areas of medication adherence and linkage to care – is what elevates our reach, and is where I believe we can make the most progress toward eradicating this disease.”

Medicaid coverage—that HIV-negative people are not.

And, because Truvada is a powerful anti-retroviral, there are rare, but potentially harmful side-effects to renal function and bone health, that require patients to be monitored quarterly by a clinician.

“This becomes a dilemma for care providers because if someone is negative and otherwise potentially healthy, should the provider give them a pill for something they might not contract anyway, and then have to monitor the side effects?” queries McMahon.

These decisions, he says, get to the heart of the distinction between individual care and population health.

“As somebody who works in population health, we know that if this drug was prescribed to the highest-risk people and they were adherent to it, it would potentially lower the incidence of HIV in this country and elsewhere,” he says. “But individual providers are asking: ‘What’s best for the individual patient? Are they really at high risk? Will taking the drug really prevent them from becoming infected? Who makes that decision? And, who pays for it?’”

Decisions hinging on cost have been made somewhat easier by the fact that Medicaid formularies cover the cost of prescribing Truvada to HIV-negative people in more than a dozen states now, and a number of private insurance companies are covering it too—based on a growing body of literature pointing to its cost-effectiveness as a preventive measure among high-risk groups. In states like New York, California, and Washington, where HIV transmission rates are high, ethical and political activists are also pushing for the drug to be more widely available.

To better support health care providers, earlier this year New York State released pre-exposure prophylaxis clinical guidelines.

Soon after, the Centers for Disease Control followed suit and issued national guidelines, along with a strong statement that providers need to strive to make sure high-risk patients are getting it.

Still, with the number of new HIV/AIDS infections holding at about 50,000 annually for the last 10 years, and the number of new cases in women and African-Americans continuing to rise, there are more questions that need answers, McMahon says.

His new NIMH-funded study will explore optimal strategies for PrEP-related outreach, clinical monitoring, and adherence, and collect evidence on safety, effects on risk behavior, and ethical concerns.

“The successful integration of PrEP into comprehensive prevention programs within heterosexual couples will require innovative models of care that address couple dynamics, and include couples counseling and coordinated care provision,” says McMahon.

His study is a perfect example of the importance of implementation science, he says, adding that the perspectives and contributions of social and behavioral scientists, epidemiologists, and nurses, on the front-lines of providing care for vulnerable populations, will be integral to its success.

“What we are beginning to realize is that research is not just a matter of presenting an intervention, but we need to look at how an intervention can best be provided within a certain population, and what are the best methods from both a patient, provider, and health systems standpoint,” he says. “It is exciting to me because today the disease is being attacked from multiple angles, and we are working closely with clinical teams to build interventions and influence policies that will have real-life meaning for people.”



The Power of Partnerships



Associate professor James McMahon, PhD, left New York City to join the School of Nursing faculty in 2007. Although he continues to conduct his HIV/AIDS research in the Big Apple, he has made Rochester his home. "I love the excitement and dynamics at the University and the School," says McMahon, who lists senior associate dean for research Harriet Kitzman, PhD, FAAN, among his mentors. "I've really been able to grow here as an academic, and the support here is incredible."

About the URM Center for AIDS Research

Being named a Center for AIDS Research (CFAR) in 2013 by the National Institutes of Health (NIH)—a designation that infused the program with \$7.5 million in grant support—placed the URM among the best in the nation for research to improve the prevention, detection, and treatment of the disease. Initially developed in 1988, the CFAR is now part of a national network coordinated by the National Institute of Allergy and Infectious Diseases (NIAID). Only institutions with a certain level of existing grant funding were able to compete for a CFAR designation. There are only 18 in the country.

The program promotes interdisciplinary collaboration between basic and clinical investigators, as well as behavioral scientists, to support translational research. Through mentoring programs and pilot grants, it also supports the development of young HIV/AIDS investigators, and the inclusion of women and minorities.

Stephen Dewhurst, PhD, vice dean for research at the School of Medicine



and Dentistry, is head of the CFAR. A member of the SMD faculty since 1990, Dewhurst is dean's professor and chair of microbiology and immunology. His doctoral and postdoctoral work has focused on the pathogenesis of human and simian immunodeficiency viruses.

Michael C. Keefer, MD, director of the University's NIH-supported HIV Vaccine Trials Unit (HVTU), is CFAR co-leader.



He has nearly 20 years of experience in the preventive HIV vaccine field. Working initially as a laboratory investigator, he was the first to demonstrate T-cell mediated immune

responses to a candidate HIV vaccine, and has since devoted his attention to the design and conduct of clinical trials.

The Power of Partnerships

Alum LaRon Nelson Returns ‘Home’ as Dean’s Endowed Fellow in Health Disparities

When assistant professor **LaRon E. Nelson, PhD, RN, FNP, FNAP**, decided to transition from his position as assistant dean for global and community affairs at the University of South Florida’s College of Nursing, to become the first Dean’s Endowed Fellow in Health Disparities at his University of Rochester alma mater, he was ecstatic—except for one fleeting concern. And it had nothing to do with the Rochester weather.

“When I was a student, I viewed the faculty here as larger than life,” he says with a broad, easy-going smile, while sipping coffee in the Saunders Research Building on a hot July day. “Professors like **Maggie (Kearney), Harriet (Kitzman), Maddie (Schmitt), and Jim (McMahon)**, and so many others here...they were icons to me, and they still are. These are professors I have such reverence for, and strived to emulate when I was an undergraduate and doctoral student, so it was a bit overwhelming to picture myself working and contributing within a team of scientists and educators I hold in such high esteem.”

Fortunately for everyone at the School—and across the Medical Center—Nelson overcame any hint of apprehension he may have had. He says his return to the School this year is not only like coming home to an extended family, but is the ideal place for the next chapter of his research career to take flight.

“There is such a rich and impressive foundation of work that has been built by leading scientists in the area of HIV/AIDS prevention here at the School, and across the University, and the Center for AIDS Research (CFAR) presents so many options for multidisciplinary collaboration that are very exciting to me,” says Nelson, who also serves as associate director of international research for the CFAR. “I’m encouraged by the number of people who’ve expressed genuine interest in my area of research, who want to be a part of it, and help me take it in new directions.”



Nelson with dean Kathy Rideout, EdD, PNP-BC, FNAP, and URMCCO Brad Berk, MD, PhD.

In just five years since earning his PhD in Health Practice Research from the School of Nursing in 2009, Nelson has carved a niche on the national and international stage due to his growing volume of path-breaking, nationally-funded work in the prevention of HIV and sexually transmissible infections with vulnerable groups in African and African diaspora communities. These groups include African American and African Canadian adolescent parents as well as men who have sex with men (MSM) in Canada, Ghana, and the United States.

The strength of his research is not only in the quantitative data he brings to light, but in his careful consideration and integration of the complex biomedical, behavioral, social, and structural factors that influence individual health choices and outcomes.

“That was how I was taught here by my mentors,” he says. “In order to develop answers to complex problems through the research process, you need to explore issues from inside cultural and contextual frameworks, and really strive to see things through the eyes of the populations with whom you are partnering.”



Nelson has been principal or co-investigator on more than a dozen peer-reviewed research projects, and has first-authored more than 20 peer-reviewed scientific manuscripts and book chapters. He has presented his findings before national policymakers, and at professional workshops and conferences around the world.

“LaRon brings tremendous strength to our faculty’s existing research on health behaviors related to HIV/AIDS, while adding expertise on new populations, including adolescent mothers and men in Africa,” says one of his mentors and collaborators, **Margaret H. Kearney, PhD, RN, FAAN**, professor of nursing, who also serves as vice provost and University dean of graduate studies. “LaRon’s deep community roots in Rochester, combined with his growing global network of collaborators, significantly enhance our capacity to make a major contribution to reducing the risk of HIV.”

Making an Impact: LaRon Nelson's Selected Work

Funded Research

"Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men in three U.S. cities," funded by the National Institute of Allergy and Infectious Diseases and National Institute of Mental Health, 2012-present. Co-Investigator.

"The impact of non-affirming church environments on the health behaviors of black men who have sex with men," funded by HIV Prevention Trials Network/National Institute for Allergy and Infectious Diseases, 2010-2011. Principal Investigator.

"Kumasi & Accra Project to Prevent AIDS: An integrated biomedical, behavioral, social and structural approach to HIV prevention among men most at risk in Ghana," funded by Grand Challenges Canada, 2010-2012. Principal Investigator.

"Building a program of research that addresses sexual health disparities among African-American teen mothers and the fathers of their children," funded by the National Institute of Minority Health & Health Disparities, 2011-2013. Principal Investigator.

"The role of common co-infections in HIV susceptibility, immunopathogenesis and secondary transmission among African, Caribbean, and Black Canadians," funded by the Canadian Institute of Health Research, 2009-2014. Co-Investigator.

Professional Meetings, Workshops and Presentations

"Pathways from Non-Affirming Childhood Religious Affiliations to Adulthood: HIV Risk in Black Men who Have Sex with Men," National Center for AIDS Research (CFAR) Annual Meeting, Providence, R.I., November 2014.

"Human Rights, Self-Determination and HIV Prevention with MSM in Ghana, West Africa: Implications for HIV/AIDS Nursing Research and Practice," Association of Nurses in AIDS Care Conference, Miami, FL., November 2014.

"HIV Among Gay and Bisexual Men," White House Office of National AIDS Policy, Wash., D.C., September 2014.

"The Disproportionate Impact of AIDS in the Southern United States," White House Office of National AIDS Policy, Wash., D.C., July 2014.

Awards

HIV/AIDS Champion of Change,
IMPACT DC, 2012

*Dr. Mark A. Colomb Award of Excellence in
Research, National AIDS Education & Services
for Minorities, Inc., 2012*

Canada Rising Star in Global Health, 2011

Professional Affiliations

National Academies of Practice, Distinguished Practitioner and Fellow

HIV Prevention Trials Network

International Association of Adolescent Health

Nelson, at right in black robe, with some of the 60 men who participated in his HIV prevention project in Ghana



Dean's endowed fellow in health disparities and assistant professor LaRon Nelson, PhD, RN, FNP, FNAP, is thrilled to be back at the University of Rochester as part of a uniquely rich and collaborative research team that will advance HIV/AIDS prevention around the world.



Harriet Kitzman's Research Shows Nurse Visits Help At-Risk Mothers, Children Live Longer

Nurse-Family Partnership is first early intervention shown to reduce maternal and child mortality.



"The powerful bond between nurses and first-time mothers can help families break the cycle of poverty and put them on a healthier path." – Harriet Kitzman

Over a span of more than 20 years, the research of senior associate dean for research **Harriet Kitzman, PhD, FAAN**, and her colleagues, has proven undisputedly that visits by nurses to disadvantaged new moms and babies lead to many positive outcomes. Not only have the visits been proven to foster healthier pregnancies and deliveries, and improve the health and development of children, but the studies have shown they also help at-risk families improve their economic self-sufficiency.

And this year, the data substantiates yet another dimension of their impact. A study co-authored by Kitzman, and published in July's *JAMA Pediatrics*, revealed that nurse-home visitations actually improve the survival rates of at-risk mothers and their first-born children.

"Our findings add to the body of evidence that the program produces improvements in both the short- and long-term," Kitzman said. "Mothers have an innate desire to provide the best care for their babies. When nurses empower mothers with the knowledge and skills to better their families' lives, it transforms life trajectories."

Kitzman collaborated with lead investigator **David Olds, PhD**, professor of pediatrics at the University of Colorado, School of Nursing associate professor of clinical nursing **Robert Cole, PhD, MS**, and a team of others to analyze two decades of data collected through the federally-funded Nurse-Family Partnership (NFP) program.

The mortality study followed 1,138 young mothers and children who began participating in the NFP program in Memphis, Tenn., in 1990. Most were African-American, age 18 or younger, unmarried, unemployed, and did not have a high school diploma.

One group of mothers and babies received standard care. The other participants, in addition to getting standard care, were visited in their homes by registered nurses during their pregnancies and for two years after the birth of their first child (averaging 64 planned home visits). With randomization, groups were similar



at entry into the study. Over the next 20 years, School of Nursing study coordinators (*see sidebar story on Evelyn Collins, page 10*) conducted 11 in-depth interviews with each study participant at structured intervals, meticulously maintaining the whereabouts of families through frequent phone calls, visits, letters, and even birthday and holiday cards.

The program was found to significantly reduce preventable child deaths from birth until age 20. Children not receiving nurse-home visits had a mortality rate of 1.6 percent for preventable causes including sudden infant death syndrome, unintentional injuries and homicide. There were zero preventable deaths among nurse-visited children.

In addition, over the same time period, mothers who received nurse-home visits had significantly lower rates of death from all causes compared to mothers not receiving nurse-home visits. Mothers in the control group who did not receive nurse-home visits were nearly three times more likely to die than were nurse-visited

mothers. The relative reduction in maternal mortality was even greater for deaths due to external causes like unintentional injuries, suicide, drug overdose and homicide. Mothers not receiving nurse-home visits were eight times more likely to die of these causes than nurse-visited mothers.

Building a Bond of Trust

NFP nurses begin their visits by focusing on the health and well-being of the mother during pregnancy, the importance of good prenatal care, and the mother's and family's plans for life with the baby. After the child is born, nurses and mothers discuss how to read and respond to babies' subtle cues, how to look for signs of illness, what to expect at certain ages, the health risks of smoking, drinking, and violence, and plans for sustaining socio-emotional and economic stability. Building on the bond of trust created while discussing the baby's welfare, conversations branch out to other areas such as continuing the mother's education, housing

Research Partners

needs, employment opportunities, the health of other family members, the availability of resources, and the involvement of the women's partners and other family members in caring for the child.

"Low-income, first-time mothers may have limited access to up-to-date scientific parenting information or role-models," Kitzman said. "By investing in this critical stage of a woman's life, we not only improve quality of life at a time of stress, uncertainty, and transition, but help mothers develop decision-making capacities and behaviors that will enhance the health of their child and themselves for years to come."

The roots of the research that led to the foundation of the NFP were forged in the late 1960s. As a pediatric nurse practitioner, Kitzman engaged in home nursing visits and learned

first-hand the challenges faced by families she visited. She then connected with Olds, who was conducting a study of home visits in Elmira, NY.

Their research results earned federal support for the program which now serves families in 43 states, the Virgin Islands and six tribal communities through the NFP National Service Office.

The latest finding of reduced premature deaths for nurse-visited mothers and children is consistent with those of studies at earlier phases of follow-up, which found that the program improves prenatal health, results in fewer childhood injuries, fewer subsequent pregnancies, and that it increases maternal employment and improves school readiness. Mothers who went through the program were also less dependent on welfare, food stamps, and Medicaid.

"Having a trusted relationship with a nurse gives mothers confidence to envision a positive future, the desire and willingness to try new activities, and the competencies to overcome obstacles," Kitzman said. "The powerful bond between nurses and first-time mothers can help families break the cycle of poverty and put them on a healthier path."

Kitzman, Olds, and Cole were joined on the study by School of Nursing research associate **Elizabeth Anson, MS**, assistant professor of clinical nursing **Joyce Smith, PhD, RN, ANP**, as well as researcher and biostatistician **Michael Knudtson, MS**, with the University of Colorado Department of Pediatrics. The study was funded by the National Institute of Drug Abuse.

The Evidence Starts Here:

Study coordinator Evelyn Collins followed the lives of more than 1,000 Memphis families in the Nurse-Family Partnership. Recently, she took time to talk with NURSING about the part she's played in research.



Q: What Does Your Role Entail?

I've been involved from the very beginning, and started out recruiting first-time, low-income moms

for the randomized, controlled trial. We were stationed within an OB/GYN department at a hospital in Memphis, now called Regional One Health. There, I spoke with moms about the Nurse Family Partnership (NFP) program and how they could take part in providing evidence about it. From then on, it was my job to make sure all of the enrolled moms were invited to be a part of the follow-up research. At our largest, we had a staff of 25 people conducting three-hour interviews and data collection, working six days-a-week and evenings to accommodate the mothers' schedules. My staff was dedicated to the research; they saw the value in measuring

the effectiveness of the program and worked persistently with the moms over the years.

Q: Dr. Kitzman attributes the strength of the study's data—with a 95% retention rate—to your continued efforts over 20 years. What made you stick with the study for so long?

This is not a job for me—it's something I love to do. I enjoy seeing the children and moms growing. I worked with teenagers for much of my career as a social worker, and I could see the struggles they faced in unsupportive households. Through research interviews, I was able to contribute evidence necessary to determine the effectiveness of the nursing intervention and the impacts it has had on young moms. It's incredibly rewarding to see how the NFP can make such a difference in someone's life.

Q: What was your relationship with the families like?

I've been a stable person in the lives of the intervention and control group mothers for more than 20 years, and over time we have developed a mutual trust. I could also tell they had a commitment to the research. When I need an update from them, I would say, jokingly, that "there's no running away from me!" They're comfortable when they hear from me. I've used social media, gone to old neighborhoods, and even visited jails to locate them when they had been incarcerated. To know whether the NFP improves the mother's life and child's health and development is critical to creating policy.

We face challenges when families may be reluctant to use the time needed to participate. But, mostly, they understand the need to stay in touch wherever they are in their lives. Their role in strengthening the NFP research is important to understanding its effectiveness, and to know whether there's a return on investment. And we now can say it delivers on both counts.



Hutchison Medal Honors Life's Work

She was overwhelmed and appreciative, to be sure.

In May, senior associate dean for research **Harriet Kitzman, PhD, FAAN**, became the first School of Nursing graduate and only the fourth active faculty member, to receive the Charles Force Hutchison and Marjorie Hutchison Medal, the University's highest recognition of personal achievement. The award was presented by University president Joel Seligman during the School of Nursing's 2014 commencement ceremony at the Eastman Theatre's Kodak Hall.

But for Kitzman, the full magnitude of the honor didn't quite sink in until her inbox began to fill with emails from all over the world.

"They were from people that I'd mentored, that I'd worked with over time, and they'd come from all kinds of different places," she said. "It allowed me to connect with people I hadn't seen in decades. That was really rewarding."

Kitzman was honored for a 56-year career that includes more than two decades of research on the benefits of home nurse visitations for new mothers and infants.

Focusing on the economically disadvantaged, her research showed these interventions improve a range of outcomes for both mother and child, and in turn shifted health care policy nationally and internationally, and paved the way for the development of the national Nurse-Family Partnership program.

She was also recognized for her contributions as a mentor and role model to nursing students and rising young investigators, and as an inspiration to health care professionals around the world. Additionally she serves as co-director of the Center for Research in Translation (CRIT), a fundamental arm of the Medical Center's Clinical and Translational Science Institute.

Kitzman looks back on her career in four distinct, yet complementary chapters.

The first was leading the development of the first graduate pediatric nurse practitioner program at the University in 1971. Inspired by the School's then-chair, **Eleanor Hall, RN, MA**, Kitzman was a key player in forging

a partnership between the Department of Pediatrics and the School of Nursing. Working alongside the School's founding dean **Loretta C. Ford, RN, PNP, FAAN, FAANP**, Kitzman partnered early nurse practitioners with pediatricians, making it possible for them to practice while working toward their master's degrees, and preparing them to provide primary care to children.

All the while, Kitzman sought proof that the new "team" model really worked. She conducted studies in collaboration with doctors including Evan Charney, MD, and Robert Hockelman, MD, not only looking at patient outcomes, but evaluating nurse practitioner preparation, placement, and performance. By 1975, 87 nurses had completed the PNP program.

Her second chapter was being named the School's first clinical chief of pediatric nursing during a pivotal era when the School was evolving to unite the three pillars of education, practice, and research. At the time it was a radical concept; but other nursing schools soon followed suit, and today it's widely embraced nationwide.

With a desire to accomplish more, Kitzman sought further training in research, earned her doctoral degree, and focused on testing and developing programs that could help young, disadvantaged families. Her work during this span—literally putting the value of nurse visitations under a microscope became the foundation for subsequent years of funded research that is still yielding new discoveries.

The fourth chapter includes her present stature within the Medical Center's Clinical and Translational Science Institute (CTSI), which is composed of scientists across all disciplines working to bring research more quickly to the bedside. In 2011, she was named co-director of the CTSI's Center for Research in Translation (CRIT), which leads comparative effectiveness studies and explores the variety of "real life" factors—social, cultural, psychological, spiritual,

etc.—that influence whether a particular intervention may or may not be implemented effectively in practice. In yet another "first," the CRIT is now as an example of how nurse investigators can play major roles in this arena.

What will her next chapter be?

Her lasting imprint is strikingly visible in the work of the many scholars she has taught or mentored: **James McMahan, LaRon Nelson, Feng (Vankee) Lin, Dianne Liebel, Hyekyun Rhee**...just to name a few. Like the number of children and families



University president Joel Seligman presents the Hutchison Medal to Harriet Kitzman

her work has touched, the number of people who admire her, as a person and professional, is impossible to tally.

"I don't know anyone here at the School who hasn't been inspired or changed by Harriet's work...by her intelligence and integrity, or by something she has said or done," said dean and professor of clinical nursing **Kathy H. Rideout, EdD, PCP-BC, FAANP**, who herself names Kitzman as her number-one mentor. "The fact that her research over two decades is still uncovering new answers, is just more proof to the longevity of her impact. No one could ever hope to re-write a life story like hers. She's given us wonderful pages to work from, and the encouragement and support to write our own."

Sally Norton Named Independence Foundation Chair for Nursing/Palliative Care



Associate professor Sally Norton, PhD, RN, FNAP, FPCN, FAAN, happily accepted her engraved “chair” symbolizing her installation as the *Independence Foundation Chair for Nursing/Palliative Care*.

For a woman so busy she rarely has time to sit and relax, being presented with a “chair” holds more than its share of irony.

Nonetheless—with a round of applause from faculty and staff at September’s all-School meeting in the School of Nursing auditorium—associate professor **Sally A. Norton, PhD, RN, FNAP, FPCN, FAAN**, good naturedly took a seat in the specially-created “chair” to symbolize her installation as the *Independence Foundation Chair for Nursing/Palliative Care*.

Her smile said it all.

“I’m very excited about this because it gives me the time and the resources to move vital projects and initiatives forward in the field of palliative care,” said Norton, who was officially installed as Independence Chair in a ceremony led by University president **Joel Seligman** at the Witmer House October 7. Her installment as chair recognizes her outstanding leadership and achievements at the local, state, and national level, and will be a catalyst for her future endeavors.

“I will be able to devote myself more fully to my interprofessional research and projects, and in doing so, will be able to enrich the learning

experiences of my doctoral students,” said Norton. “I’m very grateful for the time and freedom this will give me to solidify my work, and mentor future generations of researchers and scholars. The best part, to me, is that it really acknowledges—in a very visible way—the School of Nursing’s body of work in this arena, and our commitment to improving how palliative care is delivered to patients and families.”

A fellow of the Hospice and Palliative Care Nurses Association, Norton is a national expert on palliative care and end-of-life decision-making, who has worked successfully across professions to improve communication and understanding surrounding the complex topic, and to pinpoint the approaches that are most meaningful to patients and families, and lead to the highest quality outcomes.

Norton began her career as a critical care nurse in the mid 1980s, and her years of working with patients, families, and care providers who were struggling with complex end-of-life issues and decision-making, fueled her desire to become a researcher and spur improvements in this area.

“As a whole, I think health care providers have come a very long way in terms of talking more openly about end-of-life issues and palliative care—with each other, and with patients and families,” said Norton. “We’ve made so many improvements in palliative care delivery, and it has truly been inspiring to be a part of this endeavor.”

But there are many questions yet to answer and plenty of work to do, she says.

“For example, health care providers are still challenged to determine which palliative care interventions work best for which type of patient, when should we begin to integrate it into a patient’s care, and what are the best ways to measure quality and outcomes,” she said. “For these answers, we need to work collaboratively not only across disciplines, but across systems, and learn from one another. Most importantly, we need to continue to listen to and learn from patients and families.”

About the Independence Foundation

Originally established by steelmaker William H. Donner in 1932 as the ‘International Cancer Research Foundation,’ the Philadelphia-based Independence Foundation was reconceived under its current name and priorities in the early 1960s. The Foundation is committed to supporting organizations that provide direct services and supports—in the broad areas of cultural and arts programming, legal aid, and health and human services—for those who would otherwise lack access.

In the late 1980s, the Foundation turned its attention to strengthening nursing education through scholarships and endowments. The University of Rochester was fortunate to be among the grantee institutions for that program, and in 1989, received a \$1 million endowment grant to offer a professorship at the School of Nursing.

The Independence Foundation Chair in Nursing Education has been held by some of the School’s most luminary professors and directors, including professor emerita **Madeline Schmitt, PhD, RN, FAAN, FNAP**, and professor of nursing **Margaret H. Kearney, PhD, RN, FAAN**, who also serves as vice provost and University dean of graduate studies. More recently, the Foundation approved the establishment of a second chair through those now-expanded funds, to be named the *Independence Foundation Chair in Nursing and Palliative Care*, now held by **Sally A. Norton, PhD, RN, FNAP, FPCN, FAAN**, associate professor of nursing, medical humanities, and family medicine, who also co-directs the research division of palliative care in the Department of Medicine.

No Rest For This Chair: Sally Norton's Projects at a Glance

NATIONAL PALLIATIVE CARE TASK FORCE "MEASURING WHAT MATTERS": She was selected in 2013 to chair this national task force that will recommend a portfolio of cross-cutting performance measures that can be implemented across all hospice and palliative care programs. A joint initiative of the American Academy of Hospice and Palliative Care Medicine (AAHPM) Quality and Practice Standards Task Force, and the Hospice and Palliative Care Nurses Association (HPNA) Research Advisory Group, the team includes 45 palliative care experts from across the country. Together, they are sifting through hundreds of published quality measures related to hospice and palliative care to recommend a small portfolio of basic, advanced, and aspirational measures. The group is also soliciting input from members, patients, and families through webinars, workshops, presentations, surveys, conference calls, and focus groups.

AMERICAN CANCER SOCIETY STUDY: She is one of the key investigators on an observational study, "Prognosis Communication and Race in Advanced Cancer Care," supported by a four-year \$1,320,000 research scholar grant from the American Cancer Society. The project is exploring how the process, content, and context of palliative care consultation affect the care and quality of life of patients with advanced stage cancer, and their families. The study's principal investigator is **Robert E. Gramling, MD, DSc**, associate professor in the departments of medicine and public health sciences at the UR School of Medicine and Dentistry, and associate professor at the School of Nursing. The interdisciplinary project is a multi-site initiative involving palliative care teams from Strong Memorial and Highland Hospitals, and Rochester Regional Health System. The project also includes collaborators from University of California-San Francisco, Duke University, University of Arizona, Boston University, Purdue University, University of Wisconsin, and the University of Colorado.



"For answers, we need to work collaboratively not only across disciplines, but across systems...most importantly, we need to continue to listen to patients and families as closely as possible."

NIH/NCI RO1 STUDY: She is a co-investigator on the study, "Impact of a Novel Cancer Communication Intervention on Caregiver Bereavement," that is being led by professor of psychiatry and family medicine **Paul Duberstein, PhD**, and supported by an RO1 grant from the National Institutes of Health and the National Cancer Institute. The study will determine whether the VOICE (Values and Options in Cancer Care) intervention will have enduring, positive effects on the mental and physical health of family and friend caregivers after the patients have died. This is the first study to examine the effects on caregivers of an intervention that could potentially be readily integrated into ongoing, routine, cancer care. The VOICE intervention is a method of providing communication about prognosis and treatment choices to advanced stage cancer patients that is respectful and responsive to individual patient preferences, needs, and values. The hypothesis is that if patients and caregivers are better engaged and informed, they will be less psychologically stressed, and better able to participate in discussions about prognosis and treatment choices. As a result, they will be more likely to make decisions that lead to improved quality of life, a greater sense of peace, and better quality of death.

PCORI STUDY: Norton serves on a project team that is working to strengthen the quality of end-of-life care in nursing homes across upstate New York. The \$1.9 million project, led by principal investigator **Helena Temkin-Greener, PhD, MS**, received one of the first awards from the federal Patient-Centered Outcomes Research Institute (PCORI), and is the only such project in New York State. The team of researchers and clinicians is working

with 30 area nursing homes to develop palliative care guidelines and test their effectiveness. The project team also includes School of Nursing professor of clinical nursing **Tobie Olsan, PhD, MPA, RN, CNL, NEA-BC, FNAP**.

PALLIATIVE CARE COLLABORATIVE OF ROCHESTER: She is an active member of this group of nearly 50 physicians, nurse practitioners, nurses, and social workers from hospitals and health care organizations across Monroe County who have united to improve palliative care delivery. Norton will share her scientific updates as a speaker at the collaborative's 2nd annual conference at the UR Medical Center November 7.

REGISTERED NURSES HELPING HOSPITALIZED ELDER PATIENTS (RNHELP): Norton was the recipient of a two-year \$136,000 New York State Workforce Retraining Grant to develop and provide core educational courses in caring for hospitalized older adults. She led a collaborative project that has since provided advanced education in this area to more than 800 nurses at Strong and Highland hospitals. In particular, the curriculum gives nurses useful information to help them make the important, and often difficult, distinction between dementia and delirium in elderly patients, and provides information on various medical and environmental factors that can impede diagnosis. Nurses also gained knowledge in safe walking techniques, and learned about elements of hospitalization that can contribute to functional decline in older patients. The programming was integral to Strong moving up to earn "Senior Friendly" status in 2014.

School Earns 7th Year of ‘New Careers in Nursing’ Funding



Dean Kathy Rideout, left, and assistant professor of clinical nursing Patrick Hopkins, right, who co-directs the APNN, share a moment with New Careers in Nursing scholars, Jose Rios, Timothy Kuhmann, Hiwot Seyoum and Pamela Dajer, before the August 2014 Pinning Ceremony celebrating their graduation.

For the seventh consecutive year, the School of Nursing has been awarded a grant from the New Careers in Nursing (NCIN) program that will provide scholarships to students who are changing their career paths to pursue nursing. The NCIN program, a program of the Robert Wood Johnson Foundation (RWJF) and the American Association of Colleges of Nursing (AACN), is aimed at expanding and diversifying the nursing workforce.

The School will receive \$130,000 to provide scholarships to 13 students in its accelerated bachelor's degree program for non-nurses (APNN) during the 2014-15 academic year. Since 2008, the School has been able to award NCIN scholarships to 91 students from across the country and around the world.

Every NCIN scholar has already earned a bachelor's degree in another field, and is making a transition to nursing through an accelerated

degree program, which prepares students for licensing exams, and to assume the role of a registered nurse, in 12 to 18 months.

"Many of the top students who are selected to be NCIN scholars would simply not be able to attend nursing school without these scholarships," said dean and professor of clinical nursing **Kathy H. Rideout, EdD, PNP-BC, FNAP**. "Our past scholars have included men and women transitioning from career fields such as law, education, business, even music and the arts, and many are raising families at the same time. They have a broad array of backgrounds and perspectives, but what unites them is a deep desire to help others."

Rideout said the School supports and encourages its scholars to continually further their education and pursue roles as nurse practitioners, researchers, educators, innovators, and leaders in

shaping nursing policy.

In addition to a \$10,000 scholarship, NCIN scholars at UR receive \$10,000 in matching support from the School. The School also maintains a leadership program, a mentoring program, and a pre-entry immersion program for all APNN students. The School's Center for Academic and Professional Success (CAPS) was initially developed in 2011 with NCIN funding, and today offers comprehensive support and coaching to students across all programs, to optimally position them for advanced education and employment opportunities.

The 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, recommended increasing the proportion of nurses with a baccalaureate degree or higher, and increasing the diversity of students to create a nursing workforce prepared to meet the health care demands of diverse populations across the lifespan.

By bringing more nurses into the profession at the baccalaureate and master's degree levels, the NCIN program also helps to address the nation's looming nurse faculty shortage. This trend is reflected in the NCIN scholars—91 percent of the students who received funding in the first three years of the program said they wanted to advance their education to the master's and doctoral levels.

Grant Enables School to Once Again Support ‘Fuld Scholars’



Former Fuld Scholar Heather Menchel, RN, BSN, OCN, is a graduate of the accelerated bachelor's degree program, as well as the master's program in Leadership in Health Care Systems. Today she is nurse manager of Strong Memorial Hospital's blood and marrow transplant unit and associate director of medical-surgical nursing.

In April, the School was pleased to learn that it was selected to receive a three-year, \$650,000 grant from the Helene Fuld Health Trust to provide scholarship assistance and to support the School's efforts to recruit the best and brightest students.

To be awarded in three installments, the grant will be equally divided between endowed and current use funds, and the School will match the endowed portion of the gift. The award makes it possible to provide scholarships to selected Fuld Scholars enrolled in the accelerated bachelor's programs for non-nurses (APNN).

"We are honored to have the opportunity to once again partner with the Trust to support the aspirations of some of our exceptional accelerated students, and to cultivate among those students the abilities and attributes that convey skilled, compassionate bedside nursing," said dean and professor of clinical nursing **Kathy H. Rideout, EdD, PNP-BC, FNAP.**

Historically, support from the Helene Fuld Trust was integral to the early growth of the School's accelerated programs, which were established in 2002. Enrollment in the APNN has increased almost nine-fold since its first original cohort of 22 students. Today there are 192 students in the program, across three cohorts. Fuld support enabled the School to rapidly grow enrollment in the programs without compromising program quality.

Many Fuld Scholars from earlier APNN classes have earned advanced degrees, and hold managerial and leadership positions in health care settings locally and across the country.

Fuld Trust support also advanced the School's 2004 Future of Care Campaign, helping to catalyze the largest ever expansion and renovation of the School's facilities, which included construction of the 28,000 square-foot Loretta C. Ford Education Wing.

"We appreciate and share in the Trust's commitment to nursing education and the critical need for highly skilled nurses," said Rideout. "Closing the financial gap for qualified students, and making it possible for them to pursue their educational and career goals, is our greatest challenge. Having this support from the Trust will truly help us in that effort."

Global Health

Giving Back, Gaining Experience Students Promote Health in Peru



At a time when nurses are increasingly serving as leaders and agents of change to improve health in the global community, students have been eager to play a part. As the next generation of health care professionals, they are looking to improve the health of the world's most vulnerable populations by focusing on prevention and health education.

Students in the School's 12-month accelerated bachelor's and master's programs for non-nurses (APNN) currently gain their hands-on experience within a multitude of acute and community-based settings to complete the 700 clinical hours required by the program. But in 2013, an opportunity unfolded for students to test and apply their newly developed skills and abilities in a completely different environment—the mountainous, underserved areas of Peru.

The Peru initiative, a partnership between the School of Nursing and the nonprofit organization Sacred Valley Health, enables students to work with Sacred Valley Health volunteers to address the unique health care needs of Peruvian residents. The two-week experience serves as the students' capstone project.

"There are so many ways to be a nurse," said **Lynne Massaro, DNP, ANP-BC, FNP,**

assistant professor of clinical nursing, who helped coordinate the partnership. "Students can learn a great deal by being exposed to a different environment and witnessing how cultures, without the most current knowledge and resources, deal with their health needs."

Sacred Valley Health, which serves communities within Peru's Ollantaytambo district, was created by School of Nursing APNN graduate **Keri Baker, RN,** and two other volunteers, almost five years ago to provide public health education, basic health care assessments, and referrals for more specialized care. Many Peruvian communities face high rates of preventable diseases, illnesses, and death due to poor socioeconomic conditions, malnutrition, lack of basic services, and poor education.

Eleven APNN students jumped at the opportunity to volunteer in Peru when the idea to offer it as a capstone project came to fruition last spring. After a 12-hour flight, the students stayed with host families to immerse themselves in the Peruvian culture, eating meals prepared by the local family, and becoming familiar with their customs. They also took a basic Spanish class to make communication a bit easier.

Once at the clinic, students prepared teaching

stations geared toward needs in basic hygiene, hydration and nutrition, dental hygiene, and reproductive health. The students then traveled to various rural mountain areas to work with residents without access to primary medical care due to geographic isolation, poor road conditions, and unreliable transportation.

Part of Sacred Valley Health's mission is to educate women in each village to become community health workers, or promotoras, who can provide basic health care between visits and establish themselves as confident leaders and resources for health information. Because many of the promotoras speak a native language, Quechua, students often acted-out skits and created visuals to relay key health information.

Students had the chance to perform some physical exams while working to promote healthier living through education and awareness. Massaro says health literacy is rapidly improving in certain areas because the residents are so enthusiastic about learning and eager to share their knowledge.

"Approaching someone's health from an open and mindful perspective, and asking 'how best can I help you?' is a sustainable and enduring way to promote health," said Massaro.



“Students on the trip learned the importance of those skills, and gained a sense of empathy and self-confidence that’s so important to providing better care.”

Massaro, who was Baker’s advisor when she was a student, has volunteered at Sacred Valley Health during three trips, and said she plans to return with students in some future cohorts. For students interested in taking part, she says the experience will truly affirm their career choice.

“Knowledge is power,” she said. “When we give the underserved access to health care and give them the tools they need to improve care for their communities, they are immensely grateful. This is a perfect example of how strong an impact you can have as a nurse.”



About Sacred Valley Health

The non-profit organization is funded entirely by contributions and welcomes qualified health care volunteers for long-term placements. Donations of items such as toothbrushes, toothpaste, hand sanitizer, vitamins, and digital oral thermometers, are always needed and appreciated. Learn more at sacredvalleyhealth.org.

What is the best way to keep computers from coming between providers and their patients? Educational psychologist and innovative educator Sarah E. Peyre is about to find out.

Making iContact



Sarah Peyre, EdD, assistant dean for interprofessional education, and 2014 Josiah Macy Jr. Faculty Scholar, is focused on elevating the human factor of technology.

When Sarah E. Peyre, EdD, assistant dean for interprofessional education, learned she was being named a 2014 Macy Faculty Scholar by the Josiah Macy Jr. Foundation, she was elated. She had spent more than three months preparing her application. The 51-page document included enthusiastic letters of support from the Medical Center CEO, two deans, a senior associate dean, a department chair, and a professor emerita. Upon learning she was one of 13 finalists out of nearly 100 applicants, she was so excited about the possibilities ahead, she began losing sleep.

But when the call came, saying Peyre was one of six winners, she was backstage at her nine-year-old daughter's dance recital. Peyre was surrounded by preteens in tutus, and none of the young divas was overly impressed by her singular accomplishment. Even Peyre's own child, preoccupied with bobby pins and hair spray, seemed underwhelmed. Rather than open a bottle of champagne, Peyre helped her daughter get into costume and proudly watched her take the spotlight. While Peyre is on the cusp of becoming one of the nation's first experts in the use of electronic health records, potentially impacting patient care across the country, she's also one heck of a dance mom.

That is how Peyre operates. She embraces the task at hand—and the people in the room—with tremendous skill, an open mind, and an unwavering joie de vivre. Her deliberate, professional demeanor is fused with a breeziness that might be traceable to her California roots. She usually talks fast, as if she's trying to fit the depth of her knowledge into the same space as a much less informative conversation. Yet even her most analytical discourse is easy to follow, and she often ends on a self-effacing, personal note (“So, I’m feeling a little anxious about it all.”) that makes her ever-so-approachable. Somehow, even when she's not center stage, Peyre is leading the way.

“Over the many years that I’ve held various teaching and leadership roles at URM, I cannot say I have come across another individual who encompasses Dr. Peyre’s particular combination of training, ability to speak knowledgeably across fields and disciplines, personal charisma, and style of thoughtful leadership,” Peyre’s mentor **David R. Lambert, MD,**

senior associate dean of medical student education, wrote to the Foundation.

An educational psychologist with experience as a faculty member and director of numerous medical education and research programs, Peyre is confronting one of the biggest concerns uniting physicians, nurses, and just about every other 21st century clinician: How can we use electronic medical records to preserve and enhance, rather than harm, our relationships with patients and families?

“Most institutions rapidly transitioned to electronic health records because of governmental regulations,” Peyre says. “People weren’t thinking about the human factor—integrating technology in a way that maintains that human connection between provider and patient. We’re starting that work now, distinguishing the University as one of the most forward-thinking institutions on this topic.”

The Foundation is providing salary support, allowing Peyre to devote half of her time to this issue over the next two years. Peyre is identifying and developing best practices for the integration of electronic records into patient- and family-centered care. She’ll also create and pilot a curriculum, ultimately leading to the systematic implementation of her findings across the Medical Center. This work was already in progress when she was named a Macy Faculty Scholar, but now it’s moving at a much faster pace. The award also gives the University a national platform to share information and collaborate with other institutions.

Peyre—who is jointly appointed by the School of Nursing and the School of Medicine and Dentistry, and co-teaches an Interprofessional Partnerships (N573) course in the Doctor of Nursing Practice (DNP) program—is looking at the project from every viewpoint.

“Physicians and nurses, social workers, pharmacists and all other providers have different roles and responsibilities at the bedside, but they all have an interaction with the computer, and rely on the electronic health record for data collection, analyzing, dissemination, educating patients...” she says. “Identifying best practices in this area is actually something that brings us together, because we’re all struggling with it.”



School of Nursing professor emerita, and interprofessional education expert Madeline H. Schmitt, PhD, RN, FAAN, FNAP, is one of Peyre’s mentors.

She believes some recommendations will be about improving awareness, while others may point to the need for larger changes to conditioned behaviors and/or ergonomics.

“For example, we might need to think about how rooms are set up, where the computer is located and what kind of equipment is used,” she says. “How does the computer look when your back is to the patient? Is there a tablet solution for some interactions versus a wall-mounted computer station? And of course, there are probably going to be different solutions for different areas.”

School of Nursing Professor Emerita **Madeline H. Schmitt, PhD, RN, FAAN, FNAP**, who is also serving as one of Peyre’s mentors, said she and Peyre developed an instant rapport when she came to the medical center four years ago.

“Sarah has held a high profile role here in transforming continuing medical education and moving health professions education forward across the learning continuum,” says Schmitt. “I am very excited to be able to work with her as she develops a model for the electronic record that puts patients and families first, and to build a curriculum in best practices that can be used to educate providers here and across the country.”

Peyre’s goal is to hold Rochester as the exemplar.

As someone who connects with others as gracefully as a ballet dancer connects with a piece of music, she is the perfect choice to lead the effort.

“If we do this right, it is going to impact every microsystem, every interaction, between provider and patient,” she says.

Health Care As a Team Sport: The Evolution of Interdisciplinary Teams



Medical and nursing students take part in a joint learning scenario, giving an exam to a mock "patient," under the supervision and advisement of their professors, and later discussing what they learned as a group.



Studies show patients get better care, and recover more quickly, when treated by a successfully integrated team of providers. As health reform creates a new sense of urgency, examples of interprofessional team-building are visible all over the URMC, and health care professionals are being educated in a whole new way—together.

Typically, rounding at academic medical centers vaguely resembles a small flock of white geese discretely meandering in and out of patient rooms. But in a hallway on the fourth floor of Strong Memorial Hospital, the gaggle is a bit bigger and more eclectic. Today, a nurse in a fuchsia uniform adds a burst of color to the circle of white coats, and a young mother is among those listening intently to the attending pediatrician.

“The care team rounds as a group, and sometimes that means social workers, pharmacists, therapists, or other professionals are here to discuss an issue,” says **Nina F. Schor, MD, PhD**, chair of pediatrics. “We also make it clear to family members that we welcome them and want their input.”

This is one of many signs that health care professionals across disciplines are working more closely together than ever before, and putting the needs of patients and families in the driver’s seat. Nationwide, the movement is being described in lofty terms: interprofessional teams, care coordination, patient- and family-centered care, patient-centered medical homes. The real nitty-gritty definitions, however, are still being written at ground level.

A Tipping Point for Team Play

“In reality, everything here is a team activity,” **Robert J. Panzer, MD**, chief quality officer and associate vice president of Strong, says.

That fact was not broadly acknowledged in 2001, when the University’s self-insurance group

started working to reduce its losses. The group, which also includes Columbia, Johns Hopkins, New York Presbyterian, Weill Cornell, and Yale, initially set its sights on obstetrics, which accounted for about a third of claims. The institutions brought in national patient safety experts, G. Eric Knox, MD, and Kathleen Rice Simpson, PhD, RNC, FAAN, for guidance.

“They told us we had very good nurses and we had very good doctors,” Panzer says. “But the nurses and doctors didn’t speak the same language.”

After nurses and doctors participated in dual training on team communication and infant monitoring, the obstetrics claim payments dropped from 31 percent to 20 percent of the insurance group’s premiums.

“This made it easier for everyone to see that working as a team is better for patients,” Panzer says.

On a larger scale, new health reform guidelines are holding health systems across the country more accountable for their results. Rather than paying providers separately, new private payment models increasingly are paying groups of providers a lump sum to manage an entire episode of care (ie. a hip replacement surgery, from surgery to rehabilitation).

That means networked providers must work extremely well together to allocate resources, reduce hospital length-of-stays and readmissions, and provide more seamless transitional and rehabilitative care—not only to achieve the best patient outcomes—but to share cost savings.

Back to the Future

As the national movement to educate doctors, nurses, and other health care professionals together begins to take wing, it becomes crystal clear that School of Nursing professor emerita **Madeline H. Schmitt, PhD, RN, FAAN, FNAP**, was indeed a woman ahead of her time.

An internationally renowned expert, consultant, and speaker on interprofessional education, Schmitt chaired the panel of national experts that created the 2011 Core Competencies for Interprofessional Collaborative Practice, which provides national guidelines and principles on educating interdisciplinary health professionals together.

She has been devoted to the concept since her first days as a nursing student working in a Strong outpatient clinic almost 50 years ago. Under the mentorship of the late **Josephine Craytor, RN, MS, FAAN**, Schmitt was encouraged to explore the many ways health care delivery could be improved through team care. In the early 1970s, she worked with senior associate dean for research **Harriet Kitzman, RN, PhD, FAAN**, and other School of Nursing faculty, to develop one of the nation’s first nurse practitioner educational programs at the master’s level.

Now a mentor to URMC assistant dean for Interprofessional Education and 2014 Josiah Macy Jr. Foundation Faculty Scholar **Sarah E. Peyre, EdD**, Schmitt says that Rochester has been fortunate to share a long history of health provider collaboration, especially in



Education Partners

“As the home of the nurse practitioner model, Rochester has always had a distinct advantage in the movement toward providing team care,” – *Madeline Schmitt.*

disadvantaged community areas, but also within acute care settings.

“As the home of the nurse practitioner model, Rochester has always had a distinct advantage in the movement toward providing team care,” says Schmitt. “We embedded a collaborative focus in community clinics long before anyone else, out of the desire to better meet the spectrum of needs across our urban and rural communities, help prevent disease and illness, provide health education, and help people manage chronic conditions. We didn’t put a label on what we were doing then, or have the wealth of evidence supporting its value like we do today. We just knew it made sense.”

In the 1970s, the late **Margaret D. Sovie, PhD, RN, CRNP, FAAN**, chief nursing officer at Strong, was also a forerunner in the movement, working to integrate nurse practitioners into acute care teams when other hospitals across the country were just beginning to mull the possibility.

Numerous studies led by researchers like Schmitt and her contemporaries—proving the safety, quality, and effectiveness of interdisciplinary team delivery—have shaped national policy and paved the way for initiatives like the Medical Center’s Institute for Innovative Education (IIE) in 2013, which supports and promotes interprofessional learning for students and faculty. The first of its kind in the country, the IIE’s inception coincided with dramatic national reform measures and other factors that have put intense pressure, either directly or indirectly, on health care practitioners to work better together.

One of the most telling signs of change can be seen as accelerated nursing program students cross the street from the School of Nursing to join medical students, side-by-side, in the School of Medicine and Dentistry’s problem-based learning classrooms. The students are presented cases and examine “patients” in front of faculty from both schools. Feedback from the

observing professors includes an evaluation of how the students performed as a team during the simulations.

“I am so proud to say that our School has been ahead of the curve in developing significant opportunities for nurses to learn alongside students from other health professions,” says dean and professor of clinical nursing **Kathy H. Rideout, EdD, PNP-BC, FNAP**. “It is vitally important that nursing students see health care delivery from every perspective,

that they understand how and why health care is changing, and how they will be needed to not only contribute to, but lead those changes. Our academic programs do an exceptional job of preparing nurses across all specialties to be critical thinkers, decision-makers, and key members of patient and family-centered health care teams.”

Ultimately, says Rideout, interprofessional education is all about improving patient safety, quality of care, and outcomes.



Four key members of the Institute for Innovative Education board—senior associate dean for medical student education David Lambert, MD; director of the Center of Experiential Learning, Sarah Peyre, PhD; dean of the school of Medicine and Dentistry Mark Taubman, MD; and dean of the School of Nursing Kathy Rideout, EdD, PNP-BC, FNAP.

“Like anything, it’s easy to say you are team-based. To actually live it and breathe it requires a cultural transformation.”

—Marc N. Berliant

“Learning together in School helps health professionals improve their coordination of care and communication within every setting—acute, primary, rehabilitative, residential and home-based—and ensures smoother transitions of care across those settings,” said Rideout. “Nurses bring a set of skills to the table that are unique and distinct, and add to the quality of care patients and families receive. The successful evolution of health care depends on how well health professionals learn about, and from, one another.”

Team-Based Care Not a Passing Trend

Today, examples of increased interprofessional teamwork exist on nearly every floor, in every building, of the Medical Center. On the fifth floor of Strong, neurology residents and nurses are shadowing each other. Researchers in the Kornberg Medical Research Building are combining forces and consulting with clinicians to push their investigations forward. And, when the new Golisano Children’s Hospital opens, dedicated, child-friendly dietary staff could be added to the pediatric care teams. Even in the

Strong Internal Medicine practice, one of the Medical Center’s early converts to a team model, the teams continue to build on a prototype.

Marc N. Berliant, MD, chief of the department of Medicine and division chief of General Medicine, is just one example of a physician who is “walking the walk” of team-based care, and demonstrating its staying power.

Berliant arrived from the private world six years ago to direct Strong Internal Medicine, and began implementing interprofessional, team-based care long before it was “fashionable.”

He and his colleagues at the office each worked with a team—usually comprised of a nurse, a resident or advanced practitioner, a technician, and an administrative assistant—that was dedicated to a specific group of patients. He says, however, they were not trying to be trendsetters.

“We didn’t name this model or call it anything or study ourselves, it was just an efficient way to get through the day,” Berliant says. “When patients called in, they could always talk to a familiar person who knew about their care.

Different team members fully understood how his or her own responsibilities combined with the others’ for the good of the patient.”

While there are certain principles that belong in every playbook (shared vision, good communication, respect for the abilities of others), Berliant says, there are endless ways to put an interprofessional team into action. He notes that teams are not permanent entities; he has regularly revised his team as players, personalities, ideas, evidence, and constraints are added or removed from the playing field.

And, he is constantly tapping into the skills and insights of every person in his practice, looking for new ways to improve.

“We’re still evolving, I don’t pretend everything is perfect,” Berliant says, shortly after leaving a meeting with an administrative assistant, nurse, and nurse practitioner. “But team-based care is the very best source of patient and provider satisfaction. This is the future of clinical care.”

Students Lead Interprofessional ‘Hot Spotting’ Project

In May, an interprofessional team of students from nursing, medicine, social work and pharmacy, were awarded a Hot Spotting mini-grant from the Camden Coalition of Healthcare Providers and the national chapter of Primary Care Progress, to gain insight into the root causes of high health care utilization and identify ways to improve care.

For the project, the students—all members of the University of Rochester chapter of Primary Care Progress—will locate and focus on patients who have frequent visits to the Strong Memorial Hospital emergency department and/or admissions to the hospital.

The students will then provide these patients with team-based care over a six-month period, working to learn about the challenges they face in receiving care, and helping them to better manage their health. The will also refer and connect patients to other health care and

supportive resources within the hospital and local community. The projects give students from different disciplines an opportunity to explore potential collaborative ways to provide high-utilization patients with the most appropriate, cost-effective care, and improve outcomes.

The students, who will be working with a licensed faculty advisor on the project, include team leader **Erin Bulleit** (SMD), **Karrah Hurd, RN**, a 2013 graduate of the School of Nursing accelerated bachelor’s program and nurse on Strong’s Short Stay Unit, **Rebecca Knight** (SON), **Joshua Back** (SMD), **Matthew Yacobucci** (Pharmacy), and **Lyanette Rivera** (Social Work).

“Although coming from different paths, our shared optimism for the possibility of positive change has brought our group together around the idea of hot-spotting as a way to make



Karrah Hurd, RN

significant improvements in patient care for those who need it most,” said Hurd, who worked with medical students to launch the University’s Primary

Care Progress chapter in 2013. “The diverse experience and knowledge base of our team will drive us to lead effective and sustainable action.”

Primary Care Progress is a national organization initiated at Harvard Medical School in 2009 that connects health care students and professionals in advocating for primary care and interprofessional collaboration. Today there are chapters at Yale, Stanford, Columbia and other medical schools, but UR’s chapter is the first in the nation to include both nursing and medical students. For more information, contact karrah_burd@urmc.rochester.edu.

FROM BENCH TO BEDSIDE

From exploring how nurse-home visitations benefit young families and the elderly...to examining the communication dynamics of palliative care consultation...to testing mobile phone-based interventions for adolescents with asthma...here are some of the findings published by School of Nursing investigators from May 2013 to August 2014.

Scholarly Publications June 2013 through August 2014 *denotes lead author **denotes co-lead author

AIDS PATIENT CARE AND STDS

"Oral Pre-Exposure Prophylaxis (PrEP) for Prevention of HIV in Serodiscordant Heterosexual Couples in the United States: Opportunities and Challenges"

JAMES MCMAHON* and COLLEAGUES

AMERICAN JOURNAL OF GERIATRIC PSYCHIATRY

"Fatigability Disrupts Cognitive Processes' Regulation of Inflammatory Reactivity in Old Age"

FENG (VANKEE) LIN*, JUDITH BRASCH, DIN GENG CHEN and COLLEAGUES

AMERICAN JOURNAL OF NURSING

"Self-Management of Urinary and Fecal Incontinence"

MARY WILDE* and COLLEAGUES

BIOMEDCENTRAL GERIATRICS

"Effects of a Home-Visiting Nurse Intervention Versus Care as Usual on Individual Activities of Daily Living: A Secondary Analysis of a Randomized Controlled Trial"

DIANNE LIEBEL, BETHEL POWERS and COLLEAGUES

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA) PEDIATRICS

"Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized Clinical Trial"

HARRIET KITZMAN**, ELIZABETH ANSON, JOYCE SMITH, ROBERT COLE and COLLEAGUES

JOURNAL OF HOSPICE AND PALLIATIVE CARE NURSING

"A Place to Get Worse: Perspectives on Avoiding Hospitalization from Patients with End-Stage Cardiopulmonary Disease"

SUSAN LOWEY*, SALLY NORTON, JILL QUINN, and COLLEAGUES

JOURNAL OF IMMIGRANT AND MINORITY HEALTH

"Comparing Greek-American and Anglo-American Mothers' Safety Concerns and Supervision"

CHRISTINE KOULOGLIOTTI* and ROBERT EDWARD COLE

JOURNAL OF MEDICAL ENGINEERING

"Automatic Cough Assessment on a Mobile Platform"

HYEKYUN RHEE and COLLEAGUES

JOURNAL OF OBSTETRIC, GYNECOLOGIC & NEONATAL NURSING

"An Evidence-Based Approach to Breastfeeding Neonates at Risk for Hypoglycemia"

SUSAN GROTH, PATRICK HOPKINS and COLLEAGUES

JOURNAL OF OBSTETRIC, GYNECOLOGIC, AND NEONATAL NURSING

"Clients Reason for Attrition from a Nurse-Home Visiting Program"

MARGARET KEARNEY, HARRIET KITZMAN, and COLLEAGUES

JOURNAL OF PALLIATIVE MEDICINE

"Emotional Distress and Compassionate Responses in Palliative Care Decision-Making Consultations: A Direct Observational Study"

SALLY NORTON and COLLEAGUES

JOURNAL OF PEDIATRIC HEALTH CARE

"Practical Guide to Child and Adolescent Mental Health Screening, Early Intervention and Health Prevention"

PAMELA HERENDEEN and COLLEAGUES

JOURNAL OF PEDIATRIC HEALTH CARE

"Advanced Practice Nursing in Child Maltreatment"

PAMELA HERENDEEN and COLLEAGUES

JOURNAL OF PEDIATRIC HEALTH CARE

"Barriers and Consequences of Mandated Reporting of Child Abuse by Nurse Practitioners"

PAMELA HERENDEEN* and COLLEAGUES

JOURNAL OF PEDIATRIC NURSING

"Symptoms, Feelings, Activities and Medication Use in Adolescents with Uncontrolled Asthma: Lessons Learned from Asthma Diaries"

HYEKYUN RHEE*, EILEEN FAIRBANKS and COLLEAGUES

JOURNAL OF PSYCHOSOMATIC OBSTETRICS AND GYNECOLOGY

"Depressive Symptoms and Proinflammatory Cytokines Across the Perinatal Period in African American Women"

SUSAN GROTH, DIN-GENG CHEN and COLLEAGUES

LECTURE NOTES IN COMPUTER SCIENCE 8393

"Sample Size Determination to Detect Cusp Catastrophe in Stochastic Cusp Catastrophe Model: A Monte-Carlo Simulation-Based Approach"

DING-GENG CHEN*, FENG (VANKEE) LIN and COLLEAGUES

LECTURE NOTES IN COMPUTER SCIENCE 8393

"Mutual Information Technique in Assessing Crosstalk through Random-Pairing Bootstrap Method"

DING-GENG CHEN and COLLEAGUES

LECTURE NOTES IN COMPUTER SCIENCE 8393

"Statistical Power Analysis for Guastello's Cusp Catastrophe Polynomial Regression Model: A Simulation-Based Approach"

DING-GENG CHEN*, FENG (VANKEE) LIN and COLLEAGUES

NURSING RESEARCH

“Cusp Catastrophe Model: A Nonlinear Model for Health Outcome in Nursing Research”
DING-GENG CHEN*, FENG (VANKEE) LIN, HARRIET KITZMAN and COLLEAGUES

PALLIATIVE CARE AND ETHICS: COMMON GROUND AND CUTTING EDGES

“Interprofessional Teams, Palliative Care, and Ethics”
SALLY NORTON* and COLLEAGUES

PATIENT PREFERENCE AND ADHERENCE

“Mobile Phone-Based Asthma Self-Management Aid for Adolescents (mASMAA): A Feasibility Study”
HYEKYUN RHEE* and COLLEAGUES

PSYCHONEUROENDOCRINOLOGY

“Associations between Depressive Symptoms and Memory Deficits Vary as a Function of Insulin-Like Growth Factor (IGF-1) Levels in Older Adults”
FENG (VANKEE) LIN* and COLLEAGUES

RESEARCH IN NURSING & HEALTH

“Be a Responsible Co-Author”
MARGARET KEARNEY*

RESEARCH IN NURSING & HEALTH

“Hoping for a TREND toward PRISMA: The Variety and Value of Research Reporting Guidelines”
MARGARET KEARNEY*

TOPICS IN GERIATRIC REHABILITATION

“Communication Difficulty and Relevant Interventions in Older Adults with Mild Cognitive Impairment”
FENG (VANKEE) LIN and COLLEAGUES

Scholarly Presentations

Today’s School of Nursing faculty scientists are traveling across the country, and around the world, to share the results of their work at symposiums, conferences, and meetings. Here is a listing of some of their talks and presentations from May 2013 through August 2014.

AMERICAN GERIATRICS SOCIETY

“The Medical Director Role with a Facility ID in Developing a Quality Assurance and Performance Improvement Program”
TOBIE OLSAN and DIANNE LIEBEL

“The Meliora Traineeship: Preparing Adult Gerontological Nurse Practitioners for Interprofessional Teamwork and Leadership in Quality Improvement”
TOBIE OLSAN and DIANNE LIEBEL

AMERICAN MEDICAL DIRECTORS ASSOCIATION

“Developing the Skills for Quality Assurance and Performance Improvement (QAPI) in Long-Term Care”
TOBIE OLSAN

“Elimination of Contact Precautions for Nursing Home Residents Colonized with Multi-Drug Resistance Organisms: A Lean Six Sigma Approach for Improving Quality of Life and Cost Reduction”
TOBIE OLSAN

AMERICAN PSYCHOSOCIAL ONCOLOGY SOCIETY

“Mild Cancer-Related Distress and Symptoms”
MARIE FLANNERY

“Quality of Psychosocial Cancer Care Delivered to Lesbian, Gay, Bisexual and Transgender (LGBT) Versus Heterosexual Cancer Survivors”
MARIE FLANNERY

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

“Distress Increases Total Toxicity Burden and Interferes with Activities of Daily Living Among 382 Advanced Stage Cancer Patients”
MARIE FLANNERY

AMERICAN STATISTICAL ASSOCIATION

“Comparative Studies for Cox Hazards Model Based on the Sulta Study”
DING-GENG CHEN

“Model the Structural Zeroes in Mental Health Research”
DING-GENG CHEN

ASSEMBLY OF THE AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE/HOSPICE AND PALLIATIVE CARE NURSES ASSOCIATION

“Measuring What Matters Project: Why It Matters What You Measure”
LISA NORSEN

“Measuring What Matters: Recommended Quality Measures for Palliative Care Programs”
LISA NORSEN

CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE MINI-SUMMER RESEARCH SEMINAR

“Data and the Learning Health Care System”
IRENA PESIS-KATZ

“New ACO Questions Require New Conceptualization and Methods”
DENISE BURGEN

“Optimizing Research in Practice Integrating Designs to Exploit Methodological Strengths”
SALLY NORTON

EASTERN NURSING RESEARCH SOCIETY

“Design, Conduct and Testing of Theory-Based Interventions: Exemplars, Challenges”
MARIE FLANNERY

“Designing a Fidelity Measurement for a Pilot RCT”
MARIE FLANNERY

“Dried Blood-Spots: A Methodology for Integration of Biomarkers into Behavioral Research”
SUSAN GROTH

“Family Caregivers Perception of Patients’ Health Status and Time to Hospitalization for Decompensating Heart Failure”
JILL QUINN

“Fidelity Measurement: Case Exemplar of Design and Conduct”
MARIE FLANNERY

“The Impact of Smoking on Probability and Amount of Opioids Prescribed for Low Back Pain”
JOYCE SMITH

“Self-Regulation Theory: RCT of Structured Symptom Assessment for Individuals with Lung Cancer”
MARIE FLANNERY

“Seminar on Design, Conduct and Testing of Theory-Based Interventions: Exemplars, Challenges, Long-Term Indwelling Catheter Self-Management”
MARY WILDE

“Symptoms of Catheter-Associated Urinary Tract Infections (CAUTI) in Long-Term Indwelling Urinary Catheter Users”
MARY WILDE

FIRST CONGRESS ON UROLOGICAL RESEARCH AND EDUCATION

“Self-Management of Urine Flow in Long-Term Urinary Catheter Use”
MARY WILDE

GERONTOLOGICAL SOCIETY OF AMERICA

“The Supported Living Research Network (SLRN): A Community/Academic Partnership for Assessing and Meeting the Needs of Older Adults”
DIANNE LIEBEL

HOSPICE AND PALLIATIVE CARE NURSES ASSOCIATION

“The Many Faces of Leadership in Palliative Care Nursing”
SALLY NORTON

INTERNATIONAL AIDS CONFERENCE

“Survival Now Versus Survival Later: Young Jamaican MSMs’ Immediate and Delayed Assessment of HIV Risk”
ORLANDO HARRIS

NATIONAL AFRICAN-AMERICAN MSM LEADER ON HIV/AIDS AND OTHER HEALTH DISPARITIES

“Beyond Health: Research Addressing Social, Political, and Economic Black Gay Men”
LA RON NELSON

NEW YORK PERINATAL ASSOCIATION

“Hospital-Wide Infant Sleep Initiative”
MARY CAREY

ONCOLOGY NURSING

“Nursing Care of the Client with Lung Cancer”
MARIE FLANNERY

SOCIAL COMPUTING, BEHAVIORAL-CULTURAL MODELING, AND PREDICTING (SBP)

“Mutual Information Technique in Assessing Crosstalk through a Random-Pairing Bootstrap Method”
DING-GENG CHEN

“Sample Size Determination to Detect Cusp Catastrophe Model: A Monte Carlo Simulation Approach”
DING-GENG CHEN

SOCIETY OF BEHAVIORAL MEDICINE

“Disparities in Psychological Distress among LGBT Cancer Survivors”
MARIE FLANNERY

“Multiple Symptoms and Interference: Modeling the Relationship”
MARIE FLANNERY

WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY

Panel Participant: “The Disproportionate Impact of HIV/AIDS in Southern United States”
LA RON NELSON

Honors & Awards

The following faculty, staff and student honors and awards were bestowed between May 2013 and August 2014.

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE CARE MEDICINE/ HOSPICE AND PALLIATIVE CARE NURSES ASSOCIATION

Co-chair, “Measuring What Matters” National Task Force
SALLY NORTON

AMERICAN ACADEMY OF NURSING

Fellows
MARY CAREY
DARYL SHARP

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Fellow
CRAIG SELLERS

AMERICAN ASSOCIATION OF COLLEGES OF NURSING, GRADUATE NURSING ADMISSIONS PROFESSIONALS

Sandy J. Cody Award
ELAINE ANDOLINA

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES

Pioneering Spirit Award
LORETTA FORD

AMERICAN PSYCHIATRIC NURSES ASSOCIATION

Student Scholarships
HEATHER JACKSON
JENNIFER SCHNEIDER

ASSOCIATION OF WOMEN’S HEALTH, OBSTETRIC AND NEONATAL NURSES (AWOHNN)

March of Dimes Comerford Freda “Saving Babies Together” Award
SUSAN GROTH

CATHOLIC UNIVERSITY OF KOREA

Distinguished Alumni Award
HYEKYUN RHEE

DEAN'S ENDOWED FELLOW IN HEALTH DISPARITIES

LA RON NELSON

EASTERN NURSING RESEARCH SOCIETY

Top 20 Sustained Leaders Award
MARGARET KEARNEY

EUROPEAN JOURNAL OF CARDIOVASCULAR NURSING

Top 10 Reviewer
MARY CAREY

INDEPENDENCE FOUNDATION

Chair in Nursing and Palliative Care
SALLY NORTON

JOSIAH MACY JR. FOUNDATION

Faculty Scholar
SARAH PEYRE

JOURNAL OF THE AMERICAN PSYCHIATRIC NURSES ASSOCIATION

Editor in Chief
KAREN STEIN

MARCH OF DIMES/GENESEE VALLEY CHAPTER

Advanced Practice Nurse of the Year
MARIANNE CHIAFERI

Behavioral Health Nurse of the Year
HOLLY BROWN

Palliative Care Nurse of the Year
SALLY NORTON

NATIONAL ACADEMIES OF PRACTICE

Distinguished Practitioner and Fellow
TOBIE OLSAN

NATIONAL AFRICAN AMERICAN MSM LEADERSHIP CONFERENCE ON HIV/AIDS AND OTHER HEALTH DISPARITIES

Emerging Young Leader Award
MITCHELL WHARTON

UNIVERSITY OF ROCHESTER

The Charles Force Hutchison and Marjorie Smith Hutchison Medal
HARRIET KITZMAN

Outstanding Adult Student
HIWOT SEYOUN

UNIVERSITY OF ROCHESTER SCHOOL OF NURSING

Clare Dennison Prize
LILA BUNKER KHAN 2013
CHAD EVAN SZYMCZAK 2014
LAURA COYE 2014

Dean's Award for Excellence in Teaching 2013
JANE TUTTLE 2013
IRENA PESIS-KATZ 2014

Dorothea Lynde Dix Prize
KATLIN J. BUSSY 2013
ANDREA LYNN HOLMES 2014

Elaine C. Hubbard Center for Research on Aging Endowed Award
DIANNE LIEBEL

Eleanor Hall Award
JOHN CLEGHORN

Elizabeth Clinger Young Award
SARA KRYSTINA GOTO 2013
AIDA LUZ SANTIAGO 2014

George Spencer Terry, Jr. B '49 Endowed Scholarship
ROBIN STACY

Dr. Jeremy A. Klainer Endowed Dean's Discretionary Award
IRENA PESIS-KATZ

Jill Thayer Award
SARAH MINER

Josephine Craytor Nursing Faculty Award
CLINT TAFT

Katharine Donohoe Scholarly Practitioner Award
JULIE KUEPPERS 2013
JENNIFER MAMMEN 2014

Leadership Faculty Award for Excellence in Leadership
CLARA RYCENGA MARCHESE 2013
DWIGHT HETTLER 2014

Loretta C. Ford Fellowship
SHANNSKA ATIS

Louise Wilson Haller Memorial Prize
M. ELIZABETH MASTRIANNI 2013
JESSICA MAY DANICA HENNEMAN 2014

Mabel Sine Wadsworth Award
JOANNA LEE FARRY
ALANA N. M. RAMOS

Margery Fancher Daly Memorial Prize
CHARLOTTE MACKENZIE CLEMENTS 2013
DIANNE CASEY RUTIGLIANO 2014

Mary Dombek Diversity Enhancement Award
DARYL SHARP (Faculty)
DENISE HARRIS (Staff)

Michele Unger Leadership Award
PATRICIA BELLOHUSEN

Outstanding Faculty Colleagues
TEAM NUR 377

Outstanding Scholarly Practitioner
LYNNE MASSARO

Outstanding Staff Member
MATT KLAPETSKY

Paul Burgett Nursing Student Life Award
LUKE S. ANGELL 2013
ORLANDO OMAR HARRIS 2014

Professional Advancement Award
LEANN PATEL

Promising New Investigator Award
FENG (VANKEE) LYNN

Registered Nurse Award
VEHID BASIC 2013
JULIE A. JOYAL 2014

The Sarah and Ernest Taylor Memorial Nursing Award
SYLVIA LEE CHRISTIE 2013
ROBIN ANNE KIGGINS 2014

Terry Family Research Endowed Fund Award
FENG (VANKEE) LIN

Tapping Into Technology to Help Teens Manage Asthma

Hyekyun Rhee Leads Three Promising Research Projects

Though the “no texting at the dinner table” rule may give parents an occasional respite, it’s hard to find a teenager these days who doesn’t have his or her face buried in a smartphone 24/7.

While the ubiquitous devices have created another layer of frustration for parents who are trying to “connect” with their children, University of Rochester researchers are collaborating across disciplines to tap into the near-universal form of communication and help teenagers better manage their asthma. And, keep their parents better informed about it, too.

According to the Centers for Disease Control and Prevention, more than 15 percent of high school students currently have asthma, and of those, an estimated 40 percent have at least one asthma attack or complication requiring an emergency visit every year.

“Adolescents are at a much greater risk for asthma

complications because of peer pressure, feelings of invulnerability, and counterproductive behaviors,” said School of Nursing associate professor **Hyekyun Rhee, PhD, RN, PNP**. “Consistent and proper use of the effective preventive medications we have available now can keep asthma in check and prevent flare-ups, but because many teens lack good management skills, they are sadly the ones most likely to land in the emergency room with serious complications.”

In recent years, the use of technology to manage all kinds of diseases has exploded, and Rhee sees asthma self-management as an area rife with opportunities to improve health outcomes for teens and families.

She is now leading three separate, collaborative research projects aimed at helping teens track and manage their asthma symptoms.

Improving Communication and Management

Since 2011, Rhee and UR professor of computer science **James Allen, PhD**, have been working together to develop an interactive text messaging system, and the compelling results of their research were published earlier this year in the *Journal of Patient Preference and Adherence*.

Text reminders have been used successfully to improve medication adherence in previous adult studies, Rhee says. But to date, a texting

program has not been successfully used for broader purposes, such as to monitor symptoms or promote a better partnership between parents and teens in disease prevention and management.

Seeing the potential in this arena, Rhee worked with Allen to develop a texting system—what is now known as a Mobile Phone-Based Asthma Self-Management Aid for Adolescents (mASMAA)—that asks teens a series of six open-ended questions and interprets the responses.

For example, the mASMAA might text a teen the question: “Did you take your asthma medication today?” Though ostensibly a “yes” or “no” question, the mASMAA is capable of responding to a number of different return texts. The system is also programmed to identify a handful of words that can be recorded as symptoms, and dozens more are identified as medications. It also understands text lingo, such as “L8r” and “thx.”

And, once the mASMAA compiles its list of information for the day, it sends a summary email to the teen’s parents, noting symptoms, activity levels, use of controller and controller meds, etc., that the teen reported throughout the day.

So, while a teen might give a dismissive “I’m fine,” when asked about their asthma, parents learn that their child might actually have had some symptoms during the day, and can engage in more informed communication.

“Teenagers want to take care of everything themselves, and asthma is no different,” said Rhee. “The evidence suggests that parental involvement is highly beneficial to reducing asthma-related incidents. It’s hoped that this system will become a valuable support to parents in their efforts.”

The study notes that a group of teens and parents who used mASMAA in a two-week trial reported that they all felt a greater sense of control over their asthma. With such strong user buy-in, Rhee believes a broad-scale implementation of a system like mASMAA holds tremendous potential in preventing emergency room visits and improving outcomes.

Tracking Symptoms

Rhee is also working to give adolescents more suitably-tailored tools to gauge their asthma

Did u take ur asthma meds?

Yes, thx. L8r.



symptoms accurately and objectively.

Evidence suggests that teens, who currently report their symptoms through methods such as a peak flow meter, or by self-reporting, often downplay their symptoms or neglect their asthma care.

These challenges prompted her to work with **Mark Bocko, PhD**, a UR distinguished professor of electrical and computer engineering, on developing an Automated Device for Asthma Monitoring (ADAM), a project supported by a grant from the National Institutes of Health. Their research on the device was published in the *Journal of Medical Internet Research* in June.

The ADAM was designed to give teens an unobtrusive, portable, and developmentally appropriate way to monitor their asthma.

"Knowledge is power, and there's a real need to give teens more meaningful insights about their disease and help them understand how asthma is impacting their lives every day," Rhee said. "When they have complete, accurate data at their fingertips, they can begin to effectively predict future respiratory events, and take key preventive steps."

How does the ADAM work?

Compatible with an iPod, the device continuously collects asthma data through a small external microphone and accelerometer. Patients carry the iPod in their pocket and attach the microphone to their shirt to record breathing sounds. The device then processes, analyzes and stores data, such as the number of coughs and wheezes in a given day. The data can then be reviewed easily on the iPod screen.

The ADAM continues to monitor symptoms while the wearer sleeps at night, a time when asthma symptoms are often more severe yet unnoticed, and can interrupt sleep patterns and affect overall health. The device then provides useful information not only for teens coping with asthma, but for their health care providers.

The device has been deemed to have such strong potential, that in June, a patent on its technology was issued to Rhee and Bocko. "The potential benefits of ADAM found in this study shed light on the positive impact it can have on promoting self-management for teens," said Rhee.

Get Teens Together, Rhee Says In Newest \$2.9M Study

In September, associate professor Hyekyun Rhee, PhD, RN, PNP, learned she was selected to receive a nearly \$3 million, five-year grant from the National Institutes of Health to support a research project that will help improve asthma outcomes among inner-city youth, a population that suffers disproportionately from high rates of asthma-related mortality.

To help educate and support this vulnerable group, Rhee has designed an intervention program she believes will get teens to sit-up and pay attention: the Peer-led Asthma Self-Management for Adolescents Program (PLASMA). The program will pair trained teen leaders with their peers in an interactive day camp, where they will engage in discussions about asthma and ways to manage their disease. Peer leaders will then follow up with the teens after the camp to provide further support in controlling their asthma. The grant will support Rhee in leading a randomized, controlled study to test the program in three cities: Buffalo, Baltimore, and Memphis.

"At such a critical time in their lives, teens need to know they are not alone in this battle to control their asthma," Rhee said. "This program will give them the confidence to talk about their disease within a trusted peer environment and enable them to better manage their asthma and improve their overall well-being."



An Ambassador for Change: DNP Director Lydia Rotondo

“Earning a DNP degree is a phenomenal opportunity to bring the best evidence to practice, and to be leaders in innovation and change.”

Ask assistant professor of clinical nursing and DNP program director **Lydia D. Rotondo, DNP, RN**, to describe the type of nurses who are pursuing Doctor of Nursing Practice (DNP) degrees today, and you can be sure she will paint you a vivid and dynamic picture.

“In just our most recent cohort of five DNP students, you will find a very diverse representation,” says Rotondo, who began overseeing the program in July. “We have a pediatric nurse practitioner, a nurse practitioner who oversees pediatric nursing education for an entire health system, a critical care educator, a nurse informaticist, and a nurse ethicist. These nurses, when they are DNP-prepared, will have an extra level of education and perspective to bring improvements to these crucial areas.”

What a nurse does with a DNP degree is limited only by his or her imagination, she says. “I’m really excited about the opportunity to be an educator and ambassador who can describe what the degree is, and what it can do, so that it’s fully leveraged,” she says.

In a nutshell, Rotondo says the program is designed for advanced practice nurses who want to develop and lead improvements to patient care and health care delivery models, but want to remain in a clinical, rather than research setting.

“Nurses are innovators to begin with,” says Rotondo. “In my experience I’ve never met a nurse who thinks everything is perfect, and I’ve also never met a nurse who doesn’t have a million good ideas of how to fix it. If you want to get an education that enables you to unleash that kind of innovation, that’s what this program will help you do. It gives you more tools in your tool-belt to improve patient care, not just at the bedside, but across delivery systems.”

A graduate of the DNP program at Vanderbilt University, Rotondo loves talking about the merits of the relatively-new, yet widely-embraced program. One of 243 programs established across the country since 2008, the UR program has awarded 17 degrees to date. Nationwide, nearly 2,500 nurses have



earned DNPs in the last five years, with growth projected to explode over the next decade. The Institute of Medicine’s 2010 *Future of Nursing Report* recommended doubling the total number of doctorally-prepared nurses in the U.S. by 2020.

Nationally and locally, people are getting the message about why DNPs are important and the many roles they will play as health reform unfolds, Rotondo says.

“Change isn’t happening overnight by any means, but what everyone acknowledges across all disciplines, is that ‘business as usual’ is not going to cut it anymore,” she says. “Nurses are in the boardrooms, making decisions, and leading organizations. When I go to conferences, I’m amazed to see how DNPs are using their education to make seminal contributions, to bring innovation to models of health care delivery, and bring the best evidence to practice to ultimately improve outcomes. If we have more doctorally-prepared nurses across the country to help lead these changes, it’s going to make a huge difference.”

Consistent with other doctoral programs across the University, DNP students are

required to complete a minimum of 90 credits as well as 1,000 post-baccalaureate clinical hours. Students complete coursework in evidence-based practice and translational research including advanced statistics and epidemiology; leadership, systems management and strategic planning; and health policy, informatics and interprofessional partnerships. Clinical practicum courses and capstone work are tailored to clinical focus specialties. The final capstone project is a practice equivalent to a PhD research dissertation.

While students have the option of enrolling in the School’s CCNE-accredited post BSN-DNP program immediately after obtaining their BS, the typical DNP student is already master’s-prepared, and is returning to the classroom while working in his or her chosen field.

“Their work environment becomes their clinical laboratory,” says Rotondo. “It’s where they apply what they’re learning in the classroom, in order to formulate a quality improvement project, or develop clinical practice guidelines, or inform new policies.”

With nearly 400 nurse practitioners working within Strong Memorial Hospital alone, Rotondo sees vast opportunity for heightened interest in the program. But it’s important that potential applicants make sure the program is the right fit. Rotondo works to customize the program to meet individual goals, both personal and professional.

“I tell interested students that their practice doctorate will provide an opportunity to be a part of driving and leading the change that’s going to be required in health care,” she says. “The critical piece is that they will have the chance to explore how they can most meaningfully use their advanced practice clinical competencies and skills to provide excellent care, and optimize patient outcomes.”

For more information about the DNP program, contact Lydia_Rotondo@urmc.rochester.edu or Nancy_Kita@urmc.rochester.edu.

Carey and Sharp Inducted As AAN Fellows



Forty-eight percent of U.S. firefighters who died on duty in 2012 succumbed to a heart attack, based on data from the U.S. Fire Administration. Mary G. Carey, PhD, RN, CNS, FAHA, FAAN, is currently leading research focused on lowering firefighters' cardiac risks through restful sleep environments.

In October, **Mary G. Carey, PhD, RN, CNS, FAHA, FAAN**, associate professor, and **Daryl Sharp, PhD, NPP, PMHCNS-BC, FAAN**, professor of clinical nursing and director of care management for URMC's Accountable Health Partners, were inducted as 2014 fellows of the American Academy of Nursing (AAN). Selection to the academy is one of the highest honors in nursing. The AAN is composed of more than 2,200 of the nation's top nurse researchers, policy makers, scholars, executives, educators, and practitioners.

Carey, who joined the School of Nursing faculty in 2013, has been a leader through her teaching endeavors, research pursuits, and community activities. Her research has focused on improving electrocardiographic (ECG) monitoring to better detect disease conditions such as cardiac arrhythmias and myocardial ischemia and infarction; and on the ECG's use in predicting cardiac events and sudden cardiac death. With funding from the National Institutes of Health (NIH), Carey has improved the detection of myocardial ischemia in patients with and without heart disease. Currently, She is leading a research team to apply cardiac monitors to healthy on-duty firefighters in the

Rochester area to evaluate whether a more restful sleep environment will help lower their average heart rate and cardiac risk.

Her years of clinical experience in a trauma ICU not only shaped her career as a researcher, but enhanced her ability to mentor doctoral students and help them become first-rate scientists. As associate director of the Clinical Nursing Research Center at Strong, Carey helps fuel nurses' scientific aspirations early in their careers and instills a commitment to delivering high quality care.

Carey previously founded the Cardiovascular Research Lab at the University of Buffalo where she mentored undergraduate and graduate students in the field of electrocardiology. The recipient of the 2012 *Nurse of Distinction* for District I of the New York State Nurses Association, Carey's scholarly contributions have informed the understanding of cardiac risk factors on a national and international level. She holds a bachelor's in nursing from SUNY Buffalo, and earned her master's and PhD degrees from the University of California-San Francisco.

Sharp, a researcher, professor, mentor and psychiatric nurse clinician, has made significant contributions to improve the quality of health care, and has recently been tasked with directing care management for Accountable Health Partners (AHP). She will work to develop and advance health management and care coordination within the clinically-integrated network in order to achieve better patient outcomes and enhance the patient experience. Sharp will continue to serve on the School of Nursing faculty and within the URMC Center for Community Health, where she holds a secondary appointment and serves as director of quality and education for the Healthy Living Center.

Most recently, Sharp served three years on the School's senior

administrative team as associate dean for faculty development and diversity. In that capacity, she cultivated an environment that values and fosters diversity and inclusion. The School presented her with the *Mary Dombek Diversity Enhancement Award* in May.

She was also the founding director of the University of Rochester Doctor of Nursing Practice (DNP) program, the pinnacle of advanced education for professional nurses.

Through nursing education and research, Sharp has been a trailblazer in her efforts to help people living with psychiatric disorders reduce and eliminate their dependence on tobacco. An advanced practice psychiatric nurse and fellow of the National Academies of Practice, She created the first national program to stop epidemic use of tobacco by people with severe mental illness, establishing psychiatric nursing as a leader in delivering evidence-based tobacco dependence interventions. She is founding chair and co-chair of the Tobacco Dependence Council of the American Psychiatric Nurses Association (APNA) and recently mobilized a national coalition in the Virtual Nursing Academy of APNA Champions for Smoking Cessation.

She earned her bachelor of science from the University of Delaware, her master's degree from the University of Pennsylvania, and a PhD in nursing from the University of Rochester.



Daryl Sharp, PhD, NPP, PMHCNS-BC, FAAN, previously a member of the SON's senior leadership team, brings her vast experience and passion for improving health management and care coordination to Accountable Health Partners as the director of care management.

School's Wellness Program Prepares to Serve Wider Community

Helps Employers Nurture a Healthy Workforce and Make Informed Health Care Decisions

Faced with the rising costs of health insurance as well as new requirements for health care coverage under the Affordable Care Act, many employers are searching for new ways to prepare for the changing health care landscape and support the long-term health of their employees.

To address an increase in chronic conditions and diseases—estimated by the Center for Disease Control to cost the U.S. health care system \$4.2 trillion annually by 2023—worksites wellness programs have become a key part of the national public health strategy, and employers are taking notice. For the past two years, the University of Rochester has demonstrated its investment in the health of its workforce by giving employees the chance to utilize health and wellness services led by the School of Nursing.

The School's expertise in health data interpretation and its strong technological infrastructure have made it uniquely positioned to provide the University with reliable health outcome analyses, and to offer individual participants customized, evidence-based recommendations to reduce their health risks and take an active role in their well-being.

Growing evidence proves that many chronic conditions, such as diabetes, asthma, and cardiovascular disease, can be reduced or prevented through improved health education and behavioral changes, and the School's



wellness team offers a depth of clinical expertise and experience in this arena. With an understanding of health care needs across the lifespan, nurses are adept at patient education and in helping individuals take steps to improve and maintain their health.

Since the program launched in January 2013, its registered nurses have provided more than 13,000 one-to-one screening and counseling sessions, helping clients identify their health and wellness goals, and providing interventions to help participants achieve them. Condition Management programs help individuals better manage asthma, atrial fibrillation, chronic obstructive pulmonary disease, congestive

heart failure, diabetes, high blood pressure, high cholesterol, low back pain, and stroke, all with an emphasis on improving quality of life and lowering the risk of future health complications. A partnership with the URMC's Healthy Living Center also enables participants to receive expert support and counseling to help them lose weight, reduce stress, lower cholesterol and/or blood pressure, and stop smoking.

Employees across the University have positively embraced the opportunity to take better charge of their health over the last two years. In a recent survey, 99% of University employees said the program helped support them in making positive health and wellness changes, and that they would recommend the program to others.

Building on this success, the School is now preparing to bring its services to other community businesses and organizations. The newly-established **University of Rochester's Employee Wellness Program**, led by a team within the School of Nursing, is looking forward to partnering with area employers and offering them a full menu of services, including on-site biometric screenings, health assessments, health counseling, health education, lifestyle management programs, condition management programs, and immunizations.

An initial organizational assessment will help the wellness program team design and customize programs according to an employer's goals, and will create an online platform and executive dashboard to organize and deliver the program.

In addition, because the multidisciplinary wellness team members are part of an integrated health care organization, they can help participants navigate the often-complex health care system and connect them with primary care providers, specialists, and other resources as needed.

"This move establishes the School of Nursing as a leader in providing effective health promotion programs," said **Renu Singh**, CEO of the Employee Wellness Program, and the School's senior associate dean of finance and administration. "We are excited to offer our services to organizations in the greater community to meet their goals for improving employee health, reducing risk factors for disease



“We look forward to giving employers the tools and knowledge to implement robust wellness programs, and in doing so, help them realize real cost savings and make strides in their company’s productivity and health.”

– Renu Singh, CEO, Employee Wellness

and injury, and controlling health care costs.”

Perhaps most significant to employers, the program possesses an exceptional data interpretation team, led by associate professor of clinical nursing **Irena Pesiz-Katz, PhD**, director of the Center for Population Health, Outcomes and Informatics. Her team provides meaningful, aggregated data analysis, confidential reporting, and a research-proven approach to improving employee health.



Renu Singh

Irena Pesiz-Katz

Evidence-based methodologies not only help gauge employee satisfaction and measure program completion/success rates, but provide individual and population-based outcomes related to specific interventions. Employers can also receive detailed statistics and interpretation of the program’s effectiveness over time.

Singh says the overall goal is to outfit businesses and organizations with a “turn-key program customized to their needs,” that will nurture a culture of health in the workplace, help employees feel and perform at their best, and give employers a valuable tool in making wise and cost-effective health insurance decisions for their businesses, and their employees.

“The program really embodies the tenets of health care reform that emphasize disease prevention, health promotion, and better management of chronic conditions, that are so critical to controlling rising health care costs,” said Singh. “Our School is proud to help the University in its thoughtful and strategic efforts to support and maintain the long-term health of its employees, and we look forward to helping other organizations make the same valuable and vital investment.”

To learn more about the program, visit URWell.rochester.edu.

UR Medicine, YMCA Announce Unique Partnership

UR Medicine is collaborating with the Eastside YMCA in Penfield to create the first medical and wellness complex of its kind in the Northeast. A ground-breaking ceremony in June marked the beginning of the expansion, expected to be completed in early 2015. The School of Nursing will play a key role within the new facility, providing services such as biometric screenings, coaching sessions, and flu vaccinations.

Success Story: Fernando Rios

Balancing demanding jobs as a University of Rochester building mechanic, a hair stylist, and a classic car restoration specialist, takes stamina—something 50-year-old Fernando Rios, a father of three and grandfather of one, has always had in abundant supply. But in 2013, he became worried that a silent health problem might not only slow him down, but shorten his life.

“I had very high cholesterol,” he said. “I wasn’t overweight, I never smoked, and I don’t have high blood pressure. I had nothing else wrong with me. But I came to learn that high cholesterol on its own can be just as dangerous in terms of causing a heart attack or stroke.”

Rios learned of his high cholesterol through a biometric screening conducted by the School’s wellness program. A nurse spoke with him immediately after the screening about the associated health risks, and the programs that could help him bring it within a safe range.

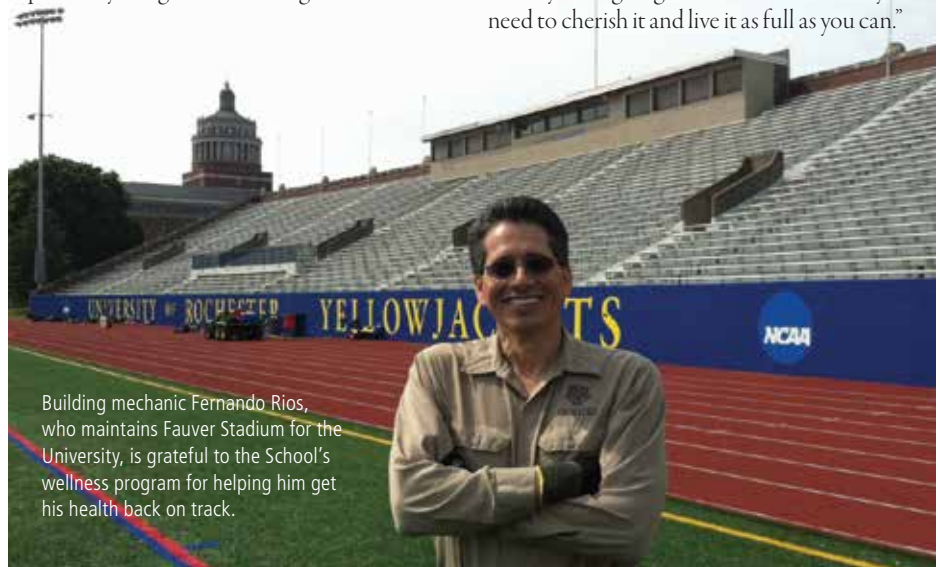
“She explained to me that the higher your blood cholesterol level is, the greater risk you have of developing heart disease and dying from it,” he said. “With my busy life and stress level on top of everything, I was in a danger zone.”

To understand more about his condition and learn new habits, Rios took part in counseling sessions with a wellness team nurse. Specifically, his LDL cholesterol was high (the “bad” cholesterol that’s the main source of arterial buildup and blockage), so together they discussed some key dietary changes that would lower it.

“Saturated fat is the worst culprit,” he said. “But cholesterol in food matters, too, so you have to read the labels on everything. It was difficult for me at first, and it took me much longer to shop for a while. But once I got the hang of it, it became very natural and quick for me.”

Rios says his eating habits are transformed. He now forgoes processed and fried foods for a diet rich in fruits, vegetables, and whole grains.

“When I look back on it, I can’t believe the things I used to eat that were just loaded with fat and sugar,” he said. “I loved them at the time, but now I have no appetite or desire for them. The nurses also taught me delicious recipes I can make easily. Today, not only is my cholesterol normal, but my body is leaner, and I have more energy. I would encourage anyone to do this program. If I hadn’t changed, I could have died the way I was going. You have one life, and you need to cherish it and live it as full as you can.”



Building mechanic Fernando Rios, who maintains Fauver Stadium for the University, is grateful to the School’s wellness program for helping him get his health back on track.

Dedicated to Improving Health of Children and Families

School Mourns Loss of Marilyn Aten

“Kids think they are invincible and invulnerable, and that bad things can’t happen to them...My interest has always been about how we can get through to them...and break through their denial, to help them realize how much is at stake.”

School of Nursing professor emerita **Marilyn J. Aten, PhD, RN**, who left an indelible mark as an educator and researcher dedicated to improving the lives of disadvantaged children and families, died April 30, at age 72.

“Our lives, and the way we practice, teach, and conduct research, are forever changed by Marilyn’s legacy,” said dean and professor of clinical nursing **Kathy H. Rideout, EdD, PNP-BC, FNAP**.

Aten—who held a master’s degree in Maternal and Child Nursing from the University of Maryland and a doctorate in Developmental Psychology from Cornell—worked for nearly 40 years as a maternal-child nurse, and was intimately aware of the need for better health care for families in poverty.

She joined the faculty of the School of Medicine and Dentistry’s department of pediatrics in 1967, left the University briefly in 1972, then returned in 1975 to accept a joint appointment as assistant professor at the School of Nursing and assistant professor of pediatrics at the School of Medicine. This role gave her fertile ground to explore and develop many collaborative clinical, educational, and research initiatives.

From her early studies, which were focused on the quality of interactions between mothers and babies, to her later community-based research to improve health care services within the Rochester City School District, her concern was always for the well-being of children and families.

“Marilyn’s clinical and research work consistently reflected her passion for young families, particularly those where children (teens) were having children themselves,” said **Jeanne Grace, PhD, RN**, professor emerita of clinical nursing and current chair of the Research Subjects Review Board. “She sought to break the cycle of disadvantage by supporting young people to become nurturing parents, and make safe, healthy choices.”

In the late 1960s, Aten led the formation of the Rochester Adolescent Maternity Program,

which continues to provide specialized obstetrical care for pregnant teenagers. The URMC provides the program’s prenatal care, which is aimed at meeting the developmental needs of teen parents, while achieving healthier outcomes for infants. The program also provides social work, nutrition, financial counseling, and case management services, as well as group prenatal care called Centering®.



Aten’s early research sought to identify the factors and behaviors that support the healthy growth and development of young moms and babies, and to better understand the motivational factors that protect some disadvantaged women from becoming mothers too early.

One of her key research involvements in the late 1990s was with the Rochester AIDS Prevention Program (RAPP), a five-year study conducted in collaboration with the Rochester City School District and Rochester General Hospital chief of pediatrics David Siegel, MD. The study proved that sex education—delivered in a way that is meaningful to young people, and ideally before they reach middle-school age—can positively change attitudes and behaviors.

In 2001, Aten established and served as director for the School of Nursing’s Center for High-Risk Children and Youth, a collaborative team of investigators focused on testing a wide range of nursing interventions to improve health outcomes for vulnerable children and families.

The center’s programs of research, many of which are ongoing, evaluated interventions for preventing youth violence, high-risk sexual behaviors, HIV transmission, and teen pregnancy, as well as ways to promote parental empowerment.

Aten’s most recent work was in 2005, when she supported the Rochester City School District in its effort to improve its health programming. Aten benchmarked with other districts, consulted with national experts, and visited schools to develop a proposal for improvements.

As a professor, she held high expectations for her students and was an early proponent of interprofessional research and education.

“She set a standard for scholarship in her field that, as an educator, she taught and inspired fledgling researchers to emulate,” said School of Nursing professor and PhD programs director **Bethel Powers, PhD, RN, FSAA, FGSA**, adding that Aten served as a research methodologist for graduate students and fellows in nursing as well as medicine, nutrition, psychology and social work.

Aten also served as director of research (the only nurse in the country to hold the distinction) for the local chapter of the Leadership Education and Adolescent Health (LEAH) program, which prepares health care professionals to be leaders in clinical care, research, public health policy, and advocacy in relationship to adolescent health.

Administratively, she served as PhD program director and associate dean for academic affairs at the School, and also served briefly as acting dean in 1993.

Prior to her passing, Aten contributed \$270,000 to establish the Marilyn Aten Endowed Education Fund. Contributions to the fund may be made by contacting Advancement director Andrea Allen at andrea.allen@rochester.edu or (585) 276-4336.

Addressing the Addiction Epidemic:

Alums Establish Fund in Tribute to Their Mentors

George Engel, who died in 1999, believed strongly that health care professionals should attend to the biological, psychological, and social aspects of disease.

Richard Blondell, MD, left, and his longtime mentor George Engel, MD. Blondell was paired with Engel during his third year of clinical rotations.

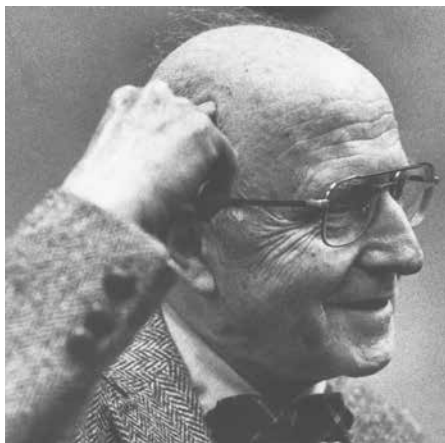
An atmosphere of mentorship—in which students are inspired, challenged, and supported by faculty—is the backbone of a successful learning environment. Two University alums recently chose to honor the mentorship they received at the University of Rochester by creating an endowed fund that will support nursing research focused on solving the growing societal problem of addiction.

The *Marjorie and Richard Blondell Endowed Academic Scholars Fund* is established in memory of **George L. Engel, MD** (1913-1999), a former professor of medicine and psychiatry at the School of Medicine and Dentistry. Engel is credited with developing the School's biopsychosocial model of patient care that is now a hallmark of the school's curriculum. A nationally renowned leader in psychosomatic studies, Engel inspired the careers of countless students, including Richard Blondell, '78 (MD), who is now vice chair for addiction medicine within the University of Buffalo's Department of Family Medicine, and directs addiction research for the school's Primary Care Research Institute.

"Dr. Engel fueled my passion in addiction prevention and treatment, and this is a small way to give back for the education I received, and the doors it opened for me," said Richard.

Similarly, School of Nursing alumna **Marjorie Blondell, '83N (MS)**, was impressed by the patient skills and teaching style of **John Romano, MD** (1908-1994), who founded the Department of Psychiatry at the School of Medicine and Dentistry, and was a distinguished professor and department chairman for 25 years. His major interest was in teaching all members of the patient care team about the relationships between medicine and psychiatry, in both illness and health.

"Our extraordinary teachers were instrumental to launching both of our careers, as well as so many others who had the opportunity to be mentored by such compassionate and talented people," Richard said. "Both of them stressed the



importance of listening to patients, examining their personal concerns, and respecting their beliefs."

The endowed fund will enable School of Nursing investigators to forge new research paths in addiction prevention and treatment.

The Blondells are particularly passionate about addressing the issue of addiction due to the enormous toll it extracts on individuals, families, and the health care system. A surge in substance abuse over the last decade has made it the top cause of accidental death in the United States, with a staggering 41,340 fatal overdoses reported in 2011 alone. More than 10 million Americans are estimated to suffer from addictions to nicotine, alcohol, or drugs.

While the disease has impacted people at every rung of society, far too many people coping with addiction fall through the cracks of the health care system and never receive the level or duration of care they need to achieve recovery, said Richard.

"Addiction is a disease that requires specialized and comprehensive care, but many people don't get it for a variety of reasons," he said. "Much of the public still falsely perceives addiction as something people can fix by themselves, and that's a huge problem."

Blondell said there are still many mysteries to be solved about the origins and pathways of addiction, and more strides to be made in determining which interventions work most effectively with people of different ages, cultures, and socioeconomic groups, as well as individuals who struggle with mental health issues.

"There is so much more we can do in the areas of prevention and early identification of

addiction, within our most vulnerable populations," he said. "Right now, many School of Nursing investigators are focused on understanding high-risk behaviors, and I think their continual work will be vital to connecting and translating the best evidence we have to real-life practice, to making treatment less-fragmented, and improving outcomes."

Although the work of nurse practitioners in areas of disease prevention, care coordination, and patient education "will be very important to addressing the addiction epidemic in this country," Blondell believes nurse researchers are often overlooked when it comes to philanthropic support.

Nursing's emphasis on caring for the whole person is something Richard and Marjorie—a longtime pediatric nurse practitioner and psychiatric nurse, and a current instructor of nursing at Genesee Community College—learned early in their University education.

Dean and Professor of Clinical Nursing **Kathy Rideout, EdD, PNP-BC, FNAP**, agreed that the knowledge nurses possess of care across the lifespan will be vital to examining new strategies in the management of addiction for patients struggling with the disease.

"This gift will propel the active work of our researchers in an area of critical importance to patients and families," she said.

To learn how you can support the work of School of Nursing researchers, contact Andrea Allen, director of Advancement and Alumni Relations, at (585) 276-4336 or email andrea.allen@rochester.edu.

Tobie Olsan Funded for National Research on Veterans and Home-Based Primary Care



In April, professor of clinical nursing **Tobie Olsan, PhD, MPA, RN, CNL, NEA-BC, FNAP**, was informed that her proposed three-year study, “Factors Associated with Institutional Use by Veterans in Home-Based Primary Care (HBPC),” will receive full \$1 million funding from the Veterans Administration. Olsan will be leading a team of investigators from the University of Rochester, and from Veterans Administration hospitals locally and nationally, to study the factors that contribute to substantial variations in veterans’ usage of institutional care (hospitals, emergency departments and nursing homes) across the country. Her research aims to support a more uniform, nationwide integration of best HBPC Practices.

Susan Blaakman to Work On \$3.6M Asthma Prevention Project

Associate professor of clinical nursing **Susan W. Blaakman, PhD, RN, NPP-BC**, is serving as intervention coordinator on an asthma prevention project being led by **Jill Halterman, MD, MPH**, professor of pediatrics at UR Medicine’s Golisano Children’s Hospital. The five-year study, being funded by a \$3.6 million grant from the National Institutes of Health, is focused on developing more effective ways to help urban teens manage their asthma. It is being conducted in collaboration with the Rochester City School District. Blaakman will be a primary liaison for each of the intervention components of the study, providing consultative and on-site support.

Kim Urbach Joins International Research Project

Kim Urbach, PNP, assistant professor of clinical nursing, visited New Zealand in July to join international colleagues on a workshop, “Assessing Health Literacy Development in Adolescents.” She was invited to partner with the University of Auckland, New Zealand on a five-year collaborative research project—which includes participants from the UK, Australia, Norway, and China—as part of a Worldwide Universities Network (WUN) initiative. The project will address and assess adolescent health literacy in school-based settings within the context of reducing risk for non-communicable diseases. As current director of the East High School and Frederick Douglass School-Based Health Centers operated by the School of Nursing, and past chair of the NYS Coalition for School-Based Health Centers, Urbach brings vast expertise in adolescent health and development to the team.

Dianne Liebel Receives Gellman Foundation Grant



In June, assistant professor **Dianne Liebel, PhD, RN**, received a \$25,000 grant from the Gellman Foundation to conduct her research focused on nurse in-home interventions, particularly with the frail elderly who are at high risk of depression. Liebel will use some of the funding to test educational materials and develop a training program for nurses within the Visiting Nurse Service (VNS).

Planting Seeds of Inspiration

City Students Get Exposure to Health Care Careers

For most sixth-grade students, it's not easy to even imagine a possible career, let alone understand what it takes to get there. But letting them explore various fields can plant seeds of inspiration. As the demand for nurses and other health care professionals continues to grow, educating students in science, math, technology, and engineering—and getting them excited about careers in the health care arena—becomes paramount.

That's a key focus driving the School of Nursing's See What You Can Bee program, now in its third year. The program, developed by **Leann Patel, MS, RN**, assistant professor of clinical nursing, nursing students, and the Rochester City School District, gives sixth-grade students from the Children's School (#15) a behind-the-scenes chance to learn about careers in physical therapy, nutrition, nursing, and medicine.

The program is just one of the School's child and family health literacy initiatives through which nursing students provide health education to a variety of multicultural and underserved groups throughout the Rochester community.

"Many of our students can't easily picture themselves attending college, and haven't had the exposure to the many types of careers that might be open to them," said principal **Jay Piper**, who says the school serves a large population of students and families who have relocated from Asia, the Middle East, and Africa, in addition to those native to Rochester.

Student to Student

Who better to familiarize young students with the wide range of possibilities in health care than recent nursing graduates who are now part of an increasingly diverse nursing workforce? Two recently graduated Robert Wood Johnson Foundation New Careers in Nursing scholars played key roles in the event, by sharing their enthusiasm for nursing, and explaining the many places a nursing career can take someone.

"This is an eye-opening experience for the students that really helps boost their confidence in pursuing a professional career," said **Kristian Vitu**, a graduate of the Accelerated Program for Non-Nurses and a RWJF/NCIN scholar graduate. "Being a part of the program lets me show them that reaching your dream is attainable, no matter the challenges."



Students practice their skills on SimMan, a patient simulator.



Students Address Health Literacy Needs of Refugees

At the fourth annual North American Refugee Health Conference held in June in Rochester, assistant professor of clinical nursing **Leann Patel, MS, BSN, RN**, stressed how vital it is for nursing students to gain experience working with men, women, and children from a range of cultures and backgrounds. Her presentation, "Community-Based Interventions to Meet the Health Literacy Needs of Refugees while Enhancing Culture and Community Awareness for Nursing Students," was co-authored by Patel, senior associate **Pamela Brady, MS, RN, FNP**, and assistant professor of clinical nursing **Carolanne Bianchi, DNP, RN, MBA, ANP, CRRN**.

School of Nursing students in the accelerated programs—through their NUR377 community health rotation—provide health literacy education to parents of children enrolled in Schools No. 15 and 22 in the Rochester City School District, many of whom are recently emigrated refugees. Parents attend classes to better understand and navigate the health care system, and learn ways to improve their families' health and well-being through proper food preparation and storage, reading medication labels, and taking their child's temperature. In addition to other topics, the students also explain about available health resources in the community.

Honoring Achievements, Embracing the Future:

Commencement May 2014

More than 300 graduates crossed the stage of Kodak Hall at the Eastman Theatre to receive their diplomas at the May commencement. The majority of the 2014 class earned their bachelor's degrees through the Accelerated Bachelor's and Master's Programs for Non-Nurses (APNN) and through the School's RN to BS program.

The School also conferred master's degrees to 44 graduates of the nurse practitioner programs and 15 graduates of the Leadership in Health Care Systems master's program, as well as four post-master's certificates. At the doctoral ceremony, the School conferred four Doctor of Nursing Practice (DNP) degrees and five PhD degrees.

"Admission to our program is very competitive, but that's where it ends," said APNN class speaker **Dianne Rutigliano**. "The faculty and the staff at the School made it clear to us that as students, and as nurses, we needed to rely on and support one another to succeed. Now we are here today as a true team, ready to begin the next chapter of our lives."



1. Nurse practitioner degree candidate Noelle Dupont and dean Kathy H. Rideout.

2. Beverly Keovvphone dances across the Kodak Hall stage.

3. APNN graduate James Hansel, center, enjoys the ceremony with his class.

4. Dean Kathy H. Rideout with keynote speaker Strong Memorial Hospital president and CEO Steve Goldstein, encouraged the candidates at the ceremony to use "the tools they now have to pay it forward ... to teach, mentor, and lead the next generation of nurses."



To see more photos, visit son.rochester.edu or visit the School of Nursing's Facebook page.

Pinning Ceremony August 2014

For recent graduate **Hiwot Seyoum**, deciding to pursue a second degree in nursing wasn't easy. In 2011, she left her husband and four-year-old son Nathan behind in her home country of Ethiopia, to find career opportunities in the States that would better support her family, and ultimately enable them to join her here.

Working as an aide in a Rochester-area nursing home, Seyoum soon realized how much she enjoyed caring for elderly residents. With a desire to gain an education that would allow her to do more in this vital field—and with the encouragement of her family 7,000 miles away—she applied to the 12-month Accelerated Bachelor's Program for Non-Nurses.

Helping to make her education possible was the fact that she was one of 13 students selected to receive a \$10,000 New Careers in

Nursing scholarship, sponsored by the Robert Wood Johnson Foundation and the American Association of Colleges of Nursing. Matched by \$10,000 in support from the School, the program encourages and infuses the profession with graduates from a variety of cultures and backgrounds.

"This has allowed me to follow my dream of helping others," said Seyoum, who was one of 58 students to graduate in the August 27 pinning

ceremony. "Education is a precious opportunity, and my husband and I are now working hard to make sure that my son has that opportunity available to him too."

Pinning ceremonies—now held in the summer and winter—resumed at the School in 2010 after several years' hiatus to accommodate the growth of the APNN program, which now enrolls 192 students across three separate cohorts.

Students in the graduating cohort came to the School from as nearby as Irondequoit, and from as far away as Alaska, California, and India. Many hold advanced degrees in other fields and led accomplished careers before deciding to switch tracks. Graduates included a licensed veterinary technician, athletic trainer, humanitarian, and even a forensic scientist with the FBI.

While many return to their home states and countries to explore work opportunities, other graduates are pursuing careers locally. As for Seyoum, she plans to continue her education and become a nurse practitioner. When she does, her husband and son will be by her side. They happily joined her in Rochester in September.



A time-honored tradition at many nursing schools across the country, the pinning ceremony dates back to the days of Florence Nightingale.



APNN graduate Hiwot Seyoum, a native of Ethiopia, hopes to become a nurse practitioner.



During the ceremony, every graduate selects someone who inspired their pursuit of a nursing career—a spouse, parent, friend, teacher, or mentor—to affix their pin.



1940s

June Barrett Pratt '43N is happy to report that she now has five great-grandsons, and is currently living in Coppell, Texas, near her son Eric, his wife, and family. June enjoyed a wonderful nursing experience at Stanford University Medical Center in Palo Alto, California. She pursued an interest in overseas nursing, and in 1983, began working at the King Khalid Eye Specialist Hospital in Riyadh, Saudi Arabia. There, she was part of a research team that examined the eyes of Saudi Arabian families, a national project ordered by the king. During this period, June traveled extensively through Europe and Asia, and the cultural understanding she gained informed her nursing care. Returning to the U.S., she earned her bachelor's degree in print journalism at San Jose State University in 2000.

1970s

Nancy J. Cohen '70N recently announced the release of *Hanging By A Hair*, the 11th book in her series of *Bad Hair Day* mysteries, featuring hairstylist Marla Vail. *Publisher's Weekly* calls the story "a pleasingly lighthearted cozy." The book is available online through Amazon and Barnes and Noble. For more details, visit nancycohen.com

Anne Rath Rentfro '74N has been appointed interim associate dean of a new school of nursing at the University of Texas–Rio Grande Valley, which



represents a merger of the University of Texas at Brownsville and the University of Texas at Pan American. A medical school will also be created. The university will serve a 60-mile area from the tip of Texas along the U.S.-Mexico border to Edinburg, Texas. It will use a distributive model, and looks forward to using innovative educational strategies to reach all areas in the region, and meet the educational and health care needs of underserved populations. For more information, visit utrgv.org

Lindsey Wilson Minchella '75N was inducted in June 2014 into the National Academy of School Nurses at the academy's annual meeting in San Antonio, Texas. She is the first person from Indiana to receive this



honor. Minchella has been a longtime champion of children with special needs, and the school nurses who care for them. She recognized a gap in school health care for these children and led a team in Indiana to develop programs to meet their needs. Lindsey was also the driving force behind the creation of the Special Needs School Nursing special interest group, and continues to lead this strong and fast-growing organization. A school nurse for the last 28 years, she is a past-president of the Indiana affiliate, was the 2004 Indiana School Nurse of the Year, and has presented and authored numerous papers about special needs nursing.

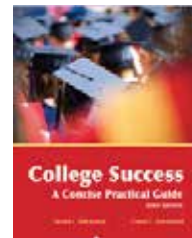
Linda R. Rounds '76N (MS) was inducted as a fellow of the American Academy of Nursing in 2013.

Mary S. Turner '78N (MS) is currently embracing the Colorado lifestyle, living in Castle Rock, Co., with her University of Michigan sweetheart, Hank. Mary's husband died in 2012. Beginning in 1959, Mary enjoyed a long career as a staff nurse in psychiatric/mental health nursing after earning her BSN from Michigan. Then in 1961, she incorporated her dual interest in education to become a clinical nursing instructor. In 1962 she stepped off the career ladder to marry and raise two sons, returning to UR in 1977 as a clinical instructor in psychiatric nursing. In 1978, she completed the master's program in psychiatric nursing, and in 1995 completed the nurse practitioner certificate program in psychiatric/mental health nursing. She continued her clinical practice in psychiatry until retiring in 2013. Her professional roles include consulting for various community programs and institutions, and serving as an NP team member of the URMC's Older Adults Service in psychiatry.

1980s

Joan Insalaco Warren '81N has been named president of the Association for Nursing Professional Development (ANPD). She will assume the role at the conclusion of the ANPD annual convention in July, and serve for the 2014-2016 term. She was also named one of six national winners of a 2013 Nurse.com Nursing Excellence "Giving Excellence Meaning" (GEM) Award. As the winner in the education and mentorship category, she was recognized for her efforts in advancing the nursing workforce through continuous education and research.

Carol Cornwell Strickland, '99N (PhD), '83N, '85N (MS) is living in a small Georgia town called Swainsboro, where her husband, David, is a tenured associate professor of sociology at East Georgia State College. Although Carol has retired from teaching, she looks back on her career with fondness, having served seven years as associate professor of nursing and director of nursing research at Georgia Southern University School of Nursing in Statesboro, Georgia, and for 14 years as assistant professor of nursing at the University of Rochester, where she also earned her PhD in nursing. Her interests and clinical experiences are in the area of psychiatric/mental health nursing, and she enjoys combining her nursing knowledge with that of the neuropsychological and neuroimmunological functioning of the human brain. She has published numerous articles in the area of psychiatric/mental health nursing practice, psychoneuroimmunology, and sociology. In recent years, Carol's interests have turned toward helping freshman students adapt to their first year in college. In April, 2014,



she and her husband, David will publish the sixth edition of their textbook, *College Success: A Concise Practical Guide*. The unique, student-friendly, and cost-effective text assists freshmen in navigating their first year of college. The textbook can be used for a first-year college seminar or as a stand-alone guide for students who may not be enrolled in a formal course. For more information, visit bvtpublishing.com/studentsuccess.php.

IN MEMORIAM

1990s

Christine O'Brien, '94N (MS)

was recognized at the 2014 nursing pinning ceremony at Nazareth College with the *Daisy Faculty Award*.

Christine recently joined Nazareth faculty to coordinate and teach mental health in their bachelor's program. *The Daisy Award* recipient is chosen by graduating students to honor a professor who has made an inspirational impact on their future as registered nurses. Prior to joining the Nazareth nursing faculty, Christine worked for over 25 years at Strong Memorial Hospital.



Amanda Hessels '95N successfully defended her PhD in nursing at Rutgers University College of Nursing on February 28, 2014, with a project titled: "Impact of Health Information Technology on the Delivery and Quality of Patient Care." Her chair was **Linda Flynn, PhD, RN, FAAN**.

Bernadette Mazurek Melnyk, '92N (PhD), '02N (PMC) was elected to the Institute of Medicine and inducted into the West Virginia University Distinguished Alumni Academy.

2000s

Amy Nadelen '99, '07N (MS), an alumna of the master's program in Leadership in Healthcare Systems/Health Promotion and Education, founded a company in 2012 called Tribe Wellness (tribewellness.com), which works with moms to help them raise children with healthy eating habits. Her programs and services help moms solve 'picky eater' problems and transition their families to real-food, unprocessed diets. Earlier this year, Amy was voted a "Woman to Watch" by the Rochester *Democrat and Chronicle*. She was a 2013 nominee for a *Community Champion* award, is a regular contributor to Rochester Magazine's "Fit for Life" series, and a frequent guest on Rochester television news shows.

March 2014 – July 2014

The School of Nursing expresses sympathy to the loved ones of our deceased alumni.

Armbrecht, Laura, '59, '60N

January 11, 2013, Mechanicsville, VA

Aten, Marilyn J., '65N (BS)

April 30, 2014, Rochester, NY

Benati, Joan Mary, '92N (MS)

May 14, 2014, Penfield, NY

Bircher, Marjorie, '38, '39N

May 23, 2014, Pittsford, NY

Brockman, Barbara Weigelt, '93

January 8, 2009, Pulaski, NY

Cone, Helen R., '47

Webster, NY

Dickinson, Ruth W., '45, '46N

February 19, 2014, San Diego, CA

Foos, Ruth G., '50

March 1, 2014, Pulaski, NY

Griffith, Margaret J., '47

March 16, 2008, Arlington, TX

Hill, Donna, '79N (MS), '92N (PhD)

August 2, 2014, Rochester, NY



Donna worked in the Rochester area as a nurse practitioner since 1979 and earned her PhD in 1992. She was well known for her steadfast dedication to improving the health of Rochester children and families, and served as coordinator of the Rochester City School District's School Health Program. She was instrumental in helping to establish School-Based Health Centers across the district, including the two at East High School and Frederick Douglass High School that are operated by the School of Nursing and Strong Memorial Hospital. She was also an expert clinician and teacher in the master's programs, imparting her special expertise in school health to hundreds of nursing students.

Please send us your news!

If you have a news item or photo for Class Notes, contact sonalumni@admin.rochester.edu.

To laugh often and much;
To win the respect of intelligent people
and the affection of children;
To earn the appreciation of honest critics
and endure the betrayal of false friends;
To appreciate beauty;
To find the best in others;
To leave the world a bit better,
whether by a healthy child,
a garden patch, or a redeemed
social condition;
To know even one life has breathed easier
because you lived;
This is to have succeeded.

— *Ralph Waldo Emerson*

Kimble, Eris, '47N

May 2, 2014, Ithaca, NY

Kuhn-Okol, Ruth Esther, '85

March 11, 2014, Oak Park, IL

Laverdiere, Angie, '47

May 8, 2014, Harpswell, ME

Malmquist, Margaret Christine, '69, '69N

July 6, 2014, Kingston, MA

Miller, Sally, '44, '45N

April 19, 2014, Buffalo, NY

Morton, Patricia Ketcham, '87N (MS)

June 20, 2014, Fairport, NY

Mouw, Elizabeth Joy, '90

June 5, 2014, Crosswicks, NJ

Palmer, Claribel, '42, '43N

July 4, 2014, Glendale, AZ

Pol, Madeline L., '34

July 4, 2014, Ocala, FL

Reading, Ruth, '55, '56N

May 5, 2014, West Falls, NY

Schell, Delores, '53

March 17, 2014, Belleville, IL

Sparagana, Susanne S., '54

April 16, 2014, Sarasota, FL

Struncius, Susann E. Peck, '03

July 6, 2014, Scottsville, NY

School Welcomes Andrea Allen as Advancement Director



In July, the School was happy to welcome **Andrea Allen** as its new director of advancement and alumni relations. Quickly becoming a warm and familiar face at School events, she brings a broad range of professional experience to the role.

Allen joined the University of Rochester in 2005 as manager of marketing and communications for the Memorial Art Gallery. She then transitioned to advancement—first as an associate director for the George Eastman Circle, and then to other advancement positions—all all of which entailed extensive travel throughout the Pacific Northwest. In April 2013, she was appointed as the regional director in Rochester. Previous to that, she

directed corporate relations for Geva Theatre Center.

“I love the Rochester area because of its great people and also because of its vibrant cultural and artistic environment and the many outdoor activities available here, especially in winter,” said Allen, a former marathoner, who designs jewelry and enjoys downhill skiing and hiking. (Be sure to ask her about climbing Mount Kilimanjaro).

Allen succeeds **Dianne Moll** in the position, who accepted a new opportunity as a director in the clinical major gifts program for the medical center. In her work for the School since 2004, Moll helped to grow alumni support through the successful completion of the Future of Care campaign and the current

Meliora Challenge. These efforts spurred vital capital improvements at the School, helped to build the School’s scholarship endowment, and supported faculty growth and development, as well as programs of research.

Asked why she chose to represent the School of Nursing, Allen is quick to admit that she doesn’t have a nursing background, but is working hard to immerse herself in the School’s history, and learn everything she can about the profession.

“I was drawn to the School of Nursing because of my great respect and admiration for the profession,” she said. “Nurses touch so many lives every day, and I find the opportunity to work in supporting the School’s goals of educating new students, in advancing faculty research, and in improving community health, incredibly rewarding.”

Allen, who earned her bachelor’s degree from St. Lawrence University, said she’s looking forward to being “a resource for alumni and friends” who want to maintain their strong connections with the School, and support a mission close to their hearts.

“It’s an honor to meet alumni of all generations who have enjoyed careers in so many diverse areas of nursing,” she said. “I’m learning something new about the profession from every person I meet, and it’s a joy to hear what the School means to them, and how it helped launch and shape their careers. This is much more than a school...it’s really like a family, and it gives me great satisfaction to be associated with a place that instills that kind of feeling.”

You can contact Andrea Allen at andrea.allen@rochester.edu or (585) 276-4336.



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CHALLENGE

All gifts count toward *The Meliora Challenge*, a University-wide fundraising campaign that was launched in October 2011 and runs through June 30, 2016.

First 'SON For An Evening' Event

On June 17, more than 80 friends and alumni attended the first *School of Nursing For An Evening* to learn how the School is improving patient care and the health of local and national communities.

Collaboration is a thread woven through every endeavor at the School, and attendees heard about the innovative ways nursing students are being prepared to be key players on interdisciplinary health care teams and to lead health reform initiatives.

In particular, the contributions and perspectives of nurse researchers on investigative teams have become crucially important to developing and implementing the most effective interventions.

Two of the School's prominent nurse scientists, **Feng (Vankee) Lin, PhD, RN**, and **Mary Carey, PhD, RN, CNS, FAHA**, presented about their work. Lin, whose research focuses on new therapies to diagnose, track, slow, or prevent the cognitive decline that leads to Alzheimer's disease, spoke to the audience about how to keep your brain healthy as you age. Mary Carey discussed how stress levels, and quality of sleep, are risk factors for heart attacks.

Feng (Vankee) Lin, left, and Mary Carey share a moment before their presentations.



The School of Nursing National Council, from left, Geraldine Biddle, Fay Whitney, '60, '61N, Kathy Rideout '95W (EDD), Roger Friedlander '56, Jonathan Terry, Patricia Witzel '75N, '84S (MBA), Rachel Bandych, Nancy Boyer '74NP, and T.C. Lewis '60.

More than 80 friends and alumni attended the event to learn about how the School is preparing clinicians, health care leaders and scientists for a changing health care landscape.

Dean and professor of clinical nursing Kathy Rideout gave a presentation highlighting progress in interprofessional education and collaborative research.



WAYS TO GIVE

Thank you for your continued friendship. Here are some ways you can show your support of the School of Nursing mission. Please let us know how we can be a resource to you at any time.

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To make a secure transaction with your Visa, MasterCard or Discover, visit rochester.edu/annualfunds and select the School of Nursing.

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Become a member of the Dean's Diamond Circle

Diamond Circle members play an integral role in sustaining the School of Nursing today and in paving the way for its future. With the generous support of dedicated alumni and friends, the School is successfully preparing the next generation of health care providers, educators, researchers and leaders. Membership starts at \$1,000 annually. Please consider joining today.

George Eastman Circle

The George Eastman Circle is the University of Rochester's most impactful leadership giving society, recognizing five-year Annual Fund commitments of \$1,500 and above to many areas of the University, including the School of Nursing.

Planned Gifts

Eleanor Hall Bequest Society

Making provisions for the School of Nursing in your estate plans today will ensure the future of our School. Eleanor Hall membership will also qualify you for Dean's Diamond Circle membership.

Charitable Gift Annuities

Charitable Gift Annuities may be a viable alternative for you if you are looking for a steady stream of income, have CDs coming due or have low-interest savings. Call us today for a free illustration.

Contact Us

For more information about making your gift to support the School of Nursing, please contact Andrea J. Allen, Director of Advancement and Alumni Relations at the University of Rochester School of Nursing, at (800) 333-4428 or (585) 276-4336, or via email at andrea.allen@rochester.edu.

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School of Nursing Website

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Have you moved? Do we have your email address? Is there a class note you'd like to submit? Would you like a copy of your class directory? Let us know! Contact the Office of Advancement and Alumni Relations at 800-333-4428 or 585-276-5174 or email us at **sonalumni@admin.rochester.edu**.

You can also connect with fellow alumni and learn about alumni events online at **www.son.rochester.edu/alumni**.