“We challenged the assumption that nurses don’t need an education.”

P. 16

“We really hard for teachers to talk about sex to their students.”

P. 36
from the #1 nursing school in the world.

The University of Pennsylvania School of Nursing now offers its Post-Master’s DNP classes online and is accepting applications for Fall of 2020.

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Earn your Doctor of Nursing Practice degree online
Nurses have the best stories. We want to hear yours!

We are now accepting submissions for the second annual Nursing Story Slam. The event will take place on February 12, 2020 from 6pm - 8pm, and will be held in the Harold Prince Theater at the Annenberg Center for the Performing Arts.

Submissions must be in the context of the event theme. The theme for this year’s event is Courage.

For questions, please email us at: innovation@nursing.upenn.edu.

Support for the Nursing Story Slam has been provided by Sandy Samberg, Nu’94, GNu’95, and Joe Samberg.
A Mighty Ally for Period Poverty

Caroline Dillon, a member of the new freshman class, has always been drawn to nursing. During a fourth-grade field trip to Boston’s Museum of Science she saw an exhibit on childbirth that featured graphic videos. “My 10-year-old classmates were grossed out,” she recalled, “but I said I want to deliver babies.”

Fast forward to high school, and she helped write SB 142, New Hampshire’s period poverty bill requiring all public high schools and middle schools to provide free and accessible hygiene products in girls’ and gender-neutral restrooms. “I think that hygiene products are a basic human need,” she said, “like soap, toilet paper, toothpaste—it’s an infringement on your rights as a human being to not have access and have that deter you from education and work.”

The bill sprang from Dillon’s experience as a rising senior at Spaulding High School in Rochester, NH, when she participated in the American Legion Auxiliary’s Granite Girls program. The weeklong camp included activities such as writing “mock bills.” Her interest in women’s and girls’ hygiene inspired her to draft a mock period poverty bill. Later, during a campus visit to Penn, she mentioned the mock bill to Marianne Smith, Penn Nursing’s Associate Director of Enrollment Management, who encouraged her to make it real.

“As soon as we got home I got on my computer,” she said. She looked on the New Hampshire Senate website and found Sen. Martha Hennessey, a health- and education-focused Democrat from Hanover—who, coincidentally, happens to be a Penn alumna. After Dillon reached out to her, Hennessey agreed to sponsor the bill.

Helping drive the bill through the state senate took Dillon out of her comfort zone. “I’m not a person who enjoys public speaking, so having to testify was a little intimidating at first,” she said. But she found her voice by speaking up for others and it was signed into law this July by Republican Gov. Chris Sununu.

Dillon is excited to continue her activism at Penn Nursing. “There will be a lot of likeminded people,” she said, “and I’d like to continue to help bring awareness to period poverty.”

Caroline Dillon finds her political feet outside the NH State House.
A Nap a Day

Ask just about any parent whether napping has benefits and you’ll likely hear a resounding “yes,” particularly for the child’s mood, energy levels, and school performance. New research published in the journal SLEEP backs up the insight. Sleep deficiency and daytime drowsiness are surprisingly widespread, with drowsiness affecting up to 20% of all children, says lead author on the study Jianghong Liu PhD RN FAAN, Professor of Nursing. While the findings are correlational, the study suggests they may offer an alternative to the outcry from pediatricians and public health officials for later school start times. “The midday nap is easily implemented, and it costs for later school start times. “The midday nap is easily implemented, and it costs nothing,” says Liu, particularly if accompanied by a slightly later end to the day, to avoid cutting into educational time. “Not only will this help the kids, it also takes away time for screen use, which is related to a lot of mixed outcomes.”

CDC Clarification

A JAMA Oncology article by two Penn researchers calling for consistency in clinical practice guidelines for pain control in individuals with cancer-related pain has helped to bridge the divide in pain management guidelines. As a result, the CDC has issued a key clarification on its Guideline for Prescribing Opioids for Chronic Pain to ensure safe and appropriate access for cancer patients, cancer survivors, and individuals with sickle cell disease. The CDC clarification is especially important because many insurance payors have been inappropriately using it to make opioid coverage determinations for those exact populations. “Many of the current recommendations around opioid prescribing practices stem from expert consensus rather than empirical research, which is urgently needed to generate and develop informed guidelines for patients with chronic cancer-related pain,” said lead author Salimah H. Meghani PhD RN NEA-BC FAAN, Associate Professor of Nursing and Term Chair of Palliative Care.

Penn Nursing Students Win 2019 President’s Engagement Prize

Recent Penn Nursing grad José A. Maciel, Nu’19, and Antonio E. Renteria, Nu’19, were among the nine winners of the 2019 President’s Engagement and Innovation Prizes. Awarded annually, these prizes provide $100,000 in funding for Penn seniors to design and undertake post-graduation projects that make a positive, lasting difference in the world.

Their project—Cultivo Juntos—will pioneer a community-based curriculum in the agricultural workplaces of Kennett Square, Pennsylvania, aimed to alleviate the negative health issues associated with local farmworkers, many of whom are Latinx immigrants. Featured in the PBS documentary “Unnatural Causes,” Bennett Square’s mushroom industry creates stable income opportunities for women and youth. Their work is grueling, involving frequent lifting, prolonged kneeling, and repetitive manual tasks in tight spaces. Maciel and Renteria are being mentored by Adriana Perez PhD ANP-BC FAAN, Assistant Professor in Penn Nursing’s Department of Family and Community Health.

New Book for Demiris

Behavioral Intervention Research in Hospice and Palliative Care: Building an Evidence Base sets forth research considerations and guidelines to build evidence-based interventions to improve end-of-life care. George Demiris PhD FACMI, a PIK Professor in Penn Nursing’s Department of Biobehavioral Health Sciences, offers an in-depth introduction to implementation research and showcases how a clinical need is identified to inform an intervention. “The science behind the quality of hospice and palliative care lags behind that of traditional medical practice, despite an increasing number of palliative care interdisciplinary teams,” said Demiris. “Researching, developing, and testing strategies is essential to advancing the effectiveness and value of this care.”

Aspen Institute Fellow

Twenty one senior health care leaders, including Penn Nursing’s José Bauermiehler PhD MSN, Presidential Professor and Director of the Penn Program on Sexuality, Technology & Action Research (PSTAR), were chosen to join the Aspen Institute Health Innovators Fellowship’s fifth class and the program’s network of health care entrepreneurs and innovators from across the United States. These leaders will embark on a two-year Fellowship that will strengthen their leadership and challenge them to develop new approaches to improve America’s health and well-being.

Nursing Brings Clarity to Social Change

In an editorial published in The American Journal of Public Health, Penn Nursing’s Patricia D’Antonio PhD RN FAAN, Card E. Ware Professor in Mental Health Nursing and Chair of the Department of Family and Community Health, provides a historical perspective illustrating how nursing has influenced the cultural and social dimensions of public health policies and practices. She suggests that the history of nurses and nursing can move beyond just important events and actors; it can help provide answers to questions about how agendas around change in public health policy and practice might also change attitudes and beliefs; how self-interest or group interest may intersect with broader issues of social justice; and if harm reduction policies are appropriate steps when ultimate goals are for broad-based prevention.

Future of Nursing 2020-2030

Three alumni, including Regina Cunningham PhD RN NEA-BC FAAN, Chief Executive Officer of the Hospital
Awards Round-Up

Congratulations to our many recent award winners for the recognition of their incredible work.

Mary Ersyk PhD RN FPCN, the Killebrew-Constis Chair in Undergraduate Education and Professor of Palliative Care, was inducted to the International Nurse Researcher Hall of Fame by Sigma Theta Tau International (STTI).

Sara Jacoby PhD MSN MPH, Assistant Professor of Nursing, and a Senior Fellow in both the Center for Public Health and Policy Research (CHOPR), and the International Nurse Researcher Hall of Fame, was awarded a Calvin Bland Fellow, and the Helen M. Shearer Professor of Nursing, and her co-founder, was awarded the Excellence in Research Award from the Association of Women's Health, Obstetrics, and Neonatal Nurses.

Barbara Medoff-Cooper PhD RN FFAAN, Professor Emerita of Nursing, and her co-founder at Neoren took the top prize at The International Coalition for Women in Science-Central Jersey Chapter’s (AANSICCD) 2019 Women in STEM Entrepreneurship Challenge. To read more about Neoren and Medoff-Cooper’s innovation journey, see p. 18.

Lisa Lewis PhD RN FFAAN, Associate Professor of Nursing, a Calvin Bland Fellow, and the Assistant Dean for Diversity and Inclusivity, was given Penn’s 2019 Lindback Award for Distinguished Teaching.

Terri H. Lipman PhD CFMCR FFAAN, Assistant Dean for Community Engagement, the Milam Stril Endowed Term Professor of Nursing, and Professor of Nursing of Children, and her partners at Intermountain, LLC, received Penn’s inaugural Provost-Netter Center Faculty Community Partnership Award.

Diane L. Spatz PhD RN-BC FFAAN, Professor of Perinatal Nursing and the Helen M. Shearer Professor of Nutrition, received the Excellence in Research Award from the Association of Women’s Health, Obstetrics, and Neonatal Nurses.

Karen Lasater PhD RN, Assistant Professor of Nursing, won the 2019 New Investigator Award for Distinguished Teaching.

Marion Leafy RN MSN MPH FANA, Director of Innovation, Diana L. Spatz PhD RN-BC FFAAN, Professor of Perinatal Nursing and the Helen M. Shearer Professor of Nutrition; and Tarik S. Khan MD MSN FNP-BC DCCM, Predoctoral Fellow in Penn Nursing’s NewCourtland Center for Transitions and Health, were named 2019 Influencers of Healthcare by the Philadelphia Inquirer.

How Anti-Vaccine Sentiment Took Hold in the United States

Alison Buttenheim PhD MBA, Associate Professor of Nursing, was featured in a front-page, above-the-fold story in The New York Times.

The questioners sheepish. But in -

people are flummoxed by numerical risk. “We pay more attention to numerators, such as ‘16 adverse events,’ than we do to denominators, such as ‘per million vaccine doses,’” Dr. Buttenheim said.

A concept called “ambiguity aversion” is also involved, she added. “Parents would like to be told that vaccines are 100 percent safe,” she said. “But that’s not a standard we hold any medical treatment to.”

Relatively few people are absolutists about refusing all vaccines. “But if you’re uncertain about a decision, you’ll find those who confirm your bias and cement what you think,” said Rupal J. Limaye, a social scientist who studies vaccine behaviors at the Johns Hopkins Bloomberg School of Public Health.

Nowhere is that reinforcement more clamorous than on social media, Dr. Limaye added. “You may only see your pe-

son’s autism, thousands found her to be more persuasive than data showing oth-

ers. A nascent movement took hold.

Of the University of Pennsylvania (HUP), GR’85; Allison Squires FAAN PhD RN, No’95; and Marcus Henderson RN, RN’07, (currently pursuing an MSN at Penn as well) have been appointed to the committee on the Future of Nursing 2020-2030.

This ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine the lessons learned from the Future of Nursing: Campaign for Action, as well as the current state of science and technol -

gy, to inform their assessment of the capacity of the profession to meet the anticipated health and social care de-

mands from 2020 to 2030. As part of its duties, the committee held three re-

gional town halls, the second of which was hosted by Penn Nursing in late July. Dean Villarruel, co-chair of the Campaign’s Advisory Commit-

tee, welcomed attendees and said, “We have to foster system-level infrastruc-
ture that leverages the contributions of nurses.”

More than one million sepsis survivors are discharged annually from acute care hospitals in the US, and although the majority of these patients receive post-acute care (PAC) services, with over a third coming to home health care (HHC), sepsis survivors account for a majority of readmissions nationwide. Effective interventions are needed to decrease these poor outcomes.

A national study from the Center for Home Care Policy & Research at the Visiting Nurse Service of New York, in collaboration with Penn Nursing, shows that the combination of early home health nursing and at least one outpatient physician visit in the first week after hospital discharge reduced the risk of 30-day hospital readmission for sepsis patients by seven percent. “Our findings support integrated care management, including scheduling physician follow-up before discharge rather than recommending that pa-

tients schedule their own follow-up, as well as clear communication that this is a sepsis survivor,” said Kathryn Bowles PhD FAAN FACMI, van Ameringen Chair in Nursing Excellence, and the study’s co-principal investigator.

People are flummoxed by numerical risk. “We pay more attention to numerators, such as ‘16 adverse events,’” than we do to denominators, such as ‘per million vaccine doses,’” Dr. Buttenheim said.

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Around the Globe

Work with the World Health Organization Pan America

Between 2018–2022, as a WHO Collaborating Center, Penn Nursing, in collaboration with PAHO, is committed to promoting maternal health and reduction of maternal mortality in the region (particularly Nicaragua) and developing leadership in nursing education and research. Resources have been created by Penn Nursing to support this work and can be viewed at www.nursing.upenn.edu/whocc. Penn Nursing is honored to host the PANMCC annual meeting on October 10th and 11th, a two-day PhD Summit on the state of doctoral nursing education, both here and abroad.

Mandela Fellow The Gambia

Sainabou Barra Cham, a 2019 recipient of the Mandela Washington Fellowship for Young African Leaders, completed a one-month training with Kimberly Kovach Trout PhD CNM APRN, Assistant Professor of Women’s Health and Director, Nurse-Midwifery Track, to learn best practices in the US for midwives. As a trained nurse and midwife, she most recently served as the Officer-in-Charge of the Buring Health Center in Jarra East, Lower River Region (LR), The Gambia and is the Treasurer of the National Association of Gambian Nurses and Midwives. She will continue to work on improving standards of midwifery care in The Gambia.

Visiting Scholars Philadelphia

Penn Nursing hosted two visiting scholars: George Xue, a medical student from Beijing, China who was mentored by Dr. Charlene Compher, and Patience A. Muwanguzi, a Fulbright Scholar from Uganda with a PhD in Nursing who was mentored by Dr. Rosemary Polomano. George worked on the potential risk factors of central line-associated bloodstream infection in home parenteral nutrition patients, while Patience, in addition to evaluating Penn Nursing’s graduate nursing programs alongside of several faculty, also did research on HIV with Dr. Jose Bauermeister.

Getting Surgical Morocco

Joelle Rushkuri, a 2019 recipient of Global Research & Internship Program intern spent the summer in Rabat, Morocco interning at Hospital Avicenne. She said, “I shadowed surgeons and nurses in the thoracic surgery department at the Avicenne Hospital in Rabat and have had the opportunity to see how surgeries are done here.”

Vingroup-Penn Alliance Vietnam

In partnership with Penn and Cornell, the VinUniversity Project organized its first roundtable in Hanoi, Vietnam on Interdisciplinary Innovation to discuss how industry and academia can collaborate to foster innovation. “If the goal is to transform health care, medical education needs to also be transformed. We need breakthroughs in innovation; transformation in diagnosing, treating, and caring for patients; disruption in knowledge, skills, and attitudes,” said Director of the Vingroup-Penn Alliance, Lisa Bellini. In turn, Penn hosted the group so they could see how undergraduate education traditionally occurs. Since the launch of the VinUniversity Project two years ago, the curricular framework for the undergraduate medicine and nursing programs has been designed; a search for senior leadership and faculty for each school is on track; and admissions and student recruitment is moving forward.

Long-term Care at Home

Danielle Zamarella, a DNP Nurse Anesthesia student, Tarik Khan, a PhD student, and Yuriko Matsuo, a Psych NP student, participated in a foreign exchange trip at the University of Tokyo this summer where they studied the Japanese health care system which included joining the Visiting Nurses Association in Tokyo on house calls to learn how they provide long-term care under their universal health care systems. “Our delegation from Penn was moved by the high value Japanese culture places on respect for the patient, family, and the environment. This quality was especially evident in their universal health care and long-term care system, which ensures critical supports for persons with dementia and their dedicated family caregivers,” said Khan.

Outcomes Abroad Singapore

At an ICN plenary in Singapore, attended by more than 5,000 nurses from around the world, Drs. Linda Aiken and Matthew McHugh of the Center for Health Policy and Outcomes (CHOPR) presented research on interventions in multiple countries and jurisdictions to improve safe hospital nurse staffing, which saves both lives and money. After the plenary, CHOPR led a sold-out Policy Cafe where Aiken and McHugh called for a global priority to be placed on implementing safe nurse staffing interventions. Plenary attendees included Director General of the World Health Organization Tedros Adhanom Ghebreyesus and ICN President Annette Kennedy of Ireland.

Number of students who completed a Nursing Research summer internship in Dublin, Ireland

7

Number of overseas sites for summer internships

6

Number of students who did a summer internship abroad

13
The Chicago Parent Program

On April 16, the Penn Futures Program hosted Dr. Deborah Gross, the Leonard and Helen Stulman Professor in Mental Health and Psychiatric Nursing at Johns Hopkins School of Nursing, who presented “The Chicago Parent Program: Improving the Lives of Young Children in Poverty” to students and faculty from Penn’s School of Nursing, Graduate School of Education, and School of Social Policy and Practice. Dr. Gross developed the Chicago Parent Program, a 12-week program that has been rigorously tested and shown to strengthen parenting and reduce behavior problems in young children. As an adjunct to the Penn Futures Pre-K Data Project, and with funding from the Hillman Foundation, the Chicago Parent Program will be tested at Tots Year to Learn, a West Philadelphia day-care center and a longstanding partner of the School of Nursing.

Kensington Health Sciences Academy Bootcamp

For the second year, undergraduate and graduate nursing students hosted an exam preparatory boot camp at Kensington Health Sciences Academy. As part of the NURS 354 course (Addressing the Social Determinants of Health: Community Engagement Immersion) Penn Nursing students worked with high school students in the Health Related Technology (HRT) program. The boot camp was developed to prepare the HRT students for their certification exam. KHSA is one of the programs in the Penn Futures Project, a collaboration among Penn’s School of Nursing, Graduate School of Education, and the School of Social Policy and Practice to improve the lives of marginalized youth and families in the community. Nursing students at KHSA are mentored by Kate McDonald PhD RN.

DNP Moves Online

Penn Nursing is thrilled to announce its Post-Master’s DNP degree, previously a hybrid program, is now being offered as an online degree. “Our Post-Master’s DNP is now fully online, making our #1-ranked school and world class campus just a click away for practice leaders looking to pave a new path for themselves and health care,” said Julie Sochański PhD RN FAAN, Associate Dean for Academic Programs. At the highest degree for clinical nursing practice, Penn Nursing’s interdisciplinary curriculum offers flexibility and convenience for established and aspiring nursing leaders and draws on not only the renowned faculty at Penn Nursing, but also Penn’s entire health care system and The Wharton School. The FM-DNP program is accepting applications for a Fall 2020 start. For more information, visit www.nursing.upenn.edu/pmndnp.

New Director for CMCVMC

Penn Nursing alumna and retired rear admiral of the US Navy, Karen Flaherty-Oxler MSN RN, was named the new director of the Corporal Michael J. Crescenz VA Medical Center in Philadelphia. In her new role, she will oversee the delivery of health care to approximately 60,000 veterans with an operating budget of more than $540 million. “Ms. Flaherty-Oxler’s versatile and proven leadership experience in the Navy and in health care will provide a fresh and dynamic perspective for our VHA facilities in the Philadelphia area,” said Timothy W. Liezert, director of the Veterans Integrated Service Network 4.

CHOP at ABCS Summits

The Netter Center for Community Partnership Academically Based Community Service (ABCS) Summit took place on May 3rd in Houston Hall. The Summit brought a spotlight to the work of students enrolled in ABCS courses. Eleven undergraduate and graduate nursing students presented posters and led round-table discussions on the impact of civic engagement; seven of the 17 posters displayed at the summit were authored by nursing students. Several posters were co-authored by community partners. Karen Hudson PhD MSW LSW, community relations advisor for Government Affairs, Community Relations & Advocacy and leader of the Homeless Health Initiative at Children’s Hospital of Philadelphia co-presented “Ignite the SPARK,” addressing the Safe Physical Activity and Recreation for Kids (SPARK) program at CHOP’s Homeless Health Initiative.

Health Care Hero

Main Line Today’s Healthcare Heroes honored Heather Carlino MSN CRNP as a health care professional making a difference in the community. Heather has been positively impacting the quality of care in Philadelphia’s western suburbs for many years as a clinical lecturer in Penn Nursing’s pediatric acute care nurse practitioner program. Her other passion is Spring Brook Farm, a West Chester-based nonprofit that provides animal therapy and other activities for children ages 6-12 with autism, cerebral palsy, Down Syndrome and other special needs. She serves as vice president of Spring Brook Farm’s board of directors, and her nursing know-how powers its Camp Geronimo. “The animal-human bond is amazing and inspiring,” Heather says. “When you put a bunny in someone’s lap who can’t talk to you and whose whole face lights up, you know they’ve made a connection and felt joy.”

Community. Nursing students at KHSA are mentored by Kate McDonald PhD RN.

Exam prep bootcamp in action.

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Heather Carlino, a Spring Brook Farm champion, with a furry friend.
Universidad traveled to more than 40 hospitals to survey 1,600 nurses and 2,000 patients about their experiences. This unprecedented data collection effort revealed a troubling nurse-to-patient staffing ratio that put patients at risk and contributed to burnout among hospital nurses. Before long, Simonetti was briefing Chile’s Minister of Health and offering recommendations for how the government could respond to the study’s conclusions. “Our first target is to decrease nursing workloads,” Simonetti told Penn Nursing. “Staffing ratios are associated with mortality and readmission. Our proposal [to the Chilean government] entails adjusting these ratios to the point where all public hospitals would have comparable standards. From there, a national standard for Chile could be established.” Simonetti’s research across the Chilean hospital landscape has already yielded two papers and a dissertation (“Associations Among Nurse Practice Environment, Nurse Job Outcomes, and Patient Experience in Chilean Hospitals”) for which Simonetti received the Marion B. Gregory Award—bestowed yearly on a Penn Nursing PhD candidate whose dissertation offers a significant contribution to nursing knowledge. For Simonetti—whose journey from RN to nurse researcher began nearly 20 years ago, when she stumbled upon Dr. Aiken’s research on nursing—there’s a special kind of poetry to being honored this way. “If I had stayed in Chile, I never would have learned all the things I know today,” Simonetti said. “At CHOPR, I had the opportunity to learn from an expert team of researchers. Very few Chilean nurses have PhD degrees and even fewer have had the chance to study in the US. For me, it’s a real privilege to have gotten my degree at Penn. The people I work with at CHOPR are now part of my professional network, and they are my friends.” Simonetti has since returned to Chile to continue her work as a changemaker in the nursing field. But the findings of her study on Chilean hospitals may have positive implications for neighboring countries in Latin America ("...especially countries with constrained economies," Simonetti says.) As Chile begins to improve hospital environments for nurses and by extension, patients, a similar wave of research and reform could lead to better quality-of-care standards across the continent. And for Simonetti, that might be the most satisfying outcome of all.

“This is the biggest change we’ve seen in the hospital workforce.” —Linda Aiken PhD RN FAAN FRCN, p. 16

Policy

Pioneering in South America

Marta Simonetti brings her PhD nursing know-how to Chile.

How can nursing and quality-of-care affect patient outcomes? Sometimes, the answer depends on where you ask. Take Marta Simonetti—an RN and faculty member at Chile’s Universidad de los Andes School of Nursing for more than 20 years. As a nurse operating within the Chilean hospital network, Simonetti found herself running into hurdles that made it much tougher to perform what’s already a tough job. Excessive workloads, poor communication between departments, and a lack of autonomy in the workplace were among the challenges that Simonetti and her peers faced. But today, you’ll find Simonetti on the frontlines of a movement for change in Chile’s hospitals. Working closely with Drs. Eileen Lake (her dissertation chair) and Linda Aiken of Penn Nursing’s CHOPR (where she just completed her PhD program) Simonetti led the first large-scale study on quality-of-care and nursing in Chile and South America. Over several summers and spring breaks, Simonetti and a team of Chilean researchers from the Universidad traveled to more than 40 hospitals to survey 1,600 nurses and 2,000 patients about their experiences. This unprecedented data collection effort revealed a troubling nurse-to-patient staffing ratio that put patients at risk and contributed to burnout among hospital nurses. Before long, Simonetti was briefing Chile’s Minister of Health and offering recommendations for how the government could respond to the study’s conclusions. “Our first target is to decrease nursing workloads,” Simonetti told Penn Nursing. “Staffing ratios are associated with mortality and readmission. Our proposal [to the Chilean government] entails adjusting these ratios to the point where all public hospitals would have comparable standards. From there, a national standard for Chile could be established.” Simonetti’s research across the Chilean hospital landscape has already yielded two papers and a dissertation (“Associations Among Nurse Practice Environment, Nurse Job Outcomes, and Patient Experience in Chilean Hospitals”) for which Simonetti received the Marion B. Gregory Award—bestowed yearly on a Penn Nursing PhD candidate whose dissertation offers a significant contribution to nursing knowledge. For Simonetti—whose journey from RN to nurse researcher began nearly 20 years ago, when she stumbled upon Dr. Aiken’s research on nursing—there’s a special kind of poetry to being honored this way. “If I had stayed in Chile, I never would have learned all the things I know today,” Simonetti said. “At CHOPR, I had the opportunity to learn from an expert team of researchers. Very few Chilean nurses have PhD degrees and even fewer have had the chance to study in the US. For me, it’s a real privilege to have gotten my degree at Penn. The people I work with at CHOPR are now part of my professional network, and they are my friends.” Simonetti has since returned to Chile to continue her work as a changemaker in the nursing field. But the findings of her study on Chilean hospitals may have positive implications for neighboring countries in Latin America ("...especially countries with constrained economies," Simonetti says.) As Chile begins to improve hospital environments for nurses and by extension, patients, a similar wave of research and reform could lead to better quality-of-care standards across the continent. And for Simonetti, that might be the most satisfying outcome of all.
In 1993, Dr. Aiken was appointed by then-First Lady Hillary Rodham Clinton to the White House’s health care reform task force. She was one of only a few nurses recruited to the team. Dr. Aiken led the subgroup on the health care workforce that recommended full practice authority for nurse practitioners and Medicare funding for nurse practitioner training—policy ideas that CHOPR has consistently championed.

In celebration of the Center for Health Outcomes and Policy Research’s 30th anniversary, and as part of the Innovating for Life and Living Campaign, the School of Nursing and CHOPR have launched a $1 million campaign to extend the policy and practice impact of the Center’s trailblazing—and life-saving—research for the next 30 years.

And, thanks to a pledge by Dr. Linda Aiken, Director of CHOPR, to match the first $100,000 in gifts, your generous contribution today may have twice the impact!

Please visit www.nursing.upenn.edu/chopr30th today, to celebrate the Center’s three decades of incredible impact, and ensure its continued success in the years to come.

For more information, please email us at nursingcampaign@nursing.upenn.edu or call 215-898-4841.
Follow Dr. Barbara Medoff-Cooper’s innovation journey, from identifying a problem to bringing the solution market.

By Louis Greenstein

1986: Barbara Medoff-Cooper was frustrated by the limitation of MRIs in studying infant brain metabolism and neural development.

1986: BARBARA MEDOFF-COOPER WAS FRUSTRATED BY THE LIMITATION OF MRIS IN STUDYING INFANT BRAIN METABOLISM AND NEURAL DEVELOPMENT.

Then a postdoc fellow, Medoff-Cooper and her mentor Maria Delivoria-Papadopoulos MD, suggested that infants’ sucking patterns could provide valuable information about their physical, behavioral and developmental status. Because infants can’t self-report, Medoff-Cooper had to determine first the characteristics of feeding behaviors, and then how to measure these characteristics to provide useful information about high-risk infants.

HELP MEDOFF IN THE NEONATOLOGY LAB. PENN PROFESSOR MARGA DELIVORIA-PAPADOPOULOS MD, SUGGESTED THAT INFANTS SUCKING PATTERNS COULD PROVIDE VALUABLE INFORMATION ABOUT THEIR PHYSICAL, BEHAVIORAL AND DEVELOPMENTAL STATUS. BECAUSE INFANTS CAN’T SELF-REPORT, MEDOFF-COOPER HAD TO DETERMINE FIRST THE CHARACTERISTICS OF FEEDING BEHAVIORS, AND THEN HOW TO MEASURE THESE CHARACTERISTICS TO PROVIDE USEFUL INFORMATION ABOUT HIGH-RISK INFANTS.

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Dr. Medoff-Cooper built a custom nipple with NIH funding. Babies didn’t like it. So the team built a second version. But some physicians were concerned about handling high-risk babies.

Collaborating with Jay Zemel PhD, an emeritus professor in Penn’s School of Engineering, they created a new version—easy to use during routine infant care.

After an expensive patent search (Penn helped!), the intellectual property was finally licensed to a startup company, Neoneur LLC. The National Science Foundation granted funds to participate in its I-Corps program—a two-month intensive that kicked off with a three-day bootcamp where the team interviewed 150 potential customers to assess market needs.

Dr. Medoff-Cooper’s dream is to have all infants screened before discharge. Speech therapists, OTs, and medical researchers are using the device to assess feeding behaviors. But some physicians are more concerned about overall calories consumed than how well the infant coordinates the skills to feed safely and efficiently. The researchers have to translate the value of the information to the doctors.

The Neoneur team sent a beta prototype to Ruben Bromiker MD, chief of the neonatal intensive care unit at Schneider Children’s Medical Center in Israel. He has worked with almost every iteration of the device. After 30 years of collaboration, the Neoneur feeding device is about to hit the market!

It was my mentor who said there is data showing a relationship between feeding and development. Folks in bioengineering will help you, but they need a clinician!

It’s hard to get people to adopt new technology unless it’s so mind-blowing it changes our lives!

This works great!

I care more about the calories.

It’s not going to tell us enough.

Then a Postdoc fellow, Medoff-Cooper PHD RN FAAN is now an emeritus prof at Penn Nursing.

After an expensive patent search (Penn helped!), the intellectual property was finally licensed to a startup company, Neoneur LLC. The National Science Foundation granted funds to participate in its I-Corps program—a two-month intensive that kicked off with a three-day bootcamp where the team interviewed 150 potential customers to assess market needs.

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Unleashing Nurse-Led Innovation

An in-depth look at what it takes to maximise potential and push nurses to the top.

When Diane Spatz first began working to promote breastfeeding vulnerable infants, it’s unlikely she thought of it as an act of innovation. Yet innovating is exactly what she was doing when she turned her own extensive clinical experience as a nurse into a ten-step solution for improving the care of our most vulnerable infants starting life in the neonatal intensive care unit (NICU). The process developed by Spatz and her team of infant nutrition experts at Penn Nursing and Director of the Lactation Program at Children’s Hospital of Philadelphia, has now been implemented in hospitals around the country and the world.

And it’s been proven successful. Before implementation, the percentage of NICU infants at Children’s Hospital of Philadelphia receiving human milk at discharge was about 30 percent. In 2014, six years after it was implemented, more than 86 percent of NICU infants were discharged on human milk.

Spatz, and other nurses like her, are proof that nursing innovation—is exactly what she was doing when she turned her own extensive clinical experience as a nurse into a ten-step solution for improving the care of our most vulnerable infants starting life in the neonatal intensive care unit (NICU). The process developed by Spatz and her team of infant nutrition experts at Penn Nursing and Director of the Lactation Program at Children’s Hospital of Philadelphia, has now been implemented in hospitals around the country and the world.

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Sparks and other nurse leaders like her, are proof that nursing innovation—unleashed through human-centered design, expanded scope of practice, advanced education, and executive leadership—is already happening. The problem is, too few C-suiters in the healthcare industry appear to recognize that fact. To see what health care industry appear to recognize that fact. To see what health care leaders are doing to promote nursing innovation, an act of innovation. Yet innovation is exactly what she was doing when she turned her own extensive clinical experience as a nurse into a ten-step solution for improving the care of our most vulnerable infants starting life in the neonatal intensive care unit (NICU). The process developed by Spatz and her team of infant nutrition experts at Penn Nursing and Director of the Lactation Program at Children’s Hospital of Philadelphia, has now been implemented in hospitals around the country and the world.

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Bringing emergency services to your cell phone

Today, fewer than half of U.S. counties have this capability. Juniors Anthony Scarpone-Lambert and Kirti Shenoy want to change that with their nonprofit Text-911.

By Michele Berger

The mission of Text-911 is twofold: First, bring emergency text to every U.S. county. Second, educate Americans about the availability and capability of such a service, one that could prove crucial for the deaf community or lifesaving in situations where a phone call could be risky, like in a violent domestic dispute or a mass shooting. For their work, Shenoy and Scarpone-Lambert won the Social Impact Prize from the Penn Wharton Entrepreneurship Startup Challenge. And over this past summer, they finalized an interactive geomap and website, plus began a pilot project with all 67 counties in Pennsylvania.

“When we decided we wanted to create something more tangible, something we could implement across America, we started to dive into the data about emergency text,” says Scarpone-Lambert, a Hillman Scholar in the School of Nursing. The duo looked at numbers from the Federal Communications Commission (FCC) and talked to police dispatchers, who revealed that a typical public-safety answering point—where 911 responses happen—receives just 400 emergency texts a year compared to about 100,000 emergency calls.

“That stat in and of itself shows that people who have access aren’t using it,” says Shenoy, who is studying entrepreneurship at the Wharton School. “That’s a huge problem and something we’re working on, to make sure that the people who do have it are aware of it.”

To that end, the Text-911 founders are partnering with police dispatchers and community resource centers nationwide and are creating customizable materials for police departments. They want to help expedite the process—which can take up to a year—and make it as seamless as possible. Sometimes that means simply providing information about how to implement such services; sometimes it’s filing paperwork with the FCC.

For the education component, Shenoy and Scarpone-Lambert have already built a geomap that shows, at a glance, whether a location has access to emergency texting. (To find out if you can text 911 in your county, visit bit.ly/text-911 and search by ZIP code.) The new website (not yet launched) will house the map and resources, both for counties and for individuals.

It’s clear the two Penn students are passionate about their startup, which, when fully functional, has the potential to help people across the country. “More than a hundred million Americans live without this capability right now,” says Scarpone-Lambert. “Emergency text could save someone’s life.”

Michele Berger is a science news officer at the University of Pennsylvania and has been writing about science, the environment, and sustainable living for 15 years. A version of this piece originally appeared in Penn Today.

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The sex and sexuality landscape has changed. Here’s how Penn Nursing is keeping pace and setting the tone.

By Mark Hay
When Antonia Villarruel PhD RN FAAN, now Professor and Margaret Bond Simon Dean of Nursing, was earning her Bachelor of Science in Nursing in the late seventies, her classes covered the nuts and bolts of sexual health: sexual physiology and the management of STIs. But that was about it. “No one talked about issues around intimacy” and interpersonal relationships, or the host of other dynamics from public policies to local cultural forces that can affect sexuality and sexual health, she said.

“For sure, nobody talked about same-sex partnerships or relationships,” she added, or other forms of diverse human sexual experiences and desires. “Some of this narrowness was a by-product of the era’s culture, which was generally tight-lipped about anything other than the experiences of heterosexual cis-gendered individuals of reproductive age. Some of it, say nurses who got their degrees around this time, reflected a dominant idea in the field. “You were told that you made the decisions for other people about their health care based on guidelines,” says Wendy Grube PhD CRNP FAAN, Practice Associate Professor of Nursing and Director of the Center for Global Women’s Health. That often meant telling them how to change their individual behaviors based on one-size-fits-all advice rather than working with the complexities of sex and sexuality.

As one might expect, this flattened approach to sexual health just does not work. It historically made many people feel uncomfortable—or even erased—within health care settings, and often unable to get the care or messaging best suited to them, said Grube. This approach also led to some humbling experiences for practitioners of the era. “To this day, I recall an encounter I had as a student nurse-midwife when I was doing a gynecological exam,” said Kimberly Trout PhD CNM APRN, Assistant Professor of Women’s Health and Director, Nurse-Midwifery Track. “I asked, ‘Are you sexually active?’ and the woman said yes. I asked, ‘Are you using contraception?’ and she said no. I replied, ‘Are you interested in contraception?’ and she said no. I said, ‘Then I guess that you would like to be pregnant?’ and she said, ‘No, I’m gay.’ It just hadn’t crossed my mind as a possibility, and I felt badly that I’d made that assumption.’”

Wendy Grube can relate. While in private practice in the Lehigh Valley during the nineties, a woman from a nursing home came in with vaginal bleeding. The staff thought she had some kind of malignancy. “I asked her if she knew why she might be bleeding and she said yes. She’d had sex for the first time in 20 years. It made perfect sense, but no one ever asked her if she’d had sex. The concept of post-menopausal women having a sex life, we knew it existed, but it was not discussed or addressed in a clinical setting.” That simply wasn’t part of nursing’s sexual script.

Fortunately, nursing’s approach to sexual health has come a long way since the late seventies, or even early nineties. Instead of simplistic approaches and biases, Associate Professor of Nursing Bridgette Brawner PhD MSN APRN said, nurses are “meeting people where they are, in the context of their experiences.” The field today also embraces, as Associate Professor of Nursing Anne Teitelman PhD FNP-BC FAANP FAAN puts it, “the perspective that larger factors, including a person’s unique needs and experiences—especially those in historically marginalized groups—researchers and practitioners can develop more precise and effective methodologies and strategies. And Penn Nursing has been at the forefront of this shift for well over 40 years.

What does this perspective shift allow? According to Assistant Professor of Nursing Melanie Kornides ScD RN RN-BC, by drilling down into patients’ unique needs and experiences—especially those in historically marginalized groups—researchers and practitioners can develop more precise and effective methodologies and strategies. And Penn Nursing has been at the forefront of this shift for well over 40 years.

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The sex-and-health connection

Penn’s leadership in the enrichment of sexual health knowledge and services started with Associate Professor Emerita of Nursing Rosalyn Watts End FAN RN, who recalled working in a coronary care unit in the early seventies. One day she looked up at the monitor for one of her patients, “and it was scrambled.” She stepped back into the room to find him masturbating. That experience set her off on a decades-long train of study into how illnesses affected sexuality, and how to best advise patients on how to have safe and satisfying sex lives. It also led her to develop a unique standalone class on human sexuality at Penn Nursing, which she taught from 1974 to 1999. The class, she said, aimed to “get students comfortable with sexuality and recognize that people can be wired differently.”
Among other things, she taught students to take a thorough sex history—for everyone, always—and to factor in elements like relationship problems or a patient’s culture in both taking and responding to that history. Her class also earnestly engaged with the unique experiences of queer individuals and explored the role and development of sexuality throughout the human lifespan. If was fairly revolutionary in the early seventies. Watts has her doubts about how many students truly internalized those lessons. But she certainly influenced Professor Emerita of Nursing Loretta Jemmott PhD RN, who took over teaching her class in 1999. Jemmott helped pioneer a community-focused approach to addressing the HIV/AIDS epidemic among Black youths. She explored the attitudes, beliefs, and practices that fed the spread of the disease among them specifically. With community member insights and input, she developed optimally effective interventions based on their cultural frameworks and contexts to reduce their risk behaviors. Her interventions have been used in every state as well as at least eight nations abroad, with many tweaks for local context. To this day, she is working on new interventions for new communities—such as a 12-hour educational program tailored for pre-teen and early-teenage males in South African schools that, according to recent studies, seems highly effective at reducing risky sexual behaviors and forced sex. During the nineties, Jemmott became a mentor to Antonia Villarruel. Early on in her career, Dean Villarruel set out to understand how beliefs about sex, gender-role norms, and taboos around sexual talk played into sexual behaviors among Latinx youths. Gradually, from Jemmott’s and Watts’s examples, she developed Cuidate!” (“Take Care!”), an abstainer and safer-sex intervention for small groups. Using discussions, interactive games, music, videos, and role-play, all couched within existing Latinx cultural frameworks, the program has proven effective in reducing risk behaviors.

Cuidate!” was largely a reaction to her realization that Latinx “parents wanted their kids to be safe... They’d say, ‘Yes, I talk to my kids about sex.’ But then you’d ask the kids and they’d say, ‘No, they don’t tell me anything. They tell me to be careful.’ But nobody knows what being careful means.” So she decided to fill some of this information gap for youth. In recent years, she has turned her eye back on parents, developing “¡Cuidate!,” or “Take care of them.” This web-based educational program aims to help Latinx parents learn how to have more positive discussions with their kids about sex, sexuality, and sexual health with their adolescent children.

The Changing Language of Sex and Gender

Many people, nurses and otherwise, have traditionally thought about sex and gender in simple terms: People are either male or female. Mainstream culture has increasingly acknowledged, as Wendy Grube puts it, “this whole spectrum of gender identities” that goes far beyond that old, stifling, and inaccurate paradigm. Which means nurses, and the field of nursing, must reframe the way they think and talk about sex and gender to provide better care and support for many historically marginalized gender-diverse groups. A few key take-aways:

- Don’t assume anything about gender—always ask patients how they self-identify.
- Respect your patients. Use the terms and pronouns they prefer and stay flexible and reactive with your support.

Penn Nursing students also recognize how many people, even in academic studies, refer to sex and gender in simple, traditional binary terms. And that has to change. The experiences of someone born with female sex characteristics who transitions to male later in life and takes sex hormones, explains PhD student Patrina Sexton Topper, will be different from those of someone born with male sex characteristics, producing hormones in their particular way and being treated differently.
A Gender Diversity Glossary

Agender: An individual who does not align with any traditional gender identity.

Bigender: An individual who identifies as both male and female, sometimes fluctuating, degrees.

Biological Sex: A set of anatomical, chromosomal, and hormonal characteristics commonly linked to a male or female classification assigned at birth. Distinct from gender, a set of cultural-social norms and beliefs constructed around terms like male and female and a sense of self-identification.

Cisgender: An individual whose biological sex assigned at birth aligns with their internal gender identity.

Gender Fluidity: The concept that one’s gender identity may change over time, between or within categories.

Gender Identity: The way one perceives one’s gender internally and/or chooses to label one’s self.

Gender Non-Conforming: Sometimes also referred to as genderqueer, any identity that does not align with the traditional, static gender binary.

Intersex: A term for individuals born with anatomy, chromosomes, or hormones that differ from the expected patterns for male or female biological sex.

Third Gender: A term used to describe gender categories that go beyond male and female and a sense of self-identification.

Transgender: An individual whose gender assigned at birth does not align with their gender identity and who is transitioning from living as one gender to another. This can involve transitioning one’s name, pronouns, and appearance, and making physical changes to one’s body.

you prevent this, and we had access to birth control,” she said. “So what was missing that was still happening?”

When she asked young women about factors that could be influencing their sexual behavior, she learned something that seems commonsense now but was largely unconsidered then: Toxic relationship norms or experiences—such as intimate partner violence—can rob young women of a sense of agency over their bodies and sexual behaviors. Recognizing how bad relationships could limit young women’s abilities to act on standard, individual-focused safer-sex advice, not to mention their ability feel comfortable and happy in their intimate lives, Teitelman developed interventions (and continues to do so) to help them learn about relationship dynamics, as well as how to navigate relationships on their own terms.

More recently, Trout interviewed female-identifying sex workers in Kensington, Philadelphia, about their lived experiences and self-expressed health care needs. She and many colleagues had long assumed sex workers just needed more health care services to stay safe and well. But specific services (such as contraception and STI testing) were not on their list of top concerns, Trout said. “The biggest concern was that they wanted to be treated like people, not like drug addicts. . .to have someone spend time with them and make eye contact and give them time to feel they could reveal themselves.”

Rather than navigate provider assumptions and put up with being rushed through visits with a hand-off of messaging and drugs, these women wanted to feel empowered and trusted to ask for what they needed.

GETTING INTERDISCIPLINARY

Beyond advancing understandings of the sexual health needs and circumstances of various demographics, Penn Nursing faculty members are also committed to innovating new ways of identifying the needs of, engaging with, and serving different populations through interdisciplinary collaborations. “We’ve been working hard on hiring diverse faculty and attracting diverse students,” adds Grube, “and it has really brought incredible richness to sharing information and exploring concepts related to sexual and reproductive health care.”
A number of faculty members, such as Kornides, come from a public health background. She and her colleagues scour large data sources to spot macro sexual health trends and/or identify underserved communities that might be overlooked by more qualitative or clinic-centric approaches. Kornides is currently using insurance claims data to determine who initiates or follows through on HPV vaccinations—and who doesn’t. This information helps her to develop interventions geared towards increasing vaccination uptake and follow-through.

Looking at population level data on HPV vaccinations in the early 2000s, Wendy Grube started to consider the importance of location, beyond broad cultural or economic identities, in pinpointing sexual health needs and approaches. She noticed that Appalachia stood out as having the highest death rates for cervical cancer. Conventional wisdom held that this was just a result of the area being poor and rural, and that the answer was to increase the number of free clinics in the region. But, she notes, after the CDC spent millions on such services, cancer screening rates actually went down. “So I spent four months in the southern coal fields of West Virginia looking at the context of these women’s lives and trying to understand what was going on there.” She discovered a unique mixture of religious, sociological, and structural forces specific to the region contributed, such as the belief that HPV and cervical cancer are punishments for sin, along with attitudes that flaunted medical privacy rules. Grube concluded that region- and/or sociocultural-specific initiatives would be needed to best serve this population.

Bridgette Brawner is also interested in the importance of place to sexual health. She uses computer mapping systems to see how sexual health variables, like the rate of HIV transmission, track “with disadvantage in the built environment: vacant houses, disorderly conduct, things that would be structural indicators of a struggling community.”

“It’s not that a broken window causes someone to have chlamydia,” she stressed. “It’s the psychological effects of seeing those windows on a daily basis.”

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**What You Need to Know Before Talking to Patients About HPV Vaccination**

**HPV is the most common STI in America.**

It has no cure.

- **100+** Number of different strains of HPV
- **2006** The year vaccinations first became available.
- **21** Age at which all women should begin receiving cervical cancer testing with a Pap test.
- **30** Age at which co-testing (Pap test plus HPV test) should begin for all women.
- **13,000** Number of American men who get cancer caused by HPV each year.
- **14 million** Number of new infections of HPV transmitted in America each year.
- **300,000** Approximate number of women who are diagnosed with cervical precancers each year.
- **11,000** Approximate number of cases of cervical cancer in America caused by HPV each year.
- **37,000** Number of men and women affected by some form of cancer linked to HPV each year.
- **79 million** Number of Americans teens and young adults infected with HPV at any given time.
- **13** HPV types that can cause cervical cancer.
- **4,000** Number of American women who die each year because of cervical cancer.
- **9-12** Best ages to give routine HPV vaccination, according to the CDC.
- **13,000** Number of American men who get cancer caused by HPV each year.
- **21** Age at which all women should begin receiving cervical cancer testing with a Pap test.
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- **37,000** Number of men and women affected by some form of cancer linked to HPV each year.
- **79 million** Number of Americans teens and young adults infected with HPV at any given time.

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**WHY PARENTS AND PATIENTS REFUSE HPV VACCINATION**

- Perceive it as a sexual health issue; uncomfortable thinking about young children and sexuality, or think it’s irrelevant.
- Lack of knowledge, lack of time to discuss with a trusted, communicative health-care provider.
- Culture, social, or personal taboos or stigmas around sexual-health care.
- Lack of easy access.

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**What You Need to Know Before Talking to Patients About HPV Vaccination**

- **60% of girls**
- **42% of boys** Percentage of children in the US aged 13 to 17 that had been vaccinated as of 2016.
Her work has revealed how physical environments as much as, or even over, cultural norms and practices can shape people’s sexual lives. A lack of affordable housing, for instance, can push some young women into unequal relationships with older men. High incarceration rates and the loss of certain specific issues, like the hyper-incarceration of Black men, might influence their sexual behaviors. She turned to this topic after interviewing adolescents in Camden, New Jersey, in 2013 and 2014 and realizing how important social media was to their lives. Her work explores how to use these networks as listening posts to better understand evolving influences on young people’s sexual health. She is also working with Brawner and others to figure out how to reach people on the digital technologies they use. “If we know that young people in particular are not coming into a provider’s office,” she said, “we can meet them in their Instagram feed” instead.

Teitelman has even started using neural imaging to explore whether differences in people’s brain structures and processing might map to certain sexual behaviors—especially among adolescents whose decision-making centers are especially in flux. “The idea is that if we have a better idea of sexual decision-making in the brain, maybe we can tailor our interventions a little differently or better.”

Sarah J. Sherer MSCN CRNP, NNP-BC, GNP-BC, works daily with young adults as a nurse practitioner in a high-risk outpatient clinic. While most ‘emerging adults’ may not have heart disease, they do often have risky behaviors. This can call for providers to change the narrative. So, while check-ups should always include the basics, like blood pressure and BMI monitoring, health care providers for young adults should also consider screening for—among other things—substance misuse and abuse, mental health and well-being, and lifestyle implications. Where sexual health is concerned, Sarah shared valuable talking points and things to consider for those who may also be providing care for a young adult population.

STAYING FLEXIBLE
Recognizing the nearly limitless number of ways one can understand people and their sexual lives and needs, the idea of sexual health care for young people might already be beyond a provider’s comfort zone. Even with flexibility and adaptation, nurses themselves can only reach so many people, and learn about so many contexts. The interventions they offer, the advice they give, might not be relevant for long as well as people’s identities, contexts, and needs evolve over time. This is a big part of why so many Penn Nursing faculty members try to build strong ties with the local community groups and entities they know, and others to figure out how to reach people on the digital technologies they use. "If we know that young people in particular are not coming into a provider’s office,” she said, “we can meet them in their Instagram feed” instead.

Teitelman has even started using neural imaging to explore whether differences in people’s brain structures and processing might map to certain sexual behaviors—especially among adolescents whose decision-making centers are especially in flux. “The idea is that if we have a better idea of sexual decision-making in the brain, maybe we can tailor our interventions a little differently or better.”

As of October 2018, the FDA extended the approved age range for people to receive Gardasil vaccines for HPV up through age 45. The prior age cutoff was 26. This change was made primarily because oropharyngeal cancer causes—beginning to surpass that caused by smoking and alcohol use.

Chlamydia is very common but new infections of mycoplasm genitalium and ureaplasma genitalium are being found now.

A diagnostic test is available for mycoplasm, but not for ureaplasma.

Genital herpes simplex type 1 acquired from sexual contact without a barrier is fairly common. Many people do use contraceptives, but don’t think they need barrier protection for oral sex. HSV-2 is generally not as problematic as HSV-2, but it is still a lifelong situation that can be treated but not cured. HSV testing is not recommended for routine testing. Skin cultures can be done on genital lesions and blood antibody testing can be done three months after possible exposure.

More and more individuals who are at high risk of HIV exposure are getting on PrEP (pre-exposure prophylaxis). It currently costs around $1800 for a one-month supply of Truvada. Often, health insurance will cover this prescription with a patient co-pay of $50 per month. People on PrEP should be tested for all STIs every three months because it does not protect against other infections.

Many millennials seem to be at high risk for various STIs by not thinking through the possible serious consequences of unprotected sex.

Encourage patients to use condoms 100% of the time: not every infection must be tested for or cured—such as ureaplasma, molluscum contagiosum, or HPV in men—so no one can really say for sure that they are “clean.”

“I’d love for practitioners to be able to say, ‘On the off chance that your child may have same-sex sexual attraction or other gender identities, here’s a resource.’”

José Bauermeister PhD MPH, Penn Presidential Professor of Nursing and Director of the Program on Sexuality, Technology, & Action Research (PSTAR), looks to tech to develop reactive, public, but also dynamic, sexual health information. "A lot of the work I’ve been doing thinks about patterns, typologies, and ‘sensemaking’—as in, while we’re building a website or app or some other virtual tool, the message that you get sex education and marriage equality context and the best practices tailored to it “and increases its persuasiveness and relevance.” Recently, he developed an HIV-prevention messaging tool for young men who have sex with men and find partners on dating apps. He realized that they may be more likely looking for change rapidly on these apps. Each new set of goals or intentions would require them to do things differently. This prompted the creation of a web app, myDex, which would feed them different messages based on the gender, sexual identity, and sexual orientation of the person they were looking at exploring any given moment. It was found to reduce sexual risk behaviors over time and improve young men’s decision-making as they screen for several HIV prevention behaviors.

Mark Hay is a Brooklyn-based freelance writer. He has reported on sex and sexuality for outlets ranging from The New York Times to Vice. Penn Nursing — Fall 2019
**KC Miller wants his legacy with The Keystone Coalition for Advancing Sex Education to be passing The Pennsylvania Healthy Youth Act. Based on California’s 2016 Healthy Youth Act, it would mean that school districts across Pennsylvania must open up the sex ed curriculum and teach a wide-range of topics such as sexual anatomy and physiology, STDS, health relationships, contraceptives, and sexual orientation. Miller drafted the proposal during his junior year of high school and has been pushing it forward ever since.**

Here’s a snapshot of what the bill would do:

- Help students understand abstinence from sexual activity is the only way to be 100% safe from sexually transmitted infections (including HIV) and unintended pregnancy but that sexuality is a healthy part of growth and development.
- Ensure students understand consequences of sexual misconduct and its negative effects on a person, victim, survivor, or community.
- Ensure students of differing backgrounds, including but not limited to, race, religion, sexual orientation, gender identity, and ability, receive comprehensive, inclusive, age-appropriate and medically accurate sex education.
- Adjust educational techniques to account for research that has shown comprehensive sex education programs help delay the initiation of sex, lessen the frequency of unsafe sexual contact, reduce the number of sexual partners and increase the use of FDA approved contraception among sexually active partners therefore reducing the number of sexually transmitted infections, unintended pregnancy, HIV transmission, and unsafe sexual practices in the long term.
Going Global with the Renfield Award

How one foundation has partnered with Penn Nursing to change women’s health.

The term “women’s health” covers a lot of ground, from routine gynecological care to female genital mutilation surgery and treatment. It is the desire to recognize dedicated leaders and transformational efforts in this broad field that led the Beatrice Renfield Foundation to establish the Penn Nursing Renfield Foundation Award for Global Women’s Health, an award given every two years that comes with a $100,000 cash prize. 2018’s recipient, Dr. Vandana Gopikumar of India, is the co-founder of The Banyan and The Banyan Academy of Leadership in Mental Health in Chennai. Gopikumar has been instrumental in treating women experiencing mental health disorders and homelessness, a population often ignored in India. Over the past 25 years, she and her team have helped more than ten thousand people in India with mental health issues to reintegrate into society. Penn Nursing recently sat in on a conversation between Dr. Gopikumar and Alison Ercole (top right) with Banyan staff.

**Vandana:** It very much helped advance our work and, in many ways, made it stronger and more visible in the global mental health discourse. The prize money was entirely invested to help end-to-end servicing for those living with severe mental disorders in low-resource settings. We believe that mental hospitals need a paradigm shift in care and development of protocols.

**Vandana:** I was overwhelmed, excited, inspired, humbled and grateful, all at the same time. Dean Villarruel called to share the news, and it took awhile for me to believe that I was hearing her right. Every honor I receive is recognition of the commitment of my colleagues, our organization’s palpable passion, and—most importantly—the grittiness, strength, and wisdom that our service users at The Banyan demonstrate and share.

**Vandana:** Speaking of The Banyan, your work there and with The Banyan Academy of Leadership had already been successful before you won the award, but being selected made a tangible impact on your work—especially the $100,000 prize. How has it changed things?

**Alison:** Visiting you again this year to help finalize and launch the rollout of the Community Mental Health Workers (CMHW) program gave me a lot of insight into the importance of such work in the area, but tell me—what’s the biggest barrier to The Banyan’s efforts right now?

**Vandana:** Organizationally, that would be resources. We are a small team engaged in many activities, driven largely by passion. Securing additional resources would help us sprout wings and be more creative in our developing and testing of solutions. From a systems perspective, the biggest barriers are the very nature of health systems in most low-resource settings and the limited attention they receive.

**Alison:** What was it like for you to find that you’d been selected for the Renfield Award?

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**Alison:** Speaking of The Banyan, your work there and with The Banyan Academy of Leadership had already been successful before you won the award, but being selected made a tangible impact on your work—especially the $100,000 prize. How has it changed things?

**Alison:** Well, you can expect to engage in exciting and collaborative work, so it’s important to keep the channel of communication open. Penn Nursing has a wide network to tap into. We looked out and had the kind, attentive, and dynamic Wendy Grube (BAN03) on, Director of Penn Nursing’s Center for Global Women’s Health (C4) who views this collaboration and, of course, you—you have been a super committed Global Fellow. We worked as one team after a point, so prepare to make friends and partners. Dean Villarruel called to share the news, and it took awhile for me to believe that I was hearing her right. Every honor I receive is recognition of the commitment of my colleagues, our organization’s palpable passion, and—most importantly—the grittiness, strength, and wisdom that our service users at The Banyan demonstrate and share.

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**Alison:** Speaking of The Banyan, your work there and with The Banyan Academy of Leadership had already been successful before you won the award, but being selected made a tangible impact on your work—especially the $100,000 prize. How has it changed things?

**Alison:** I know that it has inspired hope in me! What are the most exciting projects on the horizon for The Banyan?

**Vandana:** Women’s health hero, Dr. Gopikumar. We are attempting to scale some of our innovations, including the Emergency Care and Recovery Centre that helps homeless individuals access care in a humane, caring, and therapeutic environment. Tamil Nadu’s government has adopted this approach and replicated it in five districts, and we may do something similar with the government of Kerala as well, with support from the Azeem Premji Philanthropic Initiatives. Similarly, “Home Again,” which enables those with severe disabilities to access community living options, is now being implemented in Tamil Nadu, Kerala, and Mahárrashtra.

**Vandana:** Oh, yes. We at The Banyan are mental health change-makers because we see mental health professionals and facilitators are essential in bridging the care gap. In addition to our partnership with Penn Nursing, the TVS Sundram Fasteners Limited Centre for Social Action and Research located at The Banyan Academy (BALM) and the BALM-Tata Institute of Social Sciences collaboration will help in developing passionate and skilled human service professionals.

**Vandana:** Well, you can expect to engage in exciting and collaborative work, so it’s important to keep the channel of communication open. Penn Nursing has a wide network to tap into. We looked out and had the kind, attentive, and dynamic Wendy Grube (BAN03) on, Director of Penn Nursing’s Center for Global Women’s Health (C4) who views this collaboration and, of course, you—you have been a super committed Global Fellow. We worked as one team after a point, so prepare to make friends and partners. Dean Villarruel called to share the news, and it took awhile for me to believe that I was hearing her right. Every honor I receive is recognition of the commitment of my colleagues, our organization’s palpable passion, and—most importantly—the grittiness, strength, and wisdom that our service users at The Banyan demonstrate and share.
Leadership

Wait, You’re a Nurse?

Julie Assis JD RN
From lawyer to nurse to city official.

Julie Assis, Nu’13, serves as Chief Deputy City Solicitor in the HIPAA & Privacy Law Unit and is the HIPAA Privacy Officer for the City of Philadelphia, a recent promotion as of April 2019. As the City’s guide in balancing privacy with other public interests such as improving health and social services for its most vulnerable residents, her BSN from Penn Nursing was instrumental in crafting her pragmatic style and innovative approach to solving legal obstacles.

“When I entered the program, I had been working as a health lawyer for many years,” Julie says. “I had written plenty of hospital policies, but I wanted to experience health care from another angle. One of my family members has a chronic health care condition, and from my perspective—both as a lawyer and as part of the support system for my family—there was always a disconnect between the care patients receive directly from staff and what administrators think it should be. After repeatedly getting the run-around while requesting medical records, despite being a privacy lawyer and knowing that we had a right to those records, I realized that policies only work when all members of the organization are willing to carry them out.”

As a nursing student, Julie was drawn to the neonatal intensive care unit, where she worked for a short time after graduating. The experience of being a bedside nurse after having worked in law for almost a decade gave Julie a unique perspective.

“The act of being in those tense, life and death situations made me appreciate the quick thinking required of health care providers. Nurses have to make many micro decisions confidently and quickly, without hesitation or equivocation. I am a ‘systems thinker’ and enjoy finding ways to improve efficiency. My natural inclination to consider every angle does not translate well when a baby is coding in the NICU.”

Julie returned to a career in law with a clearer view of health care and a different appreciation of her strengths. “My experience as a nurse has significantly improved my ability to make a decision and move forward,” Julie notes. “It has also helped me provide legal advice that is more practical and direct, since I can now put myself in the shoes of the person who is on the front lines of carrying out the project.”

“I’m really pleased with the direction my career has gone, thanks to my Penn Nursing education and my experiences working as a nurse,” Julie says. “My role as privacy advisor to the City of Philadelphia is immensely satisfying to me,” she says. “I work on projects that essentially help health care and social services providers for the City launch initiatives and use their information to better serve their clients. I’ve been able to advocate for the privacy of our most vulnerable citizens, helping our social service agencies—such as those that serve the City’s population of people experiencing homelessness or struggling with addiction—find ways to use data to expand services while still protecting the individual privacy rights and dignity of the data subjects.”

Julie says, “There is a heightened interest in privacy right now, nationally and globally. Part of my work involves networking with privacy officers from other government agencies making policy decisions about how to best use data to solve social services and public health challenges. As my role grows, I can see myself becoming more involved in national policy discussions around health care and privacy, and it’s a very exciting time to be in the government sector. Penn Nursing gave me the ability to see health care policy through different eyes.”

Random fact: Julie spent most of her childhood outside of the United States—as a young child in Europe, then in West Africa through middle and high school. She says, “I have lived in so many different cultures that I learned early on that American cultural norms are just one of many options.”

“Penn Nursing gave me the ability to see health care policy through different eyes.”

Visit www.healthypequenos.org

Healthy Pequeños
2018 President’s Engagement Prize winner Alaina Hall, Nu’18, has spent the last year building Healthy Pequeños (or Healthy Little Ones) at an orphanage in Zacatecas, Mexico. While implementing a water-filtration system might not be the typical path for a recent nursing graduate, Hall hit the ground running and has made incredible strides in limiting infectious diseases among local children while simultaneously educating orphanage residents and caregivers in health, disease prevention, and health promotion.

... It was a huge need, it’s a huge problem, and it’s something very preventable,” says Hall.

15 water-related services provided
615 children with new access to clean water
8 repaired clinic spaces
582 children were given access to sanitary clinic spaces
7 sources of sewage exposure eliminated for 461 children
98 education sessions given to 733 children & 37 caregivers

Visit www.healthypequenos.org

Penn Nursing — FALL 2019
Leadership

CASE STUDY

Coordinate, Coach, Transition

How to improve care transitions for socially vulnerable patients? Secure the safety net.

PROBLEM:

An alarming rate of hospitalized patients with complex social needs are rehospitalized or return to the emergency department within 30 days.

SOLUTION:

Hospitalized patients with significant social needs are at risk for poor health outcomes following a hospital discharge. To meet their needs, J. Margo Brooks Carthon PhD RN FAAN, Associate Professor of Nursing, spearheaded a work group to develop an intervention that would improve their transition from hospital to home. Using a Design Thinking framework, which drew on her experiences as a Penn Nurse Innovation Fellow, Dr. Brooks Carthon and the team learned through months of fieldwork that concerns over finances, housing instability, or a lack of transportation left many patients feeling as though they had to manage their recovery alone. In the hospital setting, the workgroup learned that there were notable variations in how patients with complex social needs were managed across units and that there was limited communication between inpatient and outpatient care providers.

These insights led to the development of THRIVE, a clinical pathway focused on supporting patients in their homes in the month following a hospitalization so that they are equipped and empowered for maximal recovery. THRIVE was built on three pillars: Coordinate, Coach, and Transition, with each pillar providing a powerful and transformational approach to care delivery for socially vulnerable patients.

Nurse Case Managers begin the process of identifying patients with high social needs during hospitalization. After a THRIVE patient is identified, a home care referral is made and on the day of discharge the floor nurse gives a verbal report by phone to the home care nurse to share important social and medical history. Prior to THRIVE there were no formal mechanisms for inpatient and home care nurses to verbally communicate. Hospitalized patients are then immediately able to meet their home care nurses using a secure patient-facing video conferencing system. This “virtual introduction” begins the important process of relationship building.

On the day after discharge, THRIVE enrollees receive a visit from a home health nurse. During ongoing visits, home care nurses serve as health coaches, providing patient education, reviewing medication orders, and supporting patients as they schedule primary care and specialist appointments. THRIVE also expands the role of hospital-based attending physicians by making them available by phone to home care nurses for questions or additional orders until patients receive a follow-up appointment with a primary care provider. This ensures that transitional needs that often emerge after discharge, such as questions about medications or physical symptoms, can be addressed in real time.

Penn Presbyterian Medical Center is currently conducting rapid cycle pilot testing of THRIVE and is targeting Medicaid patients living in Philadelphia with high disease burden. During evaluation, enrolled patients will be assessed for whether they experience fewer rehospitalizations or ED visits during their first 30 days post-discharge.

Funding for development of THRIVE included a Penn Nurse Innovation Fellowship; the Leonard Davis Institute; Penn Medicine Center for Health Care Innovations. Analytic support from post-doctoral fellow funded by CHOPR T-32.

Nursing Leaders

CHOOSE WHARTON

Today’s nursing leaders are faced with growing demands on both their time and their resources. An increasingly complex regulatory environment and patient population has created new challenges for the way health care systems deliver care.

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1960s

Claudia Palmer, Nu’61, GNu’64, shared, “At 82, I can manage four hours per week volunteering in the ER at White Plains Hospital in New York. Also, I am caretaker for my 94-year-old husband, a retired surgeon who was a prosector in anatomy at Penn’s Medical School.”

1970s

Rosemarie Kaupp, Nu’70, was selected as Empowered Woman of the Year by the International Association of Top Professionals for her dedication, commitment, and outstanding leadership to empower women globally. Rosemarie is the author of the children’s book Ambrellia Tales and blogs at “May Your Laughter Live,” a blog for bereaved parents.

Lynne Pompeiti, HUP’72, shared, “I joined the USAF Nurse Corps in 1984 after completing a BSN in Psychiatric/Mental Health Nursing from the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, OH. I proudly served until 1988, when I separated due to difficulty in obtaining joint spouse assignments with my (then) USAF officer spouse. It was very interesting to observe that the dynamics within a nursing service are common regardless of the setting, location, type of setting, and specialty.”

Do you have a new baby? We want to celebrate with you! Send a birth announcement and a picture to NursingAlumni@nursing.upenn.edu or call us at 215.746.8812. We’ll send you a PennNursing onesie (6-month size). Photos are encouraged.

Penn Nursing Babies

1980s

Jennifer Clair, Nu’83, is a nurse practitioner at Forever Care OB/Gyn.

Nancy M. Valentine, GNu’72, presented a Penn Nursing Alumni-sponsored webinar titled Mentoring and Coaching in Building a Successful Career: Be a Confident and Effective Leader at all Stages.

Theresa Raphael-Grimm, GNu’84, GR’93, is a full clinical professor at the University of North Carolina at Chapel Hill, where she also serves as the faculty chair, currently in her second term. As a clinician-educator, she teaches at both the graduate and undergraduate levels and practices psychotherapy in the UNC Department of Psychiatry where she is an adjunct professor. She is also the associate director for psychotherapy services in the Taking Care of Our Own Program, a physician support program in the UNC School of Medicine. Her book, The Art of Counseling in Nursing and Healthcare, was published by Springer Publishing Company in 2019.

Karen Fishbey-Oxler, GNu’85, was appointed as director of the Corporal Michael J. Crescenz VA Medical Center (VAMC) in Philadelphia. In her new role, she will oversee delivery of health care to approximately 60,000 veterans. With nearly 5,000 employees, the Crescenz VAMC operates 309 inpatient beds and conducted nearly 250,000 outpatient visits last year.

1990s

Sherry Greenberg, Nu’90, GNu’92, GR’14, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019.

Ellen (Tishman) Kurtzman, Nu’86, has been named a 2018-2019 Robert Wood Johnson Foundation Health Policy Fellow. As a fellow, Dr. Kurtzman—who is also a clinical professor at The George Washington University—is spending a year on Capital Hill in a legislator’s office, improving health and health care through federal policymaking.

Diane Spatz, Nu’86, GNu’89, GR’95, is the only PhD nurse on the Congressional Task Force on Research Specific to Pregnant Women and Lactating Women where she connected with panelist Melissa Yore Gorman, Nu’02, GNu’03 who represented a patient perspective. Melissa is a current NP in Boston and previously worked with Diane as the student president of SNAP 17 years ago.

Judy Verger, GNu’86, GR’06, was inducted as a 2013 fellow of the American Association of Nurse Practitioners on June 20, 2009.

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Penn Nursing alumni were inducted as fellows.

2000s
Sadie Hutson, GNu’00,
GR’04, was inducted as a 2019 fellow of the American Association of Nurse Practitioners on June 20, 2019. Joanne Ritter-Teitel, GR’01, is chief nursing officer and associate dean of clinical practice at SUNY Downstate Medical Center.
Nancy Eidel, Nu’07,
GNu’08, is the director of global pediatric education at CHOP. Rebekah Couper-Noles, GNu’03, is Chief Nursing Officer, Community Based Care at Intermountain Healthcare. Brooke Faught, GNu’01, was a postdoctoral fellow at Johns Hopkins Bloomberg School of Public Health.

2010s
Lauren Arrigoni, Nu’11, shared that she is the pediatric cardiology nurse practitioner at Mount Sinai Kravis Children’s Hospital in New York City. Lauren also volunteers as a nurse at Double H Ranch, a camp for children with serious illnesses. She says, “At camp, the nurse follows the campers wherever their activity is, so they can be a ‘normal’ kid and not miss out on anything!” At camp, I can be found giving G-tube feeds on the fishing dock, lifting a quadriplegic camper on our adapted zip line harness, or giving Factor to a hemophiliac camper before the high ropes course! Double H is a magical place where kids got to just be kids instead of the kid ‘with cancer’ or the kid with ‘sickle cell.’ I have been volunteering there even since I graduated from Penn.”

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Meredith Paluscic, C’09,
Nu’10, GNu’14, is a nurse practitioner at J/Maxi Memorial Medical Center. Carla Paredes, Nu’10,
GNu’15, is a family nurse practitioner at CityLife Neighborhood Clinics.

AANP Happy Hour On June 19, Penn Nursing alumni, faculty, and friends gathered for a happy hour at the AANP Conference where four Penn Nursing alumni were inducted as fellows.
in the top five percent of all NIH-funded investigators since that time. Bruner's impressive publication record spans two decades and 80 published articles, five authored books, and over 130 research presentations, all of which has resulted in countless awards, including her election to the National Academy of Medicine, an honor bestowed on only 65 nurses in the world out of more than three million.

The below is adapted from a recent Q&A with Dr. Bruner in The Oncology Nurse-APN/APA®.

Q: What is your biggest challenge as an oncology nurse professional?
A: Funding for research is the biggest challenge right now. The federal government does not seem to appreciate the importance of science and of training the next generation of nurse scientists. We could lose a generation of scientists because of a lack of funding. Loss of science and scientists will mean fewer advances in patient care.

Although the DNP is a wonderful clinical degree, it creates a brain drain on the supply of nurses who have a PhD degree. We need PhDs to teach nursing research and to conduct rigorous, evidence-based research during their nursing training. We need more nurses exposed to research earlier in their training and education.

Q: What is the biggest reward related to your job?
A: Mentorship. Seeing mentees involved in science that changes clinical practice is exciting. For example, research that I was involved in demonstrated that a single fraction of radiation for bone metastases provided equivalent pain relief of up to 30 fractions. Now, the American Society for Radiation Oncology guidelines state that you can use a single fraction of radiation, which saves patients multiple trips to the hospital and is less costly.

One of my mentees at Penn helped update the pain guidelines for the National Academy of Medicine. Another mentee is working to establish guidelines for anal cancer screening in patients with HIV. Nursing research should lead to or influence evidence-based patient care guidelines.

Q: What has your career path been?
A: I received my nursing degree at a state college, and then earned two master's degrees in oncology and nursing administration. I worked as a clinical nurse specialist in oncology and became frustrated with the lack of evidence for managing symptoms of gynecologic cancer—this started my interest in research.

I worked in a number of nurse manager and program leader/research roles for 16 years at Fox Chase Cancer Center and earned my PhD at Penn Nursing where I took my first academic position as a professor of nursing. After my time at Penn, I moved to the Winship Cancer Institute of Emory University.

The complete interview was published in the November 2017 issue, Vol 10, No 6 of The Oncology Nurse-APN/APA®.

Q: If you won the lottery, would you do something different?
A: Absolutely not. I love research, mentorship, and changing practice. I told my colleagues that I want to turn to dust at my desk.
In Memoriam

1940s

Nancy Close Edwards, HUP'46, on April 10, 2018. Born in Harrisburg, PA, she graduated from the University of Pennsylvania, where she enjoyed many family vacations with her children and grandchildren. She was a devoted nurse for over forty years. Rose was the first non-Jewish nurse in the recovery room of HUP. She was predeceased by her husband of 57 years, Harold. Rose was a member of the National Alliance for Medicolegal Reform. She is survived by her four children and nine grandchildren.

Betty Amundson, HUP'47, on May 28, 2018. She was born in Dryden, PA, and married Kenneth George Amundson in 1947. She was predeceased by her husband. Betty was a member of the Continental Congress and a

1950s

Dorothy Elizabeth Orts Selby, HUP'50, on January 22, 2019. She was born in Johnston, PA. Dorothy was predeceased by her husband Harold while at the University of Pennsylvania. The couple were residing in Atlanta, GA while her husband was in health was an inspiration to all who knew her. She was also a registered nurse in the recovery room of a private hospital that was forced to desegregate. After more than 50 years of recovery work, she staff walked out because they would not care for African-American patients. Dorothy had to find several patients left on stretchers in a hallway. She famously said, “I’m going to take care of all people,” and proceeded to run and staff the recovery room for several weeks with the help of a single aid. The couple moved back to Kentucky in 1965, where they formed their own practice in Morehead, Kentucky in 1972. Carole was a member of the Kentucky Women’s Board of Summa Hospitals. She was an active member of the Women’s Board of Summa Health. She is survived by her children, grandchildren, and great-grandchildren.

Barbara Yeich Edwards, Nu'51, on January 29, 2019. Barbara was born in Carbondale, PA. She married Richard Harry Edwards, and they spent 47 loving years of all ages together before his passing in 2011. She is survived by her devoted nurse of 60 years, 24 grandchildren; and four great-grandchildren.

Deborah Rogers Kuzma, HUP'53, on April 12, 2019. Marion Butz, HUP'53, on January 29, 2019. Marion was born on December 13, 1926. She was a member of the Continental Congress and a signer of the Declaration of Independence. In Memoriam

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Betty Amundson, HUP'47, on May 28, 2018. She was born in Dryden, PA, and married Kenneth George Amundson in 1947. She was predeceased by her husband. Betty was a member of the Continental Congress and a signer of the Declaration of Independence. She was predeceased in death by her husband of 66 years, Wilson (Bill) Edwards, II, and son-in-law, William Farren Speece III, son, daughter-in-law, and granddaughter Melissa Edwards. She was survived by her three siblings, four children, seven grandchildren, and two great-grandchildren.

Gloria A. Deters, HUP'56, on March 28, 2018. She was born in Chambersburg, PA, and was an active member of the Women’s Board of Summa Health. She is survived by her children, grandchildren and great-grandchildren.

Christine Davis Willis, HUP'56, on March 22, 2018. Christine was born in Harrisburg, PA. She met and married her husband of 75 years, Park Weed Willis III, while attending the University of Pennsylvania—1963 until her retirement in 1990. Christine enjoyed a rewarding career in nursing at the University of Michigan Hospitals. During most of her time she served as the assistant director of the Clinical Research Unit. Christine enjoyed sailing, skiing, ice skating, and swimming. She was a prolific reader and letter writer and loved to play the piano. She was predeceased by her husband and is survived by her six children, fourteen grandchildren, five great grandchildren, and numerous nieces and nephews.

Carole Burchett, HUP'62, on January 19, 2019. Carole was born in Newark, NJ, and attended Clifford J. Scott High School. After graduating from high school, Carole attended the University of the Virgin Islands in the Marshall Islands in the Pacific. She married Harry Richard Edwards, and they spent 47 loving years of all ages together before his passing in 2011. She is survived by her devoted nurse of 60 years, 24 grandchildren; and four great-grandchildren.

Marion Butz, Nu'51, on April 12, 2019. Marion was born in Johnston, PA. She married Harry Richard Edwards, and they spent 47 loving years of all ages together before his passing in 2011. She is survived by her devoted nurse of 60 years, 24 grandchildren; and four great-grandchildren.

Eleanor Sloat, GNu'63, on October 5, 2019. Eleanor was born in Carmel, IN. She earned a Bachelor’s in Nursing at Indiana University-Bloomington. She then joined the University of Pennsylvania, and a Master’s in Counseling from the University of Pennsylvania. While in Philadelphia, Eleanor began her professional life included nursing work in a variety of settings, community health, a focus on children and families, and nursing instruction.
Save the Date for Alumni Weekend

May 15 – 18, 2020

Take a Trip Back to Campus
• Connect with classmates and faculty
• Enjoy a variety of events at Nursing and across campus
• Build your network and grow your career

www.nursing.upenn.edu/alumni

In Memoriam

Eleanor met Francis “Fran” Skoat, and they married on November 24, 1952. They had four children and five grandchildren. She enjoyed singing in choirs, in congregations, and at home.

Mary Louise (Scanlan) Beck, Nu’66, on March 24, 2019. Mary was born in Decatur, AL. She was in the Army Nurse Corps during WWII, having served as a registered nurse in England and France. Later, she was a therapist for Family Counseling Services for 25 years until retiring. Mary was a member of Temple Beth El, Allentown. She was predeceased by her husband, Alfred J. Beck, and her son, Mark. She is survived by her daughter, Marla. 

Alta Weaver, GNu’66, on April 5, 2019. Alta was a nurse education coordinator for Ephrata Community Hospital before she retired in 1982. After retirement she worked part-time at Audubon Villa, Lititz, and Lancaster Lung Association. She graduated from West Reading High School, then studied Nursing at Eastern Mennonite Mission. She instigated the founding of Shira at Nursing School, Tanzania, where she was director and instructor. She was then a nursing instructor for Eastern Mennonite College (now Eastern Mennonite University) and then at Neumann’s College. She is survived by her sister, brother, and numerous nieces and nephews. She was preceded in death by her parents and five sisters.

Susan Thompson, HUP’69, on March 14, 2019. She was born in New Jersey and graduated from Hagerstown High School in Maryland. She pursued her passion for nursing over 50 years, working at Mount Aescutney Hospital, Claremont General, Washington County Hospital Trauma Center, and Valley Regional Hospital in Claremont, NH. Susan was predeceased by her parents and brother. She is survived by her husband, Thomas Thompson, daughter Jodi Gregory and her husband, two granddaughters, two sisters-in-law, and various nieces, nephews, and cousins.

1970s

Jayne Fenneler, Nu’71, on February 17, 2019. Jayne was raised on a farm in Southern Appalachia, where she graduated from Anville Cleona High School and Reading Hospital School of Nursing. After receiving her BSN from the University of Pennsylvania, she went on to receive her MSN from University of Delaware and her DSN from the University of Alabama. Jayne worked at the Reading Hospital, American Cancer Society, and the University of Delaware. She was a past volunteer for the American Cancer Society, Delaware Hospice, the Oncology Nursing Society, and the White Clay Creek Preserve. She loved to read and travel, but most of all she enjoyed learning. Jayne was predeceased by her parents and sisters, Amy Greenawalt and Mary Sutherland. She is survived by her brother Richard Fenneler; sisters Patricia Rentchler, Dorothy Light, and Lynda Bowman (all of Lebanon Co, PA); and many loved nieces and nephews and their children.

Kathleen Gibson, HUP’76, on March 7, 2019. Kathy was a resident of Lititz, PA. She attended the Hospital of the University of Pennsylvania to become a nurse. After her graduation from HUP, Kathy joined the United States Navy. Mary Patricia (Pat) Harper, HUP’76, on February 22, 2019. After graduation, Pat began her lifelong career as an OR nurse, first at Hahnemann Hospital and then at Georgetown University. Always an adventurer, she followed her dream to live on an island and spent several years living and working in beautiful St. Thomas, US Virgin Islands. She returned to the States and settled in Miami because she said she never wanted to own a winter coat again. Pat is survived by her son, Steven Berger; her brothers Bill and Dan; and nieces and nephews.

Kathleen (Kathy) Martin Gibson, HUP’76, on March 7, 2019. Kathy was born in Camden, NJ and was the daughter of the late Joseph Martin and Veronica (Jabolonski) Martin. After graduating from HUP, she joined the US Navy and while in the Navy Nurse Corps, she attended George Washington University and completed her education to become a nurse anesthetist. In the Navy, she met and married her husband, Jason. Kathy ended her nine-year naval career in 1986 at the rank of Lieutenant. Kathy and her husband settled in Lititz, PA where Kathy worked as a nurse anesthetist at Lancaster General Hospital until her retirement in 2014. Kathy was a woman of many talents. A masterful pianist, she was able to play many classical pieces by memory. She was incredibly athletic and a fitness enthusiast, excelling at basketball and many other sports. Baking and cooking were also in her skill set. She had a love for life and her family. Kathy will be dearly missed by her husband of almost 39 years, Joseph Martin Gibson; her children, Samuel Joseph Gibson and wife Karisa, Ann Maria Scharrenbusch and husband Paul, and Kate Elizabeth Gibson; and her grandson Joseph Martin Gibson. She is also survived by her siblings, Joseph Martin; Mary Martin and spouse Ada Egar; Paul Martin and wife Liz; and Stephan Martin. Kathy is predeceased in death by her parents and brothers, Peter Martin and Guy Martin.

1980s

Sherry Renica, Nu’81, GNu’87, on August 22, 2017. Sherry was born in Philadelphia, PA. She had five degrees, the most recent being a PhD from the American School of Professional Psychology. She was an associate professor at Argus University and had a private psychology practice. She married Art Renica in 1983. She is survived by her father, husband, brother, and various family members.

1990s

Kendall Smith
Penn Nursing DNP Nurse
Anesthesia Student

A Day in the Life

What’s it like to be a current Student Registered Nurse Anesthetist (SRNA) at Penn Nursing?

7:00 A.M.
My day typically starts the night before when I formulate my Care Plans for each patient that I’ll care for during clinical the following day. I review the patient’s medical history and all the prior surgeries they’ve had and start to think about how to tailor my plan for delivering anesthesia to their needs. I familiarize myself with any medications they take and pre-existing conditions they may have that will affect the needs of their care. After formulating a plan that I confidently go into the next day with, it’s time to decompress.

8:00 A.M.
My Calm app reminder goes off to encourage me to start thinking about going to bed. Prioritizing sleep for me is key to feeling fresh and ready to take on the day. Before heading to bed, I set my alarm, meditate for 5-10 mins, write down one goal for the next day, and pray ZZZZZzzzzzz.

4:30 A.M.
While finishing up brushing my teeth, I order a Lyft to drive me to my clinical site. I reread my goal for the day and take notice of the Philadelphia skyline.

5:00 A.M.
Walk into the hospital staff locker room and greet my fellow SRNAs. We chat about what the day has in store and wish each other luck as we walk to our respective operating rooms.

5:30 A.M.
Finish setting up the OR, which includes an anesthesia machine check, evaluating patient monitoring devices, and testing airway equipment. I calculate the correct dosage amounts for the first case and start to take out the proper medications for the first patient. Lastly, I make sure I have properly functioning emergency equipment should any difficulties or complications arise. I tap the emergency bag valve mask twice in the morning for good luck so that hopefully I don’t have to use it.

4:45 A.M.
Meet my first patient of the day and explain my role within the surgical team. I am often one of the first people that the patient meets when they get to the preoperative waiting area and it is important for me to work to quickly develop a positive rapport with the patient and their family members. Creating an open space for patients to discuss what to expect in the OR helps establish the trust. While I place the intravenous line (so that I can give medications before, during, and sometimes after the case), I interview them to make sure that I am aware of any recent changes in their health and to be aware of any medications that they might be taking or allergies that might affect their anesthesia plan. Then it’s time to head back to the OR to meet my precepting CRNA (Certified Registered Nurse Anesthetist) for the day.

4:00 A.M.
Meet my precepting CRNA who serves as my mentor for the day. We typically go through each case and discuss specific aspects that might be challenging. I share anything of concern that came up during my patient interview with the patient and communicate that we have proper “access” to administer medications.

6:30 A.M.
OR huddle time. During this time the surgeons, operating nurses, anesthesia staff, and other operating room personnel have a brief meeting to discuss the patients. It is during this meeting that we talk as a team about any special equipment that needs to be in the room, any expected complications the entire team needs to be aware of and just generally foster a culture of safety and collegiality.

6:55 A.M.
Roll the patient back to the operating room. I make sure that the patient is properly positioned on the operating table before placing monitoring devices. I am responsible for making sure the patient’s heart rate, blood pressure, temperature, oxygen level, and more are in a safe range so that the patient can tolerate the surgery. After all the monitors are applied, I start to “preoxygenate” the patient so we as an anesthesia team (SRNA, CRNA, MDA) can start induction. We give patients a carefully calculated combination of medications including but not limited to sedatives, paralytics, antiepileptics, and analgesics.

9:00 A.M.
Time to start to wake the patient up. I begin decreasing the patient’s dependence on the anesthesia machine so that the patient’s lungs can be nice and strong when they are disconnected and the breathing tube is removed.

9:30 A.M.
Emergence went smoothly and the patient is awake with no pain. I wheel the patient from the OR to the recovery room and talk with the PACU nurse about what was done during the surgery as well as a pertinent summary of the patient’s information. Post-anesthesia care unit (PACU) nurses provide care for and treat patients who have recently undergone anesthesia. After getting a thumbs up from this patient, it’s time to meet the next.

9:40 A.M.
Reaching out, I begin another patient interview. After placing the next patient’s IV, I head back to the OR to prepare for the next case.

10:10 A.M.
Once the room is cleaned, new OR equipment is placed, and all the team members are in place, it’s time to roll the next patient back to start induction. I put the next patient to sleep and the next case has begun.

12:00 P.M.
Time for lunch in the hospital cafeteria. After giving a rundown of the current patient to a CRNA who will be in the room while I am away for my lunch break, I quickly eat my usual turkey burger, fresh salad, and water. I like finding a quiet space outside to enjoy some warm sunshine because the OR is cold.

12:30 P.M.
Now it’s time to head back to the OR to wake the patient up and get ready for my last case of the day.

1:00 P.M.
Clinical day ends—I head back to the locker room and get changed, then walk to the nearby Septa station to travel back to Penn’s campus.

3:30 P.M.
Head to the library to meet with my DNP project group to review research articles. We’re translating the latest innovations in clinical research into a quality improvement project for our hospital setting, helping to make the OR safer and improve the quality of care that is given within the UPHS.

5:00 P.M.
Stop by the Pottrug gym for some cardio before heading to dinner. I warm up by running on the treadmill before playing a quick pickup game of basketball.

4:00 P.M.
Walk to Houston Market to have dinner and a group study session with freshman undergrads. I serve as a graduate associate (GA) on campus which means that I have the opportunity to serve as a resource and mentor to undergrads.

7:30 P.M.
Head back to my room for a shower and some reading before looking up my patients for the next day.

8:00 P.M.
Dududududuadu (ESPN sports app reminder). Take a quick break from my work to watch some Thursday night football so that I can win in my Fantasy Football League. After watching a few series of the game, I log back in to finish up my Care Plans, then set my alarms for the last day of the week!
Spencer Anthony Ramirez
Penn Nursing ABSN Student
Hobby-farm hopeful with dreams to provide holistic, community care.

Born in San Diego, CA—one of two children—to parents who instilled in him from a young age the importance of education. His father is a first-generation American with a strong Mexican heritage.

Double majors in physics and neuroscience at the University of California—Santa Cruz. Identifies as a technical, process-oriented person who equally enjoys people and social work. After graduation, considers the field of transactional law, becoming a community college professor, nursing, and joining the Peace Corps.

Unable to decide on next steps, he leaves on an extended camping trip in May 2014 and travels along the California coast. He commits to staying on the road until he has made a decision. While traveling, he is accepted to the Peace Corps and so returns home.

Arrives in The Gambia and is assigned to the agriculture and environment sector. There is no running water and no electricity. Spends the first-year learning about how the local people use their local resources: grass is turned into roofs and plants are used as medicine.

Extends original two-year Peace Corps commitment for a third year and begins to reconsider nursing as career plan. Bikes weekly from his village to a nearby town with internet access to take online prerequisites—spends eight hours at a time per visit. Accepted to Penn Nursing and arrives in June 2018.

Hopes to one day run a small hobby farm in California, growing food and providing local and seasonal fruits and vegetables to members of his community while serving as their primary care provider—offering holistic care and nutritious resources in clinic to support overall health.

Penn Nursing relies on alumni and friends like you to support our Annual Fund, which sustains every priority area within the school and helps our students gain the knowledge and tools they need to save lives.

“...Penn Nursing is changing lives...”

—Eunice Searles King, PhD, Nu’71

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Please consider making a gift today. Visit www.nursing.upenn.edu/annualfund or call 1-215-573-8975.
Events
Please join us on and off campus.

OCTOBER

22, 23 Penn Alumni Healthcare + Medical Innovation
Houston, TX + Dallas, TX

26 HUP Alumni Luncheon
11:30 AM – 2:00 PM
Greater Philadelphia

26 Academy Fellows Reception
Washington, DC

29 Innovating for Life and Living Campaign Tour
6 – 8 PM
Lehigh Valley, PA

NOVEMBER

4 Penn Alumni Artificial Intelligence
London, England

6 Alumni Webinar: Impacting Health Policy Through Research with Dr. Linda Aiken
12 – 1 PM
Virtual

FEBRUARY

7 Admissions Webinar: PhD Program Info Session
12 – 1 PM
Virtual

8 Doctoral Alumni Reunion
6 – 8 PM
Fagin Hall

9 Homecoming: Nurse Networking
College Green
Penn Campus
Philadelphia, PA

14 Innovating for Life and Living Campaign Tour
6 – 8 PM
Lancaster, PA

16-18 Penn Nursing Admissions Information Table & Alumni Happy Hours
Sigma Theta Tau
Biennial Convention
Washington, DC

12 Penn Nursing Career Day
12 – 1:30 PM
Ware Lobby, Fagin Hall
Philadelphia, PA

MARCH

3 Penn Alumni Social Equity Matters
Featuring Penn Nursing’s Robin C. Stevens, PhD, MPH
Silicon Valley, CA

5 Penn Alumni Driving Energy Solutions
Seattle, WA

MAY

15 Midwifery + Women’s Health Programs Reunion
Penn Campus, Philadelphia, PA

15, 16 Penn Nursing Alumni Weekend
Featuring the annual Student, Alumni and Faculty Awards Ceremony
Penn Campus, Philadelphia, PA

26 Alumni Happy Hour
NAP-NAP Conference
5 – 7 PM
Long Beach, CA

JULY

21 Lang Lecture & Award Presented to Dr. Charlene Compher
Ann L. Roy Auditorium, Fagin Hall
Philadelphia, PA

DECEMBER

5 5B Film Screening (nursing CEU’s available!)
5 PM: Reception
6 – 8 PM: Film and Panel Discussion
Penn Campus
Philadelphia, PA

6 Penn Nursing Career Day
12 – 1:30 PM
Ware Lobby, Fagin Hall
Philadelphia, PA

For more information, please visit www.nursing.upenn.edu/calendar or call the Nursing Alumni Relations team, at 215.746.8812.