

Unison

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UConn
SCHOOL OF NURSING

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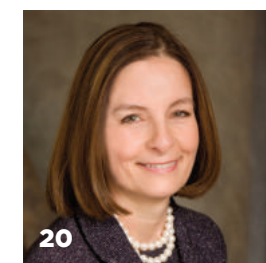
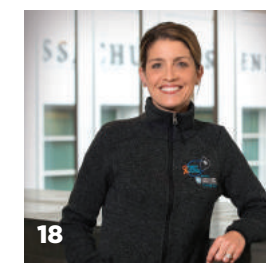
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Cover image: UConn School of Nursing student Krysta O'Shea screens UConn Health employees for Covid-19 symptoms at the Outpatient Pavilion third-floor entrance on July 15, 2020, in Farmington, Connecticut. (Tina Encarnacion/UConn Health photo)

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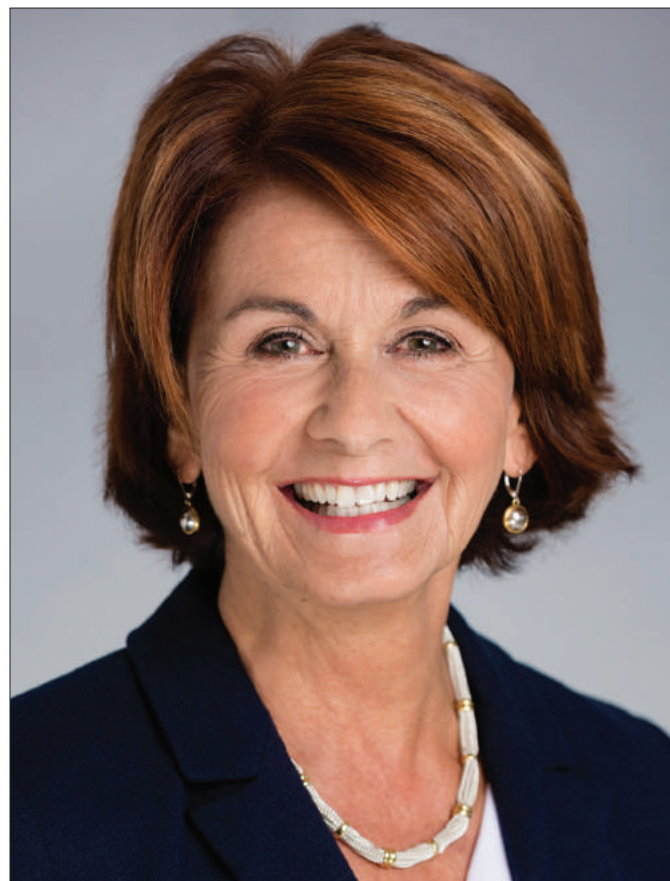


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Some of the images depicted in this publication were captured prior to Covid-19 safety precautions. At this time, the University is committed to following all state and CDC guidelines to keep our community safe.

Taken at the Flood: A UConn School of Nursing Covid-19 Chronicle



Unlike other natural disasters, pandemic disease is rarely an instantaneous catastrophe. Rather than a tsunami, a pandemic is more like rising floodwaters. In this issue of *Unison* we have tried to capture the Covid-19 story from the perspective of our students, alumni, and faculty. Covid-19, while dominating our thoughts and actions since January, is not our entire story, however. What we accomplished prior to and while the storm clouds gathered on the horizon needs to be recognized and celebrated, as do our actions as the levee was breached. These achievements will move the school forward despite the obstacles that Covid-19 has placed in our path.

When *The New York Times* announced on Jan. 10, “China Reports First Death from New Virus,” few of us in the School of Nursing would have imagined that within two months UConn campuses would be closed, our students sent home, our teaching moved online, our clinical instruction curtailed, and our clinical practices constrained. As these storm clouds accumulated in late January, the leadership at the School and the University, including the University Senate, began to discuss the potential impact of the coronavirus and the possibility of a pandemic.

The first confirmed Covid-19 cases in Connecticut appeared in early March, as the University’s spring recess

approached. The levee had broken, and UConn’s administration and the School of Nursing recognized that bold action was needed to protect students, faculty, staff, and their family and friends.

Faculty were alerted to begin planning online delivery of classes. Students were advised to take home any learning or study materials they might need in case campuses did not open. This advice proved prescient: by the end of the spring recess, UConn announced that campuses would not reopen for the remainder of the semester. Shortly thereafter, we had to remove most of our nursing students from their clinical sites.

Creating an online course typically takes six to 12 months of preparation, accompanied by learning designer consultation. Our faculty had only one week to convert on-site classes into distance-learning courses, quickly

mastering a variety of digital technologies for live or recorded lectures. Of greater difficulty was figuring out how to provide clinical learning experiences for our students. With students not allowed at the clinical sites and on-campus simulation off-limits, our only alternative was to use virtual, rather than in-person, simulation. Through their ingenuity and dedication, our staff and faculty in our Clinical Simulation Learning Center, along with our clinical and adjunct faculty, provided our only life raft. Had we all not worked in unison, our Class of 2020 — over 120 future nurses and 60 advanced practice nurses — might not have graduated. This ship would have been doomed.

Faculty and committees continued, and will continue, to meet using digital videoconferencing tools. The technologies for these meetings were ably managed by our skilled and generous administrative staff.

Research activities in our new biobehavioral labs were suspended. Fortunately, by June, our researchers and students were able to safely return to their labs and restart their projects.

The ceremonious end of every academic year is marked by the commencement events, with their pomp and circumstance. Social distancing measures prevented those, but staff, faculty, and deans, in unison, produced a fine virtual event to honor baccalaureate, master’s, and doctoral degree graduates, as well as recognize student, alumni, and faculty awardees, which you can read about in the following pages.

How and when will the flood waters recede? As we go to press, the University and the School of Nursing are nearly through an unprecedented fall semester and are finalizing contingency plans for spring 2021. Flexibility and innovation have been key, as has continuing to build our clinical and community partnerships, including working with the School of Dentistry and having our students screen patients, visitors, and employees for Covid-19 across the UConn Health system.

Flexibility, innovation, and ingenuity are nurses’ hallmarks, both as educators and clinicians. We believe that we have instilled these traits in our students and that our graduates learned many important lessons during their last semester. For our continuing students, we will continue to work in unison to meet their educational needs within the uncertainties of the coming year. I am confident that, like those who have come before us at the School, UConn nurses will continue to provide skilled and compassionate care at a time when care has never been more complex and difficult to deliver, innovate at a time when innovation is key, and advocate on behalf of patients and fellow nurses when advocacy on so many levels is required.

In the play *Julius Caesar*, Shakespeare wrote that, “There is a tide in the affairs of men. Which, taken at the flood, leads on to fortune.” The tide is high. While much remains out of our control, in unison, we will not only stay afloat, but “must take the current when it serves. Or lose our ventures.”

— Dean Deborah Ann Chyun, Ph.D., RN, FAHA, FAAN

UConn Nurses on the Covid-19 Front Lines

Nurses are known for their innovation and resourcefulness, but the Covid-19 pandemic has forced many to call on those skills like never before.

Unfortunately, UConn nurses have waged this battle in the past: the polio epidemics of the 1940s and early '50s, the H2N2 influenza epidemic of 1957-58, the AIDS epidemic, and the Ebola epidemic in 2014 when the School of Nursing engaged in comprehensive education of its students on infection control.

This spring, we invited School of Nursing students, faculty, and alumni to reflect on their experiences with Covid-19. Most were, and still are, on the front lines of this war, while others are making an impact in less direct but equally important ways.

Here are their stories:

I Cared for Covid-19 Patients, Then I Became One

Joey Fetta '18 (NUR), Ph.D. Candidate

When cases of Covid-19 arrived in New York, the buzz surrounding the virus started becoming noticeable among hospital staff in Connecticut. Because it was so close, what were we doing to stop the spread? What changes would we have to make? What if it comes here? This was the general small talk around the hospital. Worry was there, but not upfront; casual discussion of the news was really where it ended. Secretly, everyone hoped we wouldn't have to deal with Covid-19.

Every cough or sneeze was met with suspicion and glaring looks from all angles: from doctors, nurses, and janitorial staff. You felt like you had just screamed profanities at the top of your lungs, and no one knew how to react, so they just stared.

I remember when the first person came under investigation — there had been media looking into a case at the hospital, but it had been kept quiet. We, the staff, didn't know

what was happening until we saw it on the news during the evening medication passes. That's when it became real.

I wouldn't say panic set in immediately, but management was seen less and less, as they were constantly meeting to determine the course of action for the hospital. How would we address the seemingly imminent influx of Covid-19 patients? What was the status of our supplies? How many ventilators did we have? Did we have enough staff to cover this?

Reports started coming in that individuals with the highest risk for complications were 65 years or older, with the average age of death due to Covid-19 complications around 80 years old. This helped quell the panic of the hospital staff, but not the patients.

Covid-19 seemed to be the deadliest for a hospital patient: typically older and suffering from complications of multiple comorbidities and chronic illness. A patient in a hospital bed has a general lack of mobility and severely diminished

ability to function independently. Pneumonia and atelectasis (the collapse of alveoli, the terminal sacs in the lungs where oxygen and carbon dioxide are exchanged) were killers for this population, even before the added risk of a virus that attacks the lungs directly.

All of this became the elephant in the ward, if you will; it was on everyone's mind, and you could feel the tension permeating the hospital. Interstate travel was restricted for personal business, but you could still commute to work. The news was on in every patient room. We were on high alert.

We began testing patients, swabbing both nostrils and wearing full personal protective equipment (PPE) — a mask, a gown, gloves, and the newest addition: a face shield. All disposable, all meant to be used once and discarded to limit the spread of potential infection. We would don our PPE, cluster care because it was the right thing to do for the patient and the nurse so that we weren't covered in sweat or suffocating more than we needed to, and then doffing the PPE and discarding it. This was the standard practice, but it would soon change.

**“Every cough
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It was difficult to care for the first couple of patients expected to have Covid-19, but at the same time it was easy. You could still divert your attention from your own fears and focus on the patient. “Check yourself at the door and focus on the patient” is a tenet I learned in nursing school that has never left my thoughts or personal practice.

The patient comes first.

They are at the lowest point in their lives and they came to you for help. Set aside your personal beliefs, family problems, and stress from school and give the patient your undivided attention. That is the duty of the nurse.

And then the patients' doctor got a phone call from the Department of Public Health: The patient was SARS-CoV-2 positive.

What. Do. We. Do?

Caregivers were immediately sent home due to high risk of exposure. There were tears, cries, and panic. How do we tell the patient? How do we safely transport them to our Covid unit? What on Earth happens next? There was a plan, one that would change nearly every hour as recommendations from the Centers for Disease Control and Prevention and World Health Organization poured in.

The one word I would use to describe the start of the fight against Covid-19 would be “dynamic” — it changed minute to minute. This rapid change of protocol and best practice was nauseating. Every hour there would be a meeting about what we should do and how we should care for patients suspected of having Covid-19 or, worse, confirmed to have it. At this time, PPE was still single use. There were no universal precautions because it was still so rare to have a positive patient. This lasted about three days.

From that point on, we were in PPE conservation mode. N95 masks were able to be worn for five exposures, then discarded. Here was your paper bag and a marker to keep track. You would think to yourself, “Okay, this is different,” but it was necessary to conserve. We had to learn new techniques on how to properly store our used mask and reuse it.

I remember calming staff members by talking through the process and letting them vent to me. I

would usually end the conversation with something like, “I know it is different and new. Change is inevitable. The CDC recommends this is how you can conserve PPE. After all, we don’t want to end up like New York!” At the end of the day, you would toss your mask and go home. Shower and cuddle up with your pets and loved ones to recharge and get ready to go back the next day.

This, too, changed. Suddenly, N95 masks didn’t need to be used with patients who were under investigation for Covid-19, you didn’t need a negative pressure room because the virus wasn’t airborne. Staff were confused and upset, and rightfully so. No one really knew how the virus was transmitted, but the number of cases was increasing, and this was the ever-changing new standard of practice. Also, now you only needed to dispose of the surgical mask if it

becomes visibly soiled or moist; here is a paper bag to keep it dry when it’s not in use. Nurses and health care providers would adapt. After all, the patient is still the most important.

As more and more positive cases came in, the general atmosphere of the hospital changed, and patients were limited to one designated visitor. Imagine being a patient and only being able to see one loved one in your time of need; it had to be incredibly frightening and lonely. Then, visitation ceased. No one was allowed into the hospital unless you were a patient or an employee. This was arguably the most difficult part of working on the front lines against Covid-19.

PPE was limited; it was being reused, much to the dismay of nurses and aides. You were given a mask, face shield, and a bag and told to hold onto it for dear life, because we do not have enough to go around. With that mask being the only thing standing between you and the coronavirus, it became your lifeline. But it was okay, because we were in this together.

Then you noticed doctors wearing N95 masks, while nurses and aides with direct patient contact were wearing surgical masks. Why this difference? Which actions were driven by evidence and which were driven by panic?

Wiping down a face mask with disinfectant only to put it back on to see a different patient, breathing in the chemical fumes while trying to care for someone in need was exhausting. Nurses and patients both suffered from hypoxia, little rifts began opening among staff members, and the team aspect felt lost.

But this is where my fight was paused, as I contracted Covid-19.

The virus hit me like a ton of bricks: I was fine one minute, then had a fever of 104 degrees the next. More than two weeks of chest tightness, like knives being stuck between your ribs, and a cough that wouldn’t stop. Shortness of breath with any movement and gastrointestinal symptoms similar to food poisoning.

But that discomfort was nothing compared to the thought that I couldn’t be there to help fight with my team. That feeling was the driving force behind my healing and rest to get back to the fight.

I’m sure that the fight against Covid-19 continued to change while I was sick, but after having the opportunity to rest I can’t wait to get back to the front lines and help care for the other victims.



Bravery Through Adversity

Katherine Aceves ’23 (NUR)

Amid the pandemic, nurses are helping Covid-19 patients get back on their feet or even take their last breath all while putting themselves at risk. However, the bravery that nurses have shown during this adversity is admirable. Nurses have been recognized as the most ethical profession for the past decade, and in light of the current situation the American Nurses Association has said, “Nurses must continue to advocate for systems and protocol that affect their ethical obligations as nurses, as well as ensure equity and fairness to all concerned in times of pandemics.”

Citizens of the world are relying on nurses’ knowledge in both the science and art of nursing to promote healing of those individuals affected and education to the public. Nurses, along with other health care personnel, are doing everything they can to fight for America’s health no matter the circumstances, and that is why I am proud that one day I will be a nurse. Nurses are courageous, hardworking, knowledgeable, empathetic — all traits I hope to exhibit when I become a nurse.

A Soldier Preparing for Battle

Sarah Harkins ’20 (NUR)

No person, organization, or institution could prepare us for the journey we’re taking. The uncertainty around everything during this time is stressful. Will we be called to work early? When will we take our NCLEX? What is going to be expected of us when we arrive for our first day of work?

Throughout our online learning, we have been studying the latest discoveries about Covid-19 and hearing extensive lectures about acute respiratory distress syndrome, how to operate ventilators, and how to don and doff PPE without contaminating ourselves. I feel like a soldier preparing for battle. Except I’m not a top ranking official; I’m a new recruit. I would normally need guidance for months before I begin to gain confidence, but much more independence is now expected of me. In June, I leave to work in an emergency department in a

populated urban city. I will be on the front lines. Truly, I am terrified.

While these thoughts plague me, I also cannot help but feel empowered by this profession. Turn on any news station, read any article, see any advertisement, and it thanks the world’s nurses, calling them heroes, angels. A smile comes to my face when I think,

soon I will join these amazing individuals in this fight. I went into this career to help those most vulnerable. Hundreds of thousands of people need care — care that I can give. Indeed, never have I felt such a calling, such a desire, to be a nurse.

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Moments of Presence

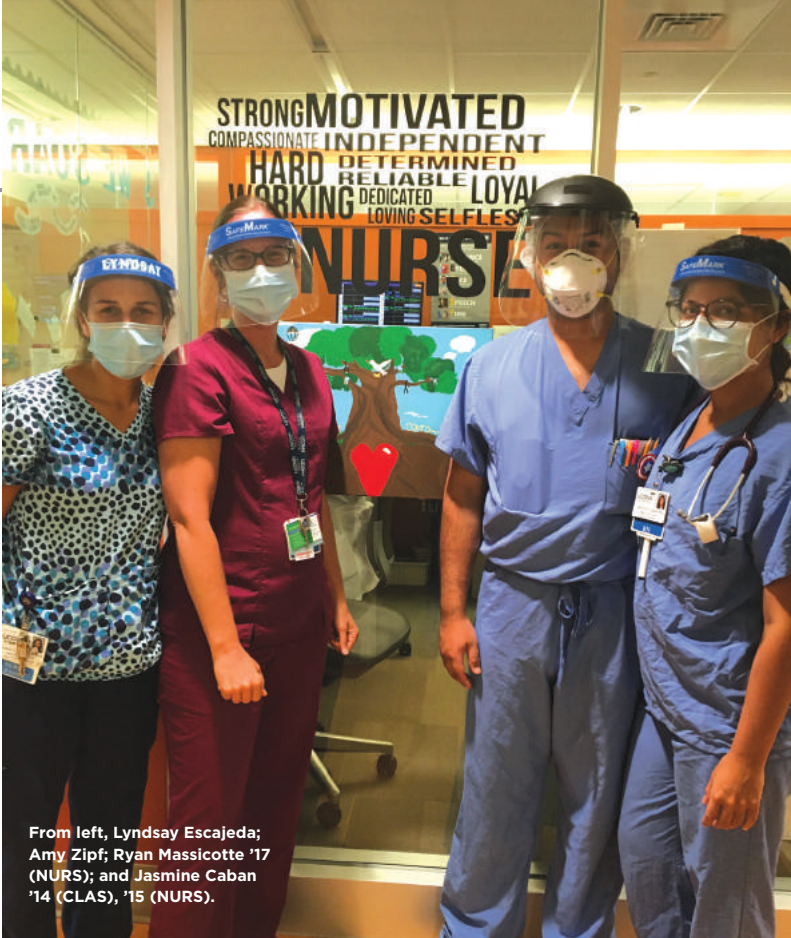
Amy Zipf MSN, RN, CMSRN; Clinical Nurse Specialist in UConn Health’s Innovation and Medical/Surgical units; Ph.D. Candidate

My first Covid-19 positive code was at 8:15 on a Friday night. Through the PPE the shouts of the certified registered nurse anesthetist could hardly be heard, but our eyes locked for one moment as we worked with respiratory therapists, nurse aides, and others in order to intubate the patient. Nearby, an outpatient physician who covered a shift for a friend sits at the donning station on the “clean side” trying to figure out how to fill out a death certificate. A nurse practitioner comes over and together they work through the paperwork required for Covid-related deaths. Close by, displaced operating room procedural center nurses and technicians staff the area. They are the first face seen by countless staff entering the unit and are the ones

“Covid-19 has shone a light on shared leadership”

ensuring everyone is following infection control guidelines. A young nursing assistant coaches a physician through setting up an app on a newly acquired iPad in order to facilitate an end-of-life conversation with a family not allowed to enter the facility. Housekeeping arrives an hour after a body is sent to the morgue to decontaminate

the room. Late at night, they are found all over the hospital cleaning railings and other commonly touched areas. Medical assistants are deployed to train with nursing assistants at bedsides. They want to help but are fearful of this new and ever-changing hospital environment. The nurse educator sits with them before their first shift to ensure their questions are answered and they feel ready to enter. We see them in our work, and we read about them on social media, but what are they? These are moments of presence; moments where roles cross, and work is done together. We have in front of us a tremendous opportunity to capture and study these moments of presence with the goal of using this new knowledge to diminish the interdisciplinary inequities in our health care system.



From left, Lyndsay Escajeda; Amy Zipf; Ryan Massicotte '17 (NURS); and Jasmine Caban '14 (CLAS), '15 (NURS).

Covid-19 has shone a light on shared leadership, and while our roles may be different, each one is essential. A global pandemic has equalized us and forced us to reflect on how we all can work together toward a culture of health.

Nursing Education After the Pandemic
Judith Hahn '14 Ph.D., RN, NEA-BC, CPHQ; Director of Nursing Professional Practice at Yale New Haven Hospital; 2019 recipient of the Carolyn Ladd Widmer Outstanding Alumni Award for Leadership in Nursing

Nursing practice has never experienced anything like the Covid-19 pandemic. We have learned so much so quickly, and tapped into our brightest, most resilient innovators to persevere in ways we never could have imagined. At Yale New Haven Hospital, we created new roles for Covid-19 test collection, prone teams, and support staff. We included students in our workforce and teams were deployed in non-traditional ways. We learned that we need to become even more nimble and prepared for the next round. How can nursing students, faculty, community nurses, retired nurses, and nurses in all settings work together to respond and support each other in the future? A pandemic knows no semesters, it crosses all boundaries. We have opportunities to think about the future together as one and learn from Covid-19 to do things differently.

Sometimes necessity drives innovation. Our PPE shortage has provided us with the need to look to unconventional learning places. Can students learn in telehealth? Can students come on weekends? Can we complete post-conference via Zoom? Can we create a role for students in a pandemic? We need to ask, why not? Together we must collaborate and try new things. It is important to pause and reflect, and to be grateful, albeit briefly, as there is good work to be done to build on the foundation that we have and define the future of innovative practice and learning for the future.

Trusting My Instincts
Lori Lowry MSN, RN-BC, CNL; School of Nursing Adjunct Clinical Instructor

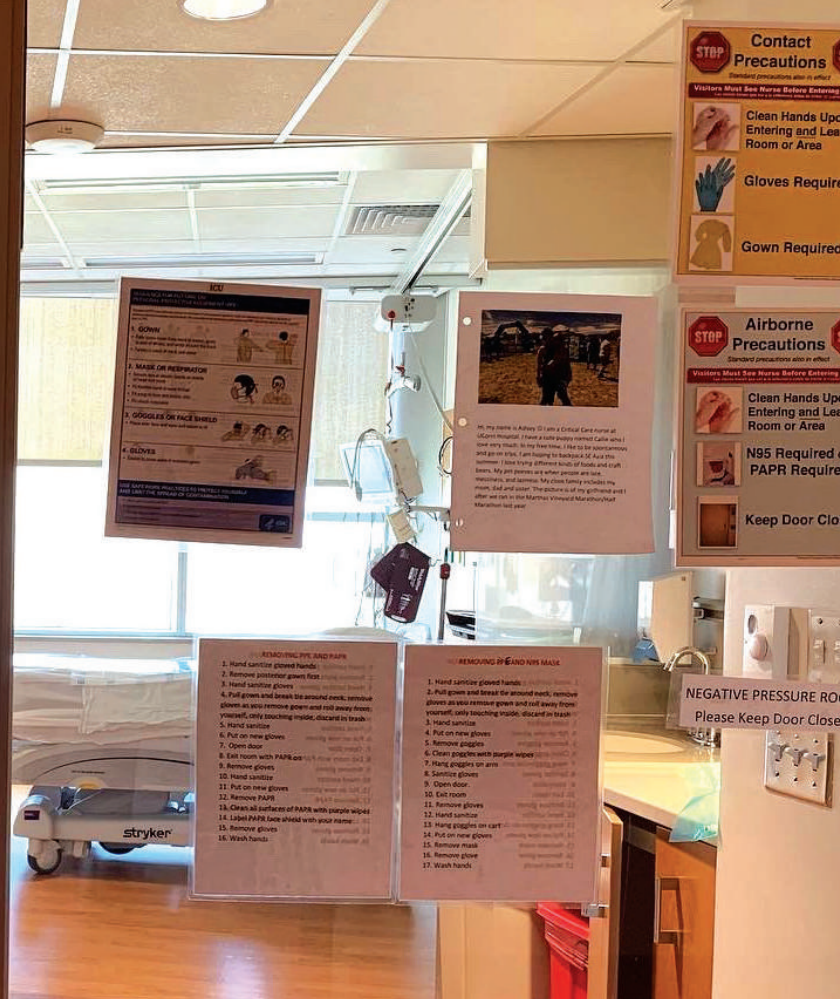
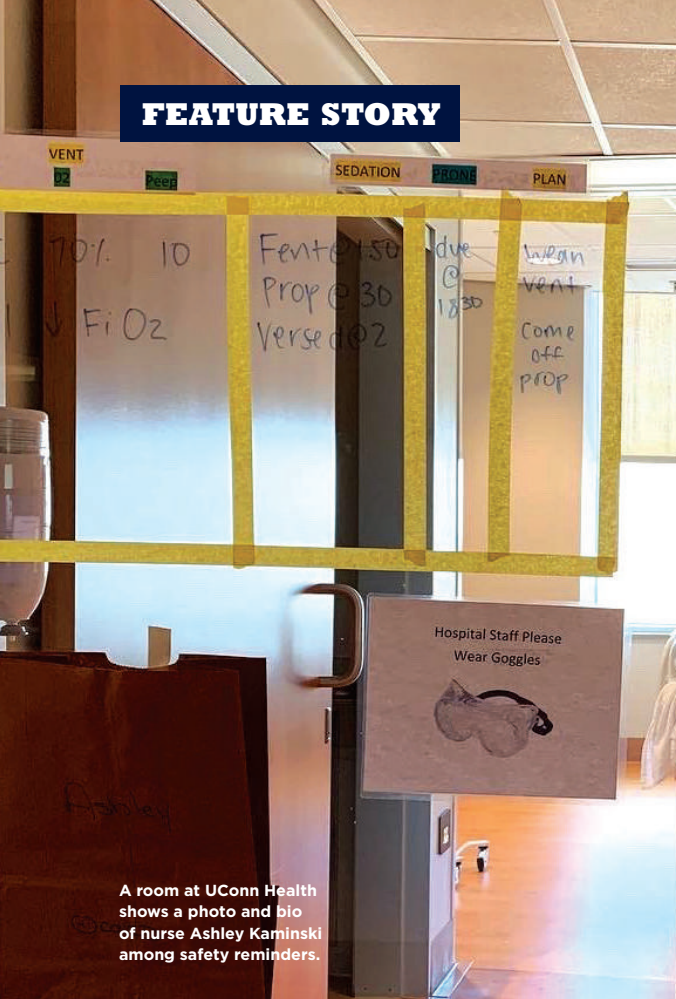
I have been a staff nurse for more than 25 years and this coronavirus was a new experience for all of us. Nurses are tough and resilient, but this left many of us speechless. A new type of patient with a virus that has the potential to kill a person. I have been in many isolation rooms, but this was so different, so incredibly more difficult.



I walked down the hallways in my unit, and it was like something out of a scary movie. All the doors were closed, with multiple isolation signs and warnings on every door. There were no visitors and few doctors around. I gowned up, paying extra attention to what I was doing, making sure I took every precaution. We had bonnets covering our heads, two types of masks, a face shield, a gown, and were double-gloved. Barely able to breathe, I entered the room. My heart was racing, and I started to sweat ... I can do this. Sitting in the bed was my patient laboring to breathe. I looked at the monitor and shook my head. I introduced myself and wrote my name on the whiteboard in the room. It was so hard for them to breathe. Any little turn or movement caused them to breathe even faster. They were

already on 100% oxygen; the next step was a ventilator. I asked them how they felt and if they were in any pain. My patient was so scared — they knew how bad they were and were trying so hard to hang on. At that moment, it did not matter which virus they had, and all my nursing instincts kicked in. I tried to make them as comfortable as I could. I administered their meds, titrated their IVs, and brought them whatever they thought they could tolerate to eat. Sometimes they would erupt in a fit of coughing, bringing me back to reality and causing me to move to the edges of the room. I looked around me, not seeing anything but knowing that this virus was all around me at that moment. At times I held my breath, afraid to breathe. I left the room and slowly doffed my PPE. I washed my hands and proceeded to don my PPE for my next Covid-19 patient. I took a deep breath and entered another room. By the end of the day, I think I had washed my hands a million times. I finally removed my N95 mask when my shift was done. My face was marked from the tight straps and my nose had the beginning of a pressure ulcer. My mouth had an awful taste to it from mouth breathing with all the masks on. The outside air never felt so fresh. Days would pass like this. Sometimes I would see a patient improve and sometimes not. Many patients on the edge would be offered comfort measures. They then started on a narcotic drip and would die without their family able to see them. It was so sad; there were so many that did not make it. I remember coming home, feeling poorly from wearing masks, and knowing that many of my patients would not make another day. Sometimes the tears would flow. I would see pictures on TV of protestors who did not want to stay home anymore and wanted to go back to work. It would make me angry. If they could see what I saw, then maybe they would feel differently. My nursing students would ask me about my day. What was it like? How sick are they? “These patients are so very sick” I would say. The students were scared to think about their nursing future with these patients. As I told them, “They are people, like you and I, and as scared as you are.” As long as we have the PPE we need, we know what to do. We put all our training to work and do what we have always done: take care of our patients the best that we can.

FEATURE STORY



Humanizing Covid-19 Patients

Ashley Kaminski '20 MS, APRN, AGACNP-BC; DNP Candidate

Nursing is known as one of the most intimate and personal careers but has evolved into a much different role during the times of Covid-19. According to a Gallup poll, this is the 18th year in a row that Americans have rated nurses as the most honest and ethical professionals.

It's difficult to describe how the most honest and trustworthy career in the country turned distant, cold, and war-like almost overnight when Covid-19 hit. As an ICU nurse whose passion is in end-of-life care, it was depressing stripping these patients of their ability to have family visit and to have meaningful human contact, especially while they were critically ill or actively dying. The only humans they saw had to be covered from head to toe in PPE and limit their contact to reduce exposure.

To humanize the experience of our patients, those of us working in UConn Health's ICU contacted all our patients' families to see if they would like to send a short biography with photos to be hung outside the patients' respective hospital doors. We wanted to give identities back to these patients, who spent most of their days alone in their room,

as we were the primary caregivers at their bedsides 24/7.

This project was not only helpful to the patients and their families, but also helped humanize these patients to the health care workers, as it is easy to have a feeling of emptiness when handling the burden of death this virus has caused.

The Most Challenging Experience of My Career

Paula McCauley '96 (NUR), '98 MS, '10 DNP, APRN, ACNP-BC, CNE; School of Nursing Alumni & Friends Volunteer Board President

I have been a nurse for nearly 40 years and an acute care nurse practitioner for half of that time, with experiences in acute, critical care, the emergency department, and the academic realm. I was a critical care nurse during the AIDS crisis in the 1980s, an ICU APRN on 9/11, an academic leader during Ebola. However, those and other significant events pale when compared to the Covid-19 pandemic, which has been the most challenging period of my career. Our role as nurses during this pandemic has been profound and amplifies what our "usual" role is and always has been: to be there for the patient and family in their time of need.

“The restrictions placed on visiting were among the most profound changes due to Covid-19”

prognosis. We were also fortunate to obtain two iPads that allowed us to FaceTime with the family members, allowing them visual contact with their loved ones. Many of our patients were intubated and sedated and thus had an altered mental status. We became the voice for the family and to the family — for the family by holding the patient's hand; to the family by zooming in to show them small gestures, such as a hand grasp or a thumbs up, that allowed them to see that the patient had heard their voice and

The restrictions placed on visiting were among the most profound changes due to Covid-19. In order to flatten the curve, no visitors were allowed during hospitalizations unless there were specific situations, such as baseline cognitive impairment, pediatrics, or the end of life, that required family presence. The family may have accompanied the patient to the emergency department, but once the patient was admitted to their room the family had to leave them and the hospital. This was so hard for them, and we as nurses appreciated that. There were many family members who sat outside in their cars hoping we would change our minds: calling



to tell us they were right outside if we needed them, volunteering to drop off food for us in the hope that we might let them up to see their family member. In order to help with the separation and anxiety, we afforded daily phone calls to the family with updates and

responded. This was very comforting to the families and became a frequently utilized medium.

I have been very distressed by reports in the media that during Covid-19 patients have died alone. They have not — we were there. Many of our patients were older with advanced directives that indicated they did not want heroic measures, and we instead focused on comfort care. When the situation became dire, we had frequent conversations with families. We invited the families to be with the patient as they neared the end of life, allowing one family member to be at their side if they were diagnosed with Covid-19, or a small group if they were admitted for any other diagnosis. We guided the family through the PPE process and brought them to the bedside.

In some situations, the family declined the invitation to be at the bedside or to FaceTime as we neared the end, wanting to remember their loved one as they best knew them. That did not mean the patient was alone. Many of us would gather around their bed, talk with them, hold their hand, touch their arm or face, and tell them that their family was thinking of them and praying for them. No one died alone. **U**



Alan Fontes, left, with the UConn School of Nursing Analytics and Information Management Solutions (AIMS) group, which he established and leads.

UConn's Information Solutions Helping to Reopen Connecticut

Alan Fontes, MS, is an architect, but he doesn't design houses, skyscrapers, or office buildings. He designs solutions. "I've been a solutions architect for over 20 years," he says, "building data analytics and information management solutions around what we used to call 'data warehouses,' and designing the technologies that turn data into information and insight that we can deliver to users to make information-based decisions."

Developing innovative information solutions is the bread-and-butter of the group Fontes established and leads, the UConn School of Nursing Analytics and Information Management Solutions, or AIMS. The technologies that Fontes and his team are currently building are not only helping to change how health information is accessed and used, they're also part of the phased effort to reopen government and business operations in the state of Connecticut during the Covid-19 pandemic.

"The goal of AIMS has been to leverage the power and value of data and make it accessible to those who need it, and then use that accessible data to make decisions about how to effectively and efficiently provide services," says School of Nursing Dean Deborah Chyun, Ph.D., RN, FAHA, FAAN. "While our focus up until this year has been primarily on health information, the tools that AIMS has developed have practical applications that go far beyond health care, as is clearly the case with CDAS and Reopen Connecticut."

CDAS — the Core Data Analytic Solution — is an advanced

technological solution designed and developed by AIMS for the Connecticut Office of Health Strategy (OHS), as a component of the state's Health Information Exchange (HIE).

"This is the most advanced innovative solution that I've architected," Fontes says. "We leverage leading advances in technology systems and tools and push the innovation envelope on how they can be used."

"CDAS is critical to health care analytics across Connecticut. It is unique, valuable, and inextricable to this agency's work to evaluate the performance of Connecticut's health care system, and develop better health care delivery and payment options," says OHS Executive Director Victoria Veltri. "OHS is proud of its partnership with UConn AIMS on CDAS, and I'm personally glad to see its innovative architecture is being deployed here. I am relying on information from the UConn AIMS and the CDAS architecture for work on everything from health care affordability to the health information exchange and social determinant analyses. There are any number of possibilities; the homegrown nature of CDAS is just the beginning of the success to be celebrated."

"CDAS is built for rapid response and rapid deployment to meet the needs of stakeholders within Connecticut," Fontes says. "It can pull in health care data — from health care insurance claims to clinical data from electronic health or medical records through Connie, the state's HIE. CDAS organizes this data and

builds out analytics to help decision-makers understand what's going on and the outcomes, so that they can decide how to set policies or establish and manage programs. It's all centered on quality and improvement in health delivery and services."

While CDAS helps fill Connecticut's health needs, that's not nearly all that it can do.

For the state's Covid-19 reopening effort, necessary data crosses multiple departments from both public and private stakeholders, such as Covid-19 test results and hospitals' Covid-19 patient counts and utilization, as well as unemployment, public health, corrections, and education data.

Fontes and his team, though, were up for the important challenge of not only providing the analytics solution, but for turning around accessible dashboards for the governor's Reopen

Connecticut team within a few weeks.

"Within a day, the team was able to configure and open a CDAS environment," Fontes says. "Within a couple of weeks, they had automated the intake of data files from data sources, such as the state's Open Data Portal and processed them as they arrived to get the most current information out."

"As the state prepared for reopening, they wanted to make sure that senior leadership had an eye on key metrics that could be pulled together and viewed on a single platform," says Scott Gaul, Connecticut's chief data officer. "We reached out to Alan at UConn AIMS, anticipating

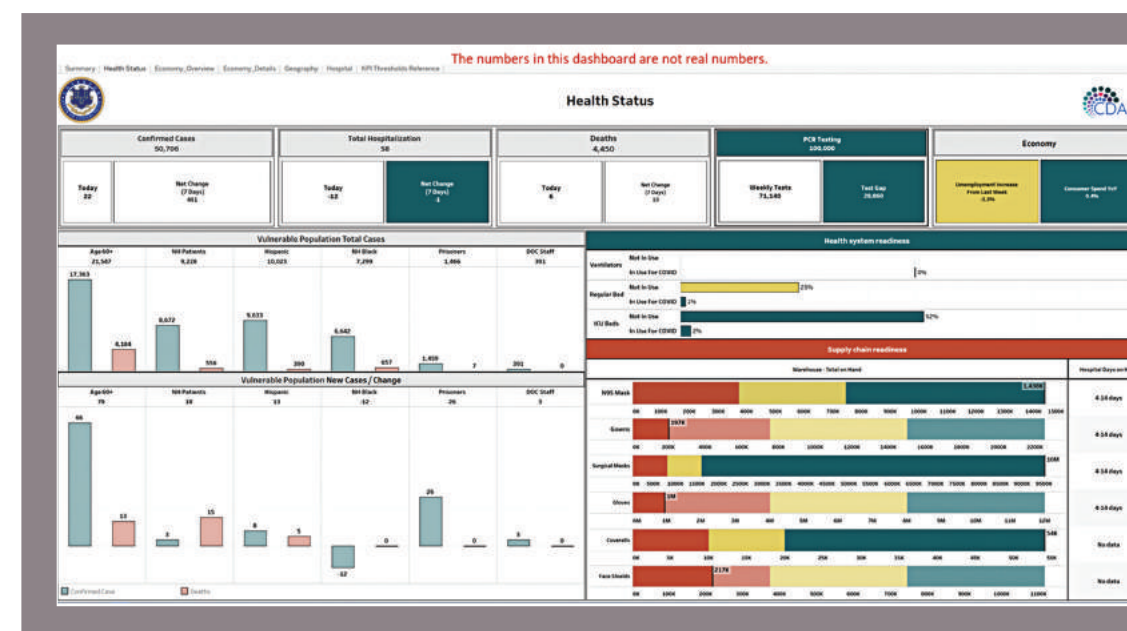
that we needed something that would be sufficient to handle the long-term impact and expansion of the data and the need for rapid real-time information. With UConn AIMS and CDAS, we now have this capability within the state, as it enabled us to pull in different data sources and turn that around faster with a wider range of tools and improved security."

Mark Raymond, the state's chief information officer, has a bird's-eye view of state technology, and notes, "In this instance, combining aggregate data from multiple sources where decision-making falls outside one individual agency allowed the state to make a better decision on where we are. UConn AIMS moved with swiftness and demonstrated how CDAS could be utilized. It is impressive that they were able to pull this together in such a short period of time."

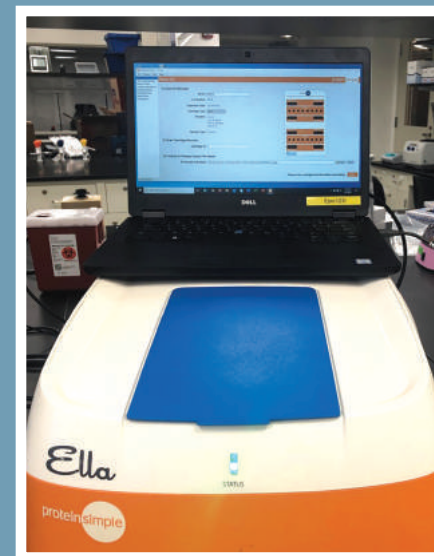
Since standing up the system in early May, Fontes and his project team — which includes three AIMS staff members in addition to Fontes — have continued to refine the functions and the user interface while working with agencies and stakeholders to further automate data intake.

"Working with the CDAS team was a great way of enabling us to do more than what we are currently equipped to do," Gaul says. "The CDAS team has really stepped in and pulled that data from a variety of different sources quickly, deftly, and managed to keep it safe and secure."

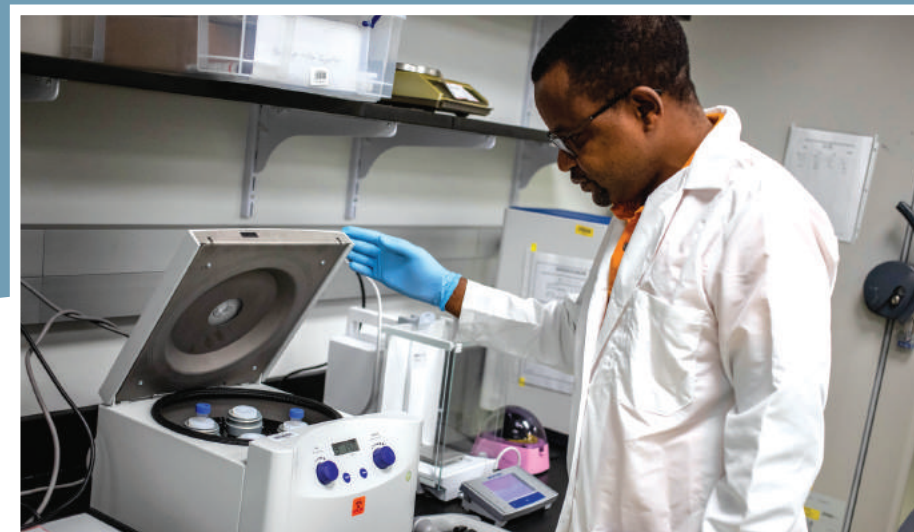
While its speedy implementation came at a time of immediate and critical need, the application of CDAS to broader state government provides a tool that could potentially be expanded and utilized long after the coronavirus threat has subsided — helping to bring agency data together across the state and providing policymakers and other stakeholders with analytics to aid in making information-based decisions. **U**



The Core Data Analytic Solution (CDAS) developed by the UConn School of Nursing Analytics and Information Management Solutions (AIMS) compiles data from a number of sources to help the state make informed decisions on reopening during the Covid-19 pandemic.



Left: Xiaomei Cong, Ph.D., RN, FAAN, director of the Biobehavioral Research Labs and associate dean of research and scholarship, leads the lab's team and will continuously build up the facilities and resources to support faculty and student research.



Biobehavioral Research Labs Offer New Space, Opportunities for Nursing Research

Nursing research at UConn gained some much-needed elbow room this year with new Biobehavioral Research Labs (BBL). It is a fabulous expansion for the School of Nursing, which until late 2019 had very little space for bench work on the Storrs campus. Most researchers had been squeezed into small labs in Storrs Hall, with a basement storage room converted into a makeshift wet lab.

"We were popping at the seams," says Angela Starkweather, Ph.D., ACNP-BC, FAAN, professor and director of the P20 Center for Accelerating Precision Pain Self-Management.

Instead of popping, you could say the new nursing research space is hopping. The new BBL includes office space for seeing study participants in Arjona Hall,

and 1,300 square feet of wet lab space in Beach Hall. About 30 students, both graduate and undergraduate, currently have space in the new wet lab. Several nurse researchers have already moved in, and the new space helps the School recruit new faculty as well.

Wendy Henderson, Ph.D., MSN, CRNP, FAAN, joined the School in fall 2019 after a decade at the National Institutes of Health (NIH). "Beach Hall has amazing space, more and better space than I had at the NIH," says Henderson, professor and director of the School's Ph.D. program. She is putting that space to good work now, using it to adapt a tool she developed and patented at the NIH for use in on-the-spot pathogen detection.

In addition to providing space for

research, the BBL will act as a CORE facility, serving researchers in nursing and the broader UConn community who want to investigate biomarkers relating to pain, cognitive difficulties, and other symptoms that can otherwise only be reported subjectively by patients.

"It is a challenge to start something from the beginning," and the team at the lab is working out best practices for proper collection and storage of samples and data, says lab manager Maria del Carmen Rosas. Her goal is to ensure each sample is collected and processed the same way, in real time, every time, to ensure that researchers are comparing apples to apples when investigating potential biomarkers of symptoms.

"The projects are based on serving

people, providing better care for patients. That is what motivated me to join the laboratory," del Carmen Rosas says.

Director of the BBL and associate dean of research and scholarship Xiaomei Cong, Ph.D., RN, FAAN, leads the lab's team and will continuously build up the facilities and resources to support faculty and student research. She will also use her lab space to search for biomarkers for irritable bowel syndrome and premature babies' pain.

Assistant director of the BBL Wanli Xu, Ph.D., RN, is investigating the mechanism of symptom development relating to cancer and cognitive dysfunction, sleep problems, and chemotherapy-related fatigue.

Nurse researchers are also running or planning studies in the BBL. Louise Reagan, Ph.D., ANP-BC, APRN, is investigating inflammatory biomarkers to predict outcomes in individuals with diabetes and low back pain. Kelley Newlin Lew, DNSc, RN, ANP-C, CDE, FAAN, designed and will examine a family-

"It is a fabulous expansion for the School, which until late 2019 had very little space for bench work on the Storrs campus."

centered diabetes intervention in Hispanic families to address biobehavioral and gut health. Ruth Lucas, Ph.D., RNC, CLS, is conducting an innovative project to test her newly designed breastfeeding diagnostic device.

The lab has a particular focus in cross-disciplinary work. Steve Kinsey, Ph.D., director of the Center for Advancement in Managing Pain (CAMP), has lab space investigating cannabinoid and opioid systems and how they affect pain and other symptoms using animal models. Natalie Shook, Ph.D., is running a lab within the BBL that is investigating mindfulness interventions on physiologic

stress. Michelle Judge, Ph.D., RD, CD-N, an expert in essential fatty acid metabolism, uses the BBL for her study using metabolomics and omega-3LC guided symptom therapy in breast cancer survivors. Another collaboration, involving psychological sciences professor Crystal Park; School of Social Work associate dean for research and professor Michael Fendrich; and human development and family sciences professor Beth Russell, will evaluate biomarkers of distress tolerance.

The focus on real-time biomarker tracking has inspired the lab to develop expertise evaluating new immunoassays previously unavailable at the University, even at UConn Health's Farmington campus. The BBL's capabilities will broaden both the scope of research that can be done at UConn and how people think about it.

As Henderson says, "It's invigorating. You're not confined in thought or space." **U**

New Life Story Research and Practice Center Opens



Juliette Shellman, Ph.D., APHN-BC, center, spearheaded the establishment of the International Center for Life Story Innovations and Practice (ICLIP) in Storrs, and will serve as its first director.

Whether it was our prehistoric ancestors around a campfire or us today on YouTube, blogs, Facebook, and other social media, humans are storytellers. The stories we tell not only reveal who we are but also give us the opportunity to make sense of our lives, including experiences of illness, disability, and aging.

Because nurses spend more time with patients than other health professionals, they have the privilege of listening to their patients' stories. And life storytelling can be both a therapy and a source of qualitative data.

Now, the School of Nursing has launched the groundbreaking International Center for Life Story Innovations and Practice (ICLIP) under the leadership of associate professor Juliette Shellman, Ph.D., APHN-BC, who spearheaded its establishment in Storrs and will serve as its first director.

"I became interested in reminiscence as an intervention through my clinical practice in long-term care and as a visiting

nurse in home care," Shellman explains. "Whenever I asked my patients to recall memories, I observed a transformation take place. Talking about their memories and having someone listen took away the pain of their present situation."

As so often happens in nursing practice and research, the alert nurse discovers an innovative practice, develops it, evaluates it, and disseminates its outcomes for other clinicians and researchers. As Shellman says, "This experience inspired me to begin to examine the use of integrative reminiscence on depressive symptoms in older adults. As I broadened my work to include underrepresented groups, I found the use of reminiscence as a way to learn about the traditions and

worldviews of different cultural groups, particularly with Black older adults."

A center for reminiscence practice and research and its associated international professional organization had been located at the University of Wisconsin-Superior. As one of its board members, Shellman saw its potential at a research university's school of nursing, so she advocated for its move to and expansion at UConn.

The mission of ICLIP is to bring "together researchers, educators, practitioners, students, historians, and artists from around the world to promote the health and well-being of individuals, families, and communities through written and oral narratives, personal histories, reminiscence, life review, autobiographical memory, and guided autobiographies."

In addition to practice innovations, however, its aims include research for evidence-based practice: "With the overarching goal of generating new knowledge in this emerging field, ICLIP provides a collaborative infrastructure to establish programs of research, implement educational programs, develop innovative applications in practice, and disseminate life story best practices."

Currently, ICLIP is collaborating with the University of New England Center for Excellence in Aging and Health to submit an NIH R13 grant application to the National Institute for Aging to conduct a regional conference titled, "Narrative-Informed Research on Human Aging: Enhancing Understandings & Outcomes across the Methodological Spectrum." This is tentatively scheduled for the spring of 2021 in Portland, Maine.

In addition, ICLIP has formed Students Advancing Reminiscence Research (STARR), composed of undergraduate and graduate students from UConn's School of Nursing and departments of Human Development and Family Sciences and Psychological Sciences. The group meets every other week, and students discuss their projects and work in reminiscence.



Graduate students serve as mentors to the undergraduate students. With seven students currently, STARR welcomes future referrals of students interested in this field of study.

The students are working on several projects, including:

- A scoping review: The extent of reminiscence research undertaken in nursing homes (Leah Graf, Madisyn Longlin, Yuxuan Yang and Abdallah Abu Khait)
- Investigating the benefits and perceptions of reminiscence in a residential home sample: A feasibility study (Caitlin Vellios)
- The forgotten experience: Recounting the lives of Vietnamese immigrants (Taryn Nguyen)
- Translation, cross-cultural adaptation, and testing of the psychometric properties of the Arabic version of the Reminiscence Functions Scale (RFS) (Abdallah Abu Khait)

Future faculty research includes the planning of an R34 grant application by Shellman; associate professor Deborah Dillon McDonald, Ph.D., RN; and associate clinical professor Millicent Malcolm, DNP, GNP-BC, RN, APRN, FAANP, for a research project that will focus on the development and testing of life story books as a therapeutic approach to mitigate the long-term effects of Covid-19 on patients, families, and staff in assisted living facilities.

In June 2020, the School secured the approval of the UConn Board of Trustees for a new graduate certificate in Life Story Practice and Research. "The purpose of this online certificate program," Shellman explains, "is to prepare graduate students and professionals with the knowledge and skills needed to conduct life story interventions or programs with individuals, families, and groups. Students will examine different life story methods, including written and oral narratives, reminiscence, life review, autobiographical memory, and guided autobiography."

This innovative center for the study of and education in a universal human experience will result in new knowledge for nurses' patient care. **U**

Online Program Creates Future Health Care Innovators

Innovation can seem like a daunting undertaking, requiring creativity, ingenuity, and skill, but the truth is that nurses and other health care professionals are already innovators in their day-to-day work.

Their innovations tend to be workarounds that deliver the necessary care to patients on a case-by-case basis. But those workarounds expose existing gaps in standard system-level solutions and can be indicators of formal innovation opportunities.

That's where the School of Nursing's new Healthcare Innovation online graduate certificate program comes in, teaching students how to apply critical thinking skills to shift

health care culture via an entrepreneurial lens to meet the needs of many.

"Health care advancements throughout history are a result of creative and inquisitive minds bringing forth new innovations to meet a current or emerging care quality need," says Tiffany Kelley, Ph.D., MBA, RN, who is the first DeLuca Foundation Visiting Professor for Innovations and New Knowledge in Nursing and also directs the new program.

The School of Nursing's official innovation journey began in 2013 under the leadership of then dean Regina Cusson, Ph.D., NNP-BC, APRN, FAAN, in collaboration with alumna Christine Meehan '75 MA, RN, a health care entrepreneur



Molly Higgins, BSN, RN, an online graduate certificate student, is a co-founder of Caring for a Cure, which has raised more than \$1 million to improve the journey of patients and families with cancer.

Opportunities for System Level Solutions and NUR 5113: Developing and Leading a Sustainable Culture of Healthcare Innovations. The fourth and final course is a capstone project, in which students develop an innovation with mentored guidance.

One certificate student, Molly Higgins BSN, RN, works as a staff nurse at Massachusetts General Hospital (MGH) and is also a co-founder of the nonprofit Caring for a Cure, which has raised more than \$1 million to date to improve the journey of patients and families with cancer through research, resources, and awareness.

"Seeing the positive results from this nurse-led nonprofit organization and knowing the incredible impact nursing innovation will continue to have on health care, I wanted to gain more knowledge and better understand how innovation works, and how to further ideas that could have positive results for patients and health care professionals," Higgins says.

"Seeing what the Healthcare Innovation program at UConn offered, I knew it would help me expand my career in innovation."

When asked about the role of innovation in nursing, Higgins says: "From admission to discharge, nurses are uniquely positioned to notice where improvements can be made, because they spend the most time with patients and are involved in all aspects of care. What I am learning in the Healthcare Innovation program has helped me see more opportunities for innovation and validates the importance of nurses to see themselves as innovators."

Higgins saw firsthand the value of innovation in action when Covid-19 began to surge in the spring. She was able to leverage her Grab-a-Lab prototype, which began with an IDEA grant from MGH, and work with the hospital's Covid Innovation teams to further develop and operationalize the invention that improves the efficiency of specimen collection and reduces the potential for cross contamination. Higgins says the Grab-a-Lab device can be used in all settings of patient care and she is currently working to bring the invention to each unit of MGH.

The Healthcare Innovations Online Graduate Certificate is accepting applications for the spring 2021 term until Dec. 1, 2020. To learn more and apply, visit healthcareinnovation.online.uconn.edu/how-to-apply. **U**

and angel investor. A new chapter began when Kelley joined the School in 2018.

Now, under her energetic leadership, the School's innovation work is reaching new levels, attracting new students, and continuing to grow.

The UConn Board of Trustees gave final approval in summer 2019 to launch the Healthcare Innovation online graduate certificate program. The dynamic 12-credit (four-course) program is geared toward both medical and non-medical professionals.

After opening applications in October 2019, two students enrolled in the full certificate program and six others — two nurse practitioner students and four health sciences students — enrolled in the first course, NUR 5111: Healthcare Innovation Theory and Application.

The inaugural offering of the course ran from January to May 2020. Notably, it saw minimal disruption due to the Covid-19 pandemic, unlike some of UConn's other courses and programs that rely on in-person instruction.

"Our eight students remained engaged and even more grateful for the course and program given the many unmet needs for health care professionals during March and April," Kelley says. "The learnings from the semester are recognized in the daily workarounds and innovative behaviors of nurses and health care professionals during this time."

The development of two more courses for the certificate program is now underway — NUR 5112: Healthcare



Beck Internationally Honored for Research

Board of Trustees Distinguished Professor Cheryl Tatano Beck, DNSc, CNM, FAAN, has been doubly honored this year. She was inducted into Sigma Theta Tau's International Nurse Researcher Hall of Fame in July 2019, and in October 2020 she is scheduled to receive the International Marcé Society for Perinatal Mental Health's prestigious Marcé Medal.

A world-renowned qualitative and mixed-methods nursing researcher, Beck has literally written the book (or, more accurately, books) on research, including *Phenomenology: Focus on Method*; *Secondary Qualitative Data Analysis in the Health and Social Sciences*; *Developing a Program of Research in Nursing* (2016); *Routledge International Handbook of Qualitative Nursing Research* (2013), as well as the indispensable textbooks (co-authored with Denise Polit) in multiple editions, *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*; *Nursing Research: Generating and Assessing Evidence for Nursing Practice*; *Traumatic Childbirth*; and *Postpartum Mood and Anxiety Disorders: A Clinician's Guide*.

Her program of research focuses on women's perinatal mood disorders, including postpartum depression; post-traumatic stress disorder due to traumatic childbirth; and secondary traumatic stress in labor and delivery nurses, certified nurse-midwives, and neonatal nurses. She has also conducted research on post-traumatic growth, which is the positive impact a traumatic experience can have on mothers and on obstetric nurses who care for women who have had traumatic births.

According to Sigma Theta Tau, "This year represents Sigma's 10th presentation of the International Nurse Researcher Hall of Fame." Beck and the other 2019 inductees will join the 176 previously inducted nurse researchers,

including UConn School of Nursing Dean Deborah Chyun in 2014, "who have achieved significant and sustained national or international recognition and whose research has improved the profession and the people it serves."

The International Marcé Society for Perinatal Mental Health is an interdisciplinary organization dedicated to supporting research and assistance surrounding prenatal and postpartum mental health for mothers, fathers, and their babies. The overall mission of the Marcé Society is to sustain

Beck is just the fifth American and second nurse researcher to win the prestigious Marcé Medal.

an international perinatal mental health community to promote research and high-quality clinical care around the world.

Writing for the European Institute of Perinatal Mental Health, Ibone Olza, MD, Ph.D., characterized Beck and her work:

"I say her papers are brave because I feel it is so, and I am not exaggerating," Olza writes. "Cheryl has been a pioneer in making the consequences of birth trauma visible to the health care community. There are consequences for mothers, for breastfeeding, for partner relationships, for fertility, for

facing the next birth (many choose a home birth to avoid a repetition of the traumatic circumstances). There are also consequences for birth attendants, who may feel guilty of being accomplices to mistreatment and obstetric violence, a fear of recognizing and naming it."

The highest award the Society can bestow upon a member is the prestigious Marcé Medal. It is awarded every two years to an individual in recognition of continued major achievements and commitment to research in the field of perinatal mental health in women. Beck is just the fifth American and second nurse researcher to win the prestigious Marcé Medal.

Beck has never rested on laurels, however. She recently completed a narrative analysis of postpartum psychosis, and is currently engaged in two studies:

- A phenomenological study on the physical and emotional impact of fourth-degree perineal tears on women's daily life.
- A mixed-methods study with Deepika Goyal, an OB/GYN nurse practitioner and professor at San José State University, on women's experiences giving birth during the Covid-19 pandemic.

"These women giving birth during the pandemic may not develop full-blown PTSD," Beck explains. "But I would think they would have some of the symptoms of someone going through a stressful period." **U**

MaryAnn Perez-Brescia Leads New Office of Diversity, Equity, and Inclusion



The School opened an Office of Diversity, Equity, and Inclusion on July 1. A mission-centric initiative, the office will assist with recruiting and retaining a diverse group of students, faculty, and staff, focusing the school’s research on the health needs of people underrepresented in science, positioning the school strategically to address the health care needs of all its residents, and building relationships with diverse communities at home and globally.

MaryAnn Perez-Brescia, MSN, RN, a clinical instructor whose scholarship focuses on improving health outcomes in Latinx people diagnosed with diabetes, has been appointed the office’s inaugural coordinator. In addition to developing and implementing mentoring programs for minority nurses, nursing students, and middle and high school students interested in nursing, she has been a leader in the New England Minority Nurses and the Connecticut Hispanic Nurses associations. She currently serves as a director on the board of the Connecticut Health Foundation.

“I am honored to transition into a role dedicated to providing a diverse, equitable, and inclusive environment at the School of Nursing,” Perez-Brescia says. “This work will create a strong nursing community, prepared to meet the needs of our diverse patients. The impact and benefits of diversity, equity, and inclusion are far reaching in many areas of nursing and scholarship.”

Welcoming New Faculty

We were thrilled to welcome several new faculty members over the past year. Their skills and knowledge are a great asset to our School, and we cannot wait to see what they accomplish during their time with us.



Judy Brown, Ph.D.

Sometimes new faculty members travel far to join the School of Nursing, and sometimes they come from 0.2 miles down the road.

Judy Brown transferred to our School from the College of Agriculture, Health, and Natural Resources’ Department of Allied Health Sciences this fall.

“A move to the School of Nursing is an exciting opportunity for me to learn from and collaborate with qualified practitioners who are mindful of the need for dynamic continuing health care professional education,” Brown says. “I am grateful to be welcomed and look forward to being among the creative faculty who design and lead the successful and highly regarded programs of the School.”

Brown is a certified clinical laboratory specialist in both cytogenetics and molecular biology with a Ph.D. in genetics and genomics. As director of the chromosome core division of the Center for Genome Innovation (CGI), she examines chromosome integrity of human-induced pluripotent stem cells created to mimic

diseases such as autism, Angelman and Prader-Willi syndromes, and psychiatric disorders. Brown also provides training and expertise on diverse collaborative projects to expand grant-funded efforts in the growing field of chromosome biology and has a special passion for examining how retroelements contribute to chromosome instability in multiple species.

“I am one member of an expert team in the CGI that ensures researchers of the physical and functional genome integrity of their cell lines,” Brown says. “The rapidly developing gene editing tools and genome sequencing capabilities mean our services are in-demand and must remain both timely and accurate. Our mission also includes educational outreach and training in our state-of-the-art facilities toward the benefit of increasing scientific literacy and for the continued application of genetics and genomics toward individualized health initiatives.”

Recognizing a need for individuals with advanced training in genome-based technologies and clinical genetics, Brown developed and serves as director for the Institute for Systems Genomics’ innovative Health Care Genetics Professional Science Master’s Degree program, co-sponsored now by the School of Nursing and by the Department of Allied Health Sciences in the College of Agriculture, Health, and Natural Resources.

The interpretation and translation of genetics and genomics for quality patient care requires genetic counselors and yet Connecticut has a shortage of genetic counseling professionals, thereby leading to long wait times or limited services. Brown, using Academic Plan grant funding, developed a proposal for Connecticut’s first genetic counseling master’s degree program.

“Genetic testing and editing are portrayed in the media as either the end or savior of the human species,” Brown says. “Genetic testing for entertainment includes ancestry, meal planning, and predictions about athleticism. News media focus on the horror of editing human embryos, rather than on reports of researchers correcting gene mutations in mouse cells suggesting a promise to patients with sickle cell disease. My passion is to dispel all hype and to make genetics and genomics inclusive and accessible to students, scientists, clinicians, and the public for the betterment of our society’s health.”



Eileen J. Carter, Ph.D., RN

One of our new assistant professors has traded Manhattan for Storrs.

Eileen J. Carter’s background is in emergency department nursing, and she joined the School of Nursing in August. She is passionate about the translation of research to improve patient safety and outcomes and has received national grant funding to study the dissemination and implementation of health care-associated

infection prevention and antibiotic resistance evidence-based practices.

“I was drawn by UConn School of Nursing’s strong reputation, and its commitment to and successful track record of public service and quality research,” Carter says. “Students and faculty alike esteem the School for its scholarly expertise, nurturing atmosphere, and tremendous opportunities for interdisciplinary collaboration.”

Carter received her BSN from New York University, before going on to earn her M.Phil. and Ph.D. at Columbia University. In 2014, she was the first to enter a jointly appointed research position at Columbia University School of Nursing and New York-Presbyterian Hospital, seeking to connect scholarly efforts across the institutions.

She is an avid writer and is gaining national recognition for her work in uniting scholarly efforts across academia and practice, and for her research surrounding the role of nurses in facilitating the uptake of evidence-based practices that improve the judicious use of antibiotics to prevent antibiotic resistance.

Seeing her potential, UConn has accepted Carter into its Pre-K Scholar Career Development Award Program. The two-year program is designed to equip junior faculty with the knowledge of how to effectively apply for an NIH Research Career Development Award (K award). The program’s long-term goals are to increase the pipeline of researchers applying for a K award and help them become leaders in clinical and translational science.

“I am delighted to have been accepted and believe my research career will benefit greatly from the close mentorship, protected time, and development of skills afforded by the Pre-K Scholar Career Development Award Program,” Carter says. “I feel very fortunate and am excited to join the UConn community!”

Wendy A. Henderson, Ph.D., MSN, CRNP, FAAN

Once you become a Husky, there’s no going back.

Wendy Henderson has been a part of the School of Nursing since 2013, when she was an adjunct faculty member working with graduate students. In September 2019, she became a visiting professor



and director of the Center for Nursing Scholarship and Innovation.

Earlier this year, at the UConn Board of Trustees’ meeting in June, Henderson was awarded tenure at the rank of professor and, in August, was named director of the School’s Ph.D. program by Dean Deborah Chyun.

“I’ve had a longstanding relationship with UConn, and I am looking forward to my new role,” Henderson says. “For me, it’s all about giving back to the next generation of nurse scientists.”

Henderson obtained her bachelor’s, master’s, and doctoral degrees in nursing from the University of Pittsburgh, where she was also a Clinical and Translational Science Institute Fellow and completed a patient safety fellowship.

Before coming to UConn, Henderson spent 12 years at the National Institute of Nursing Research (NINR). In 2007, she was the first nurse scientist to ever be appointed as a staff scientist at the National Institutes of Health (NIH). After completing two years of postdoctoral training at the NIH, she became chief of the Digestive Disorder Unit within NINR’s Division of Intramural Research in 2011.

During her tenure there, she served as a primary investigator on multiple studies at the NIH and was the first staff scientist Ph.D., CRNP credentialed to the medical staff of the NIH Clinical Center, paving the way for others. Henderson also founded a clinical and translational postdoctoral fellowship program, through which nurses learned biobehavioral personalized care approaches targeting patients’ symptoms.

Her research is currently focused on the

brain-gut-liver axis and the relationship of stress and the microbiome across the lifespan. In 2002, she began her clinically based research career by publishing treatment algorithms for standards of care for patients with digestive disorders. These treatment algorithms are still in practice and cited today.

Henderson is an accomplished clinical and translational nurse scientist and is regarded as a pioneer in digestive disorder genomic research. She is an inventor and holds multiple patents and licensed technologies. Among other awards, Henderson has received NINR Director’s Awards for Innovation, Leadership, and Diversity and is a fellow of the American Academy of Nursing.

“We’ve had discoveries, made changes in our field, and now I want to teach others how to do that as well,” Henderson says. “Nursing really is a team science, and diversity of thought is key to building it and implementing nurse-led innovations in patient care that make a difference in people’s lives.”

Steven Kinsey, Ph.D., and Natalie Shook, Ph.D.

She’s a psychologist who is examining health disparities in underserved populations, who is looking at the impact of mindfulness on health behaviors and the experience of pain, and who won an award in 2017 for her mentoring of



undergraduate students.

He’s a neuroscientist serving as the new director of the Center for Advancement in Managing Pain (CAMP) who won an outstanding researcher award in 2019 and is looking at ways to address chronic pain.

Recent transplants from West Virginia University, Natalie Shook and Steven Kinsey have brought their collaborative approaches to research and their interactive styles of teaching to the lab and the classroom.

They’re also married, with two young children, and with diverse backgrounds of study and work that complement the expertise that the School of Nursing has already developed.

“Everything we do has to come around to health and improving lives in some way,” says Kinsey, who studies opioid and cannabinoid systems and how they control pain, inflammation, and the stress response. One of his projects funded by the National Center for Complementary and Integrative Health explores new, non-opioid pain treatments. With a background in neuroscience and pharmacology, Kinsey sees his work — and the potential to make an impact, particularly in pain management — fitting closely with nursing’s philosophy and goals.

Shook’s work in social psychology has, in recent years, delved more deeply into health domains, making the School of Nursing a natural fit for her research, she

said, due to the many implications for health care providers and especially nurses, who often serve as the front lines of patient care.

In the face of the ongoing Covid-19 pandemic, Shook has also launched a study funded by the National Science Foundation to look at how behavior and social attitudes change, and what factors influence those changes, when people in the U.S. are faced with the threat of widespread disease.

“A couple of lines of research that I have in my lab are looking at disease avoidance and immune function,” she says. “When this opportunity arose, it seemed like ideal timing that being in the School of Nursing facilitates these programs of research.”



Mark Lazenby, Ph.D., APRN, FAPOS, FAAN

A philosopher and nurse walk into a patient’s room ...

While that might sound like the setup of a joke, it describes all of Associate Dean Mark Lazenby’s clinical encounters. Educated as a philosopher and teaching and publishing in philosophy, Lazenby came to nursing after seeing that nurses did not abandon his loved ones when other health care professionals did.

Lazenby earned his MSN in nursing oncology advanced practice at the Yale University School of Nursing, continuing to teach and conduct research there. Understanding that nursing is global, he has devoted his nursing career to developing culturally and spiritually

sensitive palliative care interventions in Botswana, Jordan, and the United States. In addition, he conducts research on cancer-related distress, recently completing a project funded by the American Cancer Society to develop a palliative care intervention for Muslims with cancer.

In addition to this interdisciplinary research, Lazenby is also a thought leader on the nursing profession’s significance in contemporary times. Two of his books have crossed the professional/layperson divide: *Caring Matters Most: The Ethical Significance of Nursing* and *Toward a Better World: The Social Significance of Nursing* were published by Oxford University Press.

Perhaps at no time in the recent history of nursing has his work been more needed. The Covid-19 pandemic has revealed, as rarely before, the deficiencies in our expensively flawed health care infrastructure. Kirkus Reviews said of his book *Caring Matters Most*:

“In a demanding industry confounded by the complications of encroaching automation and both patient vulnerability and ever increasing acuity, Lazenby — with boundless enthusiasm and positivity — seeks to inject the caregiving role with some much-needed kindness and sympathy while still attaining the professional medical standards and goals nurses strive for. His account affirms that the ‘good life’ of nursing is indeed possible and can be enjoyed while molding ‘a better world for generations to come.’”

In *Toward a Better World*, Lazenby wrote, “by working for the common good, through fulfilling our obligations to the entire human community, and that which sustains the human community, the profession of nursing works toward a better world — for all.” He identifies what he sees as nursing’s six professional obligations: equality, assistance, peace, safety, care for Earth, and respect for ourselves and others.

Lazenby highlights these obligations with our students in his new role as Associate Dean for Faculty and Student Affairs, with the insight discerned by a philosopher and a nurse.



Christine Tocchi, Ph.D., APRN, BC-GNP

New assistant professor Christine Tocchi has more than 20 years of experience in the education of gerontological nursing students and providing care to older adults. She joined the School of Nursing in August after spending six years as an assistant professor at Duke University.

Tocchi received her bachelor's degree in nursing from St. Anselm College, and her master's degree and Ph.D. in nursing from Yale University School of Nursing. Her postdoctoral fellowship was at the New York University College of Nursing.

adult population is exemplified by her consistent work and collaborations with the Claude D. Pepper Older Americans Independence Center and the Gerontology Advanced Practice Nurses Association.

Tocchi was also instrumental in the development of Duke University's palliative care specialty, which complemented her research and clinical work in improving health outcomes in frail older adults with multi-morbidity. Co-creation of the palliative care specialty at Duke provided students with the opportunity to gain the necessary knowledge and skill to care for individuals with chronic or life-limiting illness.

"I am delighted to be joining the renowned faculty of UConn's School of Nursing," Tocchi says. "The School's commitment to research, education, and public service is an exemplar of an academic environment supportive of the development of innovative and new nursing knowledge and future nursing leaders to improve health care across settings and populations."



Valorie MacKenna, Ph.D., RN, CNE, CHSE

Simulation-based learning is a vital part of preparing our students for their future work, and the Covid-19 pandemic has forced us to navigate offering our simulation lessons virtually. Needless to say, we need strong leaders at the helm of our Clinical Simulation Learning Center.

Valorie MacKenna is one of them. She joined the School of Nursing in July as an assistant clinical professor and our new director of simulation-based education.

MacKenna came to us from the University of Central Florida in Orlando, where she was a graduate teaching assistant and received her Ph.D. She graduated from the University of South Florida in 2010 with her BS in nursing and MS in nursing education and has over a decade of experience in labor and delivery nursing.

In 2016, MacKenna became a Certified Healthcare Simulation Educator (CHSE) and her research focuses on simulation-based learning, debriefing methods with virtual simulation, and nursing education.

"I'm excited to be a part of the team at the School of Nursing and look forward to contributing to the growth of the Clinical Simulation Learning Center," MacKenna says. "I see great opportunities to collaborate with other dedicated educators as we develop the next generation of nurses through experiential learning."

Tocchi's research and work has focused on frailty prevention in older adults. She co-initiated a primary care home visit program for frail homebound older adults, initiated a Nurses Improving Care for Healthsystem Elders (NICHE) program within an acute care hospital, and was a health provider and director of patient care at a long-term care facility.

Her doctoral research as a John A. Hartford Building Academic Geriatric Nursing Capacity Scholar at Yale University led to the development of The Frailty Index for Elders (FIFE), a multidimensional measure for frailty in older adults. She has also served as a researcher member for several significant studies on the care of elders.

Tocchi has been a strong mentor to DNP students, providing guidance in maintaining quality and rigor in clinical scholarship and dissemination. Her dedication to the health care of the older



Gee Su Yang, Ph.D., RN

One of our newest faculty members comes to us from South Korea by way of Florida.

Gee Su Yang, who joined the School as an assistant professor in August, completed her postdoctoral training at the University of Florida through an NIH National Research Service Award F32 fellowship. During her time in Florida, she advanced her clinical research knowledge and skills in symptom science, specifically focused on aromatase inhibitor-associated

musculoskeletal symptoms in breast cancer survivors.

She received her BSN and MSN from Seoul National University in South Korea and her Ph.D. from the University of Maryland School of Nursing.

During her pre-doctoral program, she studied pain and omics discovery methodologies to investigate underlying mechanisms and treatment strategies of various types of pain, such as cancer-related pain, inflammatory pain, neuropathic pain, and musculoskeletal pain, using an animal model.

"I decided to work at the UConn School of Nursing because there are rich research infrastructures, resources, and support for basic, translational, and clinical research, and there are mentors and colleagues to work with in my area of interest," she says. "I am very excited to be a part of the UConn family."

She, her husband, and their two children enjoyed Florida's beaches and now are exploring Connecticut's outdoor attractions.



NEW CLINICAL FACULTY WHO HAVE JOINED US

We were also excited to welcome three new clinical faculty members over the past year: **Leslie LaPointe, MSN, RN, CHSE; Amanda Moreau, MSN, RN; and Susan Virkler, MSN, RN.**

FACULTY IN NEW ROLES

Assistant Professor **Marianne (Mimi) Snyder, Ph.D., RN**, became director of the Certificate Entry into Nursing (CEIN) Program in January. Professor **Carol Polifroni, Ed.D., NEA-BC, CNE RN, ANEF**, is the inaugural Director of the Office for Clinical Placement Coordination, as of August.



Students Thank Donors for Life-Changing Scholarships

On Sept. 21, 2019, the School of Nursing held its annual Reflections of Excellence program. It originated more than twenty years ago and celebrates donors' contributions, student scholarships, and alumni awards. To give those in attendance a further glimpse into the life of a scholarship recipient, two students shared their stories during the event. One was Danny Morochó, a traditional nursing student in his senior year:

Good morning, everyone. Thank you for giving me this opportunity to speak in front of you on this lovely day; it is truly a blessing.

I want to first thank all of the faculty of the UConn School of Nursing for all the hard work they put in; all of your efforts are the reason why this nursing school is recognized nationally and we as students are able to study such a beautiful profession. And, of course, thank you to all the generous scholarship donors who have given to the students here this morning.

Specifically, I want to thank my donor, Lucy LaCava, for the honor of your scholarship. And, thank you to my fellow nursing students for your support and commitment. Soon, these nights full of little REM sleep will be over. Lastly, I want to thank my family and friends for the love and support through this journey; without it I wouldn't be here right now.

Truthfully, I never thought I would make it this far and be in the position I am in right now. I was born in Ecuador and was initially raised by a woman named Rosa for my first five years of my life. See, there was an economic crisis going on in Ecuador when I was little. The Ecuadorian currency had just been replaced by the United States dollar. The Ecuadorian dollar had little value and left the country in poverty. The banks closed for a long time and the Ecuadorian people, including my parents, were left with no money.

People started riots, with police and government in outrage. People started taking their own lives due to the inability to cope with the loss of their life savings, homes, valuables, and children's education. This event forced my parents to migrate to the United States in search for work. They left my brothers and I with my grandparents and Rosa, a young teenager who dropped out of school due to the crisis and took on the role as our nanny for work. While my parents were in the United States, they worked many jobs and sent money to support us back in Ecuador. I grew up without seeing much of my parents.

Close to five years passed, and my parents were able to start their own little trucking business and decided to bring my brothers and I to the United States to live with them. We arrived in Brooklyn, New York, and I remember living in a small apartment where the train passed loudly right above our building. I remember being frightened with the whole change in scenery. About two years went by, and we moved

to Bristol, Connecticut, to meet up with other family and friends that had also fled the country due to the crisis.

Life was not easy growing up. I grew up still not seeing much of my parents because they were always working. I was usually left home with my older brothers and cousins in charge. I was young and stubborn. I took advantage of my parents not being home and hung out with neighborhood kids causing trouble all over town. My parents always told me to study but having that freedom at such a young age and being surrounded by other kids who also didn't have their parents around was what entertained me.

I was in seventh grade when I started seeing my friends that I grew up with getting involved in drugs, sex, and alcohol. My two older brothers got involved with the wrong crowd and some of my young family members started doing drugs. Seeing all of this hurt me. My older brother got his girlfriend pregnant at the age of 15, which caused a lot of pain for my family.

At a young age, I started to realize that lower-income kids have a higher risk of getting involved with these things, not because they want to, but because they lack opportunity, guidance, and mentoring. My parents warned us and did everything they could, but we didn't listen. I felt pressured to be the one in my family to not get involved with these behaviors. It was hard, as I was surrounded by bad influences, but I didn't want to disappoint my parents.

Entering high school, I realized the only way out of this dark cycle was through education. I felt pressure academically because I was taking classes with students who I felt were more academically prepared growing up, but I kept pushing. I started working a lot for my parents' mattress delivery business in high school, as well. I worked with many underserved adults that migrated to the U.S. and worked for my parents. As I got older and started taking on more responsibilities, I drove trucks and oversaw delivering the mattresses with my parents' employees. Even though it was stressful, I wanted to work while in high school because we had little money.

Working with migrant workers taught me a lot. I learned that a lot of these individuals grew up with little to no opportunity to succeed

(Continued on page 40)



\$3M Grant to Help Students With Disadvantaged Backgrounds Become Nurse Practitioners



News headlines frequently warn of a “physician shortage,” but as nurse leaders point out, there is actually a “primary care shortage,” which current and future advanced practice nurses can remedy.

To meet that need, the School of Nursing will launch a groundbreaking program this fall, aiming to increase diversity among primary care providers in medically underserved communities in Connecticut.

The PATH to PCNP clinical-academic partnership is funded by a nearly \$3 million grant from the U.S. Health Resources and Services Administration. It will provide scholarships to 24 undergraduate students with historically underrepresented backgrounds each year for five years. Six students from each academic year — freshman, sophomore, junior, and senior — will receive scholarships starting in the 2020-21 academic year.

“The mission of the School of Nursing is to educate nursing scholars, clinicians, and leaders, with the goal of advancing the health of individuals, communities, and systems,” says Dean Deborah Chyun. “The funding provided through this innovative program for underrepresented students will enhance their ability to focus on their education and graduate with minimal debt, in the hopes that they will go on to serve the areas of our state that are most in need.”

The group of faculty members leading this initiative at the School of Nursing includes Ivy Alexander, Ph.D., APRN, ANP-BC, FAANP, FAAN; Natalie Shook, Ph.D.; Marianne Snyder, Ph.D., RN; and Thomas Van Hoof, MD, Ed.D., FACMQ.

“We are excited to launch this program. The School of

Nursing is poised to provide innovative educational and personal supports to enhance student success,” the faculty team says.

Despite efforts to recruit registered nurses from underrepresented groups to the School of Nursing’s primary care nurse practitioner (PCNP) master’s program, numbers of such students remain low, according to Alexander.

In order to increase diversity among PCNPs, the School must first increase completion of the bachelor’s program among underrepresented students, without overwhelming student debt.

The objective of PATH to PCNP — Provide Academic Transformational Help for disadvantaged nursing students to become Primary Care Nurse Practitioners — is to help students graduate on time through a “fast track” undergraduate program.

The partnership will increase educational support for students with disadvantaged backgrounds; foster a sense of belonging and ability for positive self-care to reduce stress, anxiety, and depression; and infuse primary care curriculum and experiences in medically underserved communities.

“Students participating in the PATH to PCNP program will have primary care experiences during their undergraduate nursing education and graduate ready to begin graduate school to become primary care nurse practitioners,” the faculty team says.

PATH to PCNP is a partnership between the UConn School of Nursing and Community Health Center Inc. Undergraduate seniors in the program will complete a capstone clinical rotation at CHCI, gaining experience providing primary nursing care to patients with complex health issues. CHCI’s chief nursing officer Mary Blankson will lead the initiative at CHCI, which is one of the largest federally qualified health centers in the country.

DNP GRADUATE’S COMMENCEMENT ADDRESS HONORS UCONN’S NEWEST ‘SCHOLAR HEROES’

The School of Nursing was honored that clinical instructor Jamie Gooch, DNP, RN, a recent Doctor of Nursing Practice graduate, was selected by UConn as one of the University-wide virtual commencement speakers this year. Here is her commencement address:

I am proud to be here with you today in celebration of our shared accomplishments.

We may have never met, but your achievement tells me a lot about who you are. You wanted more for yourself. You understood the power and value that knowledge, reason, and truth have for us and for our country. You set a course down a path, which although at times bumpy and winding with blind corners along the way, you traveled tirelessly. You committed to the journey and arrived here today. This is a true accomplishment, and you should be very proud indeed.

Today, you join a company of heroes. I am proud that in 2020, the “Year of the Nurse,” the global spotlight has found my colleagues. But this is a moment of human challenge that will alter the foundation of society. In the years to come, all of us will be called upon to remake this world. In the nation to come, heroes will not wear capes: They will wear tassels.

You have arrived just in time!

You are exceptional, and it turns out that you’re in good company! You see, the UConn community is full of scholar heroes, and though we may not be able to see and stand next to each

other today, I assure you that we are here. Thousands of us, ready to take the lessons learned from years of hard work and dedication to our fields and to use that to better our communities and world in this moment when we are so desperately needed.

Until this moment you may not have thought of

yourself as a hero. It can be easy to look at others and see the hero: The ER doctor who hasn’t seen her family in months. The medic who is losing his colleagues yet rides every day. We see the students and faculty from the schools of Nursing and Medicine at the front lines of this pandemic, every day helping, caring, and advocating for the sickest among us even while risking their own health. But that heroism of the moment is quickly being joined in a herculean effort to rebuild and reimagine: Students in the School of Engineering along with UConn alumni are innovating new methods to build desperately needed ventilators to contribute to the effort. We need them now more than ever.

From today, the tassel you wear on your cap has marked you: The heroes we need right now. You are in great company. Whether you’re a graduate of the School of Education, eagerly awaiting your chance to help the tens of thousands of children who now sit at home waiting for their lessons, or a graduate from the School of Business who lies awake at night dreaming of new pathways for commerce and innovation to get our economy back on track, you are a hero. Across this video screen from me are heroes from the School of Social Work ready to guide the most vulnerable toward desperately needed help during this uncertain time. Heroes from the College of Liberal Arts and Sciences and from our schools of Medicine and Pharmacy are working tirelessly to discover new ways to fight Covid-19. And we hunger for the light of insight and hope from the School of Fine Arts to align our ambition, to showcase our joy and our sorrow, to elevate our works and our lives.

Every discipline in this great public institution will be called upon; every school here sends you out today, to help.

We are a community of scholar heroes and the world needs us. We each have the potential to rise to the challenge before us and to be heroic in the lives of those around us. It is a scary time to be leaving the relative safety of our UConn community. And although, once again, the path forward may not always seem clear, I remind you that you have traveled an uncertain path before and arrived victorious. You are the scholar hero that our country needs right now, and you’ve got the tassel to prove it!

Many congratulations on your accomplishment!

I wish you all luck, health, and success. The world depends on us.





Black Mothers' Vulnerability: Lucinda Canty Explores the Science and Art of Nurse Midwifery

If the Covid-19 pandemic has taught us anything, it is that the most affluent and medically developed nation in the world can still allow vast disparities in health care and health outcomes. As one commentator put it, “We are not all in the same boat, but we are all in the same storm.”

This comes as no surprise to recent Ph.D. graduate Lucinda Canty, Ph.D., CNM, a nurse midwife on the faculty of the University of St. Joseph who is in clinical practice at Planned Parenthood of Southern New England. With previous degrees from Columbia University and Yale University, she earned her doctorate with her qualitative dissertation on the lived experience of severe maternal morbidity among Black women.

“In the United States, Black women have a long history of poor maternal health outcomes. Black women are three to four times more likely to die from a pregnancy-related complication, and twice as likely to experience severe maternal morbidity, when compared to white women,” Canty says. “A serious gap exists in our knowledge of the reasons for health disparities in

maternal health; factors contributing to disparities in maternal health are complex and not clearly understood. The experience of severe maternal morbidity among Black women can assist with identifying the causes of these disparities and assist with the development of interventions to address the issue.”

Severe morbidity during pregnancy can include cardiomyopathy, cardiac arrest, severe preeclampsia, eclampsia, sepsis, and postpartum hemorrhage. “Severe maternal morbidity, also referred to as a ‘near miss’ or near-fatal complication, is identified when a life-threatening obstetrical complication occurs during pregnancy, childbirth, or postpartum,” Canty explains. “Severe maternal morbidity includes a preventable complication with significant consequences to the woman’s health, one that could have resulted in her death.”

Canty’s research discloses that in the United States, severe maternal morbidity during childbirth and postpartum has increased, affecting approximately 0.5% to 2% of births annually.

However, Black women experience disproportionately higher rates compared to white women.

What is the lived experience of Black women with these vulnerabilities? Canty chose a qualitative method to answer this question because it “provided a better understanding of their relationship with health care providers and identified how race has an effect on the perception of care and the need for education and emotional support during pregnancy, childbirth, and postpartum.”

Canty engaged nine participants in conversational interviews about their experiences. She reflected on her own experience of giving birth: “I realized that I did not consider that, notwithstanding my educational background and career, as a Black woman I, too, was at a higher risk for complications or death. I never considered there was a possibility that I could become a part of those statistics of Black women and poor maternal health outcomes.”

As Barbara Carper proposed in 1978, nurses’ ways of knowing include the empiric (that is, scientific knowledge), but also the aesthetic. In an innovative approach for an academic dissertation, Canty sought out “creative and artistic sources, such as film, documentaries, literature, art, and poetry that address the phenomenon of maternal morbidity in the Black community.”

“I was unable to identify creative or artistic sources that captured the meaning of severe maternal morbidity, so I created paintings based on the interviews.”

Finding none, she boldly created her own. “I was unable to identify creative or artistic sources that captured the meaning of severe maternal morbidity, so I created paintings based on the interviews,” she says. “These artistic sources were used to enhance the understanding of the phenomenon and provide another dimension of investigation of the phenomenon.”

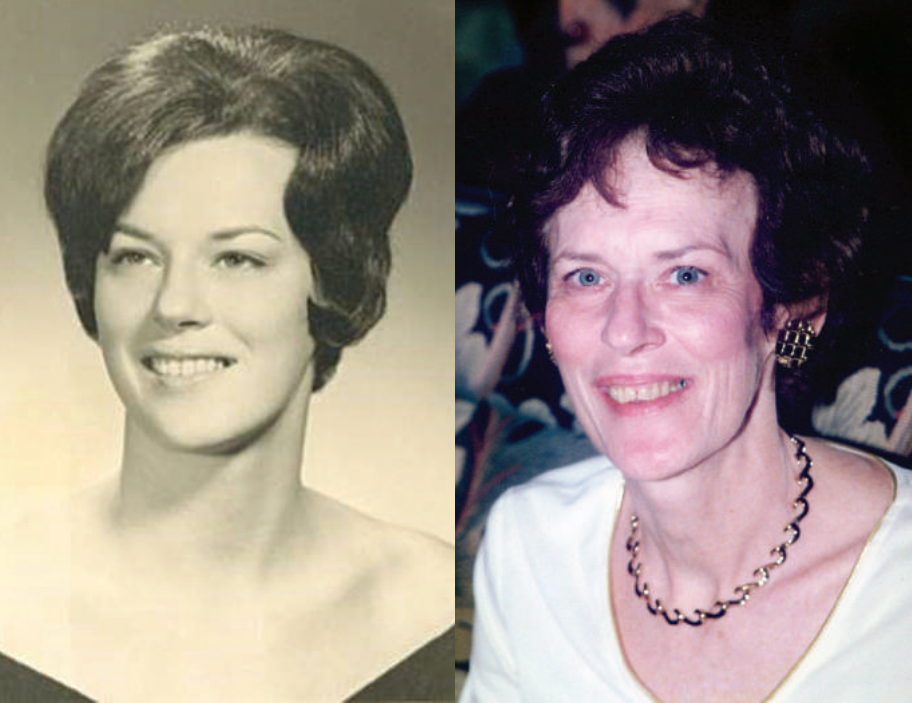
For Canty, this work and what will follow is deeply personal. “The inclusion of Black nursing scholars into research initiatives that are developing solutions to severe maternal morbidity in the Black women population is especially important as they can provide a unique perspective,” she says.

“Understanding Black women’s perceptions of that care is an essential next step in understanding disparities in maternal mortality and morbidity. The voices of Black women need to be represented in research that addresses health disparities to



incorporate cultural factors that may influence care,” says Canty, who hopes her findings, “will inform the development of clinical interventions and health policies to improve maternal health outcomes among Black women.”

Canty’s paintings will be displayed in the Widmer Wing Dolan Collection in 2021.



We Never Got to Say ‘Thank You’ to Margaret ‘Peggy’ E. Sczesny

Margaret E. Sczesny was born and raised in Connecticut, but spent most of her adult life in Virginia. Now, her name and legacy are coming home. Sczesny, who went by “Peggy,” passed away in March 2019 at the age of 71 and left the UConn School of Nursing the ultimate gift — her more than \$1.5 million estate. No one knew of her intended gift until after she had passed. The late alumna earned both her bachelor’s (Class of 1969) and master’s degrees from the School of Nursing. Early in her career, she

served as a staff nurse and clinical director at Yale New Haven Hospital, before being recruited in 1984 to work at VCU Health — then MCV Hospital — in Richmond, Virginia. She served as director of pediatric nursing until 1995 and practiced as a registered nurse until retiring in 2011. Sczesny loved being a nurse, and over the course of her career served countless children and their families. In her leadership roles, she was instrumental in designing programs that enhanced the care of children and facilitated the work of the nurses who cared for them. Sczesny was also



an ardent UConn women’s basketball fan and a 26-year donor to the School of Nursing Dean’s Fund. A couple of years ago, Sczesny’s nursing classmate Patricia (Matheson) Bender reached out to members of the Class of 1969 with whom she had stayed in touch to encourage them to participate in their 50-year reunion. In doing so, Bender learned that Sczesny was ill. She ended up passing away just five months before her classmates reunited. “Peggy and I both enjoyed rewarding careers in the Department of Pediatrics at Yale New Haven Hospital,” Bender says. “Once Peggy relocated to Virginia, she always welcomed conversations with me about UConn School of Nursing and stayed a loyal supporter of the University. People like Peggy are rare, and she will be missed. Her gift was unexpected, but in the context of her generous nature, it was not a surprise. I know she always wanted to contribute through planned giving.” Another one of Sczesny’s classmates, Carol Ann (Knott) Conboy ’69 (ED), a retired justice of the New Hampshire Supreme Court, remained one of Sczesny’s closest friends and served as Sczesny’s executor. Working with the School of Nursing and UConn Foundation, Conboy helped ensure that Sczesny’s legacy will live on in perpetuity. “Peggy and I met in 1965 as we started our undergraduate years, living on the seventh floor of Brien McMahon Hall,” Conboy says. “Although our professional paths diverged, we maintained a close friendship for over 54 years. Early

Sczesny loved being a nurse, and over the course of her career served countless children and their families.

on, I came to know of her deep commitment to providing the highest quality of nursing care; she set a standard for herself that would challenge even the most dedicated. She remained enormously grateful for the excellent educational foundation she received at UConn, and her fierce support of the UConn women’s basketball program sparkled until the very end.” Sczesny’s donation will be used for undergraduate and graduate student scholarship support with a preference for pediatric nursing, and will create a “Nursing Traditions” fund to provide nursing pins and stethoscopes to students. In April, the UConn Board of Trustees authorized the naming of the “Margaret E. ‘Peggy’ Sczesny ’69 ’79 Auditorium” — located in the School of Nursing Widmer Wing of Storrs Hall — to honor Sczesny’s memory and contribution. Signage was installed this summer and a naming celebration will be held at a future date. We could not thank her while she was still alive, so to Peggy Sczesny: Thank you, from everyone at the UConn School of Nursing!

PLANNED GIVING FOR THE UCONN SCHOOL OF NURSING

The collective gifts the School of Nursing receives annually provide essential support for scholarships, as well as our mission of caring, innovation, and advocacy in patient care. However, estate gifts can create a lasting legacy for our donors while truly transforming the lives of our nursing students and our nursing programs. Have you considered including a gift to UConn School of Nursing in your estate plans? Those who intend to support UConn with a lasting commitment are invited to join the “CLB Society.” The Charles Lewis Beach Society is the namesake of Charles Lewis Beach (college president 1908-1928). President Beach is remembered in part for his role as teacher and leader of what was, in 1908, the young Connecticut Agricultural College. He was a man of foresight and good works whose philanthropy, concern, and love for the University of Connecticut and its students extended far beyond his lifetime and created a personal legacy. Through his will, he also honored his late wife Louise by providing support for student enrichment and for the institution that was to grow into the University. Today, the Louise Crombie Beach Memorial Collection of Art and the Louise Crombie Beach Memorial Foundation, made possible through lifetime and planned gifts by President Beach, continue to enrich the lives of students and the University community alike. In so honoring Charles Lewis Beach, we recognize those who similarly make provisions in their wills and other estate and planned gifts to The University of Connecticut Foundation Inc. for the benefit of the University. To discuss your interests in supporting nursing research, scholarships or other areas of support at the School, please contact Becky Salustri, Director of Development for the School of Nursing, at: bsalustri@foundation.uconn.edu.



Charles Lewis Beach Society Membership Benefits There are no dues, obligations, or solicitations to join the CLB Society. It’s our way of thanking you for making a planned gift to UConn. As a member, you will receive:

- An invitation to the annual CLB society luncheon
- Invitations to special events and seminars
- A subscription to our newsletter

Once you inform us that you have included a gift for UConn in your plans, you will be recognized as a member of the Charles Lewis Beach Society. For more information, visit plannedgiving.uconn.edu.

2020 ALUMNI AWARDS AND INAUGURAL FACULTY AWARDS GIVEN AT COMMENCEMENT

Every year during commencement in May, we honor several alumni for their contributions to the field of nursing. This year, we also gave out inaugural faculty awards, recognizing two members of our faculty who went above and beyond with their students.

ALUMNI AWARDS

Carolyn Ladd Widmer Outstanding Alumni Award for Leadership in Nursing

Vernette Townsend ’85 MSN, RN



Vernette Townsend is vice president of patient care services and chief nursing officer at Trinity Health of New England: St. Mary’s Hospital. Townsend served as a captain in the United States Army Nurse Corps, as staff nurse in the medical ICU, from 1985 to 1993. Active in community service and professional organizations, Townsend is a member of Sigma Theta Tau International and received the Nightingale Award of Nursing Excellence in 2005.

The Eleanor K. Gill Outstanding Alumni Award for Clinical Excellence in Nursing

Judi Lipton Goldberg ’78 DBA, MSN, RN, NEA-BC



Judith Goldberg serves as director of nursing excellence and professional development at Yale New Haven Health, Lawrence + Memorial (L+M) Hospital in New London. She was instrumental in bringing research possibilities to L+M by initiating a local research committee in collaboration with system colleagues. Goldberg also currently serves as the director/coordinator for the Vizient Nurse Residency program, a nationally recognized program to ease the transition of graduate nurses into practice.

The Josephine A. Dolan School of Nursing Distinguished Service Award

Florence Johnson ’90 MSN, MHA, RN



Florence Johnson is a registered nurse with over 25 years of experience in health care, with a dual master’s in nursing and health care administration. Johnson is the director of quality assurance at a local nursing facility and is the only certified INTERACT educator in New England, coaching nursing home staff on interventions to decrease avoidable readmissions to the acute care setting and decrease rates of health care acquired conditions. Johnson is also the president of the Northern Connecticut Black Nurses Association.

INAUGURAL FACULTY AWARDS

Regina M. Cusson Healthcare Innovations Award

Christine W. Meehan ’74 MA, BSN, RN



Christine W. Meehan is a nurse, an entrepreneur, and an angel investor in women-owned medical companies. She is currently an adjunct professor and entrepreneur in residence at the UConn School of Nursing. In 2012, she initiated the Healthcare Innovation Program at the UConn School of Nursing to teach undergraduate students the basics of innovation and entrepreneurship in a health care setting. In 2017, she was also recognized as one of the 75 Difference Makers in the 75-year history of the UConn School of Nursing.

John McNulty Excellence in the Scholarship of Clinical Education Award

Christine Rodriguez ’19 DNP, ’16 MS, FNP-BC, M.Div., MA



Christine Rodriguez brings a wealth of diverse experience to her role as nursing educator. After becoming a nurse, she earned a master’s degree in divinity. She followed that by earning both a master’s degree in nursing and the Doctor of Nursing Practice at UConn. While holding her students to the highest standards, she is unfailingly empathetic, never forgetting what it is like to be a student. As a family nurse practitioner, she inspires her students to consider the many career possibilities that nursing has to offer.

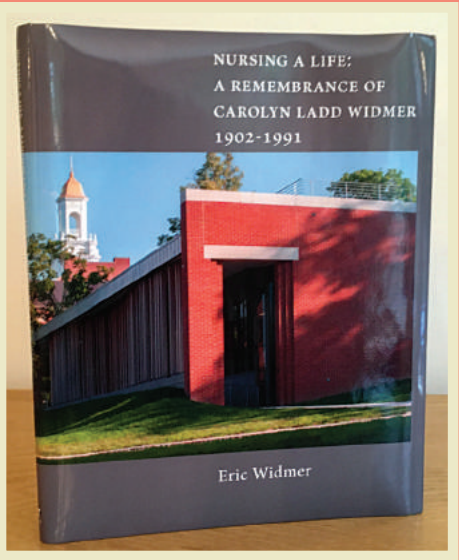
Mentor UConn Nursing Students Through NetWerx

The Werth Institute for Entrepreneurship and Innovation’s NetWerx program is currently seeking mentors to support current students’ professional development and leadership during their academic journey at the University of Connecticut. At the School of Nursing, we’ve seen the value in the mentor-mentee relationship between students and alumni to advance innovation development. We also recognize that many of our School of Nursing alumni have valuable expertise that could benefit current nursing students and non-nursing students with an interest in solving complex health care problems. The NetWerx program involves about two hours of mentorship over eight weeks in 30-minute increments.

If you would like to become a mentor, please contact School of Nursing faculty member Tiffany Kelley at tiffany.kelley@uconn.edu, and she will connect you with the NetWerx team through the Werth Institute.

For more information about the Werth Institute, visit entrepreneurship.uconn.edu/entrepreneurship-at-uconn/werth-institute.

BOOKS



Nursing a Life: A Remembrance of Carolyn Ladd Widmer, 1902-1991

Just published by the Ethel Walker School/Every Woman Press in Simsbury is Eric Widmer’s loving memoir of his mother, *Nursing a Life: A Remembrance of Carolyn Ladd Widmer, 1902-1991*. “Laddie” was the UConn School of Nursing’s founding dean and a lifelong international pioneer in nursing education. To order, please visit ethelwalker.org/everywomanpress. The price of the memoir, including tax, handling, and delivery, is \$39.90.

2019 Faculty and Student Publications

Advanced Practice and Acute Care

Elwell, J. (2019). The policy & practice corner. *JNPA*, 9(01), 11.

Elwell, J. (2019). The policy & practice corner. *JNPA*, 9(02), 31.

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Students Thank Donors for Life-Changing Scholarships, Continued from page 28

and were forced to leave their country in search for a better life, like my parents. I became friends with many of them as we worked long hours together. It hurt me seeing them suffer being away from their families and having to work such physically demanding jobs. Many of them picked up unhealthy coping mechanisms to deal with the stress and pain they felt.

That’s when I fell in love with nursing; I realized how this profession could allow me to serve people similar to the men I worked with. I read about how nurses can work in urban communities and clinics and educate people in ways to better their health and life.

As I neared high school graduation, I saw my friends move on to prestigious colleges and universities. I had the grades to also join them, but I did not have the financial stability a lot of them had. I decided to go to community college in Farmington while working full-time with my parents. Working full-time and being a full-time student was tough, but I learned a lot. I met a lot of brilliant students that I related to; they didn’t have that financial stability to go to an expensive university and were on the same journey as I was.

I did two years at community college and was ready to transfer, but ended up taking a year off due to family obligations. I decided to keep working for my parents during that year and take some classes to get an associate degree. During my second year at community college,

my best friend, Quentin Malone, took his life unexpectedly. This event impacted me deeply and inspired me to pursue mental health nursing.

When I applied to the UConn School of Nursing and got in, my whole life changed. I saw it as an opportunity to become a health care professional who can help underserved populations that face social determinants of health that my peers, family, and myself grew up experiencing. Because of this, I joined groups like the Urban Service Track at UConn, whose goal is to teach aspiring health care professionals to work together to help underserved urban communities. I am close to my goal, but life has continued to throw challenges my way. About a year ago, my family and I experienced a house fire. It took a toll on my family financially, but we got through it together.

The only way I have been able to continue my education is due to the help of scholarships and other financial assistance programs. These scholarships are life savers. They play a big role in helping students who do not have the financial stability to reach their life goals.

I want to thank everyone in this room, especially my donor, Lucy. You have given me, and all the other students here, a care package of hope to continue our journey to becoming the best nurses we can be.

Thank You

In these extraordinary times, during the Year of the Nurse and Midwife, as we together face immense challenges, we salute the dedicated nurses on the front lines who are providing vital and lifesaving care and upholding the deepest standards of our profession, and we thank the nurse researchers and innovators who are working tirelessly to provide new treatments, diagnostics, and therapies to help the most vulnerable among us.

We also would like to thank all our donors for their generosity and support during this difficult time.

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