

# RUTGERS NURSING

## Nursing in the time of **COVID**



RUTGERS

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NEWARK | NEW BRUNSWICK | BLACKWOOD



**On the Cover**

Nurse Anesthesia Program Director and Assistant Professor Thomas Pallaria (L), instructs anesthesia student Stephen Landell during a simulation exercise.

- 1 Message from the Dean
- 2 In the Face of a Global Pandemic, School of Nursing Adapts
- 4 Alumna Judith Persichilli Spearheads State’s Fight Against COVID-19
- 8 School of Nursing COVID-19 Media Coverage
- 10 In Nigeria, Hope for Safer Births and Healthier Mothers
- 14 Reducing Stigma, Improving Health in Romania
- 16 Improving Cancer Care in Botswana: An International Partnership
- 17 Spotlight: Selected Faculty Accomplishments
- 18 Alumni Association Advances the Future of Nursing
- 21 Keeping It Real—Moulage
- 22 Filling the Anesthesia Gap
- 26 A Life of Service
- 28 History Wall Salutes Legacy of UMDNJ School of Nursing





**Dr. Linda Flynn  
Named New Dean of  
Rutgers School of Nursing**

**MESSAGE FROM THE DEAN**

As the new dean of Rutgers School of Nursing, I am excited to present to you the inaugural issue of *Rutgers Nursing* magazine.

I will confess, however, that this is not the welcome letter that I had originally drafted as interim dean just a few months ago, in a pre-COVID world. Since then, a pandemic has shaken the globe claiming tens of thousands of lives, an economy has struggled in its wake, and the tragic killings of George Floyd, Breonna Taylor, and Ahmaud Arbery have once again shined a light on issues of racial and systemic injustice.

At the time of my first writing, I spoke honestly of our faculty, staff, and students in *Excellence in Action*. At this very moment—with our school in a region that has been hard hit by the pandemic, and a profession that is committed to reducing social disparities in health care, be they racial or economic—*Excellence in Action* is more than an ideal—it's a reality that I experience in powerful ways as I interact with our community.

**Excellence in Education**

Over the last several months, our expert faculty collaborated with instructional designers and converted in-class education to state-of-the-art remote education in one week, allowing learning to continue even in the midst of a public health crisis. At the same time, we prepared 100 undergraduate students to conduct COVID-19 testing and contact tracing as part of their unique community health experience, and accelerated the curriculum so that 354 new nurses could support their valiant but weary colleagues by graduating ahead of schedule.

**Excellence in Faculty Practice**

Partnering with more than 14 health care systems and 200 clinical sites, our faculty practitioners have been on the front lines caring for COVID-positive patients and providing patients with access to primary care during these challenging times.

**Excellence in Global Partnerships**

Despite the pandemic, our Center for Global Health Nursing, in collaboration with the Rutgers Global Health Institute, is working with the

University of Botswana to train a distinguished oncology nursing workforce. Likewise, our programs in other regions of Africa and South America are addressing similarly important issues, such as reducing maternal mortality.

**Excellence in Research**

With \$55 million per year in external funding, our expert nurse scientists and practitioners are producing cutting-edge evidence to inform health equity initiatives at home and abroad. From developing and testing mobile mental health interventions in Europe, to reducing unnecessary emergency department visits in the U.S, our nurse scientists are influencing practice, policy, and patient outcomes through their important work.

**Excellence in Diversity**

As one of the largest schools of nursing in the U.S., we see an annual enrollment of nearly 2,000 students. Committed to preparing a nursing workforce that reflects the diversity of our country, we are proud that nearly 59 percent of our students come from minority backgrounds. Woven into the DNA of our profession is the call to provide compassionate and competent care without discrimination, while upholding the dignity of every person. To support the experience of our entire School of Nursing community—students, staff, faculty, and alumni—I have created and will chair the Dean's Standing Committee on Anti-Racism and Anti-Bias.

**Noteworthy Alumni**

More than 12,800 strong, Rutgers School of Nursing alumni are making an impact across the nation, and across the globe, in myriad settings and roles. Alumni include fellows of the American Academy of Nursing, designated Academy Edge Runners, elected policymakers, and the New Jersey commissioner of health, to name a few.

We hope that you enjoy reading this inaugural issue of *Rutgers Nursing* magazine. Finally, to nurses everywhere—thank you for all that you do!

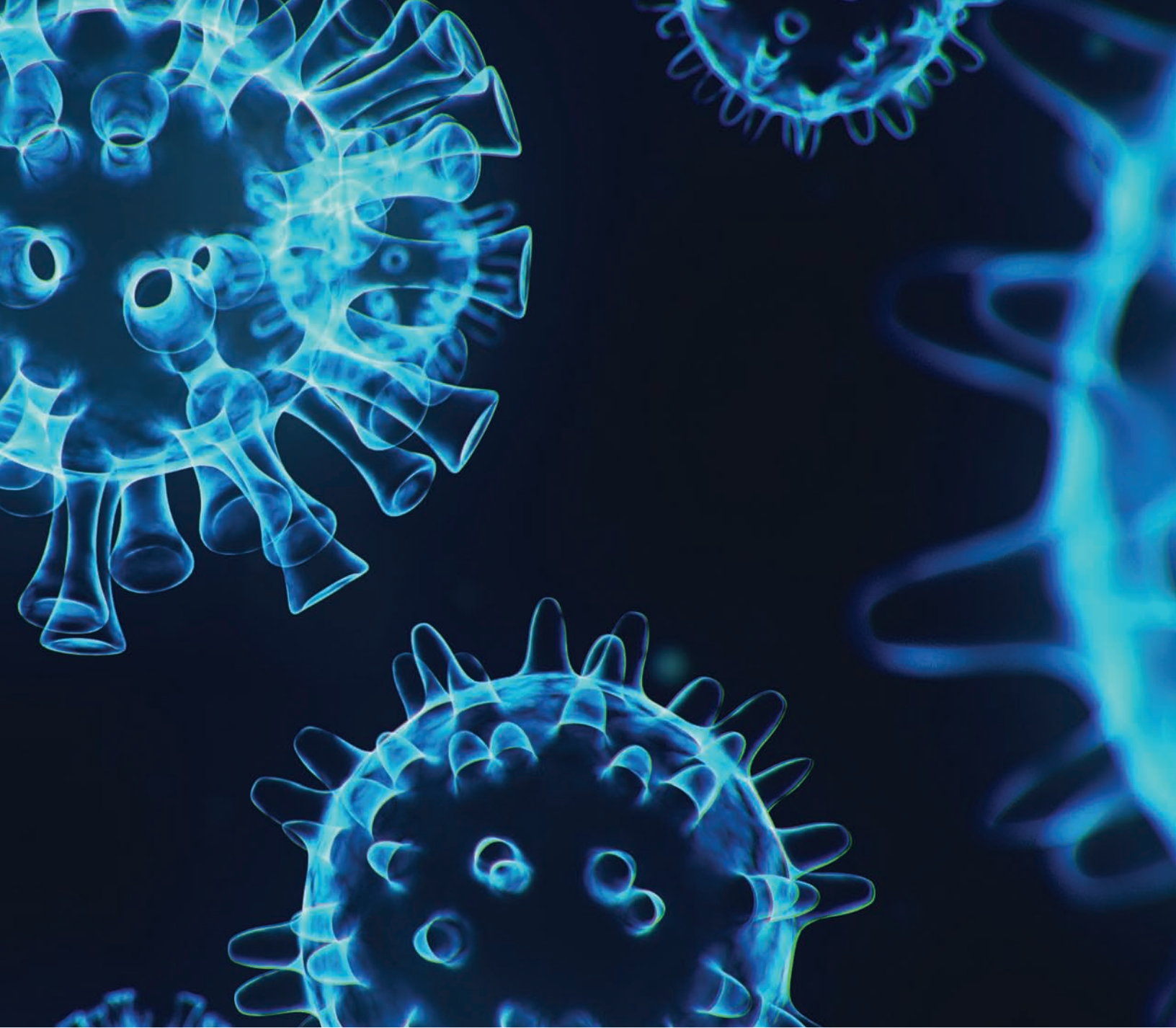
Linda Flynn, PhD, RN, FAAN  
DEAN AND PROFESSOR, RUTGERS SCHOOL OF NURSING

# In the face of a global pandemic, School of Nursing ADAPTS

The spring 2020 semester at Rutgers School of Nursing was moving along to the usual rhythms of academic life. That was until early March, when news of a new strain of coronavirus—at that point, a distant threat to New Jersey—had begun to spread and was inching closer to home. The unraveling of events, at this point, is familiar to everyone—public, private, and academic institutions across the country began to close, altering daily life as everyone knew it. By early March, ahead of the governor’s official stay-at-home order, Rutgers School of Nursing had joined those ranks, and in record time had shifted to remote instruction and operations.

## **Quick Transition to a New Normal**

In a matter of a week, School of Nursing had transitioned more than 165 courses to remote format, expanded the use of virtual simulation for undergraduate students, and switched to providing services and support for the SON community remotely. Most of this done from people’s homes, under lockdown orders.



“We were and are running a multi-million-dollar educational enterprise from our dining room tables,” says Dean Linda Flynn.

As the semester moved onward, paving the way for seniors to enter the workforce and join the fight against COVID-19, School of Nursing graduated more than 350 BS in Nursing students early, and celebrated all students at the end of May with a virtual graduation ceremony.

Meanwhile, as health care systems continued to grapple with the massive influx of COVID patients, School of Nursing continued to press on toward its mission of educating the very best nurses at all levels—adapting more than 30 originally-scheduled in-person admissions events to remote format, and serving more than 350 prospective students through these means.

#### **Looking Ahead**

New Jersey, which rose to second in the nation, behind New York City, in the number of COVID cases and deaths, has seen a recent slow down—although cases are surging in other parts of the country. School of Nursing, along with the rest of the university, isn't quite out of the woods. There is still much to be determined in coming months. “Our priority is to keep our faculty, staff, and students safe while maintaining educational continuity,” says Flynn. “The biggest lesson this global health crisis has taught us is how much all of us at School of Nursing depend upon each other to move our important work forward, and how well we can work as a team. I hope that we remember this lesson and that it never changes.” ■



**Judith Persichilli**  
MA, BSN, RN

As New Jersey Commissioner of Health,

# Alumna Judith Persichilli

Spearheads State's  
Fight Against

# COVID-19

**JUDITH PERSICHILLI (MA, BSN, RN), CAN'T REMEMBER A TIME WHEN SHE DIDN'T WANT TO BE A NURSE, AND FULFILLING THAT DREAM, SHE SAYS, "WAS THE BEST DECISION I EVER MADE."**

That's especially true today, as Persichilli, the first nurse to be appointed New Jersey's commissioner of health, draws on her nursing background to lead the state through the most urgent public health crisis the world has experienced in over a century.

"Helping people in New Jersey live long, healthy lives," has been Persichilli's core mission throughout her distinguished career in nursing, hospital administration, and public health. Then comes COVID-19, an enormous threat to that mission. But it's precisely her career experience, and the education propelling her through it, that she's drawing on now.

**“Rutgers taught me to be curious, to always look differently at things, to identify problems and seek solutions, to research, and to be innovative.”**



#### **Rutgers Education Sparks Innovation**

After earning a diploma from the nursing school at St. Francis Hospital in Trenton, Persichilli launched her RN career in the hospital’s intensive care unit. “As tough as it was, I loved every minute of it—and it was tough,” she emphasizes. She earned her BS in Nursing summa cum laude, from Rutgers College of Nursing in 1976. “Rutgers taught me to be curious, to always look differently at things, to identify problems and seek solutions, to research, and to be innovative.”

These qualities have proven indispensable during the pandemic, as Persichilli constantly faces the question, “How do you manage a novel virus, something we’ve never seen before?” Every choice made, every path taken, carries a risk she says, “because we still don’t know a lot about this virus.”

Her nursing experience and education are vital in helping her to tackle the shifting challenges of COVID-19. Working in a fast-paced ICU demanded resiliency, teamwork, and short-interval scheduling. “We had to move from one thing to another without losing sight of the mission”

#### **Teamwork is Key to Leadership Success**

Persichilli also relies on her background in administration, which began with the master’s in public administration she earned at Rider College in 1980 and continued as she moved up the ranks at St. Francis, managing virtually every department—from revenue management to housekeeping—until





(L-R)

Persichilli visits New Bridge Medical Center in Paramus, where the U.S. Army Corps of Engineers transformed a gymnasium into a 30-bed COVID unit and constructed a 100-bed care tent.

Gov. Phil Murphy and First Lady Tammi Murphy congratulate Persichilli at her January 2020 swearing in ceremony.

becoming CEO in 2010. She's served in top leadership posts ever since.

Teamwork is essential to leadership success, says Persichilli. And teamwork has been critical to attacking COVID-19. "You have to have the courage to know what you don't know," she says, "and to bring in people who can help you. Whether you're Dr. Fauci or Judith Persichilli, we all need input."

#### Lessons from the Pandemic

The pandemic has far-reaching implications for public health, in New Jersey and around the world. "Life as we know it has changed totally, and we can never go back," Persichilli says.

Important lessons learned from the pandemic, she notes, include the immediate need to strengthen the public health infrastructure—the workforce, information systems, and agencies focused on community, rather than individual, health—to improve our ability to respond nimbly to COVID-19 and future pandemics.

In mid-June, Persichilli's department installed a new computer server to help handle the influx of crucial data. "Never has data"—about test results, about COVID hot spots, about the very nature of the disease—"been more important than in this crisis," she says.

And, she continues, "the fragility of long-term care" was painfully spotlighted, as facilities serving the elderly were disproportionately hit by the virus.

#### Human Resiliency—An Up-Close View

The crisis has also showed Persichilli how people can rise to confront challenges when there's no other choice. She's had to pull people away from their areas of expertise and convince them to do things they'd never done before, like help the Army build out field hospitals. "What I learned about people during the pandemic I'll carry with me forever," she says. "To experience, up front, the best of humanity—that's a gift." ■

# School of Nursing in the News: **COVID-19** Media Coverage

Throughout the year, Rutgers School of Nursing faculty, staff, students, and alumni were featured in news media on a variety of topics. With the advent of the coronavirus pandemic, media were clamoring for valid information to share with a consumer pool that grew exponentially. Answering this need, School of Nursing community members discussed issues such as:

- Coronavirus symptoms vs cold and flu
- Physical effects of COVID-19
- Effective life of hand sanitizers
- Proper ways to wear face masks
- Social distancing
- Providing care on the COVID front lines
- Use of ventilators and other technology
- COVID-19 and people living with HIV
- Home health care during the pandemic
- Fundraising for COVID-19 needs

Rutgers School of Nursing was featured in major media outlets in the U.S. and abroad, including:

BUSINESS INSIDER

Chicago Tribune

CR Consumer Reports

dailyhunt

Daily Mail

FOX NEWS

Global NEWS

THE COAST DAILY POST

BAZAAR

Mashable

Medium

msn

NBC NEWS

Newsday

The New York Times

The Philadelphia Inquirer



Prevention

pulse

Reader's Digest

SHAPE

SIERRA

The Miami Herald

The Star-Ledger

TODAY

yahoo!

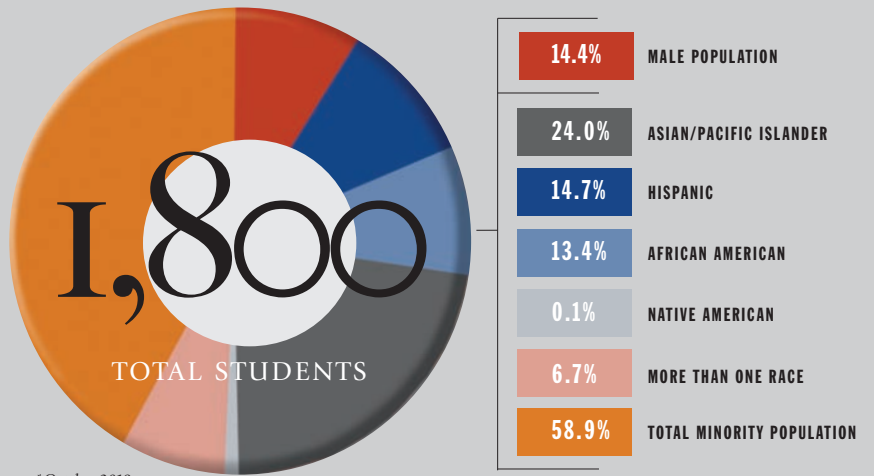
Woman's Day

# FACTS

TO KNOW ABOUT RUTGERS SCHOOL OF NURSING



EMBRACING DIVERSITY



\*October 2019

**12%** EOF STUDENTS

EDUCATIONAL OPPORTUNITY FUND (EOF)

Rutgers School of Nursing has New Jersey's only EOF program exclusively for nursing students. **12 percent of the student body in the traditional BS Nursing program are EOF students.**

**#17** MASTER'S PROGRAM  
*(U.S. News & World Report, Best Nursing Schools 2021)*



**200+** CLINICAL SITES

**#14** DOCTOR OF NURSING PRACTICE PROGRAM  
*(U.S. News & World Report, Best Nursing Schools 2021)*

**12,800** ALUMNI



**100+** FULL-TIME FACULTY



**\$55M** EXTERNAL FUNDING



**Emilia Iwu**  
PhD, RN, APNC, FWACN

# In Nigeria, Hope for Safer Births and Healthier Mothers

**A GENEROUS GRANT IS HELPING TO FIND WAYS OF TRAINING LOCAL MIDWIVES AND GETTING THEM MORE QUICKLY INTO THE COMMUNITIES THAT DESPERATELY NEED THEM.**

In rural Nigeria, a severe shortage of health care providers is further threatening the well-being of a population already beset by poverty, unemployment, terrorism, and the world's second highest rate of childhood mortality. As a native Nigerian, Dr. Emilia Iwu (PhD, RN, APNC, FWACN)—a clinical assistant professor at Rutgers School of Nursing—has worked for the past 15 years to help address that shortage, training health care workers to provide care for those suffering from HIV, tuberculosis, and malaria. More recently, she's helped train adolescents living with HIV to act as supporters and educators for other young people also living with HIV. And starting this year, Iwu will be attacking the provider shortage in an additional way, as part of a program training women from rural Nigerian communities to work as midwives in areas where OB/GYN practitioners are in short supply or simply nonexistent.



“I look at my work in Nigeria as a way to give back the skills and knowledge I’ve gained here.”



Thanks to a grant from the United Kingdom’s Department for International Development (DFID), a government entity responsible for administering overseas aid, Iwu will be studying the efficacy of a new two-year curriculum aimed at turning out “community midwives” at faster rates than the current two-and-a-half-year program. “We’ll be following them over five years,” she says, “to see if the shorter curriculum gives them the skills, competencies, and community support required to stay in rural communities and conflict-affected regions.”

#### **Accelerating Aid, Collaborating with Communities**

Half a year may not seem like a significant difference, but when the need is so acute, those six months can translate to lives saved. Without OB/GYNs or midwives in their communities, pregnant women in Nigeria often rely on traditional birth attendants, many of whom are untrained. That helps to explain why 1 in 22 live births in Nigeria ends in maternal death. Compare that, for instance, to the rate for women in Western Europe—where 16 in 100,000 live births result in the death of the mother—and you get a sense of the urgency of the need.

A key aspect of the program is its firm grounding in community collaboration. Traditional leaders identify



**Opposite Page, (L-R):**

A mother-to-be during a prenatal visit in Nigeria.

In Nigeria, children attend a community health event.

Iwu (**center**) with health care colleagues at a primary care center in rural Benue State.

and support candidates from communities, working with family members to help them understand what the program entails so that families, too, can offer support. After the two-year period of study, the women return to serve in the areas they came from. "Because they live within the community," Iwu says, "they'll have increased access to pregnant women within those communities." Not only will they have an intimate knowledge of the culture and needs of their clients, they'll also be more likely than outsiders to garner the trust of those clients.

Student midwives will be trained to provide prenatal services, home visits, routine deliveries, and follow-up care for both mothers and children, including infant immunizations.

### **Adapting to COVID-19**

Given the current global COVID-19 pandemic, a community midwife's role in education and disease prevention is all the more crucial, said Iwu. In adapting to these conditions, COVID education and care are quickly becoming part of the training curriculum.

Iwu, who is the president of the National Association of Nigerian Nurses in North America, said obstetric and pediatric professionals recently had a Zoom meeting with the Nigerian Nursing Board education committee to develop a protocol for labor and

delivery, and post-partum care for COVID-positive pregnant women and their babies. This included a live demonstration of appropriate PPE for midwives, and protocols for disinfection, triage, treatment, and home care.

### **Giving Back Through Research**

This research will be implemented in four African countries: Nigeria, Democratic Republic of Congo, Somalia, and Sudan, with help from the nonprofit International Rescue Committee and Johns Hopkins School of Public Health. Iwu will be the principal investigator in Nigeria.

Iwu is uniquely equipped to run the Nigerian arm of the program. Before receiving her BS in Nursing and MSN with a Family Nurse Practitioner specialty from Rutgers, Iwu went through basic nursing and midwifery training in Nigeria. Her participation is, among other things, an expression of personal and professional gratitude. "Having migrated to and studied in the U.S.," she says, "I look at my work in Nigeria as a way to give back the skills and knowledge I've gained here." ■

# Reducing Stigma, Improving Health in Romania

Stigmatized groups suffer doubly: first, from the stigma itself, and then from the health consequences that arise from being stigmatized. As Dr. Corina Lelutiu-Weinberger (PhD) can attest, this is particularly true in low-to mid-income countries like Romania, where gay and bisexual men experience not just discrimination but also high rates of depression and undiagnosed or untreated HIV.

Lelutiu-Weinberger is an assistant professor, community health researcher, and the François-Xavier Bagnoud Center Endowed Chair at Rutgers School of Nursing. The interconnection between illness and stigma—on the basis of race, ethnicity, national origin, or sexual orientation and gender—is at the crux of Lelutiu-Weinberger's research, which focuses on solutions to a problem that vexes much of the world's population. For the past six years, she's worked largely in Romania to implement interventions designed to improve the health of, and reduce the stigma affecting, gay and bisexual men. In 2001, in order to gain entrance to the European Union, Romania decriminalized homosexuality, but, as Lelutiu-Weinberger notes, "people there are still carrying the same old stereotypes"—a state of affairs that keeps the majority of gay and bisexual men fearful of social rejection. "So they hide," says Lelutiu-Weinberger, "and they don't get tested for HIV and they unknowingly spread it to others." The first time some of these men seek medical help is at the end of their lives, in the fluorescent glare of an emergency room.





**Corina Lelutiu Weinberger**  
PhD



**In 2001, in order to gain entrance to the European Union, Romania decriminalized homosexuality, but, as Lelutiu-Weinberger notes, “people there are still carrying the same old stereotypes”—a state of affairs that keeps the majority of gay and bisexual men fearful of social rejection.**



**(L-R):**

Lelutiu-Weinberger (second from right) at Bucharest’s national library with Romanian psychologists Monica Manu and Florentina Ionescu, along with Yale University Associate Professor John Pachankis, her co-principal investigator.

To help mitigate both the stigma and its effects, Lelutiu-Weinberger, together with her colleague John Pachankis, PhD, clinical psychologist at the Yale School of Public Health, is involved in a series of grant-funded interventions, some of which are already showing positive results. In 2011, for instance, she received a grant [1] to implement a mobile health project, known as MiCHAT, among gay and bisexual men in the U.S. Using instant messaging to provide live counseling in risk reduction, MiCHAT increased condom use and knowledge about HIV, reduced substance use, and showed promise in reducing depression and gender-identity concealment.

In 2014, she and Pachankis received funding [2] to tailor MiCHAT to Romania, where the intervention was successful at improving condom use intentions and HIV knowledge and testing and reducing depression and alcohol abuse.



Above, (L-R):  
Street scenes in Romania

Lelutiu-Weinberger is also attacking stigma at its source, training mental health providers (MHP) across Romania, for instance, on the health needs of the LGBT community. Funded by a supplemental grant [3], one such project, initiated in 2015, increased MHPs' clinical skills and knowledge, as well as their comfort in working with LGBT individuals, and significantly decreased their homophobia. After that, the research colleagues received funding for a much larger trial [4], which, she reports, "was highly effective." The next step, she says, is to take this model to a national health care level in an upcoming project.

Because stigma isn't limited to low-and mid-income countries—"the U.S. has plenty of stigma to go around," Lelutiu-Weinberger notes — she's now applying what she learned in Romania to gay and bisexual populations in New Jersey, in projects like TelePrEP, which will provide virtual medical appointments to patients seeking pre-exposure prophylaxis (PrEP) medication but cannot access it where they live, designed to protect against HIV. In a parallel project, to counteract high levels of stigma against transgender individuals, she's proposing a virtual reality app-based intervention using patient and counselor avatars to improve access to HIV testing and PrEP counseling by increasing gender affirmation [5].

In her work with marginalized populations, a surprise has emerged: the fact that so many of those enduring stigma in their daily lives are nevertheless highly resilient. That's increased her focus "on helping people in stigmatized groups build a positive sense of self," she says, in what she aptly describes as "strength-based approaches." ■

[1] "An Innovative HIV Prevention Intervention Using Social Networking Technology," National Institute of Drug Abuse (NIDA), \$292,962, R03DA031607.

[2] "Building Mobile Health HIV-Prevention Capacity for MSM in Romania," Fogarty International Center (FIC), \$421,821, R21TW009925.

[3] "Building Mobile Health HIV-Prevention Capacity for MSM in Romania," supplement, Fogarty International Center (FIC), \$85,327, R21TW009925S1.

[4] "Increasing Provider Competence for Treating Stress-Related Mental Health Conditions in Low-Resource Settings," Fogarty International Center (FIC), \$419,119, R21MH113673.

[5] "I Am Me: A Motivational Virtual Reality Intervention to Address Intersectional Stigma and Increase HIV Prevention Engagement," National Institutes of Mental Health (NIMH); resubmission in 2020.

# Improving Cancer Care in Botswana: An International Partnership



(L-R):

At Rutgers School of Nursing are Goitseone Maifale-Mburu, a principal registered nurse from Gaborone; Debora Tracey, assistant professor and director, Center for Clinical Learning; Joyce Vuyiswa Khutjwe and Mosidi Tseleng Mokotedi, lecturers at University of Botswana; and Suzanne Willard, clinical professor and associate dean for global health.

In Botswana, a democratic nation in southern Africa with a population of about 2.3 million, a stark lack of resources exists for cancer diagnosis, treatment, and prevention.

“Cancer in Botswana is about where HIV/AIDS was over 20 years ago. It’s on the upward slope, and results in high rates of mortality, up to 75 percent,” says Dr. Suzanne Willard (PhD, APNC, FAAN), clinical professor and associate dean for Global Health at Rutgers School of Nursing.

A severe shortage in the specialty trained workforce is a major challenge to providing comprehensive cancer care. For example, in the entire nation, there are only seven to 10 nurses with advanced training in oncology and palliative care. Until now, there were no programs in Botswana where nurses could obtain this training.

## Advancing Oncology Nursing Education

Today, new nursing education programs are being launched in Botswana, with assistance from School of Nursing’s Center for Global Health.

For example, the center has provided consulting services, including curriculum review, to assist nurse faculty at the University of Botswana to establish a new MSN program in oncology and palliative care, expected to begin admitting students in the fall of 2020.

School of Nursing faculty are working closely with counterparts in Botswana, including Norman Carl Swart (PhD, APRNC), lecturer

at the University of Botswana School of Nursing and a leader in developing the new MSN program.

Swart shared first-hand information about the severe lack of cancer nursing resources in Botswana during a fall 2019 visit to Newark, where he presented a lecture to the nursing school’s faculty and participated in small-group working sessions with an interdisciplinary team of global health and cancer care experts.

Another visit from Botswana brought oncology nurses to the School of Nursing’s New Brunswick campus for a two-week intensive oncology nursing education program hosted by the Global Health Center. The visiting nurses—two professors and a front-line clinician—are helping to create a new, nationwide oncology nursing strategy and training program for nurses providing cancer care in Botswana.

The two-week program, held in February 2020, included shadowing and precepted experiences at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital, as well as lectures on topics such as simulation in oncology nursing education.

## Botswana-Rutgers Partnership Aims for Major Transformation

Willard, along with fellow nursing and health professions faculty, has traveled to Botswana to advance nursing knowledge and international collaboration on improving cancer care in the African nation.

“We planned to go back to Botswana in April 2020 to support a large, three-day workshop for nurses and other health care professionals throughout the country. We had to postpone because of the coronavirus crisis, but we’re in communication virtually,” Willard says.

These School of Nursing initiatives fall under the umbrella of the Botswana-Rutgers Partnership for Health, led by Richard Marlink, MD, director of the Rutgers Global Health Institute.

The Partnership for Health is an essential component of the Botswana-Rutgers Mahube Partnership for Transformation, launched in 2019.

*Mahube* means “new dawn” in Botswana’s local Setswana language. The Mahube Partnership, led by Botswana President Mokgweetsi Eric Massisi and Rutgers leadership, aims to strengthen health care, information technology, higher education and research, and civic leadership. ■

## SPOTLIGHT: SELECTED FACULTY ACCOMPLISHMENTS

School of Nursing faculty made important strides over the past academic year, including these selected achievements:

### Awards & Honors

#### American Academy of Nursing – New Fellows

- **Mary L. Johansen** (PhD, RN, NE-BC), clinical associate professor
- **Jeffrey Kwong** (DNP, MPH, AGPCNP-BC, FAANP, FAAN), professor
- **Charlotte Thomas-Hawkins** (PhD, RN, FAAN), associate professor, interim associate dean for nursing science, and director, Center for Healthcare Quality

#### American College of Critical Care Medicine

- **Amita Avadhani** (DNP, DCC, ACNP-BC, NP-BC, CCRN, FAANP, FCCM), associate professor; specialty director, DNP-Practice (executive model); and interim specialty director, Adult Gerontology Acute Care Program, was inducted as an ACCCM fellow.

#### American College of Nurse-Midwives

- **Robin Schafer** (EdM, CNM, IBCLC, CNE, FACNM), lecturer, was inducted as an ACNM fellow.

#### New York Academy of Medicine

- **Linda Flynn** (PhD, RN, FAAN), dean and professor, was elected an NYAM fellow. She will be inducted in November 2020.

#### National Hartford Center of Gerontological Nursing Excellence

- **Olga F. Jarrín Montaner** (PhD, RN), assistant professor, was named a Distinguished Educator in Gerontological Nursing.

### Grants & Gifts

**Edna Cadmus** (PhD, RN, NEA-BC, FAAN), clinical professor and specialty director, Nursing Leadership program, is executive director of the New Jersey Collaborating Center for Nursing, which received a Growing Apprenticeship in Non-Traditional Sectors (GAINS), \$500,000 grant from the New Jersey Department of Labor and Workforce Development.

**Olga F. Jarrín Montaner** (PhD, RN), assistant professor, is a co-investigator on the New Jersey Minority Aging Collaborative, \$3.6 million, three-year infrastructure grant from the National Institutes of Health, National Institute on Aging (grant #R24 AG063729 to XinQi Dong).

**Mengting Li** (PhD), assistant professor, is principal investigator of an Alzheimer's Association International Research Grant of \$147,195 over three years for Family Typology, Acculturation and Cognitive Function in Older Immigrants (co-principal investigators: XinQi Dong and Donald Hoover).

**Andrea Norberg** (DNP, MS, RN), is executive director of the François Xavier Bagnoud Center, which received these sponsored project awards:

- AIDS Education and Training Center National Coordinating Resource Center, \$8,500,000 over five years from the Health Resources and Services Administration, U.S. Department of Health and Human Services (grant # U1OHA28686). This includes supplemental funding for the Ending the HIV Epidemic: A Plan for America Initiative.
- Northeast/Caribbean AIDS Education and Training Center, Northern New Jersey Regional Training Partner, \$1,085,185 over five years from Columbia University, Department of Psychiatry, HIV Center (prime recipient) and the Health Resources and Services Administration, U.S. Department of Health and Human Services (grant # U1OHA29291).

**School of Nursing** established the Pauline C. and Arthur G. Hubel Endowed Scholarship with \$100,000 from the Arthur G. Hubel Testamentary Trust, matched by \$50,000 from the RBHS Chancellor's Challenge.

**Student scholarship recipients:**

(L-R, seated) Sarah Stranc, Devanshi Gami, Amanda Krantz, and Amy Quartararo. Standing are Claire Latourette, Justinna Dixon, Lindsey Greene, and Ana Ford. (Not shown: Jeffrey Dynof.)

**Board members:** (L-R) Shanda Johnson, vice president; Judith Caruso, immediate past president; Amita Avadhani, secretary; Cheryl Pantini, events chairperson; and Mary Anne Marra, president. (Not shown: Eleni Pellazgu, chair of student and new graduate engagement.)

**Below:** Holzemer accepts alumni association award.

# Alumni Association Advances the Future of Nursing

Over the past academic year, the Rutgers School of Nursing Alumni Association continued its work supporting alumni and students alike through fundraising and professional development, mentorship, and networking initiatives.

A highlight of the year was the Annual Scholarship and Awards Gala, held last November. At this signature fundraising event, the association recognized nursing excellence and presented scholarship awards to School of Nursing students.

"We're extremely proud of what the association has been able to accomplish in supporting our key constituents and advancing nursing," says Mary Anne Marra (DNP, RN, NEA-BC), the association's president. "A highlight was our salute to retired dean Dr. Bill Holzemer for his many contributions to our school and our profession."

**A GALA AFFAIR**

"It's wonderful to look back on last year's gala, where we welcomed more than 300 guests to Nanina's in the Park in Belleville," Marra continues. "We applauded excellence, enjoyed great food, and danced the night away." The following awards were presented at the event:

**Alumni President's Award—William L. Holzemer (PhD, RN, FAAN).**

The former dean retired in August 2019 after serving 10 years at the helm of Rutgers School of Nursing. He was lauded for his contributions to advancing nursing education in the U.S. and abroad, and his trailblazing leadership in addressing HIV.

**Outstanding Alumni Award—Judith Persichilli (MA, BSN, RN).**

A summa cum laude BS in Nursing graduate ('76) of Rutgers School of Nursing, Persichilli is commissioner of the New Jersey Department of Health—the first nurse to serve in that role.

**Rising Star Alumni Award—Kristy Agresta (BS, RN, CSN-NJ).**

A graduate of the BS in Nursing program ('13), Agresta is a certified school nurse with the Ridgefield Public Schools. She secured a grant for her school district to purchase an automatic external defibrillator (AED), and obtained a gift of \$90,000 worth of Naloxone for schools to treat overdoses.

**Scholarship Awards:** Nine Rutgers School of Nursing students received scholarships. The competitive awards recognized academic achievement, service to the School of Nursing, and volunteer service to the community. ■

Stay connected. For updates on alumni association affairs and the 2020 virtual alumni gala, visit [nursing.rutgers.edu/alumni](https://nursing.rutgers.edu/alumni) or email [rsonaa@sn.rutgers.edu](mailto:rsonaa@sn.rutgers.edu)

Viray applies makeup to volunteer Gus Filippelli during a disaster nursing simulation.



## Keeping it Real

IN THE CLASSROOM, THE TECHNIQUE KNOWN AS **MOULAGE** IS A POWERFUL TEACHING TOOL.

Open the cabinet in Tita Viray's office at the Center for Clinical Learning (CCL) and you may be surprised at the contents—among them vinegar, coffee, canned cherries, gelatin, and other apparently unrelated grocery items, all of which Viray (BSN, RN) uses in concoctions that help bring to life the physical manifestations of human suffering.

Presiding over what she calls the “sim center” (“sim” for “simulation”) at Rutgers School of Nursing, Viray, whose title is clinical learning coordinator, is responsible for moulage, an educational tool, dating back to the Renaissance, used to simulate the appearance of illness and injury through makeup applied to mannequins or live humans. Today, it's employed to train nursing students and other health care workers.

Unlike textbook descriptions and photographs, moulage offers students the opportunity to experience a lesson in three dimensions. “The authenticity of moulage,” Viray says, “gets students immersed in the

situation.” And while requisite clinical rotations offer real-life lessons, not every student is likely to encounter rare events like an impalement or a postpartum hemorrhage.

Kits of readymade latex moulages are pricey, so Viray often mixes commercial moulages with her own creations. When crushed, those canned cherries become blood clots. To simulate vernix caseosa—the protective substance that coats the skin of newborns—Viray uses cottage cheese mixed with faux blood. To re-create the look and feel of a deep vein thrombosis—a blood clot, often in the leg, that tends to feel warm to the touch—she heats up the area with a hand-warmer.

Like a director, Viray instructs her volunteers how to act as if they're in pain: to move gingerly or moan in distress. Because the simulations are so lifelike, students tend to respond viscerally and automatically. If they see blood, for instance, they'll immediately glove up. “We want to develop those safe habits in them,” Viray notes.

Her simulations are in great demand, but Viray can't satisfy every professor's request. “Our greatest challenge is time,” says Debora Tracey (DNP, RN, CNE), assistant professor and the CCL's assistant dean. Simulations can take more than two hours to set up.

Students have the opportunity to experience a wide variety of simulations at the annual Hospital of Horrors, which features 10 “patients” in varying states of distress, from a construction worker with an impaled leg to a newborn with jaundice. It can sound a little gruesome, but for Viray, a successful simulation isn't about shock value but what the students take away from her creations. “At the end of the event,” she says, “my reward is that ‘wow’ reaction I inspired and seeing just how much the students have learned.” ■



Michael McLaughlin (L), assistant professor and assistant program director of Rutgers' nurse anesthesia program, coaches anesthesia student Bernadette Antunes during a simulated intubation exercise.





# Filling the Anesthesia Gap

**AT A TIME WHEN ANESTHESIA PROVIDERS ARE IN SHORT SUPPLY, RUTGERS SCHOOL OF NURSING OFFERS THE ONLY PROGRAM IN NEW JERSEY TRAINING THE NEXT GENERATION OF NURSE ANESTHETISTS.**

The idea of undergoing surgery without anesthesia is virtually unthinkable in the 21st century, but a shortage of anesthesia providers, especially in rural and low-income areas, threatens to lengthen the wait (and already has, in some places) for various elective surgeries, from joint replacements to angioplasty. Since 2004, Rutgers School of Nursing has helped to address this shortage, offering the only nurse anesthesia program in the state of New Jersey. Graduates of the program receive a Doctor of Nursing Practice (DNP) degree, making them eligible to sit for the Certified Registered Nurse Anesthetist (CRNA) board certification exam. Once they are board certified, they are credentialed to work alongside surgeons as anesthesiologists do – determining which anesthesia agents to administer and how to deliver them, while managing a patient’s vital signs and pain levels throughout the procedure.

“SINCE ITS INCEPTION, **RUTGERS’ GRADUATE PROGRAM IN NURSE ANESTHESIA** HAS TURNED OUT **250**



**(L-R)**

Nurse anesthesia program faculty administrators Michael McLaughlin, assistant program director; Maureen Anderson, simulation director; and Thomas Pallaria, program director.

### **The Making of a CRNA**

We do everything that an anesthesiologist does,” affirms Dr. Thomas Pallaria (DNP, APN, CRNA), assistant professor and director of Rutgers’ nurse anesthesia program. In fact, the most significant difference between the two types of practitioners is cost. According to a recent study by the American Association of Nurse Anesthetists, the average billable amount per procedure for an anesthesiologist is \$470 versus \$307 for a nurse anesthetist. In an era of skyrocketing medical expenses, that difference is significant.

Since its inception, Rutgers’ graduate program in nurse anesthesia has turned out 250 nurse anesthetists, who’ve gone on to work in hospitals and clinics across the U.S. Pallaria has helped introduce CRNA practices at both Newark Beth Israel Medical Center and St. Barnabas Medical Center. Today, there are some 1,000 CRNAs working in New Jersey and 54,000 across the country, and their numbers are growing. The need for them is likely to grow as well, as the Baby Boom generation ages and requires an increasing number of surgical procedures.

As it happens, nurses were administering anesthesia long before medical doctors, most notably on Civil War battlefields. “We’ve been providing anesthesia care in

this country for 150 years,” says Pallaria, who received his doctoral degree from Rutgers after completing his master’s degree in anesthesia at Columbia University in 2000. Before that, he was a critical care nurse for four years, but, he says, “I was looking for a more science-based profession—I’m a very precise person and anesthesia is a precise science, so I naturally gravitated toward it.”

### **Preparation and Precision**

Rutgers’ three-year doctoral program in nurse anesthesia, offered at the nursing school’s Newark campus, affords the kind of intensive education a precise science like anesthesiology demands. The program includes a challenging practicum requiring at least 2,600 hours of clinical work

## NURSE ANESTHETISTS, WHO'VE GONE ON TO WORK IN HOSPITALS AND CLINICS ACROSS THE U.S.”



(L-R)  
Anesthesia students Alexa Aitkens, Chase Parrish, Ayah Abdallah, Stephen Landell, John Tomasello ('20), Allen Chu, Sonja Schwartzbach, and Bernadette Antunes.

with more than 20 partners across New Jersey and the New York metropolitan area. During their clinical training, nurse anesthesia residents administer general, regional, and local anesthesia through a variety of techniques, including intravenous infusion and epidural and spinal blocks, in specialties ranging from obstetrics and pediatrics to neurosurgery and cardiothoracic surgery.

### Merging Science and Empathy

Like nurses in every specialty, CRNAs tend to be particularly cognizant of their patients' emotional needs. "A huge part of our job," says Pallaria, "is allaying our patients' fears." Humor, he notes, is a tool he's used throughout his professional life. "I can usually get them to laugh as they're

falling asleep and laugh when they're waking up," he adds. "We don't just push medication and knock people out—we're clinicians, number one."

This combination of science and empathy has been put to the test during the COVID-19 pandemic. Nurse anesthetists once again answered the call and assumed leadership roles on the front line to work as part of a critical care management team—whether intubating patients in respiratory failure, inserting lines to establish hemodynamics, or working directly with intensivists and critical care nurses to manage the complex disease process that COVID-19 presented. "We had to adapt quickly, as all CRNAs must, to deliver excellent care to the most critical

patients," Pallaria says. "I have always been proud of my colleagues and CRNAs everywhere, and this difficult experience has only intensified my commitment to the profession and health care in general." ■

# A Life of Service

**As an Air Force Reservist and Nurse Anesthetist, Alumnus Jedd Dillman Has Devoted Himself to Serving Others.**

“You can trust me with your life.” Jedd Dillman (DNP, CRNA, APRN), a May 2020 graduate of Rutgers’ nurse anesthesia program, is describing the bond he feels with the patients he serves. If he doesn’t use those exact words with them prior to surgery, he always tries to communicate the message. For Dillman, the words, and the message, are a carryover from his continuing work with the U.S. Air Force Reserves.

As a flight nurse with the Air Force’s Aeromedical Evacuation System, Dillman has worked for the past five years as part of a five-person team whose mission is to help move wounded warriors from the battlefield to their home bases in the U.S. The team works stateside and overseas, providing time-sensitive, mission-critical en route care to patients from Air Force bases like Andrews in Bethesda, Md., to a destination facility. “If you’re injured on the battlefield and we can get you to a forward-operating base where there’s some sort of medical treatment,” Dillman says, “you have a 95 percent chance of surviving.” It’s an awesome responsibility and the essence of a core Air Force value known as “service before self.”

That value impelled Dillman to apply to Rutgers’ nurse anesthesia program in 2017. He was looking for a profession that would not only allow him to serve patients but would also afford him greater autonomy and responsibility. It’s been a challenging three years, and in that time, working as a nurse anesthetist, he says, “has become my passion—it’s incredible what I get to do.” One of the most rewarding aspects of the program is the friendships he’s built with his classmates. “We’re all nurses at heart and by background,” he notes, “so taking care of people at their most vulnerable is something that comes naturally to us.” ■





Jedd Dillman (**center**) arranged for nurse anesthesia classmates and professors Michael McLaughlin and Thomas Pallaria to fly on a C-17 Globemaster III with the 732 Airlift Squadron and witness the 514th Aeromedical Evacuation Squadron in action.



**Tony Forrester**  
PhD, RN, ANEF, FAAN

# History Wall Salutes Legacy of UMDNJ School of Nursing

Harkening to the roots of today's Rutgers School of Nursing, a three-dimensional timeline installation dramatically illustrates the history of the School of Nursing of the former University of Medicine and Dentistry of New Jersey (UMDNJ).

Unveiled last fall, the UMDNJ History Wall graces a 10th floor hallway in the Stanley Bergen Building on Rutgers Newark Health Sciences Campus.

UMDNJ School of Nursing holds a vital place in the history of nursing education, research, practice and service in New Jersey and beyond, says Rutgers School of Nursing Professor Anthony Tony Forrester (PhD, RN, ANEF, FAAN).

The September 2014 merger of UMDNJ's nursing school with the Rutgers College of Nursing created today's Rutgers School of Nursing—a highly ranked, powerhouse institution that is impacting nursing in a major way, Forrester adds.

As chair of the UMDNJ History Wall Committee, Forrester drew on first-hand knowledge gained as the nursing school's founding associate dean for academic affairs and research, followed by various leadership roles over the school's 20-year history.

I'm honored and grateful to former Dean William L. Holzemer for his support of this project, Forrester says. And I salute the dedication of my fellow committee members Barbara Caldwell (PhD, APN BC), professor and specialty director for psychiatric mental health; alumnus Ray Scarpa (DNP, AOCN, APN BC); and Frances Ward (PhD, RN, CRNP), founding dean and professor at the former UMDNJ School of Nursing. ■

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DNP student Hilda Aluko earned her MSN ('07) and BSN ('11) from Rutgers School of Nursing.

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