

# UBNURSING

NEWS FROM THE UNIVERSITY AT BUFFALO SCHOOL OF NURSING

2018

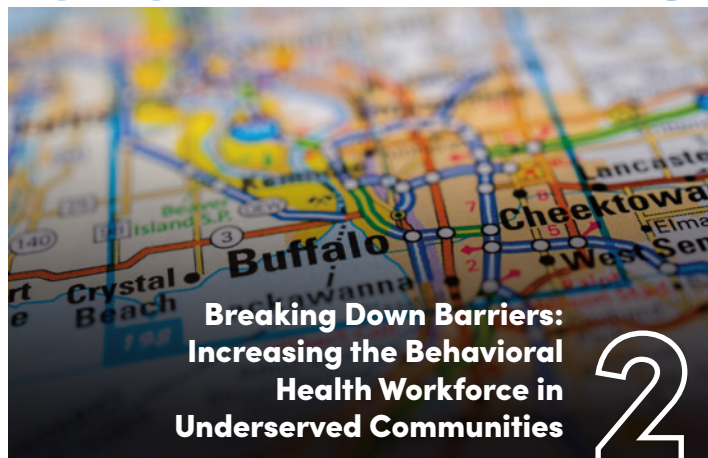


## Innovative s(t)imulation for nursing education

How high fidelity simulation patient scenarios prepare students to be confident critical thinkers.

→ pg.14

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## UBNURSING

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## DEAN'S message

### Dear Alumni and Friends,

Greetings!

Each year as we move toward fall, I like to take a moment to reflect on the past academic year. I am always impressed by the many accomplishments of our alumni, faculty, students and staff, each of which inspires opportunities to build, grow and meet new challenges.

We are proud to announce

that our baccalaureate, master's, doctor of nursing practice and post-graduate advanced practice registered nurse certificate programs have been granted full 10-year accreditation from the Commission on Collegiate Nursing Education. This is a testament to the strength of our academic programs. We are proud that students' NCLEX-RN first-time pass rates in 2017 are over 95 percent. We are committed to providing our students with an exemplary education to prepare our graduates to lead in research, education, practice and service.

Nursing as a profession stands at a crossroads. In the midst of a growing nursing shortage – both in practice and education – we must face the challenges of preparing our future professionals to deliver quality care while continuing to discover and promote cutting-edge research.

The health care landscape has shifted focus to the health of individuals and communities in a global context. This transformation affords us many opportunities for growth and advancement as we prepare our students to become culturally sensitive leaders who strive to improve wellness and translate discoveries to enhance health.

This magazine issue includes some of our emerging research on population health and caring for the vulnerable and the voiceless, including our aged and underserved populations. You will read about coordinated care models to better deliver quality care to our patients, their families and our community.

Our innovative initiatives on advancing clinical simulation and interprofessional and global education offer a glimpse of what is on the horizon for improving health care delivery and patient outcomes.

I also want to make special mention of Donna Tyrpak's retirement this summer. She has been a treasured member of the SON. For the past six years she has served as our marketing, communications and alumni director, and the architect of our exceptional UB Nursing magazine. Donna is the consummate nurse who rallies others around her, works collaboratively, mentors and has put the SON on the map. We will miss Donna, but she is leaving us in good hands with Sarah Goldthrite, the co-editor of this magazine. Please join me in wishing Donna a spectacular retirement as she plans her next great adventure.

Finally, as we embark on our Boldly Buffalo fundraising campaign, we invite everyone – alumni, friends, faculty, students, staff, parents and community partners – to consider supporting important causes that will change the lives of our students and improve our community and our world. There has never been a better time to invest in UB Nursing.

I hope you find our work stimulating, and I invite you to become one of the voices influencing the future of nursing.

Sincerely,

Marsha L. Lewis, PhD, RN, FAAN  
Dean and Professor

## UB SCHOOL OF NURSING PROGRAMS RECEIVE FULL 10-YEAR ACCREDITATION FROM COMMISSION ON COLLEGIATE NURSING EDUCATION



The University at Buffalo School of Nursing is pleased to announce that its baccalaureate, master's, doctor of nursing practice and post-graduate advanced practice registered nurse certificate programs have been granted a full 10-year accreditation from the Commission on Collegiate Nursing Education (CCNE, [ccneaccreditation.org](http://ccneaccreditation.org)). During the accreditation process, CCNE visitors examined the quality and integrity of the nursing programs at the school.

Officially recognized by the U.S. Secretary of Education as a national accreditation agency, CCNE is an autonomous accrediting body, evaluating the quality and integrity of baccalaureate, graduate and residency programs in nursing according to nationally recognized standards. This rigorous process focuses on program quality, mission and governance, resources, curriculum, and program outcomes.

**“UB School of Nursing is committed to providing our students with an exemplary education to prepare our graduates to lead in research, education, practice and service. Receiving re-accreditation for the maximum 10-year period is a testament to the strength of our academic programs.”**

- Dean Marsha L. Lewis

→ The School of Nursing's accreditation is effective through March 2027.

# BREAKING DOWN BARRIERS: INCREASING THE BEHAVIORAL HEALTH WORKFORCE IN UNDERSERVED COMMUNITIES

-Donna A. Tyrpak

## GRADUATE STUDENTS TO RECEIVE ENHANCED ADDICTION-FOCUSED TRAINING AND PRACTICE THROUGH INTER-PROFESSIONAL COLLABORATION IN INTEGRATED CARE SETTINGS

Erie County has the highest rate of opioid overdose deaths in Western New York – and in Erie and Niagara counties, the rates of opioid overdoses, hospitalizations and deaths are currently higher than in many other regions in New York State.

To help combat the growing opioid epidemic in Western New York, the University at Buffalo has received a \$1.92 million training grant from the Health Resources and Services Administration (HRSA) to expand the behavioral health workforce in underserved communities.

## A MULTI-FACETED APPROACH FOR A MULTI-FACETED ISSUE

Disparity in access to clinical care for substance use disorders has been a persistent problem and at the forefront of concerns for mental health providers for some time. Structural barriers to prevention and treatment include an ongoing workforce shortage in the fields of mental health and substance abuse treatment, inadequate evidenced-based training for behavioral health providers, and a lack of utilization of available services.

Other disparity concerns stem from social determinants of health, such as inadequate education, low income, lack of transportation to treatment facilities, and medically underserved areas, as well as personal factors, such as a resistance to care due to perceived stigma.

Traditionally, services for prevention and treatment of substance misuse and abuse disorders have taken place separately from other mental health and general care services. Most people with substance use disorders do not seek treatment on their own because they do not believe they are in need, are not ready to seek treatment or are unaware of how to access treatment. The ability to integrate prevention, treatment, recovery and follow-up services to address this issue remains key to improving access and quality of treatment.

“Two of the significant, urgent solutions to mitigate the opioid epidemic are to increase access to proper treatment and increase prevention efforts, both of which will require sufficient, well-trained behavioral health providers,” says principle investigator Yu-Ping Chang, PhD, associate dean for research and scholarship and Patricia H. and Richard E. Garman Professor in the UB School of Nursing.

The grant, “Behavioral Health Workforce Education and Training (BHWET) Program: Behavioral Health-focused Interprofessional Education and Practice for Graduate Students in Integrated Care Setting,” is a four-year, interprofessional education grant. It will admit graduate students from the School of Nursing, School of Social Work, Department of Counseling counselor education program and Graduate School of Education educational psychology program into the HRSA Behavioral Health Workforce Education Training Scholars Program.

This program will provide students with behavioral health education, stipends to offset living expenses, simulated training and clinical placements in

“By considering the biological, social, behavioral, psychological and spiritual aspects of addictions, our unique, team-based curriculum will train our students to work collaboratively to provide culturally sensitive and comprehensive treatment plans for patients.”

-Yu-Ping Chang

From left to right: Timothy Janikowski, associate professor of counseling, school and educational psychology; Yu-Ping Chang, Patricia H. and Richard E. Garman Professor of nursing; Christopher Barrick, RIA senior research scientist; Kim Griswold, associate professor of family medicine; Diane Elze, associate professor of social work; Kurt Dermen, RIA senior research scientist.

Photo: Douglas Levere



# Opioid Overdose Deaths

## IN ERIE COUNTY, NEW YORK 2017

integrated care settings in rural and vulnerable communities.

"By considering the biological, social, behavioral, psychological and spiritual aspects of addictions, our unique, team-based curriculum will train our students to work collaboratively to provide culturally sensitive and comprehensive treatment plans for patients," says Chang.

Psychiatric Mental Health Doctor of Nursing Practice students will be placed alongside students from the other disciplines in settings that offer integrated primary care and behavioral health interventions with an addictions focus. The settings are expected to include BestSelf Behavioral Health Inc., Endeavor Health Services and other local providers.

Special emphasis will be placed on treating patients in underserved areas. They will participate in comprehensive training on the delivery of addictions-related behavioral interventions – specifically, screening, brief intervention, and referral to treatment (SBIRT) and motivational interviewing techniques – in integrated behavioral health/primary care settings. It is anticipated that 88 students will be trained over the four-year grant period.

By harnessing the collective expertise of faculty and staff from across disciplines at UB, the program provides students with cohesive, interprofessional training that will prepare them to deliver integrated prevention and treatment for substance abuse disorders.

Co-investigators on the grant include Christopher Barrick, PhD, and Kurt Dermen, PhD, both senior research scientists in the UB Research Institute on Addictions; Diane Elze, PhD, associate professor and director of the master of social work program in the UB School of Social Work; Timothy Janikowski, PhD, associate professor and director of the counselor education program in the Department of Counseling, School and Educational Psychology in the UB Graduate School of Education; Kim Griswold, MD, associate professor in the Department of Family Medicine in the Jacobs School of Medicine and Biomedical Sciences at UB; Lorelee Sessanna, DNS, clinical associate professor in the School of Nursing; and Nancy Campbell-Heider, PhD, associate professor in the School of Nursing.

Confirmed opioid overdose deaths:

# 233\*

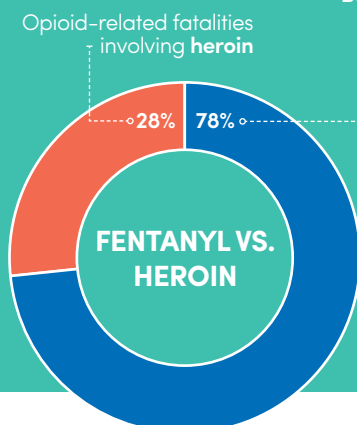
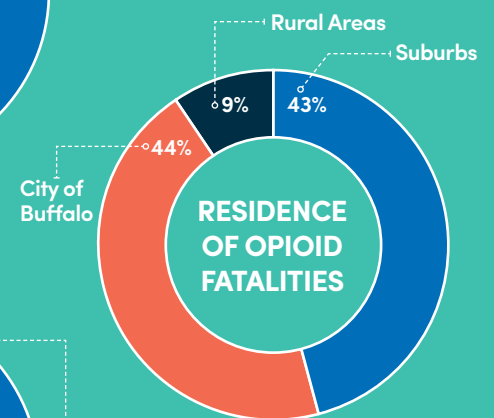
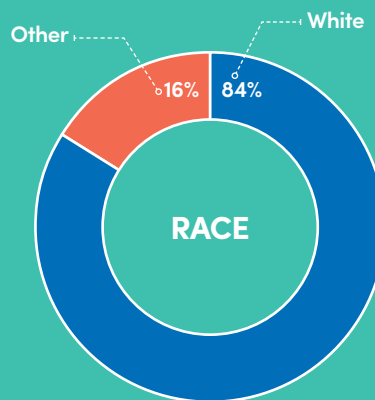
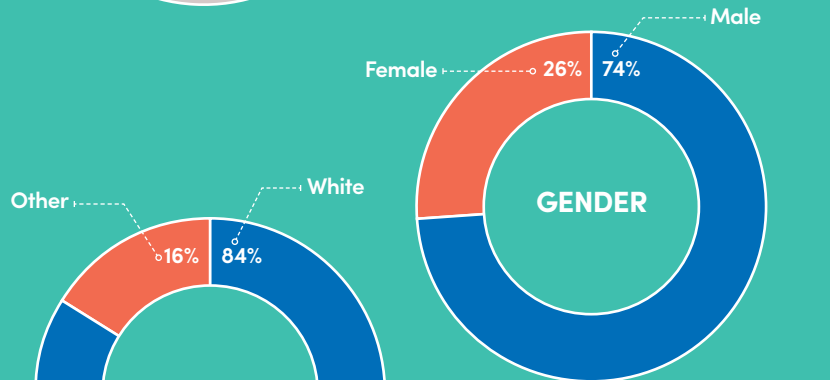
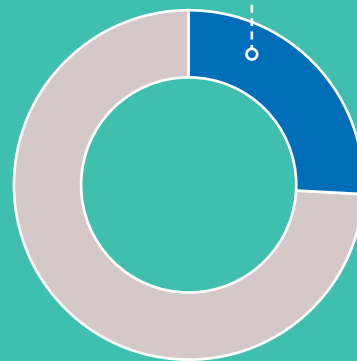
Population in age range 20-39 years:

# 26%

Population in this age range accounts for

# 56%

of the opioid-related fatalities



\*As of February 2018  
Source: Erie County Department of Health

# RAMPING UP TO MEET THE EMERGING NEEDS OF OUR AGING SOCIETY

By 2020, "people aged 65 and over will outnumber children under age 5" for the first time in human history, according to a 2015 report by the U.S. Census Bureau.

The United States' aging population is burgeoning, and the challenges associated with meeting their health care needs have drawn national attention. The demand for safe, effective care is growing amid this impending crisis that affects the elderly, their caregivers and the gamut of health care professionals providing needed services and support. Health care systems have been called upon to expand services for older adults, a shift necessitated by the expanding aging population.

This is a watershed moment for nurses, an opportunity to take the lead in addressing challenges associated with the pressing need to deliver quality, affordable care to this vulnerable population. Addressing physical and psychological needs of older adults is of the utmost importance with rapidly changing care requirements. Nurses play a crucial role in care coordination, which is essential to supporting and improving health care delivery and patient outcomes.

Prescription opioid misuse; end-of-life care; caregiver stress, depression and anxiety; dementia care; and sleep concerns are primary focus areas for research to mitigate health risks and improve quality of life for the elderly and their families. Read about how our faculty and students are working to address difficult issues facing those who work in elder care.

## NEW ALZHEIMER'S CENTERS SUPPORT CAREGIVERS AND PATIENTS

*-Linda Steeg, DNP, RN, ANP-BC; Leilani Pelletier, MS*

An estimated 5.7 million Americans are living with Alzheimer's disease – 390,000 are residents of New York. By 2050, that number is expected to surpass 16 million.

The number of known individuals with Alzheimer's disease is underrepresented due to the lack of early detection/diagnosis and underreporting dementia as a cause of death on death certificates.

In 2016, as a proactive response to the "impending tsunami of dementia," the New York State Department of Health announced the unprecedented Alzheimer's Caregiver Support Initiative, which supported, in part, the establishment of 10 Centers of Excellence for Alzheimer's Disease (CEAD) across New York state.

Currently, in New York state alone, there are approximately 1 million caregivers for people with Alzheimer's disease or related dementias, providing over 1 billion hours of unpaid caregiving, valuing over \$14 billion.

New York is first in the nation to address this public health crisis by committing financial resources that support persons with Alzheimer's disease and their caregivers. The

aims of the Alzheimer's Disease Caregiver Initiative include providing early diagnosis and care management; supporting patients at home and in the community; preventing emergency room visits and hospitalizations; and improving health, quality of life and well-being for persons with dementia and their caregivers.

Under the leadership of Bruce Troen, professor and chief of the division of geriatrics and palliative medicine at the University at Buffalo, and Kinga Szigeti, neurologist and founding director of the Alzheimer's Disease and Memory Disorders Center at UB, the Center of Excellence for Alzheimer's Disease in Western New York (CEAD-WNY) provides diagnostic and care support services to enhance population health for persons with dementia and their caregivers and enhances the capacity for primary care providers to diagnose and treat cognitive impairment in their own practices.

Marsha Lewis, professor and dean of the School of Nursing, and Linda Steeg, clinical associate professor at the School of Nursing, are co-investigators. Leilani Pelletier serves as the program director.

CEAD is charged with improving the rates of screening and early diagnosis of diseases causing dementia and improving care management. A timely and accurate diagnosis is critical to increasing enrollment in clinical trials in the pursuit of effective therapies to change the trajectory of this disease.

Through a partnership with the University at Albany's School of Public Health, the NYS Department of Health is able to evaluate the effectiveness of the programs, including the impact on Medicaid spending. Evaluation of the outcomes and findings will be disseminated to the field.

**Primary care clinicians or anyone interested in more information regarding dementia screening, diagnosis, dementia care management or clinical trials are encouraged to contact CEAD-WNY at 716-829-5432.**



## AGING AND ADDICTED: PRESCRIPTION OPIOID MISUSE IN OLDER ADULTS

—Donna A. Tyrpak, Yu-Ping Chang, PhD, RN, FGSA

Opioids are commonly prescribed to treat individuals with chronic malignant pain; however, many of these individuals do not adhere to their medication regimen, resulting in misuse and abuse and significant social, occupational or health problems.

Older adults are especially at high risk for health complications related to prescription misuse and abuse, including accidents, mood changes, cognitive decline, drug interactions, opioid-induced respiratory depression and organ dysfunction. Furthermore, adults over the age of 50 represent the largest consumers of prescription medications, and people in this age group are more likely to be prescribed opioids. With over 76 million aging baby boomers in the United States, these problems will continue to escalate.

In a recent study funded by NIH/NIDA and the Patricia H. Garman Behavioral Health Nursing Endowment, Yu-Ping Chang, PhD, RN, FGSA, associate dean for research and scholarship, explored the prevalence of prescription opioid misuse among older adults, identifying factors associated with misuse. In this study, 35 percent of

participants acknowledged misusing prescription opioids.

Chang found those with higher education (some college or above) were 2.5 times more likely to abuse opioids than those people who did not go to college. This preliminary work suggests that education plays a role in predicting opioid misuse.

Other contributing factors with a positive correlation to opioid misuse include a history of moderate depression, alcohol abuse and illicit drug use.

Depression is highly prevalent in this population but is often under-recognized. It is possible that older adults might use prescription opioids to cope with untreated mental health problems. It is crucial that providers routinely screen for mental health and substance abuse other than opioid abuse.

Participants who reported higher levels of pain while doing normal activities of daily living, such as walking, were also more likely to misuse opioids. Those factors identified in the study should be taken into consideration

when developing interventions and treatments for older adults with chronic pain.

Prescription opioid misuse in older adults is a significant concern for health care providers. Stressing the importance of increasing awareness and risk identification in this population, Chang plans to follow up this preliminary study with research using longitudinal approaches to better understand the trajectory of prescription opioid misuse and risk factors that contribute to abuse. She also plans to explore methods to better identify and treat the opioid misuse in older adults with chronic pain.

The need for better pain management, screening, prevention programs and treatment, along with appropriate referrals, cannot be over-emphasized in efforts to combat this growing health issue. There is a major lack of epidemiological and clinical research evidence on prescription opioid abuse in the older adult population. Research on the efficacy of multimodal approaches, including behavioral and pharmacological treatment to prevent and reduce prescription opioid misuse in older individuals, is urgently needed.

## SLEEP AND AGING: PIVOTING TO THE FUTURE

-Rebecca Lorenz, PhD, RN

“Fail fast and pivot” is an important concept in entrepreneurship relating to the need to quickly identify what does not work, iterate based on real data and change course. While applicable to a great many problems, this idea has particular importance in health care and the ability to improve health. Unfortunately, health care providers have been slow to notice that many adults and older adults are struggling to get the sleep they need.

As a result of poor sleep, older adults often experience negative daytime consequences, such as difficulty concentrating and excessive daytime sleepiness. Frequently, they attempt to self-manage by taking sleeping medications at night and stimulants during the day. A CDC nationally representative survey found that sleeping medication use increased with age, with the highest consumption among older adults above 80 years. This cycle of medication use related to poor sleep can lead to adverse health events and poor outcomes, especially in this older population.

It is time to pivot to the future.

My research has identified that poor sleep is associated with higher levels of functional limitations among adults over 40 years of age. People coped with these disabilities by limiting their activities, such as climbing stairs less often.

It is never too late – even in cases of significant cognitive impairment – to help older adults improve their sleep quality and ability to complete activities of daily living. Improvements in sleep and functioning were seen with a program that included walking, weightlifting and social activities.

It is possible that our failure to pivot to treat sleep disturbance in older adults can be attributed to our social understanding of aging. While we have created an arbitrary retirement age of 65 years that has come to represent old age, aging does not occur at a given point in time. Instead, aging is a gradual, continuous process of spontaneous change that begins at birth and continues throughout all stages of life. The process of physiological decline begins during our 20s when our brains begin to lose neurons and our lung capacity begins to decline. Many sleep disorders also begin before retirement age, with obstructive sleep apnea commonly diagnosed during our 40s and insomnia afflicting over 40 percent of people by age 65.

The physiological process of decline described above is accelerated in adults with chronic diseases, such as multiple sclerosis (MS). Symptoms of MS commonly begin in the prime of life in the 20s to 40s and include disturbed sleep. Research has shown that sleep disturbances in this population are significant and usually undiagnosed, though attention has shifted to improving sleep in this population over the last several years.

My research in improving sleep in this MS population echoes my earlier research regarding sleep in older adults and reinforces the importance of sleep for overall physical functioning, especially in the context of illness. This research has also highlighted the need for better screening for disrupted sleep and sleep disorders, along with appropriate referrals to sleep specialists.

Until we appreciate the impact of sleep disturbance on overall functioning and pivot our approaches to improving health to include improving sleep, we will continue to fail our patients. It is time to pivot our care to the future.





## NAVIGATING LIFE'S FINAL TRANSITION

—Mary Ann Meeker, DNS, RN

Remediable suffering continues to characterize the end-of-life phase for many, despite improvements in care of the dying in the United States and other developed nations over the past two decades.

In addition to failure to relieve pain and other symptoms, care near the end of life can sometimes exacerbate suffering with little or no benefit to the patient. Additionally, the patient's physical, psychosocial and spiritual suffering results in adverse consequences for family caregivers that persist into bereavement.

Although what meaningfully constitutes a "good death" will vary with the individual, there is nevertheless broad agreement in Western culture on a number of attributes: symptom relief and comfort, the opportunity for closure, well-being in relationships with family and health care providers, minimizing burden on others, exercising control where possible, the opportunity to leave a legacy, and respect for the dying person, including honoring his or her values.

My research team believes moving into the last phase of life constitutes a developmental transition with specific needs and risks, similar to other significant developmental transitions, such as becoming a parent. Providing effective care to facilitate a good death depends on understanding the process through which patient and family

navigate this shift from life-prolonging care to care focused on quality of life and quality of dying.

If a comfort-focused approach to care matches a patient's goals and values, failure to assist patient and family to make a timely transition increases suffering, truncates the opportunity for meaningful life closure, and subjects patients to futile, unnecessary and unwanted interventions, draining health care resources while adversely affecting patient and family outcomes.

Considering transition to end of life as a developmental process re-envision the last phase of life from one of medical failure and nothing more to be done or, from the patient's or family's perspective, one of "giving up," to one in which quality of living while dying can be improved and important goals achieved. We have undertaken several projects targeted toward deeper understanding of this transition process.

We have recently completed a metasynthesis study during which we analyzed and synthesized findings from 57 published qualitative research reports bearing on the process a patient and family may traverse at the end of life. The resulting model is based on the reported experiences of patients and family members and informed by the views of health care providers.

Essential elements needed for timely and effective transition included comprehensible information, ongoing emotional support, respect for personhood and some measure of control. The transition process is comprised of two sub-processes of realizing terminality and reframing perception. Positive outcomes can include time to prepare for death, healing and deepening of relationships, and a focus on quality of living day to day.

Two of our other studies, one with palliative care experts and another with nurses working in hospitals, reveal that palliative care providers are slowly changing the culture of end-of-life care and making these positive outcomes more possible, but that much end-of-life care falls far short of what is possible. Too often the last phase of life is characterized by highly sophisticated biomedical care until hours before death and then reflex cessation of interventions and language conveying that "nothing more can be done."

To continue efforts toward culture change surrounding dying, we plan a prospective, multi-perspective, longitudinal study of the transition to comfort-focused care among community-dwelling elders.

# PROMOTING BEHAVIORAL HEALTH INTEGRATION IN AMERICAN INDIAN PRIMARY CARE CLINICS: A PATIENT-CENTERED PERSPECTIVE

–Donna A. Tyrpak, Thane Schulz

Behavioral health disorders — any mental illness or substance abuse disorder — are highly prevalent in primary care patients but are often underdiagnosed and undertreated, compromising treatment outcomes. Identifying populations and geographic settings that lack access to effective care is only the first step in addressing mental health needs and successfully providing requisite care to underserved and at-risk populations.

With widespread disparities of care in underserved and rural areas, it is important to respond to the critical need for increased access to mental health and substance abuse screening and treatment to meet unmet needs of the American Indian population.

As members of federally recognized sovereign nations, American Indians are unique among minority groups in the U.S. With their history of trauma, discrimination and forced relocation from traditional lands, American Indians have encountered tremendous adversity, which has significantly contributed to their representation among populations with high need for mental health care. American Indians have extraordinary resiliency, but more accessible and effective interventions are needed to promote these intrinsic strengths. Better access to care and other psychosocial resources can enhance their health and well-being.

## COLLABORATION FOR QUALITY CARE

UB School of Nursing has received a two-year, \$1.0 million grant funded through Health Resources and Services Administration to partner with the Seneca Nation Health System to increase access to mental health and substance abuse screening and treatment at two facilities, the Lionel R. John Health Center located in Salamanca, New York, and the Cattaraugus Indian Reservation Health Center in Irving, New York.

The grant has funded the development of an interprofessional collaborative practice team – consisting of members of the Seneca Nation and the University at Buffalo – who will lead screenings and

behavioral health care to augment traditional primary care with onsite behavioral health services. This will also provide clinical training to FNP and PMHNP graduate students in the UB Schools of Nursing and Social Work.

Collaborative care is an evidence-based integrated care model that provides high quality mental health care in familiar settings. It utilizes a patient-centered workflow that begins with a care manager first screening for depression, substance abuse and signs of post-traumatic stress disorder and suicide risk, and then notifying primary care providers of any issues that arise. If a patient screens positive for one of these problems, the provider briefly educates the patient about health risks associated with these behaviors and offers a “warm handoff” to introduce the patient to a behavioral health counselor, or care manager, for on-site services. This may include discussing health risks, identifying benefits of treatment using evidence-based behavioral models, and continually assessing patient compliance and effectiveness of treatment modalities. The integrated care offers a trauma-informed approach that promotes a sense of safety and trustworthiness, and it removes the natural barriers to seeking treatment while culturally tailoring the services to meet the needs of the individual.

The grant objectives include utilizing two evidence-based behavioral health models, “Screening, Brief Intervention and Referral to Treatment” and “Improving Mood—Promoting Access to Collaborative Treatment,” that are being implemented as part of practice change in the primary care setting. These interventions offer better screening protocols that help to identify patients with substance abuse and mental health problems.

The integrated care manager works with the primary care provider by sharing behavioral health insights and partners with a psychiatric consultant who assists with diagnosis and medications. The care manager can then provide the patient with counseling using evidence-based psychotherapy. This includes several options such as motivational interviewing, which utilizes motivation to change and

# 5 CORE PRINCIPLES OF COLLABORATIVE CARE



## 1. PATIENT-CENTERED TEAM CARE

*Providers use shared care plans informed by patient goals to improve patient experience and reduce duplicate assessments.*



## 2. POPULATION-BASED CARE

*Care team tracks a shared, defined patient group and provides personalized, caseload-focused consultations for patients who are not improving.*



The Seneca Nation Health System logo is an ancient Iroquois floral design adapted to depict the heart-shaped leaves of the ginger plant, which is homeopathic and indigenous to the Seneca territories.



augment problem behaviors, or cognitive behavioral therapy, which improves health by helping people understand how their thoughts and feelings affect their behavior. The care manager also helps to improve the effectiveness and compliance of medications by partnering with a psychiatric consultant and working alongside the primary care provider and patient.

“American Indians have endured both limited and differential access to resources, creating disparities in health status and a lack of exposure to quality health care when compared with other racial and ethnic groups,” says principal investigator Yu-Ping Chang, associate professor and associate dean for research and scholarship in the School of Nursing.

“American Indians also have increased risks for many health conditions, including mental health and substance abuse, which leads to higher mortality rates.”

The project also includes educational and experiential learning that emphasizes cultural sensitivity about American Indian health care beliefs, customs, family dynamics, communication patterns and social determinants of health, which can impact access and adherence to mental health care.

Clinic staff will be surveyed regarding their perceptions of the effectiveness of the behavioral health integration and their level of confidence in being able to deliver effective behavioral health treatment. Patients will be surveyed on their awareness of treatment

options and views on treatment effectiveness.

In addition to Chang, the UB team consists of Kurt Dermen, PhD, UB Research Institute on Addictions; Margaret Moss, JD, PhD, RN; Nancy Campbell-Heider, PhD, RN, FNP-C, CARN-AP; Patti Nisbet, DNP, PMHNP-BC; and Sabrina Casucci, PhD, UB School of Engineering and Applied Sciences.

“There is compelling evidence that suggests creating an integrated primary care practice increases the number of patients receiving effective evidence-based treatment, and that those patients feel better faster,” says Thane Schulz, LMSW, certified care manager and former project coordinator..

“Being referred out to counseling can be intimidating and ambiguous, but this model helps reduce those feelings since it is intrinsically trauma-informed. The patient is already in a safe place and trusts their primary care provider.”

That trusted provider, Schulz explains, then introduces the patient to a care manager who champions collaboration, offers choices in treatment and ultimately empowers the patient.

“Those patients can get back to work, back to their families and back to the healthy activities they enjoy. The repeated, historical traumas that American Indians have experienced generationally makes this project even more critical.”



### 3. MEASUREMENT-BASED TREATMENT TO TARGET

*Uses clinical outcome measures to adjust treatment plans for each patient until clinical goals are reached.*



### 4. EVIDENCE-BASED CARE

*Efficacy of treatments offered to patients is supported by credible research evidence.*



### 5. ACCOUNTABLE CARE

*Providers are reimbursed for care quality and clinical outcomes, not just volume of care provided.*

*Source: AIMS Center, University of Washington, Psychiatry & Behavioral Sciences – Division of Population Health*



## SLEEP RESEARCH



**Grace Dean, PhD, RN;**  
**Mary Ann Meeker, DNS, RN**

**TITLE:**  
University at Buffalo/Roswell Park Cancer Institute Collaboration on Nursing Science & Evidence-Based Practice to Improve Patient Outcomes

**FUNDING SOURCE:**  
Roswell Park Cancer Institute

**Grace Dean, PhD, RN; Suzanne Dickerson, DNS, RN; Kelly Foltz-Ramos, PhD, RN, FNP-BC, RHIA; Carleara Weiss, PhD; Cheryl Oyer, MSEd**

**TITLE:**  
RE-ALMing Nurses for Screening, Brief Intervention and Referral (Sleep-SBIRT)

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**Suzanne Dickerson, DNS, RN**

**TITLE:**  
Usability and Feasibility Testing of a Self-Management Online Program (Breathe2Sleep™) to Improve Adherence to CPAP in Persons Newly Diagnosed with Sleep Apnea

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**Carla Jungquist, PhD, ANP-BC, FAAN**

**TITLE:**  
Medtronic Multisite Trial "Prodigy" (Predictive of Opioid-Induced Respiratory Depression in Patients Monitored by Capnography)

**FUNDING SOURCE:**  
Medtronic

**Carla Jungquist, PhD, ANP-BC, FAAN; Laura Anderson, PhD**

**TITLE:**  
Shift Healthcare Workers' Temporal Habits for Eating, Sleeping and Light Exposure

**FUNDING SOURCE:**  
Dr. Nuala McGann Drescher Affirmative Action/Diversity Leave Program

**Carla Jungquist, PhD, ANP-BC, FAAN; Syed Adnan Uddin; Romanth Waghmarae, MD**

**TITLE:**  
An Alternative Approach to Maintenance Therapy with Opioids for Early Onset Chronic Pain

**FUNDING SOURCE:**  
Dr. Nuala McGann Drescher Affirmative Action/Diversity Leave Program

**Carla Jungquist, PhD, ANP-BC, FAAN; Varun Chandola, PhD**

**TITLE:**  
Developing Algorithms for Trend Monitoring for Opioid Induced Respiratory Depression in the Hospitalized Patient

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**Rebecca Lorenz, PhD, RN**

**TITLE:**  
Mindfulness-Based Stress Reduction Plus Sleep Retraining to Improve Depressive Symptoms Among Adults with Multiple Sclerosis

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

## BIOBEHAVIORAL ONCOLOGY QUALITY OF LIFE ACROSS THE LIFESPAN



**Darryl Somayaji, PhD, RN, CNS, CCRC**

**TITLE:**

Exploring Medicaid Claims-Data: To Understand the Role of Health Utilization and Mortality in Low Income Lung Biopsy Patients

**FUNDING SOURCE:**

\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**TITLE:**

Linking New York State Databases to Identify Risk Factors and Gaps in Care for Rural and Urban Health Disparities in Lung Cancer

**FUNDING SOURCE:**

UB Clinical and Translational Science Institute

**TITLE:**

Promoting a Program of Cancer Survivorship Community-Based Research: A Mentored Research Fellowship

**FUNDING SOURCE:**

Gregory J. Dimitriadis Research Mentoring Fellowship

## PROMOTING HEALTH AND REDUCING RISK IN PSYCHIATRIC MENTAL HEALTH AND ADDICTIONS



**Kafuli Agbemenu, PhD, MPH, RN, CTN-A**

**TITLE:**

A Comprehensive Examination of the Reproductive Health Status of African Refugee Women Living in Buffalo, NY

**FUNDING SOURCE:**

\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**TITLE:**

Phases 1 and 2: Family Planning in Appalachia: An Assessment of Unmet Needs in the Context of the Opioid Epidemic

**FUNDING SOURCE:**

Society of Family Planning through the UB School of Social Work

**TITLE:**

Reproductive Health Outcomes of African Refugee Women Living in Erie County

**FUNDING SOURCE:**

Association of Black Nursing Faculty

**Kafuli Agbemenu, PhD, MPH, RN, CTN-A; Adrian Juarez, PhD, RN**

**TITLE:**

Biomarkers in Vulnerable Populations

**FUNDING SOURCE:**

Gregory J. Dimitriadis Research Mentoring Fellowship

**Yu-Ping Chang, PhD, RN, FGSA**

**TITLE:**

NIH Clinical and Translational Science Award

**FUNDING SOURCE:**

Buffalo Clinical and Translational Science Institute, National Center for Advancing Translational Sciences

**TITLE:**

The Effect of Person-Centered Care on Resident Outcomes

**FUNDING SOURCE:**

UB Institute for Person-Centered Care

**TITLE:**

Prescription Drug Misuse in Older Adults in Jilin Province, China

**FUNDING SOURCE:**

Jilin Province, China

**TITLE:**

Behavioral Health Integration in a Native American Primary Care Clinic

**FUNDING SOURCE:**

HRSA Nurse Education, Practice, Quality and Retention – Interprofessional Collaboration Practice Program: Behavioral Health Integration

**TITLE:**

Behavioral Health-Focused Interprofessional Education and Practice for Graduate Students in Integrated Care Setting

**FUNDING SOURCE:**

HRSA Behavioral Health Workforce Education and Training Program

**Adrian Juarez, PhD, RN**

**TITLE:**

HIV Risk and Substance Abuse in Trans-Latinas on the Texas-Mexico Border

**FUNDING SOURCE:**

National Research Mentoring Network – University at Buffalo Civic Engagement and Public Policy: Community-Based Health Disparities Research Mentoring Fellowship

**TITLE:**

Suicide Ideology in Trans-Latinas on the Texas-Mexico Border

**FUNDING SOURCE:**

Civic Engagement and Public Policy

**TITLE:**

Investigating the Acceptability of an eHealth HIV Prevention Toolkit for Black Heterosexual Couples in Western New York State

**FUNDING SOURCE:**

NIH Center for Aids Research

**Eunhee Park, PhD, RN, APHN-BC**

**TITLE:**

Participatory Media Production Intervention for Youth Smoking Prevention

**FUNDING SOURCE:**

\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

\*Denotes those supported by philanthropy.

## P.U.L.S.E. HEALTHY WEIGHT RESEARCH TEAM



**Laura Anderson, PhD;**  
**Melissa Kalarchian, PhD;**  
**Carroll Harmon, MD; Peter Thanos, PhD**

**TITLE:**  
Bariatric Outcomes: Self-Management for Sustained Surgical Success 2.0

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

**Laura Anderson, PhD**

**TITLE:**  
Reward Signaling, Genetic Risk, and Addictive Behaviors following Bariatric Surgery: An EEG Study

**FUNDING SOURCE:**  
IMPACT

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**TITLE:**  
Long-Term Bariatric Surgery Successes Versus Failures: Informing Interventions through Analyzing Electronic Medical Records

**FINDING SOURCE:**  
National Library of Medicine Clinical Bioinformatics Fellowship

**TITLE:**  
Bariatric Outcomes: Sustaining Success (BOSS)

**FINDING SOURCE:**  
National Science Foundation I-CORPS Site Program Phases I-II

## ADDITIONAL FUNDED PROJECTS



**Linda Paine Hughes, DNP, RN, NPP-BC, FNP-C, ANP, PNP**

**TITLE:**  
Partnering to Educate FNPs for Practice in Native American, Underserved and Rural Settings

**FUNDING SOURCE:**  
HRSA Advanced Nursing Education Program

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**TITLE:**  
Advanced Nursing Education Workforce Program

**FUNDING SOURCE:**  
HRSA Advanced Nursing Education Workforce Program

**Loralee Sessanna, DNS, RN, CNS, AHN-BC**

**TITLE:**  
Advanced Education Nursing Traineeship Program

**FUNDING SOURCE:**  
HRSA Nurse Anesthetist Training Program

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**TITLE:**  
Nurse Faculty Loan Program (NFLP)

**FUNDING SOURCE:**  
HRSA NFLP

**Fred Doloresco, PharmD;**  
**Kelly Foltz-Ramos, PhD, RN, FNP-BC, CHSE, RHIA;** Nicholas Fusco, PharmD;  
**Jaime Maerten-Rivera**

**TITLE:**  
Development of Interprofessional Objective Structured Clinical Examinations

**FUNDING SOURCE:**  
UB Center for Educational Innovation

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**Bruce R. Troen, MD (Co-PI);**  
**Kinga Szigeti, MD, PhD (Co-PI);**  
**Steven Dubovsky, MD (Co-I);**  
**Daniel Morelli, MD (Co-I);**  
**Marsha L. Lewis, PhD, RN, FAAN (Co-I);**  
**Linda Steeg, DNP, RN, ANP-BC (Co-I)**

**TITLE:**  
Center of Excellence for Alzheimer's Disease in Western New York

**FUNDING SOURCE:**  
New York State Department of Health

-----  
**Mary Ann Meeker, DNS, RN**

**TITLE:**  
Jonas Nurse Leaders Scholarship Program and Jonas Veterans Healthcare Program

**FUNDING SOURCE:**  
Jonas Center for Nursing and Veterans Healthcare

**Joann Sands, DNP, ANP-BC**

**TITLE:**  
Students' Perceptions, Knowledge and Performance in Disaster and Humanitarian Response Field Training Exercises

**FUNDING SOURCE:**  
\*Patricia H. Garman Behavioral Health Nursing Endowment Fund

-----  
**Cynthia Stuhlmiller, PhD, RN, FACMHH, FACN, FAAN;** Barry Tolchard, PhD;  
**Cheryl Porter; Kim Usher, PhD**

**TITLE:**  
Population Health Outcomes of a Student-Led Clinic in an Aboriginal Community in Australia

**FUNDING SOURCE:**  
The Commonwealth of Australia - New South Wales Health Department

## HEALTH SYSTEMS AND DATA SCIENCE



**Sharon Hewner, PhD, RN**

**TITLE:**  
Peer-Led Asthma Self-Management for Adolescents PLASMA  
Multi-Site Study URF

**FUNDING SOURCE:**  
NIH/University of Rochester

Andrew B. Symons, MD, MS (project director); Jacobs School of  
Medicine and Biomedical Sciences (students); Dept. of Family  
Medicine (residents); Div. of General Internal Medicine (residents);  
**UB School of Nursing (NP/BS students; Sharon Hewner, PhD, RN)**

**TITLE:**  
The Buffalo Interprofessional Advanced Primary Care  
Training Program

**FUNDING SOURCE:**  
HRSA

## UNFUNDED PROJECTS



**Laura Anderson, PhD;**  
Melissa Kalarchian, PhD

**TITLE:**  
Timed Eating in Pre-Operative Bariatric  
Surgery Patients with Class III Obesity

**Susan Grinslade, PhD, RN, PHCNS-BC**

**TITLE:**  
Igniting Hope: Building a Just Community  
with a Culture of Health and Equity

**Adrian Juarez, PhD, RN**

**TITLE:**  
HIV Transition of Urban Mexican  
Immigrants in a Global City

**TITLE:**  
Expanding HIV Testing in a Health-Home,  
Outpatient Bilingual Substance Use  
Treatment Program and Senior  
Citizens' Center

**Carla Jungquist, PhD, ANP-BC, FAAN;**  
Abdul-Basit Bukhari

**TITLE:**  
Monitoring Compliance with Opioid  
Replacement Therapy in Patients with  
Opioid Addiction

**Mary Ann Meeker, DNS, RN;**  
Siri GuruNam Khalsa, MSN, RN;  
Kelly McBroom, ARNP, RN, CNM;  
Dianne White, MS, RN;  
**Suzanne Dickerson, DNS, RN**

**TITLE:**  
Dealing with Dying: Common Meanings of  
Comfort Care in Hospital-Based Palliative  
Care Providers

**Eunhee Park, PhD, RN, APHN-BC**

**TITLE:**  
Transitions from Adolescence to Adulthood

**TITLE:**  
Digital Health Literacy  
Instrument Development

**Cynthia Stuhlmiller, PhD, RN, FACMHH,**  
**FACN, FAAN;** Barry Tolchard, PhD;  
Consortium of Universities for  
Global Health

**TITLE:**  
Evaluation of the Global Health  
Competency Confidence Scale and  
Workbook: Data from a Newly Created  
International Repository

**Cynthia Stuhlmiller, PhD, RN, FACMHH,**  
**FACN, FAAN;** Barry Tolchard, PhD

**TITLE:**  
Toward a Global Curriculum of Nursing:  
Developing NextGenU's Nursing in a Box

\*Denotes those supported by philanthropy.

## GETTING REAL ABOUT THE VALUE OF SIMULATION FOR NURSE ANESTHETIST STUDENTS

“Can anyone tell me what went wrong?”

Nurse anesthetist student Kaitlyn Tomeno, clad in dark blue scrubs and perched at a wooden podium next to a large white projector screen, glances around the classroom as she pauses a nurse anesthesia training video demonstrating poor management of pediatric laryngospasm. After a quiet moment, a hand raises shyly at a back corner two-person table.

“The nurse anesthetist notices a problem with SpO2 levels, but fails to communicate that to the surgeon right away.”

Laryngospasm, a spasm of the vocal cords that blocks airflow to the lungs, is an anesthetic emergency that can be life-threatening. Recognizing the increased potential for these kinds of adverse events in pediatric anesthesia, Tomeno and fellow nurse anesthetist student Erin Peruzzini formulated their DNP Capstone Project\* with a twofold purpose: to determine if enhanced training and simulation would improve nurse anesthetist students’ competence levels in pediatric anesthesia, and to evaluate the cost-effectiveness of such training.

“Research has shown that young patients, particularly those under 2 years of age, and provider experience are two factors that greatly influence the risk of pediatric adverse events, specifically respiratory related adverse events,” Peruzzini explains. “Children are not small adults. They have anatomical and biological differences that necessitate careful planning and management of anesthetic delivery.”

Another reason to pursue this problem, Peruzzini and Tomeno say, is that research related to simulation in nurse anesthetist education is very limited and is practically non-existent in regard to pediatrics in this area.

### A STUDY TO IMPROVE EDUCATION

Peruzzini and Tomeno’s study consisted of a group of 30 UB nurse anesthetist students who were randomly assigned to a control group or an experimental group. The control group experienced the typical lecture on pediatric anesthesia, while the experimental group participated in an enhanced workshop and simulation. To measure their competency, two blinded independent raters scored the students as they participated in a high-fidelity pediatric simulation in the school’s anesthesia simulation center.

The workshop focused on clinical challenges a nurse anesthetist may encounter with a pediatric patient. These challenges, according to Tomeno, include medical management, technical skills and non-technical skills, which are directly related to clinical competency. Students were introduced to simulation and SimJunior® (a comprehensive, interactive simulator/manikin, representing a 6 year old child) and an overview of basic pediatric knowledge and technical and non-technical skills, ending with two hands-on learning stations Tomeno developed.

“Subjects at station one spent time with pediatric anesthesia equipment,” says Tomeno, “including a variety of masks, oral/nasal airways, laryngeal mask airways, pediatric IV tubing and laryngoscope blades. Here, they practiced calculating equipment types specialized for a pediatric patient.”

Students at this station also practiced inserting airways and bag mask ventilation on two infant-sized manikins.



**“[Simulation] allowed me to evaluate myself and learn from my mistakes in an environment away from judgment. You get a sense of your ability to manage an emergency, lead a team, assess a situation, make decisions and learn from others.”**

–Erin Peruzzini



Photos: Douglas Levere



The second station was a SimJunior® tutorial in the school's simulation operating room and focused on common pediatric emergencies like bradycardia, laryngospasm and bronchospasm.

"Subjects at this station practiced airway insertion, ventilation, induction techniques and how to manage emergencies."

The students' scores were based on two scales: the MEPA Action Checklist Rating Tool (AC) and the MEPA Global Rating Scale (GRS). Tomeno and Peruzzini found that students in the intervention group had significantly higher scores than those in the control group. For example, the GRS score, which ranges from 1.0 (very poor/novice) to 6.0 (excellent/highly expert), on average, was 3.07 (borderline and unsatisfactory) for the control group and 4.87 (between borderline/satisfactory and good) for the intervention group.

"Our data confirmed that the enhanced pediatric workshop was successful in improving student competency scores in pediatric anesthesia simulated practice," says Tomeno. "We've concluded that increased competency scores in nurse anesthetist students can potentially decrease adverse outcomes in pediatric patients."

#### THE COST OF COMPETENCY

Peruzzini found that not only was competency improved, but there are also cost benefits to using a similar workshop and simulation in nurse anesthetist education. By comparing the total cost for the pediatric manikin simulation and workshop to the resulting number of competent students, she determined that competency was not the only improvement – the cost of simulation was reduced by around \$6,000 (from about \$8,800 to about \$2,700).

In addition to cost-effectiveness, Peruzzini examined the amount of time required for the benefits of the simulation to outweigh the cost of incorporating pediatric simulation as part of the curriculum. Costs included items like the manikin, software, supplies and faculty salary.

"The benefit of improved competency was monetized through an evaluation technique called the value of statistical life," Peruzzini explains. "A dollar value was placed on competency by factoring in the economic value of preventing or effectively managing a laryngospasm."

By using patient prices from seven hospitals, she determined that – due to factors like increased operating room time, recovery time and hospital stay – a laryngospasm costs, conservatively, north of \$4,000.

Adjusting this figure for the competency differences between the control and intervention groups, Peruzzini calculated a payoff period, where the benefits would outweigh the cost of implementing pediatric simulation into the curriculum.

"As a result of improved competency and increased productive time, we determined that the benefits would allow for yearly repayment of all simulation program expenditures, including a salary for a simulation lab coordinator."

#### SIMULATION'S REAL IMPACT

The value of simulation extends far beyond dollars and cents, with both a long term impact of improved competency and better patient care once nurse anesthetist students officially become certified registered nurse anesthetists – there is also an immediate impact on students' skill enhancement and confidence.

"Students felt better about going to pediatric clinical; they felt more prepared than they did before this experience," Tomeno says. "That was the most meaningful part for me."

"I appreciate the value simulation has played in my education," adds Peruzzini. "It allowed me to evaluate myself and learn from my mistakes in an environment away from judgment. You get a sense of your ability to manage an emergency, lead a team, assess a situation, make decisions and learn from others. These are all necessary skills to become a successful and competent CRNA in independent practice."

\*Peruzzini and Tomeno's capstone is titled, "Pediatric Anesthesia Simulation and Competence Scores in Nurse Anesthesia Students: An Experimental Study and Cost Analysis." Faculty advisors: Nancy Campbell-Heider PhD, FNP-C, CARN-AP and Kristine Faust DNAP, MBA, CRNA

## HIGH-FIDELITY SIMULATION IN NURSING EDUCATION – A Q&A WITH A TECH-SAVVY NURSING PROFESSOR

*Kelly Foltz-Ramos is a nurse practitioner and research assistant professor in the UB School of Nursing. She earned her PhD in curriculum, instruction and the science of learning from the UB Graduate School of Education and is a Certified Simulation Health Educator.*

**Q:** *How long has simulation been used in nursing education? When were computerized patient simulators first used?*

**A:** Simulation has been used in nursing education for over a hundred years. Nursing faculty have historically used manikins, task trainers and role playing as part of the curriculum. These things in combination with advancing technology have transitioned into the simulation we see today.

The first computerized patient simulator was created in the 1960s. Early computerized patient simulators were very expensive and not widely used. In the early 2000s, fewer than 100 U.S. nursing schools were using computerized patient simulators – today nearly every nursing school uses them.

**Q:** *How has the use of computerized patient simulators changed the way nursing instructors approach nursing education?*

**A:** There is a critical need to change the delivery of nursing education because of a shortage of nursing faculty and clinical sites. Simulation, including high fidelity and virtual reality, offers an innovative solution to these problems. High fidelity simulation gives students guaranteed experiences of high-risk, low-occurrence events in a controlled, supportive setting. This is now being used as a portion of clinical hours in many schools to combat the shortage of clinical sites. Virtual reality simulation immerses the student in a realistic situation where they can participate in a scenario with other health care professionals in other locations.

With the cost of virtual reality implementation decreasing, this offers a solution to lack of resources, including both faculty and clinical sites. A 2014 multi-site study by the National Council of State Boards of Nursing showed that nursing schools can replace up to 50 percent of clinical hours with simulation without negatively impacting student outcomes. These results are causing many nursing schools to look closer at how they can better use simulation in the curriculum.

## MEET OUR NEW PATIENT SIMULATOR: WILLY MAKIT

After receiving nearly 200 creative name suggestions for our new patient simulator, we narrowed it to the top 10 and put it to a vote. Hundreds voted, but only one was selected.

The winner? Willy Makit!

Congratulations to the patient simulator naming contest winners:

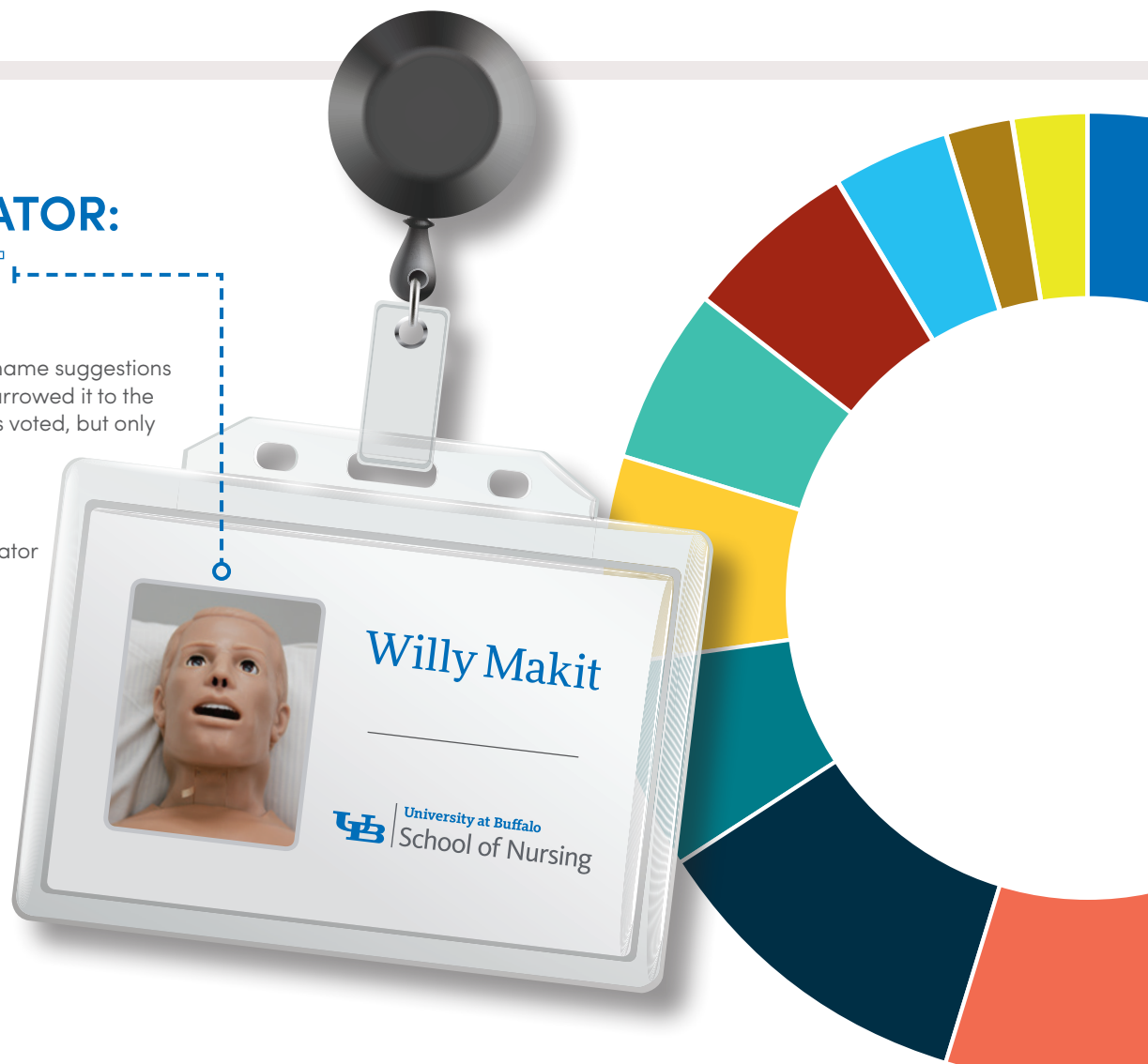
MEGAN BURNS

KATHLEEN THOMAS

EMILIE SCHNEIDER

SABRINA SCHWARTZ

ELIZABETH ROSA



**Q:** How does simulation in nursing education impact the student learning experience and their careers?

**A:** Simulation is active experiential learning, which allows for deeper understanding of the subject matter. In addition, it teaches students how to problem solve. When students encounter a patient situation in clinical, they usually rely on their clinical instructor to help critically think and manage the patient. In simulation, the student is in the driver's seat making the decisions and learning to manage and prioritize. Simulation has been shown to increase self-confidence in students.

**Q:** How can students effectively translate simulation education to real-life scenarios?

**A:** An integral aspect of high fidelity simulation is debriefing. Debriefing is the discussion that occurs after a simulation scenario and gives students time to reflect on their own performance. They are facilitated through the process of reviewing the scenario, including what could have been done differently and why. This is where connections are made to what has been learned in the classroom. Students are asked if they have ever encountered a similar patient in the clinical setting. If they have, they share the experience and how it was similar or different. At the end, each student is asked to state a lesson they have learned in the simulation that they will bring with them to the clinical setting. Both of these questions help the students to think about how they will use these lessons in real-life scenarios. Students frequently tell me that they encountered a situation in the hospital and knew what to do because of what they learned in simulation.

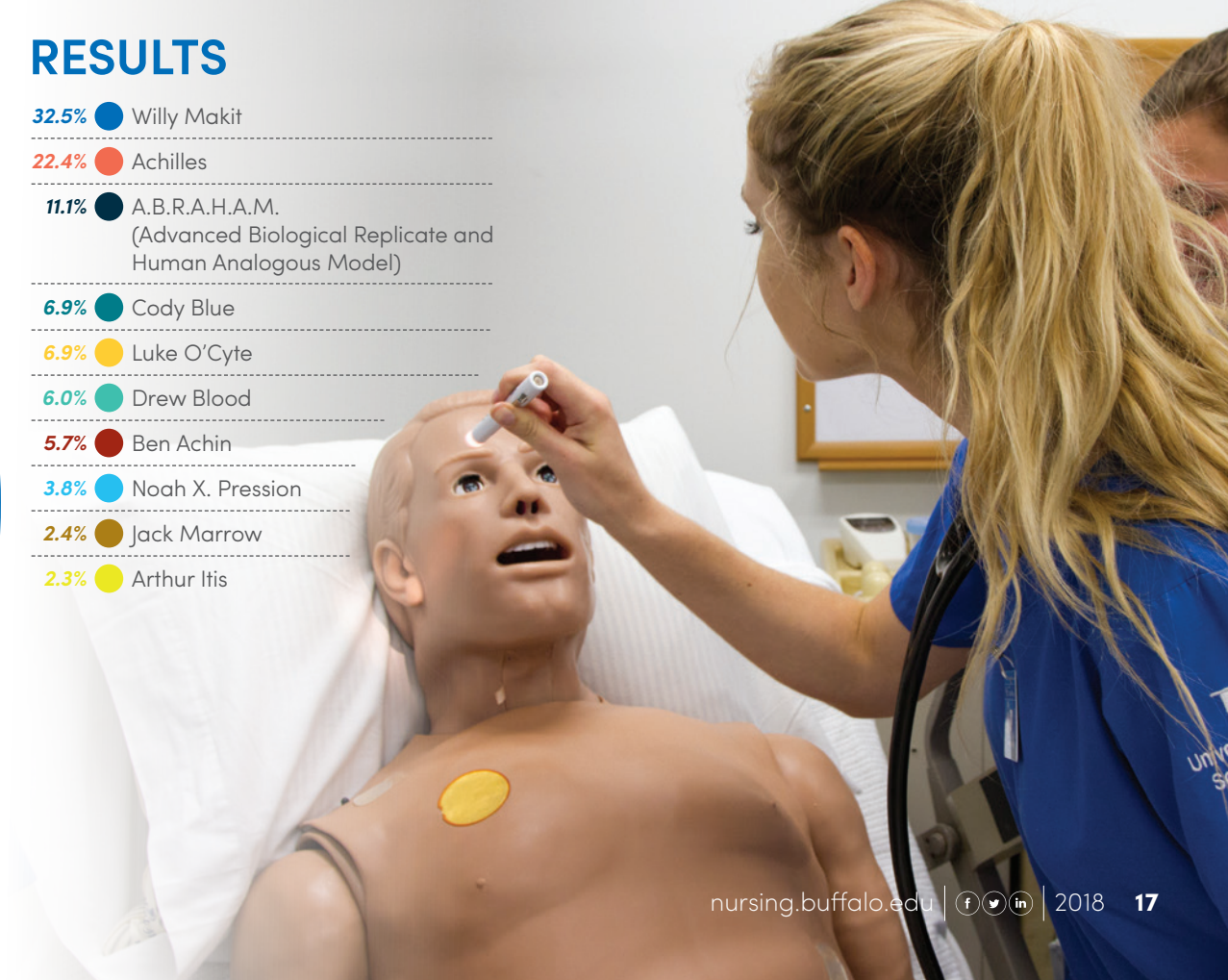
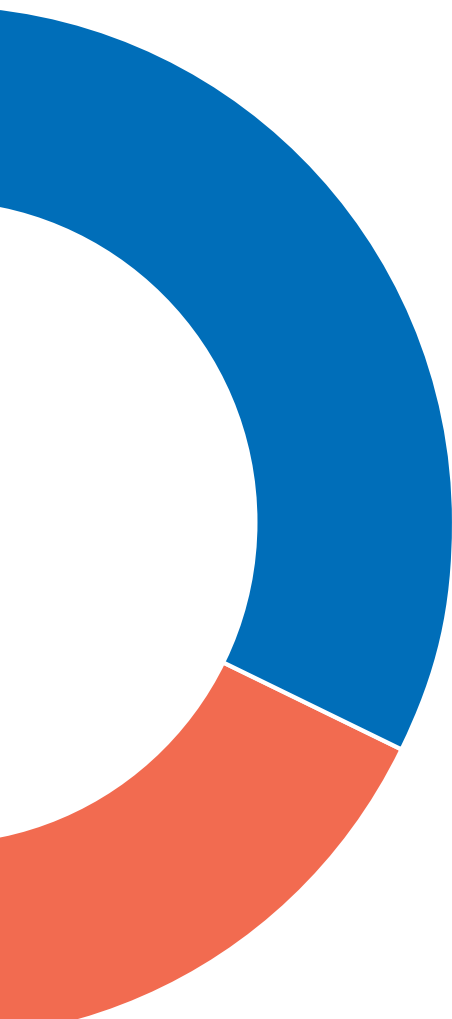
**Q:** Tell us about the SON's new patient simulator, Willy Makit. What features does he have that set him apart from our other manikins?

**A:** The biggest difference in the newest simulator is that he is tetherless, so he is not confined to the simulation lab. We can put Willy Makit in a wheelchair or on a stretcher and bring him anywhere on campus. Another new feature is the ability to evaluate the effectiveness of CPR and to provide coaching. Our students are now encountering defibrillators in the hospital setting that have sensors to coach through CPR if the compressions need to be faster or the respirations slower, etc. Our new simulator can do the same thing.



## RESULTS

- 32.5% ● Willy Makit
- 22.4% ● Achilles
- 11.1% ● A.B.R.A.H.A.M.  
(Advanced Biological Replicate and Human Analogous Model)
- 6.9% ● Cody Blue
- 6.9% ● Luke O'Cyte
- 6.0% ● Drew Blood
- 5.7% ● Ben Achin
- 3.8% ● Noah X. Pression
- 2.4% ● Jack Marrow
- 2.3% ● Arthur Itis



## NEW FACULTY AND STAFF

### FACULTY



**Margaret Doerzbacher, MS, RN, NNP-BC**, joined the UB SON as a clinical instructor.

**Melinda Haas, DNP, RN, FNP-BC**, joined the UB SON faculty as a clinical assistant professor.

**Amy Hequembourg, PhD**, joins the school as an associate professor. She is a sociologist with 10 years of experience as Senior Research Scientist at the UB Research Institute on Addictions. Her primary research areas include health disparities among sexual minorities and social inequalities associated with sexual orientation and gender identity, among others.

**Gale Klinshaw, MSN, RN**, is the UB SON's new clinical laboratory coordinator.

**Chin-Shang Li, PhD**, a biostatistician, is now a professor at the UB SON. Previously, he was the assistant director for the biostatistics program at the University of California, Davis Clinical and Translational Science Center. His methodological research foci include goodness-of-fit tests, cure models, zero-inflated count data analysis and semi-parametric and nonparametric regressions.

**Jennifer Livingston, PhD**, joins the school as an associate professor. She is an educational psychologist and was a senior research scientist at the UB Research Institute on Addictions for 11 years. Her research focuses on the intersection between substance use and aggression among adolescents and its implications for adolescent development.

**Catherine Mann, EdD, RN, CNE**, joins the school as a clinical associate professor.

**Deborah Matteliano, PhD, FNP-BC**, joined the UB SON as the graduate clinical coordinator and clinical associate professor.

**Michele McKay, MS, RN**, is UB SON's new undergraduate clinical coordinator.

**Kelly Smith, MS, RN, PNP**, joins the UB SON as a clinical instructor.

**Suzanne Sullivan, PhD, MBA, RN, CHPN**, a new assistant professor at the UB SON, is a UB SON PhD graduate and the first recipient in the school of NIH predoctoral award funding. She completed her dissertation using a data science approach to develop and validate a predictive model for identifying 12-month mortality risk in community-dwelling older adults and employs machine-learning methodology to solve nursing problems.



### STAFF



**Hannah Hagen** joined the Business Services Office as a staff assistant.

**Steven Lamkin** joined the Center for Nursing Research as assistant to the associate dean for research and scholarship.

**Amy Lyons** is the UB SON's new health sciences librarian. She is the associate director of the Health Sciences Library.

## PROMOTIONS & TRANSITIONS

### FACULTY



**Tammy Austin-Ketch, PhD, RN, FNP-C, FAANP**, is now dean of the College of Nursing at SUNY Upstate Medical University. She was with UB SON for nearly 20 years and most recently served as the assistant dean for the MS/DNP programs and as a clinical assistant professor.

**Susan Bruce, PhD, RN, ANP-C**, is retiring after 23 years with the UB SON. Most recently, she was the adult/gerontology primary care NP program coordinator and a clinical professor.

**Donna Fabry, DNP, CNS, RN**, has been promoted to clinical associate professor.

**Kelly Foltz-Ramos, PhD, RN, FNP-BC, CHSE, RHIA**, has been promoted to research assistant professor.

**Carla Jungquist, PhD, ANP-BC, FAAN**, was promoted to associate professor with tenure.

**Dianne Loomis, DNP, RN, FNP-BC**, clinical associate professor, has retired after 12 years of service to the school.

**Penelope McDonald, PhD, RN, FNP-BC**, clinical assistant professor, has retired after 9 years with the UB SON.

**Loralee Sessanna, DNS, RN, CNS, AHN-BC**, was appointed interim assistant dean for the MS/DNP programs.

**Molli Warunek, DNP, RN, FNP-C**, is now the UB SON's global initiatives coordinator.

**Yow-Wu Bill Wu, PhD**, retired after more than 30 years of service to the UB SON. He joined the school in 1985 as a research associate and was most recently an associate professor.

### STAFF



**Joshua Altemoos** is now the project coordinator for the Behavioral Health Workforce Education and Training Program. Previously, he was the assistant to the associate dean for research and scholarship.

**Sarah Goldthrite** was promoted to director of marketing, communications and alumni engagement.

**Elaine Marks**, finance clerk, retired after 6 years of service to the UB SON. Prior to working at the SON, Elaine worked in the university business office for 37 years.

**Sharon Murphy**, the school's health science librarian, has retired.

**Donna Tyrpak**, director of marketing, communications and alumni engagement, is retiring after 14 years of service to the UB SON. She first joined the school as a clinical faculty member in 2004.

## FACULTY AND STAFF ACHIEVEMENTS

**Rose Bell** was selected by The Buffalo News as the 2018 Nurse of Distinction.

**Yu-Ping Chang** was named the Patricia H. and Richard E. Garman Professor.

**Grace Dean** is the director of the research section for the Oncology Nursing Society's 43rd Annual Congress.

**Suzanne Dickerson** was appointed chair of the President's Review Board at UB.

**Donna Fabry** was honored by The Buffalo News as a 2018 Nurse of Distinction nominee.

**Kelly Foltz-Ramos** earned the Certified Simulation Health Educator certification with the Society for Simulation in Healthcare.

**Donna Fabry** and **Kelly Foltz-Ramos** won the 2017 Nursing Outlook Excellence in Research Award for "Health Care Provider Social Network Analysis: A Systematic Review."

**Melinda Haas** received her American Academy of Nurse Practitioners certification.

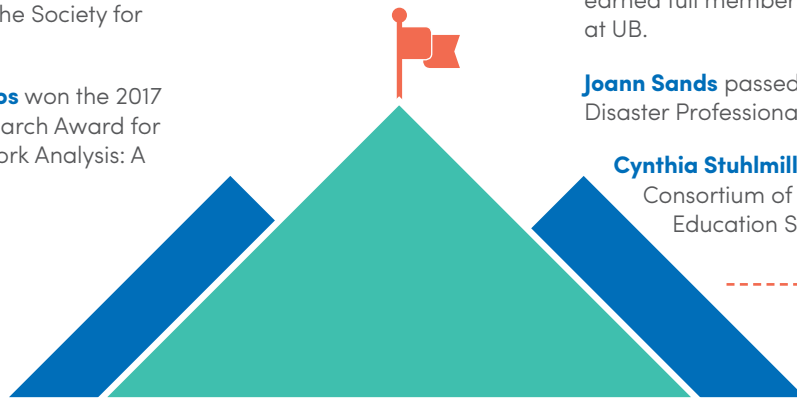
**Carla Jungquist** is the leader of the national workgroup charged with developing clinical practice guidelines for monitoring hospitalized patients for opioid induced respiratory depression for the American Society for Pain Management Nursing.

**Margaret Moss** was named a Faculty Fellow for the UB Office of Inclusive Excellence. She was also named to the editorial board of Policy, Politics and Nursing Practice, a peer-reviewed journal that explores the multiple relationships between nursing and health policy.

**Pamela Papham** was honored for her 25 years of service to Roswell Park Cancer Institute. She also earned full membership on the Graduate Faculty at UB.

**Joann Sands** passed the ANCC National Healthcare Disaster Professional Certification exam.

**Cynthia Stuhmiller** was elected co-chair of the Consortium of Universities for Global Health, Education Subproducts Committee.



## UB SCHOOL OF NURSING FACULTY AND STAFF AWARDS



*Dean's Award for Excellence in Staff Performance:*  
**Jacqueline Martek** and **Peter Swiatowy**

*Mecca S. Cranley Dean's Award for Excellence in Teaching:*  
**Kelly Foltz-Ramos**

*Distinguished Mentor Award:*  
**Dianne Loomis**

*Dean's Award for Excellence in Clinical Scholarship:*  
**Pamela Papham**

*Dean's Award for Excellence in Research:*  
**Darryl Somayaji**

*Dean's Award for Adjunct Faculty Excellence:*  
**Teresa Brennan**



## STUDENT COMMENCEMENT AWARDS

**Amanda Kramer (MS '18), Terrika Chondia Pereira (BS '18) and Michelle Skrzypek (BS '18)** received the Sigma Theta Tau, Gamma Kappa Chapter Award recognizing their superior scholarship, leadership and achievement in nursing.

**Terrika Chondia Pereira (BS '18)** received the annual Ethan Christian '12 Memorial Award, which honors an outstanding

University at Buffalo nursing student at graduation in memory of Ethan Christian, BS '12. The recipient demonstrates exceptional care, compassion and excellence in the practice of nursing as exemplified by Ethan Christian.

**Terrika Chondia Pereira (BS '18)** received the American Nurses Association, New York Chapter, Future Nurse

Leader Award. This award honors a nursing student who is entering the profession and encourages continued development of leadership skills.

**Brigid Gerrity (BS '18)** received the Ruth T. McGrorey Award for Excellence in Nursing. Named to honor UB SON's former dean, the award recognizes baccalaureate students who have demonstrated outstanding knowledge of nursing theory and excellence in nursing practice.

**Michelle Gilliland (DNP '18) and Catherine Colson (BS '18)** received the Dr. S. Mouchly Small Award, which recognizes

graduating students who have demonstrated superior knowledge and skill in psychiatric mental health nursing and who exhibit an understanding of and sensitivity to the special needs of clients and their families, as well as the ability to respond to these needs.

**Michelle Secrist (DNP '18) and Christopher Grillo (BS '18)** received the Shirley D. DeVoe Nursing Award for Excellence in Communication. This award, endowed by UB SON alumna Shirley DeVoe, is presented to graduating students who demonstrated superior skills in communicating with clients.

**Suzanne Sullivan (PhD '18)** received the Ruth Gale Elder Award for Excellence in Nursing Research. This award, established by the late Ruth Gale Elder, faculty emeritus, recognizes graduate students who have demonstrated outstanding knowledge and ability in nursing research.

**Seth Wagner (DNP '18) and Gloria Steele Cockrell (BS '18)** received the Anne Walker Sengbusch Award for Leadership in School and Community Activities for notable service and leadership to the UB SON, university and/or community.



## MORE PRIDE

**Leann Balcerzak** and **Lisa Wawryznek** (traditional BS students) earned the Excellence in Research, Scholarship and Creativity Awards at the UB Celebration of Student Academic Excellence for "The Relationship Between Pain Catastrophizing, Sleep and Fatigue in Chronic Patients."

**Leann Balcerzak** (traditional BS student), **Margaret Doerzbacher** (PhD student), **Misol Kwon** (PhD student), **Madeline McMorrow (DNP '18)**, **Hiu Ying Or** (traditional BS student), **Terrika Chondia Pereira (BS '18)** and **Lisa Wawryznek** (traditional BS student) were selected to present at the 2018 Eastern Nursing Research Society 30th Annual Scientific Sessions in Newark, New Jersey.

**Jodie Brown** (PhD student) received the Senator Patricia K. McGee Nursing Faculty Scholarship.

**Margaret Doerzbacher** (PhD student) won 3rd place in the Eastern Nursing Research Society peer-reviewed PhD papers competition for "Factors Associated with Mortality in Medicaid Patients Prescribed Opioids."

**Ellen Doyle** (RN to BS student) was awarded the 2017 Ruth and William O. Sass, MD Scholarship (Niagara Falls Memorial Medical Center Foundation).

**Madeline McMorrow (DNP '18)** earned two awards at the UB Celebration of Student Excellence: the Excellence in Research, Scholarship and Creativity Award and 2nd place for the Sigma Xi Companions in Zealous Research Award.

**Hiu Ying Or** (traditional BS student) and **Terrika Chondia Pereira (BS '18)** won 1st place in the Eastern Nursing Research Society BS poster competition for "Alcohol Use, Sleep Beliefs and Attitudes, Sleep Quality, Daytime Sleepiness, and Sleep Hygiene in College Students."

**Terrika Chondia Pereira (BS '18)** received the Graduate Membership Award from the Professional Nurses Association of Western New York.

**Lauren Schmitt** (DNP student) received the 2018 Goldie Brangman Scholarship from the New York State Association of Nurse Anesthetists.

**Michelle Skrzypek (BS '18)** received the Professional Nurses Association of WNY Nursing Scholarship Award.

**Kaitlyn Tomeno (DNP '18)** was selected by the American Association of Nurse Anesthetists to receive the Dean M. Cox Memorial Scholarship.

**Carleara Weiss (PhD '18)** was the recipient of the Sleep Research Society Mentor/Mentee Award. Over the course of one year, this award links trainees to mentors in the field of sleep/circadian rhythms to provide face-to-face opportunities in state-of-the-art research techniques and methods.

## RESEARCH DAY POSTER WINNERS



Undergraduate: **Hiu Ying Or** and **Terrika Chondia Pereira** (Alcohol Use, Sleep Beliefs and Attitudes, Sleep Quality, Daytime Sleepiness, and Sleep Hygiene in College Students)



PhD: **Danielle Dunwoody** (Opioid-Induced Sedation and the Practical Knowledge of Nurses: When Managing Pain in the PACU)



DNP/MS: **Madeline McMorrow** (Evaluation of a Motivational Interviewing Training Using Standardized Patients in Doctor of Nursing Practice Students)

## NEW FULD SCHOLARS



### RN to BS

- Caroline Eisenman
- Jasmine Lord
- Rachel Johnson

### ABS

- Rebecca Bielat
- Bobbi Blakeslee
- Jamie Buffamonti
- Matthe DiStasio
- Cari Gavin
- Lori Gehl
- Daniela Getman

- Harsirat Gill
- Laura Herrick
- Lauren Kopsky
- Colleen Larson
- Austin Nawotka
- Roy Phipps
- Saba Rajput



UB nursing students and faculty were recognized by DailyNurse as Nurses of the Week for their mobile medical mission in Haiti. **[Read more about their mission on page 23.]** ←

## BABY-FRIENDLY IS MOM-FRIENDLY, AND NURSE-FRIENDLY

—Sarah Goldthrite

“The [Baby-Friendly] initiative enables Moms to bond with their newborns from the moment of birth through the hospital discharge.”

—Jennifer Guay

When traditional nursing student Maryamihan Caluma first stepped into Clinical Assistant Professor Jennifer Guay’s Nursing Care of Women and Children course, she didn’t know just how interesting maternal-newborn topics might be, or the lasting impression it would leave on her as a future nurse.

Within two weeks, that changed – Guay’s passion for the subject was magnetic, and Caluma was pulled in.

Intrigued by Guay’s enthusiasm, Caluma approached the professor about completing an honors project with her. Guay presented an opportunity to gain hands-on experience at Millard Fillmore Suburban Hospital, and to affect real change to policy

and procedure – Caluma would meet with the nurse educators there and assist them with their Baby-Friendly Hospital Initiative.

“The nurse educators at Millard Fillmore were very happy to have me help with the Baby-Friendly Initiative,” says Caluma. “And, it was a great experience in conjunction with the course.”

A global program launched by the World Health Organization in the early 1990s, the Baby-Friendly Hospital Initiative aims to improve maternity services and the care of pregnant women and newborns. The initiative promotes breastfeeding as beneficial to both mother and baby, and stresses bond-establishing practices like rooming in and skin-to-skin contact.

“Millard Fillmore Suburban Hospital is leading the Baby-Friendly Initiative in Western New York,” says Guay. “The initiative enables Moms to bond with their newborns from the moment of birth through the hospital discharge. They get to know their newborns, enabling them to respond to early feeding and behavior cues. Moms are empowered as they care for their new addition to the family and more confident when it is time for discharge.”

When Caluma began to work with the nurse educators at Millard Fillmore, they were in the dissemination phase of the process. After the nurses on the mother-baby unit were educated in baby-friendly practices, it was Caluma’s job to survey nurses and mothers to determine if these practices were being properly implemented and how they affected the post-delivery experiences of the mothers.

“It was a pleasant surprise to see how receptive the mothers were to the survey,” Caluma says. “They were so willing to

tell me about their babies and their experiences. Conducting the surveys with the mothers also allowed me to observe the family dynamic and potential issues, which was really interesting.”

While she worked with the mothers with ease, Caluma observed that the nurses were at different levels of implementation of baby friendly practices. While changing practices can be difficult – maybe even uncomfortable – for some nurses, Caluma says she now realizes the importance of lifelong learning in the nursing field.

“At UB we learn the importance evidence-based practice,” says Caluma. “[The professors] reiterate that learning doesn’t stop when you become an RN – you have to keep training and reading the research to stay current, even after you earn your license. This is important because practice is always evolving.”

Though Caluma does not plan to pursue maternal-newborn nursing after graduation, she learned some very valuable lessons during the project. She understands the value of evidence-based practice and critical thinking, and the value of nursing research. She recognizes that the willingness to adapt, to subscribe to a philosophy of lifelong learning, will ultimately help nurses provide better care for their patients.

Caluma aims to transition into critical care post-graduation, and says this experience provided her with a foundation to thrive.

“Comprehending the value of evidence-based practice and being open to new knowledge is fundamental,” says Caluma, “and this will help me to better understand protocol and evaluate resources. This is vital to ensure I am doing what’s best for critically ill patients.”







## MISSION COMPLETE: UB NURSING STUDENTS TREAT 800 PATIENTS DURING FIRST TRIP TO HAITI

—Marcene Robinson

Nearly 20 years ago, Molli Warunek traveled to Haiti as a nursing student to deliver needed medical care. Moved by what she encountered, she began to participate in mission trips around the world, often on her own.

April marked Warunek's 15th mission – a trip to where it all began in Haiti. However, this time, she was not alone. Now a clinical assistant professor in the University at Buffalo School of Nursing, Warunek was accompanied by 10 UB nursing students on the school's first humanitarian trip to the country.

"The significance of the journey is incredible, as the students and providers learn to always have an endless amount of compassion for their patients, whether they are rich, poor, healthy or unhealthy," says Warunek, DNP, also the global initiatives coordinator for the School of Nursing.

"That is something you cannot teach in a classroom."

In partnership with community organization Servants in Fellowship, the group of UB faculty and students, along with several Western New York physicians, pharmacists and health care professionals, served on a mobile medical clinic in Galette, Haiti, a rural settlement where access to care is difficult and poverty is commonplace.

Within one week, from April 22-29, the team treated more than 800 patients, who ranged from 19 days old to 91 years old.

Led by Warunek and Linda Paine Hughes, DNP, clinical assistant professor in the School of Nursing, the students and professionals traveled in caged trucks to the clinic each day where patients awaited their arrival.

The group cleaned and dressed wounds; treated respiratory illnesses, burns and scabies; provided antibiotics and other medication; and administered fluoride varnish to 250 children. The students also provided hygiene education sustainable in Haitian culture to help prevent future illness.

The mission was supported by a successful crowdfunding campaign that raised more than \$5,000 from 66 donors. The funds helped purchase medical supplies, hire translators and support a small portion of student travel.

In addition to exposing students to diverse cultures, the humanitarian trip helped raise awareness to the numerous health challenges faced by people around the world.

"Thirteen years ago, I had the amazing chance to go on a mission trip with my church to Honduras, and to say it was an eye opening experience is an understatement," says Ashlei Brown, a nurse at Roswell Park Cancer Institute and School of Nursing alumna who traveled with the team to Haiti.

"I left that trip with the hopes of being able to do a medical mission trip someday in the future with whatever career path I would choose."

Her passion is echoed by her sister, UB nursing student Arielle Brown.

She says, "I chose to participate in this Haiti trip because I believe we are called to help others. What a privilege it is to utilize the skills and knowledge I've learned while in nursing school to care for so many people in the beautiful nation of Haiti."



# SERVICE LEARNING ACROSS THE GLOBE [ AND IN OUR BACKYARD! ]

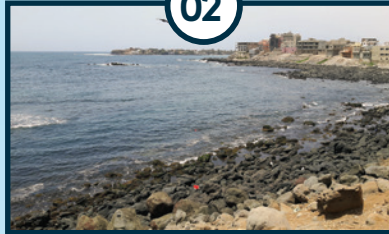
01



## GREECE

Three nursing students and three faculty members traveled to Greece to provide care for Syrian refugees.

02



## SENEGAL

Two nursing students and one faculty member provided needed health services in Senegal.

03



## GHANA

A DNP student and an ABS student, along with UB MD/MBA and pharmacy students, provided vision exams, malaria screenings and other medical services to more than 200 children in Ghana.

07



## KNOXVILLE, TN [RAM]

Six nursing students volunteered for Remote Area Medical to provide care for underserved populations in Knoxville, Tennessee. Their duties included triaging patients, obtaining health histories and assisting in the dental clinic and other clinic areas.

08



## FORT PIERCE, FL [ATLANTIC HOPE]

Three nursing students took part in Atlantic Hope in Fort Pierce, Florida, where they participated in scenario-driven exercises focused on international humanitarian response in a post-conflict environment.

09



## MARYVILLE, MO [MISSOURI HOPE]

Four nursing students took part in Missouri Hope in Maryville, Missouri, where they participated in field training exercises to hone domestic emergency and disaster response skills, including search and rescue, needs assessments, incident command system, radio operations, water treatment and purification, triage, and medical aid in austere settings.

10



## ORISKANY, NY [NEW YORK HOPE]

Two nursing students took part in New York Hope, where they participated in field training exercises designed to hone domestic disaster emergency responder skills. Scenarios include mass casualty situations, water rescue operations, secondary triage and treatment, damage assessment and emergency (IC/EOC/Cyber) operations.



04



### HAITI

Ten nursing students and two nursing faculty were part of an interdisciplinary team who cared for about 800 patients over the course of six days in Haiti.

05



### PHILIPPINES

Along with the Diocese of Joliet, three nurse anesthetist students spent two weeks in the Philippines, where they helped to set up three functioning ORs. With the help of translators, they also performed assessments and provided anesthesia care for surgical patients.

06



### PERU

Five nursing students trekked to Cusco, Peru, where they joined other students from around the country on a medical mission. They triaged patients at a clinic and assisted in pediatrics, gynecology, medicine, dental and emergency departments.

11



### BUFFALO/WNY

In Western New York, nursing students and faculty have partnered with other health care disciplines at UB and with dozens of community organizations to provide care, education and other services. These include Million Hearts® (with Millennium Collaborative Care and Greater Buffalo United Ministries), Give Kids a Smile Day and Dentistry Smiles on Veterans (with UB School of Dental Medicine), Friends of Night People, American Red Cross, People Inc., Buffalo City Mission, Journey's End Refugee Services, Dream Factory, Habitat for Humanity, Alzheimer's Association and many others.



PHOTO  
gallery



Behling Simulation Center



Telehealth and Dental Training



Missouri Hope



Flu Vaccination Clinic



Go Red for Women



UB on the Green - Care Fair Night



UB Loyal Blue Appreciation Night



6th Annual Research Day



Out of the Darkness Buffalo Walk



STTI Induction



ONS Congress



Walk to End Alzheimer's



Igniting Hope Conference



PhD Mixer - Rusty Nickel Brewing Co.



21st Annual Bonnie Bullough Lecture with Ann M. Kolanowski, PhD, RN, FGSA, FAAN



AACN Student Policy Summit



Dentistry Smiles on Veterans

## May Celebration Awards

### DISTINGUISHED ALUMNI AWARD

Tammy Austin-Ketch,  
PhD '08, MS '96, BS '95

### THE PATRICIA H. GARMAN AWARD FOR EXCELLENCE IN SERVICE

Priti Bangia,  
Millennium Collaborative Care  
Pastor Kinzer M. Pointer,  
Agape Fellowship Baptist Church

### DISTINGUISHED PRECEPTOR AWARD

Heidi Nowak, MS '11, BS '85  
Nicole Johnson, BS, RN



From Left: Pastor Kinzer Pointer, Priti Bangia, Heidi Nowak, Marsha Lewis, Tammy Austin-Ketch



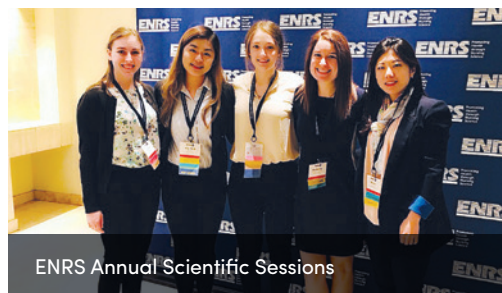
Donor-Scholarship Reception



Annual May Celebration



Donor-Scholarship Reception



ENRS Annual Scientific Sessions



Scholar Breakfast



ABS Pinning Ceremony



Celebration of Student  
Academic Excellence



Class of 1968 - 50 Year Reunion



NYSANA Fall Meeting

## Commencement 2018





Pictured: Marie Campbell

**“[Nurses] often interact with people when they are at their worst, so maintaining their dignity is key to helping them heal.”**

## FLY, FIGHT, WIN:

### HOW AN INTELLIGENCE OFFICER BECAME A GLOBALLY MINDED, PERSON-CENTERED NURSE

—Sarah Goldthrite

There are moments that are forever etched into the hearts and minds of nations and individuals – those moments that you cannot forget. The ones where you can recall where you were, what you were doing, what you felt. The moments that mark a clear distinction of before and after.

Marie Campbell experienced this kind of moment, like many did, when she heard about the 2001 attacks on the World Trade Center. She was typing away in her keyboarding class as a high school sophomore when she heard the news – and that moment was the first of two that changed the trajectory of her life.

The second moment was irrevocably connected to the first. It took place just weeks later in a Connecticut pick-your-own apples orchard, where Campbell worked weekends. On that fall day, a customer told her that the United States had begun airstrikes in Afghanistan, the start of a 13-year long war – Campbell knew in that instant that our world would never be the same. It is ingrained in her memory, as it is ingrained in the memory of our entire nation.

In those moments, Campbell made a major decision about her future. With only two family members, her grandfathers, serving in the U.S. Army in the 1950s, her decision to enlist was not cemented by tradition – it was cemented by her sense of duty.

Although Campbell knew she would serve in the military, she also knew she wanted the college experience. So, she pursued the best of both worlds. Campbell joined the Reserve Officers' Training Corps (ROTC) at the University of Connecticut, where she majored in Spanish with the idea that her expanded communications skills would benefit her in her service.

She was right.

Campbell was commissioned out of Air Force ROTC Detachment 115. The first stop on her post-ROTC military career was Goodfellow Air Force Base in San Angelo, Texas, where she enrolled in an intelligence officer course. After about a year in training, Campbell received her first assignment: the 694th Intelligence, Surveillance and

Reconnaissance Group (ISRG) at Osan Air Base in the Republic of Korea.

“I had never been to Korea – it was like landing in another planet,” Campbell recalls. “The smells, the crowds, the language were all so very foreign. I adjusted, however, and came to love it. I had to travel back to the U.S. several times in my two years there, and every time I flew back to Korea it felt more and more like I was going ‘home.’”

In Korea, she shouldered operations and administrative duties as an intelligence officer and a flight commander – early on, she says, there were challenges. At just 24 years old, Campbell, as an intelligence officer, supervised more than 70 people ranging in age from 19 to 50+. As a flight commander, she encountered unique issues with her airmen. Campbell explains that military leadership entails a responsibility for the “whole person” – both professional and personal lives, from financial to marital issues. This can seem daunting for someone so young.

Campbell thrived, though.

Her next assignment was the U.S. Embassy in Bogota, Colombia, in 2011. Here, she worked with individuals from every branch of the military, the State Department and several other government agencies – this, Campbell says, taught her how to manage competing interests and prioritization of assets.

“The work was exciting because it was not as traditional as Korea, or as high-visibility as OIF/OEF.\* Our mission in Bogota presented a unique set of challenges you don’t see in other places.”

Campbell, then a Captain, was also a collections manager, a position she compares to a triage nurse – but instead of prioritizing patients, she prioritized intelligence requirements. When a member of the intelligence community needed information, her job was to rank the requests based on justification and work with available intelligence assets to determine how obtain that information.

\*Afghanistan: Operation Enduring Freedom (OEF) / Iraq: Operation Iraqi Freedom (OIF)

## Aim higher, for our patients

In December 2011, Campbell and her now husband were engaged in the U.S. After the holiday, Campbell returned to Colombia and her husband was deployed to Afghanistan. They were apart for nearly a year with limited contact and decided it was time to transition to reserves and start civilian careers. This transition can prove difficult, but Campbell saw nursing as a clear path.

Health care and the military, Campbell says, attract the same types of people.

"Both careers fields are 'high stakes,' and you are responsible for other peoples' lives. I am a bit of an adrenaline junkie, and I like work where you don't know exactly what to expect from hour to hour. When I decided to leave the military, nursing was the natural choice."

Campbell left Bogota and moved to Akron, New York, with her husband in 2013. She began prerequisites for UB SON's accelerated baccalaureate program and started working on the observation unit at Buffalo General. Emboldened by the leadership opportunities she experienced as a service member, Campbell applied for early admission to the doctor of nursing practice program specializing in the adult/gerontology field.

"I chose adult-gerontology because of my undergraduate preceptorship experience at the Buffalo VA," says Campbell. "Medical

conditions become much more complicated as you age – I am intrigued by the unique challenges adults with comorbidities pose."

Campbell says the military's prioritization of respect and integrity influences her interactions with patients and co-workers – these qualities, she believes, are "essential to every human relationship."

"[Nurses] must have respect for the people [they] work with because a hostile work environment can be lethal. [We must also] respect our patients. We often interact with people when they are at their worst, so maintaining their dignity is key to helping them heal."

Integrity, Campbell says, is a little more complicated. "It can simply mean truthfulness, which is a critical aspect of patient-centered care. Integrity also means being whole and intact. To care for others, we have to care for ourselves -- the expression 'You can't pour from an empty cup' comes to mind when I think about integrity in nursing."

Campbell's military experience also informs her cultural consciousness and empathy when working with people from other cultures. She explains that while in Colombia, she was hospitalized with food poisoning and severe dehydration. Though Campbell is proficient in Spanish, she says being so ill and exhausted made it much more difficult to communicate in a non-native language.

"Complex illnesses are hard for people to understand unless they've had some sort of medical training," Campbell says. "Imagine trying to understand when none of your doctors or nurses speak your language, and no one is able to explain or answer your questions because they can't find a translator. It is heartbreakingly frustrating."

Campbell says that it is because of this experience that she is an avid supporter of proper translation services in health care. She is also cognizant of the unique difficulties faced by immigrants as they navigate the American health care system.

As a veteran and a nurse, she is also more aware of – and grateful for – the advantages people in the United States enjoy, especially in terms of basic needs.

"I recognize how lucky we are to have the technology and medical expertise we have in this country. When comparing the U.S. to other places I've been, the first word that comes to mind is 'convenient.' We certainly have our challenges and room to improve, but compared to other countries, we have it easy. Access to food, shelter and medical care is at our fingertips.

"We are very lucky to live where we do, and I will never take that for granted."

**Campbell is currently a UBSON DNP student and teaching assistant and works in the Neuro Surgical ICU at Buffalo General.**

Pictured from left: Marie Campbell, Cara Jones and Amber Jacobs



# Classes Notes

## 1970s

**Ann Marie Moraca-Sawicki (MS '77)** is in her 8th year as vice president of LaSalle Business & Professional Association. She was honored as part of the Niagara Gazette's Women of Distinction 2017 class.

## 1980s

**Rebecca McCormick-Boyle (BS '81)** was named a fellow of the American Academy of Nursing.

**Dianne Morrison-Beedy (MS '83)** is the chief talent and global strategy officer and Centennial Professor of Nursing at The Ohio State University College of Nursing.

## 1990s

**Tammy Austin-Ketch (BS '95, MS '96)** was appointed as the dean of the College of Nursing at SUNY Upstate Medical University.

## 2000s

**Stacey Miller (BS '03, MS '06)** was inducted into the Corning Painted Post Sports Hall of Fame. She is currently coaching softball in Sugarcreek, Ohio.

**Noelle Lohr (MS '07)** joined the Niagara Falls Memorial Medical Center clinical team as a full-time hospitalist. Prior to this position, she worked at Erie County Medical Center for Apogee Physicians.

## 2010s

**Barbara Prescott (BS '15)** is currently attending Duke University and working toward earning a master's degree (FNP). After a recent quality improvement project at her hospital, she was invited to present a storyboard presentation at the Institute of Healthcare Improvement conference in Orlando, Florida. She credits UB SON with providing her with a foundation to pursue research and teaching her the importance of evidence-based practice.

**Molli Warunek (BS '04, MS '04, DNP '15)** is a clinical assistant professor and the global initiatives coordinator at UB School of Nursing.

**Rana Alameri (PhD '17)** was appointed as vice dean of academic affairs at Imam Abdulrahman Bin Faisal University in Saudi Arabia.

**Alexander Salinas (BS '17)** was recognized as a Future Nurse Leader by the American Nurses Association.

**Megan Granchelli (BS '14, DNP '18)** has joined the primary care staff at the Golisano Center for Community Health (Niagara Falls Memorial Medical Center) in Niagara Falls, New York.



Tammy Austin-Ketch (r) with daughter Samantha Hillman and granddaughter Paisleigh Hillman

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# BOLDLY BUFFALO

OUR PLACE. OUR WAY. OUR FUTURE.



## THE CAMPAIGN FOR UB

Boldly Buffalo is a fundraising campaign that will transform UB — and the School of Nursing — in nearly every way imaginable.

Together, we take pride in our **place**, celebrate our **way** and build our bright **future**.

There has never been a better time to invest in UB School of Nursing. The university and the Buffalo region are on an upward trajectory. Here at the School of Nursing, we offer our students transformative experiences, a stellar education and unique research opportunities. We are seeking philanthropic support to:

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Lives and health are at stake, and your support will ensure our nurses are there. Your gift will transform the future of nursing education and clinical care.

→ **Make a gift or learn more: [nursing.buffalo.edu/boldly-buffalo](https://nursing.buffalo.edu/boldly-buffalo)**

# pUBs

## SLEEP RESEARCH



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## BIOBEHAVIORAL ONCOLOGY QUALITY OF LIFE ACROSS THE LIFESPAN



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