

heartbeat

SPRING 2020

UNIVERSITY OF MIAMI SCHOOL OF NURSING AND HEALTH STUDIES

NURSES

FRONTLINE HEROES



YEAR OF THE NURSE

YEAR OF THE NURSE

2020



Florence Nightingale

200TH BIRTHDAY

ADVANCING THE LEGACY OF MODERN NURSING'S FOUNDER IN UNPRECEDENTED TIMES

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WELCOME TO OUR YEAR OF THE NURSE
SPECIAL ISSUE

Florence Nightingale's birthday is celebrated every May 12 as International Nurses Day. And not only does 2020 mark the bicentennial of Nightingale's birth, it was also designated the International Year of the Nurse and Midwife by the World Health Organization.

In this context, it is hard to ignore the link from Nightingale's historic fight to reduce infection and mortality rates during the Crimean War to the heroic present-day battle health professionals are waging around the world against the still-mysterious but highly contagious coronavirus.

In bringing the Year of the Nurse from past to present to future, this issue of *Heartbeat* honors Nightingale's public health leadership, while recognizing stellar clinicians, researchers, educators, and students who are carrying her modern nursing legacy to the forefront of a new reality.

The stories of that new reality take us from the emergency department of a Miami hospital, where our clinical faculty are caring for patients diagnosed with COVID-19, to the border of Mexico, where SONHS alumna Andrea Leiner, M.S.N. '19, is helping to prepare a crowded migrant encampment for the contagion's inevitable intrusion.

In other stories of nurses innovating care for vulnerable populations, we take you to the streets of Miami, where, prior to the pandemic, SONHS graduate students had begun providing primary care to individuals experiencing homelessness. We transport you back in time, to the dawn of another confounding epidemic, the AIDS crisis, when alumnus Cliff Morrison, M.S.N. '79, took a stand for his patients that forever changed perceptions about patient care and nursing practice.



And, finally, our *Heartbeat* cover story looks to the future of health care, with perspectives from participants in our Nightingale Challenge Leadership Development Program and insights from nursing thought-leaders Barbara Stilwell and Patricia Flatley Brennan, who spoke as part of our inaugural Nursing Now USA Lecture Series.

I hope this issue of *Heartbeat* will help connect you with your extended SONHS family throughout these difficult days. In this unprecedented time, we honor all of the health professionals who are so courageously caring for patients on the front lines of the global coronavirus pandemic. You exemplify the spirit of the WHO's Year of the Nurse and underscore the urgency of this milestone designation to be a catalyst for real investments in nursing education, jobs, and leadership.

Though the world-changing implications of COVID-19 may fill us with uncertainty, our mission at SONHS has never been more clear or imperative. As we navigate these uncharted waters together through some very dark storm clouds, I hold out hope. The new Nightingales are

in our midst, being forged for their futures from the front lines of our health systems.

I could not be more inspired by our fantastic alumni—some of whom were just a few months into their careers as RNs when this outbreak became their reality. And I couldn't be more proud of our exceptional students, faculty, and staff, who have faced this challenge as a team, with ingenuity and grace under pressure. The strength of our relationships will help us through this. We will emerge different, but intact. We are resilient. We are compassionate. We are 'Canes.

And while the Year of the Nurse did not turn out as anyone wanted, it's time has most definitely arrived. For the latest COVID-19 updates from the University of Miami, visit coronavirus.miami.edu.

Cindy L. Munro
Ph.D., R.N., A.N.P.-B.C., F.A.A.N.,
F.A.A.N.P., F.A.A.A.S.
Dean & Professor

COVID-19 Crisis Response

Updates from 'Canes nurses around the nation

Deanna Bova, B.S.N. '15, is grateful for the full-scale “zombie apocalypse” pandemic simulation she took part in before graduating from the School of Nursing and Health Studies five years ago. “Goes to show how ahead of the curve Dr. Barroso and UM are!” said Bova, now a critical care RN in the neonatal intensive care unit of a New York hospital. “I hear your voice, and I remember what we went through,” Bova wrote to Susana Barroso-Fernandez, Ph.D. '16, who led the infectious disease simulation. “I appreciate the preparedness you provided us as I become a frontliner in this pandemic. Like everyone in society, I am just doing my part so we can get through this together.”



Nicole Russo, B.S.N. '19, was not yet a year out of nursing school when she found herself at the epicenter of the world's biggest public health crisis in over a century. “People come in crying to work every day. It's scary,” said Russo, who has worked since October in the Pediatric Intensive Care Unit of Mount Sinai Hospital in New York City. “The time it really hit me how serious it was, was when I was walking to work, and I saw the tent set up in Central Park, and these massive trucks that said ‘Disaster

Relief,” she recounted. Now Russo and her PICU colleagues are taking shifts in the adult ICU as well, even as more pediatric patients get tested for COVID-19. “The adult side has been very, very overwhelmed,” she said. “We're all just trying to help each other out.”



When the clinicals for **Natalie Dinger's** acute care master's program were curtailed, the need to help began gnawing at her. “I was starting to feel a little down because I knew I could help, and I wasn't,” said Dinger, a SONHS grad student and former travel and ICU nurse with experience caring for intubated patients. By April 14, Dinger was part of an ICU “float pool” at the 600-bed Stony Brook University Hospital on Long Island, a region identified as a hot spot of the disease. “Of course you're scared,” said Dinger, “but when I got there I was so happy that they genuinely care about their nurses being healthy and safe. They have PPE, shields, shoe covers, covers for our hair. We use our N95 masks and put a surgical mask over that.” She said leaving her four kids, ages 11 and younger, for six weeks was the hardest part of her decision. “But I just kept telling myself my kids are healthy, and somebody else's children need me right



now—even though they're adults, they're still somebody's child.” Any doubts about her decision evaporated after her very first assessment. “When I looked down to listen to the patient's chest,” she recalled, “there was a tattoo that said *Natalie*.”



Christina Rodriguez, B.S.N. '14, a critical care RN in the cardiovascular ICU at Mercy Hospital in Miami, is also coping with changes brought on by COVID-19. “As a nurse today, I can truly say we are all going through a very difficult time. But we are all also very resilient by nature,” she said. “There is light at the end of all of this. We may not be able to see it yet, but it is there.” ■



International nursing conference is coming to Miami

The School of Nursing and Health Studies has been selected as the host organizer for the XVII Pan American Nursing Research Colloquium, set to take place May 17-20, 2022. This prestigious biennial conference addresses health disparities impacting critical areas of health care need throughout Ibero-America. The 2022 event will mark the conference's return to Miami a decade after its inaugural U.S. appearance. In 2012, SONHS hosted the colloquium's first-ever gathering in Greater Miami, an appropriate location, given the region's reputation as an international gateway for Latin America

and Europe. That colloquium drew nearly 1,000 nursing professionals and students from 40 countries worldwide. As a PAHO/WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety, SONHS is committed to working with its global partners to foster international research collaborations such as this in order to support achievement of the UN Sustainable Development Goals and the PAHO/WHO mandate for universal health. For more information, visit: <https://colloquium2022.miami.edu>. ■



NCLEX-ellent!

SONHS grads get great results on national licensure exam for RNs



The overall first-time pass rate for all 202 SONHS baccalaureate nursing grads who took the NCLEXRN in 2019 was 98.51 percent, an important metric indicating how well-prepared SONHS graduates are. By comparison, the 2019 first-time pass rate for baccalaureates in Florida was 88.84 percent and the first-time pass rate for baccalaureates nationwide was 91.22 percent. The SONHS' first-time pass rate ranks sixth out of all 53 baccalaureate programs in the state. Further, for the last two testing quarters of 2019, 100 percent of SONHS B.S.N. grads taking the national licensure exam required for practice passed on their first try. ■

Nursing Students Leap into the Future



Dr. Juan E. Gonzalez, center left, is using Magic Leap goggles to teach future nurse anesthetists how to prevent and manage airway fires.

From simulating fires in the operating room to incivility in the workplace, the School of Nursing and Health Studies is an enthusiastic testing ground for Magic Leap technology.

Simulating rare but deadly airway fires that can ignite when patients receive oxygen via a throat tube used to be a tricky exercise at the University of Miami. Smoke alarms had to be turned off and a fire marshal stood by as professors activated a hidden smoke machine—which sometimes didn’t turn on as planned.

But no more. In the first Magic Leap project at the School of Nursing and Health Studies to be introduced into the curriculum, students in the nurse anesthesia program now have to react to both smoke and flames when learning how to prevent or extinguish an airway fire in one of the school’s

lifelike mannequin patients. Yet there is no real danger—nor need to shut down alarms or summon the fire marshal—because the smoke and flames are 3D holograms, visible only to students wearing Magic Leap’s spatial computing goggles, which move 2-D computing to the 3-D world.

“This is a great opportunity to use Magic Leap goggles in a mixed reality, interactive scenario to train students to hopefully prevent fires. And, if they do have one, to know how to treat it,” Juan E. Gonzalez, program director and professor of clinical, said during the school’s third annual Simulation Symposium in February. “It’s not

something that happens all the time, but when it happens, it can have devastating consequences.”

In all, the school has four Magic Leap projects underway. Like the airway fire project, two others were funded by Dean Cindy L. Munro’s office. Both are still in the design phase, with critical help from the University of Miami Information Technology’s Innovate team.

For one of those projects, Mary McKay, director of undergraduate clinical partnerships and associate professor of clinical, aims to put nursing students through a series of uncomfortable, augmented reality

scenarios where they can learn how to identify and respond to incivility in the clinical workplace. Dealing with rude or disrespectful behaviors is an essential skill, McKay said, because incivility is associated with increased absenteeism, nurse turnover, and medical errors.

For the other project in progress, Shayne Hauglum, assistant professor of clinical, is exploring how to livestream ultrasound images directly into Magic Leap headsets. His goal is to create a more ergonomic environment for sonographers. As the nurse anesthetist noted, sonographers often suffer neck pain because they have to assume awkward positions while running a handheld probe over a patient’s body and constantly look back and forth between the image on the ultrasound machine and the patient.

But, as excited as Hauglum was by the prospect of solving that problem, he was even more excited by the potential that Magic Leap founder Rony Abovitz sees for emerging technologies to bring the best information and health care to anyone, anywhere in the world. “It really opened up my eyes to the



Magic Leap’s Rony Abovitz believes spatial computing will have a transformative impact on the health sector.

by spatial computing, artificial intelligence (AI), machine learning, the internet of things, and 5G networks.

For example, Abovitz said, nurses will be able to perform the work of 100 people because, instead of making physical rounds in a single hospital or seeing patients in a lone clinic, they’ll make virtual rounds, popping in and out of numerous hospital rooms and clinics—not just in one place, but perhaps across Miami-Dade, Broward, and Palm Beach counties. And, they’ll be accompanied by virtual AI assistants who see and know

of technologies, will be a much more powerful entity than at any other time in human history,” Abovitz told his audience.

“You become amplified by having superhuman sensing and machine vision capabilities that see what you see, hear what you hear, understand what you’re understanding.”

But until that future arrives, John Clochesy, vice dean and professor in the school, is content to see how Magic Leap’s technology is benefitting nursing students, and whether the school’s projects have market potential.

“We want to show we’re not only innovative, but that it has an impact on our students,” Clochesy said, urging the school’s faculty and staff to “think about what else we could be doing and where else we could use” Magic Leap’s spatial computing platform.

As far as Gonzalez is concerned, he’s already sold on Magic Leap’s value in training future nurse anesthetists how to prevent or treat airway fires. “Students love it,” he said. “They feel like it’s a realistic approach.”

For the school’s fourth Magic Leap project, which received funding from Provost Jeffrey Duerk’s office, Greta Mitzova-Vladinov, associate director of the nurse anesthesia program and associate professor of clinical, is using mixed reality to help students develop a systematic approach to setting up anesthesia suites, which in simulation trainings are too expensive to fully equip. ■



Dean Cindy Munro conducts a fireside chat with Abovitz and Magic Leap’s VP of Health Jennifer Esposito.

possibilities and expanded my wish list,” said Hauglum.

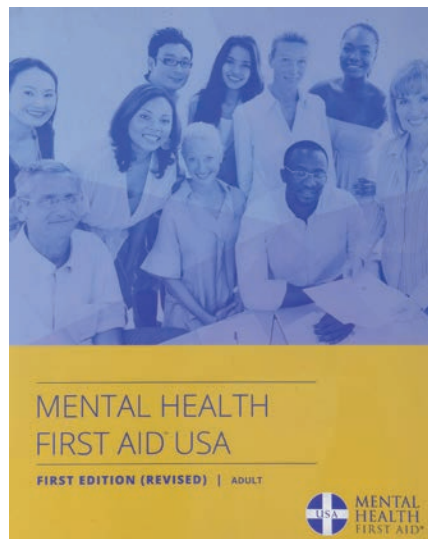
In his remarks at the symposium, Abovitz, a University of Miami alumnus who has turned his alma mater into a testing ground for Magic Leap’s technology, described a world where the skills, knowledge, and presence of nurses and other health care practitioners will be amplified

everything because they can access thousands of similar examples that are happening around the world at that moment.

“They can query databases at super speeds that you can’t, and they’re using machine learning and vision recognition to say, ‘Oh that’s blood. That’s the face. These are the eyes,’” Abovitz added. “You, plus this group

Mental Health First Aid

National Council for Behavioral Health program launched for all incoming nursing students at SONHS



According to the National Alliance on Mental Illness, 1 in 5 U.S. adults experience mental illness each year, 1 in 6 U.S. youth ages 6 to 17 experience a mental health disorder annually, and suicide is the second leading cause of death among people ages 10 to 34.

In light of the critical need for public education and prevention, this past spring the School of Nursing and Health Studies implemented a nationally certified mental health first aid training for all incoming nursing students as part of their Pre-Immersion course, which helps to prepare them for entry into the nursing program.

“The School of Nursing and Health Studies wanted to prepare students to help their patients, colleagues, loved ones, and even themselves if faced

with a mental health crisis,” says Carmen Presti, D.N.P. ’12, assistant professor of clinical. “My colleague Régine Reaves and I received the instructor training and provided the first course in January, but the goal is to expand the instructor training to other faculty and be able to train an expanded pool of faculty, staff, and students at the school.”

The program, Mental Health First Aid USA, is an eight-hour training to teach participants how to help someone who may be developing a mental health problem or experiencing a mental health crisis. The evidence-based program has been demonstrated to help trainees identify, understand, and respond to signs of mental illnesses and substance use disorders. The National Council for Behavioral Health introduced Mental Health First Aid USA, and more than 1 million individuals have been trained through this program.

The five-step action plan model is similar to traditional First AID and CPR in that it is designed to provide immediate and potentially life-saving assistance until professional treatment may be obtained or the crisis resolves. Participants learn what mental health first aid is, and how it can be used to identify and help patients experiencing a range of concerns, including depression, anxiety, suicidal behavior, traumatic events, psychosis, substance abuse,

overdose, withdrawal, and more. The training has been shown to improve knowledge of mental health and substance use problems and to connect people with care for their mental health or substance use problems.

While this addition to the SONHS curriculum was in the planning stages long before the U.S. coronavirus outbreak, programs like this could be especially critical at a time when pressures and concerns related to the worldwide impact of COVID-19 continue to escalate.

“We wanted to prepare students to help their patients, colleagues, loved ones, and even themselves if faced with a mental health crisis.”

“Mental illness has been stigmatized for centuries,” notes Presti, “and we as a society can no longer ignore or marginalize its effects on millions of people, especially when we are dealing with unprecedented societal stressors.” ■

Miami-Mexico Health Research Funded

SONHS to collaborate on studies addressing chronic and non-communicable diseases



Two important public health collaborations between the School of Nursing and Health Studies (SONHS) and Mexico’s University of the Americas Puebla (UDLAP) will examine the burden of chronic and non-communicable diseases (NCDs) in Puebla, a city of over 1.5 million residents southeast of Mexico City. The inter-professional studies are among four proposals selected in December by the University of Miami and UDLAP to receive inaugural seed funding intended to promote joint research and academic activities. Both institutions belong to the Hemispheric University Consortium, a component of UM President Julio Frenk’s Roadmap to our New Century.

“The beginning of a long-lasting academic collaboration between UM and UDLAP will allow both institutions to achieve a hemispheric and global impact on public health through ongoing excellence in education, research, and service,” says Johis Ortega, associate dean for Hemispheric and Global Initiatives and associate professor of clinical at SONHS, who is principal investigator (PI) on one of the projects.

Leading the other SONHS-UDLAP study are Rosina Cianelli, associate professor and director of the MSN-DNP Program, and Giovanna De Oliveira, assistant professor of clinical—both from SONHS—and UDLAP pharmacology researcher Erika Palacios Rosas. The three PIs will work with other faculty from UDLAP’s pharmacy, psychology, nutrition, and medical programs to evaluate the quality of life experienced by patients suffering from renal disease and other chronic illnesses, such as HIV, hypertension, obesity, diabetes, and depression. The team will analyze data they collect from adults being treated in primary care health centers in Puebla to develop evidence-based prevention strategies for patients with multimorbidity, which is defined as two or more co-occurring chronic conditions and/or life-threatening diseases.

“Multimorbidity is increasingly common in the Mexican community and strongly linked to disability, the risk of acquiring additional chronic conditions, and high medical costs,” say Cianelli, and De Oliveira. “By gaining a better understanding of social determinants of health, behavioral risk factors, prevention behaviors, and culture of health and wellness in this patient population in Puebla, we hope to strengthen the research collaboration for chronic disease prevention between UDLAP and SONHS.”

In 2016, Mexico declared an epidemiological alert, reporting over 72 percent of its adult population overweight or obese and nearly 100,000 diabetes-related deaths annually. “Obesity is a key feature of metabolic syndrome and is associated with all major NCDs, such as diabetes, cardiovascular disorders, and cancer,” explain Ortega and his Lucila Castro-Pastrana, his co-PI at UDLAP. “Accordingly, the rapid growth in obesity prevalence in Mexico has led to high rates of obesity-related diseases and associated health care costs.”

Ortega and Castro-Pastrana, a pharmaceutical chemist, aim to identify social determinants of health in rural Puebla and evaluate how they impact the prevalence of common metabolic risk factors for Mexico’s major NCDs. Faculty and students from both institutions—including research associate professor Karina Gattamorta, and associate professor of clinical Juan M. González, from SONHS—will analyze data they collect while conducting a series of rural health fairs.

“The community picture can be compared with national statistics to better understand and subsequently design intervention strategies to address identified challenges,” explained Ortega. “There is a pressing need for joint efforts that effectively expand research to address complex concerns for public health and well-being.” ■

Ultrasound Investment

Generous donation will advance sonography education at SONHS

Ultrasound, also called sonography, uses sound waves to develop visual images from inside the body. These images are obtained from the skin's surface, and do not penetrate the body like the radiation emitted from X-rays. Over the past decade, sonography advances have reduced the size of ultrasound machines, allowing nurses and other health care professionals to use them at the bedside.

With a generous donation from the Hugoton Foundation, the School of Nursing and Health Studies has acquired six new sophisticated ultrasound machines on which students will learn to master a range of diagnostic and procedural applications designed to improve patient outcomes.

"This new equipment, paired with forward-thinking simulation and nursing education, positions SONHS to lead the quickly emerging area of point-of-care ultrasound technology," says Jeffrey Groom, SONHS' associate dean for Simulation Programs and professor of clinical. "The curriculum is specifically designed to offset the cognitive overload that has been identified in learning to acquire proficiency with complex clinical skills."

Patient benefits from point-of-care ultrasound are well-documented. For example, clinical data show that first attempt successful IV insertion rates are 96 percent-plus with the use of ultrasound, versus 35 to 60 percent without ultrasound, thereby reducing complications, infections, and discomfort, while significantly increasing patient satisfaction scores.



New SonoSite SII ultrasound machines will augment hands-on learning in the SHARE™ skills lab environment.

Students in the undergraduate BSN and graduate acute care and anesthesia programs will use the new SonoSite SII ultrasound machines in conjunction with the existing SonoSim Ultrasound Simulation teaching programs at SONHS' Simulation Hospital for Advancing Research and Education, or SHARE™.

The donation also funded six iPADS that attach to the SonoSite SII machines to enable students and faculty to view and reference anatomy, as well as procedural apps and resources while performing sonography. The additional equipment gives SONHS students more hands-on sonography time, ensuring a head start toward proficiency prior to clinical placement.

"Learning to perform sonography is a cognitive skill enhanced by ultrasound simulators, but it also is a tactile, spatial-relational skill that

can only be enhanced by using real ultrasound machines," explains Groom. "Expanding the number of functional ultrasound machines at our disposal has rounded out the learning process for these procedures, mastery of which is vital for the contemporary nurse."

Previous donations from the Hugoton Foundation have allowed SONHS to purchase state-of-the-art equipment to help educate the next generation of nurses. "The Hugoton Foundation is an integral philanthropic partner of the School of Nursing and Health Studies and SHARE™," says Dean Cindy L. Munro. "Their latest grant in progressive ultrasound technology will solidify our educational preeminence in preparing students for the modern health care system. We greatly appreciate the longstanding support of Hugoton Foundation President and Managing Director Joan K. Stout, RN, and applaud her lifelong commitment to advancing nursing education." ■

Gaming for Global Health

Creative card game puts the future of sustainable development into students' hands

A gaming sensation from Japan that has been played around the world made its first stop at the University of Miami this past fall, co-sponsored by the School of Nursing and Health Studies. Nearly 100 participants came together on a Sunday to play the 2030 SDGs game. This multiplayer card game simulates taking the "real world" into the year 2030 while participants work together to achieve the United Nations' 2030 Agenda for Sustainable Development. Adopted by United Nations member states in 2015, the agenda puts forth 17 Sustainable Development Goals (SDGs) focused on addressing interrelated issues such as poverty and hunger, health and education, inequality, economic growth, and climate change, among others. Several SONHS faculty members and students, including those enrolled in a Global Health course, took part in the simulation. "The 2030 SDGs simulation game was a great success," says Ashley Falcon, an assistant



professor of clinical and interim director of Health Studies degree programs. Just like in the real world, the game is populated by teams with diverse values using time and money to achieve their aims. The activity is intended to give participants experience collaborating toward a sustainable world while facing social, economic, and environmental challenges. "Beyond the excellent turnout, which shows how important this topic is to our community, we

also saw how effective a gaming platform can be for imparting educational information in an engaging, applied way," says Falcon, who helped bring the game to UM. "The event allowed us all to reflect on the large-scale solutions needed to ensure sustainability across economic and other sectors, while giving us a better sense of what strategies prove most effective for yielding universally positive outcomes." ■

Welcome Joe Tripodi

In January, the School of Nursing and Health Studies welcomed Joe Tripodi as executive director of student/post-graduate support services for the Office of Student Services. Tripodi has over 12 years' experience in higher education, most recently as director of student services for the University of Pennsylvania Weitzman School of Design, which has over 700 students in 26 degree and 16 certificate programs. Prior to that post, he served as the assistant director of academic advising at Holy Family University in Philadelphia.

Executive Director,
Office of Student Services

"I am a firm believer in empowering students to develop good habits that set them up to thrive, not just academically, but also as they enter the workforce," says Tripodi, who holds an M.A. in higher education from Ashford University and a bachelor of arts in sociology from St. Bonaventure University.

For updated information from the SONHS Office of Student Services, call (305) 284-4325 or email sonhs@miami.edu. ■



Javier A. Corrales

During a time of pain, fear, and death, a selfless hospital team led by alumnus Cliff Morrison brought compassion to AIDS care, and the world watched and learned.

When people were consumed by fear,
a few heroes showed the world the power of human touch.



5B

RW Lamazares-Romero

Centering on the healing power of human touch and implemented by an all-volunteer staff, Morrison's novel approach was documented extensively by news outlets of the day, creating a powerful time capsule of a pivotal moment in modern nursing. Over the next two decades, the HIV/AIDS unit that Morrison helped establish at San Francisco General became a global model for care of this vulnerable patient population.

Cannes Film Festival, combines archival footage and contemporary interviews to tell the story of how Morrison and his colleagues created the nation's first hospital ward dedicated to the care of HIV/AIDS patients.

In January, Morrison returned to his alma mater—in the city that now holds the nation’s highest rate of HIV infection—to introduce the film and to discuss the goals and values that guided his work during that tumultuous era and in the years since.

“People who go into health care are driven by something that others can’t wrap their heads around,” Morrison told the audience of staff, faculty, and students. “So I say: Follow your heart, your gut, your instincts, and do what’s right.”

SONHS associate professor and doctoral program director Joseph De Santis, a longtime friend of Morrison's, has devoted much of his own career to studying behavioral health interventions for at-risk populations and HIV patients. During Morrison's visit to campus, the two spoke about Morrison's educational, professional, and personal journeys.



Joseph De Santis: What was it like to go back to 5B during production of the documentary after all those years?

Cliff Morrison: I knew it was going to be difficult, but I was surprised by how emotional it was.

JD: Your body language made it clear that you were processing and reliving what had happened there. Why do you think this story is so powerful?

CM: I think it resonates because we've gone almost full circle. Times have changed; we're in a different world now. Yet today's issues are not all that different from those of 37 years ago. We would not want to go back to that time, but seeing it taps into some very basic human emotions—not only for practicing nurses but students, who ask so many questions after viewing it. The film is historical, it's educational, and it's emotional. I think it will be around for a long time and will be used in a lot of different ways.

JD: How did your UM nursing education help you develop the skills you

needed for your pioneering work in AIDS care in the early '80s?

CM: I was in the first class of my master's nursing program; there were only seven of us. The dean [Gwendoline MacDonald] co-taught the class. She and the instructor really wanted the program to succeed and gave us a lot of individual attention. We were coached, mentored, and tutored by these wonderfully intelligent women, whom I strongly admired. They constantly insisted we could do things we didn't think we could do. It was very energizing. By the time I left, in my late 20s, I was, frankly, a bit smug: I thought I knew it all.

Then I settled in San Francisco, and many of the lessons we had received about inclusiveness and cultural sensitivity came back to me in full force. You really cannot put a price tag on the diversity we are exposed to here in Miami. If you don't learn to live in a multicultural environment, you're lost in today's society.

JD: What the film is really about is not advanced nursing care, but the true fundamentals of nursing.

CM: Absolutely. Our care was all about compassion and contact. There was no blueprint for what we doing. We had no gadgetry. We were all kind of learning on the fly, holding and touching, trying this, trying that. If things worked, we stuck with them. If something didn't work, we dropped it and moved on.

I pulled from all of my life experiences growing up and studying in Florida, all the people I encountered, all the hospitals I worked in. When I look back on it, we made mistakes, but, surprisingly, we didn't make all that many.

JD: Your patients got what they needed at that point in their lives, and that's a big goal of nursing. Medicine focuses on the human condition, but nursing claims the response to the human condition—and that psychosocial aspect of care is what you tapped into.

CM: None of us want to be in a situation at the end of our lives where we feel like no one is there for us. That would have to be the worst thing in the world. If a patient was alone and critically ill, we made sure one of us was in the room with him almost all the time. We didn't want anybody to die alone.

That single goal drove the creation of a multidisciplinary approach that I knew could serve as a care model. We had to have social workers; we had to have counselors. We needed the church, local restaurants, the community. Ultimately, the care model we came up with really came from our patients. Our patients taught us.

JD: After seeing the film, I wonder—as I imagine many of us wonder—why did you transition from HIV care to working with developmentally disabled adults?

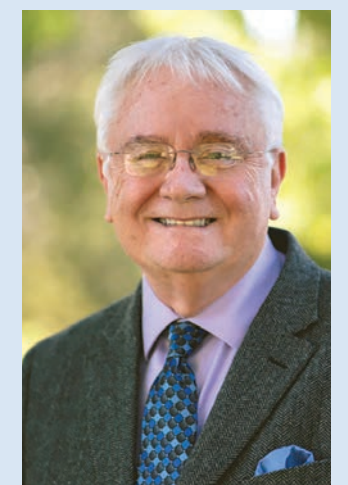
CM: My work had made me a polarizing figure. I wanted

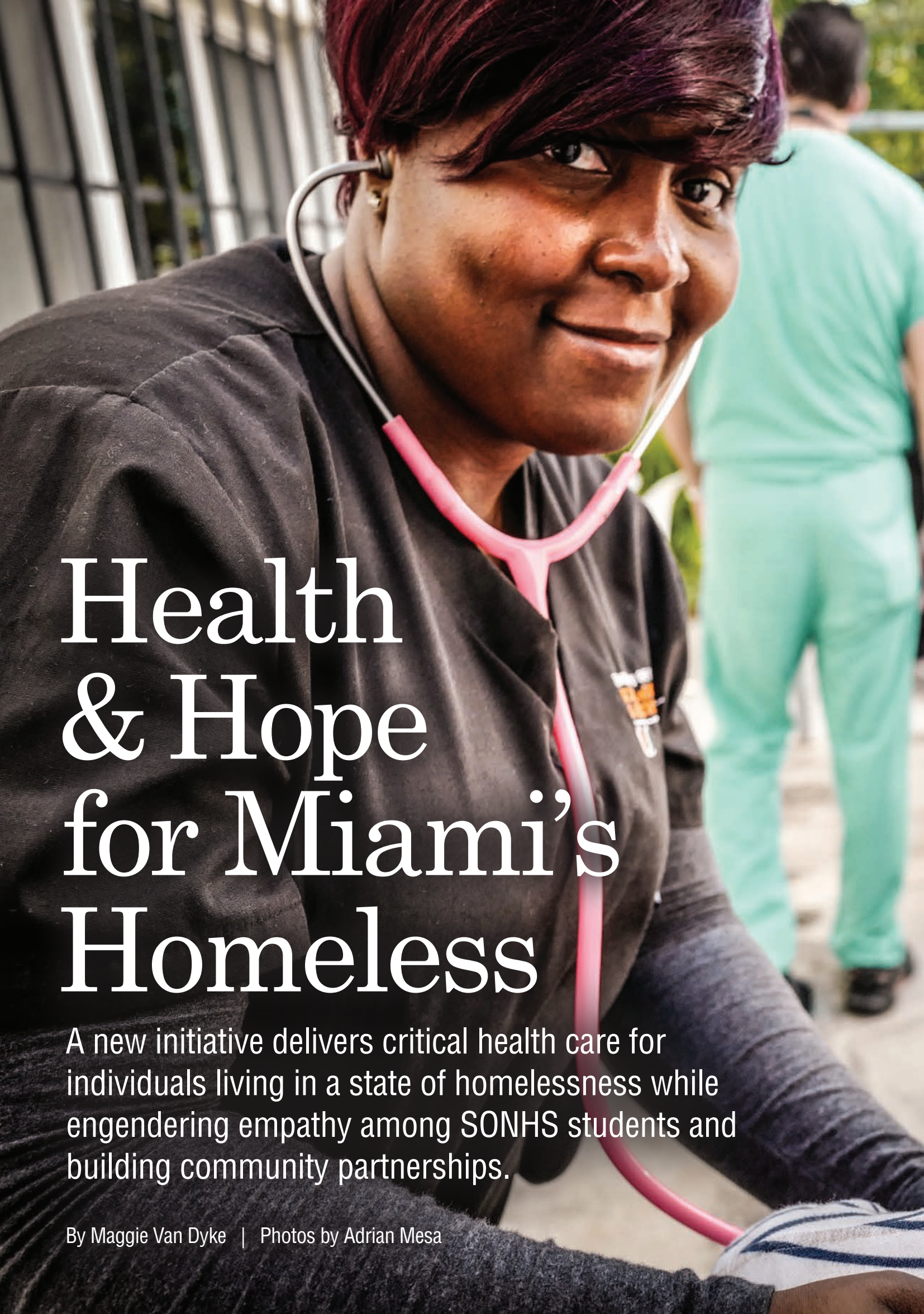
to continue working in HIV/AIDS care and did so for more than 20 years, but I finally came up against a wall. So I asked myself, "Are there other things I want to do?" I decided to explore some of those.

JD: As you reflect back on your career and look at the next generation of leaders and nurses and public health professionals, what advice would you give today's students?

CM: I can only say what worked for me: You have to have passion. If you don't have passion for your work, nothing else matters. Back in the day, everyone was telling me what a mistake I was making—that I was going to ruin my career, that I would never work again. But for me, it was a challenge that felt like what I had been training for my whole life. You've got to have the heart; you've got to feel it in your gut. Listen to your heart, not to others. ■

Transcript of conversation
edited by Barbara Pierce





Health & Hope for Miami's Homeless

A new initiative delivers critical health care for individuals living in a state of homelessness while engendering empathy among SONHS students and building community partnerships.

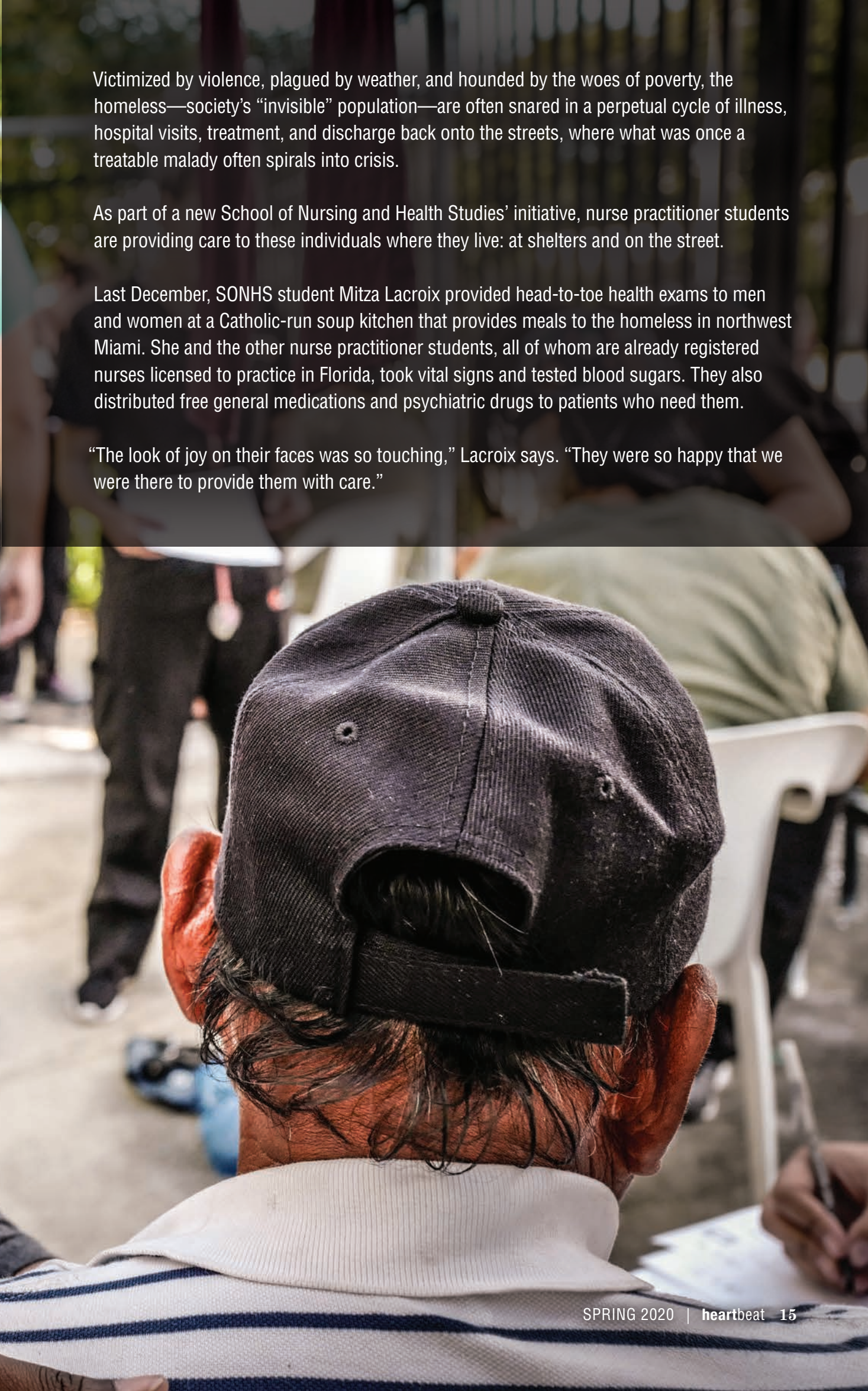
By Maggie Van Dyke | Photos by Adrian Mesa

Victimized by violence, plagued by weather, and hounded by the woes of poverty, the homeless—society's “invisible” population—are often snared in a perpetual cycle of illness, hospital visits, treatment, and discharge back onto the streets, where what was once a treatable malady often spirals into crisis.

As part of a new School of Nursing and Health Studies' initiative, nurse practitioner students are providing care to these individuals where they live: at shelters and on the street.

Last December, SONHS student Mitza Lacroix provided head-to-toe health exams to men and women at a Catholic-run soup kitchen that provides meals to the homeless in northwest Miami. She and the other nurse practitioner students, all of whom are already registered nurses licensed to practice in Florida, took vital signs and tested blood sugars. They also distributed free general medications and psychiatric drugs to patients who need them.

“The look of joy on their faces was so touching,” Lacroix says. “They were so happy that we were there to provide them with care.”





Ariel Santiago, standing left, doing outreach with fellow NP students in Miami.

The SONHS program, called “The Invisible Community: Connecting Hope and Health in the Miami-Dade Homeless Community,” is increasing access to much-needed primary and urgent health care for the more than 4,000 homeless in Miami-Dade County.

The students also administer to homeless individuals on the streets who are unable to get to the shelter’s medical clinic. Lacroix remembers one wheelchair-bound man with severely swollen legs. The students cut the man’s pant legs open so they could bandage and apply medicated cream to his leg ulcers. Then they called an ambulance to take him to the hospital. “His legs were almost four times the size of my legs,” Lacroix says. “In that moment, we forgot we were nurse practitioner students. We all just wanted to help this man.”

In November, the Invisible Community program was granted \$25,000 from the University of Miami Citizens Board to help purchase medical equipment and supplies (e.g., glucose machines, blood pressure cuffs) to screen homeless patients for chronic health conditions, as well as pay for medications, transportation to medical services, and other needs.

By exposing nurse practitioners to the trials of individuals experiencing homelessness in the environment

where they live, the program aims to help students grow as nurses and as individuals. “This will provide students with a unique experience that will also bring out empathy for the population and a better understanding of how homelessness impacts one’s health, says SONHS senior lecturer Adrian L. Mesa, DNP ’18, a family and psychiatric nurse practitioner.

Filling a Desperate Need

For people living on the streets, health is a fragile commodity. “Exposure to homelessness leads to poor health,” explains Mesa, who has worked to provide mental health services in Miami’s homeless population for a decade. “People struggling with homelessness have competing needs and co-existing health issues that interfere with them accessing treatment, food, shelter, or health care.”

Mesa is a photographer as well as a nurse. His photos, like the ones that accompany this article, capture the many concerns and health problems vulnerable people face living on the streets of Miami.

Florida’s homeless population is the third largest in the United States. Chronic homelessness and an inability to maintain proper hygiene increase exposure to infectious diseases. Crowding in places where

homelessness exists leaves already ailing individuals open to a variety of communicable diseases.

“Many people living in a state of homelessness suffer from secondary issues such as mental health, substance abuse, and sexually transmitted infections (STI),” says assistant professor of clinical Juan M. González, director of the Family Nurse Practitioner program at SONHS. “Homeless women, in particular, are disproportionately affected and are often drawn into commercial sex trafficking to satisfy drug addiction and inadequate housing, leading to the additional spread of STIs.”

Providing Continuity of Care

In addition to identifying and addressing health issues among the homeless, the Invisible Community program promises to reduce unnecessary emergency department (ED) visits and hospital admissions in this population. Because people who are homeless are often uninsured and don’t typically have a primary care physician, they tend not to receive primary care and end up in the ED or hospital for conditions that could have been managed.

Ariel Santiago, a family nurse practitioner student, is familiar with the perpetual cycle of illness, hospital visits, and discharge. Santiago used to work in a public hospital, and she remembers homeless patients claiming suicidal thoughts so they could stay longer in the hospital under observation. “It’s so sad,” Santiago says. “They just didn’t want to go back out onto the streets.”

She believes the continuity of care provided by Invisible Community program and the medical clinic at Camillus House is vital. The clinic maintains medical records on the homeless who visit, which helps volunteer nurse practitioners understand the patient’s condition and whether they are improving. “This program will help us to stay in contact with the patient and make

sure they’re getting the follow-up care that they need,” Santiago says.

Targeting Outreach

The Invisible Community program is Mesa’s brainchild, built on what he learned from years of volunteering with homeless populations. When Mesa began pursuing his Doctor of Nursing Practice degree at SONHS, he decided to make health care for people living in a state of homeless the topic of his scholarly project.

Mesa enrolled 103 homeless individuals in Miami to test the use of targeted outreach in improving health care access for this “invisible” population. Participants were screened using a vulnerability assessment tool, and 50 percent were found to be at high risk of future hospitalizations. Nurse practitioners then provided immediate health care services to the participants at a Miami soup kitchen and referred patients to specialty services, as needed.

The results were impressive: 71 percent of participants followed up with a health provider, and only 8 percent of participants visited the ED or hospital for three months after enrolling. In comparison, 90 percent of the homeless participants had reported visiting the ED or hospital in the year prior to being seen by the nurse practitioners at the soup kitchen.

Mesa collaborated with González to expand the outreach program for the homeless and give nurse practitioner students an opportunity to volunteer with the homeless and learn about caring for this population. Mesa and González applied for and eventually won the Citizens Board’s top prize for 2019.

“Dr. Mesa, Dr. González, and the School of Nursing and Health Studies students will expand their incredible work with the support of this grant,” says Roberta Jacoby, president of the Citizens Board. “The ‘Invisible Community’ project serves a vulnerable population that goes unnoticed by many, and the funding

of this project allows the first group of students to confront these health inequities in our community head on.” For the program, SONHS is working with the Miami Homeless Assistance Program, Camillus House, and Choose Love Foundation, among other organizations.

Creating Homeless Advocates

In addition to helping nurse practitioner students build empathy for homeless patients so they can properly care for these individuals, the Invisible Community program aims to expand the number of clinicians helping the homeless in the community. “The program will be integrated into the clinical curriculum,” explains González,

“which will perpetuate a constant supply of health care providers for the Miami-Dade homeless population.” M.S.N. student Lacroix is already planning on how she can make a bigger difference. “Once I become a nurse practitioner, I am thinking I will go down to the shelter with a few other nurse practitioners once or twice a month and serve the homeless population,” she says. “We’ll take our time and talk to them, and try to provide the holistic care they need.” ■

To watch a video on this initiative, go to <https://tinyurl.com/y99lz6t4>

—Robin Shear and Maya Bell contributed to this article



Dr. JM González conducts tests on a local resident.

YEAR OF
THE NURSE

2020

NURSING THE WORLD TO HEALTH

Two centuries after Florence Nightingale's birth, SONHS looks to her legacy of bold leadership for inspiration in unprecedented times.



By Maya Bell



Presaging the hospice movement, she insisted wounded soldiers not die alone. Focused on patient outcomes, she practiced evidence-based medicine more than a century before the term was coined. Promoting good hygiene, sanitation, and nutrition, she pioneered public health.

Given Florence Nightingale's dedication to patient-focused care, Cindy Munro, dean of the School of Nursing and Health Studies, has little doubt the founder of modern nursing would recognize her profession in 2020—the 200th anniversary of her birth.

“Could she have predicted the changes in nursing?” Munro, interviewed in February, said of the legendary social reformer whose initiatives slashed the mortality rate of British soldiers during the Crimean War. “I’m not sure, but she did say nursing would be entirely different in 150 years. I think she would recognize what we’re doing as rooted in the foundation she laid. She definitely set the course and the standards we follow today.”

That is certainly true as we use social distancing and scientifically proven sanitation methods in an effort to staunch the rampant spread of an invisible but virulent enemy on a very different-looking front line than the one Nightingale braved in the 1850s.

Long before the World Health Organization declared the coronavirus COVID-19 a pandemic, the WHO designated 2020 as the International Year of the Nurse and the Midwife to honor Nightingale's legacy and the critical contributions of the world's 20 million nurses. This first-ever global recognition marked the culmination of the three-year Nursing Now campaign to improve universal health by raising the profile and status of nurses and midwives.



With the world facing a nursing shortage and the rising burden of chronic diseases, Nursing Now was compelled to launch in 2018, in collaboration with the WHO and the International Council of Nurses, with support from the Burdett Trust for Nursing. They cited the all-parliamentary Triple Impact Report, which concluded that a strong nursing workforce improves health, promotes gender equality, and supports economic growth.

At SONHS, Dean Munro pledged the school's support for Nursing Now's mission and joined the Coalition and Steering Committee for national member group Nursing Now USA. In addition, SONHS embarked on ambitious programming, presenting its own Nursing Now USA lecture series (see “Nurses at the Table of Innovation,” p. 20) and accepting Nursing Now's 2020 Nightingale Challenge to help empower the next generation of nurses as health leaders, practitioners, and advocates (see “Meet the Next Nightingales,” p. 22).

Nightingale—who founded London's Training School for Nurses in 1860 and published more than 200 books, reports, and pamphlets, including the seminal “Notes on Nursing”—would certainly recognize the value of such mentorship activities. As Munro wrote in an editorial for the *American Journal of Critical Care*, “She understood, as we do today, that mentoring others is an important aspect of improving the workplace and a potent force for improving patient care.”

Nearly 200 years after Nightingale's birth on May 12, 1820, Munro said, it's necessary to raise the profile of nurses because many people still don't understand that they are at the heart of health care, playing critical roles in health promotion, disease prevention, and treatment.



Instead of thinking about it as a very patient-focused, scientific discipline, many people still think of nurses as handmaidens,” Munro said. “But nursing is a very independent profession and, while we do work collaboratively with other health sciences professions, we have our own disciplinary knowledge. We are on the front lines. It is the nurse who does the day-to-day care and the discharge planning or end-of-life planning, or whatever the next phase is. But there's this perception that we work at the direction of the physician, which is not true.”

That certainly wasn't true for Nightingale, who became a national hero in England for her work at the onset of Britain's involvement in the Crimean War in 1854. Over the objections of male military physicians, she led and trained 38 female nurses to care for wounded soldiers at a military field hospital in Turkey. Through her observations and extensive record-keeping, she realized more soldiers died from infections than from their injuries and pressed for measures to reduce overcrowding and improve hygiene, sanitation, ventilation, and natural light. After her initiatives were implemented, the mortality rate plummeted from 42.7 percent to 2.7 percent.

“She was not working for any physician,” Munro said. “She was working for the good of the soldiers in the Crimean War, and all the sanitation and environmental control measures she implemented came right out of her sense of nursing. They were not anything she was directed to do. She did not have a guidebook. She wrote our guidebook, and it has withstood the test of time.”



Nurses at the Table of Innovation

The Nursing Now USA South Florida Lecture Series delivers new visions for patients and the future of the profession.

By Robin Shear and Yolanda Mancilla

Barbara Stilwell doesn't want you to think of Florence Nightingale as she's often portrayed in picture books, a nice lady in a bonnet carrying a lamp as she tends to wounded soldiers. "Florence Nightingale actually was not a very nice woman. She was a very difficult woman," explained Stilwell. "She really engaged in data, dialogue, and decision-making. She took these data to the Houses of Parliament and made a nuisance of herself until somebody took notice."

"Nurses must be at the table of innovation—figuring out how emerging technologies are going to work for patients."

Something of a modern-day British nursing legend herself, Stilwell, the executive director of the Nursing Now global campaign, sees less lamp and more torch in nursing's future. "What we want is a difficult leader [like Nightingale], somebody who's going to be memorable and influential," she

said during her lecture at the School of Nursing and Health Studies this past March, which was livestreamed due to coronavirus.

Stilwell, who helped establish the UK's first nurse practitioner training program, and has held high-level positions with the World Health Organization and IntraHealth International, joined Nursing Now in 2018. She said Nursing Now's three-year campaign, aimed at improving health by raising the profile and status of nurses and midwives, now has over 600 regional, national, and local groups connected across 117 countries with the potential to inspire "a huge social movement" and cause "fractures in the status quo."

"We're trying to get nurses much more embedded and involved in policy," said Stilwell. "They bring scientific knowledge, which they apply in a highly skilled way using high-level communication and relationship skills."

Pointing to the current pandemic, she added, "Nurses have a lot to say about the coronavirus and the crisis because a lot of how you manage it is about information. It's about hygiene. It's about distancing. All the things nurses actually know quite a lot about and usually can translate for the public to



Patricia Flatley Brennan

understand," she said. "And yet we are not included; we are not integral to much of this decision-making."

The remedy? "Confident leadership," she concluded, advising nurses to use data from their work to speak out and press for change. "If nurses can get together and say, 'this is what we need; this is what we want,' they're more likely to be successful than by themselves. There should be a focus on impact, and we should be getting non-nurses to join us," she said. "It is a global profession. We need to get really smart at how we work together." And, she noted, with the threat a global nursing shortage poses to health care access, the time to do that is now. Another nurse leader challenging conceptions of what is possible, not

only for nursing, but for patient care technology, is Patricia Flatley Brennan, director of the National Library of Medicine and associate investigator at the National Institute of Nursing Research.

It was Brennan who kicked off the Nursing Now USA South Florida Lecture Series in February with her dynamic keynote titled, "Visualizing Living and Working Spaces: A Strategy to Support Patients with Chronic Diseases."

Combining a Ph.D. in industrial engineering with an M.S. in nursing, Brennan blends engineering, information technology, and clinical care to understand how virtual technology living spaces can help patients better manage their chronic illnesses. "We need to learn about



Barbara Stilwell

Their goal is to understand "how the visual cuing of a room interferes with or supports someone's attempt to go after health activities," said Brennan. "We're studying how households help or interfere with people's ability to take care of themselves. Self-management is key to overall optimum health, but it requires a lot of cognitive energy."

starting and stopping, retracing their steps, wandering—reveal challenges such as cognitive load, confusion, and disorientation.

"The long-term skill of an individual in self-management is interpreting threats correctly and developing creative solutions to barriers," she explained.

Brennan's work toward devising new interventions to influence the practice of care, and to transfer learning from the virtual to the real world, can only be seen as prescient in the present climate of social distancing and self-isolation.

"Nurses must be at the table of innovation," said Brennan. "We have to be out there figuring out how emerging technologies are going to work for patients. To reach into the care between the care, the spaces where people live, we have to accelerate our thinking about how technologies can be used and useful."

Elizabeth Madigan, CEO of Sigma Theta Tau International, closed out the series April 24 with a lecture broadcast via Zoom in English and Spanish. Addressing health care in the era of COVID-19 and the WHO's first-ever State of the World's Nursing Report, released April 7, she said, "This is a more critical time than ever to identify nurse leaders. Think about the Year of the Nurse not just as a celebratory event, though that's important too, but as a way to frame the contributions we make to improving global health." ■

For more information, visit sonhs.miami.edu/NursingNowUSA.



From left, Johis Ortega, Barbara Stilwell, and Dean Cindy Munro with future nurse leaders from Miami.

how space engenders health and draws people towards health," she explained. In this way, her research addresses "the care between the care," helping people participate in their own health practices by addressing the spaces where care happens in between clinical appointments, hospitalizations, surgeries, and rehabilitation settings, from following a sodium-restricted diet and managing medications to monitoring their health.

In Brennan's laboratory, full-color, 360-degree, virtual replicas of patients' homes are created to visualize how people use different spaces, where they store health data, what hazards are present, and what modifications need to be made. For example, how does clutter impact self-management?

That's especially challenging for patients with diminished capacity and complex medical needs. Interactive virtual reality is not only a research tool to study home care practices; it's an intervention modality that allows patients to rehearse problem-solving skills in a realistic virtual space and then implement those skills at home. To help patients with special dietary needs make better food choices, for instance, Brennan's team created a virtual grocery store. The team also looks at factors such as locomotion and visual cuing to understand how people navigate the space and whether they're able to self-manage and make good decisions, or whether their patterns of walking—



Miami Nightingale Challenge participants meet with Dean Munro, far right, and Drs. Mary Hooshmand and Patricia Flatley Brennan, center.

Meet the Next Nightingales

Emerging nurse leaders from across the hemisphere join the SONHS Nightingale Challenge

By Yolanda Mancilla

At Nicklaus Children's Hospital, Bianca Santamarina, staff nurse in the Cancer and Blood Disorders Center, blows soap bubbles for her patients to lighten their spirits when they come for chemotherapy. Santamarina enrolled in nursing school right after high school. "It was what I always wanted to do," Santamarina said. "I never thought of anything else."

A chronic asthmatic, she awoke one night at age 8 unable to breathe, and was rushed to Miami Children's Hospital. Both of her lungs had collapsed. "That experience was so terrifying," recalled Santamarina. "I can't tell you their names, but I can tell you how the nurses made me feel, bringing me toys and coloring books." The crisis was life-changing. "From that date, I said, 'I want to be a light in this dark tunnel and help people in their most vulnerable moments.'"

Today, Santamarina is one of a dozen early career nurses nominated from Miami hospitals for the Nightingale Challenge Nurse Leadership Development Program at the School of Nursing and Health Studies. In addition to attending the Nursing Now USA South Florida Lecture Series, in person or virtually, participants engaged in discussions on nursing leadership roles.

SONHS created the program in response to Nursing Now's 2020 Nightingale Challenge, a global call to provide leadership training opportunities to at least 20,000 early career nurses in 2020—the 200th anniversary of the birth of outspoken nurse and social reformer Florence Nightingale. Over 27,000 nurses worldwide have already benefited from the initiative, noted Barbara Stilwell, Nursing Now's executive director, during her March lecture.

Underscoring the school's hemispheric reach, three dozen

nurses from Brazil, Chile, El Salvador, Mexico, and Uruguay also enrolled in the program. Magaly Miranda Ávila was among them. After a devastating earthquake hit Chile in 2010, Miranda Ávila began organizing nurses seeking to improve working conditions for the profession. The experience would change her career trajectory. A young mother with three children, she transitioned from clinical practice to a leadership role as a founder of the National Federation of Chilean Nursing Associations (FENASENF) and has served as its president since 2014.

The Nightingale Challenge offered "the possibility of bringing visibility to our work, of establishing communication with nurses globally, and of promoting the vocation of service in the next generation," said Miranda Ávila. Using Zoom video conferencing technology, she and her fellow Latin American nurses gathered for lectures and post-lecture leadership dialogues facilitated by Johis Ortega, B.S.N. '02, M.S.N. '06, Ph.D. '10, associate dean for Hemispheric and Global Initiatives.

"Being a nurse is a commitment forged by knowledge, passion, and vocation, but culturally established canons render us invisible in decision-making and allocation of resources," shared Miranda Ávila. "As nurses, we've normalized long work days that are detrimental to our well-being, to the development of a healthy family life. We learn the capacity for sacrifice, but not for self-care. Our responsibility is to promote change from within ourselves."

Juan Carlos Reyes Martínez, a supervising nurse at El Salvador's National Hospital of Sensuntepeque, Cabañas, and a nursing instructor at Catholic University and the University of El Salvador, joined the challenge because it gave

Latin American nurses the chance to contribute to important issues facing the profession. "Nurse leaders are the nexus between the patient and the health care team," he said. "They need decision-making opportunities and to see themselves as a fundamental and important part of care processes."

Challenge participant Yasna Palmeiro Silva is a registered nurse with a master of public health degree. She works at Pontificia Universidad Católica de Chile and is busy pursuing her Ph.D. in global health at University College London, where she investigates the effects of climate change on Chilean population health. "The Nightingale Challenge is a huge opportunity to receive high-quality training from one of the most prestigious universities in the world," she said. "This challenge not only helps me to serve as a leader in my field and to strengthen nursing as a profession, but also to influence new generations of nurses who seek solutions to global health challenges."

Santamarina, meanwhile, continues to build her leadership muscles here in Miami. She is enrolled in a master's in nursing administration program and serves as chair of the Nicklaus Exemplary Professional Practice Council, tasked with ensuring the hospital maintains its prestigious magnet facility designation.

She sees the school's Nightingale Challenge program as yet another avenue for growth. "I hope to develop my leadership skills and competencies in the program," she shared. "Nursing is the face of health care. We are the leaders and the future of health care. We are making a huge impact, and it all ties into the Year of the Nurse—not just this year, but all years." ■

Nursing in the Time of COVID-19

A dispatch from the front lines of the pandemic

By Johis Ortega and Juan M. González*



In the Miami metropolitan area, a large number of residents are immigrants from throughout Latin America and the Caribbean. Moreover, the city receives many tourists and business travelers from those regions every year.

Our students at the School of Nursing and Health Studies do their residencies in the emergency rooms of local community hospitals, under the supervision of nursing faculty, providing care to patients of all ages, genders, races, and nationalities. A typical night shift involves dealing with patients with heart attacks, apoplexy, diabetes, infections, and injuries, among others.

In early March, this routine changed overnight, due to the sudden outbreak of the novel coronavirus (COVID-19).

Since then, we have seen exponential growth in the daily number of patients presenting at our emergency room with COVID-19 symptoms. To control the spread

of the disease, the hospital has established a strict monitoring system. Patients arriving at the emergency room must wait in an entry area, where they are given a brief medical examination. A nurse—wearing the recommended personal protective equipment (PPE)—checks their vital signs and takes their temperature. Patients with severe coronavirus symptoms are brought into the emergency room.

Triage, organizing care

Patients with mild or moderate symptoms are sent to one of the tents the hospital has set up in the parking lot. During this global health crisis, the hospital is offering access and health care to everyone, regardless of whether they have health insurance and regardless of their immigration status.

When patients arrive at the tent, a team of nurses asks about their medical history, takes their temperature, and checks their vital signs again. They are then sent to the next station for a coronavirus test with a

nasopharyngeal swab. They are tested for influenza and streptococcal pharyngitis and, if necessary, given a chest X-ray. Finally, these patients are moved to an area where they are examined by advanced practice nurses like us. Before providing them with health care, we must prepare carefully.

We wash our hands. We put on our PPE: gown, head covering, goggles, respirator, face shield, and gloves. We wear PPE during our entire shift. Between patients we disinfect the stethoscopes with alcohol, wash our hands, and change our gloves.

Patients are diagnosed based on their symptoms. Most patients can be sent home. All are given instructions on how to manage this atypical disease, following the recommendations of the U.S. Centers for Disease Control and Prevention (CDC).

They are told to self-isolate for 14 days, wear a mask, rest, drink hot liquids, and take acetaminophen for fever. They should wait for their test results at home. They should return to the hospital only if they have difficulty breathing or their fever does not come down.

When we are working in the emergency room, we see the patients with the most severe symptoms, isolated from others to avoid contagion. We observe whether their breathing is too fast or too slow; if they have a cough or difficulty breathing. Before entering the rooms where they are, we put on N95 or N99 respirators, interviewing them from a distance of 6 feet. Then comes the moment of greatest risk: when we get close enough to examine them. If they present serious signs, they are admitted to the hospital.

During each shift, between the tent and emergency room, we take care of over 60 patients with COVID-19 symptoms. This disease does not discriminate. Everyone is

affected. We know we will have to provide health care for more and more patients, because the experience of other countries has shown that the condition of those infected begins to worsen within two to three weeks.

A new disease for health workers too

For almost all health professionals, this is uncharted territory. We knew the number of people infected with COVID-19 would rise—but not that it would happen so quickly. And we are going to continue to see a dramatic increase in the numbers, because many

diseases is complicated, because what happens in one country has an impact on others, through immigration, tourism, and other ways. Therefore, it is important to be prepared for any crisis.

Nine hours, twelve hours go by in the hospital, almost nonstop. At the end of a shift, we are exhausted. We take off our PPE. We wash our hands. We leave behind the tents and the patients, who keep coming. They remain in the capable hands of our colleagues as we return to our homes and families, always mindful of social distancing.

Our faith in science encourages us as well. Right now there are scientists—including research nurses—working in their laboratories, dedicated to finding a solution. After reaching the top of the curve, the day will come when we see the number of cases start to decline. The day will come when we get effective drugs. When we get a vaccine.

In the meantime, whenever we talk to patients, we urge them to take the recommendations of health professionals seriously. We get ready to go back into

“We look into the eyes of our colleagues for hope and the strength to carry on. We are encouraged at the thought of being united in a worldwide nursing community, all of us fighting to save lives. Our vocation keeps us going.”

of the patients we send home return a few days later when their symptoms get worse. Those with a pre-existing condition can present with symptoms such as low blood pressure or low oxygenation levels. If they have pneumonia and difficulty breathing, we intubate them. This is concerning because we may not have enough ventilators. The situation is also difficult for the patients, who are not allowed to have family members accompany them.

These are highly stressful circumstances for all health professionals and our patients. We want to provide them with the best possible care, but at the same time we have to protect ourselves to avoid carrying the virus home to our families and becoming ill ourselves. It is especially hard to see a colleague your own age become sick and need intubation. This is when we remember our own mortality. And we have not seen the worst yet.

It is always necessary to consider health on a global scale. Controlling communicable

We wonder whether the coronavirus has come in with us, on our clothes or skin. When we get into the house, we clean the soles of our shoes with bleach. We change our clothes. Before we hug our beloved children, we wash our hands again. We can't remember how many times we have washed them already today. Our skin is dry and cracked.

At night, we are tortured by questions.

How many of the patients we saw today will test positive? How many will come back in a few days with an uncontrollable fever or with respiratory failure? How many will wind up intubated? What will become of them? How many more patients will we see tomorrow; in a week; in a month? Will we run out of PPE? How many of our colleagues will be taken down by this invisible and devastating virus?

We look into the eyes of our colleagues for hope and the strength to carry on. We are encouraged at the thought of being united in a worldwide nursing community, all of us fighting to save lives. Our vocation keeps us going.

the emergency room. We wash our hands. We put on our N95 respirators, our head coverings, our gowns, our gloves.

We are nurses, and we will continue to face every shift with courage and enthusiasm, with hope and compassion. ■

**Drs. Johis Ortega and Juan M. González are advanced practice nurses and clinical faculty members at the School of Nursing and Health Studies, where Ortega also serves as associate dean for Hemispheric and Global Initiatives and González is director of the Family Nurse Practitioner program.*

SONHS is a PAHO/WHO Collaborating Centre. This content, first posted April 2, is reprinted with permission from www.paho.org/en/stories.

Fighting Contagion on the Border

Nurse practitioner Andrea Leiner is part of a global response team trying to help asylum seekers living in limbo in the face of a pandemic

Interviewed by Robin Shear | Photos Courtesy of Andrea Leiner

Every three weeks, alumna Andrea Leiner, M.S.N. '19, travels from Naples, Florida, to Matamoros, Mexico, where the veteran-led non-governmental organization she works for runs the only clinic for thousands of migrants living in crowded tents along the Rio Grande. She and her colleagues have been working day and night to mitigate the rising threat of COVID-19 among this extremely vulnerable population. "Seven days per week, our medical volunteers see an average of 40-50 patients per day, already weakened by respiratory and gastrointestinal ailments as a result of their perilous journey and the conditions of the camp itself," they wrote in a recent op-ed. On March 17, *Heartbeat* spoke by phone to Leiner, a family practice nurse practitioner working on her post-master's certification in acute care at SONHS.

How are you, first of all?

I'm drowning [laughs], but I'm healthy, so I can't complain. I work part-time in the local emergency room in Naples, and everything is coronavirus right now. But my full-time job is working with Global Response Management (GRM). We run

a clinic in Matamoros, Mexico, that serves about 2,000 to 2500 asylum seekers who are living at the base of the bridge between Brownsville, Texas, and Matamoros. They are living in a muddy strip of land packed together in small tents. As the only medical providers in camp, we are responsible if coronavirus hits. Our executive team and medical directors have spent the last week in Matamoros formulating a plan to mitigate the risk and treat those who become infected. We're fighting the virus on two fronts—our home cities and communities, and in camp where the responsibility for a largely forgotten population weighs heavily on our shoulders.

You work in an emergency department, you did humanitarian work in Haiti after the 2010 earthquake, you helped our school run pop-up clinics in rural Jamaica, and you went through a simulation-based global aid worker training at SONHS. How do those experiences compare to what you're dealing with now? I started volunteering for Global Response Management about six months ago after hearing their executive director and



Before joining a global response nonprofit, Andrea Leiner helped set up and staff pop-up primary care clinics in rural Jamaica as a nurse practitioner student at SONHS.

fellow nurse practitioner, Helen Perry, on an Emergency Medicine podcast. I was blown away by their work, but I knew as a single mom still working and attending UM, I wouldn't be able to travel to their missions in Iraq and Yemen. Still, I wanted to help and volunteered to do as much as I could from my phone and computer. About two months ago, I came onboard with them full-time as part of their

executive team. Now I have the dream job I didn't even know to dream for, and all of the previous experiences prepared me for this.

Can you talk more about the planning?

We did a lot of work behind the scenes over the last three weeks before we all met down there. Last week was all about implementation. Containment and quarantine are not possible in the asylum camp. And, robust testing is not happening in the areas surrounding the camp. We came up with a three-pronged approach: Prevention, Fortification, and Treatment.

On the preventative side, I spent three days with Dr. Dairon Rojas

and other respiratory ailments, nocturnal transmission is very high. If somebody becomes ill, we want them to wear a mask, and we want another person in that micro-community to either call the hotline or send a runner to the clinic. We'll bring masks, a little kit with antibacterial soap, and register them in our electronic medical record. We also do rapid flu tests right there because that's one of the ways we're diagnosing, by exclusion. If you meet the symptomatology but you're negative for flu, you need to be monitored.

For fortification, we are distributing multivitamins containing Vitamin D and Zinc to boost their defenses. We're



Leiner at the encampment in Matamoros

[the Cuban physician seeking asylum featured in *The New York Times*], speaking to each asylum featured in *The New York Times*], speaking to each micro-community in camp. People break up into groups of six or seven tents, or by country, and do communal cooking, look out for each other security-wise with their children, etc., so we tapped into that existing cultural structure. We activated a 24-hour hotline for people to call if they have any questions, and we talked with them about trying to put a couple of meters between their tents, opening the windows and doors for ventilation, mopping the mud on the floor instead of sweeping it, and sleeping head to toe, because with COVID-19

also asking anybody with any risk factors to self-identify at the clinic: asthma, COPD, diabetes, lupus, any immunological conditions, cardiovascular disease. We can get an idea of how many people in the population have risk factors, and we want to elevate their baseline as much as we can. For example, if they have asthma, do they have the right inhaler; do they need to be stepped-up on their dosage?

On the treatment side, people with mild to moderate illness will self-quarantine in their tents. Meals will be delivered, and they'll have daily wellness checks. We're giving everybody a little pulse oximeter for checking

oxygenation level and pulse. We'll come take their temperature, record that data, and monitor how they're doing. If somebody is moderately to severely ill, we'll refer them to the local hospital until the local hospital is full. And because the local hospital only

are used to these kind of high-stress, high-risk environments.

What's the atmosphere like on the ground in Matamoros?

Stressful. We're dealing with a lot of politics. There's a lot of denial and apathy toward the migrants.



has three beds available right now, that will probably happen pretty quickly. We're also setting up two field hospital tents, which will accommodate 20 patients, and we will do the best we can for those who are moderately to severely ill in our hospital tent that will be staffed 24 hours a day. But the reality is that we are running a field hospital in the middle of a muddy field. We don't have electricity. We don't have running water. There's no way to intubate and ventilate people.

Going around to educate groups of residents with Dr. Rojas, you could see it start to register on people's faces: 'Oh, this isn't a problem just in Italy. This is going to be a problem for us here, and who's going to protect us?' We've been advocating with the other NGOs and the health department to shut down all mass gatherings, the little sidewalk schools, mass food distribution, and they finally did that yesterday, so there is some progress.

What kind of staff do you have in place?

On the clinic side, we like to have three providers—physician, nurse practitioner, PA, and three secondary staff, which are nurses, paramedics, EMTs. As hospitals and work places limit travel for their employees, we're dealing with a lot of volunteer cancellations. On the hospital side, we need 10 staff—five daytime and five nighttime, who will be living in Matamoros and working 12 hour shifts. For that, we're reaching into our database of people who have been to Iraq and Yemen with GRM, especially medical combat veterans who

How did you explain the current situation to your daughter?

She knows what I do. She knows that there are people in the world who need help, and it is all of our duty to step in. She also knows my love for her is steadfast, and that gives her a solid foundation. Soon she'll be old enough to participate, and talking about these experiences at an age-appropriate level is part of her introduction to the world. ■

For more information, visit global-response.org, Facebook: [@globalresponsemanagement](https://www.facebook.com/globalresponsemanagement), or IG [@global.response](https://www.instagram.com/global.response).

FACULTY HIGHLIGHTS

Photos by Javier A. Corrales



AANP INDUCTEES NAMED

Assistant professor of clinical Nichole Crenshaw, director of the Adult Gerontology Acute Care Nurse Practitioner Program, and associate professor of clinical Johis Ortega, associate dean for Hemispheric and Global Initiatives, will be inducted into the exclusive ranks of the Fellows of the American Association of Nurse Practitioners (FAANP) in June. Established in 2000, the FAANP program recognizes nurse practitioner leaders making outstanding contributions to national and global health care through clinical practice, research, education, or policy.



PUBLIC VOICES: SANKO, VIDOT

Assistant professors Jill Sanko and Denise Vidot were among 24 thought leaders the University of Miami recently selected to participate in the Op-Ed Project's Public Voices Fellowship, a national initiative rolling out at top universities to dramatically increase the impact of women and/or underrepresented minorities in the public discourse. Sanko, who is interested in research that improves the safety of health care and health care systems, had her first op-ed from the project published by TheHill.com in March: "National Patient Safety Awareness: How can we address preventable health care deaths?" Also in March, Vidot, who researches the medical benefits of cannabis, had her first op-ed from the project, "Cannabis Legalization May Be Moving Too Fast," published by Scientific American.



ECZEMA EDUCATION GRANT

Juan M. González, assistant professor of clinical and director of the Family Nurse Practitioner Program at SONHS, is co-principal investigator of a new educational program for training health care providers to properly manage atopic dermatitis (eczema) in Hispanic populations in the U.S. and Puerto Rico. Pfizer recently supported the initiative with a

\$181,000 grant. González and co-PI Gil Yosipovitch, dermatology professor and director of the Miami Itch Center at the Miller School of Medicine Dermatology Department, will study the impact of providing Spanish-speaking health care providers with continuing education about this chronic skin disorder characterized by inflammation and severe itch.



FALCON REPS THE U

Ashley Falcon, assistant professor of clinical and interim director of B.S.P.H., B.S.H.S., and M.S.H.I., is helping to develop new campus policies, strategies, and programs address all forms of sexual harassment as one of the University of Miami's two primary representatives for the Action Collaborative on Preventing Sexual Harassment in Higher Education, formed

recently by the National Academies of Sciences, Engineering, and Medicine. Falcon also co-chairs the President's Coalition on Sexual Violence Prevention and Education at UM.



DEAN'S AWARDS ANNOUNCED

The 2020 Dean's Educational Innovation Awards went to Yui Matsuda, principal investigator for "Reducing Risky Health Behaviors: Intervention Refinement and Pilot Testing a Parent Training Program to Teach Hispanic Early Adolescent Skills to Resist Peer Pressure," and associate professor of clinical Linda Wunder, principal investigator for the "Vertebral Anomaly Simulator for Epidural and Spinal Training (VASEST)."



NEW APP TAKES PRIZE

Juan E. Gonzalez, professor of clinical and Nurse Anesthesia Program director, represented SONHS with the Mixed Reality Airway Fire App at the 2019 AANA Leadership Summit's Sharps Tank Competition, where innovators presented ideas for a business, service, or product and received feedback from successful entrepreneurs and a room full of their peers.

Gonzalez and other SONHS anesthesia faculty collaborated with the University of Miami Innovate team to develop the app using Magic Leap technology. The award-winning innovation is now being used in the Simulation Hospital for Advancing Research and Education (SHARE™) to educate nurse anesthetist students in the prevention and management of operating room fires.



STTI ELECTS ANGLADE

Debbie Anglade, assistant professor of clinical, was elected to a four-year term on the Governance Committee for Sigma Theta Tau International Nursing Honor Society, during the organization's Fall 2019 International Conference in Washington, D.C. She and fellow faculty members Latoya Lewis-Pierre, Brenda Owusu, Kenya Snowden, and Beatriz

Valdes, and associate dean Mary Hooshmand, as well as alumni Michelle Arrojo, D.N.P. '18, Christine Toledo, M.S.N. '16, Ph.D. '19, and Jessica Saint Clair, M.S.N. '17, D.N.P. '18, also presented at the conference.



ELÍAS WINS LIFE AWARD

Postdoctoral associate Maya Elías received the 2019 Lois Pope LIFE Foundation Award from the University of Miami for her research poster submission "Associations between Executive Function, Dexterity, and Discharge Disposition among Older Adult ICU Survivors."

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Women and Children First

Goldie Wasman has led the charge for almost 50 years

By Jessica Weiss

When Goldie Wasman, M.S.N. ’80, became pregnant with her first child in 1971, many of her colleagues were talking about natural childbirth. It was the height of the childbirth education movement in the U.S., and increasing numbers of women sought to stay “awake and aware” during delivery. A surgical and cardiac intensive care nurse at the time, Wasman began attending natural childbirth classes and formed a community of like-minded nurses and expectant mothers. With the support of her doctor, she delivered her daughter using the Lamaze technique, an alternative to medical intervention that stresses rhythmic breathing and relaxation.

That launched a lifelong passion for Wasman, a perinatal specialist who has guided thousands of families through the journey of childbirth, both naturally and with medical interventions, for over five decades. In 2020: the Year of the Nurse, Wasman, celebrates her 25th year as a clinical instructor at the School of Nursing and Health Studies. “I’m most focused on trying to make new nurses as smart as they can be, see the issues, and help them practice safely,” she explains. “That’s why I became a nurse: to help people.”

After earning her B.S.N. from the University of Florida in 1967, Wasman was certified by the International Childbirth Education Association, gaining skills to facilitate expectant parents’ “mental and physical preparation for pregnancy, labor, birth and parenthood.” At the time, no community-based childbirth education services existed in South Florida, so she and a few fellow RNs founded the Professional Association for Childbirth Education Inc. (PACE) in 1975. Their nurse-led nonprofit ultimately served 1,200 families annually over the next 20 years. As part of PACE, Wasman implemented Miami’s first private postpartum home visit program and first “Mommy and Me”



intervention program, through which she helped identify babies at risk of abuse.

In addition to earning her master’s degree from SONHS, Wasman continued to advocate for birthing centers and against unnecessary medical interventions in childbirth. With two nurse-midwives and an Ob-Gyn, she became an early nurse entrepreneur, opening Childbirth Associates Inc. in 1985. It was South Florida’s first private Certified Nurse-Midwife practice and became the first such practice admitted to an HMO/PPO insurance plan in Miami. Their advocacy led to statewide legislative changes, she notes. “I did that for 10 years, and I learned a lot,” she recalls. “Some of those clients now have children who are having children!”

At UM, Wasman shares her wealth of knowledge with signature candor and humor. Whether her students are in the classroom, at the Simulation Hospital for Advancing Research and Education (SHARE™), out in the community educating teens on dating violence and pregnancy prevention, or in hospitals observing births as part of a clinical

rotation, she wants to give them a wide array of experiences. “When it comes to childbirth, you’re going to experience the range of emotions. One minute you’re going to be sad, then you’re going to be happy, then you may have to respond to an emergency,” she says. “As a nurse you have to be prepared for anything. And that’s why I love it.”

Her busy teaching schedule, including child and obstetrics clinicals, fundamentals, and a medical-surgical course, reflects that enduring passion. “I love teaching, and I love the students,” says Wasman, who is 75. “They keep me young, they make me laugh, and they enrich my life.” In return, she doles out healthy doses of reality to prepare them. “If we have a tough experience, like a stillbirth, I make sure we go over it,” she says. “That’s part of nursing. I always tell students, ‘You can quit watching your telenovelas. Go to a hospital and open your ears. You’ll cry and see more poignant, inspiring moments than you’d ever know.’ And I get to have that all the time—because I’m a nurse.” ■

From the SONHS Alumni Board

Dear SONHS alumni community,

The University of Miami School of Nursing and Health Studies Alumni Association would like to express our immense pride and gratitude for our family of 'Canes health professionals. The work you are undertaking day and night to keep your patients, loved ones, and cities at large as safe and healthy as possible during this pandemic is heroic.

We remain a strong network of more than 8,000 'Canes spanning the United States and the globe. This collective leadership, scientific knowledge, clinical care, and experience is an invaluable resource as the

world faces its greatest public health threat in over 100 years.

As UM President Julio Frenk said recently, "At times like these, when faced with uncertainty, we know we can rely on one another." Our thoughts are with you and your families during this uncertain and taxing time.

SONHS and UM have taken proactive measures and are continuously preparing for contingencies around this rapidly evolving situation.

You can find the latest updates on the University's response to COVID-19 at coronavirus.miami.edu. For updates from the School, visit our social media pages.

Thank you. Each and every one of you embodies the U's legacy of resilience.

Go 'Canes!



REFLECTIONS OF A NEW NURSE

When third-generation nurse Gianna Falise, B.S.N. '19, graduated from SONHS this past December, she represented the past, present, and future of nursing symbolically on her commencement robe. Below her own pin she wore four other nursing school pins, shared with her by her grandmother, mother, father, and father's girlfriend. Falise explained that wearing her family's pins was a way of paying tribute to "the foundation of those who helped me get to where I am." Falise, now a nurse at UF Health Shands Hospital in Gainesville, shared this reflection about her clinical experiences at SONHS: "In 2019 I saw life brought into this world. I rocked a newborn to sleep who was taken from his mother because of child abuse. I laughed with someone the morning he lost his fight with cancer. I bonded with a man

told he'd never move his arms or legs again. I sat with a scared child who was the victim of a shooting because his mother wasn't allowed to see him yet. I tried my hardest to revive a young father for his three little girls. I fell in love with taking my patients' burdens onto my shoulders, with doing the not-so-pleasant tasks because I know the difference they make. I fell in love with being allowed to be present on the worst, or best, day of someone's life. I enrolled in the accelerated BSN program at SONHS for a degree, but I left with a passion."



IN MEMORIAM
NAMING HONORS GERALD PINNAS

Prominent Miami ophthalmologist Gerald Pinnas, B.S. '61, M.D. '64, earned both his undergraduate and medical degrees at the University of Miami, where he was elected to the

prestigious Iron Arrow Honor Society and Alpha Omega Alpha Medical Honor Society. After completing his residency in ophthalmology at Baylor University, he embarked on a more than 30-year career as a beloved and respected eye surgeon in South Miami. After he passed away in February 2018, following a long battle with cancer, his wife, Susan Knapp Pinnas, a recently retired health insurance executive, sought to honor her husband's professional legacy and their shared commitment to health care. Last year, after touring the School of Nursing and Health Studies facilities, she felt compelled to support SONHS by funding the naming of the Gerald Pinnas, B.S. '61, M.D. '64 Ambulatory Care Exam Room in the Simulation Hospital for Advancing Research and Education (SHARE™). This generous tribute to Pinnas's impact as a highly regarded physician will inspire many future generations of health care providers. "Jerry was an ardent supporter of the University of Miami during his lifetime, starting in his high school years," says Knapp Pinnas. "Our family and I know he would be very pleased that we are continuing to support the University he loved and valued so much." ■

2000s

Ana M. Restrepo, B.S.N. '00, a certified wound and ostomy nurse, serves on the board of directors for Miami Ostomy Group.

Chaireline Lundi, B.S.N. '05, D.N.P. '17, recently joined the anesthesia team at Finger Lakes Health in New York. A member of the American and New York State associations of nurse anesthetists, Lundi works in the Surgical Services department at Geneva General Hospital and the Finger Lakes Surgery Center.

Kim Juanico, B.H.S. '06, B.S.N. '07, received the 2020 Ilene Beal Courageous Provider Award from the Courageous Parents Network, an organization that supports families and providers caring for children with life-limiting illness. Juanico first came to Miami's Holtz Children's Hospital as a nurse in the Pediatric Intensive Care Unit and is currently the hospital's Pediatric Palliative Care nurse coordinator. Funded by the Ilene Beal Charitable Foundation, this award honors a pediatric professional each year who provides exceptional family-centered care in circumstances of serious childhood illness.

2010s

Mariangel Prieto, M.S.N. '18, a hematology/oncology nurse practitioner fellow at Sylvester Comprehensive Cancer Center, presented on the importance of addressing sexual health in oncology patients during nursing grand rounds in January.

Jodi Israel, B.S.N. '19, is an Oncology Nurse Resident with AdventHealth in Florida.

Alexandra Stathas, B.S.N. '19, began working in the NICU and postpartum units at UMass Memorial Medical Center last August as part of their new grad program.

Jacob Martinez, Ph.D. '19, successfully defended his dissertation, "Informing an Intervention to Address High-Risk Sexual Behavior in Hispanic Men Who Have Sex with Men," this past fall. Conducting in-depth, semi-structured interviews with 21 Hispanic who have sex with men (MSM) in Miami-Dade County, he explored factors that may contribute to this population engaging in interventions to decrease high-risk sexual behaviors and to add relevant data to inform a culturally appropriate intervention. The study provided affirmation that Hispanic MSM, who are disproportionately affected by HIV infection, need an intervention to decrease sexual risk behaviors, as well as specific insight on the facilitation and delivery methods that should be incorporated into a successful culturally appropriate intervention.

Emmanuela Nneamaka Ojukwu, Ph.D. '19, successfully defended her doctoral dissertation, "Social Determinants of HIV Treatment Engagement among Postpartum Black Women Living with HIV (WLWH)," this past fall. She conducted a retrospective, secondary data analysis of 143 Black postpartum WLWH who received immediate postpartum care at the University of Miami Prenatal Immunologic clinic and then transitioned into ongoing primary care at the Women's Integrated Services for Health clinic from May 2009 to May 2017. Findings indicated that social determinants of health significantly affecting engagement in postpartum HIV treatment were maternal health status (HIV-related and obstetric health status) and HIV disclosure. Social determinants significantly affecting primary care engagement included health insurance and maternal health status (HIV-related and obstetric health status). Ojukwu noted that her study is the first to provide evidence about HIV treatment disengagement among Black

postpartum WLWH in Miami, the city with the nation's highest HIV rate. "In light of this study," she writes, "nursing school curricula should be adjusted to offer course content on the disparities in HIV treatment engagement for pregnant and postpartum women, and the social determinants of health that are linked to such outcomes."

Christine Toledo, M.S.N. '16, Ph.D. '19, successfully defended her doctoral dissertation this past fall, addressing a maternal health problem affecting 800,000 new mothers annually in the United States. For "The Association of Breastfeeding Practices and Postpartum Depression Risk," Toledo conducted a correlational analysis of cross-sectional secondary data using a subsample of nearly 30,000 mothers who responded to the Centers for Disease Control and Prevention's 2016 Pregnancy Risk Assessment Monitoring System questionnaire who met inclusion criteria. Significant maternal risk factors for postpartum depression (PPD) were found to be demographical (race, age, education, household income), behavioral (breastfeeding practices and abuse), pregnancy-related (pregnancy intention), health-related (history of maternal depression), and infant-related (infant length of hospital stay). The data also showed that mothers currently breastfeeding and mothers who breastfed for longer periods of time had a lower risk for PPD. Study results, Toledo stated, provided risk factors for PPD that could be used to develop a tailored risk assessment tool to screen mothers, as well as evidence supporting breastfeeding practices as a preventive health behavior to decrease PPD risk. "It is imperative that nurse scientists bring awareness and address PPD as a major public health concern for all childbearing mothers living in the U.S. within the realms of research, practice, education, and policy," she wrote. ■

Patricia Amado, Ph.D., C.N.S, R.N.

Beloved colleague and friend



The School of Nursing and Health Studies is deeply saddened to inform the community about the recent passing of faculty member Patricia K. Coveleski Amado. An ardent advocate in the fight against breast cancer and a survivor of the disease herself, she joined SONHS in 2013 as an assistant professor of clinical. Teaching was her passion. At SONHS, Amado taught undergraduate courses across the curriculum.

“It is so important to remember in our everyday lives to do small things with great love and to model that behavior to our students,” she wrote. “Teaching at UM allows me to inspire others who will one day take care of us.”

Amado, who passed away March 10 from cancer a week before her 59th birthday, continued showing up for her students, even into the spring semester. “During her last semester teaching psychiatric mental health nursing, Dr. Amado involved students in helping female victims of domestic violence cope with their psychological pain by gardening. Students enjoyed every aspect of this therapeutic activity with the victims,”

said fellow assistant professor of clinical Giovanna Cecilia De Oliveira. “Dr. Amado, our colleague and friend, will be greatly missed.”

In addition to teaching, Amado created cancer counseling services under Global Solutions Inc., was an active fundraiser for the America Cancer Society and Susan G. Komen, and provided catering and nutritional services to cancer patients in the community.

She dedicated her own scholarship to areas of breast cancer and creating healthy transition post-treatment. “My research focus is cancer navigation to help other women conquer this insidious disease and to improve the overall practice and implementation of care for long-term survivors,” she wrote.

Amado explored the art of story-telling as a way to facilitate healing body, mind, and spirit while battling chronic illness. “It is important that health care professionals and laypersons realize the experience of what happens for women in the transition from health to facing a life-threatening disease,” she stated. “Narrative inquiry represents a better perspective on the story of illness that at times may be difficult to voice.”

Through these accounts, she helped give voice to the lived experience and resiliency of women like her. “Breast cancer survivors face many fears, whether it is fear of recurrence, loss of health, and fear of dying,” Amado wrote. “In order to treat each person holistically, the health care provider needs to acknowledge alternative ways of healing for the breast cancer patient. Through introducing narrative therapy as a therapeutic

way to express feelings, one can make sense of this malady through the art of dialogue and may introduce new ways of learning how one builds resiliency in the journey of illness through their lived story.”

A recipient of the Judith Anderson Research Grant and Lambda Chi Research Scholarship, Amado presented her work at international conferences and schools of nursing. She belonged to the Florida Nurses Association, the National League of Nursing, Sigma Theta Tau

“It is so important to remember in our everyday lives to do small things with great love and to model that behavior to our students.”

International, Delta Epsilon Iota Academic Honor Society, and the Society for Simulation in Healthcare. She earned her Ph.D. in nursing from Barry University, master’s degree in nursing education/Clinical Nurse Specialist from Florida Atlantic University, and undergraduate nursing degree from DeSales University.

To honor Amado’s legacy and journey with breast cancer, her family created a support page at Susan G. Komen, <https://bit.ly/2QL9AZ0>. Her husband, Juan, says he and her sons, Francis, Jordan, and Johnny, along with niece Talia Coveleski, will continue to honor Dr. Amado’s ‘Cane legacy. ■

Aerospace Ambitions

2020 Alumna of Distinction launches nursing science to new heights

By Barbara Pierce

Around the world, in varied ways, nurses work tirelessly to improve human health. Only a relative handful, however, ply a nursing discipline that is literally out of this world: protecting human health in extraterrestrial environments. Aubrey Florom-Smith, B.S.N. ’09, Ph.D. ’13, is one of them.

Florom-Smith, honored as the 2020 Alumna of Distinction at a SONHS reception this past March, is founder and CEO of Minerva Nursing Science. Its mission: to optimize well-being and function during space travel—and in conditions and situations that impose similar physiological and psychological stresses.

“Factors such as microgravity, space radiation, and isolation and confinement in space vehicles can have negative, even severe, effects on the health of astronauts and space travelers,” explains Florom-Smith, who first encountered virtual reality as an isolation and confinement counter-measure for astronauts while working at Dartmouth College’s Space Medicine Innovations Lab.

Until recently she managed augmented reality medical training research funded by the Department of Defense. Both experiences inspired her to launch Minerva, where she’s focused on advancing innovative technologies and new models related to aerospace health care.

Exotic as her specialty may appear, Florom-Smith sees it as a natural extension of her lifelong passion for nursing. “I am drawn to stimulating work that provides the opportunity to be of service to others,” she says.

“Nothing fits that bill better than nursing.”

When it came to her nursing education, the University of Miami had the right stuff. “I wanted a state-of-the-art, rigorous program situated within a vibrant academic setting that also provided access to leaders in diverse disciplines,” she recalls. “UM offered this and so much more.” Even as a non-traditional student—she was a married mom when she matriculated—Florom-Smith recalls a warm welcome into the ‘Canes family: “From the moment I received my acceptance letter, I felt that I belonged.”

She completed her undergraduate studies cum laude, was selected for an NIH National Institute of Nursing Research pre-doctoral fellowship, and earned her Ph.D. in nursing science with academic merit. Continuing her trajectory of academic achievement, Florom-Smith is pursuing a Master of Science in Human Factors at Embry-Riddle Aeronautical University-Worldwide. Among her numerous recognitions and honors is the Louise Marshall Nursing Scholarship of the Aerospace Nursing and Allied Health Professionals Society, where she is immediate past president. She is also a member of the Aerospace Medical Association, the Aerospace Nursing and Allied Health Professionals Society, and the Planetary Society.

Florom-Smith’s fascination with space travel dates from early childhood. Family stories recount her rapt attention, while she was still a toddler, to television coverage of man’s first walk on the moon. To this day, she remains a space fangirl at heart. “I get



notifications that the International Space Station is coming my way,” she says, “and I run outside at night to watch it streak by.”

As the prospect of space tourism beckons and NASA considers opportunities for non-astronaut scientists to conduct research in space, Florom-Smith would love nothing better than to blast off one day. “Space travel,” she says, “represents the best of what human beings can accomplish when we work together to tackle difficult challenges.

“Nurses,” she adds, “would make outstanding astronauts. We are highly educated, agile, resilient, innovative, and trustworthy team players.” With the Canadian Space Agency welcoming nurses to apply for its astronaut corps, Florom-Smith fervently hopes NASA will follow suit. As for her seemingly divergent loves—outer space and her close-knit family—Florom-Smith sees no conflict. “My family is on full notice,” she notes with a grin, “that they may have to relocate to Mars with me.” ■

Targeting Success

Former U.S. Army helicopter pilot sets sights on a nursing career

By Barbara Pierce

As he prepared to graduate from high school in the late 1990s, Arizona teen Taylor Skelton knew he wanted adventure—though exactly what kind, he wasn't sure. Then he saw the frenetic action movie *Con Air*, and his future locked into focus: He wanted to be an Army Ranger.

After several years in the Army, Skelton decided to apply to the U.S. Army Aviation School. "It was terrifying," he admits. "I had never flown anything but a kite before." But he went on to complete officer training and flight school with flying colors.

Now an Accelerated B.S.N. student at the School of Nursing and Health Studies, Skelton is the veteran of a distinguished military career spanning two decades and countless challenges. As a Blackhawk helicopter pilot deployed to multiple special ops missions in combat environments such as Iraq and Afghanistan, he flew hundreds of hours without incident. He has led surveillance missions, helped capture insurgents, trained military parachuting, and served as a medical evacuation pilot, a special operations pilot, and an instructor pilot.

He is also a husband and father of two. Skelton's wife, Melanie, an internal medicine physician when they met, has since moved into palliative medicine. Inspired by both her technical skills and caring spirit, Skelton considered going to medical school when he retired from the military. Then his wife arranged for him to shadow some nurses and he gravitated toward a new goal: becoming a certified registered nurse anesthetist.

With family in Florida, Skelton applied to several nursing schools in the state. "UM was a long shot," he says, "but it



Courtesy of Taylor Skelton

was my first choice. I knew I wanted a very strong, innovative program, and I was impressed by the absolute professionalism of the faculty and administration."

Not that Skelton's military background bred an automatic acceptance of received wisdom. "Helicopter pilots are, as the phrase goes, brooding, introspective anticipators of trouble," he says. "We are always asking ourselves, 'What did I miss?' 'What do we need to ensure success?'"

"The level of detail in our planning was extreme. We would plan for days for a mission that would only last an hour. Our backup plans had backup plans.

"So I don't take things at face value. If you tell me something is so, I want to know why. I enjoy that our professors are not afraid to be challenged—they're willing to engage."

Skelton has found simulation-based education especially powerful. "As

you confront these scenarios designed by expert faculty based on their own experiences, you may think you know what is happening," he says, "but then things flip 180 degrees. I call it teaching by humility. It's a big slice of humble pie, but you are better for it." Skelton, who earned a bachelor of science in criminal justice and homeland security in 2016, continues his impressive record of achievement at SONHS. He made the Dean's List, received a Florence Bayuk Nursing Educational Trust Fund Scholarship, and is involved in several nursing and student organizations.

On track to graduate in May, he plans to gather a few years of professional experience, preferably in the intensive care setting, before applying to graduate school. Meanwhile, he's soaking up the adventure of his UM nursing education. "As soon as I set foot on campus," Skelton says, "I knew this was where I wanted to be." ■



2019 Homecoming & Fall Awards/Commencement

Photos by Jenny Abreu | Kenia Pol & Mitchell Zachs

Just a few months ago, Dean Cindy Munro told 200 newly minted SONHS graduates: "Each and every one of you is critical to the future of our health systems." Never has that statement been more true than in 2020: The Year of the Nurse and the era of COVID-19. The celebrations pictured here remind us to look with hope toward our future. Wishing our entire SONHS family the health and strength to continue leading the way.



THANK YOU TO OUR 'CANES HEALTH CARE HEROES BEHIND THE MASKS



Matias Ocer / Miami Herald

You are leading the way toward health and
hope in communities around the world.

YEAR OF THE NURSE