“Advancing Practice...Transforming Lives”
Annual Nursing Research Day: December 7, 2012
New Knowledge, Innovations and Improvement
submitted by Sylvie Jacobs, RN, BSN, CPAN

On this day I had “first lunch” since I had started work on the earliest of our many staggered PACU shifts. I eagerly went to the GP lobby and found our Nursing colleagues’ posters of research they had conducted. I wandered around looking at the many amazing projects and ran into a friend of mine, Kathy Hofstadter-Thal, an NP in pediatrics. She saw I was scribbling down information about the posters and told me they publish a booklet which is available at the presentation. Since I couldn’t very well ask for a second break, she said she’d bring me the booklet. At 6pm, I was squinting at my WOW when she popped into the PACU with it. Since it was so well written, I’m going to copy the introduction, in case some of you missed the presentation, also. And you can be sure that next year I’ll arrange to be available for the presentation.

The Center for Nursing Research & Education
Mount Sinai has long recognized the importance of nurses in health care—the hospital established one of the first nurse training schools in the United States in 1881—and its nursing staff has a distinguished reputation in the healthcare community. In 2004, Mount Sinai earned the designation of the prestigious American Nurses (continues on Page 5)
One of Mount Sinai’s programs which positively impact global nursing is its Visiting Scholars program. I met with two Singapore Nurses who had spent a month visiting Mount Sinai. We shared stories and ideas and found out that despite our diverse cultures, we are more alike than different. Shifa and Yi Mon met with me in the Guggenheim 9 East Conference Room where they had been invited to observe our hepatobiliary care in Guggenheim Pavilion 9 Center Surgical and Guggenheim Pavilion 10 Center Medicine Units. They had the opportunity to meet with many nurses and with excellent English skills, could absorb much and share their impressions.

They were captivated with our strong nurse leaders at all levels. They spoke about how our (Transformational) Leadership supports the direct care nurses in our work, make actions transparent and accessible and strive to create a learning environment wherein everyone feels comfortable bringing up conflicts and challenges. They were impressed to see how our Nursing Leadership works so closely with our Labor Union to create a professional and equitable work environment.

We discussed how this serves everyone’s best interest, since higher Nurse Satisfaction Scores lead to higher Patient Satisfaction Scores and more positive outcomes overall.

They enjoyed the review of Nursing Research and Evidence Based Practice which reinforced their practices from Singapore. The energetic and engaging teaching methods drew their attention and they noted how this encouraged class participation. They felt the greatest differences were how Mount Sinai Nurses were so vocal. Since we hail from different cultures, they were not used to the confident manner in which we present ourselves to our peers and superiors.

We spoke about how clinically our practices are similar, their nursing hierarchy is much the same as ours, with nurses delegating to assistant and ancillary staff. They are moving towards the Electronic Medical Record, their hospital, also values furthering education and they award scholarships from baccalaureate to doctorate nursing degrees. One area that differed dramatically was their strong focus on Nursing Image. They have a strict dress code which includes hair and makeup styles and it is culturally frowned on to laugh loudly in public.

While we are using Relationship Centered Care @ Mount Sinai for our nursing delivery system, they use Roper-Logan-Tierney. I was unfamiliar with this Nursing Theory and so explored the internet. The short version is that Roper-Logan-Tierney Model for Nursing is a theory of nursing care used widely in the United Kingdom. It is based on how the patient can maintain their activities of daily living with the goal being maximal independence. The nurse’s role is to determine what interventions will lead to increased independence as well as what ongoing support is needed. Since Shifa and Yi Mon were unfamiliar with Relationship Centered Care I was able to explain that it was a return to basic nursing care with attention to mindfulness and interpersonal connection. I described how an evening backrub would prepare a patient for a more restful night and how Active Listening or what we used to call Therapeutic Communication could bring deeper meaning into nurse-patient interactions.

I was able to share some past issues of our Mount Sinai Magnet Newsletter and promised to email them the fall and winter issues. We had met as strangers but were parting as friends. We knew that our hands, although on different sides of the globe, were delivering the same care with the same intention. It was a wonderful feeling.
Our Visiting Nurse Scholar Program brought four intelligent and articulate nurses from Hong Kong through our doors. Yeung York Mui, also known as Iris, from Queen Elizabeth Hospital in Kowloon Central Cluster is a Pediatric Advanced Practice Nurse. Lee Yuk Mun, also known as Cathy, is a Department Operations Manager in the Department of Tuberculosis & Chest in TWGHs Wong Tai Sin Hospital in Kowloon West Cluster. Chan Ming Fung, or Maggie, works in the Department of Clinical Oncology in the Pamela Youde Nethersole Eastern Hospital of Chai Wan, Hong Kong. She is also a Department Operations Manager. And Maria, or Tsang Hing Ling, is a Department Operations Manager in Psychiatry at the United Christian Hospital in Kwun Tong, Kowloon. They were eager to learn, quick to smile, bright and energetic.

My inquiry as to their initial impressions of Mount Sinai was answered by an appreciation for our warm welcome, good practices and being open and willing to share. As we spoke, we explored Relationship Centered Care and how it has helped us return to the basics in nursing. They were familiar with our use of Press Ganey and HCAHPS to try to improve our delivery of care. As they had just attended our Magnet Champions meeting, they asked how the MCs were chosen. I explained how our Nursing Leadership honors their Clinical Nurses who have leadership qualities to become Magnet Champions. That these Nurses are collaborative, model excellence in their daily practice and look for opportunities to make positive change. The Magnet Champion’s responsibilities include advocating for the Magnet Program, educating and energizing colleagues, bringing feedback and suggestions back to the committee and implementing unit based initiatives to promote Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovation and Improvement and Empirical Quality Results.

Iris, Cathy, Maggie and Maria were friendly and kind. They helped me understand the nursing approaches they were used to back home. The Hong Kong system uses OREM as its universal accessibility.

The Hong Kong systems use Case Managers and are aiming efforts at restructuring their practice to be less task- oriented. They were highly impressed with our Electronic Medical Record: EPIC and appreciated its ability to detail patient care; its checkpoint system which they felt would prevent medication errors and its universal accessibility.

It was such a pleasure and honor to meet these four dynamic Hong Kong Nurses who traveled so far from family and home to learn about our nursing care. Their dedication to the nursing profession, their patients and their hospitals was inspiring. Their energy and eagerness to learn was contagious. I hope you got a chance to welcome them to Mount Sinai. If not, look for the next group of Visiting Nurse Scholars. It’s a great opportunity to learn and make new friends.
Part of our delivery of Relationship Centered care to our Mount Sinai patients requires attention to Spiritual Care Needs. Epic, our electronic medical record, allows for a spiritual needs assessment. A question is raised as to how these spiritual needs are identified amongst the many other assessments that are needed to be done.

I had the pleasure of meeting with Rabbi H. Rafael Goldstein, BBC who is the Director of the Department of Spiritual Care and Education. In collaboration with the nursing teams GP 8East and GP 9East there is a pilot program exploring having a chaplain coach nurses in Active Listening. Active Listening is the process of listening to the entire message, not merely the words that are spoken. It requires focusing on the speaker without being distracted by internal or external activity. It helps to verify the speaker’s meaning and acknowledge their message by encouraging nods or words. Re-capping the message helps make sure their meaning was conveyed.

Active Listening promotes the nurse-patient bond which allows the patient to feel safe in opening up and sharing vulnerable needs. The importance of recognizing spiritual care needs is seen in a patient’s will to get better or accept an inevitable prognosis. Since we are the first line of contact with the patient and their family members, we are the most likely to discover and explore what spiritual needs they have. The Department of Spiritual Care and Education is available to visit all inpatients including patients waiting for placement in the Emergency Department.

Transpersonal Caring
Exemplary Professional Practice
submitted by DarciAnn O’Sullivan RN, BSN, OCN

What is Transpersonal Caring and its applicability to nursing and patient care? In simple terms, it is the worlds of physical awareness and spiritual energy beyond human awareness. (Welch, 2012) It goes beyond the separate individuals to create harmonious moments in time.

Transpersonal Caring conveys a concern for the inner life and involves searching for meaning and perceptions. It requires going beyond the ego self and beyond the given moment, reaching to deeper connections to spirit and with the broader universe. (Watson, 2007) The transpersonal provides the spiritual elements of our existence, transporting us through cycles of birth and renewal. (Karasu, 1999)

The common thread among the varied definitions of transpersonal is the spirit beyond our physical being, described in a quote by Teilhard de Charding, “We are all spirit beings having a human experience”. The transpersonal is a vehicle of awareness carrying human beings between the spiritual and physical realm of existence. The discovery of transpersonal is described since in ancient times in records dating back over 4000 years ago in China, thousands of years in Ancient Egypt and during the Golden Age of Greece (Welch, 2012). In the twenty first century, transpersonal brings new meaning and dignity to the world of nursing and patient care. It defines the selfless art of nursing which connects with the being of a patient by embracing their spirit and physical ailments through the healing processes of transpersonal caring. (Watson, 2007)

The attributes of transpersonal care is to connect the various roles of scientist, scholar and clinician with the harmonious state of mind, body and soul of the patient. The desired outcome is to create a calm, nurturing and healing environment. Transpersonal caring is universal, surpassing cultural differences. We see the origins of transpersonal care in human reflexes, responsiveness and instincts. Animals tending to one another during illness and the instinctual attachment to mother’s breast immediately after childbirth are examples of our primordial energy to energy connection. Tapping into this energy to energy connection is the basis for transpersonal caring. It results in patients feeling less fearful in the healthcare environment. It

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They represent Christian, Catholic, Jewish, Buddhist and Muslim faiths and can be reached by calling (212) 241-7262 or X 47262.

Rabbi Goldstein is attuned to diverse needs for any faith and is currently forming ideas to meet the needs of our rapidly growing Muslim population. There are services available for Catholic and Jewish patients, a Hasidic run Kosher Hospitality Room and Interdenominational and Jewish Chapels available for use. He is always looking for ways to enhance and expand the relationship between nursing and Spiritual Care. He hopes we will continue to consider and refine how we assess our patients’ spiritual needs and collaborate with his team to provide the excellent care that for which we all strive.
“Advancing Practice...Transforming Lives”

(continued from Page 1)

The CNRE under the leadership of Dr. Carol Porter, a center within Mount Sinai School of Medicine, will accomplish its goal through “bench to bedside” research. Clinical nurses play an integral role in CNRE’s research projects, bringing their experience in patient care and their insights into how patients respond to treatment – into the process of research. The results of the CNRE research will continually be integrated into nursing education, which informs the innovations and best practices of clinical care. In this way, the quality of nursing and patient care outcomes at Mount Sinai and at hospitals and clinics across America, and around the world- will be greatly enhanced. To fulfill this visionary agenda, the CNRE supports and evolving archive of best nursing and health care practices in five targeted areas: Cancer, Information Technology, Pain and Palliative Care, Resiliency and Work Environment. The CNRE will play a major role in Mount Sinai’s Clinical and Translational Science Award (CTSA), a $34.6 million, five-year National Institutes of Health (NIH) grant dedicated to fostering patient-oriented research and applying it to clinical practice. The CTSA aims to transcend the traditional boundaries of research; collaboration with researchers in different disciplines is welcomed and encouraged. The CNRE fits perfectly into this context, as nurse researchers bring their strong clinical, patient-centered perspective to the work of the CTSA.

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Posters from 2013 Poster Session:

Baraldi: Screening Mammography Utilization among Women with Physical Disabilities
Bichoupan: Effectiveness of HCV Triple Therapy with Telaprevir in New York City
Carrazzone: Development of a Culture of Evidence-Based Practice (EBP) in a Large Metropolitan Hospital
Cortese: Implementing an E-learning Intervention to Improve Oncology Nurses' Cultural Competency and Disease Awareness
Derevnuk: Three HIV Post-Exposure Prophylaxis (PEP) Regimens for Health Care Workers
Drury: Through a Different Lens: Integrating EBP into Specialty Nursing Practice
Ea: A Step toward Understanding the Cardiovascular Health of Filipino Registered Nurses
Fu: Proactive Approach to Risk Reduction and Early Detection of Breast Cancer-Related Lymphedema; The Role of Symptom Report in Detecting and Diagnosing Lymphedema
Hickson: Nursing Hostility and Job Satisfaction as Perceived by New Graduates: Magnet versus Non-Magnet Hospitals
Jakkubowski: Where Does Granulocyte Colony Stimulating Factor Use Stand Following Allogenic hematopoietic Stem Cell Transplant in 2012?
Kowalska: Advancing Relationship Based Nursing Care though the Implementation of “Tree of Life” on an Inpatient Medical Unit
Ninos: Promoting Professional Nursing Practice Through Certification
Oliver: Structural Empowerment and Job Satisfaction of Clinical Nurse Managers
Paguirigan: Sacrificing Something Important: The Lived Experience of Compensated Kidney Donors in the Philippines
Renteria: Oral Glutamine and Probiotics on Enteral Morbidity following Autologous Stem Cell Transplantation for Plasma Cell Dyscrasias
Rolston: Advancing Relationship Based Nursing Care Through Implementation of “Ask A Nurse” on an Inpatient Medical Unit; Engaging Associate Degree Student Nurses in EBP at a Community Hospital; Enhancing the Patient Experience through Implementation of Quiet Time on an Inpatient Unit; Student Nurse “Ambassadors of Caring” Student Nurse EBP Internship Program
Rudow: Personality Traits and Resilience Among Liver and Kidney Donors
Sussman: Job Satisfaction and Support for Transitions in the Nursing Academy: A Qualitative Study of Tenured Nursing Faculty Who Stay in Academia?
Weiss: Initial Validation of the Psychosocial Readiness Evaluation to Prepare for Hepatitis C Treatment (PREP-C)
Wexler: Nurse Faculty EBP Rounds in a Community Hospital

“As you can see, the topics are wide and varied. There were many reminders that Nursing is both a science and an art. The topics presented provoked many questions. I am already looking forward to next year.”
Transpersonal Caring
(continued from Page 4)

allows the patient to experience the sanctity of being in the hospital, clinic and conversion of their homes into a medical environment through home care or community nursing. This is aided by the transpersonal care relationship between the nurse and patient, as seen in Press Ganey Scores, a statistical survey tool created in 1985 by Dr. Irwin Press and Dr. Rod Ganey to assist health care organizations in improving the health care experiences of patients. A two year study trended an overcrowded emergency department in a teaching hospital. Press Ganey scores were used to improve the transpersonal care experience of patient encounters. (Pines, 2008).

One example of transpersonal caring is how Florida NPs established a culturally sensitive relationship with their multicultural patient population at a primary care center. The patients felt reassured by being treated like individuals instead of just a human body system. (Rexroth & Davidhizar, 2005). The cultural and language barriers dissolved with the nurses’ efforts. A second example is how in the dark days of the outbreak of HIV/AIDS a group of patients were able to express the healing forces that transpersonal caring created. They were able to finally find acceptance and dignity in living with their diagnosis.

Prior to exposure to transcultural caring, they had felt stigmatized, isolated and unwelcome. (Shroeder, 1995). Transpersonal care is the human dimension of nursing (Watson, 2007), as illustrated in the response of patients with HIV/AIDS at an outpatient HIV/AIDS clinic. These patients were able to experience acceptance for the nursing team, which provided them with the courage to overcome the stigma of their disease. This allowed them to connect to living with HIV/AIDS and not to death, essentially creating unity and harmony with the mind, body and spirit. Transpersonal care gives the nursing profession a language which transcends customs and cultures (Watson, 2007). The nurse can then emanate a presence of harmony to patients with various cultural backgrounds. Transpersonal care validates the authentic patient experience of being in totality with person, not just their illness.

MIND
Exemplary Professional Practice
submitted by Sylvie Jacobs, RN, BSN, CPAN

Here, Now, Present, Awake in the Moment, Mindfulness. We keep hearing these concepts, but do we know what they mean or what benefit they bring us?

Practicing mindfulness creates a fuller, richer experience. It allows for deeper understanding and helps us reach levels of more authentic communication. An exchange in which mindfulness is practiced produces feelings of appreciation and gratification, a sense of understanding and of being understood.

I know that when I give my full attention to someone, really listen to them, time goes away. There is no past thought or future thought. There is no, “oh oh, did I remember to chart that?” or “what if my vacation isn’t approved, I already booked my flight”. There is just you and me. Eye to eye, there are the five senses, the meaning of the words chosen, the inflection of what is said, perhaps the other meaning of what their body or facial expression is saying. That is when we connect, when I am awake to them, present with them, really hearing them.

We never have to get lost anymore with our GPS apps or feel lonely since we have so many Facebook friends. Even at work we are expected to monitor our patients, chart on Epic, answer the phone and address family concerns simultaneously. Most of us have experienced trying to pour our hearts out to someone who is checking their messages or downloading something. We know when we are not getting their full attention. It makes us feel insignificant, as though our worries or concerns are not important. This is how our patients feel when we rush through a dressing change, when we hurry through an explanation, when we dash by for a quick pain assessment: unimportant, insignificant, and certainly not understood.

I am sure that is not the fulfilling experience we hope to have when we come to work, nor what we wish to impart to our patients in their struggle to regain health or complete their lives.

Mindfulness is a choice. It is a skill to be learned and practiced. It is an awareness of our state of mind. It is an obligation we have to our patients. In many of the recent holiday seasonal readings, a lot of focus was placed on gift giving and generosity. One quote grabbed me. Thich Nhat Hanh wrote: “Perhaps the greatest gift we can offer anyone is the gift of our full attention.”
Neonatal Intensive Care Unit: Caring for the Most Fragile
Exemplary Professional Practice
submitted by Sylvie Jacobs, RN, BSN, CPAN

Cheryl Peixoto, a NICU Nurse, has been attending Magnet Champion meetings with me for years. Her passion for her patients made her stand out and so I asked her how she could find out more about her unit and colleagues. She gave me the name of one of her clinical coordinators, Deborah Hutchison, and my meeting with her gave me insight as to the source of this passion.

The NICU is filled with undersized, underdeveloped babies who are cared for by a staff of compassionate, concerned nurses, dedicated doctors, devoted social workers and big hearted volunteers.

NICU graduates are celebrated in a reunion every two years. Graduates are babies who are successfully discharged from the NICU. This year it was held on Sunday, October 7, 2012 and was attended by about 60 families. It included the graduates, from the last two years who were in the NICU for over two weeks. Entertainment was provided by the Starlight Children’s Foundation who contributed a face painter. Zev Haber, who is a proud NICU graduate dad and an award winning children's musician, donated the musical entertainment. It was an interdisciplinary effort of Nurses, Nurse Practitioners, Social Workers, Doctors and Volunteers who all joined together to provide a fun celebration of life and success for these babies and their families.

The Parents Sharing Newsletter provided details and pictures. The Newsletter is UJA sponsored and supports families of babies in the Mount Sinai NICU. Jill Winston, LCSW, is the editor and welcomes input of NICU families, staff and friends. The Newsletter included an informative, accessible article about breathing and how the premature infant deals with incomplete lung development and how to combat insufficient surfactant production. This was written by Dr. Ian Holzman, who is the chief neonatologist, the Parents Sharing Newsletter Advisor, Contributor and Baby Photographer. The Newsletter informed me that November was Prematurity Awareness Month. November 17th is World Prematurity Day and the Empire State Building is lit in purple to honor World Prematurity Day.

The March of Dimes and worldwide partner organizations work to raise awareness on the serious problems of premature birth. Last Spring many NICU Nurses helped support the March of Dimes by walking downtown with the organization to raise money.

A Review of the Magnet Conference, 2012
Structural Empowerment
submitted by Sylvie Jacobs RN, BSN, CPAN

Despite feeling overwhelmed by its magnitude, Johanna Medina, the Magnet Champion from GP 9 Center found the experience of attending her first Magnet Conference “electrifying”. The 2012 ANCC Magnet conference was held in Los Angeles in October 2012. True to form, it presented many opportunities for learning, professional growth, networking and reenergizing. Johanna enjoyed many interesting, educational sessions. She particularly appreciated the sessions on Patient Satisfaction and Discharge Innovations since these two themes are highly relevant to her practice on GP9C. Her transplant patients require considerable amounts of teaching to learn new drug regimens before discharge. Her unit closely tracks their Patient Satisfaction scores via Press Ganey Survey results to measure outcomes and influence unit initiatives.

Johanna reported that another outstanding component were the celebrity speakers. They spoke about how their encounters with nurses frequently ended with “Oh, just doing my job”. This would be in response to an expression of gratitude. They elaborated how a nurse has a huge impact on patients and their families and that the nurse contributes to a patient’s experience in so many ways. Why then, do we minimize our value, our efforts and our accomplishments?

Florence Badoy, an OR nurse whizzed by me in the PACU until I grabbed her and slowed her down. She said she’d had a superb Magnet Conference experience in Los Angeles. She had been used to large conferences from her experiences with AORN, the Operating Room Nurses’ Professional Organization. Florence felt that the Magnet Conference was well-organized and filled with inspiring lectures. She said she was able to meet her goal of learning more about Magnet philosophy and implementation. She was pleased to have had the opportunity to attend.

Patricia Matos, our Magnet Program Director as well as Director of Psychiatric Nursing found that the conference was full of many motivating sessions. An example of one was about Ethics and how nurses have to make on-the-job ethical decisions often and instantaneously. I had not attended this year’s conference, but I recall from previous Magnet Conferences that they were engaging and revitalizing.

There is something for whatever you are looking to learn, whether it’s about Evidenced Based Practice strategies/ Research, the Magnet Process, improving Patient and Nurse Satisfaction Scores, examples of posters and projects or simply inspirational, morale-boosting nurse camaraderie. I hope you will consider attending a Magnet Conference in the future, organize your contact group and find the experience as moving and transformative as you need it to be.

Continued on page 9
Neonatal Intensive Care Unit: Caring for the Most Fragile

Continued from page 7

These are the success stories portraying positive outcomes, babies as well? The NICU nursing leaders are sensitive to nurses’ emotional and spiritual needs regarding poignant events. They share during learning conferences and do their best to support each other. In one instance, the nursing leadership recruited a counselor from the Employees Assistance Program (EAP) to discuss a sensitive loss "Small Moments of Peace" was a debriefing offered to staff for help in dealing with their grief.

I came away with the impression that the NICU is the happiest/saddest place in the hospital. They have boards covered with smiling happy babies and children, holiday cards from grateful families and an expected delivery of fifty stuffed animals that comes in every year from an appreciative family. They also have a stack of quilted white envelopes waiting for locks of hair and photographs. The awareness of the preciousness of life, the random turn of tides that nature can take and the resilience of the human spirit is depicted on every face.

NICU Picture Board, Pictures from parents who children were in the NICU
LIVING LEGENDS
(Continued from page 1)
Impact of Global Nurse Migration on Health Service Delivery. She holds a diploma in nursing from Massachusetts Memorial Hospital, Boston, Massachusetts, a baccalaureate degree from Case Western University, Cleveland, Ohio and a master’s degree in Behavior Disabilities form the University of Wisconsin, Madison. What is it like to meet a living legend? Carol Porter invited her friend, Barbara Nichols, to present a Nursing Grand Rounds on October 3, 2012. Her focus at the Nursing Grand Rounds was to mainly give a historical look at nursing and chronicle some of our own Mount Sinai Nursing contributions. This event was followed up by a breakfast meeting the next day.

During her Nursing Grand Rounds, Ms. Nichols recounted the ancient Greek myth of Sisyphus, the moral was that if we don’t examine our past and learn from mistakes we would be destined to repeat them over again. Ms. Nichols’ handout was a Nursing Timeline from the Mount Sinai Archives beginning with 1881 and the incorporation of the first Mount Sinai Training School for Nurses through 2012 with Carol Porter receiving the first endowed chair in Nursing in an American medical school, the Edgar M Cullman, Sr. Chair in Nursing.

At the breakfast, Barbara Nichols delivered a personal perspective speaking about how things have changed since her graduation from nursing school in 1969. It was a time of social reform, a dawning of technological advances and an educational evolution in nursing academics. She was able to compare that period in history with her meeting the day before of a 28 year old patient with an artificial heart here in Mount Sinai. Ms. Nichol’s naturally inquisitive mind allowed her to ask many technological questions, since she had worked in cardiac surgical ICU and also as a pump technician. But it was her insight that struck me strongly. In speaking to this patient, she was able to glean that his attitude toward having an artificial heart played a crucial role in his coping. She heard him imply how very precious life is, however short it might be and that he would embrace it however he could.

Ms. Nichols was the first African American President of the ANA in its 100 year history. She shared how her success depended on her learning the ropes and discovering the hidden agendas. It was evident, as she spoke, that her self-confidence, courage, innate intelligence, huge personality, her openness to learning, willingness to work hard and respect for the rules helped her as well. Her era was a time of prejudice and low expectations for African Americans. She found that people did not expect her to succeed, scrutinized her for any imperfections and were taken aback when she exerted the power of her position. She expressed empathy with President Obama on this. She still has sensitive antennae to prejudice and readily identifies when there is a lack of respect, however subtle, for the few ethnic minority leaders today. In her 50 years as a nurse, she is the only ethnic minority CEO she’s worked with.

As globalization expands, she urged us “to think globally, while acting locally”. She urged us to make a commitment to incorporate understanding and acceptance in our approach and develop and adhere to strategies to raise awareness in our community. Ms. Nichols reminded us of the difficult journey that foreign born nurses have in order to work here in America. The education and American licensing are just part of the process of immigration. The country of origin and the US each have regulations and processes to be navigated in order to obtain visas, language mastery and requirements to be met and educational assessments to be made. Ms. Nichols acknowledged the elephant in the room and spoke of the myth that “foreign nurses were here to take away our jobs”. She brought to light our need to appreciate our foreign born colleagues, to take advantage of their skills, knowledge and drive, to respect our differences and dispel our prejudices so that we all can achieve the highest levels of contributions to nursing.

Ms. Nichols advised us to develop a depth and breadth of understanding. Doing this would to benefit our patients, strengthen our collegial relationships and encourage our nursing leaders to bloom from the most fertile soil. She encouraged us to be globally relevant by looking at our unique Mount Sinai ethnic mix of nurses. She asked us to share our metrics and measures. She suggested we learn more about and celebrate our differences. As she’s been known to do, Barbara Nichols made some waves, this time in our local waters.

in returning to school and become certified in their specialties. They were models of nursing excellence, mentored colleagues, promoted cultural competence and performed community service. A Nurse Manager from New York University Langone Hospital described their Hurricane Sandy evacuation effort and the superb, professional care that safeguarded so many critically ill patients. The December 9th New York Times Sunday Magazine published the nurses’ names and their hospitals and health care agencies. There were eleven finalists and five winners in categories of Research, Education, Innovation, Service and Leadership. There were many family members, hospital and health care agency administrators, colleagues and New York Times staff sharing a generous and delicious breakfast overlooking our vibrant and dynamic City. Meanwhile, back in those hospitals and health care agencies, were countless numbers of nurses providing meaningful, compassionate care to patients who depend on us for safety, quality and advocacy. Let your patient’s smile, expression of gratitude and peaceful rest be your well-deserved tribute to your excellent nursing care. It gets less publicity, but is by no means any less significant.